

**Bundle of documents for Oral hearings
commencing from 13 May 2025 in relation
to the Queen Elizabeth University Hospital
and the Royal Hospital for Children,
Glasgow**

**Bundle 42 - Volume 1
Previously omitted meeting minutes –
AICC/BICC minutes and papers**

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NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of Meeting of the **Acute Control of Infection Committee** held on **Wednesday 4 February 2009** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2:30 p.m.

Present

Dr B Cowan (Chairman)	Medical Director, Acute Services
Dr E Anderson	Consultant in Public Health Medicine, Health Protection
Dr L Bagrade	Consultant Microbiologist, RAH, Paisley
Mr G R Barclay	Head of Administration
Mr R Farrelly	Nurse Director, Acute Services
Ms Y Gourlay	Lead Pharmacist, Antimicrobial Prescribing
Dr R Hague	Infectious Diseases Consultant
Ms K Hamilton	Lead Infection Control Nurse, North East
Ms A Harkness	Director of Rehabilitation
Ms A Marie Henery	Senior Occupational Health Nurse
Mrs J Higgins	Lead Infection Control Nurse, Clyde
Mr B Hunter (representing Ms A Kane)	General Manager (Facilities)
Ms P Joannidis	Lead Infection Control Nurse, South
Ms L Kean	Lead Infection Control Nurse, North West
Mrs L Meikle	Head of Nursing, Surgical & Anaesthetics Directorate
Ms M McLauchlan	Clinical Pathways Manager, Oral Health
Ms S McNamee	Nurse Consultant, Infection Control
Ms A Rankin	Head Infection Control Nurse
Dr P Redding	Infection Control Doctor
Dr R Reid	Associate Medical Director, Diagnostics
Ms E Stenhouse	Head of Midwifery
Dr D Stewart	Associate Medical Director, Emergency Care & Medical
Ms J Stewart	Acting Lead Infection Control Nurse, North West
Ms M Stride	Senior Infection Control Nurse, South
Mr T Walsh	Infection Control Manager
Dr C Williams	Co-ordinating Infection Control Director

- | | |
|--|----------------------|
| 1) <u>Apologies</u>
Apologies for absence were intimated on behalf of Ms Lannigan and Mr Stuart. | <u>Action</u> |
| 2) <u>Minute</u>
The Minute of the Meeting of the Group dated 3 December 2008 was submitted and approved, subject to the undernoted amendments:

Attendance List – delete Ms Y Gourlay;

Item 3b “Chloro-Hexadine Patches” to read “Chloro-Prep Solution”;

Item 4e – delete the first paragraph

Item 5b – replace “Legionella, Mr Hunter to populate” with “Mr Hunter to liaise with the relevant staff and with Ms Rankin to ensure this is populated”;

Item 5f – second sentence delete “who has been removed”. | |
| 3) <u>New Structure</u>
Dr Cowan reported that the new Infection Control Structure had arisen from the | |

Cairns Smith Report into the Vale of Leven Hospital. Professor Smith's view was that the Infection Control Structure could be simplified but he did not link the Infection Control Structure with any of the issues which had arisen at the Vale of Leven Hospital. The Scottish Government continue to meet with the Board on the Vale of Leven action plan and the only matter outstanding was the implementation of the new Infection Control Structure.

A significant change in the system would see the Infection Control Manager directly line managing Infection Control staff. A new post of Assistant Director of Nursing (Infection Control) would line manage the Infection Control Nurses and would also provide professional leadership. A new Lead Infection Control Doctor post (five PAs) had been created. The Board Medical Director, Infection Control Manager, Assistant Director of Nursing and Lead Infection Control Doctor would now form a tight group with both managerial and professional responsibility for Infection Control. This would allow a clearer and more structured focus.

The Acute Control of Infection Committee would report to the Board Control of Infection Committee, which would in turn report to the Board Clinical Governance Committee and then to the Board. Reports on MRSA, C-Diff, Hand Hygiene, Cleaning Standards and Statistical Process charts would be presented to the Board, in public, every two months. This would lead to increased scrutiny on Infection Control matters. These reports would come to the Acute Control of Infection Committee before going to the Board Control of Infection Committee. It was agreed to review the meeting cycle, such that Acute Control of Infection Committee meetings were held 10 days prior to the Board Control of Infection Committee.

Appointments would shortly be made to the key managerial posts in the Infection Control structure. There would be a need to review the Sector Support Groups. The new Infection Control Manager would be responsible for putting in place appropriate arrangements for the Sector Groups including appointment of chairs and administrative support. Directorates would also be required to ensure that Infection Control was a formal matter either at their Directorate Team Meetings, Clinical Governance Groups or a separate Infection Control Committee, depending on the requirements of each Directorate. In response to a question from Dr Stuart, Dr Cowan and Mr Farrelly stated that the Infection Control Team should have a nominated link into each Directorate.

It was agreed that a report from the Acute Control of Infection Committee should be submitted to the Strategic Management Group every second month. This should mirror the report submitted to the Board Control of Infection Committee. It was also agreed that the membership of the Acute Committee should be reviewed once the key managerial appointments had been made.

4) **Matters Arising**

- a) Chloro-Prep Solution
With reference to item 3b of the previous Minute, Ms Hamilton reported that Chloro-Prep Solution had been rolled out in the Renal Wards. All staff had received training and an audit of effectiveness was now being carried out.

Dr Redding stated that the use of the swab bio patch in intravenous lines had been reviewed with significant clinical input from staff. A literature search had also been carried out. No evidence had been found to support its use. Dr Williams stated that from an infection control point of view its use could not be endorsed. It was

GB

Infection
Control
ManagerDirectorate
Reps

BC

BC

<p>agreed that Dr Redding should pass this information to the Dressings and Instruments Committee to state that there was no infection control support for the use of bio patches.</p>	PR
<p>Dr Redding stated that she was concerned about the production of a booklet on Care and Maintenance of Central Venous Catheter Devices. There had been a lack of infection control involvement in preparing this booklet. It was agreed that Dr Cowan would pick this up with Mr Crawford in terms of both the specific issues and the general process to be adopted for preparation of such documents.</p>	BC
<p>b) HSE visit to Hillington Laundry With reference to item 3c) of the previous Minute, Mr Hunter reported that a number of remedial actions had been put in place to protect staff. There was now a need to pick up with Mr Farrelly the issues about packaging of soiled laundry at ward level prior to dispatch to the laundry to ensure that the correct procedures were followed by nursing staff.</p>	RF
<p>c) Theatre Ventilation With reference to item 3d) of the previous Minute, Dr Williams reported that the basic work for preparation of the Theatre Ventilation Maintenance recording system had been carried out. Mrs Meikle stated that a replacement schedule was in place but further work was required to ensure that replacements took place at a time which did not compromise theatre activity. Dr Redding stated that there also needed to be a trouble shooting arrangement. She suggested that a Group was required to address all the issues.</p>	
<p>Dr Williams stated that there were two issues – a Group would be required to implement the replacement schedule but regular reports on compliance were required back to this Committee. Mrs Meikle stated that she would discuss this matter with the Director of Surgery & Anaesthetics. It was agreed that Dr Cowan would also write to the Director of Surgery & Anaesthetics on this issue.</p>	LM BC
<p>d) Legionella Risk Assessments Dr Redding stated that although the Committee had provided nominations for a Legionella Group. This Group have never met and there had not been any feedback on Risk Assessments. Mr Hunter stated that he would arrange for the Lead Manager from Estates to present to the next meeting of the Committee on current progress and outstanding actions. It was agreed the presentation should also encompass Endoscopy Decontamination.</p>	BH
<p>e) HAI Inspectorate Mr Walsh stated that he had not received any formal communication on the establishment of the National HAI Inspectorate.</p>	
<p>5) <u>MRSA Eradication Project</u> Ms Gourlay gave a presentation on the MRSA Eradication Project. As there had been anecdotal evidence of incorrect prescribing of MRSA Eradication, an audit had been carried out 18 months ago in North Glasgow. The audit identified that only 27% of patients screened positive for MRSA had received eradication therapy. There had been differences in prescribing, administration of MRSA eradication, awareness of the local policy and an overall lack of information.</p>	
<p>Ms Rankin stated that she was concerned about the lack of knowledge, particularly when MRSA Care Plans were available. These were currently being reviewed or rolled out for a single eradication approach across the system. Mrs Meikle stated</p>	

that the audit again showed how some parts of the service suffered a lack of clinical pharmacy support in every ward.

6) **Confidentiality within Outbreak Control Meetings**

Mr Walsh stated that he had discussed the naming of patients within Outbreak Control Meetings with Richard Copland in his role as Caldicott Guardian. He had agreed that the Caldicott principles would allow the names of individual patients to be used in Infection Control meetings if required.

7) **MRSA Screening/Surveillance**

Circular CEL55 (2008) on the new funding for the National MRSA Screening Programme was submitted and noted. Mr Walsh stated that start up costs for the MRSA Screening Project had been allocated by the Scottish Government. Further guidance was awaited from the Government on whether the screening would be introduced initially for elective patients or some other cohort. A Group was required to discuss how the screening would be implemented.

TW

Mrs Meikle stated that there would be a significant impact on pre-assessment clinics. Ms Rankin stated that there would also be knock on issues on what staff did with patients screened positive. Ms Harkness stated that there would be a need to think about those risks while the policy was being written and to expand the Infection Control Nurses Group writing the policy to involve appropriate Directorate representatives. Mr Walsh would seek these nominations.

TW

8) **Funding for Local Surveillance Systems**

Circular CEL54 (2008) on new funding for Local Surveillance Systems was submitted and noted. The allocated funding would be used for data management and to improve reporting systems.

9) **SBAR for Local Healthcare Associated Infections Surveillance Systems**

Ms McNamee reported that a framework for local surveillance had been issued by the Scottish Government. Ms McNamee had drafted a paper on the subject and would bring it to the next meeting of the Group. She stated that the Board was already well placed against the Government recommendations.

SMcN

10) **Zero Tolerance to Non Compliance with Hand Hygiene**

Circular CEL5 (2009) was submitted and noted. Ms McNamee reported that there was zero tolerance against non compliance with hand hygiene requirements. Dr Cowan stated that greater emphasis was required to ensure that medical staff complied with the hand hygiene procedures.

Ms Harkness stated that if there was to be a true zero tolerance, then the Hand Hygiene policies would need to be linked to the disciplinary process. This was not currently the situation. She asked how this would be achieved. It was agreed that the failure of staff to act in accordance with Hand Hygiene policies should be discussed at the Operational Management Group.

BC

11) **Standing Items**

a) **Process Control Charts/Monthly Activity Reports**

Ms Rankin presented the December 2008 Infection Control Report.

She stated that there were no Red Environmental Audits. Work was now focussed on reducing the number of Amber Audits.

During December 2008, 11 wards had been closed to new admissions due to D&V/Norovirus Outbreaks.

Members noted the numbers of staff who had registered for and had completed the Cleanliness Champions Programme. There was a need to discuss how support and mentoring for new champions was provided.

There had been no C-Diff statistical process charts outwith exception limits in the period. However, a number of MRSA statistical process charts were beginning to show exceptions. It was felt that this issue was connected with the failure to isolate patients. The number of staph aureaus bacteraemia were also beginning to move off track for reduction and there was a need to get these back on track. Ms Rankin stated that work was being carried out to bring statistical process charts into real time surveillance.

b) Vale of Leven Hospital

The action plan was submitted and noted. All actions have now been completed subject to the implementation of the new Infection Control Structure. Dr Cowan reported that the Chief Medical Officer and the Registrar General were content with the Death Certificate Guidance that had been prepared. Dr Cowan would now send this to medical staff along with the Procurator Fiscal's Guidance on Death.

BC

c) Risk Register

Ms Rankin reported that the Risk Register was now live, although a couple of actions remained to be populated. It was agreed that the Infection Control Manager would hold the Risk Register in future.

TW

Ms Rankin stated that she thought the lack of isolation facilities should be added to the Risk Register. It was agreed that Ms Rankin should bring a paper on this to the next meeting of the Committee so that the matter could be considered.

AR

d) Code of Practice/QIS/HAI Taskforce

Mr Walsh reported that the initial Self Assessment on the QIS standards had been completed. There had still not been any indication from QIS on whether any of the standards would change.

e) HAI Prevalence Study

Ms Rankin reported that the repeat Prevalence Study should be complete in May 2009 and feedback to all the Directorates would be given at that time.

f) SCOTMARAP/Antibiotic/Antimicrobial

Ms Gourlay reported that there would be two new HEAT targets on antimicrobial prescribing – that the indication for prescribing was recorded and that prescribing was appropriate. The duration of surgical prophylaxis would also be monitored. A set number of audits would need to be carried out each week.

YG

g) Surveillance

Ms Kean reported that no exceptions in surveillance had been reported. Dr Redding stated that a further Health Protection Scotland Target for measuring HAI in intensive care units would be introduced. Ventilated associated pneumonia infection recording would be required. Dr Cowan intimated that he was concerned this was a duplication of the Scottish Patient Safety Programme monitoring.

h) Decontamination

Ms Hamilton reported that the roll out of the Decontamination Units was continuing.

- i) Cleaning
Mr Hunter reported that compliance with the National Monitoring Framework Standard remained satisfactory.
 - j) Education/Audit
Nothing to report.
 - k) Sector Reports
Mrs Higgins reported that there had been two exception statistical process charts for MRSA in Medicine at the Royal Alexandra Hospital in December 2008 and a further two in January 2009. She was concerned that this was related to very high patient throughput. Mr Farrelly stated that he would wish to see any evidence of this taken through the Directorate structure so that appropriate action could be taken on any issues identified by local managers.
 - l) Board Control of Infection Committee
The report submitted to the Board Clinical Governance Committee on 3 February 2009 along with the minute of meeting of the Board Control of Infection Committee dated 12 January 2009 was submitted and noted.
- 12 **Date of Next Meeting**
It was agreed that the next meeting of the Committed would be confirmed in due course.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of Meeting of the Acute Control of Infection Committee held on **Friday 1 May 2009** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 09:30 a.m.

Present

Mr T Walsh (Chairman)	Infection Control Manager
Dr L Bagrade	Consultant Microbiologist, RAH, Paisley
Mr R Farrelly	Nurse Director, Acute Services
Ms Y Gourlay	Lead Pharmacist, Antimicrobial Prescribing
Dr R Hague	Infectious Diseases Consultant
Ms K Hamilton	Lead Infection Control Nurse, North East
Ms A M Henery	Senior Occupational Health Nurse
Mrs J Higgins	Lead Infection Control Nurse, Clyde
Ms M A Kane	General Manager (Facilities)
Ms L Kean	Lead Infection Control Nurse, North West
Ms M McLauchlan	Clinical Pathways Manager, Oral Health
Ms A Rankin	Head Infection Control Nurse
Dr D Stewart	Associate Medical Director, Emergency Care & Medical
Mr J Stewart	IC Lead, Regional Directorate
Ms J Stewart	Acting Lead Infection Control Nurse, North West
Dr C Williams	Co-ordinating Infection Control Director

1)	<u>Apologies</u> Apologies for absence were intimated on behalf of Dr Anderson, Mr Coia, Dr Cowan, Ms Crocket, Ms Harkness, Ms Joannidis, Ms Langan, Mrs Meikle, Ms McNamee.	<u>Action</u>
2)	<u>Presentations</u> <u>Legionella</u> Brian Gillespie, sector estates manager, Inverclyde, gave a presentation outlining Greater Glasgow and Clyde's Legionella Policy and Operational Plan. Detailing the key requirements for each sector he advised of the organisational requirements involved with convening Legionella Control teams, and that risk assessments are reviewed annually, with associated action plans updated on a quarterly basis. Mr Gillespie explained the operational requirements which are based on HPS guidelines. HPS stipulates need to identify control measures and install remedial action plans. Escalation procedures to Significant Incident Review are in place. Mr Gillespie gave assurances over compliance. A discussion followed on how the outputs from the Legionella Testing should be incorporated into the sector groups and it was agreed Mr Gillespie would set up a meeting to finalise this. <u>Theatre Air Handling Units</u> Derek Martin, Sector Estates Manager, Renfrew, gave a presentation outlining the use and maintenance of the Theatre Air Handling Units. He informed the committee of the work undertaken to identify non-compliance, and also of the working group, headed by Jim Crombie, and their outputs. He detailed the work programmes identified with associated costs. Outlining the day to day maintenance based on manufacturers guidelines; Mr Martin detailed the reports which are accessible to the committee. A discussion followed on how these reports should be brought forward through Theatre Managers to sector groups.	BG

3) **Minute**

The Minute of the Meeting of the Group dated 4 February 2009 submitted and approved, subject to the undernoted amendments:

Page 5 – Item 11 c – 2nd Paragraph – second sentence delete.

Mr Farrelly advised that it is crucial we are clear of the number of Isolation cubicles in the new Adult & Children's Hospital needs to be concluded to feed into the FBC.

4) **Matters Arising**

a) Progress on Sector Groups and Acute Committee Membership

Mr Walsh advised that the groups Terms of Reference is in the process of being finalised. Mr Walsh, Mr McIntyre and Dr Williams would work together to finalise the facilities issues.

TW/
AMcl /
CW

b) HSE visit to Hillington Laundry

With reference to item 3c) of the previous Minute, Ms Kane advised that the outcome of the latest meeting with the HSE was that the improvement notice was marked as satisfied.

c) Theatre Ventilation

With reference to item 3d) of the previous Minute, and the presentation given earlier on in the meeting, it was agreed that the captured outputs would be useful as it facilitates user led reporting.

5) **CEL 11 (2009)**

Mr Walsh stated that GG&C has already exceeded the 2011 HEAT target for reducing CDAD, and that the challenge was now to maintain this encouraging work.

A discussion took place on the on the auditing and feedback of the Prescribing Targets.

Mr Walsh stated that the discussion on setup of the Acute Medical Receiving Group continued. He suggested that Pharmaceutical Reporting could be built into the standing reports made to directorates, along with SABS and CDiff. It was agreed that Mr Walsh and Ms Gourlay would meet to discuss reporting integration.

TW /
YG

6) **Clostridium Difficile Associated Disease (CDAD)**

Ms Kean advised that the CDAD Tool was being tested in wards. Mr Walsh advised that feedback on these tools was important as it may parallel other recording systems.

Mr Farrelly asked the group to note that from a nursing and midwifery prospective too many tools may undermine the effectiveness of staff.

7) **Standing Items**

a) Bi Monthly HAI Report for NHS Board

Mr Walsh presented the HAI Report and advised that was well received by the Clinical Governance Committee and the Board. It is set to a template which will be published publicly.

Mr Farrelly requested that these reports be fed-back in a timely fashion.

- b) Vale of Leven Hospital
The group was advised that the Terms of Reference (ToR) for the public inquiry was being written, with an expected start date of the end of June.
Ms Rankin advised the committee that some staff, particularly those who work between hospitals, felt they were not being kept informed. Mr Walsh advised that when the ToR is released more support will be made available. Mr Farrelly assured the committee that staff support has been available at all times via Directorate Management Structures as well as HR and OH which has been taken up.
- c) Risk Register
It was noted that the Risk Register now maps to the Infection Control Programme. The committee were advised that Ms Langan had participated in an organisational development day where Risk Register format was agreed. It was agreed that this should be distributed in draft for the next meeting.
- d) Scottish Patient Safety Programme
Ms Higgins reported that a large number of areas were being brought online in a phased programme. She advised the committee that there are two upcoming training events with spaces and that she would issue an invitation.
- e) HAI Inspectorate / QIS Standards
Mr Walsh reported that the Self Assessment tool on QIS HAI standards is likely to be an electronic file. Ownership of this tool has not been agreed but initial discussions advise that it will be held by GG&C with QIS given access. GG&C have been asked to pilot both the tool and the inspection procedure. Assurances have been given that the trial in June would test the processes not the service, which will inform the inspectors of requirements.
An appropriate site will need to be chosen before the full inspection team is put in place in September.

Mr Walsh advised that this tool should tap into existing information streams.

Mr Farrelly stated that site leads need to retain an overview of this information.
- f) National MRSA Screening Programme
Mr Walsh detailed the MRSA Screening Programme which will be rolled out to all elective admissions and specific emergency admissions. Nominations for the project team will be agreed from the relevant directorates and the project manager job description is in the process of being banded.
Mr Walsh advised that funding for two years had been guaranteed by the Scottish Government, and he and Dr Williams would be attending a steering group to agree data collection definitions etc. Using a phased approach, of electives first then emergency admissions, the Cabinet Secretary expects to achieve full roll out by 2010. Mr Walsh advised the Screening Programme is currently running in three pathfinder boards.
Dr Williams will shortly be submitting the draft MRSA Eradication policy for ratification.
- g) SCOTMARAP/Antibiotic/Antimicrobial
No report
- h) Infection Control Implementation Plan
It was noted that the implementation plan draft, which uses the single system

LL

JH

CW

approach, will be brought to the Infection Control Committees.

i) **Facilities Report**

Ms Kane advised that the report showed 29 Ambers and no red in the 1st quarter, all the ambers are in non-clinical areas. She detailed the ongoing recruitment and redeployment issues at the Vale of Leven and assured the committee of the ongoing support work of HR at VOL. Ms Kane also advised that the Ambers in Yorkhill mostly stem from not prioritising redeployment of cleaning staff and detailed the work being put into clinical areas.

Mr Farrelly asked what was being done to resolve the issue of repeat Ambers, particularly in clinical areas. Ms Kane assured him that management action was being taken to address this. Mr Farrelly requested action plans be developed to support units with ongoing operational challenges

Ms Kane advised that a culture change was needed in the management of capability of staff if standards are to be maintained. Facilities HR are supporting this issue. Mr Farrelly will raise this at the next Heads of Nursing/Midwifery meeting and discuss with relevant Heads of Nursing/Midwifery.

RF

j) **Sector Reports / Exceptions / Updates**

No report

k) **Board Control of Infection Committee**

Minutes noted

AOCB

Ms Henery advised the committee that Occupational Health staff have reported verbal abuse from other staff members worried about a swine flu outbreak. She confirmed reporting through IR1 forms.

Date of Next Meeting

It was agreed that the next meeting of the Committee would be on Friday 3rd July 2009.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of Meeting of the Acute Control of Infection Committee held on **Friday 3 June 2009** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 09:30 a.m.

Present

Dr B Cowan(Chairman)	Medical Director, Acute Services
Ms K Benson (representing R Farrelly)	Assistant Director of Nursing
Ms M Buchanan (representing M McLaughlan)	Clinical Improvement & Development Manager, Oral
Elaine Burt (representing Anne Harkness)	Head of Nursing, RAD Directorate
Ms Y Gourlay	Lead Pharmacist, Antimicrobial Prescribing
Ms K Hamilton	Lead Infection Control Nurse, North East
Ms A M Henery	Senior Occupational Health Nurse
Mrs J Higgins	Lead Infection Control Nurse, Clyde
Mr B Hunter	General Manager - Facilities (North East)
Ms P Joannidis	Lead Infection Control Nurse, South
Ms H Kane (representing L Kean)	Senior Infection Control Nurse, North West
Ms M A Kane	General Manager (Facilities)
Ms C McFarlane	General Manager, ECMS
Mrs L Meikle	Head of Nursing, S&A Directorate
Ms C Mitchell	Dep. Lead Infection Control Nurse, South
Ms A Rankin	Head Infection Control Nurse
Mr T Walsh	Infection Control Manager
Dr C Williams	Co-ordinating Infection Control Director

	<u>Action</u>
1) <u>Apologies</u> Apologies for absence were intimated on behalf of Dr Bagraade, Prof Coia, Mr R Farrelly, Dr R Hague, Ms Harkness, Ms Kane, Ms McNamee, Ms McLaughlan, Ms Stenhouse, Dr Stewart and Mr Stewart.	
2) <u>Minute</u> The Minute of the Meeting of the Group dated 1 May 2009 was submitted and approved as a correct record.	
3) <u>Matters Arising</u>	
a) Progress on Sector Groups and Acute Committee Membership Mr Walsh advised that the groups' representation and Terms of Reference (ToR) has been finalised. Ms Kane added that the inaugural meetings would commence in July 2009, with the first full meetings scheduled for August 2009.	
b) HSE visit to Hillington Laundry With reference to item 4b) of the previous Minute, Ms Kane drew the committee's attention to the continuing problem of over-loaded laundry bags. Ms Kane advised she is working with Mr Farrelly, Heads of Nursing/Midwifery and Lead Nurses/Midwives to ensure Health and Safety notices are adhered to throughout all sites.	
c) Theatre Ventilation With reference to item 4c) of the previous Minute, Dr Williams confirmed that the Theatre Ventilation reports will be brought to the sector groups bi-monthly.	

Exception reports will be brought to this committee.	
d) Legionella Risk Assessment With reference to item 2) of the previous Minute, Mr Walsh advised that Mr Gillespie has produced a twenty-point check list. A RAG report will be developed by September 2009.	BG
e) CEL 11 (2009) With reference to item 5) of the previous Minute, Mr Walsh confirmed that GG&C is continuing to hold steady in exceeding the 2011 HEAT target for reducing CDAD.	
4) <u>Decontamination</u> Mr Walsh advised that there are two nominated leads for Decontamination.	
5) <u>HAI - Minimising the Risk</u> The committee was asked to note the contents of the letter from Dr Margaret McGuire to Nurse Directors.	
6) <u>Zero Tolerance to Non Hand Hygiene Compliance</u> Mr Walsh asked the committee to note the contents of this paper and advised that it has been approved staff side. Dr Cowan asked to see the audit results of the latest Hand Hygiene Audit.	TW
7) <u>Update on H1N1 Influenza</u> Dr Williams reported on the change of approach from containment to mitigation of the H1N1 virus, which includes not swabbing non-admitted patients. A short discussion followed on the issue of tami-flu prescribing and future vaccination programme. Ms McNamee confirmed that inpatient screening would continue and new guidance is expected from the Government on tami-flu prescribing and children. Ms McNamee also advised that there is no date for the flu line to go live.	
8) <u>Standing Items</u>	TW
a) Bi Monthly HAI Report for NHS Board Mr Walsh presented the HAI Report advising the committee that the Board's performance is within control limits. Mr Walsh added that the publishing format of the result tables is under discussion with SGHD.	
b) Vale of Leven Hospital The group was advised that the ToR for the public inquiry has been delayed due to Lord Coulsfield standing down. Mr Walsh reported that procurator fiscal has announced there would be no criminal prosecutions following the inquiry and that the scope of the inquiry is being reviewed and may be widened to include other Health Boards. There is no timescale for this review.	
c) Risk Register Mr Walsh reported that the elements that were tabled at the last meeting have been used to form the basis of the Risk Register. It was noted that this would form the basis of the Datix template.	
d) Scottish Patient Safety Programme Ms Higgins confirmed on-going liaison between Infection Control and SPSP.	
e) HAI Inspectorate / QIS Standards	

Mr Walsh asked the committee to note the contents of the paper and advised the report will be published in September 2009.

A short discussion followed on reporting procedures when a HAI is listed on a death certificate. The group noted that national guidance on this was anticipated.

- f) **National MRSA Screening Programme**
Mr Walsh advised that directorate nominations for the project team have been received and work was continuing on implementing the Screening Programme. The project manager position has yet to be appointed.
- g) **SCOTMARAP/Antibiotic/Antimicrobial**
Ms Gourlay gave a short presentation detailing the decrease of use in Antimicrobial Prescribing across all sites. Dr Cowan congratulated all involved for their hard work in achieving this reduction. Ms Gourlay advised GGC had achieved 90% compliance with Antimicrobial prescribing and there was a discussion to be had at national level on agreeing target figures.
- h) **Infection Control Implementation Plan**
It was noted that the final version of the implementation plan is ready to circulate. Work is continuing with NES to create a base line for training needs analysis. Mr Walsh reported that the Infection Control Teams are working with clinicians to target the rise of *S. aureus* bacteraemias which is slightly above the HEAT target figure.
- i) **Facilities Report**
Ms Kane asked the committee to note Health Facilities Scotland have published their 4th Quarter Monitoring Report.
Ms Kane also advised that the Southern General Decontamination work is moving to Cowlares on a phased basis from September 2009, with GRI following in January 2010. All work will be provided from Cowlares CDU by 31st January 2009. Working Groups have been established to ensure the transfer is seamless.
Endoscopy Decontamination is now open in both Ambulatory Care hospitals. Ms Kane suggested a presentation by Mr Stewart for the next meetings of AICC and PACC may be useful. This was agreed. It was noted that work would be undertaken to standardise the reporting structure in within Decontamination and that the ToR would be written.
- j) **Sector Reports / Exceptions / Updates**
Mr Walsh advised the committee of the intention to produce real time SPC's as a result of the new computer system. It has been agreed that Lead Infection Control Nurses and Infection Control Doctors from each directorate will attend relevant directorate meetings.
- k) **Board Control of Infection Committee**
Minutes noted.
- 9) **AOCB**
No comment.
- 10) **Date of Next Meeting**
It was agreed that the next meeting of the Committee would be on Friday 4th September 2009.

MAK

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of Meeting of the Acute Control of Infection Committee held on **Friday 4 September 2009** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 09:30 a.m.

Present

Dr B Cowan(Chairman)	Medical Director, Acute Services
Dr L Bagrade	Consultant Microbiologist, Clyde
Ms R Hague	Infectious Diseases Consultant
Ms K Hamilton	Lead Infection Control Nurse, North East
Ms A Harkness	Director, RAD
Mrs J Higgins	Lead Infection Control Nurse, Clyde
Dr T Inkster	Consultant Microbiologist and Infection Control Doctor
Ms P Joannidis	Lead Infection Control Nurse, South
Ms H Kane (representing L Kean)	Senior Infection Control Nurse, North West
Ms L Langan	Clinical Risk Manager
Mr D Martin	Sector Estates Manager, RAH
Mrs L Meikle	Head of Nursing, S&A Directorate
Ms S McNamee	Assistant Director of Nursing, Infection Control
Ms M McLauchlan	Oral Health Lead
Ms A Rankin	Head Infection Control Nurse
Ms E Stenhouse	W&C Infection Control Lead
Mr J Stewart	Infection Control Lead, Regional Directorate
Mr T Walsh	Infection Control Manager
Mr B Wilson (on behalf of Mary Anne Kane)	Facilities Manager, Clyde

- 1) **Apologies** Action
Apologies for absence were intimated on behalf of Dr E Anderson, Mr Farrelly, Ms MA Kane, Dr Stewart and Dr Williams.

- 2) **Presentation**
Decontamination
Mr Alan Stewart, Head of Decontamination, gave a presentation outlining NHSGGC actions to comply with The Glennie Framework. Detailing the types of flexible scopes and location strategy employed, he outlined that Phase 1 is now operational. A Phase 2 meeting is to take place on the 7th September to review capital funds over the next two years and other associated costs.
Mr Stewart advised of the Primary Care programme goals and detailed needs assessment. Mr Stewart drew the committees' attention to the lack of additional capacity for dental practice and the ongoing investigation of the use of the Dental Hospital.
Mr Stewart went on to detail potential options, strategies and costs.
It was noted that the Central Decontamination Unit transfer plan for SGH and GRI to Cowlairst has a staged 'go live date' starting in September.

Mr Stewart advised that technical staff would be employed within the local Decontamination units and that they would report through him.
He confirmed that podiatry would be handled at Cowlairst.

- 3) **Minute**
The Minute of the Meeting of the Group dated 3 July 2009 was submitted and

approved as a correct record.

4) **Matters Arising**

- a) Progress on Sector Groups and Acute Committee Membership
Mr Walsh advised that the Sector Groups had met twice and were functioning satisfactory. Legionella reporting would take place through the Sector Groups. It was agreed that this item would be removed from the AICC agenda.
- b) HSE visit to Hillington Laundry
No further report on this HSE visit to the Hillington Laundry is required. It was agreed that this item would be removed from the AICC agenda.
- c) Theatre Ventilation
No report was made; this item will be carried forward to the next meeting of the AICC.
- d) Legionella Risk Assessment
With reference to item 3d) of the previous Minute, Mr Walsh advised that high risk patient groups had been identified. It was agreed that this item would be removed from the AICC agenda.
- e) CEL 11 (2009)
With reference to item 3e) of the previous Minute, Mr Walsh advised that the Infection Control Team are receiving daily updates on suspected and actual cases in each hospital from both Bed Managers and infection control staff. He confirmed that these reports detailed small numbers.

4) **Decontamination**

With reference to item 4) of the previous Minute, this item was discussed during the presentation given earlier on in the meeting.

5) **HAI - Minimising the Risk**

Ms Langan reported that the final version of the tool from HPS is currently in use, with a slimmed down version currently being trialled. A paper update on both tools would be available for the next meeting. LL

Ms McNamee advised that the Infection Control Team were receiving weekly updates on death certificates and, along with daily C.Diff reports, severe cases are identified which initiate use of the HPS tool.

6) **Zero Tolerance to Non Hand Hygiene Compliance**

No report was made. It was agreed that this item would be removed from the AICC agenda.

7) **Update on H1N1 Influenza**

Dr Cowan advised that the media had reported that that one vaccination was reported to give 90% protection.

8) **Standing Items**

- a) Bi Monthly HAI Report for NHS Board
Mr Walsh advised that there are no exceptions to report adding that Board level SPC's will be added to the report.

- b) Vale of Leven Hospital
Dr Cowan informed the group that the Terms of Reference had been received for the Public Inquiry and publicity is expected.
Dr Cowan congratulated colleagues for the continuing low levels of C.Diff reported.
- c) Risk Register
Mr Walsh reported that the risks had been successfully transferred to Datix, and a paper would be brought to this group when scoring has been completed.
A report on trending issues, incorporating CDI investigation tool, would also be brought to this group.
- d) Scottish Patient Safety Programme
Ms Langan advised of the increasingly successful progress of the Board. Dr Cowan thanked all involved.
- e) HAI Inspectorate / QIS Standards
Mr Walsh informed the group that notification on inspection dates has been received. Mr Farrelly is the nominated point of contact for the inspectorate.
Mr Walsh detailed that 24hrs notice would be received for an unplanned visit, and that the reporting mechanism would not change.
- The committee agreed that the PVC Care Bundle should be implemented as a priority without use of SPSP.
- Dr Cowan advised that other QIS requirements should be brought to the Strategic Management Group (SMG).
- f) National MRSA Screening Programme
Mr Walsh updated the group that Debbie Forsyth had taken up post as project manager. He advised that the pilot would commence at RAH, with a phased role out across acute hospitals.
By targeting enhanced pre-assessment it is expected that 60 – 70% of the target group will be achieved.
Mr Walsh also advised that funding has now been received for the Screening Programme.
- g) SCOTMARAP/Antibiotic/Antimicrobial
Ms Meikle advised of the work being completed for compliance with SIGN 104.
- h) Infection Control Implementation Plan
Ms McNamee reported of the slippage in the implementation of the IT system due to coding and storage issues. A paper will be circulated around the Heads of Nursing.
- i) Facilities Report
Mr Gillespie updated the group to the local actions arising from the reds and ambers.
- Mr Walsh drew the committees' attention to the CJD group. Ms Langan is working to pull together a risk assessment to mediate theoretical risk of CJD and identify high risk patients.
Ms Anderson and Mr Walsh are in discussion with HPS to review the risk assessment which will aid understanding of the practical implications.

TW

TW

SMcN

LL

- j) **Sector Reports / Exceptions / Updates**
 These reports are included as part of the facilities report.
 The committee noted that there is an exception in the North East Sector report where there had been problems with the water supply. It was also noted that there was no service disruption resulting from this.
 As a result of endophthalmitis, surgery had been stopped in the Victoria ACH for three days to investigate the ventilation system and exclude this as a source factor. Different cleaning systems have been introduced, the floor mops have been changed, and practice has been resumed on the basis that the vent system is active.
- k) **Board Control of Infection Committee**
 Minutes noted.
- 9) **AOCB**
 Ms McNamee advised the committee of the restructure of the Partnership Infection Control Team which will result in a corporate management system throughout the Infection Control Service.
- 10) **Date of Next Meeting**
 It was agreed that the next meeting of the Committee would be on Friday 30th October 2009.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of Meeting of the **Acute Control of Infection Committee** held on **Friday 4 September 2009** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 09:30 a.m.

Present

Dr B Cowan(Chairman)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Ms J Brown	Head of Nursing, Regional Services
Mr R Farrelly	Director of Nursing, Acute Services
Ms A Harkness	Director, RAD
Ms H Kane (representing L Kean)	Senior Infection Control Nurse, North West
Mr D Martin	Sector Estates Manager, RAH
Ms S McNamee	Assistant Director of Nursing, Infection Control
Ms A Rankin	Nurse Consultant, Infection Control
Ms E Stenhouse	W&C Infection Control Lead
Mr J Stewart	Infection Control Lead, Regional Directorate
Mr T Walsh	Infection Control Manager
Dr C Williams	Co-ordinating ICD, Glasgow

- | | <u>Action</u> |
|--|---------------|
| 1) <u>Apologies</u>
Apologies for absence were intimated on behalf of Dr Teresa Inkster, Mary Ann Kane, Laura Kean, Laura Langan, Lesley Meikle, Michelle McLauchlan and David Stewart. | |
| 2) <u>Minute</u>
The Minute of the Meeting of the Group dated 4 September 2009 was submitted and approved as a correct record with the following correction:

Page 3, Item 8i), 1 st line should read 'Mr Martin updated the group'.

<u>Matters Arising</u> | |
| 3 a) PVC Care Bundle
Ms McNamee advised that the Peripheral Vascular Catheter (PVC) protocol and care plan are currently in draft format and being developed by practise development. The care plan will then be brought before the Heads of Nursing.
Ms Higgins assured the committee that a quick role out can be achieved within her area.
A short discussion followed on the integration issues with the SPSP. It was agreed that this plan will be finalised within the next two-three weeks with role out to be agreed. | |
| b) Theatre Ventilation
With reference to item 4c) of the previous minute, Dr Williams advised that the Theatre Ventilation groups are progressing well. A three year programme has been agreed and will be brought to the next meeting of the AICC for ratification. | CW |
| c) Update on H1N1 Influenza
With reference to item 7) of the previous minute, Dr Williams informed the group that activity is slowly increasing. It was noted that contingency plans are needed for patients undergoing Renal Dialysis.
Ms Anderson advised that new assumptions have been received from the Government. Mr Calderwood, the Chief Executive, has been chairing a weekly H1N1 response group. It was noted that there are still vaccine supplies issues.
Mr Walsh advised that daily reports are compiled <u>received</u> by ICNs and Bed Managers. He asked the group to note that ECOS <u>S</u> reporting figures have a 24 hour lag time, | |

therefore published figures may then look different from the ~~dailyworking~~ figures. Dr Williams advised the committee of the importance of the Virus Lab being accessed through Sky Store and not using telephone links. Guidance will be re-circulated.

CW

d) HAI - Minimising the Risk

With reference to item 5) of the previous minute, Ms McNamee reported that specific HAI codes have now been entered into DATIX which will allow direct linking to the Risk Register.

Ms Harkness requested that clarification be given over some of the headings used. A discussion to place on the use of Datix to report non outbreaks.

Comments on this paper have been requested by Friday 6 November 2009, to Laura Langan.

ALL

e) Legionella Update

With reference to item 4d) of the previous minute, Dr Williams updated the group on the status of the Red Amber Green report. He advised that Brian ~~GillespieWilson~~ will be asked to oversee population of the report which will be brought back to this committee at the next meeting.

4) **Final Report of PEP working group**

Mr Stewart updated the group on the background of the paper, Mr Walsh then advised on the history of the consultation. A short discussion followed and it was agreed that the Heads of Nursing's views should be circulated for comment. Comments have been requested by Friday 13 November, to Fiona Brown.

ALL

5) **CNO letter - CDI Guidance**

Ms McNamee informed the group that the CDI Guidance has been reissued. While the definitions in detection procedures have been extended, due to the comprehensive internal monitoring procedures already established, no changes to the policy are ~~required to be made~~. Ms McNamee proposes to review the policy in line with the current review dates.

6) **Standing Items**

a) Bi Monthly HAI Report for NHS Board

Mr Walsh advised that there are no exceptions ~~within the to-report~~ adding that the Board is on track to meet HEAT targets in SABS, ~~and~~ Cdiff ~~and green cleaning monitoring~~.

He added that Board level SPC's would be added to the front of the report, although there was a decision to be made on how best to represent trends.

b) Risk Register

Mr Walsh informed the group on the background of the risk register and detailed some of the current issues. He advised that due to the severity of the risks that it was likely there would be few ~~rated greens~~. He would welcome comments on the selection of the high level risks and corresponding impact scores detailed in the register.

It was agreed that as the risk of bed spacing is contained on both the local register and on the Acute Division risk register that it would not be included on this register.

Mr Walsh requested to see a copy of the Acute Division risk register.

Comments have been requested by Friday 6 November, to Tom Walsh ~~or Laura Langan~~.

ALL

A short discussion followed on the new HPS guidance on CJD and the issues around quarantining of instruments. ~~Ms Stenhouse detailed some of the public and personal risk difficulties.~~ Mr Walsh agreed to ~~include vCJD on the Infection Control Risk Register~~ ~~distribute a paper around the risks which will go to the BICC for their consideration.~~

TW

- c) Scottish Patient Safety Programme
This item was discussed during the PVC Care Bundle discussion earlier in the meeting.

- d) HEIS
Mr Walsh informed the group that the online portfolio of evidence is being updated.

Ms McNamee reported that a ~~pilot~~sample audit has been run which scored 82%. One of the main issues is the lack of 2% chloro-hexadine ~~for skin preparation~~wipes available on the ward. These ~~wipes~~ are required by the PVC Care Bundle. A short discussion followed on the issues around introducing these ~~wipes~~ products at ward level.

A discussion followed on division wide policy implications of the outcomes of the audit. Ms McNamee advised that she will write a ~~SOP to close the gap~~short document with the key issues identified.

SMcN

Mr Walsh will re-distribute the paper on 2% chloro-hexadine ~~wipes~~ with updated costings which Dr Cowan will take to OMG for their consideration.

TW

Ms Stenhouse brought the committees attention to the use of soft paper towels. Mr ~~Wilson~~Martin confirmed that installing these towels has a 37% cost differential when applied across Greater Glasgow and Clyde.

It was agreed that the list of key points should be costed for potential investment decisions and taken to the next OMG for their consideration. Ms McNamee detailed the history and remit of the audit tool and agreed to work with Kate Benson and Mr Walsh to ~~turn this around~~produce a short document.

SMcN /
KB / TW

Mr Farrelly advised that clear direction is required for clinical staff. Ms McNamee, along with Kate Benson and Mary Anne Kane will ~~re~~-issue ~~policy~~ guidance.

SMcN/K
B/MAK

Mr Farrelly informed the group that work was continuing on tailoring the national uniform policy for a Board approach. Caternia Renfrew has asked for feedback on the draft uniform policy by 30th October 2009.

~~Ms McNamee~~ ~~Walsh~~ agreed to prepare a ~~one page~~ summary on HEIS outcomes.

~~SMcN~~
~~W~~

~~Ms McNamee advised that she would compare the HEIS Tool to the existing Environment Audit Tool.~~

~~SMcN~~
~~W~~

~~Mr Walsh advised that he would review the Infection Control audits with the intention of streamlining them into this updated tool.~~

JH

Mr Farrelly requested that an action plan be developed for ward leads. Ms Higgins advised that she would continue to inform ward managers as agreed.

- e) National MRSA Screening Programme
Mr Walsh informed the group that the screening programme has successfully been rolled out to pre-assessment clinics. A few communication issues have been experienced. The committee were informed about the complexity around introducing screening into Medicine and RAD Direcotrates. ~~A~~a report will be available on the 13th December which will detail the national way forward. A short discussion followed over the care of the elderly protocol where point of admission screening will take place. ~~Mr Walsh confirmed there will be no internal screening.~~

Dr Williams confirmed that prevalence rates are around 0.5%, which is the national average. A report will be brought back to this committee.

CW

- f) CDI Report – 7th October

Dr Williams advised that Greater Glasgow and Clyde has reported low figures. A line will be added to the Board report to include these figures

CW

g) **SCOTMARAP / Antibiotic Antimicrobial**

Dr Cowan advised the group that Ysobel Gourlaey gave an excellent presentation during the recent cabinet secretary's visit to GRI. He informed the group that the next stage of investment of the Antimicrobial Team is being looked at.

h) **Infection Control Implementation Plan**

Ms McNamee advised that the mid year evaluation will take place at the next OD Day. She reported that the implementation plan is progressing well.

i) **Facilities Report**

Mr Wilson reported that the report contains 12 ambers, which are being followed up. He advised that the legionella groups are meeting with reporting to follow.

Dr Williams introduced the topic of **Hward** improvement funds. A discussion followed on the sector differences in the interpretation of the strategy. Ms Stenhouse requested clarification on accessing these funds. Ms Harkness informed the committee of the recent discussion on this topic at the OMG.

LL

A short discussion followed around steam cleaning technologies. Ms Kane is leading work on cleaning products.

j) **Directorate Reports / Exceptions / Updates**

These reports are included as part of the facilities report.

Mr Farrelly reminded the committee that ~~from a Directorate prospective~~ 2 metre bed spacing must be implemented by Friday 6 November.

k) **Sector Reports / Exceptions / Updates**

It was noted that Mary Ann Kane will meet with Mr Walsh and Ms McNamee involved in reviewing the Terms of Reference and expected reporting from feedback of the Sector Groups.

It was noted that there had been [REDACTED]

[REDACTED] A report is anticipated from HPS.

l) **Board Control of Infection Committee**

Minutes noted. Mr Walsh advised the committee that the agenda for the BICC is being reviewed.

7) **AOCB**

Dr Williams tabled the document 'Protocol for ward closure with increased burden MRSA or C difficile' for comment. Dr Williams advised that this protocol was trialled in the West of Glasgow and found to be successful. Comments have been requested on the protocol by Friday 20 November, to Dr Williams.

Dr Williams agreed to white a short summary around the effect of implementation.

CW

Ms McNamee lead the committee in congratulating Ms Rankin on her secondment to HPS.

8) **Date of Next Meeting**

To be confirmed.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Friday 15 January 2010** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 10.00am.

Present

Dr B Cowan(Chairman)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Ms S McNamee	Assistant Director of Nursing, Infection Control
Mr T Walsh	Infection Control Manager
Dr C Williams	Co-ordinating ICD, Glasgow
Ms L Bagraade	Consultant Medical Microbiologist
Ms K Hamilton	Lead Nurse IC NE
Ms H Kate	Senior ICN (for L Kean)
Ms J Higgins	Lead Nurse IC Clyde
Ms F Andrews	Operational Manager, Glasgow Dental Hospital
Ms P Joannidis	Lead IC South
Ms R Hague	Consultant Paediatric in Immunology
Ms A M Heney	Senior Occupational Health Nurse (South)
Ms E Burt	Head of Nursing Rehabilitation & Assessment (for A Harkness)
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms MA Kane	GM Facilities
Ms K Benson	Assistant Director of Nursing (for R Farrelly)
Mr J Stuart	Head of Nursing, Regional
Ms I Gourlay	Lead Pharmacist, AMT

In Attendance

Ms A Scoular	Consultant in Public Health, GG&C
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	<u>Action</u>
1) <u>Apologies</u> Apologies for absence were intimated on behalf of T Inkster, L Kean, L Langan, M McLauchlan and D Stewart, J Brown, R Farrelly, A Harkness, D Martin, A Rankin, E Stenhouse, B Wilson.	
2) <u>Minute</u> The minute of the meeting of the group dated Friday 30 October 2009 was submitted and approved as a correct record.	
3 <u>Matters Arising</u>	
a) Theatre Ventilation Dr Williams advised that the Theatre Ventilation Group had met several times to fill in the gaps in the spreadsheet with regards to compliance status. HTM has not yet been implemented in Scotland – this will mandate annual surveillance. A paper will be circulated providing further detail on the nature & content of HTM.	CW
b) Update on H1N1 Influenza Dr Williams advised that cases were on the wane, with numbers now regarded as normal for seasonal flu. There had been no second wave observed in the southern hemisphere.	
c) HAI - Minimising the Risk Mr Walsh advised that Ms Langan is reviewing Datix codes and will re-issue shortly. Consideration was being given to adding Legionella.	LL

d)	Legionella Update Dr Williams advised that the RAG reporting template is not yet available. Ms Kane reported difficulties in gathering all the necessary component returns. This will form part of the report requested of the facilities directorate by this committee in future.	MAK
4)	<u>Watt Matrix update and Norovirus Guidance</u> Ms McNamee circulated 5 papers on the topic: HIIA SOP Dec 2009; HIIAT final Dec 09; Incidents and Outbreaks letter November 2009; Norovirus control measures final Dec 09; Noro Flowchart Dec 09. She explained that Health Protection Scotland & the Scottish Government issued updated guidance recently. This is similar to the previous guidance, and is being used presently and will be incorporated into the existing policy. No major impact on service is expected.	
5)	<u>Standing Items</u>	
a)	Bi Monthly HAI Report for NHS Board A paper was submitted to the group. Mr Walsh advised that there are no exceptions within the report. Dr Cowan explained that monthly reporting has begun for SABS (MSSA/MRSA). Mr Walsh & Ms McNamee reported the data appeared positive in terms of likelihood of meeting all targets. Ms Joannidis added that an increase in loose stools monitoring for C Diff should be borne in mind in this context. Hand hygiene compliance is lower again for medics. Dr Cowan requested results be provided for individual areas. Mr Walsh reported that the final report format was still under discussion, in order to standardise as much as possible.	TW
b)	Risk Register Mr Walsh advised that vCJD had been added to the acute register, as agreed at the previous meeting, and is one of the first to be embedded. Ms Langan will update on requirements to link into risk registers via risk managers.	LL
c)	Scottish Patient Safety Programme Ms Higgins reported matters were progressing well overall. Mr Walsh to meet Mr Crawford the following Monday re the interface between SPSP and Infection Control. The Infection Control Implementation Programme is being developed with similar methodology. Mr Stuart had attended the HEI group meeting the previous day. He reported that the PVC care bundle was rolling out as a care pattern independently of SPSP, as an HEI requirement. Ms Joannidis outlined plans for further rollout. The South region is next. Package not appropriate for paediatrics.	
d)	HEIS Mr Walsh announced that the annual Board inspection had now been withdrawn and Mental Health Wards are now excluded. Ms Joannidis reported that the first visit was due at RAH at the end of the month. HEIS will be onsite for a 2 day visit, which will include various one-to-ones with a range of staff, some pre-determined, some chosen on the day. Break-out-rooms will be available. Mr Walsh will circulate a programme along with copies of the evidence submitted. There are plans to pull together a group of Infection Control staff, as a 'revised' HEIS group to refresh key messages. Expenditure on towels, 2% chloro-hexadine and patient leaflets had been approved at OMG, although it was not clear where the funding was to come from. Dr Cowan to enquire.	TW BC

- | | |
|---|---|
| <p>e) National MRSA Screening Programme
Mr Walsh reported that all was running to schedule and the target is expected to be met for completion. We await the outcome of the national screening group as to whether we move to universal screening. Predictive validity of questions as an effective form of screening is being actively considered.</p> <p>f) CDI Report – 7th October
Dr Williams submitted a paper to the group and advised that data released for 2009 indicated a very strong decrease in incidence rates on 2007-2009 in Greater Glasgow & Clyde, which is amongst the best in Scotland.</p> <p>g) SCOTMARAP / Antibiotic Antimicrobial
Ms Gourlay reported that the use of C Diff antimicrobials is down, with a further decrease anticipated next year, following the release of further guidelines. HEAT targets are being met although rates continue to vary significantly between sites. It is not expected these data will be scrutinised unless C Diff rates increase. Ms Gourlay to send data to Mr Walsh.</p> <p>h) Infection Control Implementation Plan
Ms McNamee advised all elements appear to be on track. She will bring the plan & status report to the next meeting. There will be more realtime specific data when the IT system is in operational. Mr Walsh will convert this information to a report to the Board.</p> <p>i) Facilities Report
Ms Kane submitted a paper to the group. She advised there had been changes to the format of national reporting. A whole series of integration streams have begun with the intention of creating an 'all-boards-tool' for facilities, estates, HAI monitoring. This end result is anticipated to be around 18 months away.
Currently domestic services reporting is under review.
The Decontamination Service move will be complete by 31 March.</p> <p>j) Sector Reports / Exceptions / Updates
'D&V' are following downward trends across the board.</p> <p>k) Board Control of Infection Committee
The minutes of 09 November 09 were noted. As the chair of both Acute & Board Infection control Committees is now Dr Cowan, and their business 'mirrors' each other, consideration will be given to which of them should subsume the other or be truncated.</p> <p>l) SAB Report
Dr Williams submitted a Paper. He is confident March data will be on target, and performing better than most Boards, based on analysis of historical trends.</p> <p>6) <u>Final Report of PEP Working Group</u>
Dr Anne Scoular submitted a Paper. She explained that guidelines produced in October 2007 were implemented at that point. However problems arose when 4 clear streams of anecdotal evidence suggested there were problems with implementation, A small short-life working group was convened to look into the concerns. Its report reinforced the concerns:</p> <ul style="list-style-type: none"> ▪ Training; there has been a low rate of take-up / weak organisational response. ▪ OHS: only around 1 in 15 had source patient risk assessments complete ▪ 'Brownlee Clinicians': were dealing with exposure incidents, rather than being dealt with at source ▪ Virus Lab: test requests were not made in the context of appropriate knowledge. <p>Dr Scoular stressed the need to implement the recommendations of the report urgently as the current level of exposure leaves the Board with a high degree of litigation risk.</p> | <p>IG</p> <p>SMcN
TW</p> <p>BC
TW</p> |
|---|---|

The core of the issue lies in identifying who completes the source patient risk assessment. A discussion followed where it became clear the problem stems from heavily ingrained professional demarcation disputes, primarily between nursing staff and clinical teams which appear to be blocking adoption of a safe method of practice. Dr Cowan & Mr Farrelly to move towards resolution.

BC
RF

7) **AOCB**

There was nothing further.

8) **Date of Next Meeting**

Wednesday 17th March 2010 in the Conference Room, Management Building, Southern General Hospital, Glasgow at 14.30pm.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Wednesday 17 March 2010** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.30pm.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Mr T Walsh	Infection Control Manager
Ms L Bagraade	Infection Control Doctor (Clyde)
Ms K Hamilton	Lead Nurse IC NE
Ms J Higgins	Lead Nurse IC Clyde
Ms P Joannidis	Lead Nurse Infection Control
Ms R Hague	Consultant Paediatric in Immunology
Ms E Burt	Head of Nursing RAD (for A Harkness)
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Mr J Stuart	Head of Nursing, Regional Services
Ms I Gourlay	Lead Pharmacist, AMT
Mrs A Kerr	Lead Surveillance Nurse
Ms T Inkster	Infection Control Doctor (North West)
Ms M Buchanan	CIDM OHD
Mr D Pace	GM Facilities West & Partnerships

In Attendance

Mrs J Grant	Chief Operating Officer
Mr A McNeish	Corporate Administration Officer

	<u>Action</u>
1) <u>Apologies</u> Apologies for absence were intimated on behalf of A Harkness, P Cannon, L Kean, L Langan, R Farrelly, M A Kane, Dr Williams, S McNamee, A M Heney, D Stewart, M McLauchlan, J Higgins, and J Brown.	
2) <u>Minute</u> The minute of the meeting of the group dated 15 January 2010 was submitted and approved as a correct record, subject to agreed amendments. p2 5)d) should refer to IRH not RAH p4 6) Dr Cowan to provide more accurate wording	
3 <u>Matters Arising</u>	
a) Theatre Ventilation Mr Walsh confirmed that in Dr Williams absence there was nothing to report.	
b) Update on H1N1 Influenza Dr Cowan proposed this item need no longer remain on the agenda, and there was consensus on its removal. Mr Walsh confirmed that Health Protection Scotland are still requesting daily condition updates. Dr Anderson to check the current stage in the 20 week period of flu season guidance from HPS, and liaise with them to clarify the process going forward.	EA
c) Final Report of PEP Working Group This matter has been resolved by Dr Cowan and Mr Farrelly, but Mr Farrelly has yet to issue official communication to staff on the matter. Discussion brought forward to next meeting.	

- d) **Legionella Update**
Mr Walsh confirmed that there was nothing to report here as Sector Reports each have a section for this matter (Item 6.i).
- 4) **CNO Letter C Diff Testing Protocol**
Mr Walsh spoke about consistency issues in Lab testing. The Head of Microbiology has confirmed to him that we are in compliance with the relevant standards.
- 5) **Hand Hygiene Audit Report January 2010**
Mr Walsh reported that while compliance figures for medical staff had dipped in the report for the period up to end Dec 09, they are back up to 85% in the forthcoming report, which is scheduled to go before the next Clinical Governance committee.
Dr Anderson noted that the National Hand Hygiene Steering Board will focus on reporting technique rather than opportunities taken. Mr Walsh to incorporate this information into the Board Report.
Dr Cowan has been looking recently at individual cases as medics fare consistently lower in the figures. However he has been unable to determine any pattern, with each instance involving different individuals and different circumstances. He also drew note to the actual figures in the appendix, demonstrating that a low number of missed opportunities can make all the difference in reaching an acceptable percentage.
Mrs Grant pointed out this measure will be included in the new updated balanced scorecard, which will enable directorates to remain sighted on ensuring compliance.
Mr Walsh explained there are to be local audits also at ward level, arranged by Stephan Morton, Hand Hygiene Co-ordinator.
- 6) **Standing Items**
- a) **Bi Monthly HAI Report for NHS Board**
Dr Cowan reported delivery of the recent paper had been relatively uneventful, with the exception of medics' hand hygiene compliance. Mr Walsh reported that NHSGGC was on trajectory to achieve the 35% reduction in SABs by 31st March 2010, which has significance for the whole of Scotland figure due to the relative size of GG&C. Mrs Kerr noted that SSI in hip arthroplasty was reported as above the national average, but confirmed that the rate was being closely monitored and was now back below the national average. Mr Walsh reported that the HAI Task Force was still deliberating the format for future bi-monthly Board reports and that the Infection Control Managers Network will follow up on progress. **TW**
- b) **Risk Register**
Ms Lanagan's apologies noted earlier – to bring a full report to the next meeting. **LL**
- c) **Scottish Patient Safety Programme**
Mr Walsh reported that alongside the existing SPSP programme, Quality Improvement Scotland have conceived an Infection Improvement and Implementation Programme (IIIP) based on the same methodology. Dates are being considered presently for Dr Cowan & Mr Walsh to meet with Lead Infection Control Doctors and Nurses to discuss implementation and synergy with SPSP. Dr Cowan explained this programme was a key driver in the national quality strategy, and that any lack of clarity on a national level should resolve itself in as the programme beds in; on a local level he identified a need to articulate that infection control & SPSP are not different issues, but rather are to be dealt with concurrently. Mrs Grant made reference to the interface with SPSP, as described in the previous minute, asking how this would translate into practice. Mr Walsh explained that the SPSP Lead for Infection Control is presently marrying up local and central definitions to build the IIIP process into SPSP practice going forward. Ms Meikle stressed the importance fully integrating the two threads of work to ensure there were no contradictory or apparently conflicting instructions issued. Mr Walsh confirmed that data flows from Infection Control will feed SSI which in turn feeds SPSP. The **BC TW**

integrated product to include the acronym IIIP in the name to recognise its presence within this workstream.	
d) HEIS Ms Joannidis reported that an unannounced re-visit is expected imminently, following the recent SGH visit. Online evidence has been submitted in line with requirements. Mrs Grant requested that action plan timescales be monitored by this group, and in particular that Mr Farrelly, Acute Director of Nursing, take a lead on ensuring these do not drift. Mr Walsh reported that he had reinforced to the HEIS steering group the previous Tuesday that the re-visit may target any ward, not just those visited previously.	RF
e) National MRSA Screening Programme Mr Walsh reported that screening was now taking place on all targeted groups on all targeted sites. Mr Walsh advised that the national report from HPS was not yet available and that no decision had yet been taken on the move to universal MRSA screening for all patients.	
f) SCOTMARAP / Antibiotic Antimicrobial Ms Gourlay reported that HEAT targets are generally being met, although there is an issue in Clyde which is being dealt with. Specifically data is being collected but relatively small sample size of circa 9 people potentially skewing percentage compliance; sample size of minimum 20 has been requested going forward. There is no data for Stobhill and the reason given is no available staff; Dr Cowan to query with anti-microbial team. There is no data for RHSC so far, as no guidelines for paediatrics have yet been issued. All other medical receiving wards in Glasgow are routinely being monitored. A guideline booklet has been issued for all FY1 grades to standardise procedure and promote consistency of approach; and anti-microbial pharmacists are being encouraged to link in with those gathering data. The CEL does not appear to specify if it includes surgical and RAD receiving wards; Dr Cowan to clarify; Ms Gourlay to re-send copy CEL. Mrs Grant stressed the vital importance of establishing clarity around terminology; in particular actual HEAT targets and 'HEAT supportive targets'.	BC BC IG
g) Infection Control Implementation Plan Mr Walsh confirmed this had been approved at BICC and Clinical Governance Committee at the start of 09/10. The IT system specified had not yet been implemented, although this is not currently an issue re Board performance. Infection Control education & training needs analysis is being taken forwards with NHS Education (NES) and carried forward to following year. Hand Hygiene features as an issue, in this case the recruitment of members of the public to participate in hand hygiene audits is on course to complete by end April. Dr Cowan confirmed that the Board Infection Control Committee is set to identify a suitable member of the public, and the Clinical Governance Committee is to be sighted on this. Ms Joannidis confirmed there were some difficulties experienced in recruiting to such positions. Mr Walsh will provide a synopsis of the plan for the Annual Report around June 2010; and meantime to circulate last year's to demonstrate to contributors the style & format to be expected. Mrs Grant sought to clarify governance arrangements around judgements made by the Infection Control Team as to which of the various items which are considered to be most critical. She proposed that the relevant National HAI 'Red-Amber-Green report' be brought to this forum in order that the group as a whole can impact on this decision making process. Mr Stuart made reference to page 9 and clarified the distinction between HIRT – bi-monthly Board Report - and HAIRT - a reporting template which goes to the three IC Committees, SMG, the NHS Board and is published.	TW TW

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| h) | <p>Facilities Report
 Mr Pace General Manager facilities, spoke to papers submitted by Ms Kane in her absence. The papers offered a brief summary of the Domestic Services position against the monitoring framework for the National Cleaning Services Specification, as submitted to Health Facilities Scotland, providing detail where amber and red indicators had been triggered. From April these 'RAG-reporting' thresholds are due to alter, and estates issues will be included in scoring. GG&C's average performance for the quarter to December 2009 was half a percentage point above the national average. Updates were also offered on waste management, decontamination, and Sector Legionella Group meetings.</p> | |
| i) | <p>Sector Reports / Exceptions / Updates
 There was one incident in NE, specifically increased incidence of C Diff in Stobhill – all actions required to remedy have been taken. It was also noted that there was no sector report for the Vale of Leven, and Dr Cowan asked that where the relevant member is absent from a meeting a report should still be provided for each major acute location going forward.
 Dr Cowan requested that due to the thorough nature of these minute formats, a front sheet be appended in future to highlight key points/ actions / responsible parties to create a brief summary format more like that of a report.
 A common feature emerging was staff having variable success in accessing funds under HAI Scribe feedback from both estates and ward staff being mixed. Ms Love is due to report by end April on baseline picture. Dr Cowan observed the system, in terms of the model signed off at SMG, appears not to be operating optimally and there is a need to flag blockages whilst avoiding a blame culture.</p> | EL |
| j) | <p>Board Control of Infection Committee
 Mr Walsh confirmed that following previous meeting's discussion re Dr Cowan chairing both committees, a draft agenda for BICC was to be piloted, based on exception reporting to prevent the same level of detail being replicated. Consultation and recommendation shall take place at ACIC and decisions taken/ ratified at BICC. Dr Anderson will prepare a cover sheet in future highlighting key issues from the minute. Dr Anderson advised the Dr Syed Ahmed had stood down as Chair of BICC and Dr Cowan will Chair future meetings with Dr Anderson deputising as required.</p> | EA |
| 7) | <p><u>AOCB</u>
 CJD to be added to agenda under standing items.
 Meeting of vCJD sub-group - Ms Meikle agreed to take forward implementation of single question to identify high risk patients.
 Mrs Grant made an appeal to all parties involved in the committee for timely provision of papers, aiming for issue 1 full week in advance of the meeting.</p> | LM |
| 8) | <p><u>Date of Next Meeting</u>
 Monday 10 May 2010 at 10 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.</p> | |

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 10 May 2010** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 10.00 am.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Mr T Walsh	Infection Control Manager
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms E Burt	Head of Nursing RAD (for A Harkness)
Ms P Joannidis	Lead Nurse Infection Control (South)
Mrs A Kerr	Lead Surveillance Nurse
Dr R Hague	Consultant Paediatric Infectious Diseases
Ms I Gourlay	Lead Pharmacist, AMT
Dr L Bagrade	Infection Control Doctor (Clyde)
Dr T Inkster	Infection Control Doctor (North West)
Dr C Williams	Lead Infection Control Doctor
Ms K Hamilton	Lead Nurse Infection Control (NE)
Ms J Higgins	Lead Nurse IC (Clyde)
Mr D Pace	GM Facilities West & Partnerships (for M A Kane)
Dr D Stewart	Associate Medical Director, ECMS
Ms L Fleming	OHN, GG&C
Ms C Brown	Infection Control Nurse
Ms H Kane	Acting Lead Nurse IC (North West)
Ms M McLauchlan	CPM OHD
Ms E Stenhouse	Head of Midwifery
Ms K Benson	Assistant Director of Nursing (for R Farrelly)
Ms L Langan	Clinical Risk Manager

In Attendance

Mr A McNeish	Corporate Administration Officer
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	<u>Action</u>
1) <u>Apologies</u> Apologies for absence were intimated on behalf of A Harkness, P Cannon, R Farrelly, L Kean, M A Kane, A M Henery, J Stuart, J Stewart, M Buchanan and J Brown.	
2) <u>Minute</u> The minute of the meeting of the group dated 15 January 2010 was submitted and approved as a correct record.	
3 <u>Matters Arising</u>	
a) Theatre Ventilation Dr Williams reported that all theatres have been successfully validated. One theatre in Inverclyde and one at GRI fell slightly below standard. All exceptions have been carefully risk assessed. The Theatre Ventilation Group is well advanced in its work and has developed a prioritised list for capital replacement. This is currently going through the processes for accessing this year's capital fund.	
b) Final Report of PEP Working Group Dr Cowan reported that a recent clinical incident involving post-exposure prophylaxis had highlighted the need to modify the policy and approach to PEP. A short-life working group had been convened and will report back to the group via Mr Farrelly.	RF
c) Legionella Update Dr Williams explained that whilst there were useful discussions taking place within the	

sectors, he felt it would be helpful to have the high level template brought back to the group, in the form of the top 20 items RAG rated, as previously employed. The group agreed to consider this template going forward.

4) **Standing Items**

a) Bi Monthly HAI Report for NHS Board

From the report Mr Walsh highlighted the fact that there were no exceptions at site level within the report of the most recent monitoring indicators. The HEAT target of 35% reduction in *S. aureus* bacteraemia will be met if current trends are maintained. *C. Difficile* infection rates are below the upper target limit. SSI rates remain below the national average. Hand Hygiene is currently exceeding the 90% target. All areas within NHS GG&C scored green in the most recent report on the national cleaning specification.

Dr Anderson made reference to a recent letter from the Chief Nurse setting a further target of 15% reduction in *S. aureus* by 2011, in addition to the 35% for 2009/10. Mr Walsh explained that the MRSA Steering Group has invited directorate representatives to attend in order to help tackle the issue. Dr Cowan urged that the required nominations be resolved quickly. All Directors and Heads of Nursing have seen the incidence charts for SABS. These will be used to target areas of highest prevalence and make appropriate interventions.

b) Risk Register

Ms Langan provided an update on risk management. Incident data has been pulled from the Datix reporting system for the categories previously agreed by this group for a 5 month period. This amounts to around 30 incidents, however 28 more are currently in the 'holding area' where they cannot be reported on as they have not reached final approval. An initial paper will be circulated, and regular a quarterly paper will be submitted going forward to include all clinical incidents, commencing next meeting.

LL

c) Scottish Patient Safety Programme

Ms Langan reported that the Scottish Patient Safety Programme is progressing well in most of the current areas, as detailed in the paper. The phase 4 spread plan is about to commence, bringing 90 new wards into the programme during 2010. A paediatric workstream is also due to be launched at a learning event in June.

Mr Walsh referred to the Infection Improvement and Implementation Programme (IIIP), which sits within Quality Improvement Scotland. The group noted that this initiative dovetails with SPSP. The Infection Control Team is working closely with Ms Langan re areas of overlap in the two programmes.

Dr Cowan enquired as to the status of PVC careplans and Hand Hygiene audits implementation across the Board area. Mr Walsh explained that these are being introduced in line with the Implementation Of Care Plan on a site by site basis, led by Practice Development, following the HEIS program of visits. They will require to be rolled out to all areas by September when the current programme of inspections ends, as unannounced visits may follow. Dr Anderson asked if there was a method to keep track of this. Ms Langan offered to merge the plan for implementation with SPSP data for the next meeting.

LL

d) HEIS

Ms Joannidis reported that the Steering Group are progressing the outcomes from previous visits. The date of the GRI visit is 2nd and 3rd June. Theatres have been alerted that they may be visited, although there is not yet a formal theatre audit tool in place. Dr Cowan praised the good work undertaken by staff so far in preparing for and responding to the scheduled visits. He intimated that the next challenge ahead will be unannounced inspections, and in particular how staff respond to these. Lead nurses on sites which have not been visited thus far are already laying the groundwork and

medics require to engage with this process also.	
Mr Walsh mentioned a course on the psychology of inspections, recommended by the Head of OD. The Infection Control Team will investigate the potential value of this course and report to the group.	TW
Ms Higgins asked for clarity on whether each patient is to be issued with a leaflet on arrival and the cost implications of doing so. Mr Walsh explained that it had been agreed that this would form part of the admission to hospital pack, in order to reinforce the message. A Cedar code is now available to re-order supplies as necessary.	
Ms Meikle raised the issue of dress code adherence, specifically staff dressed in theatre blues in inappropriate areas, including non-theatres staff. As there are very few instances where scrubs are permitted outside theatres, Mr Farrelly is to pick this matter up with Ms Kane, and ensure uniform availability is not driving this trend. Mr Walsh explained that implementation of the national uniform policy would see various groups instructed not to wear surgical scrubs. Dr Stewart cited an example of another Health Board employing red scrubs in order to enforce compliance more effectively. Dr Cowan expressed concern over the potential costs of such measures, but reserved the possibility to consider this solution if the situation persists. Dr Cowan agreed to bring this matter to the attention of OMG.	RF MAK
Ms Kerr updated the group on the online portfolio of evidence, which has been signed off by the Chief Executive and the chair. Ms Kerr offered to forward the web link to the group.	BC AK
e) National MRSA Screening Programme	
Mr Walsh reported that the targeted MRSA Screening Programme had been fully implemented by the Project Team by the target date of 31st January 2010. Data is available for all sites and target groups, but compliance is variable. A high level of compliance can be observed in pre-operative assessment, with lower level evident in other areas. National approval is awaited for the national screening methodology, however the National Steering Group having been stood down until August.	
f) SCOTMARAP / Antibiotic Antimicrobial	
Ms Gourlay reported that the national target for surgical prophylaxis is designated as a 'HEAT supportive target'. Data will be available from the pilot underway in Ward 65, as well as from HEIS data. Data is variable across sites. There will be a pan Glasgow & Clyde approach taken to measuring performance against the target.	
g) Infection Control Implementation Plan	
Mr Walsh explained he will update the previously circulated plan to reflect the comments received. Comments will be accepted up till Thursday 13 June. The updated plan will go to the clinical governance committee in June.	TW
h) Facilities Report	
Mr Pace spoke to papers submitted by Ms Kane in her absence.	
A Domestic Services site summary of performance against the National Monitoring Framework, as submitted to Health Facilities Scotland, was also provided, including an explanation of the 1 red and 7 amber scores. The group noted the contents of the paper.	
A waste management paper provided updates on the various categories of waste, evidencing compliance with the provisions of the Municipal Waste Contract on recycling and demonstrating an overall reduction in clinical waste of 6.1% in 4 years. The group were urged to encourage participation in the trial of a new re-useable sharps disposal system.	
A separate paper on management of diabetic waste from domestic self treatment	

identified compliance issues and risks posed by the current arrangements and evaluated potential options for future. The item was provided for information at this stage. It will be finalised with fully costed options when national guidance emerges.

An update was provided on the progress of endoscopy decontamination procedures, again for information. Mr Pace also highlighted the issue of appropriate engagement of Infection Control in capital schemes. A system entitled project alert is planned to be rolled out in the near future. The recent assimilation of Capital Estates within facilities directorate should facilitate this process. A meeting takes place on Friday re Early Engagement in the process.

i) Sector Reports / Exceptions / Updates

Sector Infection Control minutes were submitted. Mr Pace explained that summaries would accompany these papers going forward.

NE

Ms Hamilton reported that there had been 3 CDI triggers at Stobhill since the previous meeting, one resulting in a ward being closed. No common issues were identified and typing confirmed there was not a single outbreak strain. The hospital SPC was close to its control limit but has not breached.

South

Ms Joannidis reported a number of ward closures at the Victoria ACH and the Mansionhouse Building, as well as 2 trigger alerts at SGH for CDI.

Clyde

Ms Higgins reported that CDI appeared as part of 1 patient's death certificate. Orthopaedics saw 4 SSIs in March and infection control staff are working closely with the clinical & surveillance teams to identify and address causes.

NW

Ms H Kane reported 4 CDI triggers, 2 each at WIG and GNG. No links have been established. There was an increase in MRSA at orthopaedics at WIG, but this was resolved within the control limits.

j) Board Control of Infection Committee
vCJD Group

Dr Anderson highlighted the item on vCJD, particularly Ms Meikle's role in implementation of the single question for identification of at risk patients through the Pre-Operative Assessment Service. She confirmed that the national group setting questions for patients undergoing high risk procedures met on 8th May and that she was anticipating feedback in the near future.

Dr Anderson drew attention to the item advising that the Prison Health Services were in the process of transferring to the NHS. Whilst this is in the early stages the impact on the provision of public health and infection control advice would need to be considered.

7) **AOCB**

PVC Care Plans in A&E

Dr Stewart asked the group for clarity as to whether signing, dating and initiation of the PVC care plan should best be undertaken in A&E, whenever a patient is to be admitted, or whether this would be better undertaken in the receiving medical or surgical ward. Mr Walsh confirmed this subject came up at the last meeting of the Healthcare Environment Inspectorate Steering Group where there was identified a lack of clarity and Mr Farrelly agreed to bring to this group for guidance. Following discussion, Dr Cowan directed that as this would be audited as part of SPSP it should be implemented in A&E as initially planned and the audit results carefully monitored.

CDI/SAB /SSI

Mr Walsh spoke to 2 papers: the Health Protection Scotland Annual surveillance paper and the NHS GGC Infection Control Team's paper on reporting of CDI & MRSA. He

DP/
MAK

explained that both papers were essentially collations of material previously seen by the committee in the bi-monthly Board reports.

Ms Kerr highlighted the mandatory requirements of HDL (2006) 38 for all Boards to undertake SSI surveillance for hip arthroplasty and caesarean section procedures. She explained that GG&C figures have big influence on national rates, and are favourable compared with national rates.

8) **Date of Next Meeting**

Thursday 15 July 2010 at 2.30 pm, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Thursday 15 July 2010** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.30 pm.

Present

Dr B Cowan (Chair)

Dr E Anderson

Mr T Walsh

Dr C Howie (for L Meikle)

Ms E Burt (for A Harkness)

Ms P Joannidis

Mrs A Kerr

Ms Y Gourlay

Dr C Williams

Dr D Stewart

Ms M A Kane

Ms K Benson

Ms L Langan

Ms S McNamee

Ms K Hamilton

Ms E Stenhouse

Ms J Higgins

Mr J Stuart

Ms A M Henery

Mr R Farrelly

Ms D Mc Connell

Ms C Mitchell

Medical Director, Acute Services

CPHM Health Protection

Infection Control Manager

AMD, Surgery & Anaesthetics

Head of Nursing RAD

Lead Nurse Infection Control (South)

Lead Surveillance Nurse

Lead Pharmacist, AMT

Lead Infection Control Doctor

Associate Medical Director, ECMS

GM, Facilities

Assistant Director of Nursing

Clinical Risk Manager

ADN Infection Control

Lead Nurse Infection Control (NE)

Head of Midwifery

Lead Nurse IC (Clyde)

Head of Nursing, Regional Services

Senior Occupational Health Nurse

Head of Nursing

Senior Infection Control Nurse

Lead Infection Control Nurse, NE

In Attendance

Mr A McNeish

Corporate Administration Officer

1) **Apologies**

Apologies for absence were intimated on behalf of L Meikle, A Harkness, R Hague, L Bagrade, T Inkster, M McLauchlan, H Kane.

Action2) **Minute**

The minute of the meeting of the group dated 10 May 2010 was submitted and approved as a correct record.

3 **Matters Arising**a) **PVC Care Plans in A&E**

Dr Stewart relayed concerns held by clinical colleagues in Accident & Emergency around the appropriateness of initiating the care plan for peripheral venous cannulae in the A&E environment. Dr Howie reported similar concerns amongst anaesthetic practitioners. Mr Farrelly pointed out that HEI inspectors had noted the lack of a standard procedure, despite current GG&C policy stating this must begin at point of insertion. Dr Cowan proposed that the care plans are commenced at the point of cannulae insertion as per policy, and that this item remain on the agenda for review after several months to allow input from each of the major bed-holding directorates as to the issues arising with the current policy.

b) **Theatre Ventilation**

Dr Williams reported that the following year's validation was underway and all but 1 of 11 sites were deemed to be in compliance with standards. The one exception is

being carefully managed in a risk prioritised manner. Dr Cowan asked that this matter be removed from the Committee's future agendas.

c) **PEP Short Life Working Group**

Dr Anderson described the role of the Short Life Working Group which was recently convened to review aspects of PEP policy including the self-assessment tool; and specifically to determine whether this is the best practice method of testing. She confirmed that a memo had been sent out to inform staff that current guidance remains unchanged.

d) **Legionella Update**

Dr Williams explained that the necessary template should be available by the time of the next meeting. He drew attention to the potentially resource intensive recommendations arising out of the recent report on Hairmyres Hospital in Lanarkshire, including the regular running of infrequently used taps. Dr Williams agreed to convene a working group which would report the pertinent issues to the next meeting.

CW

4) **Domestic & Estates Monitoring System**

Ms Kane spoke to the recent letter from the Director of Health Facilities Scotland. A pilot of the new tool was completed in March 2010, producing sub-optimal results and eliciting significant negative feedback from many of the staff involved.

Ms Kane described discomfort on the part of Domestic Supervisors regarding a perceived shift of focus from obstacles preventing adequate cleaning, towards more aesthetic concerns. She explained that boundaries between domestic and estates issues were presently causing difficulties, as staff groups felt they were being required to comment on fields outside of their perceived remits and knowledge base.

Mr Farrelly pointed to the need to link this process into GG&C's own internal infection control audits for consistency. Dr Cowan acknowledged the requirement for an effective national level solution before such integration could be achieved. Ms Kane related anecdotal evidence that similar issues were being experienced throughout Scotland's Health Boards. In response to ongoing issues HFS has scheduled training sessions for 23 July in Glasgow and Perth.

Ms Kane to update at next meeting.

MAK

5) **Revision to Clostridium Difficile target**

Mr Walsh described the background to the national HEAT target for reducing the rate of C Diff infection among patients aged 65 and over by 31 March 2011 having been revised from a 30% reduction to 50%. Based on current data he assured the group that there was a degree of confidence at a local level that this target was on course to be achieved.

6) **Revision of the HAI Reporting Template**

Mr Walsh explained the Scottish Government has revised the format of the bi-monthly HAIRT with the intention of rendering it more understandable to the general public. Mrs Kerr elaborated on presentational issues which had the potential to be confusing, and agreed to provide an early draft response to the group.

AK

7) **Hand Hygiene Audit Report March 2010**

Ms McNamee explained that the last published report contained the March/ April 2010 national audit data. Work is ongoing with the goal of achieving a compliance rate which is at or above the Scottish Health Boards' average.

Mr Walsh noted that the latest reporting template requires information to be aggregated at hospital level.

8) **Scottish Antimicrobial Prescribing Group Report on ESAC**

Ms Gourlay described the first national point prevalence survey of the use of antimicrobials in Scottish hospitals. Results of this survey at national and local level provide useful baseline information on the quality of prescribing within participating hospitals, to support and develop good practice.

Locally, Ms Gourlay reported improvement in correct indication of results in medical notes within medical receiving wards; and in terms of duration of surgical prophylaxis within surgical receiving wards. She agreed to circulate a copy of her slides to the group.

Dr Cowan noted encouraging progress in compliance with ESAC prescribing indicators.

YG

9) **Standing Items**

a) **Bi Monthly HAI Report for NHS Board**

Dr Cowan confirmed there were no significant exceptions to report.

b) **Risk Management**

Ms Langan spoke to the Infection Control Incident Report, drawn from the Datix system from November 2009 – April 2010 as of the 21st June 2010. This is the first 6 month overview since the revised infection control category codes were agreed by this committee in October 2009.

The report provides a breakdown of causes for 46 incidents. Ms Langan asked that all staff be reminded where patient care is affected a Datix report is always required. All services were asked to ensure timeous review and approval of Datix reports to enable an accurate overview of the level of incident activity and nature of issues within the period. Ms Kane asked that where issues arose in relation to facilities staff colleagues would ensure these are consistently brought to the attention of the relevant staff.

Communication is the highest reported category, mainly in relation to communication of patients' infection control status; and there were 3 Significant Clinical Incidents in relation to decontamination failure within Surgery & Anaesthetics. However Ms Langan cautioned that reporting was at too early a stage to draw robust assumptions.

It is proposed the committee receives this report on a quarterly basis.

LL

Ms Langan agreed to circulate the report to directorates for comment and align with directorate clinical governance reporting.

LL

c) **Scottish Patient Safety Programme**

In addition to the earlier discussion, Ms Langan tabled a paper providing an overview of progress on PVC Careplan Implementation. Challenges were identified in terms of rates of adoption by medical staff, A&E staff and anaesthetists; and attendance at awareness sessions. Implementation remains incomplete in some areas. However it is anticipated that implementation will be complete by 20102; by which point all wards will be routinely auditing compliance.

- d) **HEIS**
Ms Joannidis reported that HEIS have made a number of recommendations based on the first 3 inspections; and that improvement plans are underway to address these defects. Mr Farrelly reported that he has undertaken a walk around RAH wards in preparation for the forthcoming visits, scheduled for 24/25 August. He is also proposing a team who will act as internal inspectors to ensure consistency in advance of commencement of unannounced visits. In addition HEI planning meetings are underway at WIG, VIC and RHSC.
- e) **National MRSA Screening Programme**
Mr Walsh noted there were no developments to report since the last meeting.
- f) **SCOTMARAP / Antibiotic Antimicrobial**
Ms Gourlay confirmed there was nothing to report in addition to the earlier discussion around ESAC.
- g) **Infection Control Implementation Plan**
Ms McNamee reported almost all actions are on target to achieve objectives, with the exception of feedback on needlestick injuries and the re-vamped SAB enhanced surveillance form.
- h) **Facilities Report**
Ms Kane reported NHSGGC Domestic Services averaged 96.1% compliance with National Monitoring Framework site performance as submitted to Health Facilities Scotland for the first 2 months. There were 8 ambers and one red recorded during April and May, which was described as a relatively small proportion of the of areas involved. No reds or ambers were reported in the high priority category areas. GMs are now being required to submit Action Plans to local facilities sub-groups wherever red or amber scores occur.

Ms Kane reported that the transfer of all major acute decontamination sites from the old NHSGG catchment area into Cowlares Central Decontamination Unit has now occurred. The CDU has been encountering significant operational difficulties since April which have been worked through with the support of the Surgery and Anaesthetics Directorate. Work on this area is ongoing.
- i) **Sector Reports / Exceptions / Updates**
The increased instance of hip arthroplasty surgical site infections observed at RAH has been resolved.
Orthopaedic categories have been sub divided into 4 new categories to increase their relevance.
Permission has been received from HFS re the lost to follow up cases, which are estimated to be a proportion in the region of 15-18 %.
Statistical process control charts have been sent to directors. It was agreed these will be published on Staffnet following final overall agreement.
- j) **Minutes of Board Control of Infection Committee (24.05.10)**
Mr Walsh to reported there were no items of relevance which had not been covered by this agenda.
- i) **CJD**
Dr Anderson confirmed that progress was being made within S&A directorate with the implementation of the single question. AICC noted that the UK panel were continuing to review the guidance applied to high risk surgical procedures in Nuerosrgery and Ophthalmology.

j) **AOCB**

Mortuary guidance is due to be communicated to HPA.

Ms MacNamee proposed submitting the New Build & Renovation Policy to the next BICC, and this was agreed by the group.

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Date of Next Meeting

Monday 06 Sept 2010, at 10 am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on Monday 06 September in the Conference Room, Management Building, Southern General Hospital, Glasgow at 10.00 am.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Mr S Binning (for Dr Howie)	Clinical Director, Critical Care
Mr R Farrelly	Head of Nursing
Ms A Harkness	Director of Rehabilitation & Assessment
Ms K Hamilton	Lead Nurse Infection Control (NE)
Ms T Inkster	ICD, North West Sector
Ms P Joannidis	Lead Nurse Infection Control (South)
Ms H Kane	Acting Lead Infection Control Nurse, North West
Ms M A Kane	GM, Facilities
Mrs A Kerr	Lead Surveillance Nurse
Ms M McLauchlan	Clinical Pathways Manager, OHD
Ms S McNamee	ADN Infection Control
Mr J Stuart	Head of Nursing, Regional Services
Dr C Williams	Lead Infection Control Doctor
Mr G Quigley (for Joan Higgins)	Senior Infection Control Nurse

In Attendance

Mr A McNeish	Corporate Administration Officer
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Apologies

Dr R Hague	Consultant Paediatric Infectious Diseases
Mr T Walsh	Infection Control Manager
Ms E Stenhouse	Head of Midwifery
Dr C Howie	AMD, Surgery & Anaesthetics
Ms Y Gourlay	Lead Pharmacist, AMT
Ms L Langan	Clinical Risk Manager
Ms C Mitchell	Lead Infection Control Nurse, NE
Dr L Bagraade	Infection Control Doctor (Clyde)
Ms A M Henery	Senior Occupational Health Nurse
Dr D Stewart	Associate Medical Director, ECMS
Ms K Benson	Assistant Director of Nursing
Ms J Higgins	Lead Nurse IC (Clyde)
Ms D McConnell	Senior Infection Control Nurse
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics

Item**Action**

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|----|---|--|
| 1. | <u>Welcome and Apologies</u>
Apologies were received from the above mentioned. | |
| 2) | <u>Minute of Previous Meeting</u>
The minute of the meeting of the group dated 15 July 2010 was submitted and approved as a correct record. | |
| 3) | <u>Matters Arising</u> | |
| a) | PVC Care Plans in A&E | |

Dr Williams reported that a pro forma is being considered, which will be subject to a three month period of audit. Progress will be reported at the next meeting.

CW

b) **Legionella Update**

Dr Williams reported a number of guidance documents are being combined by the Legionella Working Group to produce an NHSGG&C template. A final version is anticipated in the near future, which will be made available for circulation to members. There followed discussion around balancing risk management against finite resources.

CW

c) **Revision of the HAI Reporting Template**

Mrs Kerr reported she and Mr Walsh met recently with Dr Cowan to discuss the new template format being proposed by SGHD. A draft of the new format has been produced and circulated for comment. It has been decided that NHSGG&C will continue to provide the statistical process control charts currently contained within the old template as an appendix. It is intended that these reports will also be made available to NHSGG&C staff via Staffnet.

It was noted that C Diff and MRSA reporting have moved to the quarterly rolling year format. Out of hospital infections are also featured, despite not being directly attributable to Health Boards. It is understood that the individual Hospital Report Cards will focus primarily on the main acute sites.

Dr Cowan highlighted the fact that this level of individual hospital data will now be subject to regular scrutiny for the first time. He also queried an apparent anomaly within SAB data when presented in the quarterly rolling year format; whereby it appears from the graph that GG&C did not meet targets which were previously represented as having been successfully achieved. Dr Williams explained that this was due to GG&C having been on target to reach the trajectory; and the 3 previous quarter's data being averaged out along with the current one to provide a yearly figure. Dr Cowan noted there may be a requirement to reassure the Board that this is not cause for concern.

Ms Harkness suggested that the term 'community hospitals' would be more appropriate than 'small hospitals'.

Dr Anderson recognised that there was little that could be done to remedy the negative perceptions likely to arise out of the requirement to report GG&C's absolute number of infections; other than emphasising the population and other demographics within the catchment as context.

Mrs Kerr questioned whether there is scope to submit these comments to SGHD while the reporting format is still in draft form. Dr Williams suggested that changes could be requested, but would likely require the agreement of the majority of Scotland's Health Boards before they would be considered by SGHD.

d) **CEL 27 (2010) single room accommodation & bed spacing**

Ms McNamee reported that the requirement of this CEL would have significant implications for bed numbers within NHSGGC. Refurbishments will be expected to consist of at least 50% single rooms. There followed discussion around the achievability of the desirable figure of 3.6 metre bed-spacing, within the context of existing inpatient accommodation. A copy of the CEL has also been provided to the New Build Team for information.

4) **Policies submitted for approval**

Updated policies on C Diff and Norovirus were noted. Ms McNamee confirmed that there were 2 separate accompanying patient information sheets for both C Diff and MRSA policy. In each case one leaflet is generic, intended to be made available for

general information; the other type leaflets provide more detail specifically designed to be issued to patients at the point of diagnosis with the respective infections. All of the policy documents and related information will be presented to the Board Infection Control Committee for approval.

Ms Harkness noted that the policy advises patients to wear hospital gowns when they have C Diff. Ms MacNamee confirmed that guidance around recording of C Diff on death certificates has been included in these latest revisions.

It was noted that there was not a great deal of detail around the management of outbreaks of CDI. Ms MacNamee confirmed that outbreaks are dealt with separately in the outbreak policy.

5) **NHS GG&C - Achieving SAB HEAT Target**

Dr Williams reported that he is a member of the SAB sub group. He was able to confirm that at this point in time GG&C is achieving the SAB HEAT target. For this reason the letter from the Chief Nursing Officer states that GG&C "should not be included in the proposed programme of support... being offered by HPS and QIS". The group noted this favourable position.

Progress against this target will feature as a standard item within the Board Report, and as such will be subject to feedback from Directors. Mr Stewart sought reassurance as to whether individual departments are provided with sufficiently detailed information regarding their contribution to performance and position relative to the trajectory.

Ms MacNamee confirmed that enhanced surveillance has commenced which will make information, such as detailed data on central or peripheral lines, available to directorates.

6) **Standing Items**

a) **Bi Monthly HAI Report for NHS Board**

Dr Cowan confirmed that 90% hand hygiene compliance had now been achieved by medical staff within GG&C; along with all other relevant staff groups who have done so already. No questions were raised relating to the recent report.

b) **Scottish Patient Safety Programme**

The SPSP update document provided by Mr Crawford's team was noted by the group, including the decision of the Acute Clinical Governance Committee to convene a group to review the implementation of the PVC and central line bundles.

It was noted that the Infection Control Incident Report would be circulated to ACIC members by Ms Langan, when available.

c) **HEIS**

Mr Farrelly reported that positive feedback had been received from HEI on the RAH visit. A number of minor points for improvement were identified, but no major criticisms were made. Strong ownership of action plans and audits was evidenced. An in-house corporate inspection team has been convened under the leadership of the NHS GG&C HEI Steering Group which in turn reports to SMG. This team will commence unannounced internal inspections to ensure a state of readiness and a high standard of compliance are present throughout all venues subject to visits by external HAI inspectors.

Staff in various local areas have convened site based groups to make ready for inspections. Mr Farrelly recognised the commitment of staff to being prepared for inspections, but in his capacity as Chair of the HEI Steering Group, asked that these local level groups be discontinued, as they lack the appropriate governance

LL

structure and uniformity of approach. In addition there may be duplication of the work carried out through the Steering Group. Where the Steering Group deems the existence of a local group necessary a Short Life Working Group will be convened by them.

The HEI Steering Group had Directorate representatives, including Facilities; and as such is equipped to address issues identified at particular sites. A feedback report is being developed to allow the inspection team to facilitate identification of such issues.

Ms Harkness echoed Mr Farrelly's comments, noting that a process of audit and programme of governance was in place to ensure infection control matters are core business, and should be used as such.

d) **National MRSA Screening Programme**

Dr Williams confirmed business was continuing and there was nothing substantially new to report.

e) **SCOTMARAP / Antibiotic Antimicrobial**

Dr Cowan reported that he had met with the team the previous week. He stressed the sustained effort necessary to achieve HEAT targets consistently across multiple sites.

f) **Infection Control Implementation Plan**

Ms McNamee reported that this work was progressing well. The accompanying report identified leads, timescales and progress towards objectives in the categories of: surveillance & continuous quality improvement; and education. One slippage was reported which related to a partnership action. Dr Anderson also explained that lessons had been learned from the recent swine flu experience. She and Ms McNamee are working together on updating the relevant policy accordingly.

g) **Facilities Report**

Domestic Services

Ms Kane reported that NHSGG&C Domestic Services scored 96.0% and 96.1% in June and July 2010 respectively, during which period over half a million items were checked. 1 Red and 18 Amber scores were reported, only one of which was in a clinical area; namely Ward 4A at GGH. Red and Amber scores in non-clinical areas resulted primarily from prioritisation of resource allocation to clinical areas. A report has been produced on each red or amber scoring area. Ms Kane explained that GGH Domestic Services struggled operationally during this period with an absence level of 22%. Contingency plans were brought into play at GGH and absence brought back in line with the average.

Waste

Ms Kane reported that NHSGG&C's municipal waste contractor has delayed opening a new unit, which impacts on the timeline for moving from 40% to 80% recycling in July 2010. However, the delay is expected to result in 100% recycling of municipal waste by the Board on commencement. A new contractor has been engaged to environmentally dispose of waste electronics, diverting a further 13 tonnes from landfill during the period.

Infection Control Sub Groups

All Sectors are discussing Ventilation and Legionella as agenda items. Two exceptions were identified in the West and South and have been addressed. Concerns around running of taps where sink/ shower areas are used for storage are

being addressed; either through cleaning regimes or capping off of outlets.

Decontamination

A rapid improvement exercise was implemented in the Central Decontamination Unit due to major backlog issues which occurred in June 2010. The Southern General TSSU was reopened as part of the contingency plans put in place; the unit will remain open for the foreseeable time. Some of the staff that transferred to the CDU have moved back to carry out the SGH work. The position in August is that there is no backlog and work continues with Surgery and Anaesthetics to manage the situation.

h) **Sector Reports / Exceptions / Updates**

North East, South and Clyde sectors declared nothing to report.

Ms Kane reported an outbreak involving *Group A Strep*. The ward had been closed and additional precautions were taken including the swabbing all patients and staff. At this point in time 2 patients remained on treatment and in isolation; 3 were awaiting screening results; 2 had re-screened as negative. A further 2 patients required to be transferred out of the ward for clinical reasons. Both were re-screened and isolated on admission at destination. Following a terminal clean the ward has been re-opened and is subject to continued monitoring.

Dr Williams noted that the HIIAT had moved from green to red status immediately when a patient had a positive blood culture. It was considered by all that this tool may not be as good an indicator of risk in some instances of infection.

Dr Williams reported that Mr Walsh has requested that the Scottish Government Health Department use a central point of contact, rather than contacting local teams if information on outbreaks or incidents is required.

i) **Minutes of Board Control of Infection Committee**

Ms McNamee drew attention to the agreement to remove the New Build Policy from the Infection Control Manual. She also highlighted the appointment of a new consultant for AMT.

j) **CJD**

Dr Anderson reported difficulties in implementing guidance locally, which had been reported to HPS and SGHD. It is hoped a compromise position can be reached in relation to elective procedures. Concerns exist around the practicalities of successfully complying with guidelines in the emergency care setting, without compromising capacity within the Neurological Sciences Unit.

Dr Anderson reported that she is due to hold another meeting with neurosurgeons the following Wednesday, to address their concerns. She will also discuss the matter further with Dr Cowan outside of the ACIC meeting.

Dr Anderson reported that one incident was being addressed by Dr Anderson, Ms Hamilton and Health Protection Scotland. The subsequent report to the HPA Incident Panel may result in further actions.

7) **AOCB**

Winter Planning Group

Ms McNamee reported that an escalation plan had been developed to try and reduce some of the impact of Norovirus, currently out for comment within the Acute Winter Planning Group which developed it. Once these have been collated the plan would be submitted to the Board Winter Planning Group for amendment/ approval.

Infection Control Environmental Audit

Ms McNamee reported that Infection Control Nurses began using the re-vamped Audit Tool, including standardised definitions, on 1 September 2010. She asked the group to note that the criteria were fixed and that scores from previous audits may not be comparable.

8)

Date of Next Meeting

Friday 19 November 2010, at 10.00 am, Conference Room, SGH.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Friday 19 November 2010**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Ms F Andrews	Clinical Operations Manager, GDH
Dr L Bagraade	Infection Control Doctor, Clyde
Mr S Binning (for Dr Howie)	Clinical Director, Critical Care
Mr R Farrelly	Nurse Director
Ms K Hamilton	Lead Nurse Infection Control, NE
Ms A Harkness	Director of Rehabilitation & Assessment
Ms A M Henery	Senior Occupational Health Nurse
Ms J Higgins	Lead Nurse IC, Clyde
Mr W Hunter (for Ms Kane)	GM Facilities, NE
Ms P Joannidis	Lead Nurse Infection Control, South
Ms H Kane	Acting Lead Infection Control Nurse, NW
Mrs A Kerr	Lead Surveillance Nurse
Ms L McLachlan	Infection Control Nurse, SW
Ms S McNamee	ADN Infection Control
Ms C Mitchell	Lead Infection Control Nurse, SE
Dr D Stewart	Associate Medical Director, ECMS
Mr J Stuart	Head of Nursing, Regional Services
Mr T Walsh	Infection Control Manager

In Attendance

Mr A McNeish	Corporate Administration Officer
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Apologies

Dr E Anderson	CPHM Health Protection
Ms Y Gourlay	Lead Pharmacist, AMT
Dr R Hague	Consultant Paediatric Infectious Diseases
Dr C Howie	AMD, Surgery & Anaesthetics
Ms T Inkster	ICD, North West Sector
Ms M A Kane	GM, Facilities
Ms M McLauchlan	Clinical Pathways Manager, OHD
Ms D McConnell	Senior Infection Control Nurse
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms L Riach	Clinical Risk Manager
Ms E Stenhouse	Head of Midwifery
Dr C Williams	Lead Infection Control Doctor

Item**Action**

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| 1. | <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) | <u>Minute of Previous Meeting</u>
The minute of the meeting of the group dated 06 September 2010 was submitted and approved as an accurate record. | |
| 3) | <u>Matters Arising</u> | |

a) **PVC Care Plans in A&E**

Ms McNamee reported the matter had been raised at the SABs Steering Group the previous day, where alternative methods had been explored; including the suggestion that A&E staff document insertion date, and ensure conformance with SPSP.

Dr Stewart re-iterated the view of A&E consultants that commencement of the full care plan in A&E setting is impractical. He confirmed there is a willingness amongst his colleagues to agree a modified version which is in line with the spirit of the policy and satisfies the criteria of SPSP. He added that Mr Crawford has confirmed the commencement of full care plans at the point of insertion is not a requirement under SPSP.

Mr Farrelly enquired as to whether such practice would be at odds with the current policy. Mr Walsh confirmed that there is no actual specification within the GG&C policy re commencement of PVC care plans at point of insertion. Ms McNamee confirmed this requirement originates from the HPS Care Bundle. Dr Cowan queried whether authority exists to deviate from HPS guidelines where appropriate. Ms McNamee confirmed that Healthcare Environment Inspectors had indicated they were comfortable with aseptic technique commencing on admission to inpatient ward.

The group agreed to proceed in this manner. Dr Cowan asked that the item be removed from the agenda going forward.

b) **Legionella Update**

Mr Walsh confirmed that the relevant matrixes are now contained within the Facilities Report; and that any significant exceptions could be discussed under the Sector Reports standing item. The group agreed this approach would be suitable going forward. Dr Cowan asked that this item be removed from the agenda.

4) **Policies submitted for approval: Loose Stools; Outbreak Policy**

Ms McNamee reported that following minor alterations in the light of feedback received, both policies would be submitted to the next BICC for approval.

5) **Enhanced Surveillance of SAB Reports: July; August**

Ms McNamee reported that in addition to the 2 reports submitted, the third such report had been finalised the previous day. Previously these papers have been circulated to the SABs Steering Group; who have agreed the current format should continue, subject to inclusion of an accumulative parietal and an illustrative reduction chart.

Dr Cowan enquired as to the current position in relation to the national HEAT targets. Mr Walsh confirmed that GG&C remains on course to meet the target. He explained that the SABs HEAT Target Update November 2010 paper, circulated the previous day, demonstrated that progress up to end of September remained on track.

6) **Hand Hygiene Audit Report September 2010**

The latest National Hand Hygiene Audit Report (September 2010) was noted. Ms McNamee reported that GG&C had achieved 93% compliance for September, against a national average of 95%. Efforts continued to maximise compliance rates.

Mr Walsh reported that Mr Morton will be escalating some of the issues which have arisen from this report via AMDs. He explained that in future the focus of the campaign is expected to move to individual hospital level; and to begin measuring technique also.

7) **CNO(2010)1: National Support Framework For NHS Boards**

Mr Walsh reported the only material change was an alteration to the process of notifying red/ amber results, whereby the Health Board would inform HPS directly, who in turn inform the Scottish Government. Ms McNamee confirmed that this change has been incorporated into the recent revision of the outbreak policy.

8) **Quarterly report on the Surveillance: C Diff**

Ms McNamee reported that GG&C remains well below the 0.6 per thousand bed days upper target; although the previous 2 quarters have been slightly up on previous years (0.37 v 0.34). In discussion it was considered that this relatively minor degree of variation was not cause for significant concern.

9) **Quarterly report on the Surveillance: SAB**

Mr Walsh confirmed that the recent quarterly report showed GG&C as being on trajectory, based on data from 4 /5 months previous; and that this is still the case based on up to date data. The situation continues to be monitored closely.

10) **Standing Items**

a) **October 2010 HAIRT Report**

Mrs Kerr reported this was the first edition produced in the recent new format, with the second edition due in the near future. One key finding of the report is that 45% of CDI & SABS are Out of Hospital Infections.

Mr Walsh reported that the Infection Control Managers Network had raised concerns with the Scottish Government over the 'quarterly rolling year' chart employed in the new version. Possible amendments to the format and the graphs used to convey the information are being considered as a result.

Mr Walsh conveyed further concerns on the part of ICM's across Scotland regarding the proposed move away from the 48 hour interval for classification of C Diff as a Hospital Acquired Infection, to a period of 12 weeks since any contact with the Healthcare system. There is concern at the potential impact such a move is likely to have on interpretation of data; and on necessary resources required to adequately track patient history. This matter has also been brought to the attention of the Scottish Government by the ICM Network.

A perceived lack of understanding among elements of the press and public of the key differentiation between the terms 'Healthcare Associated Infection' and 'Hospital Acquired Infection' was identified as a continuing challenge.

Mr Walsh explained that the proposed new HEAT targets are also likely to be challenging for all Health Boards as they are likely to be 'best in class' at any point in time. Presently these targets would be the 0.37 per 1,000 OBDs measure for C. Diff previously achieved by GG&C and 0.26 per 1,000 OBDs measure for SABS achieved previously by Highland (GG&C is presently 0.305). In discussion the question emerged as to whether the rate may reach an "irreducible minimum" at some stage.

b) **Scottish Patient Safety Programme**

In the absence of Mrs Riach, Mr Walsh asked that comments on the SPSP paper: headed 'NHS Greater Glasgow & Clyde Target Statement' be provided to Mrs Riach or Mr Crawford.

c) **Risk Management: Incident Report; Risk Register**

In the absence of Mrs Riach, Mr Walsh addressed the Infection Control Incident

Report. Feedback emerging from discussion was that whilst this is a helpful dataset, not all incidents listed were infection control related. Mr Farrelly stressed the importance of distinguishing between decontamination issues and communication issues.

It was also felt that there were a lack of conclusions as to lessons learned and resulting actions taken to prevent recurrence; which would provide closure on the incidents from a governance perspective.

Mr Walsh asked that feedback be provided to Mrs Riach, along with a summary of actions taken where appropriate.

Ms Harkness raised as part of the root cause analysis the fact that some C Diff-agenic antibiotics are being recommended. Dr Bagrad explained the practical difficulties in antibiotic prescribing which result from the level of clinical patient history available. Dr Stewart proposed flagging of 'alert antibiotics' be considered. Mr Walsh will ask the ICDs who attend the Antimicrobial Utilisation Committee to raise the issue and report back.

TW

d) **HEIS**

Mr Farrelly reported that since the last meeting there had been 2 inspections. Mr Farrelly praised the efforts of staff which allowed the hospitals to score well on the majority of indicators and locations; however he noted that work is required to address certain basic issues emerging as common themes during inspection visits.

Formal findings of the unannounced visit at Yorkhill have yet to be published; however some themes have been emerging in relation to issues such as policies & procedures and cleaning. Improvement plans have been developed. It is expected that inspectors may return to this location at some stage to check if their recommendations have been adequately implemented.

Verbal feedback from the announced inspection at the Victoria Infirmary, in relation to 9 clinical areas across the 'old' hospital, the ACH and the Mansionhouse building, included inconsistency of cleaning practice, outdated policies and mattress issues.

A local group has been established for WIG & GGH, chaired by Ms Kane, as internal unannounced inspections identified scope for improvement in certain areas.

e) **National MRSA Screening Programme**

Mr Walsh reported that the National Programme Board is considering various recommendations as to the future of screening practice. It is also understood that a number of funding options for future screening are being considered by the Cabinet Secretary.

f) **SCOTMARAP / Antibiotic Antimicrobial**

In the absence of Ms Gourlay the matter will be deferred. It was noted that this item had been deferred at the previous meeting of this group also for similar reason. Given the importance of the issue Dr Cowan undertook to write to Mr Bryson asking him to ensure an appropriate representative attend the next meeting of the group in order to address this item.

BC

g) **Infection Control Implementation Plan**

Ms McNamee reported on 2 outstanding issues.

Signs are that NES may not deliver the anticipated Training Needs Analysis for Cleanliness Champions. This work was intended to provide a framework of continuing development opportunities, particularly those of a site-based nature, to build on the achievement of Cleanliness Champion status, and increase the expertise of these designated persons. Consideration will now be given to the feasibility of undertaking similar work in-house within GG&C.

The Flu policy will now be updated to reflect variations in the H1N1 guidance.

h) **Facilities Report**

Mr Hunter provided updates in Ms Kane's absence. He reported that Domestic Services site performance scored 96.7% and 95.9% in August and September 2010 respectively, against the National Monitoring Framework. 516,494 items were checked Board-wide in this period with 0 red and 7 amber scores reported to Health Facilities Scotland. Further detail was provided in the accompanying paper.

A National Contingency Group for Decontamination has been established under HFS control. The New Victoria Hospital Decontamination Unit performed well in the recent audit against JAG decontamination standards.

The Municipal Waste contractor has completed upgrades resulting in significantly increased volumes of waste being segregated for recyclates.

Legionella Implementation Checklists and Theatre Ventilation Maintenance Checklists were also provided for most sectors. It is anticipated a full dataset will be available going forward.

Revised reporting arrangements to ACIC, BICC and Facilities Directorate Infection Control structure are being considered at present in order to facilitate feedback from HEI Steering Group members and the Senior Change Nurse Cohort. A paper will be presented to ACIC and BCIC for comment / approval prior to implementation.

Mr Hunter also highlighted a lack of internal deficit notification, whereby the Datix database does not automatically flag appropriate issues though to the Central Decontamination Unit at present. A request for change to Datix has been submitted to accomplish this and is being progressed by the Systems Administrator.

Feedback from across the sectors was that the estates element of the recently updated Infection Control Environmental Audit Tool is perceived to have resulted in reduced scoring on some facilities associated elements of compliance. Mr Farrelly agreed it was necessary to determine the extent to which this feedback is borne out, as similar views had been expressed at the HEI Steering Group also.

There was discussion around the extent to which tightening up definitions was prone to reduce partial compliance scores, in the context of the potential to skew comparisons with previous audit data.

It was recognised that the various audit criteria employed by Domestic Services, Infection Control and HEI Inspectors result in measures which are not directly comparable in every instance. Ms McNamee explained that the Infection Control monitoring tool was likely to be altered again in future, to strip out the Estates aspect once this becomes embedded in GG&C monitoring systems; as occurred previously with Domestic Services criteria.

Access to theatres for ventilation PPM has been problematic at SGH, and in theatres 1&2 in Clyde. Access to PRM Neo Natal to replace ceiling tiles identified during HEI visit was still outstanding until recently. Ms Hamilton was able to confirm this work was now underway.

At the Western Infirmary ongoing Phase 1 Legionella challenges are being managed; however consideration is being given to permanent closure of tanks in Level 11. A further Risk Assessment will be completed.

i) **Sector Reports / Exceptions / Updates**

North/East

Ms Hamilton reported that investigation is ongoing into the case of a patient undergoing dialysis at Stobhill who [REDACTED] with Hep C.

South

Ms Joannidis reported a recent outbreak of Group A Strep at Ward 55. A formal report will be brought to the next ACIC, including a description of the actions resulting.

PJ

North West

Ms H Kane reported an outbreak of Group A Strep in the Cumbrae Ward at Drumchapel and an outbreak of C Diff in Ward 4A at Gartnavel General. Reports on both outbreaks were noted. The report on 4A highlighted a potentially GG&C-wide issue around the cleaning of the underside of beds. Mattress contamination aspects were also identified. Ms M Kane is examining the matter and will report back to the group.

Ms Harkness queried the process for approval and sign off of reports on outbreaks; specifically in terms of actions taken to prevent recurrence and closing the governance loop. Ms McNamee agreed to incorporate a review of action points from outbreak reports at ACIC into the final revision of the Outbreak Policy.

SMcN

Clyde

There were no significant issues reported.

j) **Group A strep Outbreak Report, Cumbrae ward, Drumchapel**

The report was noted above.

k) **C Diff Outbreak Report, Ward 4a, Gartnavel General Hospital**

The report was noted above.

l) **Minutes of Board Control of Infection Committee**

No further matters were raised.

m) **CJD**

In the absence of Dr Anderson, Ms McNamee reported that the sub group charged with implementing the CJD guidance and the group now includes a neuro surgeon to further the implementation of the guidance locally. The neuro surgeon has been in touch with tayside to find out how they implemented the guidance and defining instrument quarantine now includes a consultant neurologist to advise on development of single and enhanced questions.

11) **AOCB**

a) The draft 2011 Meeting Schedule was noted and approved by the group.

12) **Date of Next Meeting**

Monday 17 January at 2.30 pm, Conference Room, SGH.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 17 January 2011**, at 2.30pm, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Dr L Bagrae	Infection Control Doctor, Clyde
Mrs K Benson (for Mr Farrelly)	Assistant Director of Nursing
Dr Howie	Associate Medical Director Surgery & Anaesthetics
Ms K Hamilton	Lead Nurse Infection Control, NE
Ms A Harkness	Director of Rehabilitation & Assessment
Ms J Higgins	Lead Nurse IC, Clyde
Ms P Joannidis	Lead Nurse Infection Control, South
Ms H Kane	Acting Lead Infection Control Nurse, NW
Ms M A Kane	GM, Facilities
Mrs A Kerr	Lead Surveillance Nurse
Ms S McNamee	ADN Infection Control
Ms J McQueen (for Ms Riach)	Clinical Risk Manager
Ms C Mitchell	Lead Infection Control Nurse, SE
Dr A Seaton	Consultant Physician Emergency Care & Medical Services
Dr D Stewart	Associate Medical Director, ECMS
Mr J Stuart	Head of Nursing, Regional Services
Mr T Walsh	Infection Control Manager
Dr C Williams	Lead Infection Control Doctor

In Attendance

Ms M Grant	Corporate Administration Officer
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Apologies

Mr R Farrelly	Nurse Director
Ms T Inkster	ICD, North West Sector
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms L Riach	Clinical Risk Manager
Ms E Stenhouse	Head of Midwifery

Item**Action**

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|----|---|--|
| 1. | <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) | <u>Minute of Previous Meeting</u>
The minute of the meeting of the group dated 19 November 2010 was submitted and approved as an accurate record. | |
| 3) | <u>Matters Arising</u> | |
| a) | <u>Flagging of Alert Antibiotics</u>
At the previous meeting Mr Walsh had advised he would ask the ICDs who attend the Antimicrobial Utilisation Committee to raise this issue and report back. Mr Walsh advised there was no update on this matter as the committee had not held a meeting | |

since this issue was discussed at the last ACIC.

b) **Outbreak of Group A Strep at Ward 55**

At the previous meeting Ms Joannidis advised that a formal report and resulting action of the recent outbreak of Group A Strep at Ward 55 would be submitted to the next meeting of this group. Ms Joannidis advised that work was ongoing with this report and would be concluded in two weeks time when it would be circulated to the Outbreak Control Team for amendment/approval prior to being submitted to the AICC for information.

PJ

4) **Policies submitted for approval**

Ms McNamee reported that there were no policies for approval, however there would be three submitted to the next meeting in March 2011.

5) **Enhanced Surveillance of SAB Reports: September; October**

Ms McNamee provided a brief overview of the paper and reported that the current format of this report would continue going forward. Additionally, Directorates with the highest number of cases would receive individual reports.

Mr Walsh confirmed that he would speak to Mr Cannon regarding adding SABs data to the Acute Balanced Scorecard.

TW

6) **Hand Hygiene Audit Report November 2010**

Ms McNamee reported that GG&C compliance remained constant at 93% for November.

Mr Walsh reported that as of March 2011 Hand Hygiene Coordinators are not expected to continue carrying out National audits and that focus would be on local ward/dept audits. Mr Walsh advised the audits would be based on hand hygiene opportunities and technique (previously audit results were based on opportunity only); the results would be gathered on a monthly basis by ward/dept staff and compiled centrally before inclusion in the Boards HAIRT report.

7) **CEL 42 2010 – National Uniform Dress Code Laundering Policy – 21 December 2010**

The CEL was distributed with the agenda and Ms McNamee explained that the NHSGGC Dress Code and Uniform Policy will remain the same. Ms McNamee reported that she has sent CEL to Laundry Manager at Hillington to enquire about heavily soiled staff uniforms. Ms Renfrew, NHSGGC lead on this policy, had been in communication with Mr Walsh regarding any potential conflicts with the existing policy – no significant issues were noted apart from the procedure for laundering staff uniforms which are now being developed.

8) **Quarterly report on the Surveillance: C Diff July to September 2010**

Dr Williams provided a brief overview of the paper and reported that GG&C remains well below the 0.6 per thousand bed days target, however he also noted that the move of wards from Stobhill to GRI may have some impact on the GRI figures and that the ICT will be monitoring this closely.

Discussions then centred on the reporting of the age groups 15-64, Dr Cowan advised that concerns had been raised by parliamentary colleagues that this had risen by 26%. Dr Williams confirmed that this was not the case; however confusion had occurred due to the way in which this data was recorded. It was noted that NHS GG&C figures were reported on page 21 of the paper, detailed in figures 1, 2 and 3.

9) **Quarterly report on the Surveillance: SAB July to September 2010**

Mr Walsh confirmed that the recent internal data showed GG&C should meet the required trajectory by March 2011. Going forward Mr Walsh confirmed that to meet next years target a reduction of between 10 and 12% would be required, which would be a major challenge for the Board.

10) **Standing Items**

a) **December 2010 HAIRT Report**

Members noted a report presented by Mrs Kerr which outlined the Board's position and performance in relation to S. aureus bacteraemias, C.diff, Surgical Site Infections, hand hygiene compliance and monitoring of cleaning services.

Mrs Kerr gave a brief overview of the paper advising that this was the second publication of revised reporting template and that data was currently being collated for the February 2011 report.

b) **Scottish Patient Safety Programme**

In relation to the Scottish Patient Safety Programme, it was noted that each SABs group now has a co-ordinator. It was also noted that the new PVC and central line bundles had not changed significantly.

c) **Risk Management: Incident Report; Risk Register**

Mr Walsh confirmed that there was no change to the Risk Register.

Members noted a report on T11 LDP Contribution and the management of risk primarily in relation to the HEAT targets.

d) **HEIS**

Mrs Benson reported that the formal finding of the announced inspection at the Victoria Infirmary 'old' hospital, the ACH and the Mansion House Building had now been published. Mrs Benson also confirmed that improvement plans had been implemented to address the issues raised during the visit.

Mrs Benson advised that a Corporate Inspection Team was now in place and had undertaken a visit of SGH to ensure that the action plan which was developed as a result of the December HEI inspection was progressing appropriately. Mrs Benson confirmed that the feedback from this visit was very positive.

e) **National MRSA Screening Programme**

At the previous meeting it was noted that the National Programme Board is considering various recommendations as to the future of screening practice. Dr Williams advised that a decision was due to be reached in January 2011; however no further updates from the National Programme Board had been received.

Dr Williams confirmed that NHS GG&C were continuing to run with the current programme, however funding for this had only been provided until March 2011. Dr Williams advised this may become a financial concern if a decision was not reached before March.

f) **Infection Control Implementation Plan**

Ms McNamee confirmed that nearly all items on the implementation plan were nearing completion; however she was still awaiting information from NES regarding the proposed training needs analysis.

Ms McNamee confirmed that work on next years' implementation plan would begin shortly, however the plan would be very similar to this year.

g) **Facilities Report**

Members noted a report presented by Ms Kane which provided an update in relation to domestic services, waste, decontamination, sector infection control meetings, legionella implementation and theatre ventilation maintenance.

Ms Kane provided a detailed overview of the paper highlighting that as of January 2011 Estates score figures will be reported nationally, however these figures do not automatically link in to the HAI Scribe System. Ms Kane advised this had been discussed with HFS and escalated.

Ms Kane advised that the municipal waste contractor had upgraded their facility to improve the percentage of waste recycled by the Board, therefore this will change the way waste is processed. Ms Kane advised that a report will be brought back to this meeting detailing the changes.

In relation to access issues within theatres, Ms Kane advised that this matter had been escalated to Mr Crombie.

h) **Sector Reports / Exceptions / Updates**

Each sector advised they had no exceptions to report.

i) **Minute of Board Control of Infection Committee**

Members noted the above minute and Ms McNamee confirmed that no major issues were raised.

j) **CJD**

Dr Anderson confirmed that a Neuro Surgeon had now joined the sub group, work was now underway at a local level within wards and further sub group meetings were being held during the forth coming week. Dr Anderson advised implementing the guidance was proving challenging with no National Group supporting the implementation process. It was agreed that if no update was provided after the sub group meetings this week, Dr Cowan would speak to Mr Best regarding progress.

k) **SCOTMARAP / Antibiotic Antimicrobial**

Members noted two reports presented by Dr Seaton which provided an update in relation to the action points raised at the ADTC Antimicrobials Utilisation Sub-committee of 23 November 2010 and the Antimicrobial Management Team Report.

Dr Seaton provided a detailed overview of the papers, concentrating in particular on the key issues noted within the Antimicrobial Management Team Report.

Discussions then centred on the use of surgical prophylaxis and concerns expressed by Orthopods over renal toxicity and the greater focus on reducing Ciprofloxacin prescribing as this was highlighted a possible driver for C diff. It was noted that Dr Cowan and Dr Seaton would discuss these issues in greater detail at their next meeting.

11) **AOCB**

No matters were discussed.

12) **Date of Next Meeting**

Monday 07 March 2011 at 10am, Conference Room, SGH.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 07 March 2011**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Dr L Bagraade	Infection Control Doctor, Clyde
Ms M Buchanan	Clinical Improvement & Development Manager, Oral Health
Mr R Farrelly	Nurse Director
Ms K Hamilton	Lead Nurse Infection Control, NE
Ms A Harkness	Director of Rehabilitation & Assessment
Ms J Higgins	Lead Nurse IC, Clyde
Ms T Inkster	ICD, North West Sector
Ms P Joannidis	Lead Nurse Infection Control, South
Ms L Kean	Lead Nurse IC, North West
Ms M A Kane	GM, Facilities
Mrs A Kerr	Lead Surveillance Nurse
Ms S McNamee	ADN Infection Control
Ms C Mitchell	Lead Infection Control Nurse, SE
Ms L Riach	Clinical Risk Manager
Ms E Stenhouse	Head of Midwifery
Mr J Stuart	Head of Nursing, Regional Services
Mr T Walsh	Infection Control Manager
Dr C Williams	Lead Infection Control Doctor
Mrs J Brown (for Dr Stewart)	Head of Nursing, ECMS

In Attendance

Mr A McNeish	Corporate Administration Officer
Ms C Doyle	Student Nurse

Apologies

Dr C Howie	Associate Medical Director, S&A
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Dr D Stewart	Associate Medical Director, ECMS

Item**Action**

1. **Welcome and Apologies**
Apologies were received from the above noted.
- 2) **Minute of Previous Meeting**
The minute of the meeting of the group held on 17 January 2011 was submitted and approved as an accurate record.
- 3) **Matters Arising**

Outbreak of Group A Strep at Ward 55; Formal Report
Ms Joannidis advised that the report was complete, and is presently with the Outbreak Control Team for approval. Lessons have been drawn from this report, as well as the report into the recent Group A Step outbreak at Cumbrae Ward; and actions have been implemented on that basis.

4) **Policies submitted for approval**

Ms McNamee referred to draft policies on Influenza, TB Care, Toy Cleaning and Staff Screening. She advised that several sets of comments had been received and incorporated into these later versions. She requested that any further comments be received prior to the next BICC where they are due to be submitted for final approval.

5) **Enhanced Surveillance of SAB Reports Nov / Dec 2010**

Ms McNamee advised that in addition to a monthly report circulated to the SABs Steering Group, quarterly Directorate specific reports were also now being routinely created. Ms McNamee asked that anyone requiring additional analysis should contact her directly.

6) **Hand Hygiene Audit Report January 2011**

Ms McNamee reported the most recent data showed 95% compliance, and that all staff groups scored above 90%.

Dr Cowan enquired as to how the new technique based audits might impact on compliance rates. Mr Walsh reported that the topic had been addressed at the recent Infection Control Managers' Meeting and that most Health Boards in Scotland are predicting an initial 10-12% drop in scores. He also advised that this data is already collated within some areas of NHS GG&C and local results appear to confirm this expectation.

7) **Changes to National Hand Hygiene Monitoring**

A paper outlining the proposed shift of responsibility for Hand Hygiene Monitoring to SPSP was noted and discussed. Mrs Riach advised that a longer lead-in time has been requested before the first official national results are published; presently due at March 2012. Meanwhile work is progressing in conjunction with Infection Control and Clinical Effectiveness staff. Further developments will be reported to this Group as appropriate.

8) **PVC Care Plan proposal**

Ms McNamee reported that a proposed algorithm has been developed in conjunction with Mrs Riach. This is intended to reconcile the HEI Care Bundle, mandatory SPSP requirements and the original issues around documentation of insertion. The latest version is planned to be submitted to the next Acute Operating Division Clinical Governance Forum. The extent to which this approach proves effective is likely to be evaluated within one year.

Mr Stuart enquired as to whether HEI have confirmed they are comfortable with the potential for delay of up to 24 hours prior to instigation. Ms McNamee advised there exists evidence that cannula problems occur in the main after the first 24 hours. Mrs Brown confirmed that she would be content with this arrangement provided HEI were. Ms McNamee added that HEI would be able to monitor this matter if required. Mr Farrelly clarified that GG&C policy does not require to be approved by HEI, but rather that it is awareness of and compliance with policies which is key.

To those ends Mr Farrelly proposed an official launch of the new process intended to ensure a clear message was communicated to all ward areas. He stressed that all relevant staff must be aware of the proper procedure, and able to articulate this coherently to the HEI inspectors. Ms McNamee offered to disseminate information via AMDs and Heads of Nursing, with the support of Dr Cowan and Mr Farrelly, provided both were amenable to this approach. Infection Control staff will work closely with Ward areas and Mrs Riach also offered the assistance of the SPSP Team.

Dr Cowan asked that the process be implemented as soon as possible. Ms

McNamee explained that having the form placed onto CEDAR and removing old care plans from stock would comprise the main components of the lead in time, and that a switch over date of 23 April was proposed. Mrs Riach confirmed that submission to the Clinical Governance Forum in April would be likely to support the proposed timescales.

Dr Anderson enquired as to whether cannulae were always marked with time and date upon insertion. Ms McNamee confirmed this can also be audited. Ms McNamee went on to explain that the proposed 24 hour limit is also intended to act as a prompt to remove where no longer required. Dr Anderson expressed concern around the scenario that the 24 hour period may expire during busy times of day. Dr Williams confirmed that the 24 hours is a maximum upper limit; the guideline being within 24 hours, rather than at 24 hours. Dr Williams also pointed out that there is now a requirement to review at 72 hours rather than to remove. This is perceived to have the benefit that cannulae are permitted to be left in beyond 72 hours provided a valid reason is recorded.

Ms McNamee explained that when enhanced surveillance on SABs is available, compliance of the Care Plan will be checked and any necessary assurances built into the process.

9) **Annual Infection Control Programme**

A draft of the 2011/12 Programme was noted. Mr Walsh confirmed the document's compliance with all relevant HDLs and CELs. He invited comments, and explained this document had also been submitted to the Partnerships Infection Control Group; following which it will proceed to BICC for final approval. Ms McNamee will produce an implementation plan which supports operational delivery.

10) **Letter from Chief Nursing Officer re changes to MRSA Screening**

Dr Williams reported on the proposed new process, which had been announced around 10 days prior, based on risk assessment models. Anybody answering 'yes' to any one of three questions will proceed to lab screening, which will take the form of nasal and perineal swabs. Concerns around the suitability of perineal swabs have been raised with HEI by NHS GG&C as well as other Health Boards.

Dr Williams described uncertainty around the number of patients which will be involved. The present structure is proposed to remain the same. However it is not yet clear which KPIs will be reported to the Scottish Government.

Ms Harkness identified definitional issues around the 'not from own house' category. Dr Williams reported that clarification has been sought around care homes and hospital transfers in particular. Mr Walsh confirmed a protocol is expected to follow which is likely to cover much of this detail.

Dr Williams agreed to bring a report on the implications to the next meeting.

CW

11) **Letter from Chief Nursing Officer re Continued HAI Funding**

Mr Walsh confirmed that this is the final tranche of money from the Scottish Government for MRSA screening. Health Boards will thereafter be expected to embed screening costs, which is projected to create around £500K recurring cost pressure for GG&C, and around £7.7m nationally. Dr Cowan confirmed Mrs Grant is sighted on this and undertook to report further to her following consideration of a more detailed report at the next meeting.

TW

12) **Standing Items**

a) **HAIRT Report February 2011**

Ms Kerr reported no exceptions on SPC Charts or Hospital Reports, and that all measures continue on trajectory to meet HEAT targets. It was noted that a

significant proportion (44.7%) were designated 'Out Of Hospital Infections'.

In the context of OOH SABS Mrs Brown observed that the Health Board are being measured against non-Hospital Acquired Infections, despite being unable to influence these measures. Such cases often enter Out Of Hours via A&E and Acute Medical Receiving. Dr Williams agreed this is a significant issue, and pointed out that many of this cohort have had other healthcare contact prior to admission. He reported that this issue has been raised nationally via the Infection Control Managers; and described forthcoming plans to undertake a national 'snapshot' of Healthcare Associated Infections to identify which can be influenced. He offered reassurances that these issues are exercising Health Boards across Scotland.

Mr Walsh described dialogue every quarter with the Scottish Government around the manner in which targets are expressed, including the requirement for a different set of interventions for population centres where there is not a direct causality apparent between acute hospital attendance and subsequent acute episodes.

b) Scottish Patient Safety Programme

Mrs Riach spoke to the report which had been submitted to the previous Acute Clinical Governance Forum. She highlighted the fact that this paper predated the changes in Hand Hygiene, and would reflect the new system in future editions.

She described particular difficulties in gathering Hand Hygiene data from teams. The current rate of submission (55%) is not felt to be appropriate for national level reporting. As well as asking teams to improve data submission the SPSP team are also looking for ways to simplify and enable this process.

Mrs Riach described the current development of a detailed spread plan to roll out all aspects of SPSP to all areas by 2012.

c) Risk Management: Incident Categories on Datix Web

Mrs Riach explained that the revised Infection Control categories had been running on Datix for just over a year, and were due to be reviewed at this point, as agreed at the outset. Feedback was invited. Mr Farrelly identified communication issues as a particular issue where patients are transferred. One particular issue concerned the existence of 'communication' as a subset of the Infection Control category, as well as being a category in its own right, which was felt to be unhelpful and confusing. The group agreed this should be rationalised. Mrs Riach agreed to seek advice from SPSP colleagues and the Datix Team on remedying this anomaly.

Mrs Riach explained that a new CDU performance form is being introduced on Datix. This will capture all the information which the present Datix Incident form does, requiring only one form be used to report exceptions. The standard decontamination Datix form will remain in use for non-CDU related incidents. The group agreed to report decontamination incidents as clinical incidents going forward; in a similar fashion to that which severe CDIs are presently reported.

Following discussion around reporting of SABS, Ms McNamee advised a national SAB Root Cause Analysis form is anticipated. There was agreement to await this development.

d) HEIS

Mr Farrelly reported 2 unannounced inspections had taken place since the previous meeting.

At Inverclyde key issues identified were: environmental audits, especially recurring issues such as high and low level dusting; policies and procedures, consistency of training records, and procedures for isolation room doors. Five requirements and recommendations were made. Inspectors returned within 36 hours to ensure rapid implementation. One area in particular gave the inspectors cause for concern and this is expected to be reflected in their report once issued.

A return visit to RHSC checked compliance with the Action Plan developed following the previous visit and noted significant improvements in areas of concern. A report is awaited.

e) **National MRSA Screening Programme**

This matter was dealt with under agenda Item 10.

f) **Infection Control Implementation Plan**

The group noted the document "Implementation Plan For The Infection Control Service For The Elements Contained In The Annual Infection Control Programme 2010/2011". Ms McNamee reported that two issues remain outstanding for the 2011/12 plan: framework for education of Cleanliness Champions Training Needs Analysis; and analysis of the causes of community SABS.

g) **Facilities Report**

Ms Kane reported on items of note.

Domestic Services scored a total of 19 amber performance scores in the December and January period against the National Monitoring Framework, as submitted to Health Facilities Scotland. 11 were in patient care areas, of which 6 were Clinical Departments. 1 occurred in a High Risk in-patient ward area. These have been escalated through the Facilities Directorate Governance Group. It is believed that an element of causality stems from reduced staff levels and increased soiling caused by adverse weather. The overall number of Amber and Reds remains consistent in each quarter.

Mr Farrelly expressed concern around the continued volume of amber scores. In particular he queried whether Action Plans devised following red or amber scores are robust enough to achieve and maintain green status.

Ms Kane highlighted ongoing issues with areas such as dust control, which are not required to meet the same high standards within the National Cleaning Spec. She reported that a new standard risk assessment process is being developed nationally and will allow cleaning schedules to be reviewed within the context of resolving these issues.

Estates scores were reported to the committee for the first time. The Board overall scored amber, with 12 areas amber and 1 red. Action Plans are being developed for these at a local level and require to be submitted to HFS. Ms Kane explained this is a new component to the Estates Monitoring Tool, and is not the same as HAI Scribe or Environmental Audits which are required to submit Action Plans to HFS. Mr McIntyre is due to meet Mr Farrelly to discuss compatibility of the various systems. It was noted that these Estates issues impact on the ability of Domestic Services to clean effectively in an area. The first report published in the public domain is likely to be April.

Ms Kane explained that from 1st April, Facilities will have a Directorate Infection Control Group similar to other Directorates. Sector groups will cease to function. Site Facilities Groups will be put in place at local level to address HAI / HEI matters. These groups will normally be attended by a site based Directorate Lead, but will be open to any SCN who wish raise matters. Details of arrangements for the Group will be taken to March OMG prior to roll out. Consultation has already occurred with Heads of Nursing and HEI Steering Group Leads. It is intended these groups will interlink with the Domestic Monitoring Framework where appropriate. These new local groups will also have in scope matters such as security, fire safety, statutory and mandatory regulations.

Mr Farrelly intimated the requirement for clarity around reporting structures, in light of the amalgamation of agendas and the role of the HEI Steering Group, in order to ensure workstreams are clearly defined and inclusive.

Legionella Implementation Checklists and Theatre Ventilation Maintenance Checklists were also circulated as separate documents. Dr Williams advised there was now agreement around attempting to produce one single document on ventilation access; and undertook to provide updates via Ms Kane's paper going forward.

h) **Sector Reports / Exceptions / Updates**

North/East

Ms Hamilton reported that there had been a problem with serratia in NICU & SCBU where [REDACTED], with another [REDACTED], [REDACTED]. All site SPC were in control. No other exceptions to report.

North West

Ms Kean reported several wards being closed due to Norovirus. There were [REDACTED] 1 of these was community acquired and had been administered no antibiotics before admission.

Clyde

Ms Higgins reported 2 wards had been closed with Norovirus. One SPC chart for an S&A ward at RAH had breached control limits. Action plan and review had been completed.

South East

Ms Mitchell reported that one ward had been closed due to Norovirus affecting [REDACTED] and 7 staff.

South West

Ms Joannidis reported on a recent outbreak of norovirus at the SGH site which resulted in 4 Medical and 5 Rehab wards being closed concurrently, affecting over [REDACTED] and 15 staff. The Norovirus escalation plan was triggered. A study of lessons learned is being prepared presently.

i) **Minutes of Board Control of Infection Committee**

Ms Hamilton reported that she was working with Mr Hunter to develop an SOP to document a process round about the laundering of contaminated uniforms in order to be fully compliant with CEL 42 (2010) – National Uniform Policy, Dress Code & Laundering Policy.

There were no further issues not discussed above.

j) **CJD**

Dr Anderson reported that work is currently underway to investigate the cost implications of NICE Guidance recommending that patients born post January 97 should have a separate pool of instruments.

k) **SCOTMARAP / Antibiotic Antimicrobial**

There was no report.

13) **AOCB**

Dr Anderson reported on the previous outbreak at Stobhill Renal Unit which still awaits information from Spain; but has been closed off for the time being.

14) **Date of Next Meeting**

Wednesday 04 May 2011 at 1.30 pm, Conference Room, SGH.

*****PLEASE NOTE CHANGE OF DATE/ TIME*****

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 4th May 2011**, at 1.30pm in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Mr R Farrelly	Nurse Director
Mr J Stuart	Head of Nursing, Regional Services
Ms A Harkness	Director of Rehabilitation & Assessment
Ms E Stenhouse	Head of Midwifery
Ms K Hamilton	Lead Nurse Infection Control, NE
Ms I Gourlay	Lead Pharmacist, AMT
Dr L Bagrae	Infection Control Doctor, Clyde
Ms P Joannidis	Lead Nurse Infection Control, South
Ms C Mitchell	Lead Infection Control Nurse, SE
Mrs A Kerr	Lead Surveillance Nurse
Mr T Walsh	Infection Control Manager
Ms S McNamee	ADN Infection Control
Dr C Williams	Lead Infection Control Doctor
Dr D Stewart	Associate Medical Director, ECMS
Ms J Higgins	Lead Nurse IC, Clyde
Ms H Kane	Senior ICN North West Sector
Ms M McLauchlan	Clinical Pathways Manager, Oral Health Directorate

In Attendance

Mr P Cannon	Head of Administration
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Apologies

Mr W Hunter	General Manager - Facilities
Ms T Inkster	ICD, North West Sector
Ms L Riach	Clinical Risk Manager

Item**Action**

- | | |
|--|-----------|
| 1) <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 7 March 2011 was submitted and approved as a correct record. | |
| 3) <u>Matters Arising</u>

PVC Care Plan Proposal

In response to a question posed by Ms Harkness, it was confirmed that information around the new process had been disseminated via AMDs and Heads of Nursing as previously agreed. Ms Harkness asked that this document be forwarded to Director Colleagues and Ms McNamee agreed to action this. | SM |
| 4) <u>Enhanced Surveillance of SAB reports – January/February 2011</u>

Ms McNamee advised that in addition to a monthly report circulated to the SAB Steering Group, Directorate-specific reports were now being issued. | |

In relation to Root Cause Analysis (SABs) it was noted that a national tool was awaited. This work would link to the national proposal to include an analysis (via GRO) of deaths caused by MRSA/SAB infections.

5) **Hand Hygiene Audit Report March 2011**

Ms McNamee reported that the most recent data showed that in January/February 2011 compliance levels were at 95% with all staff groups scoring above 90%.

It was noted that the National Hand Hygiene Campaign is to be extended by a further year and that revised reporting requirements in the HAIRT would be incorporated once disseminated by Scottish Government. It was also noted that it was intended to move to reporting by site rather than staff group.

6) **Surveillance of Surgical Site Infection Annual Report**

Ms Kerr took colleagues through the Health Protection Scotland Surveillance of Surgical Site Infection Annual Report which was noted.

7) **Quarterly Report on the Surveillance of C. diff**

Dr Williams referred to a quarterly report on the Surveillance of C. diff infection in Scotland October to December 2010, prepared by the Health Protection Scotland. It was noted that GG&C continued to report below the national mean. It was also noted that the reporting regime may be extended to cover an earlier age range i.e. 2 years to 15 years and Dr Williams agreed to keep Committee members apprised of developments in this regard.

8) **Quarterly Report on the Surveillance of SAB**

Dr Williams referred to a quarterly report on the Surveillance of SAB in Scotland October – December 2010 which was noted. It was anticipated that NHS GGC would meet the extended 2011 target to reduce SABs by an additional 15%. This would mean that NHS GGC had reduced the number of SABs by 50%.

9) **Standing Items**

a) **HAIRT Report February 2011**

Ms Kerr reported no exceptions on SPC charts for hospital reports and that all measures continue on trajectory to meet HEAT targets. Ms Kerr again referred colleagues to the significant proportion designated as “out of hospital infections”.

In relation to reporting on a full-time basis on C Diff and SAB infection rates, Mr Walsh reported that in order to reduce the delay in returns being received by ISD on the rate per 1000 occupied bed days (which can take up to three months) he was proposing to convert information into numerical values which would be available more quickly locally and it was noted that the divisional balanced scorecard would be updated to reflect numerical value targets and performance.

b) **Scottish Patient Safety Programme**

Members received a written update on the programme and Dr Cowan highlighted that GG&C had achieved level 3 on the national assessment scale; however confirmation was still awaited from the national SPSP team and IHI advisors that GG&C had also met conditions for Level 3.5.

c) **Risk Management**

Ms McNamee reported that Ms Riach was still looking for comments on the infection control specific Datix codes and members agreed to provide these directly to Ms

Riach as soon as possible. In the meantime, it was agreed that Directors should remind staff to use the Datix reporting system and to flag up any difficulties with the descriptors or categories so that this could be fed back to Ms Riach.

Ms McNamee added that the 2011/12 Infection Control Programme would be signed off by the Board in May and at that stage the impact of any revisions to the Risk Register would be assessed. It was agreed that an assessment of the impact of the Infection Control programme should be brought back to the next meeting. In relation to Datix reports generally, it was agreed that a format for a quarterly report should be developed and Ms Riach would be asked to provide the first of the quarterly reports in order to agree the scope and template and to bring this to the next meeting of the Committee.

LR

d) **HEIS**

Mr Farrelly reported that the HEI Inspectorate Team had made an unannounced visit to Glasgow Royal Infirmary and informal feedback was shared by Committee members on the progress of the inspection.

Mr Farrelly added that the Board Clinical Governance Committee had been provided with a full report on all announced and unannounced visits of the Healthcare Environment Inspectorate and the common themes emerging from the reports of these visits.

e) **National MRSA Screening Programme**

Work was ongoing to develop a system for implementing the clinical risk assessment via nursing documentation. Debate was ongoing as to whether or not nose and perineum or nose and groin would be more appropriate for NHSGGC. The project has to be in place by March 2012.

f) **Infection Control Implementation Plan**

Ms McNamee provided colleagues with an updated Infection Control Implementation Plan for 2011/12 and invited final comments on the plan by Friday 20 May 2011. It was noted that the Implementation Plan would be updated at regular intervals and a regular report provided to the Infection Control Committee on progress.

g) **Facilities Report**

In the absence of a representative from the Facilities Directorate, Dr Cowan invited comment on the detailed Facilities Directorate report provided on Domestic Services, Waste, Decontamination, Sector Infection Control meetings, Legionella and Theatre Ventilation maintenance issues.

In relation to the development of a new Health Facilities Scotland scorecard, Dr Williams raised the possibility that a number of audits were taking place across Estates/Facilities/Infection Control and if possible these should be taken forward together rather than in isolation. He therefore suggested that high priorities should be afforded to audits on a site-by-site basis which showed amber in both Infection Control and Estates audits.

In relation to Legionella, it was noted that the Legionella Control Board-Wide Review was being initiated and would be discussed by Estates and Facilities staff at a scheduled development event on 13/14 May 2011. It was agreed to seek a report on the outcome of these sessions at the next meeting.

In relation to Theatre Ventilation Maintenance, it was noted that PPM access and adverse weather issues had recently prevented PPM being completed at the prescribed frequencies. Dr Williams reported that the Theatre Ventilation Group was currently reviewing the frequency with which PPM had to be undertaken and

developing a common format to escalate difficulties with gaining access and solutions where access problems existed and it was noted that good practice in the ACADs was being reviewed as a potential guide to good practice.

Mr Stuart indicated that problems with PPM and theatres were not routinely reported to relevant management teams and he indicated that he would pick this up with Surgical & Anaesthetic colleagues in order to contribute to the development of an escalation pathway through the Theatre Ventilation Group.

h) **Sector Reports/Exception/Updates**

West

Mrs Kane reported that there had been no outbreaks, however there had been [REDACTED] death.

East

Ms Hamilton updated colleagues on the serratia outbreak in NICU and SCBU. It was noted that the infections had resolved and all had subsequently tested negative. Further there was [REDACTED]

South East

Ms Mitchell reported that 2 medical wards had been closed due to Norovirus.

South West

Ms Joannidis reported that 1 RAD ward had been closed to Norovirus but was expected to be open in the next 24 hours and at the end of March there has been an increase in the numbers of Rotavirus in RHSC.

Clyde

Ms Higgins reported an outbreak of Norovirus in a surgical ward.

i) **Minutes of Board Control of Infection Committee**

The minutes of the Control of Infection Committee meeting held on 21 March 2011 were noted. In relation to the Northern Irish public inquiry to the outbreak of C Diff in the Northern Trust which was published on the day of the meeting, it was agreed that Ms McNamee would provide a formal report back to the Acute Control of Infection Committee identifying any lessons for GG&C.

AMcN

j) **CJD**

Mr Stuart reported that the group will meet on 12 May 2011 and had identified a Lead Clinician to take CJD issues forward. He agreed to provide a further update at the next Infection Control Committee.

k) **SCOTMARAP/Antibiotic Antimicrobial**

Ms Gourlay provided an update to the group.

From April 2011 the Scottish Antimicrobial Prescribing Group have altered the prescribing targets to be collected. Data will be collected for the new indicators in medical and surgical receiving and colorectal surgery. The new targets for receiving wards are indication for antibiotic recorded in the patients notes; and antibiotic choice as per guidelines. The new target is 95% for each of these criteria. These indicators are to be recorded separately; previously reported as a combined measure.

Results from September 2009 to March 2010 for GG&C medical receiving wards showed an increase in recording these combined criteria from 76% to 93%. This was above the Scottish average. Medical receiving at RAH was highlighted as being consistently the best in Scotland, regularly achieving 100% for both indicators. For

surgical receiving wards in GG&C there was an increase from 42% in April 2010 to 82% in March 2011. This was the Scottish average for all receiving wards. In surgical receiving, again RAH was the best in GG&C.

For surgical prophylaxis, new data is to be collected from colorectal surgery only. For some hospitals, where there is little colorectal surgery, data may need to be collected over a 2 month period, instead of monthly in order to obtain enough data. The criteria to be collected are antibiotic choice as per guideline and single dose of antibiotic given. Again the target for each indicator is 95%. For data previously collected in general surgery from March 2010 to February 2011, showed an increase in compliance with both these indicators from an average of 23% to an average of 57% across GG&C. Again the best site was RAH.

The proposed national Point Prevalence Study was discussed, and the item brought forward to the next agenda.

10) **AOCB**

Mrs Kerr highlighted that the rise in SSI C-Section rates at the RAH had triggered an exception report for the period January to March 2011 and would be looked at by Health Protection Scotland. It was noted that meetings had been held with the lead Midwife and Team and as yet nothing highlighted to explain the rise in SSIC at RAH. It was noted that the rate of instance had risen to 7% for the quarter to March 2011, however Mrs Kerr reminded colleagues that GG&C was below the national average for 2010 for SSI Infection.

11) **Date of Next Meeting**

Thursday 07 July 2011 at 11.00am, Conference Room, SGH.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Thursday 07 July 2011**, at 10.00 in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Mr R Farrelly	Nurse Director
Mr J Stuart	Head of Nursing, Regional Services
Ms A Harkness	Director of Rehabilitation & Assessment
Ms K Hamilton	Lead Nurse Infection Control, NE Sector
Ms Y Gourlay	Lead Pharmacist, AMT
Dr L Bagraade	Infection Control Doctor, Clyde
Ms P Joannidis	Lead Nurse Infection Control, South
Ms C Mitchell	Lead Infection Control Nurse, SE
Mrs A Kerr	Lead Surveillance Nurse
Mr T Walsh (Chair)	Infection Control Manager
Ms S McNamee	ADN Infection Control
Dr C Williams	Lead Infection Control Doctor
Ms J Higgins	Lead Nurse IC, Clyde
Ms L Kean	Lead Infection Control Nurse, NW
Ms L Symon	Senior Infection Control Nurse, NE
Ms M Mc Lauchlan	Clinical Pathways Manager, Oral Health Directorate
Ms T Inkster	ICD, North West Sector

In Attendance

Mr A McNeish	Corporate Administration
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Apologies

Mr W Hunter	General Manager - Facilities
Dr B Cowan (Chair)	Medical Director, Acute Services
Ms L Riach	Clinical Risk Manager
Dr D Stewart	Associate Medical Director, ECMS
Ms H Kane	Senior ICN North West
Ms E Stenhouse	Head of Midwifery

Item**Action**

- | | |
|--|--|
| 1) <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 04 May 2011 was submitted and approved as a correct record, subject to the following alteration:
Item j) should specify "in the Neurosciences Institute". | |
| 3) <u>Matters Arising</u>
There were no matters arising additional to those featured on the agenda. | |
| 4) <u>Enhanced Surveillance of SAB Reports Mar/ April 2011</u>
Mrs Kerr reported that work continues with Directorate groups, which is proceeding well, targeting PVC & CVC which appear to be the main causal factors.

Ms McNamee reported that there are still believed to be around 20% which are community acquired, and that one intention of the following year's plan is to tackle | |

this.

Ms Harkness queried the status of the tool which was referenced in the previous minute. Ms McNamee confirmed this had again been queried at a national level, and that as yet nothing had been received on this front. Mr Walsh confirmed the Infection Control Network was engaging at a national level also and will update on progress of said tool. It was noted that in the interim any appropriate instances were subject to rapid investigation locally.

Mr Farrelly enquired, based on the key points known, if there was anything different which should be done in practice. Ms McNamee confirmed numbers remain low, even across wards; there have not been 2 instances in any one ward in the last 2 reports; and that based on this data current practice was deemed appropriate.

The group agreed to retain this item on the agenda.

5) **Letter to Nurse Directors 06 May 2011**

Ms McNamee recommended examining practice based on the recommendations of the recent report from Northern Ireland. She is preparing a report on the nursing issues, which will be passed to Dr Cowan and Mr Farrelly before being shared more widely. Mr Farrelly proposed the report be brought before this committee as well as Acute Clinical Governance Committee. This was agreed by the group.

One significant recommendation is that the outbreak Policy should be subject to review every year rather than every 4 years as is current practice. Further recommendations are likely to feature in the report, as well as an assessment of current progress against the various recommendations.

Mr Farrelly stated his belief that there remained significant issues with record keeping which will merit inclusion of associated actions in the report. He also enquired if there was reference to any antimicrobial issues within the report. Ms McNamee confirmed there were not.

Mr Stewart made reference to the previous Francis Enquiry, and queried the process which took place there. Ms Harkness confirmed that had also been through the Clinical Governance Committee. There was agreement on the need to join the two reports up in terms of integrating the approach to recommendations. Mr Farrelly asked that both reports be viewed together. Mr Walsh agreed this would take place once Dr Cowan had approved the report.

6) **CNO letter: Second National Prevalence Survey: HAI and Antimicrobial Prescribing - CNO(2011)1**

Dr Williams reported that he had been tasked with Charing the group leading the study, which took the form of a re-run of the previous version, although slightly different definitions were employed, based on European rather than UK standards. The study took place over a 2 month period and took in all acute sites, along with 25% of non acute sites. The study is due to report during early 2012, and is planned to be presented to this committee before the national Board. Dr Williams confirmed this cause was being championed by HPS as a major step towards the next set of improvements necessary for Infection Control practice.

A project plan has been developed from an Infection Control perspective, however the Antimicrobial Management Team are still in the process of developing an approach to the estimated 20-30% of cases which would require the expertise of a specialist medic or antimicrobial pharmacist. Ms Gourlay reported that she is meeting with Dr Cowan during August to discuss feasible approaches regarding this aspect.

Dr Williams proposed that a statistically valid subsection may be an appropriate

approach for antimicrobials, as this could more reasonably be resourced. Mr Walsh and Ms McNamee confirmed that any requirement to sample every bed on an annual basis would be massively onerous for a Health Board of this size, and agreed that statistical sampling would be a more practical approach going forward.

Another proposal which had been mooted was cessation of SSI surveillance for the 2 month period of the study in order to free up the necessary resources to carry it out. The selected option was to convert to light surveillance to allow surveillance nurses to prepare adequately for the survey, without unduly affecting other staff. This is due to commence in August.

Mrs Kerr is due to attend the first HPS training day at which point a finalised version of the necessary protocol will become available, along with the corresponding forms.

It was noted that Mrs Kerr is the nominated lead for the Health Board and that Dr Williams chairs the national committee.

Mr Farrelly noted that various further discussions would also take place within appropriate groups outside of this committee.

7) **Cleanliness Champions Programme – Time Limit for Completion**

Ms McNamee explained a recent letter from NES announced that new Cleanliness Champions would be allocated 6 months within which to complete the programme and any previously registered would be expected to complete within a 6 month period commencing June 2011.

Ms McNamee noted that around 2,000 GGC staff had already completed the programme, and that a further cohort of around 3,000 were currently in progress. Mr Farrelly queried whether this data might include staff no longer employed by the Health Board. Ms McNamee confirmed that whilst the data had been cleansed for the past 2 years leavers, there may possibly remain a relatively small number of ex employees inflating the count. She also noted that some Band 6 nursing staff have taken on the programme by way of professional development, in addition to the Band 7 nurses for whom it is mandatory.

Mr Farrelly queried whether the list of those partaking could be split by Directorate. Ms McNamee confirmed this was possible, with the caveat that it would show in which Directorate staff were located at the point where they commenced the programme. Mr Farrelly asked that this breakdown be distributed to assist in identifying the appropriate staff and progressing matters accordingly.

S McN

8) **Policies for approval**

The following policies and policy updates sought the group's approval: Group A Streptococcus Policy; Personal Protection Equipment (PPE) Policy; Shingles Policy; Standard Precautions Policy; Whooping Cough Policy; along with the SOP for Cleaning of Near Patient Equipment.

Ms McNamee reported that this SOP had significantly changed, and that 3 additional appendices were now planned, relating to Outpatients, Theatre and rapid turnover wards, in order that Lead Nurses are able to select the most appropriate approach applicable to their environment.

Mr Stuart instigated discussion around the requirement for nursing staff to retain 2 months records, rather than simply the most current version. Mr Farrelly explained that this decision had already been agreed, based on the requirements of HEI amongst other factors, and had been communicated to staff. Ms McNamee offered reassurance that this issue would resolve as funds have been allocated to place this functionality on desktop computers, at which point the most recent version will always be visible, with latter versions held in memory.

All 5 policies were agreed to be remitted to the BICC for approval.

9) **Standing Items**

a) **HAIRT Report April 2011**

Mrs Kerr reported there were no exceptions on individual report cards for hospitals or GGC as a whole. She confirmed April cleaning data was not presently available and would be included in the next publication. She also reported that whilst it was not known at the time of publication, the HEAT target has now been achieved by GGC, information having been published on the web the previous day. The C. Diff target has also been achieved by GGC and Scotland as a whole.

Mr Walsh noted that a revised HAIRT is imminent. Clarification has been requested with regards to which version of occupied bed data will be required, in light of concerns around practicality. With the exception of this OBD data, it is not anticipated the new version will differ significantly from the present one.

b) **Scottish Patient Safety Programme**

Mrs Riach's paper was noted. The paper has been to Clinical Governance Forum and was submitted to AICC primarily for information.

Mr Walsh highlighted the recommendation which arose from the review of central line insertion was that the CVC Policy Group requires to be reviewed. Dr Cowan will be nominating one of the AMDs to this group, and a member of Infection Control staff will also require to be nominated. Other issues considered included acceptable strength of Chlorhexadine solution referenced in the Care Bundle, and the use of standardised stickers in case notes to indicate central line insertion.

Comments were invited to be submitted to Mrs Riach.

c) **Risk Management**

Mr Walsh reported that a revision of the Risk Register was being finalised and would be brought to the next meeting of the group, before proceeding to BICC.

It was also noted that the paper on Datix codes is 6 monthly and each subsequent report will be provided by Mrs Riach when available.

d) **HEIS**

Mr Farrelly reported that since the last meeting there had been 1 announced visit at the Western Infirmary and 1 unannounced visit at Gartnavel.

He explained that verbal feedback from the WIG visit (28, 29 June) had been largely positive. Discussions had touched upon urinary catheter care. A draft report is awaited.

The report on the Gartnavel visit was due to be published the following Monday. It is understood to contain 5 requirements and 2 recommendations. 4 individuals were identified as not complying with uniform policy.

Mr Walsh expressed thanks to all involved.

e) **National MRSA Screening Programme**

Dr Williams indicated a move towards implementation of risk assessments on all admissions, as well as swabbing in ITU, vascular and orthopaedic wards.

It is anticipated the necessary Clinical Risk Assessment process will be completed by November/ December this year. Performance indicator measures are being

proposed, as well as the use of stickers to indicate screening /swabbing in high risk areas. These proposals will be progressed via directorate representatives on the specific groups.

A proposal for a system fixed around a questionnaire based approach regardless of patient placement is being taken to the national group for consideration. Dr Williams reported progress nationally on the perineal swab proposals also. There is also an option to swab nose and throat where perineal swabbing is not clinically appropriate or practical.

Ms Harkness queried progress on a definition emerging from the national group as to patients 're-admitted from home'; and Mr Stuart similarly sought their clarity around 'frequent attendees'. Dr Williams confirmed more specific guidance on both these issues had yet to be forthcoming.

It was noted that recurring costs require to be fully identified prior to cessation of National funding for the MRSA screening programme.

f) **Infection Control Implementation Plan**

The Annual Infection Control Programme and Implementation Plan 2011-12 was noted. Mr Walsh confirmed that the Chief Executive had requested these 2 documents be re-combined. He pointed out that the key deliverables of both AICC and BICC are contained within this document, and as such the Risk Register will reflect potential failure to achieve the set goals. He also highlighted the inclusion of critical dependencies, which acknowledge where measures are dependant on external outputs to progress.

Ms McNamee plans to incorporate comments or additions as they arise, acknowledging the requirement for this to be a live document under continuous review. She also confirmed that the requirement for prevalence data was not known at the beginning of the year. She also addressed Dr Cowan's concerns at the extent of ongoing items.

g) **Facilities Report**

Mr Walsh asked that feedback on any aspects of the report be directed to Ms MA Kane. He also reported that following discussion with Ms McNamee, the variation in level of detail evident between sectors will be discussed with Ms Kane.

Legionella

Mr Farrelly was keen to discuss Legionella in the context of the topic having arisen during recent HEI inspections, where the inspectors have requested to inspect records of fittings which have been flushed; and the potential implications of this for frontline facilities and nursing staff.

Dr Williams confirmed that 1 recent case of Legionella which occurred at GRI could not be proven to be non-hospital acquired.

HSE also now have in place very stringent standards requiring that wherever any new Legionella is found the entire system be completely stripped down and disinfected. Dr Williams expressed concerns that there exist significant levels of non-pathogenic Legionella and as such these rules require to be clarified. There also appear to be inconsistent methods of water sampling between sectors. It was suggested that high risk areas should be clearly defined.

Mr McIntyre is assembling a working group consisting of Facilities and Infection Control staff to address these and other related concerns. Dr Williams agreed to circulate the notes of this group to committee members. A paper is also planned to be submitted via the Clinical Governance route for approval.

Theatre Ventilation

Ms Harkness raised the issue of theatre ventilation, citing that access problems are a recurring theme in HEI inspections. Mr Farrelly queried the content of the Action Plan and the timescales. Ms Joannidis also reiterated concerns specific to the Institute of Neurosciences. Mr Walsh and Ms McNamee agreed to liaise with Ms MA Kane regarding the schedule of the overall programme, but also encouraged Sector Leads to continue to progress immediate issues with local surgical teams.

In addition it was agreed to invite a representative from the Theatre Ventilation Working Group to a future meeting of the committee.

TW

The group noted the lack of representation around the table from both Facilities and Surgical Directorates to address this pressing matter. Mr Walsh agreed to ask Dr Cowan to reinforce the need for each Directorate's representation on the committee to ensure a deputy is sent where they are unable attend themselves.

TW/
BCPPM

Dr Williams stated he was still sighted on the frequency of maintenance, and queried whether this could be spread out further within the newer theatres.

h) **Sector Reports / Exceptions / Updates**Clyde

Ms Higgins reported the following incidents since the previous meeting:

2 CDI trigger events occurred. Lessons have been learned and are being collated.

1 event saw [REDACTED] of these [REDACTED] is home, [REDACTED] and [REDACTED]. Confirmation is awaited from the Procurator Fiscal. The other event consisted of [REDACTED] of which featured on [REDACTED] 1 of which awaits confirmation from the Procurator Fiscal.

Procurator Fiscal, Inverclyde

Mr Walsh confirmed that the Procurator Fiscal in the Inverclyde area has recently been taking an active interest in any infection related death where C. Diff or MRSA features on the Death Certificate. It was noted similar issues are being experienced by Ayrshire & Arran Health Board as it also overlaps Clyde Council boundaries.

Police are routinely deployed to speak with staff and Mr Walsh and Ms McNamee regularly field calls from the police. This provides an opportunity to bring the level of understanding of HAI amongst police and Procurator Fiscal to an appropriate level. Presently they do not differentiate those which are not hospital acquired, and proceed to investigate these cases. It was stressed that engagement with the police is not confrontational in nature, however is often unproductive, as the only person who is placed to answer many of the questions is the author of the Death Certificate. It was noted that the policy provides guidelines for doctors in reporting, and that awareness may require to be raised in the interests of ensuring consistency.

Mr Walsh reported that the relevant Procurator Fiscal lead is attending the forthcoming Infection Control Managers meeting, in order to look at education and promote positive engagement and consistency in approach.

Mr Walsh is keeping Dr Cowan apprised of the situation.

South East

1 ward closure was reported, involving 6 patients.

North West

2 C. Diff trigger events occurred, 1 at the Beatson, the other Gartnavel Surgery

Ward. Both were investigated and no patient link was discovered.

North East

3 CDIs occurred, into which investigations are still ongoing.

South West

[REDACTED] s; [REDACTED]. 2 SABS occurred at the end of May. Infection Control staff have met with Consultants and Senior Midwives regarding practice.

Sector Reporting Format

Mr Walsh proposed that a standard reporting template be devised to capture and record this data from the sectors - as it is almost impossible to minute fully due to the information rich nature of verbal updates delivered by Sector Leads - which could in future be submitted to the committee papers. This was agreed by the Group.

i) **Minutes of Board Control of Infection Committee**

Mr Walsh noted there was nothing substantially new within the BICC minute which had not been appropriately addressed at AICC.

i) **CJD**

In the absence of Dr Anderson, it was noted that her recent paper will also be presented to the CJD group. Mr Walsh confirmed his PA was presently canvassing for alternative dates as the recent meeting had been cancelled.

At a local level costings have been examined with a view to moving to single use and the implications of the NICE guidelines have been considered. In both cases the costs involved are significant. Work is also underway in Ophthalmology, where the 4 questions are being integrated into their clerking. Mr Stewart from the Decontamination Service is undertaking work on developing appropriate procedures.

k) **SCOTMARAP / Antibiotic Antimicrobial**

Ms Gourlay highlighted Medical and Surgical Receiving wards were not compliant with the 95% target set out within the guidelines, and that surgical prophylaxis targets were not quite reaching compliance either with reference to use of correct single doses. She has spoken with Ms Meikle and is also seeking a meeting with Dr Finlay to promote Directorate engagement. Again it was noted that further discussion was constrained on this occasion by the lack of a representative from the Surgery & Anaesthetics Directorate, and that this should not be an issue in future. Ms Gourlay reported a more satisfactory degree of engagement with the Medical Directorate.

10) **AOCB**

Heat Target Review

Mrs Kerr noted the Scottish Government press statement on Quarter 1 data for 2011/12, which focussed primarily on MRSA where the greatest reductions had been achieved. GGC was largely in line with national improvements, significantly exceeding these in some cases. As the report was embargoed it had not been circulated to the group, but would be subsequently provided to members.

HPS Exception Report

RAH is expected to be subject to an exception report from HPS in relation to C-

Sections, due to the slightly higher than average proportion being carried out.

11) **Date of Next Meeting**

Monday 05 September 2011, 10.00 am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 05 September 2011**, at 10.00 in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Mr J Stuart	Head of Nursing, Regional Services
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Dr E Anderson	CPHM Health Protection
Ms MA Kane	GM Facilities
Ms S McNamee	ADN Infection Control
Dr C Williams	Lead Infection Control Doctor
Ms M McLauchlan	Clinical Pathways Manager, Oral Health Directorate

In Attendance

Mr A McNeish	Corporate Administration
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Apologies

Mr R Farrelly	Nurse Director
Ms Y Gourlay	Lead Pharmacist, AMT
Ms A Harkness	Director of Rehabilitation & Assessment
Ms E Stenhouse	Head of Midwifery
Ms L Riach	Clinical Risk Manager
Dr D Stewart	Associate Medical Director, ECMS
Mr T Walsh	Infection Control Manager

Item**Action**

- 1) **Welcome and Apologies**
Apologies were received from the above noted.
- 2) **Minute of Previous Meeting**
The minute of the meeting of the group held on 7 July 2011 was submitted and approved as a correct record.
- 3) **Matters Arising**
 - a) **Northern Ireland Report**
Ms McNamee reported that her review of the Northern Ireland Report had been sent to Dr. Cowan as requested with an action plan for NHSGGC. Dr Cowan asked her to circulate both documents to the group for comment. This paper will be submitted to OMG and the Quality & Performance Committee.
 - b) **Second National Prevalence Survey: HAI and Antimicrobial Prescribing**
Dr Williams reported that this survey was taking place during September and October. He explained the format is similar to the previous survey with the added inclusion of paediatrics and additional information regarding antimicrobial prescribing. A separate piece of work is being undertaken to examine the opportunity cost of carrying out the survey on an annual basis.
- 4) **Enhanced Surveillance of SAB Reports May June 2011**
Ms McNamee reported that the June Report had become available since the papers were issued and would be circulated to the group. She noted the relative decrease of hospital acquired infections and concomitant rise in the proportion of community

acquired cases.

Ms McNamee is scheduled to meet with Dr Anderson and Mrs Kerr to consider a proactive approach to community acquired SABs and CDIs. Dr Anderson explained that the issue was also on the agenda of the Hospital Outbreak Advisory Group on which she sits and the possibility of a Short Life Working Group was being considered.

Dr Cowan reported he had also brought the issue of the difficulty in continuing to target SABs to the attention of the Performance Management Team. He explained that evidence from Enhanced Surveillance Reports is likely to be of interest to Board colleagues in this respect.

5) **National Hand Hygiene Report**

Ms McNamee reported 95% compliance with opportunities had been achieved for Glasgow and for Scotland as a whole.

Dr Cowan re-affirmed the importance of ensuring staff always instruct visitors and members of the public to make use of hand-washing facilities recognising this group are outside of the scope of these reports.

6) **2011 Education Strategy**

Ms McNamee explained that HEI Inspectors on their recent visit to WIG, had identified that the Education Strategy required to be updated. The 2 main changes have been alteration of 'QIS' references to 'HIS' and accounting for the 1.5 day mandatory training update, which staff are able to complete once every 3 years to maintain compliance with Fire Safety, Health & Safety, Infection Control and other basic training. Ms McNamee reported a good rate of uptake for this recently introduced course. Comments were invited on the strategy, which is due to be presented to the forthcoming BICC for approval.

7) **Policies for approval:**

Laundry Policy; Hand Hygiene Policy; Head Lice Policy

Ms McNamee pointed out that the major changes in each of these policy revisions were identified on the front cover. The Hand Hygiene Policy had been amended to take account of the Stage 2 WHO Guidance and the Laundry Policy now includes the requirement to label outgoing Laundry with the originating ward. There are no significant changes in the latest iteration of the head lice policy. All 3 policies were approved for progression to BICC.

8) **Standing Items**

a) **HAIRT Report August 2011**

Ms McNamee reported the paper had already been to the Board and there were no exceptions to report. It was noted that the rate of C. Difficile within NHSGGC (January – March 2011) was 0.23 per 1000 occupied bed days, placing the Board below the national mean (0.28 per 1000 OBDs) and also below the 0.6 per 1000 OBD updated HEAT target for 2011.

b) **Scottish Patient Safety Programme**

There was no report in the absence of Mrs Riach.

c) **HEIS**

There was no report on the recent inspections in the absence of Mr Farrelly, and Mr Walsh.

Ms McNamee reported that a summary paper has been developed which describes NHSGGC progress against 30 recommendations and 20 requirements pulled together from all inspections to date, which is due to go to OMG.

d) **National MRSA Screening Programme**

Dr Williams reported that the roll out of the programme was due to be completed in ITU and the Orthopaedic and Vascular Wards by the end of October 2011, and described the stages involved in reaching this position. Following this there are plans to re-organise admission paperwork. The form of words used in reference to perineal swabs is intended to provide scope to be implemented where judged appropriate locally.

e) **Infection Control Implementation Plan**

Ms McNamee reported this work was running to schedule. Updated sections were highlighted in the accompanying document. The only area of ongoing concern identified was the Framework for Cleanliness Champions. Ms McNamee agreed to discuss the way forward with Heads of Nursing outwith this forum.

f) **Facilities Report**

Ms Kane undertook to refresh the content of this report going forward, in order to maximise its relevance to the Committee agenda, streamlining the process in line with the changes described under following item; and will consult with Mr Walsh in doing so.

Specific issues highlighted to the group included non-clinical area compliance by Domestic Services in relation to the various standards and guidelines.

In addition the ongoing issue of dust generated by construction works on the SGH site was recognised.

g) **Sector Reports / Exceptions / Updates**

It was noted an exception report is now submitted by each Sector and collated for circulation under this item. All significant issues will already have been escalated locally. The group formally agreed the decision to allow all ICNs & ICDs to stand down from membership of the committee going forward, and continue reporting in via this mechanism.

Within the report itself Ms McNamee identified 1 breach of the Upper Control Limit, in Clyde Sector, which will feature in the next HAIRT.

h) **Minutes of Board Control of Infection Committee**

Dr Cowan noted there was nothing substantially new within the BICC minute which had not been appropriately addressed at AICC.

i) **CJD**

Dr Anderson reported that work on the single question was progressing well, with pre-screening paperwork being included in the booking process for maternity and obstetrics, in accordance with the NICE guidance on post 1997 births.

j) **SCOTMARAP / Antibiotic Antimicrobial**

There was no report in the absence of Ms Gourlay.

9) **AOCB**

No further matters were discussed.

10) **Date of Next Meeting**

Monday 7 November at 2.30 pm, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 07 November 2011**, at 2.30 pm in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Ms A Harkness	Director of Rehabilitation & Assessment
Ms MA Kane	GM Facilities
Ms M McLauchlan	Clinical Pathways Manager, Oral Health Directorate
Ms S McNamee	ADN Infection Control
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms E Stenhouse	Head of Midwifery
Mr J Stuart	Head of Nursing, Regional Services
Mr T Walsh	Infection Control Manager
Dr C Williams	Lead Infection Control Doctor

In Attendance

Mr A McNeish	Corporate Administration
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Apologies

Dr E Anderson	CPHM Health Protection
DR S Dinning	
Mr R Farrelly	Nurse Director
Ms Y Gourlay	Lead Pharmacist, AMT
Dr D Stewart	Associate Medical Director, ECMS
Ms L Riach	Clinical Risk Manager

Item**Action**

- 1) **Welcome and Apologies**
Apologies were received from the above noted.
- 2) **Minute of Previous Meeting**
The minute of the meeting of the group held on 05 September 2011 was submitted and approved as a correct record.
- 3) **Matters Arising**
 - a) **Second National Prevalence Survey: HAI and Antimicrobial Prescribing**

Dr Williams reported that this exercise has been completed. Results of the HAI component were in the region of 5% across the board area without significant outliers. He confirmed that results from other Health Board areas were not known at that point, meaning GG&C's performance was not able to be benchmarked yet. However Dr Cowan indicated these were promising results in the interim, and recognised the contribution of staff in achieving this. Dr Williams also explained the effect of definitional changes on scores had not been quantified at this stage however validation work is ongoing in this respect.

Dr Williams explained that the final report is expected by March 2012 and that press enquiries should be directed to National level contacts meantime. He also confirmed that scores for the antibiotic aspects are not known at this time.
 - b) **Community Acquired SABs and CDIs**

Ms McNamee reported work was ongoing with Public Health Protection Unit to determine methodology, and that a meeting has taken place with Dr Anderson. Analysis is being undertaken of community acquired SABs involving postcode analysis, and determination of those who had been in contact with healthcare services within the previous 28 days, as well as those admitted directly from Nursing Homes. Work is ongoing and the committee will be kept updated on progress.

4) **Accurate Recording of Deaths from Healthcare Associated Infection and Action - SGHD(CMO)(2011)13**

The implications and implementation of this guidance were discussed. Ms McNamee confirmed that GG&C input a wide range of comments when this proposal was at the draft stage and noted that none of these considerations appeared to have been incorporated in the final guidance.

Mr Walsh drew attention in particular to the flowchart featured on page 9 of the document, which makes clear the process to be followed and the circumstances under which the Procurator Fiscal should be alerted..

Mr Walsh also drew attention to the Examples of pathogens provided on page 10, and potential implications were discussed. He observed that such a system was fully in place for C.Diff already but must now be observed for SABs also, as well as other stipulated pathogens. The additional workload implications, including those for local Infection Control Teams were recognised, however this was viewed in the context of an overall low number of cases. There was discussion around whether the implementation may require some form of on call rota to ensure availability of Infection Control staff on weekends, or whether postponement until Monday would be acceptable where patients have passed away on the weekend.

Mr Farrelly queried the requirement for alterations to existing GG&C policy in order to bring this in line with the CEL. Mr Walsh agreed the SOP would require to be altered accordingly. Ms McNamee agreed to revisit the related paper on C. Diff from around 2009 and update this accordingly, in conjunction with Ms Riach. It was noted new Datix codes would require to be established in order to facilitate implementation.

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/LR

LR

There was discussion around how best to cascade this material to all relevant staff members. Dr Cowan sounded caution in any type of summary which called for re-interpretation of the guidelines. He therefore suggested the original guidance be circulated in full and accompanied by a covering letter. Ms Harkness proposed a link to Sir Burns' guidance be made available on Staffnet.

It was agreed to instruct Junior Doctors to seek advice / guidance where necessary from a Consultant and where necessary Consultants seek advice from their local Infection Control Doctor. It was recognised that the Health Board has a responsibility to ensure all relevant staff are appropriately trained, and it was noted that a DOTS module is available in relation to this topic.

Dr Cowan agreed to add this matter to the agenda of the AMDs next meeting to determine if further action was required.

BC

5) **Enhanced Surveillance of SAB Reports April - June 2011**

Ms McNamee noted the trend towards a greater proportion of SABS being acquired outside of the hospital setting, and referenced the ongoing work mentioned in item 3b above. She raised the prospect of eventually approaching an irreducible

minimum level, with respect to the limitation of the ability of the Infection Control Service to prevent infection within the wider community.

6) **Bi Monthly National Hand Hygiene Report: September**

Ms McNamee reported that performance in the most recent bi-monthly report on hand hygiene compliance was 94% for Greater Glasgow & Clyde in the context of an overall average 95% compliance in Scotland. It was noted that Doctors in GG&C were scoring low in comparison not only with the overall average but also with the Scottish average for doctors (88%). There followed discussion as to how this matter might be remedied.

Ms Harkness queried whether particular sub-groups of doctors, or specific clinical areas might be responsible for particularly poor performance, skewing the overall figure, as Doctors in RAD are currently observed at 90%. Ms McNamee pointed out that as only around 4 of every 20 staff observed are doctors the figure may be more prone to being skewed by non compliant individuals. Mr Farrelly noted this data is now reported on the balanced scorecard at Directorate Performance Review Groups (PRGs) and observed a lack of significant variation between Directorates may indicate there is a greater degree of variation within Directorate staff groups. Ms Harkness queried whether the figures produced by Surveillance staff for Scottish Government differ from those produced by Directorates for PRGs. Mr Walsh confirmed that whilst the methodology is the same the sampling method differs. Mr Farrelly concluded that Directorate Hand Hygiene Leads should make themselves aware of hotspots locally as this issue is difficult to address at the level of a Division wide committee for the reasons discussed. To these ends Dr Cowan suggested Mr Morton be requested to identify poor performance at Ward level by drilling down into the available data. Ms Harkness proposed each Directorate report back to the Committee how they are addressing any local issues identified by this exercise.

SMcN

Mr Walsh pointed out that March 2012 was originally the date at which the National Hand Hygiene campaign was due to terminate, and that this is now uncertain, as reporting moves away from opportunities towards observing technique.

7) **Policies for approval: Decontamination Policy; Meningitis Policy; Outbreak Policy**

Ms McNamee explained that the Outbreak policy had been brought forward to comply with the Northern Ireland Report, the others being routine updates. As always the key changes are summarised on the front page of each policy for ease of reference. She asked that all comments be submitted prior to BICC where these documents are due to receive final ratification.

8) **Quarterly reports on the Surveillance of C Diff/ SAB**

Ms McNamee reported that CDIs are well below the 2013 target and SABs are also on trajectory at present, although this will be subject to the issues previously discussed going forward.

9) **Risk: Datix Incident Report**

In Mrs Riach's absence Mr Walsh confirmed the Report would be deferred to the January meeting.

Ms Harkness described a recent meeting with Mrs Riach. She noted that there were in the region of 75 incidents recorded over the 6 month reporting period. She also pointed out that much of this is already reported elsewhere, and queried the risk of

duplication in governance mechanisms. From discussion it emerged that RAD and ECMS currently employ slightly different Clinical Governance arrangements in respect of incident reporting. Ms McNamee highlighted concerns around appropriate outcomes of severity assessments locally. She explained that stickers were supplied alongside the treatment algorithm to facilitate this process. Mr Farrelly queried the location of Root Cause Analysis sign off, and highlighted the importance of critical analysis of this process within Directorates.

There followed discussion around use of the appropriate tools. Dr Cowan requested that Ms McNamee provide him the relevant HPS guidance in order that he write to all doctors via AMDs to ensure this process is undertaken with sufficient frequency.

SMcN

BC

10) **Standing Items**

a) **HAIRT Report October 2011**

Mr Walsh observed a favourable position is recorded with respect to HEAT Targets and local incidence relating to SABs C-diffHand Hygiene, SSIs; and reported there were no statistically significant outliers. There were no outbreaks other than sporadic Norovirus.

Mr Walsh reported that a new revised format which is to be used for the HAIRT going forward had just been issued during the past few days.

b) **Scottish Patient Safety Programme**

In Mrs Riach's absence there was no report.

c) **HEIS**

Mr Farrelly reported there were 2 unannounced visits at SGH recently and that these have led to requirements and recommendations being made by the Inspectors. Mr Farrelly met recently with Mr McGowan and Mr Hunter and obtained reassurances regarding the SGH Action Plan.

The HEI Standards for Older People Pilot Inspection recently took place and some learning points were obtained from this process also. Mr Farrelly explained the forthcoming visits to Gartnavel are to be the first to combine HEI and Older People's Standards within one inspection. There is a draft programme taking in 8 areas over 2 days. There is an awareness that Inspectors will increasingly now be revisiting requirements and recommendations made following previous visits.

Inspections were underway that day and the following day at RHSC also. Mr Farrelly reported that initial feedback highlighted areas in relation to high and low level dusting, PVCs in Paediatrics, toy cleaning, antimicrobial prescribing guidelines and a perceived shortage of domestic waste bins in some areas. Ms Stenhouse confirmed there had been very positive informal feedback from the Inspectors who had visited the Accident & Emergency at Yorkhill.

d) **National MRSA Screening Programme**

Dr Williams reported specific units observing 90% compliance. The roll out of the questionnaire is anticipated in the near future. Mr Walsh reported the second allocation from the Scottish Government had been received, and noted that an altered profile would require to be considered once these funds cease.

e) **Infection Control Implementation Plan**

Ms McNamee asked that the group note the plan for the forthcoming year which has been finalised following completion of the prevalence study. The plan has implications for the work of the Infection Control Committees and Teams in respect of areas including but not limited to effective communication, education, audit, surveillance, risk assessment, quality improvement and development of policies and procedures.

f) **Facilities Report**

Ms Kane explained that a reduced scope has been adopted for this report in order to prevent duplication in Governance. The HAIRT includes Domestic Services and Estates requirements, which will be reported on from this template going forward, with exception reporting via Directorate mechanisms. Domestic Services Audits have not always correlated with the Estates component of Environmental Audits, however HAI SCRIBE funds are being deployed to remedy this. Ms Kane explained that she and Mr McIntyre plan to target Action Plans on areas with poorer performance, as part of an overall move out of amber scoring territory.

g) **Sector Reports / Exceptions / Updates**

Ms McNamee reported 1 ward, GRI ITU, breached its Upper Control Limit and will appear as an exception in the HAIRT. The problem was well contained, and a terminal clean has been undertaken as a result as well as additional Hand Hygiene education. Ms Harkness added that a further ward at GRI had triggered its UCL for C. diff on the day of the meeting.

h) **Minutes of Board Control of Infection Committee**

Mr Walsh announced with regret that a public partner member of the committee had recently passed away and that he had extended the sympathies of members and colleagues to the family of the individual concerned. A replacement will be sourced in due course.

i) **CJD**

In the absence of Dr Anderson Mr Walsh reported good progress regarding the single question in all clinical areas, and that the questionnaire for high risk areas was at pilot stage. A costing exercise is being undertaken within Neurosciences, with initial estimates in the region of £500K, around 30% of which are likely to be recurring. HPS has set up a National Group to assist in implementation across NHS Scotland.

j) **SCOTMARAP / Antibiotic Antimicrobial**

In the absence of Ms Gourlay there was no report specific to SCOTMARAP. However Mr Walsh was able to report that a crude costing had identified 1580 in terms of man hours and £85K opportunity cost in relation to the National Prevalence Study. Given that SSI and antimicrobial surveillance had been suspended nationally during the course of the Study, Mr Walsh agreed to draft a brief official statement making clear to Inspectors and other interested parties that a greater volume of monitoring had actually taken place, albeit in a different format and at a different level than normal.

TW

11) **AOCB**

a) **Draft Meeting Schedule 2012**

Members ratified the schedule of meetings for the coming year, and noted the recent alteration to the published date of the September meeting which now takes place on Monday 03 September.

b) **Theatres Maintenance**

Dr Williams announced that the anticipated paper regarding Theatres Maintenance was in the process of being validated and may be tabled at the next meeting. He requested Women & Children's and Regional Services Directorates nominate representatives to the Theatres Validation Group.

ES
JS

12) **Date of Next Meeting**

Monday 09 January 2012 at 10.00am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 09 January 2012**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr B Cowan (Chair)	Medical Director, Acute Services
Dr E Anderson	CPHM Health Protection
Mrs J Brown	Head of Nursing, ECMS
Mr R Farrelly	Nurse Director
Ms A Harkness	Director of Rehabilitation & Assessment
Ms S McNamee	ADN Infection Control
Mr J Stuart	Head of Nursing, Regional Services
Mr T Walsh	Infection Control Manager
Dr C Williams	Lead Infection Control Doctor
Mr B Wilson	General Manager, Facilities

In Attendance

Mr A McNeish	Corporate Administration
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Apologies

Dr S Dinning	Consultant, Surgery & Anaesthetics
Ms Y Gourlay	Lead Pharmacist, AMT
Ms M A Kane	GM Facilities
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms M McLauchlan	Clinical Pathways Manager, Oral Health Directorate
Ms L Riach	Clinical Risk Manager
Ms E Stenhouse	Head of Midwifery
Dr D Stewart	Associate Medical Director, ECMS

Item**Action**

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|--|--|
| 1) <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 07 November 2011 was submitted and approved as a correct record. | |
| 3) <u>Matters Arising</u> | |
| a) <u>Second National Prevalence Survey: HAI and Antimicrobial Prescribing</u>
Dr Williams advised there was nothing further to report at this stage. He explained that local analysis suggests no major issues are anticipated to arise when the results are released nationally during March 2012. | |
| b) <u>Community Acquired SABs and CDIs</u>
Ms McNamee reported having met with Dr Anderson. Agreement was reached to undertake a case note analysis of 50 records. CHI numbers have been submitted to Public Health to these ends. A Root Cause Analysis for SABs has now been developed and has been utilised in a small number of cases. | |
| c) <u>Accurate Recording of Deaths from Healthcare Associated Infection and Action - SGHD(CMO)(2011)13</u> | |

The group noted a paper entitled Guidance for Review of Deaths Where CDI or SAB Has Been a Contributing Factor. As well as providing guidance on relevant policies, a tool was appended, to enable the rapid event investigation of CDI/SAB cases in line with CMO(2011)13. Mrs Brown reported that ECMS have agreed to host a pilot, and had implemented the tool in relation to a recent case. Dr Cowan confirmed that his letter on the subject had yet to be issued to medical staff. It is planned to issue this to all Consultants and Trainers.

4) **Monthly Enhanced Surveillance of SAB Reports September, October 2011**

Ms McNamee observed numbers remained on a downward trend and reported that all Directorates are currently on trajectory to meet their target.

5) **Bi Monthly National Hand Hygiene Report: November 2011**

It was noted that during the most recent period (26 September – 7 October 2011) GGC scored 95% against opportunities taken, which was in line with the national mean. Ms McNamee reported that GGC medics scored 86%, against an average of 89% nationally. She advised that no response has yet been received from HPS to her enquiry in relation to confidence intervals. Mr Walsh reported that the provision of national funding appears to indicate monitoring likely to continue for another year.

6) **Policies for approval: Respiratory Syncytial Virus (RSV) Policy; SOP Policy Development and Approval**

Ms McNamee reported comments had been received and amendments made accordingly. Any further comments should be submitted prior to BICC where the policies are due to seek final approval.

7) **Risk: Datix Incident Report**

In the absence of Mrs Riach Mr Walsh spoke to the paper. He pointed out that a total of 134 incidents occurred during this time frame, of which 75% (101) have received final approval within the DatixWeb system. Over the year it was observed the most commonly reported categories were 'Severe CDI' with 50 incidents and 'Decontamination Failure' with 15 incidents. Mr Walsh advised that the next report is likely to contain SABs as well as CDIs. Due to the levels of reporting it was recommended and agreed that this report be provided to the Committee on a 6 monthly basis with the next report being in July 2012.

LR

There followed discussion around how best cross-directorate learning points from RCAs might be shared, in terms of the most appropriate governance mechanisms. Mr Walsh and Ms McNamee were due to meet with Mrs Riach the following week and agreed to explore the most appropriate method of reporting this data. Dr Cowan asked that the minute reflect a proposal that a report containing information on SCIs and instances where RCAs have been carried out be submitted to this Committee on a bi-monthly basis on an initial trial basis to determine if this will be suitable to meet governance requirements going forward.

LR

8) **CNO letter on Mattress Guidance**

Ms McNamee reported she has submitted a draft document to the HEI Group, which reflects all the appropriate guidance. Mr Farrelly confirmed dialogue with Mr McIntyre was ongoing around the implications for Domestic Services

9) **Transition to Electronic Infection Control Manual**

Mr Walsh confirmed that paper manuals are to be discontinued to prevent outdated versions remaining in circulation, and that a disclaimer to this effect will appear on any printed versions going forward. However, progress has been delayed as the Clyde IT system is currently lacking the facility to remotely install icons directly to all desktops. Agreement has been reached with Ms Kane to provide Domestic Services

staff with access to IT terminals from which to access the electronic version.

10 **Standing Items**

a) **Bi Monthly HAIRT Report December 2011**

Mr Walsh explained that the HAIRT Report would now be the primary vehicle for Facilities reporting to this committee going forward, following the discontinuation of the Facilities report as a standing item. It was noted that all areas scored green against the National Cleaning Services Specification during December. Mr Walsh advised that the most recent HPS quarterly report was due to be released later that week. GGC has SABs at 0.27 per 1000 occupied bed days, against a target of 0.26, and CDIs at 0.24 per 1000 OPD where the target is 0.29. He went on to highlight the fact that 55% of SABs and 53% of CDIs are now classified as out of hospital acquired, placing further onus upon the current work ongoing in conjunction with Public Health.

b) **Scottish Patient Safety Programme**

Mr Walsh advised that he would be attending an event later in the month for HEI and HAI Leads in relation to a new risk rating tool being developed in relation to HEI and SPSP.

c) **HEIS**

Mr Farrelly reported that although no visits had occurred so far during 2012, there had been a great deal of activity since the SGH visit, and particularly around the new older people's aspect of inspections. He explained that he and Ms Harkness had attended the Short Life Working Group which was involved in fine tuning the reporting template for the older people's element. Older people's inspections will remain on an announced basis for the time being. However, it is anticipated the Inspectors will consider the previous 2 years recommendations and requirements when re-visiting hospitals, which will be increasingly of an unannounced nature.

d) **National MRSA Screening Programme**

Dr Williams reported the final report was expected to reach completion by March 2012. 70-80% compliance is anticipated initially, followed by further improvement. Mr Walsh explained this will be monitored on an ongoing basis by HPS and the manner in which this will be implemented is being examined. The proposed portal is currently on limited release and remains under discussion at this stage.

e) **Infection Control Implementation Plan**

Ms McNamee explained that the final position should be available at the next meeting, following the end of the final quarter. She reported that as well as community acquired SABs and CDIs, outstanding matters also included various issues around education, which she had recently discussed in a meeting with Mr Kirk. Dr Williams will obtain a corporate view on the forthcoming issues for consideration.

f) **Sector Reports / Exceptions / Updates**

Ms McNamee addressed local issues on an exception reporting basis.

She reported that one ward in NE Sector breached its upper control limit for CDI. However, the ward was not closed as no patients had a sufficiently severe case.

ECMS saw an increase in CDIs during December, but analysis discovered nothing in common, despite examining hand hygiene, antimicrobials, RCAs and being reviewed by the Clinical Director.

A Legionella case in Gartnavel was being treated as hospital acquired as a

precautionary step, as results of community wards samples were still awaited.

Meetings continue with senior Estates staff to address differential levels of Legionella testing across GGC. Dr Anderson explained that whilst a policy exists, this contains subjective elements and levels of routine testing have historically varied.

g) **Minutes of Board Control of Infection Committee**

There were no further matters to report beyond those discussed at this committee.

h) **CJD**

Dr Anderson reported the single question is currently being rolled out. 4 additional questions have been devised for high risk tissues, including neurology and back of the eye, and there is to be precautionary quarantine where such a high proportion of patients are unresponsive, until such point as risk can be determined. The 2006 NICE guidance in relation to the decontamination of theatres tools propose a separate pool of instruments be maintained for those born post 1997 that have not already had operations on high risk areas. It was noted that the substantial cost implications of such a system were emerging during a time of major financial pressures. Assurances will also be sought from Mr Stewart around how effectively streams could be kept separate within the boundaries of current decontamination practice. Dr Cowan suggested a specific paper be provided around these initial difficulties, in order that he could raise the matter with the COO.

EA
BC

i) **SCOTMARAP / Antibiotic Antimicrobial**

In the absence of Ms Gourlay there was no report. Ms Harkness expressed concern at the consistent lack of input on this topic. It was noted that Dr Gourlay was presently occupied with work on HIV drugs. Dr Cowan suggested one solution might be for the group to receive the minutes of the Antimicrobial Committee.

11) **AOCB**

a) **Theatres Maintenance / Validation.**

Dr Williams announced that the paper on Theatres Maintenance remained a work in progress and was likely to be available in time for the next meeting. He reported that data shows all theatres validated and fully compliant, with one outlier, which Estates have been asked to double check. He asked that he be provided with nominees from Regional Services and Women & Children's Directorates to attend the working group set up in response to the change in legislation, alongside the current Surgery & Anaesthetics representative.

JS/
ES

b) **Retirement of Chair**

Mr Walsh thanked Dr Cowan on behalf of the Committee for his exceptional Chairmanship in the context of his forthcoming departure.

12) **Date of Next Meeting**

Monday 09 January 2012 at 10.00am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 12 March 2012**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr C Williams (Chair)	Lead Infection Control Doctor
Dr E Anderson	CPHM Health Protection
Mrs J Brown (for Dr Stewart)	Head of Nursing, ECMS
Ms M Farrell (for A Harkness)	Rehabilitation & Assessment
Ms S McNamee	ADN Infection Control
Mr J Stuart	Head of Nursing, Regional Services
Ms E Stenhouse	Head of Midwifery
Ms C Brown	Clinical Risk Co-ordinator
Ms M MacDonald	Interim HoN, S&A
Ms F Andretti	Clinical Operations Manager, GDH

In Attendance

Dr S Whitehead	Infection Control Doctor
Mr A McNeish	Corporate Administration

Apologies

Dr S Dinning	Consultant, Surgery & Anaesthetics
Mr R Farrelly	Nurse Director
Ms Y Gourlay	Lead Pharmacist, AMT
Ms A Harkness	Director of Rehabilitation & Assessment
Ms M A Kane	GM Facilities
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms M McLauchlan	Clinical Pathways Manager, Oral Health Directorate
Ms L Riach	Clinical Risk Manager
Dr D Stewart	Lead Director for Acute Medical Services, ECMS
Mr T Walsh	Infection Control Manager
Dr B White	Infectious Diseases SpR

Item**Action**

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|--|--|
| 1) <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) <u>Decontamination</u>
A presentation was delivered to the group by Dr Sarah Whitehead, Consultant Microbiologist. Dr Whitehead is Infection Control Decontamination Clinical Lead and reported on the membership of the recently established GGC Decontamination Group, as well as their Remit and Terms of Reference. Methods for dissemination of information were discussed as well as current issues. There was also a brief examination of the corresponding national group, as well as an exploration of how the local group fitted into the established Infection Control structure within Greater Glasgow & Clyde. | |
| 3) <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 09 January 2012 was submitted and approved as a correct record. | |
| 4) <u>Matters Arising</u> | |

a) **Second National Prevalence Survey: HAI and Antimicrobial Prescribing**

Whilst the headline figures remained embargoed at that point, Dr Williams was able to reassure the group that there did not appear to have been any outliers during this period. A formal report is expected at the end of March, with a copy being made available to Health Boards 1 week prior. It was agreed that the item should remain on the agenda for the next meeting.

b) **Community Acquired SABs and CDIs**

Ms McNamee reported that a project plan had been developed and a staffing resource identified, to commence 01 April. There will be strong links with Community Health and Pharmacy. 6 monthly reports will commence from around October 2012. One outcome of the project will be to determine whether the current target remains relevant given the epidemiology.

5) **Monthly Enhanced Surveillance of SAB Reports**

Reports were considered in relation to November and December. A recent increase across Women & Children's Services was observed, and Ms McNamee reported that Infection Control teams are working with Clinical Teams to investigate this matter and put the necessary actions in place.

6) **2012-13 AICP and Implementation Plan.**

Ms McNamee explained that the forthcoming plan is not dramatically different from previous years' although it did reflect a few major policy differences nationally. There is now a particular focus on education and on community CDI & SAB projects. Comments were requested within the next 2 weeks.

7) **Bi Monthly National Hand Hygiene Report: January 2012**

Ms McNamee reported that Greater Glasgow & Clyde had scored 92% against the national score of 95. Medics nationally fell below this overall score and those in GGC even more so, by a further 10%. Dr Williams reported that contrary to expectations this report would not cease at the end of the current financial year, and may continue indefinitely. It was agreed that Dr Williams and Ms McNamee would meet with Dr Stewart in his new role, in order to discuss the establishment of a process to address this deficiency by extending the feedback through both General Managers and Medical Management Structures.

CW/
SMcN

8) **CEL 03 (2012) Water sources and potential infection risk to patients in high risk units**

Dr Williams reported that a programme of surveillance and risk assessments was planned, following the pseudomonas outbreak in Northern Ireland. It was felt that whilst GG&C are addressing the issue there may presently be difficulties in clearly evidencing this. Guidance is expected from the Department of Health imminently, and an approach will be agreed once said guidance emerges. It was agreed this DoH guidance would be circulated to allow detailed feedback as soon as it is issued, and the matter to be progressed through this group.

9) **MRSA Screening Project Update**

Dr Williams described the adoption of a clinical risk assessment approach to screening. Headline figures in the paper demonstrated that practice was correct 75% of the time and performance is improving. Scottish Government CQIs have yet to be established and it is not yet known which standards these will be audited against once they emerge. Mrs Brown highlighted an issue which had arisen recently due to the fact that the Western Infirmary & Gartnavel General operate as a single site but HPS consider admission to a new hospital to have occurred occur each time a

patient moves between them, which can be frequent, triggering a requirement for further swabbing, which was felt to be excessive by staff. Following discussion, it was agreed to define WIG & GNH as one hospital for these purposes, in order that that patients only require to be screened on their initial admission to either hospital, and take this back to the national level to seek approval.

CW/
JB

10) **Standing Items**

a) **Bi Monthly HAIRT Report December 2011**

The committee noted the report. Ms McNamee announced a section on Norovirus would be included in the next report, an additional element which is likely only to feature in the report during winter.

b) **Scottish Patient Safety Programme**

In Ms Riach's absence, Ms Brown spoke to the paper. She pointed out that not all applicable wards appear to be applying the correct PVC Care Package. Additionally, in January 2012 a programme was launched in relation to sepsis and VTE bundles. The roll out of the IT system for quality improvement has begun and is being taken forward with IT teams.

A paper regarding Changes to National Hand Hygiene monitoring was tabled on behalf of Mr Crawford. The Chair judged there was not sufficient notice for the paper to be given the due consideration of the committee, and agreed that the item would be added to the agenda of the next AICC meeting. [The document was circulated later that day by Mr McNeish, on behalf of Mr Crawford, who requested comments within one week.]

On the issue of continuity of data provision from SPSP on clinical effectiveness indicators, Mrs Brown reported that during the ECMS Directorate Performance Review Group the COO made it clear such information streams must not cease without prior agreement, or in the absence of alternative arrangements.

c) **HEIS**

In the absence of Mr Farrelly, Ms McNamee reported on recent inspections.

The report from the Victoria Infirmary visit highlighted key issues of: compliance with PVC care packages, near patient equipment, hand hygiene, and therapy policy. Mr Farrell indicated there was an existing policy which applied, although it was not known by this title. It was agreed this fact should be clarified in order that a duplicate policy was not created.

At the Southern General near patient equipment came up also. In addition, there was an issue highlighted with inconsistent closing of isolation room doors.

d) **National MRSA Screening Programme**

This topic was covered under Item 9 above.

e) **Infection Control Implementation Plan**

Ms McNamee explained that this topic had been adequately addressed under Item 6 above, which discussed the plan for the forthcoming year. This constitutes the final update for the current year.

f) **Sector Reports / Exceptions / Updates**

Ms McNamee addressed local issues on an exception reporting basis.

Mrs Brown informed the group that the Brownlee Infectious Diseases Unit had closed earlier that week due to a Norovirus outbreak, although it had been confirmed that this arose as a result of a boarder transferred by a GP from a nursing home without providing notice of known Norovirus status. She confirmed the unit is now re-

opened. They also received a recent amber environmental audit. A dedicated piece of work is likely to be undertaken by the Emergency Care and Medical Services Directorate Infection Control Group. Mrs Brown and Ms McNamee agreed to consider how to address this incident in terms of clarity around patient mix at the IDU.

**JB/
SMcN**

Ms McNamee advised that a disproportionate impact of Norovirus has been observed at the Victoria Infirmary compared with other sites. Despite thorough analysis, Infection Control staff have been unable to determine the causes of this discrepancy. It is therefore proposed that a de-brief will take place for this year and a plan specific to the Victoria site will be developed from November. This will feed through to the Winter Planning Group. Efforts continue to be devoted to examining whether the community prevalence is higher in the catchment area, or whether aspects of facilities or procedures somehow differ.

Ms McNamee advised that incidences of SABs at Princess Royal Maternity Unit are presently being investigated.

g) **Minutes of Board Control of Infection Committee**

There were no further matters to report beyond those discussed at this committee.

h) **CJD**

Dr Anderson reported that draft costings had been provided to Dr Cowan in November. It emerged that a paper remains to be prepared presenting these costs to the COO and Senior Management. Dr Anderson and Mr Walsh will meet with Dr Stewart to brief him on the matter.

**EA/
TW**

i) **SCOTMARAP / Antibiotic Antimicrobial**

In the absence of Ms Gourlay there was no report.

11) **AOCB**

a) **Theatres Maintenance / Validation**

Dr Williams explained the paper on Theatres Maintenance remained a work in progress, and provided a verbal update. Mr Powrie has recently taken over as Estates Lead for compliance. All theatres are validated, however a written report is required for governance purposes.

CW

b) **CJD / New Paediatric Neurology Equipment**

Dr Anderson met with staff at Yorkhill to ensure the NICE guidance was enacted. Dr Anderson will deliver a training presentation for staff on 04 April.

Dr Anderson has also been nominated as Chair of the National CJD Group. The first action of that group is to undertake a stocktake of boards to identify the relevant leads, and from there determine the extent of progress in each Health Board. An updated algorithm has also been issued.

Mr Stuart described the recent transfer of services in GGC as having gone smoothly and confirmed separate streams are now in place.

c) **Datix Reporting of CDI & SABs**

Ms McNamee tabled a paper on the topic. She recently met with Mrs Riach and identified issues or gaps, where Datix may not capture the full extent of incidence, or there is a risk of duplication. Agreement remains to be reached on how to resolve this matter. One reason why Datix information presently fails to meet the required standard was that cases may be reported as incidents but the RCAs etc are not being captured. The issue was raised as to whether an alternative system was required to meet the full information needs, or whether sufficient adjustments can be

SMcN

made to the existing system. Ms McNamee agreed to meet again with Mrs Riach and Dr Williams to progress this question.

/CW/
LR

d) Institute SSI Rates

Mr Stewart reported an increase in SSIs following craniotomies at the Institute of Neurosciences. Detailed surveillance confirmed the concerns of clinicians. Although infection numbers had dropped off in December the figures has increased again during January, before dropping off in February once again. Potential Issues with ventilation were being investigated as well as antibiotic prophylaxis regimes.

12) Date of Next Meeting

Monday 14 May 2012 at 10.00am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 12 March 2012**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr C Williams	Lead Infection Control Doctor
Dr E Anderson	CPHM Health Protection
Dr D Stewart (Chair)	Lead Director for Acute Medical Services,
Ms M Farrell (for A Harkness)	Rehabilitation & Assessment
Ms S McNamee	ADN Infection Control
Mr R Farrelly	Nurse Director
Ms M McLauchlan	Clinical Pathways Manager, Oral Health Directorate
Ms M A Kane	GM Facilities
Dr D Raeside	Associate Medical Director ECMS
Dr B White	Infectious Diseases SpR

In Attendance

Dr S Whitehead	Infection Control Doctor
Mr A McNeish	Corporate Administration
Mrs S Howie	Corporate Administration

Apologies

Ms E Stenhouse	Head of Midwifery
Dr R McAndrew	Associate Medical Director Oral Health
Mr J Stuart	Head of Nursing
Dr S Binning	Consultant, Surgery & Anaesthetics
Ms C Brown	Clinical Risk Co-ordinator
Ms Y Gourlay	Lead Pharmacist, AMT
Ms A Harkness	Director of Rehabilitation & Assessment
Ms M MacDonald	Interim HoN, S&A
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms F Andretti	Clinical Operations Manager, GDH
Ms L Riach	Clinical Risk Manager
Mr T Walsh	Infection Control Manager

Item**Action**

- | | |
|---|------|
| 1) <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 09 January 2012 was submitted and the following amendment noted:
Page 4 Paragraph 1 – replace “IDU” with “CDU”. | |
| 3) <u>Matters Arising</u> | |
| a) <u>Second National Prevalence Survey: HAI and Antimicrobial Prescribing</u>
Prof Williams advised that the survey results showed a significant improvement with a 5.8% headline rate, compared with 10% in the previous survey. There was a discussion surrounding the content of the survey.
Ms McNamee advised that there would be reports available split by Directorate the following week. | SMcN |

It was noted that Glasgow performed well in Antimicrobial Prescribing in common with other Health Boards. Dr Stewart emphasised the need to remain sighted on this aspect and will arrange to talk to Ms Gourlay.

DS

Mr Farrelly queried what lessons were learned and what actions are required following this exercise.

Prof Williams highlighted device utilisation and Mr Farrelly stated that the insertion of catheters was not being recorded consistently. Dr Williams

Prof Williams agreed to provide a brief paper highlighting the points of note.

CW

b) **Theatres maintenance / Validation**

Prof Williams advised that all theatres are up to date and validated, although they are currently waiting for a report to be produced from the existing spreadsheet. Mr Farrelly queried whether there is a programme underway which will demonstrate this sufficiently for HEI inspectors. Ms Kane confirmed the Theatres & Ventilation Group has been working with Surgery & Anaesthetics Directorate to resolve access issues on all sites. There was some discussion about capital investment on ventilation and Ms Kane advised a bid is likely to be submitted through the Energy Fund for air conditioning improvements. Mr Gallagher has drafted a paper, a version of which will be brought to the next meeting.

MAK

c) **Datix Reporting of CDI and SABs**

Ms McNamee led a discussion around the reporting of SCIs on Datix. She noted that of 117 CDIs reported in the space of 1 year, 7 Root Cause Analyses had been returned. There was agreement that a similar system could not be instituted for MRSA until it was agreed to be operating effectively in relation to C Diff. Dr Stewart stated there needed to be clear ownership in terms of which staff are responsible for which processes and relevant timescales. Prof Williams agreed that either Datix requires to be utilised correctly in this context, or Infection Control Teams require to become closely involved instead to achieve the required outcome. Mr Farrelly confirmed the policy had been agreed that an RCA was necessary for all CDIs/SABs and this must be complied with timeously. It was agreed the matter would be referred back to Directorate Clinical Infection Control Leads to address. It was agreed to seek reports split by Directorate from Ms Riach. Ms McNamee will arrange another meeting with Ms Riach to discuss various points including whether SABs should be included, as well as how to address the CDI/SAB process effectively.

SMcN

d) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**

National guidance is anticipated to be available on pseudomonas infections from June 2012 however. Infection Control Teams reported no problems within the last few years. Prof Williams advised early indications from the Northern Ireland outbreak are that contamination likely occurred from use of hand washing sinks for disposal of inappropriate substances. He advised that practice issues are paramount. Ms Kane advised that there will be a review of the Legionella & Water Policy the following month. Mr Walsh and Ms Kane are drawing up a list of potential members to establish a Water Group, however cannot construct a remit until guidance is issued. Prof Williams is sitting on the National HPS Group.

4) **Monthly Enhanced Surveillance of SAB Reports – January 2012 and February 2012**

Ms McNamee highlighted [REDACTED] re now being checked for links i.e. positive samples are being sent to the reference lab. She reported that the Board are on trajectory to meet the SABs HEAT target. Dr Stewart emphasised the need to keep monitoring this over the next few months.

5) **Bi Monthly National Hand Hygiene Report: March 2012**

Ms McNamee referred to the circulated paper and reported that the score of 92% in the February 2012 report increased to 94% in March 2012.

There was a discussion around proposed changes to methodology and reporting by the Clinical Governance Unit. Ms Farrell reported that Rehabilitation & Assessment Directorate are clear that Hand Hygiene reports need to remain monthly, and other colleagues were in agreement, including Mr Farrelly who stressed the need for consistency in reporting, and aired concern over ceasing this information stream prematurely. Dr Stewart agreed to feed these concerns back to Mr Crawford.

6) **Quarterly reports on the surveillance of C Diff / SAB**

Ms McNamee advised that the most recent figures from October to December 2011 showed a further reduction in CDI at 0.21 per 1000 OBD from 0.24 per 1000 OBD. Although SABs had increased over the winter months, they remained below the target level.

7) **Policies for approval: MRSA Policy**

Ms McNamee advised that key changes to the policy are detailed on the front page of the circulated paper. There has been significant consultation on the Policy. She asked for any further comments to be submitted before the BICC. Mr Farrelly noted potentially significant resource implications from a nursing perspective.

8) **Decontamination of Laryngoscope Handles**

Dr Whitehead referred to the circulated paper and advised that this report was compiled to clarify the procedure for use of Laryngoscope handles after an alert by MHRA caused by an inquest finding cross contamination of Group A Strep. All Health Boards have been asked to review their cleaning procedures. Pockets of activity have been identified in GGC where procedures can be tightened, such as Crash Teams. The following actions were proposed: writing an SOP on cleaning; undertaking an audit of current practice; moving towards use of disposables. Mr Farrelly stated that an SOP required to identify clearly which staff are responsible for the cleaning processes.

9) **Line Lock Study - Renal**

Prof Williams tabled a paper for consideration by the group. He explained the background to the proposal is the anticipation that SAB HEAT targets will become harder to meet, and evidence that these changes will help reduce SABs. He relayed that renal physicians are in favour of using these types of line locks. He proposed the next step would be for Mr Stuart to undertake a costing exercise. Mr Farrelly noted this committee could take a view on the potential effectiveness and benefits realisation, but would then have to submit proposals to the appropriate committee to sign off the required spend. Dr Stewart identified the requirement for a hypothesis that clearly describes the potential benefits.

CW

10) **Novovirus Outbreak Season Summary 01/10/2011 – 31/03/2012**

Ms McNamee referred to the circulated paper and reported on various aspects. She reported that presently 3 wards are closed at GRI and 8 at RAH. She has been advised by HPS that other Boards are also experiencing this late season peak. An escalation plan has been put in place at RAH. She assured Dr Anderson that staff cases were relatively low. Dr Stewart noted the group were in agreement that everything possible is being done. Ms McNamee will refresh the paper if necessary for the next meeting.

11) **Standing Items**

a) **Bi Monthly HAIRT Report April 2012**

Ms McNamee advised that there was nothing in report requiring attention and in response to Dr Anderson's enquiry, confirmed that an update on any OCTs currently ongoing would be included in the next report

b) **Scottish Patient Safety Programme**

No report.

c) **HEIS**

Mr Farrelly advised that since the previous meeting there had been 3 Older Peoples Inspections but no full HEI Inspections. 2 of these picked up issues around environment, specifically the requisite hygiene posters not being on display. He reiterated the importance of continued work on the part of Directorates to ensure the required standards are achieved.

d) **National MRSA Screening Programme**

Prof Williams reported that HPS have set up an external database in an attempt to monitor the situation. HPS have made it clear they favour a target of 90% compliance with the application of the CRA, however this is felt to be challenging by Health Boards, and has yet to be finalised. In addition, populating the database will have significant resource impact. Dr Stewart confirmed this is effectively an audit of the reliability of screening, and that there would be a requirement for Infection Control Teams to engage with Directorates when the finalised targets emerge. There is no action required to be taken until that point.

e) **Infection Control Implementation Plan**

Ms McNamee advised that the forthcoming programme has yet to be signed off by the Chief Executive, and is provided for information at this stage. She is currently reviewing the National Infection Control Manual to compare with GGC policies. It is anticipated the plan will be finalised and approved by June. .

f) **Sector Reports / Exceptions / Updates**

A sector report for May 2012 was circulated and recent issues highlighted as follows:
North East

GRI Burns Unit recently had [REDACTED]. Appropriate local action has been taken and there have been no further cases.

North West

VRE cases had increased in the renal unit. However, this was felt to have been driven by increased monitoring. Prof Williams confirmed to Dr Stewart that there is no current National policy on VRE monitoring. ICT are continuing to meet with clinical staff from the unit and an action plan has been put in place.

South

Victoria Ward 10 experienced a cluster multi resistant acinetobacter. Local actions are in place and seem to have halted the spread, which is believed to have originated from ITU. There was discussion around the degree to which this is to be considered a significant pathogen, and Prof Williams confirmed that National Guidance is currently awaited. Dr Stewart advised that it is essential to engage with patients to explain the situation and Dr Raeside confirmed that there has been good support in all areas.

g) **Minutes of Board Control of Infection Committee**

Dr Anderson, who had chaired the BICC, advised there were no significant issues beyond those discussed at this meeting. Logistics of swab screening transfers

between WIG and GGH form MRSA were discussed.

h) **CJD**

Dr Anderson, Dr Stewart and Dr Whitehead recently met with Mr Stewart to progress implementation, which has been ongoing since CMO guidance was issued. Logistical problems remain significant. The issue has been entered on risk registers in areas, such as Renal, where guidance is not fully implemented. Dr Anderson continues to work with Paediatrics and Ophthalmology on implementation at present. Dr Stewart recently met Mrs Grant and Mr Gallagher and subsequently has written to the relevant Directors asking for an update and proposals will go to OMG or SMG. Dr Anderson's discussions with National Leads indicated most Health Boards have undertaken some degree of implementation and continue to find the costs of compliance challenging.

i) **SCOTMARAP / Antibiotic Antimicrobial**

No Report. Dr Stewart will write to Ms Gourlay regarding the importance of representation at the meeting from Antimicrobial Prescribing colleagues.

12) **AOCB**

a) **Olympics**

Dr Anderson highlighted the upcoming Olympic Games and several football matches being held in Glasgow. She advised that Mr Rogerson, who has replaced Mr Dorn in Civil Contingencies Planning, has met with Mr Archibald, as ECMS are the Lead Directorate for this workstream. She also advised that HPS are developing community surveillance on respiratory and gastrointestinal organisms in relation to potential terrorist threats.

b) **Post Partum Case**

Dr Anderson enquired about the incident concerning a woman who was subject to invasive Group A Strep several days post partum. The relevant guidance is being consulted to determine how best this should be dealt with, and a further update will be provided to a future meeting.

13) **Date of Next Meeting**

Monday 9 July 2012 at 10.00am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 9 July 2012**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Mr T Walsh (Chair)	Infection Control Manager
Prof C Williams	Lead Infection Control Doctor
Dr E Anderson	CPHM Health Protection
Ms Y Gourlay	Lead Pharmacist, AMT
Ms E Love	Head of Nursing – Neonatal Children and Young People
Ms S McNamee	ADN Infection Control
Mr R Farrelly	Nurse Director
Mr Brian Wilson	General Manager Facilities Clyde
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms Fiona Andrews	Clinical Operations Manager
Ms L Riach	Clinical Risk Manager

In Attendance

Mr A McNeish	Corporate Administration
Mrs S Howie	Corporate Administration

Apologies

Dr R McAndrew	Associate Medical Director Oral Health
Mr J Stuart	Head of Nursing
Dr S Binning	Consultant, Surgery & Anaesthetics
Ms C Brown	Clinical Risk Co-ordinator
Ms M A Kane	GM Facilities
Ms A Harkness	Director of Rehabilitation & Assessment
Ms M MacDonald	Interim HoN, S&A
Dr D Raeside	Associate Medical Director ECMS
Ms F Andretti	Clinical Operations Manager, GDH
Dr B White	Infectious Diseases SpR
Dr D Stewart	Lead Director for Acute Medical Services,
Ms M McLauchlan	Clinical Pathways Manager, Oral Health Directorate

Item**Action**

- | | |
|---|--|
| 1) <u>Welcome and Apologies</u>
Apologies were received from the above noted. | |
| 2) <u>Draft Minute of Previous Meeting</u>
The minute of the meeting of the group held on 14May 2012 was submitted and agreed as correct. | |
| 3) <u>Matters Arising</u> | |
| a) <u>Post Partum Case</u>
Dr Anderson made reference to item 12B on the previous agenda and offered an update. English guidance on invasive Group A Step has been located. There remains a requirement to clarify standard practice in relation to antibiotic prophylaxis. Dr Anderson will consult with Microbiology colleagues on this matter. | |
| b) <u>Second National Prevalence Survey: HAI and Antimicrobial Prescribing</u>
Ms McNamee advised requests for surveillance of SSI had been received from several Directorates following the survey results. Resource implications are being considered as the requested work will remain resource intensive until an electronic | |

system becomes available.

Prof Williams advised that in terms of HAI no obvious key themes emerged and so there was no requirement for changes to practice.

Mr Walsh confirmed Directorate level reports have now been issued based on adjusted levels.

c) **Theatres maintenance / Validation**

Prof Williams referred to the tabled paper and there was some discussion around content of this spreadsheet. He highlighted the current upgrading in theatres including attempts to achieve SHTM3 recommended levels and the results to date are reassuring. Prof Williams also advised that the introduction of an escalation date will ensure no theatre validation goes beyond 3 months before it is escalated to General Manager level.

Prof Williams explained that having satisfied the initial aspect of the remit by ensuring all theatres are validated annually, the second aspect of the remit concerned the 'age' of air circulating in theatres. The Theatres Validation Group has developed a specification, which has been agreed as safe. Red or amber scores trigger local risk assessments. Ms Meikle confirmed non-compliant theatres were included on the Directorate Risk Register at a high level. High risk operations would not be carried out in these premises, however it was noted the cost of replacing them was outwith Directorate budgets.

It was agreed that it would be valuable if a report providing an update on progress and compliance with targets is produced and presented as a standing agenda item at every second meeting to ensure the current situation is closely monitored.

CW

d) **Datix Reporting of CDI and SABs**

Ms Riach referred to the circulated paper. She pointed out that some incidents occurring during January to April 2012 had been incorrectly coded initially, preventing them being dealt with appropriately. This will be carefully monitored going forward. The figures reported were broken down to reveal that although there appeared to be 10 cases of severe CDI in ECMS they originated elsewhere and several were in fact community cases which were admitted.

There followed a discussion surrounding the current scope of the Datix system, with reference to the changes proposed in the paper's updated proposal regarding CDI/SAB reporting on Datix Web.

It was noted that outbreak reporting does currently not trigger any actions via Datix. The question of what added value would there be to investigate each case separately was raised and the need for governance around reporting. Ms McNamee agreed that as outbreaks are reported elsewhere appropriate governance is already in place and therefore concurred with proposed savings in resources by not entering each affected patient onto Datix individually following an outbreak, and that one outbreak would constitute one clinical Incident going forward. The group was in agreement and Mrs Riach agreed to seek approval from Mr Crawford.

The Revised Proposal for SAB & CDI reporting on Datix from Mrs Riach's paper was discussed and there was general agreement with the changes to process described as well as the additional mandatory questions and revised process flowchart in the appendix. It was agreed that SABs and severe CDIs that are triggered by Infection Control will feature on Directorate reports in order that they can be cross referenced allowing follow up in any instances of non-compliance.

The next stage will be reviewed in 6 months with interim paper as a measure to highlight any gaps. Mrs Riach will also notify these changes to ACGC.

LR
LR

e) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**

Prof Williams advised that a Scottish Government guidance document on pseudomonas is due in 2 weeks. High risk areas are expected to be defined in Scotland as ICU and neonates ICU; and there exists a facility to nominate other areas deemed appropriate.

The guidance demands Boards have strict governance processes. Mr Walsh advised of dialogue with Ms Kane around combining both pseudomonas and Legionella guidance in one revised combined Board water policy. There was also a suggestion that Mr Walsh and Mr McIntyre convene a sub-group of BICC, but this aspect of governance remains to be resolved.

Taps are being run for 1 minute in clinical and hand washing sinks to minimise risk of infection. It is essential that procedures are made clear and fully implemented by the end of summer.

TW/
MAK

f) **Decontamination of Laryngoscope Handles**

There was some discussion concerning who is responsible for cleaning the handles and Prof Williams agreed to request that the Decontamination Group provide clarification on this.

CW

g) **Line Lock Study – renal – Update**

Prof Williams advised that the most recent paper produced shows that the cost of the proposed line locking product has dropped below the cost of the currently used one, and recommendations will be employed from August 2012. The impact on SABs incidence will then be monitored to determine effectiveness.

h) **Novovirus Outbreak Season Summary 01/10/2011 – 30/03/2012**

An updated paper will be provided within the next few weeks, and will go to the Winter Planning Group as well as for discussion at the next AICC meeting.

4) **Monthly Enhanced Surveillance of SAB Reports – March 2012 and April 2012**

Ms McNamee referred to the circulated papers and advised that in March 2012, Vascular access device use was noted as the primary source of Hospital Acquired SAB in 4 patients (22.2% of all HAI SABs). She advised that the figures are being monitored.

Prof Williams highlighted the increased incidence of SABs in Women & Children's Directorate and advised line care and development of bundles are being considered in this context.

Dr Anderson highlighted that there are meetings taking place concerning healthcare exposures in the community involving Prof Williams, with Mrs Kerr as Project Manager.

Mr Walsh requested an update on vascular devices and it was agreed that John Dickson should be asked to attend the next meeting to provide this information.

TW

5) **Bi Monthly National Hand Hygiene Report: May 2012**

Ms McNamee referred to the circulated paper and advised that NHS Greater Glasgow and Clyde achieved 95% compliance in the most recent audit, which is an improvement on previous recent results. Prof Williams and Ms McNamee met recently with Dr Stewart who requested information on points which were non compliant. This information has been complied but has not yet been submitted. There was some discussion regarding attitudes towards hand hygiene and the implementation of zero tolerance on this subject. Mr Farrelly added that Dr Stewart had made clear at Directorate Performance Reviews that disciplinary sanctions will begin to be actively invoked where medics repeatedly violate this policy.

- 6) **Quarterly reports on the surveillance of C Diff / SAB**
 Ms McNamee advised that although CDI was up on the previous quarter and that the figure from January – March 2012 was 0.252 per 100k OBD, still below the target of 0.39 per 100k OBD. SAB cases are down from 296 to 275. Prof Williams advised that line lock figures going forward should also help to reduce the number of cases.
 He also advised that the Beatson would be looked at next, followed by PVC care, then chronic condition care (cellulitis) and confirmed that there would be an extension to current target date.
- 7) **Annual Surveillance of HAI Report January – December 2011**
 Noted. Mr Farrelly advised that there were policies to be changed following this for audit trail purposes.
- 8) **Policies for Approval: Scabies, Hand Hygiene, TBP and HPS National IPC Manual**
 Ms McNamee explained the requirement to implement the National Infection Prevention and Control Manual includes the need to replace our standard precautions with reference to the IPC manual. She has checked the manual against GG&C policies and brought forward those such as Hand Hygiene which require to be altered.
 There was some discussion concerning the current format of Infection Control Manuals. They will soon all be available electronically however this is still being implemented and hard copy folders will only be removed once everyone has had the relevant icon installed. The target for completion is September 2012 and will be completed hospital by hospital with instructions being sent to remove folders.
- 9) **HPS National IPC Manual January 2012**
 This was addressed by the item above.
- 10) **Outbreak of Legionnaires' Disease**
 Circulated papers were noted. Mr Walsh advised that Facilities are leading on this and Mr Wilson confirmed that a draft water policy has been drawn up to be signed off by Mr McIntyre. Mr Walsh stated that this policy will be further discussed on 23 July 2012 and thereafter will be presented to the AICC and Board Committees.
- 11) **Report on Outbreak of MRAB**
 The report noted. It was agreed that internal outbreak reports would be taken under Sector Reports at standing item f) going forward.
- 12) **Standing Items**
- a) **Bi Monthly HAIRT Report April 2012**
 The report was noted.
- b) **Scottish Patient Safety Programme**
 Ms Riach referred to the circulated paper and provided a revision of the contents. She highlighted several areas of focus going forward, including sepsis and Paediatric Early Warning score. Appendix 1 of the paper provided current position by element in a tabular format. In particular, it was noted that the spread of PVC Maintenance bundle has progressed since the last report with almost 90% of areas actively submitting data and confirmation that all remaining areas are applying the practice with arrangements being made for data submission to commence using the Local Area Network Quality Improvement Portal.
- c) **HEIS**
 Mr Farrelly gave a verbal report including the unannounced visit to the VOL and

advised that the Inspectors' report is anticipated to become available the following week. There were 2 recommendations and 3 requirements made, on topics including Hand Hygiene, but all patients spoke positively of the nursing and cleanliness of environment. He highlighted that there are likely to be repeat HEI Inspections at every site and stressed the importance of addressing all issues raised in the initial announced inspections, as these are likely to be focussed on in the forthcoming unannounced inspections.

d) **National MRSA Screening Programme**

Prof Williams advised that there was nothing new to report other than that the current figure is 90% as outlined in the prevalence study. Reporting issues are ongoing in relation to the HPS database which anecdotally is known to be problematic for most Health Boards. After some discussion Ms McNamee agreed that in the meantime it would be useful to look at a significant sample of cases, using the required methodology, however she emphasised this process remains extremely resource intensive in the absence of a functioning electronic process.

SM

e) **Infection Control Implementation Plan**

Ms McNamee advised that this document has been updated to clarify the parties responsible for delivery, and in particular highlighted section 5e.

f) **Sector Reports / Exceptions / Updates**

Ms McNamee referred to the circulated paper and provided a general update. Three outbreak summary reports were discussed and she advised that a debrief with HPS had been submitted.

In the North West

[REDACTED]

Prof Williams confirmed that there have been no further transmissions since appropriate precautions were put in place.

Ms McNamee proposed submitting suggested preparatory work for next year to the Winter Planning Group. In addition, she advised that on call ICNs are not being funded this year. Whilst they were funded the previous year, there was insufficient data to evaluate their impact due to the relatively mild winter. Ms McNamee has been asked to attend a national group on Norovirus and will report any lessons for future practice.

g) **Minutes of Board Infection Control Committee**

Mr Walsh referred to the minute and highlighted the item on reporting of deaths during outbreaks. A paper is being prepared by Mr Walsh, Dr Armstrong, Dr Anderson and Emma Edwards and a copy will be circulated.

TW

h) **CJD**

Dr Anderson advised that progress has been made towards reaching a central view regarding costs however, as yet there has been no completion date agreed.

i) **SCOTMARAP / Antibiotic Antimicrobial**

Ms Gourlay has prepared a report on Prescribing Indicator Targets which she will forward for circulation.

YG

Mrs Meikle highlighted surgical prophylaxis target of 95% or above and advised that we are still below target although there has been a significant improvement. Mrs Meikle and Ms Gourlay will arrange to discuss SSIs further outside of this forum.

LM/
YG

Mr Farrelly mentioned the need to establish actions to resolve in the Report, and Ms Gourlay has agreed to produce a more comprehensive report including Women and Children for the next meeting.

YG

13) **AOCB**a) **Medical Advice Alert**

Ms McNamee advised there is a Medical Device Alert concerning reusable transoesophageal echocardiography, transvaginal and transrectal ultrasound probes. This is potentially a large piece of work as there is no automated process for decontamination however current procedures should continue meantime with extra vigilance. Mr Walsh suggested this be referred to Decontamination for comment. Ms McNamee will forward this alert for circulation.

SM

b) **Olympics**

Dr Anderson highlighted the increased surveillance during the games. Any red scores will be featured in the HAIRT.HPS will notify HPN meaning there will be no further reporting burden.

c) **Rats at Victoria Hospital**

Ms Riach advised that this occurred at the Pharmacy Department and that the issue was dealt with by pest control. Mr Farrelly confirmed that it was not a large infestation, despite considerable media attention.

d) **Post Exposure Prophylaxis**

Ms McNamee advised progress is being made and a compromise arrangement on procedures has been reached. The item should be added to the agenda of the next meeting.

14) **Date of Next Meeting**

Monday 3 September 2012 at 10.00am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 3 September 2012**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Mr T Walsh (Chair)	Infection Control Manager
Dr C Williams	Lead Infection Control Doctor
Dr E Anderson	CPHM Health Protection
Ms A Harkness	Director of Rehabilitation & Assessment
Ms S McNamee	ADN Infection Control
Mr R Farrelly	Nurse Director
Ms F Andrews	Clinical Operational Manager, Oral Health Directorate
Ms M A Kane	GM Facilities
Ms L Meikle	Head of Nursing Surgery and Anaesthetics

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Ms J Brown	Head of Nursing
Mr J Stuart	Associate Medical Director ECMS
Dr D Raeside	Infectious Diseases SpR
Dr B White	Lead Pharmacist, AMT
Ms Y Gourlay	Clinical Risk Manager
Ms L Riach	

Item**Action**

- 1) **Welcome and Apologies**
Apologies were received from the above noted.
- 2) **Minute of Previous Meeting**
The minute of the meeting of the group held on 09 July 2012 was submitted and the following amendment noted:
P2 – CDC Policy Group
P2 – Age of theatres
- 3) **Matters Arising**
 - a) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**
The guidance document of pseudomonas will be completed in the next few days and ICU are reacting to clinical outbreaks and monitoring cases. Mr Walsh advised that a meeting will take place today to discuss consistency and linking the policies for pseudomonas and legionella. He and Ms Kane will be in attendance and will report on the combined policy at the next meeting. Ms Kane advised that the first terms of reference have been produced, however the 1st meeting will be to familiarise everyone with what needs to be put in place.
Ms McNamee advised that no water should be poured down hand hygiene sinks and that sluices should be used for discarding water used by patients for washing etc.

**TW
MAK**

b) **Decontamination of Laryngoscope Handles**

Prof Williams advised that it has been determined that whoever removes the handle will be responsible for its decontamination. There was some discussion about the viability of using disposable handles and although this is already in operation in areas where they are infrequently used, Ms Meikle advised that they are working with clinical colleagues and finance to see if this would be clinically and financially viable in other areas.

c) **Monthly Enhanced Surveillance of SAB Reports – May 2012, June 2012 and July 2012**

There was some discussion around the papers circulated for May, June and July 2012. The main points highlighted were from the July 2012 report advising that 7 HAI SABs had PVC identified as the primary source of infection, and the current position in relation to the 2013 HEAT target. There was however no analysis of August 2012 data associated with PVC available for comparison to date.

Prof Williams tabled a paper on SABs trajectory to July 2012 and highlighted salient points from the report.

Ms McNamee provided an update on PVC audit, ICNs snapshot of 731 patients and the significant challenge to ensure that medical staff adhere to the care plan process in place to note date and time administered in all cases.

Mr Walsh highlighted that there is no national picture to measure performance against at present as the National SAB and CDI reports have not yet been issued.

Ms McNamee has requested a DATIX analysis from Ms Riach in relation to clinical risk assessment however it may be that the system is not a suitable vehicle for this. Ms Harkness suggested that a 6 month report by ward may be the way forward.

After discussion on the current figures at various sites Prof Williams advised that a report will be circulated next week.

CW

d) **Bi Monthly National Hand Hygiene Report: May 2012 - Update**

Ms McNamee advised that 95% compliance achieved in May 2012 increased to 96% during June and July 2012, mostly due to an improvement in the compliance rates for medics. Ms McNamee also indicated that the Hand Hygiene Coordinator was working on proposals for measuring and improving Hand Hygiene Compliance among visitors. She also advised that Dr Stewart has provided a video and presentation which are available on the AICC website for information. Letters on Hand Hygiene were sent to medical staff last week.

e) **Policies for approval: Chickenpox, Tuberculosis, Occupational Health, SOP Insertion and Maintenance of Urinary Catheters, SOP Last Offices**

Ms McNamee advised that she has asked for comments by the end of the month on these policies prior to approval at BICC. Mr Walsh advised that the Infection Control Network, Scottish Government and HPS will be discussing the way forward with regards to the implementation of Standard Infection Control Precautions and Transmission Based Precautions at their scheduled meeting tomorrow 4 September 2012.

Prof Williams indicated that there is the possibility of an additional HEAT target perhaps to address the issue of Ecoli bacteraemias. Comments should be sent to Ms McNamee by 13 September 2012.

ALL

4) **PEP - A Guide for Healthcare Workers in Greater Glasgow Health Board**

Dr Anderson referred to the circulated paper. She advised that comparison of roles and responsibilities is the main area of contention and that this guidance needs to be updated. Dr Anderson highlighted several points from the paper including sexual health, paediatrics, and HIV PEP being administered before test results are available as a decision must be made prior to the 24 hour waiting period.

There was some discussion about the new guidelines being rolled out electronically, training frontline staff in advance and distribution of updated posters and tables.

5) **Standing Items**

a) **Bi Monthly HAIRT Report June 2012**

Mr Walsh referred to the circulated paper and highlighted that there were [REDACTED] More recent cases will be included in 5f). Mrs Kane will discuss cleaning services with Mr Walsh separately.

b) **Scottish Patient Safety Programme**

It was highlighted that SPSP2 was being rolled out in maternity for the 1st time and that the PVC Maintenance bundle is being used in Paediatrics. Dr Anderson advised that there has been an issue around PVCs associated with SABs and work is being done to resolve these.

c) **HEIS**

Mr Farrelly referred to the circulated reports and commented first on the Unannounced Inspection Report for VOL on 7 June 2012 which resulted in 3 requirements and 2 recommendations. He advised that Facilities Directorate is dealing with environmental issues raised. Mr Farrelly opened a discussion about the best way forward to ensure that an effective system is in place to Disseminate HAI information to patients and visitors. There were some suggestions on how to display leaflets more effectively. Ms Meikle asked if inspectors showed a leaflet to patients when asking if the information had been provided in case of any confusion and Mr Farrelly agreed to check into this.

Mr Farrelly then referred to the Unannounced Inspection Report for WIG which resulted in 4 requirements and 1 recommendation. He highlighted that we had requested clarification on which wards had been responsible for the action point referring to the need to clean near patient equipment and this has now been provided by the Inspectorate. All issues are being addressed.

Mr Farrelly advised that both HAIRT reports are going to the Board and that the HEI Steering Group within Acute Division will review the issues and provide a formal report.

d) **National MRSA Screening Programme**

There was some discussion about the current procedures and the best way forward. Mr Walsh suggested that the MRSA Steering Group should test the process, as current compliance is circa 60% with a national target rate of 90%. He also advised that new posters will be issued.

e) **Infection Control Implementation Plan**

Ms McNamee provided an update on the implementation of the electronic Infection Control manual scheduled for 30 September 2012 and there was some discussion around the need to ensure that paper manuals are withdrawn once this is available. Ms McNamee advised that there should be a clearer picture on this by next week.

f) **Sector Reports / Exceptions / Updates**

Ms McNamee referred to the circulated paper and highlighted that C Section infection rates at the RAH were down 2% in July. She advised that in the North East Pseudomonas was identified in wash hand basin taps in ICU however this issue has since been addressed. There were also [REDACTED] Both isolates are different type.

RF

g) **Minutes of Board Control of Infection Committee**

Mr Walsh referred to the report and advised there was nothing requiring further discussion as most matters were included in the AICC agenda. Ms Meikle highlighted the reference in 4.4 to the use of swan neck taps and the new literature which stated that there was no risk of legionella using these and therefore no need to change them.

h) **CJD**

Dr Anderson provided an update on the current situation and advised that there was good news regarding joint CMO guidance 2008/9 lack of engagement in Euro. Costs are being dealt with By Mr McIntyre and Mr best in 2012. There has been discussion about various procedures and the stumbling block regarding quarantine of instruments when dealing with high risk tissue. There is however, a big enough pool of instruments to go ahead and Mr McIntyre and Mr Best have updated the cost generated. It has been agreed that resources will be progressed.

It was highlighted that there are still questions being asked by Neurology in Paediatrics however, Yorkhill are working towards full compliance.

Dr Anderson advised of the separation from 1 January 1997, after the CJD consumption of beef was cut off and confirmed there has been a lot of progress.

There was a discussion regarding people who received blood during the BSE outbreak and the best way forward to advise patients that they may be at risk. The importance of maintaining accurate and efficient databases was emphasised.

i) **SCOTMARAP / Antibiotic Antimicrobial**

There was some discussion around the circulated report and Mr Walsh agreed to contact Dr. Seaton for an update on any issues for BICC and AICC.

TW

6) **AOCB**

None

7) **Date of Next Meeting**

Monday 5 November 2012 at 10.00am, Conference Room, SGH

HS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 5 November 2012**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr D Stewart (Chair)	Lead Director for Acute Medical Services
Mr T Walsh	Infection Control Manager
Dr E Anderson	CPHM Health Protection
Ms A Harkness	Director of Rehabilitation & Assessment
Ms S McNamee	ADN Infection Control
Ms M Buchanan	Clinical Improvement and Development Manager
Ms M A Kane	GM Facilities
Ms L Meikle	Head of Nursing Surgery and Anaesthetics
Mr J Stuart	Head of Nursing
Ms Y Gourlay	Lead Pharmacist, AMT
Mr S Binning	Consultant, Surgery and Anaesthetics

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Dr B Whyte	Infectious Diseases SpR
Mr R Farrelly	Nurse Director
Mr I Finlay	Associate Medical Director
Dr D Raeside	Associate Medical Director ECMS
Dr J Beattie	Associate Medical Director for Women and Children
Ms E Love	Head of Nursing
Ms L Riach	Clinical Risk Manager

Item**Action**

- 1) **Welcome and Apologies**
Mr R Farrelly, Mr I Findlay, Dr B Whyte, Mr J Beattie, Ms E Love, Ms L Riach and Dr D Raeside
- 2) **Minute of Previous Meeting**
The minute of the meeting of the group held on 3 September 2012 was submitted and the following amendment noted:
CJD item should now read
Dr Anderson updated the group. It is likely that the national group will remove the multi transfusion question and there will possibly be further refinements in the future. The work of CJD subgroup continues. The questions are not being asked in Neurosurgery as yet due to concern about having sufficient instruments. Senior management are progressing the resource issue. Paediatric Neurosurgery are implementing the NICE guidance. There is another group - Neurology MSN - reviewing the need to implement the NICE guidance and adult Ophthalmology are working towards asking the questions soon. The related costs in Ophthalmology are modest.
- 3) **Matters Arising**
 - a) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**
Mr Walsh advised that a final draft version of the combined policy is not available yet

however this should be completed after today's meeting. He and Ms Kane are meeting tomorrow to look at the implications of pseudomonas and flushing. Ms Kane highlighted water flushing as a potential problem and the need to demonstrate that this is being addressed. She advised that Directorates need to be aware of the issues and stated that they are hoping to discuss this at the HFS Conference. Ms Kane also referred to flushing out of hours and the need to identify the times at which this occurred. Mr Stuart highlighted the need to look at internal HEI criteria and Ms McNamee confirmed this is being done.

4) **Monthly Enhanced Surveillance of SAB Reports – August 2012 and September 2012**

Ms McNamee provided an update on the circulated reports for August and September 2012. The main points highlighted included CVC related SABs which increased over the summer, however are now back on target. Dr Stewart highlighted the target of 0.26 cases per 1000 occupied bed days by 2013 and the need to focus on achieving this.

There will be a repeat PVC audit as a result of the HEI Inspection and a cross site audit in November which should provide an easier solution to identify dressings used.

There was a discussion about ensuring the accuracy of compiling data relating to cases which were community onset and Dr Anderson agreed to pick this up. Mr Walsh advised that the Partnership Committee can discuss this at the next meeting on Monday 12 November 2012.

EA

5) **Bi Monthly National Hand Hygiene Report: July 2012 - Update**

Ms McNamee advised that 96% compliance was achieved in July/August 2012 and that medical staff compliance has risen steadily during the last 5 quarters to 89%. Dr Stewart highlighted the value of using the audits in a positive way as a teaching opportunity.

Mr Walsh advised that the National Campaign may be stood down in March 2013 and there was a discussion about the way forward.

6) **Quarterly reports on the Surveillance of CDiff/SAB**

Ms McNamee referred to the circulated paper and the positive performance position overall, however within Clyde there had been an increase in Community C Diffs (with 7 out of 9 at RAH) and this is currently being addressed. Ms McNamee emphasised the need to monitor Community cases and remain focused on targets. Mr Walsh advised that there is a new strain C Diff however there have been no cases reported in Glasgow.

7) **Policies for approval: CJD Policy and Outbreak Policy**

Ms McNamee advised that these policies have been circulated for comment and then approval by the BICC. She highlighted that there are some questions in the draft CJD policy which would be discussed later. The main changes in the updated Outbreak Policy are names and titles.

8) **Norovirus Outbreak Guidance 2012**

Ms McNamee advised that HPS issue guidance notes each year. She attended the National meeting and highlighted that a paper to restrict visitors has been agreed by Scottish Government and this was well received. There will be more national guidance on the restriction of visitors and the policy is due to be updated next year. There was a discussion in relation to ward and bay closures and the best way forward and it was noted that the NHSGGC policy and approach was to avoid bay closures.

9) **Standing Items**

a) **Bi Monthly HAIRT Report June 2012**

Mr Walsh referred to the circulated paper and highlighted salient points from the report

b) **Scottish Patient Safety Programme**

Item 4 on the circulated paper was highlighted in relation to PVC compliance. Plans are in place for data submission to commence in the 2 remaining areas and there is work to be done to improve the accuracy of current audits.

c) **HEIS**

Mr Walsh advised that there had been an update in relation to extending inspection process to Community hospitals and that only Lightburn, Mearns Kirk and Dumbarton hospitals had been added to the list for NHS GGC.

d) **National MRSA Screening Programme**

Already covered.

e) **Infection Control Implementation Plan**

Ms McNamee provided an update and advised that there will be an audit of compliance with the PVC care plan across all Directorates in NHS GGC.

An Infection Control Safe Patient Environment audit will also be undertaken as a minimum every 12 months in all wards, or more frequently as indicated by risk assessment.

Mr Stuart raised the question that since we can now establish the trend, perhaps this should be reported to AICC and Ms McNamee agreed to organise this.

SM

f) **Sector Reports / Exceptions / Updates**

Ms McNamee referred to the circulated paper and highlighted that in Clyde 3 HAI CDI cases were identified in August 2012 which breaches the SPC UCL of 2.6. The clinical team advised that the cause was unclear.

She also highlighted that in the North West there was a cluster of SSI following Orthopaedic Surgery. This was investigated and although no source was identified, a number of actions were agreed and the situation will continue to be monitored.

g) **Minutes of Board Control of Infection Committee**

Mr Walsh referred to the report and highlighted that the HAI Policy Unit had accepted to only report deaths if the infection was mentioned on the death certificate.

h) **CJD**

Dr Anderson advised that when she was chairing the National meeting at Blackford, changes had been proposed to remove the multi transfusion question however no conclusion has been reached. She advised that the England Endoscopy/Decontamination Panel are considering jurisdiction here to lessen restrictions on CJD and that the Infection Control Incidents Panel will be abolished.

There will be a sub group meeting in relation to the implementation of NICE guidelines at RHSC led by Jamie Redfern.

Dr Anderson advised that a sum has been allocated for the purchase of instruments and this will start in December 2012.

There was a discussion about the way forward in relation to decontamination of instruments.

i) **SCOTMARAP / Antibiotic Antimicrobial**

Ms Gourlay referred to the circulated paper and provided an update on current figures. She advised that Medical and Rehabilitation and Assessment Directorates are doing well and Surgical Directorate is improving however A&E has seen an increase which is being addressed. Ms Gourlay also stated that Mr Finlay will be meeting with Colorectal Surgeons and Urologists at GRI.

IF

j) **Theatre Maintenance/Validation**

Ms Kane advised that this is ongoing and that the group had agreed to widen the remit to cover the whole HAI agenda. She highlighted that the bid for capital for all issues should go to Mr McIntyre and that in terms of capital, IRH required a significant amount in relation to ventilation and replacement of air handling units.

MAK

There has been a lot of activity and Ms Kane will arrange for the minute to be provided for the next group meeting

10) **Draft AICC Meeting Schedule 2013**

An approved copy of the draft was distributed.

11) **AOCB**

Dr Anderson highlighted the recent case of Congo Fever and praised staff handling of the case.

12) **Date of Next Meeting**

Monday 7 January 2013 at 10.00am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 7 January 2013**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr D Stewart (Chair)	Lead Director for Acute Medical Services
Mr T Walsh	Infection Control Manager
Mr R Farrelly	Nurse Director
Ms A Harkness	Director of Rehabilitation & Assessment
Ms S McNamee	ADN Infection Control
Ms M A Kane	GM Facilities
Ms E Love	Head of Nursing
Mr J Stuart	Head of Nursing
Dr B White	Infectious Diseases SpR
Joyce Brown	On behalf of David Raeside - Associate Medical Director ECMS

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Ms L Meikle	Head of Nursing Surgery and Anaesthetics
Ms Y Gourlay	Lead Pharmacist, AMT
Fiona Andrews	Clinical Operations Manager
Ms L Riach	Clinical Risk Manager

Item**Action**

- 1) **Welcome and Apologies**
Ms L Meikle, Ms L Riach, Ms Y Gourlay, and Ms F Andrews.
- 2) **Minute of Previous Meeting**
The minute of the meeting of the group held on 3 September 2012 was submitted and agreed as correct.
- 3) **Matters Arising**
 - a) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**
Mr Walsh advised that there will be a meeting tomorrow to finalise guidance for Pseudomonas and the final version of the water policy will then go for approval by the Board Infection Control Committee. Comments are still welcomed up until the end of January (BICC – 28th).
There was a discussion concerning the roles and responsibilities of staff in relation to tap flushing. Mr. Farrelly requested that if this is the role of the SCN it must be discussed with the HON/Lead Nurses on the Water Safety Group.
Mr Walsh agreed to provide minutes of the meeting relating to Water Sources at next AICC meeting.
 - b) **Datix Report**
There was a short discussion in Ms Riach's absence and it was agreed that the key messages should be discussed at the next meeting.

TW

JB

- 4) **Monthly Enhanced Surveillance of SAB Reports – August 2012 and September 2012**
 Ms McNamee referred to the circulated papers and advised that November 2012 was the lowest reporting month to date with only 24 cases identified. The latest figure for December 2012 is 27 which, with a trajectory of 26 puts SABs slightly over in terms of the HEAT target.
 Dr Stewart emphasised the need to monitor PVC and there was a discussion on the best way forward.
- 5) **Bi Monthly National Hand Hygiene Report: November 2012 - Update**
 Ms McNamee referred to the circulated paper and advised that the National report showed 93% compliance for this period. She advised that funding for the Hand Hygiene Coordinator will be stopped in September 2013 and that there is currently work being done on initiatives to replace this.
 Dr Stewart highlighted the recent HEI inspection at GRI and emphasised the need for staff to be aware of current procedures.
- 6) **Quarterly reports on the Surveillance of CDiff/SAB**
 Ms McNamee advised that SABs and CDiff figures are on target and continue to go down. A letter from the Chief Nursing Officer was circulated thanking staff for their efforts in prevention and control of CDiff infections. It also highlighted the need to remain vigilant.
- 7) **Policies for approval:**
PVL SA
 Prof Williams advised that no issues were raised and that this is now clear for approval at the next BICC.
- Water Systems Management**
 Policy will be forwarded for approval at the next BICC. Comments welcomed up to this point.
- Food Hygiene**
 There was a discussion in relation to current practices / responsibilities and whether any points need further clarification. Ms McNamee agreed to update this in light of the comments before this goes for final approval to BICC. Ms. Kane commented that the catering managers had reviewed this policy and sent in comments.
- 8) **Aseptic Technique road show programme**
 Mr Walsh advised that this may not be well attended as there was no consultation regarding the proposed dates for the road show and there was a discussion around this issue. Mr Farrelly stated the importance of going through a senior contact prior to arranging such an event and all present agreed. This issue had been escalated to the Board Nurse Director and Board Medical Director.
- 9) **HPS Briefing Note**
 Mr Walsh advised that this paper only requires to be noted.
- 10) **Education Strategy**
 Ms McNamee referred to the circulated paper and provided an update on the migration from training tracker to Learnpro which included moving modules and updating strategy. She advised that the aim is to complete the process within the next six months.
 There was a discussion in relation to the best way of monitoring this going forward. Dr Stewart advised that he will raise the issue for mandatory training of medical staff at the next AMD Meeting.

SM

DS

11) **Standing Items**a) **Bi Monthly HAIRT Report June 2012**

Mr Walsh referred to the circulated paper and highlighted that in the most recent report on the National Cleaning Specification, all areas within NMSGG&C scored green. He also advised that SSI Rates for all procedure categories are below the national average for the last available quarter April – June 2012.

b) **Scottish Patient Safety Programme**

This will be discussed at the next meeting.

c) **HEIS**

Mr Farrelly referred to the tabled report on the HEI Unannounced Inspection Report at GRI on 9 January 2013 which resulted in 4 requirements and 1 recommendation. There was a discussion relating to the issues raised including PVC Care Bundles and the best way to ensure progress. There were several suggestions. Prof Williams agreed to forward the recent audit to Mr Farrelly.

The IRH Inspection on 17 December 2012 was also highlighted by Mr Farrelly. He provided an update on issues being addressed including ventilation and maintenance/storage of wheelchairs.

CW

d) **National MRSA Screening Programme**

Prof Williams advised the group that the KPIs in relation to this programme had been modified after comments from health boards throughout Scotland were sent to HPS and that they are now more achievable in terms of reporting compliance data.

Mr Walsh highlighted that although there has been funding for the last 3 years, it was turned down for 2013/14. He did however advise that the SGHD consider that MRSA screening should be paying for itself by the time current funding ceases.

e) **Infection Control Implementation Plan**

Ms McNamee highlighted the salient points of the circulated paper and advised that the test report from the output of the Infection Control Environmental Audits should be sent to Ms Harkness within the next 2 weeks.

f) **Sector Reports / Exceptions / Updates**

Ms McNamee referred to the report and advised that the C-section infection rate at RAH for November 2012 was 2%. The local IC team had worked with the clinical team and concluded that there were no common linking factors between the patients involved. Ms McNamee also highlighted the 9 bed Norovirus Ward set up at VIC and advised that this was working well with no significant incidents reported.

g) **Minutes of Board Control of Infection Committee**

Mr Walsh referred to the minute and advised that nothing required to be highlighted.

h) **CJD**

Dr Stewart advised that we are waiting for National clarification.

Mr Stuart advised that meetings are currently underway.

i) **SCOTMARAP / Antibiotic Antimicrobial**

Dr Stewart agreed to contact Mr Finlay who is working on the surgery issue in relation to providing feedback on the current position.

j) **Theatre Maintenance/Validation**

Prof Williams advised that theatres are operating within specifications. He also

advised that Alan Gallagher is pulling together information and monitoring the system.

There was a discussion on progress within different areas. Dr Stewart asked Prof Williams to contact the relevant Directorate and report to AICC.

CW

11)

AOCB

Prof Williams advised that a CNO letter had been issued requiring boards to adopt with immediate effect Chapter 1 of the National IPC Policy Manual. The first chapter is Standard Infection Control Precautions. This letter required boards to replace all of the policies relating to SIPS with this policy. Prof Williams raised concerns that some of the local modifications to policies, e.g. hand hygiene would no longer be possible now. Dr Stewart asked if this would apply to the recent modification made to the local policy in light of the HEI visit to the VOL and the recommendations regarding HH practice and Prof Williams confirmed that this would be the case. Removing policies may have significant clinical governance implications and Prof Williams asked for the committee to consider this.

Prof Williams also wanted to make members aware that although we might be able to 'work around' this chapter, the next chapter – Transmission Based Precautions will have much more impact on clinical practice and that we must not lose sight of this if the first chapter is signed off.

Mr Farrelly commented that it was good to understand the challenges.

Dr Stewart advised that he will have a discussion with Dr Armstrong on the best way forward.

DS

12)

Date of Next Meeting

Monday 4 March 2013 at 10.00am, Conference Room, SGH

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 4 March 2013**, at 10.00 am, in the Seminar Room, Clock Tower Building, Southern General Hospital, Glasgow.

Present

Dr D Stewart (Chair)	Lead Director for Acute Medical Services
Fiona Andrews	Clinical Operations Manager
Dr E Anderson	CPHM Health Protection
Ms E Burt	Head of Nursing (RAD)
Ms Y Gourlay	Lead Pharmacist, AMT
Ms K McGuigan	Lead Nurse Imaging Diagnostics
Ms S McNamee	ADN Infection Control
Ms M MacDonald	Interim HoN, S&A
Prof C Williams	Lead Infection Control Doctor
Mr J Stuart	Head of Nursing
Mr S Young	Facilities Project Manager
Joyce Brown	On behalf of David Raeside - Associate Medical Director ECMS

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Mr R Farrelly	Nurse Director
Ms A Harkness	Director of Rehabilitation & Assessment
Mr T Walsh	Infection Control Manager
Ms M A Kane	GM Facilities
Ms E Love	Head of Nursing
Ms L Riach	Clinical Risk Manager

Item**Action**

- | | |
|---|--|
| 1) <u>Welcome and Apologies</u>
Mr T Walsh, Ms E Love, Ms L Riach, Ms A Harkness, Mr R Farrelly, Ms M A Kane. | |
| 2) <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 7 January 2012 was submitted and agreed as correct. | |
| 3) <u>Matters Arising</u> | |
| a) <u>CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units</u>
Mr Young advised that there is a meeting being held tomorrow 5 March 2013 and Mr Stuart confirmed that nursing representatives had been asked to stand down for the meeting as the policy is not yet operational. | |
| b) <u>Datix Report</u>
This will be discussed at the next meeting. | |
| 4) <u>Monthly Enhanced Surveillance of SAB Reports – December 2012 and January 2013</u>
Ms McNamee highlighted that there were 43 cases in December 2012 and 39 in January 2013. The content of the reports and current issues were discussed and Dr Stewart highlighted the difficult winter and stated that more local feedback would be valuable going forward as in January 2013, 44% of SABs were Community onset. | |

Ms Brown advised that there is currently work being done to put care plans in place to resolve this. Some discussion took place around including the output from local SAB reviews within the monthly IC reports.

5) **Bi Monthly National Hand Hygiene Report: January 2013 - Update**

Ms McNamee referred to the circulated paper and advised that the National report showed 94% compliance for this period which is an improvement in the bimonthly results however not yet back to 96% from the last National Audit.

Dr Stewart advised that the plan to produce a video has been agreed.

6) **Quarterly reports on the Surveillance of CDiff/SAB**

There was a discussion about the current position in relation to targets and the best way forward. Ms McNamee highlighted that this process requires a significant amount of work however many members of staff are involved and Dr Stewart recognised the efforts being made in prevention and control of CDiff.

7) **Infectious Diseases Symposium – May 2013**

Members were advised of the upcoming symposium on 29 May 2013 at the Queen Mother Conference Centre in Edinburgh

8) **Standing Items**

a) **Bi Monthly HAIRT Report February 2013**

The salient points of the circulated paper were highlighted by Ms McNamee.

b) **Scottish Patient Safety Programme**

It was agreed that this will be discussed at the next meeting.

c) **HEIS**

Ms McNamee provided an update on the circulated papers and advised that all action points are being progressed including a risk assessment for Ward 11 at Glasgow Royal Infirmary and PVCs at Inverclyde Royal Hospital. She also confirmed that she met with Alistair McGowan from HEIS in relation to providing more input.

d) **National MRSA Screening Programme**

Prof Williams advised that there will be a full report at the next meeting. He also highlighted that the audit is almost complete and there does not appear to be any serious issues.

e) **Infection Control Implementation Plan**

Ms McNamee referred to the circulated paper and highlighted the salient points. She also discussed aspects of the plan for inclusion in the implementation plan for 2013/14.

f) **Sector Reports / Exceptions / Updates**

Ms McNamee referred to the circulated report and highlighted several points including the closure of Ward 1 at RAH on 24 January 2013. After various measures were implemented and audits carried out it was reopened on 29 January 2013. She also mentioned 10 C-section SSI's at RAH in June 2012 however advised that there were no common linking factors between the patients.

Prof Williams advised that he met with Alan Stewart. Ongoing issues are being dealt with by their team and micro biology. Cowlares will agree standard operating procedures and it was agreed that Prof William would agree the procedures and bring to next AICC meeting

CW

- | | | |
|-----|---|---------------------|
| g) | <p>Minutes of Board Control of Infection Committee</p> <p>Dr Stewart referred to the minute which had been circulated to the group for information. No issues were raised.</p> | |
| h) | <p>CJD</p> <p>Dr Anderson provided a verbal report on the current position and advised that she met with Neurosciences, Ophthalmology and Infection Control in relation to taking guidance forward. Dr Anderson highlighted some of the options available regarding ordering instruments and advised there will be a meeting to confirm the way forward on 9 March 2013 when further questions may be raised for discussion.</p> | |
| i) | <p>SCOTMARAP / Antibiotic Antimicrobial</p> <p>Ms Gourlay referred to the circulated paper and there was a discussion in relation to meeting SAPG prescribing targets. It was agreed that Ms Gourlay will bring a pharmacy audit on GRI, RAH, VIC and WIG to the next meeting and provide regular reports to AICC meetings going forward.</p> | YG |
| j) | <p>Theatre Maintenance/Validation</p> <p>There will be a report available at the next meeting however there was a discussion about the current position and in particular expanding membership outwith Surgery and Anaesthetics. It was agreed that Prof Williams would arrange to have this amended.</p> | CW |
| 11) | <p><u>AOCB</u></p> <p>Ms McNamee advised that she has signed off Food Hygiene Policy/Guidelines.</p> <p>Ms Gourlay advised that she has a meeting with Mr Finlay to discuss compliance relating to the surgical prescribing of antibiotics which Mr Finlay agreed to promote. A handbook is due to be issued in August 2013.</p> <p>Prof Williams highlighted clinicians concerns in relation to isolation and advised that this involves a broader area than AICC. This will be discussed at Clinical Governance for a final view and Prof Williams will bring this to the next meeting.</p> <p>Dr Anderson provided an update on the Frances Report (Mid-Staffordshire Report) and stressed the importance of ensuring that a robust system is in place within the next few months now that the second report has been produced.</p> <p>Dr Anderson also advised that PEP Guidance has been agreed through the GP process and that an implementation date has been set for mid April 2013.</p> | <p>CW</p> <p>CW</p> |
| 12) | <p><u>Date of Next Meeting</u></p> <p>Monday 13 May 2013 at 10.00am, Conference Room, SGH</p> | |

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 13 May 2013**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Mr T Walsh (Chair)	Infection Control Manager
Ms K McGuigan	Lead Nurse Imaging Diagnostics
Ms E Love	Head of Nursing
Ms M MacDonald	Interim HoN, S&A
Prof C Williams	Lead Infection Control Doctor
Mr J Stuart	Head of Nursing
Mr K Murray	Facilities - Deputy Site Manager
Joyce Brown	On behalf of David Raeside - Associate Medical Director ECMS
Ms F McLinden	GM, Oral Health
Mr S Morton	LHBC, NW Infection Control
Ms P Joannidis	Lead Nurse, Infection Control

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Mr R Farrelly	Nurse Director
Dr D Stewart	Lead Director for Acute Medical Services
Ms S McNamee	ADN Infection Control
Ms M A Kane	GM Facilities
Ms L Riach	Clinical Risk Manager

Item**Action**

- 1) **Presentation on Hand Hygiene**
Mr Walsh introduced Mr Morton who gave a comprehensive presentation to the members on hand hygiene which they found very informative.
- 2) **Bi Monthly National Hand Hygiene Report: March 2013 - Update**
A discussion followed the presentation on how the information provided by Mr Morton could be utilised to resolve outstanding issues on hand hygiene within Acute Services Division. Ms McNamee advised that there are different issues within the Directorates and that SCNs are monitoring progress. Directorate representatives agreed to consider inviting Mr Morton to repeat the presentation at a future meeting of their SMT or Governance Groups. Mr Walsh will also discuss the option of highlighting issues at ward rounds and raise awareness of ward audits with AMDs and CDs.
- 3) **Welcome and Apologies**
Mr R Farrelly, Ms S McNamee and Dr D Stewart.
- 4) **Minute of Previous Meeting**
The minute of the meeting of the group held on 4 March 2013 was submitted and agreed as correct with the exception of:
Line 1, page 2 on Monthly Enhanced Surveillance of SAB Reports which should now read – Ms Brown advised that there is currently work being done on compliance for care plans.

**All
TW**

5) **Matters Arising**a) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**

Ms Murray advised that there will be a final review by 2 July 2013 which will be sent to the Board for approval and implementation. There was a discussion relating to further amendments required and Mr Walsh suggested it would be helpful if Prof Williams and Mr Stuart were involved going forward. Mr Stuart will attend the next meeting of the Water Safety Group.

b) **Datix Report**

This will be discussed at the next meeting.

c) **Surgical Prescribing of Antibiotics**

There was no report available.

d) **Isolation facilities**

Prof Williams provided an update advising that the policy was ratified at the National group last week. There was a discussion on guidance and Prof Williams advised that there will be a paper going to Clinical Governance which will then come back to this group for discussion at the next meeting.

6) **Monthly Enhanced Surveillance of SAB Reports – February 2013 and March 2013**

Ms Joannidis highlighted that there were 32 cases in February 2013 and 29 in March 2013. She also advised that there were 102 cases over the last quarter which is slightly above the current target of 90.

7) **Quarterly reports on the Surveillance of CDiff/SAB**

Mr Walsh referred to the circulated paper from HPS up to December 2012 and highlighted the salient points including that the CDiff figure of 17.8 per 100k bed days was well below the HEAT target however, SABs for the quarter were 27.6 per 100k, narrowly missing the target of 26.

8) **Policies for Approval:****1. Measles****2. Mumps****3. Rubella****4. SOP Terminal Clean of isolation Rooms****5. SOP Terminal Clean of Ward****6. SOP Twice Daily Clean of Isolation Rooms**

Ms Joannidis advised that policies 1, 2 and 3 are currently with the Board for approval and that policies 4, 5 and 6 are out for comment.

9) **Annual Infection Control Programme 2013-14**

Mr Walsh advised that this programme will be going to the Board for approval next week.

10) **Revised 2015 CDI HEAT Target**

Mr Walsh highlighted that the revised 2015 HEAT Target now includes all cases in ages 15 and over, replacing the previous target of age 65 and over.

11) **CNO Letter re MRSA KPIs – April 2013**

Mr Walsh referred to the circulated paper and advised that a minimum of 90% compliance with application of the clinical risk assessment is required to ensure that CRA based-screening is as effective as universal screening. There was a discussion on the best way to improve performance even more going forward. Mr

Walsh agreed to provide a report to Heads of Nursing.		TW
12)	<u>Fit Testing for Swine Flu Masks</u> In the absence of Ms Harkness Mr Walsh advised that this will be discussed at the next meeting. It was agreed that Ms Joannidis and Prof Williams will arrange a separate meeting for further discussion and report back to the group.	PJ/ CW
13)	<u>PVCs</u> In Mr Farrelly's absence Ms Love stressed there will be zero tolerance on this issue and highlighted the importance of compliance with PVC. The group noted the draft "invasive devices monitoring tool" and Mr Walsh advised that a collated response had been pulled together by Sandra McNamee. There was a discussion on the best way forward.	
14)	<u>Standing Items</u>	
a)	Bi Monthly HAIRT Report February 2013 The salient points of the circulated paper were highlighted by Mr Walsh.	
b)	Scottish Patient Safety Programme Mr Walsh advised that he will discuss the current position with Dr Stewart.	TW
c)	HEIS Ms Love provided an update on the circulated papers. There was a discussion on issues raised and the best way to resolve any which are still outstanding. It was agreed that Ms Joannidis will look into the issue on Ward 21 and 22 where icons are currently not showing on PCs.	PJ
d)	National MRSA Screening Programme Already covered.	
e)	Infection Control Implementation Plan Mr Walsh advised that the paper will be sent out for comment.	TW
f)	Sector Reports / Exceptions / Updates Mr Walsh referred to the circulated report and highlighted that 3 HAI CDI cases were identified in Ward 1 at RAH in January 2013. A hand hygiene audit was carried out and antimicrobial review requested. The Ward was reopened following a full terminal clean.	
g)	Minutes of Board Control of Infection Committee There were no further matters to report beyond those discussed at this committee.	
h)	CJD In the absence of Dr Anderson Mr Walsh advised that there are ongoing discussions concerning quarantine and segregation in relation to NICE guidelines and RHSC.	
i)	SCOTMARAP / Antibiotic Antimicrobial The group noted the paper issued by the Amt and agreed to contact Ysobel Gourlay or Dr Andrew Seaton with any comments.	
j)	Theatre Maintenance/Validation Prof Williams advised that there is no report available at present however he highlighted that annual maintenance work is ongoing. There was a discussion on how to resolve any remaining issues relating to providing conflicting advice.	

15) **AOCB**
None

16) **Date of Next Meeting**
Monday 1 July 2013 at 10.00am, Room L2B 078, Level 2, Laboratory Medicine Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 1 July 2013**, at 10.00 am, in Room L2B 078, Level 2, Laboratory Medicine Building, Southern General Hospital, Glasgow.

Present

Dr D Stewart	Lead Director for Acute Medical Services
Ms S McNamee	ADN Infection Control
Ms C McFarlane	On Behalf of Joyce Brown – GM, ECMS
Ms E Love	Head of Nursing
Ms M Farrell	Interim Director of Rehabilitation and Assessment
Prof C Williams	Lead Infection Control Doctor
Mr J Stuart	Head of Nursing
Ms Y Gourlay	Lead Pharmacist, AMT
Mr R Farrelly	Nurse Director
Ms P Joannidis	Lead Nurse, Infection Control

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Ms K McGuigan	Lead Nurse Imaging Diagnostics
Mr T Walsh	Infection Control Manager
Ms J Brown	On behalf of David Raeside - Associate Medical Director ECMS
Ms M A Kane	GM Facilities
Ms L Riach	Clinical Risk Manager

Item**Action**

- | | | |
|----|---|--|
| 1) | <u>Welcome and Apologies</u>
Ms K McGuigan, Mr T Walsh, Ms J Brown, and Ms L Riach. | |
| 2) | <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 13 May 2013 was submitted and agreed as correct with the exception of:
Page 2 – 5 a) – Mr Stuart highlighted that so far nursing had not been involved with the implementation of the CEL 03 (2012) guidance and that the implications of any recommendation would have to be considered by the Acute Heads of Nursing Group. | |
| 3) | <u>Matters Arising</u> | |
| a) | <u>CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units</u>
Prof Williams provided an update and advised that a paper to standardise testing for Legionella is being produced. He also advised that there is a policy out on Pseudomonas which has still to be finalised. There was a discussion on the best way forward relating to flushing and the ongoing issue of whether this should be the responsibility of nursing or facilities. | |
| b) | <u>Datix Report</u>
Dr Stewart highlighted that an updated report should be obtained for circulation at the next meeting. | |

- | | | |
|-----|--|------------|
| c) | <p><u>Surgical Prescribing of Antibiotics</u></p> <p>Prof Williams provided an update on the colorectal surveillance pilot currently being carried out in the SGH. He commented that there was some interesting information with regards to antimicrobial prescribing however, at the moment it was too soon to draw any firm conclusions. The surveillance will continue and will possibly be extended to GRI.</p> | |
| d) | <p><u>Isolation facilities</u></p> <p>Prof Williams provided an update advising that the policy document will be released next year. He advised that work is ongoing on a practical solution to issues and stressed the need for flexibility. There was a discussion and Prof Williams advised that an interim guidance CMO letter will be issued in the next 2 weeks. Dr Stewart stated that further discussion should be postponed until this has been provided.</p> | |
| 4) | <p><u>Monthly Enhanced Surveillance of SAB Reports – April 2013 and May 2013</u></p> <p>Ms McNamee referred to the circulated papers and advised that in April 43% of SABs were HAIs although all presented in different wards. 17% were identified as True Community Infections. In May 2013 the figures increased to 47% and 20% respectively. There was a discussion on the best way forward in relation to issues around recording date and time and PVC bundles. It was agreed that Ms McNamee would produce an audit on recording date and time for A&E and Theatre Recovery.</p> | SM |
| 5) | <p><u>Bi Monthly National Hand Hygiene Report: March 2013 - Update</u></p> <p>Ms McNamee referred to the circulated paper and advised that the report for May 2013 showed 94% compliance. Dr Stewart requested an update on progress with the proposed video. Ms McNamee agreed to liaise with Mr Morton in relation to this and also on the production of a plan to be included in the AMD meeting agenda. Any contributions for this should be sent to Ms McNamee</p> | SM/
ALL |
| 6) | <p><u>Quarterly reports on the Surveillance of CDiff/SAB</u></p> <p>Prof Williams advised that CDiff is currently below the national average and that SABs are just above at 26.8 per 100k. It was highlighted that the target will be challenging over the next 2 years. Dr Stewart acknowledged the good performance for this quarter.</p> | |
| 7) | <p><u>Policies for Approval:</u>
<u>SICPs Policy</u></p> <p>Ms McNamee referred to the circulated paper on safe use and disposal of sharp instruments and it was agreed that this would be modified at the Board's Clinical Governance Committee Meeting.</p> | |
| 8) | <p><u>Sharp Instruments in Healthcare Regulations 2013</u></p> <p>Ms McNamee referred to the circulated paper and advised that guidance has been updated by Dr Anderson's group.</p> | |
| 9) | <p><u>HAI Quality Improvement Facilitator Update and Information</u></p> <p>Ms McNamee advised that funding has stopped for the Hand Hygiene Position and referred to the circulated paper relating to the HAI Quality Improvement Facilitator post. There was a short discussion relating to scope of this role in a Board the size of NHS GGC. With regards to the CAUTI element of this job description Ms McNamee agreed to send Mr. Farrelly the draft proposal for CAUTI SPSI work stream which is being proposed by the national group.</p> | SM |
| 10) | <p><u>Fit Testing for Swine Flu Masks</u></p> <p>Ms Joannidis advised that there are currently 19,000 masks and highlighted the increase in respiratory problems during winter months particularly within Care of the Elderly, Paediatrics and Mental Health services.</p> | |

- 11) **PVCs**
Mr Farrelly referred to the circulated paper and highlighted ongoing issues. Ms McNamee referred to the draft initiative on catheters and advised the she will highlight this at workstream.
 - 12) **HAI Annual Report May 2013**
The circulated report was noted.
 - 13) **PSMG May Update and PS Consultation Survey**
Mr Farrelly highlighted the absence of training information in the circulated paper. Ms McNamee advised that education on PVC bundles in mandatory and after some discussion it was agreed that she would discuss current procedures further with Mr Walsh.
 - 14) **Standing Items**
 - a) **Bi Monthly HAIRT Report February 2013**
The salient points of the circulated paper were highlighted by Ms McNamee.
 - b) **Scottish Patient Safety Programme**
The circulated paper was noted.
 - c) **HEIS**
Mr Farrelly advised that the draft report on the recent announced inspection on 15-16 May 2013 (Embargoed until 10 July 2013) is one of the best reports to date with no requirements. He acknowledged the hard work of the teams involved.
 - d) **National MRSA Screening Programme**
Prof Williams advised that the recent audit showed 80% and that this information has been fed back through Directorates. He also reported that compliance with this programme would be reported through the yearly HPS report and not bi-monthly in the HAIRT report as previously indicated by SGHD.
 - e) **Infection Control Implementation Plan**
Ms McNamee referred to the circulated paper and advised that the new initiatives/projects are progressing well. She highlighted salient points from the report and Mr Farrelly suggested that a report on progress should be provided to this group on a 6 monthly basis in order to monitor outstanding actions. It was agreed that Mr Walsh and Ms Kane will take this forward.
 - f) **Sector Reports / Exceptions / Updates**
Ms McNamee referred to the circulated report and advised that nothing required to be highlighted with the exception of 5 cases of MRSA in Ward 7 at RAH in May 2013 where standard procedures were followed and it now has a Green Risk Matrix Classification.
 - g) **Minutes of Board Control of Infection Committee**
Prof Williams highlighted Surgical Site Surveillance within NHSGGC (6.5). BICC noted that ad-hoc local Surgical Site Surveillance can and is undertaken within NHSGGC and that these data are being requested with increasing frequency. Prof Williams highlighted that there is currently no available NHS Board or National benchmark or comparator however, BICC agreed that the benefits outweighed the risks and that local SSI reports need to be set in appropriate context.
 - h) **CJD**

Mr Stuart advised that a team will be going to Newcastle however there is no update at present.

i) **SCOTMARAP / Antibiotic Antimicrobial**

Ms Gourlay referred to the circulated paper and advised that 4C Antibiotic use was down in the last quarter. There was a discussion on guidelines for stabbings and it was agreed that Ms Gourlay would amend the poster currently in use to include relevant information.

YG

Ms Gourlay advised that NHSGG&C is one of only 4 Health Boards meeting current target of 95% for Medical Receiving. She also advised that a report is being prepared for the next Surgery and Anaesthetics Clinical Governance Meeting to highlight issues in Surgical Receiving which is currently below the 95% target. Although performance for Surgical Prophylaxis is above the 95% target guidelines are not in place and it was agreed that Ms Gourlay will discuss this with Mr Finlay.

YG

The National target to record antibiotic duration is currently being debated and will be discussed at the next group meeting in September 2013.

j) **Theatre Maintenance/Validation**

Prof Williams provided an update and there was a discussion on the best way forward. He advised that new standards for treatment rooms are currently being progressed and that each Directorate will be asked to produce a report for their group.

15) **AOCB**
None

16) **Date of Next Meeting**

Monday 9 September 2013 at 10.00am, Room LO/A/010, Laboratory Medicine Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 9 September 2013**, at 10.00 am, in Room LO/A/010, Level 2, Laboratory Medicine Building, Southern General Hospital, Glasgow.

Present

Dr D Stewart	Lead Director for Acute Medical Services
Ms S McNamee	ADN Infection Control
Ms C McFarlane	On Behalf of Joyce Brown – GM, ECMS
Ms E Love	Head of Nursing
Ms E Burt	Head of Nursing, RAD
Dr E Anderson	CPHM
Ms Marion MacDonald	Head of Nursing, S&A
Mr J Stuart	Head of Nursing
Ms Y Gourlay	Lead Pharmacist, AMT
Mr R Farrelly	Nurse Director
Ms P Joannidis	Lead Nurse, Infection Control
Mr T Walsh	Infection Control Manager
Ms F McLinden	GM, Oral Health Directorate
Ms K McGuigan	Lead Nurse Imaging Diagnostics
Ms Rosie Cherry	Site Facilities Manager, GRI

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Ms J Brown	On behalf of David Raeside - Associate Medical Director ECMS
Prof C Williams	Lead Infection Control Doctor
Mr S Binning	Consultant, S&A
Ms L Riach	Clinical Risk Manager

Item**Action**

- | | | |
|----|--|--|
| 1) | <u>Welcome and Apologies</u>
Ms J Brown, Prof C Williams and Mr S Binning. | |
| 2) | <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 1 July 2013 was submitted and agreed as correct with the exception of:
Page 2 – 6) Ms Gourlay highlighted that this should be 26.8 per 100.000 bed days
8) (Addendum) Dr Anderson advised that this group has not met in some time and that action will be taken through Kenneth Fleming's group.
Page 4 – 14i) traumatic wounds should replace stabbings. | |
| 3) | <u>Matters Arising</u> | |
| a) | <u>CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units</u>
Water Safety Group continue to refine the NHSGGC Water Policy. As an interim measure a SOP on the control of pseudomonas was submitted to the HON for approval. This will be included as an appendix to the main water policy which will be re submitted for approval at the BICC meeting in January. The escalation of the | |

SOP was in response to the requirements in the HEI reports from the VIC and the WIG.

b) **Datix Report**

No report presented, nor representative present.

c) **Surgical Prescribing of Antibiotics**

It was agreed that colorectal issues will be discussed at the next meeting.

d) **Isolation facilities**

It has been suggested that in addition to theatre areas other areas that required mechanical ventilation, e.g. BMTU should be included in the remit of the ventilation sub- group. Prof. Williams will take this forward on behalf of the group.

e) **SICPs Update**

As per the actions in the Infection prevention and Control Implementation Plan, Ms McNamee provided an update and advised that a baseline audit was underway however onward monitoring of SIPS will be the responsibility of the SCNs. Quarterly reports will be issued to the HON until the baseline audit is complete

4) **Monthly Enhanced Surveillance of SAB Reports – June 2013 and July 2013**

Ms McNamee referred to the circulated papers and advised that there were 24 new SAB cases in June 2013 and 44 in July 2013. Unvalidated data for the quarter April – June 2013 indicates 99 cases which is higher than the target of 82 for this period. There was a discussion on the best way forward and it was agreed that Ms McNamee will discuss with Ms Burt the possibility of looking further into skin soft tissue infections/incidents in relation to the number of SABs.

In relation to PVCs, it was agreed that the SAB Steering Group will submit an Action Plan. This will include the initiatives planned for RAH but each Directorate will also be asked to submit their own plan. Ms MacDonald will review SAB cases in S & A in GRI. Ms Gourlay agreed to include PVC bundles in education sessions for junior doctor induction.

SM/
EB
SM
DirL/
SAB
MM
YG

5) **Bi Monthly National Hand Hygiene Report: July 2013 - Update**

Mr Walsh referred to the circulated paper highlighting that the region achieved 93% for the period to May 2013. He also referred to the letter (CEL 5(2009)) update, confirming that the last bi-monthly report (27th) will be produced in September 2013 and thereafter this will be covered by SPSP and reported in the HAIRT.

There was a discussion on the best way forward to ensure compliance and it was agreed that Ms McNamee would send a policy previously developed by Dr. Cowan to Dr Stewart for consideration.

SM

6) **Policies for Approval:**
Norvirus

Ms McNamee referred to the circulated paper and highlighted the main changes, i.e. the risk to elderly patients and the need to restrict visitors to the wards. She advised that comments have been passed on for inclusion and that this policy should be approved at the next meeting of the BICC.

C Diff

Updated CDI policy was circulated and comments incorporated. S. McNamee however highlighted that new national guidance was due to be circulated and that it was very possible that this policy would have to be revised quite quickly. She commented that after reviewing the HPS draft document proposed there would be a significant increase in the number of cases defined as severe as the criteria for severity had been significantly revised. Mr Farrelly commented that if this was the

case then we had to alert the committees that the change in numbers would be related to the change in criteria. S.McNamee agreed to inform Senior Staff when this was changed.

SM

7) **2013 – 06 Outbreak Report MRSA Ward 7 RAH**

Ms McNamee referred to the circulated report and confirmed that there were 6 patients involved in this outbreak. There was a discussion on the control measures put in place resulting in a green classification and the best way to ensure robust practices are followed going forward.

8) **Healthcare Infection Incident Assessment Tool**

Ms McNamee highlighted the salient points and advised that this paper has been circulated to NHS Scotland for final comment. This would need to be included in the next version of the NHSGGC Outbreak Policy.

9) **Outbreak Report GAS Ward 2 Lightburn June 13**

Ms McNamee advised that [REDACTED] and 1 member of staff were affected. There was [REDACTED]. Control measures were put in place and the outbreak stopped. There was a discussion and it was concluded that this matter has now been rectified

10) **Standing Items**

a) **Bi Monthly HAIRT Report August 2013**

Ms McNamee provided an update on the circulated paper.

b) **Scottish Patient Safety Programme**

It was agreed the paper will be circulated and discussed at the next meeting.

c) **HEIS**

Mr Farrelly referred to the circulated papers and highlighted the reports on 3 sites. The report on SGH was positive although there are PVC issues. He highlighted bed spacing in relation to RAH and requested that the paper on bed spacing over the last 2 months is circulated. There were 6 requirements and 1 recommendation on the report for VIC and Mr Farrelly stressed the need to resolve these issues. There was a discussion on the best way forward. It was agreed that Dr. Stewart will arrange a meeting to review the content of infection control directorate reports and performance indicators in relation to HAI. Mr. Walsh suggested reconvening the HEI Steering Group.

SH

DS

d) **National MRSA Screening Programme**

Ms McNamee referred to the circulated paper and advised that compliance for the quarter April – June 2013 had fallen from 80% to 76% with a target of 90%. It was noted that the resource previously allocated to support this initiative had been removed so reports to areas would be returned in order to implement any actions required to increase compliance.

SM

e) **Infection Control Implementation Plan**

Ms McNamee referred to the circulated paper and advised that Prof Williams is currently reviewing CDIs for discussion at the next meeting

f) **Sector Reports / Exceptions / Updates**

Outbreaks were discussed earlier in the meeting under items 7 and 9.

g) **Minutes of Board Control of Infection Committee**

Mr Walsh advised that nothing requires to be specifically highlighted.

- | | | |
|-----|---|----|
| h) | <p>CJD</p> <p>Dr Anderson provided an update on the current position and in relation to NICE guidance concerning equipment, advised that a meeting of NICE will be rearranged in the near future. There was a discussion and Dr Stewart requested that Dr Anderson provide a written update on outstanding actions.</p> | EA |
| i) | <p>SCOTMARAP / Antibiotic Antimicrobial</p> <p>Ms Gourlay referred to the circulated paper and highlighted the salient points. It was agreed that Ms Gourlay will provide further information on the appropriateness of 4C antibiotics at the next meeting on 4 November 2013.</p> | YG |
| j) | <p>Theatre Maintenance/Validation</p> <p>Prof Williams not in attendance to update the group but this group does continue to meet and reviews all the theatre validation data. The scope of this group will expand to include other types of mechanically ventilated rooms.</p> | |
| 11) | <p><u>AOCB</u></p> | |
| a) | <p>Proposed In Patient Bed Model Options August 2013</p> <p>Ms Love referred to the circulated paper and stressed the need to examine the differences between adult and paediatric patients' needs further when considering in patient bed model options and redesign. There was a discussion and Mr Farrelly suggested it may be beneficial to compare with other children's services within the UK. Dr Stewart asked that the Women and Children's Directorate prepare a paper detailing findings.</p> | EL |
| b) | <p>In Patient Redesign July 2013</p> <p>Redesign was discussed under item 11a).</p> | |
| 16) | <p><u>Date of Next Meeting</u></p> <p>Monday 4 November at 10.00am, Conference Room, Management Building, Southern General Hospital</p> | |

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 4 November 2013**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Prof Craig Williams	Lead Infection Control Doctor
Ms S McNamee	ADN Infection Control
Ms E Love	Head of Nursing
Ms E Burt	Head of Nursing, RAD
Dr C Chiang	CPHM
Ms Marion MacDonald	Head of Nursing, S&A
Mr J Stuart	Head of Nursing
Ms Y Gourlay	Lead Pharmacist, AMT
Ms J Brown	On behalf of David Raeside - Associate Medical Director ECMS
Ms P Joannidis	Lead Nurse, Infection Control
Mr S Binning	Consultant, S&A
Ann MacCrimmon	On behalf of Karen McGuigan, Lead Nurse Imaging Diagnostics

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Mr T Walsh	Infection Control Manager
Ms F McLinden	GM, Oral Health Directorate
Dr D Stewart	Lead Medical Director for Acute Services
Mr R Farrelly	Nurse Director
Ms L Riach	Clinical Risk Manager

Item**Action**

- | | |
|--|--|
| 1) <u>Welcome and Apologies</u>
Mr T Walsh, Ms F McLinden, Dr D Stewart, Mr R Farrelly and Ms L Riach | |
| 2) <u>Minute of Previous Meeting</u>
Dr Williams stated that he had been asked to chair the meeting on behalf of Dr David Stewart and reviewed the minutes. | |
| 3) <u>Matters Arising</u> | |
| a) <u>CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units</u>
Prof Williams provided an update on the current position stressing the importance of adhering to the sink flushing regime. He advised that there will be a formal risk assessment on pseudomonas available for discussion at the next meeting. | |
| b) <u>Datix Report</u>
No report presented, nor representative present. Prof Williams will discuss with Dr Stewart. | |
| c) <u>Surgical Prescribing of Antibiotics</u>
This will be discussed under standing items, SCTOMARAP / Antibiotic Antimicrobial. | |
| d) <u>Isolation facilities</u> | |

Prof Williams provided an update highlighting governance around surgical ventilation and how well Surgery and Anaesthetics theatres run. He advised that he is keen that as this related to other types of ventilated rooms e.g. bone marrow transplant room that this is hosted by the Directorate with this facility.

4) **Monthly Enhanced Surveillance of SAB Reports – August 2013 and September 2013**

Ms McNamee referred to the circulated paper and advised that there were 43 new cases in August 2013 and 42 new cases in September 2013, well above the current aim of 27 or less per month. There was a discussion on the best way forward highlighting PVC bundles, CVC and in particular improving compliance with the recording of date and time. Prof Williams indicated that a report will be provided to Dr Stewart prior to the next meeting in January 2013.

5) **Bi Monthly National Hand Hygiene Report: September 2013 - Update**

Ms McNamee referred to the circulated paper and advised that the Board achieved 95% in the final report. She confirmed that hand hygiene will be ward based going forward and that the data will be incorporated into the HAIRT report.

To assure the HH process going forward Stefan Morton the Board Hand Hygiene Co-ordinator has been asked to provide a assurance paper in relation to compliance with HH which will be submitted to Health Protection Scotland for approval.

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

Ms McNamee referred to the circulated paper from HPS up to June 2013 and highlighted the salient points including that the CDiff figure of 37.1 per 100k bed days was above the HEAT target however, SABs for the quarter were 27.4 per 100k, narrowly missing the target of 25.

7) **Policies for Approval: Outbreak**

Mr Stuart will discuss ward closures (5.5) with Ms Joannidis separately.

JS/PJ

Loose Stools

S.McNamee advised that the allocation of near patient equipment may have to be strengthened in future version of all the policies; the exact form of words had yet to be agreed.

Standard Operating Procedures

Ms McNamee invited any additional comments on the draft policy. She suggested that it may be beneficial to modify local against National SOP. She highlighted that there may also be a practical need to include laundry in the policy.

Ms McNamee advised that this policy will be discussed at the next BICC meeting.

8) **HEI Unannounced Inspection Report – Western Infirmary August 2013**

There was a short discussion on the unannounced inspection in Mr Farrelly's absence.

9) **SAB Checklist**

Ms McNamee referred to the circulated paper and highlighted the salient points. She advised that this will be discussed at the SAB Group and that the current position is satisfactory.

10) **Proposed in Patient Bed Model Options and Redesign**

Ms Love provided an update on the current position and advised that there are ongoing issues relating to merging several specialties efficiently however this will be

taken forward through a short life working group.
Ms Love advised she will circulate the paper which has been approved.

EL

11) **Standing Items**

a) **Bi Monthly HAIRT Report October 2013**

Ms McNamee highlighted the salient points on the circulated paper advising that SSI and Orthopaedic results were below and Caesarean Sections just above the National Average.

b) **Scottish Patient Safety Programme**

There were no points raised.

c) **HEIS**

Ms McNamee highlighted the inspection at Aberdeen Maternity Hospital and in particular issues highlighted with breast milk storage. Ms Love advised that this has been picked up to ensure there are no issues within Greater Glasgow and Clyde.

d) **National MRSA Screening Programme**

Prof Williams advised that numbers have been reported back to Directors and confirmed that this is a Scotland wide target. Matters relating to funding are ongoing.

e) **Infection Control Implementation Plan**

Ms McNamee referred to the circulated paper and highlighted the salient points.

f) **Sector Reports / Exceptions / Updates**

Ms Joannidis provided an update from the circulated paper. There was a discussion around the way forward in relation to shared equipment and it was agreed that this issue will be circulated to the Directors for their comments.

CW

g) **Minutes of Board Control of Infection Committee**

Prof Williams advised that nothing requires to be specifically highlighted.

h) **CJD**

Prof Williams referred to the circulated paper and advised that there do not appear to be any current issues which require to be highlighted either locally or nationally.

i) **SCOTMARAP / Antibiotic Antimicrobial**

Ms Gourlay provided an update from the circulated paper and highlighted 4C antibiotic use in Primary Care, confirming a decrease in prescriptions in all but clindamycin which showed an increase of 41% however, this drug is rarely used.

She referred to the high usage in A&E and advised that she will compile a guideline. There was a discussion on various aspects of the paper and in relation to surgery in particular it was agreed that Ms Gourlay will attend the next Clinical Governance meeting to discuss the best way forward.

YG

Ms Gourlay advised that the poster for traumatic wounds has now been amended to improve guidance for junior doctors.

Prof Williams advised that the charts currently being provided are useful and should be continued.

j) **Theatre Maintenance/Validation**

Prof Williams advised that there are no issues to be discussed at present. There will be spreadsheets provided for the next meeting in January 2014.

- 12) **Draft AICC Meeting Schedule 2014**
An approved copy of the draft was distributed.
- 13) **AOCB**
Ms Brown highlighted ongoing work in relation to FFP3 masks. Ms Joannidis advised that she will report progress back to the group.
- 14) **Date of Next Meeting**
Monday 6 January 2014 at 10.00am, Conference Room, Management Building, Southern General Hospital

PJ

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 6 January 2014**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Mr G Archibald	Lead Director for Acute Services Division
Dr D Stewart	Lead Director for Acute Medical Services
Prof Craig Williams	Lead Infection Control Doctor
Ms E Love	Head of Nursing
Ms E Burt	Head of Nursing, RAD
Ms S McNamee	ADN Infection Control
Ms Marion MacDonald	Head of Nursing, S&A
Dr C Chiang	CPHM
Ms Y Gourlay	Lead Pharmacist, AMT
Ms J Brown	Associate Medical Director ECMS
Ms P Joannidis	Lead Nurse, Infection Control
Mr T Walsh	Infection Control Manager
Ms K McGuigan	Lead Nurse Imaging Diagnostics

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Mr R Farrelly	Nurse Director
Mr J Stuart	Head of Nursing

<u>Item</u>	<u>Action</u>
1) <u>Welcome and Apologies</u> Mr R Farrelly and Mr J Stuart	
2) <u>Minute of Previous Meeting</u> The minute of the meeting of the group held on 4 November 2013 was submitted and agreed as correct.	
3) <u>Matters Arising</u>	
a) <u>CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units</u> Prof Williams provided an update on the current position highlighting that sink flushing will be carried out by facilities, reducing the responsibility for nurses. He also advised that a draft policy will be available for discussion at the next meeting of the group.	
b) <u>Datix Report</u> Mr Walsh advised that there has been a change of Risk Manager link person and Dr Stewart will discuss this with Andy Crawford.	DS
c) <u>Outbreak Policy</u> Ms Joannidis provided an update advising that the on call Duty Manager will discuss the ward closure with the on call Director.	

4) **Monthly Enhanced Surveillance of SAB Reports – August 2013 and September 2013**

Dr Stewart opened a discussion on how to reduce the current number of SAB cases going forward. Mr Archibald stressed the importance of ensuring the current position shows a marked improvement in the next quarter.

Ms McNamee advised that a paper was produced for approval by the committee proposing recording date and time be discontinued in favour of an overall care plan and that this is piloted with small numbers at RAH. There is currently a draft CVC policy which needs to be amended and finalised. Ms Joannidis advised that a small local group has put together a shortened review tool.

It was agreed that Mrs Brown will check with RAH wards for feedback on pilot scheme to examine the feasibility of implementing the proposals and that the new paperwork will be drafted meantime. The core CVC Plan should then go to Dr Stewart and Mr Farrelly for review. It will then be circulated to AMDs and HONs. AMDs will provide support in terms of educating the relevant staff. Ms McNamee highlighted the logistics of printing these documents and Dr Stewart agreed to contact AMDs after this meeting in relation to the proposals.

JB

SMcN

DS

5) **Publication of Scottish TB Action Plan**

Dr Chiang advised that Jennifer Armstrong will provide an indication of the actions for Public Health however she has had no feedback to date. She confirmed that this is the responsibility of Public Health.

6) **Infection Control Environmental Audit**

Ms McNamee advised that a change to the existing audit tool is being proposed which will include the addition of SICPS, PVC and CVC and the removal of some of the domestic and estates sections which are covered in the national monitoring frameworks. There was a discussion and it was agreed that this would be a positive development in terms of the clinical aspects of Infection Prevention and Control, and would support the plans around achieving the SABS HEAT Target. Mr Walsh will meet with Mrs Kane to advise on the way forward.

TW/
MAK

Mr Farrelly highlighted the need for nurses to be informed of any changes and proposed that audits are presented to this group every 6 months.

7) **Proposed in Patient Bed Model Options and Redesign**

Ms Love advised that issues are being progressed. This is moving forward and current concerns will be resolved

8) **Standing Items**

a) **Bi Monthly HAIRT Report October 2013**

Mr Walsh referred to the circulated paper and highlighted the salient points. He highlighted that the CDiff average for the last available quarter (April – June 2013) reported 33.5 cases per 100k OCBs which is slightly below the National average of 33.6 cases per 100k OCBs.

Mr Walsh also highlighted that since the National Campaign issued its last bimonthly report in September 2013 in relation to Hand Hygiene, the LHBC for NHSGGC has submitted a quality assurance plan to the Scottish Government and initial testing of this has commenced.

b) **Scottish Patient Safety Programme**

Dr Stewart will raise this with Andy Crawford.

c) **HEIS**

Mr Farrelly referred to the inspection at the Victoria Infirmary on 27 December 2013 and commented that there was positive feedback on the 16 week follow up action plan. He praised the hard work of staff involved and stressed the need to maintain high standards.

d) **National MRSA Screening Programme**

Mr Walsh provided an update and indicated that KPI reports will be produced by ward rather than at random as per current practice going forward.

e) **Infection Control Implementation Plan**

Ms McNamee referred to the circulated paper and highlighted the salient points.

f) **Sector Reports / Exceptions / Updates**

Ms McNamee advised that the updated paper for December 2013 is not currently available however she indicated that there are no issues to be raised.

g) **Minutes of Board Control of Infection Committee**

Mr Walsh highlighted the salient points and advised that there is a meeting with PWC on 9 January 2014 looking at a review of Infection Prevention and Control arrangements within NHSGGC. He will report back to the group at the next meeting.

Mr Walsh confirmed that the Loose Stools Policy has been approved.

h) **CJD**

Dr Chiang advised that Dr Anderson produced a report which was forwarded to BICC. She will obtain a copy for the group.

CC

i) **SCOTMARAP / Antibiotic Antimicrobial**

Ms Gourlay provided an update and advised that there will be new targets from April 2014. She advised that Dr Seaton will contact Dr Raeside to discuss the best way forward.

Ms MacDonald will attend the next Acute Clinical Governance Meeting.

j) **Theatre Maintenance/Validation**

Prof Williams advised that Allan Gallagher produced a spreadsheet covering all theatres and confirmed that there are no issues to report.

9) **AOCB**

None.

10) **Date of Next Meeting**

Monday 3 March 2014 at 10.00am, Conference Room, Management Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

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

Present

Mr R Farrelly	Nurse Director
Ms M A Kane	Interim Director of Facilities
Prof Craig Williams	Lead Infection Control Doctor
Ms E Love	Head of Nursing
Ms E Burt	Head of Nursing, RAD
Ms M Mooney	Deputising for Mr J Stuart , Head of Nursing, Regional Services
Ms Marion MacDonald	Head of Nursing, S&A
Dr C Chiang	CPHM
Ms J Brown	Associate Medical Director ECMS
Ms P Joannidis	Lead Nurse, Infection Control
Mr T Walsh	Infection Control Manager
Ms K McGuigan	Lead Nurse Imaging Diagnostics

In Attendance

Mrs S Howie	Corporate Administration
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Apologies

Ms S McNamee	ADN Infection Control
Ms Y Gourlay	Lead Pharmacist, AMT
Mr J Stuart	Head of Nursing

Item**Action**

- | | |
|--|-----------|
| 1) <u>Welcome and Apologies</u>
Mr J Stuart, Ms S McNamee and Ms Y Gourlay | |
| 2) <u>Minute of Previous Meeting</u>
The minute of the meeting of the group held on 6 January 2014 was submitted and agreed as correct. | |
| 3) <u>Matters Arising</u> | |
| a) <u>CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units</u>
Prof Williams provided an update on the current position. | |
| b) <u>Datix Report</u>
Mr Walsh agreed to contact Karen Cormack to discuss providing information retrospectively as well as regular updates going forward. | TW |
| c) <u>Publication of Scottish TB Action Plan</u>
Dr Chiang highlighted the issue of ensuring immigrants are screened when they enter the country and Mr Farrelly stressed the importance of being informed of any changes in practice. | |
| d) <u>Infection Control Environmental Audit</u>
This has already been covered under Item 3a). | |

4) **Monthly Enhanced Surveillance of SAB Reports – August 2013 and September 2013**

Ms Joannidis referred to the circulated paper and advised that there were 41 new cases in December 2013 and 35 new cases in January 2014. Although this is above the current aim of 24 or less per month there has been a reduction in the number of cases. There was a discussion on the best way forward highlighting CVC care plans in particular.

Prof Williams agreed to provide a timeline in relation to progressing and implementing care plans.

CW

5) **Quarterly reports on the Surveillance of CDiff/SAB**

Prof Williams advised that there has been an increase of 30% in CDiff over the previous quarter. There was also a statistically significant increase in the incidence rate Scotland wide.

6) **Draft Policies for Noting:**

Ms Joannidis advised that the following policies will go to BICC meeting on 31 March 2014 for approval and invited comments.

Water Safety Policy

There was a discussion on the best way forward including the option of separate audits and how they would feed back efficiently. The need for SCN's to escalate if they do not receive feedback was also raised. In relation to recording information accurately, Prof Williams stressed the need to regularly update details of those responsible for this task.

CJD Policy

There was a discussion regarding the amendment relating to the use of gloves.

Influenza Policy

Ms Joannidis agreed to identify the changes made in this policy.

PJ

Staff Screening Policy

Mr Walsh confirmed that this draft policy recommends a review every 3 years.

Toy Cleaning Policy

No comments made.

7) **Guidance on prevention and control of Clostridium Difficile Infection in care settings in Scotland**

There was a discussion on the best way forward and several suggestions were made. Mr Walsh will provide feedback to BICC.

8) **Healthcare Environment Inspectorate
Chief Inspector Annual Report 2012-13**

Mr Farrelly advised that there have been 35 inspections, 32 of which were unannounced. He highlighted that the Chief inspector flagged the cleanliness of patient equipment and although this is still a challenge, there has been an improvement in the last year. Mr Farrelly stressed the importance continuing this

trend.

9) **HEI Inspection Victoria Infirmary**

Mr Farrelly advised that there were no requirements or recommendations made and congratulated all teams involved. He stressed the need to maintain this standard and spread good practice to other units going forward.

10) **Ward 15 Vale of Leven Hospital Outbreak Report**

There was a discussion on the current draft of this report. It was agreed that Mr Walsh and Ms Joannidis will meet to reflect on comments made at the meeting and make any necessary amendments to the report.

TW/ PJ

11) **NHSGGC PVC CVC Final Report 28 Jan 14**

There was a discussion and Mr Walsh advised that the PWC report will be included at the Audit Committee meeting on 5 March 2014. He will report back to the group in more detail at the next meeting.

Mr Farrelly suggested consulting Directors in relation to using this group as a platform to share best practice going forward.

12) **SICPs update Feb 2014**

Ms Joannidis advised that the overall compliance for the quarter from 1 January 2013 to 31 January 2014 was 85% for NHSGGC and 86% for Acute Services.

Mr Farrelly advised that he is currently in dialogue with Practice Development and the LanQIP Co-ordinating Group to develop a SICPs module within LanQIP.

13) **Standing Items**

a) **Bi Monthly HAIRT Report October 2013**

In relation to Hand Hygiene, Mr Walsh advised that a quality assurance plan submitted to the Health Protection Scotland will be shared after approval.

He also advised that SSIs are currently within acceptable limits.

b) **Scottish Patient Safety Programme**

Karen Cormack will be asked to provide updates going forward.

c) **HEIS**

Mr Farrelly provided an update on the circulated reports and advised that GPs have agreed to look at a number of action points for other Boards to ensure NHSGGC provide a robust service going forward.

Ms Love highlighted that SCNs on the wards and staff in general are well informed.

d) **National MRSA Screening Programme**

Prof Williams referred to the circulated paper and highlighted the salient points.

e) **Infection Control Implementation Plan**

Ms Joannidis advised that a new implementation plan for 2014/15 will be available for approval and that Colorectal SSI surveillance has now been suspended.

Mr Walsh advised that an Infection Control Programme has been drafted for discussion at BICC Meeting.

f) **Sector Reports / Exceptions / Updates**

Ms Joannidis provided an update on the circulated report. Mr Walsh advised that wording to capture the issues is being dealt with.

g) **Minutes of Board Control of Infection Committee**

Mr Walsh advised that the AICC agenda covered the key points of BICC.

h) **CJD**

Dr Chiang provided an update on the current position.

i) **SCOTMARAP / Antibiotic Antimicrobial**

The circulated report was noted. Mr Farrelly suggested it would be helpful to include the number of patients being audited in report to provide some context and Mr Walsh agreed to inform Ms Gourlay.

TW

j) **Theatre Maintenance/Validation**

Prof Williams provided an update on validation to date and advised that all theatres have been captured. There was a discussion on the feasibility of widening the report to cover the whole environment and whether this should be compiled by each Directorate for inclusion on the agenda for this group going forward.

9) **AOCB**

None.

10) **Date of Next Meeting**

Monday 12 May 2014 at 10.00am, Conference Room, Management Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 12 May 2014**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr D Stewart (chair)

Ms Y Gourlay

Ms S McNamee

Prof Craig Williams

Ms S Dodd

Ms Marion MacDonald

Dr C Chiang

Ms J Brown

Ms P Joannidis

Mr T Walsh

Ms K McGuigan

Lead Director, Acute Medical Services

Lead Pharmacist, AMT

ADN Infection Control

Lead Infection Control Doctor

Acting Lead, ICN, North West

Head of Nursing, Surgery & Anaesthetics

CPHM

Associate Medical Director, ECMS

Lead Nurse, Infection Control

Infection Control Manager

Lead Nurse, Imaging, Diagnostics

In Attendance

Mr A McNeish

Mr T Sim

Corporate Administration Manager (acting)

Corporate Administration Officer

Apologies

Ms M A Kane

Mr J Stuart

Mr R Farrelly

Interim Director of Facilities

Head of Nursing

Nurse Director

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 3rd March 2014 were agreed as an accurate record subject to the following corrections.

Reference to the use of gloves under the CJD policy was removed.

Figures quoted as "CDiff" in item 5 should relate to "SABs".

Dr Stewart's apologies were noted to have been submitted also.

3) **Matters Arising**a) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**

Prof Williams informed the group that the Water Policy had been ratified by the Board. The Risk Assessment requested by HEIS remains in circulation as draft prior to final approval.

b) **Datix Report**

No report. Dr Stewart agreed to liaise with Mr Crawford to ensure adequate representation from Clinical Risk colleagues.

DSc) **Publication of Scottish TB Action Plan**

Ms McNamee advised definitions are being agreed at this stage, following which a draft will be brought to this committee. Talks are underway to investigate feasibility of hosting this on the same IT 'dashboard' as FM versions.

4) **Monthly Enhanced Surveillance of SAB Reports – Jan –March 2014**

Ms McNamee advised that there were 99 cases of SABs for the last reporting quarter. This is a reduction of 26% from the previous quarter, representing circa 28 cases per 100,000 occupied bed days. She also advised this brings the Board back on trajectory to meet the associated HEAT target. There was a discussion around ward sweeps which may benefit from being formalised. PVC/CVC Bundle compliance was emphasised as an area of practice where downwards pressure can be exerted on infection rates, and progress made with regard to comparisons of practice. CRTs are being returned with greater frequency following introduction of the simplified 1 page format. Ms Gourlay advised of an audit of casenotes of 69 of the 129 SABs cases across the Board in Q1. She will produce a report comparing outcomes of cohorts in receipt of IV antibiotics for 14 days/ less.

YG

5) **Quarterly reports on the Surveillance of CDiff/SAB October – December 2013**

Ms McNamee reported that GGC were above the national average for C Diff cases at that time. The outcome for Jan – March 14 is anticipated to show improvement. Local data indicates performance is now back in line with expectations.

6) **Draft Policies for Noting:**

Group A Strep Policy

Ms Joannidis advised that the policy had been through three committees and that comments had been taken. The draft was noted.

Shingles Policy

As above.

SOP CVC & PVC

It was agreed the Beatson Oncology Centre can retain original local procedures.

SOP TOE

This interim guidance document was noted, and will remain in force until HFS complete revision of current national guidance.

Swab Poster

The poster devised by Infection Control Nurses was noted. Mr Best advised this has been approved by the Heads of Nursing.

7) **CNO Letter to HAI Exec Leads- Enhanced SAB Surveillance- 24th April 2014**

Ms Joannidis reported that Health Boards have set up Short Life Working Groups for mandatory and enhanced surveillance with pro-formas to collect data. The pilot is now completed in 3 Boards. A significant point was highlighted, in that all SABs detected in Renal units will now be automatically defined as hospital acquired.

8) **PVC SOPs**

Ms McNamee informed the group that comments on the policy had come back, and that there would be an educational roll-out focusing on PVC. The Practice Development study in GRI is likely to be completed in May/June 2014, with at least 1 hour being spent in each ward/ theatre. There was some discussion on the cost of chlorhexidine wipes. It is expected that the PVC policy will be completed/amended and ready for finalisation in July 2014, with only SOPs remaining outstanding. Care plans will be made available on PECOS, and Ms McNamee will circulate these to HoNs as soon as they are formalised.

S
McN

9) **TOR Theatre Maintenance Management Group Feb 13**

Professor Williams advised that HAI had been discussed at the above group who felt it went beyond their terms of reference, and so agreed to collaborate with the HEI Group, who retain overall responsibility for these matters. Theatre audits have yet to commence. Dr Stewart suggested that a brief document required to be produced around who takes forward actions from the group. Mr Walsh and Ms Joannidis agreed to discuss with Mr Farrelly and update the next meeting.

TW
/PJ

10) **Theatre Users and Maintenance Management**

Professor Williams provided information on the minutes of this group and advised that there were no issues of concern. All theatres validated were within range.

11) **Ward 15 Vale of Leven Hospital Outbreak Report**

Ms Joannidis provided a verbal update and advised that a sentence will be added around the purchasing of new equipment.

12) **NHSGGC PVC CVC Final Report 28th Jan 2014**

Mr Walsh asked members to note the report, which has been to the Board Audit Committee.

13) **National Infection Prevention and Control Manual- Publication of Chapter 2- Transmission Based Precautions**

Ms Joannidis advised that the second chapter of the manual was now on the website. This is a mandatory manual and there are key impact areas for all NHS care settings. Discussion took place around the use of FFP3 masks and Professor Williams and Ms MacDonald commented on the need for fit tests and fit checks for these masks. It was agreed that it would be helpful if a formal risk assessment was carried out in relation to training and resource implications. Dr Stewart asked Mr Walsh that a formal paper come to the July group outlining the options required.

TW

14) **Standing Items**

a) **Bi Monthly HAIRT Report December 2013**

Ms McNamee reported that SSI rates were above the national average, influenced in part by ongoing issues with repair of NOF procedures at RAH. Differences between the RAH and GRI were being looked into. Ms MacDonald also commented that observational audit on the two sites picked had up on some differences, resulting in Action Plans being generated Professor Williams commented that re-categorisation of denominator data last year could have had an effect on the data.

b) **Scottish Patient Safety Programme**

Mr Walsh will update at next meeting in more detail following discussions around SSI and COTI, and will circulate a paper.

TW

c) **HEIS**

Mr Walsh informed the group that pilots were being carried out by HEIS of the Theatre Audit Tool. Increasingly the inspectors are requiring evidence of implementation of Action Plans which resulted from previous visits.

d) **National MRSA Screening Programme**

Prof Williams highlighted that NHSGGC was at 78% compliance (national target 90%) and that feedback had been given through the Directorates.

e) **Infection Control Implementation Plan**

This item was noted to be work in progress, including the section on Lanquips.

f) **Sector Reports / Exceptions / Updates**

This item was noted.

g) **Minutes of Board Control of Infection Committee**

Mr Walsh advised on the key points of the minute, including the approval of 4 policies and approval of the 2014/15 Infection Control Programme and associated Implementation Plan.

h) **CJD**

Dr Chiang provided an update on the current position.

i) **SCOTMARAP / Antibiotic Antimicrobial**

Ms Gourlay reported that reduced use of specified antibiotics continues in Primary Care and to a lesser degree in secondary care, where monitoring continues. SAP G Prescribing targets have been discontinued in Medical Receiving wards, but will continue at the Vale of Leven. There will be a new target for downstream medical wards. Ms Gourlay commented there remains scope for improvement in recording duration of antibiotic prescribing, particularly oral form. However it should be noted GGC overall is on target re policy compliance. There will be an update at the next meeting.

YG

j) **Theatre Maintenance/Validation**

Prof Williams advised that this item had been covered previously.

9) **AOCB**

Health Protection Scotland

Ms Joannidis advised that Health Protection Scotland have provided interim guidance that a severity assessment score of 2 or more requires a clinical review. Ms McNamee reported that work was ongoing on markers and scoring and that a paper would be brought to the group.

SMcN

10) **Date of Next Meeting**

Monday 7th July 2014 at 10.00am, Conference Room, Management Building, Southern General Hospital

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

DRAFT Minute of Meeting of the **Acute Control of Infection Committee** held on **Monday 7 July 2014**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Dr D Stewart (chair)

Ms Y Gourlay

Ms L Murray

Prof Craig Williams

Mr T Walsh

Ms S. Herdman

Ms E Love

Dr C Chiang

Mr J. Kennedy

Ms P Joannidis

Ms K McGuigan

Lead Director, Acute Medical Services

³Lead Pharmacist, AMT

Corporate Facilities Manager

Lead Infection Control Doctor

Infection Control Manager

Lead Nurse, Surgery and Anaesthetics

Head of Nursing, W&C

CPHM

General Manager, Rehabilitation & Assessment

Nurse Consultant Infection Prevention & Control

Lead Nurse, Imaging, Diagnostics

In Attendance

Mr T Sim

Corporate Administration Officer

Apologies

Ms M A Kane

Mr J Stuart

Mrs M MacDonald

Ms E. Burt

Ms K. Cormack

Ms S McNamee

Mrs J Brown

Interim Director of Facilities

Head of Nursing, Regional Services

Head of Nursing, Surgery & Anaesthetics

Head of Nursing, Rehabilitation & Assessment

Clinical Risk Manager

ADN Infection Control

Interim Nurse Director

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 12 May 2014 were agreed as an accurate record subject to the following corrections.

Page 1 Item 3 c) The title should read Infection Control and Environmental Audit

Item 6 Swab Poster- Reference was made to Mr Best. This should read Heads of Nursing have approved the swab poster.

3) **Matters Arising**a) **CEL 03 (2012) Water sources and potential Infection risk to patients in high risk units**

Prof Williams provided an update to the group and advised that there were no pertinent issues outstanding, and it was agreed that this item would be taken off the agenda.

b) **Datix Report**

As Ms Cormack had sent her apologies for the meeting the report will be given at the next meeting in September.

c) **Infection Control Environmental Audit**

Ms Joannidis advised that the IPCT had updated the Infection Prevention and Control Audit Tool (IPCAT). There were 5 sections including SICPs, environment, PVC, CVC and CAUTI. Discussions with IT were ongoing..

- d) **PVC SOPs**
The final version of the PVC SOP had been distributed to Heads of Nursing Ms Joannidis reported. The suite of PVC documents including SOP, care plan and PIL are now available on the website. Awareness sessions are being rolled out across NHS GGC by IPC nurses and Quality Improvement Facilitators in conjunction with Practice Development.
- e) **TOR Theatre Maintenance Management Group Feb 13**
Mr Walsh reported that any outstanding issues would be picked up with Ms Brown.
- f) **National Infection Prevention and Control Manual- Publication of Chapter 2. Transmission Based Precautions**
Ms Joannidis advised that the BICC had requested an impact assessment be undertaken by IPCT and key clinicians on the use of respiratory protective equipment within NHS GGC before adopting Chapter 2 of the National Infection Prevention and Control Manual. Paediatrics and Adults would be dealt with separately.
- 4) **Monthly Enhanced Surveillance of SAB Reports- April 2014 & May 2014**
Ms Joannidis reported on the April and May figures and also provided a verbal update on the June figures. The combined figures represent approximately 27 cases per 100,000 occupied bed days. Ms Joannidis further advised that over the past two months there had been an increase in cases. Professor Williams advised that SAB action plan was not yet complete and that the education sessions were not fully completed. IPCT would meet with Practice Development next week to finalise the content of the Vascular Access Policy. Dr Stewart commented that while we are back on track there are some concerns to ensure that we meet the associated HEAT target. Mr Walsh advised that the policy for Line Insertion would be completed shortly.
- 5) **Quarterly Reports on the Surveillance of C Diff/SAB**
Mr Walsh reported that in terms of both quarterly reports NHSGGC is within national targets, and that we are back on trajectory. There was some discussion around how other Boards were performing, and Mr Walsh advised that NHS GGC compared favourably against other Boards and the national average.
- 6) **Draft Policies for Noting**
- IPC SOP Cleaning of Near Patient Equipment**
The policy was noted.
- IPC SOP Twice Daily Clean of Isolation Rooms**
The policy was noted by members.
- IPC Whooping Cough (Pertussis) Policy**
The policy was noted.
- Respiratory Syncytial Virus (RSV) Parent Guidelines**
The policy was noted by members
- Ms Joannidis advised that there was still scope to comment on the policies prior to 28 July 2014. Comments should be forwarded to Pauline Hamilton..

7) **Standing Items**a) **Bi Monthly HAIRT Report June 2014**

Mr Walsh reported that the Surgical Site Infection (SSI) rates for all procedures for Jan- March 2014 were below the national average, with the exception of the repair of neck of femur procedures. While slightly above remains within the 95% confidence intervals.

b) **Scottish Patient Safety Programme**

Mr Walsh advised members that he would bring an update on CAUTI to the next meeting.

TW

c) **HEIS**

Ms Love drew member's attention to the six requirements in the report and advised members that an action plan had been developed and was now in place.

d) **National MRSA Screening Programme.**

Professor Williams provided a verbal update on this item.

e) **Infection Control Implementation Plan**

Mr Walsh advised members that there were no exceptions to report.

f) **Sector Reports/Exceptions/Updates**

The Infection Prevention and Control Sector Reports for April and May were noted.

g) **Minutes of Board Infection Control Committee**

Mr Walsh reported that there was now agreement around item 6.2 in the minutes- National Infection Prevention and Control (NIP&C) Manual – Publication of Chapter 2 Transmission Based Precautions (TBPs).

h) **CJD**

Dr Chaing provided a verbal report which was noted by members.

i) **SCOTMARAP/Antibiotic Antimicrobial**

The AMT report was presented by Ms Gourlay who advised that for Medical Receiving NHS GGC was one of only in four Boards to meet both targets for documented indication and compliance with policy. In terms of meeting the target for Surgical Receiving NHS GGC was only one of seven Boards which met the recoding documentation target, but not the target for compliance with policy. Ms Gourlay advised she would be attending the Surgical Clinical Governance meeting to re-iterate the need to achieve compliance and that she would update members at the next meeting.

YG

Ms Herdman also agreed to update on actions proposed on behalf of Surgical Receiving at the next meeting. The remainder of the report was noted.

SH

j) **Theatre Maintenance/Validation**

Following discussion, Ms Murray agreed to locate the spreadsheet which previously had come to this meeting, and to forward it for distribution.

LM

8) **AOCB****Management of Incidents**

Mr Walsh highlighted the management of an incident following the decontamination/washing of scopes. There was no disinfectant in the machine, but the machine did not alarm. A Draft paper will be circulated prior to the next meeting.

CW

Bone Marrow Transplant

Mr Walsh advised that there had been discussion around the planned move of the Bone Marrow Transplant to the new SGH and in particular the potential suitability of the rooms and the environment/ventilation. Professor Williams will bring a paper/update to the next meeting.

CW

10) **Date of Next Meeting**

Monday 8 September 2014 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 8 September 2014**, at 10.00 am, in the Conference Room, Management Building, Southern General Hospital, Glasgow.

Present

Ms Y Gourlay	Lead Pharmacist, AMT
Ms L Murray	Corporate Facilities Manager
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
Dr I Kennedy	Consultant, Public Health Medicine
Ms Alyson Goodwin	Acting Lead Nurse
Ms S McNamee	ADN Infection Control
Ms K McGuigan	Lead Nurse, Imaging, Diagnostics

In Attendance

Mr T Sim	Corporate Administration Officer
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Apologies

Ms P Joannidis	Nurse Consultant Infection Prevention & Control
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 E. Burt	Head of Nursing, Rehabilitation & Assessment
Ms M A Kane	Director, Facilities

Item**Action**

- | | | |
|----|---|--|
| 1) | <u>Welcome and Apologies</u>
Apologies for absence were recorded as noted above. In the absence of Dr Stewart Mr Walsh chaired the meeting. | |
| 2) | <u>Minute of Previous Meeting</u>
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-
In Surgical Receiving NHS GGC was only one of 7 NHS Scotland Boards which met the recording of indication documentation target, but GG&C did not meet the target for compliance with policy, only 3 boards in Scotland met this target. In Colorectal Surgery Prophylaxis GG&C meets target for single dose therapy. All other 10 Scottish boards, who have collected data, met this target. GG&C did not meet the target for using policy recommended antibiotics, achieving only 90% median compliance. 6 boards met this target. | |
| 3) | <u>Matters Arising</u> | |
| a) | <u>VHF</u>
Prof Williams advised that all documents relating to VHF had been circulated to the relevant committees and to Heads of Nursing. | |
| b) | <u>Datix Report</u>
Mrs Brown agreed to contact Mr Crawford regarding attendance from Clinical Governance at the AICC meetings. | |

- c) **Bone Marrow Transplant**
Prof Williams and Ms McNamee advised that they were meeting with the Design Team for the new South General Hospital to go over outstanding issues, and an update would be provided at the next meeting.
- d) **PVC SOPs**
It was agreed that this item would be removed from the next agenda.
- e) **TOR Theatre Maintenance Management Group Feb 13**
It was agreed that this item would be removed from the next agenda.
- f) **National Infection Prevention and Control Manual- Publication of Chapter 2. Transmission Based Precautions**
Prof Williams reported that there was a useful meeting with Paediatricians to discuss ongoing issues. Professor Williams advised that there were some conflicting variations in the text of the latest version which were at odds with local policies. Prof Williams confirmed that clinicians would be assessing risks re deviation from National Policy.
- 4) **Monthly Enhanced Surveillance of SAB Reports- June 2014 & July 2014**
Ms McNamee reported on the June and July figures and advised that there were 37 cases in June and 29 in July. Ms McNamee confirmed that the reports now contain returns and Clinical Review Tool (CRT) data. There was discussion around the areas which are struggling with compliance and the steps required to be taken to support to these areas.
- 5) **Quarterly Reports on the Surveillance of C Diff/SAB**
Ms McNamee provided a verbal report and advised that the SAB rate for Q3 had improved and was on trajectory. The C Diff rate for June and July had risen slightly. Prof Williams distributed a paper on NHS GG&C Hospital Deaths where the underlying cause or contributory factor was either A047 Enterocolitis due to C Diff or A498: Other bacterial infection of unspecified site. The paper was noted by members of the AICC.
- 6) **Draft Policies for Noting**

IPC Head Lice Policy
The policy was approved.

IPC Laundry Policy
The updated policy was approved by members.

IPC SOP Urinary Catheters
Following discussion the policy was noted. Mr Walsh agreed to update on the alignment with the CAUTI bundle.
- 7) **Standing Items**

a) **Bi Monthly HAIRT Report June 2014**
Ms McNamee reported that the Surgical Site Infection (SSI) rates for all procedures were back within normal parameters.
- b) **Scottish Patient Safety Programme**
As discussed under item 3(a) Mrs Brown agreed to contact Mr Crawford.

TW

JB

- c) **HEIS**
Mrs Brown advised that the Action Plan for the PRM circulated covered the six areas highlighted in the Inspection Report and that all were completed within the agreed timescales. The issue with the Laundry is being explored in terms of establishing if the washing machine manufacturing company can provide a digital read out of the temperature. In the meantime neonatal laundry is being processed out of the unit.
- d) **National MRSA Screening Programme.**
It was agreed to remove this item from the next agenda.
- e) **Infection Control Implementation Plan**
Ms McNamee updated members on progress and advised that the plan is being updated on an ongoing basis.
- f) **Sector Reports/Exceptions/Updates**
Prof Williams drew attention to the outbreak of Parainfluenza 3 in SCBU PRM, and advised that [REDACTED] affected are not giving cause for concern. The screening of the [REDACTED] will continue.
- g) **Minutes of Board Infection Control Committee**
Mr Walsh advised that item 4.4 Whooping Cough Policy agreement had been reached to extend the extant policy for a further few months.
- h) **CJD**
Dr Kennedy will be attending the AICC meetings in place of Dr Chaing. Dr Kennedy will provide an update for the next meeting in November. **IK**
- i) **AMT Report**
The AMT report was presented by Ms Gourlay who advised that within Primary Care the use of 4C antibiotics is lower than in the rest of Scotland. Within Secondary Care the use of Co-amoxiclav is increasing. Policy compliance with the SAPG target for colorectal surgery in June and July 2014 is at 95%. Surgical Receiving Wards are also meeting the target. Ms Gourlay touched on the SAB Audit and the issue of lack of availability of Kardex was noted. There was some discussion on 14 day IV therapy, and it was agreed that Ms Gourlay would contact SAPG with regard to the mixture of 7 days IV and 7 days oral antibiotic use. **YG**
- j) **Theatre Maintenance/Validation**
The Theatre validation spreadsheet was circulated and noted by members.
- 8) **AOCB**
Food Safety
Ms Murray reported that there had been a number of concerns raised around the temperature of food in ward fridges. Most sites were compliant but Ms Murray advised that Facilities would engage with staff in wards to ensure that food safety rules were adhered to. Ms Murray will update the group on results of any audits carried out. **LM**
- 10) **Date of Next Meeting**
Monday 3 November 2014 at 10.00am, Conference Room, Management Building,

NHS GREATER GLASGOW & CLYDE

Board Infection Control Committee

MINUTES

of meeting held in Board Room 2, Ground Floor, Dalian House, NHSGGC at
12.00 pm

Monday 12 January 2009

PRESENT

Chair - Dr Syed Ahmed	SA	Consultant in Public Health Medicine, NHSGGC
Tom Walsh	TW	Infection Control Manager, NHSGGC
Sandra McNamee	SMcN	Nurse Consultant Infection Control, NHSGGC
Dr Barbara West	BW	GP, Glasgow LMC
Dr Penelope Redding	PR	ICD, South, NHSGGC
Laura Langan	LL	Clinical Risk Manager, NHSGGC
Mary Anne Kane	MAK	General Manager, Facilities
Sarah Freeman	SF	Lead Infection Control Nurse, Glasgow Partnerships
Annette Rankin	AR	Head Nurse Infection Control – NHSGGC Acute
Dr Jean Henderson	JH	Consultant in Occupational Health
Dr Robin Reid	RR	AMD, Diagnostics
Lesley Meikle	LM	Head of Nursing, Surgery & Anaesthetics
Kenneth Fleming	KF	Head of H&S, HR, NHSGGC
Dr Andrew Seaton	AS	ID Consultant, NHSGGC
Suzanne Clark	SC	Lay Representative
Dr Rosie Hague	RH	Consultant Paediatrician, ID & Immunology, NHSGGC
Dr Craig Williams	CW	Co-ordinating ICD, NHSGGC
Dr Brian Cowan	BC	Director of Medical Services, NHSGGC
Dr Eleanor Anderson	AE	Consultant in Public Health Medicine, NHSGGC
Dr Mohammed Hassan-Ibrahim	MA	SpR, RVL, NHSGGC
Dr Linda Bagrade	LB	ICD, Clyde
Alex McIntyre	AMcI	Director of Facilities, SGH

In Attendance

Pauline Hamilton (Minutes) PHPU, NHSGGC

Apologies

Liz McGovern	David Pace	Dr Bill Carman
Dr Ian Gordon	Alan Stewart	

ITEM

ACTION

1. WELCOME & APOLOGIES

Dr Ahmed welcomed everyone and round the table introductions were made for the benefit of two new members:

- Dr Eleanor Anderson, CPHM, PHPU (replaces Dr Oliver Blatchford).
Lead on flu pandemic planning and other public health duties.
- Dr Mohammed Hassan-Ibrahim, SpR, Regional Virus Laboratory

Apologies were received from the above mentioned.

2. MINUTES OF THE PREVIOUS MEETING HELD ON 10 NOVEMBER 2008

These minutes were accepted with no amendment.

ITEM	ACTION
<p>3. MATTERS ARISING NOT ON THE AGENDA Dr Ahmed informed the group that in view of the change to the infection control structure within NHSGGC it seemed like an appropriate time to review the membership of the committee. The proposed membership was included in the revised structure paper and Dr Cowan would brief the group on this in Item 4.4.</p>	
<p>4. MATTERS ARISING FROM THE PREVIOUS MINUTE 4.1 Update on Pandemic Flu Plan Dr Eleanor Anderson would now replace Dr Oliver Blatchford as the Board's pan flu co-ordinator and would lead on the Pandemic Flu Planning for NHSGGC. Dr Anderson will be working with Dr David Walker in Partnerships and Sharon Adamson in Acute to review and update the plan for NHSGGC.</p>	
<p>4.2 Health Clearance for new HCWs Tom Walsh is currently chairing this sub-group. Policies are being developed and the plan is that these policies will go to Anne MacPherson (Head of HR) and to the Health & Safety Committee for approval and review prior to coming to the BICC for final approval. The next meeting of the Health & Safety Committee is due to take place in February 2009 and it is hoped these policies will be tabled at the March BICC for approval.</p>	
<p>4.3 Independent Review of <i>C. difficile</i> at VOL Hospital Updated Action Plan Tom Walsh informed the group that a copy of the Action Plan had been issued with the papers for this meeting and that the Independent Review Team had revisited the VOL on 23 December 2008 and that 7 presentations were given in relation to the 7 key points within the Action Plan. Overall the work done by NHSGGC seemed to be well received by the IRT. They commented positively on the refurbishment of the VOL wards. The report from this visit should be issued by the end of January 2009. The IRT will be returning to the VOL on 19 January 2009 to meet with Mr Tom Divers and Mr Robert Calderwood. Dr Ahmed informed the group that the OCT Report on the outbreak at the VOL had been forwarded to the procurator fiscal in October 2008 but at this point he had been instructed that report has not to be issued.</p>	
<p>4.4 Revised Infection Control Structure A paper detailing the changes to the structure was tabled by Dr Brian Cowan. Dr Cowan emphasised that the restructuring of the services was in no way a reflection of how the existing structure and service actually operated but simply a way of having more direct lines of communication/accountability to the directors who are responsible for infection control throughout the board area. The review has been conducted during the last several months in partnership with key stakeholders</p> <p>Dr Cowan also informed the group that from today Tom Walsh would be the interim infection control manager until the structure was finalised on or soon after 10 February 2009. Dr Cowan further informed the group that the committee structures will also be reviewed and that representatives from each directorate would now sit on the Acute Infection Control Committee; this will now be chaired by Dr Cowan and that this committee would report directly into the Strategic Management Group for the acute division.</p> <p>Dr Cowan invited anyone who was not included on the list to e-mail him directly for clarification.</p>	

ITEM	ACTION
<p>5. STANDING ITEMS</p> <p>5.1 Acute Division Infection Control Programme Report update The report was tabled for the information of the committee. Annette Rankin highlighted the following items:</p> <ol style="list-style-type: none"> 1. There have been several outbreaks of Norovirus since the last BICC. 2. 75 environmental audits have been undertaken since the last BICC and Annette Rankin was able to report that more wards seemed to be scoring within the gold band of results than had previously been reported. 3. Statistical Process Control Charts – there were no exception reports for <i>C. diff</i> for this period, none were out of control limits. There were 10 MRSA ward SPCs that were out of control but all had actions against them and were being progressed locally. 4. There was a ward that seemed to have had two linked cases of a particular strain of <i>Clostridium difficile</i> and this was being reviewed by the local ICT. Dr Andrew Seaton asked that if there was anything that AMT could assist with if the local team could contact either himself or Ysobel Gourlay they would ensure that one of the antimicrobial pharmacists contact the local ICT and offer assistance. 5. The Cleanliness Champion programme continued to progress. Annette Rankin highlighted an issue with staff who had registered but had not yet completed. Although NHSGGC had met their target for the number of Cleanliness Champions required, the continuation of the programme still requires significant infection control resource. 6. SAB data – Annette Rankin reported that she and one of her team had met with the medical directorate to review the SAB data and that action has been taken within the renal unit and A&E within the Western Infirmary to try and reduce the amount of SAB bacteraemias being identified in these two particular areas. 	
<p>5.2 Partnership ICP & Report Sarah Freeman tabled the Partnerships Prevention and Control of Infection progress report. The main issue that was raised by Sarah Freeman was with regard to the PCAT Action Plans for 2006. These PCAT Action Plans are in the process of being updated following a meeting with the lead podiatrist and the dental nurses. A number of non-compliances have now been addressed with regards to working practices and training. The PCAT Action Plans have been completed for general practitioners and optometrists and approved by the CHP clinical directors. The Action Plans have been forwarded to the PCAT project manager. Sarah Freeman also informed the group that a decontamination study day was held on 5 December 2008 at Cowlares CDU training area. The curriculum was based on NHS Education Scotland online decontamination training programme and was evaluated very positively. She also informed the group that these training events should be held quarterly and that the next cohort will be for dental staff specifically.</p>	
<p>5.3 Facilities Directorate Report Mary Anne Kane tabled this report. The first item raised was the Health & Safety Executive Improvement Notice that was served on the Hillington Laundry. As part of the wider scope of the audit of the Health & Safety Management related to the control of infection at the VOL Hospital the HSE visited the central laundry facility at Hillington. It was reported that whilst the HSE were satisfied with the practices surrounding the laundry process and exchange of items there were concerns raised about particular matters within the operational processes within the laundry.</p>	

ITEM	ACTION
<p>An action plan to address all the items listed in the improvement notice was being progressed and the date for completion of the plan has been set by the HSE as 31 March 2009. A copy of the action plan and the leads for each action has been included within the facilities report.</p> <p>The second item was the domestic services update. During December 2008 all units were reviewed by an independent management company in accordance with the national monitoring framework. This company previously undertook the national independent review of cleaning standards on behalf of Health Facilities Scotland for the HAI Taskforce. A full report from this review is expected by NHSGGC by the end of January 2009 and Mary Anne Kane would report on this at the next BICC on 9 March 2009. Dr Jean Henderson raised the issue of immunisation for contracted workers at the Hillington Laundry. It was her understanding that some of the contractors were not immunised against hepatitis B. There was some debate around NHSGGC responsibilities in relation to this. Alex McIntyre said that contractors should not be employed to work in the laundry unless they could assure NHSGGC that their workers had been immunised. Tom Walsh agreed to discuss this with Anne MacPherson, Head of HR and Alex McIntyre, and Mary Anne Kane also agreed to look into this issue further.</p> <p>The group, including Mary Anne Kane accepted that there was scope to provide more detail with regards to the decontamination agenda within NHSGGC to both the BICC and the AICC. This is a large and complex area but it was proposed that Tom Walsh, Mary Anne Kane and Alex McIntyre would meet to discuss the type of information available. It was also proposed that NHSGGC would consider reconvening the decontamination sub-group which previously existed within the old sectors of NHSGGC and that this could perhaps be a central point to discuss all issues related to decontamination</p>	
<p>5.4 Infection Control Managers update (a) Updated Annual Infection Control Programme</p>	
<p>Tom Walsh informed the group that there was a strong possibility that we would be officially advised that there would be a HEAT Target in relation to <i>Clostridium difficile</i> and that this would require NHSGGC to reduce the number of <i>Clostridium difficile</i> by 30% by 2011. NHSGGC were asked to return a trajectory to meet this target and Tom Walsh was working with Dr Craig Williams and other colleagues with regards to this. Tom Walsh also informed the group that other HEAT Targets may be issued regarding antimicrobial prescribing.</p> <p>Tom Walsh also tabled the proposed infection control programme for 2009/10. This is the first draft of this programme and all comments on the content would be welcomed. This would then go out for wide consultation within the organisation before being returned to the BICC hopefully for approval at the March meeting.</p>	
<p>5.5 Antimicrobial Management Team Report</p>	
<p>Dr Andrew Seaton updated the BICC and informed them that the AMT provided a presentation to the IRT at the VOL Hospital on 23 December 2008 as requested. He reported that there was a significant reduction in c. diffogenic antibiotics being used and that two antibiotic usage audits; one at</p>	

the VOL Hospital and one at the RAH had both been carried out.

ITEM	ACTION
<p>The results from the VOL Hospital was that they were fully compliant with the new antimicrobial policy and at the RAH there was 90% compliance rate. He also reported that five antimicrobial pharmacists were now in place and that there would be a rolling audit programme with feedback to directorates. Dr Andrew Seaton emphasised that it was necessary to continue the links with infection control and that it would be a useful indicator to compare the numbers of <i>C. diff</i> with data collected by the AMT on antibiotic usage.</p> <p>Dr Andrew Seaton further advised the group that he attends the Scottish Antimicrobial Prescribing Group and it was this group that were developing the HEAT Targets for antimicrobial prescribing. He thought that there would be targets in relation to prescribing in primary care. In the acute setting it could possibly be compliance with antimicrobial policies and the recording of a rationale for giving antibiotics. At the minute the AMT were working with the surgical teams to provide guidance around surgical prophylaxis.</p> <p>Dr Andrew Seaton also informed the group that the guidance document on prescribing in primary care was currently being circulated and that Susan Galbraith was collating all of the comments from primary care on the proposed document. There would also be a separate guidance document developed for paediatrics. Laura Langan asked that the Scottish Patient Safety Programme be linked into any surgical guidelines because this would have an impact on the peri-operative part of the programme. Dr Andrew Seaton agreed to do this.</p>	AS
<p>5.6 Reports from the Sub-Groups a) ICN Policy Group</p>	
<ul style="list-style-type: none"> i) <i>Clostridium difficile</i> Policy (revision) ii) Respiratory Syncytial Virus (RSV) Policy (revision) iii) Meningococcal Disease Policy (revision) iv) Decontamination Policy (revision) v) SOP Procedure for Approval of Policies (revision) 	
<p>All the policies tabled were accepted with one amendment. Dr Rosie Hague asked that the section on epidemiology be reviewed before the Meningococcal Disease Policy was accepted. Sandra McNamee agreed to undertake this. Thereafter this policy could be approved.</p>	SMcN
<p>b) Public Involvement Group Sandra McNamee updated the group and informed them that infection control now had representation on each of the elements of the NHSGGC PFPI structure and as a result of this development the infection control PFPI group no longer needs to be in place. Sandra McNamee had thanked the group for all their help and assistance in the past.</p>	
<p>c) QIS HAI Standards Tom Walsh advised that the QIS Standards sub-group were working toward a self assessment supported by colleagues in Clinical Effectiveness. Tom Walsh also advised that clarification was required on the role of the new HAI Inspectorate in relation to the assessment and monitoring of the QIS Standards.</p>	

ITEM	ACTION
<p>d) MRSA Policy Group Sandra McNamee reported that the draft MRSA Policy was now complete. This group would now become the MRSA Implementation Group and would continue to be chaired by Tom Walsh. The membership would be expanded to include representatives from each area of the organisation that might be affected by this policy. The basic principles of the policy would be brought to the March BICC, hopefully to be approved with the acknowledgement that there was significant resources attached to this policy and that an evaluation of this would be the remit of the implementation group.</p> <p>e) CJD Group Tom Walsh reported that the CJD Group continue to meet. The next meeting is due to be held on Monday 19 January 2009. A new CMO letter had been issued SGHD/CMO(2008)11. This document references annex j in the current ACDP guidance and this will have a significant impact on how this is managed in NHSGGC.</p>	
<p>5.7 Hand Hygiene Audit Report Sandra McNamee reported that Dr Brian Cowan and Rosslyn Crocket had issued a letter to all staff within NHSGGC via the Core Brief, highlighting the zero tolerance approach to non-compliance with all aspects of hand hygiene practice. Sandra McNamee informed the group that the most recent national hand hygiene report will be issued on 14 January 2009 but that she had seen the draft report and NHSGGC is now 92% compliant. The national average is 93%.</p>	
<p>5.8 Scottish Patient Safety Programme / Risk Management SPSP Laura Langan informed the group that NHSGGC had achieved the milestones from phase I of this project. Laura Langan also informed the group that representatives from clinical risk management in the role as leads for SPSP had met with members of the infection control teams in NHSGGC to try and link up some of the processes and spread information and practice throughout other areas within NHSGGC. Laura Langan also informed the group that all teams currently active had been trained and were using the HPS hand hygiene audit tool. She also informed the group that there was an SPSP conference this week and that members from the infection control team were due to attend this.</p> <p>NHSGGC had been asked to participate in an SPSP infection control conference which was due to be held at the end of March 2009. Tom Walsh welcomed the opportunity for SPSP leads and infection control teams to present jointly at this conference.</p> <p>Risk Management Laura Langan informed the group that infection control is now on the corporate risk register. There was a discussion about whether or not we need a separate risk register for the BICC. Tom Walsh and Laura Langan agreed to take this forward on behalf of the committee and discuss this with key members of the committee.</p>	

ITEM	ACTION
6. NEW BUSINESS None.	
7. DOCUMENTS RECEIVED SINCE THE LAST BICC MEETING 7.1 HAI Reporting Template Part 1 Tom Walsh advised the group that a first draft of the National HAI monitoring template had been issued to NHS Boards. The template is part of the National HAI action plan and requires that NHS Boards receive two-monthly reports on HAI which will also be published for the public. Tom Walsh also advised that whilst this initial version of the report was based on raw data, he had spoken to Carol Fraser at SGHD and confirmed that using SPCs to report was acceptable.	
8. UPDATES FROM OTHER COMMITTEES 8.1 BBVs / PEP Dr Ahmed reported that the main issue in the Hepatitis C Action Plan is testing and treating increase in number of people. Dr Anne Scoular, CPHM is currently looking at PEP Policy mainly with regards to training to come back to Directors to help implement guidance.	
8.2 Immunisation Liaison Group Dr Ahmed informed the group of ongoing audit of vaccine cold chain and that a pharmacy technician has been appointed. The HPV campaign to start catch up programme for 17 and 18 year old girls in early February 2009, through primary care and various community clinics. 10,000 letters will go out from Public Health in the next couple of weeks stating that 3 doses to be administered by end of June 2009. Dr Ahmed reported good uptake of vaccine to date at school.	
8.3 TB Monitoring Group Dr Redding informed the group that the labs have now moved to SGH and that Dr Bishan Thakker is leading a group looking at the best blood tests that should be adopted in Glasgow and Clyde for TB infection.	
8.4 Sexual Health and Infections Dr Ahmed referred to the dramatic increase in hepatitis B amongst women (all acquired abroad) over the past couple of years, as part of antenatal screening findings. A separate group to address this issue to be set up. Updated guideline being produced later this month.	
8.5 PH / EH / Med/Vet Liaison Group Dr Ahmed informed the group of roll out of joint health protection plans between local authorities and the Board as part of the new Public Health Act implementation.	

ITEM	ACTION
9. AOCB 9.1 Update on the IRT Visit on 23 December 2008 Professor Cairns Smith meeting with Sandra McNamee, Laura Kean and Dr Syed Ahmed after today's BICC.	
10. DATE OF NEXT MEETING The next meeting will be held on: <ul style="list-style-type: none"> • Monday 9 March 2009 • 12 noon • Board Room 2, Dalian House, Glasgow <p>Subsequent Meetings in 2009 (to be held bimonthly) Dalian House:</p> <ul style="list-style-type: none"> • Monday 11 May • Monday 13 July • Monday 14 September • Monday 9 November 	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL
COMMITTEE**

**Held on Monday 9th March 2009 at 12 noon in Board Room 2,
Dalian House**

Present:

Dr. Syed Ahmed (in the Chair)-	Consultant in Public Health Medicine
Ms. Laura Langan	- Clinical Risk Manager
Mr. Kenneth Fleming	- Head of Health & Safety
Dr. Barbara West	- Glasgow LMC
Dr Ray McAndrew	- Associate Medical Director, Oral Health
Ms. Suzanne Clark	- Lay Representative
Dr. Rosie Hague	- Consultant Paediatrician in Infectious Diseases & Immunology
Dr. Craig Williams	- Co-ordinating Infection Control Doctor
Ms. Mary Anne Kane	- General Manager – Facilities
Ms. Sarah Freeman	- Lead Infection Control Nurse – Glasgow, Partnerships
Mr. Tom Walsh	- Board Infection Control Manager
Ms. Sandra McNamee	- Assistant Director Nursing Infection Control
Dr Jean Henderson	- Consultant in Occupational Health
Ms. Liz McGovern	- Specialist – Pharmaceutical Public Health
Dr Eleanor Anderson	- Consultant in Public Health Medicine
Dr Andrew Seaton	- ID Consultant
Mr Donald Sime	- Employee Director
Dr Brian Cowan	- Medical Director, NHSGGC

Apologies:

Dr. P. Redding	Mr. A. McIntyre	Ms. A. Rankin	Mr. A Stewart
Mr. D. Pace	Mr M. Hassan- Abraham		

1. Apologies and welcome

Dr. Ahmed welcomed everyone to the meeting and noted apologies for the above mentioned.

2. Minutes of the meeting held on 12th of January 2009

These minutes were accepted with no amendment.

3. Matters arising not on the agenda

3.1. Membership of BICC

Tom Walsh informed the group that most of the appointments had now been made in relationship to the re-structuring of the service and now the committee structures and membership would be reviewed to compliment this. Mr. Walsh agreed to contact any individuals on the committee who would be directly affected by these changes. Dr. Hague raised the issue of sector committees. The Terms of Reference for the sector committees

were being developed in consultation with Ms Kane and Mr. McIntyre from the Facilities directorate.

It was anticipated that the sector committees would be focused on the physical environment and the results of the cleaning services monitoring. Dr Williams commented that the TOR for this group could not be completed until the team had met with all the Directors and their comments had been considered.

4. Matters arising form the previous minutes

4.1. Health Clearance for new Health Care Workers (HCW)

Dr. Ahmed informed the group that work was continuing on this issue via a small subgroup which was reviewing existing policies and developing new ones to address additional requirements. These policies once finalised would go to the Boards Health and Safety Committee for ratification before coming back to the BICC for information. Dr. Ahmed and Mr. Walsh were due to meet colleagues from HR to discuss these policies and their implications.

4.2. Immunisation of contracted laundry workers at the Hillington laundry

Ms Clarke asked if progress had been made on this issue. Dr. Henderson confirmed that a system to support immunisation was being put in place.

4.3. Update on the revised Infection Control Structure

Key appointments had been made with only the role of the coordinating ICD still outstanding. Infection Control Services would now ultimately report to Mr. Walsh and he would report directly to Dr. B. Cowan, Medical Director. Mr. Walsh also informed the group that meetings had been set up with the directors to introduce them to their designated lead from within the ICT.

4.4. Update on Pandemic Flu

Dr. Anderson updated the group on this item. Dr. Anderson was revising the Board Plan and was also working on the Acute Plan with Sharon Adamson and the Partnership plan with David Walker. The board was currently working on the plan with a focus on distribution on antiviral and the 'flu line'. S. McNamee agreed to nominate a Lead Nurse to take forward this plan from an infection control perspective.

5. Standing Items

5.1. Update on the progress with the Infection Prevention and Control Plan for 08/09. S.McNamee gave an update on some of the key initiatives.

5.1.1 Hand Hygiene – NHSGGC was achieving a compliance rate of over 90%, however, the zero tolerance message was being communicated to all staff.

5.1.2 NHSGGC was compliant with all aspects of mandatory surveillance.

5.1.3 C. difficile – Results from the last national report indicated that NHSGGC were below the national average with regards to C. difficile acquisition.

5.1.4 Education – Over 6000 members of staff had registered and completed modules on the NHSGGC on-line training site.

- 5.1.5 Norovirus was causing some disruption to the service. Dr. Seaton asked if there was also an increase in the number of cases of *C. difficile*. Dr. Williams stated that the ICT in the South were currently reviewing cases within the Victoria Infirmary.
- 5.1.6 PFPI – The NHS Board Report had gone out to the PFPI leads in the CHCPs for consultation.
- 5.2. Facilities Directorate Report – The full report was attached to the minutes. Ms Kane highlighted the following issues:-
 - 5.2.1 Action plan in response to the HSE improvement notice at the Hillington laundry was on track for completion at the end of March as required.
 - 5.2.2 The Board continues to perform well in relation to the National Cleaning Specification Monitoring framework. Third quarter report (2008) demonstrates that NHSGGC overall performance is 96.4% for the period compared to the national average of 95.5%. Ms Clarke asked about estates representation on Peer Review Visits. Ms. Kane said that this continues to be a challenge but Alistair McLean was reviewing performance management systems in NHSGGC to try and address this and other issues linked to the physical environment. The recent HAI SCRIBE review will also aid this exercise.
 - 5.2.3 The final version of the independent report into cleaning services is still outstanding but will be available for the next meeting.
 - 5.2.4 Waste – The new municipal waste contract has now been rolled out. In the new arrangement up to 40% of the municipal waste arising from our main sites will now be diverted from landfill to recycle. The proposed Waste Management Policy for NHSGGC was tabled for consultation. Comments should be returned to John Green, Waste Management Officer by 3/4/09.
 - 5.2.5 Decontamination – As per the paper plus issues identified by the risk management review of the CDU will be addressed. Mr. Walsh commented that he had met with Ms. Kane and Mr. McIntyre and the proposal was to convene a decontamination advisory group for NHSGGC. In this forum infection control could give advice on specific issues.
- 5.3 Infection Control Managers Update – Mr Walsh advised that all relevant updates were included in the Agenda and that all new document/developments would be discussed under Agenda Item 7.
- 5.4 Antimicrobial Management Team Report.

Dr. Seaton reported that monitoring of prescribing is ongoing within the acute division. The AMT are currently revising the acute guideline with the focus on medicines safety as well as the avoidance of antibiotics which may encourage *C. difficile* infection. The surgical prophylaxis guidelines are still to be finalised and the AMT are working with the Clinical Governance Committee and colleagues in surgical regarding the prescribing of gentamycin. The AMT also hope to look at the impact of guidance.

Primary Care Guideline – This guideline has been out for wide consultation and should be finalised shortly.

This guideline is based on the Health Protection Agency Guidance. At the moment NHSGGC are benchmarking antibiotic utilisation within Glasgow and Clyde and across sectors.

HEAT target is still to be issued by the SGHD.

Women's and Children's Directorate – Work is ongoing to develop an antibiotic guideline for this sector of NHSGGC.

5.5 Reports from the sub-groups

- a) ICN Policy Group – there were no new policies tabled for consultation. Ms Langan raised the issue of the draft uniform policy. Ms. McNamee commented that this policy had been drafted but was now been taken forward by a group lead by Catriona Renfrew. Mr. Fleming said that he had attended this group but was not aware of which group was now going to ratify this policy but it would be circulated for comment in due course.
- b) HAI Inspectorate/QIS standards. Mr. Walsh updated the group. A template for self assessment against these standards was circulated this morning. The more traditional QIS visits would now no longer go ahead, instead boards would be asked to report against a self assessment document and a 'data cupboard' would be developed and boards would be expected to place information in this portal as evidence against the standards. Visits to individual hospital sites would be arranged and these would be expected to commence in September 2009. Each site would be visited once every three years with additional visits if required. Site visits are at odds with the structure within NHSGGC but Mr. Walsh would update the group as more information became available.
- c) MRSA Policy Group. The final version of the policy was complete but could not be circulated for two reasons, 1. There was significant financial implications to this policy and 2. the final report from the pathfinder boards was not available as yet to structure the final version of the policy around. This group would now become an implementation group and Mr. Walsh had invited representative from the directorates to attend. Initial intelligence would suggest that the screening process would focus on the first instance on elective admissions.
- d) CJD Group – The changes to annex J in the ACDP Guidelines have meant that this issue has significantly altered in terms of its implications. Mr. Walsh/S. McNamee and Dr. Lewis met with Dr. Green and Ms. Walker from the institute of neurological sciences to discuss the implications. The questionnaire has been re-drafted and information from the HPA obtained for clinical staff and patients – this has been forwarded with the revised questionnaire. An evaluation document with regards to this has still to be drafted. Including the single question in all surgical patients' documentation has also still to be implemented.

Dr Anderson informed the group that HPA had alerted clinicians within the haemophiliac units of a [REDACTED]

[REDACTED] No immediate Public Health action was required at this stage. Clinicians within haemophiliac units were once again contacting all patients who have received blood products in the past and reinforcing previous guidance issued.

5.6 Scottish Patient Safety Programme

The acute division is currently supporting 31 pilot sites. NHSGGC has made good progress with this initiative and this has been positively evaluated both at a national and local level. The project has successfully reached level 2 and preparation was currently ongoing to plan to roll out the project to an additional 60 clinical teams throughout NHSGGC. Part of this spread would include paediatrics.

5.7 Risk Register/Risk Management

Risk Register/Risk Management – Mr Walsh and Ms Langan proposed that, within the revised Infection Control structure, BICC would hold the Infection Control Risk Register. The Committee agreed this as appropriate and Mr Walsh and Ms Langan would look at linking the risks to the overall objectives set out in the 2009/10 Annual Infection Control Programme. Mr Walsh and Ms Langan would develop a draft register based on a session in the forthcoming Organisation Development Day and bring this to the next meeting or BICC.

5.8 Update from AICC

Update from AICC – No exceptions to report – in future this section would be the minutes from the AICC for information.

5.9 Update from the PICC

The ICT in partnerships were conducting a survey to determine what level of IC service would be required by GP's and community pharmacists. When complete this work will be presented to the PICC. Mrs. Freeman also informed the group that the HAI Task Force were currently working on some guidance related to this area.

Dr McAndrew – commented that there were significant issues regarding decontamination for the oral health directorate/dental practitioners within the board area.

Mrs. Freeman also informed the group that the membership of the PICC would be reviewed in light of the re-structuring and that firmer links to the CHCP directors would be established. Mrs. Freeman also reported that she had met with representative from the facilities directorate to review risk assessment and action plans regarding the control of legionella within Partnerships and that these were all progressing well.

6 NHS Board Report

The report to the NHSGGC board was included with the papers. S. McNamee reported that she had sent it to the PFPI leads in the CHCPs and the patient's panel for comments on readability and would amend in light of these comments.

7 Documents Received Since Last Meeting

7.1 SAB Report

NHSGGC was still on target, however, progress was not as significant as in previous quarters. If Current trends are maintained NHSGGC will achieve the target of a 35% reduction in *S. aureus* bacteraemia by 2010.

7.2 National CDAD report

The National Report published on 14 January 2009 shows that NHSGGC is below the national mean and that there has been a reduction of *C. difficile* in 2007/2008. The annual overall rate for NHS Scotland per 1000 occupied bed days is 1.29; the rate for NHSGGC is below this and is reported as 1.08 for the same time period.

7.3 National Hand Hygiene Report

NHSGGC has demonstrated a steady rise in compliance during the national audit periods from a 62% baseline in February 2007 to achieve the 90% target in September 2008, and 92% in January 2009.

7.4 CEL 5(2009) Zero Tolerance regarding hand hygiene.

Dr. Cowan and Mrs. Crocket had issued information via the core brief to all staff with regards to this. Dr. Cowan informed the group that NHSGGC were currently reviewing disciplinary policies to incorporate this issue.

7.5 CNO Letter

Reporting of incidents and outbreaks – this document had been received and disseminated to the ICTs. The outbreak policy will be amended in light of this new guidance when the updated ‘watt matrix’ which is currently being taken forward by HPS is issued. ICT will use the template included with this letter meantime.

7.6 CEL55 (2008) Funding for MRSA Screening Programme

Mr Walsh referred the committee to this CEL and advised that the initial tranche of £219K had been provided as “start up” costs. Mr Walsh informed the committee that the initial deployment of the funding would be for the appointment of a Project Manager to oversee the implementation of the MRSA Screening Programme within NHSGGC. Mr Walsh further advised that the patient groups to be screened in the initial phase of the roll out would be known after HPS provide the interim report from the Pathfinder Project to the Cabinet Secretary at the end of March. The committee noted that further significant funding for the implementation of the programme was anticipated over the next two financial years.

7.7 CEL 54 (2008) New Funding for Local Surveillance Systems

Mr Walsh informed the committee that a non-recurring allocation of £490K had been received to support the further development of local HAI Surveillance Systems. Mr Walsh advised that, as this funding was non-recurring, the focus would be on developing, streamlining and integrating the existing systems to ensure that the monitoring and reporting of HAI data would be less labour intensive to Infection Control Professionals, and reporting would be more consistent, reliable and accessible.

8.1 BBVs/PEP

Dr Ahmed updated members on the Hep C Action plan and the investments made in both treatment and prevention services to implement the Action Plan. He also intimated that the Scottish Government is

currently consulting on a HIV action plan and the final Action Plan would be published in May/June 09.

8.2 Immunisation Liaison group

Dr Ahmed updated the group on the progress in implementing the national HPV vaccination programme locally. He intimated that the school programme was going extremely well and the programme for girls not at school was underway and it was too early to assess the success of this part of the campaign

8.3 TB Monitoring group

The TB group would be meeting on 12th March and the key issue on the agenda would be the new Scottish TB guideline due to be published on 24th March, World TB day and the planned TB Action Plan. There were going to be implications for TB services from these guidelines/Action plan. Dr Ahmed also intimated that the TB group would probably set up an ad-hoc group to draw up a local protocol for IGRA (Interferon Gamma Release Assay) testing as the number of tests in NHSGGC had gone up significantly in recent months and it would be helpful to the lab to have some consistency across the Board area.

9.0 AOCB

None raised

10 Dates of Future Meeting

The dates of the next 4 meetings are as undernoted :-

11 May 2009

13 July 2009

14 September 2009

9 November 2009

**Minutes of the
NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL
COMMITTEE**

**Held on Monday 11th May 2009 at 12 noon in Board Room 1,
Dalian House**

Present:

Dr. Syed Ahmed (in the Chair)-	Consultant in Public Health Medicine
Ms. Laura Langan	- Clinical Risk Manager
Mr. Kenneth Fleming	- Head of Health & Safety
Dr. Barbara West	- Glasgow LMC
Ms. Suzanne Clark	- Lay Representative
Dr. Rosie Hague	- Consultant Paediatrician in Infectious Diseases & Immunology
Dr. Craig Williams	- Co-ordinating Infection Control Doctor
Ms. Mary Anne Kane	- General Manager – Facilities
Ms. Sarah Freeman	- Lead Infection Control Nurse – Glasgow, Partnerships
Mr. Tom Walsh	- Board Infection Control Manager
Ms. Sandra McNamee	- Assistant Director Nursing Infection Control
Dr Jean Henderson	- Consultant in Occupational Health
Ms. Liz McGovern	- Specialist – Pharmaceutical Public Health
Dr Eleanor Anderson	- Consultant in Public Health Medicine
Dr Andrew Seaton	- ID Consultant
Mr Donald Sime	- Employee Director
Dr Brian Cowan	- Medical Director, NHSGGC

Apologies:

Dr R. McAndrew Mr. A. McIntyre Ms. A. Rankin Dr I Gordon
Prof J. Coia

1. Apologies and welcome

Dr Ahmed welcomed everyone to the meeting and welcomed Ann Lang who will now be taking the minutes of the meeting. Apologies were noted from the above mentioned.

2. Minutes of the meeting held on 9th of March 2009

The only amendment to the minutes was that Mr M. Hassan-Abraham was noted twice on the apologies. The rest of the minutes were accepted as an accurate record.

3. Matters arising not on the agenda

3.1. Update of the current H1N1 outbreak

Dr Ahmed updated the group. This far there have been 5 cases in NHS Scotland although a number were still being investigated. Of the 5 cases only one was associated with NHS Greater Glasgow and Clyde. So far in Scotland there has been only one case of onward transmission.

At the current time we are in World Health Organisation Phase 5 and there have been 4,000 confirmed cases worldwide. Dr Eleanor Anderson updated the group with regards to the pandemic response planning meeting which is currently being held twice a week and being chaired by the Director of Public Health, Dr. Linda de Caestecker. This group is currently reviewing all the pandemic plans both in acute and partnership and in addition some corporate plans e.g. mass vaccination, communications and HR. This group is informing partnership organisations both Health Protection Scotland and the Scottish Government Health Directorates regarding issues arising from these meetings in the review of the current plans. At the moment the communications team were developing a flu portal and this will be available for NHS Greater Glasgow and Clyde in the next couple of days.

3.2 Infection Control Structure

Mr Walsh informed the group that the last appointment to the Senior Management Team within the Infection Control Team had now been appointed in that Dr Craig Williams was now the Co-ordinating Infection Control Doctor for NHS Greater Glasgow and Clyde. He also informed the group that each of the Lead Nurses and Infection Control Doctor would now attend each of the Acute Clinical Directorate meetings. He also informed the group that sector team meetings would now be arranged and a terms of reference had been drafted.

4. **Matters arising from the previous minutes**

4.1. Infection Control Programme

Ms McNamee informed the group that the ICP had been approved by the Clinical Governance Committee. Final approval will now be sought from the Chief Executive for NHS Greater Glasgow and Clyde. The Implementation Plan is in its final draft and will be updated following the next organisational development day at the end of May. Each Lead Nurse has a key area within the plan to deliver and in the future the report to the BICC will be a summary of their progress against the key themes.

4.2. Facilities Directorate Report

HSE Improvement Notice on Hillington Laundry

Following a formal meeting with the Health and Safety Officers on Friday 20th March 2009 it was recognised that NHS Greater Glasgow and Clyde Officers had put in place sufficient and adequate control mechanisms to effectively manage and reduce the risk of laundry operative exposures in accordance with the Improvement Notice Sanctions. On this basis it was agreed that NHS Greater Glasgow and Clyde were fully compliant with the Improvement Notice Sanctions.

Domestics

It was reported that NHS Greater Glasgow and Clyde had scored green overall in the most recent reports on the monitoring of domestic services. There were still some local issues with regard to capability in some of the sites but the General Managers on these sites were working with Sarah Green to try and address these gaps and to rectify them.

Waste

The Waste Management Policy is currently out for consultation. Comments are being collated and the Policy will be issued in the near future.

DecontaminationEndoscopy

A revised project plan has been agreed which prioritises the north and south ACHs which are due to open on the 11th May and the 8th June respectively. The unit at Glasgow Royal Infirmary is due to open on the 24th June.

Primary Care Decontamination

It was acknowledged that this initiative had been slightly stalled in order to address the issues in the central decontamination unit with regards to bringing in both Glasgow Royal Infirmary and the Southern General Hospital. Sarah Freeman expressed concerns about the slippage in the planned completion date which should be at the end of 2009. Dr West asked about local decontamination units with regards to General Practitioners and Ms Freeman informed her that the local decontamination units applied only to the directly managed service e.g. podiatry and dental. Mr Walsh informed the group that a Decontamination Advisory Group with representatives from Infection Control was currently being convened as this group should deal with any outstanding clinical issues in relation to all areas of decontamination.

4.3. Infection Control Manager Update

Mr Walsh informed the group that an independent inquiry into the outbreak of clostridium difficile at the Vale of Leven had been announced. However the terms of reference for this group have yet to be issued. He also informed the group that the Health and Safety Executive and the CID were still interviewing staff, however this investigation should conclude at the end of May. The final meeting in relation to the NHS Greater Glasgow and Clyde Action Plan with the Scottish Government was due to be held on Friday 15th May.

4.4. Antimicrobial Management Team

Dr Seaton brought the group's attention to the CEL 11 (2009) which was the Local Delivery Plan for Antimicrobial Management Prescribing Target. Targets had been divided into 1) Acute 2) Partnership. AMT were currently working with directorates and pharmacy colleagues with regards to these targets.

Dr Seaton informed the group that the Primary Care Guidance had been out for consultation on three occasions but it was anticipated that this guideline would go to the Area Drugs and Therapeutics Committee for approval in the near future. There had been some concerns about the treatment of urinary tract infections in the community but these now seem to have been resolved.

These guidelines would apply to adults only and not children. The AMT are currently revising the Acute guidelines and these should be signed off within the next two weeks after consultation and approval.

The AMT were working to establish guidelines for surgical prophylaxis in consultation with each of the surgical teams and this was an ongoing progress. The principles had been agreed but the details of each had yet to be confirmed. Ms Langan asked that she be communicated any agreed guidelines so that she could link it to the Scottish Patient Safety Programme Peri-Operative Care Bundle Initiative.

Antimicrobial surveillance

Dr Seaton reported that the trend continued downwards and that a cost saving had also been demonstrated in NHS Greater Glasgow and Clyde in relation to the prescribing of antimicrobials. Infection Control data was currently being sent to the Antimicrobial Management Team, however Dr Seaton emphasised that they need to continue to meet with members of the Infection Control Team to sustain this improvement.

4.5. Reports from Sub Groups

a) ICN Sub Group

The updated Laundry Policy was tabled for approval. There were no further comments on this policy therefore it was approved by the Board Infection Control Committee and would be cascaded through emails to all the relevant clinical teams.

b) HAI Inspectorate / QIS Standards Group

It was Mr Walsh's understanding that a Chief Inspector had been appointed and that currently there was a recruitment campaign to appoint three Regional Inspectors. He informed the group that a self assessment was to be completed by all boards by 22nd June. The QIS Standards Group was already collating documents to evidence the QIS Standards and these documents would be used to complete the Self Assessment. Mr Walsh also informed the group that NHS Greater Glasgow and Clyde had agreed to be a pilot board for the self assessment but was now unsure about whether or not this has been superseded because we had received the assessment tool to complete. However he would as previously arranged meet with Tracy Walker from QIS to establish what the position was with regards to this. Dr Ahmed asked if there were any outstanding issues in relation to the QIS Standards. Dr Williams pointed out that there might be some problems with Infection Control objectives being contained in everyone's PDP.

c) & 6.1 MRSA Screening Implementation Group

The interim report had been published and the recommendations of the report were to be in place by January 2010. The NHS Greater Glasgow and Clyde MRSA Screening Policy was in its final draft. Mr Walsh had convened a project steering group and used the start up funding to facilitate representatives from each of the clinical directorates that this would have an impact on to attend and facilitate communication with their own directorates. It was anticipated that there would be funding available to each Board for Year 1 and Year 2.

A Job Description for a Project Manager had been finalised and the national framework for the implementation was still awaited. There was general debate about the cost and efficacy of skin decolonisation. It was anticipated that there would be costs associated with this part of the screening policy, however that would be addressed at the Steering Group.

d) VCJD Group

Representatives from this group were due to meet with the clinical leads in the Neurosciences Institute to try and pilot a draft questionnaire in relation to variant CJD.

4.6 Scottish Patient Safety Programme

Ms Langan informed the group that no formal report was available for this meeting but would be available for the next. She verbally updated the group with regards to the following:-

Phase 1 Teams were meeting their milestones. Preparation was currently ongoing for the spread to 60 other teams within NHS Greater Glasgow and Clyde. There is a national event due to be held next week in which representatives from Glasgow and Clyde would be in attendance. There would also be a series of internal events to support new teams that are coming on line. Ms Langan had identified that a Lead Infection Control Nurse had been identified to support the work of SPSP and that there may be an additional requirement for Infection Control and SPSP to meet to look at some surgical site infection outcomes for one site and it was agreed that the Infection Control Team would assist with this.

4.7 Risk Register / Risk Management

Ms Langan tabled a paper for consultation and informed the group that with Mr Walsh and other members of the Infection Control Team they were developing a corporate risk register in relation to the Infection Control Programme. A lot of the elements within this register were against following the organisational development day that the Infection Control attended. Risks from the programme had been identified and also included in this were suggested controls on how the teams were going to monitor these risks. Ms Langan also agreed to review the existing Acute and Partnership Risk Registers to make sure that all of the risks currently including their registers were captured on the new register. She accepted that some of the risks identified for Infection Control did not necessarily belong to Infection Control but by this process we could align risks to each of the clinical directorates involved. Dr Seaton asked if the heat targets in relation to antimicrobial prescribing were included in this register and Ms Langan and Mr Walsh agreed to look at this and feedback to the group.

4.8 Update from AICC

Mr Walsh had confirmed that he had chaired this group in the absence of Dr Cowan. There had been two presentations one in relation to legionella control and the other one in relation to theatre ventilation. When available the minutes would be distributed to all members of the BICC.

4.9 Update from PICC

An update was given by Mrs Freeman. At the PICC there had been some issues raised with regard to the methodology in relation to cleaning at Birdstone Hospital. This was going to be addressed by the Mental Health Partnership General Management Structure. Ms Freeman also reported 146 audits had been completed of the local decontamination unit. Ms Freeman also reported that there was a very successful study day for dental nurses that had been held and had been well attended. She also reported that Infection Control Admission Assessment would be implemented in all in patient mental health partnership wards by July 2009. She also informed the group that HAI Scribe had been completed in the Mental Health Partnership beds.

4.10 NHS Board Report

Mr Walsh reported that no exceptions were included in this report.

5. New Business

No new business was discussed.

6 Documents Received Since Last BICC Meeting

6.1 MRSA Screening Pathfinder Programme

This item had been discussed in relation to 4.5 (c) on the agenda.

6.2 Additional Funding for Cleaning Services

Mrs Kane reported that NHS Glasgow and Clyde have been given funding for an additional 84 FTE for domestic services assistants for the Board.

6.3 CEL 11 (2009) Heat Target for C-Diff and the HPS Report

CEL 11 (2009) outlined the government's target which is for each ward to reduce the rate of clostridium difficile infection in their hospitals by at least 30% in 2011. The HPS Report on our progress against this target had been issued in April and showed that NHS Greater Glasgow and Clyde had indeed already met and exceeded this target of 30%. The issue now would be to maintain these rates across NHS Greater Glasgow and Clyde.

6.4 Decontamination Glennie Group – Alignment of Decontamination Functions

Following the review by the Scottish Government Health Directorates it had been decided that the future development and implementation of the decontamination agenda could be more appropriately delivered through the realignment of the functions with key accountabilities identified at different levels within the system. In general terms this would mean that any technical enquiries in relation to decontamination would now be directed to Health Facilities Scotland and any infection control issues with regards decontamination should be directed to Health Protection Scotland.

6.5 April 2009 SAB Report from HPS

Ms McNamee reported that NHS Greater Glasgow and Clyde had achieved the 35% reduction in staph aureus bacteraemias. The key once again would be to maintain this reduction and at the moment some work was ongoing to identify any hotspots within the Board. Particularly in relation to central venous catheter infections and peripheral vascular catheter infections to target these areas to continue and sustain this reduction.

This also aligns with some of the objectives again with the Scottish Patient Safety Programme who did look at processes around both the insertion and maintenance of both CVC's and PVC's.

6.6 Hand Hygiene Report

The last national hand hygiene report had been issued in May 2009 and NHS Greater Glasgow and Clyde compliance was at 88%. This is a reduction since the last audit report. Nursing compliance rate for this period were lower than previous audit periods by approximately 10%, whilst medical staff compliance had improved by approximately 7%. NHS Greater Glasgow and Clyde will continue to roll out train the trainers programme which enables ward staff to measure their own compliance against HPS methodology. It was noted that there had been a change in the methodology for the national hand hygiene audit and that the clinical settings had increased from 10 to 15. It was also noted that only four NHS Boards in Scotland have the mix of specialities which facilitated the auditing of the 15 sites. This again may be influencing the results.

6.7 Revised Watt Risk Matrix Report

Ms McNamee tabled this paper and asked for all members of the Board Infection Control Committee to submit their comments to her and she would pass them on to Health Protection Scotland. The aim of the revised matrix was to test the sensitivity of the reporting systems in relation to HAI. There was a general debate about whether or not this system might perhaps be more sensitive rather than less but it was more of an impact assessment than a risk matrix as such.

7 Update from other Committees

7.2 HPV Vaccination Programme

Dr Ahmed reported that this was going well and currently the Board were preparing for Year 2. The uptake at this moment in time was 93%.

7.3 TB Monitoring Group

Dr Ahmed informed the group that they were due to finalise the protocol for IGRA (Interferon Gamma release Assay) testing across NHS Greater Glasgow and Clyde and that he would inform the group when this was available.

8. AOCB

No other business was discussed.

9. Date and Time of Future Meetings

The dates for the next meetings are as undernoted :-

13 July 2009

14 September 2009

9 November 2009

Dr Ahmed advised that he would be on holiday at the next meeting and asked if somebody else could chair this meeting in his absence.

**Minutes of the
NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL
COMMITTEE**

**Held on Monday 13th July 2009 at 12 noon in Board Room 1,
Dalian House**

Present:

Dr Eleanor Anderson (in the chair)-	Consultant in Public Health Medicine
Mr. Kenneth Fleming	- Head of Health & Safety
Dr. Barbara West	- Glasgow LMC
Ms. Suzanne Clark	- Lay Representative
Dr. Rosie Hague	- Consultant Paediatrician in Infectious Diseases & Immunology
Dr. Craig Williams	- Co-ordinating Infection Control Doctor
Ms. Laura Langan	- Clinical Risk Manager
Ms. Sandra McNamee	- Assistant Director Nursing Infection Control
Dr Jean Henderson	- Consultant in Occupational Health
Ms. Liz McGovern	- Specialist – Pharmaceutical Public Health
Dr Brian Cowan	- Medical Director
Ms Rosslyn Crocket	- Board Nurse Director
Ms Alison Edwardson	- Senior Infection Control Nurse

Apologies:

Dr S. Ahmed	Mr T. Walsh	Ms A. Rankin	Dr I Gordon
Ms M.A. Kane	Ms S. Freeman	Dr A Seaton	

1. Apologies and welcome

Dr Anderson welcomed everyone to the meeting and noted apologies for the above mentioned.

2. Minutes of the meeting held on 11th May 2009

These minutes were accepted with one amendment on page 2 item 4.1. second sentence will now read final approval will now be sought from the Chief Executive of NHSGGC.

3. Matters arising not on the agenda

3.1. Update of the current H1N1 outbreak

An overview on the current situation was given by Dr Eleanor Anderson. The UK was now in the treatment phase of the outbreak as of last week. Cases will now be defined using clinical diagnosis and the aim is to treat high risk groups only. Swabbing for H1N1 will continue when clinically indicated. It is anticipated that this will be mainly in the Acute setting in NHSGGC. NHSGGC are currently working with HPS to develop a real time surveillance system to try and map the progress of the outbreak. ■

■ HPS are currently updating the Infection Control Guidance for Pandemic Influenza and these documents have been circulated to other clinical colleagues with a request to respond with comments.

The PICC were continuing to meet. There was also an executive group of the PICC who were dealing on a day to day basis with operational policies as they arose.

4. **Matters arising from the previous minutes**

4.1. Update on ICP and Implementation Programme

The Implementation Plan was now in progress for three months and generally speaking it was going according to the timescales set out within the plan. There has been some adjustment because of the current issue with the H1N1 influenza. Ms McNamee reported that several groups have been set up within the infection control service to take forward some of the larger actions within the Implementation Plan.

4.2. Facilities Directorate Report

This report was tabled for information however Ms Kane was not in attendance to update the group on the contents of the report.

4.3. Infection Control Manager Update

This report was tabled to the committee with the request that any comments or issues noted be returned to Tom Walsh by 27th July 2009. It was planned that this report will be submitted to the Board Clinical Governance Committee for consideration at their next meeting.

4.4. Antimicrobial Management Team

There was no one in attendance from the antimicrobial team to update the group.

4.5. Reports from Sub Groups

a) ICN Policy Group

Ms McNamee informed the group that she did not have any policies to table for approval. However, there were several policies that were in their final draft and would be circulated for consultation within the next few weeks.

b) HAI Inspectorate / QIS Standards Group

Ms McNamee reported that the Healthcare Environment Inspectorate prototype inspection, that was undertaken at the West of Scotland Beatson Oncology Centre seemed to go fairly well. A formal report on the process will be issued to NHS Scotland after the QIS team have done a further prototype inspection within NHS Tayside at the end of July. Ms McNamee also noted that the IT system was fairly time consuming but the Healthcare Environment Inspectorate were aware of this and were trying to modify the IT system. It was noted that this would be a report on the system not on WOSCC.

c) MRSA Screening Implementation Group

Dr Williams informed the group that the Infection Control service were unsuccessful in appointing a Project Manager for the rollout of the screening programme. However, this job would be readvertised

In the meantime work was continuing to go on with the directorate leads and that it had been identified that an additional 90,000 screens would probably be required in NHSGGC. The plan was to pilot one area in pre-assessment to evaluate the current assumptions regarding numbers and resources required. The plan is to begin with elective admissions who are pre-assessed then roll the programme out to include the emergency admissions to each area.

d) VCJD Group

This group had not met since the last Board Infection Control Committee however a modified questionnaire was issued to the Institute of Neurological Sciences who piloted its use within their service. The feedback initially has not been altogether positive. There are concerns about the availability of instrumentation if large amounts of the instruments are in quarantine because the patient is unable to answer the questions. This comment had come from the Theatre Users Committee at the Southern General. Ms McNamee informed the group that Tom Walsh had forwarded the comments from the Institute to the Senior Management Team in Regional Services. Another key issue that the Board needs to address was that the single admission question is not on the GGC admission documentation. However it was anticipated that the CJD Group would continue to try and address this issue.

4.6 Scottish Patient Safety Programme

Ms Langan updated the group. Progress in Phase 1

Ms Langan informed the group that the phase 1 Front Teams working on the Critical Care and General Ward packages, were maintaining the tempo that keeps NHSGGC in line with the published SPSP timeline for each of the work-streams. The two Phase One Peri-operative pilots are beginning to resolve problems with measurement and incomplete data but it will still be a few months before data will show that reliable practice designs are in place. The spread of the programme is ongoing and the team are confident that the target of 60 new wards working on the programme by the end of 2009 will be achieved. It was also noted that the spread had gone beyond the core programme and is occurring in other areas within NHSGGC. Elements such as the hand hygiene bundle, the peri-operative brief and pause and the PVC bundle are being implemented in other services in advance of the programme reaching these services directly.

4.7 Risk Register / Risk Management

Ms Langan informed the group that work has been undertaken to develop a board wide infection control risk register. Further sessions are being held with the Senior Infection Control team, to finalise the main Infection Control register including the risk scoring. This session will also provide an overview of the use of the datix risk register system. The flowchart highlighting the communication escalation flow for infection control risk has been updated and this is included in the paper tabled.

A Lead ICN and an ICD has been appointed to take forward issues in relation to patient safety and clinical risk and these individuals have been invited to join the SPSP Implementation Group. The main aim of inviting the Infection Control team onto this group, is to meet to discuss definitions and processes to support the application of standard definitions, specifically in relation to ventilator associated pneumonia and central line blood-stream infections. The Lead Infection Control Nurse and the Clinical Risk Manager are also about to commence a review of the datix coding in relation to infection control. It was also noted that Ms Langan had been working with Ms McNamee to continue to develop the use of the severe CDAD investigation toolkit which was developed and issued in a draft format by QIS. Ms Langan and Ms McNamee are trying to test different methodologies within the tool to evaluate outcomes in the use of this.

4.8 Update from AICC

Dr Cowan reported that there was nothing at the AICC that is not covered at the BICC and there were no exceptions to report.

4.9 Update from PACC

Ms Edwardson updated the group on behalf of Dr Ian Gordon and Ms Freeman. Ms Edwardson informed the group that the Infection Control team within Partnerships was about to run their third study day on decontamination, this time specifically for podiatry staff. They were also going to audit compliance with the admission assessment within Mental Health Partnership Inpatient Sites. With regards to local decontamination, 146 local decontamination units still exist in Glasgow and the Infection Control team with Partnerships were working with the Project Manager, Mike Cusack, in relation to standards for each of these decontamination areas across NHS GGC. Progress against this programme of work would be issued as it becomes available to the Board Infection Control Committee.

4.10 NHS Board Report

This report seemed to be received well by the Board Clinical Governance Committee and the NHS Board. There were no outstanding issues from the last Board Report and the Report for August is currently being developed and will be issued when available.

5. New Business

There was no new business to report.

6 Documents Received Since Last BICC Meeting

6.1 Letter to Nurse Directors – HAI Minimising the Risk

This letter had been issued by the Acting CNO for NHS Scotland, Dr Margaret McGuire. The letter basically emphasises the role the Senior Charge Nurses have in relation to maintaining the physical environment within wards and departments.

- 6.2 Zero Tolerance for Non Hand Hygiene Compliance
Actions to be taken under the terms of employment. Dr Cowan had tabled this paper for information. This paper outlines NHSGGC's position in relation to non hand hygiene compliance and encourages all staff within the Board to enforce a zero tolerance in relation to hand hygiene policies.
- 6.3 Lessons Learned from NHS QIS Visits to NHS Orkney, NHS Highland and NHS Grampian following CDAD Incidents
Dr Williams informed the group that there were no specific elements within the report that requires to be actioned by NHSGGC. However, a synopsis of this report would be submitted to the Infection Control Senior Management Team for consideration of further actions.
- 6.4 Quarterly Report of the Surveillance of CDAD in Scotland
Dr Williams informed the group that NHSGGC incidence was 0.6 per 1,000 occupied bed days in the over 65's which is significantly below the Heat Target for NHS Glasgow which is set at 0.90 per 1,000 occupied bed days. The national results for this quarter show that NHS Scotland had an incidence of 0.88 per 1,000 occupied bed days, this indicates that NHS Scotland generally is already below the Heat Target set for a reduction of 30%. He also emphasised that it was early in this process and that these levels would have to be maintained until 2011.
- 6.5 Quarterly Report of SABs in Scotland
The current results show that NHSGGC is slightly above their target. The Infection Control Teams are currently looking at areas to target in relation to this with the first focus being on the analysis of results coming from the Renal Units. It should be noted however, that in NHSGGC, in ten of the last 12 quarters, the SAB rate has been below the control level, and the last three quarters it has been below the lower control levels, suggesting a statistically significant improvement in relation to this issue over time.
- 6.6 National Hand Hygiene Campaign – Audit Report
Ms McNamee informed the group that the most recent audit showed that compliance in NHSGGC was 93%. Medical staff compliance rate had gone from 80% to 85%. Nursing staff were at 93%, the auxiliary staff at 100% and the AHPs at 94%. Everyone accepted that there were examples of good practice within all areas and Ms Langan commented that almost every area within NHSGGC were monitoring compliance with hand hygiene in linking this into the SPSP Programme. Dr West asked about guidance within community and GP settings.

Ms McNamee informed her that Health Protection Scotland were currently working on a tool which might be able to be used within community/partnership settings and that she would inform her if she heard any more developments with regards to this.

7 **Update from other Committees**

7.1 BBVs/PEP

Dr Anderson informed the group that this issue is being led by Dr Ann Scoular and at the moment the plan was to update the PEP Guidance which had been previously issued. It was anticipated that this may be available for comment within the next few months.

7.2 Immunisation Liaison Group

The last meeting of this group had been cancelled due to the increased pressures within PHPU with regard to H1N1. This group may review the plans in relation to the vaccination programme for H1N1 which is anticipated to begin in the autumn this year.

7.3 TB Monitoring Group

This group last met in March and guidance around T-Spot testing is due to be issued shortly.

7.4 Sexual Health and Infections

This meeting was cancelled again due to the pressures in Public Health on H1N1. Dr Ahmed will report on the progress with this group at the next meeting.

7.5 PH/ EH / Med / Vet Liaison Group

This group is due to develop a joint Health Protection Plan by 2010 and progress against this action is currently ongoing.

8. **AOCB**

No other business was discussed.

9. **Date and Time of Future Meetings**

The dates for the next meetings are as undernoted :-

14 September 2009

9 November 2009

**Minutes of the
NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL
COMMITTEE**

**Held on Monday 14th September 2009 at 12 noon in Board Room 2,
Dalian House**

Present:

Dr Syed Ahmed (in the chair)	- Consultant in Public Health Medicine
Dr Eleanor Anderson	- Consultant in Public Health Medicine
Dr Jessica Smith	- SPR Public Health
Dr Linda Bagrade	- Infection Control Doctor
Dr Andrew Seaton	- ID Consultant
Ms Suzanne Clark	- Lay Representative
Mr Donald Sime	- Employee Director
Mr Tom Walsh	- Board Infection Control Manager
Ms Sandra McNamee	- Assistant Director Nursing Infection Control
Ms Annette Rankin	- Nurse Consultant Infection Control
Ms Mary Anne Kane	- General Manager Facilities
Dr Jean Henderson	- Consultant in Occupational Health
Ms Liz McGovern	- Specialist – Pharmaceutical Public Health

Apologies:

Mr K Fleming	Dr C Williams	Dr B Cowan	Dr I Gordon
Dr R McAndrew	Ms B West	Ms L Langan	Dr R Hague

1. Apologies and welcome

Dr Ahmed welcomed everyone to the meeting and noted apologies for the above mentioned.

2. Minutes of the meeting held on 11th May 2009

These minutes were accepted with no amendment.

3. Matters arising not on the agenda

3.1 Pandemic Flu Update

Dr Anderson informed the group that the PICC was currently meeting monthly and the Executive PICC group was meeting weekly to discuss operational issues. Currently the executive group are working to plan the increase in number of ITU beds. The situation as of 4th September was that

[REDACTED] Plans for vaccination of the population are ongoing and it is anticipated that a vaccine should be available by mid to late October. The focus of the vaccination would be current at risk groups, pregnant women and health and social care staff.

3.2 National Hand Hygiene Campaign in Community Setting

A letter had been issued to all CHP Managers and Lead Nurses informing them that the National Hand Hygiene Campaign materials would be rolled out to Community Care settings.

This would include posters, credit cards, aide memoirs with the five moments for hand hygiene and patient information leaflets. Ms McGovern asked if this would include community pharmacies and Ms McNamee agreed to check on this but thought that it did include all community pharmacies as well.

4. **Matters arising from the previous minutes**

4.1. Update on ICP and Implementation Programme

A paper was tabled by Ms McNamee detailing progression against the elements of the Implementation Plan. She reported that thus far the plan did seem to be going to schedule and that there were no outstanding issues that were not being progressed.

4.2. Facilities Directorate Report

Ms Kane reported that NHSGGC performance for the period April-June 2009 as published by HFS was 96.3% with the national average in the same period being 95.9%. All areas in NHSGGC continue to score green as reported. Although green, the Facilities Directorate were currently looking at Langlands Building and Lightburn Hospital because they are in the lower end of the green scale to try and assess what actions to improve their score might be taken. Progress against this would be reported at the next committee meeting.

Ms Kane also reported that the amount of clinical waste being generated in NHSGGC seems to be reducing. Reasons for this are not absolutely clear as yet but it could be an increase in compliance with segregation.

PCAT

There is an option/appraisal paper currently being circulated for comments and this addresses the options with regards to decontamination within Primary Care. With regards to the Central Decontamination Unit the Southern General Hospital and GRI transfer documentation has now been completed and work has now started as per the transfer programme. Each site should transfer in as follows. The Southern General Hospital should transfer in between September 2009 and March 2010 and GRI January 2010 to March 2010.

4.3. Infection Control Manager Update

Mr Walsh advised that there was nothing to add to the comprehensive agenda. It was agreed that this be removed from the standing agenda and Mr Walsh would put any relevant updates elsewhere on future agendas.

4.4. Antimicrobial Management Team

Dr Seaton reported that the Primary Care Guidelines have been electronically launched. AMT are currently meeting with CHP colleagues to promote this guideline. This guideline will also be underpinned by the prescribing advisors within Partnership areas who will audit compliance with this Guideline. Dr Seaton also reported that targets were being developed nationally with regard to primary care prescribing and these should be available soon.

He also reported that agreement had been achieved through all surgical specialities with regards to surgical prophylaxis. He also commented that efforts to reduce the use of C.diffogenic agents continues but this is taking up a significant amount of the AMT's time. The AMT is also aware of the issue regarding antibiotic prescribing and the possible increase in H1N1 infection over the winter months and that the AMT are making every effort to make sure that each guideline aligns and compliments each other. He also reported that there was an increase in request for specific directorate data with regards to antibiotic prescribing and that in response to this a new business case to achieve this and the other initiatives had been submitted to the Board.

4.5. Reports from Sub Groups

a) ICN Policy Group

Three policies and one patient information leaflet were tabled for approval. All were approved with some minor typographical errors. These would now be posted online and issued to the Acute and Partnership areas of NHSGGC.

b) HEIS

Mr Walsh linked this agenda item to agenda item 6.1 covering the letters from the Healthcare Environment Inspectorate Scotland advising on the planned inspections to hospitals within NHSGGC for the next 12 months. The group noted the planned inspections were due to take place in Inverclyde in January 2010, Southern General in March 2010, Glasgow Royal Infirmary in June 2010. Mr Walsh informed the group that the previous QIS Standards Sub Group would become the group overseeing the preparation of NHSGGC for the forthcoming inspectorate process. The group noted that the membership had been supplemented with nominations from the acute directorates. Mr Walsh advised that the group would consider the inspection toolkit recently issued by the Healthcare Environment Inspectorate Scotland and consider strategies for preparing the wards and clinical departments for the forthcoming inspectorate process. Options being considered included carrying out a series of in-house unannounced inspections to identify requirements and other gaps for the group to address prior to the first planned visit at the end of January 2010. Mr Walsh also advised that the online self assessment evidence would be reviewed in light of the toolkit/questionnaires issued by HEIS. It was agreed through discussion that Dr Andrew Seaton would be copied into all documentation and minutes for the group to ensure that the appropriate input was received from the Antimicrobial Management Team.

c) MRSA Screening Implementation

Mr Walsh confirmed that funding had been received from Scottish Government Health Directorates based on the ready reckoner provided by Health Protection Scotland. The group noted that Debbie Forsyth had commenced in the role of Project Manager for the national MRSA Screening Programme. Debbie started on 1st September 2009.

The group noted that the pilot had started in the RAH at the beginning of September within the pre-operative assessment areas and that the pilot was progressing really well. Mr Walsh confirmed that only the hospitals defined by ISD as acute hospitals within NHSGGC would be required to implement MRSA screening. As the MRSA Screening Programme excludes obstetrics/maternity patients and paediatric patients this in effect means that only the 9 major acute sites within NHSGGC would need to, at this time, implement the pre admission screening. Mr Walsh advised that plans were being drawn up to role the process out to pre-operative assessment centres within the Western Infirmary, Gartnavel and Vale of Leven Hospitals during October and that more detailed project plan and a timetable was in production by the Project Manager, Debbie Forsyth. The group noted that the national MRSA Screening Programme did not require full implementation of the health technology assessment process, and that a degree of local decision making would be permissible in deciding whether or not certain patient groups require decolonisation. It was agreed that it would be useful to have the Project Manager, Debbie Forsyth present to the next meeting of the BICC to update the group on progress against the national programme.

d) VCJD Group

Dr Anderson updated the group on the work of the VCJD Sub Group, drawing particular attention to the recent guidance issued by HPS for identifying high risk patients who have received multiple blood transfusions from multiple donors. Dr Anderson summarised the issues arising from this and the previous Annexe J Guidance particularly the potential service impact within the Institute of Neurological Sciences. The group noted that Dr Anderson, Mr Walsh and Ms Langan were progressing a risk assessment on the guidance looking at the impact on the availability of surgical instruments and the cost of additional instrumentation if the guidance were to be fully implemented within NHSGGC. The group also noted that Dr Anderson and Mr Walsh were discussing and meeting with Doctors Hester Ward and Oliver Blatchford from HPS to outline some of the challenges presented by the guidance.

4.6 Scottish Patient Safety Programme

There was no new business to report to the BICC.

4.7 Risk Register

Mr Walsh advised that he was working closely with Ms Langan on transferring the high level risks identified in the previous paper to BICC on to the Datix Risk Management System. Mr Walsh advised that thereafter more detailed risks would be populated within the master risks within the Datix Management System.

4.8 Update from AICC

Mr Walsh advised that there were no significant issues to report from the Acute Infection Control Committee and that indeed the AICC and BICC agendas dovetailed extremely well.

4.9 Update from PICC

Dr Gordon was not in attendance and Ms McNamee updated the group on the main issue discussed at the last PICC meeting which was the restructuring of the Infection Control service within Partnerships into each of the geographical sectors. Ms McNamee explained to the committee members that the Lead Nurse from Partnerships had resigned and in the absence of an obvious replacement the Partnership Infection Control Nursing Service were given two options with regard to who would lead this service, be it via the Lead Nurses within the sectors or a Senior Nurse from Acute going into the Partnership service. A paper was prepared and issued to PICC and the Nurse Director for Mental Health Partnership both of whom approved the paper. This paper is now currently with the CHP Directors and approval or not will be returned to Tom Walsh, Board Infection Control Manager by 18th September 2009.

4.10 NHS Board Report

Mr Walsh reported that there were no exceptions to report at hospital or ward level within the most recent NHS Board Report.

5. **New Business**

5.1 Clostridium Difficile Severe Investigation Guidance

This paper was tabled for the information of the committee. Ms McNamee reported that work was currently ongoing with risk management to integrate this guidance into the existing risk management and clinical reporting structures for NHSGGC.

5.2 TOR – Vale of Leven Inquiry

The group noted the Terms of Reference as issued with the papers for the meeting. Particularly noting that the Terms of Reference including scope to refer to other areas or situations both within and outwith NHS Scotland. Mr Walsh advised that the Central Legal Office (CLO) had met with Senior Officers of the NHS Board and intimated that Lord McLean and his legal team were likely to spend several months reviewing all the reports and documentation related to the Vale of Leven incident. It was therefore unlikely that witnesses would be interviewed before spring 2010.

6 **Documents Received Since Last BICC Meeting**

6.1 Letter Regarding HEIS Inspections

This was covered under agenda item 4.5(b) as above.

7 **Update from other Committees**

7.1 BBVs/PEP

Dr Ahmed reported that the Hep C Action Plan was currently being rolled out to NHSGGC. A Hepatitis C Treatment Centre opened last week in the Gartnavel General Hospital. He also indicated that the government might issue an HIV Action Plan but the date for this issue has not been confirmed as yet. The PEP Guideline is being reviewed and a paper will be prepared by Dr Ann Scoular and will be issued to the committee for comment in the near future.

7.2 Immunisation Liaison Group

Currently the focus of this group was the planning for immunising against H1N1. Dr Ahmed reported that the HPV school vaccination programme had a 94% uptake rate for the first immunisation and 93% uptake rate for the second. He also reported that the seasonal flu vaccination programme will continue to run in parallel with H1N1 vaccination programme.

7.3 TB Monitoring Group

Dr Ahmed reported that an epidemiological look back of the cases of TB in Glasgow over the past 5-6 years had been conducted and concluded that TB numbers within NHSGGC were relatively stable. This is in contrast to a national increase.

7.4 Sexual Health and Infections

This group had not met since the last BICC but were due to meet next week.

7.5 PH/ EH / Med / Vet Liaison Group

There was nothing new to report to BICC from this group.

8. **AOCB**

No other business was discussed.

9. **Date and Time of Future Meetings**

The date for the next meeting is as undernoted :-
9 November 2009

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

Monday 9 November 2009 at 12 noon in Board Room 2, Dalian House

Present:

Dr Syed Ahmed (chair)	- Consultant in Public Health Medicine
Dr Eleanor Anderson	- Consultant in Public Health Medicine
Ms Suzanne Clark	- Lay Representative
Mr Tom Walsh	- Board Infection Control Manager
Ms Sandra McNamee	- Assistant Director of Nursing Infection Control
Ms Mary Anne Kane	- General Manager Facilities
Dr Jean Henderson	- Consultant in Occupational Health
Ms Liz McGovern	- Specialist – Pharmaceutical Public Health
Mr Kenneth Fleming	- Head of Health & Safety
Dr Rosie Hague	- Consultant Paediatrician in ID & Immunology

In Attendance

Dr Ann Scoular	- Consultant in Public Health Medicine
Pauline Hamilton (minutes)	

Apologies:

Dr B Cowan	Dr C Williams	Ms L Langan	Dr B West
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1. Apologies and welcome

Dr Ahmed welcomed everyone to today's meeting and introduced Dr Ann Scoular who was in attendance to discuss Item 6.4. Apologies were received from the above mentioned.

2. Minutes of the meeting held on 14 September 2009

There was one minor amendment to these minutes:

- Page 4 (1st paragraph) should read Mr Walsh advised that plans were being drawn up to roll the process out to pre-operative assessment areas, etc.

3. Matters arising not on the agenda

3.1 Update on H1N1 and Pandemic Flu Planning

Dr Anderson informed the group that the executive Pandemic Influenza Co-ordinating Committee (PICC) which is chaired by Robert Calderwood, is currently meeting on a weekly basis. Dr Anderson indicated that there were new assumptions issued by the UK Government. In summary, the attack rate has been reduced from 30% to 12%; the anticipated hospital admissions has gone from 1% to 0.5%; the death rate has been reduced to 0.14% of clinical cases which is considerably lower than previously calculated; and 15% of all hospital cases will require critical care. Epidemiology suggested that the outbreak will probably peak within the next two weeks. To this point in time there have been 31 deaths in Scotland associated with H1N1 (12 within Greater Glasgow and Clyde).

The H1N1 vaccine is now available and at this time the priority groups are being vaccinated; both frontline medical and social care staff and GPs were currently vaccinating patients in the clinical risk groups.

Tom Walsh informed the group that there had been some issues with regards to reporting via the ECOSSE laboratory system. Tom Walsh had contacted HPS direct to raise his concerns regarding this system and also the requests that infection control teams populate this system outwith the normal process which would be downloaded directly from the laboratory system. Tom Walsh to forward e-mail correspondence to Dr Ahmed and Dr Anderson. Dr Anderson agreed to raise issues at the next PICC arranged for 13 November 2009.

Liz McGovern commented that the distribution of Tamiflu across NHSGGC had been extended to all community pharmacies from the 31 originally identified pharmacies and that approximately 10% of clinical cases were being given Tamiflu.

Dr Anderson confirmed that phase I of the vaccination programme should be completed by the end of December 2009, after which time phase II will commence.

3.2 **Final Report of PEP Working Group**

This item was covered under Item 6.4.

4. **Standing Items**

4.1. **Update on ICP and Implementation Programme**

Sandra McNamee informed the group that the Implementation Plan seems to be going to schedule and that it was anticipated that the next Infection Control Team Organisational Development Day would be a mid-view review of progress against this plan, and when this was completed Sandra McNamee would provide a formal report for the next BICC (25 January 2010).

4.2. **Facilities Directorate Report**

A Facilities Report from Mary Anne Kane was distributed with the agenda for information. Mary Anne Kane updated the group with regards to progress against the national cleaning monitoring framework. She reported that in the 2nd quarter of 2009 a number of amber areas were identified; 50% of these were in in-patient areas. No single site was the focus for these amber reports. Mary Anne Kane suggested that this is probably due to capability issues rather than any other identifiable issue and that she was currently working with supervisors and HR managers to try and address this. Mary Anne Kane also reported that the peer review of the cleaning services was due to be conducted between 17 and 25 November 2009. There was nothing of significance to report with regards to clinical waste. Under decontamination, the Southern General Hospital transfer into the main Decontamination Unit at Cowlares continues. Glasgow Royal Infirmary is also still on target to move. Both should be on site by 31 March 2010, at which time there will be no local decontamination of surgical instruments in any of the NHSGGC sites. The transfer of services into the newly developed GRI Endoscopy Unit has begun. It was highlighted at the sector infection control meetings that there were still some challenges to be addressed around the monitoring and control of legionella but that this was being progressed.

4.3. **Antimicrobial Management Team**

Dr Andrew Seaton was not in attendance to update the group on this item.

4.4. **Reports from Sub Groups**

a) **Infection Control Policy Group**

Sandra McNamee had two policies distributed with the agenda for approval:

- Last Offices SOP
- Food Hygiene Policy

Sandra McNamee apologised for the short turnaround time for the request of comments on both these policies and informed the group that due to the high number of comments received in relation to the Food Hygiene Policy that she would defer the approval of this policy until the next BICC in January 2010 in order to incorporate the comments received.

There was one comment received in relation to the Last Offices SOP but this was minor and so Sandra McNamee asked the group if this could be approved with the one amendment and the BICC agreed to approve the Last Offices SOP.

b) HEIS

Tom Walsh updated the group on the planned inspections for NHSGGC in 2009/10.

The group noted the four hospitals to be visited were:

- Inverclyde Royal Hospital
- Southern General Hospital
- Glasgow Royal Infirmary
- Royal Alexandra Hospital

Tom Walsh further advised that the recent letter confirming the planned inspections indicated that these inspections would now take place over a two-day period. The group also noted that the latest information indicated that there would be no notice of unannounced inspections however for the first year of the inspectorate, unannounced inspections would only be undertaken as a follow-up to action plans developed at the planned inspections. The group also noted that the report from the first planned inspection to NHS Forth Valley was published today (09.11.09) and had attracted significant media interest. Sandra McNamee advised the group that a pilot inspection had been undertaken at IRH and that the key findings from this inspection had been written up and would be discussed at the Acute Division Operational Management Group Meeting next week.

c) MRSA Screening Implementation

Tom Walsh referred to a short update paper prepared by Debbie Forsyth, Project Manager. The group noted that the roll out was progressing well and according to plan. Tom Walsh advised that the National Steering Board would be meeting in November and again in December to review the final paper on the pathfinder boards, and it would then be clear whether or not there would be a move toward universal screening in NHS Scotland.

d) vCJD Group

Dr Anderson updated the group on the progress against the initial Annex J guidance and the recent addition of the multiple transfusion guidance. The group noted that a risk assessment had been undertaken within the Institute of Neurological Sciences on the application of this guidance and that this was being progressed through the Regional Services Governance Committee. Dr Anderson referred to the recent meeting with Hester Ward and Oliver Blatchford from HPS at which some helpful progress was made in the ascertaining of information from both relatives and/or patients GP's for any patients who were unable to provide information or consent on admission. Following discussion the group agreed that the identification of patients only at the point of admission for surgical procedures considered to be high-risk was potentially a sub-optimal way to deal with this as a public health risk. It was agreed that Tom Walsh and Dr Anderson would meet to draft a letter to the UK vCJD Panel. Tom Walsh further advised that the CJD Guidance had been added to the Infection Control Risk Register.

4.6 Scottish Patient Safety Programme

Laura Langan was not in attendance to update the group on progress with this programme.

4.7 Infection Control Risk Register

Tom Walsh and Laura Langan had developed the Infection Control Risk Register which was distributed with the agenda. The group noted that the Infection Control Risk Register was being held within this function of the Datix Risk Management System.

The committee were asked for comments on the risk register to be returned to Tom Walsh or Laura Langan direct by 20 November 2009.

4.8 Update from AICC

Tom Walsh informed the group that all the items from AICC were being covered in the agenda for BICC and there were no exceptions to report.

4.9 Update from PICS

Sandra McNamee informed the group that there were no exceptions from the Partnership Infection Control Support Group to report to the BICC that was not covered on the agenda.

4.10 NHS Board Report

This report was distributed with the agenda for information. Tom Walsh commented that this report seems to continue to be well-received with the Board Clinical Governance Committee and that any comments on the report should be returned directly to Tom Walsh and that the next report was due in the next couple of weeks.

5. New Business

There was no new business to report.

6 Documents Received Since Last BICC Meeting**6.1 CDI Report 7 October 2009**

NHSGGC continues to progress well against the CDI HEAT Target for 2011.

6.2 Hand Hygiene Report

The September 2009 Report which was issued in relation to the July audit showed that NHSGGC were 93% compliant overall with regards to hand hygiene. NHS Scotland was also at 93%.

6.3 HEAT Target for SABS 2010 / 11 (for noting)

This report was distributed with the agenda for noting however attention was drawn to a recent letter from the SGHD suggesting that the HEAT Target would be extended from 2010 to 2011 and that each Health Board would be asked to extend the target by 15%. Therefore for NHSGGC the HEAT Target for *Staph. aureus* bacteraemia for 2011 would be a reduction of 50% over the baseline year.

6.4 Final Report of PEP Working Group

Dr Ann Scoular was in attendance to update the group on the report from the PEP Working Group with regards to compliance with the NHSGGC PEP Guidance. The background to this review was that there was some anecdotal evidence that implementation of this guidance document was sub-optimal. Only 1 in 10 members of staff who referred to occupational health had with them the Source Patient Information sheet required for a proper assessment to be made by occupational health. Dr Scoular had also received some communication from the Heads of Nursing via the Director of Nursing in Acute; Mr Rory Farrelly to suggest that there was some discrepancies with regards to the labelling of roles in relation to senior staff that could actually carry out this source patient assessment. The report had been submitted to the AICC and comments via Rory Farrelly's Heads of Nursing Group were awaited. Dr Scoular to be invited to the next AICC (January) and to the next Heads of Nurses Meeting to discuss.

In summary, the guidance does not seem to be working in practice and there was a concern that the awareness of the need for post exposure prophylaxis was not as widely known as it should be. The recommendations from the paper were:

1. NHSGGC should agree the preferred local strategic approach to the clinical management of potential exposures to bloodborne viruses and that there was a consistent and safe approach to source patient assessment.

2. Education and training with regards to this process should be evaluated and if appropriate, modified.
 3. The safety devices identified by occupational health should be promoted and if necessary a business case should be submitted to promote their use.
 4. A short-life working group should be established to develop the presentations for post exposure prophylaxis following sexual exposure (PEPSE) policy in NHSGGC.
 5. A six-month pilot of new patient testing in each of the NHSGGC group hospitals should be considered to allow access to HIV testing within a few hours of exposure.
- Dr Ahmed agreed to write to the lab Directorate re piloting patient testing.

Kenneth Fleming commented that there was a BBV group within NHSGGC which was a Sub-Group of the Health & Safety Group. They review needlestick injuries every quarter and were working with Scottish Procurement to evaluate a number of safety devices some of which are now cost neutral which facilitates the introduction of these devices into clinical practice. The focus at the moment was now blood collection devices and some progress was being made to identify appropriate devices for this group of all procedures. In conclusion, Kenneth Fleming supported the notion that there were appropriate structures in place in NHSGGC to evaluate and implement the procurement of safety devices.

7 Update from other Committees

7.1 BBVs/PEP

This was covered under Item 6.4.

7.2 Immunisation Liaison Group

Dr Syed Ahmed reported that the focus of this group has been on the H1N1 vaccination of the Scottish population.

7.3 TB Monitoring Group

Dr Syed Ahmed had nothing new to report on this group.

7.4 Sexual Health and Infections

Dr Ann Scoular commented that NHSGGC now had a uniform strategy in relation to the testing for Chlamydia and gonorrhoea.

7.5 PH/ EH / Med / Vet Liaison Group

Dr Syed Ahmed had nothing new to report on this group.

8. AOCB

No other business was discussed.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 25 January 2010 which will be held in Dalian House (room to be confirmed).

Listed below are proposed dates for 2010. The venues for the meetings held after March 2010 will be confirmed at a later date.

- 29 March 2010 (Dalian House)
- 24 May 2010
- 26 July 2010
- 20 September 2010
- 29 November 2010

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

Monday 25 January 2010 at 12 noon in Board Room 2, Dalian House

Present:

Dr Eleanor Anderson (chair)	- Consultant in Public Health Medicine
Ms Suzanne Clark	- Lay Representative
Mr Tom Walsh	- Board Infection Control Manager
Ms Sandra McNamee	- Assistant Director of Nursing Infection Control
Dr Jean Henderson	- Consultant in Occupational Health
Ms Liz McGovern	- Specialist – Pharmaceutical Public Health
Dr Rosie Hague	- Consultant Paediatrician in ID & Immunology
Dr Andrew Seaton	- Consultant Physician
Dr Craig Williams	- Infection Control Doctor

In Attendance

Ann Lang (minutes)

Apologies:

Dr B Cowan	Dr S Ahmed	Ms L Langan	Mr K Fleming
Ms MA Kane	Dr R McAndrew	Ms A Kerr	

1. Welcome and Apologies

Apologies were received from the above mentioned.

Dr Anderson advised that the Board Medical Director, Dr Brian Cowan would chair BICC henceforth and that she would deputise for Dr Cowan as required. The group noted that Dr Anderson would be the main point of contact between the Infection Control Service and PHPU. The committee acknowledged the significant contribution of Dr Syed Ahmed in the capacity of previous BICC chair and recorded their gratitude for his work and commitment to Infection Control over a number of years.

2. Minutes of the meeting held on 9 November 2009

These minutes were accepted with no amendment.

3. Matters arising not on the agenda

3.1 Update on H1N1 and Pandemic Flu Planning

Dr Anderson informed the group that the rates were steadily decreasing. In response to this the Executive PICC meetings had been stood down. Dr Anderson intended to undertake a lessons learned exercise. The existing flu plans would be refined after this exercise had been completed. Dr Williams asked Dr Anderson if there was an intention to step down the algorithms and the instructions round about wearing masks for possible cases of H1N1. He was concerned that practices were continuing despite the fact that other respiratory infections were more prevalent in the community now and that this was causing confusion for front line staff. Dr Anderson agreed to contact HPS and establish what the national position would be with regards to stepping down the additional infection control measures for patients with relevant respiratory symptoms in Scotland.

4. Standing Items

4.1. Update on ICP and Implementation Programme

Sandra McNamee informed the group that the Infection Control Programme was running to schedule. There were still a few outstanding actions to be completed but the programme still had three months to run and that she would table a report with regards to the plan and whether or not all the actions had been achieved at the next BICC in March.

4.2. Facilities Directorate Report

The Facilities Directorate report was tabled for information however Mary Anne Kane was not in attendance to update the group on the contents of this report. It was noted by the group that the Independent Audit of the National Monitoring Framework for Cleaning Services seemed to indicate that scores within NHS Glasgow were higher than those reported by the Independent Audit.

This is a trend that has been replicated in all NHS Boards in Scotland who have also been independently audited. The draft report of this completed audit will be circulated to the Board for comments in February/March 2010 and actions, if required, will be progressed from this report. It was also noted by the group that there was an outstanding issue with regards to diabetic waste but also acknowledged that national guidance from the NHS National Weight Management Steering Group was awaited and that this issue would be addressed when this was issued.

4.3. Antimicrobial Management Team

Dr Seaton informed the group that there had been no evidence of increased prescribing of antibiotics over the winter despite the pandemic of influenza. He also informed the group that the Antimicrobial Management Team were monitoring point prevalence of antibiotic usage on a monthly basis in each of the hospital sites. This information was being fed back to the Directorates. Dr Seaton also informed the group that prescribing information with regards to the CDI Heat Target were being monitored in Medical Receiving Units. These data are being posted nationally. Dr Seaton also informed the group that the SSI Prophylaxis Compliance Guideline was launched in October and that the application of this guideline would be audited from February onwards as a rolling programme. Sandra McNamee informed the group that the AMT and the Infection Control Surveillance Team were currently discussing the possibility that data normally collected by the Surveillance Team may be able to help the AMT with their monitoring of compliance with surgical prophylaxis but this initiative was in a development stage. With regards to prescribing in the community Tom Walsh informed the group that Val Riley, a PHPU Pharmacist, now sits on the Partnership Infection Control Support Group. Dr Seaton also informed the group that he had met with clinical leads and all ten CHCPs and the Clinical Lead for Out of Hours Service. The new Primary Care Guideline had now been out for the past six months. Data were being captured via PRISM and that there did seem to be a trend which indicated that there was a decline in the prescribing of the 4C antibiotics which are currently associated with clostridium difficile. Tom Walsh also informed the group that there may be a possibility of looking at community acquired CDI from GP samples and linking this in the long term to the prescribing data within Primary Care.

4.4. Reports from Sub Groups

a) Infection Control Policy Group

There were no policies tabled for approval at this meeting. However Sandra McNamee did indicate that the policy manual was currently up-to-date.

b) HEIS

Tom Walsh indicated that there was a lot of preparation ongoing for the visit to Inverclyde Royal Hospital on 28th and 29th of this month. This group was currently reviewing its terms of reference. Tom Walsh felt that after the visits there would probably be a cycle of visit reporting and action and that there might be different streams of work in relation to the HEI Inspectorates work. Therefore he was going to meet with Jane Grant and Rory Farrelly to discuss the way forward for this group.

c) MRSA Screening Implementation

Dr Williams confirmed that NHS Greater Glasgow and Clyde were on target to screen all the at risk groups for MRSA. NHSGGC is waiting for the final decision with regard to universal MRSA screening. The MRSA Screening Team is currently auditing rates of compliance in the surgical directorate.

Dr Williams asked the group to acknowledge the work and achievement that this department had made with regards to rolling out the screening programme.

d) vCJD Group

Dr Anderson informed the group that some progress had been made with regards to the processes surrounding the asking of the single question and the application of the guidelines in Annexe J. With regards to the single question, there had been a CJD meeting last week and it was noted that Clinical Governance were not keen for the single question to go into the generic consent form. Lesley Meikle had agreed to convene a sub group to see how this could best be done across surgery in NHSGGC. At this group there had also been some debate round about the additional questions that are required for neurosurgery. There had been no approval from neurosurgery for the extended questions to be included in their consent form. This issue had been referred to the Neurosciences Clinical Governance Committee for it to review the guidance and to suggest some solutions to how these questions could be asked within this speciality.

4.6 Scottish Patient Safety Programme

Ms Langan was not in attendance to update the group on this issue.

4.7 Infection Control Risk Register

Tom Walsh confirmed that CJD had been added to the Risk Register as agreed at the last meeting of the AICC. The group noted that the risk register was held within the Datix Risk Management System. Tom Walsh advised that as the Risk Register component of the datix system was further developed individual directorates would be able to access shared infection control risks within the system.

4.8 Update from AICC

The group noted that the Acute Infection Control Committee and the Board Infection Control Committee Agendas were almost mirror images of each other. It was agreed that Brian Cowan, Eleanor Anderson, Tom Walsh, Sandra McNamee and Craig Williams would meet to review the agendas for both of these committees and recommend a new format for future meetings of the Board Infection Control Committee. Tom Walsh also undertook to consider further Partnership members for the Board Infection Control Committee.

4.9 Update from PICC

The only outstanding issue in relation to PICC was that it had been noted that the HAI Scribe Flash Reports had not been issued to the Senior Management Team and Senior Charge Nurses in the Mental Health Partnership wards. This had been actioned by members of PICC and these flash reports had now been issued.

4.10 NHS Board Report

The report was tabled for comments. There was some debate surrounding the hand hygiene compliance issues and why the medical staff compliance seemed once again to be lower than those of other members of staff. Sandra McNamee commented that the methodology had actually changed and some of the issues in the theatre area had still to be resolved and this matter had been flagged to Health Protection Scotland Hand Hygiene Steering Board. There was a general debate about actions that could be taken to increase compliance with hand hygiene within this staff group. Tom Walsh indicated that Dr Cowan was being informed of any audit results that seemed to indicate that medical staff compliance was less than optimal and that he was contacting the clinical leads for these areas directly. There were no other comments on the NHS Board Report.

5. New Business

There was no new business to report.

6 Documents Received Since Last BICC Meeting

6.1 Watt Matrix Update

Sandra McNamee indicated that the Infection Control Team throughout the Board area were currently using the updated Matrix. There did not seem to be a significant difference in the scoring of this Matrix compared to the original Watt Matrix.

6.2 Incidents and Outbreaks letter November 2009

Again Sandra McNamee confirmed that the updated template which was issued by the Scottish Government Health Directorate in relation to what information requires to be reported to them if a significant outbreak occurred, had been issued to the Infection Control Teams and would be used in future as required.

6.3 Norovirus Control Measures Final Dec 09 & Noro Flowchart Dec 09

Sandra McNamee commented that she had compared the updated guidance to the NHSGGC Norovirus Policy. Although there were some issues with regards to an additional section about the additional measures to be taken in an escalation situation, the elements within the guidance were consistent with the Norovirus Policy. She did, however, note that the escalation section would be incorporated into the local policy.

6.4 SAB Report

Dr Williams indicated that NHSGGC is still on target to meet the 35% HEAT Target by April 2010; however it was noted that this target had been extended by an additional 15% by April 2011. Dr Williams indicated that this additional 15% may be quite challenging to achieve. There was a general debate in the room about strategies to achieve this target. Dr Williams indicated his intention to review how blood cultures were taken in A&E. On the other hand, Dr Seaton had some concerns with regards to the medical education he was currently supplying to A&E which promoted the active identification of sepsis and raised concern that any interventions apropos reducing blood cultures may militate against his aim. Dr Williams said this was not his intention simply that correct criteria and methods were used. Sandra McNamee indicated that it might be possible for the Infection Control Education Practice Development Nurse to do observation of practice within these areas just to ensure that the education given with regards to taking of blood cultures was being implemented. The group agreed that there were a number of strategies that might be employed to try and achieve the HEAT Target but again it was noted that this would be a challenge for NHSGGC.

6.5 CDI Report

It was noted that NHSGGC current rate of clostridium difficile infection was 0.43 per 1,000 occupied days. This was well below the HEAT Target for April 2011 which was 0.9 CDI per occupied bed days. Dr Williams indicated that there was some new evidence that would suggest that even patients who were asymptomatic should be considered to be infectious and should remain in isolation until they are discharged from hospital. Now that the numbers were low the feasibility of actually keeping patients in isolation until they are discharged will be discussed at the Infection Control Senior Management Team.

7 Update from other Committees

7.1 BBVs/PEP

Dr Anderson informed the group that a report on the compliance with the PEP Guidance was presented to the Board Infection Control Committee at the meeting in November and to the Acute Infection Control Committee in January.

Further clarity apropos the roles and responsibilities in the original guidance is required. Rory Farrelly, Nurse Director for the Acute Division and Brian Cowan, Medical Director were going to discuss this issue outwith the committee structure and decide a way forward for this particular guidance. Sandra McNamee indicated that she talked to Kenneth Fleming, Head of Health and Safety before the meeting. Kenneth was leading a sub group which were evaluating available safety devices and that a report on the findings of this group would be brought to the Board Infection Control Committee in due course.

7.2 Immunisation Liaison Group

Dr Anderson informed the group that HPV vaccination was going to plan. She also indicated that in terms of H1N1 there was some issues round about Phase 2 which was the immunisation of the under fives and that Phase 3 of the immunisation programme had been suspended.

7.3 TB Monitoring Group

There was some issue around T Spot testing: Dr Syed Ahmed and Dr Gillian Penrice, Consultant in Public Health Medicine have developed NHSGGC guidelines for T-Spot testing. Dr Jean Henderson indicated that Occupational Health generally will not be requesting T-Spot testing of staff in line with new guidance. Dr Williams indicated that almost 60% of requests did not seem to be appropriate and that the key to the effective utilisation of this testing would be via the identification of lead clinicians to make the decision with regards to T-Spot testing.

7.4 Sexual Health and Infections

There is going to be a review of all policies in relation to this via a group chaired by Catriona Renfrew.

7.5 PH/ EH / Med / Vet Liaison Group

This group has developed a joint health protection plan. This plan was has been signed off via the DPH and LAs.

8. AOCB

Dr Seaton raised the issue of the HPS Guidance in relation to Anthrax. Both Dr Williams and Sandra McNamee said that there had been some questions in relation to this guidance as it seemed to be contrary to initial guidance given by Porton Down with regards to how we deal with clinical waste and other procedures surrounding patients with possible anthrax. It was noted that Dr John Hood, Consultant Microbiologist at Glasgow Royal Infirmary and John Green, Clinical Waste Manager had both sent comments to Health Protection Scotland with regards to these issues. It was noted that the change in guidance would cause a significant amount of confusion to front line staff and it was hoped that these guidance documents from HPS would be amended in light of comments that have come from clinical teams throughout Scotland.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 29 March 2010 which will be held in the Conference Room, Dalian House.

The dates for future meetings are as undernoted :-

- 24 May 2010
- 26 July 2010
- 20 September 2010
- 29 November 2010

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**

held on

Monday 29 March 2010 at 12 noon in Conference Room, Dalian House

Present:

Dr Eleanor Anderson (chair)	- Consultant in Public Health Medicine
Ms Suzanne Clark	- Lay Representative
Mr Tom Walsh	- Board Infection Control Manager
Dr Jean Henderson	- Consultant in Occupational Health
Ms Liz McGovern	- Specialist – Pharmaceutical Public Health
Dr R McAndrew	- Assistant Medical Director, Oral Health
Ms L Langan	- Clinical Risk Manager
Mr K Fleming	- Head of Health and Safety
Ms MA Kane	- General Manager, Facilities
Dr Craig Williams	- Infection Control Doctor
Ms P Joannidis	- Lead Nurse Infection Control

In Attendance

Ann Lang (minutes)

Apologies:

Dr B Cowan	Ms Sandra McNamee	Dr Rosie Hague	Ms R Crocket
Ms M Brannigan	Mr Ian Gordon		

Action

1. Welcome and Apologies

Apologies were received from the above mentioned.

2. Minutes of the meeting held on 25 January 2010

These minutes were accepted with no amendment.

3. Matters arising not on the agenda

3.1. H1N1

Dr Anderson confirmed that she had spoken to Lisa Ritchie and Jim McMenamin from HPS and confirmed that additional precautions implemented during the pandemic for patients with flu like or respiratory symptoms for treating patients with flu like symptoms could be stood down in the 20th week of the pandemic which would be May 20th; however, H1N1 should still be investigated and if suspected and/or diagnosed managed accordingly including the appropriate infection control measures (including PPE for staff) for cases.

3.2. MRSA Screening

Dr Williams advised that the targeted MRSA Screening Programme had been fully implemented by the Project Team by the target date of 31st January 2010.

4. Standing Items

4.1. NHSGGC Board Report – February 2010

Tom Walsh advised that the only exception to report from the two monthly NHS Board Report was an SSI rate for hip arthroplasty which was recorded as higher than the national average. Tom Walsh confirmed that this rate had returned to below the national average.

<p>Dr Williams advised that NHSGGC remained on target to achieve the March 2010 target for the 35% reduction in staph aureus bacteraemias.</p>	<p>Action</p>
<p>4.2. Infection Control Programme Tom Walsh referred to the updated version of the Annual Infection Control Programme which was issued with the agenda for today's meeting. Tom Walsh advised that the majority of the elements of the programme had been completed or were working towards completion during March 2010. It was noted that the implementation of the ICNET/IT system would run into 2010/11.</p>	
<p>The committee noted that the research agenda had not been able to progress as planned and Dr Williams indicated that he would be taking a specific focus on this for 2010/11.</p>	<p>CW</p>
<p>Dr Anderson referred to the hand hygiene section of the Infection Control Programme and asked how the committee would receive assurance that the hand hygiene compliance rates were remaining consistent or improving with particular reference to the variable compliance rates attributed to medical staff. Dr Williams confirmed that Dr Cowan, the Board Medical Director was taking an active interest in hand hygiene amongst medical staff and that he was receiving exception reports directly from the Board Hand Hygiene Co-ordinator so that he could target intervention as appropriate. Tom Walsh also advised that all wards within NHSGGC should be carrying out a monthly self audit of hand hygiene compliance and that this was reported up through the Acute Division performance monitoring processes. Tom Walsh agreed to confirm the scoring parameters for hand hygiene compliance within the balance scorecard.</p>	<p>TW</p>
<p>4.3. Policies Pamela Joannidis confirmed that there were no policies for approval at today's meeting. Pamela Joannidis further advised that the policy manuals were found to be in place and complete during the two Healthcare Environment Inspectorate audits undertaken earlier this year.</p>	
<p>4.4. Risk Register Tom Walsh advised that Laura Langan had agreed to provide training for Infection Control Nurses and Doctors on datix training.</p>	<p>LL</p>
<p>5 Exception Reports and Updates 5.1 Facilities Directorate Mary Anne Kane referred to the Facilities Report tabled and advised no significant exceptions to report. Mary Anne Kane advised the group that the draft audit report from HFS in February/March was yet to be received. The group noted that new national monitoring arrangements would be in place from April 2010 and that these audit tools would look at estates cleanliness with regards to vents, damage to walls and floors etc. and will provide national scores for both domestic cleanliness and estates. Dr Anderson referred to the Waste Management section of the Facilities Report and commended the reduction in overall waste going to landfill as a result of improved waste segregation and recycling. Mary Anne Kane advised that a national group were now looking at the segregation and recycling of some elements of clinical waste. The group agreed that this would be a reasonable method of further reducing waste through recycling provided the processes did not compromise patient safety.</p>	

5.2 Healthcare Environment Inspectorate

Tom Walsh advised that the previous QIS Standards Group (sub group of BICC) had been disbanded and reconvened under the chairmanship of Rory Farrelly, Acute Director of Nursing. This revised group is taking forward both the preparation for HEI Inspectorate visits and the progressing of action plans arising from HEI visits. Tom Walsh advised that NHSGGC had two inspections since the last meeting of the committee, Inverclyde Royal Hospital in January 2010 and Southern General Hospital in March 2010. Tom Walsh advised that the Inverclyde visit had been described by the Inspectors as a positive visit and that the subsequent publication of the report on March 8th confirmed that this had indeed been an overall positive visit. The group however noted that recommendations were made within the report on both update training in Infection Control for clinical staff and areas where cleaning services and estates work could be improved. Tom Walsh advised that the Southern General Hospital visit presented more of a challenge for the Inspectors in terms of the age of a number of buildings on the facility. Tom Walsh advised that during the feedback session the Inspectors had again described the visit as positive however a number of areas for improvement were noted around cleaning particularly in high areas and corners and the overall condition of the estate. The group noted the huge amount of work that was going in relation to the HAI Scribe Audits and the HEI inspection process and Tom Walsh confirmed that whilst not all works can be completed in time for inspections Charge Nurses and Lead Nurses within the clinical areas had all been informed of the programme of work and when their area was programmed into the overall programme. Tom Walsh advised that the draft report from the Southern General Hospital visit was due sometime around 31st March and that the final report was due for publication on 19th April 2010.

Action**5.3 vCJD Group**

Dr Anderson advised that Lesley Meikle was taking forward the implementation of the single question for identification of at risk patients through the pre-operative assessment service. Dr Anderson confirmed that the more comprehensive set of questions required for patients undergoing high risk procedures was being considered by the Institute of Neurosurgical Sciences Clinical Governance Group and that she was anticipating feedback in the near future.

**EA
LM****5.4. Antimicrobial Utilisation Committee**

No representative of the Antimicrobial Management Team was present for today's meeting however Liz McGovern confirmed that Primary Care Guidelines have been issued and that there was a huge amount of work around vancomycin monitoring.

Laura Langan advised that there was talk nationally regarding the development of an antibiotic care bundle possibly related to surgical prophylaxis and that she might know more about this at the next SPSP learning session due in May. Tom Walsh advised that the Healthcare Environment Inspectorate were taking an active interest in the work of the Antimicrobial Management Team.

LL**5.5. Acute Infection Control Committee**

Tom Walsh advised that there were no significant exceptions to report.

	Action
<p>5.6. Partnership Infection Control Support Group Tom Walsh advised that the further nominations from the Partnership Group had been made to strengthen representation on the Board Infection Control Committee and this included Mari Brannigan, Director of Nursing, Mental Health Partnerships. Tom Walsh also confirmed that Dr Alison Balfour whilst unable to attend meetings on Mondays would be included in the distribution of all papers and communication relating to the Board Infection Control Committee.</p> <p>Tom Walsh advised that a small sub group including Dr Alison Balfour had looked at the Infection Control Risk Register and had produced a sub register with interpretation of the key risks from a Partnership prospective. It was agreed that this would be put on the datix system under the main risk register and would be reviewed regularly by the Partnership Infection Control Support Group.</p>	TW
<p>6. New Business / Documents Received New Business</p> <p>6.1. Hand Hygiene Report The group noted the most recent report published by HPS indicated that NHSGGC had remained at 92% compliance overall. Tom Walsh advised that the national Hand Hygiene Steering Board were actively considering the future of the bimonthly snapshots audits within NHS Boards as the SPSP process for monthly local hand hygiene audits may indeed become more relevant to the changing of practice.</p> <p>6.2. CNO Letter C-Diff Testing Dr Williams confirmed that NHSGGC were compliant with the CNO letter and that he was planning to undertake education sessions for Infection Control Nurses in the interpretation of the new or revised testing processes.</p>	CW
<p>7. Update from Public Health Committees</p> <p>7.1. Immunisation Liaison Group Dr Anderson reported that the campaign with H1N1 was continuing. At risk groups or new cases are to continue until spring/summer.</p> <p>7.2. TB Monitoring Group Dr Anderson advised there are new guidelines for testing for TB.</p> <p>7.3. BBVs/PEP Dr Anderson stated that the Hep C Action Plan is progressing.</p> <p>The PEP Guidance has been commissioned by the Board Infection Control Committee. Discussion had taken place regarding the best staff group for the patient testing. Dr Anderson spoke with Dr Cowan and it was agreed that a short life working group be set up to review the guidance.</p> <p>7.4. PH / EH / Med / Vet Liaison Group This group have not met recently.</p>	

8. AOCB

Tom Walsh advised that whilst the NHSGGC had implemented the National MRSA Screening Programme by the required date of end of January 2010 the full report on the recommendations following analysis of the implementation of universal screening within pathfinder boards had not been released by the due date. Tom Walsh advised that this guidance was required to determine what the next phase of the project will look like.

SPSP

Laura Langan advised that the SPSP document report which went to the NHS Board in February would be circulated with the BICC minutes.

Dr Anderson advised that the Prison Health Services were in the process of transferring to the NHS and whilst this was in the early stages the impact on the provision of public health and infection control advice would need to be considered during the discussions.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 24 May 2010 which will be held in Board Room 2, Dalian House.

The dates for future meetings are as undernoted :-

- 26 July 2010
- 20 September 2010
- 29 November 2010

Action**LL**

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**

held on

Monday 24 May 2010 at 12 noon in Conference Room, Dalian House

Present:

Dr Brian Cowan (chair)	- Medical Director
Dr Eleanor Anderson	- Consultant in Public Health Medicine
Ms Suzanne Clark	- Lay Representative
Mr Tom Walsh	- Board Infection Control Manager
Ms Sandra McNamee	- Assistant Director of Nursing Infection Control
Dr Jean Henderson	- Consultant in Occupational Health
Ms Liz McGovern	- Specialist – Pharmaceutical Public Health
Dr Ray McAndrew	- Assistant Medical Director, Oral Health
Mr Kenneth Fleming	- Head of Health and Safety
Ms Mari Brannigan	- Nurse Director, Mental Health
Mr David Pace	- General Manager, Facilities
Dr Craig Williams	- Infection Control Doctor
Dr Andrew Seaton	- Consultant Physician
Dr John Ip	- LMC Rep

In Attendance

Ann Lang (minutes)

Apologies:

Ms Laura Langan Ms Mary Anne Kane Dr Rosie Hague Mr Ian Gordon

	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p> <p>2. Minutes of the meeting held on 29 March 2010 These minutes were accepted with no amendment.</p> <p>3. Matters arising not on the agenda There were no matters arising that were not included in the Agenda.</p> <p>4. Standing Agenda Items</p> <p>4.1. NHSGGC Board Report Tom Walsh commented that there were no exceptions reported within the bi-monthly Board Report. He confirmed that NHSGGC had met the 2010 Heat Target to reduce SABS by 35% and that the SSI rates for NHSGGC for all mandatory elements were reported as below the national average. The CDI rate for NHSGGC was also below 30% reduction as required by the Heat Target issued in 2009 in relation to CDIs.</p> <p>4.2. Annual Infection Control Programme The Annual Infection Control Programme was tabled for approval. There were no additional comments from the group with regards to the programme which had been widely circulated for comments previously. This programme was now approved and would be sent to the Board Clinical Governance Committee which was due to meet in June.</p>	

	Action
<p>4.3. Policies</p> <p>Sandra McNamee tabled four policies for approval and three SOPs for approval also. These policies had previously been circulated to the Acute Infection Control Committee and Partnership Infection Control Support Group. All comments had been included but it was Sandra's intention to circulate these comments to BICC one final time with a closing date of 4th June 2010 for final approval. If there were no significant changes to them they would be posted on the Infection Control webpage and the policies would be distributed to the Directors as per the policy distribution SOP.</p>	SMcN
<p>4.4. Risk Register / Risk Management</p> <p>Tom Walsh informed the group that a datix report was now being developed in collaboration with Laura Langan from Risk Management. This report was currently being circulated amongst the Senior Management Team within Infection Control but once approved would be issued to the AICC, PICSG and the Board Infection Control Committee. Elements from the datix reporting would be mapped against the current Infection Control Risk Register to ensure consistency.</p>	
<p>4.4. Infection Control Implementation Plan</p> <p>Sandra McNamee updated the group and commented that the Implementation Plan thusfar was going according to the timescales included in the plan. Most of the actions at the moment were directed towards the addition of an extra 15% reduction in the SABS. Examples of actions completed were that the Infection Control team had already reviewed the SAB Enhanced Data Collection form and that a project group to discuss the implementations of actions related to SAB reduction was due to meet in June.</p> <p>Another action from the Implementation Plan that had been achieved thusfar was that Stefan Morton, Local Board Hand Hygiene Co-ordinator was piloting a methodology to progress an action from the HEI Action Plan that the public and patients were involved in the monitoring of hand hygiene compliance. Progress against this would be given at the next BICC.</p>	
<p>5 Exception Reports and Updates</p>	
<p>5.1 Facilities Directorate</p> <p>A report was tabled for information. David Pace reported that there were no significant exceptions within the Facilities Report. Key areas to highlight were the draft audit report which was expected from Property Environment Forum Scotland was still awaited.</p> <p>New National Monitoring Tool was launched in April. It would appear that on initial assessment that the scores seemed to be high but this might be an anomaly associated with the spreadsheet and Property Environment Forum Scotland were currently looking into this.</p> <p>Diabetic Waste Management</p> <p>The application of the current guidance seemed to be an issue for all of NHS Scotland with a significant resource attached to the Implementation of this. NHSGGC were awaiting further guidance in relation to the application of this initiative and that once decided would be raised by Alex McIntyre at the OMG for deliberation.</p>	

Action

Liz McGovern commented that there were problems implementing this guidance within Community Pharmacies. Kenneth Fleming commented that the lack of application with regards to this guidance was a risk to the organisation, however he also commented that this has been a long term and ongoing risk.

5.2 Healthcare Environment Inspectorate

Tom Walsh commented that reports from the Southern General Hospital and Inverclyde Royal Hospital had been received. In addition action plans for each of the sites had been amalgamated and were being taken forward and actions within were being taken forward on an organisational wide basis.

It was noted that there had been increased interest with the Inspectorate with regards to the Antimicrobial Management Team. It was also to be noted that the Chief Inspector Susan Brimelow would be attending the next inspection which was due to be held in Glasgow Royal Infirmary on 2nd and 3rd June 2010.

An Isolation tool and the possibility of a Theatre Tool to be included within the process was noted.

5.3 vCJD Group

Dr Anderson commented that the last meeting of this group had been held in March. She informed the group that Lesley Meikle was currently taking forward the single question and that this question would be included in all pre op assessment documents. The more detailed question in relation to operations in neurology and in ophthalmology (posterior eye). It was noted that Neurosurgeons had significant concerns with regards to the operationalisation of this policy and that Dr Anderson had contacted the UK Panel for some guidance in relation to this. UK Panel had informed Dr Anderson that there were significant problems implementing this guidance throughout the UK and that currently the national panel were reviewing all the guidance. Dr Anderson agreed to contact the Panel again and update NHSGGC when she had more information.

5.4. Antimicrobial Utilisation Committee

Dr Seaton updated the group on the following:-

- 1) With regard to the Heat Target in relation to prescribing indicators he commented that data collection was currently underway in all acute receiving units and that they were achieving 95% compliance with the collection of this data. Surgical Receiving had been included in this collection process in the last couple of months.
- 2) Surgical Prophylaxis – auditing was ongoing with regard to the Heat Target. However AMT were currently refining agreed surgical prophylaxis with colleagues in neurology services.
- 3) Prescribing in Partnership Areas – currently NHSGGC were above the less than 5% prescribing of quinolone target. However it was noted that there had been a significant reduction in the prescription of cdiffogenic antibiotics in primary care.

AMT were currently linking with prescribing advisors in primary care to take forward some of the actions within primary care/partnerships.

Action

- 4) In Acute Operating Division inpatient antibiotic guidelines had just been reviewed and were currently in press. Posters were being prepared for distribution throughout all acute areas. Dr Seaton also commented that AMT had responded to the increase in clostridium difficile infections in Stobhill and that one of the issues that had come out of this was that there was an increase in quinolone prescribing within surgery. It was thought that this may be due to urology beds being relocated into general surgical wards. Dr Seaton informed that he had met with clinical staff in Stobhill and that this issue had been resolved.
- 5) The AMT Business Case had been successful and a new Consultant had been appointed.
- 6) Dr Anderson said that Val Riley who sat on the Partnership Infection Control Support Group had agreed to collect some primary care/partnership data for review at the Partnership Infection Control Support Group and that this would now be a standing item on this group's Agenda. Dr Ip commented that there was a lot of work going on within Partnerships and that quinolones were now a prescribing indicator in most of the CHCPs with a 5% reduction expected. Dr Ip also commented that NHSGGC GPs had started to issue patients with non prescription notes i.e. patients are now given an explanation as to why they have not been prescribed an antibiotic. Dr Seaton commented that this system had been used in NHS England but had not been evaluated. This system however would be evaluated in NHSGGC.

5.5. Acute Infection Control Committee

Tom Walsh advised that there were no significant exceptions to report. The only thing that Tom Walsh drew to the attention of the committee was that there was agreement that the PVC Care Plan would be rolled out throughout NHSGGC and the expectation was that the care plan would be started wherever the first PVC was inserted.

5.6. Partnership Infection Control Support Group

Dr Anderson updated the group with regards to this. It was noted that there had been a Business Case put forward to provide an Infection Control service for General Practitioners. Karen Murray who was the CHCP Director for East Dunbarton had requested that this be piloted before it had been discussed in a wider context. It was felt that this really had to demonstrate a cost effectiveness before it could be taken forward. Dr McAndrew said that in terms of general dental practitioners there was support that was ongoing via NES with regards to education. The practice inspection cycle was ongoing but the criticality was that there was no one to monitor actual practice within general dental practices and that there may have to be a change in how processes are monitored in the future. Dr Cowan asked Sandra McNamee how this worked in practice and whether or not the Infection Control Nurses supported this process.

Action

Sandra confirmed that the Partnership Infection Control Nurses did give advice to general dental practices in relation to decontamination. This advice was also given to GP practices but most of this was on an ad hoc basis and at this point in time the Infection Control Nurses allowed this. However this was not a formal arrangement and that the Infection Control Nurses did not have a responsibility to give advice to independent contractors outwith NHSGGC. Liz McGovern also commented that there were no links with regards to Infection Control advice to Community Pharmacy. Sandra McNamee commented that when required there was Infection Control advice issued to Community Pharmacy and an example of that would be during the recent pandemic of H1N1 but she agreed there was no formal link to Community Pharmacies and the Infection Control Team in NHSGGC at this time.

TW

Dr Anderson commented that it had been brought to her attention during the meeting that two sites in Inverclyde were practicing local decontamination outwith the framework of normal auditing and links to CDU. Tom Walsh agreed to bring this issue up with Mary Anne Kane and Alan Stewart in CDU.

Sandra McNamee commented that the prevalence audit was currently being carried out within inpatient mental health partnership beds. Preliminary results for this audit would indicate that the most common types of infection are oral candidiasis and eye infections. Dr McAndrew said that there was a group that had been set up in NHSGGC to look at oral health within inpatient bed areas and that the output from this group may be used to inform practice within these sites if oral candidiasis was indeed a problem across the sites.

5.7 Scottish Patient Safety Programme

A paper was tabled for information but Laura Langan was not in attendance to update the group on this.

6. New Business / Documents Received New Business**6.1. CDI/SAB/SSI Report**

Sandra McNamee updated the group.

CDI

CDI was currently at 0.36 cases per 1000 occupied bed days. This was well below the target (30% which is 0.9 cases per 1000 occupied bed days).

SSI

In relation to SSI of the four operations currently surveyed i.e. caesarean section, hip arthroplasty, knee arthroplasty and open reduction of long bone for NHSGGC for the period October 2009 – December 2009 were under the average rate of infection for NHS Scotland.

SAB

As indicated previously NHSGGC had met the 35% Heat Target for April 2010. However the work was ongoing to try and achieve the additional 15% target which was issued this year in relation to SABs.

Action

6.2. 2011 Heat Target for SABS

Tom Walsh updated the group in relation to work ongoing in NHSGGC and commented that he was using the down time experienced by the MRSA Screening Team to project manage a plan for this reduction and that there were representatives from each directorate on a steering group which was looking at this issue.

6.3 Education Strategy

This Strategy had been previously circulated. The main change to the Strategy after circulation was that comments had been received that there should be mandatory updates on antimicrobial prescribing for senior medical staff within NHSGGC. This has been included in the Strategy and Sandra McNamee asked that this Strategy be approved by BICC and this Strategy was approved.

6.4. Infection Control Annual Report

The report had previously been circulated for comment and any comments were included. This report would now go to the Clinical Governance Committee and ultimately the Chief Executive for approval.

Liz McGovern commented on an item within the report which was in relation to training tracker and asked if there had been any analysis of the staff group that was undertaking the training modules. Sandra McNamee commented that she had not done any analysis of this to date but if there was any information required she would be happy to send this to Liz.

7. Update from Public Health Committees**7.1. TB Monitoring Group****Immunisation Liaison Group**

There was nothing to report in relation to TB Monitoring Group.

7.2. PH / EH / Med / Vet Liaison Group

There was nothing to report.

7.3. Vaccination

- a) Pneumococcal vaccine for well infants up to the age of 2 years and all other in 'at risk' categories up to the age of 5 years will change from PCV7 to PCV13 from March 2010.
- b) HPV vaccination catch up programme will cease this year. HPV vaccination will continue routinely for all S2 female pupils.
- c) H1N1 programmes continuing to offer H1N1 vaccine to pregnant women to the end of September 2010 via 5 maternity hubs, or GP if preferred. It also continues for Health and Social Care workers and any patients 'at risk' who have not been vaccinated.

In September move to seasonal flu vaccine which will include H1N1 for all risk groups.

Specific arrangements (including use of H1N1 vaccine) will be made for immunocompromised.

Action**7.4. BBVs/PEP**

In regards to blood borne viruses Dr Anderson indicated that a number of patients diagnosed with HIV was increasing and that there was some work required with regards to the identification of these cases at an earlier stage. The Hep C Action Plan was also progressing well although monies for the third phase had been slightly restricted by the Scottish Government. A meeting had been arranged with regards to PEP which is Post Exposure Prophylaxis and that any output from this group would be reported to BICC at the next meeting.

8. AOCB

No other business was discussed.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 26 July 2010 which will be held in the Conference Room, Dalian House.

The dates for future meetings are as undernoted :-

- 20 September 2010
- 29 November 2010

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**

held on

Monday 26 July 2010 at 12 noon in Conference Room, Dalian House

Present:

Dr Brian Cowan (chair)	- Medical Director
Ms Suzanne Clark	- Lay Representative
Mr Tom Walsh	- Board Infection Control Manager
Ms Sandra McNamee	- Assistant Director of Nursing Infection Control
Mr David Paul	- Lay Representative
Ms Liz McGovern	- Specialist – Pharmaceutical Public Health
Mr Kenneth Fleming	- Head of Health and Safety
Dr Rosie Hague	- Consultant Paediatrician
Dr Craig Williams	- Infection Control Doctor
Ms Ann Kerr	- Lead Nurse, Surveillance
Mr Stephen McGuinness	- Area Senior Nurse, MHP
Ms Mary Anne Kane	- General Manager, Facilities
Dr Ray McAndrew	- Assistant Medical Director, Oral Health

In Attendance

Ann Lang (minutes)

Apologies:

Dr Eleanor Anderson	Dr Andrew Seaton	Dr Ian Gordon	Ms Mari Brannigan
Ms Laura Langan	Mr Alex McIntyre		

Action

1. Welcome and Apologies

Apologies were received from the above mentioned.

2. Minutes of the meeting held on 24 May 2010

These minutes were accepted with no amendment.

3. Matters arising not on the agenda

There were no matters arising that were not included in the Agenda.

4. Standing Agenda Items

4.1. NHSGGC Board Report

Tom Walsh reported that there were no significant exceptions to report from the June submission of the HAI Report to NHSGGC.

Tom Walsh advised that the future reports would be in the new format issued by Scottish Government Health Directorates. A copy of the format had previously been issued to group members. Ann Kerr advised that the new template was proving difficult to populate and required directorate co-operation in obtaining monthly hand hygiene scores for presentation at hospital level within the report.

Tom Walsh advised the committee that the Board Clinical Governance Committee and NHS Board had specifically requested that site level SPCs for C-Diff and MRSA continue as an Appendix to future NHS Board HAI Reports for assurance purposes

	Action
<p>4.2. & 4.5. Annual Infection Control Programme</p> <p>Sandra McNamee confirmed to the group that the Annual Infection Control Programme had now been approved by Robert Calderwood, Chief Executive and that the Implementation Plan was running to target with the exception of the Staph Aureus Bacteraemia Surveillance Form which had been revamped and work using this had commenced.</p> <p>4.3. Policies</p> <p>Sandra McNamee advised the group that the process for new builds and refurbishments and renovations was now covered by HAI Scribe and therefore recommended that the existing New Build Policy be withdrawn from the Policy Manual. BICC approved the removal of the Policy.</p> <p>Tom Walsh referred to a CEL issued on 20th July 2010 regarding the presumption of 100% single room accommodation within new build projects and 50% single room accommodation within extensive refurbishments.</p>	
<p>4.4. Risk Register / Risk Management</p> <p>Tom Walsh confirmed that a paper summarising the main risks reported through the Datix Risk Management system had been submitted to the Acute Infection Control Committee by Laura Langan. Some revisions had been recommended and the report will be presented to the next meeting of BICC.</p>	L Langan
<p>5 Exception Reports and Updates</p> <p>5.1 Facilities Directorate</p> <p>Mary Anne Kane referred to the Facilities Report issued with the papers for the meeting. The group noted that the results of the first application of the new Domestic and Estates Monitoring System Audit Tool were at present embargoed. The group noted that there were awareness sessions being run by Health Facilities Scotland with regard to the application of the monitoring tool and that through the Acute Infection Control Committee discussions were taking place on the linking of the Domestic and Estates Monitoring scores to the Infection Control Environmental Audit scores.</p> <p>The group noted that the Southern General CSSD facility was being retained to facilitate action on a number of quality and backlog issues at the main CSSD at Cowlares.</p> <p>5.2 Healthcare Environment Inspectorate</p> <p>Tom Walsh confirmed that the next Healthcare Environment Inspectorate visit would be to the RAH on 24th and 25th August. The group noted that Rory Farrelly had suggested that a corporate inspection team be assembled to undertake more formal in house inspections to ensure NHSGGC is fully prepared for future forthcoming audits.</p> <p>Tom Walsh advised that Susan Brimelow in presenting to the Infection Control Managers Network had intimated that the focus from September 2010 onward would be on unannounced visits with a minimum of 50% of inspections being unannounced in the forthcoming year. Stephen McGuinness asked if there was any update on the Inspectorate plans in relation to Mental Health inpatient facilities.</p>	

Action

Tom Walsh advised that at the moment the focus remained on Acute Hospitals. The group noted that the NHS Board Chairs were meeting with Susan Brimelow this week to discuss the media and public reaction to the published reports.

5.3 vCJD Group

Tom Walsh advised that work continued to implement the single question through surgical pre assessment service. The group also noted that the UK Panel continue to review the guidance for the full assessment process to be undertaken for neurosurgical and retro bulbar ophthalmic patients and that this guidance was not yet in its final format.

5.4. Antimicrobial Utilisation Committee

Liz McGovern advised that the business case for the AMT had been partially successful in that a new consultant post was in place, however more work required to be done around the Pharmacists post. The group noted that the antimicrobial prescribing guidelines for Primary Care had been implemented and that paediatric prescribing was being reviewed. Ray McAndrew requested that prescribing guidelines for Oral Health be considered when reviewing paediatric prescribing.

The group also noted that Ysobel Gourlay was working on education and training for antimicrobial prescribers and that a register was being produced which would be helpful in presenting evidence for future HEI inspections.

5.5. Acute Infection Control Committee

Tom Walsh confirmed that the BICC Agenda covered all the pertinent points of the Acute Infection Control Committee meeting.

5.6. Partnership Infection Control Support Group

Ann Kerr advised that the HAI Prevalence Study had been repeated in Mental Health Partnerships inpatient facilities and that overall prevalence of 4.7% had been recorded during this study. This constituted 40 HAIs in approximately 800 patients and the main types of infection were oral infections and urinary tract infections. Ann Kerr confirmed that further work would be undertaken with colleagues in Mental Health Partnership regarding urinary tract infections.

5.7 Scottish Patient Safety Programme

Tom Walsh confirmed that Staph Aureus Bacteraemia HEAT Target Project was working closely with SPSP with regard to the roll out of the PVC Care Plan/PVC Care Bundle.

6. New Business / Documents Received New Business

6.1. Revised CDI Target

Tom Walsh referred to the revised target for the reduction in clostridium difficile by March 2011. The group noted that the target had now been extended from 30% to 50%. Sandra McNamee advised that the current Board performance was approximately 67% reduction and therefore maintaining the current focus on infection control and antimicrobial prescribing should ensure that NHSGGC achieve the target.

Action

6.2. ESAC Report and Letter

Tom Walsh referred to the report and letter circulated from the SCOTMARAP Group. Tom Walsh confirmed that SGHD and HPS had been asked to confirm the status of this and other reports coming from the SCOTMARAP Group.

6.3 Hand Hygiene Audit Report

Sandra McNamee referred to the most recent version of the Health Protection Scotland bi-monthly report on the National Hand Hygiene Campaign and the group noted that NHSGGC had recorded 92% against a 94% national average. The group noted that the new HAI reporting template required bi-monthly reporting of hand hygiene compliance at hospital level and that therefore the focus was likely to shift to the monthly ward level reports rather than the national hand hygiene campaign. Tom Walsh intimated that the national hand hygiene campaign may wind up in March 2011. The group also noted that there had been an early indication that the Cabinet Secretary was considering extended hand hygiene targets to include compliance with technique as well as compliance with opportunity.

David Paul referred to the number of visitors and relatives not using hand gel. The group noted that Stefan Morton, LHBC was working with a member of the public and would be undertaking a snapshot audit of hand hygiene compliance amongst visitors at visiting time.

7. Update from Public Health Committees

The group noted the work of the Immunisation Group including the HPV Programme which was continuing to the end of the year.

The group noted that the seasonal flu immunisation campaign this year was slightly complicated with the inclusion of H1N1 vaccine as well as the seasonal flu.

Liz McGovern further advised that there was a new meningitis vaccine.

8. AOCB

Tom Walsh referred to a letter from the Chief Nursing Officer regarding the HEAT Target for Staph Aureus Bacteraemia. The group noted that in reviewing the performance to date of NHSGGC the CNO and Scottish Government Health Directorates did not feel that NHSGGC required intensive support from IIIP or HPS in the achievement of the target.

Liz McGovern raised an issue related to HEI inspections around drug fridges. Tom Walsh advised that he had met with the Regional Quality Assurance Pharmacist and had clarified the position regarding the recording of temperatures within drug fridges and that this would be fed back through the HEI Steering Group.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 20 September 2010 which will be held in Conference Room 2.16A, Level 2, New Victoria ACH.

The dates for future meetings are as undernoted :-

29 November 2010

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**

held on

**Monday 20 September 2010 at 12 noon in Conference Room 2.16A,
Victoria ACH**

Present:

Dr Eleanor Anderson (chair)	- Consultant in Public Health Medicine
Ms Suzanne Clark	- Lay Representative
Ms Sandra McNamee	- Assistant Director of Nursing Infection Control
Mr David Paul	- Lay Representative
Mr Kenneth Fleming	- Head of Health and Safety
Dr Craig Williams	- Infection Control Doctor
Ms Mary Anne Kane	- General Manager, Facilities
Dr John Ip	- LMC Rep

In Attendance

Ann Lang (minutes)

Apologies:

Mr Tom Walsh	Dr Brian Cowan	Dr Ian Gordon	Dr Ray McAndrew
Ms Liz McGovern	Ms Mari Brannigan	Dr Rosie Hague	

Action

1. Welcome and Apologies

Apologies were received from the above mentioned.

2. Minutes of the meeting held on 26 July 2010

The minutes of the previous meeting were accepted with the following amendment:-

Page 2, Item 5.1: Mary Anne Kane advised that the second paragraph should read TSSU instead of CSSD.

3. Matters arising not on the agenda

There were no matters arising that were not included in the Agenda.

4. Standing Agenda Items

4.1. NHSGGC Board Report

Dr Williams reported that there were no significant exceptions to report from the August submission of the HAI Report to NHSGGC. He said this would be the last report in this format and the next report due in October would be in the new format.

4.2. Revision of the HAI Reporting Template

The new report will be available in October.

4.3. Policies Leaflets

Norovirus Policy

Sandra McNamee advised the group that there were no significant changes to the policy. She asked the committee to note that the definitions for norovirus were stricter following the guidance from HPS. This policy was approved.

Action**C-diff Policy**

Sandra McNamee advised the group that the changes to this policy in the main were with regards to the reporting mechanisms for informing the ICT and the service of linked cases and the requirement to log severe cases onto datix. The HPS trigger tool would also be used if there were two HAI cases in a ward in a two week period. This policy was approved.

Dr Ip asked if these policies are applicable to Primary Care. Sandra McNamee stated that these policies are applicable to inpatient beds but there is no remit for nursing homes as these are covered by Public Health.

Leaflets

David Paul said that he had provided comments and stated that he found the format to be readable. Suzanne Clark commented that on the leaflets it states that information can be found on the internet and said this could be a problem for elderly people. Suzanne Clark also asked if Sandra McNamee's name could be added beside the telephone number for advice and if NHS 24 could be entered on the form. Sandra said she would discuss this with the Director of Nursing for NHS 24. There was also a comment that information regarding infection control is hard to find on Staffnet and Sandra said she would look into this to try and make it easier.

SMcN**5 Exception Reports and Updates****5.1 Facilities Directorate**

Mary Anne Kane referred to the Facilities Report issued with the papers for the meeting and informed the committee that this report had already been to the Acute Infection Control Committee. She said that there were not many exceptions to report and that all sub groups are meeting regularly.

Decontamination

The group noted that the Southern General TSSU facility was being retained at the moment even though there were no backlog issues. A national working group has been set up to look at contingency planning with regards to the provision of laundry and decontamination of medical devices.

Waste

Mary Anne Kane advised that they continue to look at environmental friendly ways of disposing waste and they are looking at recycling sharp containers. There have been a number of needlestick injuries in porters and domestic staff. Mary Anne said that when porters are uplifting waste there can be needles in the bags. Kenneth Fleming reported that a large proportion of devices not used are safety device and that only one or two items could not be transferred to these systems i.e. blood culture collection and IM injections. Mary Anne Kane did report that there had been a 30% decrease in needlestick injuries during the last twelve months. Kenneth Fleming said he was promoting an e-learning programme for needlestick injuries and this programme will last approximately half an hour to 45 minutes but acknowledged that in the main it is for clinical staff who handle sharps rather than staff who do not but are still injured. An Acute Brief has been issued to raise staff awareness of needlestick injuries.

	Action
<p>5.2 Healthcare Environment Inspectorate Sandra McNamee confirmed that the Healthcare Environment Inspectorate visited RAH on 24th and 25th August. The report from the visit has been issued for factual inaccuracy and Sandra commented that the report issued was good and that the inspectorate have noted that we are sharing actions from each visit throughout the board.</p> <p>A monthly mattress audit has been introduced but some problems with the material had been noticed when they were being routinely cleaned with chlorine. David Paul asked if the mattresses were coming from different sources. Sandra McNamee commented that there are 3 manufacturers and that a group in the AOD are looking into this. Mary Anne Kane advised that there is new technology being developed by the Department of Health and said that she would send Sandra the information.</p> <p>Suzanne Clark advised that 50% of inspections in the forthcoming year will be unannounced. The group noted that Rory Farrelly was setting up a corporate inspection team to undertake formal in house inspections to ensure NHSGGC is fully prepared for future forthcoming audits.</p>	MAK
<p>5.3 vCJD Group Dr Anderson reported that the sub group had met two weeks ago. The group noted that work continues to implement the single question through surgical pre assessment service. Christina McKay, Acting Head of Nursing for Surgery and Anaesthetics was going to discuss how this could be implemented in emergency surgical admissions with her colleagues.</p> <p>Dr Anderson advised that guidance was issued in July 2009 regarding high risk tissue. Neurosurgeons were unhappy to implement this as they felt that a large proportion of their instruments could end up quarantined. The Associate Medical Directorate for that area has agreed to discuss the issues with the Neurosurgeons in an attempt to progress the guidance. She said she had also spoken to Oliver Blatchford to organise a national group to look at the operational aspects of the guidance.</p>	
<p>5.4. Antimicrobial Utilisation Committee There was no representative available to update the group.</p>	
<p>5.5. Acute Infection Control Committee There were no exceptions to report.</p>	
<p>5.6. Partnership Infection Control Support Group There were no exceptions to report.</p>	
<p>5.7 Scottish Patient Safety Programme A report was tabled for information. Dr Anderson asked if Laura Langan could provide a presentation on this for the next meeting. Dr Anderson said she would speak to Dr Cowan regarding this.</p>	LL EA
<p>6. New Business / Documents Received New Business</p>	
<p>6.1. CEL 27 (2010) Single Room Accommodation & Bed Spacing This document was discussed at the last meeting.</p>	

	Action
<p>6.2. NHSGGC – Achieving SAB HEAT Target A letter from Ros Moore, Scottish Government was tabled for information.</p>	
<p>7. Update from Public Health Committees The group noted the work of the Immunisation Group including the HPV Programme which was continuing to the end of the year.</p>	
<p>Dr Anderson reported that the seasonal flu immunisation schedule was slightly complicated with the inclusion of H1N1 2009. Dr Williams asked the position regarding the use of FFP3 masks and the definition of aerosol generating procedures not that some evidence was available that nebulisation does not aerosolise influenza. Dr Anderson said she would check this with HPS and let Dr Williams know.</p>	EA
<p>8. AOCB David Paul commented that in the Clyde sector sub group meetings in the Facilities Report it states that the cleaning of spillages and vent cleaning has not been addressed at IRH. Mary Anne Kane advised that there are discussions ongoing regarding whose responsibility it is to clean spillages whether it is the nursing staff or facility staff – however she stated that spillages were always cleaned. She said the minutes will be amended at the next meeting to say this has been completed.</p>	
<p>Mary Anne Kane said with regard to vent cleaning the issue is timing when staff can gain access to Theatres as staff do not want to disturb theatre lists. She said there is a PPM Schedule for ventilation and there is a Ventilation Sub Group. Ventilation reports will also be attached to the Facilities report and will go to the AICC and BICC and any issues are picked up through the Facilities Risk Register. Dr Williams asked if the North East report could be standardised across all sectors and the issues from the previous meeting marked under matters arising. Dr Williams and Mary Anne Kane said they will look at how issues can be closed off.</p>	MAK/CW
<p>Discussion took place regarding the Facilities Report as this is already presented to the AICC and Mary Anne Kane commented that maybe this report does not need to go to the BICC. She suggested that any points that need to be escalated should be presented to the BICC instead. It was agreed that Tom Walsh, Sandra McNamee, Mary Anne Kane and Dr Williams will discuss this at their next meeting.</p>	MAK/TW/ SMcN/CW
<p>9. Date and Time of Future Meetings The next meeting has been arranged for Monday 29 November 2010 which will be held in Conference Room 2.16A, Level 2, New Victoria ACH.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE**

held on

**Monday 29 November 2010 at 12 noon in Conference Room 2.16A,
Victoria ACH**

Present:

Dr Eleanor Anderson (chair)	-	Consultant in Public Health Medicine
Ms Suzanne Clark	-	Lay Representative
Ms Sandra McNamee	-	Assistant Director of Nursing Infection Control
Mr David Paul	-	Lay Representative
Ms Liz McGovern	-	Specialist Pharmaceutical Public Health
Dr Rosie Hague	-	Consultant Paediatrician
Mr Stephen McGuinness	-	Area Senior Nurse, MHP
Mr Billy Hunter	-	General Manager, Facilities
Dr Craig Williams	-	Infection Control Doctor

In Attendance

Ann Lang (minutes)

Apologies:

Mr Tom Walsh	Dr Brian Cowan	Dr Ian Gordon	Mr Kenneth Fleming	Dr John Ip
Ms Mari Brannigan	Ms Laura Riach	Dr Andrew Seaton	Ms Mary Anne Kane	

	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 20 September 2010 The minutes of the previous meeting were accepted with the following amendment:- Page 3, Item 5.2: Suzanne Clark advised that the third paragraph should read that there will be an increase in the number of inspections not that 50% of inspections would be unannounced.</p>	
<p>3. Matters arising <u>Leaflets</u> Sandra McNamee reported that she had sent the leaflets to Equality and Diversity and was advised not to put names but numbers on the leaflets. NHS24 telephone number has also been added to the leaflet. Dr Anderson said she would contact NHS 24 and ask if they had contact details for information regarding CDI and MRSA.</p> <p><u>Healthcare Environment Inspectorate</u> Billy Hunter said he would speak to Mary Anne Kane regarding the information to be sent to Sandra McNamee with regards to a new technology that would indicate if the integrity of the mattress had been breached. Dr Williams reported that an audit is being done to establish the life of new mattresses in Ward 4a, GGH. The manufacturer are advising that generally, a mattress should last for approximately 4 – 5 years.</p>	<p>EA</p> <p>BH</p>

	Action
<p><u>Public Health Committees</u></p> <p>Dr Anderson advised that she had contacted Jim McMenamin regarding the seasonal flu. She also reported that a CNO letter regarding H1N1 had been received. The advice was to use masks for all patients with infectious respiratory symptoms and FFP3 masks for AGPs, but she also noted that nebulisation was no longer considered an aerosol generating procedure.</p>	
<p>4. Standing Agenda Items</p>	
<p>4.1. NHSGGC Board Report</p> <p>Dr Williams reported that the October HAI report was in the new format and there were no significant exceptions to report from NHSGGC. He said that there had been some media interest in the number of out of hospital infections which were relatively high. The Scottish Government are also looking at the definitions relating to CDI infections.</p>	
<p>4.2. Policies Leaflets</p> <p>Outbreak Policy</p> <p>Sandra McNamee advised the group that the main change to this policy was around the definitions of an outbreak. She said that they had received notification from the Scottish Government that they should advise HPS of any ward closures and not the Scottish Government – the policy was updated to reflect this. Also the Infection Control Team is the one that makes the decision if a ward is to close. This policy was approved.</p> <p>Loose Stools Policy</p> <p>Sandra McNamee advised the group that there were not many changes to this policy. This policy was approved.</p>	
<p>4.3. Implementation Plan</p> <p>An updated copy of the Implementation Plan had been distributed. Sandra McNamee reported that section 10, Flu had not been completed within the timescale but Sandra is working on this. Dr Williams said that he is having a meeting with the Infection Control Doctors to discuss respiratory infections. Liz McGovern requested if there were any meetings if Pharmacy could be included in these meetings. Dr Anderson said she would send Liz McGovern a copy of the CNO letter.</p> <p>Sandra McNamee advised that with regard to community SABs they are hoping to do a look back exercise. Dr Williams commented that he is working with Alistair McConnachie to look at the number of SABs in the community for the last three months.</p>	EA
<p>5 Exception Reports and Updates</p>	
<p>5.1 Facilities Directorate</p> <p>Billy Hunter referred to the Facilities Summary Report issued with the papers for the meeting. He said with regards to domestic services monitoring ½million checks had been carried out and the scores for August were 96.7% and September were 95.9%. He said that Mary Anne Kane was leading on further education for Domestic Supervisors and Domestic Managers.</p> <p><u>Waste</u></p> <p>Billy Hunter advised that there was a new waste contractor in place and this has resulted in an improvement in the volume of waste being segregated.</p>	

<p><u>Decontamination</u> The National Contingency Group for decontamination has been established under HFS control and is still in the infancy stage.</p> <p>Billy Hunter reported that a working group has been set up to link any datix incidents to CDU. This is being led by Facilities Health and Safety Manager.</p> <p>Billy Hunter advised that all sub groups are meeting regularly. He said that with regards to the ceiling tiles in PRM Neo Natal Unit this work is starting this week. He stated that from the HEI inspection to GRI an independent survey was completed on this ward and he stated that he will forward the report to the Group for information.</p>	<p>Action</p>
<p>5.2 Healthcare Environment Inspectorate Sandra McNamee confirmed that the Healthcare Environment Inspectorate have completed one unannounced and five announced inspections for NHSGGC. The final report for the Victoria Infirmary is still to be received. She said that work is ongoing at all sites and we are sharing actions from each visit throughout NHSGGC.</p> <p>Stephen McGuinness commented that Mental Health Partnerships have not received a visit as yet. Sandra McNamee stated that Leverndale Hospital could be inspected as this is a stand alone hospital. She said that Kate Eunson had requested if a representative from Mental Health Partnerships could be part of the Healthcare Environment Inspectorate (HEI) Steering Group and that Kate was now on the distribution list. The group noted that the corporate inspection team have been undertaking in house inspections to some sites.</p> <p>David Paul stated that he recently visited Gartnavel Hospital and found the cleanliness to be good and asked if this could be passed on to the staff.</p>	<p>BH</p>
<p>5.3 vCJD Group Dr Anderson reported that the sub group had met and the work of the group was progressing. Further progress has been made in relation to the single question. She also said the operational aspects of the guidance are being looked at nationally.</p>	
<p>5.4. Antimicrobial Utilisation Committee Liz McGovern updated the group on the last meeting of the Antimicrobial Utilisation Committee. She said that Antimicrobial Management Team (AMT) now have a rolling programme of point prevalence audits. HEAT targets have been introduced for medical and surgical wards. The AMT are now doing ward rounds in some hospitals. She said that primary care showed down time in defined daily doses and the 4Cs were down.</p> <p>Liz McGovern also commented that there is good progress with regards to the paediatrics guidelines. Dr Hague reported that there is no pharmacist or medical sessions in paediatrics compared to acute.</p> <p>Dr Hague reported that with regards to the surgical prophylaxis guidelines as this was a recommendation from the Healthcare Environment Inspectorate visit this has not been completed as there are no resources for this. Dr Anderson asked if Dr Hague and Dr Williams could send her the facts surrounding this and she will escalate this higher.</p>	<p>RH/CW EA</p>

Action

5.5. Acute Infection Control Committee (AICC)

At the Acute Infection Control Committee Dr Williams reported that there were two outbreaks of Group A Strep in NHSGGC. He said that the guidelines for Group A Strep were not working and they did more screening of staff and patients than was currently recommended in national guidance. He said this was discussed at the Infection Control Senior Management Team meeting and it was noted the difference in the guidance.

5.6. Partnership Infection Control Support Group

Dr Anderson advised that a report on the prevention and control of infection service for GPs was sent to the CHCP Director on the PICSG but there was no desire for this given perceived relative costs and benefits

5.7 Scottish Patient Safety Programme

A report on the Scottish Patient Safety Programme was tabled for information. This report has also been to the Acute Infection Control Committee and will be forwarded to the Clinical Governance Committee. David Paul commented that at the end of the report there is nothing to indicate what the next steps are.

5.8 Risk Register

The group requested that if Laura Riach was unable to attend this meeting if she could send a representative.

Sandra McNamee advised that the Risk Register for Infection Control is updated every three months and there will be an updated copy of the Risk Register for the next meeting.

The group discussed the document and David Paul suggested putting the current risks as numbers. Sandra McNamee reported that with regards to education a new initiative is starting in January and this will be a training course for staff which will last approximately 1.5 days. This course will cover mandatory training including infection control, fire lecture, child protection update and will form part of department's monthly management review.

6. New Business / Documents Received New Business**6.1. Hand Hygiene Audit Report**

The Hand Hygiene Audit Report (September 2010) was distributed with the agenda for information.

Sandra McNamee reported that Stefan Morton, Local Health Board Co-ordinator for the National Hand Hygiene Campaign completed an audit of a snapshot of visitors. She said that she will ask Stefan for the results of this audit and let David Paul know.

Stephen McGuinness commented that there was no methodology in place for Partnerships or GPs. He said that they have open visiting hours in wards in Partnerships and this is difficult to monitor.

SMcN

	Action
<p>6.2. CNO (2010)1: National Support Framework for NHS Boards Sandra McNamee commented that this guidance conflicts with the updated HAIT risk matrix. Sandra commented that Tom Walsh was going to seek some clarity with regards to this at the next ICM network meeting.</p> <p>6.3. Healthcare Environment Inspectorate (HEI) Annual Report A copy of the above report was distributed with the Agenda. It was noted that QIS will now be called HIS (Health Improvement Scotland). Stephen McGuinness commented that Mental Health have the Mental Health Commission inspecting their premises.</p> <p>6.4. Antimicrobial Resistance: Prescribing Guidance & Implement of Microbiological Surveillance Dr Williams reported that having read the above guidance said that we are fully compliant with the blood culture aspects. He advised that there are two ways of testing and that we do resistant organisms on blood cultures. David Paul suggested that there are leaflets available for patients.</p> <p>7. Update from Public Health Committees The group noted the work of the Immunisation Group and Dr Anderson reported that there was good uptake for childhood programmes including HPV.</p> <p>Dr Anderson reported that the seasonal flu immunisation is ongoing and that they hope to reach the target of 75% uptake among those over 65 and 60% for those under 65 at risk.</p> <p>The TB monitoring group are reporting that the number of cases are gradually increasing but most of the increases are due to cases not born in the UK. The Scottish Government are to publish its action plan in early 2011.</p> <p>Dr Anderson reported that there was a recent Hep C incident associated with one of the renal units. Control measures have been put in place and enhanced screening is being undertaken.</p> <p>8. AOCB There was no other business discussed.</p> <p>9. Date and Time of Future Meetings The meeting dates for 2011 were distributed to the group.</p> <p>The next meeting has been arranged for Monday 31 January 2011 which will be held in the Conference Room, Management Building, Southern General Hospital.</p> <p>The dates for future meetings are as undernoted :-</p> <ul style="list-style-type: none"> • 21 March 2011 • 23 May 2011 • 25 July 2011 • 19 September 2011 • 21 November 2011 	<p>SMcN</p>

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 31 January 2011 at 12 noon in
Conference Room, Southern General Hospital**

Present:

Dr Brian Cowan (chair)	- Medical Director
Dr Eleanor Anderson	- Consultant in Public Health Medicine
Mr Tom Walsh	- Board Infection Control Manager
Ms Sandra McNamee	- Assistant Director of Nursing Infection Control
Mr David Paul	- Lay Representative
Ms Liz McGovern	- Specialist Pharmaceutical Public Health
Dr Andrew Seaton	- Consultant Physician
Dr John Ip	- LMC Rep (GP)
Mr Kenneth Fleming	- Head of Health and Safety
Ms Mary Anne Kane	- General Manager Facilities
Dr John Henderson	- Clinical Director, Occupational Health

In Attendance

Pauline Hamilton (minutes)

Apologies received:

Ms Laura Riach Dr Craig Williams Ms Suzanne Clark Dr Rosie Hague

Action**1. Welcome and Apologies**

Dr Cowan welcomed everyone to today's meeting and welcomed Dr John Henderson as a new member. Apologies were received from the above mentioned.

2. Minutes of the meeting held on 29 November 2010

The minutes of the previous meeting held on 29 November 2010 were accepted with the following minor amendments:

- Dr Andrew Seaton and Dr John Ip have been listed as present but were not in attendance. Both had forwarded their apologies which were noted.
- Page 1, Item 3 – Matters Arising – Leaflets – should read, “Sandra McNamee reported that she had sent the leaflets to Equality and Diversity ...”, and not Quality and Diversity.

3. Matters arising

There were no matters arising not on the agenda.

4. Standing Agenda Items**4.1. HAI Reporting Template (HAIRT) December 2010**

Dr Cowan updated the group and commented that the revised template had been well received at the Clinical Governance Committee Meeting however it was noted that there was a significant amount of detail round about the HEI visits to the Board. It was felt that with the number of visits that NHSGGC expect to have and items that may or may not be listed that perhaps more specific common themes should be listed within the HAIRT rather than the totality of the recommendations made in each of the reports.

	Action
<p>4.2. Policies/ Leaflets</p> <p>Sandra McNamee informed the group that there were no policies or leaflets to be ratified on this occasion however Sandra informed the group that she was about to circulate the following for consultation:</p> <ul style="list-style-type: none"> • Toy Cleaning Policy • Staff Screening Policy • TB Care Plan • Influenza Policy <p>Sandra further commented that she had sent the Staff Screening Policy to Donald Sime, Employee Director and Anne MacPherson, Associate Director of Human Resources in the first instance as there had been some issues identified with the Staff Screening Policy in previous versions.</p>	<p>SMcN</p>
<p>4.3. Infection Control Implementation Plan</p> <p>Sandra McNamee updated the group that there were some outstanding issues within the Implementation Plan specifically the framework for continuing to educate the Cleanliness Champions. It was hoped that this framework would be informed by the outputs from the training needs analysis that NHSGGC were due to conduct with NHS Education for Scotland however NES have withdrawn from this project and in consequence the training needs analysis has not been completed. Sandra McNamee and Tom Walsh are meeting with organisational development to develop a staff survey for the infection control service and they hope that they will be able to put the training needs analysis in to the staff survey.</p> <p>The group requested terminology changed regarding ‘ongoing’ targets and Sandra agreed to re-word to clarify actions completed but that are also ongoing.</p>	<p>TW / SMcN</p> <p>SMcN</p>
<p>Root Cause Analysis for Community Cases of SABs</p> <p>Sandra McNamee reported that National Guidance is currently awaited so this item has been deferred until that has been received.</p> <p>Patient Complaints</p> <p>Although it was agreed to carry out an analysis of patients complaints there have only been four specific complaints therefore the numbers are too low to detect trends. This to be continued to be looked into for next year.</p>	
<p>5 Exception Reports and Updates</p> <p>5.1 Facilities Directorate Report</p> <p>The Facilities Directorate Report was distributed with the agenda and Mary Anne Kane wanted to bring the groups attention to the fact that there were ten amber scores for NHSGGC in the last domestic monitoring services audit. Of these ten only one was in a clinical area (Ward 45, Stobhill Hospital). This exception was fully investigated and it was found to be a capability issue with domestic staff within this area. An action plan had been put together and this issue was now addressed.</p> <p>In relation to decontamination, the upgrade of the current patient endoscopy facilities was ongoing and decontamination leads were linking in with infection control teams on the relevant sites in order to progress this project. No other exceptions were commented on within the Facilities Directorate Report.</p>	

	Action
<p>5.2 Healthcare Environment Inspectorate</p> <p>Sandra McNamee reported that there have been five announced and two unannounced HEI visits to NHSGGC, the most recent being an unannounced visit to Inverclyde Royal Hospital in January 2011. Some local feedback had been given and some issues were raised and acted upon. IRH report due on 07.02.11. There are currently no announced visits being prepared for.</p> <p>The Corporate Inspection Teams also continue their monthly audits and last week the audit was undertaken in Glasgow Royal Infirmary. Feedback from the output of these audits are given directly back to directorate leads for HEI.</p>	
<p>5.3 vCJD Group</p> <p>Dr Eleanor Anderson reported that the vCJD Group last met in November 2010. Actions were given out and sub-groups had been formed. Dr Anderson said that ownership and task focus is required to take forward. Sandra informed the group that Pamela Joannidis met with John Stuart and Nigel Suttner, neurosurgeon last week.</p>	
<p>5.4. Antimicrobial Utilisation Committee</p> <p>Dr Seaton updated the group on progress and commented that all of the government HEAT Targets were going very well in NHSGGC and indeed Glasgow seemed to be improving the compliance rate across Scotland as a whole. He further commented that there was a reduction in the number of four-C antibiotics being prescribed by general practitioners in the community. Dr Seaton commented that the AMTs had received good feedback from all of the HEI visits and that guidelines were being updated as and when required. Dr Seaton also commented that the development of the surgical prophylaxis policies continued to be problematic and that they were continuing to engage and work with clinical leads and clinicians in each of the sites to try and address the issue of having a standard policy. Dr Cowan and Dr Seaton to discuss this item at the next meeting of the AMT.</p>	AS/ BC
<p>5.5. Acute Infection Control Committee (AICC)</p> <p>Dr Cowan asked that the minutes from the AICC be distributed along with the papers from the BICC from this point forward.</p> <p>Tom Walsh commented that there was an issue around negative reporting at the AICC and that to provide assurance for NHSGGC Acute Division, each of the directorates would report on issues that were going well as well as reporting exceptions so that each of the sectors would report on any wards that breached their upper control limit on their SPC's, the number of severe cases of CDI and also any incidents or outbreaks that met the amber scoring on the Hospital Infection Incident Assessment Tool (HIIAT) risk assessment.</p>	AL
<p>5.6. Partnership Infection Control Support Group</p> <p>There were no exceptions to report from the PICSG. Sandra McNamee had spoken to Dr Ian Gordon and was trying to establish a way to feed back some information from the acute directorate into community especially with regards to severe cases of CDI. This work was in preliminary stage and progress would be brought back to the group if required.</p>	

	Action
<p>5.7 Scottish Patient Safety Programme</p> <p>Laura Riach was not in attendance at today's meeting and it was agreed that the SPSP update prepared for AICC would be circulated with the minutes.</p> <p>Sandra McNamee advised that the PVC Care Plan had again featured in the feedback from HEIS at the recent unannounced inspection at IRH. The group noted that the roll out of the Care Plan would be further reviewed at the HEIS Steering Group meeting on 4 February 2011.</p>	Encl
<p>5.8 Risk Register</p> <p>Tom Walsh advised that there was no change required to the elements of the current risk register. Tom Walsh proposed that the committee devote some time to this agenda item when considering the 2011/12 infection control programme of work to ensure that the principal risks are fully linked to the NHSGGC deliverables / objectives for the infection prevention and control.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1. Hand Hygiene Audit Report January 2011</p> <p>The Hand Hygiene Audit Report (January 2011) was distributed with the agenda for information. Sandra McNamee reported that compliance within NHSGGC was 93%. The national compliance rate was at 95%. NHSGGC still had significant challenges around compliance with hand hygiene but work continued to be ongoing with both the local health board hand hygiene co-ordinator and SPSP to try and improve compliance with hand hygiene opportunities.</p>	
<p>6.2. CEL 42 (2010) – National Uniform Policy, Dress Code & Laundering Policy</p> <p>NHSGGC Uniform and Dress Code Policy has mapped well against this updated guidance. There were one or two slight issues which had been fed back to Catriona Renfrew. The main issue was to document a process round about the laundering of contaminated uniforms. Mary Anne Kane commented that this had always been done on an ad hoc basis in the past but that a specific procedure would be written up in order to make NHSGGC fully compliant with this CEL.</p>	
<p>6.3. Quarterly Report on the Surveillance of <i>Clostridium difficile</i> Infection</p> <p>Sandra McNamee reported that the national rate for <i>Clostridium difficile</i> infection was 0.47 per 1000 occupied bed days. NHSGGC was currently at 0.39 per 1000 occupied bed days. At the moment NHSGGC were well on track for meeting the April 2011 target of a reduction on 30% from the baseline.</p>	
<p>6.4. SAB Quarterly Report</p> <p>Sandra McNamee reported that the national rate for <i>Staph aureus</i> bacteraemias is 0.35 per 1000 occupied bed days. NHSGGC is currently sitting at 0.33 per 1000 occupied bed days. This is data from July to September 2010. Local data indicate that NHSGGC are still on target to meet the additional 15% reduction in SABs by April 2011.</p>	

Action**6.5 2011/12 HAI LDP Targets**

Tom Walsh updated the group and said that the next target for 2012 for CDI and SABs would be a 'best in class' approach, best in class for CDI being 0.39 per 1000 occupied bed days and best for SABs being 0.26 per 1000 occupied bed days. Tom wanted to point out that there would be significant challenges around meeting the 0.26 SAB target in that a project based approach continued to be implemented in NHSGGC around the SABs. Directorate involvement with this was ongoing and the whole project was very well supported.

7. Update from Public Health Committees

Dr Eleanor Anderson updated the committee and said that there was a significant amount of activity around the immunisation for influenza especially in relation to pregnant women and that in NHSGGC there had been good staff uptake with the vaccine. There was nothing to note in the Bloodborne Virus and MedVet committees. There was an outstanding issue in relation to the acquisition of Hepatitis C from a cohort of patients who attended a renal dialysis unit in [REDACTED] but information was awaited from the [REDACTED] before this could be concluded.

EA**8. AOCB**

There was no other business discussed.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 21 March 2011 which will be held in the Conference Room, Management Building, Southern General Hospital.

The dates for future meetings are as undernoted:

- 23 May 2011
- 25 July 2011
- 19 September 2011
- 21 November 2011

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 21 March 2011 at 12 noon in
Conference Room, Southern General Hospital**

Present:

Dr Brian Cowan (chair)	Medical Director
Dr Eleanor Anderson	Consultant in Public Health Medicine
Ms Sandra McNamee	Assistant Director of Nursing Infection Control
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr Andrew Seaton	Consultant Physician
Dr John Ip	LMC Rep (GP)
Mr Kenneth Fleming	Head of Health and Safety
Dr John Henderson	Clinical Director, Occupational Health
Mr Billy Hunter	General Manager Facilities
Dr Rosie Hague	Consultant Paediatrician
Dr Craig Williams	Co-ordinating Infection Control Doctor
Ms Suzanne Clark	Lay Representative
Ms Kate Eunson	Senior Nurse, HAI Lead Mental Health Partnerships

In Attendance

Ann Lang (minutes)

Apologies received:

Mr Tom Walsh Mr David Paul Ms Mary Anne Kane Ms Mairi Brannigan

1. Welcome and Apologies

Apologies were received from the above mentioned.

2. Minutes of the meeting held on 31 January 2011

The minutes of the previous meeting held on 31 January 2011 were accepted as an accurate record.

3. Matters arising

There were no matters arising not on the agenda.

4. Standing Agenda Items**4.1. HAI Reporting Template (HAIRT) February 2011**

Dr Williams reported that there are no major exceptions to report. He said that NHSGGC have achieved the reduction target for SABs and C-diff.

4.2. Policies/ Leaflets

Sandra McNamee informed the group that the following had been circulated for consultation:-

- Influenza Policy – Sandra reported that she had received comments from Liz McGovern and updated the policy.

Action

<ul style="list-style-type: none"> • Staff Screening Policy – This policy had been sent to HR for comments. Dr Henderson asked if it would be possible to have staff results entered onto the Clinical Portal for Occupational Staff to access. He said that at the time of the swine flu Occupational Health had to phone Bacteriology for results. Dr Cowan stated that he would contact Malcolm Gordon to discuss this. • TB Care Plan – there were no further comments received. • Toy Cleaning Policy – Kenneth Fleming asked at Section 5 if COSHH Assessment could be added to this section and Sandra agreed to update this. Dr Hague raised concern that the time taken to clean the toys between patients could result in the clinics slowing down. Sandra said she would look at this again and reply to Dr Hague with any changes. 	<p>Action BC</p>
<p>With the aforementioned amendments being made the group approved the policies.</p>	<p>SMcN</p>
<p>4.3. Infection Control Implementation Plan</p> <p>Sandra McNamee updated the group to say that there were two outstanding issues still to be completed and these items were Analysis of Community Cases of SABs and the Training Needs Analysis. She said these two items will be added to the plan for next year. The Annual Infection Control Programme was completed and Sandra McNamee said she will circulate the new Implementation Plan next year for approval at the next meeting.</p>	<p>SMcN</p>
<p>5 Exception Reports and Updates</p> <p>5.1 Facilities Directorate Report</p> <p>The Facilities Directorate Report was distributed with the agenda and Billy Hunter updated the group on the report. He said that NHSGGC are performing above the 90% compliant rate in the National Cleaning Compliance scores although there has been a slight decrease in scores.</p> <p>The Waste Policy will be issued for consultation in the first quarter of the new financial year.</p> <p>Billy Hunter reported that staff at the Endoscopy Unit at Glasgow Royal Infirmary are receiving training after their transfer from Stobhill Hospital.</p> <p>Sector Infection Control Groups continue to meet monthly and the Facilities Directorate continue local level support in relation to HEI.</p> <p>Dr Cowan asked with regards to the national monitoring framework for estates why the results for GGH were only 64%. Billy Hunter stated that estates relates to the infrastructure of the building e.g. fixtures and fittings. He said that Facilities have their own monitoring regime and can pick up on any fabric issues and note improvements.</p>	

Action

In relation to any issues at Stobhill ACAD Facilities Directorate work with the contractor on site. Billy Hunter reported that the figures for the last quarter to the end of December will be published as part of the National Monitoring Tool.

5.2 Healthcare Environment Inspectorate

Sandra McNamee reported that there have been five announced and two unannounced HEI visits to NHSGGC, the most recent being a follow up visit to Yorkhill Hospital. The draft report for Yorkhill Hospital is due to be returned to Healthcare Environment Inspectorate on Thursday. Sandra commented that there are key themes coming out of the reports which include the cleaning of equipment, auditing mattresses and high and low level dusting. There are currently no announced visits being prepared for.

The Corporate Inspection Teams also continue their monthly audits.

5.3 vCJD Group

Dr Eleanor Anderson reported that a meeting of the vCJD Group has been arranged for Thursday 24th March 2011. A separate meeting is being arranged to discuss the CJD guidance at Yorkhill.

5.4 Antimicrobial Utilisation Committee

Dr Seaton updated the group and said the last meeting was held two weeks ago. He commented that the hospital empirical prescribing indicators for HEAT Targets are progressing well as are the primary care prescribing indicators. He also stated that the surgical prophylaxis indicator is under review.

5.5 Acute Infection Control Committee (AICC)

Dr Williams commented that as the Acute Infection Control Committee mirrored the agenda for the Board Infection Control Committee there were no other items to discuss that was not already on the agenda for today's meeting.

5.6 Partnership Infection Control Support Group

Sandra McNamee reported that we have received confirmation that the inspectors may visit partnership wards if they are part of the hospital being visited. Kate Eunson advised that they have completed the HEI audit tool and a report will be issued shortly.

5.7 Scottish Patient Safety Programme

Sandra McNamee presented a paper with regards to the process around the initiation of an updated PVC Care Plan. She said that Infection Control, SPSP and Practice Development would be involved in promoting this and Infection Control and Practice Development will be monitoring this. An algorithm was included in the paper and this will be contained within the policy. This policy was approved by the committee and will be circulated via the Associate Medical Directors, Heads of Nursing, HEI Steering Group for implementation.

5.8 Risk Register

Sandra McNamee advised that there were a couple of items that could potentially be a risk. These included the revised HEAT Targets for SABs and the implementation of the MRSA Screening Policy.

6. New Business / Documents Received**6.1. CNO: Continued HAI Funding for Key Posts**

Ros Moore, Chief Nursing Officer distributed a letter confirming funding in 2011/12 for Infection Control Manager, Local Hand Hygiene Board Co-ordinator, Antimicrobial Pharmacist and additional cleaner posts.

6.2. CNO: Confirming Changes to National MRSA Screening Policy

Dr Williams advised that the MRSA National Programme Board has recommended that minimum screening practice across NHS Scotland should take the form of a three question Clinical Risk Assessment that is applied to patients on admission or pre-admission. All NHS Boards are to ensure local delivery by end of March 2012. At national level concern is being expressed regarding the move to perineal swabbing instead of groin swabbing for laboratory tests. Dr Williams stated that he is looking into this and will provide a detailed plan at the next Acute Infection Control Committee.

6.3. Annual Infection Control Programme 2011/12

Sandra McNamee reported that Anne Harkness had asked Tom Walsh to put in recommendations from the Public Inquiry into the Annual Infection Control Programme. The timescale for the publication of the Public Inquiry has been changed to September 2012 so this will be included in the 2012/13 programme. The Annual Infection Control Programme for 2011/12 was approved.

7. Update from Public Health Committees

Dr Eleanor Anderson updated the committee and said that there was a water incident that affected Bearsden and Milngavie. Golden Jubilee Hospital was in the affected area but they were able to divert water from another source.

TB Action Plan will be available next month.

With regard to HIV Public Health are working to develop systems to support the PEP guidelines.

Staff uptake with regard to the flu vaccination was at 20% which was quite low. Dr Eleanor Anderson reported that Scott Hanlon is going to do some work to try to encourage more staff to have the vaccination.

Dr Anderson commented that the PGD templates with regards to vaccine storage will be updated and notification will be put on to the PHPU newsletter.

Action**8. AOCB**

Dr Cowan advised that catering for these meetings would no longer be provided.

Sandra McNamee reported that the Northern Irish Public Inquiry into the outbreak of Clostridium Difficile in Northern Trust had been published today.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 23 May 2011 which will be held in the Conference Room, Management Building, Southern General Hospital.

The dates for future meetings are as undernoted:

- 25 July 2011
- 19 September 2011
- 21 November 2011

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 23 May 2011 at 12 noon in
Conference Room, Southern General Hospital**

Present:

Dr Eleanor Anderson (Chair)	Consultant in Public Health Medicine
Mr Tom Walsh	Infection Control Manager
Ms Sandra McNamee	Assistant Director of Nursing Infection Control
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr Andrew Seaton	Consultant Physician
Dr John Ip	LMC Rep (GP)
Mr Kenneth Fleming	Head of Health and Safety
Mr Alistair MacLean	General Manager Facilities
Dr Rosie Hague	Consultant Paediatrician
Ms Suzanne Clark	Lay Representative
Mr David Paul	Lay Representative

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Brian Cowan Dr John Henderson Ms Laura Riach Dr Craig Williams

1. Welcome and Apologies

Apologies were received from the above mentioned.

2. Minutes of the meeting held on 31 January 2011

The minutes of the previous meeting were accepted with the following amendments:-

Page 3, Item 5.4 – Dr Seaton asked if the second sentence could read “He commented that the hospital empirical prescribing targets are progressing well....”

Third sentence will now read “He also stated that the surgical prophylaxis indicator is under review.”

Page 4, last para – Dr Anderson said the PJD template should read PGD template.

3. Matters arising

Dr Hague asked what the position was with regards to the Toy Cleaning Policy. Sandra McNamee advised that this has been issued and said she will send Dr Hague a copy of the document.

Action**SMcN**

4. Standing Agenda Items**4.1. HAI Reporting Template (HAIRT) April 2011**

Tom Walsh reported that there are no major exceptions to report. He said the group are looking to change the reporting template but there is a delay with this so that the report includes domestic services monitoring.

5 Exception Reports and Updates**5.1 Facilities Directorate Report**

The Facilities Directorate Report was distributed with the agenda and Alistair MacLean updated the group on the report. He said that with regard to domestic services they have found the staffing resources challenging during this period and this resulted in a few amber results. He said the General Managers are looking into this and have been alerted to the risk management requirements necessary to maintain green performances. David Paul asked if there was enough staff as a whole and Alistair MacLean confirmed that there was enough staff but stated that April was a difficult month due to the number of public holidays.

The Waste Policy is out for consultation with responses due in by Friday 17th June 2011.

Alistair MacLean reported that there had been a water mains failure in CSSD at IRH and contingency arrangements were provided by Cowlairs.

Sector Infection Control Groups continue to meet monthly.

Suzanne Clark commented that she noticed the results for the national monitoring framework for estates were low for GGH. It was requested that Facilities provide an update for the next meeting regarding what actions have been undertaken with regards to GGH.

5.2 Healthcare Environment Inspectorate

Sandra McNamee reported that there was an unannounced visit to Glasgow Royal Infirmary on 4th May 2011. She said the visit seemed to go well and the report from the visit is due out on 25th May 2011. She also stated that they have just had word that there will be an announced HEI visit to the Western Infirmary on 28th and 29th June 2011. There was also a corporate inspection at Gartnavel Hospital this morning. Sandra commented that there are key themes coming out of the visits which include the cleaning of equipment, auditing mattresses and high and low level dusting.

Tom Walsh reported that he had received confirmation from his colleagues in Tayside that HEI inspected wards managed by CHCPs although they were using the audit tool used in acute. He said that he has notified PICS about this and included this in a paper to the partnership directors.

Action**MAK**

	Action
<p>5.3 vCJD Group</p> <p>Dr Eleanor Anderson reported that a meeting of the vCJD Group had taken place on 12th May 2011. She said that they are progressing well with the guidance. A plan is underway to roll out the questions in high risk areas. She said she has prepared a paper for Dr Cowan and when she has an update of the costings she will send this to members of this group.</p>	EA
<p>5.4. Antimicrobial Utilisation Committee</p> <p>Dr Seaton updated the group and said the last meeting was held on 19th May 2011. Discussion took place at the meeting regarding the prescribing indicators and he said that NHSGGC are 85% compliant with regard to empirical prescribing and the target is 95%. The documentation of the indication for antibiotics is 84% for NHSGGC and the target is 95%. He reported that there is no new information regarding primary care indicators but stated that last year we were within target with less than 5% quinolone prescribing. Monthly point prevalence continues and is fed back to directorates.</p> <p>With regards to ortho SSI prescribing concern was expressed from the ortho surgeons regarding the increased rate of possible acute kidney injury and as a consequence an agreement has been made that ortho will switch back to cefuroxime. Number of CDIs will continue to be monitored in this area.</p> <p>Dr Seaton reported that the SAPG (Scottish Antimicrobial Prescribing Group) have put together a SAB treatment algorithm for adults and this is out for consultation.</p>	
<p>5.5. Acute Infection Control Committee (AICC)</p> <p>Tom Walsh commented that the Acute Infection Control Committee mirrored the agenda for the Board Infection Control Committee. He stated that there had been more detailed discussion regarding MRSA clinical risk assessment and there is a national plan to screen all elective patients for MRSA prior to or on admission and all emergency admissions to Vascular, Renal, Dermatology and Care of the Elderly. HPS have agreed that two sites will be tested and these are nose and perineum or nose and throat. There will be a phased implementation of the screening from September and all NHS Boards are to ensure local delivery by end of March 2012.</p>	
<p>5.6. Partnership Infection Control Support Group</p> <p>The last meeting of the Partnership Infection Control Support Group was cancelled. Tom Walsh reported that the structure in Mental Health Partnerships has changed. He also stated that the Partnership Infection Control Support Group may have to be revised to reflect the new CHCP structure.</p>	

	Action
<p>5.7 Scottish Patient Safety Programme</p> <p>A paper was distributed with the Agenda and Dr Anderson stated that if there are any comments on this document they should be forwarded to Laura Riach. It was agreed that if Laura Riach is unable to attend this meeting she should send a deputy.</p>	<p>LR</p>
<p>6. New Business / Documents Received</p>	
<p>6.1. Surveillance of Surgical Site Infection : Annual Report (January 2003 – December 2009)</p> <p>The Scottish Executive established the requirement for all NHS Boards to participate in inpatient SSI surveillance. Sandra McNamee advised that the above report includes data from NHSGGC and stated that we are below the national average for surgical site infections in categories – primary total hip and primary hemiarthroplasty.</p> <p>Dr Seaton commented that with regard to compliance with antibiotic prophylaxis in surgery there are changes to the recommendations regarding when prophylaxis is administered from 30 minutes to one hour before the skin is incised. This is in line with SIGN Guidance. He stated that the data presented was Scottish wide and requested if he could have the information for NHSGGC. Sandra McNamee said she will look into this.</p>	<p>SMcN</p>
<p>6.2. Hand Hygiene Report March 2011</p> <p>The Hand Hygiene Audit Report (March 2011) was distributed with the agenda for information. Sandra McNamee reported that compliance within NHSGGC was 93%. The national compliance rate was at 95%. NHSGGC still had significant challenges around compliance with hand hygiene but work continued to be ongoing although the rate for medical staff was lower than other groups.</p> <p>Dr Seaton asked if this could have something to do with NHSGGC auditing different areas whereas other boards are using the same areas to audit. Tom Walsh stated this may have some influence.</p> <p>Tom Walsh reported that SPSP will be completing the hand hygiene monitoring from next year onwards.</p>	
<p>6.3. Hand Hygiene Audit Self Assessment Tool</p> <p>Sandra McNamee advised that the Assessment Tool is being piloted in five NHS Boards but NHSGGC are not one of the pilots.</p> <p>With regard to the SPSP tool Sandra McNamee stated that this will be used in all NHS Boards from March 2011 onwards and every clinical area should complete the audit tool on a monthly basis under the SPSP banner. Tom Walsh reported that Stefan Morton, Hand Hygiene Co-ordinator does a rolling programme for audits and hand hygiene education which includes technique.</p>	

6.4 CNO: Second National Prevalence Study HAI & Antimicrobial Prescribing

Scottish Government distributed a letter regarding the development and implementation of a national HAI and antimicrobial prescribing prevalence survey. The survey will be run by HPS and includes all patients in all Scottish acute care hospitals and a 25% random sample of NHS non-acute hospitals. HPS are organising training and this will be done in July/August. The data collection will take place during September and October 2011 and this will include paediatrics, obstetrics and neonates. Tom Walsh reported that the Board Co-ordinator for NHSGGC will be Ann Kerr, Lead Nurse for Surveillance.

Tom Walsh advised that six WTE would be required in infection control staff alone over the period to complete the audit. He stated it would have implications for AMT/Pharmacy staff as well. He said that he had spoken to his colleagues in Forth Valley where the pilot is taking place and they have stated it takes approximately two people three hours to complete a ward. He said discussion needs to take place on the best way to complete the forms as these will need to be completed by Infection Control and the Antimicrobial Team.

7. Update from Public Health Committees

Dr Anderson reported that there has been an outbreak of legionella in the community. She advised that outbreak control meetings have taken place and the media releases have been issued.

With regard to PEP Dr Anderson stated that meetings are ongoing.

Dr Anderson advised that HPA guidance on meningococcal disease was issued with recommendations that Ciprofloxacin is recommended for use in all age groups rather than rifampicin. Liz McGovern commented that they are looking into the logistics of this recommendation but said that it is more readily available in community pharmacies. Dr Anderson advised that information for GPs would be included in the PHPU Newsletter.

8. AOCB

No other business was discussed.

9. Date and Time of Future Meetings

The next meeting has been arranged for Monday 25 July 2011 which will be held in the Conference Room, Management Building, Southern General Hospital.

The dates for future meetings are as undernoted:

- 19 September 2011
- 21 November 2011

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 25 July 2011 at 12 noon in
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Present:

Dr Brian Cowan (Chair)	Medical Director
Dr Eleanor Anderson	Consultant in Public Health Medicine
Ms Sandra McNamee	Assistant Director of Nursing Infection Control
Dr John Henderson	Clinical Director, Occupational Health
Dr John Ip	LMC Rep (GP)
Mr Kenneth Fleming	Head of Health and Safety
Dr Rosie Hague	Consultant Paediatrician
Dr Craig Williams	Co-ordinating Infection Control Doctor
Mr David Paul	Lay Representative

In Attendance

Pauline Hamilton (minutes)

Apologies received:

Mr Tom Walsh Ms Liz McGovern Dr Andrew Seaton Ms Suzanne Clark
Ms Mary Anne Kane

Item	Action
1. Welcome and Apologies Dr Cowan welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 25 May 2011 The minutes of the previous meeting were accepted with one amendment: <ul style="list-style-type: none"> • Page 4 – Item 6.1 should refer to SIGN Guidance and not NICE Guidelines as minuted. 	
3. Matters arising There were no matters arising.	
4. Standing Agenda Items 4.1. HAI Reporting Template (HAIRT) June 2011 The June 2011 HAIRT was distributed with the agenda. Sandra McNamee confirmed that there were no exceptions within the report. It was noted that NHSGGC had achieved the two HEAT Targets in relation to <i>C. difficile</i> and <i>Staph. aureus</i> bacteraemia (2011). No outbreaks or other significant incidents were reported. Sandra McNamee commented that this template would change in the near future but that the final document had yet to be issued by SGHD. Dr Eleanor Anderson informed the group public health is interested in looking at enhanced epidemiology with Ann Kerr for the out of hospital SABs and CDIs contained within the report.	

Item	Action
<p>Dr Ip enquired about the decontamination agenda within primary care and CHPs specifically. Sandra McNamee commented that she was aware that there was a group currently looking at decontamination within partnership areas. Sandra McNamee agreed to contact Alan Stewart of the Central Decontamination Unit to find out whether or not there was any kind of decision paper with regards to decontamination within partnership areas that she could provide for Dr Ip.</p>	SMcN
<p>5.2 Healthcare Environment Inspectorate Sandra McNamee reported that since the last BICC both Gartnavel General Hospital and the Western Infirmary had been visited by the Inspectorate. The report for GGH was available and there were five requirements and two recommendations. Sandra McNamee confirmed that the HEI Steering Group were already working on some of the actions in relation to this visit. The report from the Western Infirmary is due for publication on 8 August 2011. Sandra McNamee confirmed that an announced inspection to the Vale of Leven Hospital was due on 10 and 11 August 2011 and that staff were preparing for this visit.</p>	
<p>5.3 vCJD Group Dr Anderson provided an update of the vCJD Group. Dr Anderson confirmed that the single question had now been agreed and was in general use in acute patient areas. It was noted that there were still some issues being worked through with regards to equipment required to implement the guidance specifically within neurosciences and in paediatrics. Dr Anderson was in communication with Jim Beattie with regards to the paediatric equipment. Dr Anderson also confirmed that the risk assessment for neurosciences was complete and had been added into their admission documentation. Dr Anderson had informed the group that she had prepared a paper for Dr Cowan and that once approved would be sent to the next BICC for information. Dr Anderson stated that there were still some outstanding questions that had been posed to HPS that NHSGGC were awaiting a decision on. Dr Cowan thanked Dr Anderson for her work on vCJD to date. Dr Cowan and Dr Anderson agreed to meet separately to discuss in more detail the issues surrounding single-use equipment. Dr Cowan will then discuss further with Jane Grant.</p>	EA BC/EA
<p>5.4. Antimicrobial Utilisation Committee This item was deferred to the next BICC as there was no-one in attendance to update the group.</p>	
<p>5.5. Acute Infection Control Committee (AICC) Dr Williams provided an update on NHSGGC progress with regards to the roll out of the clinical risk assessment for MRSA.</p>	
<p>5.6. Partnership Infection Control Support Group Sandra McNamee informed the group that the only exception not contained within the BICC's agenda was the paper developed by Tom Walsh and Mari Brannigan in relation to the reporting and clinical governance arrangements for the PICS. This paper has been submitted to the CHP Directors.</p>	

Item	Action
<p>5.7 Scottish Patient Safety Programme Dr Cowan updated the group that the SPSP completion date is December 2012. Dr Cowan and Andy Crawford had taken a paper to the Equality and Performance Committee. Dr Cowan said that most of the infection control elements including hand hygiene, PVC and CVC seemed to be progressing quite well in terms of SPSP but that other issues remain outstanding. Dr Cowan confirmed that John Dickson, Associate Medical Director had been tasked with convening a group to look at CVC Policy across NHSGGC.</p>	
<p>6. New Business / Documents Received</p> <p>6.1. Letter to Nurse Directors 6 May 2011 Sandra McNamee confirmed that a gap analysis with regards to NHSGGC and the Northern Ireland Report on the outbreak of <i>C. difficile</i> had been sent to Dr Cowan for comment. Once finalised Dr Cowan would forward this paper on to the appropriate group.</p> <p>6.2. Cleanliness Champions Programme – Time Limit for Completion Sandra McNamee informed the group that NHSGGC had received a letter from NHS Education for Scotland confirming that from this point forward the Cleanliness Champions Programme would be time bound and that the champions would have six months to complete the programme. Sandra McNamee confirmed that over 2,200 champions had already completed within NHSGGC but that there were a significant number who had commenced the programme but had not completed. Information on this has been sent out via the Heads of Nursing to the relevant lead nurses.</p>	BC
<p>7. Update from Public Health Committees Dr Anderson informed the group that there was a new pandemic flu framework issued by HPS. Dr Anderson commented that she intended to set up a lean working group to update the NHSGGC plans. Dr Anderson also commented that the new approach seemed to be a bit more flexible and that it was hoped that the next phase of plans would be able to reflect this and be more sensitive to specific areas of need within specific Boards. Dr Anderson further informed the group that Neil Rogerson has replaced Alan Dorn as the Emergency and Planning Officer. Dr Anderson confirmed that the legionella issues within the community seem to have resolved.</p>	
<p>8. AOCB Dr Williams informed the group that he attended a national working group and that there was a suggestion there would be HEAT Target issued with regards to paediatric bacteraemias where each board would be required to reduce all paediatric bacteraemias by 30%. Dr Williams will inform the group of any developments in relation to this.</p>	CW
<p>9. Date and Time of Future Meetings The next meeting has been arranged for Monday 19 September 2011 which will be held in the Conference Room, Management Building, Southern General Hospital.</p> <p>Dates for future meetings: 21 November 2011</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 19 September 2011 at 12 noon in
Conference Room, Southern General Hospital**

Present:

Dr Brian Cowan (Chair)	Medical Director
Mr Tom Walsh	Infection Control Manager
Dr Eleanor Anderson	Consultant in Public Health Medicine
Ms Joan Higgins	Lead Nurse Infection Control
Mr John Green	Health & Safety Service Manager
Dr John Henderson	Clinical Director, Occupational Health
Dr John Ip	LMC Rep (GP)
Ms Mary Anne Kane	General Manager, Facilities
Dr Rosie Hague	Consultant Paediatrician
Dr Craig Williams	Co-ordinating Infection Control Doctor
Mr David Paul	Lay Representative
Dr Andrew Seaton	Consultant Physician
Ms Suzanne Clark	Lay Representative

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Sandra McNamee	Ms Liz McGovern	Mr Kenneth Fleming	Ms Laura Riach
Dr Ian Gordon	Ms Mari Brannigan		

Item	Action
1. Welcome and Apologies Dr Cowan welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 25 July 2011 The minutes of the previous meeting were agreed with the following amendment:- Page 3, Item 5.3 – the end of the sentence should read “was in general use in acute inpatient areas” not NHSGGC.	
3. Matters arising There were no matters arising.	
4. Standing Agenda Items 4.1. HAI Reporting Template (HAIRT) August 2011 The August 2011 HAIRT was distributed with the agenda. Tom Walsh confirmed that there were no exceptions within the report. He said that NHSGGC are waiting to hear from SGHD regarding the new format of the report. Tom Walsh confirmed that the denominator for the SAB Heat Target has been amended to occupied bed days instead of case numbers, and that this made plotting progress more difficult.	

Item	Action
<p>4.2 Policies / Leaflets</p> <p>The following updated policies were distributed with the agenda:</p> <ul style="list-style-type: none"> • Laundry Policy • Hand Hygiene Policy • Head Lice Policy <p>In relation to the Hand Hygiene Policy, Dr Hague advised that she had forwarded comments on the Hand Hygiene Policy but these have not been incorporated. She asked if clinicians are to wash their hands every time they use a computer and discussion took place on how feasible this is. Tom Walsh said that the HAI standard requires us to reflect the content of the HPS Policy. It was agreed that Joan Higgins would check the wording of the HPS policy and if the computer keyboard is not part of the HPS standard this will be deleted from our policy. Dr Cowan asked if this could be brought back to the next committee.</p> <p>Suzanne Clark asked if there was a planned programme of audits for hand hygiene and Joan Higgins confirmed there were.</p> <p>With the aforementioned to be checked the group approved the policies.</p> <p>4.3 Annual Infection Control Programme & Implementation Plan</p> <p>The Annual Infection Control Report and Implementation Plan was distributed with the agenda and Joan Higgins informed the group that the only exception to the programme is regarding the cleanliness champions programme which is still outstanding. Tom Walsh advised that he and Laura Kean, Lead Infection Control Nurse had met with a representative from NES to discuss developing speciality specific training for areas.</p> <p>David Paul enquired what sort of level NHSGGC is at regarding the cleanliness champions programme. Tom Walsh said it was mandatory for every Senior Charge Nurse to have completed the programme and this would mean that every ward should have at least one person trained.</p> <p>Dr Ip asked if infection control provide training for decontamination. Tom Walsh replied that Cowlaire provide training and that Ken Chapman would be the contact. He agreed to forward contact details for Ken Chapman to Dr Ip.</p>	<p>JH</p>
<p>5. Exception Reports and Updates</p> <p>5.1 Facilities Directorate Report</p> <p>Mary Anne Kane referred to the Facilities Summary Report issued with the papers for the meeting. She said with regards to domestic services one area had received an amber score which was a minor issue at Lightburn. She confirmed a review of the area has been completed.</p> <p>In relation to estates five areas are reporting amber scores within the Board for the month of July. She said there is a plan to address HAI Scribe related matters and a paper will be presented to OMG in October.</p>	<p>TW</p>

Item	Action
<p>There are no exceptions to report for waste and decontamination. Mary Anne Kane advised that internal audit have recommended that more decontamination information should be available on non compliances and non conformance data. She said she will look into this with Tom Walsh and Sandra McNamee to establish what information should be brought to this committee.</p>	
<p>5.2 Healthcare Environment Inspectorate</p> <p>Joan Higgins reported that there have been eight announced and six unannounced HEI inspections to NHSGGC. The inspectors recently visited the Vale of Leven and the Southern General Hospitals. The draft report for the Southern General has been issued to the HEI Steering Group to check for factual accuracy.</p> <p>Tom Walsh advised that HEI have issued a letter stating that from October they will be incorporating inspections on care of older people in acute settings. He said that Rory Farrelly is working with Andy Crawford and Anne Harkness on this and that we are one of two Boards working through the pilot. HEI have stated that they will amalgamate the two inspections but it is unclear if there will be two separate reports.</p>	
<p>5.3 vCJD Group</p> <p>Dr Anderson provided an update of the vCJD Group. Dr Anderson confirmed that she had met with Dr Cowan to discuss the way forward. She advised that she had met with Dr Nigel Suttner and Kirsty Forsyth regarding the costs involved to implement the at risk questions and stated that a substantial amount of money will be required. Dr Anderson has also met with Dr Jim Beattie, Consultant Paediatrician and he is going to prepare a guide for the “at risk” question.</p> <p>Nationally Dr Anderson commented that she is waiting for HPS and Scottish Government to arrange a group to take forward the NICE Guidance. She said that she will be part of this national group.</p>	
<p>5.4. Antimicrobial Utilisation Committee</p> <p>Dr Seaton updated the group and pointed out that they are under a lot of pressure as the Pharmacists have been involved in the national prevalence survey which is taking place during September and October. Dr Seaton advised the group that there is no surveillance data on prescribing work due to this commitment.</p> <p>Dr Seaton commented that there was no increase in the four-C antibiotics although there was an increase in the prescribing of carbapenems.</p> <p>With regard to the CDI Heat Target and two prescribing indicators for hospital compliance Dr Seaton reported that the compliance rates are going up to meet the 95% national compliant rate.</p>	

Item	Action
<p>Dr Seaton also commented that surgical prophylaxis audits will now focus on colorectal surgery. He said that they found the compliance rate low in some hospitals with regards to the prophylaxis given within one hour prior to incision. Dr Seaton advised that he has had discussions with the AMD for Surgery & Anaesthetics and they are working to try and to address this. Dr Seaton stated that he has written to the surgical teams and Dr Cowan confirmed that he will also write to the Colorectal Specialists.</p> <p>Minor changes have been made to the Primary Care Reviewing Guidelines and this is to keep in line with Health Protection Agency Guidance. Dr Seaton also commented that the Guidance for Paediatrics will be sent out to GPs in the near future. Dr Ip asked if the GP Guidance will be issued soon and Dr Seaton replied that the guidance will be available on electronic format and also on Staffnet.</p>	BC
<p>5.5. Acute Infection Control Committee (AICC) Dr Williams commented that there were no exceptions to report.</p>	
<p>5.6. Partnership Infection Control Support Group (PICS) Tom Walsh reported that the PICS has been restructured to reflect the changes in CHCP. He proposes to bring the minutes of the PICS to this meeting and Mari Brannigan will provide an exception report to the committee.</p>	
<p>5.7 Scottish Patient Safety Programme This item was deferred to the next BICC as there was no-one in attendance to update the group.</p>	
<p>5.8 Risk Register There was no update to report.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1. Second National Prevalence Survey: HAI & Antimicrobial Prescribing Dr Williams reported that the second national prevalence study is taking place in all NHS Boards and the survey is run by HPS and includes all patients in all Scottish acute care hospitals. The data collection will take place during September and October 2011 and this will include paediatrics, obstetrics and neonates. Provisional findings indicate an HAI burden of 7% in surveyed wards.</p>	
<p>6.2. Hand Hygiene Audit Report July 2011 The Hand Hygiene Audit Report (July 2011) was distributed with the agenda for information. Joan Higgins reported that during the period from May to June the compliance rate for nursing staff within NHS GGC was 97% and the national rate is 97%. In NHS GGC the compliance rate for medics was 81% and the national rate is 87%. Dr Ip commented that the rates for medical are falling. Tom Walsh agreed to ask Stefan Morton for a list of the wards that have been audited for medics during this period.</p>	TW

Item	Action
<p>6.3 Education Strategy for Mandatory and Continuing Education The Education Strategy for Mandatory and Continuing Education now includes mandatory training which Tom Walsh advised was a requirement from HEI. Dr Cowan enquired as to how we are sure education in infection control is being implemented. Joan Higgins said this can be determined via the environmental audits completed by Infection Control Nurses which asks staff about knowledge of infection control.</p> <p>Tom Walsh reported that NES are moving to LearnPro and we will now be able to have an audit trail of any education undertaken by staff.</p> <p>6.4 N.I. Gap Analysis Paper and Action Plan The above report was distributed with the agenda. Dr Cowan reported that Sandra McNamee was asked to review this report in light of the inquiry into the Vale of Leven Hospital. This report has been presented to AICC for comments and also went to the last OMG meeting to discuss who will take forward the actions. Dr Cowan stated that he will check the comments received so far and once completed the report will be forwarded to the Quality and Performance Committee and then will go back to the BICC to approve.</p>	<p></p> <p></p> <p>BC</p>
<p>7. Update from Public Health Committees Dr Anderson informed the group that the flu vaccination programme for staff is going well.</p> <p>With regard to PEP Guidance Dr Anderson commented that they have agreed a compromise on who does what and an algorithm for paediatrics is being drafted.</p> <p>Dr Anderson also commented that she had met with HPS and colleagues of Forth Valley to discuss holding a symposium regarding lessons learned from the renal patients that [REDACTED] and to see if the guidance needs to be amended.</p>	<p></p> <p></p> <p></p>
<p>8. AOCB David Paul reported that he had completed a questionnaire from HEI and one of the questions on the survey asked if PPFs receive information on HEI reports. He was not sure if basic comments relating to any HEI inspections should be done through Dan Connelly. Tom Walsh advised that Pamela Joannidis is the Lead Infection Control Nurse for PFPI and she could discuss this with Dan Connelly on how to take this forward. He agreed to speak to Pamela about this. David Paul also stated that he will speak to his PPF colleagues.</p>	<p></p> <p>TW DP</p>
<p>9. Date and Time of Future Meetings The next meeting has been arranged for Monday 21 November 2011 which will be held in the Conference Room, Management Building, Southern General Hospital.</p>	<p></p>

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 21 November 2011 at 12 noon in
Conference Room, Southern General Hospital**

Present:

Dr Eleanor Anderson (Chair)	Consultant in Public Health Medicine
Mr Tom Walsh	Infection Control Manager
Ms Pamela Joannidis	Lead Nurse Infection Control
Mr Kenneth Fleming	Head of Health and Safety
Dr Craig Williams	Co-ordinating Infection Control Doctor
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr Andrew Seaton	Consultant Physician
Dr John Henderson	Clinical Director, Occupational Health
Dr John Ip	LMC Rep (GP)
Ms Suzanne Clark	Lay Representative
Mr Brian Wilson	General Manager, Facilities

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Brian Cowan	Ms Sandra McNamee	Ms Mari Brannigan	Ms Laura Riach
Ms Mary Anne Kane	Dr Rosie Hague		

Item	Action
1. Welcome and Apologies Dr Anderson welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 19 September 2011 The minutes of the previous meeting were agreed as an accurate record.	
3. Matters arising With regards to the Northern Ireland Report Dr Cowan will check the comments received so far on the paper which Sandra McNamee was asked to review. Dr Williams advised that he sits on the National Advisory Group and they are going to look at the evidence regarding isolation rooms in A&E areas which was a recommendation from the report. He said that HPS are going to do an analysis of this and provide a literature review. Tom Walsh commented that this has not been factored into the new build project at Southern General.	BC
4. Standing Agenda Items 4.1. HAI Reporting Template (HAIRT) October 2011 The October 2011 HAIRT was distributed with the agenda. Tom Walsh confirmed that there were no exceptions within the report. He said that we are on target for the SAB and CDI HEAT Targets and we are at or just below the national average. Tom Walsh confirmed that Dr Cowan will discuss the hand hygiene figures for medical staff with the Associate Medical Directors as their compliance rate is decreasing.	BC

Item	Action
<p>4.2 Policies / Leaflets The following updated policies were distributed with the agenda:</p> <ul style="list-style-type: none"> • Decontamination Policy • Meningitis Policy • Outbreak Policy <p>The Decontamination Policy was approved by the group.</p> <p>Dr Henderson requested that with regards to the Meningitis Policy the wording on page 5 “refer to Occupational Health” be deleted from the policy. Dr Ip asked how suspected meningitis cases are communicated to GPs. Dr Anderson informed Dr Ip that Public Health would do the contact tracing.</p> <p>In relation to page 12 of the Outbreak Policy Liz McGovern asked if a member of the Antimicrobial Management Team be considered or are made aware of any outbreaks. Tom Walsh advised that it is not always appropriate to inform the Antimicrobial Management Team but said he would cross check the policies for C-diff and MRSA. Tom Walsh reported that media training for the Senior Management Team within Infection Control is being organised with communications.</p> <p>With the aforementioned to be checked the group approved the policies.</p>	TW
<p>4.3 Annual Infection Control Programme & Implementation Plan The Annual Infection Control Programme and Implementation Plan was distributed with the agenda and Tom Walsh reported that all actions are up-to-date and on target. He said previously this document used to be separate documents but the Chief Executive requested that they were merged together. He advised that progress against the Annual Infection Control Programme is reported every year and the Implementation Plan is reviewed regularly.</p>	
<p>5. Exception Reports and Updates</p> <p>5.1 Facilities Directorate Report Brian Wilson referred to the Facilities Summary Report issued with the papers for the meeting. He said that domestic services are scoring green and estates are also scoring mostly green. There are five areas that have scored amber and action plans are in place for these areas.</p> <p>In relation to the cleaning reviews Suzanne Clark asked if a member of estates is included in the cleaning reviews and said that this is the case in Lanarkshire. Brian Wilson advised that he will forward these comments to Mary Anne Kane.</p> <p>Dr Anderson commented that she noticed the scores for PCD East are on a downward trend. Brian Wilson advised that priority is given to clinical areas for cleaning. It was agreed that the Partnership Group will look into this and Brian Wilson advised that David Pace from Facilities is now a member of this group.</p>	BW

Item	Action
<p>5.2 Healthcare Environment Inspectorate Pamela Joannidis advised that the last inspection was to Yorkhill Hospital and the feedback received was positive. The inspectors are visiting Gartnavel General Hospital today and tomorrow and this is the first time that care of the elderly are included in the inspection. The draft report of the visit is due to be received on 22nd December 2011. Pamela Joannidis also reported the evidence for the HEI online portal is due in this week.</p>	
<p>5.3 vCJD Group Dr Anderson provided an update of the vCJD Group. Dr Anderson confirmed that the single question is being implemented in most directorates and includes maternity. Ophthalmology are piloting a questionnaire for the high risk single question and Dr Anderson advised that single use instrumentation is in use in Ophthalmology. Dr Anderson said she wished to thank Lesley Meikle for her assistance in implementing this.</p> <p>Nationally Dr Anderson commented that the national group are meeting in December and she is part of this group.</p>	
<p>5.4. Antimicrobial Utilisation Committee Dr Seaton reported that the next meeting of the committee is scheduled for tomorrow. He advised that a number of guidelines are being revised in primary care for adults. He pointed out that no AMT audits were completed in September and October due to the national prevalence survey.</p> <p>Dr Ip commented that there is a new electronic formula rolled out to GPs and there is an additional function to list formula items. Dr Seaton advised that a Primary Care Prescribing Advisor is on the committee and if any new guidance is produced this will be put through primary care first of all. Dr Seaton stated that he will raise this at the committee meeting tomorrow.</p>	AS
<p>5.5. Acute Infection Control Committee (AICC) The minutes of the previous Acute Infection Control Committee were distributed with the agenda. Tom Walsh reported that the national prevalence survey was completed in October. The unvalidated prevalence rate in acute was approximately 4.8% and was under 3% in non acute. HPS are working on the figures and a report will be published in either February or March.</p> <p>The Education Strategy will be updated for the next meeting in January by Sandra McNamee. At present approximately 100,000 modules have been completed for Greater Glasgow and Clyde.</p> <p>In relation to the MRSA Screening Programme Tom Walsh advised that the screening is in place in high risk areas. The programme is on target to be completed by the end of the financial year.</p>	SMcN

Item		Action
5.6.	<p>Partnership Infection Control Support Group (PICSIG)</p> <p>Tom Walsh reported that he wrote a paper for CHCPs to join the PICSIG and it was agreed by the CHCP Directors to include a nominated lead from each CHCP. He said that Mari Brannigan is now the co-chair of the PICSIG and David Pace has joined the group to address any facilities issues.</p> <p>Dr Ip asked what the position was with regards to the transfer of prison services. Dr Anderson reported that the health services of the prison service has transferred to NHS. Maureen Stride is the Infection Control representative and has been facilitating the implementation of our policies in the health centres. Dr Anderson advised that this sits within partnership and staff report through the Mental Health directorate.</p>	
5.7	<p>Scottish Patient Safety Programme</p> <p>There was no representative in attendance to update the group. Tom Walsh said he would try to ensure that a representative attends these meetings and suggested that maybe a written report could be sent to the group if nobody can attend.</p> <p>Laura Riach is due to give an update at the next meeting regarding the infection control risk within Datix.</p>	LR
6.	<p>New Business / Documents Received</p>	
6.1.	<p>Accurate Recording of Deaths from Healthcare Associated Infection and Action – SGHD (CMO) (2011)13</p> <p>The paper from Sir Harry Burns, Chief Medical Officer was distributed with the agenda. Dr Anderson reported that the paper states that Boards should ensure that systems are in place whereby if an HAI is recorded on the death certificate this should be reported to the Infection Control Manager and to also ensure that there are systems in place to identify any C difficile and MRSA associated deaths. Tom Walsh advised that Sandra McNamee is working on a Root Cause Analysis for MRSA and once completed will be forwarded to Dr Cowan for onward transmission to the Associate Medical Directors. Dr Cowan will also ensure the Clinical Directors are aware of this paper.</p> <p>Dr Anderson asked if Procurator Fiscal staff have received any training as they are being contacted if a patient has died with an associated HAI in hospital. Tom Walsh said he is not aware of any training and said that sometimes police are sent out to question staff regarding what has been put on a death certificate. Dr Anderson advised that she will contact Lorna Willocks at the Scottish Government regarding training for Fiscal staff.</p>	EA
6.2.	<p>Bi Monthly National Hand Hygiene Report: September</p> <p>The Hand Hygiene Audit Report was distributed with the agenda for information. Tom Walsh reported that during the period from July to August the compliance rate for medics had decreased from 95% the previous quarter to 94% this quarter.</p>	

Item	Action
<p>7. Update from Public Health Committees</p> <p>Dr Anderson informed the group that the flu vaccination programme for staff is going well. She reported that 31% of staff have received the vaccination and she advised that the government's target is 50%.</p> <p>With regard to peer immunisation Dr Anderson advised that there may be another health campaign in January.</p> <p>The MMR vaccine will be offered to the children that did not receive the vaccine when they were in primary year but are now in high school. This will be offered to S3 – S6 pupils.</p> <p>Dr Anderson reported that the BBV and Sexual Health Strategy Framework is not finalised as yet.</p> <p>Dr Henderson asked if the egg free vaccine was available to people. Liz McGovern advised that this had been withdrawn and the low protein vaccine will be used instead.</p> <p>With regard to the UK Pandemic Flu Framework Liz McGovern reported that this has been updated with the comments received. Dr Anderson stated that she will update the Board and will issue the Framework to the group.</p>	
<p>8. AOCB</p> <p>Tom Walsh said he would like to record his sympathy for David Paul who passed away a couple of weeks ago.</p>	
<p>9. Date and Time of Future Meetings</p> <p>The timetable for the meetings for 2012 was distributed with the agenda. The next meeting has been arranged for Monday 23 January 2012 which will be held in the Conference Room, Management Building, Southern General Hospital.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 23 January 2012 at 2.15pm in
Conference Room, Southern General Hospital**

Present:

Dr Brian Cowan (Chair)	Medical Director
Ms Sandra McNamee	Assistant Director of Nursing (Infection Control)
Dr Craig Williams	Co-ordinating Infection Control Doctor
Ms Suzanne Clark	Lay Representative
Mr Stephen McGinness	Area Senior Nurse
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Mr Kenneth Fleming	Head of Health and Safety
Dr John Henderson	Clinical Director, Occupational Health

In Attendance

Ann Lang (minutes)

Apologies received:

Mr Tom Walsh	Dr Rosie Hague	Ms Mary Anne Kane	Ms Laura Riach
Dr John Ip	Dr Eleanor Anderson	Ms Mari Brannigan	

Item	Action
1. Welcome and Apologies Dr Cowan welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 21 November 2011 The minutes of the previous meeting were agreed as an accurate record.	
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 2011 The December 2011 HAIRT was distributed with the agenda. Sandra McNamee confirmed that there were no exceptions within the report. There are also no ward closures to report except for norovirus.	
4.2 Policies / Leaflets The following updated policies were distributed with the agenda: <ul style="list-style-type: none"> • Respiratory Syncytial Virus (RSV) Policy • SOP Policy Development and Approval With regards to the RSV Policy Sandra McNamee reported that Dr Hague had submitted a couple of points and the policy had been updated. The group agreed this policy.	

Item	Action
<p>Sandra McNamee advised that the only comments received to the SOP Policy Development and Approval were relating to the terminology and this policy was approved by the group.</p>	
<p>4.3 Annual Infection Control Programme & Implementation Plan The Annual Infection Control Programme and Implementation Plan was distributed with the agenda and Sandra McNamee reported that all work is on schedule. She advised that she is working with Dr Anderson on a project plan regarding SABs. A draft programme 2012/13 will be issued to the group before the next meeting by Sandra McNamee.</p>	SMcN
<p>5. Exception Reports and Updates</p>	
<p>5.1 Facilities Directorate Report As Mary Anne Kane had sent her apologies there was no update available from Facilities.</p>	
<p>5.2 Healthcare Environment Inspectorate Sandra McNamee advised that the last inspection to Gartnavel General Hospital resulted in two requirements and one recommendation and the report has just been published. HEI have split future inspections into two separate visits including Healthcare Associated Infection and Older People in Acute Care (OPAC). Stephen McGinness reported that HEI visited Mental Health wards in Monklands Hospital and this report will be published on 22nd February 2012.</p>	
<p>5.3 vCJD Group Dr Cowan provided an update of the vCJD Group. He reported that £1m of equipment has been spent for paediatric neurosurgery for when they move to Yorkhill in March. Dr Cowan commented that Dr Anderson is to provide costings to him.</p>	EA
<p>5.4. Antimicrobial Utilisation Committee As there was no representative available Dr Williams reported that he had met with Dr Seaton to discuss gentamicin and commented that good work has been done. Also new prescribing charts are available.</p>	
<p>5.5. Acute Infection Control Committee (AICC) The minutes of the previous Acute Infection Control Committee were distributed with the agenda. With regards to community acquired SABs Dr Anderson and Sandra McNamee are looking into this. When patients are admitted to A&E and are presented with bacteraemia they are going to look at what actions can be taken in the community. Sandra McNamee advised that she looked at approximately 15-20 patients and only found one patient that came from a nursing home.</p>	

Item	Action
<p>5.6. Partnership Infection Control Support Group (PICS) The minutes of the previous Partnership Infection Control Support Group were distributed with the agenda.</p> <p>Sandra McNamee reported that the health services of the prison service have transferred to NHS and an Infection Control Nurse has been allocated the task of facilitating the implementation of our policies in the health centres. She said that links will also be developed through Mental Health for the prison service.</p> <p>5.7 Scottish Patient Safety Programme There was no representative in attendance to update the group. Sandra McNamee commented that she is meeting with Laura Riach on Thursday to discuss Datix and SABs.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 CNO Letter on Mattress Guidance A copy of the CNO letter was distributed with the agenda. Sandra McNamee reported that the HEI Steering Group are taking this forward.</p>	
<p>6.2 Bi Monthly National Hand Hygiene Report: November The Hand Hygiene Audit Report was distributed with the agenda for information. The national overall compliance rate for Scotland is 95%. Sandra McNamee advised that funding has been given from the Scottish Government for next year and the bi-monthly reports are to continue.</p> <p>Dr Cowan reported that he had been in correspondence with Stefan Morton to ask for details why the medical staff have a lower rate for hand hygiene compared to other groups of staff. He stated that he also spoke with the Associate Medical Directors to update them.</p> <p>Dr Henderson advised that the Health and Safety Executive (HSE) are looking at hand surveillance and wondered how we should be doing this surveillance. HSE have stated that each member of staff should have their hands inspected by another member of staff. It was agreed that Dr Henderson, Kenneth Fleming and Stefan Morton would discuss this.</p>	JH/KF
<p>6.3 HPS CDI and SABs Report The quarterly reports for July 2011 – September 2011 from HPS were distributed with the agenda. Sandra McNamee advised that the rate for CDI in NHSGGC was down this quarter and was 0.24 cases per 1,000 occupied bed days. The rate for SABs is 0.27 with a target of 0.26. Dr Cowan commented that we have to keep the rates going for another year to meet the HEAT Target.</p>	
<p>7. Update from Public Health Committees There was no representative in attendance to update the group.</p>	

Item	Action
<p>8. AOCB</p> <p>Sandra McNamee reported that HPS have launched the first chapter of the new Infection Control manual which has to be implemented by June 2012. This includes a compliance monitoring tool and would result in the 10 standard precautions being audited monthly each with 20 observations by Senior Charge Nurses. She stated that she has concerns regarding the implementation of this and has escalated this to Rory Farrelly and to Rosslyn Crocket to take to the Nurse Directors meeting.</p> <p>Dr Cowan advised that Dr Armstrong will be chairing these meetings when she starts her post on 2nd April 2012. In the meantime Dr Anderson will chair the meetings until Dr Armstrong starts.</p>	
<p>9. Date and Time of Future Meetings</p> <p>The next meeting has been arranged for Monday 26 March 2012 which will be held in the Conference Room, Management Building, Southern General Hospital.</p> <p>The dates for future meetings are as undernoted:</p> <ul style="list-style-type: none"> • 21st May 2012 • 23rd July 2012 • 17th September 2012 • 19th November 2012 	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 26 March 2012 at 2.30pm in
Conference Room, Southern General Hospital**

Present:

Dr Eleanor Anderson (Chair)	Consultant in Public Health Medicine
Mr Tom Walsh	Infection Control Manager
Dr Craig Williams	Co-ordinating Infection Control Doctor
Dr Rosie Hague	Consultant Paediatrician
Mr Billy Hunter	General Manager, Facilities
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Mr Kenneth Fleming	Head of Health and Safety
Dr John Henderson	Clinical Director, Occupational Health
Ms Pamela Joannidis	Lead Nurse Infection Control

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Rosslyn Crocket	Ms Suzanne Clark	Ms Mary Anne Kane	Dr Andrew Seaton
Ms Sandra McNamee	Ms Mari Brannigan		

Item	Action
<p>1. Welcome and Apologies Dr Anderson welcomed everyone to today's meeting and apologies were received from the above mentioned.</p> <p>2. Minutes of the meeting held on 23 January 2012 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) February 2012 The February 2012 HAIRT was distributed with the agenda. Tom Walsh confirmed that there were no exceptions within the report and all SPCs were in control. He reported that we are on target to achieve the HEAT target for SAB and C diff. All rates for Surgical Site Infections are at or below the national average with the exception of hip arthroplasty which is very slightly higher but with no statistical significance.</p> <p>There are also a number of ward closures due to norovirus but well below the figures in 2009/2010. Dr Anderson reported that they have noticed an increase in the number of outbreaks in care homes.</p> <p>Tom Walsh commented that the cleaning scores within the HAIRT report would constitute for the Facilities report which used to be issued as a separate report. Billy Hunter confirmed that there were no exceptions to report from a facilities perspective.</p>	

Item	Action
<p>4.2 Annual Infection Control Programme & Implementation Plan 2012/2013</p> <p>The Annual Infection Control Programme and Implementation Plan was distributed with the agenda and Tom Walsh reported that this has already been to the PICSG and AICC meetings for approval.</p> <p>Tom Walsh advised that these documents were previously two separate documents but the Chief Executive requested that they were made into one document. He said the Implementation Plan is a live document and progress will be updated every two months.</p> <p>The Committee approved this document.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 Healthcare Environment Inspectorate</p> <p>Pamela Joannidis reported that since the last meeting there have been two HEI visits to Victoria Infirmary and Southern General. Both reports were good and resulted in three requirements and one recommendation for the Victoria Infirmary and two requirements for the Southern General.</p> <p>Mock corporate visits are also taking place and these include a member of the public. HEI have split future inspections into two separate visits including Healthcare Associated Infection and Older People in Acute Care (OPAC).</p> <p>HEI have confirmed that from September they will look at non acute Mental Health wards and Tom Walsh confirmed that Mari Brannigan has been informed of this.</p>	
<p>5.2 vCJD Group</p> <p>Dr Anderson provided an update of the vCJD Group. She reported that NHSGGC are trying to implement the guidance and costs have been established to implement this. She confirmed that a meeting has been arranged with Dr Stewart and Tom Walsh to discuss these costs. New instruments were purchased for the transfer of paediatric neurosurgery to Yorkhill. Dr Anderson has met with representatives in Yorkhill regarding the implementation of the guidance. She also said that a meeting has been arranged with Jim Beattie and Jamie Redfern and Dr Anderson will provide an update at the next meeting.</p> <p>Tom Walsh advised that he has raised the issue of costs with the Scottish Government at the Infection Control Network and Carol Fraser is aware of the costs.</p>	
<p>5.3 Antimicrobial Utilisation Committee</p> <p>As there was no representative available Liz McGovern updated the group. She said that there had been a slight upturn with regards to the 4-Cs and they are looking into this.</p>	

Item	Action
<p>Dr Williams reported that the report for the Point Prevalence Study is due for release at the end of March and each Board will receive an advanced copy seven days prior to release. From the report he stated that blood culture infections seems to be higher and paediatrics needs to have more analysis done which HPS are working on.</p>	
<p>5.4 Acute Infection Control Committee (AICC) The minutes of the previous Acute Infection Control Committee were distributed with the agenda. With regards to the MRSA Screening Programme Dr Williams stated that when patients are admitted to the Western Infirmary and transferred to Gartnavel General Hospital they will not be reswabbed at Gartnavel General Hospital as this will be classified as one hospital.</p> <p>Dr Williams advised that he is working with Public Health and the Infection Control Teams to look at community acquired SABs.</p> <p>The Decontamination Group have identified machinery that is difficult to clean. Dr Williams stated that they are concerned at how the Decontamination Group groups links in to the AICC. Dr Whitehead has agreed to brief all directorate reps before the AICC meetings.</p>	
<p>5.5 Partnership Infection Control Support Group (PICSG) The minutes of the previous Partnership Infection Control Support Group have not been finally approved and were not available for the meeting.</p>	
<p>5.6 Scottish Patient Safety Programme It was agreed that the paper Laura Riach presents to AICC should be issued to future meetings of the Board Infection Control Committee.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 Bi Monthly National Hand Hygiene Report: January 2012 The Hand Hygiene Audit Report was distributed with the agenda for information.</p> <p>Tom Walsh reported that the medics have a lower rate for hand hygiene compared to other groups of staff and the medics are the lowest in Scotland. He said that the new Medical Director will be alerted to this. Dr Anderson suggested having focus groups to discuss what are important areas for hand hygiene. Tom Walsh advised that he will ask Stefan Morton and the Lead Nurses to do some work surrounding this.</p>	TW
<p>6.3 CEL 03 (2012) Water Sources and Potential Infection Risk to Patients in High Risk Units Department of Health has issued new guidance for testing and swabbing of taps for pseudomonas in ICUs. Dr Williams advised that Mary Anne Kane is looking into including the running of taps within the domestic role.</p> <p>It was agreed by the group to keep this item on the agenda.</p>	AL

Item	Action
<p>7. Update from Public Health Committees Dr Anderson informed the group that BBV policy implementation is ongoing and Anne Scoular is leading on sexual health.</p> <p>The MMR vaccine campaign has begun to capture pupils not already vaccinated.</p> <p>There are changes to the HPV vaccine from cervarix to gardasil.</p> <p>Contingency plans are being looked at relating to the forthcoming commonwealth games.</p> <p>Dr Anderson suggested having a template for the updates from Public Health for future meetings and this was agreed by the committee.</p>	EA
<p>8. AOCB No other business was discussed.</p>	
<p>9. Date and Time of Future Meetings The next meeting has been arranged for Monday 21 May 2012 which will be held in Meeting Room LO/A/10, Ground Floor, New Lab Block, Southern General Hospital.</p> <p>The dates for future meetings are as undernoted:</p> <ul style="list-style-type: none"> • 23rd July 2012 • 17th September 2012 • 19th November 2012 	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

**Monday 21 May 2012 at 12.00noon in
Meeting Room LO/A/10, Ground floor, New Lab Block, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Dr Eleanor Anderson	Consultant in Public Health Medicine
Mr Tom Walsh	Infection Control Manager
Professor Craig Williams	Co-ordinating Infection Control Doctor
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Mr Brian Wilson	General Manager, Facilities
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Mr Kenneth Fleming	Head of Health and Safety
Dr John Henderson	Clinical Director, Occupational Health
Dr Andrew Seaton	Consultant Physician
Mr Donald Sime	Employee Director
Ms Suzanne Clark	Lay Representative
Ms Emma Edwards (Item 4)	Media Manager

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Rosslyn Crocket Ms Mari Brannigan Ms Mary Anne Kane Dr John Ip

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.</p> <p>2. Minutes of the meeting held on 26 March 2012 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>5.7. Recent Outbreaks Dr Armstrong commented that she asked Emma Edwards to come to this meeting to discuss the recent outbreaks in NHSGGC.</p> <p>Sandra McNamee provided an update on the situation at the RAH. She said that in total 9 wards have been closed at RAH and this included [REDACTED] and 56 staff. [REDACTED] As of today 4 wards remain closed as 3 wards were able to be cleaned and reopened during the weekend. Sandra confirmed that one ward also closed at the Victoria Infirmary. Dr Anderson suggested arranging a meeting with Tom, Sandra and Emma to discuss the outbreaks and notification to PHPU and the Press Office.</p>	<p>EA/TW/ SMcN/EE</p>

Item	Action
<p>Sandra commented that PHPU and the Press Office are copied in to all emails regarding ward closures and are invited to Outbreak Control Team meetings. Sandra also stated that 3 wards had closed at Glasgow Royal Infirmary which had a significant impact on admissions and Sandra commented that they have had 6 wards closed during a 16 week period. One ward at the Victoria Infirmary is also closed.</p> <p>Discussion took place on notifying the press office of any death related cases and if we should only include deaths that are listed on the death certificate. Emma Edwards said that if we do not include any deaths when a ward is closed with norovirus we could be seen to be accused of a lack of transparency. Dr Anderson and Tom Walsh informed the group that the practice in most other Health Boards was to report only deaths where the organism is recorded on the Death Certificate. Dr Anderson suggested that reporting all deaths could potentially mislead and alarm people and would be inconsistent with clinical judgement and practice.</p> <p>Tom advised that he has received a Freedom of Information request enquiring about the number of hospitals that have had norovirus and the number of deaths during the last 10 years. Dr Anderson commented that we need a lessons learned exercise and to be consistent across all Boards and should take this to HPA/HPS regarding the definitions to be included. Sandra advised that the scoring matrix goes to red if somebody dies during an outbreak.</p> <p>Dr Armstrong asked Dr Anderson, Tom, Sandra and Emma to do a lessons learned exercise and provide a paper listing the pros and cons. To also have dialogue with the Scottish Government to find out the national position. She requested to have this information before the end of June. Dr Armstrong stated that she will speak to SMG and once the paper is available will be forwarded to the group for comments.</p>	EA/TW SMcN/EE
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) April 2012 The April 2012 HAIRT was distributed with the agenda. Tom Walsh confirmed that there were no exceptions within the report and all SPCs were in control. All rates for Surgical Site Infections are at or below the national average. He reported that we are on target to achieve the HEAT target for SAB and C diff and commented that there is a high percentage of CDI and SABs that are out of hospital infections. Ann Kerr in Infection Control is working on a project to look into this.</p> <p>4.2 Annual Infection Control Programme & Implementation Plan The Annual Infection Control Programme and Implementation Plan was distributed with the agenda and Sandra McNamee reported that this document is a review of the progress to date. She advised that there are no significant add ins but once the guidance for testing and swabbing of taps for pseudomonas is received from the Department of Health this will be added. Dr Armstrong asked for clarification on who is responsible for each of the sections. Dr Armstrong and Tom are to meet with the Chief Executive to have this document signed off.</p>	

Item	Action
<p>4.3 MRSA Policy A copy of the MRSA Policy was distributed with the agenda. Sandra McNamee reported that this policy has already been out for consultation and comments have been received. She advised that the key changes are listed at the front of the document.</p> <p>Dr Anderson asked if there was a programme for new seats to be installed if the original ones were not to standard. Sandra confirmed that there is a procurement policy in place and a lot of chairs have been replaced in light of the HEI inspections and no fabric chairs are allowed to be bought.</p> <p>Dr Anderson also asked if perineum was one of the areas to be swabbed for MRSA testing and Sandra McNamee confirmed that it is and commented that we were instructed to keep this in. Tom Walsh reported that HPS have developed a set of KPIs for clinical risk assessment. This will involve sampling 100 patients on a quarterly basis and the target should be 90% of patients who should have had a clinical risk assessment.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 Healthcare Environment Inspectorate Sandra McNamee confirmed that there are no announced visits planned and stated that we have not received an unannounced visit since February.</p> <p>NHSGGC are seeking clarification that HEI will be looking at non acute Mental Health wards from October.</p>	
<p>5.2 vCJD Group Dr Anderson advised that she will arrange to meet with Dr Armstrong to update her on the background and costs related to the vCJD guidance.</p> <p>Dr Anderson provided an update of the vCJD Group. She advised that every person that receives an invasive procedure are to be asked if they are at risk and supplementary questions will be asked to neurosurgical and posterior eye patients. She advised that the guidance states that anybody born after 1997 are to have separate instruments and this means that there are two streams for instruments. Over the last couple of years Dr Anderson said that NHSGGC have been trying to implement this guidance. She confirmed that she has met with Dr Stewart to discuss the costs involved implementing the guidance and is also working with HPS and HPA. Dr Anderson also advised that she is the chair of the national group.</p> <p>Dr Anderson confirmed that neuro theatres at Yorkhill are trying to implement the guidance and Dr Anderson is meeting with them tomorrow.</p>	EA

Item	Action
<p>5.3 Antimicrobial Utilisation Committee</p> <p>The next meeting of the AUC is scheduled to meet tomorrow and Dr Seaton said that he chairs this committee.</p> <p>Dr Seaton provided an update to the group. He reported that usage of the 4-Cs antibiotics remain low although there has been an increase in meropenem prescribing. He stated that a look back exercise has been completed based on infection and microbiologist advice. He also commented that there is more gentamicin prescribing.</p> <p>In Primary Care the 4-Cs have come down except for ciprofloxacin and Dr Seaton stated that the prescribing indicator for Primary Care is above target. He also said the hospital prescribing indicators are doing well in acute medical receiving units.</p> <p>With regards to Surgery & Anaesthetics they have achieved the target in surgical for both factors. Dr Seaton reported that the national figures issued NHSGGC are just below the target and Dr Seaton is working with surgeons on this. He said surgical prophylaxis is a prescribing indicator for colorectal procedures and commented that 95% of patients should receive antibiotics within one hour of surgery.</p> <p>Dr Seaton requested if there was any data relating to SSIs as some concern has been raised and he would like to share this with clinicians. Tom Walsh advised that the SSI module for ICNET has just been purchased and data will not be available for another 2-3 months but once this is available he said he is happy to share this information with Dr Seaton. Tom Walsh commented that ICNET links to the lab system but said there is no link to the Operating Theatre but will have a linkage to Trakcare and this should be rolled out in 2013. Dr Armstrong requested that an update be provided when the Opera link is active.</p> <p>Tom Walsh advised that a project has been started to look at the community SABs and CDIs and he advised that this will be shared with Dr Seaton and his colleagues.</p>	
<p>5.4 Acute Infection Control Committee (AICC)</p> <p>The minutes of the previous Acute Infection Control Committee were distributed with the agenda. Tom Walsh reported that the CEL 03 (2012) was issued to the committee. He said that we have received Department of Health guidance from England which is in line with the Northern Ireland Report. In England and Wales they test for pseudomonas and the Scottish Guidance does not test for pseudomonas. Professor Williams stated that estates are looking at taps and if not being used regularly are to have a daily flush. He advised that surveillance is in place and can be done pending the final guidance. It was agreed that legionella would be an estates function and taps would be the function for the Infection Control Manager. A water group will also be set up in line with the guidance and this will include Facilities/Estates and Infection Control.</p> <p>Tom Walsh suggested considering to co-chair this group at board level and to report to Board Infection Control Committee and for this to be a sub-group of the BICC. Dr Armstrong asked for this item to be kept on the agenda for the Acute Infection Control Committee.</p>	

Item	Action
<p>5.5 Partnership Infection Control Support Group (PICSG) The minutes of the previous Partnership Infection Control Support Group were distributed with the agenda. Sandra McNamee reported that most of the staff in the Prison Service have completed training on Infection Control.</p> <p>5.6 Scottish Patient Safety Programme It was agreed that Laura Riach would only attend these meetings if required. Laura sent a paper which was distributed with the agenda. Any comments on this paper are to be sent to Laura.</p> <p>5.7 Incidents Sandra McNamee provided an update of the recent ward closures. She reported that an outbreak control team meeting was held at the Victoria Infirmary as they had 4 cases of multi-resistant <i>Acinetobacter baumannii</i>. This ward scored amber in the risk matrix and no further cases have been identified. An action plan has been completed and screening will remain for patients until they are discharged.</p> <p>A number of wards have also closed at Royal Alexandra Hospital and outbreak control team meetings have taken place.</p> <p>In the Renal Unit at the Western Infirmary Sandra McNamee said that there have been some [REDACTED] and the samples have resulted in 11 different strains. An action plan has been prepared and will include AMT review.</p> <p>A ward in Yorkhill closed with [REDACTED] [REDACTED] Sandra McNamee reported that this ward closed last week but is due to be reopened today.</p>	<p>CW</p> <p>SMcN</p>
<p>6. New Business / Documents Received</p> <p>6.1 Bi Monthly National Hand Hygiene Report: March 2012 The Hand Hygiene Audit Report was distributed with the agenda for information.</p> <p>Sandra McNamee reported that the figures for NHS Scotland is 95% and NHSGGC is 94% which is an increase from the last report which was 92%. She stated that a meeting has been arranged with Dr Stewart and Professor Williams to look at the low compliance rate for medics and to discuss how the figures can be increased. She commented that maybe we need to look at addressing the persistent non compliance staff and maybe to look at disciplinary procedures. She confirmed that she will bring back findings of this meeting.</p> <p>Stefan Morton also reports his findings of an audit to Dr Stewart who can then take this up with the AMD for that directorate.</p> <p>Sandra McNamee advised that SPSP reports hand hygiene data.</p>	

Item	Action
<p>6.2 HPS Quarterly Reports SABs/CDI The quarterly reports for October 2011 – December 2011 from HPS were distributed with the agenda. Professor Williams advised that we are on target to meet the HEAT Target. Dr Armstrong commented that NHSGGC have made a remarkable achievement to be one of the lowest Boards.</p> <p>6.3 National Point Prevalence Report and GGC Summary The report from HPS on the National Point Prevalence was published in April 2012 and was distributed with the agenda. Professor Williams commented that across Scotland pneumonia in ICU was higher than expected and this will need to be looked into. SSI and UTI were also major contributors to HAI. The directorate prevalence reports are being prepared and a document looking at any possible lessons to be learnt for GGC is being prepared for the next AICC/BICC</p> <p>Professor Williams commented that nationally the results of the prevalence study are being compared with effectiveness of available interventions to guide what interventions would be useful and direct future policy. This should be completed by autumn.</p> <p>Tom Walsh agreed to ask Ann Kerr to send prevalence data to Dr Seaton.</p>	TW
<p>7. Update from Public Health Committees Dr Anderson tabled an update from the Public Health Committees.</p> <p>Outbreaks There has been an increase in cases of pertussis in NHSGGC. Weekly telephone calls regarding guidance for this has taken place with HPS. There will be an increase in vaccination coverage booster dose for teenagers.</p> <p>Blood Borne Viruses and Sexual Health Implementation of the BBV and sexual health framework.</p> <p>Immunisation Planning has commenced on the staff flu vaccination programme for 2012/13. The coming season will focus efforts on Peer Immunisation i.e. clinical/medical staff immunising within their own departments and teams. Vaccination clinics will be scheduled for the first two weeks of October and November across all major acute and community hospital sites.</p> <p>MMR catch up vaccination will continue in 2012/13 with two doses being co-delivered with the HPV vaccination.</p> <p>Meningitis C/Flu Initial planning for delivery of potential horizon programmes for Meningitis C vaccination delivered to adolescents at school. Seasonal influenza vaccination to all primary and secondary school-age children is underway.</p> <p>Civil Contingencies Ongoing planning for Olympic Games with partners.</p>	

Item	Action
<p>8. AOCB No other business was discussed.</p> <p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • A meeting to be arranged with Dr Anderson, Tom Walsh, Sandra McNamee and Emma Edwards to discuss the notification of outbreaks. • Tom, Sandra and Emma to do a lessons learned exercise and provide a paper listing the pros and cons. Once paper is available to be forwarded to the group. • Dr Armstrong and Tom to meet with the Chief Executive to sign off the Annual Infection Control Programme and Implementation Plan. • Dr Anderson to meet with Dr Armstrong to discuss the background and costs related to the vCJD guidance. • Professor Williams to meet with Dr Stewart regarding the hand hygiene figures for medics. Sandra to bring back the findings of this meeting to a future BICC meeting. • Tom to ask Ann Kerr, Infection Control to send prevalence data to Dr Seaton. <p>9. Date and Time of Future Meetings The next meeting has been arranged for Monday 23 July 2012 which will be held in Meeting Room LO/A/10, Ground Floor, New Lab Block, Southern General Hospital.</p> <p>The dates for future meetings are as undernoted:</p> <ul style="list-style-type: none"> • 17th September 2012 • 19th November 2012 	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

**Monday 23 July 2012 at 12.00noon in
Meeting Room LO/A/10, Ground floor, New Lab Block, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Mr Tom Walsh	Infection Control Manager
Professor Craig Williams	Co-ordinating Infection Control Doctor
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Mr Brian Wilson	General Manager, Facilities
Mr Kenneth Fleming	Head of Health and Safety
Dr Andrew Seaton	Consultant Physician
Ms Suzanne Clark	Lay Representative

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Rosslyn Crocket Dr Eleanor Anderson Ms Mary Anne Kane Ms Liz McGovern
Dr John Henderson

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 21 May 2012 The minutes of the previous meeting were agreed with the following amendment requested by Liz McGovern:- Page 6 – Meningitis C/Flu – end of paragraph should read under discussion and not underway</p>	
<p>3. Matters arising 3.1 Reporting of Deaths in the Media Tom Walsh advised that this topic was discussed at the last meeting and the debate was surrounding whether we report all deaths during outbreaks or report deaths that are mentioned in Part 1 or 2 on the death certificate. He said a paper was distributed with the agenda which sets out the argument of reporting deaths. He had also checked the position with other NHS Boards and all but one Board indicated that they only reported deaths where the organism appeared on the death certificate. The recommendation from Infection Control is that we should only report those patients who during outbreaks have the causative organism listed as either an underlying or contributory cause of death. It was agreed that this should be discussed at the next Infection Control Network meeting in September as Scottish Government attend this. Tom advised that he could send the paper to Lorna Willocks and Carol Fraser from the Scottish Government in advance of the meeting. Professor Williams informed the group that he was meeting with Lorna Willocks this week and will raise this issue at his meeting. Dr Armstrong commented that we need consistency across all boards.</p>	<p>TW CW</p>

Item	Action
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) June 2012 The June 2012 HAIRT was distributed with the agenda. Tom Walsh confirmed that there were no exceptions within the report and all SPCs were in control. The report included a couple of outbreaks and the information regarding the outbreaks was contained in the report.</p> <p>4.2 Annual Infection Control Programme & Implementation Plan The Annual Infection Control Programme and Implementation Plan was distributed with the agenda. Sandra McNamee reported that she needs to add a project plan to this document. She advised that there is an action to get the Infection Control manual onto desktops in NHSGGC and this will mean that an electronic icon on desktops will appear. There is a plan to withdraw the paper version of the manual but this will not be done until the icon is fully established on the desktops.</p> <p>Sandra McNamee reported that HFS called for representatives to attend a group to standardise the environmental audits and that she would be attending on behalf of the ICN network.</p> <p>Tom Walsh advised that the Risk Register within Infection Control has been reviewed and he said that he will email a copy of this to the committee. He stated that each directorate holds their own Risk Register and Infection Control distribute the BICC version for consideration by directorates and CHPs. The four highest scoring risks are forwarded to form part of the Corporate Risk Register.</p> <p>Dr Armstrong asked if we were on target to meet the HEAT target for 2013 for SABs. Professor Williams commented that additional actions are taking place in the Renal Unit. Sandra McNamee also said that they are looking at the number of SABs in neonatal unit at PRM and doing some work on this. PVC work and work in paediatrics is ongoing and these should allow us to meet the target. Professor Williams stated that some work has to be done with regards to central lines in the Beatson. Tom Walsh reported that there is concern nationally about meeting the target and HPS have offered support to Boards. Professor Williams commented that we are just about at our trajectory and are well below the Scottish target. Tom Walsh offered to draft a response to Jacqui Reilly and follow this up. Professor Williams suggested providing monthly SAB figures instead of quarterly figures.</p> <p>4.3 Annual Infection Control Report 2011/12 Tom Walsh reported that the Annual Report was in draft format. Dr Seaton confirmed that he will update the section on AMT and once this was completed will forward to Tom Walsh.</p> <p>4.4 Policies A copy of the hand Hygiene, Transmission Based Precautions and Scabies Policies were distributed with the agenda. Sandra McNamee reported that the policies have already been out for consultation and comments have been received and the policies updated. Sandra advised that the Scabies Policy was amended with comments received from one of the Pharmacists but was not updated significantly. She also commented that the Hand Hygiene Policy was reviewed and follows the SICPs guidance.</p>	<p>TW</p> <p>TW</p> <p>AS</p>

Item	Action
<p>Dr Armstrong asked if there was a resource implication for the swan neck taps. Sandra McNamee advised that there was new literature issued which stated that there was not a risk of legionella using these taps and there was no need to change these.</p>	
<p>5. Exception Reports and Updates</p>	
<p>5.1 Healthcare Environment Inspectorate Since the last meeting Sandra McNamee confirmed that there was an unannounced inspection to Vale of Leven Hospital which resulted in three requirements and two recommendations. She reported that since 1st January there have been three unannounced inspections to Victoria Infirmary, Southern General and Vale of Leven Hospitals. The common themes from these visits are hand hygiene compliance with medics.</p>	
<p>Tom Walsh advised that there has been no clarification as yet from HEI that they will be looking at non acute/ Mental Health wards from October.</p>	
<p>Kenneth Fleming reported that he received a Letter of Understanding between HSE and Healthcare Improvement Scotland. It states that they have agreed that if they find anything of concern they will inform each other. Kenneth agreed to forward this document to the committee and Dr Armstrong said that she will notify Rosslyn Crocket.</p>	<p>KF JA</p>
<p>From the Vale of Leven report Dr Armstrong commented that five doctors were identified as adhering to the Hand Hygiene Policy although the doctors confirmed they washed their hands behind the curtains. Sandra McNamee advised that the national policy states that if gel hands behind curtains there is a requirement to gel hands again. She said that in our hand hygiene policy we have a caveat in our policy to say that when leaving a patient and going directly to the next patient they are not required to gel hands twice.</p>	
<p>Dr Armstrong asked how do we feedback any issues to HEI within the three week timescale and Sandra agreed to look at this and feedback to Rosslyn Crocket. Tom Walsh confirmed that the draft report is issued to the HEI Steering Group for them to comment and check for accuracy prior to the action plan being finalised.</p>	<p>SMcN</p>
<p>5.2 vCJD Group As Dr Anderson was not available for this meeting Sandra McNamee updated the group. She confirmed that the single question is being implemented in most areas. Funding still seems to be an issue and is still being debated and work is ongoing with Dr Stewart and Dr Armstrong to discuss the instruments for neurosurgery.</p>	
<p>5.3 Antimicrobial Utilisation Committee Dr Seaton advised that the formal minutes of the Antimicrobial Utilisation Committee will now be circulated to the Board Infection Control Committee. The six monthly report that is sent to the Drugs and Therapeutic Committee will also be circulated to the Board Infection Control Committee.</p>	<p>AS</p>

Item	Action
<p>Dr Seaton reported that the prescribing of quinolones in primary care is a current challenge with 7 out of 9 CHCPs showing increase in prescribing. Work is underway with CHCP based prescribing advisers to promote appropriate prescribing of quinolones in general practice. He advised the variation in quinolone use may not meet the 5% variation target in Primary Care.</p> <p>With regards to surgical prophylaxis Dr Seaton advised that we are below our target regarding the single dose prophylaxis for colorectal surgery. A meeting has taken place with Clinical Directors in Surgery and Anaesthetics to see if compliance can be improved. In Primary Care Dr Seaton reported that the 4-Cs remain static. He commented that there has been an increase in carbapenem prescribing in secondary care but largely on advice of an Infection Control Specialist.</p> <p>A look back exercise regarding co-amoxiclav over 12 surveys has been completed. He said that are also looking into meropenem prescribing. In relation to gentamicin Dr Seaton advised that there seems to be excess use of gentamicin compared to what is recommended through our guidelines. He said that they are trying to promote early use of gentamicin and use it for a short period. A Prescribing and Administration monitoring form is being provided for doctors and they are to familiarise themselves with the new form for adults. He said ADC are considering the use of fidaxomicin and he said that it is anticipated should be expensive.</p> <p>(Professor Williams stated that he would like to use this in outbreaks if there is the non 027 strain). Dr Seaton commented that this cannot be used at present as it is non formula. He said that ADTC are considering this and he is awaiting further advice.</p>	
<p>5.4 Acute Infection Control Committee (AICC) The meeting of Acute Infection Control Committee was held two weeks ago and the minutes of this meeting are not published yet.</p>	
<p>5.5 Partnership Infection Control Support Group (PICSG) The minutes of the previous Partnership Infection Control Support Group were not available as yet. Tom Walsh reported that the committee were waiting to hear from HEI if they will be looking at non acute / Mental Health wards from October.</p>	
<p>Dr Armstrong stated that prison services transferred over in April. Tom Walsh confirmed a Senior Infection Control Nurse, Maureen Stride, has been designated to cover the prison service. He said that Dr Anderson also has Public Health Nurses working with the prison service. Sandra McNamee reported that most of the staff in the Prison Service have completed their induction. Sandra McNamee agreed to ask Maureen Stride to provide a presentation on the key issues of the prison service.</p>	SMcN
<p>5.6 Scottish Patient Safety Programme Professor Williams commented that at the Women & Children Clinical Governance meeting there was discussion surrounding a paediatric programme regarding SABs and the roll out of the PVC bundle. Laura Riach is to look into this and report back.</p>	

Item	Action
<p>Professor Williams also commented that the cohorting bed policy for Yorkhill Hospital was also discussed at this meeting. He confirmed that the model of trigger tools used in adult care would be modified for common HAI infections prevalent in RHSC, e.g. RSV.</p>	
6. New Business / Documents Received	
<p>6.1 Bi Monthly National Hand Hygiene Report: May 2012 The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that the figure for NHSGGC in May was 95%.</p>	
<p>6.2 HPS Quarterly Reports SABs/CDI The quarterly reports for January 2012 – March 2012 from HPS were distributed with the agenda. Professor Williams advised that with regards to SABs we were lower in the first part of the month. He said that we are slightly above trajectory but should drop by the end of the third quarter due to the work being undertaken in Renal Unit.</p>	
<p>6.3 HAI Annual Report Professor Williams advised that the HAI Annual Report includes a years data for SABs and CDI. Suzanne Clark asked why Ecoli and UTIs do not come up as a large percentage. Professor Williams stated that there are no national targets for these.</p>	
<p>6.4 Water Quality Group Tom Walsh reported that he will send out the latest version of the Pseudomonas Guidance to the committee.</p>	TW
<p>7. Update from Public Health Committees Dr Anderson's PA sent notification that Dr Anderson will forward an update from the Public Health Committees when she returns from annual leave.</p>	
<p>8. AOCB Professor Williams reported that he is looking at PVL Staph Aureus across sites as the reporting of this is working differently in sectors. He advised that he will bring a policy to the next meeting.</p>	CW
<p>Tom Walsh reported that he is reviewing the governance of reports to Clinical Governance Infection Control Group as the minutes of this committee are no longer sent to this group. Dr Armstrong asked if the Corporate Management Team can also receive copies of the minutes of this committee.</p>	TW
<p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Tom Walsh to send Lorna Willocks and Carol Fraser the paper on reporting of deaths in advance of the next Infection Control Study Day. • Professor Williams to discuss reporting of deaths with Lorna Willocks. • Tom Walsh to issue a copy of the Risk Register for Infection Control. • Tom Walsh to draft a response to Jacqui Reilly regarding meeting the SABs target. • Dr Seaton to update the AMT section for the Annual Infection Control Report. 	

Item	Action
<ul style="list-style-type: none"> • Kenneth Fleming to send out the Letter of Understanding between HSE and Healthcare Improvement Scotland. • Dr Armstrong to notify Rosslyn Crocket of this document. • Sandra McNamee to look at the feedback of any issues regarding HEI. • The minutes of the AUC are to be forwarded to the BICC by Dr Seaton. • Sandra McNamee to ask Maureen Stride to provide an update on the prison service. • Tom Walsh to issue the latest version of the Pseudomonas Guidance. • Professor Williams to provide a policy on PVL Staph Aureus. • Tom Walsh to review the reporting to governance forums. 	
<p>9. Date and Time of Future Meetings</p>	
<p>The next meeting has been arranged for Monday 17 September 2012 which will be held in Meeting Room LO/A/10, Ground Floor, New Lab Block, Southern General Hospital.</p>	
<p>The dates for future meetings are as undernoted:</p>	
<ul style="list-style-type: none"> • 19th November 2012 	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

**Monday 17 September 2012 at 12.00noon in
Meeting Room LO/A/10, Ground floor, New Lab Block, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Professor Craig Williams	Co-ordinating Infection Control Doctor
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Dr Eleanor Anderson	CPHM
Mr Kenneth Fleming	Head of Health and Safety
Dr Andrew Seaton	Consultant Physician
Ms Suzanne Clark	Lay Representative
Ms Mary Anne Kane	General Manager, Facilities
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr John Henderson	Clinical Director Occupational Health
Dr Andrew McCall	LMC Representative
Mr Donald Sime	Employee Director
Ms Kate Eunson	Senior Nurse, Mental Health

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Mari Brannigan Mr Tom Walsh

Item	Action
1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 23 July 2012 The minutes of the previous meeting were agreed with the following amendments:- Page 3, fourth para – should read “doctors were identified as not adhering to the Hand Hygiene Policy by the inspectorate”. Dr Seaton asked for a few changes to the AUC section on page 4. It was agreed that Ann Lang would update the necessary changes and forward this to Dr Seaton to approve.	AL
3. Matters arising 3.1 Reporting of Deaths in the Media Sandra McNamee reported that this topic was discussed at the Infection Control Network whereby Lorna Willocks from Scottish Government agreed to take this to their communication team for comments. Sandra advised that she also attended a Norovirus summit and was told that the HAI Policy Group had accepted to only report deaths if that were mentioned on the death certificate. She said this issue was raised during a recent outbreak at RAH where it was found that NHSGGC were reporting all deaths compared to other boards who were reporting only those where the infection is specifically listed as either a primary or secondary cause of death.	

Item	Action
<p>Dr Armstrong confirmed that this report would be discussed at the Corporate Management Team meeting on Thursday. She is proposing that members of BICC only report deaths that are mentioned on the death certificate.</p>	
<p>3.2 Infection Control Risk Register</p> <p>The Infection Control Risk Register was previously circulated to members of the BICC. Sandra McNamee reported that the four highest risks will go forward to the Corporate Risk Register and asked for members to agreed the four risks. She advised the risks include MRSA Screening as we are waiting on guidance from HPS regarding KPIs and what data they require. Decontamination was monitored as a high risk due to CJD issues. Emerging Pathogens as a risk as there have been a couple of outbreaks of organisms that we have not seen before. Failure to meet the SAB HEAT Target will also be a risk. Kenneth Fleming advised that there is a Risk Group meeting on Thursday and asked if the risks could be scored with the likelihood versus the consequence. Sandra agreed to contact Laura Riach for this as she assisted with the completion of the Risk Register for Infection Control.</p>	SMcN
<p>3.3 Water Group – CEL 03 (2012)</p> <p>Mary Anne Kane reported that a Water Group has been established within the Board and Terms of Reference for the Group have been agreed. She advised that there is a draft Water Policy which will combine legionella and pseudomonas. The first meeting of the group will take place on 1st October and minutes from these meetings will be issued to BICC.</p>	
<p>3.4 HEAT Target for SABs</p> <p>Sandra McNamee confirmed that we are working towards the HEAT Target for SABs but advised that the review of local data would suggest that we are above the target in the second quarter of this year.. She said that there are different workstreams ongoing to help achieve the target and Ann Kerr is doing an analysis of the community SABs. A PVC audit was completed and this was presented to the, AICC and Heads of Nursing and the Heads of Nursing asked for this to be repeated. Dr Seaton commented that we need to know the cases that are positive in A&E.</p> <p>Sandra advised that an update for directorates will be provided on the monthly reports and a note of whether the case is closed or not on datix. Dr Seaton stated that he is not sure if this is communicated well to directorates and Sandra confirmed that directorate representatives attend the AICC and there are links with risk management.</p> <p>Dr Anderson advised that Public Health Nurses are working with Ann Kerr regarding the community SABs but stated that this is a significantly less controlled environment. A further meeting will be arranged next week. Dr Seaton suggested trying to find out what the proportion of SABs are with regards to relapse. .</p> <p>Discussion took place on the algorithm and Dr Seaton advised that the algorithm excludes children.</p>	

Item	Action
<p>Dr Armstrong asked if we should maybe develop one for children and Dr Hague advised that there is a minority of children coming through A&E with a SAB and if a child presented with a SAB they would be treated aggressively.</p> <p>Sandra commented that a group in Yorkhill is rolling out the PVC Bundle and the CVC bundle was being reviewed in neonatal ICU. Dr Armstrong stated that if we are not meeting the target or on target to meet the figure then steps should be taken to address this, and to maybe contact HPS for advice. Dr Armstrong asked SM to prepare a report on all the interventions currently underway to meet the target and SM agreed to do this within 2-3 weeks.</p> <p>Dr Hague asked Sandra for a breakdown of SABs in Yorkhill and if these could be separated from Women & Children and Paediatrics. Sandra stated that this has already been requested and the directorate report has been modified to include this breakdown.</p>	<p>EA/RH/AS/ CW/TW/ SMcN</p> <p>SMcN</p>
<p>3.5 PVL (Pantan-Valentine leukocidin) Staph Aureus</p> <p>Dr Anderson updated the group and said that PVL Staph Aureus is a toxin which can cause boils and pneumonia and is sometimes associated with sporting activities. She said that it is more common in the community and associated with depravation and if found family members need to be tested also and a cluster is seen approximately once per year. If a clinician suspects that a patient may have PVL Staph Aureus they would test for isolates. Dr Anderson stated that they need to clarify how many clinicians are aware of this and stated that if a family of the patient were to be checked they could be under different GPs and this may not be picked up by all GPs. Dr Anderson advised that she is working on a SOP in conjunction with infection control and will forward this to the group for comments. Once the document is finalised Dr Anderson will bring this back to the next BICC meeting.</p>	EA
<p>4. Standing Agenda Items</p>	
<p>4.1 HAI Reporting Template (HAIRT) August 2012</p> <p>The August 2012 HAIRT was distributed with the agenda. Suzanne Clark asked who is responsible for putting the patient leaflet at the side of a patient's bed and Sandra replied that whoever cleans the bedspace should place this on the cabinet. Suzanne said that some hospitals laminate these and place them on walls. Dr Armstrong asked if the HEI/HAI group could look at this. Sandra also commented that she is attending a Patient Panel meeting tomorrow and will raise this here.</p> <p>Sandra reported that one ward at RAH had breached its upper control limit for C. Difficile – the upper control limit was 2 and the HPS trigger tool had been put in place.. SSI Rates for all procedure categories apart from reduction of long bone fracture remain below the national average. Dr Armstrong asked why GGC are always above the national rate and Dr Seaton commented that it could be because a high proportion of trauma comes under GGC e.g. RAH and GRI sites.</p> <p>Mary Anne Kane reported that the cleaning scores will be incorporated into the next HAIRT and she said that all areas have a note of their scores.</p>	

Item	Action
<p>Also from recent audits there were two areas that scored amber and they were Parkhead and Dental Hospital and Mary Anne said this is being looked into.</p>	
<p>4.2 Annual Infection Control Programme & Implementation Plan The Annual Infection Control Programme and Implementation Plan was distributed with the agenda. Sandra McNamee reported that the Annual Infection Control Programme was approved by the Chief Executive. She said the Implementation Plan will be updated for each BICC meeting.</p>	
<p>4.3 Policies A copy of the Chicken Pox, Tuberculosis Policy, Occupational Related Illnesses Policy and SOPs for Insertion & Maintenance Urinary Catheters and Last Offices were distributed with the agenda. Sandra McNamee reported that the policies have already been out for consultation and comments have been received and the policies have been updated and are brought to BICC for approval. Sandra asked if Dr Hague could check the Tuberculosis Policy with regards to children and let her know of any comments.</p>	RH
<p>Dr Seaton stated that on page 5 of the Tuberculosis Policy relating to the confirmed multi drug resistant TB should add in higher isolation unit. Liz McGovern commented that on page 6 of the Occupational Related Illnesses Policy it states that if a person is asymptomatic with whooping cough there are no restrictions and she asked should they not be considered. Dr Anderson advised that if there is an outbreak there is a follow up with the family and a healthcare worker would pick this up. She also commented that there may be a CEL letter being issued for pregnant women to be vaccinated for whooping cough as there have been deaths in babies less than 8 weeks old.</p>	
<p>Professor Williams commented that these policies had already been distributed and dates for comments back agreed and that this was not the forum to bring additional comments to.</p>	
<p>There was some discussion regarding chickenpox policy and the potential to have to update this quite quickly if the draft HPS TBP Guidance is issued. There is significant concern amongst ICT that the recommendations regarding the use of FFP3 masks is excessive. There are also cost issues and a lack of evidence to support using these. Dr Hague also expressed her concern at wearing masks when treating babies as this would alarm them. Sandra McNamee advised that the Infection Control have commented extensively on this draft policy and that the IPC Network have asked HPS if this policy should go out for wider consultation. Dr Armstrong commented that if there are significant implications then a meeting should be arranged. Dr Anderson suggested that a formal letter be sent from BICC of their concerns. Dr Armstrong asked if Dr Anderson, Dr Henderson and Sandra McNamee could draft a letter for her and she could send this to Martin Donaghy.</p>	EA/JH/ SMcN

Item	Action
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group Dr Anderson updated the group on the progress made so far. She confirmed that the single question is being implemented in most areas and at risk questions are being asked in Ophthalmology. The costs for neurosurgery seem to be an issue and Dr Stewart has discussed this with the Senior Management Team how to take this forward. It was agreed that this item would be kept on the agenda for future meetings.</p> <p>5.2 Antimicrobial Utilisation Committee Dr Seaton advised that the minutes of the Antimicrobial Utilisation Committee (AUC) were circulated to the group. He reported that AUC have agreed to use fidaxomicin in the second recurrence of proven C difficile. This would only be used with the approval of a consultant microbiologist or ID physician.</p> <p>At the Committee Dr Seaton noted that they have seen an upward trend in the use of Co-amoxiclav in emergency departments. He reported that he has met with clinical directors in Glasgow to look into this.</p> <p>Dr Seaton advised that there has been an increase in Quinolone prescribing in Primary Care and it is expected that GGC will not meet the prescribing indicator target of <5% seasonal variation. He commented that there are ongoing discussions with CHCPs.</p> <p>With regards to hospital prescribing indicators Dr Seaton reported that GGC are achieving compliance in Medical Receiving Units. He said that RAH has been the best performing medical receiving unit and has been allowed to step down to three monthly monitoring. Work in surgery units is ongoing to improve compliance and discussions are taking place within this directorate.</p> <p>Dr Seaton reported that the gentamicin prescribing monitoring administration chart has been fully rolled out within GGC and will be used in every area.</p> <p>Dr Armstrong asked why the costs have increased for penicillin. Liz McGovern commented that this is a manufacturing issue.</p> <p>5.3 Acute Infection Control Committee (AICC) The minutes of the previous Acute Infection Control Committee were distributed along with a copy of the latest agenda.</p> <p>Professor Williams reported that the KPIs for MRSA Screening have been cancelled and will not now be in place until March 2013. HPS have suggested auditing locally in the meantime.</p> <p>Professor Williams advised that the Board Legionella Policy is in final draft and will combine legionella and pseudomonas</p> <p>Sandra McNamee reported that she is looking at SAB monitoring and has a meeting arranged with Joyce Brown and Professor Williams to discuss the number of cases coming through ECMS.</p>	

Item	Action
<p>Dr Armstrong asked if Dr Stewart as chair of AICC could be a representative of this group and if he was unable to attend if a depute could represent him.</p>	AL
<p>5.4 Partnership Infection Control Support Group (PICS) The minutes of the previous Partnership Infection Control Support Group were distributed along with a copy of the latest agenda.</p> <p>Kate Eunson updated the group and reported that the last meeting was held on Thursday. She reported that the committee have not heard if HEI will be looking at non acute / Mental Health wards from October. She also commented that work is ongoing in the prison service and she advised that treatment rooms were found to be in poor condition. It was agreed that Maureen Stride, Senior Infection Control Nurse will provide an update of the prison service at the next BICC.</p> <p>Kate Eunson reported that a work programme is ongoing for issues at Parkhead Hospital.</p>	SMcN
<p>5.5 Scottish Patient Safety Programme Dr Armstrong reported that there was a webex presentation on sepsis configuration.</p>	
<p>5.6 Recent Outbreaks/Incidents Sandra McNamee reported that there has been an increased incidence of VRE in the renal unit. She said that a number of actions are taking place and patients are being screened for six weeks. A national UK alert was also sent to all microbiologists.</p> <p>In IRH Sandra reported that there were three cases of C-difficile within ten days but these came back as three different strains.</p> <p>In PICU there has been a cluster of pseudomonas. Professor Williams reported that typing of all isolates has been completed to see if these were related but the [REDACTED] affected all have different types.</p>	
<p>6. New Business / Documents Received</p> <p>6.1 Bi Monthly Hand Hygiene Report: July 2012 The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that the national figure for NHS Scotland is 96% and NHSGGC is 95%. With regards to medical staff the national figure is 92% and NHSGGC are at 82% compliant. Dr Stewart issued a letter to all acute medics a couple of weeks ago relating to hand hygiene. Mari Brannigan is to issue this through the CHCPs to medics in the community.</p> <p>6.2 Guide for Healthcare Workers in Greater Glasgow Health Board Dr Anderson reported that a copy of the policy was issued to the committees for comments. She said there are issues relating to roles and responsibilities and who does risk assessments. Liz McGovern commented that page 26 mentions human bites and refers to NHS and also mentions antibiotics and if that is the case should this go to AMT. It was agreed to change the wording to NHSGGC policy. Dr Henderson also commented that the figure on page 6 should be 1:1000 instead of 1:100. Dr Anderson asked the group to email her with any other comments.</p>	

Item	Action
<p>6.3 HPS – Transmission Based Precautions This topic was discussed earlier in the meeting.</p> <p>6.4 ICNET – SSI Module Update Sandra McNamee reported that Infection Control are looking to do planned surveillance for C-sections, Orthopaedics, Neurosurgery and prospective colorectal surgery. Sandra said she will ask Ann Kerr to speak to the Colorectal Surgeon at SGH and discussions will take place with surgery & anaesthetics. Sandra stated that she had a meeting arranged with Lesley Meikle in surgery and anaesthetics and will ask if they can complete the GMC code as Infection Control require this code to be completed for surveillance purposes.</p> <p>7. Update from Public Health Dr Anderson updated the group on public health matters.</p> <ul style="list-style-type: none"> • She said were some cases of c-diff in Marie Curie Hospice and that this was being managed by the PHPU. The staff flu campaign is ongoing. • There have been no reported cases of anthrax in Scotland. <p>8. AOCB No other business was discussed.</p> <p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Ann Lang to update the changes in the minutes for Dr Seaton to approve. • Sandra McNamee to contact Laura Riach to score the risks on the Infection Control Risk Register. • Dr Anderson to provide a SOP for PVL Staph Aureus. • Sandra McNamee attending Patient Panel meeting and will raise the issue of leaflets for patients. • Dr Hague to check the Tuberculosis Policy and to let Sandra know of any comments. • Dr Anderson, Dr Henderson and Sandra McNamee to meet to draft a letter for Dr Armstrong regarding the use of FFP3 masks. • Dr Stewart to be a member of BICC and Ann Lang to arrange this. • Sandra McNamee to arrange for Maureen Stride to provide an update on the prison service. • When Sandra McNamee meets with Lesley Meikle to ask if her department can complete the GMC code. <p>9. Date and Time of Next Meeting The next meeting has been arranged for Monday 19 November 2012 which will be held in Meeting Room LO/A/10, Ground Floor, New Lab Block, Southern General Hospital.</p>	SMcN

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

**Monday 19 November 2012 at 12.00noon in
Meeting Room LO/A/10, Ground floor, New Lab Block, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Professor Craig Williams	Co-ordinating Infection Control Doctor
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Dr Eleanor Anderson	CPHM
Mr Kenneth Fleming	Head of Health and Safety
Mr Donald Sime	Employee Director
Ms Suzanne Clark	Lay Representative
Ms Mary Anne Kane	General Manager, Facilities
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr Andrew McCall	LMC Representative
Mr Gavin Cobb	Specialist Trainee in Public Health
Ms Maureen Stride (Item 3)	Senior Infection Control Nurse, Clyde Sector

In Attendance

Ann Lang (minutes)

Apologies received:

Mr Tom Walsh Dr Andrew Seaton Dr John Henderson Dr David Stewart

Item	Action
1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 17 September 2012 The minutes of the previous meeting were agreed with the following amendments:- Page 3, fourth para – should read “doctors were identified as not adhering to ...”	
3. Matters arising 3.1 Prison Service Update Maureen Stride provided an update on the prison service since its transfer to NHS. She reported that she represents the Scottish Prison Service at the Partnership Infection Control Support Group and is also a member of the Prison Health and Safety Group. The minutes of these meetings are forwarded to the Health Safety Forum for GGC. She reported that some of the factors related to infection risks in prisons include overcrowding, large turnover, not enough showers and toilets, poor personal hygiene and food handling. Maureen commented that healthcare staff also attend to prisoners in cells.	

Item	Action
<p>The average prisoner population is:- Barlinnie - 1205 prisoners Greenock – 255 prisoners (55 of these are female). Low Moss – 700 prisoners and in future could be 784 prisoners.</p> <p>With regards to the prisons Maureen advised that Barlinnie has cramped rooms and the GP consultation can see approximately 700+ prisoners. 1200 admissions have been assessed and each prisoner will see a doctor and a nurse and have a health assessment. In Greenock there is limited space and 223 prisoners were seen by a GP and 103 prisoners were seen by dental staff. Low Moss is a new facility which opened this year. They have three treatment rooms and can see up to 350-400 patients per week.</p> <p>Prior to the transfer of Greenock and Barlinnie prisons Maureen Stride reported that she visited these premises. Whilst there she did informal audits of the dental and treatment rooms and she issued them with the NHSGGC Policy Manual. She said the audit for dental at Barlinnie resulted in a score of 38% and for dental at Greenock they scored 59%. The issues included environmental issues and no records were kept of cleaning and decontamination. Maureen advised that the decontamination of instruments for Barlinnie were now being processed at CSSD and the instruments for Greenock are now going to Inverclyde where they have a decontamination unit. When the premises were reaudited Barlinnie scored 88%, Greenock scored 81% and Low Moss had their first audit and they scored 92%.</p>	
<p>3.2 Water Group – CEL 03 (2012) Mary Anne Kane reported that the Water Safety Group have met. She advised that the Water Policy will be issued for consultation and hopefully ratification at the next Board Infection Control Committee. The Water Group proposed that this policy be put forward for a year until the final Pseudomonas guidance is issued nationally. She said the group will continue to meet and meetings have been arranged for December and January. Professor Williams advised that the definition for the high risk areas include the transplant units. He also advised that he is working with HSE and said that he will update BICC once he has met with HSE.</p>	CW
<p>3.3 PVL (Pantan-Valentine leukocidin) Staph Aureus Dr Anderson updated the group and said that PVL <i>Staph aureus</i> has been sent to Professor Williams for comments. Once finalised she said she will forward the document to Ann Lang to issue to the group. Dr Armstrong asked for this item to be kept on the agenda.</p>	CW/EA
<p>3.4 Reporting of Deaths in the Media Sandra McNamee reported that the Infection Control Network discussed this topic with Scottish Government's Communication Team and it was agreed that only deaths that are mentioned on the death certificate will be reported.</p>	

Item	Action
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) October 2012 The October 2012 HAIRT was distributed with the agenda. Sandra McNamee updated the group on the main points of the report. She said that from the SAB national report for April – June 2012 NHSGGC were above the target but are back on target now. With regards to <i>C. difficile</i> NHSGGC are under target for 2013. Sandra reported that the hand hygiene figure for NHSGGC for the period 23rd July – 3rd August 2012 is 96% which has been one of the highest scores.</p> <p>Dr Armstrong asked why the MSSA figures are not coming down. Professor Williams commented that the MRSA screening programme may have an impact on MRSA but not on MSSA. It is unclear why the strategies used has had more of an effect on MRSA than on MSSA.</p> <p>Sandra McNamee reported that Inverclyde Royal Hospital had three cases of <i>C.difficile</i> but typing came back with different types.</p> <p>4.2 Annual Infection Control Programme & Implementation Plan The Annual Infection Control Programme and Implementation Plan was distributed with the agenda and Sandra McNamee reported that the Annual Infection Control Programme was up-to-date. She stated that the ICT are now able to analyse the output of environmental audits and this will provide information on trends across directorates/sites. Anne Harkness has already requested a breakdown for her site.</p> <p>Dr Armstrong asked how the implementation plan linked to the Patient Experience work is going on in the Board. Sandra advised that Pamela Joannidis is the Infection Control representative that works with Patient Experience and this is part of the implementation plan. IC also attend the peer public reviews of cleaning services. Dr Armstrong said that we need to make sure there are clear governance routes. Sandra commented that Pamela is a key member of the acute Patient Experience group which is chaired by Rory Farrelly and that she, Pamela and Stefan had all done presentations to the patients panel this year. The Annual Programme also goes to this group (AOD PEG)for comment.</p> <p>4.3 Policies A copy of the CJD Policy and the Outbreak Policy were distributed with the agenda. Dr Anderson reported that the CJD Policy has been updated and she will check the definitions, as per Dr Hagues comments, but reported that the two aspects of the CNO letter have been included within the Policy. She said these include the introduction of additional questions for high risk patients and ongoing work is being done by Dr Stewart to implement these questions in acute. She said there is discussion taking place regarding the NICE Guidance and David Carter is to speak to the CNO about this. As clarity is sought the monies for the implementation of the questions has been put on hold. Dr Armstrong suggested that maybe we need to escalate this further and write a letter from the Board. She asked if Dr Anderson and Dr Stewart could write a letter to Aileen Keel to ask for a way forward as we cannot hold onto monies.</p>	EA/DS

Item	Action
<p>Sandra McNamee asked for clarification if the policy is to be issued and Dr Anderson replied that she will speak to Dr Stewart and will update Sandra and Dr Armstrong.</p> <p>Sandra McNamee advised that there is no main change to the Outbreak Policy and the comments from Dr Henderson have been included. She said this policy will require to be updated every year and the policy was approved.</p>	EA
<p>5. Exception Reports and Updates</p>	
<p>5.1 vCJD Group This item was discussed earlier in the meeting.</p>	
<p>5.2 Antimicrobial Utilisation Committee As Dr Seaton was unable to attend the meeting Liz McGovern updated the group. She said there have been no meetings held since the last BICC and the next AUC meeting is scheduled to meet tomorrow.</p> <p>Liz McGovern advised that there are ongoing discussions regarding the increase in Quinolone prescribing in Primary Care.</p>	
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the previous Acute Infection Control Committee were distributed with the agenda.</p> <p>Professor Williams reported that there is a pilot of the new data collection for KPIs for MRSA Screening which has to be completed by end of March 2013.</p> <p>Sandra McNamee reported that a new process for the notification of SABs was currently being developed and that if possible reports from the ICT would be sent to directorates from the IC data team.</p>	
<p>5.4 Partnership Infection Control Support Group (PICS) The minutes of the previous Partnership Infection Control Support Group were distributed with the agenda.</p> <p>Sandra McNamee updated the group and reported that HEI will not be looking at non acute / Mental Health wards but have included community type hospitals.</p>	
<p>5.5 Scottish Patient Safety Programme Dr Armstrong reported that the report from Laura Riach states that 99% of all applicable areas are now actively submitting data on PVC compliance with the exception of two areas. Also of the 142 areas reporting 56% are reliable. Professor Williams commented that it might be useful if we could compare compliance data with areas with a higher than expected prevalence of SABs. Professor Williams commented that the risk factor increases when the cannula has been in for more than 36 hours. Sandra McNamee advised that the Infection Control Nurses completed a PVC audit in the summer which resulted in 31% compliant. After an HEI inspection to the Western Infirmary a requirement was given to ensure that all staff follow the PVC care bundle and accurately complete the accompanying documentation. From this the Infection Control Team completed a PVC audit at the Western Infirmary and this resulted in a compliance rate of 33%.</p>	

Item	Action
<p>Sandra McNamee stated that a lot of work has been done in A&E and in surgical. Dr Armstrong suggested this be put into the induction programme for new doctors in January.</p> <p>5.6 Recent Outbreaks/Incidents</p> <p>A report of the increased incidence of VRE in the renal unit was distributed with the agenda. Sandra McNamee commented that the patients were screened for six weeks and the report lists the control measures.</p> <p>With norovirus season upon us Sandra McNamee reported that two wards have closed in GGC and commented that norovirus could be a problem for us this winter. Tom Walsh has applied to winter planning for money to cover for the Infection Control Nurses to work at weekends in extremis.</p>	
<p>6. New Business / Documents Received</p> <p>6.1 Bi Monthly Hand Hygiene Report: September 2012</p> <p>The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that the national hand hygiene compliance indicated that NHSGGC has improved to 96% which is the highest score we have had. Dr Armstrong commented that Dr Stewart did a lot of work and said that acute should be congratulated on achieving this figure.</p> <p>6.2 HPS Quarterly Reports SABs/CDI</p> <p>The quarterly reports for April 2012 – June 2012 from HPS were distributed with the agenda. Professor Williams advised that there are no main changes and we are on course to meet the HEAT Target. He said they also looked at the postcode analysis to look at the percentage of SABs coming from nursing homes but this turned out to be the same as the number of SABs coming from the general population. Professor Williams advised that after Christmas he may target the oncology service and look at the lines Dr Anderson reported that HPS are doing work via NAG regarding MSSAs and linking data.</p> <p>Sandra McNamee advised that the SKIN bundle is being rolled out to the community. Mari Brannigan has also set up a group to look at this and Sandra commented that she has been invited onto this group.</p> <p>Professor Williams reported that we are below the HEAT Target for CDI and commented that several Boards are seeing an increase in the number of CDI cases. He said that NHS Lothian have arranged to meet him on Thursday as they have seen a significant increase in the number of CDIs.</p>	
<p>7. Update from Public Health</p> <p>Dr Anderson updated the group on public health matters.</p> <ul style="list-style-type: none"> • She said the flu programme was in its fourth week and the uptake at week three is 37.4%. • Dr Anderson reported that there was a [REDACTED] And said that they have spoken with the agencies concerned and a debrief meeting was arranged for Friday. 	

Item	Action
<ul style="list-style-type: none"> • Recurrence of issues with school trips to Malawi in not obtaining adequate travel health advice. • Dr Anderson reported that there were admissions to GRI with young people taking stimulants. <p>Dr Armstrong commented that the report is very easy to read. She noted that the diagnosis of HIV seems to be high but Dr Anderson said the figures include some people that were not born in the UK.</p>	
<p>8. AOCB No other business was discussed.</p> <p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Kenneth Fleming to speak to a member of his team regarding the submission of money for refurb work in prisons. • Professor Williams to update the group once he has met with HSE regarding pseudomonas control. • Dr Anderson to send a copy of the PVL (Pantan-Valentine leukocidin) <i>Staph aureus</i> document once this is finalised to Ann Lang to forward to the group. • With regards to the CJD Policy Dr Anderson and Dr Stewart to write a letter to Aileen Keil regarding clarity on the NICE Guidance to allow the monies to be released. Dr. Anderson will also review draft policy and send on to Sandra McNamee once updated. 	
<p>9. Date and Time of Next Meeting The next meeting has been arranged for Monday 28 January 2013 which will be held in the Conference Room, Southern General Hospital.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 28 January 2013 at 2.00pm in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Ms Rosslyn Crocket	Nurse Director
Professor Craig Williams	Co-ordinating Infection Control Doctor
Mr Tom Walsh	Infection Control Manager
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr Eleanor Anderson	CPHM
Mr Kenneth Fleming	Head of Health and Safety
Ms Suzanne Clark	Lay Representative
Ms Kate Murray	Project Manager, Facilities
Ms Liz McGovern	Specialist Pharmaceutical Public Health

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Andrew Seaton	Dr Andrew McCall	Dr David Stewart	Ms Mary Anne Kane
Mr Donald Sime	Dr Rosie Hague		

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 19 November 2012 The minutes of the previous meeting were agreed with the following amendments:- Page 2, last sentence – should read “that only deaths due to causative organism that are mentioned on the death certificate will be reported.” Page 3, last para – should read CMO and not CNO.</p>	
<p>3. Matters arising Kenneth Fleming confirmed that he will follow up with John Green regarding the money for refurb work in prisons.</p>	KF
<p>4. Standing Agenda Items 4.1 HAI Reporting Template (HAIRT) December 2012 The December 2012 HAIRT was distributed with the agenda. Sandra McNamee updated the group on the main points of the report. She said that NHSGGC are below the national average for SSIs. The report includes details of the increase in c-sections at RAH and also regarding the [REDACTED] Dr Anderson reported that the VHF policy is being updated and a lessons learned report is being prepared by the relevant people that were attending to the [REDACTED] [REDACTED] She said that if there are any further updates from the Scottish Government on this she will bring this to the committee.</p>	

Item	Action
<p>4.2 Q&P HAI Report / Update on HEAT Targets</p> <p>Professor Williams updated the group on this report. He reported that NHSGGC are below the national average for CDI for over 65s and 15-64 year olds. From March this year he advised that these two age groups are being amalgamated and commented that we will probably be closer to the target. In the next HAIRT report Professor Williams advised that the SPC chart for CDI at RAH will be above the upper control level but no linkage with the cases were found apart from in one ward which had been closed to admissions and a full action plan put in place to address any issues identified.</p> <p>With regards to SABs for the period July – September Professor Williams reported that we were below the trajectory. He also advised that we should meet the HEAT Target by the end of March 2013.</p>	
<p>4.3 Annual Infection Control Programme & Implementation Plan</p> <p>The Annual Infection Control Programme and Implementation Plan was distributed with the agenda and Sandra McNamee reported that we are on target to achieve all. Sandra reported that the format of the Implementation Plan will change from April and will be split into projects/initiatives and core business and a lot of the actions will be switched to ongoing. She said she was happy to take any suggestions on the format of the Implementation Plan.</p> <p>Sandra McNamee reported that we do not have the method or tool to do the Training Needs Analysis for education and NES do not have anything either that would capture the needs of the entire workforce. She also reported that all our e-learning modules are being migrated to Learnpro. Rosslyn Crocket asked if Learning and Education could maybe help with the Training Needs Analysis. Sandra advised that with the new electronic training methods that this might be possible in the future but that not all staff were on this system as yet. Tom Walsh advised that he is starting to draft the Annual Infection Control Programme and this will brought to a future meeting of the committee.</p>	
<p>4.4 Policies</p> <p>Copies of the PVL SA, Water Systems Management, Food Hygiene Policies and the Education Strategy were distributed with the agenda. Dr Anderson reported that the PVL SA Policy was at the last BICC meeting but she needed to have further discussions with Professor Williams about the policy. She advised that the policy has been sent to all the committees for comments and the responses have been incorporated in the policy brought to the BICC today. The committee agreed to approve this policy.</p> <p>With regards to the Water Systems Management Policy Tom Walsh reported that this policy has been to AICC and BICC for comments. In the policy he said that we have not received the final version of pseudomonas which will be put on as an appendix. Kenneth Fleming commented that this policy should have a review date of 12 months and this was agreed. Tom also commented that we are looking for a national solution on what the high risk areas are for legionella. He said that work is ongoing with HFS and the national ICP Network on this. It was agreed that this policy be approved with the Appendix pending.</p>	

Item	Action
<p>Sandra McNamee reported that the Food Hygiene Policy has been out for consultation and specifically relates to nursing staff with ward kitchens and does not extend beyond this. She advised that all comments have been updated. Liz McGovern stated that for medicine fridges there is separate guidance for them which is not well adhered to. Sandra commented that the temperature in which fridges should operate was taken from the Environmental Health Guidance which specifies temperature to operate between 1°C and 5°C and that this was checked during IC audits. HEI also requested that records be kept on when the fridges have been checked. This policy was approved.</p> <p>The Education Strategy is reviewed every three years and Sandra McNamee advised that this was being done earlier due to the migration of e-learning modules to Learnpro. Tom Walsh reported that Dr Stewart took an action from the AICC meeting to try to get information regarding medics onto Learnpro and has raised this with AMDs in Acute. It was agreed that this policy be approved.</p>	
5. Exception Reports and Updates	
<p>5.1 vCJD Group</p> <p>Dr Anderson updated the group on what has been happening since the last meeting. She said that Dr Stewart decided to go ahead with the purchase of instruments irrespective of the letter. An email has been sent to CMO regarding the NICE guidance and this has been forwarded to the Advisory Committee on Dangerous Pathogens. Dr Anderson stated that funding is not covered in the guidance but she has met with neuro and ophthalmology colleagues to make sure the questions are in place.</p> <p>Dr Anderson advised that there was an update from the CJD group regarding the changes in guidance. She said the question added for highly transfused patients is going to be removed. She also said there will be changes on how to deal with endoscopes and the quarantine issues. She said that she will arrange to discuss this with Kate Hamilton and update the guidance.</p>	EA
<p>5.2 Antimicrobial Utilisation Committee</p> <p>The minutes of the previous Antimicrobial Utilisation Committee were distributed with the agenda. As Dr Seaton was unable to attend the meeting Liz McGovern updated the group. Liz reported that there is good progress with the 4Cs and recording forms for Gentamicin are being implemented. She also said that the vacancy at Yorkhill has now been filled.</p>	
<p>5.3 Acute Infection Control Committee (AICC)</p> <p>The minutes of the previous Acute Infection Control Committee were distributed with the agenda. Dr Armstrong asked for a representative to attend these meetings if Dr Stewart was unavailable.</p>	
<p>5.4 Partnership Infection Control Support Group (PICSG)</p> <p>The minutes of the previous Partnership Infection Control Support Group were distributed with the agenda. Tom Walsh updated the group and reported that PICSG have developed a workplan. Val Riley is to do prescribing trends for 4Cs in the community. At the recent meeting Tom Walsh reported that the committee touched on the potential integration of Health and Social Care and the ongoing capital for prisons.</p>	

Item	Action
<p>He advised that there are discussions regarding NHS taking over health centres and maybe custody offices in the prisons and Maureen Stride is looking into this. Mari Brannigan commented at the meeting that she was concerned who is responsible and taking ownership of these.</p>	
<p>5.5 Scottish Patient Safety Programme No representative or report was available for the meeting. Tom Walsh commented that he discussed Laura Riach's attendance at this meeting with Andy Crawford and she may not need to attend.</p>	
<p>5.6 Recent Outbreaks/Incidents Sandra McNamee updated the group and reported that there are 5 HAI Rotavirus cases at Yorkhill. 6 wards are closed at the moment due to norovirus and they include 2 wards at Western Infirmary, one ward at RAH and 3 wards at GRI. She said that as there are 3 wards at GRI closed an outbreak meeting has been scheduled for tomorrow. Sandra advised that one of the wards that closed last week and reopened then had to be closed again on Saturday.</p> <p>At RAH Sandra McNamee reported that there have been 3 HAI CDI cases in a two week period in one ward and she also said there may potentially be a fourth case. She stated that the HPS trigger tool has been completed and they are awaiting results. Patients have been isolated and hand hygiene, environment audit and education for staff have been carried out and the Press Office are also aware of this. Sandra reported that the site has switched to a chlorine based detergent. The site SPC will be breeched for this ward and Sandra advised that this will take RAH to 10 cases for January (upper control limit for this site is 7 cases). Professor Williams stated that there has not been a hospital above the upper control limit for 4 years. Sandra stated that these cases meet the definition for HAI but no severe cases or any cases have been reported on Death Certificates for patients. Sandra reported that there is a requirement to produce an OCT report and this will be issued to AICC and BICC members. Professor Williams reported that typing is required to check if there is one type or several types and Dr Armstrong asked if she and Rosslyn Crocket could be updated when the typing is received.</p>	<p>CW</p>
<p>5.7 MRSA Screening Programme Tom Walsh reported that next year we will see reports on our compliance with the CRA assessment. He advised that the data will be from 1st April 2013 but it will be either the second or third quarter before a national report is issued. Tom advised that there is no non recurring money for MRSA available for 2013/14 and said this could be an issue for Diagnostics if the testing is to continue. Tom Walsh and Professor Williams are to meet with the General Manager in Diagnostics to discuss this.</p> <p>Dr Armstrong asked what the situation was with regards to the funding for the Hand Hygiene Co-ordinator post and asked if maybe a letter should be sent from Robert Calderwood regarding this issue. Tom Walsh advised that he had given Pamela McCamley information about this. He also commented that next year we may well be reporting on technique as well as opportunity.</p>	<p>TW/CW</p>

Item	Action
<p>6. New Business / Documents Received</p> <p>6.1 Bi Monthly Hand Hygiene Report: November 2012 The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that this was reported at the last BICC meeting and the next report is embargoed at the moment. She reported that NHSGGC were 93% compliant last time and this time we are 94% compliant. It is anticipated that future national hand hygiene reports may include opportunity and technique as a combined score.</p> <p>6.2 HPS Quarterly Reports SABs/CDI The quarterly reports for July –September 2012 from HPS were distributed with the agenda. Professor Williams advised that the SABs are below the national average but we are just above with 100 cases reported for the quarter September-December whereby our target was 93. With regards to CDI we are below the national average for over 65s. He advised with the combined HEAT Target we will still be below the target. Dr Armstrong asked what the targets were like for other Boards and Professor Williams advised that not many are on target. Rosslyn Crocket said it would be useful to update the Board on the HEAT targets. Tom Walsh advised that the Q&P summary report describes the HEAT Target for 2015. He said that HPS are using acute occupied bed days for SABs and all occupied bed days for CDI and that we are hoping to achieve a rate of 0.24 for SABs by then.</p> <p>Professor Williams reported that the dating of PVCs was discussed at the recent AICC meeting.</p> <p>6.3 HPS Alert Briefing Note An HPS Alert Briefing Note was distributed with the agenda. Professor Williams reported that this Briefing Note related to cases of Novel Coronavirus. He said there have been 9 confirmed cases reported worldwide and 5 of whom were fatal and the list of relevant countries for travel history has been extended to include Israel, Occupied Palestinian territories and Syria.</p> <p>6.4 CNO Letter – Clostridium Difficile A copy of the CNO's letter regarding Clostridium Difficile was distributed with the agenda. Sandra McNamee confirmed that 10 Boards have seen an increase in cases and that was the reason why a letter was issued. It specifically requested that any patients displaying symptoms should be isolated.</p> <p>6.5 CNO Letter – SICPs The CNO letter regarding SICPs (Standard Infection Control Precautions) was issued to the group. Sandra McNamee updated the group to the background on this. She said that she had mapped our policies to SICPs to see if any were different and stated that in some of our policies we have put a caveat in ours. She advised that we are waiting to hear if these policies will be reclassified as guidance. HPS have said that they will look at the Transmission Based Precautions to see if there is a way forward. Sandra also commented that she was asked to chair this group.</p>	

Item	Action
<p>Tom Walsh stated that he is concerned if we have to replace all our policies and have the one national policy. He also asked who would be responsible for sign off of these policies as at present all policies are approved at BICC. Dr Armstrong said that we need to send a clear letter to Andrew Wilkinson detailing our concerns and copy in HPS. Professor Williams commented that there were no doctors involved at the discussion group when this was being set up. Dr Armstrong asked Professor Williams, Tom Walsh and Sandra McNamee to draft a letter for the group to comment on and she will sign this off on behalf of BICC. She said it would be better to get a co-ordinated response and include other Boards e.g. Lanarkshire, Lothian and Tayside.</p>	<p>CW/TW/ SMcN</p>
<p>7. Update from Public Health Protection Unit Dr Anderson updated the group on public health matters.</p> <ul style="list-style-type: none"> • She said the BBV Testing Policy is almost complete. They are hoping to standardise the testing and to have diagnosis earlier. • With the amount of immunisation coming on board Dr Anderson commented that this will be challenging for Public Health. • A review of Sandyford Services will take place and will set out a vision for developing sexual health services. • Dr Anderson reported that the flu programme is ongoing. • Planning is also ongoing for the Commonwealth Games. 	
<p>8. AOCB Dr Anderson reported that there had been a cluster of people with HIV injecting unknown drugs last year. She said that work has been done with HPS and surveillance completed. The EPI Report is being finalised and Dr Anderson commented that another meeting has been arranged for next month. Workshops are also being run for people with addiction.</p>	
<p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Kenneth Fleming to speak to a member of his team regarding the submission of money for refurb work in prisons. • Dr Anderson to speak to Kate Hamilton regarding the guidance for CJD and update the policy. • Dr Armstrong and Rosslyn Crocket to be informed of when the typing is received for patients in RAH. • Tom Walsh and Professor Williams to meet with the General Manager in Diagnostics to discuss non recurring monies for MRSA. • Professor Williams, Tom Walsh and Sandra McNamee to draft a letter on behalf of BICC to Andrew Wilkinson regarding their concerns implementing the one national policy. 	
<p>9. Date and Time of Next Meeting The next meeting has been arranged for Monday 25 March 2013 at 2.00pm and will be held in the Conference Room, Southern General Hospital.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 25 March 2013 at 2.00pm in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Professor Craig Williams	Co-ordinating Infection Control Doctor
Mr Tom Walsh	Infection Control Manager
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Mr Kenneth Fleming	Head of Health and Safety
Ms Suzanne Clark	Lay Representative
Ms Kate Murray	Project Manager, Facilities
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr David Stewart	Lead Director of Acute Medical Services
Dr John Henderson	Clinical

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Andrew Seaton	Dr Eleanor Anderson	Ms Mary Anne Kane
Mr Donald Sime	Dr Rosie Hague	

Item	Action
<p>1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 28 January 2013 The minutes of the previous meeting were agreed with the following amendments:- Page 3, Item 5.2 – should read “vacancy at Yorkhill has been appointed”. Page 6.2, last para – should read CMO and not CNO.</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) February 2013 The February 2013 HAIRT was distributed with the agenda. Sandra McNamee updated the group on the main points of the report. She said from the last national report for SABs, published by HPS for July – September 2012, NHSGGC reported 27 cases per 100,000 acute occupied bed days. Professor Williams advised that we are getting quite close to our target for the SAB HEAT Target and we still have a few days to go.</p> <p>Sandra McNamee reported that there has not been an inspection from HEI since the last meeting.</p>	

Item	Action
<p>Dr Henderson asked if anything had been reported regarding the patient's experience of nasal and perineum swabs for MRSA screening and Sandra McNamee confirmed that she had received no feedback.</p>	
<p>4.2 Q&P HAI Report</p> <p>Sandra McNamee advised that this report reflects the main HAIRT report and includes hand hygiene.</p> <p>With regards to the SSI surveillance for caesarean sections Sandra McNamee said that higher rates than expected have been identified at RAH. She said the infection control team looked at the process and found that some patients had a high BMI score and they are continuing to monitor this, no other factors were identified.</p> <p>Professor Williams reported that there is an ongoing investigation into a perceived increase in surgical site infections in orthopaedic surgery at GGH. He said the national ortho surveillance is mandatory surveillance by HPS and confirmed that when looking at hip arthroplastys they look at 30 days infection but with knees this is for inpatient cases only. He said that it is difficult to benchmark this surveillance and he is proposing to speak to a statistician at HPS. Professor Williams stated that there is no statistical difference between the SSI rate at GRI compared to GGH. He noted that the numbers are very low and therefore difficult to analyse.</p> <p>In RAH Professor Williams advised that the SPC for CDI had breached its upper control limit. Typing of the data confirmed there was no commonality between the cases.</p> <p>A chart detailing the number of ward closures was included in the report. Sandra McNamee commented that norovirus was worse this year but not as bad as 2009.</p>	
<p>4.3 Annual Infection Control Programme & Implementation Plan</p> <p>The Annual Infection Control Programme and Implementation Plan was distributed with the agenda. Sandra McNamee reported that a draft copy of the work plan for 2013/14 is out for consultation and once finalised will be brought to the BICC for approval. Dr Armstrong commented that she would like to know where we are for each topic and asked if a section was complete to mark complete for that section.</p> <p>Tom Walsh stated that he has started to write the Annual Report but this cannot be finalised until the end of the financial year and will go to the next BICC for approval.</p> <p>Sandra McNamee reported that infection control are going to undertake surveillance in colorectal surgery and this will be part of Implementation Plan for next year. She said at the moment there is not enough data to analyse this as we need to have at least six months data.</p>	

Item	Action
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group Dr Stewart updated the group on what has been happening since the last meeting. He said that new instruments have been purchased for neurosurgery but they have held off with the NICE Guidance. He said that the Guidance is stating that there should be two separate streams of instruments but he said that Dr Anderson advised that the number of instruments involved is very small. Dr Stewart reported that the directorate will be sighted on this and on what the financial implications will be.</p> <p>5.2 Antimicrobial Utilisation Committee The minutes of the previous Antimicrobial Utilisation Committee were distributed with the agenda. As Dr Seaton was unable to attend the meeting Liz McGovern updated the group. Liz McGovern reported that there has been an increase in the 4C antibiotic use and work is ongoing to address this. She also said that there has been an increase in carbapenems but all Boards in Scotland have seen an increase in this. The use of gentamicin has decreased and Liz McGovern commented that when the hospital acquired c-difficile drops she said that they could look at this then but there could be a problem if gentamicin resistance increases.</p> <p>Dr Armstrong stated that she was concerned to see an incident whereby [REDACTED]. Liz McGovern advised that one of their Pharmacists is looking into this case. Dr Stewart said that it would be useful to have details of the case and Liz McGovern said that she will arrange for the details to be sent to Dr Stewart and will copy in Dr Armstrong.</p> <p>With regards to the NICE Guidance for Neutropenic Sepsis that has been issued Dr Armstrong asked what management are doing with this. Liz McGovern advised that she will look into this and advised that this is included in the antibiotic guidelines.</p> <p>5.3 Acute Infection Control Committee (AICC) The minutes of the previous Acute Infection Control Committee were distributed with the agenda.</p> <p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the previous Partnership Infection Control Support Group were distributed with the agenda. Tom Walsh updated the group and reported that at the meeting there was an update regarding prisons at the meeting. Dr Henderson advised that three Boards in Scotland are looking at the hand health surveillance. He said that he is setting up a work group to implement the health surveillance for employees' skin. Dr Henderson said that he is working with Kenneth Fleming to look at different gloves to be used. Kenneth Fleming reported that NHS Scotland are looking to reintroduce latex gloves as the costs are less for these. He advised that this is a procurement issue and discussions are ongoing to try and prevent the re-introduction of latex gloves.</p>	<p>LMcG</p> <p>LMcG</p>

Item	Action
<p>5.5 Scottish Patient Safety Programme No representative or report was available for the meeting. Dr Armstrong asked if Laura Riach could provide a paper from SPSP for each meeting.</p> <p>5.6 Recent Outbreaks/Incidents A paper regarding the parvovirus case was distributed with the agenda. Sandra McNamee updated the group and said that [REDACTED] [REDACTED] from a sample obtained in January. It was confirmed that all patients the member of staff had come into contact with were traced and retested three weeks later. No one was deemed at risk. Professor Williams said that the admission protocol for Women & Children's maybe needs to be amended so that no person arrives in a waiting area if they have a rash. Sandra McNamee confirmed that Infection Control are looking into this.</p> <p>Sandra McNamee reported that there is an ongoing investigation of patients with PCP in the renal unit. Professor Williams stated that all renal transplant patients receive PCP prophylaxis for the first three months post transplant and he said they are looking to maybe change the prophylaxis. He reported that there were seven patients in total and the typing identified two different strains.</p> <p>5.7 MRSA Screening Programme It was agreed that this item could be removed from the agenda. Tom Walsh reported that he has spoken with the General Manager for Diagnostics regarding funding for additional testing in laboratories.</p>	LR
<p>6. New Business / Documents Received</p> <p>6.1 Bi Monthly Hand Hygiene Report: January 2013 The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that the new report is still embargoed until 28th March 2013. She reported that NHSGGC were 94% compliant last time. The group asked if Stefan Morton could provide a breakdown of figures for wards by staff group and Sandra McNamee agreed to ask Stefan to do this. Dr Stewart also asked to be informed if there were any issues with medics. It was agreed that Stefan Morton could provide a presentation to the next AICC. Sandra McNamee advised that at a peer review 3 out of 600 people used hand gel on entering hospital areas.</p>	
<p>6.2 NHSGGC SSI Quarterly Report A copy of the Surgical Site Infection Quarterly Summary Report by HPS was distributed with the agenda. Sandra McNamee reported that this was for the period 1 October 2012 – 31 December 2012. She said that we are above the national average for three procedures and they include caesarean sections, hips and neck of femurs. Professor Williams reported that with regards to caesarean sections Clyde have a higher usage of staples which he said is being looked into. Also Ysobel Gourlay is looking at the prophylaxis for patients with a high BMI.</p>	

SMcN

Item	Action
<p>6.3 Interim Guidance: Control measures to prevent cross transmission of Carbapenemase-Producing Enterobacteriaceae</p> <p>A copy of the guidance from HPS was distributed with the agenda. Sandra McNamee reported that HPS put a group together to look at the recommendations. In the flow diagram she said there is a complex set of questions in the guidance and the main concern is if the patient has visited another country. Sandra McNamee advised that the patient would be isolated and given a rectal swab but she said some of the clinicians found this to be an invasive procedure. Dr Stewart reported that he agreed at the last AICC that they would look at the number of rectal screening of patients and the impact on our bed resources. Dr Armstrong suggested this be put to the national committee and Tom Walsh commented that he could raise this at the next Network Group meeting.</p>	TW
<p>7. Update from Public Health Protection Unit</p> <p>A copy of the update from Public Health Protection Unit was distributed with the agenda. As Dr Anderson was unable to attend the meeting Liz McGovern updated the group on public health matters.</p> <ul style="list-style-type: none"> • She said the immunisation programme is going to be very challenging to implement with double the amount of people to be vaccinated. Dr Armstrong asked if this was being highlighted and Liz McGovern commented that Dr Ahmed is included in the project team for this. • Tom Walsh reported that the Post Exposure Prophylaxis Policy has been approved and will be posted on Staffnet. 	
<p>8. AOCB</p> <p>Dr Armstrong asked if the chlorine based detergent that is being used in RAH was being used across all sites. Sandra McNamee advised that this is normally used after an outbreak or to clean an isolation room. She said there had been an increased incidence of outbreaks at RAH so they decided to try this for three months. Kate Murray reported that a neutral detergent is normally used.</p>	
<p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Liz McGovern to provide Dr Stewart details of the [REDACTED] • Liz McGovern to look at the NICE Guidance for Neutropenic Sepsis to find out how management are going to progress with this. • Laura Riach to provide a paper from SPSP for each BICC meeting. • Sandra to ask Stefan Morton to provide a breakdown of figures for wards by staff group. • Tom Walsh to raise at the next Network Group the number of rectal swabs for patients in other Boards. 	
<p>9. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 20 May 2013 at 2.00pm and will be held in Meeting Room L0/A/009, Ground Floor, New Lab Block, Southern General Hospital.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

**Monday 20 May 2013 at 2.00pm in
Meeting Room L0/A/009, New Lab Block, Southern General Hospital**

Present:

Ms Rosslyn Crocket (Chair)	Board Nurse Director
Mr Tom Walsh	Infection Control Manager
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Mr Kenneth Fleming	Head of Health and Safety
Ms Suzanne Clark	Lay Representative
Ms Kate Murray	Project Manager, Facilities
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr John Henderson	Clinical Director Occupational Health
Dr Andrew Seaton	Consultant Physician
Dr Eleanor Anderson	CPHM
Dr Rosie Hague	Consultant Paediatrician
Ms Pamela Joannidis	Lead Nurse Infection Control

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Armstrong Professor Craig Williams Mr Donald Sime Ms Mary Anne Kane

Item	Action
<p>1. Welcome and Apologies Rosslyn Crocket welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 25 March 2013 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 2013 The April 2013 HAIRT was distributed with the agenda. Sandra McNamee commented that this report includes national information whereas the Q&P report has more local information and is more up-to-date. She advised that there were no exceptions to report and the committee noted the report.</p> <p>4.2 Q&P HAI Report – April 2013 Tom Walsh updated the group on the main points of the report. He said we were on trajectory to meet the SAB HEAT Target for 2013 with 26 cases per 100.000 acute occupied bed days. He said that we will not know until 4th July if we have made the final target, but locally he thinks we may have missed the target by 3 to 4 cases. He also commented that the information from other Boards would suggest that several may not meet the 2013 target.</p>	

Item	Action
<p>With regards to hand hygiene Tom Walsh commented that we have the lowest score out of all the boards in Scotland with the medics scoring 75%. He said that there is ongoing work with the medics and Stefan Morton, Hand Hygiene Co-ordinator and Dr Stewart are working together on this. Stefan Morton, provided a presentation to the AICC and Tom Walsh said that he will email this to the group. Rosslyn Crocket asked Tom to provide Dr Armstrong with information on hand hygiene for the Quality and Performance Committee tomorrow.</p>	<p>TW TW</p>
<p>Sandra McNamee reported that a ward at Inverclyde Royal Hospital had breached its upper control limit for CDI in March. She reported that there were four cases but different types of CDI were identified. She also reported that there was a small outbreak of Group A Strep in RAH and an action plan has been completed. Report from the OCT had been submitted.</p>	
<p>Tom Walsh updated the group on the ongoing investigation into a perceived increase in surgical site infections in orthopaedic surgery at GGH. The national ortho surveillance is mandatory surveillance which is lead by HPS however he wanted to highlight that locally we collect data on all ortho procedures selected to day 30 (HPS collects inpatient data only in three categories) which means that the local data will always capture more infections. On checking the SSI rate at GRI compared to GGH there is no statistical difference however it was also noted that the numbers are very low and therefore difficult to analyse.</p>	
<p>Rosslyn Crocket asked about the issues with c-sections in Southern General Hospital and Royal Alexandra Hospital. Sandra commented that the reported actions have been completed. She said that there is different skin preparation used at these sites and advised that some sites are better at returning their questionnaires and that this can influence the data. Local teams are investigating and making recommendations if required.</p>	
<p>4.3 2013/14 Annual Infection Control Programme / Work Plan The Annual Infection Control Programme and Work Plan for 2013/14 were distributed with the agenda. Tom Walsh reported that the Annual Infection Control Programme is a mandatory requirement and includes AMT. Once this is approved by BICC he said that he and Dr Armstrong will meet with Robert Calderwood to have this approved. Tom Walsh commented that from the Annual Infection Control Programme Sandra McNamee develops the Work Plan and this details how we are going to implement this. Sandra commented that this year she has split the implementation plan into two sections – several of the actions are now ongoing and a list of where the outcomes are reported is now included rather than a monthly update. New initiatives have an implementation date attached as before. Tom Walsh advised that Dr Armstrong had requested that names of leads for each of the topics be included. The next update will be available in June.</p> <p>With the implementation of the National Infection Control Policy manual Tom Walsh said that he was keen to discuss the governance issues surrounding this.</p>	

Item	Action
<p>Tom Walsh reported that there are going to be challenges with the revised HEAT Target for SABs with a rate of 0.2 and said that the focus will be on out of hospital cases. He said that he has spoken to HPS and CNO and commented that the out of hospital rates are not amenable to action designed around hospital cases and that is proving difficult to developed strategies that would be relevant to the community. Dr Seaton advised that the community associated SABs will be relative to the deprivation index and said that it is difficult to reduce this.</p> <p>Never the less Sandra McNamee advised that Infection Control will be focusing on the community onset SABs next year. She said they are going to analyse the switch from IV to oral antibiotic and the clinical team will review this. Rosslyn Crocket suggested to look at other boards and to maybe learn from them.</p> <p>The committee agreed the Annual Infection Control Programme and the Work Plan for 2013/14.</p>	
<p>4.4 2012-13 Implementation Plan Final Update A copy of the final Implementation Plan for 2012-13 was distributed with the agenda.</p>	
<p>4.5 Policies Measles, Mumps, Rubella Policies Discussion took place regarding the above policies. It was initially proposed that GGC policies would reflect the changes to the National Manual but Professor Williams and Sandra McNamee did not accept the clinical evidence surrounding these policies and in addition they had not been issued as yet so were not extant.</p> <p>Dr Hague said that she felt quite strongly that masks should not be worn when treating children. Liz McGovern commented that in terms of reference to look at the CNO letter that was issued last Thursday. Pamela Joannidis reported that this was discussed at the Paediatric Group and that is why these policies were not at BICC for ratification at this time. Dr Henderson commented that there was no way to check if staff have been immunised as there is no tie up with the GP records and school documentation. He said that Occupational Health can offer immunisation for staff.</p> <p>Tom Walsh mentioned that there are governance issues for the BICC when signing off policies as HPS are saying that the boards have to implement these policies but can add on addendums to the policies. He said that although Transmission Based Precautions say to use masks we are going to use a local addendum. Rosslyn Crocket stated that if the committee are endorsing what Paediatrics are saying then there should be an audit trail. Tom Walsh advised that the Terms of Reference for this group will need to be reflected with the changes to the approval of policies. He said that he had met with Jacqui Reilly, Director of Health Protection Scotland to discuss this and to ask for a letter to confirm ratification/ changes of policies. Dr Henderson said that as long as there is a rationale for not following the guidance this will stand if questioned by HSE.</p>	

Item	Action
<p>SOPs for Cleaning</p> <p>Sandra McNamee reported that there were no changes to the SOPs. Rosslyn Crocket asked with regards to the terminal clean if nurses were still to clean any blood spillages. Kate Murray said this was correct and it is only the Domestic Supervisors that are trained on body fluids.</p> <p>Rosslyn Crocket said that she would like for this to be looked at and Sandra McNamee agreed to discuss this with Mary Anne Kane. It was agreed to approve the SOPs pending discussions with Mary Anne Kane.</p>	SMcN
<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 June 2013. Dr Anderson reported that new instruments have been purchased for neurosurgery. Ophthalmology have a slight delay in finalising the questions to be asked due to the installation of Trakcare.</p> <p>Alan Stewart and colleagues from Neurosurgery are going to Newcastle to look at how their systems work.</p> <p>Dr Anderson advised that the CJD Incident Panel has been stood down and Boards are to decide if a patient has CJD.</p> <p>5.2 Antimicrobial Utilisation Committee</p> <p>The minutes of the previous Antimicrobial Utilisation Committee were distributed with the agenda and Dr Seaton said the group met on 14th May 2013 but minutes are not available as yet.</p> <p>Dr Seaton updated the group on some of the points discussed at the last AUC meeting held last week. He said an Antimicrobial Pharmacist has been appointed at Yorkhill.</p> <p>A reduction in quinolone prescribing has been noted and Dr Seaton reported that the level 3 indicator has just changed and that there has been a 5% variance in quinolone prescribing. Dr Seaton advised that GGC are below the target to reduce the overall prescribing in Primary Care.</p> <p>With regards to cephalosporins Dr Seaton reported that there is a new Primary Care Prescribing Application which will be launched for GPs and the compliance with the prescribing indicators remain unchanged.</p> <p>The medical admission unit is achieving the target for the surgical prophylaxis single dose of antibiotic.</p> <p>Dr Seaton reported that they are looking at the compliance with regards to prophylaxis in colorectal surgery. Sandra McNamee advised that Infection Control are carrying out surveillance of colorectal surgery at SGH and said that she can share data already collected. Dr Seaton said that he would like to see the SSI rates for colorectal surgery and Sandra McNamee agreed to forward these.</p> <p>Co-amoxiclav is increasing although in the last quarter Dr Seaton commented there has been a slight reduction.</p>	

Item	Action
<p>Meropenem prescribing is increasing and Dr Seaton stated that discussions are taking place to look at alternatives.</p> <p>Dr Seaton reported that when reviewing the datix reports they found that there were various problems with gentamicin being given for too long a period and not being monitored properly. He said that the introduction of a monitoring chart has reduced the prescription for gentamicin for longer than four days.</p> <p>With reference to the NICE Guidance on Neutropenic Sepsis Dr Seaton advised that this does not apply to Scotland. He said that SAPG has set up a short life working group to review the NICE Guidance.</p> <p>Rosslyn Crocket asked if it was possible to look at the prescribing data for individual consultants. Dr Seaton replied that this is very difficult as the patient can change doctors whilst in hospital and the data is reported by directorates and not individual hospitals. He commented that an Antimicrobial Pharmacist will go to one of the hospitals every month and survey all patients that are on antibiotics and this is fed back to the directorate.</p>	
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the previous Acute Infection Control Committee were distributed with the agenda. Tom Walsh advised that a copy of the presentation that Stefan Morton, Hand Hygiene Co-ordinator provided to AICC will be issued to BICC.</p>	TW
<p>5.4 Partnership Infection Control Support Group (PICS) The minutes of the previous Partnership Infection Control Support Group were distributed with the agenda. Rosslyn Crocket noted the poor attendance at this meeting and Tom Walsh commented that Mari Brannigan is looking into this to try and have more CHCP representatives on this group.</p>	
<p>5.5 Scottish Patient Safety Programme Laura Riach provided a paper with an update from SPSP. Tom Walsh reported that the HEI Inspectors on their last visit noted an anomaly relating to PVCs and have asked to meet with a SPSP representative again to discuss this. He said that Andy Crawford is aware of this.</p>	
<p>5.6 Recent Outbreaks/Incidents Sandra McNamee reported that there were three Group A Strep cases at RAH. The ward was closed to admissions for a period and an action plan has been completed.</p>	
<p>5.7 Water Safety Group The Water Safety Group met recently and Pamela Joannidis commented that the Water Safety Policy requires amendment regarding legionella. She said there are operational issues with the flushing regime and this has to be raised at the clinical groups. The next meeting is scheduled for 2nd July 2013.</p>	
<p>6. New Business / Documents Received 6.1 Bi Monthly Hand Hygiene Report: March 2013 The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that this was discussed at the last BICC meeting and that NHSGGC are 94% compliant.</p>	

Item	Action
<p>6.2 HPS Quarterly Reports SABs/CDI Copies of the HPS quarterly reports for SABs and CDI were distributed with the agenda.</p>	
<p>6.3 Revised 2015 CDI HEAT Target A graph detailing the revised HEAT target was distributed with the agenda. Tom Walsh advised that this is local data as HPS have not validated our data as yet. He reported that the revised HEAT target now includes all cases in ages 15 and over.</p>	
<p>6.4 HAI CNO Letter MRSA/KPIs – April 2013 The CNO letter regarding MRSA key performance indicators was distributed with the agenda. Tom Walsh reported that all Boards are to commence collecting data from 1st April 2013 as per the KPI Protocol. To ensure that CRA based-screening is as effective as universal screening, a minimum of 90% compliance with the application is required. Tom Walsh commented that although the CNO letter says universal screening this excludes Paeds, Obstetrics and Mental Health. From our first audit Tom Walsh advised that we were only 80% compliant. He stated that this has also been discussed at AICC.</p>	
<p>6.5 Surgical Site Surveillance within NHSGGC A paper from Sandra McNamee regarding surgical site infection surveillance was distributed with the agenda. Sandra McNamee stated that Dr Armstrong had asked for a paper to be put to committees to detail the surveillance undertaken by Infection Control. BICC noted that ad-hoc local Surgical Site Surveillance can and is undertaken within NHSGGC and that these data are being requested with increasing frequency. It was also noted that more ad-hoc surveillance will be possible with the new SSI module within the Infection Control IT system (ICNet). Whilst recognising the benefits of additional and ad-hoc SSI surveillance, Mr Walsh emphasised the potential governance risks associated with the production of local data for which there is no available NHS Board or National benchmark or comparator. BICC agreed that the benefits outweighed the risks and that local SSI reports need to be set in appropriate context.</p> <p>With regards to post discharge surveillance for orthopaedic surgical cases Sandra McNamee reported that this is undertaken up to 30 days following discharge. Post discharge surveillance for caesarean sections is also mandatory for 30 days following discharge. As there were operational difficulties for post discharge surveillance for caesarean sections this was shortened to 10 days. Please refer to item 4.2,</p>	
<p>6.6 Replacement of Peripheral Intravenous Catheters A copy of a recent article regarding peripheral intravenous catheters was distributed with the agenda. Sandra McNamee commented that although she agreed with and found the evidence compelling she also stated that we are bound by national clinical practice regarding this. She said that PVCs should be removed after 72 hours as per the HPS bundle. Dr Seaton said there should be limited duration of the cannula being in and to switch to no therapy or oral therapy. Sandra McNamee agreed to send the paper to HPS.</p>	SMcN

Item	Action
<p>6.7 CNO/CMO Letter – HAI & AMR Priorities 2013-15 Copy of the above CNO/CMO letter was distributed with the agenda with notification of the new HEAT targets. Dr Seaton stated that the letter refers to new national priorities for E coli. He said that Annex A lists what Boards should be focusing on. These include MRSA screening KPI, surgical site infections, antibiotic prescribing supporting indicators, compliance with the National Infection Control Manual and hand hygiene compliance.</p> <p>6.8 Process of Ad-hoc Requests for Infection Control Data Tom Walsh reported that Infection Control are receiving an increasing number of requests for ad hoc data. He said that he is looking to implement Business Intelligence which would mean data would be signed off by a Consultant.</p> <p>6.9 Carbapenems Dr Seaton reported that they have seen 200% increase in the use of meropenem.</p>	
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed to the committee. Dr Anderson updated the group on the main points of the report.</p> <ul style="list-style-type: none"> • Dr Anderson reported that the BBV Testing Policy and management of exposure to BBVs was launched as a combined package. • PEP Guidance has been updated. • Immunisation programme for rotavirus, meningitis C, measles and typhoid is ongoing. Dr Anderson advised that these are done through GP practices. • Phased implementation of the seasonal flu programme to extend to healthy children aged 2 to less than 17 years will begin. Vaccination will also be offered to some pre-school children. • With regards to environmental health Dr Anderson stated that there is a possibility of contaminated land in a couple of areas and this is being investigated by Councils. • Dr Anderson commented that there is a workshop tomorrow on BBV testing and this is being run through the Addiction Section. 	
<p>8. AOCB No other business was discussed.</p>	
<p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Tom Walsh to email the presentation from Stefan Morton to the committee. • Tom Walsh to provide Dr Armstrong with information on hand hygiene for the Quality and Performance Committee. • Sandra McNamee agreed to discuss the SOPs for Cleaning with Mary Anne Kane. • Sandra McNamee to forward the SSI rates for colorectal surgery to Dr Seaton. • Tom Walsh to forward the presentation on hand hygiene from Stefan Morton to the committee. • Sandra to send HPS the article on Replacement of Peripheral Intravenous Catheters. 	

Item	Action
<p>9. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 22 July 2013 at 2.00pm and will be held in the Conference Room, Southern General Hospital.</p> <p>The dates for future meetings are as undernoted:</p> <ul style="list-style-type: none">• 23rd September 2013• 25th November 2013	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 22 July 2013 at 2.00pm in
Conference Room, Southern General Hospital**

Present:

Dr Armstrong (Chair)	Board Medical Director
Ms Rosslyn Crocket	Board Nurse Director
Mr Tom Walsh	Infection Control Manager
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr David Stewart	Lead Director of Acute Medical Services
Ms Suzanne Clark	Lay Representative
Ms Kate Murray	Project Manager, Facilities
Dr John Henderson	Clinical Director Occupational Health
Dr Andrew Seaton	Consultant Physician
Mr Donald Sime	Employee Director
Professor Craig Williams	Co-ordinating Infection Control Doctor

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Rosie Hague Ms Mary Anne Kane Dr Eleanor Anderson Mr Kenneth Fleming

Item	Action
1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 20 May 2013 The minutes of the previous meeting were agreed as an accurate record.	
3. Matters arising 3.1 Terms of Reference – Board Infection Control Committee A copy of the Terms of Reference for the Board Infection Control Committee were distributed with the agenda. Tom Walsh reported that this was updated to reflect the changes with the new National Infection Control Manual whereby policies no longer require to be signed off by the committee. He also commented that the membership was also updated. The committee agreed to approve the revised Terms of Reference. Suzanne Clark asked if another public partner representative was being sought for this committee. Tom Walsh advised that Pamela Joannidis is working with the Patient Experience Group to try to get another representative.	
3.2 Transmission Based Precautions Sandra McNamee commented that with the regards to the Transmission Based Precautions we will be retaining some of our own policies as policy addendums. Another meeting of the Transmission Based Precautions Group is to take place on 20 th August to discuss the issue of FFP3 masks. Dr Armstrong suggested having a pre meeting before this date and this meeting should include AMT, A&E Consultant, Dr Rosie Hague or depute and an ITU clinician.	

Item	Action
<p>It was agreed that the SOP for development of a policy be amended to reflect the revised Terms of Reference and brought back to the next Committee.</p>	
4. Standing Agenda Items	
<p>4.1 HAI Reporting Template (HAIRT) June 2013 The June 2013 HAIRT was distributed with the agenda. Sandra McNamee advised that there were no exceptions to report and that all site SPCs were within the control limits. The committee noted the report.</p>	
<p>4.2 Q&P HAI Report – No Update Tom Walsh reported that there was no update to provide for this meeting as a paper was not required for the last Quality and Performance Committee.</p>	
<p>4.3 Annual Infection Prevention & Control Report 2012/13 The Annual Infection Prevention and Control Report for 2012/13 was distributed with the agenda and Tom Walsh advised that this document was for noting.</p>	
<p>Dr Armstrong stated that in the minutes of the last meeting there were comments relating to the community SABs being linked to hospitalisation and she asked how we are going to bring these numbers down. Professor Williams commented that there is a national programme going on to try to define outliers and engage with Tissue Viability to reduce pressure ulcers which may be a risk factor for SABs. Sandra McNamee reported that inpatient beds and incidents with regards to pressure ulcers are very low. Professor Williams stated that the central line insertion care policy needs to be finalised by Practice Development and this will go to the Acute Infection Control Committee and the Clinical Governance Forum for approval.</p>	
<p>The PVC audits have improved slightly but Dr Armstrong said she cannot reconcile the different figures being produced. As SPSP report 90% compliant and the other report states 33% - 40%. Sandra McNamee mentioned that SPSP collect slightly different data.</p>	
<p>Sandra McNamee reported that Infection Control have agreed to go into A&E and recovery units to do a snapshot and check when PVCs are timed and dated. Sandra McNamee said that the dressings have been changed and this might help some practice issues be identified.</p>	
<p>Suzanne Clark commented that when she has done HEI inspections in other boards wards were saying that the PVCs for patients coming from A&E are not timed and dated.</p>	
<p>4.4 Annual Infection Control Programme 2013/14 Tom Walsh reported that he and Dr Armstrong had met with the Chief Executive and the Annual Infection Control Programme has been signed off by the Chief Executive.</p>	

Item	Action
<p>4.5 Infection Prevention & Control Work Plan – June Update A copy of the Infection Prevention & Control Work Plan for June 2013 was distributed with the agenda and noted.</p> <p>4.6 Policies Measles, Mumps, Rubella Policies Discussion took place regarding the above policies. Sandra McNamee reported that they have agreed to go ahead with agreed changes after comments from the clinicians and the policies have been updated. She stated that there will be a one year review on these policies.</p> <p>Dr Henderson said with regards to the Measles Policy there is the issue of documentation of having two doses of MMR vaccination. He said this is proving difficult as some longer serving staff have no evidence of this. Dr Henderson said that he discussed this with Virology and they have said that staff will have some immunity as they have worked on the ward for a long time. He said that many staff are refusing to have the MMR vaccination and commented that some boards provide a measles and rubella antibody. Dr Henderson agreed to discuss this issue with Dr Seaton and Professor Williams. The committee agreed to approve the policies with the clarification about the measles policy.</p> <p>CJD Policy With regards to the CJD Policy this was brought to the committee for approval in December and but Sandra McNamee reported that there have been significant changes on how we deal with endoscopes. Dr Anderson and Kate Hamilton have worked on this and updated this policy. This policy was approved.</p>	JH/CW/ AS
<p>5. Exception Reports and Updates</p>	
<p>5.1 vCJD Group There was no representative to update the committee.</p> <p>5.2 Antimicrobial Utilisation Committee The minutes of the previous Antimicrobial Utilisation Committee held on 14th May were distributed with the agenda. Dr Seaton commented that the next meeting will be in two weeks time.</p> <p>Dr Seaton reported that there is new national Guidance on Neutropenic Sepsis being produced by SAPG.</p> <p>Guidance is also under development to restrict meropenem prescribing in view of concerns regarding potential carbapenem resistance development and the observed increase in prescribing in our board and across Scotland.</p> <p>Dr Seaton advised that locally there is no new data regarding prescribing indicators.</p> <p>Dr Seaton reported that the AMT monitors compliance with regards to antibiotic prophylaxis in colorectal surgery. It is planned to link these data with the SSI surveillance data</p> <p>Antibiotic prescribing in medical admission units comply with national standards. Dr Seaton commented that data is collected from RAH on a three monthly basis due to good performance.</p>	

Item	Action
<p>With regards to cephalosporins Dr Seaton advised that they have allowed their reintroduction as prophylactic agents in neurosurgery in Southern General Hospital with no increase in c-diff observed.</p> <p>The new antibiotic prescribing indicator for the CDI HEAT Target for Primary Care Prescribing is reduction in number of all antibiotic items per population (see 6.4). This has replaced the variation in quinolone prescribing target. Dr Seaton reported that this has been communicated to all CHCPs in Glasgow.</p> <p>Dr Seaton reported that a primary care prescribing app has been launched and now GPs can source information through their smart phones. He said the founder of this app is Sam Leighton, Foundation Doctor and he is looking to receive feedback on this app. He advised that the Area Drugs and Therapeutics Committee are also producing an app for the therapeutics handbook which will incorporate hospital antimicrobial prescribing guidance.</p> <p>Dr Armstrong raised a couple of questions regarding the minutes. She stated that with regards to neutropenic sepsis Scottish Government issued a CEL previously and Dr Seaton advised that SAPG has produced a new algorithm. Dr Armstrong reported that work is ongoing nationally for a phone line for patients with cancer so that they can contact somebody if they had any concerns.</p> <p>Dr Armstrong asked if we should have some guidelines for Splenectomy and Dr Seaton said this was discussed at the AUC and the advice was that the patient should be immunised and should receive prophylactic antibiotics routinely. Patients are also advised to seek urgent medical advice in the event of the development of early signs of infection. Dr Seaton advised that “standby” antibiotics were not routinely recommended but could be considered on a case by case basis depending on circumstances.</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.</p>	
<p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in May were distributed with the agenda. Tom Walsh commented that the next meeting was scheduled for 4th July but as this was the same date as the event on the Francis Report this meeting was cancelled.</p>	
<p>5.5 Scottish Patient Safety Programme No paper was available for the committee.</p>	
<p>5.6 Recent Outbreaks/Incidents Sandra McNamee reported that there were three Group A Strep cases at RAH. She said that if the outbreak scores amber or above on the HAIT then we have to do a summary and a copy of which was distributed with the agenda in compliance with the outbreak policy.</p>	

Item	Action
<p>5.7 Water Safety Group</p> <p>The Water Safety Group met recently and Professor Williams updated on the main points. He reported that there are discussions ongoing regarding the testing for legionella. John Green is meeting with Health and Safety representatives to discuss this and Professor Williams said that we need to have an agreed consistent testing regime. He said that Mary Anne Kane spoke to colleagues in Lanarkshire and they do the same testing as us in high risk areas.</p>	
6. New Business / Documents Received	
<p>6.1 Bi Monthly Hand Hygiene Report: May 2013</p> <p>The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that NHSGGC are 94% compliant and the national rate is 96%. She said that Stefan Morton is working with Dr Stewart on hand hygiene for medics. The HAIRT will now only include one set of data for hand hygiene and Tom Walsh reported that this will be SPSP led.</p>	
<p>6.2 HPS Quarterly Reports SABs/CDI</p> <p>Copies of the HPS quarterly reports for SABs and CDI were distributed with the agenda. Professor Williams advised that we had a target of 26 cases to meet by March 2013. Unfortunately we did not meet this target as we had 26.8 cases and the next target to meet is 24 cases by March 2015. He also reported that the acute directorate SAB group meetings have been set up again.</p>	
<p>With regards to C-diff Professor Williams reported that we are below the Scottish average. Sandra McNamee commented that c-diff in the community is starting to play a significant part in our figures and that Glasgow Royal Infirmary nearly breeched its upper control limit and one of the factors was the number of community cases admitted. Dr Seaton advised that SAPG have a national prescribing booklet for dental practitioners. Dr Armstrong suggested that we maybe have to look at community prescribing data.</p>	
<p>FDA have issued information regarding proton pump inhibitors as a lot of patients are on repeat prescription. Dr Armstrong reported that Margaret Ryan is trialling this with respiratory patients. Pharmacy have a post whereby a staff member looks at the antibiotics that a patient has had. Professor Williams commented that it would be good have data on a patient for the last six months. It was agreed that Professor Williams to contact Margaret Ryan about future projects and copy in Dr Armstrong.</p>	CW
<p>Dr Armstrong noted that a lot of work was involved in the reduction of c-diff and SABS and would like to congratulate the teams.</p>	
<p>6.3 CNO/CMO Letter - Health & Safety (Sharp Instruments in Health) Regulations 2013</p> <p>A copy of the CNO/CMO letter was issued to advise of the introduction of the Health and Safety (Sharp Instruments in Healthcare) Regulations 2013 which came into force on 11 May 2013. Sandra McNamee reported that Gartnavel General Hospital are looking at safety devices.</p>	

Item	Action
<p>6.4 SAPG - Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Priorities 2013-15 Dr Seaton reported that the new indicator for 2013/14 is the antibiotic use expressed in number of items per 1,000 per day in at least 50% of practices in each NHS board. This will be at or below the 25th percentile of Scottish practices or will have made an acceptable move toward that level. He said that we have 52 practices in the 25th percentile and this means that we need to have another 79 practices to that level. Dr Armstrong asked if 79 was a reasonable target to achieve. Dr Seaton confirmed that no adjustment based on deprivation is allowed.</p>	
<p>6.5 CMO Letter – HIV Infected Healthcare Workers A copy of the CMO letter was distributed with the agenda. Dr Henderson advised that the letter issued is a proposal that HIV-infected Healthcare Workers may be permitted to perform exposure prone procedures if their virus load is sufficiently low. Dr Armstrong asked if we need to make a response on this from BICC and Professor Williams suggested to wait until there has been a decision from the advisory committee. Dr Armstrong said that she was happy for a letter to be sent with our initial thoughts. Professor Williams and Dr Seaton are to prepare letter to Felicity Sung on behalf of Dr Armstrong.</p>	CW/AS
<p>6.6 HAI Annual Report May 2013 The HAI Annual Report for 2012 was issued with the agenda. Sandra McNamee commented that this is a summary report of what has already been issued during the year.</p>	
<p>6.7 New Hospital Isolation Facilities in A&E Professor Williams said that a meeting was held to discuss the layout of A&E for Paediatric patients and the patient pathways which could be applied to the various infectious conditions that could present. The outcome of the meeting was that Dr Hague was satisfied that following initial assessment at Triage a number of pathways could be identified which would address her concerns.</p>	
<p>6.8 HAI Quality Improvement Facilitator Update and Information Tom Walsh reported that Scottish Government issued a letter for funding for a Band 6 post. Due to the size of our board Tom said that we now have funding for two Band 6 posts.</p>	
<p>7. Update from Public Health Protection Unit There was no paper available from PHPU. Dr Armstrong reported that the legionnaires outbreak in Renfrew was narrowed down to an industrial source in the Hillington/Cardonald area. [REDACTED]</p>	
<p>8. AOCB No other business was discussed.</p>	

Item	Action
<p>9. Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Dr Henderson to discuss the issue of MMR vaccination with Dr Seaton and Professor Williams. • Professor Williams to contact Margaret Ryan about future projects regarding patient's antibiotics. • Professor Williams and Dr Seaton to prepare a paper in response to the letter issued from Felicity Sung with regards to HIV Infection Healthcare Workers. 	
<p>10. Date and Time of Next Meeting</p> <p>The next meeting has been arranged for Monday 23 September 2013 at 12 noon and will be held in the Conference Room, Southern General Hospital.</p> <p>The dates for future meetings are as undernoted:</p> <ul style="list-style-type: none"> • 25th November 2013 	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 23 September 2013 at 12noon in
Conference Room, Southern General Hospital**

Present:

Dr Armstrong (Chair)	Board Medical Director
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr David Stewart	Lead Director of Acute Medical Services
Professor Craig Williams	Co-ordinating Infection Control Doctor
Ms Pamela Joannidis	Lead Nurse Infection Control
Ms Sharon Johnstone	Deputy Site Facilities Manager, Facilities
Dr John Henderson	Clinical Director Occupational Health
Dr Andrew Seaton	Consultant Physician
Mr Donald Sime	Employee Director
Dr Rosie Hague	Consultant Paediatrician
Dr Eleanor Anderson	CPHM
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 Ms Mary Anne Kane Suzanne Clark

Item	Action
1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 22 July 2013 The minutes of the previous meeting were agreed as an accurate record. Professor Williams confirmed that he had contacted Margaret Ryan in Pharmacy regarding data for patients. He reported that they have a system whereby they can track patients with CDI. He said that he is going to look into this for patients at RAH. With regards to the MMR Policy Sandra McNamee advised that she discussed this with Dr Henderson and Dr Seaton and they were happy with the content and the policy was put online after the meeting. Dr Armstrong advised that a letter was sent to Felicity Sung expressing our concern with the letter regarding HIV workers.	
3. Matters arising 3.1 SOP – Policies Sandra McNamee reported that the draft SOP for Policy Approval was with the Infection Control Senior Management Team for comments. After this it will be presented to the three committees and for final approval at the BICC meeting in November.	

Item	Action
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) August 2013 The August 2013 HAIRT was distributed with the agenda. Sandra McNamee advised that there were no exceptions to report and that all site SPCs were within the control limits. She commented that we just missed the SAB HEAT target with a figure of 26.8. The committee noted the report.</p> <p>4.2 Q&P HAI Report – September 2013 Sandra McNamee updated the group on the main points of the report. She said that the report includes outbreak information on six cases of hospital acquired MRSA at RAH. All cases were typed and the situation scored green in the Healthcare Incident Assessment Tool (HIIAT).</p> <p>The CDI target was revised following a review by HPS of their methodology for calculating CDI incidence where it was identified that Geriatric Medicine occupied bed says had been double counted in the denominator since the outset of the programme in 2006. Sandra McNamee advised that we will need to wait until the report is published in October find out where we are with the target.</p> <p>In Ward 5 at RAH Sandra reported that there were two cases of CDI. She said that the Infection Control Team had significant concerns regarding the environmental audit and redid this audit which resulted in a red audit whereby the previous audit scored amber. Dr Anderson asked if there was an action plan for this red audit and Sandra confirmed that action plans are produced for all environmental audits which are then sent to the Senior Charge Nurse to complete. Sandra reported that she had discussions with John Kennedy and the directorate is going to look at the actions from the plan and this ward will be reaudited in three months.</p> <p>4.3 Infection Prevention & Control Implementation Plan – August Update A copy of the Infection Prevention & Control Implementation Plan for August was distributed with the agenda. Sandra McNamee reported that in the Implementation Plan it was agreed to do a six monthly summary report on the SICPs project, MRSA KPI and the SAB target. Copies of these documents were emailed to the group prior to the meeting.</p> <p>Sandra McNamee advised that we had a target of 26 SAB cases to meet by March 2013. Unfortunately we did not meet this target as we had 26.8 cases and the next target to meet is 24 cases by March 2015. At the moment Sandra reported that for quarter two our target was 88 cases and we had 99 cases. In quarter three our target was 82 and at present we have 112 cases. Professor Williams reported that he is proposing to do detailed work at RAH in October to look at CVC lines and care of these lines. He said he is hoping to speak to the medical staff to look at what the problems are and to take lessons from this to other sites. He advised that the proportion of community acquired SABs remain the same. Dr Seaton commented that he had not seen an epidemiological pattern. Sandra McNamee reported that Infection Control did a sweep of A&E and recovery units to assess compliance and that the ICT and TVN were looking at data in relation to pressure ulcers to map these against SABs.</p>	

Item	Action
<p>Dr Stewart advised that there was an action plan being developed from the Acute Infection Control Committee meeting and Dr Seaton said that AMT are to put together a memo to encourage staff to remember to implement the switch from IV to oral antibiotics and that this might lead to cannulas being removed more timeously. Dr Armstrong asked why just concentrating on RAH site and Professor Williams commented that there are not many specialist units at this site and it would be easier to engage with the clinicians. It would also allow us to evaluate strategies before rolling out to all the sites.</p> <p>Sandra McNamee reported that the SAB group is looking at the PVC and CVC Policy and the next meeting is scheduled for 1st October 2013. The CVC policy is out for consultation and this work is being led by Margaret Connolly and once finalised will be presented to the Acute Clinical Governance Committee. Dr Armstrong asked why the SPSP figures seem to be different and Professor Williams stated that there are different measurements in SPSP. Dr Armstrong asked Dr Stewart to prepare a briefing note to include tougher monitoring and for this to be circulated to Directors. Dr Stewart advised that this was discussed at the last OMG meeting and said that there needs to be more of a performance management framework to support this.</p>	DS
<p>4.4 Policies</p> <p>Norovirus</p> <p>Sandra McNamee updated the group and advised that there are not many changes to the Norovirus Policy. Dr Armstrong asked if we should put in about cohorting of patients as this is what happens at the Victoria Infirmary. Sandra advised that this is part of the escalation plan and is approved by the Winter Planning Committee.</p> <p>C diff</p> <p>Dr Seaton asked with regards to hand hygiene with patients with c-diff and norovirus if alcohol hand gel is used. Sandra McNamee confirmed that soap and water should be used as stated in the national policy. The committee agreed to approve the two policies.</p>	
<p>5. Exception Reports and Updates</p> <p>5.1 vCJD Group</p> <p>Dr Anderson updated the group on the progress of the group to date. She advised that the single and at risk questions are being asked but advised that we not doing the NICE guidance for adults. Dr Anderson reported that she met with colleagues in Tayside on Thursday and will list what outstanding issues there are. She said she has to prepare a paper for Dr Stewart for the Acute Infection Control Committee on how the NICE guidance can be taken forward and put through normal directorates or through infection control channels. She advised that they are also going to cost the use of disposable instruments for patients that have come through Yorkhill and have transferred to adult hospital. Dr Stewart stated that capital had previously been set aside but no provision had been made for this year.</p>	

Item	Action
<p>5.2 Antimicrobial Utilisation Committee</p> <p>The minutes of the previous Antimicrobial Utilisation Committee held on 13th August were distributed with the agenda.</p> <p>Dr Seaton updated the group on some of the points discussed at the last AUC meeting. He advised that there are formulating guidelines for fosfomycin and he said that this drug can be available for GPs.</p> <p>A SAPG event will be held at the Grand Central Hotel on 19th November regarding the new neutropenic sepsis management guidance.</p> <p>Work is ongoing on the gram negative infections with the aim of reducing carbapenem use. Dr Seaton advised that the implications are problems with testing because of the cards used in microbiology lab. Also the impact of cost of antimicrobials due to the reduction in carbapenem prescribing.</p> <p>Dr Seaton reported that they are meeting the national target for surgical prophylaxis and colorectal surgery with compliance with the policy at 91% for GGC.</p> <p>NHSGGC are also 98% compliant in recording of indication in MAUs and 94% compliant for recording of indication of antibiotic in surgical units.</p> <p>The new Primary Care prescribing indicator is based on volume of prescribing and Dr Seaton advised that the baseline indicates 52 GP practices are within the lower 25th centile. This would mean that GGC would need another 79 practices to meet the target.</p> <p>With regards to quinolone prescribing Dr Seaton advised that this is decreasing.</p> <p>Dr Seaton reported that there is a safety point of view regarding the confusion of prescribing gentamicin. He said that any incidents of gentamicin are put on Datix and are dealt with via the monitoring chart.</p> <p>The GaV group have been working with SAPG regarding online courses for gentamicin and vancomycin. Dr Seaton said that nurses should be encouraged to undertake these modules on LearnPro. Dr Armstrong asked if this was mandatory training and Dr Seaton replied that this has is not mandatory but gentamicin is a complex drug. Liz McGovern commented that a member of staff will be looking into the incidents from Datix.</p> <p>Dr Seaton stated that the point prevalence surveys were ongoing and every month a different hospital is surveyed. He advised that they are under resourced for Pharmacists and there is one AMP per two hospitals and some wards do not have a Pharmacist on a daily basis.</p> <p>Dr Armstrong asked for an update regarding caesarean prophylaxis. Dr Seaton advised that the NICE guidelines had been published last year but we are not following NICE guidelines as we are using comoxiclav. He said the change was implemented as concern was expressed by clinicians that giving antibiotics pre insertion would mean giving the antibiotic to the neonate. Dr Seaton reported that Alan Mathers is finalising this.</p>	

Item	Action
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in July were distributed with the agenda and noted.</p> <p>5.4 Partnership Infection Control Support Group (PICS) There were no minutes of the Partnership Infection Control Support Group as the last meeting was cancelled due to the Francis Report Consultation Event being held that day.</p> <p>5.5 Scottish Patient Safety Programme Laura Riach provided a paper with an update from SPSP. Dr Armstrong commented that she did not understand the rates for PVC compliance in the report when the SABs group are reporting an increase in cases. It was agreed Infection control and the SPSP team would look at how the PVC stats were recorded to ensure accuracy and that there would be further work done by the acute division to improve compliance. It was agreed Infection control and the SPSP team would look at how the PVC stats were recorded to ensure accuracy and that there would be further work done by the acute division to improve compliance</p> <p>5.6 Recent Outbreaks/Incidents Sandra McNamee reported that there was a Group A Strep outbreak in Ward 2 at Lightburn Hospital and a final outbreak report was distributed with the agenda.</p> <p>In Ward 7 at RAH six hospital acquired MRSA cases were identified. An environmental audit of the ward was carried out and the score was 83%. Sandra McNamee advised that minutes for each outbreak regarding the actions and decisions taken are available if required. A final outbreak report was distributed with the agenda.</p> <p>5.7 Water Safety Group The Water Safety Group met recently and Pamela Joannidis updated on the main points. She said that the pseudomonas part of the Water Safety Policy was presented to the Heads of Nursing meeting for discussion and was approved for use as intern guidance. The final version of the policies and SOP will be presented to the BICC meeting in January for approval.</p>	
6. New Business / Documents Received	
<p>6.1 Bi Monthly Hand Hygiene Report: July 2013 The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that the new report will be issued on Wednesday which will be the final report. She said that NHSGGC are 95% compliant and the national rate is 96%. The HAIRT will now only include one set of data for hand hygiene and Sandra McNamee reported that this will be SPSP led. Dr Stewart said that he is working with Stefan Morton to provide a video for medical staff which will go onto the intranet.</p> <p>6.2 CMO Letter – HIV Infected Healthcare Workers Dr Henderson advised that he emailed Felicity Sung regarding concern that HIV infected Healthcare Workers may be permitted to perform exposure prone procedures if their virus load is sufficiently low. He said that if under 200 copies/ml the staff member will be risk assessed. If they are above 1000 copies/ml the Healthcare Worker will cease to work and will be risk assessed based on the result. He said they are looking to have more guidance.</p>	

Item	Action
<p>Dr Seaton asked about the PEP side of things and Dr Anderson confirmed that she will take this to HPS regarding the patient contact. It was agreed to wait on the guidance before updating our policy.</p>	EA
<p>6.3 UK 5 Year AMR Strategy A copy of the above document from the Department of Health was distributed with the agenda. Dr Seaton updated the group on the main points of the report. He commented that the report sets out actions to address the key challenges to antimicrobial resistance (AMR).</p>	
<p>The overarching goal of the Strategy is to slow the development and spread of AMR. It focuses activities around three strategic aims and these include:-</p> <ul style="list-style-type: none"> • Improve the knowledge and understanding of AMT, • Conserve and steward the effectiveness of existing treatments, • Stimulate the development of new antibiotics, diagnostics and novel therapies. <p>Dr Seaton advised that the report also lists seven key areas for future action. He said this will be tabled at SAPG and should have formal consideration of this by then and will link in with colleagues from Infection Control.</p>	
<p>With regards to carbapenems Professor Williams reported that the guidelines do not have the level of patient engagement that the MRSA screening project had. Dr Seaton commented that the volume of prescribing is primary care. He suggested that junior doctors have education on the safe use of prescribing and said that maybe this could be discussed at the next AICC. Professor Williams reported that it is difficult to tag patients as we do not know if the patient has been abroad. It was agreed that Professor Williams and Dr Seaton will feedback comments to HPS.</p>	
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed to the committee.</p>	
<p>8. AOCB No other business was discussed.</p>	CW/AS
<p>9. Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Dr Stewart to prepare a briefing note to include tougher monitoring with regards to PVCs and for this to be circulated to Directors. • Dr Anderson to contact HPS regarding the patient contact with HIV Healthcare Workers. • Professor Williams and Dr Seaton to feedback comments to HPS regarding the guidelines for carbapenems. 	
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 25 November 2013 at 12.30pm and will be held in the Conference Room, Southern General Hospital.</p>	

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 25 November 2013 at 12.30pm in
Conference Room, Southern General Hospital**

Present:

Dr Armstrong (Chair)	Board Medical Director
Mr Kenneth Fleming	Head of Health and Safety
Dr John Henderson	Clinical Director Occupational Health
Mr John Green	Health and Safety Service Manager (Item 6.5)
Dr Andrew Seaton	Consultant Physician
Mr Tom Walsh	Infection Control Manager
Professor Craig Williams	Co-ordinating Infection Control Doctor
Dr Rosie Hague	Consultant Paediatrician
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Ms Suzanne Clark	Lay Representative
Dr David Stewart	Lead Director of Acute Medical Services
Ms Pamela Joannidis	Lead Nurse Infection Control
Dr Eleri Wilson-Davies	Consultant Medical Virologist (Item 9)
Dr Catherine Chiang	Consultant in Public Health

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Liz McGovern Mr Donald Sime Ms Rosslyn Crocket

Item	Action
1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 23 September 2013 The minutes of the previous meeting were agreed with the following amendments. Page 5, Item 6.2 – Dr Henderson asked if the wording could be amended in the second last sentence. The sentence will now read – “If they are above 1000 copies/ml the Healthcare Worker will cease to work and a look back exercise will be considered”.	
3. Matters arising 3.1 Audit of ICT arrangements Dr Armstrong set out the intention to take stock of ICT arrangements within NHS GGC. The ICT were preparing a paper for review by the CMT setting out the proposals to take forward the stock take.	

Item	Action
<p>4. Standing Agenda Items</p> <p>4.1 HAI Reporting Template (HAIRT) October 2013</p> <p>The October 2013 HAIRT was distributed with the agenda. Sandra McNamee advised that the format has changed and tables are included instead of charts as was requested by Scottish Government.</p> <p>Sandra McNamee reported that the SSI rate for caesarean sections was above the national average. A meeting was arranged with the clinical teams and midwives to discuss this. The meeting found that the midwives were ticking purulent discharge which may not necessarily be clinically justified. It was agreed that there should be training for midwives on the interpretation of this. Dr Seaton advised that there had been a change in guidance regarding the timing of when antibiotics were given. He said that GGC were providing antibiotics pre insertion and were using comoxiclav for caesarean sections as recommended by NICE and Alan Mathers has agreed to this regime. Sandra McNamee also advised that the directorate had signed off the use of chloraprep which is part of the SSI bundle. Dr Hague asked if anybody was looking at infection rates for babies. Professor Williams commented that we will not be able to capture the data on children and the evidence states that there is no greater risk to babies.</p> <p>4.2 Q&P HAI Report – November 2013</p> <p>Tom Walsh updated the group on the main points of the report. He said that the report includes the c-diff cases in Ward 15 at the Vale of Leven Hospital. An OCT report will be issued in due course.</p> <p>The SABs rate for the period from April to June for NHSGGC is 27.4 per 100,000 occupied bed days which places the board below the national average of 29.5 per 100,000 Acute Occupied Bed Days (AOBDs). Tom Walsh advised that All Scottish NHS Boards are to achieve <i>Staphylococcus aureus</i> Bacteraemia (SAB) HEAT target of 24 cases or less per 100,000 (AOBDs) by 31st March 2015.</p> <p>Tom Walsh advised that NHSGGC are working towards the new CDI HEAT target. This requires boards to achieve a rate of 32 CDI cases or less per 100,000 total occupied bed days (OCBD) in all patients (previously the target only included patients 65 years and over) to be attained by the 31st March 2015. The most recent validated results available for 2013 Q2 (April 2013 – June 2013) demonstrate a CDI rate of 33.5 per 100,000 OCBDs for NHSGGC, which places the board just below the national average of 33.6 per 100,000 OCBDs.</p> <p>With regards to the national report for hand hygiene Tom Walsh reported that compliance in NHSGGC was 95% with the Scottish National average at 96%. He also commented that medics were 94% compliant.</p>	

Item	Action
<p>4.3 Infection Prevention & Control Implementation Plan – November Update A copy of the Infection Prevention & Control Implementation Plan for November was distributed with the agenda. Sandra McNamee reported that the reports within the Implementation Plan were presented to BICC in September.</p> <p>Sandra McNamee advised that the SICPs audit team have produced the first quarterly reports and these have been sent to the Heads of Nursing. It is anticipated that ongoing monitoring of SICPs will be via LanQIP.</p> <p>The environmental audit contents are being reviewed by IPC management team. Trend analysis of infection control environmental audits is not yet available within current software although IPC have had requests for this information.</p> <p>The upgraded version of ICNET has been installed and Sandra McNamee said that this will allow more SSI analysis to be completed and there is also an outbreak module on the system.</p> <p>4.4 Policies Loose Stools Pamela Joannidis updated the group and reported that the Loose Stools Policy includes links to various policies.</p> <p>Outbreak In the Outbreak Policy Pamela Joannidis advised that the definitions have been updated.</p> <p>SOP – Procedure for the Development and Approval of Infection Prevention Control Policies Pamela Joannidis advised that we now have a national standard infection control policy and any addendums are to be approved by BICC. The policies and SOP were approved by the committee.</p> <p>Professor Williams commented that at the next AICC they are going to look at the wording for single use equipment and sharing equipment. Pamela Joannidis commented that to decontaminate this type of equipment is problematic. Professor Williams and Dr Stewart to finalise this and report back to the next BICC</p>	CW/DS
<p>5. Exception Reports and Updates 5.1 vCJD Group An update from Dr Anderson, Chair of the vCJD group was provided prior to the meeting. Dr Chiang reported that the question regarding CJD is being asked in all areas including Yorkhill Hospital. She said that the risk of children having being exposed is considerably less due to the passing of time. Dr Stewart advised that there had been a debate regarding the two streams for instruments. He said that with regards to the first stream extra funding had been provided for the instruments. The second stream will be managed using disposable instruments as the numbers are very low.</p>	

Item	Action
<p>Dr Armstrong asked if the CJD Group could provide a list of all the recommendations. Dr Chiang commented that Dr Anderson will be leaving shortly and she is not sure who will be chairing the vCJD Group in future but stated that she will contact Gillian Penrice regarding this and inform the BICC.</p>	CC
<p>5.2 Antimicrobial Utilisation Committee</p> <p>The next meeting of the AUC is on Wednesday and Dr Seaton advised that the minutes of the last meeting were presented to the BICC in September.</p> <p>Dr Seaton updated the group on some of the work taking place for AMT. He reported that there had been a rise in the use of meropenem and comoxiclav use which they are keeping an eye on. Dr Seaton stated that there could be cost implications for the Board and that they are looking at putting a case together for ways of putting antibiotics together. Dr Armstrong suggested that if there is a cost implication to speak to PPSU.</p> <p>With regards to quinolone prescribing Dr Seaton advised that this is decreasing.</p> <p>C-diff levels UK wide are low and Dr Seaton advised that NHSGGC have the strictest policy. He said there is a worry that there is an increase in gram negative resistance but they have not found any increase in the change of antibiotics. Suzanne Clark asked if c-diff rates were being used to determine prescribing. Dr Seaton advised that they are trying to control the antibiotics for c-diff.</p> <p>Last week SAPG met with ITUs to discuss the national strategy and Dr Seaton reported that the reduction for gram negative resistance was launched and old drugs are to be recycled.</p> <p>Dr Seaton advised that cephalosporin prescribing is at low prescribing levels.</p>	
<p>5.3 Acute Infection Control Committee (AICC)</p> <p>The minutes of the Acute Infection Control Committee held in September were distributed with the agenda. Dr Stewart reported that the main points of the meeting focused on the reduction in the SAB rate. He advised that they are looking at A&E and theatre recovery areas. He said there is an issue with renal patients not getting access to theatre for shunts.</p> <p>HEI Inspectors visited the Victoria Infirmary in July and the unannounced inspection was discussed.</p> <p>With regards to SABs Professor Williams commented that there was an increase in quarter three in 2013. He advised that Infection Control have looked at the COHAI SABs and there tends to be multiple causes for these. At RAH he said they are looking at the insertion and maintenance bundle and documentation is being piloted in the wards. Sandra McNamee also reported that the Clinical Review Tool is being piloted at RAH and that she is working with Practice Development on this.</p>	

Item	Action
<p>Tom Walsh reported that Price Waterhouse Cooper were asked to look at PVCs regarding the line care, the PVC policy and the SPSP education which is provided at ward level. The final report of the audit should be available by the end of the week. Dr Seaton advised that they assisted John Stuart in providing a memo for nurses to help patients switching from IV to oral antibiotics and this will go to the Senior Nurse meeting. Dr Seaton also commented that he will raise this at the AUC meeting on Wednesday.</p>	
<p>5.4 Partnership Infection Control Support Group (PICS) The minutes of the Acute Infection Control Committee held in September were distributed with the agenda. Sandra McNamee reported that an issue was raised with kit lying around in the Podiatry area. John Green advised that Alistair Hunter is looking into this and for companies to uplift this waste. John Green said that he will update the Podiatrists at a meeting he is attending on Thursday.</p>	
<p>5.5 Scottish Patient Safety Programme Laura Riach provided a paper with an update from SPSP which was noted.</p>	
<p>5.6 Recent Outbreaks/Incidents Pamela Joannidis reported [REDACTED]. From the samples taken for the [REDACTED]. Dr Seaton asked for the timeline of when the first and last patients were identified and Pamela confirmed that the ward closed on 25th October 2013. Dr Seaton said that he was thinking that if the ribotyping was unrelated it could suggest antibiotic pressure affect. Pamela Joannidis advised that AMT did do a review and the cases were not linked.</p>	
<p>5.7 Water Safety Group At the recent Water Safety Group meeting Pamela Joannidis reported that the general policy was discussed and HSE have confirmed that they are happy with the content. A meeting has been proposed for December to look at legionella control for the policy and Mary Anne Kane is trying to link pseudomonas in with this. Pamela Joannidis said that hopefully the policy should come to the BICC in January.</p>	
<p>6. New Business / Documents Received</p>	
<p>6.1 Bi Monthly Hand Hygiene Report: September 2013 The Hand Hygiene Audit Report was distributed with the agenda for information. Sandra McNamee reported that this will be the last national report to be issued. She said that NHSGGC are 95% compliant and are 98% compliant using the SPSP methodology which includes opportunity and technique.</p>	
<p>6.2 HPS Quarterly Reports SABs/CDI – April-June 2013 Copies of the HPS quarterly reports for SABs and CDI were distributed with the agenda. Tom Walsh advised that the next set of reports will include the new target for 2015. Dr Armstrong commented that there appears to be a high CDI incidence rate in April – June and Tom Walsh advised that we should be back close to the target of 0.32.</p>	

Item	Action
<p>6.3 SAB Checklist A copy of the SAB checklist was distributed with the agenda. Sandra McNamee confirmed that she is happy with the content and said that they are using this to measure ourselves.</p> <p>6.4 Publication of Scottish TB Action Plan A letter from the Chief Medical Officer regarding the publication of the Scottish TB Action Plan was distributed with the agenda. Dr Chiang reported that there are a number of actions in the Action Plan and Dr Armstrong stated that this is led by the Public Health team. Dr Seaton advised that Gillian Penrice chairs the group to consider the actions.</p> <p>6.5 CEL 14 (2013): NHS Scotland Waste Management Action Plan 2013-2016 John Green updated the group on the new Action Plan and reported that changes were made due to the changes recommended in January. He said that the Waste Management Policy reflects the new terminology and he has received some comments on the Policy. Dr Armstrong asked who is the Responsible Director for this and John Green confirm that this is Mary Anne Kane. She also asked what Infection Control's role is with regards to the Policy and why it came to the BICC for ratification. John Green advised that this has always been the case and is historical. Kenneth Fleming commented that he is happy for this to be discussed at the Health and Safety Forum if this would be a better committee for this to be agreed. Dr Armstrong agreed that Infection Control can provide advice on the clinical waste section but would like this to be ratified at the Health and Safety Forum. Any comments on the policy are to be forwarded to John Green.</p>	
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed to the committee. Dr Chiang updated the group on the items included in the report.</p> <ul style="list-style-type: none"> • The flu vaccination for schools had a 65% uptake although Dr Chiang stated that there had been problems with getting parents to return the consent forms in time. • NHSGGC staff flu vaccination programme continues and Dr Chiang reported that the uptake is currently 33%. Dr Armstrong commented that she is disappointed with the low number of staff having the flu vaccine. Dr Chiang stated that at the recent PICSG meeting it was suggested that staff are being vaccinated by their own GP. • There was a delay in the delivery of the Zostavax vaccine although this appears to be sufficient for GP practices at present. • HPV continues to be offered to girls in S2. • Dr Chiang advised that there was an investigation into the possible site of contaminated land in Giffnock. • A possible cluster of cases of breast cancer had been reported to PHPU. The cluster was investigated and no evidence for a local cluster was found. • An increase in the number of salmonella cases was identified with six cases seen in NHSGGC. 	
<p>8. Draft BICC Meeting Schedule 2014 A copy of the meeting schedule for 2014 was distributed with the agenda and noted.</p>	

Item	Action
<p>9. AOCB Draft guidance on the Testing of Blood borne Viruses in Incapacitated and Deceased Patients was distributed with the agenda. Dr Eleri Davies gave a brief overview of the document. She reported that the Virus Lab are receiving more requests for testing for these patients. She advised that she has spoken with HPS and received legal opinion on this. Discussion took place regarding this document and it was agreed that Dr Seaton and Dr Henderson work on this. Sandra McNamee suggested that this could be part of the Needlestick Injury Policy which comes to this committee for ratification.</p> <p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Professor Williams and Dr Stewart to finalise the wording for single use equipment and sharing equipment. • Dr Chiang to contact Gillian Penrice regarding the chair for the vCJD Group and update BICC. • Dr Seaton and Dr Henderson to meet to discuss the testing for bloodborne viruses and to maybe be part of the Needlestick Injury Policy. <p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 27 January 2014 at 12.15pm and will be held in the Conference Room, Southern General Hospital.</p>	<p>AS/JH</p>

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 27 January 2014 at 12.15pm in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Mr Kenneth Fleming	Head of Health and Safety
Dr John Henderson	Clinical Director Occupational Health
Ms Rosslyn Crocket	Board Nurse Director
Dr Andrew Seaton	Consultant Physician
Mr Tom Walsh	Infection Control Manager
Professor Craig Williams	Co-ordinating Infection Control Doctor
Dr Rosie Hague	Consultant Paediatrician
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Ms Pamela Joannidis	Lead Nurse Infection Control
Ms Suzanne Clark	Lay Representative
Mr Donald Sime	Employee Director
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr Catherine Chiang	Consultant in Public Health

In Attendance

Ann Lang (minutes)

Apologies received:

Dr David Stewart Ms Mary Anne Kane

Item	Action
1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 25 November 2013 The minutes of the previous meeting were agreed as an accurate record.	
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 2013 The December 2013 HAIRT was distributed with the agenda. Sandra McNamee advised that the report includes an update on the SAB and CDI targets. Dr Armstrong stated that there is a significant rise in the number of SAB cases. Sandra McNamee reported that our local intelligence states that we will also be high for the fourth quarter as well. In relation to our CDI target Sandra McNamee reported that we are doing well and our SSI rate is also below the national average. There were previous issues with SSIs for c-sections but Sandra advised that this has been addressed with the clinical teams and the midwives have received further education regarding post discharge wound assessment and diagnosis of SSI. Donald Sime said that at Q&P discussion took place regarding embedded learning and asked if this was happening.	

Item	Action
<p>Sandra replied that there is no formal rolling training programme for midwives and Infection Control respond to any issues as they arise. Dr Seaton advised that there has been a change in prophylaxis for c-sections and this is now given pre-incision and the clinical team have implemented this. Brian Jones has also spoken to the neonatal teams regarding prophylaxis and its impact on neonates.</p> <p>4.2 Q&P HAI Report – January 2014</p> <p>Dr Armstrong advised that Infection Control were also asked to provide a briefing paper in relation to the increase in SABs which is attached.</p> <p>Tom Walsh updated the group on the main points of the HAI report. He said that the report includes a significant rise in quarter 3 with a total of 129 SAB cases which equates to a rate of 36.8 cases per 100,000 AOB. This is an increase of 34.4% compared to the previous quarter. He said lengthy discussions took place at AICC regarding this.</p> <p>NHSGGC are working towards the new CDI HEAT target. The most recent validated results available for 2013 Q3 (July 2013 – September 2013) demonstrate a CDI rate of 34.1 per 100,000 OCBs for NHSGGC and remains below the national average of 41.6 per 100,000 OCBs.</p> <p>With regards to the national report for hand hygiene Tom Walsh reported that compliance in NHSGGC was 98%.</p> <p>Discussion took place on the Briefing Paper regarding the increase in SABs that was issued with the agenda. Tom Walsh reported that the reason for the increase is still unclear. Further analysis is ongoing both in NHSGGC and in Health Protection Scotland to try and identify possible causes. He said that there has been a rise in community onset HAIs and mentioned that some patients have had some contact with the healthcare at the onset of their SAB. Sandra McNamee stated that they have looked at the community onset HAIs and there was no single cause although some were associated with central lines. She said that there are different work streams in relation to care lines and they are looking to review the PVC Care Plan. Infection Control, Practice Development and SPSP are looking into the lines.</p> <p>Craig also commented that he will look at Sepsis Six to see if this has an impact on the number of blood cultures. Public Health were contacted to see if an epidemiology study could be carried out and Dr Chiang updated the group on this. She said that she had spoken with Oliver Blatchford from HPS and he said that there would need to be a large change in the GGC population to have caused this change. He said that Sepsis Six will not have an impact on blood cultures as this was only introduced in 2012 but to follow up post discharge of Sepsis Six if possible.</p> <p>Professor Williams stated that there is a COHAI group that their single source is related to CVCs. He said there is the possibility of a number of cohort people who have had hospital care in the spring/summer and who were now presenting with sepsis. Dr Hague commented that these people would need to have chronic infections and Professor Williams suggested that the SAB group look at these patients and determine if they came in with chronic infections. He said that there has been a 30% increase in the number of SABs over the last three months and we need to find out why this has happened.</p>	

Item	Action
<p>He said that an audit was completed of 100 PVC cannulas in A&E and there were none that were in unnecessarily. Definitions for insertion of PVC were agreed for clinical teams previously and audits were also redone as per Dr Stewart's instruction. A meeting has to be arranged with Dr Stewart and colleagues from A&E to discuss the reasons for insertion.</p> <p>Dr Armstrong asked if the CVCs in the community are oncology patients and if there should be a register kept of these patients. Sandra reported that CVC bundles are not used outside critical care as per SPSP but this could be rolled out to oncology patients. Professor Williams commented that in NHS Ayrshire & Arran it is only a person that is qualified that can put in a central line.</p> <p>With regards to renal fistula Dr Armstrong expressed concern that our rate of renal patients with fistulas is 57% with the standard at 85% and NHS Lothian having a rate of 91%. She reported that Grant Archibald and Jonathan Best are looking into this. She was keen that this was addressed quickly.</p>	
<p>4.3 Infection Prevention & Control Implementation Plan – January Update A copy of the Infection Prevention & Control Implementation Plan for January was distributed with the agenda. Sandra McNamee reported that this should be completed in March and a new plan will be available for the next BICC meeting.</p> <p>Sandra McNamee advised that the colorectal surveillance has been suspended due to the complexities of colorectal surgery and the limited number of cases. HPS have also stepped back from making this mandatory surveillance.</p> <p>In relation to the Infection Control environmental audit Sandra advised that software is not available to do trend analysis but the audit may be going to be reviewed anyway.</p>	
5. Exception Reports and Updates	
<p>5.1 vCJD Group An update from the vCJD Group was provided by Dr Anderson and circulated to the group prior to the meeting. Dr Chiang reported that Dr Anderson is still chair of this group</p>	
<p>5.2 Antimicrobial Utilisation Committee The minutes of the last AUC meeting held in November was distributed with the agenda.</p> <p>Dr Seaton updated the group on some of the work taking place for AMT. He reported that they are finalising the Fosfomycin Policy and this drug is still to be approved through the Drugs and Therapeutic Committee. Discussion took place at AMT how to prescribe and dispense this drug.</p> <p>A MHRA alert was received to restrict the use of nitrofurantoin prescribing due to destabilising effects on control of co-amoxiclav and ciprofloxacin. This issue was raised at SAPG and they advised to follow the MHRA advice.</p>	

Item	Action
<p>Guidance to reduce multi resistance to Bacteraemia was discussed. Dr Seaton advised that it was agreed that AMT and microbiology representatives would meet to look at Aztreonam and Temocillin and integrate this into the new Antimicrobial Guidelines in August.</p> <p>Dr Seaton provided an update on antimicrobial utilisation in GGC which had been circulated to the group. He said in connection with the “4 C” antibiotics in hospital Quinolone and Cephalosporin has come down and they are also not promoting the use of Co-amoxiclav.</p> <p>With regards to Piperacillin and Tazobactam Dr Seaton advised that there has been a 167% increase since quarter 1 in 2007. Meropenem prescribing is slightly down and Dr Seaton commented that with the introduction of Temocillin this should bring the prescribing down.</p> <p>In relation to other alert drugs Dr Seaton advised that measures are in place for daptomycin and they are looking at ways to reduce this. He also stated that Vancomycin and gentamicin are stable.</p> <p>Dr Seaton reported that we are middle of the table compared to other boards in Scotland for the volume of prescribing of antibiotics. NHS Lothian is top of the table for prescribing of meropenem and Dr Seaton reported that we are second highest.</p> <p>The Point Prevalence Study is carried out every month in a different hospital and Dr Seaton stated that the results of the survey were detailed in section 3. Also compliance with AB guidance has increased from 85% to 95%.</p> <p>Dr Seaton reported that the new indicator for Primary Care is the volume of antibiotic use with at least 50% of practices in each Board to be at or below the 25th percentile of Scottish practices. GGC requires to have 79 practices to reduce their volume of antibiotics and 20 of these practices are reviewing 4C prescribing.</p> <p>Professor Williams commented that the Point Prevalence Study results seems to have increased by 15%. Dr Seaton replied that all the data has not been entered for 2013 and also stated that the overall prescribing for antibiotics is increasing in hospitals but they are not sure the reason for this.</p> <p>Dr Armstrong stated that volume of antibacterial drugs seems to be better in NHS Lothian. Dr Seaton advised that deprivation is not taken into account and we have outlying GP practices. He said that each CHCP will have a Prescribing Advisor and they get targets set and this is discussed at the GP appraisal. Liz McGovern also commented that GPs are encouraged to look at targets for prescribing and a Prescribing Advisor is a member of the Antimicrobial Utilisation Committee. Dr Armstrong suggested contacting NHS Lothian to see if there are any lessons that could be learned from them.</p>	

Item	Action
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in November were distributed with the agenda.</p> <p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Acute Infection Control Committee held in November were distributed with the agenda.</p> <p>5.5 Scottish Patient Safety Programme Tom reported that he received an email from Laura Riach to say that the SPSP reporting is under revision with the programme changes and therefore there is no report.</p> <p>5.6 Recent Outbreaks/Incidents Sandra McNamee reported that there was an increase in the number of patients with Group A Strep in the Burns Unit in Ward 45 during December and January. The ward was closed to elective admissions but remained open to emergency cases. Extra precautions were put in place and staff were put into scrubs for wound dressings. The ward was cleaned and reopened on 20th January 2014. Sandra advised that a summary outbreak report will be available at the next Committee.</p> <p>In Ward 17 at the Victoria Infirmary Sandra reported there were 3 cases of c-diff. The first two cases are type 027 but the third case has not been confirmed. The ward was cleaned and no further cases have been identified.</p> <p>5.7 Water Safety Group Pamela Joannidis reported that the Water Policy is out for consultation and will be presented to the Infection Control Committees in March. As the Water Safety policy has expired in January 2014 Pamela asked the committee to extend the policy until the next BICC meeting in March. Rosslyn Crocket asked what the reason is for the delay in updating the policy. Tom Walsh reported that the testing regime for legionella is different at sites. He said there is also discussion regarding the proposed responsibilities for Infection Control where it should be estates staff so further discussion is required. The committee agreed to extend the timescale to March 2014.</p>	
<p>6. New Business / Documents Received</p> <p>6.1 HPS Quarterly Reports SABs/CDI – July-September 2013 Copies of the HPS quarterly reports for SABs and CDI were distributed with the agenda. Tom Walsh advised that NHSGGC reported 36.8 cases per 100,000 AOBs and NHS Scotland reported 31.4 per 100,000 AOBs. The revised National HEAT target requires all Boards in Scotland to achieve a rate of 24 cases per 100,000 AOBs or lower by 31st March 2015.</p> <p>With regards to CDI Tom Walsh reported that NHSGGC had 34.1 cases per 100,000 occupied bed days (OCBDs), combined rate for all ages. By 31st March 2015 32 cases or less per 100,000 OCBDs are to be attained. For the last available reporting quarter (July – September 2013), this places the Board below the national average of 41.6 per 100,000 OCBDs.</p>	

Item	Action
<p>6.2 SPSP Points of Care Sandra McNamee reported that Healthcare Improvement Scotland issued a letter to NHS Boards regarding the implementation of the Acute Adult programme which forms part of the overall Scottish Patient Safety Programme. She said that Infection Control are going to add information on CAUTI and this will be delivered via the Quality Improvement Facilitator post. Sandra advised that the Scottish Government are moving the SPSP programme on and want a clinical lead to be site based.</p>	
<p>6.3 IC Environmental Audit A copy of the proposed changes to the Infection Prevention and Control Safe Patient Environmental Audit was distributed with the agenda. Sandra McNamee reported that this was discussed at the Infection Control Senior Management Team meeting to look at our standard audit. Instead of focusing on the physical environment she proposes now to focus on clinical practice and to include SICPs and have PVC, CVC, CAUTI and MRSA KPIs as part of the audit and to look at clinical interventions. Sandra confirmed that this change was approved at the recent AICC and PICSG meetings. The HEI inspector also commented at the Vale of Leven inspection that they are keen to see the changes. Rosslyn Crocket expressed concern that there would be no QA if the domestic monitoring was not part of the environmental audit. Pamela Joannidis commented when environmental audits were first introduced the domestic monitoring was not part of this. Rosslyn asked if there was any variance with the information collected from Infection Control and what Estates collect. Sandra replied that a gap analysis will be completed to establish any differences in the data collected. Tom Walsh commented that the Senior Charge Nurses signs off the estates and cleaning monitoring form for the ward and they also have a daily exception report to complete. Peer reviews are also completed and include Infection Control and Estate staff. With this reassurance the group agreed to this change.</p>	
<p>6.4 Communication of Final Surgical Prophylaxis Study Results A copy of the document issued by SAPG was previously circulated to the group. Dr Seaton reported that NHS Tayside had tabled the document saying the change in surgical prophylaxis in orthopaedic patients was linked to acute kidney injury. He said that Tayside looked at the impact of gentamicin and the paper is outlining the results of the study.</p>	
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed to the committee. Dr Chiang updated the group on the items included in the report.</p> <ul style="list-style-type: none"> • Blood borne virus work is being carried out. • Peer immunisation and occupational health appointments continue to be promoted. An action was taken from the previous BICC to run an additional staff flu clinic and this resulted in a further 97 staff being vaccinated. • The pilot programme for flu vaccination for 2 and 3 year olds is now complete. • Shingles immunisation programme is progressing well with almost all GP practices having immunised around half of their eligible patients. • The investigation of the possible site of Contaminated Land in Giffnock has now been accepted by the Council. • A case of possible exposure to mould spores in indoors air is being investigated. 	

Item	Action
<ul style="list-style-type: none"> With regards to the TB Action Plan Gillian Penrice is taking this forward and means that new entrants to the UK are now required to have pre entry screening for active TB. Dr Chiang reported that there has been a decrease in the number of patients in GGC being diagnosed with TB but to note that the figures are not complete for 2013. 	
<p>8. AOCB SIGN – the Guidance on the Prevention and control of CDI in care settings in Scotland</p> <p>A copy of the above document was issued with the agenda. This guidance covers key aspects of prevention and control of CDI. Professor Williams advised that the implication of this could be that we are reporting more cases of CDI. He said that we need to keep an eye on the use of vancomycin and VREs. He commented that we could see more severity cases and stated that Infection Control do a root cause analysis for every severe CDI case. Dr Seaton mentioned that Health Boards in England are promoting the use of this as this reduces the relapse rate but the concern could be a cost for us. He confirmed that we have our own adapted policies. Dr Armstrong asked what we should adopt and asked Professor Williams to provide an update for the next BICC meeting in March.</p> <p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> Professor Williams to provide an update on the SIGN Guidance for CDI in care settings. 	CW
<p>9. Date and Time of Next Meeting The next meeting has been arranged for Monday 31 March 2014 at 12 noon and will be held in the Meeting Room LO/A/010, Ground Floor, New Lab Block, Southern General Hospital.</p>	

2014 Meeting Dates

Date (2014)			Time	Venue
Monday	31	March	12noon – 2pm	Meeting Room L0/A/010, New Lab Block, SGH
Monday	19	May	2pm – 4pm	Conference Room, Southern General Hospital
Monday	28	July	12noon – 2pm	Conference Room, Southern General Hospital
Monday	06	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	01	December	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on**

**Monday 31 March 2014 at 12 noon in
Facilities Meeting Room, New Lab Block, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Mr Kenneth Fleming	Head of Health and Safety
Dr John Henderson	Clinical Director Occupational Health
Ms Mary Anne Kane	Interim Director of Facilities
Dr Andrew Seaton	Consultant Physician
Mr Tom Walsh	Infection Control Manager
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Ms Pamela Joannidis	Lead Nurse Infection Control
Ms Suzanne Clark	Lay Representative
Mr Donald Sime	Employee Director
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Dr Catherine Chiang	Consultant in Public Health
Dr David Stewart	Lead Director, Acute Medical Services
Mr Scott Young	Corporate Facilities Lead

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Rosie Hague	Ms Rosslyn Crocket	Professor Craig Williams
Mr Ray McAndrew		

Item	Action
1. Welcome and Apologies Dr Armstrong welcomed everyone to today's meeting and apologies were received from the above mentioned.	
2. Minutes of the meeting held on 27 January 2014 The minutes of the previous meeting were agreed with the following amendments. Page 3, second para, last sentence – Dr Armstrong asked for the last sentence to be deleted. Page 7, AOCB – Dr Seaton requested that the sixth sentence be amended to read as “ Dr Seaton mentioned that Health Boards in England are promoting the use of fidaxomicin as this may reduce the relapse rate....”	
3. Matters arising There were no matters arising that were not on the agenda.	
4. Standing Agenda Items 4.1 HAI Reporting Template (HAIRT) February 2014 The February 2014 HAIRT was distributed with the agenda. Sandra McNamee advised that NHSGGC reported 36.8 SAB cases per 100,000 AOBs and the revised National HEAT target requires all Boards in Scotland to achieve a rate of 24 cases per 100,000 AOBs or lower by 31 st March 2015. She said that as of today we have 95 cases for the period January – March which indicates an improvement over the previous two quarters.	

Item	Action
<p>With regards to CDI Sandra reported that NHSGGC had 34.1 cases per 100,000 occupied bed days (OCBDs) for the period July to September. From October to December 2013 we had 32.8 cases and for January to March we have 24.9 cases. Sandra commented that this brings us below the Clostridium difficile HEAT Target.</p> <p>For the last quarter (October – December 2013) the SSI rate for caesarean sections was below the national average. The SSI rate for knee arthroplasty and neck of femur procedures was above the national average. Sandra McNamee reported that work is ongoing in Orthopaedics regarding the SSI rates.</p> <p>Suzanne Clark asked if the work done regarding SABs had contributed to the improvement. Dr Stewart replied that this was raised at the Acute Infection Control Committee and there was a general awareness amongst clinical staff. Dr Armstrong said she would like to thank staff for all the work contributing to the reduced rates.</p> <p>In relation to the PVC implementation Sandra reported that the care plans are being updated to remove the requirement to date and time and these are at the printers. Dr Seaton commented that this message had not been fed through to the Infectious Diseases Unit and Sandra agreed to raise this at the next Heads of Nursing meeting. Dr Seaton advised that an Antimicrobial Pharmacist is doing a review of SABs as some of the patients are drug users and discharge themselves and then are represented at hospital as an acquired HAI. Sandra McNamee stated that she had an action from the Partnership Infection Control Support Group to link with the Community Addiction Pharmacist to do a protocol for these patients. Liz McGovern said that as there is no medical prescriber within this team and with appropriate training this could be addressed as they see patients daily that receive methadone.</p>	SMcN
<p>4.2 Q&P HAI Report – March 2014</p> <p>Tom Walsh updated the group on the main points of the HAI report. He said that the report includes figures for hand hygiene and the compliance rate for NHSGGC is 98% with the medical staff at 96%.</p> <p>With regards to SSI surveillance Tom reported that there is a potential increase in the neck of femur procedures at Royal Alexandra Hospital. He said there was no commonality in theatres or the surgical kits and advised that we have asked HPS to compare the figures with another board in Scotland.</p>	
<p>4.3 Infection Prevention & Control Implementation Plan – February Update</p> <p>A copy of the Infection Prevention & Control Implementation Plan for February was distributed with the agenda. Sandra McNamee reported that this is the last version of this plan and a copy of next year's plan will be circulated at the next meeting. She advised that there are some outstanding items in the plan. The first of these is the SICPs baseline audit and the plan is to have the Senior Charge Nurses (SCN) accessing this via LanQIP but there is no way for the SCN to follow up this audit. Sandra stated that they are working with Practice Development and SOPRA to address this.</p>	

Item	Action
<p>Professor Williams commented that he had undertaken a review of severe CDI cases and will forward this to Dr Seaton.</p> <p>The audit of the patient safety programme has been put on hold as Sandra McNamee reported that Infection Prevention and Control are looking into the environmental audit and working with Mary Anne Kane to identify any gaps. She said she is hoping to have the environmental audit on the same platform as Facilities.</p> <p>Dr Armstrong asked what the position was with regards to colorectal surveillance. Sandra replied that the information is hoping to be extracted from the new surveillance module. She said that discussions have taken place with the surgical team to determine if they think a patient has an infection. Professor Williams reported that he is also working with the clinicians regarding colorectal surveillance at Southern General Hospital.</p>	CW
<p>4.4 Policies</p> <p>CJD Policy</p> <p>Pamela Joannidis updated the group and reported that if there are any comments on the CJD Policy she can take this back to the CJD group. Dr Armstrong asked if the equipment issues have been resolved and Dr Chiang informed the group that disposable instruments are being used for Paediatrics, Neuro, Ophthalmology and high risk patients. The committee approved the policy.</p> <p>Influenza Policy</p> <p>With regards to the Influenza Policy Pamela Joannidis reported that we are waiting on information from HPS regarding the respiratory and FFP3 masks and may need to update the policy when the national policy is received.</p>	
<p>Discussion took place regarding patient isolation where it states that patients should be considered infectious until 48 hours after commencement of anti-viral therapy. Dr Seaton asked if this was long enough as there has been a delay in receiving virology results as they are taking a week for results to be received at GGH. He said the issue could be with the transportation of specimens. Pamela Joannidis agreed to check about the timing of 48 hours. Liz McGovern advised that she will check the anti-viral therapy and the effect of the antibiotic.</p> <p>Tom Walsh reported that there appears to be a high level of Influenza A in patients that have been vaccinated. Sandra McNamee advised that a memo is being issued to take precautions if staff suspect a patient has Influenza.</p> <p>Dr Seaton stated that the first two bullet points on page 7 refer to the same thing and suggested that one of the bullet points be deleted and Pamela Joannidis agreed to amend this.</p> <p>The Committee agreed to approve the policy pending the changes regarding specimens at 48 hours.</p>	
<p>Staff Screening Policy</p> <p>Pamela Joannidis reported that there were no changes to the policy and the committee were happy to approve the policy.</p>	<p>PJ LMcG</p> <p>PJ</p>

Item	Action
<p>Toy Cleaning Policy</p> <p>No changes to the policy were made and the committee approved the policy. Suzanne Clark commented that there were a lot of toys lying about at Yorkhill and Sandra said that she will speak to the IC team at the South.</p>	SMcN
5. Exception Reports and Updates	
5.1 vCJD Group	
<p>An update regarding the vCJD Group was provided by Dr Chaing. She said that the group last met on 3rd March and the group reported that there have been no CJD incidences since they last met. Helen Irvine will be taking over as chair of this group.</p>	
5.2 Antimicrobial Utilisation Committee	
<p>The minutes of the last AUC meeting held in February were distributed with the agenda.</p>	
<p>Dr Seaton updated the group on some of the AMT work taking place. He reported that Fosfomycin for multi drug resistant UTIs is still work in progress. Although the drug is licensed there is no distributor in the UK. A submission has been made to the formulary committee of the ADTC.</p>	
<p>Nitrofurantoin and the MHRA alert regarding contra-indication in renal failure. Dr Seaton advised that he has written to MHRA and has taken this up nationally because of broader implications for antimicrobial stewardship. MHRA have agreed to set up a committee to look into this. Dr Seaton will report back.</p>	
<p>Dr Seaton reported that use of temocillin and aztreonam is deliberately being promoted in hospitals in serious Gram negative infections. This is a strategy to reduce carbapenem and pi-taz prescribing. Although these agents have a higher acquisition cost but should ultimately preserve carbapenem use.</p>	
<p>A retrospective study of Gram negative bacteraemia in North Glasgow has been completed. A comparison has been made pre and post introduction of a 4C restrictive policy (with the promotion of empiric gentamicin use). Dr Seaton advised that reduction in mortality was observed primarily in those with hospital acquired gram negative infections and in the elderly. There was a significant reduction in CDI post introduction of the guidance and reduction in cephalosporin and co-amoxiclav resistance.</p>	
<p>Current antimicrobial utilisation data: Co-amoxiclav prescribing has increased in the last twelve months. Carbapenem use has reduced recently and piperacillin and tazobactam continues to increase.</p>	
<p>Dr Seaton reported that secondary care prescribing indicators remain on target for prescribing in medical receiving wards but below target for surgical admissions. With regards to prophylactic antibiotics in colorectal surgery Dr Seaton confirmed that we have recently met the target.</p>	
<p>Primary Care prescribing for quinolone target has been met for 2012/13. The new target is volume of prescribing in primary care and no data currently available although higher prescribing practices have been identified and will be targeted by prescribing advisers.</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. Dr Stewart reported that SABs was discussed at this meeting. Dr Armstrong asked for more up-to-date minutes at this meeting or a copy of the latest agenda.</p> <p>Dr Armstrong reported that item 5 in the minutes states that Dr Armstrong is to provide an indication of the actions for Public Health and commented that this is the responsibility of Gillian Penrice. She asked Dr Chiang to ensure the minutes were amended.</p>	
<p>5.4 Partnership Infection Control Support Group (PICS) The minutes of the Partnership Infection Control Support Group held in January were distributed with the agenda. Sandra McNamee chaired the last meeting and advised that Infection Prevention and Control have audited some of the prisons and gone through the custody suites and have made several recommendations.</p> <p>Tom Walsh reported that they received a request from Health and Social Care Partnership in Renfrewshire regarding Health and Safety policies. He said that they wish to follow the Infection Control policies of the Council whereby Tom suggested that they should be following the NHSGGC policies. Dr Armstrong asked Tom Walsh to forward her a copy of this email.</p>	TW
<p>5.5 Recent Outbreaks/Incidents Pamela Joannidis reported that two reports were issued with the papers. She said that there was an increase in the number of patients with Group A Strep in the Burns Unit with seven patients affected.</p> <p>In Ward 15 at the Vale of Leven Pamela reported that there was an increase of c-diff. The typing identified two different types and Pamela reported that the c-diff trigger tool was completed with the Senior Charge Nurse and minutes of the meeting are available.</p>	
<p>5.6 Water Safety Group Mary Anne Kane reported that the Board Water Safety Group is a sub group of the BICC. She said at the last meeting an extension was given to the Water Safety policy for further discussions to take place. She said the policy is for 12 months due to the guidance being updated on an ongoing basis and a SOP is to be developed at ward level.</p> <p>Awareness sessions for nursing, estates and domestic staff are to be carried out on how to use the policy. Tom Walsh reported that responsible officers will also need to be appointed for both legionella and pseudomonas.</p> <p>Discussion took place regarding who the sponsoring director is for this and Dr Armstrong commented that the document needs to reflect this. She asked Mary Anne Kane to look into this and the terms of the governance structure.</p>	MAK

Item		Action
6.	<p data-bbox="280 226 807 257">New Business / Documents Received</p> <p data-bbox="280 264 592 295">6.1 Reorganisation Dr Armstrong updated the group on the review of the reorganisation structure at senior management level due to the new Southern General Hospital opening and the Clinical Services Review. The discussions are still ongoing at present. Tom Walsh advised that he will be organising an away day for Infection Control which will be facilitated by Juli McQueen. He will also arrange to meet with Karen Murray to see what her thoughts are.</p> <p data-bbox="376 562 1329 660">Dr Armstrong stated that it may be prudent to keep Infection Prevention and Control and Antimicrobial Teams, as Corporate Services, and will try to get more clarity for the next meeting.</p> <p data-bbox="280 689 756 721">6.2 HEI Annual Report 2012-13 A copy of the HEI Annual Report for 2012-13 was distributed with the agenda. Sandra McNamee reported that there have been thirty HEI visits to GGC since HEI started inspecting all hospitals.</p> <p data-bbox="280 846 1347 1146">6.3 SICPs Progress Update A progress update on the SICPs project was prepared for the Acute Infection Control Committee and Sandra McNamee reported that there have been 337 areas that have received a baseline audit. The Heads of Nursing also receive a report every quarter. Sandra McNamee advised that the themes emerging from these audits include the management of core equipment, management of body fluids and the disposal of waste. She commented that these are also being picked up by the HEI inspectors on their inspections.</p> <p data-bbox="280 1176 1340 1341">6.4 Annual Infection Control Programme 2014/15 A draft copy of the Annual Infection Control Programme was issued to the committee for comments. Tom Walsh asked for any comments to be returned to him and stated that he has linked the key indicators to the Quality Strategy.</p> <p data-bbox="280 1370 1347 1637">6.5 CDI Guidance Sandra McNamee reported that Professor Williams is to set up a meeting with Dr Seaton on how to implement the guidance. She said there was concern at the Acute Infection Control Committee regarding the number of cases being scored as severity. Infection Control are to request more clinical review tools for these. Dr Seaton suggested looking at ones with a score of two or more and commented that they have a trigger for vancomycin.</p> <p data-bbox="280 1666 1347 1966">6.6 MRSA Key Performance Indicator Update An update regarding the MRSA Key Performance Indicator was distributed with the agenda. Sandra McNamee provided an update and reported that we have not met the 90% target and for the last quarter we were at 77%. At the moment the Infection Control Nurses are collecting the information and discussing the screening process with the Senior Charge Nurses. Sandra advised that this is being rolled out with the nursing documentation paper and the Project Manager from Infection Prevention and Control has been invited to the next Acute Infection Control Committee to discuss this.</p>	<p data-bbox="1398 1400 1473 1431">CW</p>

Item	Action
<p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed to the committee. Dr Chiang updated the group on the items included in the report.</p> <ul style="list-style-type: none"> • In February a number of patients were admitted from care homes with a diagnosis of aspiration pneumonia. Guidance on investigation of respiratory outbreaks is still being investigated by HPS. Dr Chiang asked if we should be developing local guidance for care homes. Sandra McNamee advised that the guidelines for infection control in care homes is issued by the Care Commission. Dr Armstrong suggested that Public Health and Infection Control look into something that can be done locally or nationally. As guidance is awaited from HPS Dr Chiang to contact HPS to establish if interim guidance is available. • Blood borne virus work is ongoing. Dr Chiang reported that an HIV Prevention Needs Assessment was carried out by NHS GGC and NHS Lothian. She said the full report is not available as yet. • There is an immunisation follow up programme for pregnant women regarding the flu vaccine. Dr Chiang reported that there is work to do in relation to the pertussis immunisation. • NHS England have seen a spike in scarlet fever and Sandra McNamee reported that a patient was admitted to Glasgow Royal Infirmary. 	CC
<p>8. AOCB Pamela Joannidis advised that at the last HEI inspection at the Vale of Leven the inspectors found a discrepancy regarding our glove policy. She said that we have a risk assessment in place to say that we can use vinyl gloves. Infection Control want to remove the risk assessment and adhere to the national policy but there may be a cost implication for this. This has been to AICC and PICSG but they said they would like BICC to ratify this. Dr Henderson commented that they are seeing a type 1 sensitivity but there is an accelerator two type of glove if staff are allergic to nitrile gloves. Dr Armstrong said that she would like to see the basis of the policy and to do a risk assessment and contact Dermatitis. Sandra McNamee to write up the risks and the cost implications and include Dr Henderson.</p>	
<p>Review of Actions and Decisions</p> <ul style="list-style-type: none"> • Sandra McNamee to raise at the next Heads of Nursing meeting about stopping the data and time regarding the PVC implementation. • Professor Williams to forward Dr Seaton the review of severe CDI cases. • With regards to the Influenza Policy Pamela Joannidis agreed to check about the timing of 48 hours. Liz McGovern advised that she will check the anti-viral therapy and the effect of the antibiotic. • Pamela Joannidis to amend the bullet points on page 7 of the Influenza Policy. • Sandra McNamee agreed to speak to the IC team at the South regarding the toys lying about at Yorkhill Hospital. • Tom Walsh to forward to Dr Armstrong the request received from Health and Social Care Partnership in Renfrewshire regarding Health and Safety policies. • In relation to the Water Safety Policy Mary Anne Kane to look into who the sponsoring director is for this and look at the terms of the governance structure. • Professor Williams is to set up a meeting with Dr Seaton to discuss the implementation of the CDI Guidance. 	SMcN/ JH

Item	Action
<ul style="list-style-type: none"> As guidance is awaited from HPS regarding local infection control guidance Dr Chiang to contact HPS to establish if interim guidance is available. Sandra McNamee to have discussions with Dr Henderson and write up the risks and the cost implications for the change to the glove policy. 	
<p>9. Date and Time of Next Meeting The next meeting has been arranged for Monday 19 May 2014 at 2.00pm and will be held in the Conference Room, Southern General Hospital.</p>	

2014 Meeting Dates

Date (2014)			Time	Venue
Monday	19	May	2pm – 4pm	Conference Room, Southern General Hospital
Monday	28	July	12noon – 2pm	Conference Room, Southern General Hospital
Monday	06	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	01	December	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 19th May 2014 at 2.00pm in
Conference Room, Southern General Hospital**

Present:

Mr Tom Walsh (Chair)	Infection Control Manager
Mr Kenneth Fleming	Head of Health and Safety
Dr Andrew Seaton	Consultant Physician
Ms Sandra McNamee	Assistant Director of Nursing, Infection Control
Dr Rosie Hague	Consultant Paediatrician
Ms Suzanne Clark	Lay Representative
Professor Craig Williams	Co-ordinating Infection Control Doctor
Ms Liz McGovern	Specialist Pharmaceutical Public Health
Ms Susie Dodd	Acting Lead Infection Control Nurse

In Attendance

Ann Lang (minutes)

Apologies received:

Dr Jennifer Armstrong	Ms Rosslyn Crocket	Dr David Stewart
Dr Catherine Chiang	Ms Pamela Joannidis	

Item	Action
<p>1. Welcome and Apologies Tom Walsh welcomed everyone to today's meeting and apologies were received from the above mentioned.</p>	
<p>2. Minutes of the meeting held on 31 March 2014 The minutes of the previous meeting were agreed with the following amendments. Page 2, fourth para, line six should read "Dr Seaton advised that Antimicrobial Pharmacists are reviewing SABs and some readmissions may relate to drug users". Page 3, Policies, third para should read – "Dr Seaton advised that there was a delay in receiving virology results" Page 6, CDI Guidance, last sentence should read – " Dr Seaton suggested a clinical review tool with cases of two or more risk factors and one risk factor would be the trigger for vancomycin". Page 7, last para bullet point six – should be infection control policies and not Health and Safety policies.</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 2014 The April 2014 HAIRT was distributed with the agenda.</p> <p>Sandra McNamee advised that this report reflects the national reports in respect of HEAT Targets. She reported that the SSI rate for knee arthroplasty and repair of neck of femur procedures rose above the national average although both remain within the 95% confidence intervals.</p>	

Item	Action
<p>For the quarter January – March Sandra reported that NHSGGC had a rate of 25.8 for CDI instead of 32.8 which was the rate for the previous quarter.</p>	
<p>With regards to SABs Sandra advised that the rate has decreased by 30% and we now have 28 cases per 100,000 occupied bed days.</p>	
<p>In relation to outbreaks Sandra stated that there were three outbreaks listed in the report. These included C.difficile at Victoria Infirmary, Group A Streptococcus at Glasgow Royal Infirmary and H1N1 at Leverndale.</p>	
<p>Healthcare Environment Inspectorate completed two unannounced inspections at Victoria Infirmary and Vale of Leven Hospitals.</p>	
4.2 Q&P HAI Report – May 2014	
<p>Tom Walsh updated the group on the main points of the HAI report. He said the report includes a couple of clusters of H1N1 at the Western Infirmary and Glasgow Royal Infirmary. There was also an increased incidence of MRSA at Philipshill at Southern General Hospital with nine HAI cases over four months. Tom reported that all patients were screened within the ward and no new cases have been identified since March.</p>	
<p>Liz McGovern stated that they are reviewing occupational health immunisation for staff. She said she would like a list of patients during September to March and commented that Dr Armstrong is looking to have a representative to join the Board Winter Planning group. Tom Walsh replied that Infection Control representatives will attend monthly lab meetings and said that he could raise this via Professor Wililams for him to raise at the Lab meeting.</p>	
<p>The overarching Annual Infection Control Programme was approved and no further comments have been received. Tom Walsh reported that this will now go to Robert Calderwood for final approval.</p>	
4.3 Infection Prevention & Control Implementation Plan 2014-15	
<p>A copy of the Infection Prevention & Control Implementation Plan for the new year was distributed with the agenda. Sandra McNamee reported that this is the first version of this plan and has already been approved at the other Infection Control committees. She said the first page lists new initiatives but can be added to. Also if anybody wishes to add anything to let Sandra know. The Implementation Plan for 2014-15 was approved by the committee.</p>	
4.4 Policies	
<p>Group A Strep Policy</p>	
<p>Sandra McNamee updated the group and reported that the policies were distributed to the various committees for comments.</p>	
<p>The committee agreed to approve the policy.</p>	
<p>Shingles Policy</p>	
<p>With regards to the Shingles Policy Sandra McNamee reported that the section on patient placement has been updated.</p>	
<p>The Committee agreed to approve the policy.</p>	

Item	Action
<p>SOP – Insertion & Maintenance of CVCs and PVCs Sandra McNamee reported that PWC carried out a review of our SABs. Once the SOPs have been approved Sandra confirmed that education sessions for nurses can begin. Dr Seaton advised that the message is still not being fed through to staff that there is no requirement to date and time each catheter. Sandra advised that she did raise this via the Heads of Nursing and said that this can be raised during the roll out programme. She also commented that they did a complete analysis and 25% of PVCs were dated and timed.</p> <p>The Committee agreed to approve the SOPs.</p> <p>Wound Swab Poster A copy of the wound swab poster was distributed with the papers. Sandra McNamee reported that Dr Teresa Inkster, Consultant Microbiologist worked with Tissue Viability on this to try to reduce the amount of wound swabs.</p> <p>The Committee agreed to approve this poster.</p> <p>SOP - Decontamination of Transoesophageal Echocardiograph (TOE) Probes Sandra McNamee reported that the SOP was submitted by the Decontamination Group. She said that there are no key changes to the previous version and said that this SOP is based on guidance from HFS.</p> <p>The Committee agreed to approve the SOP.</p>	
5. Exception Reports and Updates	
<p>5.1 vCJD Group It was noted that Helene Irvine, Consultant in Public Health is taking over as chair of the CJD Group.</p>	
<p>5.2 Antimicrobial Utilisation Committee The last meeting of the AUC took place in April and Dr Seaton advised that the minutes were not available as yet. Dr Seaton updated the group on some of the AMT work taking place.</p> <p>He reported that they had challenged MHRA regarding Nitrofurantoin and their contra-indication in renal failure and confirmed that MHRA have now lifted the restrictions on this.</p> <p>The ADTC have approved Fosfomycin for multi drug resistant UTIs and this can now be dispensed in the community.</p> <p>Dr Seaton reported that meropenem use has now come down for the last two quarters.</p> <p>At the recent Acute Infection Control Committee Dr Seaton stated that Ysobel Gourlay updated the committee to say that an Antimicrobial Pharmacist completed an audit of SABs. From this they found that approximately a third of all patients are not receiving the full treatment course. He said the preliminary data states oral therapy for 14 days which is what the guidance states and is the current policy.</p>	

Item	Action
<p>5.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in March were distributed with the agenda. Also distributed was a copy of the agenda for the last meeting in May as the minutes were not available for this meeting.</p> <p>Tom Walsh reported that there was a statistically significant increase of cdiff Scotland wide but this is back on track within NHSGGC.</p>	
<p>5.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in March were distributed with the agenda. Also a copy of the agenda for the latest meeting in May was distributed with the agenda. Sandra McNamee advised that she chaired the meeting in March. She said at the meeting capital planning was discussed. After a recent survey of all mental health hospitals within NHSGGC it was identified that a total of around £2.5 million of works was required but the investment allocated was £1.33 million. Mental Health Services will be seeking funding in the next financial year to continue with the capital planning process.</p>	
<p>5.5 Recent Outbreaks/Incidents Tom Walsh reported that there have been no recent outbreaks.</p>	
<p>5.6 Water Safety Group Kenneth Fleming updated the group that the interim policy has been approved. He stated that Dr Armstrong asked for the policy to be updated with the governance structure and also asked to see a final version of this policy.</p>	
6. New Business / Documents Received	
<p>6.1 HPS Quarterly Reports – SABs/CDI At the end of June Sandra McNamee reported that the reports for the first quarter of this year should be issued by HPS. She said that at present we are down to approximately 28 cases per 100,000 occupied bed days and our target is 24 cases.</p>	
<p>6.2 National Infection Prevention and Control (NIP&C) Manual – Publication of Chapter 2 Transmission Based Precautions (TBPs) Tom Walsh reported that there was concern regarding the use of respiratory protection for aerosol procedures. He said that Dr Armstrong has approved for a short life working group to be set up with other clinicians to look into this. Colleagues to be invited include ID Physicians, A&E colleagues, Dr Hague, Sandy Binning and Dr Seaton suggested that Alistair Leonard, Clinical Director for A&E also be on this group. Professor Williams and the Infection Prevention and Control Nurse Consultant will lead on this.</p>	CW/PJ
<p>6.3 CNO Letter to HAI Exec Leads – Enhanced SAB Surveillance The Scottish Government Health and Social Care Directorate has asked Health Protection Scotland to coordinate a mandatory enhanced SAB surveillance programme. The new programme will be embedded as a mandatory surveillance requirement for all NHS boards. Sandra McNamee reported that they are trialling surveillance of SABs during May and June. She said the Infection Control Nurses will collect the data and discussions will take place with colleagues in Regional Services regarding SABs in the renal unit.</p>	

Item	Action
<p>6.4 SBAR PPE A copy of the SBAR for PPE was distributed with the agenda. Sandra McNamee commented that this was raised as occupational health had concerns from staff saying they were experiencing sensitivity with regards to the gloves being used. Sandra reported that there is not a lot of literature to support the comments received and stated that we need to follow the national policy. Kenneth Fleming reported that there is a health surveillance programme and any glove users with sensitivity will be picked up through this programme.</p> <p>It was agreed to follow the national policy and have a programme in place to follow up future sensitivity.</p> <p>7. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed to the committee. As Dr Chiang was unable to attend the meeting Liz McGovern provided an update on some of the items included in the report.</p> <ul style="list-style-type: none"> • Immunisation of all Pre 5 pupils in primary schools is ongoing. • No introductory date has been set for the Meningitis B vaccine. • Work is ongoing at GP practices regarding the uptake for the shingles vaccine as GGC are less than the national target. • Liz McGovern reported that a lot of exercises are taking place for the commonwealth games. <p>8. AOCB No other business was discussed.</p> <p>9. Date and Time of Next Meeting The next meeting has been arranged for Monday 28 July 2014 at 12 noon and will be held in the Conference Room, Southern General Hospital.</p>	

2014 Meeting Dates

Date (2014)			Time	Venue
Monday	06	October	12noon – 2pm	Conference Room, Southern General Hospital
Monday	01	December	12noon – 2pm	Conference Room, Southern General Hospital

**Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 6th October 2014 at 12.00noon in
Conference Room, Southern General Hospital**

Present:

Dr Jennifer Armstrong (Chair)	Board Medical Director
Ms Rosslyn Crocket	Board Nurse Director
Dr David Stewart	Lead Director, Acute Medical Services
Ms Joyce Brown	Lead Head of Nursing, Acute
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 Fiona McCluskey (Item 2)	Senior Nurse Advisor, New South Hospital Project

In Attendance

Ann Lang (minutes)

Apologies received:

Ms Sandra McNamee Ms Suzanne Clark

Item	Action
<p>1. Welcome and Apologies Apologies were received from the above mentioned.</p>	
<p>2. Update on New Build Project Fiona McCluskey provided a report on the project prior to the meeting. She provided an overview of infection control input to the build design of the new hospital. Infection Prevention and Control have been closely involved throughout the new hospital design process and Fiona stated that a Nurse Consultant from Infection Control was part of the project at the beginning. She said that they were present at all design meetings and involved in all stages of the work which was very helpful to the team as there was a consistency to the design.</p> <p>Over the past two years Fiona advised that she has been the point of contact for Infection Control and liaises with Sandra McNamee and has a good relationship with Infection Control. In the report issued the table enclosed highlights what Infection Control is involved in. Stefan Morton, Hand Hygiene Co-ordinator has assisted with the replacement and positioning of all 9,000 hand gels for the new hospital.</p> <p>Rosslyn Crocket thanked Fiona for providing the update and asked if Infection Control were involved in the mock ward set up. Fiona informed that Infection Control will be involved in the mock ward and the ward will be available on the 5th floor for a two week period. She said there will be a wide range of scenarios to test the design of the ward.</p>	

Item	Action
<p>Professor Williams asked Fiona if there had been any update with regards to the technical view on the transplant side of things that was being looked at and Fiona said she will check this and report back to Professor Williams. Dr Hague stated that she has not seen any minutes of the discussions that took place looking at the flows for emergency paediatric patients with infections. Fiona said that she will have notes of these meetings and will forward these to Dr Hague.</p> <p>Dr Seaton commented that the adult Infectious Diseases Unit was late in the planning of being moved to the new hospital. He said the high isolation rooms will be on different floors from where other patients will be based. He is concerned that because of this the nursing expertise will not be aligned to beds where patients will be and will be nursed by a different cohort of nurses. Joyce Brown replied that she is looking into this. Dr Seaton asked Fiona if there was any chance the IDU beds could be co-located but Professor Williams said there would need to be a massive airflow change for this to happen. Dr Armstrong asked if maybe IDU should stay at Gartnavel but Dr Seaton said this would be inadequate for managing the patients.</p> <p>With regards to the MDRTB Regulations Professor Williams said that the technical team are looking at the ITU wards and asked Fiona if there had been any update. Fiona agreed to contact Brookfield.</p>	
3. Minutes of the meeting held on 28 July 2014	
The minutes of the previous meeting were agreed as an accurate record.	
4. Matters arising	
<ul style="list-style-type: none"> <li data-bbox="236 1023 1369 1391"> <p>• PWC Report</p> <p>Tom Walsh updated the group on the audit carried out by PWC. He said that PWC carried out an audit of the Infection Control actions following the Cairns Smith Vale of Leven report and the 2008 Action Plans. Tom stated that he, Craig and Pamela had met with PWC last week to discuss the draft report that they issued. PWC identified two items that were partially complete and these included leaflets not readily available in other foreign languages and medical death certification guidance. All other items were considered as complete. Once the final report is received in a couple of weeks time Tom agreed to forward this to the group. Another item that was raised was regarding training on PVCs and CVCs and not having a final policy. Tom asked PWC to put this as a separate report.</p> <p>Dr Seaton commented that the new guidance states no need to notify the Procurator Fiscal if CDI cited on Part 1 or 2 of the death certificate and asked for clarification on this. Tom Walsh advised that he received an email via a colleague in another board which had been issued by the Senior Procurator Fiscal. After discussion it was agreed to continue with extant guidance until new guidance has been formally received. Dr Armstrong reported that David Green informed her that the Lead Procurator Fiscal is developing a link to the Procurator Fiscal website and is also looking to develop an electronic way to notify the Procurator Fiscal. Dr Armstrong advised that she asked Julie Murray, CHCP Director to lead on this and asked Tom to link with Julie to look at this new guidance.</p> <li data-bbox="236 1798 1369 1995"> <p>• Chapter 2 – IPC National Manual</p> <p>Pamela Joannidis reported that discussions have taken place with clinicians regarding respiratory precautions and the wearing of masks. In Paediatrics they have stated that the balance of risk is not substantial enough to wear masks. Professor Williams advised that discussions are ongoing with other directorates but the clear message seems to be not to wear masks.</p> 	

Item	Action
<p>Dr Armstrong commented that we need to close the loop nationally why we have done this and Professor Williams stated that there is a disclaimer on the National IPC Manual. He said he should have more information for the next BICC meeting and will draft a policy and send this out for comments.</p>	CW
5. Standing Agenda Items	
5.1 HAI Reporting Template (HAIRT) August 2014	
The August 2014 HAIRT was distributed with the agenda.	
<p>Tom Walsh updated the group on the SAB figures from the latest HPS report. For the first quarter NHSGGC had 26.3 cases per 100,000 acute occupied bed days and NHS Scotland reported 28.4 per 100,000 AOBs. Tom reported that the target to reach is 24 cases per 100,000 AOBs or lower by 31st March 2015. Dr Seaton suggested that it would be helpful to have the figures listed in a table on the front page of the report.</p>	
<p>In relation to CDI Tom reported that NHSGGC reported 24.1 cases per 100,000 AOBs and NHS Scotland reported 28.7 with a target to achieve 32 cases.</p>	
Tom also advised that norovirus season has started.	
<p>The Surgical Site Infection rates are all or below the national average except for neck of femurs which is slightly above the national average.</p>	
5.2 Q&P HAI Report – September Update	
Tom Walsh updated the group on the main points of the HAI report.	
<p>Local data for SABs for 2014 Quarter 2 indicates 106 SABs identified between April and June 2014. The validated results from HPS are expected to be published in October 2014. For the month of September Tom reported that so far GGC have 24 SABs.</p>	
<p>Hand hygiene compliance rates for the Board are 98% and the medics rate was 95% for July 2014.</p>	
5.3 IC Implementation Plan 2014/15 – August Update	
<p>A copy of the Infection Prevention & Control Implementation Plan for August 2014 was distributed with the agenda.</p>	
<p>Pamela reported that new build activity for the two new hospitals is included in the Implementation Plan.</p>	
<p>Roslyn Crockett asked if the Dental Hospital could be included in the overall programme. Pamela Joannidis advised that an ICN spends one day per week at the Dental Hospital and agreed to update the Implementation Plan.</p>	
5.4 Policies	
Head Lice Policy	
<p>Pamela Joannidis updated the group and reported that key changes for the Head Lice policy included an updated incubation period.</p>	

Item	Action
<p>Laundry Policy A copy of the above policy was distributed with the agenda and Pamela Joannidis advised that there were no changes to this policy.</p> <p>SOP – Insertion and Maintenance of Adult Indwelling Urethral Urinary Catheters A copy of the SOP was issued with the papers.</p> <p>The committee agreed to approve the policies.</p>	
<p>6. Exception Reports and Updates</p>	
<p>6.1 vCJD Group Dr Kennedy advised that he had a formal handover with Dr Eleanor Anderson and will provide an update at the next BICC meeting.</p>	<p>IK</p>
<p>6.2 Antimicrobial Utilisation Committee The minutes of the last Antimicrobial Utilisation Committee were distributed with the agenda.</p> <p>Dr Seaton reported that the community provision for Fosfomycin was approved at the recent ADTC.</p> <p>SAPG awareness day is being held on 18th November and Dr Seaton advised that there are plans for primary care to promote use of goods.</p> <p>Neutropenic sepsis guidance is now incorporated in the Therapeutics handbook. Posters for these have been delayed but are in the process of getting printed.</p> <p>In relation to antibiotics Dr Seaton advised that co-amoxiclav use continues to increase and meropenem had also increased although this has plateaued now.</p> <p>At the committee the primary prescribing targets were discussed and Dr Seaton stated that surgical receiving units have good recordings. Compliance with Antimicrobial guidelines is improving and Dr Seaton advised that we have achieved the target for surgical prophylaxis single dose. Antibiotic choice is compliant with the guidance and GGC has seen the target improving to 67%. Dr Seaton commented that they are satisfied that this is improving in down stream medical wards.</p> <p>The Primary Care Prescribing Report listed a number of practices that have reached the HEAT target and Dr Seaton reported that GGC has exceeded the attainment target of 50% and 75 practices have attained the target.</p> <p>Dr Armstrong asked Dr Seaton to provide a short summary of the primary and secondary care prescribing targets for GGC compared to all boards in Scotland. She said it would be useful to have this for the Quality and Performance Committee and the Board Seminar meetings.</p>	<p>AS</p>

Item	Action
<p>6.3 Acute Infection Control Committee (AICC) The minutes of the Acute Infection Control Committee held in July were distributed with the agenda. Dr Stewart commented that SABs were discussed. Tom Walsh advised that PWC noted that our PVC/CVC policy has not been finalised. He said there are ongoing discussions with clinical groups to reach an agreement but it should go to the next Infection Control Committees for approval.</p> <p>6.4 Partnership Infection Control Support Group (PICSG) The minutes of the Partnership Infection Control Support Group held in July were distributed with the agenda. Discussion took place regarding the use of Tamiflu for influenza patients and to have patients isolated. Liz McGovern said that there is no evidence to base the statement that patients should be isolated. Dr Armstrong asked what the policy was regarding Tamiflu and Liz McGovern replied that we are working with the HPS guidance. Dr Seaton stated that with regards to the reference in the HPA guidance that GPs can only prescribe Tamiflu once a CMO letter issued but acute doctors can prescribe this anytime.</p> <p>6.5 Recent Outbreaks/Incidents Pamela Joannidis reported that there are two wards closed at the Victoria Infirmary and Cathkinview ward is due to reopen tomorrow. HPS have confirmed that norovirus season has started.</p>	
<p>7. New Business / Documents Received</p> <p>7.1 CDI HEAT Target – Empirical Prescribing Indicator AMT Report Dr Seaton reported that SAPG produces a summary report of the progress made by our Board. For the period April 2011 – March 2014 GGC were 95% compliant with the policy. He said that only four boards in Scotland achieved the target where they were greater or equal to 95% compliant and GGC was one of these boards.</p> <p>7.2 HAI Inspection Methodology and Improvement Action Plan Template Copies of the updated documents issued by Healthcare Environment Inspectorate (HEI) were distributed with the agenda. Pamela Joannidis reported that HEI have now defined what the inspectors mean by a follow up inspection.</p> <p>7.3 CNO Letter – Enhanced SAB Surveillance The mandatory enhanced SAB surveillance started on 1st October 2014 and Pamela Joannidis reported that the data is to be provided to HPS quarterly. Tom Walsh commented that the overall numbers will not change and all SABs in renal, regardless of the time they are in, will be treated as HAI. He said that Sandra McNamee has discussed this with John Stuart. Dr Armstrong asked for a report if there are any changes.</p>	
<p>8. Update from Public Health Protection Unit A copy of the update from Public Health Protection Unit was distributed with the agenda. Dr Kennedy updated the group on the items included in the report:-</p> <ul style="list-style-type: none"> Investigation of an outbreak of salmonella at Celtic Park took place. The report on the Commonwealth Games is going to be published. The staff flu vaccination programme started on 30th September. Consultation on Joint Working Party on Gram Neg Bacteria study has been sent to Infection Control Teams for comments and these have to be returned by 25th October. 	

Item	Action
<p>Dr Armstrong reported that NHSGGC have been invited by the Scottish Government to put in a bid for ebola testing. She said the Scottish Government have asked all boards to ensure contingency plans are in place with regards to ebola. Dr Seaton commented that the ebola term is related to VHF and he confirmed that we have had [REDACTED]. Dr Armstrong advised that she will issue the notes from Dr Duncan McCormick who is leading on this.</p>	JA
<p>9. AOCB In relation to the testing for FFP3 respirators Kenneth Fleming advised that they are working with national procurement and are in discussions with the Health and Safety Executive regarding fit testing.</p> <p>The Vale of Leven Inquiry report is due for publication on 24th November and Dr Armstrong informed the group that she may be contacting some people to give advice prior to the publication of the report.</p>	
<p>10. Date and Time of Next Meeting The next meeting has been arranged for Monday 1 December 2014 at 12 noon and will be held in the Conference Room, Southern General Hospital.</p>	

2014 Meeting Dates

Date (2014)			Time	Venue
Monday	01	December	12noon – 2pm	Conference Room, Southern General Hospital

NHS GREATER GLASGOW & CLYDE BOARD INFECTION CONTROL COMMITTEE

UPDATE ON INFECTION CONTROL INPUT TO THE NEW SOUTH GLASGOW HOSPITAL PROJECT

1ST OCTOBER 2014

Introduction

The purpose of this paper is to give an update to the Board Infection Control Committee on the Infection Control input to the New South Glasgow Hospital Project. BICC is asked to note and approve the contents of the paper.

Background

A general background has been included in this paper to provide a foundation on which to assess the infection control input on the build design. It should be noted that from the beginning and throughout the process, HAI Scribe has been complied with and the relevant documentation completed.

The infection control team has been closely involved throughout the new hospital design process. The design of the hospital follows the Department of Health Primary Guidance contained within Infection Control in the Built Environment (2002), to ensure a robust and consistent approach to HAI prevention and to demonstrate commitment to improving patient safety.

In preparing the Employers' Requirements for the New South Glasgow Hospitals the Project Team, which included a representative from the Board's Infection Control Team and Medical Planners as well as other clinical staff, gave considerable weight to infection control issues. Below are the Employers Requirements given to the contractors.

The Board wish to procure Works which shall enable it to carry out its clinical functions, to combat health acquired infection and to maintain physical assets and clinical and non-clinical functionality with ease; and it shall be the responsibility of the Contractor to deliver a design and construction solution that optimises these requirements.

Prevention and control of infection shall remain a primary consideration of the Contractor in the design and construction of the Works. The Contractor will be required to demonstrate to the satisfaction of the Board's Infection Control Team that the design and construction of the Works fully reflects and incorporates the following key infection control challenges;

From March 2009 – March 2010 a number of Infection Control staff were included in the Project. In 2010 a full time Project Consultant Infection Control Nurse was appointed to take the lead for advising on all aspects of HAI within the new build and to support NHS GGC & Facilities Management to ensure consistent standards and training strategies were in place. The postholder reported to the Senior Nurse Advisor nSGH and the Assistant Director of Nursing Infection Control. The Consultant ICN nurse was present at all 1:200 and 1:50 design meetings for the Adult and Childrens Hospital to ensure consistency of approach. Regular reports were given at the Infection Control Leads Meeting where any contentious issues could be debated.

Current Approach

Post 1:50 design it was agreed that any ongoing planned zone checks and snagging issues would be taken forward by the Infection Control team at the SGH. It was also agreed that any future or emerging issues would be directed to the Assistant Director of Nursing for Infection Control so that she could field the relevant Infection Control staff member to assist. The full range of Infection Control input during and post design period to date are given in Table 1. It has been identified that there will be a significant requirement for Infection Control input during the 12 week commissioning period particularly in relation to the supervision of the placement of hand hygiene dispensers.

TABLE 1

Issue	IC Staff Member	Date
Facilities Infection Control Workplan	Annette Rankin	2009
Project OBC	Annette Rankin	2008 - 2009
NCH Medical day Unit & Theatres Bed Spacing (Partitions vs Curtains)	P Joannidis	February 2010
Location of treatment bathroom in Adult Dermatology ward	P Joannidis	February 2010
Numbers of Isolation Rooms within NCH & Adult Hospital	P Redding /P Joannidis	March 2010
Use of Electric Hand Driers within Lab Project	J Barmanroy	April 2010
Mock Up Rooms	J Barmanroy	June 2010
Bed Spacing- Glass Partitions vs Curtains in Critical Care	SMcNamee	June 2010
Single Room Provision for Critical care	T Walsh	July 2010
Washer Disinfectors vs Macerators	J Barmanroy	December 2010
No Hand wash basins in Psychology & Psychiatry Consulting rooms	J Barmanroy	January 2011
Cleaning & Maintenance of Sky Ceilings	J Barmanroy	January 2011
Domestic Services Teaching Sessions	J Barmanroy	January 2011 – April 2013
Renal Bed Spacing – Renal Dialysis Day Unit	J Barmanroy	July 2011
Construction Site Interface Group – weekly meetings	J Barmanroy	2011 - ongoing
NCH Medical Day Unit Bed Spacing	J Barmanroy	January 2012
Bed Screens – disposable vs washable	J Barmanroy	February 2012
Critical Care Bed Configuration	T Walsh/S McNamee	November 2012
Shower Curtians	S McNamee	April 2013
Generic Ward Operational Policy Group	S McNamee /P Joannidis	October 2013 - ongoing
Infectious Patient Flows/ Immunosuppressed Patient Flows in NCH ED	Dr Hague/ P Joannidis	October 2013
Zone Checks & Snagging	C Mitchell /J Barmanroy	December 2013 - ongoing
Open Mailbox Systems within new Clean Utilities	S McNamee	December 2013
Care Tray Trollies	C Mitchell/ S McNamee	December 2013 -
Mock Up Clean Utility	South ICT	December 2013
Pantry Hand Rinse Sinks	S McNamee	December 2013
Scope Decontamination Unit	J Barmanroy	February 2014
Plastic Bedpan holders	J Barmanroy	February 2014
Pc's in near patient spaces	S McNamee /P Joannidis	July 2014
Sanitary Waste Bins vs Clinical bins in en- suites	J Barmanroy	July 2014
Horne taps Pseudomonas Risk Assessment – non removal of flow straighteners	S McNamee	July 2014
Infection Control Signage-	S Morton	August 2014

Six Step Posters Hand Hygiene Posters		
Use of the Pneumatic Tube System & blood samples within clean utilities	S McNamee	August 2014
Migration Plan - Numbers of Infectious /MRSA patients	Stephanie Walsh	August 2014
Operational Policy for Freezers and microwaves in Oncology wards	P Joannidis	August 2014
NCH Roof Garden – Operational Policy for Schiehallion	P Joannidis	August 2014
Placements of Danicentres for Adult/NCH	C Mitchell/P Joannidis/S Morton	August 2014
Locations for Hand Hygiene Dispensers	S Morton	August 2014 - ongoing
Dirty Utility Signage for sluice hopper sinks	C Mitchell/P Joannidis	August 2014
Specification for waiting room chairs	C Mitchell J Barmanroy	September 2014
Infectious Patients within New Hospital – plans for Ebola patients	C Williams D Bell	September 2014
Ventilation- Lobbied Room specification – MDRTB patients	C Williams/T Inkster/Pjoannidis/S McNamee	September 2014 - ongoing

Board Infection Control Committee 25/11/19
Minutes: 53 - 63

Minutes of the
NHS GREATER GLASGOW AND CLYDE
BOARD INFECTION CONTROL COMMITTEE
held on
Monday 25 November at 2.00pm in
Board Room, Admin Building, Gartnavel Royal Hospital

Present:

Dr Jennifer Armstrong (chair to 2.50pm)	Medical Director
Dr Chris Deighan (chair from 2.50pm)	Deputy Medical Director (Corporate)
Sandra Devine (to 2.50pm)	Acting Infection Control Manager
Liz McGovern	Specialist Pharmaceutical Public Health
Pamela Joannidis	Acting Associate Nurse Director, Infection Control
Dr Iain Kennedy (to 2.50pm)	Consultant in Public Health Medicine
Dr Andrew Seaton	Consultant in Infectious Diseases
Dr Scott Davidson (to 2.50pm)	Deputy Medical Director Acute Services
Rona Wall	Occupational Health Service Manager
John Green	Head of Health & Safety
Angela O'Neill	Deputy Nurse Director Acute Services
Prof Alistair Leanord (to 2.50pm)	Clinical Director, Microbiology
Suzanne Clark	Public Representative

In Attendance:

Elaine Burt, Chief Nurse Regional Services as CN Representative
Pauline Hamilton (minutes)

Apologies received:

Mags McGuire	Kate Hamilton	Tom Steele	Rosie Hague
Ysobel Gourlay	Saranaz Jamdar		

Minute	Action
<p>53. Welcome and Apologies</p> <p>Dr Armstrong welcomed everyone to today's meeting and round the table introductions were made. Apologies were received from the abovementioned.</p> <p>Dr Deighan will chair from 3pm today as Dr Armstrong and some other members of the BICC (Sandra Devine, Dr Kennedy, Dr Leanord and Dr Davidson) will have to leave the meeting due to other work commitments in preparation for the board tomorrow.</p>	
<p>54. Minutes of the meeting held on 7 October 2019</p> <p>The minutes of the previous meeting held on 7 October 2019 were accepted without amendment.</p>	
<p>55. 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</p> <ul style="list-style-type: none"> Liz McGovern reported that Ysobel Gourlay is meeting with Angela O'Neill and Scott Davidson on 28/11/19 to discuss the action plan in relation to the spend-to-save initiative, as well as the ongoing issue of no nursing representation at the Antimicrobial Utilisation Committee (AUC). It was noted that the Health Protection Scotland (HPS) Report in relation to Ward 6A is due to be published on 26/11/19. Dr Armstrong will forward the presentation slides in relation to the external review of the Queen Elizabeth University Hospital (QEUH) for distribution to the group. Draft patient information leaflet in relation to fans is being prepared for high-risk patients. This patient group are not allowed fans. The MERS Guidance will be discussed under Item 5.4. The Healthcare Improvement Scotland (HIS) letter in relation to hospital inspections will be discussed under Item 9.2. 	JA
<p>56. Matters Arising</p> <p>Dr Armstrong informed the group that an extraordinary board meeting is being held tomorrow (26/11/19). The board will discuss the ongoing interest and reports in the media around the QEUH, and the number of cases linked to water and the allegations made in 2016 and 2017 as well as 2018.</p> <p>There was a review of cases and this is the basis of discussions. Tomorrow's board meeting will go through how this was managed in 2016 and 2017. Of note, there are no higher infection rates in GGC than in any other board.</p> <p>Dr Armstrong requested that the order of the agenda was changed so that updates could be provided by those having to leave the meeting early.</p> <ul style="list-style-type: none"> Dr Kennedy referred to the HPS Report and Ward 6A was commissioned on the request of NHS GGC on 01/10/19. <p>Dr Kennedy provided a broad overview of the report including the redacted section. The report includes a series of source data sets, 3 of which are from the board. HPS have also extracted data from the microbiology data system, so in total 4 data sets were compared. Dr Armstrong asked about warning intervals. Sandra Devine reported that the trigger process lifts data from the HPS statistical process control (SPC) charts and these are added to and are ongoing, and go back to HPS every two months for quality assurance. NHS GGC have also undertaken to do a root cause analysis (RCA) for every single case, being taken forward by Pamela Joannidis who is working alongside the clinicians. This will include new cases ongoing. Sampling of the air and water and the general environment are being done monthly (as well as the RCA and SPC chart), and as appropriate if there is a trigger. Dr Kennedy defined the trigger in this instance as being 2 gram negative bacteraemia (GNB) of any type not just the GNB implicated to date.</p> <p>Dr Armstrong welcomed comment and added that the redacted HPS Report is due to be published tomorrow (26/11/19) with media interest expected.</p>	

Minute	Action
<ul style="list-style-type: none"> Dr Leanord provided an overview of water activity from 2016 to present but mostly are all actions for 2018/2019. Over 13k of water samples were taken, and over 6k of these were tested by an external company. Of the 4k samples taken from RHC (2018/2019), 47 were positive which gives the scale of activity. The main positive samples were 33 <i>Pseudomonas</i>, 29 <i>Stenotrophomonas</i> and 3 <i>Enterobacter</i>. From the water reports in 2018 unusual organisms were detected. There were no positive organisms in 2016/2017 from 10 - 20 samples at the discretion of the ICD. This changed to extensive sampling in 2018. Dr Leanord referred to a graph shown to the group which showed a peak in March 2019 and steady water sampling background maintained thereafter. <p>Dr Armstrong reported that the GGC Board has been placed on level 4 of special measures for 1) IPC at QEUH, and 2) Communication. Dr Armstrong added that a look back to 2016/2017 was to establish if there was a water issue.</p> <p>The report from the board meeting on 26/11/19 will be brought to the next BICC (January 2020).</p>	
<p>57. Standing Agenda Items</p> <p>(a) Draft HAI Reporting Template (HAIRT) for NHS Board Meeting</p> <p>The draft HAIRT (Dec 2019) was distributed with the agenda. Sandra Devine provided an update on some of the information in the report:</p> <p>CDI Quarter 3 data (Jul-Sept) will be published early January 2020.</p> <p>SAB Q2: 102 cases (Healthcare Associated: GGC 20, Scotland 16.6. Community: GGC 6.1, Scotland 9.8)</p> <p>SAB Q3: 113 cases. No IV access device related SAB October 2019.</p> <p>CDI Q2: 83 cases</p> <p>CDI Q3: 80 cases. Reduction from previous quarter. Reference was made to the table on page 7 which shows healthcare associated CDI is down.</p> <p>SAB and CDI HAI are both above the Scottish average.</p> <p>Pamela Joannidis referred to the SAB Action Plan and reported that the PVC pack was at the Procurement group for approval.</p> <p>The Vascular Access Service has secured funding to use chlorhexidine patches on all of their lines. This was promoted by HPS and is a good practice point. The Renal Service have a different process in place as they have their own protocol.</p> <p>MRSA screening CRA uptake rate is 87% for Q2; down from 92% from Q1. Changes to the assessment document appear to have helped with improvement.</p>	

Minute	Action
<p>UPDATE – OUTBREAKS and INCIDENTS</p> <ul style="list-style-type: none"> The Cryptococcus Report is not yet available. Dr Armstrong reported that an update on Cryptococcus is to be provided at tomorrow's extraordinary board meeting. <p>Sandra Devine updated that John Hood has gone through each of the hypothesis, i.e.</p> <ul style="list-style-type: none"> AHU - disproven [REDACTED] Helipad assessed by an external engineering company - excluded <p>Recommendations will be made around placement of high-risk patients, how air flows round the building and the air pressures in the wards. Dr Armstrong asked that those on the group with expertise consider the report and comment on it. Sandra Devine stated that over 3k isolates from air sampling have been done. Dr Seaton added that nil has been found in the environment. Sandra Devine will ensure that links to HPS and HFS are in place.</p> <ul style="list-style-type: none"> Sandra Devine reported that Ward 6A had agreed actions in place. Ward 6A re-opened to all admissions on 21/11/19. The HPS Report should be available soon. Ongoing HIIAT AMBER in the Institute for Neurological Sciences (INS). There is ongoing prospective surveillance with dedicated surveillance nurses in that speciality. There was a slight increase in the number of SSIs in August 2019, not reported until September 2019. In October 2019 there were [REDACTED]. The Cranial/Spinal SSI IMT group met last week and reviewed pathways, wards etc. There will be a peer audit with clinicians from orthopaedics and HPS IPC Nurse Consultant. The IPC Data team will share surveillance data with HPS epidemiology team. The clinical team are also looking at the processing of instrumentation. There are currently [REDACTED] not giving cause for concern. Elaine Burt reported that the two ICE Theatres opened this weekend. Dr Armstrong requested this section is updated. Two wards were closed today due to norovirus. There has been an increase in influenza typically seen later in the season. RSV is about to peak in children. Mandatory surveillance reported to HPS is the same as last time. <p>Sandra Devine welcomed comment on the HAIRT which will be further updated before being submitted to the NHS board.</p> <p>Dr Armstrong stated that depending on tomorrow's extraordinary board meeting it may be the case to play out other issues in the HAIRT. The HAIRT may be expanded when the Cryptococcus Report is available therefore the group were asked to think about possible additional sections, e.g. water testing, Cryptococcus etc.</p> <p>Dr Armstrong asked for those having to leave to provide their updates.</p>	

Minute	Action
<ul style="list-style-type: none"> CNO – HCAI New Standards and Indicators (Item 7.1) Sandra Devine reported that the CNO has issued new performance standards and indicators, i.e. new targets to reduce both SAB and CDI by 10%. The new standards will be reported in the next HAIRT. There is also a target of 50% reduction of ECB by 2022. This is a significant challenge. Dr Seaton stated that in relation to antibiotics, work in conjunction with Pharmacy should feed into the CDI targets, so the primary motivator is IV antibiotic use as a key target. Dr Seaton suggested a meeting be set up to discuss this going forward. Ophthalmology CJD Questions Audit Report (2019) (late paper) Dr Kennedy referred to this report distributed by Kate Hamilton. The high-risk questions that are being used in ophthalmology may be getting missed in other specialities such as maxillofacial, so GGC is linking in with services to ensure the questions are being asked. Another aspect of CJD which may be significant is that the NICE Guidance (2016) is currently being updated with final recommendations expected this week. The draft guidance includes a number of changes around single-use instruments and streaming of instruments to simplify the decontamination system. Dr Kennedy has highlighted comment to the Scottish Government. The board level area general outbreak management plan has been re-drafted and is with relevant bodies for comment. Dr Kennedy confirmed that the recommendations at the back of the document have been taken forward with the vCJD Group. Dr Armstrong asked that this document was noted and approved by the BICC. Water/Ventilation Issues at QEUH and RHC (Item 6.7) and New aide memoire: Prevention and Management of Healthcare Ventilation System-Associated Infection Incidents/Outbreaks (Item 9.1) Dr Kennedy reported that HPS has produced an aide memoire for when ventilation should be considered as an outbreak, along with other various issues. Dr Kennedy has not seen the literature review behind this and added that the way in which the report is written needs to be reviewed. Pamela Joannidis reported that HPS are taking forward the setting-up of a centre of excellence for the built environment and monthly meetings between now and March 2020 have been arranged with focus on reducing infections related to the healthcare environment. This will not be seen until Chapter 4 is finalised. Pamela agreed that it is difficult to understand the document in its current format, and that there are particular concerns around the definition of high-risk groups. <p>Dr Armstrong, Dr Davidson, Dr Kennedy, Sandra Devine and Dr Leanord left the meeting at 2.50pm. Dr Deighan took over as chair.</p>	

Minute	Action
<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. Pamela Joannidis explained that this is a summarised version of the HAIRT which was reported on earlier.</p> <p>(c) IPC Work Plan</p> <p>A copy of the IPC Work Plan for 2019/20 was distributed with the agenda. Pamela Joannidis updated the group.</p> <p>Page 3: IPCAT Strategy and revised audit tool is on today's agenda (Item 7.2)</p> <p>Page 4: A microbiologist has been appointed as chair to support the Decontamination Sub-Group going forward.</p> <p>Page 5: Excellence in Care (EiC) HEI initiative to implement the risk assessment for multi-drug resistant organisms (MDRO), MRSA and Carbapenemase-producing Enterobacteriaceae (CPE). No progress date has been set due to link into TrakCare required.</p> <p>It was noted that any acronyms in the IPC Work Plan and other IPC documents are to be put in full.</p> <p>(d) SOPs</p> <p>The following SOPs were distributed with the agenda and issued to the committee for approval. Pamela Joannidis provided an update.</p> <p><u>Outbreak SOP</u>: Sandra Devine has reviewed the Outbreak SOP as key author aligning to Chapter 3 of the NIPCM. Numerous changes have been listed at the front of the document. There were no comments noted today and the Outbreak SOP was approved.</p> <p><u>Decontamination SOP</u>: Kate Hamilton and the IPC SOP Group has reviewed the Decontamination SOP. Minimal changes were made as noted at the front of the document. Suzanne Clark commented on duplication on page 12 (3rd column right, 2nd row down) in relation to paper towels and disposal. Pamela noted this for amendment. The Decontamination SOP was approved pending update with amendment.</p> <p><u>MERS Guidance</u>: Dr Erica Peters updated the MERS Guidance as an Infectious Diseases document at the beginning of 2019 and this will be made available in the MERS hub section of the IPC website. HPS have updated their own guidance. Discussion followed around ownership (ID or IPC). It was agreed ownership of the MERS Guidance should be with IPC because it is in relation to any patient with suspected MERS. Dr Erica Peters will remain as key author and the authorising committee will be the BICC. A cover sheet will be included at the front of the document with detail to include key author, contributing authors, authorising committee and review date. It was asked that the document is promoted so that staff know where the document sits and where it can be found.</p>	

Minute	Action
<p>58. Exception Reports and Updates</p> <p>(a) vCJD Group Dr Kennedy provided an update on CJD earlier in the meeting.</p> <p>(b) Antimicrobial Management Team Dr Seaton referred to the new Scottish Government HAI targets and reported that there has been a reduction in antibiotic use in GGC in the first quarter of 2019 which is good news. Also there has been a reduction in the total number of antibiotics used for the first 3 quarters which is also good news. This has resulted in a reduction in spend and also the reduction of broad-spectrum antibiotic use.</p> <p>Dr Seaton also reported that recent comparison of GGC with other health boards in Scotland is done every year for benchmarking purposes. The total antibiotic use in GGC is below the Scottish average in hospitals of other boards. Also the '4 C's' (clindamycin, cephalosporin, co-amoxiclav and ciprofloxacin) broad-spectrum antibiotics are also used less in GGC. On a population basis GGC use more antibiotics, but using the OBD days in hospital denominator, IV antibiotic use in GGC is average.</p> <p>A lot of measures are in place and a meeting is being held later this week to further drive down antibiotic use in hospitals to exceed the target for antibiotic prescribing. In the meantime the adult management infection guidelines are being revised, focusing on shorter duration therapy and the introduction of Temocillin. Dosing of Temocillin needs to be increased by 50% because of microbiology break points and also the drug company has increased the cost therefore something needs to be done as a cost containment exercise. So still finalising this carefully constructed work.</p> <p>Dr Deighan asked about IV antibiotics and double axis, and how we get the data. Dr Seaton reported that it was previously agreed this detail could be included in the HAIRT, presented possibly every quarter or every 6 months. Hospital data is based on pharmacy data so there is a lag of 3 months. Other indicators (most challenging IV antibiotics) from a primary care point of view on a national level are re-setting baseline targets used in primary care to drive down prescribing. The 2018 report just published last month shows GP prescribing in 2018 in Scotland was at its lowest point so is still on a downward trajectory. Double axis in Scotland overall (narrow spectrum); Scotland has 60% or more, GGC currently at 58/59%.</p> <p>There were no comments or questions.</p> <p>(c) Acute Infection Control Committee (AICC) (encl)</p> <p>The agenda and minutes for the AICC were distributed with the BICC agenda for information. Dr Davidson was not able to provide an update as he had left the meeting earlier as noted. There were no comments or questions.</p> <p>(d) Partnership Infection Control Support Group (PICSG) (encl)</p> <p>The agenda and minutes for the PICSG were distributed with the BICC agenda for information. There were no comments or questions.</p>	

Minute	Action
<p>(e) Recent Outbreaks/Incidents</p> <p>Ward 6A, QEUH: Sandra Devine provided an update earlier in the meeting.</p> <p>(f) HEI Steering Group</p> <p>Pamela Joannidis reported that an HEI Corporate Steering Group has been convened chaired by Rosie Cherry (Head of Performance and Quality). The terms of reference, membership and audit tool have been prepared. It was originally hoped to complete first inspection before the end of November 2019 however due to other work commitments this has not been possible.</p> <p>The 18-week follow-up action plan for the HEI visit to Inverclyde Royal Hospital (15-16 July 2019) has been requested from IPC and Estates / Facilities teams.</p> <p>There was an unannounced HEI visit to QEUH/RHC (19-21 Nov 2019).</p> <p>Angela O'Neill asked about the Scottish Government HEI/HAI visits and the HEI Corporate Inspections and the tool being used. Pamela explained that a corporate tool has been prepared based on the HEI tool, to assess the HEI standards and all of the requirements, with planned use for unannounced scheduled visits. As mentioned earlier it was planned to have started these visits before the end of this year. Angela expressed concern around the HEI (QEUH) visit and the ward inspection (corporate visit). Elaine Burt explained that the corporate inspection was designed to replicate the HEI visit to give staff an opportunity to experience an inspection and to firm-up on this experience. Angela stated that she would prefer an HEI review and that Margaret Connolly (Assistant Chief Nurse) has been asked to do a two-year plan to align with the PDQ work plan and thinks there would be some value in incorporating this into this work. Dr Deighan stated that we would need to ensure similarities between the two, and asked about representation.</p> <p>(g) Water / Ventilation Issues at QEUH and RHC</p> <p>An update was provided earlier in the meeting.</p> <p>(h) SAB Steering Group</p> <p>The SAB Group meeting on 19/11/19 was cancelled and to be re-scheduled.</p> <p>(i) Cowlairs CDU</p> <p>Tom Steele was not in attendance to provide update on Cowlairs CDU.</p> <p>(j) Update from Water Group</p> <p>Pamela Joannidis reported that the Board Water Safety Group had asked IPC to identify high-risk areas for the board aligning policy to the SUP-05 document especially around water coolers. The draft guidance being asked to implement does not allow water coolers in any area.</p>	

Minute	Action
<p>The SUP-05 document and guidance is currently under review. Mary Anne Kane has asked for a system-wide service for water coolers that can be maintained. There was discussion around who the Board Water Safety Group reports into and where assurance would be sought. Dr Deighan stated that in the proposed the new IPC Governance Structure the Board Water Safety Group will report into the Infection Control in the Built Environment Group (ICBEG) with the minutes visible to ICBEG. It was noted however that any specific issues can be brought to the BICC.</p>	
<p>59. New Business / Documents Received</p>	
<p>(a) CNO – HCAI New Standards and Indicators (encl)</p>	
<p>This item was discussed earlier in the meeting.</p>	
<p>(b) Audit Schedule and Process Strategy – IPC Audit Tool (encl)</p>	
<p>Pamela Joannidis reported that the IPC Audit Tool (IPCAT) and Strategy have both been revised following a recent HEI visit and subsequent request to ensure that IPC embed a process of re-audit and assurance. This was because previously a ward could have a GREEN audit but when looked at for each section could actually be AMBER or RED. The new IPCAT now has two sections added into the critical non-compliance in the quality assurance section, and has been tested in various areas. Low, medium and high-risk topics have been identified, so that the need for say replacing a sink that is not achievable within a month would then shift into another system thereby not affecting the audit unfairly. Any AMBER or RED section can re-audited with the Senior Charge Nurse (SCN) who can take ownership. The Strategy has been updated to reflect the new IPCAT. Dr Deighan asked about the HEI and if they are aware of these changes. Pamela confirmed that the HEI were provided with them during the unannounced visit (19-21 Nov) at the QEUH, and Pamela had described the plan during the HEI feedback sessions. It was agreed that both the IPCAT and Strategy are approved subject to any amendments by the HEI and to give HEI the opportunity to do so and to feedback any comment. Pamela will discuss this with Sandra Devine.</p>	
<p>Pamela was asked about the action plan following non-compliance and who would hold responsibility. Pamela explained that the Senior Charge Nurse is first of all informed that the action plan is available and that they have a password to access Synbiotics. They would have oversight of this. Elaine Burt added that governance is within the Directorates to ensure the action plan is completed. IPC prompt appropriate staff / teams to complete. IPC have reviewed IPCAT to close the gaps identified and have a system in place that ensures that appropriate measures are taken and that action plans are complete for the short and medium term actions. The longer term actions such as sinks mentioned earlier, are included as an action for the risk register and is the responsibility of the clinical teams. This will be evaluated as planned. The IPCNs have a programme of audit and they ensure audits are completed timeously. Angela O'Neill asked if the IPCAT process goes through the Directorate Governance group. It was noted that it does and that totals are presented and compared to the last quarter. Angela O'Neill also asked if a summary of all the sectors audits are reported to Acute Clinical Governance. Reference was made to the Monthly Activity Report (Item 5.2) which in part shows the 4 areas presented with detailed analysis.</p>	

Minute	Action						
<p>60. Update from Public Health Protection Unit</p> <p>Dr Kennedy provided an update earlier in the meeting.</p> <p>61. AOCB</p> <p> (a) New aide memoir: Prevention and management of healthcare ventilation system-associated infection incidents/outbreaks (encl)</p> <p> Dr Kennedy provided an update earlier in the meeting.</p> <p> (b) HIS Letter – Hospital Inspection Update (encl)</p> <p> Pamela Joannidis updated that Hospital Inspection reports are changing to encompass the core components of both HAI and OPAH as detailed in the HIS letter distributed with the agenda.</p> <p> Influenza Vaccination for children – Liz McGovern reported a delay which has resulted in school programmes having to be re-scheduled but has been re-started this week as supplies are now back in. Now in same position as previous seasons.</p> <p> SLWG Vaccination Programme – Rona Wall reported, and as advised by Public Health that in view of recent increase in measles reported, a short life working group has been convened to look at improving the vaccination programme especially around those staff in high-risk areas who could be a risk to patients. Liz McGovern volunteered to be involved. Dr Deighan asked about staff governance. There was some discussion around plan mapping for immunisation of more staff and linking in with staff side groups. It was noted that the board cannot mandate anyone to have any vaccine. Liz suggested that this could be included in the PHPU Newsletter to promote general awareness.</p> <p>62. Draft BICC Meeting Schedule 2020</p> <p> All meetings will be held in Meeting Room B, JB Russell House, GRH</p> <table border="1"><tr><td>20th January</td></tr><tr><td>14th April</td></tr><tr><td>15th June</td></tr><tr><td>11th August</td></tr><tr><td>5th October</td></tr><tr><td>15th December</td></tr></table> <p>63. Date and Time of Next Meeting</p> <p> The next meeting has been arranged for Monday 20 January 2020 at 2.00pm and will be held in Meeting Room B, JB Russell House, Gartnavel Royal Hospital.</p>	20 th January	14 th April	15 th June	11 th August	5 th October	15 th December	
20 th January							
14 th April							
15 th June							
11 th August							
5 th October							
15 th December							



Bundle of documents for Oral hearings commencing from 13 May 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

**Bundle 42 - Volume 1
Previously omitted meeting minutes – AICC/BICC minutes and papers**

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