SCOTTISH HOSPITALS INQUIRY

Bundle of document for Oral hearings commencing from 19 August 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow

Bundle 42 – Volume 6

Previously Omitted Acute Control and BICC Minutes

SCOTTISH HOSPITALS INQUIRY

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Acute Services Division
Diagnostics Directorate

NHS Greater Glasgow and Clyde

Acute Division Control of Infection Meeting

Minutes of the meeting held on Wednesday 6 September 2006 at 9:30am
In the Med C Seminar Room, Medical Block, Southern General Hospital

Present:

Robin Reid (Chair) (RR)	- Associate Medical Director Diagnostics
Stuart Rodger (SR)	- Associate Medical Director: Regional
Craig Williams (CW)	- Co-ordinating Infection Control Doctor
Jackie Stewart (JS)	- Interim Lead Infection Control Nurse: North West
Joan Higgins (JHi)	- Lead Infection Control Nurse: South
Pamela Joannidis (PJ)	- Lead Infection Control Nurse: Womens & Children
John Hood (JHo)	- Infection Control Doctor: North East
Sandra McNamee (SM)	- Lead Infection Control Nurse: North East
Rosie Hague (RH)	- Infectious Diseases Consultant: representing AMD W&C
Julie McQueen (JM)	- Risk Manager
Anne Marie Henery (AH)	- Lead occupational health nurse
Liz Jordan (LJ)	- CHP Clinical Director/Associate Medical Director: Clyde
Anne Marie Karcher (AK)	- Infection Control Doctor, North West
Laura Kean (LK)	- Interim Lead Infection Control Nurse: South
Annette Rankin (AR)	- Interim Head Nurse Infection Control: Glasgow Acute division
Penelope Redding (PR)	- Infection Control Doctor: South
David Stewart (DS)	- Associate Medical Director: Medicine and Emergency Care

Louise Meldrum (Minutes)

ACTION

1. WELCOME AND INTRODUCTIONS

The Chairman welcomed the group to the first Acute Division Control of Infection Committee meeting.

LJ commented that she felt she may not be the most appropriate person to sit on this board. She suggested the inclusion of Dr Vevanne Biggs and Marie Martin as Clyde representatives. LJ

2. APOLOGIES

Apologies were received from Margaret Smith, Isabel Ferguson, Robert Boulton-Jones, Geraldine Burke and Alan Faichney.

3. REMIT OF COMMITTEE

The circulated draft "Infection Control Structure" document from the Board Infection Control Committee group was discussed. RR suggested 2 monthly meetings, rather than quarterly as detailed in the draft. As per Appendix 2, the Committee will be responsible to the Board's Control of Infection Committee and it was noted that it was also important to communicate with other directorates.

CW requested clarification on the dissemination of information to other departments. RR advised that it would be passed on day to day on a sectoral basis. In terms of over-arching issues, DS advised that he is on his Directorate's Clinical Governance Committee which would provide a link for feed-back. If this is insufficient, the issue will be revisited.

SR suggested that the group should be used to standardise policies. RR commented that it would be a work in progress over then next 2-3 months, to work out these differences.

LJ felt that it would be beneficial for Clyde to be integrated, though Lead staff are yet to be identified.

CW noted that there was currently only 1 infection control doctor in Clyde, and LJ confirmed that the aim was to move to a similar system as Glasgow with site infection control doctors.

4. NHS GG&C CONTROL OF INFECTION STRUCTURE

Attached

5. INFECTION CONTROL NURSING STRUCTURE FOR GLASGOW ACUTE

AR explained the circulated Infection Control Nursing Structure. It was noted that this does not yet include Clyde. Whilst this will be within a single system, with the exception of 'Womens & Children', the positions need to be site based. She felt it was too disparate for staff to cover several sites. The structure circulated was one that will be worked towards as soon as possible however this will take time to establish.

She stated that there are currently 2 G-Grade secondments and they are going to advertise for one in GRI which has been funded from the HAI fund. There is a need to make these posts substantive. AR will raise this at the board Infection Control Committee. **AR**

The structure will result in:

- 1 ICN to 189 beds in North East
- 1 ICN to 385 beds in Stobhill
- 1 ICN to 300 beds in North West
- 1 ICN to 198 beds in Yorkhill Womens & Childrens
- 1 ICN to 247 beds in the South

This equates to more ICNs per beds than with the current system.

LJ requested that Clyde infection control service be integrated sooner rather than later.

Infection Control Nursing structure for Glasgow acute division: attached.

JM queried how Directorates could engage infection control in Glasgow Acute if the infection control structure is site specific. DS advised that as he sat on both Acute Division Infection Control Committee and also on his Directorate Clinical Governance Committee, he would raise any important infection control issues that were identified.

JM advised that there is a Clinical Governance Group for each clinical Directorate, of which there are currently 6. Infection control features in several of these. The question of whether the there should a local clinical governance committee was raised. DS suggested that each directorate will need to ensure links with infection control.

AR confirmed that contact would be through herself initially and she would either respond or direct the issue to the appropriate team.

The group agreed that formal links between the Acute Division Infection Control Committee should be via the AMDs.

CW advised that in future the agenda/minutes would be structured in order that HDLs/SAN or CMO letters are highlighted and it is clear the action that has been taken and who has been informed. RR confirmed that he would report to the Strategic Management Group.

CW stated that any HDLs/SANs or CMO letters that were relevant to infection control would be issued to the infection control team members by either AR or himself. AR and CW would then co ordinate any required response. CW also stated that it would be helpful if the Board Infection Control Manager could direct this information to AR and himself. **AR/CW**

6. THE ROLE OF THE INFECTION CONTROL MANAGER

AK produced a document detailing the above role. She felt that the first important responsibility for the post holder was for co-ordination and delivery of service and challenging non-compliance. The second part of the role was strategic, providing corporate leadership.

She commented that in some areas the role was filled by a Manager with no infection control experience. She suggested that it should be someone with authority who has infection control knowledge and expertise.

RR advised that Isabel Ferguson as General Manager for laboratory medicine had advice from the Head Nurse Infection Control and the Coordinating Infection Control Doctor.

The Board Infection Control Manager is Dr Bill Anderson (BA) who deals with strategic issues.

7. NHSQIS CLINICAL AND COST EFFECTIVENESS OF SCREENING FOR MRSA – CONSULTATIVE REPORT ON HEATH TECHNOLOGY

RR referred to responses from BA and himself regarding the above document. The document recommended that all patients be screened for MRSA on admission to hospital and that each ward have 3 single bedded rooms available for patients with MRSA. Facilities would also be provided for patients who have been screened and are awaiting results.

There was general lack of support. SM advised that there had in fact been an over-whelming Scotland wide negative response to this proposal and that the recommendations would be reviewed.

8. CHANGES IN MRSA PROTOCOL

RR advised that he had received correspondence from elderly care physicians indicating that a policy is required for when patients are to be screened in wards for MRSA carriage.

JHo advised that infection control statistically check for 'hot spots' and target problems areas, e.g. although patients on a medical ward may be colonised, these patients are generally classed as low risk as they do not normally have open wounds etc. It was suggested that if clinicians wish patients to be screened on admission this could be part a of a research project which would need to go forward to Research & Development for approval and funding. It was also agreed that if any requests were received to vary from agreed Infection Control practice then this request must be received by the Acute division infection control committee before implementation.

It was further agreed that the directorate needed consistency and PR suggested that a policy must be agreed.

DS mentioned the possible implications of patient isolation, e.g. an elderly patient may be unable to undergo rehabilitation with a potentially devastating effect to their treatment/outcome.

It was agreed that dialogue was required between clinicians and Infection Control during the creation of the policy.

AR advised that currently the Victoria and south Glasgow policies differ. PJ commented that even with a single policy, there would still be a tiered system due to difference in facilities.

AR confirmed that they have already agreed an MRSA policy is a priority and agreed to provide an update at the next meeting. **AR**

CW raised the question of whether clinical input into the policy would be via the Clinical Governance route. Annette stated that all previously agreed policies had gone through a period of wide consultation by emailing all key stakeholders, prior to any policy being approved.

SR indicated that this should be cascaded through the Associate Medical Directors.

9. BUSINESS CASE FOR ANTIMICROBIAL MANAGEMENT TEAM: RESPONSE TO THE SEHD APP&P GUIDANCE

CW stated that this has been agreed as policy and a group will be set up in each area. BA is the Chair.

10. SURVEILLANCE

This was suggested as standing item by AR – agreed.

LK advised that according to the recent HDL (2006) 38, highlights areas of mandatory HAI surveillance. She agreed to provide an overview of surveillance, areas of compliance/non compliance for the next meeting. **LK**

LK indicated that neurosurgery procedures are no longer mandatory and therefore SSI surveillance of neurosurgical procedures was being discontinued. Recently the surveillance nurse at the SGH received correspondence from the neurosurgeons who were concerned that Surgical site infection surveillance was no longer being performed in neurosurgery and have intimated that they may be willing to look into providing additional funding to allow this to continue.

AR agreed to respond indicating that Infection control are happy to facilitate this, if regional services can provide the funding. This would equate to 0.5 WTE nurse.

RR commented that a Directorate Performance Review was looking at the level of MRSA bacteraemias.

LK indicated that in line with HDL (2006) 38, enhanced surveillance for MRSA bacteraemias will be carried out throughout the acute division. Discussion took place around the HPS and the Scottish Executive's interpretation of these figures. Many of the committee were concerned that after 2 reported MRSA bacteraemias, the area/department would be investigated. It was felt that MRSA bacteraemias are not an appropriate measure of infection control practices and that by carrying out enhanced surveillance, we may be able to provide more useful information.

AK commented that she has seen this system implemented in other areas – initially collection of data only, then action is required. They visited departments seeking examples of good and bad practice. She commented that this could be beneficial, because it is a performance indicator and can therefore be helpful in creating a case, e.g. where extra staffing is required, the problem can be addressed.

11. DECONTAMINATION

This was suggested as standing item by AR – agreed.

SM advised the group that following a recent endoscopy review, every new process is non-compliant and that there will be major changes. Alex McIntyre will Chair the Decontamination of Reusable Devices Group which is a subgroup of the Board Infection Control Committee. They will provide information on lack of compliance.

RR mentioned the recent letter CMO (2006) 11 from Dr Harry Burns.

CW advised that HDLs will come up in these meetings as general items for information or action. The response will be presented at the following meeting, or earlier if required. He suggests that HDLs back to April are checked initially to ensure they have been investigated/followed up. Thereafter older HDLs will also need to be checked.

DS stated that all needed to be clear on how to deal with HDLs:

As AMD, DS stated that if a group were already looking at the HDL, there would be no need to duplicate.

All HDLs related to Control of Infection will go to CW or AR, who will cascade the information appropriately marked for information or action.

DS suggested they come through to Infection control structure first to establish how to deal with this. Agreed by committee.

If impact of HDL is largely control of infection, it should be forwarded to CW and AR then response will be coordinated and disseminated as info (not action).

Turnaround time will prevent this from being run through this committee.

Details are required of all committees related to infection control, e.g. CJD committee. JM indicated that there was a CJD committee established which was set up by BA, she wondered whether this may also address the CMO letter however no one else at the meeting was on this group. BA will be asked to provide an update. **BA**

AR stated she understood that the HDLs would go to the board, then to CW or herself.

DS raised the question of safety action notices.

RR suggests speaking to Gavin Barclay, Head of Administration to arrange for appropriate distribution of HDLs/SAN/CMO letters.

RR opened the discussion on a recent sign guideline on urinary catheterisation. CW will investigate whether there is any infection control implications and feedback at the next meeting.

These will routinely be noted as received and actioned.

12. PCAIA

AR confirmed that she will address the agreed Board Infection control programme and discuss areas of priority with the Lead ICNs. An update will be provided at the next meeting. **AR**

13. AICR

No report yet. The Board annual report will be written on the basis of the Infection Control programme.

An annual acute division will be prepared by CW and AR and will reflect the Acute division programme. **CW/AR**

14. EXTERNAL REPORTS:

Code of Practice

PR updated the meeting on the latest code of practice meeting. The Clyde compliance report was being merged with the Glasgow report. AR and 2 other ICNs (1 from partnerships and 1 from Clyde) are in the process of putting the templates for Glasgow and Clyde together. The target for completion is December 2006.

AR advised that the Code of Practice dictates that there should be public representation on the infection control committee. It was agreed that this should be at board level rather at this forum. CW advised that the Code of Practice be checked to ensure this would not breach it.

CW stated that for this committee, we simply need to be able to confirm compliance (Yes or No).

12. CLEANING

This was suggested as standing item by AR – agreed.

AR advised that the first monitoring results had been publicised with all Glasgow Acute hospitals falling into the green category. Peer involvement was also required in aspects of this monitoring. Mary Anne Kane is addressing this.

13. REPORTS FROM SECTOR CONTROL OF INFECTION COMMITTEES

There will be a formal report from each Control of Infection Committee in future meetings.

It was agreed that minutes of all Sector meetings will be circulated with the Agenda for this meeting. The relevant person from each group can highlight any particular issues for discussion.

14. RISK MANAGEMENT

The question was raised whether there should be a risk register for Control of Infection. PJ indicated that Yorkhill created one last year, after being approached by IC and Facilities.

JM commented that a risk register for the committee could be a good working document. She will table at next meeting for info. **JM**

AR advised that for Acute Division Directorate these would be included in one single consolidated register. There were concerns whether possible problems in an individual area could masked. JM stated that some risks may need to be discussed but that it would only appear on the register if out of control.

It was agreed that Sandra would meet with JM to discuss and feedback to AR. **JM/AR**

14. ANY OTHER COMPETENT BUSINESS

RR advised that the agenda will be circulated prior the meetings, allowing members to add any topics for discussion. This should prevent the need for AOCB in future meetings.

<u>Significant Clinical Incidents</u>

JM opened the discussion on the above. Looking at the whole picture of Clinical Governance and Quality Assurance, there are a small numbers of clinical incidents. Currently 2 incidents that are not quite closed. (1) Salmonella outbreak and (2) Clyde endoscopy decontamination failure.

She asked if this group could sign-off incidents/investigations when all actions have been completed as they are often of a cross-directorate nature, therefore not always with Board.

It was noted that the Board Clinical Governance Group have a 3 monthly report of incidents, detailing closed incidents.

After discussion, it was agreed that all significant clinical incidents should be raised by the AMD at this committee for information but the committee should not sign-off, closure should continue to be carried out by the Incident Control Team.

JM commented that there were currently 23 incidents being monitored.

15. DATE OF NEXT MEETING

The next meeting has been arranged for Tuesday 21 November 2006 at 2.30pm in the 'Med C' Seminar Room, Medical Block, SGH.

NHS GREATER GLASGOW AND CLYDE

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 21 November 2006** in the Med C Seminar Room, Medical Block, Southern General Hospital, Glasgow at 2.30pm.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Dr R Bolton-Jones	Consultant Physician
Dr O Blatchford	Consultant in Public Health Medicine
Ms G Burke	Clinical Effectiveness Manager
Dr J Coia	Infection Control Doctor, North
Ms I Ferguson	General Manager - Laboratories
Dr R Hague	Consultant Paediatrician
Ms K Hamilton	Interim Lead Infection Control Nurse, North East
Ms A M Henery	Senior Occupational Health Nurse, South
Ms J Higgins	Lead Infection Control Nurse, South
Ms P Joannidis	Lead Infection Control Nurse, Women and Children's
Dr A M Karcher	Infection Control Doctor - North West
Ms L Kean	Interim Lead Infection Control Nurse, South
Ms S McNee	Nurse Consultant
Ms M Martin	General Manager, Diagnostics – Clyde Acute
Ms A Rankin	Acting Head Infection Control Nurse
Dr P Redding	Infection Control Doctor - South
Dr D Stewart	Associate Medical Director – Emergency Care and Medical Services
Ms J Stewart	Interim Lead Infection Control Nurse, North West
Dr C Williams	Infection Control Doctor - Yorkhill

Action

1) **Apologies**
Apologies for absence were intimated on behalf of Ms Kane, Mrs McQueen and Dr Rodger.

2) **Minute**
The Minute of the Meeting of the Committee dated 6 September 2006 was submitted and approved subject to the undernoted amendments:

Page 3, Item 6, Paragraph 3, add "and Infection Control" after "Laboratory Medicine."
Page 5, Item 11, Paragraph 2, sentence 1, replace "every new process is non-compliant" with "every new AER is non-compliant."

3) **Matters Arising**

a) Role of the Infection Control Manager.
With reference to Item 6 of the previous Minute, a paper by Dr Karcher on the three main parts of the role of the Infection Control Manager was submitted and noted.

b) Changes on MRSA Protocol
With reference to Item 8 of the previous Minute, Ms Rankin stated that further work on harmonising the MRSA protocol should await new national guidance which was expected in January/February 2007. This was agreed.

Dr Redding commented that there was also a Department of Health (England) document and asked whether this was worth reviewing. Ms Rankin commented that this guidance would most likely be subsumed into the new Scottish Guidance but she would send Mr Barclay a copy of the DOH Guidance for onward circulation to Members. AR

c) Risk Register
With reference to Item 14 of the previous Minute, Ms McNee reported that she had met with Mrs McQueen to discuss whether a single Risk Register for Infection Control for the Division could be established. Mrs McQueen would discuss the matter further with the Infection Control nurses.

It was noted that Mrs McQueen had an interest as Risk Manager with an interest in Infection Control while Mrs Cormack was the Risk Manager for Diagnostics. While recognising that not all Infection Control risks could be included within the Diagnostics Risk Register it was agreed that the two Risk Managers should be asked to meet and agree that one of them would take the lead for Infection Control matters rather than responsibility being split. JMcQ

4) **External Communications: SAN/HDL/CMO Circulars**
Dr Reid and Mr Barclay described the systems in place originating from the Board for the distribution of various external communications. It was agreed that copies of all circulars relating to Infection Control should be sent to Dr Williams and Ms Rankin who would then forward them on to the Infection Control doctors and nurses. It was agreed that Dr Williams and Ms Rankin should include Clyde within their distributions. GB CW/AR

5) **Antimicrobial Utilisation Group**
Dr Reid stated that Dr Anderson had drawn to his attention that there had been a flourishing Antimicrobial Utilisation Sub Group of the Medicines Management Committee in the former North Glasgow Division. Dr Anderson had noted that the new Acute Division did not have a Medicines Management Committee and he had asked if the Control of Infection Committee might wish to consider this subject under its remit.

Following discussion it was agreed that Antimocrobial Utilisation was primarily a pharmaceutical issue with some infection control advice required and as such should sit within the pharmaceutical area. It was proposed that the Antibiotic Sub Group might be a more appropriate place for these items to be discussed.

6) **SAN(SC)06/46 - Automatic Ice Making Machines – Risk of Infection**
Members noted the Safety Action Notice on the risk of infection from automatic ice making machines. The Safety Action Notice required that there were procedures in place for the use of ice making machines and that these were regularly audited.

Ms Rankin reported that she had received confirmation from the Infection Control Lead Nurses that procedures were in place and that ice making machines would be included in future infection control audits where this did not already happen.

7) **HEPA Cabinets to Dry and Store Flexible Endoscopes – NHS QIS Evidence Note 13**
Members noted Evidence Note 13 on the use of HEPA cabinets to dry and

store flexible endoscopes.

After disinfection, endoscopes need to be stored dry and protected from contamination. The need to reprocess flexible endoscopes, taken from storage, immediately before use remained controversial. British, European and Australian guidelines recommended that endoscopes be reprocessed before the first procedure of the day whereas US Multi Society guidelines did not recommend this procedure for endoscopes that have undergone appropriate decontamination and storage.

Drying and storage cabinets for flexible endoscopes were now available that use a flow of air passed through a highly efficient particle air (HEPA) filter to ensure thorough internal drying of the endoscope channels during storage. They may also use ultraviolet light to prevent contamination of the external surfaces of stored endoscopes.

Members noted the differing practices and the need to approach this issue cautiously. It was noted that the guidance note was non-binding but it was likely that HEPA cabinets would become standard. The major benefit of the cabinets was reducing the four-hour wait for drying and allowing a quicker turn around for equipment.

Ms McNee stated that funding had already been ring fenced for endoscopy and funding for these cabinets had been included. It was agreed to check the status of this funding bid/allocation. It was noted that more explicit guidance was expected from the Scottish Executive. SMcN

8) **Norovirus**

Dr Stewart described the background to the Norovirus Project which had taken place at the Victoria Infirmary over the winter of 2005/6. The study had shown that the measures put in place had reduced the rates of Norovirus in the Victoria Infirmary whilst in other hospitals the rates had risen. The Scottish Executive had offered funding for a further study to be carried out over the coming winter at the Victoria and at a second location although the level of funding proposed fell significantly short of that required.

Dr Stewart commented that of the number of initiatives put in place during the study, it was not possible to establish which initiatives had an impact and which did not. The subject had been discussed by the Strategic Management Group at its meeting on 16 November 2006 and it had been decided to decline the offer in respect of running the project at a second site but to undertake a modified version of the study at the Victoria Infirmary including all elements of the prior study with the exception of the dedicated staffing for the ward.

Dr Redding commented that it would be important to ring fence the staffing in the ward as this was one of the main criteria put in place when other wards had to be closed because of Norovirus. She stated that it would be illogical to fail to ring fence staff in the dedicated ward when staff were ring fenced elsewhere once an outbreak occurred. Ms Rankin concurred with this point and stated that a significant amount of work had been undertaken prior to setting up the ward. Dr Stewart stated that the decision had already been made by the Strategic Management Group and it was now the case that the Infection Control Team should discuss with the senior nurses how it could be implemented.

Dr Redding commented that Ward A was not running as a Norovirus ward at present and she suggested waiting for an alert from the virus lab before opening the ward as such. Dr Bolton Jones commented that there would need to be early discussion with the physicians if the planned use of Ward A was to change. DS/AR

It was agreed that Dr Stewart and Ms Rankin would take the matter forward and report back on progress in due course.

Dr Reid commented that the speed with which virology reports had been received had been raised at the Strategic Management Group. Dr Redding stated that reports were returned to her quickly but she did not always communicate the result back to the wards as it caused confusion rather than aided clarity. A positive Norovirus report would confirm that a patient had Norovirus but a negative report did not mean that a patient did not and it was important to also take account of the definition established during the major Victoria Infirmary outbreak before making any decisions.

9) **Requests for Statistical Information (Freedom of Information and Directorate Balance Scorecards)**

Dr Redding highlighted the increasing number of requests for information either through the Freedom of Information Act or for use in Directorate balance scorecards.

It was noted that requests under the Freedom of Information Act would need to be considered and responded to in terms of the legislation. It was agreed that in future requests for this information should be sent to Dr Williams and Ms Rankin who would co-ordinate the provision across the single system. GB

In terms of the balanced scorecard it was noted that the number of MRSA Bacteraemia was a field to be monitored. Dr Reid acknowledged that it was important to refine the definition to ensure the information collected was useful. It was, however, accepted that the information was valuable for internal management purposes. It was agreed that the laboratory staff should be asked to come up with a proposal for a more useful definition. RR

10) **Media Contacts**

Ms Ferguson stated that there had been confusion over the course of a weekend on who to contact to obtain information on a C-Diff incident at the Western Infirmary and as a result the press release issued had been inaccurate. Dr Anderson had subsequently issued a statement on how press issues should be dealt with. However, Members were concerned that Infection Control staff could be missed out of this process. It was agreed that Ms Ferguson would draw together a flow chart for discussion across the Acute Division which could then be discussed with the Press Office. It was agreed that Ms Ferguson would send the draft flow chart to Mr Barclay for circulation to Members with a tight deadline for response. Thereafter Ms Ferguson would raise the matter with the Director of Corporate Communications. IF IF GB IF

11) **Infection Control Programme 2006/07**

The Infection Control Annual Programme for 2006/07 was submitted and noted. It was noted that progress against the programme would be

reported to the Board's Clinical Governance Committee. Ms Rankin and Ms McNee were working to draw together priorities for the programme for 2007/08.

12) **Standing Items**

a) Surveillance
Ms Kean reported that the Caesarean Section Surveillance was being rolled out to all three Maternity sites and was on target to be fully compliant by January 2007. The Hip and Arthroplasty Surveillance project was on target to be fully compliant by January 2007. The Division had registered for the Outbreak Surveillance Programme. The Knee Replacement and Fractured Leg or Femur (including revisions) Surveillance would continue as the Division was required to carry out two additional surveillances on a voluntary basis.

b) Decontamination
Ms McNee reported that the Board's Endoscopy Sub Group of the Decontamination Sub Group had met and had looked at all Clyde sites. Priorities for replacement of Endoscopy Decontamination Equipment amounting to £3.5 million had been prepared.

It was noted that the ex-North Glasgow CJD Group would become a single system wide group. There had been recent guidance from the Scottish Executive that each patient being prepared for surgery should be asked three questions regarding CJD. Members were concerned that there were significant training implications hidden within this requirement particularly related to action to be taken depending on the responses given by the patients. Dr Stewart stated that it would be important for the arrangement to be practical and define at what point the questions were asked. It was agreed that Ms McNee would come back with a set of proposals. It was also agreed that an update from the CJD Group on their wider work would be held. SMcN

c) Cleaning
Ms Rankin reported that:-

- A significant amount of work was ongoing in terms of the National Monitoring Project.
- The Public Peer Review Tool had to be implemented in each hospital between January and March 2007. Significant infection control input would be required.
- The January to September Compliance Monitoring Report had been published. NHS Greater Glasgow and Clyde was showing green in terms of the system as a whole. The Royal Alexandra Hospital was reporting amber. The Royal Alexandra Hospital had reported green in September and October.

d) Education
Ms Stewart reported that work continued to train the G Grades and the North East and North West of the City had adopted drop in sessions as per practice in the former South.

Members discussed whether once the G Grades had been completed the training project should be frozen until those members of staff who had registered but had not completed the training course were followed up. It was agreed that it was the role of the senior nurses to ensure that staff attended the courses and there should not be any moratorium on new registrations at this time. It was suggested that it might be more helpful to reflect on the directorate balanced scorecards the number of staff who had registered and the number who had completed training rather than the current measures which were the number of training places offered and those taken up. It was agreed that Ms Ferguson would provide a division wide overview report which could then be discussed by all the Directors at the Operational Management Group. IF

Ms Stewart stated that she was reviewing the education provided by the Infection Control Teams against the QIS Standards and would bring a report to the next meeting of the Committee. JS

b) Audit
Ms Rankin reported that the Audit Programme was beginning to slip due to a number of staffing pressures.

13) **Committee Reports**

a) Sector Control of Infection Committees

i) North East
Nine patients had been identified with Group A Strep Aureas in the burns unit at Glasgow Royal Infirmary over the period of a month. Staff screening and environmental audits had been instituted and work was underway to try to identify the source. The current view was that it would be a greater risk to close the unit and divert patients rather than keep the burns unit open. Dr Coia stated that a report on this issue would be circulated in due course. JC

ii) North West
Dr Karcher stated that there had been two C-diff outbreaks, one at Gartnavel General Hospital and one at the Western Infirmary. Dr Karcher also reported that Bacteriology Medical staff would assume a greater role in Infection Control and there was already a more co-operative approach between the Infection Control nurses and Medical staff.

iii) Stobhill
It was noted that the Stobhill Committee was a sub Committee of the North East Committee. Work on the new Endoscopy Decontamination unit at Stobhill would start on 12 December 2006.

iv) South
Dr Redding reported that following a review in connection with Endo-Ophthalmitis the eye theatre at the Southern General Hospital had been partly closed for upgrading. This had now been completed. A number of ventilation issues had been identified and lessons learned were being shared across the City.

There were four cases of influenza in the Victoria Infirmary, all connected with recent migrants from Slovakia.

v) Women and Children's
Ms Joannidis reported that work continued to establish a single Infection Control Support to the three maternity hospitals and Yorkhill. The mandatory Caesarean Section Surveillance Programme was now being taken forward on a single unified basis. Some issues had arisen regarding the quality of decontamination of instruments from the new Cowlairs Unit. The Infection Control Team had been heavily involved in planning for the new South Glasgow Maternity Unit and for the new Children's Hospital.

vi) Clyde
Ms Martin reported that a single Clyde wide committee had now been established. Various disaggregation issues between Clyde and Highland and between Acute and Primary Care remained to be worked through.

14) **Board Control of Infection Committee**
Dr Reid reported that the Nurse Consultant for the City had now been appointed and a MRSA guideline for the City was under discussion.

15) **Code of Practice**
It was agreed to include this as a standing item for future meetings.

16) **Dates of Meetings for 2007**
It was agreed that meetings of the Committee in 2007 be held on the fourth Tuesday of every second month as follows:

23 January 2007	Conference Rm, Medical C Block, SGH
27 March 2007	Conference Rm, Management Building, SGH
22 May 2007	Conference Rm, Management Building, SGH
24 July 2007	Conference Rm, Management Building, SGH
25 September 2007	Conference Rm, Management Building, SGH
27 November 2007	Conference Rm, Management Building, SGH

all at 2.30 pm.

Minutes of the

NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL COMMITTEE

Held on Monday 4th December 2006 at 12 noon in the Board Room 2, Ground Floor, Dalian House

Present:

Dr S Ahmed (in the Chair)

	Dr R Reid	Ms M A Kane
Mrs A Rankin		*Ms S Freeman*
Mr A Stewart		*Mr T Walsh*
Ms E McGovern		*Mr J Green*
	Dr B Anderson	Dr I Gordon
	Mr D Sime	Dr J Hood
	Dr R Hague	Dr P Redding
	Dr O Blatchford	Dr V Biggs
	Dr J Henderson	Ms S McNamee

1. Apologies and welcome

Dr Ahmed welcomed everyone to the meeting and round the table introductions were made. Dr. Ahmed introduced Mr. Donald Sime, Employee Director representing staff and Ms. Liz McGovern, Specialist Pharmacist representing Pharmaceutical Public Health.
Dr. Ahmed also welcomed Ms. Sandra McNamee to her first meeting of the BICC as Nurse Consultant.

Apologies were received from:

Ms J McQueen Mr S Bryson Dr L de Caestecker Ms I Ferguson
Mr A McIntyre

2. Minutes of the meeting held on 18th September 2006

The minutes of the previous meeting were accepted with the following amendments:

Item 14 (a), 2nd Sentence – "In accordance with SHM40,…" should be amended to read "In accordance with SHTM 20/40,…" and also "…to investigate any Legionnaires osolates/cases identified…" should be amended to read "…to investigate any Legionnaires isolates/cases identified…"

Dr. Hood indicated that this might have been superseded. Dr. Reid said that this subject had not been discussed at the Acute ICC, yet.

3. Matters arising not on the agenda

No items were raised.

4. Matters arising from the previous minute

4.1 Implementation of the new structure

(a) Acute

Dr. Ahmed advised the Committee that the new structure was almost in place in the Acute sector.

(b) Partnerships

Ms. Freeman stated that there has been meeting of the ICC but no combined meeting with Clyde has taken place yet.

Dr. Biggs said that there is still no ICD input from Clyde about the merged Partnership ICC. Mr. Green said that he would take this issue forward to resolve it.

4.2 Membership of the Board's ICC and other ICCs

Dr. Ahmed stated that Mr. Donald Sime has been invited to attend the Committee. Two representatives from the public have been invited to attend future BICC meetings. There had been 12 members of the public who had indicated an interest in becoming members of the BICC. The other 10 interested people would be used in the future for various sub-groups and to comment on various information materials for public use.

Either Alex McIntyre or Alan Stewart will attend the BICC meetings to update the Committee on issues related to decontamination.

Dr. Barbara West has not got back to Dr. Ahmed yet regarding another LMC representative

Dr. Ahmed informed the Committee that the Dental Services have expressed an interest in attending the BICC but Dr. Ahmed had advised them that it is a strategic group and that Dental Services could raise operational issues via the Acute and Partnership ICC Committees as appropriate.

It was agreed that Lindsay Lauder, Head of Learning and Education for Greater Glasgow and Clyde should be invited to join the Committee.

Dr. Ahmed asked if anyone else should be invited to join the BICC. No other suggestions followed.

Dr. Biggs suggested that an ICN from Clyde should be invited but Dr. Ahmed reminded members that Annette Rankin had agreed at the September BICC meeting to update ICN colleagues in Clyde after each BICC meeting.

4.3 MRSA Guideline for the Community

Comments received will be taken on board and members will be issued with the final version.

4.4 Update on Pandemic Flu Plan

Dr. Ahmed informed the Committee that Dr. Helene Irvine has left the Public Health Protection Unit and moved to Acute Planning and Dr. Oliver Blatchford will take on the remit for pandemic flu planning.

Dr. Blatchford advised that he is in the process of receiving plans from Dr. Irvine and that there has been an audit tool issued by HPS (a 69 page questionnaire) which has to be completed to ascertain how well prepared Boards are for a pandemic. Greater Glasgow and Clyde meet Level 2/3 in all criteria.

A new National UK Pandemic Flu Plan was due to be published in January 2007. Dr. Blatchford has seen a draft version of the new document. The plan indicates that Boards and other Health Authorities must have their own plans for a pandemic but the new national plan gives more direction on how local services should be provided.

Dr. Ahmed advised the Committee that he is a member of the Scottish Executive Flu Pandemic Steering Group. This Group has only met once but he would be happy to take any concerns raised to the Group.

Mr. Green said that the Partnerships have engaged with GPs and pharmacies and also met with the Acute Sector to put together a system that will work during a pandemic.

The Primary Care Sub Group plan, which is a 50 page document, is being streamlined to a shorter document for circulation to GPs.

Dr. Anderson commented that the draft did not address many issues, for example, how we will train 'lay persons', etc. to help with managing some aspects of patient care.

The issue of stockpiling of supplies was also raised. The document implies that we should have stock but the Board have been told by National Procurement that there has to be no stockpiling.

Mr. Sime reported that he is writing to the Chair of the Scottish Partnership Forum regarding staff information during a pandemic.

Dr. Reid commented that the Acute ICU plan includes training issues for staff and resources required.

4.5 Health clearance for new HCWs

At the September meeting a document had been circulated that advised that Hepatitis C and HIV screening will be offered to all new HCWs unless the HCW will be carrying out exposure prone procedures, in which case, this screening will be mandatory.

There were approximately 4,700+ new HCWs in Glasgow last year.

This policy will have major resource issues both for laboratories and Occupational Health. The resource implications for Occupational Health will need to be taken up with Ian Reid, Director of Human Resources.

Clyde have yet to identify any resource implications.

5. Standing Items

5.1 Update on the 2006/7 Annual Infection Control Programme

Dr. Ahmed advised the Committee that the Board Infection Control Committee now reports to the Clinical Governance Committee. The BICC needs to update this Committee quarterly on the progress of the Annual Programme. This subject will now be a standing item on all future BICC agendas.

(a) Hand Hygiene Strategy
National Procurement Products – Clyde
CNO(2006)1 – National Hand Hygiene Campaign for Scotland

Hand Hygiene Strategy

This document was tabled for comment.

Page 4 – the section on the use of alcohol hand gel rather than hand washing will be reworded.

Ms. McNamee will take on board the comments then bring it back to the next BICC meeting for approval.

National Procurement Products – Clyde

Clyde Partnerships have been instructed to change over to the product recommended by the National Procurement Initiative (all of Glasgow Acute have already changed).

Clyde commented that Glasgow Partnerships had not changed. Mr. Green said that the Glasgow Partnerships had put a case to various committees and the National Procurement Group which highlighted problems identified with using the national product in Partnership premises and they had been given permission not to use the national product.

It was agreed that colleagues from the Clyde Partnerships should discuss this further with Mhairi Gibson, the National Procurement Group and Sarah Freeman, to find a way ahead.

Hand Hygiene Campaign for Scotland

A National Hand Hygiene Campaign will start in January. The campaign will target members of the public first and then focus on NHS staff. Leaflets will go out with payslips and literature for GPs and dentists will go directly from the printing company to the practices.

The job description for the Hand Hygiene Co-ordinator has just gone on the SHOW Website. It is unlikely that the person will be in post by the end of December. The job description has been localised and the person will work with Dr. Anderson and Ms. McNamee. The post has been given an AfC Band 7 and will be a temporary post for 18 months.

(b) Surveillance
HDL(2006)38 – A Revised Framework for National Surveillance of Healthcare Associated Infection in Scotland

The surveillance data that is routinely collected is sent to HPS. The Board and the Clinical Governance Committee wish to know how this information is fed back to clinicians/clinical areas and any action plans formulated thereafter.

Reports sent to the Acute ICC should be summarised and presented to the BICC.

(c) Education
Education Strategy NHSGGC

Ms. McNamee has met with Ms. Lindsay Lauder and the Infection Prevention and Control Education Sub Group has been convened. The ICPE Group will include educational issues outlined in the Code of Practice.

The Committee approved the Education Strategy. This strategy is now for Glasgow and Clyde implementation and will now be taken forward.

(d) Infection Control Audit

The Partnerships and acute sectors programme of audit is going ahead as planned.

(e) Policies

Legionella and Antimicrobial Prophylaxis and Therapy Prescribing are still outstanding.

Legionella

Dr. Ahmed reiterated to Dr. Hood that in order for the Board to meet the QIS criteria the Legionella Policy needs to be finalised and brought into line with L8 before the

end of March 2007. Members were asked that if they have any policies on Legionella, could they please forward a copy to Dr. Hood.

Antimicrobial

Mr. Bryson has been waiting for the Antimicrobial Team to be approved. This Team was approved last week and members of the team will now be recruited. It is anticipated that the Antimicrobial Prophylaxis and Therapy Prescribing policy will be developed by this group.

(f) Internal Audit

The internal audit from June will be looked at to ascertain if any action is required and any issues taken forward.

(g) Decontamination
Primary Care Division (PCAT)

The first phase of the audit was completed at the end of September. Auditing of GP practices and optometrists will be carried out soon.

An audit of Treatment Rooms, where minor invasive procedures are carried out, may also have to be completed.

(h) Cleanliness Champions

Ms. McNamee informed the Committee that work still needs to be done on the Cleanliness Champions Programme and that the Board is only about 49% compliant within the national target. One of the main problems is staff getting time out of the wards to complete the Cleanliness Champions course.

NES have made £25,000 available for training Cleanliness Champions. Ms. McNamee will discuss the best way to take this forward with lead nurses and also look at the various ways that training can be carried out.

(i) Cleaning

Ms. Kane advised that the July to September report on cleaning was published last Monday. All hospitals in the Greater Glasgow & Clyde area reported green with the exception of the RAH. The RAH had reported amber in this report but had reported green in September, October and November. The emphasis of the report will now be on how to improve the scores given.

Partnerships and Clyde have already carried out public and peer reviews. These will start in the Glasgow area in January. The members of the public who had agreed to review the leaflets for the BICC have also agreed to review cleaning services.

(j) National Priorities – Code of Practice

NHS Greater Glasgow operated a single committee addressing the requirements in the Code of Practice. Clyde have been invited to join this group.

5.2 Other Updates from Infection Control Committees

(a) Acute

Dr. Reid advised that the Acute ICC had met on 21 November and Gavin Barclay has now taken over the secretariat function for the Committee.

The ICN staffing situation is being monitored.

Some funding has been offered to run the Norovirus ward at the Victoria again but it would not function in the same way as the previous year. Dr. Redding has spoken to Dr. Peter Christie, Scottish Executive, and he felt that it might be possible for more money to be made available if another element is added to it. Dr. Redding is meeting Dr. Andrew Walker, Glasgow University, to look at the proposal.

AICP will be a standing item on the agenda.

Cardiology/cardiovascular is moving to the Golden Jubilee.

(b) Partnerships

The minutes of the Partnerships ICC were circulated. No exceptions were reported.

5.3 Update on BICC Sub-Groups

(a) Decontamination/Endoscopy

This Sub-Group is chaired by Mr. Alex McIntyre and the Terms of Reference and membership have been agreed. The Project Manager for Endoscopy, Mr. Gerry McCormick, has been invited to become a member. The Project Group is currently evaluating existing facilities and a planned replacement programme is underway.

(b) ICN Sub-Group

A first meeting of the Glasgow and Clyde ICNs had been held.

6. New Business

6.1 MRSA – Screening for MRSA – A Strategy for NHS Trust

The Department of Health in England have issued two new MRSA guidance documents. The Group agreed that the MRSA Policy needs to be reviewed in NHSGGC but they agreed to wait until the Scottish MRSA Strategy is issued.

6.2 HAI Task Force Visit

The HAI Task Force is visiting the Board on 18 January. Dr. Anderson has already invited key people to attend.

6.3 Media Contacts

Ms. Ferguson had raised this issue at the Acute ICC but was not in attendance to speak to the Committee on this issue.

6.4 CMO(2006)11 – Additional annex to the Advisory Committee on Dangerous Pathogens (ACDP) Guidance on "transmissible spongiform Encephalopathy agents: safe working and the prevention of infection".

A letter has been issued by the CMO regarding the screening of individuals having medium or high risk procedures. This has huge implications for the acute service and a meeting is being held with HPS to discuss the matter.

A group chaired by Dr. Anderson has been set up to look at this guidance for the acute service. This group will feedback to the Acute ICC.

7. Updates from other committees

7.1 BBVs

The number of HIV cases is the highest ever.

7.2 Immunisation Liaison Group

Following the vaccine cold chain failure in Grampian a letter has been issued to all GP practices to ascertain the cold chain storage at the practice over the last three months.

7.3 TB Monitoring Group

The TB Monitoring Group is not due to meet until January.

7.4 Sexually Transmitted Infections

There is an ongoing outbreak of Syphilis.

7.5 PH/EH/Med/Vet Liaison Group

Not discussed.

8. AOCB

Dr. Ahmed advised the Committee that this was Dr. Anderson's last BICC meeting as he is due to retire early next year. Dr. Anderson's post will be advertised by the end of the year. Dr. Ahmed thanked Dr. Anderson for his contribution to the BICC.

9. Dates of next meetings

The dates of future meetings are:
Monday 19 March 2007 (12.00-2.00pm) Boardroom 2 - Dalian House, Glasgow
Monday 18 June 2007 (12.00-2.00pm) Boardroom 1- Dalian House, Glasgow
Monday 17 September 2007 (12.00-2.00pm) Boardroom 1 - Dalian House, Glasgow
Monday 17 December 2007 (12.00-2.00pm) Boardroom 1 - Dalian House, Glasgow

NHS GREATER GLASGOW AND CLYDE

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 23 January 2007** in the Med C Seminar Room, Medical Block, Southern General Hospital, Glasgow at 2.30pm.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Dr B Anderson	Infection Control Manager
Mr G R Barclay	Head of Administration
Dr R Boulton-Jones	Consultant Physician
Dr O Blatchford	Consultant in Public Health Medicine
Dr J Coia	Infection Control Doctor, North-East
Ms E Clibborn (representing Ms Henery)	Occupational Health Nurse
Ms I Ferguson	General Manager – Laboratory Medicine and Infection Control
Ms J Higgins	Lead Infection Control Nurse, Southern General Hospital
Dr A M Karcher	Infection Control Doctor - North West
Ms L Kean	Acting Lead Infection Control Nurse, Victoria Infirmary
Mrs J McQueen	Clinical Risk Manager
Ms A Rankin	Acting Head Infection Control Nurse
Dr P Redding	Infection Control Doctor - South
Dr D Stewart	Associate Medical Director – Emergency Care and Medical Services
Ms J Stewart	Acting Lead Infection Control Nurse, North West
Dr C Stirling	Consultant Nephrologist, Glasgow Royal Infirmary

By Invitation

Dr C Peters	Specialist Registrar in Microbiology

		Action
1)	**Apologies** Apologies for absence were intimated on behalf of Dr Biggs, Mrs Burke, Dr Hague, Ms Hamilton, Ms Joannidis, Ms Kane, Ms Martin and Ms McNamee.	
2)	**Minute** The Minute of the Meeting of the Committee dated 21 November 2006 was submitted and approved.	
3)	**Matters Arising**	
a)	Changes on MRSA Protocol With reference to Item 3 b) of the previous Minute, Ms Rankin stated that new National Guidance was still awaited. She understood that the guidance was with the Chief Medical Officer awaiting approval. Dr Coia stated that screening patients prior to admission would become more of an issue with the increased emphasis on the unscheduled care Four-Hour Wait Guarantee. It was agreed that Ms Rankin would send Mr Barclay a copy of the English Department of Health Guidance for onward circulation to Members.	AR
b)	Risk Register With reference to Item 3 c) of the previous Minute, Mrs McQueen reported that she had discussed with colleagues the subject of a Lead Risk Manager for Infection Control and it had been agreed that she would take this role. Mrs Cormack's remit for risk issues in the Diagnostics Directorate would not extend to Infection Control issues. This would avoid any duplication of effort.	

Mrs McQueen stated that she had discussed the creation of a single Risk Register for Infection Control with Ms McNamee and it had been agreed to pursue this. Mr Barclay stated that it would be important that the Risk Register linked in with Acute Division Governance arrangements in order that Infection Control Risk issues had visibility amongst the senior team.

c) HEPA Cabinets to Dry and Store Flexible Endoscopes – NHS QIS Evidence Note 13
With reference to Item 7 of the previous Minute, there was nothing further to report on this matter at this time.

d) Norovirus Study
With reference to Item 8 of the previous Minute, Dr Stewart reported that while the Medical Directorate were keen to pursue the project, they were not keen to pursue the same project as had been carried out in the previous year. A meeting would be held with Infection Control representatives on 24 January 2007 to discuss an appropriate project. Dr Anderson stated that the Chief Operating Officer was keen to have a view on the way forward by 26 January 2007. It was noted that the Scottish Executive would make available £150,000 of funding, £75,000 of which would be allocated to virological analysis and multiple organisms work which was a separate project. That would leave £75,000 along with a further £25,000 which the Board would invest in the project.

It was agreed that a note of the meeting between the Medical Directorate and Infection Control staff be circulated to Group Members. DS

e) Requests for Statistical Information
With reference to Item 9 of the previous Minute, it was noted that Dr Williams was a member of a national group working to agree MRSA definitions for statistical purposes. It was agreed to ask Dr Williams to circulate any update on the work of this group to Members. CW

f) Media Contacts
With reference to Item 10 of the previous Minute, Ms Ferguson stated that a first draft flow chart had been prepared. She now intended to discuss this with Ms McNamee. It was agreed that the finalised flow chart be brought back to the next meeting of the Committee IF

4) **Ward Closure Policy**
Ms Ferguson stated that current policies on when wards should close to new admissions were similar across the City but there were differences between the policies. Ms Ferguson sought approval from the Committee to develop a single system-wide ward closure policy.

Dr Karcher stated that a policy was required but this needed to be locally sensitive and take account of the number of single rooms and local staffing levels in a particular establishment. Ms Ferguson stated that if the organisation continued with separate policies then confusion would result. There was a need for guidance on when staff moved to close wards or declare an outbreak. Ms Kean stated that any policy should be founded on individual patient assessments and should set out the criteria to be used in that assessment.

Dr Reid asked who had authority to close a ward. Ms Rankin stated that across the country this responsibility lay with Infection Control Nurses working with Infection Control Doctors. Ms Kean felt that the main issue was about communication post-ward closure and line managers would be involved at this time. She stated that there was not often a window of opportunity to hold these discussions prior to the ward being closed. Dr Stewart stated that communication was important and the service needed the best opportunity to react so that service provision could continue. He raised the question of whether Infection Control criteria regarding closure of a ward could be taken in isolation without taking account of the circumstances or pressures that might be prevailing within the hospital or across the City.

Ms Rankin and Ms Kean stated that they did not agree with this position. They felt that Infection Control advice was paramount. However, they recognised that the advice was just that and that management would take a decision on whether wards would close.

Dr Stewart stated that there was a need to take account of advice but there may be some circumstances when the management view was different. This did not mean that the Infection Control advice should change. Rather, management would take a view balancing that advice against other issues. He also stated that currently Infection Control advice was often either that a ward remained opened or was closed. There appeared to be very little middle ground.

Mrs Higgins stated that she was disappointed at this discussion particularly given the history of incidents at the Victoria Infirmary and the criticism that was levelled at the organisation in terms of how to determine ward closures and all the work that had been put in place since that time. Ms Rankin stated that in recent weeks there had been significant bed pressures at the Victoria Infirmary although fortunately there had not been concurrent infection control issues resulting in the need to close wards. However, she stated that if managers took a different view from the infection control advice then they needed be willing to stand up and answer for that.

Dr Stewart stated that there was no suggestion that Infection Control staff should base their decisions on the greater good of the organisation. He reiterated that Infection Control staff should not water down or change their advice. However, at times management may decide not to act on the recommendations and might, at that point, ask Infection Control staff to provide further advice based around an alternative decision taken by management. Dr Karcher stated that staff were used to working in an environment where they need to assess risks.

Dr Anderson stated that when creating a policy there would be a need to involve managers and Directors across the organisation. The organisation was well aware of Clinical Governance and risk management issues. Dr Redding stated that the Infection Control team had already carried out a lot of risk assessment and considered a range of issues prior to recommending wards for closure but were often hampered in the options that they could present to management due to lack of physical accommodation. She expressed the view that managers did not see all the time spent assessing patients and undertaking other actions prior to recommending wards for closure. She stated that she did not know how to balance the risk between

patients waiting on trolleys as opposed to putting patients at risk of contracting Norovirus. There was a need to debate these issues openly and to arrive at a compromise. Dr Stewart stated that he concurred with that view. He appreciated the high level of professional advice from Infection Control staff and that under most circumstances the Infection Control advice would prevail but the organisation could not support a position where Infection Control advice was the final arbiter.

Dr Reid proposed that a small Group be established to agree definitions / communication and come up with an agreement as to the way forward. It was agreed that Ms Ferguson would draw together this Group involving clinicians and managers from all Directorates and that Dr Stewart would chair the Group. Dr Stewart stated that the major emphasis should be on managing patients and their clinical needs. IF

Dr Boulton-Jones stated that there was the potential that "exceptional circumstances" when management decisions overtook infection control advice might slip over time and become more of the norm. He asked whether these "exceptional circumstances" could be defined and included in a policy. Dr Stewart stated that it would be very rare infection control advice would be overruled and any individual who did that would have to be prepared to face any Fatal Accident Inquiry or court action which may arise.

It was agreed that the draft policy would be submitted to the Committee and thereafter to the Strategic Management Group. Dr Anderson stated that any policy reached would need to be done in liaison with the Partnerships. DS

It was agreed that in the interim the extant local policies should continue to be followed. ALL

5) **Theatre Ventilation**

Dr Redding stated the Estates Department had resolved the ventilation problems in the theatres in the day surgery unit at the Southern General Hospital that she had described at the last meeting of the Committee. An external assessor was carrying out a review of ventilation in other theatres across South Glasgow.

It was agreed that Dr Redding should seek a view from the Surgery and Anaesthetics Directorate and also from the Facilities Directorate as to whether once the review and any remedial action required had been completed, the external assessor should be asked to review the action taken and provide some training for theatre and Estates staff. PR

It was also agreed to ask the Director of Surgery and Anaesthetics for her view on the roll out of these assessments to theatres across the rest of the City. PR

6) **HAI Task Force Visit**

Dr Anderson reported that the HAI Task Force had visited in the previous week. The Team had described their approach and Infection Control staff had described work ongoing across the system.

7) **PACS Work Station - Radiology**

Dr Redding stated that issues were arising regarding the positioning, cleaning and other infection control issues around the PACS work stations being installed in theatres. It has been agreed that Infection Control nurses

would visit each theatre and feedback any significant issues to Ms Rankin so that a Glasgow-wide view could be taken. AR

8) **Standing Items**

a) Code of Practice
Dr Redding reported that she was pulling together a single document for the single system across Glasgow and Clyde. She had met with Ms Kane and Ms McNamee and good progress was being made. It was agreed that a copy of the Code of Practice document be brought to the next meeting of the Committee. PR

b) Surveillance
Ms Kane reported that the organisation was fully compliant with the Surgical Site Surveillance programme. Members noted the report submitted. It was agreed that a similar report from Clyde should be obtained and added into the single system report. It was agreed that Ms Ferguson would follow this up with Ms Martin. IF In terms of ward closures Members noted that only South Glasgow closures were presented. It was agreed to confirm the reporting requirements to staff in the remainder of the system. LK

c) Decontamination
Mrs Higgins submitted a report. It was agreed that Clyde should be incorporated into the single report and Ms Ferguson would again follow this up with Ms Martin. IF It was agreed that Oral Health should be added into the single report.

With regard to the transfer of decontamination to Cowlairs it was noted that issues about contaminated instruments had been resolved and the transfer process remained on target. JH

d) Cleaning
Ms Rankin reported that the Peer Public Review process was well underway and would be completed by the end of March. AR

e) Education
Ms Stewart reported that in the North West 180 G Grades had registered for the Champions Programme and 62 had completed it of which 34 had been in the last quarter. She was unable to present any further Glasgow figures due to database problems. It was noted that the number of G Grades to be trained and who had been trained were now fields on the balanced scorecard. Ms Rankin stated that part time Infection Control nurse funding had been allocated to give further impetus to training. It was agreed that Ms Stewart would prepare a composite statistical report and send it to Mr Barclay for circulation to Members. JS/GRB

f) Audit
There was nothing to report.

9) **Committee Reports**

a) Sector Control of Infection Committees (Exception Reports)
i) North East
Dr Coia reported that the Group A Step Aureas outbreak in the Burns Unit at Glasgow Royal Infirmary had been brought under control. The wash up

meeting had still to be held. However, the outbreak had highlighted the need to develop a staff screening protocol.

ii) North West
Ms Stewart stated that work was ongoing in a number of areas in Gartnavel General Hospital to reduce clostridium difficile levels. This had been rumbling along in the background although there had not been an outbreak as such. She would bring the findings of this work to the Committee. JS

iii) South
Dr Redding reported that there had been a couple of theatre closures due to leaking roofs but remedial work had now been undertaken. There was an issue with a particular surgeon who was refusing to wear appropriate protective clothing while carrying out procedures. Dr Redding had already raised this with the Infection Control team for the Women & Children's Directorate. It was agreed that Dr Reid would raise the matter with Dr Wallace. RR

iv) Women and Children's
No report.

v) Clyde
No report

b) **Board Control of Infection Committee**
It was agreed that Dr Reid would circulate the Minute of the last meeting of the Board Control of Infection Committee. RR

10) **Valedictory**
Members thanked Dr Anderson for his input, support and encouragement on infection control issues both in his role as Associate Board Medical Director and in his previous role as Medical Director for the North Glasgow Trust and Division and wished him well in his forthcoming retirement.

11) **Date of Next Meeting**
It was agreed that the next meeting of the Committee be held on Tuesday 27 March 2007, in the Conference Room, Management Building, SGH, at 2.30pm.

NHS GREATER GLASGOW AND CLYDE

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 15 May 2007** in the E Floor Conference Room, Victoria Infirmary, Glasgow at 2.30pm.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Dr R Boulton-Jones	Consultant Physician
Dr J Coia	Infection Control Doctor, North-East
Dr C Deighan	Consultant Physician
Dr R Hague	Consultant Paediatrician
Ms K Hamilton	Interim Lead Infection Control Nurse, North East
Ms A M Henery	Senior Occupational Health Nurse, South
Ms J Higgins	Lead Infection Control Nurse, Southern General Hospital
Ms P Joannidis	Lead Infection Control Nurse, Women & Childrens'
Ms M Kane	General Manager, facilities
Dr A M Karcher	Infection Control Doctor - North West
Ms L Kean	Acting Lead Infection Control Nurse, Victoria Infirmary
Ms M Martin	General Manager (Diagnostics), Clyde Acute
Ms S McNamee	Nurse Consultant in Infection Control
Mrs J McQueen	Clinical Risk Manager
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics Directorate
Ms A Rankin	Acting Head Infection Control Nurse
Dr P Redding	Infection Control Doctor - South
Ms C Reed	Senior Infection Control Nurse, RAH
Dr D Stewart	Associate Medical Director – Emergency Care and Medical Services
Ms J Stewart	Acting Lead Infection Control Nurse, North West
Mr T Walsh	Board Infection Control Manager

By Invitation

Ms F Bryan	Infection Control Nurse
Dr D Lallow	SpR in Occupational Health Medicine, Victoria Infirmary

Action

1) **Apologies**
Apologies for absence were intimated on behalf of Dr Blatchford, Ms Ferguson, Mrs Jordan and Dr Williams.

2) **Membership**
Dr Reid welcomed Mr Walsh to his first meeting of the Committee following his appointment as Board Infection Control Manager. Dr Reid also welcomed Ms Meikle as a representative of the Heads of Nursing.

3) **Minute**
The Minute of Meeting of the Committee dated 23 January 2007 was submitted and approved.

4) **Matters Arising**

a) Risk Register
With reference to Item 4b of the previous Minute, Mrs McQueen reported that the Infection Control Nurses had met and had identified a number of risks which were now being written up for incorporation into a dynamic risk register.

Mrs McQueen also stated that a short life sub-group would be established, led by Ms Reed, to develop the minimum data set required to populate the Datix incident recording system. It was agreed that Ms Rankin would nominate an Infection Control Nurse to join the sub-group. AR

b) Norovirus Study
With reference to Item 3d of the previous Minute, Dr Reid reported that it had not been possible to agree a suitable study to move this subject forward.

The paper on the original study would be written up and would then be the subject of peer review prior to publication. This process might then identify a suitable future study which could be considered further.

c) MRSA Definitions
With reference to Item 3e, as Dr Williams was not present, no update was available. CW

d) Media Contacts
With reference to Item 3f of the previous Minute, a revised draft flow chart was tabled. Since the draft had been prepared, Dr Ahmed had prepared an alternative version. It was agreed that Dr Reid would circulate Dr Ahmed's version to all Members, so that comments on both could be made, prior to a finalised version being submitted to the Board's Control of Infection Committee for agreement. RR ALL

e) Ward Closure Policy
With reference to Item 4 of the previous Minute, Dr Stewart updated Members on discussions since the previous meeting.

The following issues had been identified:

- There was a need for clearer lines of communication to senior management;
- The On-Call Manager should be informed of the decision to close a ward as soon as possible;
- Questions had been raised about what the On-Call Manager was supposed to do in response to being provided with this information – a number of On-Call Managers were concerned about the level of training and knowledge base to allow them to make decisions on the basis of this information. This subject would be raised with the Associate Director of Human Resources. DS

Members asked for clarity on the statement in the previous Minute "Dr Reid asked who had authority to close a ward. Ms Rankin stated that across the country this responsibility lay with Infection Control Nurses working with Infection Control Doctors". The question was asked: who had the actual authority – ie the Infection Control Nurses or the Infection Control Doctor. Following discussion it was concluded that during normal working hours the decision was made jointly by the Infection Control Team and out-of-hours the decision was made by the On-Call Microbiologist.

The draft policy would be submitted to the Committee and thereafter to the Strategic Management Group.

f) Theatre Ventilation
With reference to Item 5 of the previous Minute, Dr Redding reported that she had now met with the Director and Head of Nursing for Surgery and Anaesthetics and had also discussed the subject with the Director of Facilities and Head of Capital Planning. A Glasgow-wide Group would now be established to agree how the various ventilation issues would be finally resolved.

5) **Infection Control Nursing Structure**
Ms Rankin reported that the Infection Control Nurses had now started to meet on a single system basis, and that she had taken responsibility for the Clyde Infection Control Nurses. Ms Rankin would report back to the Committee with proposals for the ICN structure. AR

6) **Standing Items**

a) Code of Practice
Dr Redding spoke to her progress report. She stated that a number of issues remained to be finalised in relation to staff education, service and user information, the policy for the purchase of equipment, condition monitoring and equipment cleaning protocols. A particular area to be addressed was the requirement to assess patients on admission, transfer and on a weekly basis thereafter. There was a need to determine who would carry out this assessment. It was agreed that Mr Walsh would pick this matter up. TW

Members expressed concern at the particularly slow rate of progress in finalising a policy on infection control input into equipment purchase and noted some recent examples of where this had led to inappropriate purchase of some items. It was agreed that Dr Reid would write to the Medical Director outlining the Committee's concerns on this matter. RR

It was agreed to submit the updated Code of Practice Report to the Board's Control of Infection Committee, and to review the Action Plan annually. PR PR

b) Surveillance
Ms Kean reported that the first quarter data for the mandatory surveillance sites had been submitted to Health Protection Scotland. There had been some issues concerning compliance with completion of surveillance forms, particularly at Glasgow Royal Infirmary. Ms Meikle stated that she had already taken this forward with the relevant General Manager and targets for completion had been given to the Lead Clinicians.

It was agreed that Clyde data should be included in the next report. LK

c) Decontamination
Mrs Higgins submitted a report. It was agreed that Clyde should be incorporated into the single report. The following was noted:

- Endoscopy areas had been assessed, action plans had been drafted;
- Progress continued with the transfer of TSSUs to Cowlairs;
- Details of an incident in the treatment room of Ward 62, Southern General Hospital;
- Further guidance was awaited from the Scottish Executive on CjD, on

receipt of which Mr Walsh would reconvene the Board-wide CjD Group.

It was noted that the report did not cover the Oral Health Directorate. It was confirmed that both primary and secondary care elements of dentistry fell within the management remit of the Oral Health Directorate and thus the Acute Division. The Committee therefore had a governance role in respect of Oral Health. It was agreed that Ms Rankin would ask the Director of Oral Health for his view on the current Infection Control support arrangements to the Directorate. AR

d) Cleaning
Ms Kane reported that:

- Public participation in cleaning reviews would be increased to twice per year;
- Work was being concluded on how this would be reported back through relevant PFPI groups;
- In the final quarter report on cleaning standards for 2006/07 (to be published on 29 May 2007) the Board would report 94.6% compliance with all areas showing green, with the exception of Dykebar Hospital in Paisley which would show Amber;
- A range of initiatives had been adopted to ensure continuous improvement, even when hospitals were within the green zone.

e) Education
Ms Rankin reported that while champions training continued the Board was significantly off target. A one-year post of Practice Development Nurse / Infection Control Champion was being advertised in order to lead this programme. It was agreed that a trajectory should be developed so that progress towards the target could be measured. AR It was agreed that Ms Meikle would raise the subject of lack of attendance with the Heads of Nursing. LM

It was agreed that the next report should also cover Clyde. AR

f) Audit
Ms Rankin reported that she was planning to merge the existing audit systems into one system. A list of audit projects for 2007/08 was being developed.

7) **Committee Reports**

a) Sector Control of Infection Committees (Exception Reports)
Ms Rankin stated that it would be helpful to review the remits of the Sector Control of Infection Committees. It was agreed that Ms Rankin would draft a new remit for these Committees and circulate it for views. AR

i) North East
A review meeting following the Group A Step Aureas outbreak in the Burns Unit at Glasgow Royal Infirmary had been held. There was a need to review and agree the staff screening policy.

ii) North West
Close work was now being carried out with the Cardiothoracic service on a number of issues.

Work continued to reduce the number of C-Diff incidents. Multi-disciplinary team meetings were identifying all the contributory factors including antibiotic prescribing and cleaning practice.
Ward G3 at the Western Infirmary had been closed to new admissions due to an increase in diarrhoea with a positive C-Diff toxin.

iii) South
Five Wards at the Victoria Infirmary had been closed to new admissions since the last meeting due to suspected norovirus. A number of wards had also been closed to new admissions at the Southern General Hospital. Two of the wards appeared to have a viral problem although work to date had proved inconclusive. Social Work staff were refusing to enter affected wards. Members deemed this inappropriate. It was agreed that Mrs Higgins should raise this initially with the Discharge Co-ordinators and thereafter through the Rehabilitation Directorate management structure. JH

iv) Women and Children's
There had been an incident of 2 babies with MRSA in the Special Care Baby Unit at the Southern General Hospital. There had been one case of MRSA in the Paediatric Intensive Care Unit and one case of C-Diff at Yorkhill.

The Royal Hospital for Sick Children was coming under increasing pressure from surrounding district general hospitals to provide back up support in the even of Pandemic Flu. It was unlikely that RHSC could absorb such a level of influx and the DGHs would need to create some capacity in their own locations to manage cases initially. It was agreed to raise this issue with Dr Blatchford. PJ

v) Clyde
There had been a few outbreaks of suspected norovirus at the Royal Alexandra Hospital and an outbreak of MRSA and C-Diff in a Care of the Elderly Ward.

An Obstetric Registrar had developed Chicken Pox and 28 patients had to be checked and all staff contacts had been referred to Occupational Health. The incident had highlighted the fact that exposure to Chicken Pox was not recorded in the Scottish Women Held Health Record.

b) **Board Control of Infection Committee**
Mr Walsh reported that the Infection Control Programme for 2007/08 had been approved by the Board Control of Infection Committee.

8) **Date of Next Meeting**
It was agreed that the next meeting of the Committee be held on Tuesday 24 July 2007 in the Conference Room, Management Building, SGH, at 2.30pm.

Minutes of the
NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL COMMITTEE
Held on Monday 18th June 2007 at 12 noon in the Board Room 1, Ground Floor, Dalian House

Present:

Dr. Syed Ahmed (in the Chair)	-	Consultant in Public Health Medicine
Mr. Kenneth Fleming	-	Head of Health & Safety
Mr. Alan Stewart	-	Head of Decontamination
Dr. Ian Gordon	-	Chair Partnership Infection Control Committee
Ms. Sarah Freeman	-	Lead Infection Control Nurse –Glasgow Partnerships
Ms. Suzanne Clark	-	Lay Representative
Dr. Barbara West	-	Glasgow LMC
Dr. Penelope Redding	-	Infection Control Doctor – South Glasgow
Ms. Isabel Ferguson	-	General Manager - Laboratories
Ms. Mary Anne Kane	-	General Manager – Facilities
Ms. Annette Rankin	-	Head Nurse Infection Control – NHSGGC Acute
Ms. Liz McGovern	-	Specialist Pharmacist Public Health
Dr. Craig Williams	-	Co-ordinating Infection Control Doctor – NHSGGC
Dr. Jean Henderson	-	Consultant Occupational Health Physician
Ms. Sandra McNamee	-	Nurse Consultant Infection Control – NHSGGC
Dr. Ray Fox	-	Consultant Infectious Diseases Physician

1. Apologies and welcome

Dr Ahmed welcomed everyone to the meeting and introduced Ms. Suzanne Clark to the committee and invited Ms. Clark to give a brief overview of her involvement as a public representative in other areas of the NHS in Scotland.

Apologies were received from:

Mr T Walsh	Dr A Coia	Dr R Reid	Ms L Lauder
Ms M Martin	Mr D Sime	Mr A McIntyre	Dr O Blatchford
Dr R Hague	Dr B Carman		

2. Minutes of the meeting held on 19th March 2007

The minutes of the previous meeting were accepted. It as agreed that members' job titles should be included in the minutes.

3. Matters arising not on the agenda

No items were raised.

4. Matters arising from the previous minute

4.1 Update on Pandemic Flu Plan

Dr. Ahmed updated the Committee. The Scottish Executive has circulated several revised documents for consultation. A vaccination policy has been issued in England and Wales by the Department of Health but the Scottish version is not available as yet. It is anticipated that the final framework and associated documents will be published in the autumn.

Once the national flu pandemic plan is available, Greater Glasgow and Clyde will review its local documents accordingly.

Latterly, Dr. Bill Anderson chaired a group within the acute division whose remit it was to evaluate the implications to the division of a flu pandemic and to plan accordingly. Dr. Brian Cowan has still to nominate someone to take the lead on this group following the retirement of Dr. Anderson.

4.2 Health Clearance for new HCWs – Update and Status

This document has been published by the Department of Health in England and Wales but the Scottish version has not been published yet. It is anticipated that most of the recommendations in this document will be included in the Scottish version. There will be resources implications for both Occupational Health staff and laboratories services.

4.3 MRSA Policy

Dr. Redding suggested, that it was time to standardise some of the detail in relation to the screening and management of MRSA positive patients across the whole of NHSGGC. It was acknowledged that both the Health Technology Assessment of MRSA Screening Report from QIS and the HAITF MRSA Strategy document would influence this policy but that the development of this policy could commence in the meantime. Ms. McNamee and Ms. Rankin agreed to work on this policy and bring if back to the Committee for comment.

4.4 Ward Closure

The Acute Division has set up a group to look at and agree a policy on ward closures during outbreaks. This group has had some difficulties with regard to areas of responsibility especially in relation to General Managers on call at weekends and evenings. Once the policy has been finalised it will be adopted across the whole of Greater Glasgow and Clyde Acute.

5. Standing Items

5.1 Acute Division Report

Ms. Rankin apologised for the Acute Division Report not being ready in time for the Committee meeting. This was due to the fact that she has been spending a lot of time

working with the ICNs in Clyde trying to ensure that the correct systems are in place. A paper would be tabled at the next meeting.

Ms. Rankin advised the committee that the Acute services had commenced enhanced surveillance of bacteraemia in Glasgow Acute hospitals on the 1st May 2007. This system will be rolled out to include Clyde as of 1st June 2007.

An ICN practice development post to take the lead on the Cleanliness Champion Programme has been advertised and there has been some interest in this post.

Mrs. Rankin reported that after review, it would appear that Clyde were not fully compliant with HDL(2006)38. This issue would be rectified and Glasgow and Clyde would be once again fully compliant by 1 July 2007.

Mrs. Rankin commented that a great deal of work has been carried out to ensure that the correct structures are in place across the whole Greater Glasgow and Clyde Acute Division and work is ongoing to ensure single system working..

5.2 Partnership Report

Ms. Freeman tabled the report from partnerships and updated the Committee verbally on the progress with the Infection Prevention and Control Programme. Ms. Freeman is also about to appoint a practice development ICN to lead the Cleanliness Champions programme for Partnerships but in anticipation of this Partnership will commence CC courses next week.

The surveillance data had not been harmonised with Clyde yet as the services have not yet been harmonised.

Work is underway with regard to risk assessment of local decontamination units.

All directly managed units in Greater Glasgow Partnerships and Level 1 at the Dental Hospital are all now compliant with regard to the CMO(2007)5.

There is some confusion at the moment as to who should be providing the Dental Directorate with infection control advice. Mr. Walsh is trying to clarify this but is waiting to hear from Kevin Hill with regards to the matter.

5.3 Infection Control Manager Report

Mr. Walsh submitted an Annual Report to the Clinical Governance Committee for 2006/07. All outstanding issues from the report have been included in the Programme for 2007/08. The 2007/08 Programme has been approved by the Clinical Governance Committee and the Board Chief Executive.

It was noted that an annual report on the programme will be made available in future via the NHSGGC intranet site.

5.4 Update on Code of Practice

Dr. Ahmed thanked Dr. Redding for chairing HAI Code of Practice Group for NHSGGC.

Dr. Redding stated that there were still some outstanding issues and that NHSGGC are not yet fully compliant with staff education section of the code but that Ms. McNamee and Ms. Lauder are addressing this issue through the Infection Prevention and Control Sub-Group.

Service user information is being updated and the Infection Control Public Involvement Group have recently received copies of all the MRSA leaflets to comment on.

Dr. Reid will take forward the issue of purchasing equipment. Ms. Ferguson said that the Head ICN will be invited to attend the Medical Device Procurement Committee.

Monitoring and condition of equipment will be taken forward as a joint venture between domestic services and ward managers in collaboration with the Infection Control Nurses within the acute division and partnerships.

Every patient now requires an infection assessment to be carried out at the time of admission and at weekly intervals thereafter. No agreement has yet been reached with regard to who should carry out these assessments and in what format they should be recorded in.

The Code of Practice will form the basis for the new NHS Infection Control QIS standards and in view of this it was agreed that the Code of Practice Group should meet every six months to update regarding progress with the code and that Mr. Tom Walsh will now chair this group.

Progress with the Code of Practice remains on the BICC agenda.

5.5 Update on Risk Management

The Risk Register is still being developed and the existing Clyde Infection Control Incident template is being evaluated for possible dissemination throughout NHSGGC.

Ms. Julie McQueen is leading on both of these issues. There was some discussion as to whether Ms. McQueen remit was for Glasgow and Clyde Acute or all of NHSGGC. Ms. McNamee will establish and report back to the BICC.

5.6 Update on Hospital Hygiene and Cleaning Services

Ms. Kane updated the Committee. The data for January to March 2007 has now been published. The figure for GCC has fallen by 0.5% to 94.5% for the quarter. It was commented that this may be attributable to the reporting mechanism used by an outside contractor. This contract is now ‘in-house’ therefore, this issue is currently being addressed.

The nationally required minimum number of peer and public reviews has now been completed. Recruitment for this year's peer and public reviews is currently being carried out.

Domestic supervisors have started a national syllabus regarding the delivery of domestic services. Delivery of Version 2 of the National Domestic Syllabus is awaited but NHSGGC would participate.

Ms. Rankin advised that each of the Lead Infection Control Nurses in the acute division would lead on a specific IC topic and that as yet, an identified lead for decontamination and cleaning services had not been to be identified.

5.7 Update on National Hand Hygiene Campaign

Ms. McNamee advised the Committee that Mr. Stefan Morton had now taken up the post of Local Hand Hygiene Co-ordinator. He has a full programme of audit and education underway and so far been received well in areas that he has visited. The Hand Hygiene Campaign finishes in February 2008 however, and the Hygiene Co-ordinator will continue with the programme of audit and education until June 2008.

Dr. Redding and other members from the Acute Services said that the provision of this service had been very well received and that they hoped it would continue beyond the time frame of the National campaign. Dr. Ahmed agreed to explore this further.

5.8 Reports from the Sub Groups

(a) Decontamination

(i) Endoscopy

Mr. Stewart said the Endoscopy Group is continuing with the planned replacement programme for Endoscopy Services across the acute sector. Priority areas have been identified. The new unit at Stobhill Hospital has been completed. An architect has been appointed and will progress plans for the other sites.

The Endoscopy Training Suite at Cowlairs is now up and running. There is no other training facility like it in the UK. Nursing unit managers and maintenance staff will be trained at Cowlairs CDU and it is hoped that it will used as a Scottish training facility. A Nurse Trainer will be interviewed for and hopefully appointed in July.

(ii) PCAT

A Project Manager has just been appointed to take the PCAT project forward. The review of primary care services was concluded last week and the information required by HPS is being collated prior to sending. The information obtained includes independent contractors.

The Action Plan should be available in September. This action plan has been delayed because Building Note 13 has still not been issued.

(iii) CDU

The CDU now provides services for three major sites and Gartnavel General should be transferred into the CDU by the end of June, Ward 25 at Glasgow Royal Infirmary by July/August and the Southern General by September/October.

It is not possible to provide Cowlairs with an onsite ICN to give advice. This issue will be taken up with Alex McIntyre.

(iv) CMO(2007)5

Important advice for dentists on re-use of endodontic instrument and variant CJD. Ms. Freeman confirmed that all directly managed units were compliant with this CMO letter.

(v) Education Sub Group

The next meeting of the Education Sub Group takes place in August. A Trainer Tracker has been purchased and this will allow managers to see how staff are progressing with training.

(vi) CJD Sub Group

Dr. Bill Anderson had been chairing the CJD Sub Group before he retired and Mr. Walsh will take over the chair. Advice on the implementation of the NICE guidelines is still awaited from the Scottish Executive.

(b) ICN Policy Group

(i) Control of Legionella

As part of QIS standards, NHSGGC requires a policy on the control of legionella in healthcare premises. This policy was developed by the Estates and Facilities directorate and will be located within the Estates Policy manual. This policy was circulated to members of the BICC and was subsequently approved by it. This policy will be reviewed by the BICC annually.

(ii) IC new builds and renovation projects

The IC New Builds and Renovation Projects Policy was previously circulated for comments. These comments were taken onboard and the BICC approved the policy.

(iii) Transport of specimens

It has been brought to Ms. McNamee's attention that following changes to the transport of dangerous specimens regulations in January, that the existing policy on transport of specimens was now no longer compliant. An updated draft policy has been circulated and some comments have now been received from laboratory mangers. This policy will now go to the Health & Safety Committees for comments. This policy will be circulated to members of the PICC and AICC before returning to the BICC for approval in September.

Dr. Williams has a number of comments from laboratory managers which he will forward to Ms. McNamee.

It was noted that the policy covering samples from GPs will probably need to be amended.

(c) Public Involvement Group

The Public Involvement Group will meet for the first time at the end of June. The MRSA leaflets have been sent out for comment. Some comments have already been received and will be taken onboard.

6. New Business

6.1 Media Contacts

Following a number media enquiries on HAI issues, Dr. Ahmed has put together a draft procedure for dealing with media enquiries. Dr. Ahmed asked members to give him comments.

One suggestion was that the box containing "ICM/NCIC/CPHM assess the nature of the enquiry, make contact and liaises with the relevant Infection Control Team members of the manager…" should be amended to read "…Infection Control Team and the manager…".

7. Updates from other committees

7.1 BBVs/PEP

The PEP guideline is currently being updated and the new version will cover both needlestick injuries and management of a patient following sexual exposure. There will also be two posters produced one for community settings and one for A&E Departments. A series of training events are also planned.

Dr. Ahmed is working on the Hep C Action Plan with colleagues. A specialist nurse is being appointed to work at clinics at the Royal Alexandra Hospital and Inverclyde Royal Hospital treating Hepatitis C patients.

7.2 Immunisation Liaison Group

One of the main issues being looked at by the Immunisation Liaison Group is vaccine cold chain. The Scottish Executive has asked every Board to audit GP surgeries. A pharmacy technician has been employed to audit GP surgeries in the GGC area and these visits will be starting this week. More substantial information on this audit should be available at the September BICC meeting.

Dr. Ahmed advised that there is a JCVI meeting on Wednesday at which use of HPV vaccine for cervical cancer would probably be approved and the vaccination programme would probably commence in September 2008.

7.3 TB Monitoring Group

The TB Monitoring Group is trying to update the TB guideline in line with NICE guidelines.

7.4 Sexual Health and Infections

The syphilis outbreak is still ongoing.

7.5 PH/EH/Med/Vet Liaison Group

A new Outbreak Control Plan is currently being developed.

8. AOCB

(a) Needlestick Injuries Group

Dr. Ahmed advised the Committee that he had invited Mr. Kenneth Fleming, Head of Health and Safety to join the BICC. Mr. Fleming chairs a group that investigates needlestick injuries in HCWs and feedback into procurement policies.

Mr. Fleming said that there are approximately 100 neesdlestick injuries per quarter and approximately one fifth of these happen to facilities staff. The local group has representatives from Health & Safety, Occupational Health, Procurement, Clinical Risk Management and Practice Development. A Virologist has also been asked to join the group.

Following discussion it was agreed that Mr. Fleming's group would also look at Partnership needlestick injury data and the Partnerships would recommend someone from that sector to become a member of the group.

Ms. Rankin agreed to nominate an ICN from the acute division to become a member of the group.

(c) Clinical Waste

The Committee was advised that there may be changes to the handling of clinical waste across NHSGGC. Ms. Kane informed the group that Alistair Maclean is the lead on this issue. Ms. McNamee agreed to get an update from Mr. Maclean and also Mr. Nic Zappia.

9. Dates of next meeting

The next meeting will be held on Monday 17 September 2007 at 12 noon in Board Room 1, Dalian House.

NHS GREATER GLASGOW AND CLYDE

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 24 July 2007** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.30pm.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Dr O Blatchford	Consultant in Public Health Medicine
Dr R Hague	Consultant Paediatrician
Ms K Hamilton	Lead Infection Control Nurse, North East
Mr W Hunter (in lieu of Ms Kane)	General Manager, Facilities - West
Ms A M Henery	Senior Occupational Health Nurse, South
Ms J Higgins	Lead Infection Control Nurse, Southern General Hospital
Dr A M Karcher	Infection Control Doctor - North West
Ms M Martin	General Manager (Diagnostics), Clyde Acute
Ms S McNamee	Nurse Consultant in Infection Control
Mrs J Murray	Lead Infection Control, Vale of Leven
Ms A Rankin	Acting Head Infection Control Nurse
Dr P Redding	Infection Control Doctor - South
Ms J Stewart	Acting Lead Infection Control Nurse, North West
Mr T Walsh	Board Infection Control Manager

By Invitation

Dr J Henderson	Consultant in Occupational Health Medicine

		Action
1)	**Apologies** Apologies for absence were intimated on behalf of Dr Boulton-Jones, Dr Coia, Dr Deighan, Ms Ferguson, Ms Joannidis, Ms Jordan, Ms Kane, Mrs McQueen, Ms Meikle, Dr Murday, Dr Stewart, Ms Stewart.	
2)	**Membership** Dr Reid welcomed Jean Murray, Lead Infection Control Nurse for Clyde Acute to her first meeting of the Committee.	
3)	**Minute** The Minute of Meeting of the Committee dated 15 May 2007 was submitted and approved.	
4)	**Matters Arising**	
a)	Risk Register With reference to Item 4 a) of the previous Minute, Ms Rankin stated that work continued on the Infection Control Risk Register. She expected that a draft would be submitted to the next meeting of the Committee.	AR/ JMcQ
b)	MRSA Definitions With reference to Item 4 c) of the previous Minute, as Dr Williams was not present, no update was available.	CW
c)	Media Contacts With reference to item 4 d) of the previous Minute, Ms Rankin stated that a draft had been submitted to the Board Control of Infection Committee and	

with one minor amendment this had been agreed.

d) Ward Closure Policy
With reference to item 4 d) of the previous Minute, Dr Reid reported that Dr Stewart would shortly meet with Mrs MacPherson to discuss the on-call training issue for Senior Managers. It was agreed that Dr Stewart should report on the outcome to the next meeting of the Committee. DS

5) **Quarterly Report on Staphylococcus Aureas Bacteraemias in Scotland - January 2003 – March 2007**
Members noted the Quarterly Report which had been published on 3 July 2007. Members noted the presentation of the data in North, South and Clyde formats and concluded that it would be more useful to have the information hospital-by-hospital. It was noted that the new data collection arrangements from the surveillance study would address this and reports from that study would be submitted to the Committee in due course.

6) **National HAI Prevalence Study**
Mr Walsh reported on the recent media launch of the new National HAI Prevalence Study. Members had been concerned at the manner in which the Stobhill data had been reported particularly as it was now largely historical. Mr Walsh stated that he had identified funding and Ms Rankin would identify an individual to carry out the Prevalence Study again in the areas where the Board appeared to be outwith the upper confidence limits. Priority areas would then be identified for action.

Mr Walsh also stated that he proposed to include statistical control data in the balanced scorecard which was used for the performance review for each directorate. Mr Walsh stated that he would also like to discuss with the Infection Control team how this study would tie into existing data collection so that the suite of available data was meaningful. TW

7) **Standing Items**

a) Code of Practice
Mr Walsh reported that the outstanding items to be addressed remained as previously reported. He would meet with Dr Redding, Ms McNamee and Ms Rankin to discuss how these would be progressed. The whole Code of Practice would be reviewed in November 2007 by which time the new NHS QIS Standards should be available.

b) Surveillance
Ms Rankin tabled the proposed Infection Control nursing structure. The structure had five sectors. It was proposed that the Mothers and Children's sector would extend into Clyde from the outset subject to confirmation that the Glasgow team had the capacity to take on this element of the Clyde workload. It was also proposed that the SSI surveillance team would be a separate team. It was also planned to roll this format out to Clyde in due course.

Members approved the structure.

It was noted that there were different recording mechanisms for surveillance in Inverclyde Royal Hospital. Members agreed it was important to develop a single system across the Board. It was noted that even if additional data

was collected at Inverclyde Royal Hospital it was not being validated. It was agreed that Ms Martin would take this forward with Ms Ferguson and the relevant Infection Control Nurses and Doctors. | MM

Mrs Higgins reported that there remained an issue with compliance of data reporting for Orthopaedics at Glasgow Royal Infirmary. Ms Rankin would meet with Ms Meikle and Ms Groom to address this. It was agreed that a copy of the surgical site surveillance compliance report be provided to Mrs Grant, Director of Surgery & Anaesthetics. | AR / RR

c) Decontamination

Mrs Higgins reported that areas had been assessed and plans drawn up for new Endoscopy decontamination facilities at the Southern General Hospital, Gartnavel General Hospital and Glasgow Royal Infirmary. Data collection was underway to assess the throughput in each of these sites. The refurbishment of the Vale of Leven Endoscopy Decontamination area would be completed in September 2007. A report on the Vale of Leven incident would be submitted to the Committee. | JH

d) Cleaning

Mr Hunter reported that there were no red or amber areas within the Board for the first quarter of 2007/8. Domestic Services Managers were taking a close interest in any areas that fell below 90% compliance. A pilot of supervisory training was being carried out and once the Domestic Services Assistant training booklets had been received then the new training for this staff group would be implemented. The Board's handbook on cleaning had almost been completed and would be circulated for consultation.

A checklist on equipment cleaning responsibilities had been prepared and would be circulated for consultation. It was agreed that Mr Hunter should ensure that this draft tied in with the existing procedures in Clyde and Primary Care. | BH

Mr Hunter stated that the domestic services were in the process of moving to a standard product and procedure for terminal and isolation cleans. Dr Hague stated that the turnover of Yorkhill isolation teams was such that the requirement to carry out terminal cleans between patients was causing some concern to ward staff. It was agreed that Mr Hunter would pick this up with local staff at Yorkhill. | BH

e) Education

Ms Rankin reported that an appointment had been made to the 12-month secondment post to roll out the Champions' programme.

f) Audit

Ms Rankin reported that a sub Group had been set up on environmental cleaning and audit to look at the audit tools and procedures. Mrs Murray was now leading on this and would report in the future. | JM

An audit at Inverclyde Royal Hospital on peripheral venous cannulation had raised some concerns about documentation. Ms McNamee stated that the Practice Development Nurses had carried out a similar audit in Glasgow and similar issues had arisen. A training and information pack was being introduced to help improve documentation and the practice. It was agreed to provide information on this to Dr Reid. | AR/JM

There was a desire to move to a single IV cannulation pack across the system although the preferred option was more expensive than the current options. This would have resource implications. It was agreed that a paper requesting funding would need to be prepared and submitted to the relevant committee. AR

Dr Redding stated that the Hand Hygiene Audit had been completed. It was agreed that feedback should go to the local Infection Control Teams and to Directorates. Once formal reporting mechanisms had been put in place then a view would be taken later in the year about whether the post should continue after June 2008.

8) **Committee Reports**

a) Sector Control of Infection Committees

i) North East
There was nothing significant to report.

ii) North West
A patient and two doctors in the Brownlee Unit had Influenza A. C-Diff rates at Gartnavel General Hospital and the Western Infirmary were reducing due to greatly improved team working.

iii) South
There had been an increased incidence of C-Diff in two elderly care wards in May 2007. Now there was a slight downward dip. Two other wards had closed with Norovirus and the two elderly care wards affected by C-Diff had also been closed with Norovirus. One ward at the Victoria Infirmary had been closed with Norovirus.
Public Peer Reviews had been carried out at the Victoria Infirmary and Southern General Hospital – no issues had been identified.
There was a need to confirm agreement of which MRSA eradication liquids would be used if the preferred liquid was not available.

iv) Maternity and Children's
There had been a small cluster of organisms in the neonatal units.

v) Clyde
There had been a significantly higher incidence of abdominal hysterectomy infections.
The C-Diff trend was downwards.
Two wards at the RAH and two wards at the Vale of Leven had been closed with Norovirus.

b) Board Control of Infection Committee
Mr Walsh reported that a policy on Control of Legionella and Assessment of Risk for New Builds had been approved.

9) **Date of Next Meeting**
It was agreed that the next meeting of the Committee be held on Tuesday 25 September 2007 in the Conference Room, Management Building, Southern General Hospital, at 2.30pm.

NHS GREATER GLASGOW AND CLYDE

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Friday 12 October 2007** in the Conference Room, Langlands Building, Southern General Hospital at 10:00 am.

Present

Dr R Reid (Chairman)	Associate Medical Director - Diagnostics
Dr R Boulton-Jones	Medical Consultant
Dr J Coia	Infection Control Doctor – North East
Dr C Deighan	Renal Consultant
Mr P Everest	University of Glasgow
Ms I Ferguson	General Manager – Laboratory Medicine and Infection Control
Ms K Hamilton	Lead Infection Control Nurse – North East
Ms J Higgins	Lead Infection Control Nurse – South Glasgow
Ms P Joannidis	Lead Infection Control Nurse – Women and Children
Dr A M Karcher	Infection Control Doctor – North West
Ms A Kerr	Lead Surveillance Nurse
Ms L Langan	Clinical Risk Manager
Ms S McNamee	Nurse Consultant in Infection Control
Ms L Meikle	Head of Nursing – Surgery and Anaesthetics
Ms C Mitchell	Senior Nurse Infection Control
Mrs J Murray	Interim Lead Infection Control Nurse – Clyde
Ms A Rankin	Head Infection Control Nurse
Dr P Redding	Infection Control Doctor – South
Ms S Shields	Clinical Effectiveness Co-ordinator
Ms J Stewart	Acting Lead Infection Control Nurse – North West

In Attendance

Mrs S Smith (Minute)	Corporate Administration Officer

Action

1) **Apologies**

Apologies for absence were intimated on behalf of Mr Barclay, Dr Blatchford, Ms Kane, Dr Stewart, Mr Walsh and Dr Williams.

2) **Minute**

The Minute of Meeting of the Committee dated 24 July 2007 was submitted and approved, subject to the undernoted amendment:

- Item 7b) – Mothers and Children's to read Maternity and Children's.

3) **Matters Arising**

a) National Healthcare Associated Infection (HAI) Prevalence Study

Ms Rankin reported that a member of staff had been seconded to repeat the prevalence study in those areas where the Board had appeared to be outwith the upper confidence limits. The same template would be used and the process would begin in the Rehabilitation and Assessment Directorate.

It was agreed that the HAI Prevalence Study would become a standing item on future agendas. **GB**

b) Risk Register
Ms Rankin reported that the draft Infection Control Risk Register had been submitted to Dr Reid. She highlighted some of the risks that had been identified so far: isolation facilities; compliance with national recommendations; integration with Clyde; loss of public confidence; inappropriate prescription of antibiotics. Once the risks had been ranked, they would each have an impact, likelihood and rating assigned. The decision would then have to be made as to which risks, if any, be assigned to the Directorate and Divisional Risk Registers.

c) MRSA Definitions
Dr Redding advised Members that the definitions were still being worked on. Ms Rankin reported that the former North Glasgow reporting system for MRSA and C-Diff would be rolled-out across Glasgow and then Clyde to ensure data consistency. The aim would be to create one database, using a single audit tool to collect data in a consistent format across the Division. Ward by ward profiles would then be provided. Dr Reid asked for a copy of the template so that he could consult on it with the other Directorates. Ms Rankin reported that Ms McNamee had drafted a proposal with regard to MRSA screening, which had been issued internally for consultation. **AR**

d) Infection Control Escalation Policy
Members discussed the paper that had been presented to the Acute Strategic Management Group on 27 September 2007. The Group had agreed that an engagement process with staff groups should be instigated to reach a common position on the responsibilities of management and of the Infection / Outbreak Control Teams.

Ms Ferguson reported that while the Infection Control Teams would provide their view regarding ward closure to the appropriate General Manager or Director, they would not become involved in the process of weighing up the relative risks of infection control issues against other clinical pressures, lest they be asked to reconsider their view. Dr Coia spoke of the need for a transparent and documented process that would show what advice had been given and what factors had been considered re the decision to close a ward or to keep it open. Ms Higgins expressed concern about the difficulties that she had experienced in the past when trying to get in contact with some Directors and senior managers. It was agreed that a contingency plan should be written into the policy in the event of the appropriate General Manager or Director not being contactable.

Dr Reid advised Members that the Infection Control Escalation Policy would be discussed again at the November meeting of the Strategic Management Group.

4) **<u>Healthcare Associated Infection – Draft Standards – August 2007</u>**
Dr Reid reminded Members that NHS QIS had requested receipt of comments on the Draft Standards for Healthcare Associated Infection (HAI) by 31 October 2007. In response, Dr Redding reported that both she and Mr Walsh intended to form a group to collate and submit comments on the draft standards by the required deadline. **PR/TW**

5) **Freedom of Information Requests**

Members noted Mr Barclay's paper on the Freedom of Information requests about infection control that had been received. Dr Karcher spoke of the need to collect information that could be shared across the Division to inform and develop good practice. Dr Redding advised Members that Mr Walsh intended to compile a list of the infection control information that was routinely collected / stored and thus available to answer such requests for information. **TW**

6) **Hill-Rom Totalcare® Duo 2® Pressure Relieving Hospital Beds: Risk of Cross Infection – HAZ(SC)07/14**

Dr Reid referred to the hazard notice that had been issued by Scottish Healthcare Supplies with regard to the supply by Hill-Rom of pressure relieving hospital beds, without instructions for checking, cleaning and disinfection. Members reported that the Division did not have any of the beds in question and thus no further action would be required.

7) **Quarterly Staphylococcus Aureus Report April – June 2007**

Members noted the quarterly report and Dr Reid commended staff for their efforts and good results.

8) **Standing Items**

a) Code of Practice

Dr Redding reported that work was continuing.

b) Surveillance

Ms Kerr tabled figures for Greater Glasgow, Inverclyde Royal Hospital and the Royal Alexandra Hospital for the period 1 January 2007 to 30 June 2007, giving the comparison of Greater Glasgow and of Clyde sites with the national data surgical site infection rates. She reported that from June 2007 onwards, trauma procedures had been included in the Clyde figures. In addition she provided the orthopaedic surgical site surveillance report for Greater Glasgow and the procedure compliance rates.

Ms Kerr reported that the Division was not fully compliant with the obligation to collect post-discharge surveillance information for caesarian sections to day 30. It was noted that Community Midwives were responsible for collecting the information up to day 28, however following the increase to day 30, they had not been able to obtain the resources required to revisit / contact mothers at day 30. Ms Rankin advised Members that she would be meeting with the Head of Midwifery of the Women and Children's Directorate to discuss ways of addressing the non-compliance issue.

Ms Meikle reported that the theatre nurses at Glasgow Royal Infirmary had begun to complete the orthopaedic surveillance forms to improve the compliance figures. Ms Rankin advised Members that she would meet with the Clinical Director for Orthopaedics in Clyde to discuss consistency of reporting across the Division.

c) Decontamination
Ms Hamilton reported that new decontamination units would be built at Glasgow Royal Infirmary and the Southern General Hospital. A problem had been identified with the covering on some items of orthopaedic equipment, however she would meet with a representative from the unit at Cowlairs to explore the possible solutions.

d) Cleaning: National Cleaning Services Specification – Quarterly Compliance Report – Results for April – June 2007
Members noted the report.

e) Education / Audit and Research
Mrs Murray reported that the Cleanliness Champions Co-ordinator was in post and had been visiting all sites to discuss the programme. The Education Sub-group had produced SLDU for measles and rubella; C-Diff and Source Isolation SLDUs were being progressed. A sub-group had been formed to harmonise IV drug administration training across the Division. In addition, groups had been set up to progress the harmonisation of the audit tool across the Division and to develop an audit tool for use in interventional radiology.

With reference to the reporting of the numbers of staff who had completed the Cleanliness Champions programme, Ms Rankin reported that differences in definitions and databases had led to some inconsistencies, however she was confident that following the appointment of the Cleanliness Champions Co-ordinator the data quality would be improved. She also advised Members that on some occasions staff had not attended pre-arranged training sessions and that if performance towards achievement of the HEAT target were to be improved, staff would have to work with the Cleanliness Champions Co-ordinator and attend training sessions.

f) Built Environment
Ms Higgins reported that there were many refurbishment programmes underway across all sites. Within the Southern General Hospital there had been a lack of co-operation between the Estates / Maintenance and Capital Teams however a meeting had been arranged to resolve the issues.

9) **Committee Reports**

a) Sector Control of Infection Committees (Exception Reports)

i) North West
Ms Stewart reported that there had been an outbreak of Influenza A in the Brownlee Unit at Gartnavel General Hospital on 17 July and in Arran Ward at Drumchapel Hospital on 2 August. The total numbers that had been symptomatic were 3 patients and 3 staff in the Brownlee Unit; 3 patients and 2 staff in the Arran Ward. The Brownlee Unit was closed for less than 24 hrs; Arran Ward was closed for 6 days.

The Infection Control Team had been informed of the sample results

late on the Friday afternoon. Ms Stewart advised Members that this had meant that Occupational Health staff had not available to prescribe the recommend prophylaxis for staff over the weekend. It was agreed that Dr Reid would write to Dr Waclawski, Acting Director of Occupational Health, to ask about the existence of out-of-hours services or the possibility of the instigation of contingency arrangement for weekends / out of hours. **RR**

Ms Stewart tabled a report on the audit of antibiotic prescribing that had been carried out on Level 8 Medical at the Western Infirmary during April 2007. Following the audit, antibiotic guidance for this ward had drawn up and issued; a copy was tabled for Members.

ii) South
Ms Higgins reported that 4 wards had been closed at the Southern General Hospital and 2 at the Victoria Infirmary. The ventilation system had been switched off in the ophthalmology theatre at the Southern General Hospital. An incident report had been completed and the matter would be discussed with the relevant General Manager.

iii) Maternity and Children's
Ms Joannidis reported that there had been a cluster of pseudomonas in the Paediatric Intensive Care Unit at Yorkhill, followed by a second cluster which was different from the first outbreak. In response all the sensor taps in the unit had been stripped, chlorinated, flushed and double cleaned and hand hygiene compliance sessions had been held. During the incident investigation it was discovered that the mixer valves in some of the sensor taps had been set at too low a temperature and that the cleaning methodology had been altered without reference to the Infection Control Team. A maintenance programme for the sensor taps has been instigated and a request made that any future proposed changes in the cleaning methodology be discussed with Infection Control prior to being enacted.

iv) Clyde
Mrs Murray reported that there had been no outbreaks in the Clyde sites since the last meeting of the Committee. A patient was being treated for legionella at the Vale of Leven Hospital, following return from Canada and Public Health had been informed. The Infection Control Team at the Royal Alexandra Hospital had met with the clinicians to discuss how infection rates following abdominal hysterectomies could be reduced. The group who were investigating the endoscopy incident at the Vale of Leven Hospital in June 2006 had met to discuss the outcome of the risk assessment of 628 patient records and a full report was in progress.

b) Board Control of Infection Committee
Ms Rankin advised Members that the existing pandemic influenza structures had been revised and that groups would be established as necessary to produce plans for responding to a pandemic of influenza in NHS Greater Glasgow and Clyde.

10) **Management of Occupational and Non-occupational Exposures to Bloodborne Viruses: Including Needlestick Injuries and Sexual Exposures**
Members noted the publication of the updated guidelines for NHS Greater Glasgow and Clyde.

11) **Date of Next Meeting**
It was agreed that the next meeting of the Committee be held on Tuesday 27 November 2007, in the Conference Room, Management Building, Southern General Hospital at 2:30 pm.

NHS GREATER GLASGOW AND CLYDE

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 27 November 2007** in the Conference Room, Management Building, Southern General Hospital at 2pm.

Present

Dr R Reid (Chairman)	Associate Medical Director - Diagnostics
Mr G Barclay	Head of Administration
Dr O Blatchford	Consultant in Public Health Medicine
Dr R Hague	Infectious Diseases Consultant
Ms K Hamilton	Lead Infection Control Nurse – North East
Dr J Henderson	Consultant in Occupational Health
Ms A M Henery	Occupational Health Nurse
Ms J Higgins	Lead Infection Control Nurse – South Glasgow
Ms P Joannidis	Lead Infection Control Nurse – Women and Children
Ms A Johnson	Infection Control Nurse
Ms A Kerr	Lead Surveillance Nurse
Mrs J Murray	Interim Lead Infection Control Nurse – Clyde
Ms A Rankin	Head Infection Control Nurse
Dr P Redding	Infection Control Doctor – South
Ms S Shields	Clinical Effectiveness Co-ordinator
Dr D Stewart	Associate Medical Director – Emergency Care and Medical Services
Ms J Stewart	Acting Lead Infection Control Nurse – North West
Mr T Walsh	Board Control of Infection Manager
Dr C Williams	Clinical Director, Laboratory Medicine

		Action
1)	**Apologies** Apologies for absence were intimated on behalf of Dr Boulton-Jones, Dr Coia, Dr Deighan, Ms Kane, Dr Karcher, Ms Langan and Mrs Meikle.	
2)	**Minute** The Minute of Meeting of the Committee dated 12 October 2007 was submitted and approved.	
3)	**Matters Arising**	
a)	Risk Register With reference to item 3b of the previous Minute, Ms Rankin tabled the draft Infection Control Risk Register. A number of areas remained to be populated and Ms Rankin invited comments both on those areas and on any issues which had been omitted from the Risk Register. Ms Rankin, Dr Williams and Ms Ferguson would then complete the register.	**AR / CW / IF**
	It was agreed that the register would be held by the Committee and reviewed at each meeting. Exceptional Risks would be agreed by the Committee and would be escalated to the Board Control of Infection Committee and thence to the Board Clinical Governance Committee as appropriate, while also having due regard to the need to report in through the formal Acute Division Risk Register. The Register would therefore be formally reviewed at the Diagnostics Directorate Clinical Governance Committee and through that route risks would find their way onto the Divisional Risk Register.	**AR / GB**

b) MRSA Reporting
With reference to item 3c of the previous Minute, Ms Rankin reported that C-diff figures were now available for Glasgow. Work remained to finalise data collection in Clyde. MRSA figures were available for Glasgow but work remained to put these into Statistical Process Charts. Medical wards in South Glasgow would receive their first Statistical Process Charts in December 2007, with availability then being rolled out across the Directorates.

c) Outbreak Policy Draft and Infection Control Escalation Policy
With reference to item 3d of the previous Minute, Members considered the draft Outbreak Policy that had been developed for use across the single system. Dr Stewart had previously circulated a copy of the escalation flow chart, which had been the subject of discussion at the Acute Strategic Management Group on 22 November 2007.

Dr Stewart explained that in the normal course of events an infection control decision to close a ward to new admissions was unlikely to be challenged. However, the escalation protocol was intended to address those situations where there was a concurrent problem with emergency capacity and therefore, how those situations might be addressed. Dr Stewart stressed that the protocol was about managing individual patients who might require admission to a closed ward, rather than about re-opening wards that had been closed to new admissions. It was anticipated that even when this situation did arise it would be for the relevant Consultant staff to discuss and agree a way forward for individual patients. Recognising that there may be situations where agreement was not reached there needed to be a final arbiter and in that event the decision would be taken at Director / Associate Medical Director level. Any decision taken at Director / Associate Medical Director level would be subject to a significant incident review (text on protocol to be amended to reflect this). It was agreed that Dr Stewart would write up an accompanying narrative to explain these points.

Dr Williams stated that he was concerned that particularly out-of-hours there might be a discussion or negotiation over the closure of a ward. Dr Stewart stated that the protocol clearly outlined that the ward was closed on infection control advice pending the process described in the protocol.

Ms Rankin stated that the Infection Control Team would not “walk away” from any decisions where infection control advice was considered but then subsequently not accepted. She emphasised that the Infection Control Team still had a duty of care to patients and would work through any issues in a co-operative manner to minimise the risk to patients.

In response to a specific question it was confirmed that as this was a single system policy the protocol would apply in Clyde.

It was agreed that Dr Stewart would circulate the amended protocol and the accompanying text and Members would have until 10 December 2007 to submit any further comments to Dr Stewart. Dr Williams would circulate the protocol to the Consultant Microbiologists. The final

DS
ALL
CW

version of the protocol would then be attached as an appendix to the Outbreak Policy which would go to the Board Control of Infection Committee on 17 December 2007 for approval.

Members noted a draft Ward closure communication cascade tabled by Ms Rankin.

Members had no comments to make on the Outbreak Policy itself.

4) **Healthcare Associated Infection – Management of Incidents & Outbreaks – Communication with Scottish Government**

A letter dated 8 November 2007 from the Chief Nursing Officer reminding Boards about the need to alert key contacts in the Scottish Government about all major incidents and outbreaks as and when they occur was submitted.

It was noted that Mr Walsh and Ms McNamee would be responsible for advising the press office, the Scottish Government and Health Protection Scotland about any major incidents or outbreaks. Mr Walsh stated that the definition of major would be set at the "orange" level as per the Outbreak Policy. **TW / SMcN**

5) **Theatre Ventilation**

Dr Redding spoke about the ongoing problems with theatre ventilation function as well as the recording and evidencing maintenance carried out in theatres. The need for a common policy across the Board was discussed. Dr Williams stated that a Director level group involving Surgery & Anaesthetics, Estates and Infection Control was being brought together to look at this. A draft protocol would be brought back to the next meeting of the Committee. The protocol would also cover Yorkhill and Clyde hospitals. **CW**

Dr Williams stated that there needed to be some infection control oversight of this routine maintenance, it had been delegated to the estates function in the past but recent events at the Southern General Hospital had brought into sharp focus the need for better oversight of this important issue.

6) **Draft Policies**

a) Loose Stools

The draft Loose Stools policy was submitted.

Members commented that the Bristol Stools Chart, which formed an appendix to the policy, should be referred to throughout the policy, otherwise its addition as an appendix was not set in context.

Members were also of the view that the policy should be more accurately named a Diarrhoea Policy, that the text should be more explicit about the differences between loose stools and diarrhoea and that an important qualification should be added about breast feeding babies who developed type 7 diarrhoea.

b) Staff Screening
The draft Staff Screening Policy was submitted and noted.

c) Norovirus
The draft Norovirus Policy was submitted.

Members commented that the current policy did not advise staff to wear a face mask when cleaning up faeces etc and Members expressed a concern that making this a feature of the new policy would lead to a general escalation of the use of masks and personal protective clothing in situations where it was not required. Members were also concerned about the impact this would have on patients and their relatives and would lead to a general demand from both for provision of masks and personal protective clothing.

It was agreed that the Board should be asked to amend this element of the policy to remove the statement that staff should wear facemasks.

7) **Occupational Health Out of Hours**

Members considered the nature and level of out-of-hours support from Occupational Health required by the infection control team. Dr Henderson stated that when the new Consultant contract had been introduced, the Board had taken the view that it would not fund an out-of-hours occupational health service. Dr Henderson also stated that a proposal was also currently being developed by the Board around the contracting out of the occupational health service and linking this with the current provider for Glasgow City Council.

Members commented that they would wish to see an appropriate level of service and input to infection control issues from any new occupational health service. Some out-of-hours provision would be required. This would not be a high workload, but could be time critical when dealing with certain issues.

It was agreed that Dr Reid would write to Mr Reid, Director of Human Resources, raising this issue and also commenting that it was important to remember that occupational health provided other important functions in addition to what was perceived in some areas as their main role in relation to staff absence. **RR**

8) **Hand Hygiene Compliance**

Ms Rankin reported that she had asked the hand hygiene coordinator to focus on compliance audits, so that a baseline could be established for each ward. In recent days the Cabinet Secretary had announced that a hand hygiene compliance target of 90% would be set for 2008. Mr Walsh confirmed that funding would be available so that the coordinator post could be retained for at least another year.

Dr Stewart stated that an individual should be made accountable on a ward-by-ward and department-by-department basis for hand hygiene compliance. He stated that for wards, this should be the ward sister / charge nurse.

Ms Rankin stated that while ward sisters could be held accountable for nursing staff compliance, it was unlikely that they would assume responsibility for medical staff, AHPs and other groups of staff who entered a ward. Dr Stewart disagreed and stated that an individual should be in charge of a ward as an operational unit and that individual could have appropriate responsibility for challenging any member of staff who did not comply with hand hygiene requirements. Dr Redding stated that it would be important that whichever individual was identified as being responsible, they had the full backing of senior staff from each discipline, to enforce compliance. It would also be important to engender a change in culture where it became accepted for any member of staff or patient to challenge any member of staff about hand hygiene compliance.

It was agreed that Dr Reid would write to Mrs Muir, Interim Nurse Director, to propose that ward sisters should be given responsibility for enforcing hand hygiene compliance in their wards. **RR**

Dr Stewart would take this to the Associate Medical Directors to address issue through the medical staff structure. **DS**

9) **Standing Items**

a) Code of Practice / QIS Standards
Mr Walsh reported that the Code of Practice Group would become the QIS Standards Implementation Group. It was expected that the first meeting of the new group would take place shortly.

b) National Patient Safety Programme
Mr Walsh reported that one of the main tranches of work in the National Patient Safety Programme involved significant infection control data collection. Initial pilots would take place at the Royal Alexandra Hospital and at Glasgow Royal Infirmary. The first step was to confirm by 17 December 2007 which aspects of the data required could and could not be produced.

c) National Healthcare Associated Infection (HAI) Prevalence Study
Ms Rankin reported that a member of staff had now been seconded to carry out this repeat study. The Rehabilitation Directorate had been completed and work was now focused on the Emergency Care and Medical Services Directorate. Funding for the secondment ended on 31 March 2008 although Ms Rankin was developing a case for ongoing funding. Health Protection Scotland was currently providing data analysis support, although it was hoped to bring this in-house.

d) Surveillance
Ms Kerr reported on the five deep surgical site infections in orthopaedic surgery at the Southern General Hospital which had led to the temporary suspension of elective orthopaedic activity there.

The exception report from Health Protection Scotland for the period 1 April – 30 June 2007 had shown a higher than expected surgical site infection rate for Glasgow Royal Infirmary. There remained significant data capture and reporting issues at that hospital which was making

analysis difficult. Responsibility for ensuring form completing had now been given to nursing staff, and compliance was improving as a result.

Ms Kerr stated that C-Section form completion remained uncompliant, despite the issue having been raised with the Head of Midwifery. It was agreed this should now be raised with Dr Wallace and Mrs Crocket. **LK**

e) Antibiotic / Antimicrobial
Mr Walsh stated that he would circulate a written update after the meeting. It was agreed that Ysobel Gourlay be invited to join the Committee. **TW**

f) Decontamination
Ms Hamilton reported local discussions continued on the provision of a Podiatry local decontamination unit. Work on the remaining decontamination units was ongoing.

g) Cleaning
No report

h) Education / Audit and Research
Ms Rankin reported that progress on training the Cleanliness Champions was below trajectory and she would meet with the local facilitator and would then raise the issue with the Heads of Nursing. **AR**

Mrs Higgins reported that the first draft of the environmental audit tool was with the infection control nurses for comment.

i) Built Environment
There were no issues to report.

10) **Committee Reports**

a) Sector Control of Infection Committees (Exception Reports)
Ms Rankin stated that there was a need to bring some consistency to the composition, meeting arrangements and reporting arrangements for the sector Control of Infection Committees. **AR / RR / GB**

i) North East
Ms Hamilton reported on various ward closures.

ii) North West
Ms Stewart reported on various ward closures.

iii) South
Mrs Higgins reported that 15 wards had been closed at the Southern General Hospital (12 norovirus and three MRSA) and five at the Victoria Infirmary (four norovirus and one MRSA).

Mrs Higgins also commented on the increase in infection rates in primary joints which had let to the temporary suspension in orthopaedic surgery at the Southern General Hospital. A thorough investigation had been carried out and some theatre ventilation and some ward issues had been identified. One of the outcomes had been the creation of a

dedicated elective orthopaedic ward.

Mrs Higgins stated that it had not proved possible to introduce a new cleaning and disinfecting agent at the Mansionhouse Unit as two members of staff had an allergy to it. Members considered that a risk assessment exercise would need to be carried out and the balance of risk to two individual members of staff versus the risk posed to patients would need to be weighed up. The increasing levels of infection would need to weigh heavily on the risk assessment carried out.

iv) Maternity and Children's

Ms Joannidis raised the issue of cleaning of patient bed spaces between discharge and admission. She stated that the Facilities Directorate did not make provision to clean the floor, horizontal surfaces, lamps etc between patients. She added that the national cleaning specification stated this should be done.

Ms Rankin stated that while nursing staff were responsible for certain aspects of cleaning between patients and while wards were routinely cleaned on a daily basis, routine cleaning of bed spaces between patients was not common practice within hospitals. She added that she did not think that the infection control issues would be significantly in a children's hospital from an adult hospital.

It was agreed that Dr Williams, Ms Rankin and Ms Joannidis should meet with Ms Kane to discuss this issue. If the relative risk was deemed to merit cleaning then this should be pursued, and if it was deemed that cleaning was not merited then the Board should lobby for the requirement to be removed from the national specification. **CW / AR / PJ**

v) Clyde

Mrs Murray reported that there had been a MRSA outbreak in the intensive care unit at Inverclyde Royal Hospital.

There was a plan to transfer the high dependency unit from the Vale of Leven Hospital into the high dependency unit at Inverclyde Royal Hospital by 17 December 2007. Mrs Murray had raised a number of issues with the local Clinical Services Manager. It was agreed that these should also be raised with Mrs Martin who had the infection control management lead in Clyde. **JM**

b) Board Control of Infection Committee

Members noted the report submitted by Mr Walsh.

11) **Staff Uniforms Worn Travelling to and from Work**

It was agreed that Ms Rankin should bring back a paper on this subject. **AR**

12) **Dates of Meeting for 2008**

It was agreed that meetings of the Committee for 2008 be held on: Tuesday 29 January, Tuesday 25 March, Tuesday 27 May, Tuesday 29 July, Tuesday 30 September, Tuesday 25 November. All meetings to be held at 2.30pm in the Conference Room, Management Building, Southern General Hospital.

Minutes of the
NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL COMMITTEE
Held on Monday 17th December 2007 at 12 noon in the Board Room 1, Ground Floor, Dalian House

Present:

Dr. Syed Ahmed (in the Chair)	-	Consultant in Public Health Medicine
Dr. Penelope Redding	-	Infection Control Doctor – South Glasgow
Ms. Laura Langan	-	Clinical Risk Manager
Mr. Kenneth Fleming	-	Head of Health & Safety
Dr. Barbara West	-	Glasgow LMC
Dr. Tony Coia	-	Area Dental Committee Representative
Ms. Suzanne Clark	-	Lay Representative
Dr. Rosie Hague	-	Consultant Paediatrician in Infectious Diseases & Immunology
Dr. Craig Williams	-	Co-ordinating Infection Control Doctor
Dr. Andrew Seaton	-	Consultant ID Physician
Mr. Donald Sime	-	Area Partnership Forum Representative
Ms. Mary Anne Kane	-	General Manager – Facilities
Mr. Alex McIntyre	-	Director of Facilities
Mr. John Green	-	Health & Safety Manager (Facilities)
Ms. Sarah Freeman	-	Lead Infection Control Nurse – Glasgow Partnerships
Ms. Liz Marshall	-	ICN (Partnerships)
Ms. Annette Rankin	-	Head Nurse Infection Control – NHSGGC Acute
Dr. Ian Gordon	-	Clinical Director – East Dunbartonshire CHP
Dr. Robin Reid	-	AMD Diagnostics
Mr. Tom Walsh	-	Board Infection Control Manager
Ms. Sandra McNamee	-	Nurse Consultant Infection Control – NHSGGC

1. Apologies and welcome

Dr Ahmed welcomed everyone to the meeting and introduced Ms. Laura Langan, Clinical Risk Manager, Dr. Andrew Seaton, Consultant ID Physician and Ms. Liz Martin, Infection Control Nurse, Partnerships to the committee. Round the table introductions were made.

Apologies were received from:

Dr O Blatchford Dr L de Caestecker Ms L McGovern Mr A Stewart
Dr J Henderson

2. Minutes of the meeting held on 17th September 2007

The minutes of the meeting held on 17th September 2007 were accepted as a true record of the meeting.

3. Matters arising not on the agenda

3.1 MRSA Policy

Ms. McNamee and Ms. Rankin have drafted the MRSA Policy and comments are awaited from Dr. Redding. Once these comments have been received the MRSA Policy will be issued for wider consultation.

3.2 VZV-IgG Screening Policy

The JCVI has set up a sub group to look at possible VZV-IgG screening of pregnant women. A recommendation from the sub group is expected in June. The committee agreed that a decision on the screening policy ideally should be taken after the JCVI recommendation is available.

4. Matters arising from the previous minute

4.1 Update on Pandemic Flu Plan

The Scottish Government have published a number of guideline documents on pandemic flu including a guideline on the distribution of antiviral drugs during a pandemic.

Previously there were approximately 23 sub groups looking at flu pandemic planning and these have now been streamlined to 4 sub groups. There will be one each for the Acute, Partnerships, Board-wide strategic and external agencies. Any member wanting clarification on these groups or wishing to be involved should contact Dr. Oliver Blatchford directly. It is hoped to have NHSGGC plan ready for June 2008.

Dr. West asked if the desk top exercise planned in West Dunbartonshire CHCP in February would be able to go ahead without the finalised document. Dr. Ahmed said that he would clarify this with Dr. Blatchford.

Dr. Redding pointed out that from the list tabled with the agenda there appears to be no Infection Control Doctor input to any of the sub groups. Dr. Ahmed said that he would bring this to Dr. Blatchford's attention, but the list of membership probably refers to the previous planning arrangements.

4.2 Health Clearance for new HCWs – Update and Status

This document has been published in England and Wales but the Scottish version has still to been published.

4.3 Ward Closure

The Acute Division established a group, led by Dr Stewart, to look at the process for the closure of wards during outbreaks. The group produced a protocol which has been approved at AICC. The Committee agreed that the protocol should be incorporated as an appendix to the NHSGGC Outbreak Policy.

4.4 Clinical Waste

Mr Green provided the committee with an overview of the new NHSGGC Clinical Waste Policy. A paper summarising his presentation is attached to this minute.

5. Standing Items

5.1 Acute Division Report

The Acute Division is behind the agreed trajectory for Cleanliness Champions. A Cleanliness Champion Facilitator has been appointed and will concentrate on G Grade nurses. One of the main problems is getting staff to attend sessions and a new approach will be adopted from next month. From January 2008 every ICN will be responsible for leading a cohort of nominated Cleanliness Champions to support both the work of the facilitator, and achievement of the Board's target of 983 Cleanliness Champions by March 2008.

Bacteraemia surveillance is currently in line with the proposed trajectory for 35% reduction by 2010. ICNs may be able to carry out Enhanced Surveillance of bacteraemia using equipment purchased to facilitate the IC Safe Patient Environment Audit. The Division is compliant with orthopaedic surveillance but non-compliant with C-Section surveillance. A meeting with Jackie Reilly and Eleanor Steinhouse is being arranged to seek clarification and discuss this matter. Mr. Walsh stated that he would be happy to be involved in these discussions.

Work is underway to harmonise Surgical Site Infection Surveillance systems across NHSGGC.

There are three ICN groups looking at alert organism surveillance.

The Environmental Audit tool should be in a final draft format by January 2008. Work is in progress on the Infection Control Risk Register.

There are 15 wards closed at present due to outbreaks of Norovirus.

The Acute Division QIS Standards Group will hopefully meet in January 2008.

5.2 Partnership Report

The Glasgow and Clyde Partnership teams formally merged in October as planned.

One of the main problems that Partnerships have encountered with staff undertaking the Cleanliness Champions Course is obtaining folders of evidence. Mr Walsh and Mrs Freeman will discuss how to take this forward.

Alert surveillance has been harmonised with Clyde and the Infection Control Risk Register was submitted to the Partnership Infection Control Committee (PICC) last week. ICNs in Partnership will also use new IT equipment to facilitate the IC Safe Patient Environment Audit.

There have been 8 outbreaks since the last report and there are no wards closed at present.

CHCPs are, on occasion omitting to seek advice from the Infection Control Team (ICT) in relation to new builds and refurbishments. A project alert system has been put in place to ensure that each CHCP should send plans to the ICT and Estates.

5.3 Infection Control Manager Report

Mr Walsh was content that all key points were covered elsewhere on the comprehensive agenda.

5.4 Update on Risk Management

The Infection Control Risk Registers once complete, will be fed back to the PICC and the Acute Infection Control Committee (AICC) for approval before coming to the BICC. These registers will also be submitted to the individual CHCP and Diagnostic Directorate for consideration. Risks submitted to the BICC will be discussed with Risk Manager (LL) and the ICM and if relevant escalated to the Board Clinical Governance Committee.

5.5 Update on Hospital Hygiene and Cleaning Services

This report was tabled for information. The figures are marginally improved and this reflects the work undertaken by staff.

5.6 Update National Hand Hygiene Campaign

Funding for the Hand Hygiene Co-ordinator post has been extended for an additional two years. The National Hand Hygiene Report is due to be published on 27th December.

5.7 Reports from the Sub Groups

(a) Decontamination

(i) Endoscopy

The new Endoscopy Unit at Stobhill is now fully functional. Identification of capital to fund the next stage of the Planned Replacement Programme is being submitted to the Capital Review Group.

(ii) PCAT

Mr. Stewart is reviewing PCAT as this is another revenue challenge. The main areas requiring resources are being identified.

(iii) CDU

The Central Decontamination Unit is now processing all high risk equipment.

(iv) CJD Sub Group

There have been two meetings of the CJD Sub Group. Local procedures are in place to update the list of high risk patient and a system will flag up high risk patients on all of the Patient Administration Systems (PAS) in NHSGGC. A questionnaire for use in pre-admission for endoscopy is being reviewed. National guidance is still awaited.

(b) ICN Policy Group

(i) Transport of specimens

A final meeting of Lab Managers is due to be held in January 2008. The policy will then go to the AICC and the PICC before coming to the BICC for approval.

(ii) Norovirus Policy

The Novovirus Policy has already gone to the AICC and the PICC for approval.

It was noted that if a HCW submits a stool sample to their GP then the GP needs to be informed of where the sample should be sent i.e. Bacteriology or Virology. It was agreed that the policy should be amended to recommend that HCWs submit a specimen to Occupational Health rather than their GP.

It was also suggested that the policy should consider that if a ward is closed and if patients from that ward in the previous 48hrs had been discharged to care homes whether the staff should be notified. It was agreed that this policy would be returned to the ICN sub group and an opinion sought.

(iii) Staff Screening Policy

Mr. D. Sime requested that this policy be sent to the Area Partnership Forum for comments before being ratified.

(iv) Outbreaks

Dr. Reid highlighted that on P3 it stated that "Managers must follow the advice of the Infection Control Team or OCT" and requested that this should be changed to "Managers should consider the advice of the Infection Control Team or OCT".

It was agreed that this should be amended and this policy was now approved.

(v) Loose Stools

This policy was approved.

(vi) SOP Policy Approval

This document gives details of the procedure for the development and approval of new policies and also reviewing existing policies and procedures for infection prevention and

control. Ms. McNamee will review the comments received and bring a revised version back to the next BICC.

(c) Public Involvement Group

S.McNamee & T. Walsh had discussed and agreed with Mr. D. Harley (Community Engagement Manager) how to develop this group's remit to link fully with the work of the PFPI groups within NHSGGC.

(d) Update Code of Practice/QIS Standards

The group looking at the Code of Practice and QIS Standards has still to meet. The new QIS Standards are due out in April 2008 and review visits will commence in January 2009.

6. New Business

6.1 2008/09 Infection Prevention & Control Programme

The paper from Mr Walsh and Ms McNamee circulated for the agenda item proposed a list of themes and key topics which should be the main focus of the NHSGGC Infection Prevention and Control Programme for 2008/09. The themes and key topics include all the mandatory requirements set by SGHD and the main elements of the new HAI Taskforce Action Plan. BICC approved the list of topics and Mr Walsh and Ms. McNamee will further develop these into a draft ICP for wider consultation and submission to the next meeting of the committee.

7. Documents received since the last BICC Meeting

7.1 The Scottish Patient Safety Programme NHS QIS, IHI

This is a Quality Improvement Programme commissioned by the Scottish Government and implemented via Quality Improvement Scotland, with input from the Institute for Healthcare Improvement. The Programme has a significant section on HAI. There is a training event on the programme for relevant staff in January. Ms Lanagan agreed to provide an update on the programme for the next meeting of the committee.

7.2 HAITF Draft Action Plan 2008/2010

The Draft HAI Taskforce Action Plan 2008-2010 had been circulated to members for information. Mr Walsh and Ms McNamee confirmed that the key elements of the action plan would be included in the draft ICP for 2008/09

7.3 ScotMARAP Consultation Paper

See Item 8.6.

7.4 HAI – Management of Incidents and Outbreaks

The group noted the letter from CNO dated 8th November advising on the reporting of outbreaks to SGHD and HPS. Mr Walsh and Ms McNamee advised that they already had a system in place and that the only action required was minor updating of the list of contacts.

8. Updates from other committees

8.1 BBVs/PEP

PEP Guidelines

The PEP Policy has been updated and printed. A new training programme is about to commence.

Hepatitis C Action Plan

The Hepatitis C Action Plan Phase II is due out in April/May 2008. There will be a requirement to increase the number of patients being treated and this will have major resource implications. However new resources will be made available by the Scottish Government for this.

8.2 Immunisation Liaison Group

The Government has just approved the use of HPV Vaccine for 12-18 year old girls. Dr. Ahmed is setting up a group to look at the implications of this vaccine implementation.

8.3 TB Monitoring Group

Nothing new.

8.4 Sexual Health and Infections

From the beginning of January 2008 a new duplex test for Gonorrhoea and Chlamydia will be carried out on specimens submitted for Chlamydia in the Greater Glasgow area.

8.5 PH/EH/Med/Vet Liaison Group

Nothing new.

8.6 Antimicrobial Prescribing Team

Dr Seaton updated the group on the work of the NHSGGC Antimicrobial Prescribing Team (APT) which was formed in 2007 as a subgroup of the Area Drugs and Therapeutics Committee (ADTC). The primary function of the group is to oversee and direct the appropriate and prudent use of antimicrobials within NHSGGC.

Dr Seaton referred to the draft Scottish Management of Antimicrobial Resistance Action Plan (ScotMARAP) document which will inform and shape the on-going work of the team.

It was agreed that any comments on the draft ScotMARAP document should be submitted to Mr. Walsh by 8th January 2008.

9. AOCB

(a) A request was made that all future papers for the BICC be numbered to correspond with the agenda. Ms. McNamee said that she would arrange for this to be carried out.

(b) PICT

Mrs Freeman advised that the PICT do not provide a service to GPs or the social care facilities within CHCPs. Mr.Walsh said that he would seek the views of Clinical Governance and CHCP Directors to clarify the position regarding Infection Control services for Independent Practitioners and Social Care staff.

10. Dates of next meeting

The next meeting will be held on Monday 17 March 2008 at 12 noon in Board Room 1, Dalian House.

Meetings 2008

Monday 16 June 2008 at 12 noon in Board Room 1, Dalian House.
Monday 15 September 2008 at 12 noon in Board Room 1, Dalian House.
Monday 15 December 2008 at 12 noon in Board Room 1, Dalian House.

NHS GREATER GLASGOW AND CLYDE

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 29 January 2008** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.30pm.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Ms L Bagrade	Consultant Microbiologist, RAH, Paisley
Dr O Blatchford	Consultant in Public Health Medicine
Dr J Coia	Infection Control Doctor, North-East
Dr R Hague	Consultant Paediatrician
Ms K Hamilton	Lead Infection Control Nurse, North East
Ms J Higgins	Lead Infection Control Nurse, Southern General Hospital
Ms M A Kane	General Manager, Facilities and HAI, North-East
Ms L Kean	Lead Infection Control Nurse, Victoria Infirmary
Ms L Langan	Clinical Risk Manager
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics Directorate
Ms E Mitchell	Senior Infection Control Nurse, South Glasgow
Mrs J Murray	Lead Infection Control Nurse, Vale of Leven
Ms A Rankin	Head Infection Control Nurse
Dr D Stewart	Associate Medical Director, Emergency Care & Medical Services
Mr T Walsh	Board Infection Control Manager
Dr C Williams	Clinical Director, Laboratory Medicine, Co-ordinating ICO, Glasgow

By Invitation

		Action
1)	**Apologies** Apologies for absence were intimated on behalf of Dr Boulton-Jones, Mrs Gourlay, Ms Ferguson, Ms Henery, Dr Karcher, Ms Kerr, Dr Redding and Ms Shields.	
2)	**Minute** The Minute of Meeting of the Committee dated 27 November 2007 was submitted and approved.	
3)	**Matters Arising**	
a)	Glasgow Dental Hospital Ms Rankin stated that there was currently a 0.5 full time equivalent infection control nurse dedicated to the Glasgow Dental Hospital. The Dental Hospital were looking for extra input. Ms Rankin would meet with the Oral Health Directorate to discuss the positioning of this service. The Community Dental Service was currently being covered by former Primary Care staff who were now part of the Partnership arrangements.	AR
b)	Occupational Health Out of Hours With reference to Item 7 of the previous Minute, Dr Reid reported that he was still in the process of addressing this issue with Mr Reid, Director of Human Resources.	RR
c)	Hand Hygiene Compliance With reference to item 8 of the previous Minute, Dr Reid reported that he had yet to raise this issue with Dr Cowan and Mrs Muir. The issue had yet	RR

to come before the Associate Medical Directors. Mr Walsh confirmed that funding for the post had been continued for a further two years. Ms Rankin emphasised the importance of developing a base line audit for each ward. This was required for robust internal audit purposes.

d) MRSA Reporting
With reference to item 3 b) of the previous Minute, Ms Rankin stated that statistics for Staphs, MSSA, MRSA and C-Difficile were available for Greater Glasgow and by Directorate and hospital and ward level. Staff would be advised whether their wards were in or out of the control zone. The intention was to have this available on the Intranet in real time.

With reference to the National MRSA Pilot Screening Project Mr Walsh said that discussions were still under way at a national level as to how this would be carried out. Dr Williams stated that the Board could volunteer to be a pilot for the project but this would depend on the pilot specification. The pilot was concerned with how the system would be implemented from 2009 rather than a feasibility study of whether or not MRSA screening should be carried out.

e) Infection Control Escalation Policy
With reference to Item 3 c of the previous Minute Dr Stewart reported that the Policy had now been approved by the Board Control of Infection Committee.

f) Theatre Ventilation – Draft Protocol
With reference to Item 5 of the previous Minute, Dr Williams reported that the Directors of Diagnostics, Surgery & Anaesthetics and Facilities had met on 14 January 2008 to discuss this issue. He was awaiting feedback from this meeting prior to writing the protocol. CW

4) **Quarterly Report on Staphylococcus Aureas Bacteraemias – July – September 2007**
The Quarterly Report from Health Protection Scotland was submitted and noted. It was noted that the Board was exceeding its trajectory for reducing the number of Staph Aureas Bacteraemias.

5) **First Annual Report on CDAD in Scotland**
The First Annual Report on CDAD in Scotland was submitted and noted.

6) **Management of Anti-microbial Resistance Action Plan**
The letter of 22 January 2008 from Mr Bryson, Chairman of the Anti-microbial Utilisation Committee was submitted and noted and it was considered that it was important there was a close link between anti-microbial resistance reduction and infection control. Reducing use of one antibiotic and replacing it with a cheaper one might reduce the ability to fight C-difficile.

7) **Standing Items**

a) Risk Register
Ms Rankin tabled an extract from the risk register and highlighted a number of areas where the risk owner, action plan lead and implementation date remained to be agreed. It was agreed that Ms Rankin would work with individuals to complete the risk register.

b) Code of Practice / NHS QIS Standards
Mr Walsh reported that the Group had not yet met. The Group would meet once the final version of the standards was produced in March 2008.

c) National Health Care Associated Infection (HAI) Prevalence Study
Ms Rankin reported that a repeat of the prevalence study was currently underway. However, there were delays in receiving the data back from Health Protection Scotland. Mr Walsh would raise this issue with HPS. TW

d) Surveillance
Ms Kean reported that feedback of surveillance information to the consultant orthopaedic surgeons at the Southern General Hospital on the recent infection issues would be carried out.

100% compliance for completion of audit forms had been achieved for Glasgow Royal Infirmary for December 2007. The challenge would now be to maintain this level of performance.

The C-section audit remained non-compliant in terms of the 30-day post-discharge surveillance. However, most Boards in Scotland were also non-compliant. The Head of Midwifery had stated that she did not have sufficient staffing to carry out this at 30-days. There were also a number of women who gave birth in the Board's area but were from outwith the Board's area and this would require liaison with a number of staff in other Boards which was exceedingly complex. Mothers were seen by staff at ten days routinely but not at 30 days. Dr Williams asked whether recording at ten days would be helpful. Members generally agreed that it would. Ms Rankin would raise this with Health Protection Scotland. AR

Surveillance arrangements were not fully in place at Inverclyde Royal Hospital and Ms Kean had been in discussion with Dr Biggs about bringing this hospital on board.

e) Antibiotic /Ant microbial
Mr Walsh stated that interviews for four ant microbial pharmacists to work across the single system would be held. It was agreed to clarify the distribution of these individuals and whether they aligned to directorates or would work across the single system as issues were raised. TW

It was noted that Mrs Gourlay would attend the Committee in future and would present reports on a number of Antibiotic / Ant microbial issues. Standard 3 of the new QIS Infection Control Standards emphasised the link between ant microbial use and the Infection Control Committee.

The alert antibiotics permitted indications information sheet for the Board was submitted and noted.

f) Decontamination
Ms Hamilton reported that work had not yet started on the new decontamination unit at Glasgow Royal Infirmary and at Gartnavel General Hospital. Discussions were ongoing with users and on equipment they would need, how the scopes would be transported and the turnaround times.

g) Cleaning
The National Cleaning Services Specification Quarterly Compliance Report for July to September 2007 was submitted and noted. Ms Kane stated that 95.3% compliance had been achieved and the draft figures for the October to December period indicated 96%. Members noted the significant work carried out by Domestic Services staff during the spate of recent ward closures.

h) Education/Audit and Research
Mrs Murray reported that the existing batch of cleanliness champions continued to be followed through to completion. All G Grades would be asked to complete the programme by 31 March 2008. Ms Meikle asked for details of those staff yet to complete to be passed to Directorates so that managers could follow this up.

The final draft of the environmental audit tool for wards was almost complete. Pilots were being arranged to test the tool.

i) Built Environment
Mrs Higgins reported that construction of the Ambulatory Care Hospitals was now well under way and Infection Control staff were working through issues as they arose.

Some final agreement was awaited on the Neuro Endoscopy Scheme in an appropriate manner taking into account all infection control issues. Mrs Higgins would follow this up. JH

8) **Committee Reports**

a) Sector Control of Infection Committee (Exception Reports)

i) North East
6 Wards at Glasgow Royal Infirmary and 10 wards at Stobhill had been closed to new admissions since the last meeting of the Committee due to Norovirus.

ii) North West
6 Wards in Gartnavel General Hospital had been closed to new admissions since the last meeting of the Committee due to Norovirus. Ms Kane stated that she had a range of concerns about wards G3 and G4 in Gartnavel General Hospital and the level of compliance against the Watt Report. Issues included poor surfaces and general décor of these wards. It was agreed that Ms Kean and Dr Coia would write to the Lead Nurse and General Manager highlighting these areas of concern and asking about plans for refurbishment. LK/JC

There had been ingress of water in the intensive care unit at the Western Infirmary over Christmas and New Year. This issue had now been resolved.

iii) South
42 wards had been closed to new admissions in South Glasgow since the last meeting of the Committee. The temporary Norovirus ward had been re-established at the Victoria Infirmary and this had an immediate positive

impact in reducing the number of ward closures. Once the winter period was over there would be a need to reflect again on previous decisions as to whether a dedicated Norovirus ward had a place. Dr Williams suggested that the cross infection issues may actually lie in the Accident & Emergency Department at the Victoria Infirmary. He suggested a study be implemented to look at this.

There had been a steam leak under the Haematology Ward at the Southern General Hospital. The area had to be refurbished prior to patients moving back in.

iv) Maternity and Children's
There had been a couple of Norovirus infections at the Princess Royal Maternity Hospital since the last meeting of the Committee.

v) Clyde
21 wards have been closed to new admissions across Clyde since the last meeting of the Committee.

All Endoscopy lists had to be stopped at IRH and Vale of Leven for a number of days following problems with decontamination. The decontamination system had been affecting the scopes. The manufacturers of the sterilisers and the scopes had been involved. After a further risk assessment it had been agreed that lists could restart.

Mrs Murray stated that she would be retiring in April 2008 and this would be her last meeting of the Committee. Interviews for a replacement would be held on 18 February 2008. Members thanked Mrs Murray for her contribution to the Committee.

b) Board Control of Infection Committee
The draft Infection Control Programme was available for comment. It would be submitted to the next meeting of the Committee. Ms Rankin stated that she would also bring the Acute Programme at that time. TW AR

9) **Scottish Patient Safety Initiative**
It was noted that Glasgow Royal Infirmary and the Royal Alexandra Hospital would be the two pilot sites for the PSI. Significant data collection would be required. It was agreed that this item should be added as a standing item to the Committee agenda.

10) **Date of Next Meeting**
It was agreed that the next meeting of the Committee be held on Tuesday, 25 March 2008, in the Conference Room, Management Building, Southern General Hospital, Glasgow, at 2.30pm.

Minutes of the
NHS GREATER GLASGOW AND CLYDE BOARD INFECTION CONTROL COMMITTEE
Held on Monday 17th March 2008 at 12 noon in the Board Room 1, Ground Floor, 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. Tony Coia	-	Area Dental Committee Representative
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
Mr. John Green	-	Health & Safety Manager (Facilities)
Ms. Sarah Freeman	-	Lead Infection Control Nurse – Glasgow Partnerships
Ms. Annette Rankin	-	Head Nurse Infection Control – NHSGGC Acute
Mr. Tom Walsh	-	Board Infection Control Manager
Ms. Sandra McNamee	-	Nurse Consultant Infection Control – NHSGGC
Dr. Oliver Blatchford	-	Consultant in Public Health Medicine
Dr. Linda Bagrade	-	Microbiologist, Infection Control Doctor
Ms. Liz McGovern	-	Specialist – Pharmaceutical Public Health
Mr. Andy Crawford	-	Head of Clinical Governance (in attendance for Item 5.4 only)

1. Apologies and welcome

Dr Ahmed welcomed everyone to the meeting and introduced Dr. Linda Bagrade, representing Dr. Vevanne Biggs, to the committee. Round the table introductions were made.

Apologies were received from:

Dr. P. Redding	Mr. A. McIntyre	Mr. A. Stewart	Ms. I. Ferguson
Mr. D. Pace	Dr. R. Reid	Dr. V. Biggs	Dr. A. Seaton
Dr. I. Gordon			

2. Minutes of the meeting held on 17th December 2007

The minutes of the meeting held on 17th December 2007 were accepted as a true record of the meeting subject to the following amendments:

"Liz Martin" should be changed to "Liz Marshall".

Item 5.1, 1st paragraph, 1st sentence, should be amended to read "Board is behind the agreed trajectory for Cleanliness Champions."

Item 5.1, last sentence, should be amended to read "The Acute Division HAI Standards Group will hopefully meet in January 2008."

3. Matters arising not on the agenda

No items were raised.

4. Matters arising from the previous minute

4.1 Update on Pandemic Flu Plan

Dr. Blatchford updated the group. He has been working with colleagues in both the Acute Division and Partnerships looking at the new guidance that has been issued. There are numerous new guidance documents available on the Scottish Government website and two of these documents are infection control guidance. Dr. Blatchford advised that Ms. McNamee had agreed to take the lead on infection control planning for pandemic flu and will contact colleagues, shortly, to invite to join the sub group looking at the two infection control guidance documents. This group will ultimately inform the Board Group.

4.2 Health Clearance for new HCWs – Update and Status

Dr. Ahmed advised the group that the Scottish version of this guidance is still awaited and will remain on the agenda until it is available.

4.3 MRSA Policy

Dr. Ahmed informed the group that he had received a letter from Dr. Alan McDevitt, GP, regarding a patient who was due to have an ophthalmic operation but the procedure was cancelled as the patient was positive for MRSA. Dr. McDevitt was asked to refer the patient back once they had three negatives samples. Dr. McDevitt had written to Dr. Ahmed to highlight the GPs had not been communicated to on the rational for clearance and also any guidance on how and when to do it.

Ms. McNamee advised the group that the MRSA Policy has been drafted and a group of Infection Control Doctors and Lead ICNs are looking at the policy to discuss and standardise key elements of the policy across GGC. Dr. West asked that when in draft form this policy could be distributed to GPs for comments. S.McNamee assured Dr. West that after draft has been agreed then it will go through the normal consultation process for policies.

The Scottish Government is carrying out a pilot study on pre-admission screening this year to ascertain the feasibility of screening of all patients for MRSA on and/or prior to hospital admission. It was noted that GGC has decided not to take part in the pilot study.

4.4 Clinical Waste

Mr. Green advised that the Clinical Waste Action Plan had now been published. Mr. Green then went on to highlight the actions required.

SHTN3 – central guidance should be available on the HFS website. This guidance will be thumbnailed for ease of use and be a user friendly document which will remain on the HFS website and be updated regularly.

Tonnage – Both the Greater Glasgow area and Clyde area produced less waste last year. This seems to be a trend in other Boards in Scotland.

Diabetic Sharps Waste – There has been no movement in this area and the issue remains unresolved.

Pyrolysis – HES Ltd. Continue to move forward with the installation of a pyrolysis plant at Shotts. There were no public objections raised during the public consultation phase. SEPA have issued a Schedule 4 hold on the issuing of the licence and are seeking clarification on some technical requirements for the new plants. It was noted that it is likely to be the end of 2008/beginning of 2009 before the plant is up and running.

Metal Recovery – HES Ltd. have identified an increase in the volume of metals being disposed of via the clinical waste stream. HES Ltd. is preparing a proposal for segregating this waste from the clinical waste so that is can be treated separately and then recovered as metal waste.

Radioactive Waste – Under new guidance much of the Radioactive waste produced will be able to be disposed of via the mainstream clinical waste stream.

Municipal Waste – The Board placed an advert in the Official Journal of the European Union on 15th February 2008 for the procurement of a single contract for the management and disposal of the Municipal waste arising from GGC hospital sites. Fifteen expressions of interest have been received so far. A project group will meet on 19th March 2008 to procure then new contract.

Ms. McNamee asked if laboratory waste will go into the yellow stream. Mr. Green confirmed that it would.

Mr. Coia raised concern about the collection of amalgam sludge waste from dental surgeries as very few contractors are keen to take this type of collection on. Mr. Green said that this issue should be resolved within the next three months.

5. Standing Items

5.1 Acute Division Report

Mrs. Rankin tabled the acute division report and updated the group on progress with the Planned Programme. Cleanliness Champions programme was on schedule with ICNs on each of the sites participating in 'taught' sessions. It was anticipated that the boards target would be achieved. Statistical Process Control Charts (SPC) for MRSA and C. difficile has been issued to almost all clinical areas in Glasgow. The charts for the Vale of Leven and Inverclyde Royal Hospital were ready to be issued. The repeat of the Prevalence Study continues, however, the service is having difficulty getting results back from HPS and there was a concern that this data would be out of date before the local clinical areas had feedback. Norovirus outbreaks have severely impacted on the provision of the IC

service with almost 80 wards being closed since the last BICC. The Infection Control Safe Patient Environment Audit tool was in draft and is currently being trialled.

5.2 Partnership Report

Mrs. Freeman talked the group through the paper tabled reporting progress against the Annual Infection Control Programme for the Partnership Infection Control Team. Particular reference was made to the number of Cleanliness Champions being trained and it was noted that the combined total for Partnership and Acute was well on the way to meeting the overall Board target of 983 Cleanliness Champions by the end of March 2008. Mr. Walsh thanked the team for their efforts in the achievement of this target.

The group noted that the Alert Organism and Alert Conditions Surveillance has been harmonised across NHS Greater Glasgow and Clyde Partnerships.

Mrs. Freeman also advised that the Risk Register would be submitted for approval at the next Partnership Infection Control Committee meeting and following approval this would be circulated to CHCPs and other areas within Partnerships to ensure integration within the overall CHCP Risk Registers.

5.3 Infection Control Manager Update

Mr. Walsh advised that the Annual Infection Control Report was currently being drafted and would be tabled at the next meeting of the BICC.

The group noted that as yet there had been no confirmation of the continuation of HAI development funds from the Scottish Government which had been very helpful over the last three years. Mr. Walsh will pursue this with colleagues in Scottish Government.

5.4 Update Risk Management – Scottish Patient Safety Programme

Ms. Langan advised that she was pursuing clarity on the link between the Board Infection Control Committee and the Infection Control Programme and the Board Risk Management Group. The group noted that this was a requirement of the new QIS Standards on HAI.

The group also welcomed a presentation by the Board Head of Clinical Governance, Mr. Andy Crawford, on the Scottish Patient Safety Programme. Mr. Crawford's presentation has been appended to this minute.

The group noted the significant infection control component of the Scottish Patient Safety Programme and agreed that common data definitions would be important to progressing the roll out of the programme across NHS Greater Glasgow and Clyde.

It was noted that Mr. Walsh would be part of the Scottish Patient Safety Programme Steering Group for NHS Greater Glasgow and Clyde and that he would act as a link between the Programme and the infection control service.

5.5 Update on Hospital Hygiene and Cleaning Services

Ms. Kane updated the group. The quarterly report for October to December 2007 had been published and had been circulated with the agenda. This had been the best performance so far by Greater Glasgow and Clyde as the Board had been given 96%. It was also noted that the number of areas that had been given a red or amber compliance rating had dropped. This reflects work undertaken at local level.

There is a forthcoming change to the colour coding system of cleaning equipment to reflect the Department of Health National Colour Coding. This will affect a variety of cleaning equipment including cloths, mops and buckets. Some money has been made available to carry out these changes.

It was noted that this will not affect the Infection Control Policy Manual.

5.6 Update National Hand Hygiene Campaign

Funding for the Hand Hygiene Co-ordinator post has been extended for an additional two years. The National Hand Hygiene Report was published on 27th December 2007.

5.7 Reports from the Sub Groups

(a) Decontamination

Unfortunately neither Mr. Stewart nor Mr. McIntyre was available to talk to this item.

It was agreed that Mr. Stewart would be approached to provide a short update for the group. Mr. Walsh also referred to recent discussions with Ms. Kane and proposed that all the reporting elements from the Facilities Directorate be incorporated into a single report as a standing agenda for future meetings of the Board Infection Control Committee. This report cross referring to the relevant elements of the overall Board Infection Control Programme.

(i) Endoscopy

(ii) PCAT

Mr. Coia tabled a paper, which is appended to the minutes, detailing a meeting of the GGC GDP Sub Committee that was held 3rd March 2008 to discuss decontamination issues in dentistry. The group noted the significant challenges posed by the National Agenda on Decontamination. There was broad support for the proposal that there should be a sub-group of the NHSGGC PCAT Steering Group to consider the specific issues in dentistry. Mr Walsh suggested that Mr Coia approach Alan Stewart to progress this.

(iii) CDU

(iv) CJD Sub Group

Mr. Walsh advised that the work of the CJD Sub Group continued to focus on ensuring local procedures were in place to update the list of high risk patients within NHS Greater Glasgow and Clyde and advising on amendments on this list to neighbouring Health

Boards. A questionnaire for use in pre-admission is being developed by the group and will be piloted in a high risk area within the Acute Division.

The national guidance in development by Health Protection Scotland is still awaited.

(b) ICN Policy Group

(i) Transport of specimens – This policy is being taken forward by Mr. K. Flemming's Health & Safety Team and will be brought back to the BICC when in draft.

(ii) Norovirus Policy – S. McNamee reported back to the group, that the question regarding the identification of patients who had been in the ward/department in the 48hrs before had been discussed at the ICN sub group and although was considered good practice and more often than not achieved, in some areas, e.g. medical/surgical receiving this would not be practicable. Dr. Williams informed the group that significant changes in the samples requested from the wards was under discussion and that the policy should not be ratified until this has been agreed. Dr. Williams agreed to send the new sampling recommendations to S. McNamee as soon as they have been agreed. This policy will be tabled again at the next BICC in June.

(iii) Staff Screening Policy - This policy was sent to Mr. D. Sime and distributed to staff side representatives. Not comments were received and this policy was ratified.

(iv) SOP Policy Approval – This SOP was ratified without amendment.

(c) Public Involvement Group – S. McNamee informed the group that she had met this week with the PFPI leads for the CHCPs. She has agreed to participate in any initiative set up in which infection control input may be of some benefit. She has also agreed to do a newsletter for the CHCPs in conjunction with the LHHC. S.McNamee also invited Ms. Clarke to feedback to the BICC on any external PFPI initiative she is involved in.

(d) Update Code of Practice/QIS Standards

Mr. Walsh advised that the NHSGGC QIS Standards Group had been convened under joint chairmanship of himself and Dr. Redding. The group had met and agreed the establishment of sub groups addressing each of the five individual standards. These sub groups would assess our current status against each of the standards and perform a gap analysis in forming an action plan for achievement of the standards.

6. New Business

6.1 2008/09 Infection Prevention & Control Programme

The 2008/09 Infection Prevention and Control Programme was given final approval by the group. Mr. Walsh advised that this would now go to the Clinical Governance Committee, Risk Management Group and Chief Executive for final sign off.

It was also agreed that the Acute, Partnership and Facilities Infection Control Programmes would be brought to the next meeting of the Board Infection Control Committee after approval at their respective committees or management groups.

7. Documents received since the last BICC Meeting

7.1 CEL 18(2007) – Healthcare Associated Infection: SHFN 30 and HAI-SCRIBE Implementation Strategy

This document was circulated for information.

8. Updates from other committees

8.1 BBVs/PEP

Training for BBVs/PEP implementation is being rolled out. Anyone wishing to access training can contact the Public Health Department for further information and a timetable of the training schedule.

Phase 2 Hepatitis C Action is planned to be announced by the Scottish Government sometime in May this year. There are some associated resources being promised to roll out the Action Plan. The implementation of the Action Plan is being co-ordinated by Dr. Syed Ahmed, who is the executive lead for Hepatitis C. Anyone wishing further information about the Action Plan should contact Dr. Ahmed.

8.2 Immunisation Liaison Group

Liz McGovern had already circulated a paper summarising the extensive audit undertaken on vaccine cold chain in NHS Greater Glasgow and Clyde. Anyone wishing further information should contact Liz McGovern.

A Human Papilloma Virus Vaccine will be rolled out from September this year and a local implementation group has been set up and chaired by Dr. Ahmed to plan how best to implement it in NHS Greater Glasgow and Clyde.

8.3 TB Monitoring Group

A recently diagnosed case of Extensively Drug Resistant TB (XDR TB) is being managed within a hospital of NHS Greater Glasgow and Clyde. This case recently came to Glasgow and is known to have TB in the country of his origin but poorly managed.

8.4 Sexual Health and Infections

There continues to be an ongoing outbreak of Syphilis among gay men and plans are under way to introduce community testing for Syphilis in various settings where gay men frequent and also enhance the prevention message.

8.5 PH/EH/Med/Vet Liaison Group

Nil of note.

8.6 Antimicrobial Prescribing Team

Dr. Seaton had proffered apologies for today's meeting, however, a brief update was submitted via email.

Ms. McNamee presented to the Antimicrobials Group and steps have been made to solidify the relationship between antimicrobial usage surveillance and resistance surveillance. This issue is being taken further through the national ScotMARAP initiative which was formally announced at the Southern General Hospital on Monday 17 March 2008 also. The Antimicrobial Prescribing Team (AMT) is now also represented on the Acute ICC through Ms. Ysobel Gourlay (Lead Pharmacist for AMT) and Ms. McNamee and Mr. Walsh will sit on the AUC. Antibiotic guidelines and restrictions are approved by the Area Drugs and Therapeutics Committee and are now accessible via the GGC Formularly Website. There are ongoing discussions with key surgical personnel regarding the development of surgical management and prophylaxis guidelines for GGC, the later in line with recently published SIGN guidance. Unfortunately the development of the AMT work programme has been slowed due to delays in recruitment of key pharmacy personnel and a project manager due to rebanding and hence re-advertising of posts. These appointments are now imminent and we anticipate acceleration of guidance roll out and implementation of surveillance strategies.

9. AOCB

9.1 XDR TB

Dr. Ahmed advised that there had been a case of XDR TB in the Glasgow area. It has highlighted the need for clear guidance on what constitutes an appropriate facility in which to treat such patients and also raised issues on diagnostics testing. Both of the issues need to be addressed.

9.2 Effective Management of Vaccines in Primary Care

Ms. McGovern had circulated to members of the group a copy of the Effective Management of Vaccines in Primary Care Audit and Review Final Report. She informed the group that this had been a successful programme and 9% of GP practices auditing were referred to the Steering Group. It was noted that if GP practices are not supported in the monitoring of vaccines storage then there might be a slide backwards in the standards achieved.

It was noted that a full time pharmacy technician should be employed to carry out future visits and audits to help maintain these standards.

10. Dates of next meeting

The next meeting will be held on Monday 16 June 2008 at 12 noon in Board Room 1, Dalian House.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 25th March 2008** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.30p.m.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Mrs L Bagrade	Consultant Microbiologist, RAH
Mr O Blatchford	Consultant in Public Health Medicine
Dr J Coia	Infection Control Doctor, North East/North West
Dr C Deighan	Renal Consultant
Mrs Y Gourlay	Lead Pharmacist HIV/ID Antimicrobials
Ms P Joannidis	Lead Infection Control Nurse
Ms K Hamilton	Lead Infection Control Nurse, North East
Dr R Hague	Infection Diseases Consultant
Ms A Henery	Senior Occupational Health Nurse
Ms L Kean	Lead Infection Control Nurse, North West
Ms L Langan	Clinical Risk Manager
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Mrs A Rankin	Head Infection Control Nurse
Dr P Redding	Infection Control Doctor, South
Mr T Walsh	Infection Control Manager

		Action
1)	**Apologies** Apologies for absence were intimated on behalf of Dr Boulton-Jones, Ms I Ferguson, Ms Kane, Ms McNamee, Mrs Higgins, and Dr Williams.	
2)	**Minute** The Minute of the Meeting of the Committee dated 29 January 2008 was submitted and approved. It was noted that Dr Deighan and Ms Henery were absent at the last meeting and their apologies were now noted.	
3)	**Matters Arising**	
(a)	Point 7(e) – Anti Microbial Pharmacists Mr Walsh confirmed four Anti Microbial Pharmacists had been appointed across the single system although not allocated to a specific directorate. Ms Hague pointed out that none were covering Yorkhill. Mrs Gourlay to revisit this anomaly and raise locally in a bid to find a solution. Dr Reid will raise this at the Acute Prescribing Management Group who are due to meet shortly.	YG RR
(b)	Occupational Health Dr Reid had discussed with Mr Reid and had spoken to Mrs MacPherson. It is likely that outsource going ahead.	RR
(c)	Hand Hygiene Compliance Dr Reid has yet to raise this issue.	RR
(d)	MRSA Reporting – Infection Control Statistical Reports. Papers tabled by Ms Rankin. This was a collective Directorate Report. Ward reports were issued on a monthly basis. Charts were issued in South, most of	

e) North East sector, part of North West, all of Inverclyde and Vale of Leven with Royal Alexandra being worked on. Ms Meikle raised the point of hot spots within Directorates and felt Heads of Nursing should be informed. Ms Rankin confirmed Heads of Nursing will be copied into ward reports where these exceed the control limits. AR

Dr Reid queried the graph contained in first paper around prevalence of C.Diff. There appeared to be a collective number of wards at the higher end of the scale. Ms Rankin stated medicine has peaked. Dr Reid commended the Infection Control Teams around the amount of work involved in the preparation of these charts.

f) Theatre Ventilation
A second Meeting involving the Directors of Surgery & Anaesthetics, Facilities and Diagnostics was due to be held, however this had to be postponed. This topic will be followed up by Dr Williams who will report back to the Committee. Legionnella and decontamination are also to be discussed at this forthcoming meeting and comments are awaited. CW

4) **Board Infection Control Programme 2008/09**
Board Infection Control Programme approved by Board Infection Control Committee and would be put forward to Board Clinical Governance Committee for approval and thereafter for sign-off by Mr T Divers.

5) **Acute Infection Control Programme – 2008/09**
Draft Infection Control Programme had been circulated. Ms Rankin was now looking for input from Committee. Dr Reid instructed those present to pass any comment to Ms Rankin for discussion/consideration. It was agreed to support the work of the anti-microbial team into the Acute Programme and to note the work of the Scottish Patient Safety Programme. The finalised programme to be brought forward for formal approval at the next meeting. AR

6) **SCOTMARAP**
Dr Reid stated the Cabinet Secretary for Health & Wellbeing had visited the microbiology laboratory at the Southern General to launch the HAI taskforce initiative. This enables labs to undertake antibiotic sensitivity testing in a consistent way. The key element of this initiative is to reduce antibiotic use. Mrs Gourlay stated that guidelines would be issued via a sub-group of the Scottish Medicines Consortium and she would keep members informed. YG In view of consumables, it was unclear where the funding would come from. Dr Reid to speak to Mr Crombie RR to ascertain if the Diagnostic Directorate can address the funding issue. Dr Redding suggested Ms I Ferguson may be able to assist with this. Dr Reid suggested that the funding gap for consumables be added to the Risk Register. This item to be added as a standing item for future agendas. GB

7) **Group A Streptococcal Infection**
A letter was tabled from Dr Syed Ahmed, Consultant in Public Health Medicine regarding the upsurge in severe Group A streptococcal infection. Dr Redding stated there was also an upsurge in Scarlet Fever throughout this winter. It was suggested this may be due to lower use of antibiotics. It was noted that there was no reporting mechanism for Group A Strep to the Infection Control Team in the North East and West sectors. Dr Reid queried whether the Group felt a reporting mechanism should be in place. Ms Meikle stated this was important for the benefit of other patients. Mrs Rankin stated this would be discussed at the next Senior Infection Control Team Meeting in order to adopt a consistent approach across the Division to all issues that should be reported to the Infection Control Team. AR

8) **Standing Items**

a) Risk Register

Mrs Rankin stated register not completed and still requires some work to be undertaken. Dr Redding to add consumables issues from Item 6 above. Ms Rankin to liaise with Ms Langan and will table at the next meeting. PR AR

b) Code of Practice / QIS Standards

Mr Walsh stated the first meeting had been held. Leads have been agreed and action plans in place towards compliance. TW

c) National Healthcare Associated Infection (HAI) Prevalence Study

National prevalence rate of 9.5%. A number of wards were found to have a higher prevalence than the national average. HAI prevalence will be undertaken annually in all acute wards. This will be resource intensive and will be resourced in the short term from an additional post created from existing vacancy hours and a seconded post with HIA Funding. 30 hour surveillance nurse post going to advert in April. Every ward to be audited on an annual basis. Stats will be back from Health Protection Scotland by 31st March. Mr Walsh stated he felt local ownership of statistical analysis is the way forward. To be reviewed by Infection Control Senior Management Team with a view to securing permanent funding.

d) Surveillance

Mrs Kean provided feedback on the ongoing surveillance programmes for NHSGGC. It was noted that the Royal Infirmary had 100% orthopaedic compliance in January and February and that both the theatre and surveillance teams should be commended on this achievement. Ms Kean reported that following discussions with the clinicians in IRH, from 1st April 2008 all orthopaedic surveillance throughout the Acute Division would be collected using the same methodology and would be managed by the Infection Control Surveillance Team (ICST) for NHSGGC. AR

Ms Kean raised the issue of access for the ICST to the Infection Control office within IRH. Dr Reid advised that if this could not be resolved that he would discuss with Mrs den Herder to seek a solution. RR

Ms Kean advised the committee that ICST were meeting with the obstetrics Consultants to discuss the stopping of abdominal hysterectomy surveillance within RAH. Ms Kean explained that the SSI rate in this area has been below the national average and in a bid to standardised surveillance through NHSGGC it was no longer possible to continue. Ms Kean agreed to feedback from meeting. LK

Ms Kean reported that NHSGGC are currently non-compliant with the Post Discharge element of caesarean section surveillance. Currently the community midwives collected data until 10 days post discharge, however there is no PDS at 30 days. A meeting had taken place with the Head of Midwifery to discuss a resolution. Midwives do not visit patients after 10 days post operative therefore are unable to carry out PDS. Ms Kean reported that the ICST will shortly be appointing more staff and hope that PDS can be carried out within the ICST once staff are appointed. LK

e) Antibiotic/Antimicrobial

Mrs Gourlay stated the Antimicrobial Management Team was now in place. Mrs Gourlay will bring the Infection Management Guidelines to the next meeting of this group. Dr Reid felt this would be highly relevant and informative. Mrs Gourlay gave a presentation and asked of the group what antibiotic data they felt would be

helpful. Group will give some thought to this. Mr Walsh stated a comparison would be useful with antimicrobial SPCs. Dr Redding felt consistency is imperative in order to achieve a clear correlation.

f) Decontamination
Mrs Hamilton stated there was an issue around consumables and who would take responsibility for this between the Surgical Directorate and the Endoscopy Project Group. Work ongoing between Surgical Directorate and Endoscopy Project Group.

g) Cleaning
Mrs M A Kane was not in attendance, therefore an update was not available. Mr Walsh stated there was a 96% compliance rate for Oct-Dec which was very good.

h) Education/Audit Research
Mrs Rankin stated a single audit tool was almost at completion. Cleanliness Champion course completion rate was at 983 against a target of 1002 which was an excellent result. Mr Walsh intimated thanks to Ms Meikle and her colleagues for the work undertaken around this topic. MAK

i) Build Environment
Nothing to report.

j) Scottish Patient Safety Initiative
Ms Langan gave an update. Work ongoing around standardised definitions. Initiative being rolled out with 9 pilot teams across Glasgow Royal Infirmary and Royal Alexandra Hospital with other sites coming on board at the end of May. Mr Walsh suggested setting up a small group to consider consistent definitions. Mrs Rankin was meeting with Mr Crawford to discuss this matter. Clarity was required on who would be undertaking particular duties and what data would deem to be of relevance. Leadership walkarounds have begun with a further 6 planned for March. AR

9) **<u>Committee Reports</u>**

a) Sector Control of Infection Committees (Exception Reports)

North East – Increase in MRSA over last three months in the ICU Unit at GRI. This is causing concern. There was also an outbreak of Norwegian scabies which received press coverage.
North West – Since last meeting 9 wards closed due to suspected Norovirus.
South – 2 ward closed at SGH and 4 closures at Victoria Infirmary due to Norovirus.
Air sampling being carried out at Haematology, Southern General and patients were being moved back once results were satisfactory.
A temporary Norovirus Ward was set up at the Victoria Infirmary and this had now reverted back to a normal ward. Paper being prepared by South Infection Control Team re justification for Norovirus ward so application for funding could be included in winter bed plan.
Maternity & Children's - Sharp increase in amount of input from Intensive Care to intensive care services with limited resource in place. Pseudo cluster possible Norovirus with 7 suspected patients testing negative. Dr Reid stated contamination had been linked to the Virology Lab. One patient had surgery delayed as a consequence. Dr Reid to pursue final report. Ms Joannidis informed the Committee of concerns re decisions on percentage of single rooms in neonatal unit of new hospital. Dr Redding agreed to try to decide what was happening. PR
Clyde – 16 wards closed across Clyde since the last meeting.

b) **Tuberculosis** – Dr Blatchford gave an update on the patient currently being treated in Gartnavel.

c) **Board Infection Control Committee**
Mr Walsh stated no other items to raise.

10) **Date of Next Meeting**
The next meeting will be held on 27th May 2008 at 2.00p.m. in the Conference Room, Management Building, SGH.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 3rd June 2008** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.00p.m.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Dr L Bagrade	Consultant Microbiologist, RAH
Dr O Blatchford	Consultant in Public Health Medicine
Dr R Boulton-Jones	Consultant, Victoria Infirmary
Professor J Coia	Infection Control Doctor, North East/North West
Ms I Ferguson	General Manager, Laboratory Medicine
Ms Y Gourlay	Lead Pharmacist HIV/ID Antimicrobials
Ms P Joannidis	Lead Infection Control Nurse
Dr R Hague	Infection Diseases Consultant
Ms M A Kane	General Manager, Facilities
Ms L Kean	Lead Infection Control Nurse, North West
Ms C Mitchell	Interim Lead ICN South Glasgow
Mrs A Rankin	Head Infection Control Nurse
Dr P Redding	Infection Control Doctor, South
Dr C Williams	Clinical Director, Laboratory Medicine

		Action
1)	**Apologies** Apologies were received from Dr Deighan, Ms Hamilton, Ms Henery, Ms Langan, Ms McNamee, Ms Meikle, Ms Shields and Mr Walsh.	
2)	**Service Integration Paper** Ms Ferguson submitted a paper which reflects outcome of the away day meetings held at the Beardmore Hotel. Concerns were raised over the challenges of the integration of Clyde and operational issues. Ms Hague stated she felt children's services were not being represented as fully as necessary. She felt specialist expertise could be disintegrated. Ms Rankin gave an assurance that an Infection Control Team would remain on site at Yorkhill. Discussion took place around the advantages of cross cover. Dr Reid stated that the objections and concerns of Ms Hague be duly noted. The paper was approved. Report on underlying operational policies to be brought to next meeting.	IF
3)	**Minute** The Minute of the Meeting of the Committee dated 25th March 2008 was submitted and approved.	
4)	**Matters Arising**	
(a)	Hand Hygiene Compliance – 4th Compliance Summary Ms Gourlay asked for confirmation of the procedures to be adopted for Pharmacists when moving from patient to patient. Use of hand gel was confirmed and protective aprons should be worn where there is close patient contact. An Audit of Hand Hygiene Standards was tabled covering a two week period in May 2008. It was felt this was at an unacceptable level for the medical staff and concerns were raised around this. Dr Reid will write to Dr Cowan and highlight this issue to Associate Medical Directors in an attempt to address this more widely.	RR

(b) Theatre Ventilation
Dr Williams confirmed that the Theatre Ventilation Policy had been prepared and this document would be ratified at a meeting on 17th June. A monitoring report will be brought back to this Committee. Ms Rankin stated comments had been awaited from Estates, however none were forthcoming. CW

(c) Acute Infection Control Programme 2008/09
This document was approved by the Committee

(d) Group A Streptococcal Infection
Ms Rankin confirmed a reporting system was in place and no issues were apparent. Dr Reid confirmed with those present that they felt a robust mechanism for reporting was in place.

(e) Infection Control Alert Organism Reporting Form
Dr Redding confirmed this form was being used in the laboratories, however some resistance had been encountered in the Southern General laboratories. A computer reporting mechanism is currently being pursued.

5) **Legionella Risk Assessments**
Prof Coia stated he felt there were inconsistencies in terms of how the mandatory requirements around Legionella were implemented. Dr Hood would lead on ensuring compliance. Dr Redding stated there was an issue with quantifying the amount of water testing work required, the cost involved and determining the best way to take this forward. Dr Reid felt clarity was required in terms of whether this work should be done in house or outsourced. A business case is required to identify requirements. Mrs Ferguson to pursue this with Mr McIntyre and the Facilities Team. IF

6) **NHS QIS Standards for Healthcare Associated Infection**
Ms Rankin stated a strategic group has been set up co-chaired by Dr Redding and Mr Walsh. Sub-groups had also been set up for each standard. It was stated that any forthcoming review (2009) may involve site visits. It was felt pan directorate issues may arise and it is imperative that these are highlighted to the Strategic Group as early as possible.

7) **Healthcare Associated Infection Task Force – New Delivery Plan**
Ms Rankin stated a monitoring group was to be set up. A Senior Team Meeting was planned to take this forward and set out a programme of work from what has been set nationally. To be brought back to next meeting. AR

8) **Decontamination Policy**
Ms McNamee was not present. It was agreed that Committee Members should feed back any comments on this policy to Ms McNamee before the next meeting to enable this document to be ratified. The main challenges would be to show a robust audit mechanism. A lead Director would be required to ensure that all relevant directives would be complied with. ALL

9) **Quarantine of Instruments Following Potential CJD Exposure**
This item will be brought back to next meeting. RR

10) **Comparative Mortality in Renal Unit**
Dr Rodger was unable to attend to present this paper. This will be brought to the next meeting. SR

11) **Standing Items**

a) Process Control Charts/Infection Control Monthly Activity Report
Ms Rankin tabled the first monitoring activity report for month ending April 2008 which included the out of control charts. She also tabled the Division and Directorate level process control charts for C.Diff, MRSA and Stathylococcus Aureus Bacteraemia. More work is anticipated in order to apply trajectory figures. AR
Dr Reid and Dr Redding commented on the excellent work that has produced these charts. Discussion took place around the best way to disseminate to staff with the Intranet being a possible route.

b) Risk Register
Ms Rankin has meeting planned with Ms Langan. Ms Rankin will report back to next meeting. AR

c) Code of Practice/QIS
This was covered in item 5 above.

d) Scottish Patient Safety Initiative
Ms Rankin felt clarity was required over how the Infection Control Team were involved and the reporting mechanism. Surveillance Team were currently working on definitions. Ms Kean stated she felt this was very fragmented. Dr Williams to CW
contact Mr Crawford and Dr Cowan to highlight issues and concerns around the potential for parallel processes to be created.

e) HAI Prevalence Study
Antibiotic/Antimicrobial
Ms Kean stated that second prevalence data was available. Some data was LK
missing and work was underway to correct this. The highest rate in NHS GG&C was 6.4% which was less than the national average of 9%. Future prevalence studies would need to be undertaken in a more timely manner. Interviews for temporary staff to take this study forward are planned.

f) SCOTMARAP
Ms Ferguson had highlighted the consumables issues as a pressure and stated this was presented to the Directorate Board as a funding gap. Mr Crombie had agreed to funding being allocated. Dr Williams to report on person resistant MRSA at next meeting. Thanks were given to Ms Gourlay for her assistance over the last month.

g) Surveillance
Ms Kean reported on figures for the first quarter, January – March 2008:-

- 1.14 Hips
- 1.24 Knees
- 0.62 Fractured Femurs
- 1.71 Caesarean

It was felt that the form compliance was very good, however the figure of 51% post discharge from midwives was disappointing. Some discussion has taken place with Heath Protection Scotland who may be stopping caesarean section surveillance. More robust data is required at 10 day post discharge. Ms Kean will keep group updated.

h) Antibiotic/Antimicrobial
Three pharmacists have been appointed to cover the city. Clyde has 0.4 to cover Inverclyde currently. Advert for 0.6 of pharmacist for RAH. Ms Gourlay will report back at next meeting. YG

i) Decontamination
Ms Hamilton was not present. This item will be discussed at next meeting. KH

j) Cleaning
Ms Kane reported on the National Cleaning Specification, January – March 2008. Performance was 96.3%. Ms Kane reported the Board would implement new national cleaning guidance from 16th June 2008. Colour coding of materials will change and awareness sessions are being held. It was confirmed that the changes had been circulated to all Clinical Nurse Managers, Clinical Service Managers and Head Occupational Therapists. The Policy Manual has already been updated. Performance at 96.3%. Dr Redding commended the hard work which has gone on around this topic.

k) Education/Audit Research – Environmental Audit Tool
This document was tabled by Ms Mitchell. Dr Reid asked that Members provide comments to Ms Mitchell by the end of the week thereafter this document can be ratified.

l) Sector Reports

North East – Prof Coia stated there had been an outbreak of scabies at Stobhill. Prof Coia tabled a paper regarding Ward 11b at Stobhill and an outbreak of C.Diff. This outbreak highlighted the fact there were no isolation facilities and he felt this issue requires to be addressed. Steam cleaning had to be undertaken and use of chlorine releasing agents. One patient died and C.Diff had been a contributory factor. Dr Williams stated there was a need to be mindful of the Maidstone and Stoke Mandeville reports. Ms Gourlay to undertake to look at the antimicrobial issues. Ms Rankin and Ms Gourlay to report back their findings. Prof Coia stated that we should record when we decide to isolate patients and if unable to, what the reasons are. YG AR

Clyde – 2 wards closed due to Norovirus. Between August and November 7th 2007, six patients and one member of staff had C.Diff 027 infection. Five could be linked in time and place. Several outbreak meetings have taken place and action plans identified. Cleaning agents had been changed and details of all other stool samples had been sent to the reference laboratory. Education sessions had been arranged for staff. Environmental audits had been undertaken and there was an issue with lack of hand washing facilities in some toilets and bed bays in the Vale of Leven Hospital. Dr Bagrade to write to Dr Reid so he can raise this matter with management. LB RR

There had been an incident at Inverclyde Royal Hospital where a giving set had been disconnected and attached to the wrong patient. There were no adverse effects for either patient.

North West – Nothing to report.

South - 9 wards have been closed since last meeting.

Maternity & Children's - A Safety Action Notice had been issued around birthing

mattresses. Feedback awaited from Lead Midwife.

12) **Board Control of Infection Committee**
Update for Clinical Governance Committee Meeting held on 17th March 2008 and Minutes of the NHS Greater Glasgow & Clyde Board Infection Control Committee dated 17th March 2008 were tabled. TW

13) **Date of Next Meeting**
The next meeting will be held on 29th July 2008 in the Conference Room, Management Building, Southern General Hospital.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 29th July 2008** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.30p.m.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Dr L Bagrade	Consultant Microbiologist, RAH
Dr O Blatchford	Consultant in Public Health Medicine
Ms I Ferguson	General Manager, Laboratory Medicine
Ms Y Gourlay	Lead Pharmacist HIV/ID Antimicrobials
Ms K Hawthorn	Lead Infection Control Nurse, North East
Dr R Hague	Infection Diseases Consultant
Mrs J Higgins	Lead Infection Control Nurse
Ms P Joannidis	Lead Infection Control Nurse
Ms L Langan	Clinical Risk Manager
Mr A Letham	Occupational Health Nurse
Ms S McNamee	Consultant Nurse, Infection Control
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Ms C Mitchell	Interim Lead ICN South Glasgow
Dr P Redding	Infection Control Doctor, South
Dr B Thacker	Infection Control Doctor, North East/North West
Mr T Walsh	Infection Control Manager
Dr C Williams	Clinical Director, Laboratory Medicine

In Attendance

Ms S Lawrence — Corporate Administration Officer

Action

1) **Apologies**

Apologies were received from Prof Boulton-Jones, Prof Coia, Dr Deighan, Ms Henery, Ms Kane, Ms Kean, Ms Rankin, Ms Shields and Mr Stewart.

2) **Previous Minutes**

The Minute of the Committee of 3rd June was approved with the following amendments. Correction Page 4 – Clyde sector report, 2nd line. This should have read 'three patients in time and place.' It was also noted that Mrs Higgins was present at last meeting.

3) **Matters Arising**

a) Cleaning of Single Rooms

Cleaning of single rooms was highlighted as a concern. Twice daily cleaning of single rooms with an alert organism was the Standard Operating Procedure but a memo received by Ward Managers from Ms Kane had advised that this could not be sustained in North and Clyde. Ms McNamee explained that the former South had had two cleans while the former North and Clyde had only had one clean. The former South arrangements had been extended across the city, but it had since been identified that this could not be sustained. It was agreed that Ms Hamilton would collate data and contact Ms Kane in this regard. — KH

b) Service Integration Paper

A paper was circulated by Dr Williams. Infection control staff had now been populated in each of the sectors. A Support Group would now be established in

each sector. Dr Williams said there was a need to bring consistency to these Groups in terms of Directorate representation. These Directorate representatives would be the links into the Directorate Clinical Governance Committees.

Ms Meikle stated that the Surgery & Anaesthetics Directorate was not organised on a sector basis and there was a danger that any representative on a sector group would only focus on their specialty rather than all S&A issues. Mrs Meikle agreed to reflect on how meaningful S&A representation could be achieved. LM

It was agreed to circulate the paper and seek comments from Directorates. CW Dr Williams would then ensure that Support Groups were established prior to the next meeting of the Acute Committee. CW It would be for each Support Group to nominate their own Chair.

c) Hand Hygiene Compliance – 4th Compliance Summary
Last audit indicated generally good compliance except for Medical Staff. The Nurse Director had written to Ward Managers emphasising their key role in ensuring the Hand Hygiene Policy was adhered to. The Associate Medical Directors had committed their support to this, backed by the Strategic Management Group. A note to this effect would be included in the August Team Brief.

d) Theatre Ventilation
Dr Williams stated work was in progress and a monitoring spreadsheet had been developed. It was confirmed the standardised HTMO3 document was being used. This will continue to be monitored. Dr Reid commented on the good work which had been achieved by Directorates with a robust mechanism now in place. This item to remain on the agenda for the next meeting to monitor progress and to agree future monitoring arrangements. SL

e) Legionella / Decontamination
Ms Ferguson stated she had been asked to consider if Legionella water testing could be carried out by the laboratories at Glasgow Royal Infirmary. She said that decontamination water testing would also need to be considered. Ms Ferguson would cost this up. IF

It was noted that there should be committees for Decontamination on each site. Mr Walsh stated Estates were establishing Legionella Control Teams for each area. This is a statutory requirement by the Board. It was agreed that Mr Walsh would write to Mr McIntyre as a reminder of where responsibility lies for Decontamination Committees. Mr Walsh would include a list of nominees from infection control staff and would ask what the plans there were for the Committees to meet. TW

It was agreed that Decontamination and Legionella should be included on the Risk Register as separate but linked items and Ms Ferguson would take this forward in the absence of Ms Rankin. IF

f) <u>Healthcare Associated Infection Task Force</u>
Ms Rankin not present. Update at next meeting. AR

g) Decontamination Policy
Ms McNamee stated this was being put into a format to allow for ratification as a Board policy. Once this is complete, it will be circulated. For clarity, it was stated this does not include Endoscopy. This item to be brought back to next meeting. SMcN

f) Quarantine of Instruments Following Possible CJD Exposure
Mr Walsh stated the Board was still working to NICE guidance as no separate Scottish guidance had been issued. The next meeting of the CjD Group would take place during October and Mr Walsh would bring a protocol on quarantine of instruments back after that meeting. TW

g) Comparative Mortality in Glasgow Renal Units
The 90 day survival in the West of Scotland for post renal transplant appeared to be an outlier compared to other areas even when co-morbidities were taken into account. It was agreed to ask Dr Deighan to report to the next meeting. CD

4) **C.Diff at Vale of Leven**
Ms Ferguson stated that within a week of the last meeting of the Committee an OCT had been called at the Vale of Leven Hospital and a look back exercise had identified 57 cases of C.Diff in 55 patients at the Vale of Leven between December 2007 and June 2008. This resulted in 18 deaths in total of which 9 stated C.Diff as being the main factor and a further 9 in which it was noted as a contributory factor. Internal and External Enquiries had been carried out. Both had yet to report. A programme of work was now ongoing at the Vale of Leven around fabric, hand hygiene, bed spacing etc. A revised antimicrobial prescribing policy had been implemented. The Cabinet Secretary would release the External Enquiry Report on 9 August 2008. Dr Reid stated thanks should be intimated to all concerned in dealing with this situation in which has been a very stressful time. Dr Reid added that the environmental audit details presented to the last meeting of the Committee had been escalated to Directors within 48 hours of the meeting.

5) **Prudent Antimicrobial Prescribing**
CEL 30(2008) had previously been circulated. Dr Redding to assess compliance and report to Patient Safety Committee of the Diagnostics Directorate. Ms Gourlay intimated that Antibiotic Pharmacists would be in post by September / October 2008. Antimicrobial Teams had been established. Reporting of antibiotic sensitivities was in place. The Antimoicrobial pharmacists would audit compliance with antibiotic policies. PR

Dr Hague raised the issue about antimicrobial pharmacist cover for Yorkhill. Dr Reid and Ms Gourlay to take this issue away for discussion and report back. RR / YG

6) **Confidentiality within Outbreak Control Meetings**
Mr Walsh was seeking clarity around confidentiality issues at meetings. He queried whether it was pertinent to name individual patients during outbreak meetings. Members concluded that while generally not mentioning named individuals other than by Patient 1, Patient 2 etc on some occasions, it may be necessary to use patient names. Dr Reid stated a reminder of the confidentiality protocol should be given at the beginning of every meeting to alert those present to the importance of confidentiality and the consequences of such a breach. Mr Walsh would set out such a protocol and liaise with Mr Copland to confirm Caldicott compliance. TW

7) **Standing Items**

a) Process Control Charts / Infection Control Monthly Activity Report
Ms Hawthorn stated that the only SPC out of control was one Cdiff chart in one of the surgical wards. Ms Meikle stated she was aware and had been attending OCT meetings. It was also noted that while only one ward was out of control, the overall S&A trend was upwards. Dr Williams stated that the lead ICNs in each sector ICNs

should meet with S&A managers to go through the local issues and try to determine what may have led to this overall upward trend. Mrs Meikle should report back to the next meeting of the Committee. LM

Dr Redding felt clarity was required over how data was consistently collected. It was agreed there should be a standardised reporting mechanism with a clear set of definitions and explicit labelling of charts. Dr Reid stated that the infection control professional should agree these. Dr Redding stated that only HAI Cdiffs were being reported – it would be useful to have community acquired ones added in as well. It was noted that internal hospital reporting covered all patients whereas HPS reporting only covered the over 65s. PR

Ms Ferguson stated that the SPCs were not real time data and she assured Members that real time monitoring was carried out by ICNs.

Ms Gourlay to look at C.Diffogenic antibiotics. YG

b) Risk Register
Ms Rankin was not present. Ms Langan stated a date has been set to review the register. The Risk Register should be brought to the next meeting of the Committee. AR

c) Code of Practice / QIS
Mr Walsh stated nothing of significance to report. Meeting planned for mid August.

d) Scottish Patient Safety Initiative
Ms Ferguson raised issues about parallel reporting. Ms Langan stated she was not aware of any concerns. It was agreed that Ms Ferguson would liaise with Ms Kean and Dr Williams. IF

e) HAI Prevalence Study
Staff had now been appointed to take forward future prevalence studies. Feedback was awaited from Health Protection Scotland. Ms Ferguson to report back once this is received. IF

f) SCOTMARAP
Ms Gourlay confirmed the first meeting of the Group had taken place and she will provide a report after the next meeting. YG

g) Surveillance
Caesarean section post discharge questionnaire being completed at 30 days through telephone interview by SSI Nurses.
Orthopaedic compliance – 5/7 sites 100% compliant with the remainder being 97% and 91%. It was felt that work around achieving these figures was commendable.

h) Antibiotic / Antimicrobial
To be merged with SCOTMARAP item. SL

i) Decontamination
Ms Hamilton reported there was an incident with a contaminated ENT scope being used on a patient at Inverclyde Royal at the beginning of July. Investigation was underway with the clinical team. This was the third ENT incident across Greater Glasgow & Clyde. Discussion took place around the lack of policy and guidance as to how to deal with such an issue in terms of assessing the risk and then communicating this to the patient. Mr Walsh stated there was a “Significant

Incident Policy" in existence. It was agreed that a set of principles / issues to consider when carrying out an assessment of the risk posed to the patient should be developed. Dr Reid suggested an appendix be added to the Decontamination Policy (based on needlestick injury protocol). Ms McNamee to take this forward with the Board Control of Infection Committee. SMcN

j) Cleaning
Ms Kane was not present therefore no update was available. It was agreed a deputy should be present to cover these standing items. MAK

k) Education / Audit / Research
There was nothing to report.

l) Sector Reports
Written reports had been previously circulated. It was agreed this was a good first step. The format would be standardised for the next meeting. AR

i) Yorkhill - There was nothing to report

ii) South - Six cases of Staphylococcus aureus infection were reported following intra-articular injection. Review of practice and procedure in place. Formal report to follow and to be submitted to the next meeting of the Committee. CM

Dr Reid commented on a disappointing amber environmental audit in Ward 22 at the Southern General Hospital. It was noted that an action plan had been developed and several measures put in place. A deep clean of the ward had been carried out. Dr Reid stated that there needed to be clear follow-up timescales. It was agreed to resurrect the former South Glasgow flow chart to describe the follow up process, update this and circulate it across the system. IF

iii) North East – Dr Reid commented on a disappointing environmental audit of Ward 24 at GRI. Ms Hamilton would address this with local staff.

iv) North West – Two amber and two red environmental audit reports. Issue in Medical (G3) and work was underway with ward staff to address this. Dr Reid suggested a column with 'actions done' is completed for clarity.

v) Clyde – IRH (G South) – Ms Higgins stated discussion had taken place around this and action plans awaited.
RAH – 9 Audits undertaken, eight of which are Amber. Increased incidence of MRSA in SCBU Unit during June / July. Six babies were affected and this proved to be an unusual strain.
VOL – Nothing to report on this occasion.

8) **Board Control of Infection Committee**
A copy of the minutes dated 16 June 2008 were previously circulated by Mr Walsh. There was nothing to report.

9) **Date of Next Meeting**
The next meeting will be held on Tuesday 30th September 2008 at 2.30p.m. in the Conference Room, Management Building, SGH.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Tuesday 30th September 2008** in the Conference Room, Management Building, Southern General Hospital, Glasgow at 2.30p.m.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Dr L Bagrade	Consultant Microbiologist, RAH
Dr R Boulton-Jones	Consultant Physician
Mr P Burton	Clinical Effectiveness Facilitator
Dr C Deighan	Renal Consultant
Ms I Ferguson	General Manager, Laboratory Medicine
Ms Y Gourlay	Lead Pharmacist HIV/ID Antimicrobials
Dr R Hague	Infection Diseases Consultant
Ms K Hamilton	Lead Infection Control Nurse, North East
Mrs J Higgins	Lead Infection Control Nurse
Mr B Hunter	General Manager Facilities, West Sector
Ms A Johnson	Infection Control Nurse
Ms Kean	Lead Infection Control Nurse
Mr A Letham	Occupational Health Nurse
Ms L Meikle	Head of Nursing, Surgery & Anaesthetics
Mr G Quigley	Infection Control Nurse
Ms A Rankin	Head Infection Control Nurse
Dr P Redding	Infection Control Doctor
Mr T Walsh	Infection Control Manager
Dr C Williams	Clinical Director, Laboratory Medicine

In Attendance

Ms F Brown	PA to the Head of Administration

Action

1) **Apologies**

Apologies were received from Ms Langan and Ms Mitchell

2) **Previous Minutes**

The Minute of the Committee of 3rd June 2008 was approved with the following amendments.

Item 3i, page 3, Comparative Mortality in Glasgow Renal Units, the first sentence to read 'the long-term survival rate in the West of Scotland for Renal Replacement therapy appeared to be an outlier compared to other areas. Even when co-morbidities were taken into account and the survival in the Western Infirmary appeared to be the worst.'

Correction – Item 5, page 3, Prudent Antimicrobial Prescribing, line 5, insert 'Antimicrobial' in front of Pharmacists.

Correction – Item 7a, page 3, Process Control Charts / Infection Control Monthly Activity Report should read Ms Hamilton, not Ms Hawthorn.

It was also noted that item 7a, page 4, to the end of paragraph 2, Process Control Charts / Infection Control Monthly Activity Report, should read "Dr Redding had explained that there were several different data collections for C.diff.

1. SPC charts – HAI cases
All in-patients + age groups with C.diff - 48 hours after admission

2. HPS reports – All inpatients + outpatients (i.e. GPs) over age 65 years

3. Total C.diff numbers for in-patients (i.e. cross infection risks). All age groups. Cases within 48 hours of admission (may-may not be HAI) after 48 hours of admission. No out-patient (GP) patient.

These figures will never be comparable as they count different groups and results in confusion."

3) **Matters Arising**

a) Service Integration Paper
It was noted that Infection Control Support Groups required clarity as to who should sit on them on a formal basis. It was also noted the North West Support Group had not met since January 2008.

It was advised that the Board is reviewing the structure of these committees and an outcome is expected within the month.

It was agreed that issues considered by the Support Groups should be escalated to the Acute Control of Infection Forum only when issues could not be resolved locally.

b) Hand Hygiene Compliance
It was noted that the action from the last minute has been taken forward.

c) Theatre Ventilation
Dr Hood has been asked to sit on the Ventilation Group which has yet to take place. Dr Redding will raise this topic at the next Diagnostic Patient Safety meeting to ensure monitoring takes place. PR

d) Legionella / Decontamination
It was noted that Estates were taking forward the Legionella Control Teams for each area. Procedure for this has been agreed and implemented. Dr Redding said that a group involving nominated microbiologists needed to be set up. Dr Reid confirmed this should be done promptly.

Mr Gillespie is taking the lead ensuring Decontamination and Legionella is included on the Risk Register and updated.

It was noted that the mircrobiology laboratories at Glasgow Royal Infirmary have put together a bid to undertake the Decontamination water testing,

e) Healthcare Associated Infection Task Force
It was agreed that this item would form part of the routine Infection Control Report given by Mr Walsh in future.

f) Confidentiality within Outbreak Control Meetings
Mr Walsh advised he had sent Mr Copland a protocol for confidentiality and was waiting for a response.

Ms Gourley reported she was planning to reorganise Surgical Prophlaxis to avoid

using C. Diffogenic Prophlaxis. This had been agreed with the mircobiologists but a number of issues raised with surgeons have yet to be agreed.

It was noted that Dr Seaton is due to report on the monitoring of Gentomycin, when Cepholosporin is reduced, which was also discussed at the recent Patient Safety Group. Ms Gourley will work with nephrologists to establish if this leads to an increase in referrals to the Renal Service.

Ms Gourlay stated that antimicrobial Pharmacists are not yet on all sites, as a result they have not been able to audit compliance levels with antibiotic policies.

It was agreed that the progress on achieving the revised antimicrobial prescribing policy will be reported back. — YG

It was noted that the antimicrobial prescribing policies have not been cascaded to all levels of Medical and Surgical staff. This will be raised by Ms Gourley to the Medical Directorate and reported back. — YG

5) **Standing Items**

a) Process Control Charts / Infection Control Monthly Activity Report
Ms Meikle stated she had reviewed trends which showed 24 cases across the S&A Directorate, she stated that there were no issue to explain this trend of cases.

Concerns were voiced by Ms Rankin over Directorate SPC reports. She felt that Ward SPC reports are more important as Directorate SPC reports can mask important details. Dr Redding said that Directorate reports are not to replace existing Ward reports, as these are vital to keep an eye on individual wards but monitoring overall trends was also important.

It was agreed that one set of core data should be agreed to achieve consistency. Dr Redding to lead this piece of work with Ms Ferguson, Dr Williams, Ms Rankin and report back. — PR / IF / CW / AS

It was noted that there is a reluctance to produce Hospital SPCs as there is no person to take direct ownership and it was agreed that the Acute Committee will take the lead on this. — AR

Ms Rankin reported on the Environmental Audits. Two were at Red, both of these were in Emergency Care and Medical Services Directorate. Of these it was reported that at the RAH work has now been completed, all items addressed. Facilities walkabouts have been completed. It now sits at Amber. It was reported that at CCU a re-audit was anticipated within the month. If it does not move from its red status then Directorate heads will be alerted.

Ms Rankin had identified a list of Critical Non Compliances (CNCs) that would automatically turn the Environmental Audits red. The whole audit tool has been reviewed and once approved it can be used in October.

It was noted that there are several issues of concern with using the CNCs as a regulator. The recommended national guidance requires one sink per four beds, however the local guidance currently used advises one sink per six beds. The committee was made aware that this change may bring about the changing of status to red for a large number of audits. Bed spacing was also noted as a concern. It was agreed that when this report is passed to the SMG they will be

	made aware how many wards it is anticipated will fail this new audit before it is piloted.	RR
	Hand Hygiene to become a KPI. The compliance level is 90%, Hand Hygiene will include visitor compliance in the future. It was discussed that for Governance monitoring a report will be required to know if action plans have been acted upon. A discussion took place over the lack of sequential follow-up processes. It was noted that visiting healthcare professionals are pulling the figures in a downward trajectory. It was agreed that the report on Hand Hygiene compliance should be provided to Directors. Ms Rankin would be available to provide info on specific issues.	AR
	Dr Reid reported that the Procurator Fiscal had referred the Vale of Leven Independent Report to the Health and Safety Executive who have been charged with looking forward to prevent a recurrence. More information will be available at the end of this week.	
	Ms Rankin stated there appeared to be an issue on how reporting/investigative work is to be done within one of the directorates. She will be taking this forward.	
	Dr Deighan stated that he had been advised that he should not use 2% chloro-hexadine in the Renal Unit for a number of specific procedures due to cost factors. Following a discussion it was agreed that Dr Deighan, Dr Williams and Ms Rankin would identify the patient groups requiring this and submit a paper to the Regional Director asking for a clear way forward. It was noted that chloro-prep bio-patches were not affected.	CD /CW / AR
	Care Bundles The CDAD has been implemented. It had been rolled out to all areas of the Vale of Leven Hospital and was targeted in other hospitals. It was agreed that any problem areas should be fed back to Members.	
	Education Ms Rankin felt clarity was required over the mandatory status of the education programme as had been required at the Vale of Leven Hospital were attendance has been outstanding. Mr Walsh will take this forward and seek clarification in terms of the Scottish Government Action Plan.	TW
	Senior Charge Nurse Review It was noted that the Senior Charge Nurse review is felt to be resource intensive. It was also noted that once a Charge Nurse had succeeded at the Cleanliness Champions Programme they should monitor other action plans operating on the wards.	
	C. Diff Care Plan This was tabled for information.	
b)	Risk Register No update was provided.	
c)	Code of Practice / QIS Mr Walsh stated that an update had been included in the Board Infection Control Minute.	
d)	HAI Prevalence Study	

Ms Ferguson reported that this was being undertaken tomorrow and due for completion in a few months.

e) SCOTMARAP
Ms Gourlay confirmed there had been a 90% compliance rate with new anti-microbial guidance. A rolling audit would be completed at the Vale of Leven

f) Surveillance
There was no report

g) Decontamination
This had been addressed at item 3d above

i) Cleaning
There was a number of issues at the IRH and RAH and a full report is to be circulated at the next meeting.

j) Education / Audit / Research
There was nothing to report.

k) Sector Reports
Sector Reports are now published as one complete document.

i) North East – Increased incidence of MRSA was reported in intensive care.

ii) Clyde –Legionella has been found in two water outlets but not in the patient. It was noted that the water valves should have been on a six month check rotation, however it had been two years since the last check. Appropriate action had been taken. Mr Hunter will pick this up.
Orthopaedics had general cleanliness issues. Only one theatre, the ultra clean theatre, currently meets compliance standards. The second theatre is running at 72% capacity.

l) Board Control Infection Committee Minute
Mr Walsh circulated copies after the meeting.

9) **Date of Next Meeting**
The next meeting will be held on Tuesday 24th November 2008 at 2.30p.m. in the Conference Room, Management Building, SGH.

NHS GREATER GLASGOW AND CLYDE - ACUTE SERVICES DIVISION

Minute of **Meeting** of the **Acute Control of Infection Committee** held on **Wednesday 3 December 2008** in the Function Suite, Western Infirmary, Glasgow at 2p.m.

Present

Dr R Reid (Chairman)	Associate Medical Director, Diagnostics
Mr G R Barclay	Head of Administration
Mr P Burton	Clinical Effectiveness Facilitator
Dr C Deighan	Renal Consultant
Ms I Ferguson	General Manager, Laboratory Medicine
Ms Y Gourlay	Lead Pharmacist HIV/ID Antimicrobials
Ms K Hamilton	Lead Infection Control Nurse, North East
Mrs J Higgins	Lead Infection Control Nurse
Mr B Hunter	General Manager Facilities, West Sector
Ms A Johnson	Infection Control Nurse
Mr A Letham	Occupational Health Nurse
Mr G Quigley	Infection Control Nurse
Ms A Rankin	Head Infection Control Nurse
Dr P Redding	Infection Control Doctor
Dr C Williams	Clinical Director, Laboratory Medicine
Ms R Wall	Principle Occupational Health Nurse

In Attendance

Ms F Brown	PA to the Head of Administration

		Action
1)	**Apologies** Apologies were received from Dr Bagrade, Dr Boulton-Jones, Ms Kean, Dr Hague, Ms Meikle and Mr Walsh.	
2)	**Previous Minute** The Minute of the Committee of 3rd June 2008 was approved with the following amendments. Deletion – Item 4a, page 4, paragraph 4, delete final sentence. Deletion – Item 4h, page 5, delete 'and RAH'. Amendment – Item 4jii, page 5, Sector Reports Clyde, the second paragraph should deleted and replaced with 'orthopaedic theatres had general cleanliness issues'.	
3)	**Matters Arising**	
a)	Service Integration Paper It was noted that the new structure of the Support Groups should be in place by 1 January 2009. As Yorkhill and the Southern General groups are meeting for the final time, integration of these groups, as well as the new membership and Chair needs to be agreed. As each sector had a different set up clarity was requested before Clyde met for the final time. Ms Rankin and Dr Williams agreed to meet with Mr Barclay to propose committee membership and give recommendations for implementation to ensure consistency across the groups.	AR / CW/ GB

It was agreed that each group should agree their own Chair.

b) Chloro-Hexadine Patches
There was a request that the Renal Unit should adopt use of 2% chloro-hexadine and 70% alcohol patches in line with the National Guidance.

Dr Deighan sought committee support for this. Ms Kean stated that this prep should be used in all areas that have central lines. It was noted that the issue had been passed between the Pharmacy and Dressings and Sundries committees without resolution.
Dr Reid said he would raise this matter with Dr McKean. It was noted that the ICN's supported the use of the generic prep. — RR

c) Health and Safety Executive (HSE) visit to the Hillington Laundry
Mr Hunter advised that during the recent visit to the Hillington Laundry several points of Good Practice were recognised. Areas of weakness were identified between the Laundry and Infection Control, as well as the need for Risk Assessments.

Mr Hunter advised that the site may be served with an 'Improvement Order' due to inappropriately packed dirty laundry bags. It was noted that as the bags were packed on the wards this may be difficult to take forward. The committee heard that wards should be reminded to pack soiled linen appropriately into 'Red' bags. It was suggested that bags should be tagged which would lead to traceability to source, and that porters should be instructed not to pick up the linen unless it is tagged appropriately.
Ms Rankin and Mr Hunter agreed to work together to document handling policies and procedures. — AR/ BH
It was agreed that Charge Nurse Empowerment should be used to ensure tagging is responsible.

It was also suggested that red bags should be double bagged into clear bags before placing into white linen bags, this would allow for the laundry workers to ensure that the contents of the red bags were handled in the correct way, and prevent the contents from ruptured red bags from mixing with normal laundry.

A discussion followed on the writing of a policy, training and cost implications to introduce tagging. Dr Reid agreed to take a draft policy to the next SMG, before submission to the Board Infection Control Committee, where it would then be made available online and distributed. — RR

Mr Hunter advised that the handling procedure for lost toys, which are often found in laundry bags, was also noted by the HSE. It was suggested that when these returnable items are found they should be bagged and tagged with advice on washing before handing back to parents.

A discussion followed on the use of Infection Control Nurses to observe the Laundry and Cowlairs working practices. It was agreed that the Infection Control Nurses should forge links with the Facilities Directorate. As Infection Control staffing is linked to bed numbers it was agreed that the Infection Control Nurses will write a report to Ms Ferguson proposing an increase in staff numbers. — AR / YF
There would be similar issues for providing Infection Control support to other support departments.

Ms Wall advised that agency Laundry Staff have not been vaccinated against — RW

Hepatitis B. It was agreed that this issue would be raised with the agency

d) Theatre Ventilation
Mr Hunter stated that a bid for funding had been made to the Acute Capital Plan for upgrading theatre ventilation as a plan of development and improvement.
A survey of Theatre Ventilation had shown that significant expenditure was required.

Mr Hunter was asked to speak to Alex McIntyre to clarify the how the programme would be addressed, ensuring the upgrade work was considered as a whole. It was agreed that a risk assessment was required to acknowledge the work that had already been done, and to formulise the working of maintenance requirements which would ensure the 'review and fix' process was robust. BH

As it was noted that air change issues have been identified in that there was a miss-match between the stated number of air change in the theatre ventilation equipment schedule and the actual number of changes carried out, it was suggested that the relevant charts be re-written to reflect actual figures. Dr Reid agreed to take this forward. RR

e) Legionella Risk Assessments
Mr Walsh advised that he was coordinating the Legionella Control Teams.

It was noted that as part of the Facilities agenda Risk Assessments were being completed by each site. It was requested that the AICC should have sight of these Risk Assessments.

Dr Redding stated that Microbiologists for each sector who have responsibility for Legionella testing should meet.

Dr Redding advised that the costing of water testing has been completed as it was noted that a broad policy of water testing needs to be implemented.

It was agreed that Decontamination Group should be organised.

f) Antimicrobial Prescribing Policy
The Antimicrobial Pharmacists were taking forward an audit of compliance of the antimicrobial policy.

Ms Gourley reported that while the microbiologists were responsible for reporting Gentomyacin levels it was up to Ward Doctors to act on the results. Ms Gourely stated that education on interpreting these results was required.

Dr Redding requested that Gentomyacin levels taken in labs be reported numerically. Ms Gouley advised she would consult on this. YG

4) **HAI Inspectorate**
A letter was submitted on the 11 November 2008 from Derek Feeley, Director of Healthcare Policy and Strategy, along with the Consultation Document 'HAI – Inspection, Assurance and Public Confidence'. It was noted that members can comment on this consultation document individually or through Mr Walsh's office. The Microbiologists will also let Mr Walsh their view.

5) **Standing Items**

a) Process Control Charts / Infection Control Monthly Activity Report
Assurance was given that the reporting documentation will clearly show if an Audit has turned Red on two consecutive occasions. Assurance was also given that due to the robust follow up procedures in place this was unlikely to happen.

b) Risk Register
Three areas of the Risk Register were highlighted as containing questions,

- Ventilation, Dr Williams to populate. — CW/
- Legionella, Mr Hunter to populate — BH/
- C-diff, Dr Redding to populate. — RR

It was agreed that the Code of Practice should be removed.

It was discussed that while the Antimicrobial prescribing policy was a risk it should be removed as monitoring it is not within the AICC's remit.

Dr Reid requested that the Register be taken out of draft format and made live.

Ms Ferguson will hold the Register. — IF

c) Code of Practice / QIS
No Report

d) HAI Prevalence Study
Ms Ferguson reported that a repeat study was necessary as HPS took too long to return the data. The re-repeat study has been partly completed. Surveillance Nurses are completing on a directorate basis. These results will be issued once all directorates have been completed.

e) SCOTMARAP
No Report

f) Surveillance
Ms Kean reported that all SSI's are within national guidelines. The six MRSA caesarean section infections at the Queen Mother Hospital had been traced to one health care worker who has been removed. The seventeen caesarean section infections at the RAH did not have a common cause and were within National Parameters.

g) Decontamination
Nothing Specific to add

h) Cleaning
Scoring sits in higher 90% so improvement is required, although reports are still registering green.

It was noted that the public peer reviews have gone well.

It was noted that self monitoring and evaluation continues.

i) Education / Audit / Research
It was noted the C-Diff study day was well received and had been attended by over a hundred staff.

h) Sector Reports

A discussion took place on the reporting from Sectoral Groups. It was agreed that the minute of these meetings should be brought forward to this Committee. Ms Rankin will seek clarification as to who takes this minute within the groups. Ms Ferguson takes forward the responsibility to ensure a minute is taken. AR IF

It was noted that there had been 3 deaths attributed to C Diff 027 over a four week period at Stobhill Hospital - one patient had refused all treatment. There were two male deaths in one ward and one female death in another ward, this did not constitute an outbreak.
Vigilance is being observed along with appropriate action including Deep Cleaning, Hand Hygiene and Risk Assessments. The Scottish Government is aware.

Other issues have been discussed previously in the meeting.

j) Board Control Infection Committee Minute
It was discussed that the Infection Control Manual sits in with Charge Nurse responsibility.

5) **Date of Next Meeting**
The next meeting will be held on Wednesday 4 February at 2p.m. in the Conference Room, Management Building, SGH.

Bundle of documents for Oral hearings commencing from 19 August 2025 in relation to the Queen Elizabeth University Hospital and the Royal Hospital for Children, Glasgow
Bundle 42 – Volume 6
Previously Omitted Acute Control and BICC Minutes

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