

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

**Public health advice - Health Care Associated Infections (HCAI)**

**TEG Workshop 2**

***Final minutes***

**Date / Time:** Wednesday 7<sup>th</sup> September 2011 12.30pm – 5.30pm

**Venue:** The Red Rooms™ at City Tower, City Tower, Piccadilly Plaza, Manchester M1 4BT

Attendees:	<p><b>TEG Members</b> Tracey Cooper (TC), Donald Dobie (DD), Cheryl Etches (CE), Heather Loveday (HL), Paul Unsworth (PU), Jeff Phillips (JP), Bharat Patel (BP), Gavin Maxwell (GM), Jacqui Prieto (JM), Mark Reacher (MR), Graham Tanner (GT), Louise Teare (LT), Peter Wilson (PW), Valerie Little (VL), Carol Pellowe (CP), Roger Finch (Chair)</p> <p><b>NICE Team</b> Victoria Axe (VA), James Jagroo (JJ), Kay Nolan (KN), Peter Shearn (PS), Catherine Swann (CS), Mandy Harling (MH), Edgar Masanga (EM)</p> <p><b>Observers:</b> Carole Fry (DH)</p> <p><b>GHK:</b> Aidan Moss, Daljeet Johal</p>	
Apologies	<p><b>TEG Members</b> Peter Jenks, Robert Carr, Stephanie Dancer</p> <p><b>NICE</b> Jane Cowl (PPIP)</p>	
Author	Victoria Axe	
File Ref	Final	
Version	1	
Audience	TEG members, NICE team, the public (via web publication)	

<p>1</p>	<p><b>Welcome and Introductions</b></p> <p>The Chair welcomed everyone to the last TEG workshop and thanked them for their time and commitment.</p> <p>The chair noted the apologies from Peter Jenks and Robert Carr.</p> <p>The chair made the committee aware of a slight change in the agenda – the items on field testing and consultation responses would be swapped around so that field testing came before consultation responses.</p> <p>The Chair explained the fire procedure and informed the TEG of the location of facilities.</p> <p>The minutes of the last meeting were consulted. The Chair signed off the minutes as a true representative.</p> <p>Declaration Of Interests (DOIs): The chair asked for any additional declarations of interest from attendees. None were made. The Chair stated that the DOIs did not stop any individuals from proceeding.</p> <p>The Chair welcomed the observer to the meeting.</p>	
<p>2</p>	<p><b>Review of progress so far and objectives of the day</b></p> <p>Catherine Swann (CS) gave a presentation to welcome the committee and update them on NICE’s activities so far.</p> <p>CS outlined the aims and objectives of the day.</p> <p>CS also highlighted key issues in feedback received from the consultation on the draft advice.</p> <p>Heather Loveday and Jacqui Prieto arrived at 1.20pm.</p> <p>Bharat Patel thanked the committee and the NICE Team for all their hard work, effort and expertise.</p>	
<p>3</p>	<p><b>Presentation of field-testing feedback: Key themes</b></p> <p>Aidan Moss and Daljeet Johal (GHK) gave a presentation summarising field testing completed during consultation on the draft advice. Feedback from and discussion with key practitioners and stakeholders, in workshops, interviews and via a small-scale web survey, were presented. Key issues and potential amendments were also summarised.</p>	

	<p>Key issues included concerns about the intended use of the advice, its target audience, potential overlap with other guidance or publications (e.g. the ‘code of practice’) and appropriate measures.</p> <p>The Committee discussed GHK’s findings.</p> <p>They noted that the advice was aimed at trust boards and senior managers, and did not include targets – rather, it aims to help boards and management highlight areas for quality improvement.</p>	
<p>4</p>	<p><b>Presentation of consultation feedback: Key Themes</b></p> <p>Kay Nolan (KN) gave a presentation on the overview of stakeholder comments. This was divided into key themes and KN discussed each theme separately.</p> <p>The themes were as follows:</p> <ul style="list-style-type: none"> <li>• The format of the advice</li> <li>• The intended audience</li> <li>• The current gaps in the advice</li> <li>• The potential scope creep</li> <li>• The overlap with code of practice</li> </ul> <p>The committee discussed the themes, noting that both field testing and consultation responses highlighted similar issues.</p> <p>Edgar Masanga (EM) then gave a short presentation on Costing Tools for Healthcare associated infections.</p>	
<p>5</p>	<p><b>Implementing the advice: Tools and support</b></p> <p>Mandy Harling (MH) gave a presentation on the proposed Implementation support for the advice.</p> <p>MH discussed NICE’s implementation strategy and gave examples of the strategy and scrutiny tools that will be used.</p> <p>MH also asked the TEG for potential volunteers to help with developing the implementation support tools.</p> <p><b>Action: MH will send the TEG examples of implementation tools and links to the field team</b></p> <p><b>Action: The Implementation team are looking for two or three volunteers to lead in developing the tools, in costing and for the board members resource. Any TEG members who are interested should contact Mandy Harling or Philip Ranson.</b></p> <p><b>Action: The implementation team requested that TEG members</b></p>	<p>MH</p> <p>TEG</p> <p>TEG</p>

	<p><b>contact NICE immediately if they are approached by the media</b></p> <p><b>Action: The NICE Team to email all presentation slides to the TEG. Any TEG member who does not wish to receive these slides to email the NICE team.</b></p>	<b>NICE Team/TEG</b>
6	<p><b>Discussion: New statements, implementation plans</b></p> <p>The TEG discussed strategies for addressing key issues raised in the consultation and field testing.</p> <p>They agreed that the advice should include an introductory section that clarified the aims and audience for the statements, and how they should be used, as well as a glossary.</p> <p>They noted the intention for the advice to be aspirational, in order to help boards and management improve quality. This meant that it should describe practice over and above existing or mandatory guidance, but make clear any areas of overlap.</p> <p>They also gave a number of suggestions for ideas of implementation, including key conferences and networks.</p>	
7	<p><b>Statement 1: Discussion and amendments</b></p> <p>KN briefed the TEG on the work the analysts have completed since the consultation ended.</p> <p>The chair reminded the TEG that they should also consider issues around the clarity of the advice, equity issues, and implementation issues as they discussed each statement and its measures in turn.</p> <p>KN summarised consultation responses on statement 1 and its associated measures, and proposed a number of changes in response to the issues raised.</p> <p>The TEG discussed the responses and proposed amendments, and agreed minor changes to both statement and measures, including alteration of the order of the measures to make them clearer to the intended audience.</p>	
8	<p><b>Statement 2: Discussion and amendments</b></p> <p>KN summarised consultation responses on statement 2 and its associated measures, and proposed a number of changes in response to the issues raised.</p> <p>The TEG discussed responses and potential changes.</p> <p>It was decided that statements 2 and 3 should be combined.</p>	

	<p>The chair informed the TEG that the final order of statements within the advice would be discussed during the second day of the TEG workshop.</p>	
9	<p><b>Statement 3: Discussion and amendments</b></p> <p>KN summarised consultation responses on statement 3 and its associated measures and the TEG noted that this would now be combined with statement 2.</p>	
10	<p><b>Review of decisions</b></p> <p>The Chair stated that he had found the feedback from the stakeholders extremely helpful.</p> <p>The chair asked the NICE team if all relevant issues had been discussed and agreed by the TEG for the statements presented. The NICE team stated that they had.</p> <p>The chair asked for any further equity issues.</p> <p><b>Action: NICE Team will rewrite the draft statements and circulate them amongst the TEG</b></p>	<p><b>NICE Team</b></p>
11	<p><b>Plan for day 2</b></p> <p>CS informed the TEG that on Day 2 statements 4 to 12 would be discussed.</p> <p>The meeting closed at 5.20pm.</p>	

**NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE**

**Public health advice - Health Care Associated Infections (HCAI)**

**TEG Meeting day 2**

***Final minutes***

**Date / Time:** Thursday 8<sup>th</sup> September 2011, 9.00 -15.30

**Venue:** The Red Rooms™ at City Tower, City Tower, Piccadilly Plaza, Manchester  
M1 4BT

Attendees:	<p><b>TEG Members</b> Tracey Cooper (TC), Donald Dobie (DD), Cheryl Etches (CE), Heather Loveday (HL), Paul Unsworth (PU), Jeff Phillips (JP), Bharat Patel (BP), Gavin Maxwell (GM), Jacqui Prieto (JM), Mark Reacher (MR), Graham Tanner (GT), Louise Teare (LT), Peter Wilson (PW), Valerie Little (VL), Carol Pellowe (CP), Roger Finch (Chair)</p> <p><b>NICE Team</b> Victoria Axe (VA), James Jagroo (JJ), Kay Nolan (KN), Peter Shearn (PS), Catherine Swann (CS), Mandy Harling (MH), Edgar Masanga (EM)</p> <p><b>Observers:</b> Carole Fry (DH), Esther Clifford (NICE)</p>	
Apologies	<p><b>TEG Members</b> Peter Jenks, Robert Carr, Stephanie Dancer</p> <p><b>NICE</b> Jane Cowl (PPIP) , Edgar Masanga (EM)</p>	
Author	Victoria Axe	
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1	<p><b>Welcome, introductions and plan for the day</b></p> <p>The chair welcomed the group and observers to the last day of the TEG workshop.</p>	
2	<p><b>Objectives for the day</b></p> <p>The chair set out the objectives for the day.</p>	
3	<p><b>Statement 4: Discussion and amendment</b></p> <p>Key consultation issues for statement 4, along with potential amendments, were presented by the NICE team and discussed by the TEG.</p> <p>The TEG noted that other settings / organisations, such as prisons, could also be part of multi-agency partnerships.</p> <p>The TEG agreed amendments to statement 4 and its measures, and discussed whether there are any gaps that needed attention.</p> <p>The chair requested confirmation that the NICE team had received adequate responses from the TEG in regards to the issues raised for the draft advice statement 4. The NICE team confirmed that they had sufficient information from the TEG to proceed.</p>	
4	<p><b>Statement 6: Discussion and amendment</b></p> <p>The chair suggested draft quality statement 6 should be discussed next as there had been feedback in the consultation to suggest that it could potentially be merged with draft quality statement 4. On discussion, however, the TEG agreed that the two statements were better kept separate, since draft statement 4 was a strategic statement and draft statement 6 was an operational statement. Therefore it was agreed that both statements should stand alone even though there was a strong relationship between them.</p> <p>Draft statement 6 was discussed and amendments were agreed.</p> <p>The chair reminded the TEG that the statements were intended to be aspirational.</p> <p>The Chair asked the TEG if there were any additional equity issues for this statement. None were identified. The NICE team confirmed that they had sufficient information from the TEG to proceed.</p>	

<p>5.</p>	<p><b>Statement 5: Discussion and amendment</b></p> <p>Responses and potential amendments to draft statement 5 were presented and discussed.</p> <p>The TEG noted that the potential benefits from post discharge surveillance should outweigh any suggested burden of implementation, and asked that this remain in the advice.</p> <p>The issue of infection control in trust staff was discussed, and it was agreed to return to consider this in statement 9.</p> <p>The chair agreed with the NICE team that key concerns had been dealt with.</p> <p>The chair requested whether there were any outstanding equity issues.</p>	
<p>6</p>	<p><b>Statement 12: Discussion and amendment</b></p> <p>Draft Quality Statement 12 was discussed and amendments were suggested.</p> <p>The TEG agreed to re-word the statement in line with presented issues.</p> <p>It was agreed that it may be useful to better define research and development and technology.</p> <p>The TEG discussed defining the characteristics of a leading organisation within this statement.</p> <p>It was suggested that trusts should monitor and evaluate the implementation of these statements.</p> <p>The Chair asked if there were any additional points the TEG wished to raise from the stakeholder consultation document or the GHK document. The NICE team confirmed that they had sufficient information from the TEG to proceed.</p> <p>The TEG confirmed that there were no further equity issues other than technology access.</p>	
<p>7</p>	<p><b>Statement 10: Discussion and amendment</b></p> <p>Key responses to draft statement 10 were presented, and potential amendments were discussed by the TEG.</p> <p>The suggestion was made to remove bullet point 3 and merge the</p>	



	<p>sentence with bullet point 1.</p> <p>The TEG agreed to remove the terminology “structures” and keep this statement in line with current recommendations.</p> <p>The TEG agreed that there should be a request for evidence of Infection Protection control.</p> <p>It was decided that this draft advice would not contain information about the microbiological safety in food and water as it was beyond the current scope.</p> <p>The chair asked the TEG to raise any equity issues, to look at all stakeholder comments and to view the GHK report. The NICE team confirmed that they had sufficient information from the TEG to proceed.</p> <p>It was agreed that certain elements within the stakeholder comments document should be picked up in draft quality statement 6.</p>	
<p>8</p>	<p><b>Statement 11: Discussion and amendment</b></p> <p>Key issues were presented, and potential amendments were discussed.</p> <p>Peter Wilson (PW) suggested a range of statements in which recurrent themes and measures (including hand hygiene and anti-microbial stewardship) could be cross-referenced. The TEG agreed that these issues were important aspects of HCAI prevention and control. It was agreed that the importance of standard precautions should be highlighted.</p> <p>It was agreed that the wording “standards of environmental cleanliness” would be added to this statement. A number of other alterations to the current wording were suggested.</p> <p>Equity issues were discussed.</p> <p>The chair confirmed that the TEG had consulted all stakeholder and GSK comments and further amendments were made. The NICE team confirmed that they had sufficient information from the TEG to proceed.</p>	
<p>9</p>	<p><b>Statement 7: Discussion and amendment</b></p> <p>Key issues on draft statement 7 were presented, and potential amendments were discussed.</p> <p>The TEG suggested unifying the measures and making them more</p>	

	<p>relevant to the statement. The TEG also suggested adapting the measure to capture the performance of the board.</p> <p>All equity issues were discussed. The NICE team confirmed that they had sufficient information from the TEG to proceed.</p>	
10	<p><b>Statement 8: Discussion and amendment</b></p> <p>Key issues on draft statement 8 were presented, and potential amendments were discussed and agreed.</p> <p>The chair asked whether there were any equity issues for this statement. It was noted that there may be access issues.</p> <p>The chair brought the TEG’s attention to the stakeholder comments and the GHK report. The NICE team confirmed that they had sufficient information from the TEG to proceed.</p>	
11	<p><b>Statement 9: Discussion and amendment</b></p> <p>Draft Quality Statement 9 was discussed and amendments were suggested.</p> <p>The TEG agreed there was a need to engage occupational health issues within this statement.</p> <p>The chair and NICE team confirmed that all stakeholder comments had been addressed and that all equity issues had been discussed.</p>	
12	<p><b>Review of decisions</b></p> <p>The chair reviewed key decisions and asked the NICE team once more if they had sufficient information from the TEG in all areas to proceed with amendment. The NICE team stated that this was the case.</p>	
13	<p><b>Next steps</b></p> <p>Catherine Swann (CS) summarised the areas for action agreed in addition to changes to the statements, including:</p> <ul style="list-style-type: none"> <li>- An introduction to the advice to clarify aims, use and audience</li> <li>- A glossary of terms</li> <li>- Cross referencing to key existing guidance</li> <li>- Changes to wording throughout the document</li> </ul> <p>CS outlined next steps through to publication of the advice, and confirmed that the amended advice would be circulated to the</p>	

	<p>TEG once more on 23<sup>rd</sup> September and in October for information.</p> <p>The order of statements was discussed and it was agreed that NICE would consult the committee by email before redrafting.</p> <p><b>Action: NICE team to clarify issues and changes with TEG members where necessary and circulate amended advice to the TEG on 23<sup>rd</sup> September.</b></p>	<p><b>NICE</b></p>
<p>14</p>	<p><b>Summary and AOB</b></p> <p>The chair confirmed that all members would see the final version of the advice.</p> <p>The chair thanked the TEG and the NICE team for all their hard work.</p> <p>CS thanked the TEG on behalf of NICE for their contribution to the advice.</p> <p>Bharat Patel thanked NICE and the TEG on behalf of the HPA.</p> <p>The TEG thanked the chair.</p> <p>The meeting closed at 15.50pm.</p>	