National Institute for Health and Clinical Excellence

Quality Standards: Surgical Site Infection Scoping workshop

Minutes of the meeting held on Monday 8th October 2012 at the NICE offices in Manchester

Attendees	Peter Jenks (PJ) (chair), Jennifer Bostock (JB), Lilian Chiwera (LC), Pauline Harrington (PH), Tracey Radcliffe (TR), Mike Reed (MR), Judith Tanner (JT) **NICE Attendees** Carl Prescott (CP), Tony Smith (TSm), Tim Stokes (TS), Lisa Nicholls (LN) **Apologies** Judith Jesky (JJ), Martin Kiernan (MK), Abigail Mullings (AM), Peter Wilson (PW)

Agenda item	Discussions and decisions	Actions
1.Introductions and apologies	PJ welcomed the attendees and the group introduced themselves. PJ outlined the agenda for the day.	
2.Business items • Declarations of interest	PJ reminded Topic Expert Group (TEG) members that they represent themselves rather than a particular organisation. PJ outlined the declarations of interest policy. The group was asked for any further declarations of interest.	LN to record further declarations of interest
3.Quality Standards Overview	CP presented the group with an overview of the current process for developing NICE quality standards. He highlighted that quality standards clarify what high quality care should look like, explained what quality standards are used for and described the current work programme. CP also reported that the Health and Social Care Act emphasises the importance of quality standards. CP advised the group that after the quality standard has been published they will be invited to undertake further work on the quality indicators, potentially to inform the Commissioning Outcomes Framework (COF). (It was thought less likely that surgical site infection would be relevant to Quality and Outcomes Framework (QOF) indicators.) CP gave an overview of the roles of the NICE team and the TEG. CP described the stakeholder consultation process and the role of endorsing organisations in helping disseminate the quality standard.	

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4. Quality Standards Methodology	TSm outlined the methods used to develop quality standards, noting that statements should be aspirational but achievable, and are not intended to reinforce routine practice. TSm advised the group that NICE quality standards are informed by evidence-based recommendations from published NICE guidance or other NICE accredited sources. They do not review or redefine the underlying evidence base. TSm described quality statements as descriptive, clear and concise evidence-based qualitative statements. The statements identify the most important 'markers' or key requirements of high quality care where specific improvements are required and which, if achieved, imply high quality practice in all other areas. TSm outlined the need to ensure that the quality statements are based on one concept to ensure clarity and measurement. TSm advised the group of 'cross-cutting' quality standards, and the need for users of quality standards to refer across the library of topics. The published quality standard on patient experience of acute NHS services was noted as a relevant cross-cutting standard in the context of surgical site infection. TSm explained that equality issues would be assessed after each TEG meeting.	

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5.Example of a quality standard	CP outlined the format and content of a QS, including statements, measures and audience descriptors. CP showed the group an example of a published quality standard.	
6.Scoping session	The TEG discussed the scope of the Surgical Site Infection QS, as proposed by CP. The group suggested that the scope of the QS, in terms of surveillance of infections after surgery should extend beyond 30 days. The group suggested that aspects of the guideline may also be relevant to some non-incision procedures (i.e. where the principles are the same as for the prevention of infection in incision procedures), and suggested that this should be noted in the scope of the QS. CP agreed to draft the scope accordingly, subject to confirmation of underlying evidence. The group considered the evidence sources for the quality standard, and a number of additional sources were suggested. CP agreed to consider these additional sources, subject to their accreditation status. PJ invited the group to review the TEG membership. It was agreed an anaesthetist and commissioner should be recruited if possible. CP explained how stakeholders are registered for consultation and the role of endorsing organisations in the QS process. The group was invited to contact LN with any further suggestions for stakeholder registrations. **Areas of care** An 'areas of care map' was presented by CP, based on NICE clinical guidelines and public health guidance. Discussion took place under each heading and the group agreed that the prioritisation of guideline recommendations as the basis for potential QS statements should cover:	CP to review scope

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	Area of care **Overarching QS statements to consider on:** - Patient Information - Infection Prevention and Control - Environment (such as operating room facilities or surgery taking place outside of a theatre) **Preoperative phase** - Targeted screening for *Staphylococcus aureus* - Patient preparation - Staff Preparation - Antibiotic prophylaxis - Pre-warming patients **Intraoperative phase** - Decontamination (including hand decontamination and antiseptic skin preparation) - Physical barriers - Maintaining patient homeostasis. **Postoperative phase**	NICE to pursue additional recruitment. TEG to send any suggestions of stakeholders to LN.

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	- Surveillance of SSIs - Postoperative wound care - Antibiotic treatment of surgical site infection and treatment failure The group looked at possible inequalities. TSm explained an EQIA assessment will need completing after each TEG meeting and for members to flag any potential inequalities to CP.	
7.Next steps and AOB	TSm and CP outlined the next steps and important dates in the quality standard development process. PJ thanked the TEG and NICE team and closed the meeting.	