

**Report to:** Clinical Commissioning Group Board

**Date of Meeting:** 31<sup>st</sup> May 2013

**Subject:** Infection Prevention and Control Annual Report 2012/13

**Presented by:** Sarah Smyth, Director of Quality & Clinical Governance  
/Executive Nurse

**Author:** Joanne Raper

**STATUS OF THE REPORT:**

To approve

To note

To ratify

To discuss

To consider

For information

**PURPOSE OF REPORT:** The purpose of this report is to provide assurance to the Clinical Commissioning Group Board that

- Infection Prevention and Control arrangements are in place
- The Primary Care Trust and now Clinical Commissioning Group is making good progress in reducing the risk of Health Care Associated Infection (HCAI)
- and to highlight the main developments in the management of infection prevention and control activity for the period April 2012 to March 2013 for NHS Hull.

**RECOMMENDATIONS:**

1. That the report is noted

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No  Yes

If yes, grounds for exemption  
(FOIA or DPA section reference)

**CCG STRATEGY  
NUMBER  
REFERENCE**

**ASSURANCE  
FRAMEWORK  
REFERENCE  
NUMBER**

*Short summary as to how the report links to the CCG's strategic objectives*  
 The report will support the delivery of both NHS & CCG constitutions

*Short summary as to how the report adds assurance to the Assurance Framework*  
 To be linked to the assurance framework once developed.

**IMPLICATIONS:** *(summary of key implications, including risks, associated with the paper),*

Finance	The team is currently funded via the community contract.
HR	None
Quality	Provides assurance to NHS Hull CCG that the Infection Control quality agenda is being met.
Safety	That the risk of acquiring a health care associated infection will be reduced as far as practicably possible.

**ENGAGEMENT:** *(Explain what engagement has taken place e.g. Partners, patients and the public prior to presenting the paper and the outcome of this)*

Items within this report have been discussed at various meetings including the Quality and Performance Committee, C diff review group and while working with service providers across the health economy.

**LEGAL ISSUES:** *(Summarise key legal issues / legislation relevant to the report)*

None identified

**EQUALITY AND DIVERSITY ISSUES:** *(summary of impact, if any, of CCG's duty to promote equality and diversity based on Equality Impact Analysis (EIA). All reports relating to new services, changes to existing services or CCG strategies / policies must have a valid EIA and will not be received by the Committee if this is not appended to the report)*

None identified

**THE NHS CONSTITUTION:** (*How the report supports the NHS Constitution*)

The paper will help NHS Hull CCG in monitoring and improving its progress with regards to C. difficile and MRSA Bacteraemia infections.

**Definitions**

- |                 |  |
|-----------------|--|
| To approve      | - An item of business that requires the Committee to take a formal decision.   |
| To endorse      | - An item of business that requires the Committee to endorse the actions taken by the CCG.   |
| To ratify       | - An item of business where the Committee is required to ratify the action(s) taken on the behalf of the Committee, for example, by a formal group established by the Committee.   |
| To discuss      | - An item of business that requires discussion by the Committee prior to agreement of a formal resolution or a general policy steer to the executive officers.   |
| To consider     | - A report containing a positional statement relating to the delivery of the CCG's functions for which the Committee has a corporate responsibility but is not explicitly required to make a decision.   |
| To note         | - An item of business for which the Committee is required to give due regard to but for which there is not expected to be discussion.  |
| For information | - An item of information that is of general interest but is not of significance to the Committee's corporate or operational activities. These items will be included on a specific section on the agenda but will not be for discussion unless exceptionally Members have not been able to obtain assurance from the author outside of the meeting <i>and</i> the Chair has been notified of the request at least 1 hour in advance of the start of the meeting. |