

Item: 7.3

Report to: NHS Hull Clinical Commissioning Group Board

Date of Meeting: 22 January 2021

Title of Report: Infection, Prevention and Control Annual Report 2019/ 2020

Presented by: Clare Linley, Interim Executive Director of Nursing and Quality

Author: Jo Raper, Infection, Prevention and Control Lead Nurse

STATUS OF THE REPORT:

To approve	<input checked="" type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:

The purpose of this report is to provide assurance to the NHS Hull CCG Board that Infection Prevention and Control arrangements are in place. That they are making continued progress in the reduction of risk for Health Care Associated Infection.

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No Yes

If yes, detail grounds for exemption

CCG STRATEGIC OBJECTIVE

1. Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change.
2. Monitoring the quality of care provided by the main CCG-commissioned services is part of specific objectives:
 - Patients receive clinically commissioned, high quality services
 - CCG plans are delivering better outcomes for patient

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IMPLICATIONS:	
Finance	None
HR	None
Quality	Failure to deliver against the action plan could affect the quality of patient outcomes
Safety	Failure to deliver against the action plan could affect the quality of patient

ENGAGEMENT: Engagement has taken place across the health and social care economy to provide the data and work delivered within this report.

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)*

	Tick relevant box
An Equality Impact Analysis/Assessment is not required for this report.	x
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

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

The report supports the delivery of Section 2a of the NHS Constitution: "You have the right to expect NHS organisations to monitor, and make efforts to improve, the quality of healthcare they commission or provide."



NHS Hull Clinical Commissioning Group

Infection Prevention & Control

Annual Report

April 2019 – March 2020

Author: Jo Raper Infection Prevention & Control Lead Nurse ERY CCG on behalf of the Infection Prevention & Control Teams

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Key to Abbreviations

BSI	Blood Stream Infection
CCG	Clinical Commissioning Group
<i>C diff</i>	<i>Clostridium difficile</i>
CDI	<i>Clostridium difficile</i> Infection
CHCP	City Health Care Partnership CIC
CQG	Care Quality Commission
CSSD	Central Sterile Services Department
DIPC	Director of Infection Prevention and Control
ERY	East Riding of Yorkshire
E.coli	<i>Escherichia coli</i>
ED	Emergency Department
GP	General Practice
HCAI	Health Care Associated Infections
HUTH	Hull University Teaching Hospitals NHS Trust
ICAT	Infection Control Audit Tool
ICC	Infection Control Committee
Igas	Invasive Group A streptococcal Infections
ICAT	Infection Control Audit Tool
IPC	Infection Prevention & Control
IPCT	Infection Prevention & Control Team
MRSA	Meticillin-Resistant <i>Staphylococcus Aureus</i>
BSI	Blood Stream Infection

NLAG	Northern Lincolnshire and Goole NHS Foundation Trust
NHS	National Health Service
NHSI	NHS Improvement
NICE	National Institute for Clinical Excellence
PVL	Panton Valentine Leukocidin
PIR	Post Infection review
PHE	Public Health England
RCA	Root Cause Analysis
SIGN	Scottish Intercollegiate Guidelines Network
SLT	Senior Leadership Team
STP	Sustainability Transformation Partnership
UTI	Urinary Tract Infection

1. Purpose of the Paper

1.1 The purpose of this report is to provide assurance to the NHS Hull Clinical Commissioning Board (Hull CCG), that Infection Prevention and Control arrangements are in place. That the service is making continued progress in reducing the risk of Health Care Associated Infection (HCAI).

1.2 The report highlights the main developments in the management of Infection Prevention and Control activity for the period April 2019 to March 2020.

2. Background

2.1 The susceptibility of people in hospital along with the use of invasive procedures creates the potential for infection in hospital, but it is important to understand that micro-organisms exist naturally in the community and population as a whole therefore the management of infection is a whole health economy issue. As more invasive procedures and devices are utilised in community settings it is essential that the risks are recognised across the whole health economy and this strategy sets out to address infection prevention in this wider setting.

2.2 The Clinical Commissioning Groups (CCGs) as the local healthcare commissioners take the responsibility for working across organisational boundaries and taking a whole health economy view to ensuring that the delivery of infection prevention and control is prioritised. The CCGs ensure that provider organisations of commissioned services have appropriately trained and educated staff in place and that the principles of infection prevention and control are embedded within the organisations. The CCGs also ensure that patient education is available and that individual patient needs are considered.

2.3 The CCGs are committed to reducing HCAI and recognise that the prevention of infection is fundamental to the safety and quality of care delivered to patients and remains a key priority for the NHS. As the epidemiology of many HCAI cases becomes more complex and as the threat of antimicrobial resistance increases, it is essential that we build on the progress made to date and work to identify new ways to improve practice and prevent harm to patients.

2.4 An action plan is in place to monitor and review progress with reducing incidents of HCAI across the Hull and East Riding of Yorkshire footprint. All actions associated with these plans have assigned leads and timescales and progress against the plan, including the position against the objectives is monitored through the Hull and ERY CCGs Infection Prevention & Control Group and the HUTH Quality and Delivery Group. Quarterly reports are submitted to the Quality and Performance Committee for NHS Hull CCG.

2.5 The report and action plans are based on and address the requirements identified in the following documents:

- Tackling antimicrobial resistance 2019–2024 - The UK's five-year national action plan (January 2019).
- Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups 2017/19.
- Infection Prevention and Control Commissioning Toolkit: Guidance and information for nursing and commissioning staff in England, RCN (January 2016).

- Department of Health (2015) The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance.

3. Responsibilities

3.1 In January 2020 the accountability for the reporting and monitoring of infection prevention and control was reviewed. The meeting structure was refreshed and new process for escalation of concerns to provider organisations agreed. Appendix 1 describes the roles and responsibilities for Infection Prevention and Control.

3.2 This decision was made to ensure the CCG's and local authorities across Hull and the East Riding of Yorkshire have a meeting structure in place which is fit for purpose moving forward; as it was recognised that the current structure needed to be strengthened and broadened to develop the current collaborative approach across organisations.

3.3 Infection Prevention & Control Team

3.31 Infection Prevention & Control Lead Nurse this post is commissioned by Hull and ERY CCGs and in place to provide strategic leadership and to give assurance to the CCGs of their commissioned providers' current performance against the latest national guidance for the reduction and prevention of HCAI. This post is hosted by NHS ERY CCG and provides support across the four North Bank CCGs within the Humber Coast and Vale Health footprint. This post is integral to developing the IPC strategies and collaborative working across the Humber Coast and Vale Health and Care Partnership.

3.32 **CHCP Infection Prevention & Control Team** is commissioned to provide advice and support to primary care for Hull CCG. The team provide support and advice to patients for disease specific conditions. They undertake RCA's for IPC related incidences and audits to provide assurance of compliance against national standards. The team deliver training across health and social care which supports the development IPC knowledge.

4. Surveillance

4.1 MRSA Blood stream Infections (MRSA BSI)

4.11 The mandatory reporting of MRSA BSI has continued following our locally agreed process.

4.12 Hull CCG and ERY CCG have agreed local reporting arrangements with commissioned services that are below the MRSA BSI threshold to take the PIR process forward to ensure organisations continue to learn and share lessons learnt. A four week turn around has been agreed from notification to agreement on the outcome of cases.

4.13 NHS Hull CCG has seen a decrease in the number of MRSA BSI cases in 2019/20 to those reported in 2018/19 as demonstrated in table 1.

4.14 Hull Teaching University Hospitals NHS Trust (HUTH) reported the same number of MRSA BSI cases as in 2018/19 via the national reporting system as demonstrated in table 1

MRSA BSI														
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 19-20	Position 18-19
Hull CCG Attributable Cases (All)	0	0	0	0	0	0	0	1	0	0	0	0	1	2
HUTH Attributable Cases (All)	0	0	1	0	1	0	0	0	0	0	0	1	3	3

5. NHS Hull CCG Case Details

5.1 Case November 19 - is a primary care attributed case however following the Post Infection review (PIR), HUTH agreed this was a case attributable to secondary care.

This was a patient who was discharged from HUTH following an acute admission via the Emergency Department. The patient had two previous admissions to the Trust where a positive MRSA screen was noted. The patient did not receive decolonisation treatment on either occasion. On this admission the patient was found to have pyrexia the day before discharge. The patients CRP was noted to be slightly raised but not of significance. Further bloods were taken on the day of discharge however it appears these were not reviewed prior to the patient leaving the ward. The patient was home for 6 hours prior to readmission with the MRSA BSI. It was agreed as an avoidable case.

5.3 HUTH Cases

Three cases of MRSA BSI have been attributed to HUTH during 2019/-20

5.31 Case One- is an out of area patient who was admitted to CMU with sharp central chest pain. The patient screened positive to MRSA on admission a delay in decolonisation treatment was noted. The patient had a number of IV cannulas inserted. The monitoring of devices was undertaken but there were a number of gaps in the documentation. One of the cannulas was identified as the potential source of the MRSA BSI. Following PIR investigation MRSA bacteraemia determined as avoidable.

5.32 Case Two is an out of area patient who was admitted as a list cases for laparotomy and ileal conduit. Following the PIR review the cases was declared as an unavoidable case with learning around documentation in relation to both the urinary catheter and IV device management.

5.33 Case Three was an out of area case which has been investigated via the PIR process.

5.52 Summary

Across secondary care providers it has been noted that poor documentation around IV devices is a common theme HUTH is undertaking additional training in relation to ATT and VIP scoring.

Updates on these actions will be monitored via the Hull and ERY CCG IPC Group.

6. Clostridium difficile

Clostridium Difficile Infections															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 19-20	Objective 19-20	Position 18-19
Hull CCG Attributable Cases (All)	9	6	5	5	1	6	0	2	2	4	4	6	50		51
Hull CCG Objective .	5	4	5	5	5	5	5	4	5	4	5	4		56	

Table 2

From April 2019 the categorisation of C diff has changed and will be assigned on DCS as follows:

- 6.1 Healthcare Onset, Healthcare Associated (HOHA): cases detected three or more days after admission
- 6.2 Community Onset, Healthcare Associated (COHA): cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous four weeks

6.3 Community Onset, Indeterminate Association (COIA): cases detected within two days of admission where the patient has been an inpatient in the trust reporting the case in the previous 12 weeks but not the most recent four weeks

6.4 Community Onset, Community Associated (COCA): case detected within two days of admission where the patient has not been an inpatient in the trust reporting the case in the previous 12 weeks.

6.5 Each secondary care provider has had their yearly objective increased to allow for anticipated shift in attributable cases to secondary care.

6.6 NHS Hull CCG has ended the year 1 case under their target. . Table 2 above shows the overall figures for the CCG.

6.7 Figure one below demonstrate the number of C *diff* cases attributable to the CCG against objective.

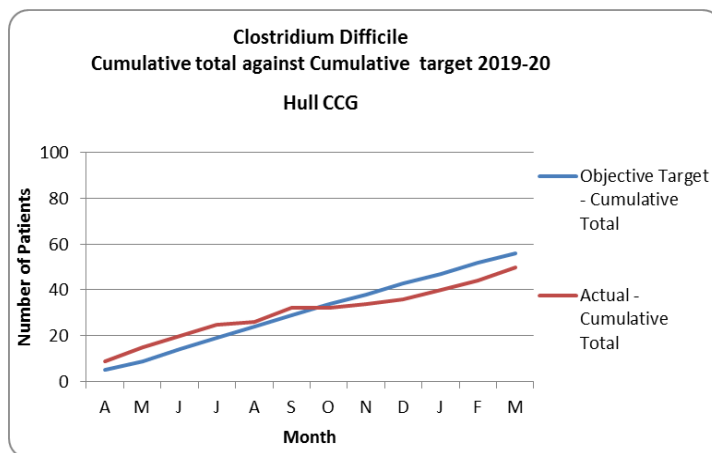


Fig 1

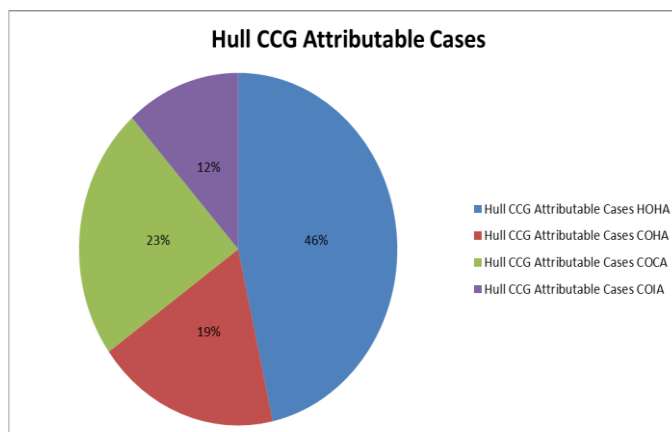


Fig 2

6.8 Figures 2 above show the CCG cases broken down by the new categorisation. As this is the first year of the new categories we are unable to compare the data to previous years.

6.9 Each toxin positive case of C *diff* which has had a root cause analysis undertaken has been reviewed by a multidisciplinary team. The information obtained during the RCA process is utilised to formulate a decision using the categorisation from the national guidance. As described below.

Categorisation	Rationale
Lapse in Care contributing to Clostridium difficile	Would be indicated where a clear link between the case of C <i>diff</i> diagnosis and non-compliance with guidance, policy and protocol has been identified i.e. deemed to be preventable.
Lapse in Care NOT contributing to Clostridium difficile	Would be indicated where a lapse in adherence to policy, protocols or guidance has not contributed to the case of C <i>diff</i>
No Lapse in Care	Would be indicated where no lapse in care is identified i.e. not deemed to be a preventable case.

6.10 Due to the COVID 19 Pandemic the review of cases was suspended during Quarter 4 therefore the information regarding lapses in care does not reflect the total cases for the year.

6.11 NHS Hull CCG

NHS Hull CCG has ended the year under their target of 50 cases. No lapse in care has been identified in 23 of the Hull attributed cases. 4 cases have been identified as ‘lapse in care’ 3 due to antibiotic prescribing not being in line with prescribing guidelines. 1 case due to contact with another positive case while an inpatient in hospital following investigation the cases were determined as linked due to been the same Ribotype. Please note that not all cases have been reviewed.

7. Secondary Care

7.1 HUTH - ended the year 21 cases under their 19-20 objectives. 3 lapses in care have been identified following the RCA process with Antibiotic prescribing not in line with guidance was identified in 2 cases. One case was linked to another case by same time, place and Ribotype.

Figure 5 below shows the attribution of cases by category. The green line demonstrates the objective. Please note that not all cases have been reviewed.

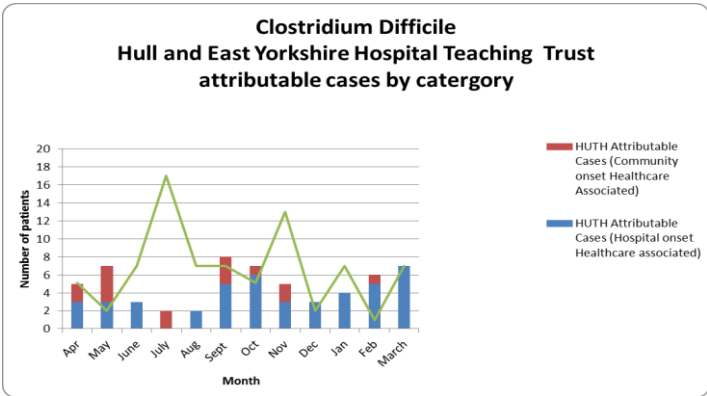


Fig 5

7.12 Summary

7.13 Individual feedback to GP practices relating to cases of C *diff* involving their patients has continued throughout this reporting period. The aim of which is to close the feedback loop and enable learning points and examples of good practice to be shared more individually with Primary Care teams.

7.15 The C *diff* card continues to be received by all new toxin positive and carriers of C *diff* across the Hull boundary. As part of the process patients receive a phone call at nine days or post discharge from hospital to ensure they have no further symptoms and to offer advice and support. Table 4 below shows the number of C *diff* cards issued per CCG broken down by Quarter.

No of C. <i>diff</i> cards issued for Toxin positive patients	
Quarter	Hull CCG
Q 1	14
Q 2	12
Q 3	3
Q 4	10
Total	39

Table 3

7.16 The reasons for cards not been issued are the patient has been positive in the previous 12 months or has passed away

7.17 Antibiotic prescribing continues to be a feature in those cases agreed as a lapse in care however both CCGs have seen a decrease in the number of cases declared as “lapses in care” and this maybe as a result of overall reduction in antibiotic prescribing.

8. Escherichia coli Blood Stream Infections (E.coli BSI)

E coli BSI															
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 19-20	Objective 19-20	Position 18-19
Hull CCG Attributable Cases (All)	21	23	27	18	25	19	23	23	16	24	19	12	250		256
HUTH Attributable Cases (All)	9	6	9	9	8	16	11	13	8	12	7	13	121		112

Table 4

8.1 NHS Hull CCG

NHS Hull CCG ended the year 6 cases under the end of year position for 2018-19. 198 pre cases were reported for 2019/20; this is a decrease in the number of pre cases by 6. The number of post cases reported remained at 52 cases.

8.2 Secondary Care

8.3 HUTH

HUTH have reported an increase in the number of cases against those reported in 2018/19

8.4 Summary

Work has continued through 2019-20 to promote hydration and use a clinical assessment tool to diagnose UTI's in the over 65's. The main focus of this work has been within care homes. Acute trust providers have commenced rolling out the No dip and hydration programme. The has included the use of different coloured water jug lids as an identifier of how much fluid a patient has drunk.

9. Klebsiella BSI

9.1 Klebsiella BSI reporting was commenced in April 2017 as per PHE requirements, NHS Hull CCG have reported 52 attributed cases a decrease of 2 cases. Klebsiella BSI forms part of the Gram negative BSI agenda.

10. Pseudomonas

10.1 Pseudomonas aeruginosa BSI reporting commenced in April 2017 as per PHE requirements, NHS Hull CCG have reported 26 attributed cases. The CCG has seen an increase in the number of cases reported during 2019/20. Pseudomonas aeruginosa BSI forms part of the Gram negative BSI agenda.

Methicillin Sensitive Staphylococcus Aureus Blood stream Infections (MSSA BSI)

MSSA BSI																
	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	Position 19-20	Objective 19-20	Position 18-19	
Hull CCG Attributable Cases (All)	9	9	5	5	9	5	9	5	6	7	2	6	77		114	
HUTH Attributable Cases (All)	5	6	4	4	3	5	5	5	7	6	0	12	62	50	59	

Table 5

11. Hull CCG

11.1 MSSA BSI continues to be reported as per PHE requirements. Hull CCG has seen a decrease of 37 cases at the end of year 2019/20 compared to 2018/19 as demonstrated in table 5 above. Figures 6 Show the number of cases attributed to each CCG attributed by pre and post against the previous year's cumulative total.

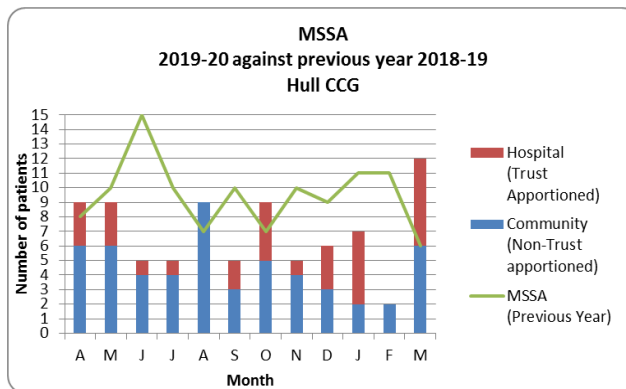


Fig 6

12. Secondary Care

All three acute trusts have seen an increase in the number of cases reported as demonstrated in the figures 7 below. HUTH have a locally agreed MSSA BSI objective.

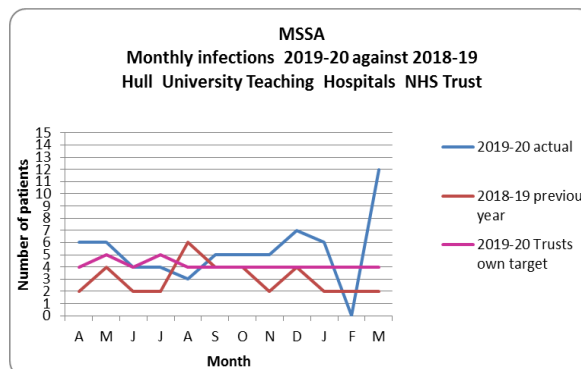


Fig 7

12.1 Summary

HUTH have recognised a potential issue with the management of intravenous devices. Work has continued throughout 2019-20 to address the issue identified and improve practice. HUTH have had an independent audit of the management of IV device undertaken and are currently embedding the actions from the audit.

13. Panton Valentine Leukocidin (PVL)

13.1 The Infection Prevention & Control Teams across Hull and East Riding have continued to work closely with GP practices to provide advice and support in relation to PVL cases including the co-ordination of treatment.

13.11 Hull CCG Cases

No Hull CCG PVL cases have been reported during 2019/20.

14. Infection Control Advice and Support

14.1 The Infection Prevention and Control Team across Hull continue to provide advice and support to all staff groups. On behalf of Hull CCG the Team advised and gave information for a total of 16 requests for advice in primary care and 20 requests for specific patient related advice. The Team works closely with other infection control professionals including Public Health England and Microbiology support across the local health economy to ensure advice given is agreed best practice and facilitates the development of local processes to inform practice.

15. Infection Control Audit

15.1 Due to the emerging COVID 19 pandemic the programme of scheduled audits has not been completed for 2019-20.

15.2 Hull CCG

In April 2014 a programme of Infection Control Audits commenced for those General Practices undertaking minor surgery on behalf of other practices within the NHS Hull CCG boundary. After completion of the audit each practice receives a copy of the audit highlighting areas of compliance and non-compliance which is linked to both legislation and best practice guidance. The practice also receives an action plan for areas of non-compliance which incorporates timescales. Six practices have been audited in 2019/20.

15.21 All practices are expected to achieve 85% on each element. For those practices not achieving 85% a re-audit is undertaken within a three month period to provide assurance that progress is being made against the action plan. Where the practice fails to meet the required standard escalation is via the Deputy Director of Quality and Clinical Governance / Lead Nurse and the contracting team.

15.22 Figure 8 below shows the overall score per practice for the minor surgery audits undertaken. All the practices audited achieved overall compliance of 85% or above.

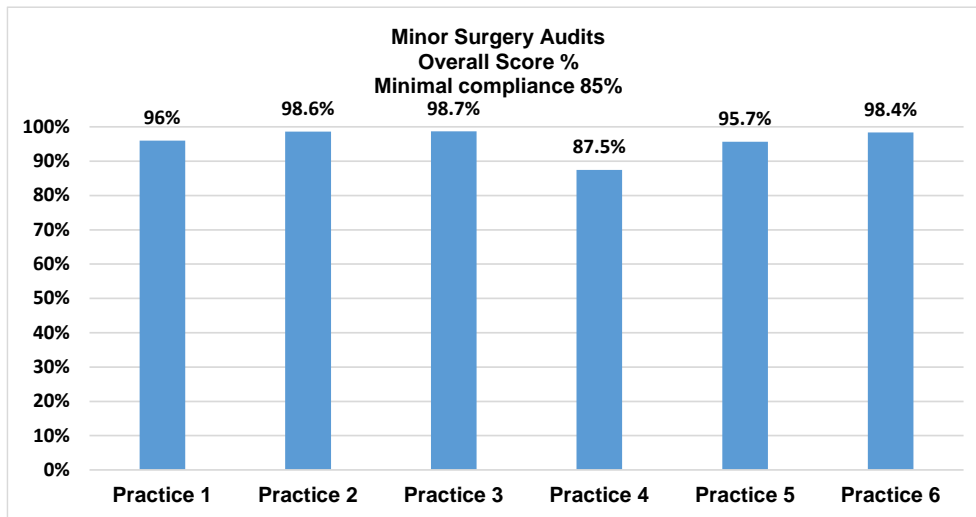
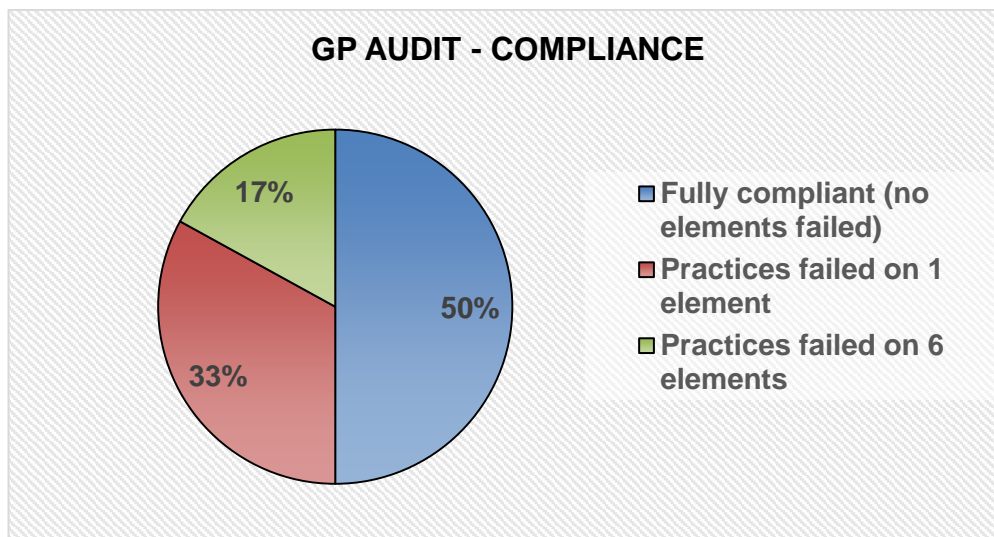


Figure 8

15.23 The pie chart below shows the percentage of practices who have failed elements and how many elements they have failed.



50% of practices achieved compliance on all elements of the audit; this is an increase from 2018/19 of 20%.

15.24 One practice was non-compliant on six elements of the audit. The practice failed the elements for the following reasons:

- No system to segregate a patient with a possible communicable disease
- No clear system in place for reporting maintenance issues to the landlord.
- The practice could not provide information on staff training figures for IP&C and hand hygiene.
- Evidence of severe wear and tear throughout the building in clinical and non-clinical areas. Non-complaint hand hygiene basins throughout the premises. The
- Domestic services room is not equipped properly for the disposal of waste water or for hand hygiene facilities.
- Items stored inappropriately and detailed cleaning documentation not available for all equipment.
- Minor surgery room does not meet current guidance, inappropriate ceiling, lighting not fully enclosed, chairs are not wipeable and no fly screen on the window.

15.25 An action plan was put in place with expected timescales. The practice has a refurbishment programme in place which will address the issues identified in the audit. A follow up audit will be undertaken to monitor compliance against the action plan.

15.26 Two practices scored below 85% on one element of the audit.

15.27 Practice one due to lack of cleaning evidence available on the day. Other issues included no sharps policy available, no bodily fluid spillage kit, damage to clinical room walls, inappropriate storage of waste bags and single use antiseptic skin prep is was not use.

15.28 For Practice 5 the chilled water maintenance was not up to date and lime scale was evident on taps.

15.29 Both practices have an action plan in place.

15.30 All practices were compliant with PPE, Hand Hygiene, Waste and Sharps and the aseptic technique elements of the audit.

17. Quarter 4 Activity

17.1 The COVID 19 pandemic commenced in Quarter 4 this required an EPPR response to support both primary care and care homes across Hull and ERY. The Lead Nurse for IPC lead on the development of the COVID testing service for individuals returning from abroad in the initial stages of the pandemic. This involved identifying a site and ensuring swabs and PPE were available for the swabbing team to utilise.

17.11 The Lead Nurse for IPC provides advice and updates on the rapidly changing National guidance to support local implementation.

18. Priorities for 2020-2021

18.1 The main activities undertaken for Infection Prevention and Control are highlighted within this report.

18.11 Key priorities for 2020 -2021

The main focus for the year ahead will be to support the delivery of the COVID 19 response providing support and advice to health and social care with a particular focus on care homes.

18.12 The year ahead will be challenging to keep a focus on HCAI's while delivering an effective response to the pandemic.

19. Bibliography

- Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NICE clinical guidance 15, NICE (August 2015) London
- Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, Department of Health (2015) London
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- NICE Quality Standard [QS90], June 2015.(<https://www.nice.org.uk/guidance/qs90/chapter/Quality-statement-1-Diagnosing-urinary-tract-infections-in-adults-aged-65-years-and-over>)
- NICE Shared learning April 2018 <https://www.nice.org.uk/sharedlearning/reducing-incidence-of-urinary-tract-infections-by-promoting-hydration-in-care-homes>
- Reducing Gram Negative Bloodstream Infections (GNBSIs) and inappropriate antibiotic prescribing in at risk groups 2017/19, NHSI(April 2017) London
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- Tackling antimicrobial resistance 2019-2024. The UK's five year national action plan, HM Government, 24th January 2019
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/784894/UK_AMR_5_year_national_action_plan.pdf

Appendix 1

Responsibilities

Quality and Performance Committee (NHS Hull CCG)

This Committee is responsible for monitoring all quality and infection control standards, the Quality and Performance Committee reports into the CCG Board. The Committee receives quarterly infection control updates and an annual report. Monthly monitoring against the infection control targets is monitored through the Quality and Performance report.

Hull CCG & ERY CCG Infection Prevention and Control Collaborative Meeting

The Hull and East Riding of Yorkshire CCGs' Infection Prevention and Control Group membership includes representation from both Hull and East Riding of Yorkshire Councils, with the aim of supporting collaborative working across both health and social care. This meeting provides assurance for a forum or Board that Providers across the health and social care economy have appropriate systems and processes in place to assist and demonstrate good clinical practice. The meeting also provides a platform for professionals to confirm and challenge practice and systems and processes ensuring that learning across the health and social care economy is shared.

Joint Hull and East Riding Health Protection Forum

The scope of the Health Protection Forum is to minimise hazards to human health, and to ensure that any threats are promptly dealt with. Geographically, the scope covers the population of Hull and East Riding. (Links will be established with professionals in Vale of York Clinical Commissioning Group (CCG) and other areas as appropriate). Thematically, the scope covers the following health protection areas in the Health Protection Assurance Framework for Hull and East Riding (DPH Health Protection Assurance Framework):

Hull & ERY Health Care Acquired Infection (HCAI) review Group

The aim of this group is to agree 'no lapse in care' for cases of HCAI attributable to both primary and secondary care. The group reviews HCAI cases and receives an overview of themes and trends for those cases deemed as 'lapses in care.' Cases presented at this group have been through the RCA review processes within each provider service prior to presentation and agreement.

North Bank Infection Prevention & Control Professionals Group

The group is chaired by The Infection Prevention & Control lead Nurse for Hull and ERY CCG's. The purpose of this group is to share good practice and learning, across both health and social care providers. The core members of this group include CCG's, provider organisations Infection Prevention & Control teams.