

INFECTION PREVENTION AND
CONTROL
ANNUAL REPORT
2009/10

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1. BACKGROUND and OVERVIEW

The Health and Social Care Act 2008 (Code of Practice for the NHS on the prevention and control of infections and related guidance) highlights the importance of good infection prevention and control practice in the delivery of high quality, safe services and care and established the Care Quality Commission, replacing the Healthcare Commission as the external monitoring authority. The code applies to all NHS bodies carrying out identified regulated activities, and emphasises the role of good leadership, management arrangements, the design and maintenance of environment and devices, the application of evidence based clinical protocols and education, training and communication.

As commissioners of these services, NHS Rotherham has a direct responsibility for assuring itself that all providers delivering care on behalf of the NHS are fulfilling their legal and ethical obligation with regards to this function. This responsibility extends to those providers not currently covered directly by the code, such as adult social care providers and independent contractors.

In March 2010 three new Statutory Instruments were issued for Health Protection and Public Health, these came into force in April 2010. NHS Rotherham are working with partners in Rotherham Metropolitan Borough Council and South Yorkshire Health Protection Unit to consider implementation and impact of the new instruments.

2. INFECTION PREVENTION AND CONTROL ARRANGEMENTS

• Infection Prevention and Control Staff

NHS Rotherham (Commissioning) have a nominated Director of Infection Prevention and Control (DIPC), this role is fulfilled by the Director of Public Health. Rotherham Community Health Services and the Rotherham Foundation Trust also have nominated DIPC's, who are members of the Strategic Infection Prevention and Control Committee.

In November 2009, a Strategic Lead for Clinical Risk, Infection Prevention and Control and Immunisation was appointed to support the Director of Infection Prevention and Control (DIPC) in leading the infection prevention and control services for NHS Rotherham (Commissioning).

• Role of the strategic infection prevention and control committee

Following the PCTs internal separation, the Strategic Infection Prevention and Control Committee was established to assure the Board of NHS Rotherham (Commissioning) that NHS Rotherham and all providers of NHS care within Rotherham are compliant with the relevant guidance and legislation in relation to infection prevention and control. The first meeting of the new Committee was held in October 2009. The membership of and terms of reference for the Committee were reviewed in December 2009 to include representation from all health and social care providers. This has been achieved, with the exception of Yorkshire Ambulance, who to date have not nominated a representative. The Medicines Management team also has representation, which provides a strong and essential link with the Antibiotic Policy and Prescribing Group for both Acute and Primary Care. The terms of reference for the Committee are enclosed as appendix 1.

The Committee's primary purpose is to provide strategic direction to all providers, identify issues that would present a health and safety or clinical risk to patients,

members of the public or staff with regards to infectious agents, and escalate to the appropriate Committee/Board or body, review progress against the annual programme, monitor performance, including immunisation uptake, surveillance data and outbreaks and ensure serious untoward incidents relating to infection prevention and control are reviewed and appropriate action taken. This function is fulfilled in part by the development of a quarterly infection prevention and control report.

The Committee has met three times up to the end of March 2010, and reports directly to the Governance, Risk and Quality Committee through the annual report, with any significant issues or concerns being escalated immediately. In accordance with the Code of Practice, issues are reported as deemed necessary, directly to the Board by the DIPC.

As the Committee is newly formed and has not yet completed a full 12 month term, the terms of reference and activities of the Committee has not been audited. This will be addressed in future years.

The purpose of this report, in line with best practice, is to summarise the main issues identified to provide assurance of compliance to the Commissioning Board for NHS Rotherham, for the reportable period, which for the purpose of this report is the period November 2009 to March 2010.

3. DIPC REPORTS TO THE TRUST BOARD - Summary

Verbal updates are provided to the Trust Board by the DIPC, these include information pertaining to outbreaks or other risks in relation to infection prevention and control and communicable disease control. In March 2010, The Board received a specific report, providing assurance in relation to Swine Flu and the Mass Vaccination Programme for healthcare staff, this report was subsequently submitted to the Yorkshire and Humber SHA.

4. HEALTHCARE ASSOCIATED INFECTIONS

MRSA and *Clostridium difficile* continue to form part of the Vital Signs data. These trajectories were refreshed in January 2010 to inform the 2010/11 assessment. Whilst antibiotic prescribing is generally good within Rotherham, and is in line with best practice, monitoring within primary care has identified poor practice in three practices, this issue has been addressed by the Medicines Management Team in conjunction with the Contracting Team.

4.1 Clostridium difficile

Rotherham have continued to face and risen to the challenges to reduce the incidence of *Clostridium difficile* infections by 30% by 2010/11 based on the 2007/08 baseline, developing best practice with regards to antibiotic prescribing and stewardship, isolation and management, in line with new national guidelines (January 2009) and the Clean, Safe Care Programme, care bundle. The Commissioner out-turn includes isolates from out of district laboratories, these are GP's on Rotherham Borders or patients admitted to neighbouring hospitals where the isolate is not hospital acquired i.e. taken with three days of admission.

The trajectory and out-turn for 2009/10 was as follows:

	Trajectory	Actual
RFT	133	43
Commissioner	209	95 71 from RFT Lab)

4.1.1 C.diff Outbreak

In November 2009, the Rotherham Foundation Trust notified NHS Rotherham of an outbreak of C.diff that was confined to one care of the elderly ward. Typing of the isolates was inconclusive, as all were identified as a common strain; therefore cross infection could be neither proved nor disproved. Several shortfalls with regards to laboratory reporting and infection prevention and control practices were identified and addressed by the Hospital Infection Prevention and Control Team.

4.2 MRSA Bacteraemia

Again Rotherham has continued to meet the challenge of reducing MRSA bacteraemias. MRSA Bacteraemias are considered to be non hospital acquired where the sample is taken is within 48 hours of admission.

The trajectory and out-turn are as follows:

	Trajectory	Contractual Target	Actual
RFT	12	6	5
Commissioner	12	N/A	9

As a health community Rotherham continues to pursue a zero tolerance approach with regards to preventable/avoidable C. diff and MRSA.

4.3 Outbreaks

Information on outbreaks is received via a variety of sources, including Neighborhood Services, Rotherham Foundation Trust and The South Yorkshire Health Protection Unit.

4.3.1 Legionella

In December 2009 large numbers of Legionella had been identified from the water supply at the Millennium Centre. Action was taken to relocate service users or provide alternative water and toilet facilities. The water system was decommissioned and was highlighted for replacement by Rotherham Metropolitan Borough Council.

4.3.2 Norovirus

Outbreaks of Norovirus have been reported in a number of Care Homes via the Health Protection Unit. Rotherham Foundation Trust has also experienced outbreaks of Norovirus on a number of wards. Prompt notification and the instigation of infection control measures have contributed to effective containment, with minimal impact on services.

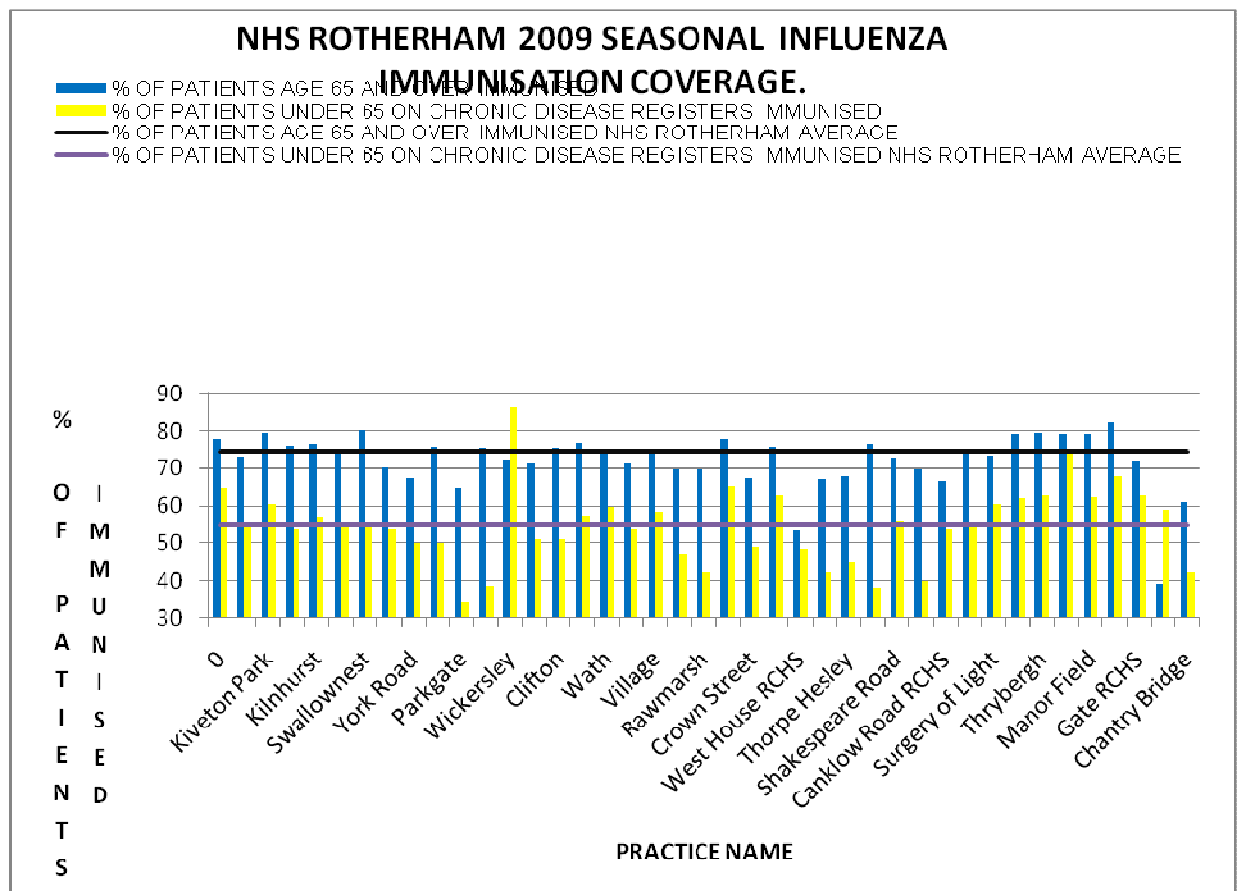
5. SWINE FLU

The Rotherham health and social care community responded well to the many challenges faced as a result of the Swine Flu Pandemic. The impact of the pandemic was not as bad as it could have been, however it is important that lessons are learned and acted upon with regards to future challenges, in particular vaccination of health and social care and vulnerable patients. In January 2010 the swine flu vaccination programme was extended to include all healthy children between the age of 6 months and 5 years, although this programme was due to be completed at the end of March, NHS Rotherham agreed to continue to offer vaccination to anyone in this group wishing to have it.

In October 2009 NHS Rotherham coordinated a response to a swine flu outbreak in a special needs school, this included clinical assessment, the supply of tamiflu and mass vaccination of children and staff.

National Uptake in the various groups is as follows (see also appendix 2):

	Seasonal Flu (National)	NHS Rotherham Data (see graph below)	Swine Flu (National)	NHS Rotherham Data
Those aged 65 and over	72.4% (WHO target 75%)	74.4%		22.7%
Clinical risk groups under the age of 65 years	51.6% (an increase of 4.5% on the 2008/09 figure)	55%	40.4% (> 65 years) 35.1% (< 65 years)	32.8% (> 65 years) 35.6% (< 65 years)
Healthy Children (aged 6 months to 5 years)			23%	22.4%
Healthcare Workers	26.4% (an increase of 9.9% on 2008/09)	17.9%	40.4%	51.7%



The swine flu vaccination programme for health and social care staff and people in clinical risk groups and pregnant women will continue through to September 2010.

6. COMMUNICABLE DISEASES

6.1 Blood Borne Viruses

6.1.1 Hepatitis C

A questionnaire issued by the Yorkshire and Humber SHA on Hepatitis C incidence and service provision highlighted that within Rotherham over recent years a significant amount of work has been undertaken to improve access, treatment and management for people infected with Hepatitis C, however this is largely confined to injecting drug users. NHS Rotherham as part of a multi-organisational Regional Hepatitis C Steering Group have commenced work to develop a regional commissioning framework for the prevention, case finding, treatment and management of Hepatitis C. This work needs to be developed to include all risk groups; this will be achieved by reviewing and expanding the existing Hepatitis C group led by the Drugs Strategy Team.

6.1.2 Hepatitis B

In 2008 there was a reported increase in the number of Hepatitis B cases in Rotherham. Following on from the work that was undertaken in response to this report, a sub group was convened in February 2010. The initial remit of the group was to review neonatal Hepatitis B immunization, as data has recurrently shown that there is a significant shortfall in this area, in particular with subsequent doses. A process map has been developed, to identify the existing process and any potential gaps and further actions. This work is progressing well and has identified additional issues such as identifying positive partners of pregnant women and managing the partners of positive women, this builds on work already undertaken in relation to vaccination of household contacts and links into the South Yorkshire Health Protection Unit work programme.

NHS Rotherham supported Rotherham Foundation Trust in their application for a fellowship grant to assess the burden of chronic Hepatitis B in Rotherham by blood spot testing. Unfortunately the application was unsuccessful.

6.2 TB Services

Following the release of the CMO Action Plan to reduce TB, the NICE guidelines and the Commissioning Toolkit, a gap analysis had been undertaken by the TB Nurse Specialist. This gap analysis has been reviewed jointly by Rotherham Community Health Services (TB Nurse Specialist) and NHS Rotherham (Strategic Lead Clinical Risk, Infection Control and Immunisation) and will be used to inform the South Yorkshire Health Protection Unit work plan.

The Health Protection Agency reported an increase of 11% in the incidence of TB in 2009 compared to 2008, in Rotherham the increase was reported as 133% (12 cases in 2008 to 28 in 2009). Investigation could identify no reason for the increase and it was confirmed by the TB Nurse Specialist that such fluctuations are not abnormal. Since 2003 Rotherham has received a good service with regards to screening the Asylum population for TB, as part of the whole TB service review it has been highlighted that among other issues there are significant gaps with regards to other new entrants (migrants and immigrants). A report has been prepared, which will be progressed during the forthcoming year.

6.3 Chlamydia

Chlamydia screening for young people aged between 15 and 24 was again listed as a Vital Sign target for 2009/10. The trajectory for 2008/09 was set at 17%, for 2009/10 NHS Rotherham achieved 25.7% for the required cohort.

against a target of 25% (based on the 2006 based Office of National Statistics projection for 2009).

7 VACCINATION AND IMMUNISATION

A significant amount of work has been undertaken during the later part of 2009/10 in relation to improving uptake of childhood immunizations. This has largely been facilitated by the secondment of a Project Manager to look at data quality, scheduling and recording.

This work is being supported by the introduction and development of Vaccination and Immunisation Champions, and named Clerks within the Child Health Department with clearly defined roles to improve communication and facilitate implementation and monitoring of the agreed action plans. This process includes an agreed escalation process for Child Health to report issues and for practices to do likewise.

The Rotherham Vaccination and Immunisation Group have been reinstated (Terms of Reference enclosed as appendix 2), with a view to providing strategic direction to ensure the equitable delivery of the immunization programme to people across Rotherham. Uptake against the Vital Sign targets is monitored monthly, quarterly and annually. Practices receive monthly information in the form of a 'QUILT', which shows percentage uptake for each cohort and provides a visual 'RAG' (red, amber, green) score. This highlights areas where improvement or action is required.

7.1 Childhood Immunisation Programme (0-5 years)

Uptake is monitored via the Health Protection Agency COVER data, this can be problematic as this is a different system and data set to that used by South Ridings Health Authority who manage the GP payment system. There is also a potential conflict of interest as the targets for payment and Vital Signs are set at different levels for many of the childhood vaccinations). However as a result of the work undertaken and improvement in data quality, uptake has increased significantly, with all Vital Sign targets for the childhood immunization programme being met.

Vaccine / Age	Target 09/10	Actual 09/10	Q4	Q3	Q2	Q1	Nat Av	Reg Av
DTaP/IPV/Hib- age 1	92%	94.8	95.6	94.8	94.7	94.8	91.6	93.4
MMR- age 2	88%	88.4	90.1	89.4	87.8	87.3	84.5	86.1
Hib/MenC age 2	85%	94.7	96	95.4	94.1	94.7	85.9	85.9
PCV Booster- age 2	80%	90.0	92.1	91.1	89.7	88.7	82.9	85.1
MMR 2 - age 5	85%	85.5	88	85	84.2	79.7	77.4	81.0
DTaP Booster – age 5	85%	86.7	89.2	86.7	85.5	80.4	79.2	82.0

7.2 HPV Vaccine

Delivery of this programme for this period has been challenging, as in addition the 12-13 year old girls entering year 8 in September 2009, the accelerated catch up programme for the 15 – 18 year old girls continued (Y10-13) and the mop up for girls who did not complete the course when the programme was introduced in the previous year (2008). This was deemed a priority by the HPV group as many of these girls could

potentially leave the education system without completing the full course of immunization. This has resulted in some delay in starting the Y8 programme, however this is an issue which is being reported nationally. In February/March a second HPV Team was appointed to facilitate the delivery of the programme, girls no longer in education can access vaccination via their GP or via the HPV Team.

By the end of March 2010 the following uptake for all three doses completed had been reported: The target for uptake for Y8's was 85%.

School Year/Cohort	%age Uptake completing full course
Cohort 1 Y 9 (mop-up 13-14 year olds)	94.9
Cohort 2 (mop-up 18-19 year olds not in school)	26.5
Cohort 3 (catch-up 17-18 year olds) school year 13/not in school	16.4
Cohort 4 (catch-up 16-17 year olds) school year 12/not in school	3.9
Cohort 5 (catch-up 15-16 year olds) school year 11	65
Cohort 6 (catch-up 14-15 year olds) school year 10	80.4
Cohort 7 (routine vaccination 12-13 year olds) school year 8	0.5 (all girls in this cohort will have completed two doses by August 2010)

7.3 Training

Annual updates for vaccination and immunization training are provided by the Learning and Development Department in conjunction with the South Yorkshire Health Protection Unit to all staff regularly undertaking vaccination. In addition to these staff NHS Rotherham staff with a nursing qualification received refresher training in order to support the Swine Flu mass vaccination programme.

8 INFECTION PREVENTION AND CONTROL IN CARE HOMES

NHS Rotherham recognise the need to work more collaboratively with the Local Authority and other services providing NHS care to Care Home service users. Work has commenced to review the Care Home contract to include key infection prevention and control issues, such as having a nominated Lead, cleanliness and hygiene, clinical protocols, audit and training. This collaboration includes develop stronger links with the Contract Review Officers within the Local Authority to ensure concerns are highlighted and addressed appropriately.

NHS Rotherham are working with Partners to review the management of Care Home residents/service users with MRSA and to consider how best to detect and manage increased incidences of MRSA in Care Homes, thus reducing the potential for outbreaks and ultimately the risk of MRSA bacteraemia.

A report, supported by the Local Authority has been submitted to the Joint Partnership Board to inform the South Yorkshire Health Protection Unit work plan.

9 INCIDENTS

The enquiry into poor practice by a Dental Practitioner is ongoing; following a performers list panel hearing in November 2009 the practitioner was removed from the NHS Rotherham performers list. The case has since gone to appeal. The case was

also reported by NHR to the General Dental Council and remains under its jurisdiction having been referred to the Professional Conduct Committee, a formal hearing of which will be heard in 2011.

10 AUDITS

Following the release of new guidance (HTM 01-05) to improve decontamination and infection prevention and control practices in dentistry in November 2009, NHS Rotherham, via the Director of Dental Public Health and Dental Advisor, with the support of the Clinical Audit Team have undertaken a audit of current practice across Rotherham. The timeframe for the audit have not permitted analysis and results to be included within the context of this report. It is the intention that following analysis of the results, action plans will be drawn up by individual practices, the implementation of which will be monitored during the forthcoming year.

Strategic Infection Prevention and Control Committee

TERMS OF REFERENCE

Contact Details:			
Lead Director/ Clinician:	John Radford	Lead Officer:	Kathy Wakefield
Title:	Director of Public Health	Title:	Strategic Lead for Infection Prevention and Control

Purpose:
The purpose of the Committee is to provide strategic direction and oversee infection prevention and control activities across the Rotherham health community

- Responsibilities:**
- Provide strategic direction to all providers to ensure high standards of care in relation to infection prevention and control.
 - To ensure compliance with all relevant legislation, national and local guidelines and policies.
 - Support world class commissioning to promote health and well-being in relation to healthcare associated infections and communicable infections.
 - Identify issues that would present a health and safety or clinical risk to patients with regards to infectious agents, members of the public or staff and escalate to the appropriate Committee/Board or body.
 - Monitor performance of all providers with regards to reducing the risk of healthcare associated infections and communicable diseases. This includes compliance with educational requirements as stipulated in the Health and Social Care Act 2008 (Code of Practice).
 - Receive surveillance data and act accordingly.
 - Oversee the vaccination and immunisation programme – receiving reports and feedback from the Rotherham vaccination and immunisation steering group.
 - Ensure the provision of high quality front line services to patients.
 - Consult with and seek the views of stakeholders and partners as appropriate.
 - Monitor the incidence of outbreaks and lessons learned.
 - Review and make recommendations following serious untoward incidents that occur in relation to Infection Prevention and Control and/or Vaccination/Immunisation and HCAI Root Cause Analysis/Reports.
 - Produce an annual report covering all aspects of the infection prevention and control agenda which will be presented to the Governance, Risk and Quality Committee each June.
 - Develop an annual work programme to incorporate all aspects of the infection prevention and control agenda.

Chair:
Strategic Lead for Infection Prevention and Control/Vacc and Imm Lead

Composition of group:
Director of Public Health (Director of Infection Prevention and Control NHSR – Commissioning)
Strategic Lead for Infection Prevention and Control

Representative from the local Health Protection Unit
Director of Infection Prevention and Control – RFT
Director of Infection Prevention and Control – RCHS
Director of Infection Prevention and Control – RDASH
RMBC Representative - Adult Services
RMBC Representative – Children’s Services
YAS representative
Director of Dental Public Health
Intelligence and Performance Representation
Representative for Programme Leads/Managers
Prescribing Support Pharmacist - Medicines Management
Housing and Neighbourhood Services (Environmental Health)
Representative from Sexual Health

In Attendance:

Contract Leads as appropriate
Screening Co-ordinator
Head of Clinical Governance
Clinical Governance Manager – Independent Contractors

Deputising:

All members must make every effort to attend, but may send a nominated deputy where necessary.

Quorum:

Chair or Deputy
Representatives from two provider organisations/services
Two Senior Managers from with NHSR - Commissioning
Health Protection Unit Representative

Accountability:

Reports to Governance, Quality and Risk Committee
Minutes of non confidential section may be posted on the intranet.

Frequency of meetings:

Bi-monthly (alternate Months)

Order of business:

Normal
Confidential Section will be applied.

Agenda deadlines:

Items to be received two weeks prior to meeting
Agenda to be circulated within two weeks of meeting.

Minutes:

Minutes will be circulated within two weeks of the meeting.
Minutes will be circulated to all committee members
Minutes (excluding the confidential section) will be placed on the Infection Prevention and Control Section of the Public Health and Strategy section of the NHSR intranet
Minutes will be forwarded to the Chair of the Governance, Risk and Quality Committee

Administration:

Public Health Secretary

Attendance:

Members (or their nominated deputies) are required to attend 75% of the meetings annually. This will be audited annually (April of each year). Where the standard has not been met, the individual member will be contacted with regards to addressing the issue, where non compliance persists; this will be reported to the Chief Executive of the relevant organisation.

Review Date:
January 2011 or earlier should national guidance be received.

Membership List

John Radford	Director of Public Health (Director of Infection Prevention and Control NHSR – Commissioning)
Kathy Wakefield	Strategic Lead for Infection Prevention and Control
Suzanna Matthew	Consultant for Communicable Disease Control
Walid Al-Wali	Director of Infection Prevention and Control – RFT
Kath Henderson	Director of Infection Prevention and Control – RCHS
Rachel Millard	Director of Infection Prevention and Control – RDASH
David Morgan	RMBC Representative - Adult Services
XXXXXXXXXX	YAS representative
Ken Wragg	Director of Dental Public Health
Robin Carlisle	Director of Intelligence and Performance
Frances Turner	Representative for Programme Leads/Managers
Sue Cassin	Head of Clinical Governance or
Jason Punyer	Prescribing Support Pharmacist – Medicines Management
Janice Manning	Neighbourhood Services (Environmental Health)
Mel Simmonds	Sexual Health Lead NHS Rotherham.
XXXXXXXXXX	RMBC Representative Children's Services

Rotherham Vaccination and Immunisation Group

TERMS OF REFERENCE

Contact Details:			
Lead Director/ Clinician:	John Radford	Lead Officer:	Kathy Wakefield
Title:	Director of Public Health	Title:	Strategic Lead Clinical Risk, Infection Prevention and Control/Vacc and Imm.

Purpose:
<ul style="list-style-type: none"> • Provide strategic direction to ensure the delivery of all vaccination and immunisation programmes to meet national and local targets that will ensure the health and wellbeing of the people of Rotherham with regards to vaccine preventable diseases. • To ensure escalation of issues in a timely and effective manner to the appropriate forum/committee

Responsibilities:
<ul style="list-style-type: none"> • Coordinate the vaccination/immunisation programme across Rotherham in accordance with national guidelines and recommendations. • Promote partnership working with all parties involved in the commissioning, delivery and monitoring of the programme. • Provide assurance to the NHS Rotherham Board by monitoring performance as a commissioner of services and also individual practice performance. Ensuring that concerns and poor performance are escalated appropriately. • Review the vaccination/immunisation cover data/QUILT to identify outlying practices. • Through relevant members of the group assist and support service providers as necessary to improve delivery of the programme and achieve the required targets for uptake. • Promote awareness among staff of vaccination and immunisation programmes through training, education. • Facilitate the provision of suitable information to the general public and parents via leaflets, awareness events and media campaigns. Liaising with the Communications Team as appropriate. • Coordinate, direct and receive feedback from primary care and operational work streams/groups. • Act as a conduit to ensure information is shared between the Rotherham Vaccination and Immunisation Group, the South Yorkshire Vaccination and Immunisation Group and the Yorkshire and Humber Vaccination and Immunisation Group.

Chair:
Strategic Lead Clinical Risk, Infection Prevention and Control/Vacc and Imm.

Composition of group:
Strategic Lead Clinical Risk, Infection Prevention and Control and Vacc/Imm

Primary Care Contracting and Review representative
Associate Director of Strategic Planning, NHS Rotherham
Data Quality Specialist NHS Rotherham
Project Manager – Child Planning Team
PE representative
GP representative (a minimum of 1 however 2 members will be permitted)
Health Protection Agency representative
Data and Information Quality Manager – Rotherham Community Health Services.
Child Health Operational Manager
Vaccination and Immunisation Lead – Rotherham Community Health Services
School Nursing representative
Health Visiting representative
Planning and Performance Manager – NHS Rotherham
Medicines Management representative
Practice Manager representative
HPV Team/Provider Lead
Public Health representative
Practice Nurse representative

In Attendance:
Members will be co-opted as appropriate.

Deputising:
Deputies may attend where necessary/in extreme circumstances.

Quorum:
Chair plus one representative from each of the following:
NHS Rotherham
Primary Care
Health Protection Agency
Rotherham Community Health Services
Child Health

Accountability:
The group will report to the Strategic Infection Prevention and Control Committee, who in turn will report via the Director of Infection Prevention and Control to the Board. Where appropriate issues will be reported directly to the Governance, Risk and Quality Committee. Minutes will not be routinely posted on the intranet, but will be available upon request from the Public Health Secretary

Frequency of meetings:
Alternate months for 6 months (until September 2010), and quarterly thereafter.

Order of business:
Normal

Agenda deadlines:
Two weeks prior to meeting

Minutes:
Minutes will be circulated within two weeks of the meeting, Minutes will not be circulated to members of the Strategic Infection Prevention and Control Committee, although a summary will given by the Chair. The minutes will be stored on the document management console under 'meetings' 'public health'.

Administration:

The administrative support for arranging meetings, circulating papers, minute taking will be undertaken by the Personal Secretary to the Strategic Lead for Clinical Risk, Infection Prevention and Control and Vacc/Imm.

Attendance:

Each core member or their deputy to attend a 75% of meetings annually, to be audited on an annual basis, this to be included in the work plan.

Review Date:

Draft issued March 2010 pending approval May 2010
Review May 2011

Membership List

Kathy Wakefield	Strategic Lead Clinical Risk, Infection Prevention and Control and Vacc/Imm
Richard Potter	Primary Care Contracting and Review representative
Sarah Whittle	Associate Director of Strategic Planning, NHS Rotherham
Kelly Clayton	Data Quality Specialist NHS Rotherham
Anna Tebble	Project Manager – Child Planning Team
Charles Collinson	PE representative
To be agreed	(possibly David Tooth/Julie Kitlowski/Russell Brynes) GP representative (a minimum of 1 however 2 members will be permitted)
Suzanna Mathew	Health Protection Agency representative
Alicia Gray	Data and Information Quality Manager – Rotherham Community Health Services.
Kim Jones	Child Health Operational Manager
Christine Knowles	Vaccination and Immunisation Lead – Rotherham Community Health Services
	School Nursing representative
	Health Visiting representative
Ian Love	Planning and Performance Manager – NHS Rotherham
Sue Wright	Medicines Management representative
Chris Skelton	Practice Manager representative
	HPV Team/Provider Lead
Linda Agacy	Practice Nurse (Dalton Medical Centre)
John Radford	Public Health representative