



Corby

Clinical Commissioning Group



Nene

Clinical Commissioning Group

Northamptonshire Clinical Commissioning Groups

Northamptonshire Clinical Commissioning Groups

A Strategy for the Prevention and Control of Infection 2019 - 2022

**Approved and ratified by the Joint Quality Committee on behalf of
the Governing Bodies of
Northamptonshire Clinical Commissioning Groups**

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1. Introduction

Reducing Healthcare Associated Infection (HCAI) remains high on the Government's safety agenda with national ambitions in place to incentive good infection, prevention and control leadership, systems and practice.

Since 2008 there has been a legal requirement on all NHS organisations to implement 'The Health and Social Care Act 2008' and the Code of practice for the NHS on the prevention and control of healthcare associated infections and related guidance. This activity also supports the Northamptonshire Health and Care Partnership (NHCP) sustainability and transformation plan (STP) for Northamptonshire and the Northamptonshire CCGs' quality strategy. The Strategy has been agreed through the Whole Health Economy Infection Prevention and Control Committee which is convened under the auspices of the NHCP and as such, represents an NHCP strategy.

The CCGs are committed to all aspects of avoidable harm reduction and to ensuring that IPC is integral to, and not distinct from the wider ongoing quality improvement work.

The overarching quality strategy establishes the CCGs belief that every person deserves a quality and safe experience wherever they are cared for in NHS services, and our ambition is to work with the providers of services to continually improve in order that this will be the case.

This strategy, therefore, has been developed to ensure that the structures, objective setting and monitoring arrangements, governance arrangements and resources to ensure effective practices for the prevention and reduction of Health Care Associated Infection (HCAI) across Northamptonshire providers of NHS funded care are in place. This includes primary (GPs), secondary and independent care providers.

This will be achieved through the continuing development of a culture of collaboration with providers to promote excellent practice in all aspects of the infection prevention and control (IPC).

2. Strategic Vision

2.1 Goals and aspiration - Zero incidence of avoidable HCAI

The Northamptonshire CCGs have an ambition to move towards zero avoidable HCAI. Irrespective of nationally and locally set performance objectives we aspire to zero incidence of avoidable HCAs across the Health Economy.

We plan to reduce avoidable HCAI by implementing and sustaining, improved infection control procedures, surveillance of infections and holding providers to account for their performance across the whole health economy. This will incorporate national guidance, build on good practice and engage staff and patients.

In pursuit of zero incidence of avoidable HCAI (defined as any infection associated with the delivery/receipt of care in any healthcare setting which following review identifies that all care was delivered in such a way as to prevent the risks of infection) we will:

- Systematically review local target setting across the health economy in accordance with any nationally defined requirements. This will include the application of surveillance data to monitor progress towards objectives for specific organisms. Additionally, this data will be utilised to plan future activity to reduce risk of infection and to enhance locally provided services
- Thoroughly investigate and learn from all infection related incidents moving quickly to implement and sustain change from lessons learned. This will include joint approaches to root cause analysis and learning across the health economy wherever possible. This will require collaborative working between, for example, primary care and secondary care providers.
- Work with colleagues within public health both at a local (Northamptonshire) and regional (Public Health England) level
- Work to implement action to reduce healthcare associated Gram-negative bloodstream infections by 50% by March 2021 in accordance with the NHS Improvement letter to Provider organisations (dated 28 June 2017) and 'Preventing healthcare associated Gram-negative bloodstream infections: an improvement resource' May 2017
- Our aspiration to zero incidence of avoidable infections will be underpinned by the elimination of poor infection prevention and control practices through the systematic adoption of effective strategies, clear policies, robust audit, performance monitoring and management; facilitative leadership and supporting high profile local and national campaigns and programmes

2.2 Responsibilities

NHS on the Prevention and Control of Healthcare Associated Infections

There is a legal requirement on all provider organisations to implement the Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and related guidance (DH 2008) which is integral to Care Quality Commission registration.

CCGs are required to be sufficiently assured that all services, commissioned or contracted are compliant with:

- The Health and Social Care Act 2008: Code of practice for the prevention and control of healthcare associated infections
- National Health Service Litigation Authority risk management standards
- Managing the incidence of HCAI in line with nationally set objectives and ceilings
- Reporting of any infection prevention and control serious incidents which meet the criteria for the reporting under the national serious incident framework and the Northamptonshire CCGs policy for the reporting and management of serious incidents

- Ensuring lessons learned from any associated root cause analyses (RCA) are completed in a timely way in accordance with national reporting systems
- Meeting contractual requirements relating to quality standards
- Provider compliance with Care Quality Commission requirements
- Requirements to manage 'outbreaks' collaboratively with the CCGs and Public Health

The CCGs have responsibility on behalf of its citizens to gain this assurance.

Public Sector Equality Duty (PSED)

The strategy is written with the aim of providing equity of treatment for all service users. It takes into account current UK legislative requirements, including the Equality Act 2010, Human Rights Act 1998 and promotes equality of opportunity for all. No particular group or individual will be disadvantaged over others on the grounds of; race, ethnic origin or nationality, disability, gender, gender reassignment, marital status, age, sexual orientation, trade union activity, religion or belief, pregnancy or maternity status; during the application of this policy/procedure/strategy/document.

Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the NHS Constitution. The CCG commits to informed, due regard to the Public Sector Equality Duty (PSED) in the development, review and implementation of this strategy.

2.3 Commissioners roles

CCGs are required to commission safe services which have robust systems in place to manage HCAI. As such CCGs will work in partnership across the whole health economy to reduce the incidence and impact of avoidable HCAI and standardise processes to promote best practice. The CCG will provide and facilitate clinical leadership through the chairing of the whole health economy IPC meeting. The CCGs note and welcome that the clinical expertise for affecting real and sustained effective change lies with the constituent members of the whole health economy IPC meeting working in co-ordinated and collaborative for the community.

2.4 Providers

Organisations have a statutory duty to ensure that they protect patients, staff and others from the risk of HCAI and must be able to demonstrate and assure compliance with the Health and Social Care Act 2008.

Proactive leadership is central to the success of infection prevention and promoting a culture of zero tolerance of avoidable infections. Accountability for reducing, preventing and controlling HCAI rests with every Board (or comparable body).

Each organisation providing NHS funded care; including primary care providers, secondary care providers and independent care providers (such as independent hospitals, care homes and domiciliary care) must ensure it has appropriate governance arrangements to provide assurance that robust, system-wide infection prevention measures are in place that provide for sustainable improvement and managers recognise the impact HCAI has on services and

patients and must work together to maximise the effects of good infection prevention and control measures.

Therefore providers must ensure:

- They are registered with the CQC to provide care that meets the requirements of the code of practice for infection prevention and control.
- They have an organisational level IPC strategy and assurance framework that reflects the health economy infection prevention plan, contractual requirements and provides evidence of their compliance with the Code of Practice
- They undertake regular assessment of their compliance with the code of practice for IPC, and produce compliance reports for internal and external assurance.
- They will actively engage with the processes for HCAI/IPC performance and quality monitoring and are active members of the Health Economy wide Infection Prevention and Control Committee

3. Purpose and scope of strategy

The purpose of this strategy is to set out the Northamptonshire CCGs' approach to prevention and control of HCAI for 2019 - 2022.

The strategy is designed to establish ownership of infection prevention and control at all levels throughout the organisations served by the CCG. It supports a co-ordinated approach to the prevention and control of infection across all areas of responsibility.

All providers will be expected to have in place annual programmes of work to ensure that standards and objectives are met according to agreed contractual indicators and national and local objectives for HCAI. This activity will be monitored through agreed formal reporting mechanisms established through quality and contract and performance monitoring systems. These processes while identical in principle will differ in accordance with agreed monitoring and support systems by provider.

The overarching purpose of the infection prevention and control commissioning role is to ensure the infection prevention and control element of patient safety, quality and experience is embedded within the commissioning process.

The four main requirements to effectively commission for Infection Prevention and Control include:

- Development and leadership of the health and social care economy
- Contracting (including setting clear expectations of achievement e.g. compliance with the code of practice for infection prevention and control)
- Performance Monitoring against the contract (gaining assurance) and sustained quality improvement
- Organisational accountability

4. Development and Leadership of the health and social care economy

Aim: To support all healthcare providers to develop and own a collaborative approach to the prevention and management of HCAs.

- To sustain whole health economy IPC committee
- To develop and implement a whole health economy IPC strategy which sits as part of the overarching quality and safety strategy
- To engage with social care and Public Health to ensure shared goals and outcomes
- To initiate and lead on the implementation of national / regional and local programmes in line with the outcomes framework for the NHS, Public Health and Social Care e.g.
 - National HCAI surveillance programmes
 - Learning from findings from root cause analysis of HCAI
 - Antibiotic stewardship and any IPC elements of antimicrobial resistance (AMR) are highlighted through the whole health economy meeting (to include participation from the Northamptonshire Antibiotic Group [NAG] and link into a whole health economy collaboration on AMR NICE guidance compliance
 - Decontamination strategy

5. Contracting (including setting the standard)

Aim: To ensure national and local IPC standards are set at the correct level and included in contracts with provider organisations

- When establishing IPC standards for providers due regard must be paid to the following:
 - Code of Practice for Infection Prevention and control
 - DH Operating Frameworks (NHS, Public Health and Social Care)
 - Outcome documents (old vital signs)
 - National and regional standards
 - Local priorities
- Ensure requirements for providers are included in contracts, as a minimum to state the need for registration with the CQC, and compliance with the code of practice
- Ensure there are service specifications for IPC and specific/relevant key performance indicators (KPIs) and quality information within the provider contracts. As a minimum these will reflect the national objectives within the Operating Framework and reflect national Infection Prevention practice
- Support engagement with quality improvement initiatives as appropriate
- Ensure Infection Prevention input into all new contracts, services and pathways as they are developed.

6. Performance monitoring (gaining assurance) and sustained quality improvement

Aim: To monitor performance against all NHS England and NHS Improvement objectives, KPIs and submitted quality information from all providers

- To participate in Performance Monitoring and quality assurance arrangements for each Provider through:
 - Commissioner receipt of provider Infection Prevention Committees
 - Regular formal HCAI Performance Monitoring meeting with contract management staff (as part of the CCG internal assurance mechanisms)
 - Input into the overarching operational and quality meetings with providers
 - Receipt of regular infection prevention/HCAI dashboards from providers
 - Receipt and review of provider investigation reports
 - Quality visits as required
 - Quality monitoring visits (and subsequent action planning if required) to NHS funded care homes and domiciliary care providers

7. Organisational Accountability (for the commissioning organisation)

Aim: To ensure that the CCG Governing bodies are fully apprised of IPC issues and there is robust Board Accountability/ Assurance demonstrated.

- IPC is an integral part of the health economy internal quality and safety monitoring system. The IPC function will flex to ensure compliance with the Northamptonshire health and Social Care Partnership
- The Northamptonshire CCGs have a Strategic plan and Operational Plan for reducing avoidable HCAI and improving Infection Prevention practices which demonstrates its statutory responsibilities
- Accurate information is reported into the organisational framework
- Information will be monitored by the CCG quality team. Highlights and exceptions will be provided to the CCG quality Committee with bi-monthly analysis of data and actions undertaken.
- IPC commissioning arrangements are embedded into the commissioning organisation's governance processes including the safe transition of commissioning arrangements for GP practices
- There is an escalation process in place and HCAI is added, where necessary, to the risk registers
- To be part of the emergency planning process

8. Governance

The progress of this plan will be measured in terms of reduction of avoidable HCAI across the Health Economy, and the participation in Health Economy wide projects and schemes to reduce HCAI and improve infection prevention practices.

The health economy infection prevention committee will be the forum for best practice and learning from events, and influencing processes and pathways in relation to infection prevention. This will include horizon scanning for emergent issues and offering mutual support and guidance across the health economy.

The minutes from the whole health economy meetings will be provided to the CCGs' quality committee for information.

9. Measuring Improvement

At a local level, commissioners will ensure compliance with the Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance, provide challenge and monitor the incidence of infection and good practice, for example, at the Clinical Quality Review Meetings through the use of avoidable HCAI reduction Plans implemented by providers.

Commissioners will receive provider organisation Infection Prevention and Control Committees and other extra-ordinary convened meetings.

Healthcare is provided in a number of different settings across Northamptonshire and the following have been identified as areas where particular attention to infection prevention is required in order to contain and further reduce infection levels:

- Acute Hospitals
- Independent providers (including independent hospitals)
- General Practices (recognising the changing nature of commissioning relationships)
- Community Health Services
- Care Homes and Care Homes with Nursing with NHS funded clients
- Ambulance Service (working with NHS Erewash CCG as the coordinating commissioner)
- Schools and nurseries

The CCGs recognise that hand decontamination has a significant role in protecting both the service user and the health care worker from acquiring micro-organisms which may cause them harm and in preventing them from being transferred to other people. Hand hygiene education for staff to support compliance with the Health Act 2008 and CQC requirements is essential for all providers.

10. Conclusion and future actions

This strategy has been developed in consultation with key partners through the whole health economy meeting. The strategy describes the requirements and responsibilities for both commissioner and provider organisations within Northamptonshire.

Feedback received through the whole health economy meeting has been incorporated into the strategy.

The CCG will work with the broad church of providers to develop a work plan which is focused on the scope of the strategy with this plan monitored through the whole health economy meeting.

Appendix 1 - work plan (updated September 2019)

NHCP Whole Health Economy IPC Action plan September 2019						
Priority and lead	Intended outcome	Actions	How we measure improvement	Date	Progress	RAG
<p>Ensure that the WHE IPC function works effectively at an NHCP level</p> <p>Lead: David Knight (CCG)</p>	<p>Effective collaborative working relationships across the NHCP footprint impact upon the sharing of learning and thereby patient (population) care</p>	<p>Promote NHCP level collaborative working</p> <p>Open agenda with NHCP representatives able to influence and affect the meeting agenda and county wide priorities</p>	<p>Meeting attendance and active engagement from partners</p> <p>Open sharing of learning from investigations</p> <p>Collaborative working to affect change against the countywide actions including (but not limited to) the agreed WHE IPC action plan</p>			
<p>Learning from Clostridium difficile investigations to reduce preventable infection</p> <p>Lead:</p>	<p>Identify themes and commonalities to implement learning including the sharing of Ribotyping (where relevant)</p> <p>Ensure effective implementation of revised investigation</p>	<p>All NHS providers to implement the clostridium difficile revised investigation processes</p> <p>Use 2019/2020 year as baseline for implementation</p>	<p>Reduction of reportable incidence of Clostridium difficile cases – where investigation demonstrates avoidability</p> <p>Learning implemented to demonstrate a reduction of avoidable acquisition of Clostridium difficile infection</p>			

	<p>requirements</p> <p>Ensure effective dissemination and sharing of learning across the WHE</p>		<p>Build upon learning systems for community and primary care</p>			
<p>Gram negative infections/blood stream infections</p> <p>Lead: Jenny Boyce (NHfT)</p>	<p>Robust action plans are in place for the management of BSI in keeping with the expectations of the quality premium requirements</p>	<p>Collaborative action plans are in place that ensure evidence based practice is embedded across all relevant providers</p> <p>Collective review and implementation of national and regional initiatives</p>	<p>Review all existing action plans to identify any gap</p> <p>Sharing of risk factor data</p> <p>Collaborative working to ensure that actions, for example, on catheter and UTI management are consistent across the WHE</p>			
<p>Surgical Site Infections</p> <p>Lead: Shaun Thompstone (Ramsay Woodland)</p>	<p>Reduce the number of avoidable post-operative infections</p>	<p>Work with acute trusts and primary care to identify those at risk of developing an SSI</p>	<p>Undertake clinical audits to establish a baseline of people with SSI (GIRFT)</p> <p>Identify and implement methods to reduce the incidence of SSI</p> <p>Share learning from investigations and evidence of good practice to build upon existing sharing and learning arrangements</p>			

Appendix 2 - WHE IPC committee terms of reference (draft May 2018)



Whole Health Economy Infection Control Committee Terms of Reference

Purpose of Meeting:

This meeting will provide strategic direction, leadership and support for infection prevention and control (IPC) delivered by healthcare providers and commissioners. It will discuss, identify and evaluate IPC activity to ensure patient and service user safety by protecting health and reducing transmission of communicable disease and healthcare associated infections (HCAI). The meeting is convened under the auspices of the Northamptonshire Health and Social Care Partnership.

Remit of the Committee:

The remit of the Committee is to:

1. Provide strategic direction of all matters relating to infection prevention and control and formulate and implement a local strategy and work plan
2. Ensure that effective IPC systems, policies and procedures are established across the health economy to identify and minimise the risk of transmission of infection.
3. Have an overview of infection rates and identify trends across the range of healthcare providers and services.
4. Identify themes from IPC incident report data and ensure actions and learning are implemented.
5. Establish collaborative systems of reporting and surveillance to monitor existing and emerging infections to agree objectives and monitor performance.
6. To review National policy and publications.
7. Develop links with other agencies and organisations to further good IPC practice.
8. Identify opportunities to engage with patients, service users, carers and the public to inform strategy and policy development and to deliver IPC information.
9. Formulate and provide reports to organisation boards as required.
10. Encourage collaborative working to ensure providers have procedures in place for effective Antibiotic Stewardship

Membership and Attendance:

Regular attendance is required with membership from professional groups and departments across all healthcare providers. Each representative will have an identified cascade / communication pathway to staff they represent. A deputy should be nominated to attend to cover absence. Members include:

- Senior Quality Improvement Manager (Commissioning) – Chair
- Directors of Infection Prevention and Control (all organisations) or nominated deputies
- GPs at scale representative
- Consultant Microbiologists
- Infection Prevention and Control Teams (all organisations)
- Pharmacists
- Public Health England
- Public Health, Local Authority
- Independent Hospitals
- GP
- East Midlands Ambulance Service (EMAS)

Others may be co-opted into the membership as required.

Quorum:

The meeting will be quorate when four members are present, including one commissioning representative and one provider representative.

Frequency of Meetings:

Meetings will be held bi-monthly.

Reporting and Accountability:

The following will be provided to the Northamptonshire CCGs Joint Quality Committee:

- Copies of the minutes of the meeting.
- An Annual Report.

Copies of minutes, action logs and any other papers will be circulated within 10 working days of the meeting.

Agendas and papers will be circulated no less than 5 working days before the date of the meeting.

Review:

The Terms of Reference will be reviewed annually.

Review Date: May 2021