

Section:

THE SERVICES

**Infection Prevention and Control Service
Specification and indicators for performance**

The provider (details):

**2019/20 NHS STANDARD CONTRACT
FOR ACUTE, COMMUNITY AND MENTAL HEALTH
AND LEARNING DISABILITY SERVICES
(MULTILATERAL)**

SECTION B PART 1 - SERVICE SPECIFICATIONS

Service Specification No.	
Service	Infection Prevention and Control
Commissioner Lead	Luton Clinical Commissioning Group
Provider Lead	
Period	April 2019 – March 2020
Date of Review	Jan 2020– March 2020

1. Population Needs

1.1 National/local context and evidence base

Healthcare Associated Infections (HCAs) has a significant impact on Health Services, in hospitals, in the community, during admission or transfer.

Infections associated with healthcare can cause serious problems; they can complicate illnesses, cause distress to patients and their family, and can in some cases lead to patient death. There are also economic consequences such as the effect on bed availability and the ability to meet some Government targets.

There is a significant amount of national guidance now available (as detailed in section 3 of this specification) to enable health and social care providers and commissioners to ensure they have sufficiently effective systems and processes in place to assure patients and staff alike that the care provided is of a quality that safeguards patients in primary, secondary and community care

2. Scope

2.1 Aims and Objectives of Service

Commissioned/contracted services must be registered with the CQC to provide care that meets the requirements of the Code of Practice (DH, 2010)

Commissioned/contracted services must comply with the Code of Practice for Infection Prevention and Control, as part of the Health and Social Care Act (2008).

Commissioned/contracted services must comply with Department of Health initiatives to reduce Healthcare Associated Infections (HCAs).

Commissioned/contracted services must have their own local infection prevention and control strategy and assurance framework that reflects their local commissioning cluster organisation's HCAI reduction plan and contractual requirements, and provides evidence of their compliance with the Health and Social Care Act 2008 – Code of Practice for the Prevention and Control of Infection.

Commissioned/contracted services must undertake self-assessment of their compliance with Health and Social Care Act 2008 – Code of Practice for the Prevention and Control of Infection at intervals agreed with the commissioning organisation. Compliance reports will be submitted to the provider board for internal assurance and the commissioning organisation for external assurance.

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Commissioned/contracted services must actively engage with the processes for HCAI/infection prevention and control (IPC) performance and quality monitoring, and be active members of any relevant cluster health economy infection prevention groups or other forums, as appropriate.

2.2 Service description/care pathway

There must be a nominated Director of Infection Prevention and Control (DIPC) with direct access to the Board. The Director must be supported by a suitably qualified Infection Prevention and Control Team (IPCT), including Infection Prevention and Control Nurses with access to expert Infection Control Doctor advice. (The Infection Control Doctor should be a consultant microbiologist, for which a Service Level Agreement may be required by non-acute providers). The team must be adequately resourced and empowered by the Trust Board to deliver the service and 24 hour access to infection control advice must be provided.

2.3 Key Elements of the Service:

The commissioned/contracted organisation must demonstrate clear lines of accountability to the Board, within a robust governance framework, to deliver an effective infection control service.

The IPCT is responsible for the infection prevention control activities in all health service premises in the area for which the commissioned/contracted organisation has clinical governance responsibilities.

The IPCT is responsible for ensuring the commissioned/contracted organisation meets all requirements of the code of practice, most notably;

- Assuring Board level and organisational accountability for infection prevention and control
- Suitable and sufficient assessment of risks, and to lead the actions required to reduce or control such risks
- Develop and implement an annual work programme for infection prevention and control
- Report progress of annual work programme, through quarterly, annual and exception reports as required.
- Run an Infection Control Committee and report through all the appropriate organisational committees
- To develop and review infection control policies and guidelines
- To implement a programme of surveillance (including management of outbreaks)
- To implement a programme of training
- To implement a programme of audit (environmental and practice)
- To advise in planning and upgrading of care facilities
- To implement national initiatives

2.4 Monitoring

Monitoring of the commissioned/contracted service will be against the 10 criteria of the Health and Social Care Act 2008 – Code of Practice for the Prevention and Control of Infection (known as the Hygiene Code).

Criterion 1 – Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider how susceptible service users are and any risks that their environment and other users may pose to them.

Criterion 2 – Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

Criterion 3 – Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

Criterion 4 – Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

Criterion 5 – Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

Criterion 6 – Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

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Criterion 7 – Provide or secure adequate isolation facilities.

Criterion 8 – Secure adequate access to laboratory support as appropriate.

Criterion 9 – Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.

Criterion 10 - Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.

Evidence must be compiled against each of the criteria, using the Care Quality Commission Inspection guide for the Hygiene Code.

1. HCAI reduction targets will continue to be applied vigorously to the whole health economy and the acute hospital setting, with all commissioned/contracted services taking responsibility to reduce HCAI within the health and social care economy.
2. Agreed KPIs (see appendix 1) will be monitored through the contracting process
3. Commissioned/contracted services produce quarterly and annual reports on their compliance against each of the 10 criteria of the Health and Social Care Act – code of practice for the prevention and control of infection. It is appropriate to ensure information/data on the relevant key performance indicators (appendix 1) is included in the reports.
4. The Commissioning organisation will have the opportunity to be represented at the provider Infection prevention and Control Committee meetings.
5. Infection Prevention and Control will feature in the programme for the announced and unannounced visits
6. The Commissioning organisation will have the opportunity to be represented at appropriate internal provider meetings that pertain to HCAI, with prior agreement with the provider.
7. The Commissioning organisation will have the opportunity to escalate any unresolved issues to through the Quality Monitoring Group or appropriate contract review meeting
8. Avoidable healthcare associated infections are part of the CQC's new surveillance model as part of its on-going changes to regulation. The Commissioning organisation will monitor the CQC's intelligence data at the quarterly Quality Meeting (if appropriate).

3. Applicable Service Standards

3.1 Applicable national standards e.g. NICE, Royal College, Infection Prevention Society, Public Health England (PHE)

A number of key Government documents have been published over the last few years to inform organisations how they should tackle infections to enhance patient safety:

- The Health and Social Care Act – code of Practice for Infection Prevention and Control (2008) updated 2015.
- NICE Quality Improvement Guide – Prevention and Control of Healthcare Associated Infections (2011)
- NICE Clinical Guideline 139 (2012) Prevention and Control of Healthcare Associated Infections in Primary and Community care.
- NICE Evidence Update 64 (2014) Summary of selected new evidence relevant to CG 139.
- NICE Quality Standard 61 – Infection Prevention and Control (2014)
- Clean Safe Care – reducing infections and saving lives (2008)

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- National specification for Cleanliness in the NHS (2007)
- Infection Prevention Society – Infection Prevention Quality Improvement Tools and Rapid Improvement Tools V2 (IPS 2017) - <https://www.ips.uk.net/professional-practice/quality-improvement-tools1/>
- *Clostridium difficile* infection: how to deal with the problem (DoH, HPA 2009)
- Updated guidance on the management and treatment of *Clostridium difficile* infection. (Public Health England 2013)
- Guidelines for the management of norovirus outbreaks in acute and community health and social care settings (Norovirus Working Party 2012)
- Epic 3: National Evidence-Based guidelines for preventing Healthcare-associated infections in NHS hospitals in England. (Loveday et al 2014. Journal of Hospital Infection)

This list is not exhaustive.

The commissioned/contracted organisation must take account of all national documents when developing a strategy for infection prevention and control

3.2 Applicable Local Standards

The number of *Clostridium difficile* infection cases will be determined in accordance with national guidance per population size, per 100,000 bed days and as specified in the Quality Schedule.

The national MRSA objective has been replaced by the expectation that the provider organisation will achieve zero avoidable cases.

The provider organisation will be required to conduct a post infection review/analysis to identify why a MRSA, E. coli bacteraemia or *Clostridium difficile* infection case occurred and how learning from these can help inform and avoid future cases.

MRSA bacteraemia, *Clostridium difficile* outbreaks or a death from *Clostridium difficile* infection (part 1a on the death certificate) will be subject to a Level 1 Serious Incident investigation.

4. Location of Provider Premises

The Provider's Premises are located at:

**Key Performance Indicators for infection Control Performance 2019-20
Bedfordshire Clinical Commissioning Group**

Quality Requirement	Threshold/Expectation	Frequency of Measurement and Reporting	Consequence of Breach (if relevant)	Applicable To Acute/Community/ Mental Health Providers
Infection Prevention and Control and antimicrobial stewardship are included as a regular agenda item at appropriate organisational meetings	Record of meetings where IPC and AMS are discussed	Discussion at ICC for upward reporting of IPC and antimicrobial stewardship issues etc. Summary included in the IPC annual report	GC9 - Limited to a remedial action plan	All providers
Copies of all reports and associated action plans in response to any external IPC focus visits or inspections are made available to the commissioner by the provider	Copies of reports are sent to commissioners within 5 working days of the provider receiving the report	Discussion at ICC reporting action plan developed and lessons learned Summary included in the IPC annual report	GC9 - Limited to a remedial action plan	
The provider IPCT contributes to the whole economy strategic planning, discussion and decision making on HCAI reduction	Record of attendance at meetings	Minutes of the meeting	GC9 - Limited to a remedial action plan	All providers
MRSA bacteraemia national objective of zero tolerance	Zero tolerance against the national definition for attributing cases to providers	Monthly reporting from mandatory enhanced surveillance database and review of monthly Service Quality Performance Report	£10,000 in respect of each incidence in the relevant month	Acute providers
Notification of MRSA bacteraemia	100% of cases notified by next working day to BCCG via infection control email account 100% of cases reported on STEIS as a Serious Incident within 2 working days	All cases of MRSA Bacteraemia to be reported daily to BCCG via bedfordinfectioncontrol@nhs.net	GC9 Contract Management	All providers

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Quality Requirement	Threshold/Expectation	Frequency of Measurement and Reporting	Consequence of Breach (if relevant)	Applicable To Acute/Community/Mental Health Providers
			GC9 Contract Management	All providers with In-patient beds
Patients who meet the criteria for MRSA screening are managed as per local protocols and all positive results are acted upon.	100% of eligible cases screened	Monthly confirmation of data and discussion at ICC	GC9 Contract Management Where less than 95% are screened Trust to provide analysis into <u>all</u> of the cases not screened	All providers
100% compliance with MRSA care pathway (or guidance provided) following risk assessment by the infection prevention and control team (IPCT)	100%	Monthly confirmation of % of MRSA positive patients that followed the MRSA care pathway	GC9 - Limited to a detailed analysis and remedial action plan for patients that do not follow the MRSA care pathway	All providers
Minimise rates of <i>Clostridium difficile</i> (Mandatory)	Against monthly/yearly agreed trajectory against the national definition for attributing cases to providers	Monthly reporting from mandatory enhanced surveillance database and review of monthly Service Quality Performance Report	As set out in Schedule 4 Part G, in accordance with applicable Guidance	Acute providers
Notification of all cases of <i>Clostridium difficile</i> infection and <i>Clostridium difficile</i> deaths	100% of cases notified Within 2 working days to BCCG via infection control email account 100% of <i>Clostridium difficile</i> deaths reported on STEIS within 2 working days	All cases of <i>Clostridium difficile</i> to be reported daily to BCCG via bedfordinfectioncontrol@nhs.net Monthly review of Service Quality Performance Report – Serious Incident indicator	GC9 Contract Management	All providers
100% compliance with C. difficile care pathway (or guidance provided) following risk assessment by the infection	100%	Monthly confirmation of % of CDI positive patients that followed the care pathway	GC9 - Limited to a detailed analysis and remedial action plan for patients that	All providers

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Quality Requirement	Threshold/Expectation	Frequency of Measurement and Reporting	Consequence of Breach (if relevant)	Applicable To Acute/Community/ Mental Health Providers
prevention and control team (IPCT)			do not follow the MRSA care pathway	
Provider contributes to review of all CDI cases if involved in the provision of care to the patient.	100% compliance with involvement in CDI review that the provider is associated with	To be determined provider ICT and discussion at ICC	GC9 - Limited to a remedial action plan	All providers
Compliance with national mandatory surveillance programme for MSSA bacteraemia	100% cases reported RCA carried out for all hospital apportioned cases	Monthly reporting from mandatory enhanced surveillance database Copy of RCA to be sent to commissioners within one month	GC9 - Limited to a remedial action plan	Acute trusts
Compliance with national mandatory surveillance programme for E.coli bacteraemia	100% cases reported RCA carried out for all hospital apportioned cases	Monthly reporting from mandatory enhanced surveillance database Copy of RCA to be sent to commissioners within one month	GC9 - Limited to a remedial action plan	Acute trusts
Compliance with national mandatory surveillance programme for GRE bacteraemia	100% cases reported RCA carried out for all hospital apportioned cases	Monthly reporting from mandatory enhanced surveillance database Copy of RCA to be sent to commissioners within one month	GC9 - Limited to a remedial action plan	Acute trusts
The provider has a system in place to support preparedness or management of patients carrying carbapenemase-producing enterobacteriaceae (CPE) in line with PHE guidance.	The provider has a policy in place for CPE-management and has considered the implications of implementation on its service.	Confirmation of policy in place and discussion at infection control committee meetings.	GC9 - Limited to a remedial action plan	Acute Trusts
Infection Prevention and Control strategic (annual) plan implemented and	Quarterly compliance reports to the commissioner	Quarterly reports detailing compliance against each criteria	GC9 - Limited to a remedial action plan	All providers

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Quality Requirement	Threshold/Expectation	Frequency of Measurement and Reporting	Consequence of Breach (if relevant)	Applicable To Acute/Community/ Mental Health Providers
reported against		of the code of practice via Quality Meeting		
Compliance with local antibiotic formulary including, if there is evidence of justifiable clinical reasons for deviation from set formulary	95%	Minimum of annual confirmation of % of compliance with the antibiotic prescribing formulary via Quality Meeting.	GC9 - Limited to a remedial action plan	All providers
100% compliance with national cleaning standards for areas of: <ul style="list-style-type: none"> •very high risk •high risk •significant risk •low risk 	100% achievement of national standards for cleaning	Quarterly reporting via Quality Meeting to confirm % of compliance against the standards for areas of very high risk, high risk and significant risk	GC9 - Limited to a remedial action plan	Providers with In-patient beds
100% compliance with internal hand hygiene policy	100% achievement of agreed threshold	Quarterly confirmation of % of achievement via Quality Meeting	GC9 - Limited to a remedial action plan	All providers
Compliance with infection prevention care bundles (eg. High impact interventions)	95% achievement of care bundle score	Quarterly confirmation of % of achievement of standard via Quality Meeting	GC9 - Limited to a remedial action plan	All providers as applicable
The provider has in place a strategy and systems to ensure the prevention and recognition of catheter associated urinary tract infections	Evidence of strategy in place and processes in use are provided to the commissioner	Quarterly reporting to the ICC/quality report as applicable As per safety thermometer	GC9 - Limited to a remedial action plan	All providers
The provider has in place a strategy and systems to ensure the prevention and recognition of infections associated with the use of intravenous devices	Evidence of strategy in place and processes in use are provided to the commissioner	Quarterly reporting to the ICC	GC9 - Limited to a remedial action plan	All providers

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Quality Requirement	Threshold/Expectation	Frequency of Measurement and Reporting	Consequence of Breach (if relevant)	Applicable To Acute/Community/ Mental Health Providers
The provider has in place a strategy and systems to ensure the prevention and recognition of infections associated with the use of enteral feeding	Evidence of strategy in place and processes in use are provided to the commissioner	Quarterly reporting to the ICC	GC9 - Limited to a remedial action plan	
surgical site infections surveillance is planned and reported (Mandatory)	Minimum of one three month orthopaedic surveillance per year	Data uploaded to national database Quarterly report following period of surveillance.	GC9 - Limited to a remedial action plan	Acute trusts
100% of outbreaks reported, eg gastrointestinal or respiratory, and raised as a Serious Incident if significant disruption to service e.g. ward closure	100% of cases notified by next working day to BCCG via infection control email account 100% of cases reported on STEIS as a Serious Incident within 2 working days	Compliance with Serious Incident process for reporting ensuring epidemiology of outbreak is investigated	GC9 - Limited to a remedial action plan	All providers
100% of HCAI related Serious Incidents reported within two working days onto STEIS – including where an alert organism eg <i>Clostridium difficile</i> or MRSA, is noted on the death certificate	100% notification on STEIS within two working days	Monthly Service Quality Performance Report	GC9 - Limited to a remedial action plan	All providers
Information about HCAs is shared between health and social care providers for all patients	100% patients have information included in discharge/transfer letters/care packages	Quarterly audit – terms of audit to be determined locally Quarterly confirmation of % of compliance	GC9 - Limited to a remedial action plan	All providers

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Quality Requirement	Threshold/Expectation	Frequency of Measurement and Reporting	Consequence of Breach (if relevant)	Applicable To Acute/Community/Mental Health Providers
Compliance with local isolation policy to include: <ul style="list-style-type: none"> • Isolation for patient with infectious diarrhoea within 2 hours (gold standard) of symptom development • Facilities available 	100% 100%	Quarterly confirmation of % of compliance for time to isolation Annual audit for facilities (terms of audit to be determined locally)	GC9 - Limited to a remedial action plan	Providers with in-patient beds
IPC training programme adhered to as per locally agreed plan for each staff group	100% compliance to agreed local plan	Quarterly confirmation of % of compliance via Quality Meeting	GC9 - Limited to a remedial action plan	All providers
Reporting on compliance with health care worker vaccination programme	Annual confirmation of % actual numbers and type of vaccination against eligible staff	Annual report and discussion at Infection prevention and control committee		
Patient experience survey data relating to infection prevention control is collated, reviewed and reported	100% of IPC related data is collated, reviewed and acted upon	Quarterly confirmation of % of compliance via Quality Meeting	GC9 - Limited to a remedial action plan	All providers