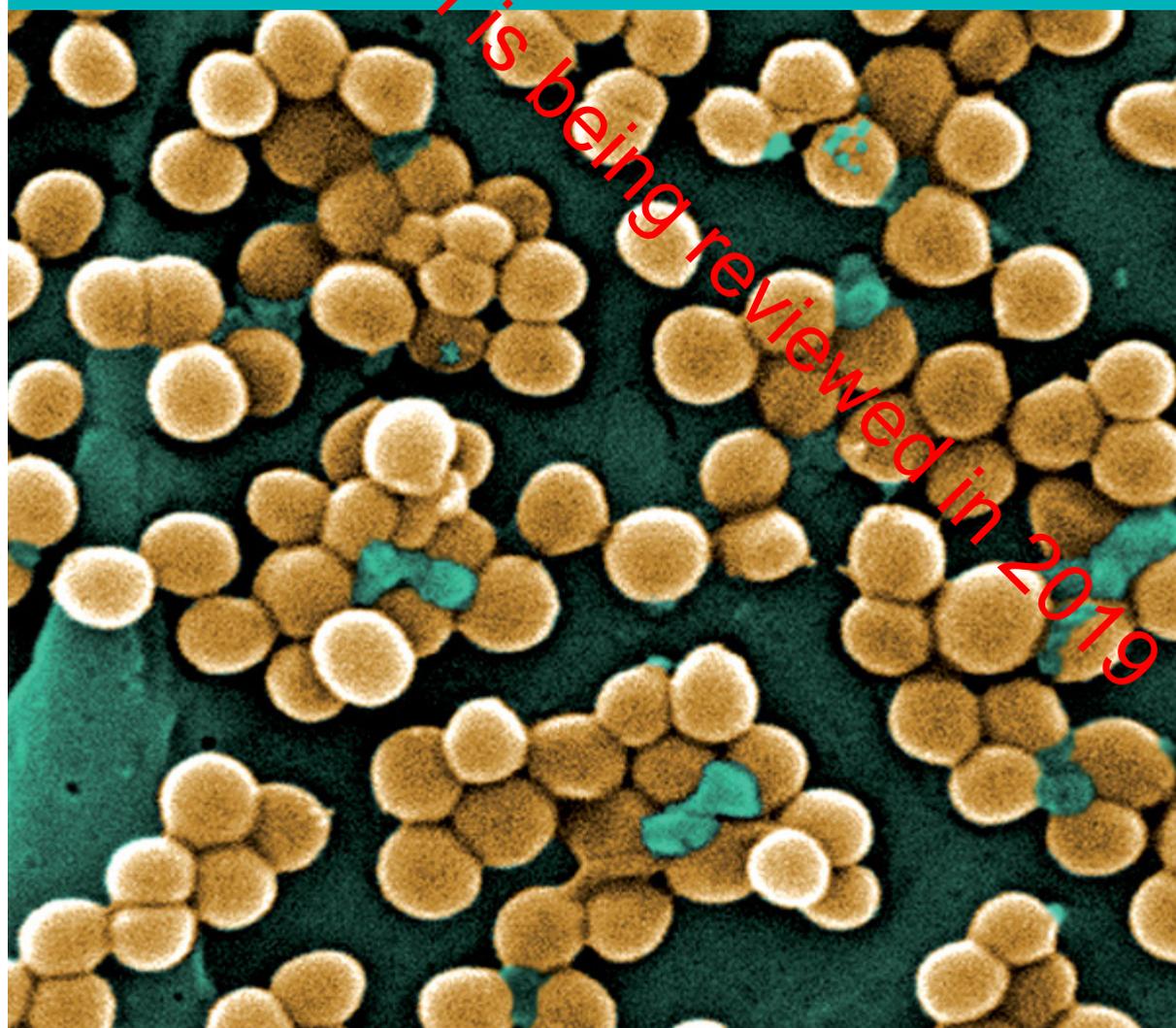


A joint RCN and IPS publication



# Infection Prevention and Control Commissioning Toolkit

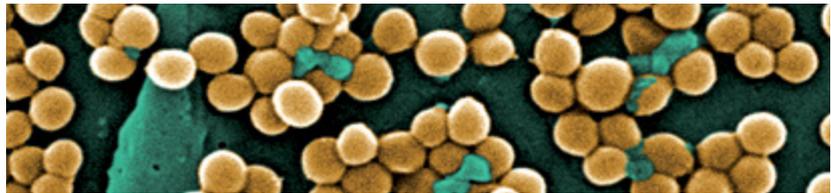
Guidance and information for nursing and  
commissioning staff in England



This publication is being reviewed in 2019

Supported by





Third Edition

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This is a joint publication by the RCN and IPS. The RCN supports the vision of the IPS that no person is harmed by a preventable infection.

The IPS and RCN's *Infection prevention and control commissioning toolkit* was originally developed at a time when the NHS in England was undergoing considerable reform and transition to a new commissioning structure. The toolkit has been revised twice since being first published in 2012. Further revision of the toolkit reflects a more focused approach to developments in infection prevention and control within health and social care and provides direction for future priorities that impact on health, public health and antimicrobial resistance.

This resource assumes all providers of health and social care are fully compliant with the criteria and elements of the *Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance* (DH, 2015) and *The CQC Fundamental Standard* (<http://www.cqc.org.uk/content/fundamental-standards>) introduced in April 2015.

For further information on the IPS and RCN infection prevention and control activity please visit [www.ips.uk.net](http://www.ips.uk.net) and [www.rcn.org.uk/ipc](http://www.rcn.org.uk/ipc)

This publication is due for review in January 2018. To provide feedback on its contents or on your experience of using the publication, please email [publications.feedback@rcn.org.uk](mailto:publications.feedback@rcn.org.uk)

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# Infection Prevention and Control Commissioning Toolkit

Guidance and information for nursing and  
commissioning staff in England

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# Foreword



Putting quality at the centre of everything we do

## A statement from Dr Mike Durkin, Director of Patient Safety, NHS England

In recent years vital work has been undertaken across the health care system to tackle issues associated with infection prevention and control (IPC). The reduction in the number of some health care acquired infections (HCAIs), particularly *C. difficile* infection which has fallen by 42% since the beginning of the decade, is evidence of the improvements made.

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.

To help achieve this we will need to develop the assurance processes currently in place; focusing our efforts not only on the measurement of targets and objectives, but also on the identification of learning and the implementation of action to drive improved outcomes for patients.

Fundamental to this approach will be the collaboration between different health care organisations to achieve a shared understanding of pertinent issues and ambition to enable improvement across the whole health economy. The commitment and support from leaders across the healthcare system will be vital for supporting this and for ensuring we can continue to drive improvement around infection prevention and control.

NHS England is pleased to support this resource which will help organisations to develop ways of working that meet the current and future challenges associated with this area of national priority.

Commissioners are encouraged to use this tool in the development of purposeful IPC strategies that are shaped, owned and delivered by local health economies.

## 1

# Introduction

## Developing a strategic focus for prevention of infection

The prevention of infection is a key priority for the NHS, as set out in *Five Year Forward View* (NHS England, 2014) and is central to reducing the need and demand for antibiotics, the main driver for antimicrobial resistance (AMR). Greater investment in the prevention of infection from a public health and infection prevention and control perspective offers one solution to the challenges faced by the NHS and offers part of a solution to enable best use of NHS budget, through improved productivity and efficiency.

Reducing health care associated infections (HCAIs) remains high on the government's safety agenda and in the general public's expectations for quality of care. Since 2008, there has been a legal requirement on the NHS and on all health and social care organisations to implement the Health and Social Care Act 2008, and to meet the standards of the *Code of Practice* within the Act (DH, 2015). The prevention and management of HCAIs has also evolved to become an integral element of new NHS structures developed since the toolkit was first introduced. The recent NHS England 'Sign up to safety' campaign and development of national patient safety expert groups/collaboratives and quality improvement initiatives is a positive step forward and an opportunity to support ongoing improvements and learning in infection prevention and control (IPC).

The previous commissioning toolkits were developed to support both commissioning and provider organisations. They focused on helping to ensure that structures, objective setting, processes, monitoring and assurance arrangements and resources for the prevention of HCAIs are in place and regularly reviewed. The RCN and IPS recognise that moving forward, more needs to be done to provide a strategic focus for improvements in the recognition, management and reduction in HCAIs in order to manage the risks associated with antimicrobial

resistance and protect the health and wellbeing of the public, as well as to reduce health care costs. The RCN and IPS believe that the following improvements can be made.

- Commissioners aligning efforts across public health, primary and secondary health care, and social care on key infections that would benefit from a 'joined up' approach to prevention, recognition and management.
- Considering a strategic focus on three key challenges for inclusion in all future outcomes frameworks which would benefit from collaboration. These are the prevention, recognition and management of:
  - pneumonia, including community-acquired pneumonia (CAP) and pneumonia that is acquired as a result of health care
  - urinary tract infections (UTIs)
  - sepsis.
- Strengthening the role of primary care and community services such as general practice, community nursing, health visiting, community mental health teams and care homes to have a greater role in embedding and supporting public health strategies. This will help reduce the burden of preventable long-term conditions and support population health to reduce the need for health care interventions.

## Why focus on these issues?

Pneumonia and UTIs are two of the leading causes of sepsis (Parliamentary and Health Service Ombudsman, 2014). Pneumonia and UTIs can be health care associated and are estimated to be responsible for 19.7% and 13.9% of health care associated infections respectively (HPA, 2012). They are also common in community settings, often developing independently of

any contact with health care and are a leading cause of morbidity and mortality.

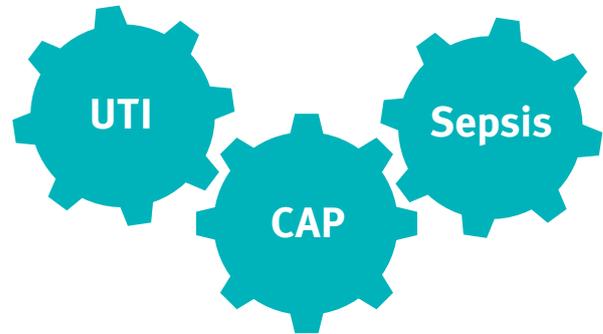
It is estimated that between 0.5% and 1% of adults will develop CAP every year in the UK. Pneumonia can be a serious illness and 1.2% to 10% of adults admitted to hospital with CAP require care in intensive care units. In these circumstances the estimated risk of dying is more than 30%, with pneumonia-related deaths more common in people aged 84 years and over (NICE, 2014).

The incidence of urinary tract infection increases with age and are the second most common clinical indication for empirical treatment with antibiotics in primary and secondary care (BISN, 2012).

Complications include pyelonephritis, exacerbation of underlying conditions such as diabetes and prostatitis in men. Successful treatment of UTIs is increasingly challenged by the presence of resistant bacteria (for example, extended-spectrum beta-lactamases [ESBL] producing organisms including *E. coli*, which require treatment with the use of discrete antibiotics which may be toxic, limited in their ability to treat infections successfully, and expensive.

Sepsis occurs as a result of infection and is a leading cause of death in the UK, causing between 36,000 and 64,000 deaths per year. For patients admitted with severe sepsis, there is an overall mortality rate of approximately 35% (Daniels, 2011). The importance of sepsis has been heightened following the publication of the Parliamentary and Health Service Ombudsman report (2014) and announcement on the introduction of a CQUIN to support recognition and management of sepsis.

**Figure 1**



Pneumonia, UTIs and sepsis are associated with a number of preventative and improvement strategies associated with health and wider public health. This close interaction offers a unique opportunity to impact on current priorities such as antimicrobial resistance, nutrition and hydration, surveillance of infection, the reduction of health care costs and supporting self-care. Figure 1 illustrates this relationship.

## Building an evidence base

The PHS and IPS acknowledge the current lack of evidence supporting the use of the commissioning process to improve patient outcomes through the prevention of infection. Both organisations are committed to contributing to the development of evidence in this area where possible and this toolkit is one example of how this activity has started. The process undertaken for revision of this version of the toolkit is described and includes a review of available evidence and a description of the toolkit development methodology.

## Revision methodology

The first edition of the commissioning toolkit was published in 2012 in the absence of any existing guidance on the specific inclusion of IPC for commissioning purposes beyond the requirement to meet national indicators or targets. Developed through expert consensus advice and analysis of available evidence, the toolkit provided a selection of indicators

to support commissioners and providers of NHS care following the introduction of the Health and Social Care Act in 2012, which introduced a focus on clinically, as opposed to centralised commissioning.

This toolkit has been developed to support the principle that health and social care services must be commissioned to achieve high-quality care by delivering safe, effective and efficient services that reflect essential standards for quality and safety. The toolkit takes into account the importance of:

- public and population health
- increasing antimicrobial resistance
- the introduction of strategies to reduce other 'harms' and the increasing focus on patient safety
- a greater emphasis on outcomes as a measure of quality.

Further revision of the toolkit provided an opportunity to learn from user feedback and reflect on the experience of clinically-based commissioning over the past two years. Reflection highlighted the need to ensure that IPC priorities remain current and are reflected in provider commissioning contracts, and that assurance processes are robust. This reflection also identified the need to strive to develop outcomes, as opposed to process or structural indicators.

The process for revision was:

- a search for evidence demonstrating the value of local commissioning generally and a systematic search for the impact of IPC as part of commissioning quality requirements
- development of indicator tables through expert knowledge (working group and consultation with professional IPC networks), signposting of applicable evidence and identification of gaps.

A search of the literature identified no prior publications or evidence to inform an established methodology for commissioning of IPC.

## 2

## How to use this toolkit

This revised toolkit provides information to support professionals involved in the commissioning or assurance of health and social care services. It seeks to highlight organisational approaches to infection prevention and control across primary, secondary and social care settings.

It provides a series of optional indicators to support performance management and assurance against provider contracts. Where the indicators are used they should recognise and reflect local priorities.

Commissioners may additionally wish to develop cross-organisational strategies to ensure consistency across local health economies.

This toolkit also provides an example HCAI reduction plan for commissioners to adapt for local use (see [Appendix 5](#)). A HCAI reduction plan is a contractual requirement for all commissioned provider contracts.

- health and social care provider organisations in both acute and community settings
- provider organisations that sub-contract services
- general practitioners
- independent provider organisations (for example, dental and optometry services)
- organisations considering tendering for NHS provider services
- local authorities and associated health and wellbeing boards
- IPC specialist practitioners and directors of IPC.

### Who will find the toolkit useful?

The toolkit will be of particular value to commissioning organisations such as clinical commissioning groups (CCGs) and commissioning support units (CSUs).

It should be used together with expert infection prevention advice to identify priorities and ensure monitoring strategies are used appropriately and proportionally.

The toolkit may be a useful resource for:

- CCGs, commissioning leads with responsibility for IPC, antimicrobial resistance and antimicrobial prescribing
- performance monitoring teams
- safety and quality teams
- NHS England and its associated sub-groups

## 3

# Reducing the incidence of HCAI: moving towards a zero-tolerance approach

## Expectations and the role of commissioning organisations

Commissioners and providers must not accept that HCAs are an inevitable or acceptable risk in health or social care. Commissioning organisations will hold providers to account for their performance, and assess their contribution to sustained improvement in infection prevention and control practices that reduce HCAs and antimicrobial resistance.

To achieve this they will evaluate local objectives systematically across the organisations they commission services from. They will ensure that there is proportionality to expectations associated with different care settings. Commissioning teams will review available surveillance data so that they can monitor progress against nationally set objectives for specific organisms, other agreed indicators and learning identified from post-infection reviews (PIR) or root cause analysis of incidents.

Commissioning organisations should be assured that all services commissioned or contracted by them, or on their behalf, are compliant with a range of guidance, policy and regulations, as detailed below.

- *The NHS Mandate* (DH, 2014).
- *The NHS Outcomes Framework 2015-2016* (DH, 2015).
- *The UK 5 year antimicrobial resistance strategy 2013-2018* (DH, 2013).
- *The scope of registration* (CQC, 2015).
- *Guidance for providers on meeting the regulations* (CQC, 2015)
- *Risk assessment framework* (Monitor, 2015).

- *Delivering for patients. The 2015/16 Accountability Framework for NHS trust boards* (TDA 2015).
- *Everyone counts: planning for patients 2014/15 to 2018/19* (NHSE, 2013).
- *Commissioning for quality and innovation (CQUIN) 2015/16 guidance* (NHSE, 2015).
- *Adult Social Care Outcomes Framework 2015/16* (DH 2014).
- *Public Health Outcomes Framework 2013-2016* (DH 2012 updated 2015).
- National Institute for Health and Clinical Excellence (NICE) guidelines or quality statements.
- Health building notes, technical memoranda and the *Choice framework for local policy and procedures* (CFPP) form a suite of evidence-based policy and guidance documents on the management and decontamination of reusable medical devices (DH, 2013).
- Achieving HCAI reduction in line with national and local objectives.
- Meeting the requirements of the 'composite indicator' (when available in 2016).
- Reporting HCAI deaths on any part of the death certificate according to local policy and procedures.
- Ensuring that lessons learned from any incidents or regulatory recommendations are completed in a timely way.

All commissioning organisations require assurance about the systems and processes that are in place. This should include evidence which can be used to provide a benchmark or demonstrate improvement in services provided and may include:

- evidence of service review
- receipt of appropriate and adequate information
- evidence of monitoring information
- evidence of action being undertaken when concerns are raised
- evidence of failure to meet expected standard or discrepancies in data which been noted by the commissioner
- triangulation of data – evidence of improved outcomes in relation to quality parameters of safety, effectiveness and patient experience.
- to actively engage with the processes for HCAI/IPC performance and quality monitoring
- to be active members of any relevant health economy infection prevention group or other appropriate forums.

## Expectations of provider organisations

There is a legal requirement on all provider organisations to meet the standards described in the *Code of practice on the prevention and control of infections and related guidance* (DH, 2015). This is integral to CQC registration and ongoing compliance.

This toolkit emphasises further best practice requirements expected of provider organisations, which include:

- to have an assurance framework that reflects the local commissioning organisation's HCAI reduction plan and contractual requirements
- to undertake assessments of their compliance with the *Code of Practice* (DH, 2015) at intervals agreed with the commissioning organisation
- to submit compliance reports to the board for internal assurance and the commissioning organisation for external assurance

## 4

## Indicators

An indicator (in the context of improving quality of care) is described as a summary measure that aims to describe in a few numbers as much detail as possible about a system, to help understand, compare, predict, improve, and innovate (RCN, 2009).

Health indicators include process and outcome indicators. Historically the focus has been on process indicators to reflect standards of care that patients receive. The RCN and IPS acknowledge the iterative development of outcome indicators to support improvements in IPC beyond MRSA bloodstream and *C. difficile* infections.

### Using the IPC commissioning indicators

The IPS and the RCN have developed this toolkit for commissioning and provider health and social care organisations to support the commissioning of infection prevention and control and optimal use of antimicrobial agents. Our aim is that the toolkit is an enabling resource designed to support commissioner and provider organisations to communicate and agree the content and ambition of their contract. It is not an alternative to the *Code of practice on the prevention and control of infections and related guidance* (DH, 2015) but will support organisations to ensure that the quality and safety of care provided is continually improved.

The toolkit includes mandatory indicators, and a basket of indicators to consider for inclusion in local commissioning contracts (see [Appendix 1](#)). There is also an example of a local HCAI reduction plan that can be adapted by commissioners for local use (see [Appendix 2](#)).

Health and social care commissioners require provider organisations to guarantee clean environments and safe practices to prevent HCAs. The assurance process should not mirror other compliance or regulations. It

should focus on the improvements needed, based on local requirements. Some commissioning and provider organisations may be more highly developed in measuring and reporting indicators than others. However, there should be a common aim to standardise these where possible, whilst developing additional opportunities for quality improvement at a local level. Ideally this should be a shared process between commissioners and providers based on local need and the aim of improving patient safety.

### Mandatory indicators

At the time of publication there are only two mandatory objectives included in the national contract including the continued zero tolerance of MRSA blood stream infections and an ongoing focus on reducing *C. difficile* infections. Additional optional indicators supporting the achievement of these mandatory objectives are provided to support an integrated approach to prevention and management of these infections.

Indicators help organisations understand, compare, predict outcomes and improve care. They should align contractual requirements to compliance with NHS England's *Everyone counts, planning for patients 2014/15 to 2018/19* (2013) and Monitor's *Risk assessment framework* (Monitor, 2015). They should be used to support the delivery of the *Public health outcomes framework* (DH, 2015). Indicators should also reflect requirements to implement national, regional and local best practice guidance. This will ensure that the priorities for infection prevention and control are in provider contracts.

### Basket of suggested indicators

In addition to the mandatory indicators a further basket of optional general indicators is provided to meet the needs of different care settings (see [appendices](#)) developed by the RCN and the IPS.

By suggesting a focus on three key challenges (pneumonia, urinary tract infections and sepsis) relevant to all outcome frameworks this resource provides an opportunity for consideration and further exploration of joint IPC and public health activity, moving forward. Any future national indicators need to be developed over time with the support of leading national organisations and therefore these are included as ‘ambition indicators’ only, which describe generic requirements to help raise awareness and encourage organisations to consider their contribution to these issues. Indicators are presented in the format of the NHS national contract so that users can lift the detail and place it into individual provider contracts. This can also be adapted for inclusion in adult social care contracts.

Commissioners may choose the indicators based on local need and this may be informed by local surveillance data, information from provider compliance reports and other local intelligence. These can be included either as indicators or in the information schedule of the contract as regularly

collated, detailed information. Commissioners can also decide that specific assurance for some of the suggested indicators is not required because they are confident that practice is well-embedded. In effect, each provider should have its own unique set of indicators and information schedule requirements to facilitate the robust assurance of performance required on IPC for the specific provider. The IPS has developed quality improvement tools for infection prevention, which are available from the IPS website. They provide evidence-based tools for infection prevention, designed to measure baseline compliance with standards and identify areas for improvement.

Table 1 provides a summary overview of how the indicator overarching heading can be applied to different care settings.

The indicators for each setting have been grouped into several headings. Table 1 provides an overview of the indicators which have been applied to the different care settings.

**Table 1**

	Secondary care	Primary care	Mental health	Social care *
<b>Ambition indicators</b>	x	x		x
<b>Organisational elements</b>	x	x		x
<b>Service user involvement</b>	x		x	x
<b>MRSA, CDI and other significant HCAs</b>	x	x	x	x
<b>IPC practice</b>	x	x	x	x
<b>Prescribing</b>	x	x	x	N/A* medicines management
<b>Monitoring</b>	x	x	N/A	x
<b>Vaccinations</b>	x	x	x	x
<b>Physical health</b>	N/A	N/A	x	N/A

\*Social care indicator basket has combined indicators proportionate to social care settings and not defined headings as per NHS provider services.

## Quality requirement: threshold method of measurement and consequences of breach

Quantifiable measurements are used to reflect the critical success of an organisation, service or provider. As indicators reflect goals, each indicator has a target or plan. The quality requirement serves as a benchmark for comparison or guidance against which a breach may be applied.

### Note about thresholds

The indicator baskets ([Appendices 1-2](#)) suggest thresholds that can be agreed through local negotiation between commissioner and provider to decide what is appropriate and proportionate.

This publication is being reviewed in 2019

## Appendices: Infection prevention and control basket of suggested indicators

The suggested table of indicators are relevant to all health and adult social care settings based on expectations agreed by RCN/IPS members working in commissioning roles. It is anticipated that any indicators selected will be agreed following discussions between commissioner and provider organisations based on the service provided and patient population needs. Suggested indicators are exclusive of the requirements of the Health and Social Care Act (2008), *Code of Practice on the prevention and control of infections and related guidance* (DH, 2015).

The table reflects the NHS national contract and local quality requirements and is also mapped against the *UK five-year antimicrobial resistance strategy* (DH, 2013). The consequence of any breaches of quality requirements should be subject to the appropriate clause within local contracts.

This publication is being reviewed in 2019

# Appendix 1: Infection prevention and control basket of suggested indicators – secondary care

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance (note where specific guidance is not present this is indicated as 'best practice')
<b>Ambition indicators</b>					
The provider has in place a strategy that describes its vision and actions over time to diagnose, measure, prevent and manage all cases of pneumonia, including but not limited to those that are health care acquired	Evidence of strategy including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations	1	Best practice NICE (2014) <i>Pneumonia: Diagnosis and management of community- and hospital-acquired pneumonia in adults</i> <a href="http://www.nice.org.uk/guidance/CG191">www.nice.org.uk/guidance/CG191</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/_data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/_data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a>
The provider has in place a strategy that describes its vision and actions over time to support patients in the prevention, diagnosis and management of urinary tract infections, including those that are not related to the use of urinary catheters	Evidence of strategy including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations Note: may align with IPC practice indicators on CAUTI (page 21)	1,5	Best practice NICE CG54 (2007) <i>Urinary tract infection in children: Diagnosis, treatment and long-term management</i> <a href="http://www.nice.org.uk/guidance/cg54">www.nice.org.uk/guidance/cg54</a> NICE (2014) <i>Quality Standard Infection prevention and control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/_data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/_data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a> NICE (2015) <i>Quality Standard Urinary tract infections in adults QS90</i> <a href="http://www.nice.org.uk/guidance/qs90">www.nice.org.uk/guidance/qs90</a> NICE (2013) <i>Quality Standard Urinary tract infection in infants, children and young people under 16 QS36</i> <a href="http://www.nice.org.uk/guidance/qs36">www.nice.org.uk/guidance/qs36</a> NICE CG 161 (2013) <i>Falls: assessment and prevention of falls in older people</i> <a href="http://www.nice.org.uk/guidance/cg161">www.nice.org.uk/guidance/cg161</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / guidance
The provider has in place a strategy that describes actions to recognise, measure and manage suspected cases of sepsis	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations	1, 2	NHS England (2015) <i>Commissioning for quality and innovation (CQIN) Guidance for 2015/16</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf">www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf</a> Parliamentary and Health Services Ombudsman (2014) <i>Prime to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a>
<b>Organisational elements</b>					
IPC is included as a regular agenda item in relevant provider organisation meetings	Record of meetings and IPC topics discussed	Minutes of meetings	Provider to determine which meetings will routinely include IPC discussion	1	Best practice NICE (2014) <i>Quality Standard Infection prevention and Control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
The organisation develops and owns a board-approved HCAI reduction plan and progress is reported against this	Quarterly compliance reports	Quarterly receipt of reports detailing compliance and progress against plan.	The provider must wish to use the <i>Code of Practice</i> to develop an IPC plan	1	NHS England <i>Standard Contract 2015/16 and 2016/17</i> <a href="http://www.england.nhs.uk/nhs-standard-contract/15-16/">www.england.nhs.uk/nhs-standard-contract/15-16/</a> <a href="http://www.england.nhs.uk/nhs-standard-contract/16-17/">www.england.nhs.uk/nhs-standard-contract/16-17/</a>
Antimicrobial stewardship (AMS) is included as a regular agenda item in relevant provider organisation meetings	Record of meetings and AMS topics discussed	Minutes of meetings	Provider to determine which meetings will routinely include AMS discussion	2	Best Practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> NICE (2014) <i>Quality Standard Infection prevention and Control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
Provider takes into account advice from specialist IPC and AMS provider/teams	Documentation and details of decision, remedial action	Minutes of meetings	Where specialist IPC/AMS advice is not followed, the rationale and decision is documented and discussed at the relevant meeting (see two indicators above)	1	Best Practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / guidance
The organisation employs or has sufficient access to a suitably resourced and qualified Infection Prevention and Control Team (IPCT), Antimicrobial Stewardship (AMS) team or specialist practitioner to meet their needs	Specialist advisers clearly identifiable	Record of service or contract for provision of IPC and AMS advice	Contract may be for employment or advice and should detail the number of hours employed/contracted, role description, lines of communication and governance structures for IPC and within provider organisation	1	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/QS61/chapter/List-of-quality-standards">www.nice.org.uk/guidance/QS61/chapter/List-of-quality-standards</a> NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
Provider contributes to whole economy strategic planning discussion and decision making on HCAI reduction	Record of attendance and contribution	Minutes of meetings	Local HCAI provider or professional networks can be used as a method of demonstrating engagement in discussion and planning		Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
Copies of all reports and associated action plans in response to any external IPC focus visits/inspections (e.g. from DH, CCG, CQC, TDA, Monitor) are made available to the commissioner by the provider	Copies of reports sent to commissioner within five working days of the provider receiving the report	Reports are received		1	Best practice
Board-approved annual report includes details on IPC team resources	Annual report includes details on service and specialist IPC (nurse/doctor/support staff) resource requirements and identifies where gaps or risks exist	Inclusion in annual report	IPC resources should include a rationale for staffing requirements, including 'support' staff such as admin, statistical analysis, etc. and both actual and agreed resources	1	Best practice

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance
<b>Service user involvement</b>					
Service users are included in IPC annual programme development, with patient experience used to shape activity	Service user views are actively sought and recommendations incorporated where appropriate	Evidence and detail of participation in annual report		1,3	Best practice
Service users are involved in the shaping and implementation of local programmes to improve hand hygiene of both staff and service users in all settings	Service users are involved in hand hygiene programmes	Annual summary of hand hygiene programme activity, including user involvement		1,3	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
Patients with invasive devices such as urinary catheter, vascular access device or enteral feeding tube and their carers who help them with this equipment are given information and advice about how to look after the device safely and effectively	Service users are provided with advice and are involved in determining detail of information included	Annual summary of information available, distribution and evaluation including patient/carer feedback		1,3	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE (2012) CG 139 <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
<b>MRSA, C. difficile and other significant HCAs</b>					
MRSA bacteraemia cases are notified by provider to commissioner by next working day (refer to PIR process)	Notification of MRSA bacteraemia	Monthly confirmation of percentage of cases notified by next working day		1, 5	Best practice NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / guidance
The provider contributes to the Post Infection Review (PIR) / RCA/'Lapse in care' investigations for all cases of HCAI	Contribution to the PIR process and implementation of action plans and learning derived from investigation reviews. 100% attendance at investigation meetings	Attendance at PIR meetings. Monthly reporting of all MRSA cases and lessons learned. Action plan reports are received and updated regularly, with learning shared across the organisation	With exceptions of MRSA bacteraemia and <i>C. difficile</i> infection, other HCAIs that require investigation are to be determined locally	1	NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a> NHS England (2015) <i>Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-object-15-16-guid-feb15.pdf">www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-object-15-16-guid-feb15.pdf</a>
Patients who meet the criteria for MRSA screening are managed as per locally agreed protocols and all positive results are acted upon	Monthly confirmation of percentage of eligible cases screened for MRSA	Monthly receipt of screening data	Detail of measurement method to be determined locally, i.e. protocol for eligibility. 100% compliance is for local determination	1	NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a> DH (2014) <i>Implementation of modified admission MRSA screening guidance for NHS</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345144/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/345144/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf</a>
Compliance with locally agreed MRSA care pathway	Quarterly confirmation of percentage of MRSA-positive patients who follow and complete the MRSA care pathway	Quarterly receipt of MRSA care pathway compliance data	Care pathways should be defined locally and all providers should be aware of these and comply with them. Consider inclusion of audit of flagging of MRSA status across all patient administration systems across the pathway. Percentage compliance and method of measurement for local determination	1	NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance
Compliance with locally agreed <i>C. difficile</i> care pathway	Quarterly confirmation of percentage of <i>C. difficile</i> patients who follow and complete the care pathway	Quarterly receipt of <i>C. difficile</i> care pathway compliance data	Care pathways should be defined locally and all providers should be aware of them and contribute where relevant. Consider inclusion of audit of flagging of <i>C. difficile</i> status across all patient administration systems across the pathway. Percentage of compliance and method of measurement for local determination	1	Best practice
Provider contributes to review of all CDI cases if involved in provision of care to patient	100% compliance with involvement in review of any CDI case that the provider is associated with	Quarterly submission of evidence demonstrating provider involvement in review meetings and progress with actions	Detail of measurement method to be determined locally	1	NHS England (2015) <i>Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation</i> at: <a href="http://www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-objct-15-16-guid-feb15.pdf">www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-objct-15-16-guid-feb15.pdf</a>
Serious incidents occurring in primary care are reported to the commissioner and local health protection team within one working day	Notification of incident to commissioner within one working day	Monthly reporting	Definition of serious incident to be determined by provider following agreement with commissioner. Verification measure – STEIS, NRLS, RCA, PIR, patient complaints	1	NHS England (2013) <i>Serious Incident Framework</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf">www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf</a> HPA (2012) <i>Healthcare Associated Infection Operational Guidance and Standards for Health Protection Units</i> <a href="http://www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards">www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards</a>
Periods of Increased Incidence (PIIs) and outbreaks are reported to the commissioner	PII and outbreaks are reported by the next working day	Monthly reporting		1,5	CQC (2015) <i>CQC guidance</i> <a href="http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers">www.cqc.org.uk/content/notifications-non-nhs-trust-providers</a>

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance
Compliance with national mandatory surveillance programme for MSSA and <i>E. Coli</i> bacteraemia	Monthly upload of all cases with all relevant information	100% completed dataset submission in required timescales		1,5	Mandatory MSSA & <i>E. Coli</i> bacteraemia surveillance Department of Health (2011) letter <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215835/dh_123292.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/215835/dh_123292.pdf</a>
The provider has a system in place to support preparedness or management of patients carrying carbapenemase-producing Enterobacteriaceae (CPE) in line with PHE CPE guidance	The provider has a policy in place for the management of CPE and has considered the implications of its implementation on its service	Confirmation of policy in place		1	Public Health England (2013) <i>Acute trust toolkit for the early detection, management and control of carbapenemase-producing Enterobacteriaceae</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/329227/Acute_trust_toolkit_for_the_early_detection.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/329227/Acute_trust_toolkit_for_the_early_detection.pdf</a>
<b>IPC Practice</b>					
The organisation has an IPC link practitioner programme in place	System is in place and functioning	Bi-annual reporting of link practitioner activity		1	Best practice RCN (2011) <i>RCN link nurse framework</i> <a href="http://www2.rcn.org.uk/_data/assets/pdf_file/0006/481515/004310.pdf">www2.rcn.org.uk/_data/assets/pdf_file/0006/481515/004310.pdf</a>
A local surveillance programme reflecting local intelligence and risk assessment is in place	Local surveillance programme is in place and implemented		Percentage of compliance, inclusion criteria and method of measurement for local determination	1, 5	Best practice
The provider has in place a strategy and systems to ensure the prevention and recognition of catheter-associated urinary tract infections (CAUTI)	Evidence of strategy and processes in use are provided to the commissioner	Six monthly reporting of progress in strategy	Requirements are for local determination based on patient population and service specification but can include the elements outlined in Appendix 5	1, 3, 5	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / guidance
The provider has in place a strategy and systems to prevent infections associated with the use of intravenous (IV) therapy	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	IV therapy includes drug administration (e.g. antibiotics, chemotherapy), IV fluid therapy or parenteral nutrition administered via an intravascular access device. Requirements are for local determination based on patient population and service specification but can include elements included within Appendix 5	1	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
The provider has in place a strategy and systems to prevent infections associated with the use of enteral feeding	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	Requirements are for local determination based on patient population and service specification but can include the elements outlined in Appendix 5	1,3	Best practice NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
Compliance with infection prevention care bundles (e.g. high impact interventions (HII))	Monthly reporting of compliance	Monthly confirmation of 100% compliance	Percentage of compliance and method of measurement for local determination	1	Best practice
100% patients isolated as per agreed provider policy/ advice from IPC team	Report compliance with isolation policy	Quarterly reporting including exceptions of variation to policy	Provider organisations should consider presentation of data to include non-isolation of patients per patient bed day	1	Best practice
Compliance with provider's hand hygiene policy	Bi-monthly report	Compliance with hand hygiene policy	Percentage of compliance and method of measurement for local determination	1	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/QS61/chapter/List-of-quality-statements">www.nice.org.uk/guidance/QS61/chapter/List-of-quality-statements</a>

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance
Locally determined IPC training programme is delivered as per locally agreed plan for each staff group	Bi-annual reports and evaluation of training programme is received	Bi-annual reporting	Percentage of compliance and method of measurement for local determination	1,3	Aligns with DEB (2015) Code of Practice
<b>Prescribing</b>					
The provider has or contributes to an antibiotic stewardship programme that spans care settings locally	Evidence of attendance at relevant meetings and contribution to local AMS programme	Reporting of progress with AMS programme	Percentage of compliance, method of measurement, inclusion criteria and frequency of compliance assessment for local determination	2,3	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
An antibiotic policy is in place that reflects national prescribing guidance	Presence of antibiotic policy	Annual confirmation of policy in place	Policy should be reviewed minimum of two-yearly against new national guidance issued	2	NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
Compliance with local antibiotic policies	Reporting of compliance, including if there is evidence of justifiable clinical reasons for deviation from set formulary	Audit of compliance with the antibiotic prescribing formulary	Percentage of compliance, method of measurement, inclusion criteria and frequency of compliance assessment for local determination	2	NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> DH (2011) <i>Start SMART then Focus</i> <a href="http://www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus">www.gov.uk/government/publications/antimicrobial-stewardship-start-smart-then-focus</a>
Prescribers meet their professional standards of education and competency	Annual report of training and competence	Annual report and analysis against quality requirement	Information should be provided on the numbers of different professional groups receiving training and competency assessment compared to those that are eligible	2,3	Public Health England (2013) <i>Antimicrobial prescribing and Stewardship competencies</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHAIprescrcompetencies_2_.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHAIprescrcompetencies_2_.pdf</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance
Health care professionals receive education as part of the provider's ongoing training on responsibility on antimicrobial resistance, including best practice in medicines optimisation	Annual report of training numbers and percentage of those who have completed training	Evidence and detail of participation in annual statement	Education should focus on an holistic approach to antimicrobial agents, including therapeutic management, prescribing and dispensing advice to patients	2,3	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-implementation-getting-started</a> DH (2013) <i>UK five year antimicrobial resistance strategy 2013-8</i> <a href="http://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018">www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018</a> Health Education England (2015) <i>Prevention and Public Health action plan</i> <a href="https://hee.nhs.uk/our-work/hospitals-primary-community-care/prevention-public-health-wellbeing-0">https://hee.nhs.uk/our-work/hospitals-primary-community-care/prevention-public-health-wellbeing-0</a>
The organisation participates annually in awareness-raising programmes that support best practice in antimicrobial prescribing/use, e.g. European Antibiotic Awareness Day (EAAD) and World Antibiotic Awareness Week (WAAW)	Inclusion in annual IPC report	Evidence and detail of participation in annual report	Type of activity for local determination	2,3,7	Best practice ECDC website <a href="http://ecdc.europa.eu/en/EAAD/Pages/Home.aspx">http://ecdc.europa.eu/en/EAAD/Pages/Home.aspx</a>
The provider has in place a plan to achieve a reduction in the number of antibiotics prescribed	The provider can demonstrate a 1% or greater reduction in the number of antibiotics prescribed	Aspet Quality Premium detail	Type of activity for local determination	2	NHS England (2015) <i>Quality Premium: 2015/16 Guidance for CCGs</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf">www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf</a>

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance
The provider has in place a plan to achieve a reduction in the proportion of broad-spectrum antibiotics prescribed	The provider can demonstrate that the number of cephalosporins, quinolones and co-amoxiclav as a percentage of the total number of antibiotics prescribed is reduced by 10% or below the current median proportion for English CCGs (whichever is met first)	As per Quality Premium detail	Type of activity for local determination	2	NHS England (2015) <i>Quality Premium: 2015/16 Guidance for CCGs</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf">www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf</a>
<b>Monitoring</b>					
Surgical site infection surveillance is planned and reported	A surveillance programme is in place to monitor surgical interventions undertaken in secondary care	Evidence and detail of surveillance programme, definitions and data	Percentage of compliance and method of measurement for local determination and may include collaboration with other providers. Definition of surgical procedure to be defined locally with commissioner	1	Best practice
<b>Vaccination</b>					
Reporting on compliance with health care worker vaccination programme	Annual confirmation of % actual nurses and types of vaccination against eligible staff	Annual reporting including exceptions of variation to policy	Links to criterion 10, DH (2015) <i>Code of Practice</i>	1	Best practice

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence/guidance
Patients identified as eligible for vaccination status are assessed and have outstanding vaccinations offered by provider	Reporting of number of patients found to be eligible for vaccinations against total patient population	Bi-annual reporting of number of patients found to be eligible for vaccinations	Reporting should include breakdown of vaccinations outstanding. Vaccination is recommended not mandated	1	Best practice International Longevity Centre (2013) <i>Adult vaccination – a key component of healthy ageing</i> <a href="http://www.iltc.org.uk/index.php/publications/publication_details/adult_vaccination_a_key_component_of_healthy_ageing">www.iltc.org.uk/index.php/publications/publication_details/adult_vaccination_a_key_component_of_healthy_ageing</a> Public Health England (2013) <i>Immunisation against infectious disease</i> (Green book) <a href="http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book">www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</a>

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## Appendix 2: Infection prevention and control basket of suggested indicators – primary and community care

The term primary care includes (but is not limited to) the following examples of NHS health care services, such as those provided by general practitioners, community/district nursing services, dentists, optometrists, health visiting, school nurses, podiatrists, infusion therapy services (including OPAT) and sexual health services.

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / support source (note where specific guidance is not present this is indicated as 'best practice')
<b>Ambition indicators</b>					
The provider has in place a strategy that describes its vision and actions over time to diagnose, measure, prevent and manage pneumonia	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations.	1	Best practice NICE CG191 (2014) <i>Pneumonia: Diagnosis and management in community- and hospital-acquired pneumonia in adults</i> <a href="http://www.nice.org.uk/guidance/CG191">www.nice.org.uk/guidance/CG191</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a>
The provider has in place a strategy that describes its vision and actions over time to support patients in the prevention, diagnosis and management of urinary tract infections, including those that are not related to the use of urinary catheters	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations. Note: may align with practice indicators on falls and CAUTI (page 33)	1,5	Best practice NICE CG54 (2007) <i>Urinary tract infection in children: Diagnosis, treatment and long-term management</i> <a href="http://www.nice.org.uk/guidance/cg54">www.nice.org.uk/guidance/cg54</a> NICE (2014) <i>Quality Standard Infection prevention and Control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a> NICE (2015) <i>Quality Standard Urinary tract infections in adults QS90</i> <a href="http://www.nice.org.uk/guidance/qs90">www.nice.org.uk/guidance/qs90</a> NICE (2013) <i>Quality Standard Urinary tract infection in infants, children and young people under 16 QS36</i> <a href="http://www.nice.org.uk/guidance/qs36">www.nice.org.uk/guidance/qs36</a> NICE Guideline CG161 (2013) <i>Falls: assessment and prevention of falls in older people</i> <a href="http://www.nice.org.uk/guidance/cg161">www.nice.org.uk/guidance/cg161</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
The provider has in place a strategy that describes actions to recognise measure and manage suspected cases of sepsis	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations	1, 2	NHS England (2015) <i>Commissioning for quality and innovation (CQUIN) guidance for 2015/16</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf">www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guid-2015-16.pdf</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act: severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0001/2666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0001/2666/FINAL_Sepsis_Report_web.pdf</a>
<b>Organisational elements</b>					
IPC is included as a regular agenda item in relevant provider organisation meetings	Record of meetings and IPC topics discussed	Minutes of meetings	Provider to determine which meetings will routinely include IPC discussion	1	Best practice NICE (2014) <i>Quality Standard Infection prevention and Control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
The organisation develops and owns a board-approved HCAl reduction plan and progress is reported against this	Quarterly compliance reports	Quarterly receipt of reports detailing compliance and progress against plan	The provider may wish to use the <i>Code of Practice</i> to develop an IPC plan	1	NHS England <i>Standard Contract 2015/16 and 2016/17</i> <a href="http://www.england.nhs.uk/nhs-standard-contract/15-16/">www.england.nhs.uk/nhs-standard-contract/15-16/</a> <a href="http://www.england.nhs.uk/nhs-standard-contract/16-17/">www.england.nhs.uk/nhs-standard-contract/16-17/</a>
Antimicrobial stewardship (AMS) (including local programmes and surveillance) is included as a regular agenda item in relevant provider organisation meetings	Record of meetings and AMS topics discussed	Minutes of meetings	Provider to determine which meetings will routinely include AMS discussion	2	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> NICE (2014) <i>Quality Standard Infection prevention and Control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
Provider takes into account advice from specialist IPC and AMS provider/teams	Documentation and details of decision/ remedial action		Where specialist IPC/ AMS advice is not followed, the rationale and decision is documented and discussed at the relevant meeting (see two indicators above)	1	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
The organisation employs or has sufficient access to a suitably resourced and qualified Infection Prevention and Control Team (IPCT), Antimicrobial Stewardship (AMS) team or specialist practitioner to meet their needs	Specialist advisers clearly identifiable	Record of service or contract for provision of IPC and AMS advice	Contract may be for employment or advice and should detail the number of hours employed/contracted, role description, lines of communication and governance structures for IPC and within provider organisation	1	NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> Aligns with DH (2015) <i>Code of Practice</i> criteria three
Provider contributes to whole economy strategic planning discussion and decision making on HCAI reduction/AMS	Record of attendance and contribution	Minutes of meetings	Local professional networks can be used as a method of demonstrating engagement and planning	1	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
Copies of all reports and associated action plans in response to any external IPC focus visits/inspections (e.g. from CCG, CQC) are made available to the commissioner by the provider	Copies of reports sent to commissioner within five working days of the provider receiving the report	Reports are received		1	Best practice

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Practices commissioned to provide enhanced services, e.g. named GPs for care home/s are able to demonstrate appropriate training and capacity	Named staff fully aware of client group needs and potential surge requirements	Service specification, annual reviews, staff training records, surge plan	An example of surge requirements may be additional capacity required for flu immunisation, outbreaks and winter cover to avoid hospital admission	1	Best practice
<b>Service user involvement</b>					
Service users are included in IPC annual programme development, with patient experience used to shape activity	Service user views are actively sought and recommendations incorporated where appropriate	Evidence and detail of participation in annual report		1,3	Best practice
Service users are involved in the shaping and implementation of local programmes to improve hand hygiene of both staff and service users in all settings	Service users are involved in hand hygiene programmes	Annual summary of hand hygiene programme activity including user involvement		1,3	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infections: Prevention and control of health care-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
People with invasive devices such as a urinary catheter, vascular access device or enteral feeding tube and their carers who help them with this equipment are given information and advice about how to look after the device safely and effectively	Service users are provided with advice and are involved in determining detail of information included	Annual summary of information available, distribution and evaluation including patient/carer feedback		1,3	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infections: Prevention and control of health care-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
<b>MRSA and C. difficile and other significant HCAIs</b>					
Contribution to the Post Infection Review/RCA/'Lapse in care' investigations for all cases of HCAI	Contribution to the PIR process and implementation of action plans and learning derived from investigation reviews. 100% attendance at investigation meetings	Attendance at PIR meetings. Action plan reports are received and updated regularly, with learning shared across the organisation	With exceptions of MRSA bacteraemia and C. difficile infection, other HCAIs that require investigation are to be determined locally	1	NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a> NHS England (2015) <i>Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanctioning infection</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-objct-15-16-guid-feb15.pdf">www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-objct-15-16-guid-feb15.pdf</a>
Compliance with locally agreed MRSA care pathway	Quarterly confirmation of percentage of MRSA-positive patients who follow and complete the MRSA care pathway	Quarterly receipt of MRSA care pathway compliance data	Care pathways should be defined locally and all providers should be aware of these and comply with them. Consider inclusion of audit of flagging of MRSA status across all patient administration systems across the pathway. Percentage of compliance and method of measurement for local determination		NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence /supporting source (note where specific guidance is not present this is indicated as 'best practice')
Compliance with locally agreed <i>C. difficile</i> care pathway	Quarterly confirmation of percent of <i>C. difficile</i> patients who follow and complete the care pathway	Quarterly receipt of <i>C. difficile</i> care pathway compliance data	Care pathways should be defined locally and all providers should be aware of them and contribute where relevant. Consider inclusion of audit of flagging of <i>C. difficile</i> status across all patient administration systems across the pathway. Percentage of compliance and method of measurement for local determination	1	Best practice
Provider contributes to review of all CDI cases if involved in provision of care to patient	100% compliance with involvement in review of any CDI case that the provider is associated with	Quarterly submission of evidence demonstrating provider involvement in review meetings and progress with actions	Detail of measurement method to be determined locally	1	NHS England (2015) <i>Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation</i> at <a href="http://www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-object-15-16-guid-feb15.pdf">www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-object-15-16-guid-feb15.pdf</a>
Serious incidents occurring in primary care are reported to the commissioner within one working day	Notification of incident to commissioner within two working days	Quarterly reporting	Definition of serious incident to be defined by provider following agreement with commissioner. Verification measure – STEIS, NRLS, RCA, PIR, patient complaints	1	HPA (2012) <i>Healthcare associated infection operational guidance and standards for health protection units</i> <a href="http://www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards">www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards</a> NHS England (2015) <i>Serious incident framework</i> <a href="http://www.england.nhs.uk/patientsafety/serious-incident/">www.england.nhs.uk/patientsafety/serious-incident/</a>
<b>IPC practice</b>					
The organisation has an IPC link practitioner programme in place	System is in place and functioning	Bi-annual reporting of link practitioner activity		1	Best practice RCN (2011) <i>RCN link nurse framework</i> <a href="http://www2.rcn.org.uk/data/assets/pdf_file/0006/481515/004310.pdf">www2.rcn.org.uk/data/assets/pdf_file/0006/481515/004310.pdf</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence /supporting source (note where specific guidance is not present this is indicated as 'best practice')
The provider has in place a strategy and systems to prevent infections associated with the use of intravenous (IV) therapy	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	IV therapy includes drug administration (e.g. antibiotics, chemotherapy), IV fluid therapy or parenteral nutrition administered via an intravascular access device. Requirements are for local determination based on patient population and service specification but can include elements included within Appendix 5	1	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
The provider has in place a strategy and systems to prevent infections associated with the use of enteral feeding	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	Requirements are for local determination based on patient population and service specification but can include the elements outlined in Appendix 5	1,3	Best practice NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
The provider has in place a strategy and systems to ensure the prevention and recognition of catheter-associated urinary tract infections (CAUTI)	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	Requirements are for local determination based on patient population and service specification but can include the elements outlined in Appendix 5	1, 3,5	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
All staff have access to resources to support hand hygiene at the point of care when indicated	Evidence of how resources are selected, provided and used in practice	Six-monthly review and evaluation of product use	Requirements are for local determination based on patient population and service setting	1	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
<b>Prescribing</b>					
The provider has or contributes to an antibiotic stewardship programme that spans care settings locally	Evidence of attendance at relevant meetings and contribution to local AMS programme	Reporting of progress with AMS programme	Percentage of compliance, method of measurement, inclusion criteria and frequency of compliance assessment for local determination	2,3	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
An antibiotic policy/guideline is in place that reflects national prescribing guidance	Presence of antibiotic policy	Annual confirmation of policy in place	Policy should be reviewed minimum of two-yearly unless new national guidance issued	2	NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
Compliance with local antibiotic policies/guidelines	Reporting of compliance, including if there is evidence of justifiable clinical reasons for deviation from set formulary	Audit of compliance with the antibiotic prescribing formulary	Percentage of compliance, method of measurement, inclusion criteria and frequency of compliance assessment for local determination	2,3	RCGP <i>TARGET antibiotic toolkit</i> <a href="http://www.rcgp.org.uk/targetantibiotics/">www.rcgp.org.uk/targetantibiotics/</a> NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> Public Health England (2013) <i>Antimicrobial prescribing and stewardship competencies</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHIAprescrcompetencies_2_.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHIAprescrcompetencies_2_.pdf</a>
Prescribers meet their professional standards of education and competency	Annual report of training and competency	Annual report and analysis against quality requirements	Information should be provided on the numbers of different professional groups receiving training and competency assessment compared to those that are eligible	2,3	Public Health England (2013) <i>Antimicrobial prescribing and stewardship competencies</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHIAprescrcompetencies_2_.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHIAprescrcompetencies_2_.pdf</a>
Health care professionals receive education as part of the providers, ongoing training responsibility on antimicrobial resistance, including best practice in medicines optimisation	Annual report of training numbers and percentage of those who have completed training	Evidence and detail of participation in annual statement	Education should focus on an holistic approach to antimicrobial agents, including therapeutic management, prescribing and dispensing advice to patients	2,3	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> DH (2013) <i>UK five year antimicrobial resistance strategy 2013-8</i> <a href="http://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018">www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018</a> Health Education England (2015) <i>Prevention and public health action plan</i> <a href="https://hee.nhs.uk/our-work/hospitals-primary-community-care/prevention-public-health-wellbeing-0">https://hee.nhs.uk/our-work/hospitals-primary-community-care/prevention-public-health-wellbeing-0</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence /supporting source (note where specific guidance is not present this is indicated as 'best practice')
The provider has a system in place to measure and monitor antibiotic prescribing practices	Annual review	Annual report and analysis against quality requirement	Applies to dentists and others who can prescribe but who aren't affected by Quality Premium	2,3	NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
The provider participates annually in awareness-raising programmes that support best practice in antimicrobial prescribing/use, e.g. European Antibiotic Awareness Day (EAAD) and World Antibiotic Awareness Week (WAAW)	Inclusion in annual statement	Evidence and detail of participation in annual statement	Type of activity for local determination	2,3,7	Best practice ECDC website <a href="http://ecdc.europa.eu/en/Pages/home.aspx">http://ecdc.europa.eu/en/Pages/home.aspx</a>
The provider has in place a plan to achieve a reduction in the number of antibiotics prescribed	The provider can demonstrate a 1% or greater reduction in the number of antibiotics prescribed in primary care across the CCG	As per quality premium detail		2	NHS England (2015) <i>Quality Premium: 2015/16 Guidance for CCGs</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf">www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf</a>
The provider has in place a plan to achieve a reduction in the proportion of broad-spectrum antibiotics prescribed	The provider can demonstrate that the number of cephalosporins, quinolones and co-amoxiclav as a percentage of the total number of antibiotics prescribed is reduced by 10% or below the current median proportion for English CCGs (whichever is met first)	As per quality premium detail		2	NHS England (2015) <i>Quality Premium: 2015/16 Guidance for CCGs</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf">www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
<b>Monitoring</b>					
Where minor surgery is undertaken, surgical site infection surveillance is planned and reported	A surveillance programme is in place to monitor surgical interventions undertaken in primary care	Evidence and detail of surveillance programme, definitions and data	Percentage of compliance and method of measurement for local determination and may include collaboration with other providers. Definition of surgical procedure to be defined locally with commissioner	1	Best practice
<b>Vaccinations</b>					
Reporting on compliance of health care worker vaccination programme	Annual confirmation of percentage of actual numbers and types of vaccination against eligible staff	Annual reporting including exceptions of variation to policy	Vaccination is recommended not mandated	1	Aligns with DH (2015) <i>Code of Practice</i> criterion 10
Patients identified as eligible for vaccination status are assessed and have outstanding vaccinations offered by provider	Reporting of number of vaccinations offered and administered	Bi-annual reporting	Reporting to include breakdown per vaccination category	1	Best practice International Longevity Centre (2013) <i>Adult vaccination – a key component of healthy ageing</i> <a href="http://publications/publication_details/adult_vaccination_a_key_component_of_healthy_ageing">http://publications/publication_details/adult_vaccination_a_key_component_of_healthy_ageing</a> Public Health England (2014) <i>Immunisation against infectious disease</i> (Green book) <a href="http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book">www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</a>

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### 3: Infection prevention and control basket of suggested indicators – mental health

The indicators for consideration below reflect both NHS provider in-patient and community service requirements based on patient need.

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
<b>Ambition indicators</b>					
The provider has in place a strategy that describes its vision and actions over time to diagnose, measure, prevent and manage all cases of pneumonia, including but not limited to those that are health care acquired	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations.	1	Best practice NICE CG191 (2014) <i>Pneumonia: Diagnosis and management of community- and hospital-acquired pneumonia in adults</i> <a href="http://www.nice.org.uk/guidance/CG191">www.nice.org.uk/guidance/CG191</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/226666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/226666/FINAL_Sepsis_Report_web.pdf</a>
The provider has in place a strategy that describes its vision and actions over time to support patients in the prevention, diagnosis and management of urinary tract infections, including those that are not related to the use of urinary catheters	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations. Note: may align with practice indicators on falls and CAUTI (Appendix 3)	1	Best practice NICE CG54 (2007) <i>Urinary tract infection in children: Diagnosis, treatment and long-term management</i> <a href="http://www.nice.org.uk/guidance/cg54">www.nice.org.uk/guidance/cg54</a> NICE (2014) <i>Quality Standard Infection prevention and control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/226666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/226666/FINAL_Sepsis_Report_web.pdf</a> NICE (2015) <i>Quality Standard Urinary tract infections in adults QS90</i> <a href="http://www.nice.org.uk/guidance/qs90">www.nice.org.uk/guidance/qs90</a> NICE (2013) <i>Quality Standard Urinary tract infection in infants, children and young people under 16</i> QS36 <a href="http://www.nice.org.uk/guidance/qs36">www.nice.org.uk/guidance/qs36</a> NICE guidelines CG161 (2013) <i>Falls: assessment and prevention of falls in older people</i> <a href="http://www.nice.org.uk/guidance/cg161">www.nice.org.uk/guidance/cg161</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
The provider has in place a strategy that describes actions to recognise measure and manage suspected cases of sepsis	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations	1, 2	NHS England (2014) <i>Commissioning for quality and innovation (CQOI) Guidance for 2015/16</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cqoi-guidance-2015-16.pdf">www.england.nhs.uk/wp-content/uploads/2015/03/9-cqoi-guidance-2015-16.pdf</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a>
<b>Organisational elements</b>					
IPC is included as a regular agenda item in provider organisation meetings	Record of meetings and IPC topics discussed	Minutes of meetings	Provider to determine which meetings will routinely include IPC discussion	1	Best practice NICE (2014) <i>Quality Standard Infection prevention and Control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
The organisation develops and owns a board-approved HCAI reduction plan and progress is reported against this	Quarterly compliance reports	Quarterly receipt of reports detailing compliance and progress against plan	The provider may wish to use the <i>Code of Practice</i> to develop an IPC plan	1	NHS England <i>Standard Contract</i> <a href="http://www.england.nhs.uk/nhs-standard-contract/15-16/">www.england.nhs.uk/nhs-standard-contract/15-16/</a> NHS England <i>Standard Contract 2015/16 and 2016/17</i> <a href="http://www.england.nhs.uk/nhs-standard-contract/15-16/">www.england.nhs.uk/nhs-standard-contract/15-16/</a> <a href="http://www.england.nhs.uk/nhs-standard-contract/16-17/">www.england.nhs.uk/nhs-standard-contract/16-17/</a>
Antimicrobial stewardship (AMS) is included as a regular agenda item in provider organisation meetings	Record of meetings and AMS topics discussed	Minutes of meetings	Provider to determine which meetings will routinely include AMS discussion	2	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a> NICE (2014) <i>Quality Standard Infection prevention and control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
Provider takes into account advice from specialist IPC and AMS provider/teams	Documentation and details of decision/ remedial action	Records of decision in minutes/other documentation	Where specialist IPC/AMS advice is not followed, the rationale and decision is documented and discussed at the relevant meeting (see two indicators above)	1, 2	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
The organisation employs or has sufficient access to a suitably resourced and qualified Infection Prevention and Control Team (IPCT), Antimicrobial Stewardship (AMS) team or specialist practitioner to meet their needs	Specialist advisers are clearly identifiable	Record of service or contract for provision of IPC and AMS advice	Contract may be for employment or advice and should detail the number of hours employed/contracted, role description, lines of communication and governance structures for IPC and within provider organisation	1	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61/chapter/List-of-quality-statements">www.nice.org.uk/guidance/qs61/chapter/List-of-quality-statements</a> NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/qs615/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/qs615/chapter/2-Implementation-getting-started</a>
Provider contributes to whole economy strategic planning discussion and decision making on HCAI reduction	Record of attendance and contribution	Minutes of meetings	Local HCAI provider or professional networks can be used as a method of demonstrating engagement in discussion and planning	1	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/qs615/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/qs615/chapter/2-Implementation-getting-started</a>
Copies of all reports and associated action plans in response to any external IPC focus visits/ inspections (e.g. from DH, CCG, CQC, TDA, Monitor) are made available to the commissioner by the provider	Copies of reports sent to commissioner within five working days of the provider receiving the report	Reports are received		1	Best practice
<b>Service user involvement</b>					
Service users are included in IPC annual programme development, with patient experience used to shape activity	Service user views are actively sought and recommendations incorporated where appropriate	Evidence and detail of participation in annual report		1,3	Best practice

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Service users are involved in the shaping and implementation of local programmes to improve hand hygiene of both staff and service users in all settings	Service users are involved in hand hygiene programmes	Annual summary of hand hygiene programme activity, including user involvement		1,3	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
Patients with invasive devices such as a urinary catheter, vascular access device or enteral feeding tube, as well as their carers, are given information and advice about how to look after the equipment safely and effectively	Service users are provided with advice and are involved in determining detail of information included	Annual summary of information available, distribution and evaluation including patient/ carer feedback		1,3	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
<b>MRSA, C. difficile and other significant HCAIs</b>					
The provider contributes to the Post Infection Review/ RCA/ 'Lapse in care' investigations for all cases of HCAI	Contribution to the PIR process and implementation of action plans and learning derived from investigation reviews. 100% attendance at investigation meetings	Attendance at PIR meetings. Action plan reports are received regularly, updated regularly, with learning shared across the organisation	With exceptions of MRSA bacteraemia and C. difficile infection, other HCAIs that require investigation are to be determined locally	1, 2, 5	NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a> NHS England (2015) <i>Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-object-15-16-guid-feb15.pdf">www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-object-15-16-guid-feb15.pdf</a>

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Compliance with locally agreed MRSA care pathway	Quarterly confirmation of percentage of MRSA-positive patients who follow and complete the MRSA care pathway	Quarterly receipt of MRSA care pathway compliance data	Care pathways should be defined locally and all providers should be aware of these and comply with them. Consider inclusion of audit of flagging of MRSA status across all patient administration systems across the pathway. Percentage of compliance and method of measurement for local determination	1	NHS England (2014) <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">Zero tolerance</a> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a>
Patients who meet the criteria for MRSA screening are managed as per locally agreed protocols and all positive results are acted upon	Monthly confirmation of percentage of eligible cases screened for MRSA	Monthly receipt of screening data	Detail of measurement method to be determined locally. Eligibility protocol for 100% compliance is for local determination	1,5	NHS England (2014) <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">Zero tolerance</a> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a> DH (2014) <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/345144/Implementation_of_modified_admission_MRSA_screening_guidance_for_NHS.pdf">Implementation of modified admission MRSA screening guidance for NHS.pdf</a>
Compliance with locally agreed <i>C. difficile</i> care pathway	Quarterly confirmation of percentage of <i>C. difficile</i> patients who follow and complete the care pathway	Quarterly receipt of <i>C. difficile</i> care pathway compliance data	Care pathways should be defined locally and all providers should be aware of them and contribute where relevant. Consider inclusion of audit of flagging of <i>C. difficile</i> status across all patient administration systems across the pathway. Percentage of compliance and method of measurement for local determination	1	Best practice

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Provider contributes to review of all <i>C. difficile</i> infection (CDI) cases if involved in provision of care to patient	100% compliance with involvement in review of any CDI case that the provider is associated with	Quarterly submission of evidence demonstrating provider involvement in review meetings and progress with actions	Detail of measurement method to be determined locally	1	NHS England (2015) <i>Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanctions implementation</i> at <a href="http://www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infection-object-15-16-guid-feb15.pdf">www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infection-object-15-16-guid-feb15.pdf</a>
All suspected infections and confirmed outbreaks are reported to the commissioner and local health protection team without delay	All confirmed or outbreaks are reported by the next working day	Monthly reporting		1,5	Care Quality Commission website <a href="http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers">www.cqc.org.uk/content/notifications-non-nhs-trust-providers</a>
Serious incidents are reported to the commissioner within one working day	Notification of incident to commissioner within two working days	Quarterly reporting	Definition of serious incident to be determined by provider following agreement with commissioner. Verification measure VTEIS, NRLS, RCA, PIR, patient complaints	1	HPA (2012) <i>Healthcare associated infection operational guidance and standards for health protection units</i> <a href="http://www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards">www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards</a> NHS England (2015) <i>Serious incident framework</i> <a href="http://www.england.nhs.uk/patientsafety/serious-incident/">www.england.nhs.uk/patientsafety/serious-incident/</a>
The provider has a system in place to support preparedness or management of patients carrying carbapenemase-producing Enterobacteriaceae (CPE) in line with PHE CPE guidance	The provider has a policy in place for the management of CPE and has considered the implications of its implementation on its service	Confirmation of policy in place		1	PHE (2015) <i>Toolkit for managing carbapenemase-producing Enterobacteriaceae in non-acute and community settings</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439801/CPE-Non-AcuteToolkit_CORE.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/439801/CPE-Non-AcuteToolkit_CORE.pdf</a>
<b>IPC practice</b>					
The organisation has an IPC link practitioner programme in place	System is in place and functioning	Bi-annual reporting of link practitioner activity		1	Best practice RCN (2011) <i>RCN link nurse framework</i> <a href="http://www2.rcn.org.uk/data/assets/pdf_file/0006/481515/004310.pdf">www2.rcn.org.uk/data/assets/pdf_file/0006/481515/004310.pdf</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence /supporting source (note where specific guidance is not present this is indicated as 'best practice')
A local surveillance programme is in place to reflect local intelligence and risk assessment	Local surveillance programme is in place and implemented	Copy of surveillance programme and outcomes	Percentage of compliance and method of measurement for local determination	1,5	Best practice
The provider has in place a strategy and systems to ensure the prevention and recognition of catheter-associated urinary tract infections (CAUTI)	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	Requirements are for local determination based on patient population and service specification, but can include elements in Appendix 5	1, 3,5	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
The provider has in place a strategy and systems to prevent infections associated with the use of intravenous (IV) therapy	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	IV therapy includes drug administration (e.g. antibiotics, chemotherapy), IV fluid therapy or parenteral nutrition administered via an intravenous line access (ports). Requirements are for local determination based on patient population and service specification, but can include elements included within Appendix 5	1	Best practice NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a>
The provider has in place a strategy and systems to prevent infections associated with the use of enteral feeding	Evidence of strategy and processes in use are provided to the commissioner	Six-monthly reporting of progress in strategy	Requirements are for local determination based on patient population and service specification, but can include elements included within Appendix 5	1,3	Best practice NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
All staff have access to resources to support hand hygiene at the point of care when indicated	Evidence of how resources are selected, provided and used in practice	Six-monthly review and evaluation of product use	Requirements are for local determination based on patient population and service specification, but can include elements in Appendix 5	1	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Locally determined IPC training programme is delivered as per locally agreed plan for each staff group	Bi-annual reports and evaluation of training programme is received	Bi-annual reporting	Percentage of compliance and method of measurement for local determination	1,3	Aligns with DH (2015) <i>Code of practice</i>
<b>Prescribing</b>					
The provider has or contributes to an antibiotic stewardship programme that spans care settings locally	Evidence of attendance at relevant meetings and contribution to local AMS programme	Reporting of progress with AMS programme	Percentage of compliance, method of measurement, inclusion criteria and frequency of compliance assessment for local determination	2,3	Best practice NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
An antibiotic policy is in place that reflects national prescribing guidance	Presence of antibiotic policy	Annual confirmation of policy in place	Policy should be reviewed minimum of two-yearly unless a new national guidance issued	2	NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
Compliance with local antibiotic policies	Reporting of compliance including if there is evidence of justifiable clinical reasons for deviation from set formulary	Audit of compliance, with the antibiotic prescribing formulary	Percentage of compliance, method of measurement, inclusion criteria and frequency of compliance assessment for local determination	2	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE Guideline NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/NG15/chapter/2-Implementation-getting-started</a>
Prescribers meet their professional standards of education and competency	Annual report of training and competency	Annual report and analysis against quality requirement	Information should be provided on the numbers of different professional groups receiving training and competency assessment compared to those that are eligible	2,3	Public Health England (2013) <i>Antimicrobial prescribing and stewardship competencies</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHAIprescrcompetencies_2_.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/253094/ARHAIprescrcompetencies_2_.pdf</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Health care professionals receive education as part of the providers' ongoing training responsibility on antimicrobial resistance, including best practice in medicines optimisation	Annual report of training numbers and percentage of those who have completed training	Evidence and detail of participation in annual statement	Education should focus on an holistic approach to antimicrobial agents, including therapeutic management, prescribing and dispensing advice to patients	2,3	Best practice NICE Guidance NG15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/NG15">www.nice.org.uk/guidance/NG15</a> Chapter 2-Implementation-getting-started PH (2013) <i>UK five year antimicrobial resistance strategy 2013-8</i> <a href="http://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018">www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018</a> Health Education England (2015) <i>Prevention and Public Health action plan</i> <a href="https://hee.nhs.uk/our-work/hospitals-primary-community-care/prevention-public-health-wellbeing-0">https://hee.nhs.uk/our-work/hospitals-primary-community-care/prevention-public-health-wellbeing-0</a>
The organisation participates annually in awareness-raising programmes that support best practice in antimicrobial prescribing/use, e.g. European Antibiotic Awareness Day (EAAD) and World Antibiotic Awareness Week (WAAW)	Inclusion in annual IPC report	Evidence and detail of participation in annual report	Type of activity for local determination	2,3,7	Best practice ECDC website <a href="http://ecdc.europa.eu/en/Pages/home.aspx">http://ecdc.europa.eu/en/Pages/home.aspx</a>
The provider has in place a plan to achieve a reduction in the number of antibiotics prescribed	The provider can demonstrate a 1% or greater reduction in the number of antibiotics prescribed	As per quality premium detail		2	NHS England (2015) <i>Quality Premium: 2015/16 guidance for CCGs</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf">www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
The provider has in place a plan to achieve a reduction in the proportion of broad-spectrum antibiotics prescribed	The provider can demonstrate that the number of cephalosporins, quinolones and co-amoxiclav as a percentage of the total number of antibiotics prescribed is reduced by 10% or below the current median proportion for English CCGs (whichever is met first)	As per Quality Premium detail		2	NHS England (2015) <i>Quality Premium: 2015/16 guidance for CCGs</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf">www.england.nhs.uk/wp-content/uploads/2015/04/qual-prem-guid-1516.pdf</a>
<b>Physical health</b>					
Organisation has in place a multi-disciplinary training and competency assessment for the care of patients with physical health needs to support wellbeing and the prevention of infection	Training and competency programme is in place	Bi-annual reporting of competency assessment against eligible staff	Programme may be incorporated as part of professionals PDR process	1	Best practice NHSE (2014) <i>CQUIN 2014/5 additional guidance on the mental health indicator</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2014/06/cquin-add-mh-guid.pdf">www.england.nhs.uk/wp-content/uploads/2014/06/cquin-add-mh-guid.pdf</a>
<b>Vaccinations</b>					
Patients identified as eligible for vaccination status are assessed and have outstanding vaccinations offered by provider	Reporting of number of vaccinations offered and administered	Bi-annual reporting	Reporting to include breakdown per vaccination category	1	Best practice International Longevity Centre (2013) <i>Adult vaccination – a key component of healthy ageing</i> <a href="http://www.ilcuk.org.uk/index.php/publications/publication_details/adult_vaccination_a_key_component_of_healthy_ageing">www.ilcuk.org.uk/index.php/publications/publication_details/adult_vaccination_a_key_component_of_healthy_ageing</a> PHE (2014) <i>Immunisation against infectious disease</i> (Green book) <a href="http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book">www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</a>

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Reporting on compliance of health care worker vaccination programme	Annual confirmation of percentage of actual numbers and types of vaccination against eligible staff	Annual reporting, including exceptions of variation to policy	Vaccination is recommended not mandated	1	Aligns with DH (2015) Code of practice criterion 10

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## Appendix 4: Infection prevention and control basket of suggested indicators – social care

This indicator basket recognises a developmental approach to improvements in infection prevention and control in adult social care settings. It acknowledges the wide variation in size and type of care delivered in social care settings. Stage one aims to support providers to ensure their organisational requirements align fully to commissioning organisations' expectations of the *Code of Practice* (DH, 2015). Stage two builds on stage one to further embed infection prevention and control within the organisation.

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
<b>Stage 1. Commissioning the fundamentals of clean, safe care</b>					
<b>Ambition indicators</b>					
The provider has in place a strategy that describes its vision and actions over time to diagnose, measure, prevent and manage pneumonia	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations.	1	Best practice NICE CG191 (2014) <i>Pneumonia: Diagnosis and management of community- and hospital-acquired pneumonia in adults</i> <a href="http://www.nice.org.uk/guidance/CG191">www.nice.org.uk/guidance/CG191</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a>
The provider has in place a strategy that describes its vision and actions over time to support patients in the prevention, diagnosis and management of urinary tract infections, including those that are not related to the use of urinary catheters	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations. Note: may align with indicator to reduce the number of unnecessary invasive devices and knowledge/use of policies (page xx)	1, 5	Best practice NICE CG54 (2007) <i>Urinary tract infection in children: Diagnosis, treatment and long-term management</i> <a href="http://www.nice.org.uk/guidance/cg54">www.nice.org.uk/guidance/cg54</a> NICE (2014) <i>Quality Standard Infection prevention and control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a> NICE (2015) <i>Quality Standard Urinary tract infections in adults QS90</i> <a href="http://www.nice.org.uk/guidance/qs90">www.nice.org.uk/guidance/qs90</a> NICE (2013) <i>Quality Standard Urinary tract infection in infants, children and young people under 16 QS36</i> <a href="http://www.nice.org.uk/guidance/qs36">www.nice.org.uk/guidance/qs36</a> NICE CG161 (2013) <i>Falls: assessment and prevention of falls in older people</i> <a href="http://www.nice.org.uk/guidance/cg161">www.nice.org.uk/guidance/cg161</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
The provider has in place a strategy that describes actions to recognise measure and manage suspected cases of sepsis	Evidence of strategy, including how it will be reviewed and evaluated	Evidence of strategy and implementation plan	Strategy should include the role of multi-disciplinary stakeholders and communication pathways. Strategy may be developed and implemented in collaboration with other provider organisations	1, 2	NHS England (2015) <i>Commissioning for quality and innovation (CQUIN) Guidance for 2015/16</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guidance-2015-16.pdf">www.england.nhs.uk/wp-content/uploads/2015/03/9-cquin-guidance-2015-16.pdf</a> Parliamentary and Health Services Ombudsman (2014) <i>Time to Act, severe sepsis: rapid diagnosis and treatment saves lives</i> <a href="http://www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf">www.ombudsman.org.uk/data/assets/pdf_file/0004/22666/FINAL_Sepsis_Report_web.pdf</a>
An infection prevention lead is identified and clearly visible in the organisation	Name of lead	Included in annual statement and is publically available	A role description and/or job description should be available	1	Aligns with DH (2015) <i>Code of practice</i>
Policies are in place and staff are aware of their content in the following key areas	Prioritised policies relating to IPC include: <ul style="list-style-type: none"> <li>• hand hygiene</li> <li>• environmental cleanliness</li> <li>• standard precautions</li> <li>• management of urinary catheters</li> <li>• enteral feeding</li> <li>• IV therapy</li> </ul>	To be available at time of inspection or quality review visit and made publicly available	Local professional networks can be used as a method of developing policies and guidance	1	Aligns with DH (2015) <i>Code of practice</i> NICE (2012) <i>CG 139 Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Local medicines management policies include antibiotic prescribing and administration. Reflects national prescribing guidance	Presence of medicines management policy	Annual confirmation of policy in place and evidence of collaborative working with other agencies (note: may cross-reference with primary and community basket)	Policy can be developed with local primary care providers (GPs) to support standardisation of practice for antibiotic prescribing. Policy should be reviewed minimum of two-yearly unless new national guidance issued	2	NICE SC1 (2014) <i>Managing medicines in care homes</i> <a href="http://www.nice.org.uk/guidance/sc1">www.nice.org.uk/guidance/sc1</a> Aligns with DH (2015) <i>Code of practice</i> NICE (2014) <i>Quality Standard Infection prevention and control QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE Guideline N15 (2015) <i>Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use</i> <a href="http://www.nice.org.uk/guidance/ng15/chapter/2-Implementation-getting-started">www.nice.org.uk/guidance/ng15/chapter/2-Implementation-getting-started</a>
All staff have access to resources to support hand hygiene at the point of care when indicated	Evidence of how resources are provided and used in practice	Six-monthly review	Requirements are for local determination based on patient population and service setting	1	NICE (2014) <i>Quality Standard QS61</i> <a href="http://www.nice.org.uk/guidance/qs61">www.nice.org.uk/guidance/qs61</a> NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
Provider's incident reporting system includes infection incidents	Infection incidents are recorded and reported to the commissioner	Monthly reporting	Examples of incidents include indwelling device-related infections, number of closed rooms days/beds	1	DH (2015) <i>Code of practice</i> NHS England (2013) <i>Serious incident framework</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf">www.england.nhs.uk/wp-content/uploads/2013/03/sif-guide.pdf</a> HPA (2012) <i>Healthcare associated infection operational guidance and standards for health protection units</i> <a href="http://www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards">www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards</a>
IPC is included as a regular agenda item in provider organisation meetings	Record of meetings and IPC topics discussed	Minutes of meetings	Provider to determine which meetings will routinely include IPC discussion	1	Best practice

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Copies of all reports and associated action plans in response to any external IPC focus visits/ inspections (e.g. from CCG, CQC, Local Authority) are made available to the commissioner by the provider	Copies of reports sent to commissioner within five working days of the provider receiving the report	Reports are received		1	Best practice
Education/training	All staff receive IPC training at induction	Annual reporting of percentage, named provider of training and outline of the programme		1,3	Aligns with DH (2015) Code of practice NICE CG 139 (2012) Infection: Prevention and control of healthcare-associated infections in primary and community care <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>
The provider develops a programme of infection prevention audits linked to core IPC policies	Evidence of audit programme, completed audit results and any associated action plans	Quarterly reporting. Information to be available at time of inspection or quality review visit and available to the provider. IPC annual report		1	Aligns with DH (2015) Code of practice

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Provider contributes and cooperates with the Post Infection Review (PIR) / RCA/ 'Lapse in care' investigations for all cases of HCAI, including MRSA bacteraemia and <i>C. difficile</i> infection	Contribution to the PIR process and implementation of action plans and learning derived from investigation reviews. 100% attendance at investigation meetings	Attendance at PIR meetings. Action plan reports are received and updated where applicable regularly by provider, with learning shared across the organisation	With exceptions of MRSA bacteraemia and <i>C. difficile</i> infection, other HCAs that require investigation are to be determined locally	1	NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patient-safety/associated-infections/zero-tolerance/">www.england.nhs.uk/patient-safety/associated-infections/zero-tolerance/</a> NHS England (2015) <i>Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation</i> <a href="http://www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-objct-15-16-14-feb15.pdf">www.england.nhs.uk/wp-content/uploads/2015/02/clostridium-difficile-infect-objct-15-16-14-feb15.pdf</a>
Suspected or confirmed outbreaks are reported to the commissioner and local health protection team	All outbreaks are reported on the same day	Monthly reporting to the commissioner		1,5	Care Quality Commission (2015) <i>guidance</i> <a href="http://www.cqc.org.uk/content/notifications-non-nhs-trust-providers">www.cqc.org.uk/content/notifications-non-nhs-trust-providers</a>
The provider has a system in place to support preparedness or management of patients carrying carbapenemase-producing Enterobacteriaceae (CPE) in line with PHE CPE guidance	The provider has a policy in place for the management of CPE and has considered the implications of its implementation on its service	Confirmation of policy in place		1	PHE (2015) <i>toolkit for managing carbapenemase-producing Enterobacteriaceae in non-acute and community settings</i> <a href="http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/439801/CPE-Non-AcuteToolkit_CORE.pdf">www.gov.uk/government/uploads/system/uploads/attachment_data/file/439801/CPE-Non-AcuteToolkit_CORE.pdf</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Reporting on compliance of health care worker vaccination programme	Annual confirmation of per cent actual numbers and types of vaccination against eligible staff	Annual reporting, including exceptions of variation to policy		1	Best practice Aligns with DH (2015) <i>Code of practice</i> and CMO <i>annual influenza letter</i> PHE (2014) <i>Immunisation against infectious disease</i> (Green book) <a href="http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book">www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</a>
Patients identified as eligible for vaccination status are assessed and have outstanding vaccinations offered by provider	Reporting of number of vaccinations offered and administered	Bi-annual reporting	Reporting to include breakdown per vaccination category. Vaccination is recommended not mandated	1	Best practice International Longevity Centre (2013) <i>Adult vaccination – a key component of healthy ageing</i> <a href="http://www.ilcuk.org.uk/index.php/publications/publication-details/adult_vaccination_a_key_component_of_healthy_ageing">www.ilcuk.org.uk/index.php/publications/publication-details/adult_vaccination_a_key_component_of_healthy_ageing</a> Aligns with DH (2015) <i>Code of practice</i> Public Health England (2014) <i>Immunisation against infectious disease</i> (Green book) <a href="http://www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book">www.gov.uk/government/collections/immunisation-against-infectious-disease-the-green-book</a>
<b>Stage 2. Developing fundamentals of clean, safe care</b>					
Learning from incident investigations	Annual reduction of infection incidents demonstrated as a result of learning	Audit		1	Best practice
An annual plan of work in response to audit programme results is in place	Actions reported to the commissioner	Development of work plan		1	Best practice
Service users and carers are included in IPC annual programme development, with their experience used to shape activity	Service user views are actively sought and recommendations incorporated where appropriate	Evidence and detail of participation in annual report		1,3	Best practice

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Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
Provider implements and monitors compliance with infection prevention care bundles (Essential Steps or Other available)	Monthly reporting of compliance	Monthly confirmation of compliance	100% compliance and method of measurement for local determination	1	DH (2005) <i>Essential Steps</i> <a href="http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136212">http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4136212</a>
Compliance with locally agreed MRSA care pathway	Quarterly confirmation of percentage of MRSA-positive patients who follow and complete the MRSA care pathway	Quarterly receipt of MRSA care pathway compliance data	Care pathways should be defined locally and all providers should be aware of these and comply with them. Consider inclusion of audit of flagging of MRSA status across all patient administration systems across the pathway. Percentage of compliance and method of measurement for local determination	1	NHS England (2014) <i>Zero tolerance</i> <a href="http://www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/">www.england.nhs.uk/patientsafety/associated-infections/zero-tolerance/</a>
Provider develops and implements an ongoing programme of work to reduce the use of unnecessary invasive devices, e.g. urinary catheters	Progress against programme and remedial actions	Quarterly reporting of progress	The organisation may work with other local providers on a multi-disciplinary and multi-professional programme to reduce inappropriate use of invasive devices	1	NICE CG 139 (2012) <i>Infection: Prevention and control of healthcare-associated infections in primary and community care</i> <a href="http://www.nice.org.uk/guidance/cg139">www.nice.org.uk/guidance/cg139</a>

Quality requirement	Threshold (reporting expectation)	Method of measurement	Comments	CMO strategy action area	Evidence / supporting source (note where specific guidance is not present this is indicated as 'best practice')
<p>The provider participates annually in awareness-raising programmes that support best practice in antimicrobial prescribing/use as part of wider public health promotion within the organisation, e.g. European Antibiotic Awareness Day (EAAD), influenza planning and World Antibiotic Awareness Week (WAAW)</p>	<p>Inclusion in annual statement</p>	<p>Evidence and detail of participation in annual statement</p>	<p>Type of activity for local determination</p>	<p>2,3,7</p>	<p>Best practice ECDC website <a href="http://ecdc.europa.eu/en/Pages/home.aspx">http://ecdc.europa.eu/en/Pages/home.aspx</a></p>

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## Appendix 5: Leading and developing the health care associated infection (HCAI) system

**Objective: to have a collaborative approach to the prevention and management of HCAI and antimicrobial resistance (AMR) in the health and social care economy.**

**Aim: to develop systems in collaboration with all stakeholders that are fit for purpose, and which will support delivery of the HCAI/safety agenda.**

- NHS England, clinical commissioning groups (CCGs) and local authorities working with health and social care providers should have appropriate strategies for the prevention and control of health care associated infections with clear responsibilities.
- A health and social care economy-wide HCAI and AMR network.
- A health and social care economy collaborative meeting that has sign-up from chief executives and directors.
- Infection prevention and control (IPC) strategy based on a joint strategic needs assessment, which is supported by and agreed by the health economy. This in turn will support individual provider organisation IPC strategies, and sit as part of the overarching quality and safety strategy for the commissioning organisation.
- Commissioners should use the health economy network to initiate and lead on the implementation of national/regional and local programmes, in line with NHS England policies:
  - *Everyone counts, planning for patients 2014/15 to 2018/19;*
  - *NHS outcomes framework 2015/16*
  - *Adult social care outcomes framework 2015/16.*

- Commissioners should engage with social care providers to assist in their attainment of, and compliance with, the *Code of practice*, for example in relation to funded nursing care placements and the contracts that CCGs may have with nursing homes to deliver this; however, this could also be a joint commissioning relationship between health and social care.

### Contracting and setting standards

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

- Ensure there are service specifications for IPC, specific/relevant key performance indicators (KPIs) and quality indicators in provider contracts. As a minimum these must be consistent with *The NHS Planning Guidance 2016/17 – 2020/21* and other national mandatory policies. See the basket of suggested indicators.
- Support engagement with quality improvement initiatives as appropriate through *Commissioning for quality and innovation (CQUIN)* development (NHSE, 2015).
- Access local infection prevention teams/experts to ensure infection prevention input occurs in the development of all new contracts, services and pathways.

- Ensure that there is specialist IPC practitioner input within provider settings into IPC-related contracts such as:
  - cleaning
  - catering
  - planned preventive maintenance (PPM)
  - building construction and refurbishment
  - waste management.

## Health care associated infection reduction plan

The provider must have an HCAI reduction plan for each contract year and must comply with its obligations under that plan. The HCAI reduction plan must reflect local and national priorities relating to HCAI, including AMR (NHS Standard Contract, NHS England 2015).

The purpose of an HCAI reduction plan is to outline the provider's approach to the prevention and control of HCAs and AMR. 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 reducing HCAI and AMR. This activity will be monitored on a locally agreed basis through formal reporting mechanisms established through the integrated quality teams and contract and performance monitoring systems, ensuring key expectations are fulfilled.

## Quality assurance

**Aim: to monitor performance against all shared objectives and KPIs from all providers.**

- Commissioning organisations should participate in performance monitoring and quality assurance arrangements for each provider. For example, through:
  - attendance at provider infection prevention committees and review meetings with provider IPC leads as agreed locally
  - regular formal HCAI performance monitoring meetings with contract management staff
  - input into the overarching contract quality meeting/clinical quality review groups
  - receipt of regular infection prevention/HCAI dashboards from providers
  - inspections and visits.
- Commissioning organisations should have access to appropriate IPC expertise to interpret data or information received from providers.
- Analyse information submitted by providers and determine whether the information offers the required assurance.
- Commissioners should be included in internal performance monitoring arrangements for primary care, such as the performance management group or annual contract review processes. It is through this mechanism that environmental audits to assess environmental fitness for purpose can be fed into the overarching performance framework.
- IPC should feature in the commissioning framework about fitness to practise, as commissioning decisions are made about the transfer of care from secondary to primary. For example, is the environment fit for purpose?
- Engage with primary care contracting to develop robust assurance of infection prevention practice across primary care providers as the commissioning processes evolve.

- Engage proactively with health and wellbeing boards to provide assurance that local population risks and needs are adequately understood, addressed and evaluated via existing commissioning processes in relation to IPC and antimicrobial resistance (AMR).

## Organisational accountability in commissioning organisations

**Aim: to ensure infection prevention and control is embedded and that board accountability/assurance is demonstrated.**

- The commissioning organisation has a clear understanding of its commissioned services, IPC status and risks and has sufficient specialist IPC support/resources available to enable it to meet its responsibilities for quality and safety of the services provided. IPC is included as an integral part of the commissioning organisation's internal quality and safety monitoring and assurance systems.
- The commissioning organisation has a clear process for providing assurance to NHS England with regard to HCAI and AMR standards and risks.
- The commissioning organisation has a strategic and operational plan for reducing HCAI and AMR and sustaining improvement of infection prevention practices. Accurate and timely information that includes the quality dashboard and all other relevant performance matrix is reported to the organisational governance framework, and shared with relevant commissioning bodies.
- Information is monitored monthly by the infection prevention and integrated quality teams. Formal reports analysing quality and performance, action plans and exceptions are made to the approved committee in the commissioning organisation. Annual reports provide a summary of activity, assurance and risks to the board.

- IPC commissioning arrangements are embedded in the commissioning organisation's governance processes.
- There is an escalation process in place. HCAI/AMR is added, where necessary, to the corporate risk register of the commissioning organisation.
- Infection prevention is an integral part of the capital programme for new build premises and refurbishments to ensure IPC standards are met and buildings are fit-for-purpose.
- IPC is included as part of the emergency planning process.

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## 5

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