FINAL VERSION (Date: 31 October 2018)

Doncaster Community Infection Prevention and Control Service

Service	Community Infection Prevention and Control
Commissioner Lead	Doncaster Metropolitan Borough Council
Service Provider Lead	Rotherham, Doncaster and South Humberside NHS Foundation Trust
Period	1 April 2019 to 31 March 2022
Duration	3 years
Extension	Up to 2 years
Date of review	31 October 2018

1. Population Needs

1.1 National Context and Evidence Base

Providers of health and social care are required to comply with Care Quality Commission (CQC) standards including those related to infection prevention and control (IPC). Commissioners of these services are required to performance manage providers in order to ensure they are compliant and to support them to deliver sustained improvement in IPC practices that reduce health care associated infections (HCAIs) and antimicrobial resistance.

Under the Health and Social Care Act, 2012, local authorities assume statutory responsibilities in relation to health protection including any threat to health posed by infectious disease.

To support these statutory responsibilities local authorities need to be assured that commissioned services meet IPC standards in order to reduce the incidence of avoidable Health Care Associated Infections (HCAIs) and other related outbreaks of infectious disease.

National policies for the control of methicillin-resistant Staphylococcus aureus (MRSA) and Clostridium difficile infection (CDI) have improved infection prevention and control measures in the UK, with associated reductions nationally in HCAI infection rates. However there is still work required to maintain and improve these reductions and to reduce the incidence of these and other HCAIs. Reviews of published evidence suggest that around 20% of all HCAIs could be prevented by improvements in infection prevention and control procedures[1].

The government is dedicated to reducing Gram Negative blood stream infections by 50% by 2020/21.

The provision of IPC expertise in relation to the following interventions can prevent infections:

- Decontamination;
- The segregation, handling, transport and disposal of waste when it is properly managed so as to minimize the risks to the health and safety of staff, patients, the public and the safety of the environment;
- All risks associated with the acquisition and use of medical devices is minimized;
- All reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed in line with current guidance.
- Hand Hygiene

- Understanding of Outbreak Management and relevant actions needed
- Sharps management
- Understanding of waste management and relevant actions needed.
- Research
- Surveillance of alert organisms
- Disease management

1. Harbarth S; Sax H; Gastmeier P. "*The preventable proportion of nosocomial infections an overview of published reports".* The Journal of hospital infection 54, 258-66 (2003).

1.2 Local Context

A primary focus of the service will be for residents of nursing and residential homes in Doncaster initially with a view to scoping wider community IPC issues This service will go to 51 residential care homes for older people.

1.2.1 Epidemiology

The service will be concerned with predominantly the Care Home IPC and MRSA bloodstream infection and CDI cases in the wider community, for the target population. A main focus of the service will be the prevention and control of HCAIs including C.difficile and MRSA. Table 1 below details the reported incidence of CDI and MRSA in Doncaster over time.

Year	C. difficile	MRSA
07/08	189	
08/09	172	10
09/10	104	7
10/11	82	5
11/12	69	11
12/13	97	3
13/14	83	4
14/15	81	1
15/16 (Q1-3)	60	0
17/18	71	6

Table 1: Number of reported cases of CDI and MRSA Doncaster 07/08 – 17/18

1.2.2 Local Services

The local acute trust, Doncaster and Bassetlaw Foundation Trust (DBHFT) and the community and mental health service provider Rotherham Doncaster and South Humber Foundation Trust (RDASH) provide an IPC service to patients under their care within their organisational boundaries.
This service specification covers the provider aspect of IPC for residents of Doncaster who are not under the care of DBHFT or RDASH services.

Doncaster Place Plan brings together all relevant health and social care providers in Doncaster in order to improve health of the people of Doncaster. It is envisaged that during the contract period, any collaborative arrangement reached as part of delivering IPC will be taken into account to ensure service alignment.

1.3 Proposed Service Outcomes

- To reduce the incidence of MRSA bloodstream infections

- To reduce the incidence of CDI
- To support Public Health England (PHE) in the reduction and management of the number of outbreaks of infectious disease in health and social care settings in the community (care homes)
- To provide support and to supplement the current level of training & education, audit, surveillance (e.g. CDI, MRSA), to the community including care homes (with and without nursing).

2. Scope

2.1 Service Aims and Objectives

- To provide expert proactive and reactive infection prevention and control (IPC) knowledge skill and experiential support to community health and social care providers.

- To provide training and support to develop and maintain a group of trained IPC champions across the care homes. This service will go to 51 residential care homes for older people. Where there are vacancies on the training programme, these can be offered to staff from care homes for those with learning disabilities 27 facilities for Learning disability (LD) Care Homes. The provider shall maintain the same current level of training over the period of the contract, and if there are still vacancy on the training after exhausting 51 residential care homes 27 facilities for Learning disability (LD) Care Homes, then available places on the training can be extended to staff in supported living care settings and community care and support at home (CCASH). Details of staff from supported living care and CCASH can be obtained from the Contract Team at DMBC.

- To support and enable healthcare workers to audit health and social care providers to ensure compliance with CQC requirements in relation to infection prevention and control and requirements in DMBC and CCG contracts and service specifications.

- To provide specialist infection prevention and control guidance to care homes and specialist training for DMBC contract monitoring officers.

- To support PHE to provide the local level response to outbreaks on infectious disease under the direction of Public Health England Health Protection Teams.

- To conduct Post Infection Review (PIR) for specified cases and to ensure the learning from these processes is embedded.

- To provide advice on anti-microbial resistant organisms to community health and social care providers within the scope of this contract.

- To work with commissioners to provide the information required to scope the need for IPC services in the community.

2.2 Service Description

2.2.1 Infection Control Training	Specialist IPC support to the local authority contract monitoring team and to the Care Quality Commission. Within the scope of this contract to provide training, to input or to deliver training to the level and frequency agreed.
2.2.2 Health Care Acquired	Post Infection Review / investigation for all reported community MRSA Bloodstream infections and CDI where no other healthcare provider is

Infections including MRSA and Clostridium difficile	involved. To facilitate post infection review processes for MRSA bacteraemia and take forward learning points. To develop a work-plan and provide a quarterly report on HCAI and IPC activity at joint contract meeting with the Council and the local Health Protection Assurance Group, and a position statement in relation to the progress related to the annual work plan, including identifying gaps to the governance structure (Appendix B). The provider can use their IPC policies to ensure a consistency of message and approach. •
2.2.3 Case Management	To support Health and Social Care providers in the scope of this contract to manage a caseload of community MRSA, C. Diff and CPE cases including input to their families and carers to deliver targeted IPC advice to promote clearance and prevent secondary infection.
2.2.4 Control of Notifiable Diseases	Under the direction of the Health Protection Team at Public Health England (PHE) to: • To support PHE where necessary to follow up cases of notifiable diseases. • Within the scope of the contract to provide advice to health and social care professionals. • Within the scope of this contract to support Environmental Health teams and contract monitoring teams at DMBC where required on the management of cases or outbreaks of foodborne pathogens.
2.2.5 Infection Control Audits	• To develop with the DMBC Contracts Monitoring team a protocol of managing the risk associated with IPC. • A tiered approach to Quality Assurance will be developed and attached at (Appendix A). • The Contracts Monitoring Team will identify IPC concerns to the IPC lead delivering this contract • Where serious concerns are identified within audits these should be communicated to the Consultant in Public Health and Director of Public Health (DPH) as soon as practicable.
2.2.6 Policies and Procedures	The Service Provider will: • Utilise provider's own IPC policies and procedures to ensure consistent message.
2.2.7 Achieving the requirements of the Health and Social Care Act 2008 & 2010	The Service Provider will: • Work with colleagues based within DMBC to support them with compliance with the requirements of the Health and Social Care Act 2008 and 2010. • Work closely with the Care Quality Commission • Work with CCG colleagues
2.2.8 Anti-microbial resistance	• Work in collaboration with the relevant Medicines Management Team in line with existing arrangements to support providers within the scope of this contract to ensure that they have access to relevant professional groups in order that people are prescribed antibiotics in accordance with local antibiotic formularies as part of

	antimicrobial stewardship.
2.2.9 Links with environmental health	The service provider will: • Work in collaboration with local authority environmental health in collaboration with PHE teams to provider surge capacity during outbreaks.
2.2.10 Understanding community IPC needs	This service will be commissioned as from 1 April 2019 up to 31 March 2022. During the term of this contract the provider will work with the commissioner to further understand the IPC need of the wider Doncaster Community and report the findings to the commissioner.

2.3 Accessibility/ Acceptability

The service provider will be expected to access a variety of health and social care premises as well as – on occasion – private residences across the areas of coverage. For the purposes of this specification, they are within the scope of this contract.

The Service Provider shall not discriminate between service users, and shall provide the appropriate assistance for service users, who do not speak, read or write English, or who have communication difficulties.

2.4 Inclusion and Exclusion criteria

2.4.1 Geographical Coverage
Resident population of Doncaster within the scope of this contract.

2.4.2 Inclusion Criteria
Nursing and residential homes – private and local authority run providers
Domiciliary Care Providers
Doncaster Integrated Community Equipment Services
Private healthcare providers – only to support PHE, where needed in an outbreak situation

2.4.3 Exclusion Criteria
Those already covered by infection prevention & control teams with existing providers at Rotherham, Doncaster and South Humberside NHS Foundation Trust, Doncaster and Bassetlaw Teaching Hospital NHS Foundation Trust or other NHS acute or community healthcare provider with a dedicated infection control team.
Social health providers not registered as a provider with the Care Quality Commission.

2.5 Whole System Relationships

The service will require collaborative working with:

- DMBC Public Health Team
- NHS Doncaster Clinical Commissioning Group
- DMBC Contract Monitoring Team / CCG Overarching Care Home Strategy Group
- Public Health England – South Yorkshire Health Protection Team
- DMBC Environmental Health Team
- Private nursing and residential home providers
- Microbiology and IPC teams at DBHFT and RDASH

- NHS England local area teams
- Primary care

2.6 Interdependencies

The service provider will be required to work with partner organisations to access information to inform service delivery to include:

- Reporting by laboratories at DBHFT
- Access to IT e.g. Patient Administration Service, Pathology, SystmOne
- PHE mandatory enhanced surveillance system for HCAI
- Support the PHE South Yorkshire Health protection team communicable disease surveillance data and gastro-intestinal surveillance data

2.7 Capacity Building and Training

As detailed in the service description (Section 2.2) this service will support the training of providers within the scope of this contract in all aspects related to IPC.
Those delivering the service are required to have a Management of Infection Prevention & Control Diploma to enable them to offer expert, specialist IPC advice, support and training.
Educated to degree level (as a minimum) and /or Master's degree
Those within the service should maintain continued professional development to ensure they are up to date with relevant national and local policies and guidance related to IPC.
Clinical Supervision will be a core requisite

3. Service Delivery

3.1 Service Location

The service will be provided across various places of care which will include service user's usual places of residence as defined within the scope of this contract.

3.2 Days/Hours of Operation

The core service will be provided five days a week, Monday – Friday. Core hours of the service are between 9am and 5pm.

Open dialogue with Commissioners to take place in respect of the Flexibility with working hours and surge capacity which may be required to support outbreak management.

3.3 Referral Route

Referrals to the service will be taken via telephone and email.
(Appendix A) escalated for deep dive.

3.4 Response Time and Prioritisation

- Support PHE in response to outbreaks (including 2 or more cases in the same place at the same time or 1 case of particular infections e.g. scabies) will receive priority and will be responded to (wherever possible) on the same working day
- Support PHE in response to contact tracing where possible
- Ad hoc expert IPC advice may be required as soon as practicably possible.

4. Applicable service standards

The service will be delivered in line with best practice guidance and evidence, including Health England (PHE) protocols, guidance and policy related to the work programme.

- The Health and Social Care Act (2008, 2010, 2011, 2012)
- Care Quality Commission registration requirements
- The MRSA Post Infection Review (PIR) Process
- Clostridium difficile; how to deal with the problem (DH/ HPA (now PHE) 2008)
- National specifications for cleanliness in the NHS (NPSA 2007, rev 2010)
- National specifications for cleanliness in Nursing and Residential care homes (NPSA 2010)
- Infection: prevention and control of healthcare associated infections in primary and community care (NICE 2012)
- Anti-microbial prescribing and stewardship competencies (PHE 2013)
- All current and any new DH guidance and technical memoranda related to the work programme.
- Compliance with HTM 07-01 Safe Management of Healthcare Waste - healthcare waste management will be undertaken in a variety of environments, from patients' homes, Intermediate Care facilities and specialist clinics.

4.1 Information Requirements

Provision of information to the commissioner in the time intervals requested as per the quality, performance and activity indicators see below Sections 5 and 6.

5. Quality Outcome Indicators

Indicator	Method	Level	Reporting mechanism	Outcome
Staff Experience	Evaluation questionnaires following professional training sessions	40% response rate >80% satisfied or very satisfied	Quarterly report	Training Delivered to the appropriate level
Maintain current number of IPC training for link champion in care homes each year	Action plan with schedule of training for IPC champions (action plan to be produced by the provider)	>60% of care homes staff trained IPC champions	Quarterly	Trained linked champion in care homes, where there are available places these are offered to other settings. (Review of training undertaken with commissioner.)
Actions and learning identified following cases of C. difficile, MRSA BSI and other significant HCAI incidents	Report of actions identified	100% of actions identified to be reported	Quarterly report	Review of service if indicated after discussion with commissioners

6. Activity Indicators

Activity Indicator	Threshold	Reporting mechanism	Outcome
Care homes scoring less than 75% on IPC audit to be audited by IPC Lead (Details case-load will be determined with the Contract Monitoring Team).	100% of care homes scoring below 75% to be audited by IPC Lead	Quarterly report against annual work plan	Increased knowledge reduction of avoidable healthcare associated infection
Staff from each care home will identify an IPC champion who will have received training in IPC and will cascade this training in their relevant areas	A minimum of one staff member for each care home will have received IPC training per annum	Quarterly report against annual work plan	Increased knowledge reduction of avoidable healthcare associated infection
A system of IPC link professionals will be maintained in care nursing homes	Aim for an IPC link professionals identified in >60% of care homes (escalation)	Quarterly report against annual work plan	Increased knowledge reduction of avoidable healthcare associated infection
Post Infection Review within the scope of this contract (PIR) for MRSA bacteraemia where no other healthcare provider is involved	100% of applicable cases will be managed with agreed PIR processes within 14 working days.	Monthly report – progress against trajectory	Review of service if indicated after discussion with commissioners
Root Cause Analysis (RCA) where no other healthcare provider is involved for: • C. diff	100% of cases covered by this service to have a RCA completed.	Monthly report progress against trajectory	Review of service if indicated after discussion with commissioners

7.1 Information Provision

Quarterly reports on activity and performance indicators as detailed in sections 5 and 6 will be provided to all Boards indicated at (Appendix B).

In addition the Consultant in Public Health and Director of Public Health should be informed the same working day (where possible) of:

- Outbreaks of infectious disease in the community, under the remit of this service
- Notifications of MRSA blood stream infection in the community, under the remit of this service

7.2 Service User, Carer and Staff Survey

DMBC process will capture this.

The Authority will notify the Provider of the contents to be covered by the survey and the frequency of the survey throughout the duration of the Contract.

8. Finance

8.1 Contract model

Block contract

8.2 Contract value

Period	Duration (months)	Amount (£)
1 April 2019 to 31 March 2022 @£6050 per month	36	£217,800
Total		**£217,800**

8.3 Contract monitoring

The performance against the contract will be monitored as per the performance and activity indicators detailed in Sections 5 and 6.

APPENDIX A

APPENDIX A

Infection Prevention & Control Champion Network

The IPC service will continue the training programme and undertaken any refresher training as appropriate.

The programme covered will enable the 'champion' to gain knowledge, skill and experience whilst being supported by a clinical expert Infection Prevention & Control Nurse Specialist.

This training package will ensure that the Care Home is compliant with the Health & Social Care Act (2008) and the Care Quality Commission registration requirements.

A designated individual will be nominated by the Care Home and be in a position where they are able to positively influence poor practice and reduce the Infection Prevention & Control risk to service users within their care.

The designated champion must;

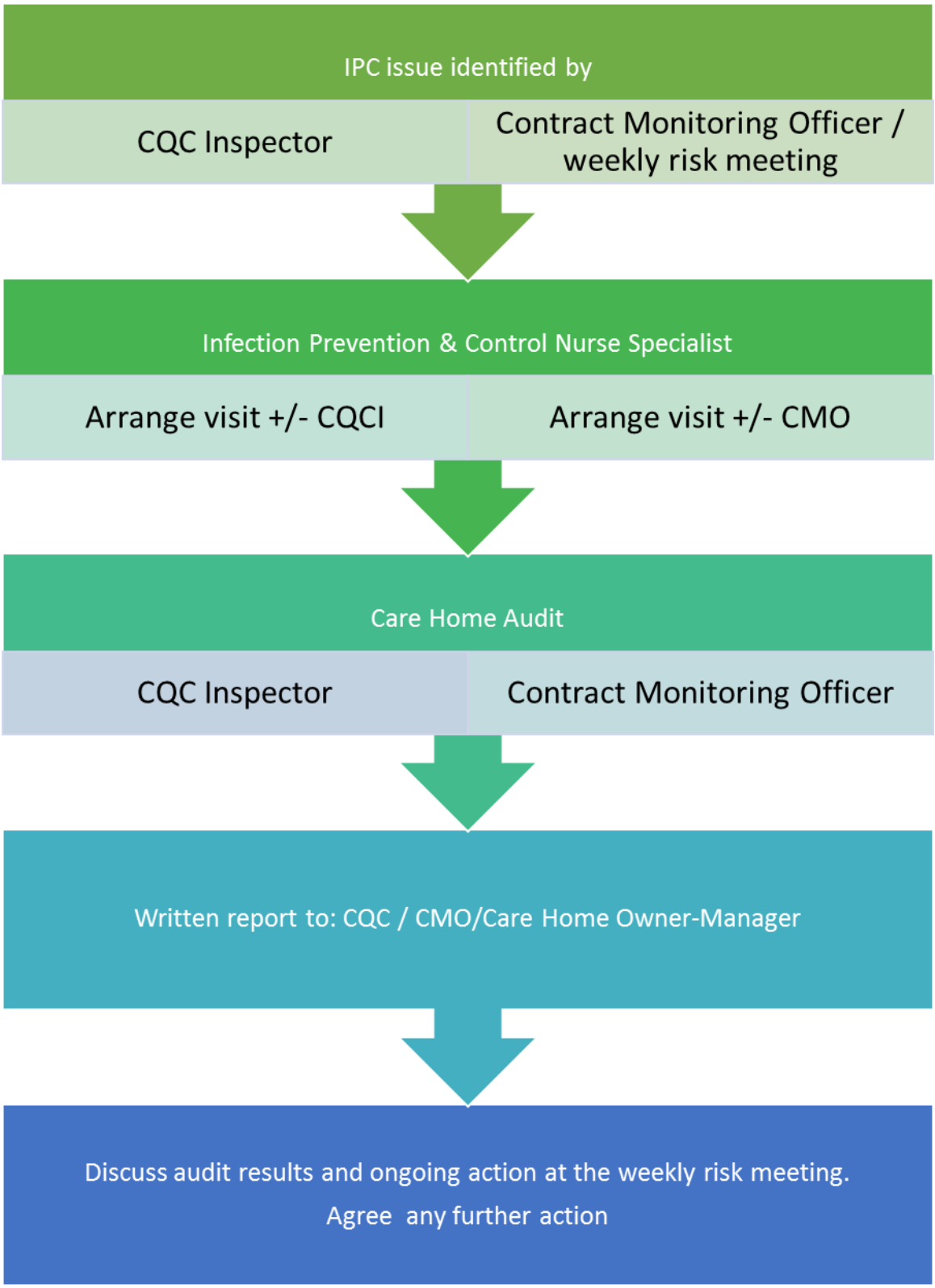
1. Attend / complete at least 95% of the course
2. Agree to undertake the Royal Society of Public Health Course on Decontamination (Infection Prevention & Control) NVQ level 2 or equivalent.
3. Agree to be the trainer, and deliver training for staff within the Care Home
4. Agree to undertake the IPC audits for the Care Home
5. Challenge poor practice within their workplace and escalate concerns to the manager

Each section of the course will ensure that the champion receives;

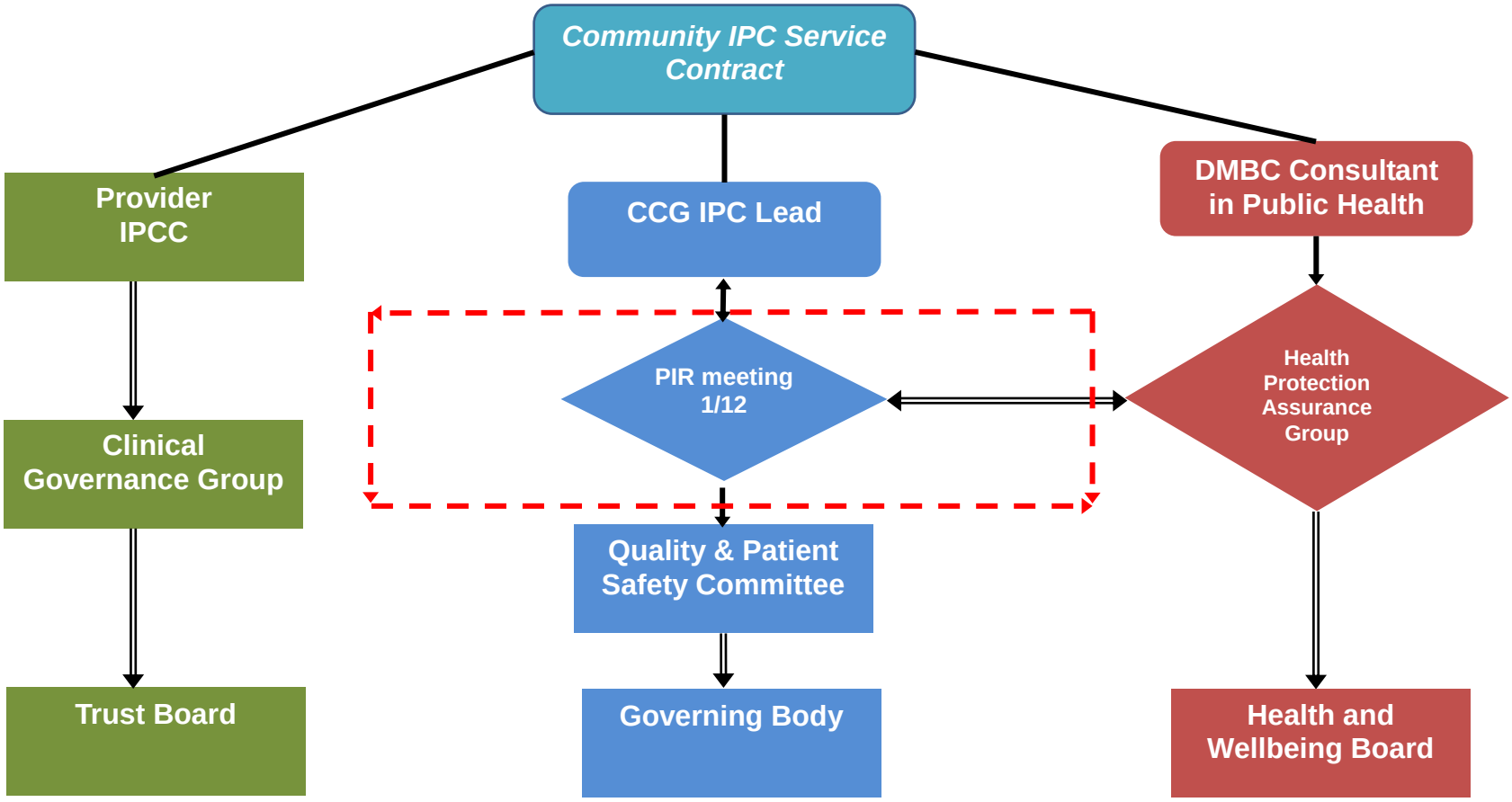
- 'Train the Trainer' education session (on a specified topic)
- The training package to enable them to deliver this training within their own environment
- An audit tool, with expert guidance on how to complete the audit
- Guidance / policy / supportive documentation relating to the topic
- Personal support from the Infection Prevention & Control Nurse Specialist.


Care Home manager / delegated individual
Domiciliary Care Manager / delegated individual
Infection Prevention & Control Nurse Specialist
Contract Monitoring Officers
Ad hoc training where and when required

IPC Referral Pathway



Governance Structure of Community IPC Service



LEGEND:

Organisation

Decision Meeting

Process Meeting

Feedback

Attendance

CCG-Led