Invitation To Tender (ITT)
Service Specification for Infection Prevention and Control Service

Cheshire East

Introduction

Cheshire East Council's Public Health team ("the Council") have the responsibility for commissioning Infection Prevention and Control Services ("the Service").   As the Commissioner, the Council expects to build an effective and strong working relationship with the Service Provider ("SP"), with shared values and vision regarding the delivery of this contract.

The SP will be required to innovate and to design and propose a service delivery model as a part of the competitive tender process. The model should explore new ways of working, in line with our vision to ensure that the required outcomes are met.

How to use this specification

This specification has the following sections:

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Contract Value
The funding availability for Infection Prevention and Control services has taken into account Cheshire East public health funding allocation for these Services and the need to

contribute towards wider public health prevention and awareness to support our residents to live well for longer.

The contract value range for Infection Prevention and Control services for Cheshire East will cost up to £175,923.39 annually. Tenders received above this figure will be disregarded.

Contract term
The contract is for two years with an option to extend for up to 24 months in blocks to be determined by Cheshire East Council.

Financial ability of the organisation
The successful SP must assure the Council of their organisational financial stability [surplus, reserves, income streams and liabilities]. The successful SP must put in place such financial checks prior to awarding.

Service Specification Review
The Council reserves the right to review the content and detail of this service specification at any time to take account of national policy change and funding availability. This may also include the inclusion or exclusion of specific service elements.

1.0 Purpose

The SP will provide specialist advice on the prevention and control of infection to the general public (residents, patients, carers, and others) and to non-acute providers of health and social care services across Cheshire East.

1.1 Aims
- To prevent significant infections within the Cheshire East Council community
- Reduce the risks posed by Health Care Associated Infections (HCAI) and other communicable diseases in the local population
- Provide assurance to Cheshire East Council around infection prevention and control standards within Primary Care (including non-acute NHS providers) and Social Care services
- Community Infection Control Team will support the activities of PHE Health Protection Team in responding to cases of infectious disease, incidents and outbreaks in the community. This will usually be a reactive role but could include strategic work e.g. implementation of protocols, procedures and guidelines.

1.2 Objectives
- To promote prevention of infection through local targeted awareness raising and education activities amongst staff and organisations working in education, health and social care
- Acting upon Infection Control 'alerts' from ICNet and other sources in a timely fashion
- Responding to individual cases, clusters and outbreaks of communicable disease

- To reduce the burden of health and social care related infection within the health economy
- To protect people from communicable diseases through robust follow up of cases in line with PHE guidelines
- To limit the spread of TB through a TB prevention, follow up and contact management service in Cheshire East
- To provide strategic support to the local Health Economy on infection prevention and control working collaboratively with Cheshire East Council, local hospitals, emergency services, NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS England area teams and Public Health England.

1.2 Outcomes

- Continual Improvement of Infection Prevention Control Standards
- Sustained reduction in the burden of Health Care Associated Infections, in particular MRSA and C Difficile
- Reduction in risk associated with health and social care, through training, audits and implementation of best practice from root cause analysis
- Reduction in spread of infection and outbreaks of infection
- Reduction in prevalence and spread of TB in Cheshire East
- Key agencies to have access to specialist advice and support
- Outcomes will be measured through specific performance indicators, that will be agreed with the Council

2.0 Evidence base

The Service will be delivered in line with best practice guidance and evidence, including:
Tuberculosis
Public Health Outcomes Framework 2013 - 2016 identifies tuberculosis (domain 3.5) in relation to Infection Prevention and Control Services
www.nice.org.uk/advice/lgb5/chapter/domain-3-health-protection
Tuberculosis (TB) and other mycobacterial diseases: diagnosis, screening, management and data. 2014
www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data
NICE Guidance – Tuberculosis 2011
www.nice.org.uk/guidance/CG117
Tuberculosis – hard-to-reach groups (NICE public health guidance 37)
www.nice.org.uk/guidance/ph37
Anticipated TB nice guidance update Oct 2015
http://www.nice.org.uk/guidance/indevelopment/gid-phg74

IPC
NICE guidance - IPC 2014
www.nice.org.uk/guidance/qs61
PHE Guidance on infection control in schools and other childcare settings 2014
www.gov.uk/government/uploads/system/uploads/attachment_data/file/353953/Guidance_on_infection_control_in_schools_11_Sept.pdf

Care homes: Infection control (DH and PHE2013)
www.gov.uk/government/publications/infection-prevention-and-control-in-care-homes-information-resource-published
Health protection Infectious diseases
www.gov.uk/health-protection/infectious-diseases

HCAI
The MRSA Post Infection Review (PIR) Process
www.england.nhs.uk/wp-content/uploads/2014/04/mrsa-pir-guid-april14.pdf
Updated guidance on the diagnosis and reporting of Clostridium difficile (DH, 2013)
www.gov.uk/government/publications/clostridium-difficile-infection-guidance-on-management-and-treatment
Clostridium difficile infection objectives for NHS organisations in 2015/16 and guidance on sanction implementation.
www.england.nhs.uk/ourwork/patientsafety/associated-infections/clostridium-difficile
Infection prevention and control of healthcare associated infections in primary and community care (NICE 2012)
www.nice.org.uk/guidance/cg139
NICE guidelines: Infection: prevention and control of healthcare-associated infections in primary and community care
www.nice.org.uk/guidance/cg139/evidence/cg139-infection-control-full-guideline3
Healthcare associated infection: operational guidance and standards for health protection units 2012
www.gov.uk/government/publications/healthcare-associated-infection-hcai-operational-guidance-and-standards

National Specification for Cleanliness
Decontamination in primary care dental practices (DH 2013)
www.gov.uk/government/publications/decontamination-in-primary-care-dental-practices
National specifications for cleanliness in care homes (NPSA 2010)
www.nrls.npsa.nhs.uk/resources/?entryid45=75240
National specifications for cleanliness in primary medical and dental practices (NPSA 2010)
www.nrls.npsa.nhs.uk/resources/?entryid45=75241
HTM 01-05 (dental)
www.gov.uk/government/uploads/system/uploads/attachment_data/file/170689/HTM_01-05_2013.pdf

Health and Social Care
Health and Social Care (Safety and Quality) Act 2015
http://www.legislation.gov.uk/ukpga/2015/28/resources
The Health and Social Care Act (2012)
http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted
The NHS Outcomes Framework 2013/14 (Outcome 5 Improvement Area – (5.2(i) & 5.2(ii))
www.gov.uk/government/uploads/system/uploads/attachment_data/file/213055/121109-NHS-Outcomes-Framework-2013-14.pdf

Care Quality Commission compliance guidance (CQC, 2010) Outcome 8: Cleanliness and infection control.
www.cqc.org.uk/sites/default/files/documents/gac_-_dec_2011_update.pdf
All current and any new DH guidance and technical memoranda related to the work programme

Future guidance and policies
All Public Health England (PHE) protocols, guidance and policies related to the work programme
All Key national guidelines on preventing HCAI
www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/HCAI/GuidelinesForProfessionalsHCAI/

This list is not exhaustive.

2.1 Needs Assessment

Please refer to the Joint Strategic Needs Assessment (JSNA) and Public Health Annual Reports for the most recent demographic, prevalence and demand information for Cheshire East.

2.1.1 Current population overview of Cheshire East
The mid-year estimate for 2011 was 370,700. 51.0% are female with 49.0% male. The overall population can be broken down into the following Local Area Partnerships (LAPs) and age groups.

LAP	Population*	% of Cheshire East Population
Congleton	92100	24.8%
Crewe	85800	23.2%
Knutsford	25100	6.8%
Macclesfield	69600	18.8%
Nantwich	36100	9.7%
Poynton	23800	6.4%
Wilmslow	38300	10.3%

Age group	Population*	% of Cheshire East Population
0-19	83600	22.5%
20-39	80800	21.8%
40-59	108000	29.1%
60+	98500	26.6%

2.1.2 Forecast population of Cheshire East

The population is forecast to rise to 389,700 by 2021. The population of residents aged 60 and above is forecast to increase by 18%, and the population of residents aged 80 and above to increase by 34%. The number of young people aged 0-19 is forecast to increase by only 2%.
Source: ONS Interim 2011 Population Estimates

2.1.3 Life expectancy range 2008 10

Males: ranges from 73.6 years in part of Crewe to 86.2 in parts of Wilmslow. The average for Cheshire East as a whole is 80.1 years.
Females: ranges from 78.2 years in parts of Crewe to 90.8 years in parts of Wilmslow. The average for Cheshire East as a whole is 83.2 years.
Source: Calculated by Public Health Intelligence, Cheshire East from PHMF 2009-11.

2.1.4 Number of households

There were around 165,500 properties on the Council Tax list as of July 2011. This has been increasing on a regular basis and updated figures can be accessed when required.

2.1.5 Prevalence of deprivation

There are pockets of deprivation in Cheshire East. According to the Indices of Multiple Deprivation 2010, 16 of our LSOAs (Lower Super Output Areas) were in the top 20% most deprived in England. They were located in the following Local Area Partnerships.

> 11 in Crewe
> 2 in Macclesfield
> 2 in Wilmslow
> 1 in Congleton

2.1.6 Child poverty

In Cheshire East, 13% of children live in poverty. Across the borough, this varies from 5.1% in Poynton LAP to 20.2% in Crewe LAP. ***Source: Public Health Outcomes Framework Data Tool; HM Revenue and Customs Income Deprivation Affecting Children Index 2010.***

2.1.7 Unemployment

The June 2013 claimant unemployment statistics show that:

Cheshire East claimant count is 5,099 (down from May's 5,332) and the rate has fallen to 2.2% (from 2.3%). This is well below the rates for Cheshire West & Chester (2.7%), the North West (4.0%) and England (3.4%).
Of the Borough's five constituencies, Crewe & Nantwich (3.1%) has the highest rate. In Macclesfield (2.3%), Eddisbury (2.1%), Congleton (1.9%) and Tatton (1.6%), the rates are close to or below the Borough average.

4.9% of the Borough's 18-24 year-olds are claiming Jobseeker's Allowance – a much higher rate than for other age groups, but down from 5.2% in May and lower than the figures for the North West (7.2%) and England (6.0%).

26% of Cheshire East claimants have been claiming for a year or more, which compares favourably to the North West (29%) and England (30%); in Cheshire West & Chester, the proportion is also 26%.

Two LAPs, Crewe (3.3%) and Macclesfield (2.6%), have claimant rates above the Borough average. In parts of Crewe, the rate reaches 9%.

Unemployment figures tend to be updated in the middle of the following month, i.e. May figures are released in mid-June.

2.1.8 Ward and Ward Profiles

There are 52 wards in the borough. For more information (including maps) visit the Ward Profiles page of Cheshire East Council website.

3.0 Service Description

Infection Prevention and Control (IPC) is based upon Public Health principles, with a strong preventive and educational emphasis to promote the health and wellbeing of the general public as well as patients within health and social care services

3.1 Infection control training

Education, training and advice to community based staff and the general public about IPC

- Advice to General Practitioners, General Dental Practitioners, and the general public on IPC issues
- Training health and social care professionals on IPC standards and practice
- Co-ordination and training of a network of IPC Link staff within community based services (including care homes)
- Root cause analysis of identified cases of HCAI, learning from cases and following up actions

3.2 Infections

The SP will:

- Monitor trends, collect data and target action as appropriate on any sudden increases of infection. Inform the Council, PHE, and CCGs
- Undertake Post Infection Review (PIR) investigations if appropriate within the nationally set timescale and take forward any learning points
- Provide specialist advice to patients and the public
- Provide specialist advice to review panels should there be a dispute regarding a particular case
- Create, review and update procedures to prevent and control infections
- Establish pro-active approaches set by the DH, PHE or NHS England to infection control to meet targets for infections set by the Department of Health (DH)
- Follow up any cases or outbreaks of infectious disease giving advice and support and liaising with PHE. The SP will work with local Consultant Microbiologists who provide infection control/microbiology advice for complex cases/situations

- Work closely with and advising GPs, out of hours services, community pharmacies and medicines management about reductions in antibiotic use and related C. difficile reduction, with input from Microbiologists where needed
- Provide specialist advice and support to patients and care settings e.g. care homes affected by antibiotic resistant organisms
- Work collectively across the healthcare economy to reduce the risk of infection e.g. reduce any unnecessary use of indwelling medical devices in the community, such as urinary cathiters.

3.2.1 Health Care Acquired Infections (HCAI) including MRSA, MSSA and Clostridium difficile

- Undertake Post Infection Review (PIR) investigations for all cases of MRSA bacteraemia within the nationally set timescale and take forward any learning points. Each case to be reported to the Council and CCGs
- Monitor community associated Clostridium difficile infections and undertake Root Cause Analysis (RCA) within the nationally set timescale, in line with the 2013/14 Outcomes Framework, ensuring data is reported in a timely manner
- Report on a monthly basis all cases of reportable HCAI to the Council and CCGs
- Complete the monthly HCAI Assurance Framework and submit it to the Council and CCGs
- Monitor rates of infection and target action as appropriate on any sudden increases of HCAI or emerging HCAIs.
- Contribute to joint reviews with Hospitals, CCGs or relevant NHS bodies as required for cases of cross-boundary infections / incidents

3.2.2 Tuberculosis (TB)

To meet the standards required within the DH action plan, the NICE TB guidance and the NICE hard to reach guidance, the SP will:

- Employ specialist TB Nurses to provide specialist advice and support in the management and control of TB
- Provide adequate number of TB clinics every month to serve –
  - neonates and at risk children and young people requiring testing and /or BCG immunisation
  - New entrant screening
  - Community follow up of TB patients and their contacts
- If necessary provide enhanced case management
  - Visits to patients with TB at home for the duration of their treatment.
  - Provide direct observed therapy
- Work with hard-to-reach groups to identify cases of TB
- Increase awareness of TB among professionals and the public to reduce the risk of the emergence of further cases
- Report all TB cases to PHE and ensure that the outcome for individual patients is properly recorded and monitored
- Attend the PHE TB cohort review, to present all cases as requested
- Work with acute trusts to provide TB advice and support and investigative procedures as requested
- Liaise with the TB lead at PHE on a regular basis

- Investigate possible clusters of cases demonstrating similar subtypes of the micro-organism
- Liaise with occupational health services regarding TB advice and support.
- Provide continuity of service throughout the week with sufficient arrangements in place to ensure cover for staff absence, sickness and annual leave.

3.3 Infection control audits

The SP will work with the Council, CCGs and NHS England to develop an audit risk assessment procedure. The risk assessment procedure will be used to develop an audit programme, which aims to target settings most in need within the following services:
- GP Surgeries
- Nursing and Residential Care Homes
- Dental Practices.

This will include checks of infection control practices as well as the fitness of premises in which care is provided.

There will be situations where the SP will be asked to investigate premises. Unannounced audits may be required if there are serious safety concerns.

Audit reports will be sent to the Council, CCG and NHS England. The SP will agree an action plan with the Council. Any premises of concern will be re-visited and re-audited to ensure appropriate remedial steps are taken. Any serious concerns need to be raised with the Council and Public Health England within 24 hours.

3.4 Policies and procedures

The Service will:
- Produce all infection control policies and procedures for the SP and make them available electronically
- Update the policies as necessary
- Produce new policies and procedures as required following DH and PHE guidance
- All new policy's will be agreed by the Council
- Audit the use of the procedures

3.5 Health Protection Forum / Committee meetings

The SP will contribute to the relevant local Health Protection Forum meetings involving stakeholders from CCGs and healthcare providers. They will also contribute to the relevant Infection Control Committees within the Health Economy.

3.6 Operational role

The SP will:
- Produce an Infection Control Annual Report and Work Plan
- Support community services (see 3.1), including Nursing and Residential Care Homes, General Practices, Dental Practices, to comply with the standards required for registration with the Care Quality Commission
- Work closely with the Council and local CCG (Eastern Cheshire CCG and South Cheshire CCG) commissioned services offering support and advice

- Provide appropriate support/input as required in any emergency situations and pandemics in line with national guidance
- Work closely with the Infection Prevention and Control services elements of NHS commissioned health care services, hospital-based and community based health services
- The SP (Community Infection control nurses) have an operational role in the processes for contact tracing, follow up and ensuring control measures are in place in the context of cases, outbreaks, and other health protection incidents. They also play a role in the management and control of simple /complex cases, outbreaks of communicable disease led by the Consultant in Communicable Disease Control.

3.7 Clinical Surveillance System (ICNet)

The "ICNet" surveillance system, which is the IT case management and surveillance system linked to the microbiology laboratory that alerts the Service to specimen results and can also be used to record conditions and other referrals.

The SP will undertake the management and administration of the clinical surveillance system (ICNet). This includes:
- A customer service contact system (service desk)
- Clinical systems support
- Performance management
- Configuration, creation, maintenance of service user accounts including infection reporting rules
- The provision of support and advice to service users
- System change management
- Support critical care processes using technical and local knowledge in the event of clinical system failure
- Investigate and analyse clinical system failures and ensure that the appropriate actions, policies and process
- Attend meetings with suppliers and commissioners to discuss requirements, issues and service improvements

The ICNet Surveillance System is currently undergoing a change and transformation process. The SP will be required to undertake the management and administration for the existing system and the upgraded system once it is finalised.

The ICNet Surveillance System will be hosted on the East Cheshire NHS Trust server, and the Microbiology Lab is also based at East Cheshire NHS Trust. Therefore data sharing agreements will be entered into by the SP with the Council, East Cheshire NHS Trust, Mid Cheshire NHS Trust and the Microbiology Lab (based at East Cheshire NHS Trust), substantively in the form attached to this specification. The SP will also be required to work with the East Cheshire NHS Trust ICT team and have N3 connectivity to ensure secure access to the ICNet system hosted on the East Cheshire NHS Trust server (see 9.3 the ICNet Pathway).

3.8 Advice on new builds and refurbishments
The SP will:

Give infection prevention and control advice to the Council, CCGs and NHS England on any new builds or refurbishments ensuring consideration is made that any alterations will comply with national guidance on infection control.

3.9 Work with Other Organisations

3.9.1 Public Health England
The SP will:
- Work under the direction of the Director of Public Health and Public Health England (PHE) as and when required and in accordance with PHE protocols to resolve and manage single cases or outbreaks of infection in the community.   This will take precedence over routine work.
- Assist with the monitoring or investigation of schools and other premises, including care homes, as required during incidents involving local services and agencies
- In the case of a pandemic, provide the local links to the national planning and coordination infrastructure in conjunction with the Director of Public Health.

3.9.2 Care Quality Commission
The Service will:
- Work closely with the Council, Care Quality Commission, Eastern Cheshire CCG, South Cheshire CCG and Public Health England to highlight and address identified concerns

3.10 Communications with professionals and the public
The Service will:
- Provide specialist advice to patients and the public, using a number of different media, such as through dissemination of appropriate leaflets and information on NHS websites
- Provide telephone advice to both professionals and the public, through an advertised telephone number, with message recording facility out of hours, so that calls can be returned within 24 hours (except at weekends and Bank holidays)
- Provide infection control advice to NHS contracted services, in particular Community Pharmacists and General Medical and Dental Practices.
- Work closely with Environmental Health in the event of an outbreak of food borne illness or serious / rare disease
- Provide infection control advice to a range of key agencies including social care providers, nurseries, schools and colleges
- Support emergency planning and resilience activities as required
- Take part in National campaigns by provision of information / stands / displays
- Work with colleagues based within the Council to support them with compliance with the requirements of the Health and Social Care Act 2012.

4.0 Principles of Service Delivery

The Service will be based on the following principles and values:

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- Easily accessible to all service users, including hard to reach groups, their families, carers and the community;
- To work in partnership with a range of health professionals to ensure that the general health needs of service users are addressed
- Continually improve the performance and experience of the Service;
- Engage the support of appropriate services and work in collaboration with a range of providers (see 4.2)
- Integrate the Service within the communities it serves and develops strong and effective working relationships with key local partner agencies, and networks, demonstrating added social value
- To work closely with other public health services to provide access, support and signposting to mainstream health services
- Respond positively to the cultural, religious, ethnic, language, gender, sexual, disability and age related needs of an individual, tailoring interventions according to individual need;
- Work within clinical governance and Caldicott guidelines, ensuring that confidentiality is assured and maintained at all times and that there is a single system of clinical governance in place with clear and robust accountability
- Not to discriminate between Service Users, and provide the appropriate assistance for Service Users who do not speak, read or write English, or who have communication difficulties

4.1 Quality standards
- The Services will be delivered with due care and diligence by staff with the appropriate qualifications and experience, and be appropriately supervised managerially and professionally to provide a comprehensive service.
- The Services shall ensure suitable arrangements will be in place/sufficient resources are available to cover anticipated and actual peaks in demand for services and periods of leave, such as absences or holidays within current resources.
- Service Staff will be provided with suitable training and developmental opportunities.
- The names of the Nurses who provide the Services shall be made available to PHE, CEC Public Health and the CCGS, including sickness or other cover arrangements where applicable.

4.2 Interdependencies
The SP will be required to work collaboratively with the following key stakeholders, responding and taking appropriate actions as required:
- Cheshire and Merseyside Health Protection Team
- Consultant in Communicable Disease Control
- Hospital Infection Control and the CWP Infection Control
- Microbiologists
- Environmental Health
- Public Health

The SP will link collaboratively with all stakeholders across the health and social care economy to ensure a seamless service for all residents. The SP will support professional forums for non-acute providers.

Stakeholders across Cheshire East include:
- Directors of Infection Prevention and Control (DIPC)
- Clinical Commissioning Groups (CCGs) providing professional accountability
- Director of Public Health and their team as public health leaders and commissioners of the service
- Public Health England Centre Cheshire and Merseyside (PHE)
- NHS Commissioning Board – Cheshire Area Team & Merseyside Area Team
- Information Analysts – Commissioning Support Services
- Primary Care staff within GP and Dental Practices
- Nursing and Residential Care Home Managers and staff
- Community Health Staff
- Local Acute Trusts
- Domiciliary Care Providers
- School Health Teams
- Nursery Managers
- Homelessness Nurse and hostel staff as needed
- Probation Centre Staff
- Health and Social Care Commissioners

4.3 Planning and Discharge criteria
- Support will be given by the SP to ensure appropriate use of beds across health and social care.
- There will be at least daily review of all patients affected by outbreaks and significant infections in local Nursing and Residential care homes, schools and nurseries. There will be a requirement to project dates for re-opening of Nursing and Residential care homes, subject to daily revision.

4.4 Service model

4.4.1   Geographic coverage and boundaries
The Service covers the whole of the Cheshire East Council geographical area.

4.4.2 Location(s) of Service
Flexible according to need, examples include: Care Homes, Patient's Homes, GP Practices, HMP Styal, Schools, Nurseries, Dental Practices and Hospices.

4.4.3 Days and Hours of operation
The Services will be delivered Monday to Friday between 9am to 5pm, excluding Bank Holidays. There may be a requirement to work outside these hours to cover unforeseen events such as outbreaks and contact tracing and management on the basis of pricing and there will be no extra charge.

4.4.4 Referral criteria and sources
There are no formal referral criteria as the Services are available to all people in Cheshire East. All age groups covered.

4.4.5 Referral route

Referrals are accepted via telephone, fax, letter, e-mail and ICNet. Referrals are prioritised on at least a daily basis and are logged on ICNet.

4.4.6 Exclusion criteria
There are no exclusion criteria applicable to this Service.

4.4.7 Response time and prioritisation
- The SP must respond immediately if there is an outbreak or a serious case of infection. If this is not possible then the response should ideally be on the same working day
- Response may be on the same or next working day for non-urgent matters
- The SP must develop a Resilience Plan to respond to major incidents that require the realignment of the Services. This must be agreed with the Council's Health Protection lead nominated by the Director of Public Health.

5.0 Governance
In accordance with national guidance the Services must operate based on a Duty of Candour in line with professional accountability and being open and transparent. The SP will have a strong governance structure and supporting processes, which ensures that it is compliant with appropriate legal requirements and the Care Quality Commission's essential standards of Quality and Safety.

This must encompass:
- Communication between SP staff, service users/carers/families and staff (including managers and clinicians)
- Communication between SP staff across the Services, including clinical and managerial supervision arrangements, and with external partners through appropriate data sharing agreements
- Effective reporting and monitoring mechanisms, including mechanism for engaging service users and staff in the monitoring, development and design of Services
- Records Management
- Service IT, data recording and storage systems
- Incident reporting and health and safety

Appropriate policies and protocols must be in place for the SP to deliver the Services, shared with the Council, and routinely reviewed to ensure effective governance. Service Users must be made aware of the range of policies which may impact upon their care and be given access to them should they wish.

As a minimum the SP must have in place the following policies and accompanying procedures where relevant

1. Clinical Governance
2. Safeguarding
3. Risk management and incident reporting
4. Information Governance, including data sharing, records management and Information Security and confidentiality
5. Human Rights

6. Business continuity and emergency planning (to include planning and preparedness for outbreaks in conjunction with PH England and Cheshire East Public Health
7. Equality and Diversity which complies with the requirement of all current Equality legislation
8. Health and Safety (staff and service users)
9. Complaints and compliments

5.1 Clinical governance

The SP must demonstrate compliance with all current and future NICE guidance and published key evidence/best practice/quality standards where appropriate. The SP will be legally responsible for registration with the Care Quality Commission (where applicable) and for making sure it meets Care Quality Commission essential standards of quality and safety.

The SP shall ensure that:
- It has a named Clinical Governance Lead;
- All the medical and clinical interventions which it delivers are evidence based and delivered by qualified practitioners in accordance with the latest best practice guidance;
- Quality standards in relation to all interventions are the subject of routine outcome monitoring by the SP and by external Clinical Audit at the discretion of the Council;
- All SP staff are trained to an appropriate competency level and that continuing professional development requirements are met for all SP staff commensurate with their work, including mandatory training programmes

5.2 Safeguarding

The SP will be expected to adhere to relevant guidance and implement wherever necessary.

Training on prevention of abuse and safeguarding must be given to all SP staff as a part of induction and must and be updated every 2 years.

All SP staff working directly and indirectly with children, young people and their families will have an up-to-date enhanced Disclosure and Barring Service (DBS) check. If the checks reveal information which would make the person unsuitable for work with children or vulnerable Adults the SP shall not employ or otherwise use such persons in any way.

The SP will have a named safeguarding lead. The 'named' safeguarding lead will ensure that the SP complies with safeguarding advice and implements the local thresholds, referral pathways and procedures, as detailed in the Local Safeguarding Children Board's Continuum of Need and Response Model.

The SP must have:
- Clear referral and access criteria and documented pathways;
- Arrangements for the management of escalating risk;
- An information sharing and confidentiality policy in place that is clear regarding when, legally, information can be shared without consent and explains Service Users' rights and responsibilities;

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- A Training Programme for all SP staff in contact with Service Users which fully meets appropriate Local Safeguarding Children Board guidance

The SP must immediately notify the Council in addition to Safeguarding Teams and any other relevant organisations e.g. Care Home, of any improper conduct by any of its staff or by one Service User towards the other, in connection with any part of this contract.

Examples of improper conduct of SP staff include:

- **Neglect -** Causing harm by failing to meet their care needs. E.g. ignoring physical or medical care needs, withholding food, medicines, Occurs during pregnancy through maternal substance misuse, failure to provide adequate supervision

- **Physical -** Hitting, pushing, slapping, using inappropriate physical restraint, burning, drowning, suffocating, withholding medical care, feigning the symptoms of ill health or deliberately causing ill health.

- **Sexual -** Sexual activity of any kind where the vulnerable person does not or is not able to give consent.

- **Emotional -** Including verbal abuse, humiliation, bullying and harassment. Persistent emotional ill treatment, cyber-bullying, seeing or hearing the ill-treatment of others (Domestic Abuse)

- **Discriminatory abuse -** Treating a person in a way which does not respect their race, religion, sex, disability, culture, ethnicity or sexuality.

- **Institutional abuse -** Where routines and rules make a person alter his/her lifestyle and culture to fit in with the institution.

- **Financial -** Taking money and/or property without permission. Using pressure to control a person's money/property/ benefits. Taking or offering any financial inducements.

This list is not exhaustive.

Any SP staff member who is the subject of allegations must be suspended from providing any Services under this agreement until the matter is resolved to the satisfaction of the Council.

The SP should also ensure that they have mechanisms in place to fulfill their duty with regard to the Independent Safeguarding Authority where they have dismissed an individual, or an individual has resigned, because they harmed or may harm a vulnerable adult.

5.3 Risk Management and Incident Reporting

5.3.1 Serious Incidents

The SP is expected to encourage a culture of continuous improvement and learning based on a Duty of Candour.

In addition to supporting the local health economy system of root cause analysis for cases of HCAI, and learning from these cases. The SP must have a system in place for monitoring, recording and reporting Serious Incidents in order to:

- enable the provision of any necessary support from statutory partners
- collect management information on the incidence and prevalence of serious incidents in Services or amongst particular client groups
- ensure that the response to serious incidents is appropriate and proportional
- identify any good practice or improvements to be made in policy and/or practice
- manage any potential publicity

Serious Incidents should be reported to the Council **no later than 2 working days** where the incident falls under one or more of the definitions supplied below.

- unexpected or avoidable death of one or more Service Users (Individual - see Service User definition)
- serious harm to one or more Service Users or Service Provider Staff where the outcome requires life-saving intervention, major surgical/medical intervention, permanent harm or will shorten life expectancy or result in prolonged pain or psychological harm
- any event where the actions of individuals or organisations with whom the Service Provider comes into contact and who provide health services cause significant concern to the Service Provider
- a scenario that prevents or threatens to prevent the Service Provider's or any Sub-Contractor's ability to continue to deliver the Services and/or which is likely to produce significant legal, media or other interest and which, if not properly managed, may result in the loss of reputation or assets, for example, actual or potential loss of personal/organisational information, damage to property, reputation or the environment, IT failure or incidents where harm potentially may extend to a large population;
- allegations of abuse;
- adverse media coverage or public concern.

If there is any doubt whether an incident should be reported the SP should contact the Council for further advice and guidance.

The SP must demonstrate to the Council within two weeks of notification of a Serious Incident an action plan detailing the response to the incident and steps that will be taken to remove or minimise future risk.

The SP will be required to utilise a data incident reporting system as advised by the Council. This may also cover complaints, patient experience and other routine reports.

5.4 Information governance

For the purposes of this contract the Council is deemed to be the Data Owner and Controller. (Including the ICNet Surveillance System see 3.7).

All SP staff must be aware of their responsibilities and relevant guidance and legislation regarding record keeping, data governance and information sharing and this must be reflected in staff contracts.

The SP must have in place a policy on the standards of recording information in case files. All information in case files should be recorded in a timely, factual and non-judgmental way.

Using the ICNet Surveillance System, each Service User (individual) will have a personal, confidential record where all information relating to them will be recorded. The personal record must contain copies of risk assessments, information on health requirements, interventions delivered as part of the Service and outcomes of reviews.

The SP must have written policies and procedures in place to:

- Explicitly advise service users of their rights to confidentiality, including their right to access the information that is held on them;
- Obtain a service user's consent for information access to be provided to a third party and/or explain under what circumstances information will be shared with other Services involved in their care or under what circumstances confidentiality would be breached;
- Attention must be given to the procedures required by the Local Safeguarding Children Board Issues of child protection overrule the right to confidentiality. However, the patient should be informed if other agencies are to be involved;
- Ensure the confidentiality of all records that refer to the individual service user;
- Ensure that the case files are available for audit purposes by arrangement with the Council

All records must comply with the requirements of the Data Protection Act 1998 and the SP must have appropriate technical and organisational measures in place to prevent unauthorised or unlawful processing of personal information and to prevent accidental loss, destruction or damage to any personal information they hold or process. This applies to both manual and computerised records and includes having robust back-up arrangements for data and secure storage for records.

The SP must use the ICNet electronic surveillance system that allows reporting on all aspects of health care associated infections.

Upon Service termination the SP will be expected to transfer service user information in a CSV file or equivalent, in a secure manner to the Council or any named others (as identified by the Council) and must inform and obtain permission from service users prior to the transfer.

5.5 Human rights
The SP shall, in providing the Services detailed in this specification, take all reasonable steps to protect and promote the human rights of those to whom Services are provided in

order to comply with statutory obligations under the Human Rights Act 1998. The Council may at any time require the SP to take any step or to cease to perform any act or acts in order to prevent and infringement of service users' human rights and the SP shall comply immediately with any such request.

5.6 Business continuity and emergency planning
The SP must nominate an emergency officer who will be responsible for Business continuity and Emergency Planning.

The SP must have a Business Continuity Plan which sets out how they plan for, respond to and recover from disruptions, significant incidents and emergencies (for example severe weather, fuel shortages, power disruption).

The SP must share resources as necessary when required to respond to a significant incident or emergency with a minimum level service as described within the Resilience Plan (see 4.4.7).

6.0 Marketing and communication

The SP will ensure that contact details and referral routes into the Service are widely publicised in a range of contexts and formats. A central point of contact for face to face, telephone and web based contacts is essential.

The SP will be expected to provide information on request to the Council within specified timeframes, particularly where these may concern compliments and complaints, Freedom of Information requests or enquiries from MPs.

7.0 Performance

The SP will be expected to evidence added social value, cost efficiencies and continuous improvement on an on-going basis. Performance measures will be subject to change as directed by the Council, particularly if national requirements dictate.

The Council will monitor the achievement of targets, outcomes and standards through various means including:

- Comprehensive analysis of outcome data;
- Results of clinical audit and Care Quality Commission reviews;
- Compliments and complaints and service user satisfaction;

The available information will be utilised by the SP as a framework for continuous improvement which will be monitored by the Council.

Performance meetings with the Council will be undertaken as a minimum on a quarterly basis, but monthly for at least the first six months of contract delivery. There will be contract monitoring visits by the Council during the year.

Any impact on inequalities will be monitored through regular engagement with service users and key stakeholders and addressed by collaborative working between the SP and Council.

The SP shall co-operate with all monitoring visits and make available, on request, a copy of any policy, procedure or protocol which is utilised in connection with the provision of the Services.

The SP will agree with the Council a yearly programme of audit, research and evaluation to ensure continuous improvements in the quality of service delivery and the SP will be required to fully cooperate in this programme. The SP will be flexible and responsive to need to support the identification of trends in emerging infections and ill health.

The SP will have a clearly identified and accessible compliments and complaints procedure and will act on all complaints in a timely manner. All complaints will be shared with the Council at contract performance meetings, or earlier if the complaint impacts upon the assurance framework.

7.1 Performance measures

The SP is required as a minimum to sustain current levels of performance against all indicators in the framework. The SP is required to report fully to all national systems.

Targets for performance against the outcomes will be confirmed with the SP based upon predictions for improvement submitted by the SP during the tender process. Any variation to predicted performance must be communicated at the earliest opportunity to the Council in order to agree plans to address. Failure to deliver agreed improvements may result in further actions being taken in accordance with the contract requirements.

In addition to reporting against the Performance Measures framework the SP is required to report weekly against the following items-
- Incidence of MRSA and Clostridium difficile
- Care Home closures and infections
- Nursery closures and infections
- School infections
- Training delivered to partner organisations
- Other activity with partner organisations
- Significant notifiable infections
- Any significant cases of other infections

Indicator	Method	Level	Reporting mechanism	Outcome
Service user experience,	Professional service user	40% response rate and >80%	Annual report	Review of service if

including experience of carers	questionnaire	satisfied		indicated after discussion with Commissioner
Effectiveness	Post Infection Review (PIR) undertaken for all cases of MRSA bacteraemia	100% of applicable cases will be managed in accordance with agreed PIR processes and within 14 working days All patients diagnosed with MRSA to receive information and offer of support	Monthly report against Work Plan	Review of service if indicated after discussion with Commissioner
	Root Cause Analysis (RCA) are undertaken for all cases of: C difficile	100% of community causes have a root cause analysis completed All patients diagnosed with C diff to receive information and offer of support		
	Root Cause Analysis (RCA) are undertaken for all cases of: MRSA bacteraemia	100% community cases have a root cause analysis completed. All patients diagnosed with MRSA to receive information and offer of support		
Improving productivity	Delivery on the specification within given resources		Annual report against Work Plan	
Outcomes	As listed in		Monthly report	

	specification as outlined in 7.1.2		against Work Plan	
Quality of service	Outcomes met as outlined in 7.1.3		Annual report against Work Plan	

7.2 Quality indicators

- Diversity profile of service users – against the Equality Act 2010 protected characteristics
- Service User satisfaction
- Serious Incidents, including deaths
- Compliments and complaints reports
- Service user engagement and involvement
- Post treatment follow up reports

7.3 Governance reports

Governance Reports should be submitted quarterly including:

- Any updates/changes to joint working protocols and agreements
- Breakdown of financial spend against service areas (as predicted in the bid submission)
- Staff structures and accountabilities
- Staff development needs and training undertaken
- Updates/changes to policies and procedures
- Marketing and communication activity

7.4 Activity

To be agreed in the 2016/17 Work Plan

Activity Performance Indicators	Threshold	Method of measurement
Forward plan developed against the specification	Plan in place	Review of plan
Quarterly reports against the Work Plan	Quarterly submission	Review of progress
Nursing homes will be audited with priority placed on those homes with scores below 85% on previous audit.	100% of nursing homes identified within the Audit Programme, which is based on the risk assessment procedure (3.3) An action plan completed for each audit	Quarterly report against plan Risk Assessment and Audit Programme: - The details of how risk has been assessed to undertake an audit. - The number and reason for audit will be provided. - The number and reason not to undertake an audit will be provided
GP practices will be audited	100% GP Practices identified within the Audit Programme, which is based on the risk assessment	Quarterly report against plan Risk Assessment and Audit Programme: - The details of how risk

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	procedure (3.3) An action plan completed for each audit	has been assessed to undertake an audit. - The number and reason for audit will be provided. - The number and reason not to undertake an audit will be provided
All GP practices scoring less than 85 % on previous audit will be re-audited.	100% of relevant GP practices An action plan completed for each audit	Quarterly report against plan Risk Assessment and Audit Programme: - The details of how risk has been assessed to undertake an audit. - The number and reason for audit will be provided. - The number and reason not to undertake an audit will be provided
All dental practices will have feedback provided on progress with self audit (in accordance with HTM 01-05)	100% of dental practices identified within the Audit Programme, which is based on the risk assessment procedure (3.3) An action plan completed for each audit	Quarterly report against plan Risk Assessment and Audit Programme: - The details of how risk has been assessed to undertake an audit. - The number and reason for audit will be provided. - The number and reason not to undertake an audit will be provided
Staff from each Nursing and Residential care home have been trained in infection control	(Proportion TBC with the Commissioner)	Quarterly report against plan Training Programme
A system of link nurses and champions will be established within GP practices	At least 60% of practices	Quarterly report against plan
A system of IC link nurses and champions will be established in nursing homes.	At least 60% of nursing homes	Quarterly report against plan
A system of IC link nurses and champions will be established in primary care dental practices.	At least 60% of practices	

8.0 Workforce

8.1 TUPE
The SP must satisfy itself in relation to the application of TUPE.

8.2 Staffing Structures
It is recognised that the SP may deliver wider infection control services. However the SP will submit and maintain a staffing structure to provide assurances that there is separate dedicated staff to deliver the service requirements detailed within this service specification.

8.2 Location and Accessibility
To ensure accessibility of the Infection, Prevention and Control Services at a local level, the SP will ensure that Staff have access to local work bases. This could be to collocate with existing local providers including NHS and Social Care. The SP will ensure that they have the permission in place to occupy and deliver services within collocated premises.

9.0 Appendices

9.1 Agencies for collaborative working
- Cheshire and Merseyside Health Protection Team
- Consultant in Communicable Disease Control
- Hospital Infection Control Teams
- Microbiologists
- Environmental Health
- Local General Practitioners and Primary health care providers, including dental Services, health visitors;
- Primary Care;
- Clinical Commissioning Groups (CCGs);
- Local hospitals;
- Local hospices;
- Antenatal Services;
- Adult Social Care;
- Mental Health Services;
- Local Safeguarding Boards, Children's and Adult's;
- Local Carers Centres;
- The Council's Regulatory Services, Housing Services and local housing providers;
- Relevant voluntary sector organisations such as Citizens Advice;
- Social Care and Family focussed Services
- Children's Centres and Children's Services, Children's Social Care, including teams working with Looked After Children;
- National Probation Service
- Youth Offending Service;
- Schools;
- School Health Service;
- Youth Services;

- Complex Care Needs panel;
- Occupational Health Services;
- Pharmacists;

(Activity will be agreed in consultation with the Commissioner)

Number	Document / Link	Description
9.2	5 -Cheshire East Council Three Year Plan	Cheshire East Council 3yr Plan
9.3	www.cheshireeast.gov.uk/council_and_democracy/your_council/health_and_wellbeing_board.aspx	Link to the Cheshire East Health and Wellbeing Board page to access the boards Vision, and the Joint Health and Wellbeing Strategy
9.3	Infection Prevention Control Surveillance S	ICNet Pathway

Ends