



**North East and
North Cumbria**

Integrated Care Board

Antimicrobial Resistance (AMR) and Healthcare Associated Infection (HCAI) Subcommittee

Terms of reference

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1. Establishment

The Antimicrobial Resistance (AMR) and Healthcare Associated Infection (HCAI) Subcommittee is a subcommittee of the Quality and Safety Committee as established by the Board, in accordance with the NHS North East and North Cumbria's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

2. Terms of reference:

Definition of terms: The terms of reference are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions set out in this SOP (Establishing Subcommittees).

Publication: The terms of reference will be published in the ICB's Governance Handbook which is accessible here: <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

3. Purpose

The purpose of the subcommittee is to support the Quality and Safety Committee to discharge its duties relating to bringing together key stakeholders across health and social care from the North East and North Cumbria (NENC) Integrated care system (ICS) to deliver the national strategy tackling antimicrobial resistance 2019-2024, HCAI reduction objectives, information sharing and best practice and system level (ICB) assurance.

The subcommittee will be primarily concerned with Antimicrobial Resistance/Health care Associated Infections (AMR/ HCAI), particularly Gram-negative blood stream infections (GNBSI), Clostridium difficile and Methicillin-resistant Staphylococcus Resistant MRSA bacteraemia reduction) in services commissioned by health and social care across NENC but will be reactive to new and emerging pathogens.

4. Roles and responsibilities

This section describes the Subcommittee's duties, authority, accountability and reporting.

4.1 Duties

The subcommittee's duties are as follows:

- a. Delivering the NENC ICS Infection Prevention and Control strategy 2021-2024 which reflects and is aligned to the UK's five-year action plan
- b. Delivering a standard quality assurance framework, based on the Health and Social Care Act 2008 Code of Practice and the National Institute for

Health and Care Excellence Antimicrobial Stewardship: systems and processes for effective antimicrobial medicine use - Baseline Assessment Tool, across all health and social care organisations

- c. Facilitating the harmonisation of local AMR / HCAI plans and delivery frameworks across NENC to ensure coordination of efforts by primary, secondary and social care
- d. Aligning improvement efforts across public health, primary and secondary health care, and social care demonstrating clear system leadership and linked to the ICS
- e. Ensuring that robust management systems are in place and that effective infection prevention and control (IPC) processes are applied consistently across all NENC organisations in line with national evidence-based policy, guidance, and regulation
- f. Prior to approval contribute to the development of new systems to provide antibiotics by Patient Group Directions
- g. Engaging with the Academic Health Sciences Network (AHSN) to support unmet needs and innovation influencing future evaluation and audit
- h. Ensuring escalation of quality concerns regarding AMR/HCAI through Quality and Safety Committee or Medicines Subcommittee as appropriate and supporting ongoing delivery of the quality monitoring and quality improvement functions as part of the developing ICB governance arrangements
- i. Ensuring organisational cultures, human factors, change, and behaviour theories are considered throughout
- j. Working in partnership with social care and the care sector
- k. Supporting the ICB Senior Responsible Officer (SRO) for Infection Prevention and Control and Antimicrobial Resistance IPC and AMR.

Objectives and Key Result Areas:

- l. Along with the Medicines Subcommittee, lead the development of an ICS AMR/ HCAI strategy for approval by the Quality and Safety Committee

- m. Agreeing actions to support the delivery of the strategy
- n. Evaluating the impact of the agreed actions through surveillance and audit
- o. Oversight of the delivery and assurance of the national Education and Training Framework
- p. Development of standardised meaningful performance indicators
- q. Drafting communications and engagement programmes for issue by the ICB Communications Team to ensure consistent delivery of HCAI/IPC communications messaging across the NENC ICS
- r. Monitoring and reviewing relevant data to ensure early identification of quality concerns
- s. Focus on quality improvement across the whole system
- t. Disseminate learning nationally, regionally and locally ensuring learning is shared and the implications for future practice are considered
- u. Foster greater collaboration and partnership working to deliver the AMR / HCAI ambition across NENC
- v. Recommend commissioning specifications and contracts ensuring reference to emerging AMR/HCAI knowledge for decision by the Executive Committee
- w. Recommend strategic guidance to the ICB and ICS via the optimising health and/or prevention ICS workstreams and through the Quality and Safety Committee
- x. Ensure the development of robust mechanisms for surveillance and monitoring of AMR/HCAI
- y. Maintain collaborative interfaces and partnership working regarding AMR/HCAI across health and social care, including the independent sector
- z. Maintain a high profile in AMR/HCAI achievement to facilitate increasing public confidence

4.2 Authority

| The subcommittee is authorised to: | |
|---|---|
| Investigate | Investigate any activity within its terms of reference. |
| Seek information | Seek any information it requires within its remit, from any employee or member of the Board. |
| Investigate | <p>Commission reports required to help fulfil its obligations from NECS.</p> <p>Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer.</p> <p>Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the Subcommittee.</p> |
| Obtain advice | Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Subcommittee must follow any procedures put in place by the ICB for obtaining professional advice. |
| Create Groups | Groups may be established by the subcommittee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups. |

4.3 Accountability and reporting

The subcommittee is accountable to its parent committee and reports to its parent committee on how it discharges its responsibilities.

| Accountabilities | Description |
|----------------------------------|--|
| Draft minutes and reports | <p>The subcommittee receives scheduled assurance reports from its established groups.</p> <p>The secretary formally records the minutes of each meeting.</p> <p>The chair of the subcommittee reports to its parent committee after each meeting and provides a report on assurances received, escalating any concerns, where necessary.</p> |
| Monitor attendance | <p>Attendance is monitored and profiled as part of the agenda at each subcommittee meeting.</p> <p>Members should aim to attend at least 75% of meetings and read all papers beforehand.</p> |
| Draft annual work plans | <p>The Subcommittee produces an annual work plan in consultation with its parent committee.</p> |
| Continuous improvement | <p>The subcommittee utilises a continuous improvement approach in its delegation.</p> <p>Members review the effectiveness of the meeting at each sitting.</p> |
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5. Committee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

5.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

| Composition/ quoracy | Description of expectations |
|-----------------------------|---|
| Chair | Appointed for their specific knowledge skills and experience and suitability. (Note: does not need to be a member of the ICB board) |
| Deputy Chair | Subcommittee members may appoint a vice chair from amongst the members. |

| Composition/ quoracy | Description of expectations |
|---|--|
| Absence of Chair or Vice Chair | In the absence of the chair, or vice chair, the remaining members present elects one of their number to Chair the meeting. |
| Membership | <p>The membership will include the following or their deputies as agreed with the Chair:</p> <ul style="list-style-type: none"> • ICB Senior Responsible Officer for AMR/IPC (Chair) • Chairs of the Subcommittee working groups • Representative from Nursing and Quality team – NENC • NHSE Representative, Specialised Commissioning Health and Justice • Place based representation - commissioners and provider trusts including Mental Health and Ambulance Trust Representative • Representative Microbiologist • UK Health Security Agency Consultant in Health Protection Representative of ICB / NECS Medicines team • Representative Director of Public Health • Representative Director of Adult Social Services • Representative from Health Education England (North East) • Representative from local authority commissioner group • Representative from Academic Health Science Network) AHSN • Representative from NENC IPC Nurse Forum • NHSE regional IPC lead • NHSE AMR Prescribing lead <p>Deputies as agreed by the Chair have the same voting rights as those that they are deputising for.</p> <p>EDI: When determining the membership of the Subcommittee, consideration will be given to diversity and equality.</p> <p>Involvement: In determining membership consideration will be given to the need for a patient and public involvement member.</p> <p>ICS: Membership may be from across the Integrated Care System.</p> |

| Composition/ quoracy | Description of expectations |
|--|---|
| Attendees and procedure for absence | <p>Conflicts: Consideration must be given to material conflicts in the appointment of members.</p> <p>Only members have the right to attend meetings.</p> <p>Each member will attend or send a senior appropriate delegate to each of the meeting to ensure that the agenda and programmes of work move forward within agreed timescales.</p> <p>Each member will ensure that there is a system in place to share information from their organisation and/or professional group and cascade information within their organisation/professional group</p> <p>Other attendees: The chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p>Procedure for absence:</p> <p>Where a member or any regular attendee of the Subcommittee is unable to attend a meeting, a suitable alternative may be agreed with the chair.</p> <p>The chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p> |
| Quoracy and Procedure for Inquoracy | <p>Threshold: A minimum of half the membership which must include an ICB member.</p> <p>Absence: Where members are unable to attend, they should agree this with the chair.</p> <p>Disqualification: If any member of the Subcommittee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p>Inquoracy: If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken.</p> |

5.2 Frequency and formats

This section on Subcommittee meetings describes the meeting frequency and formats.

| Frequency/ format | Description |
|---|---|
| Meeting frequency | <p>The subcommittee will meet bi-monthly.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the subcommittee chair.</p> <p>The parent committee chair may ask the subcommittee to convene further meetings to discuss particular issues on which they want the Subcommittee's advice.</p> |
| Public vs closed | <p>Meetings will be held in private.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the subcommittee.</p> |
| Virtual meetings and extra-ordinary meetings | <p>In accordance with the Standing Orders, the subcommittee may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.</p> |

5.3 Procedures

| Procedure | Description of rules and expectations: |
|------------------------------|--|
| Agenda | <p>The chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>Members are expected to identify agenda items for consideration to the chair and any meeting papers using the prescribed format at least 5 working days before the meeting.</p> |
| Conflicts of interest | <p>Declarations: All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: The Subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p> |

| | |
|------------------------|--|
| Decision-making | Decisions: Decisions are taken in accordance with the Standing Orders and are arrived at by consensus. |
| Conduct | The Subcommittee's conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations |

6. Secretariat and administration

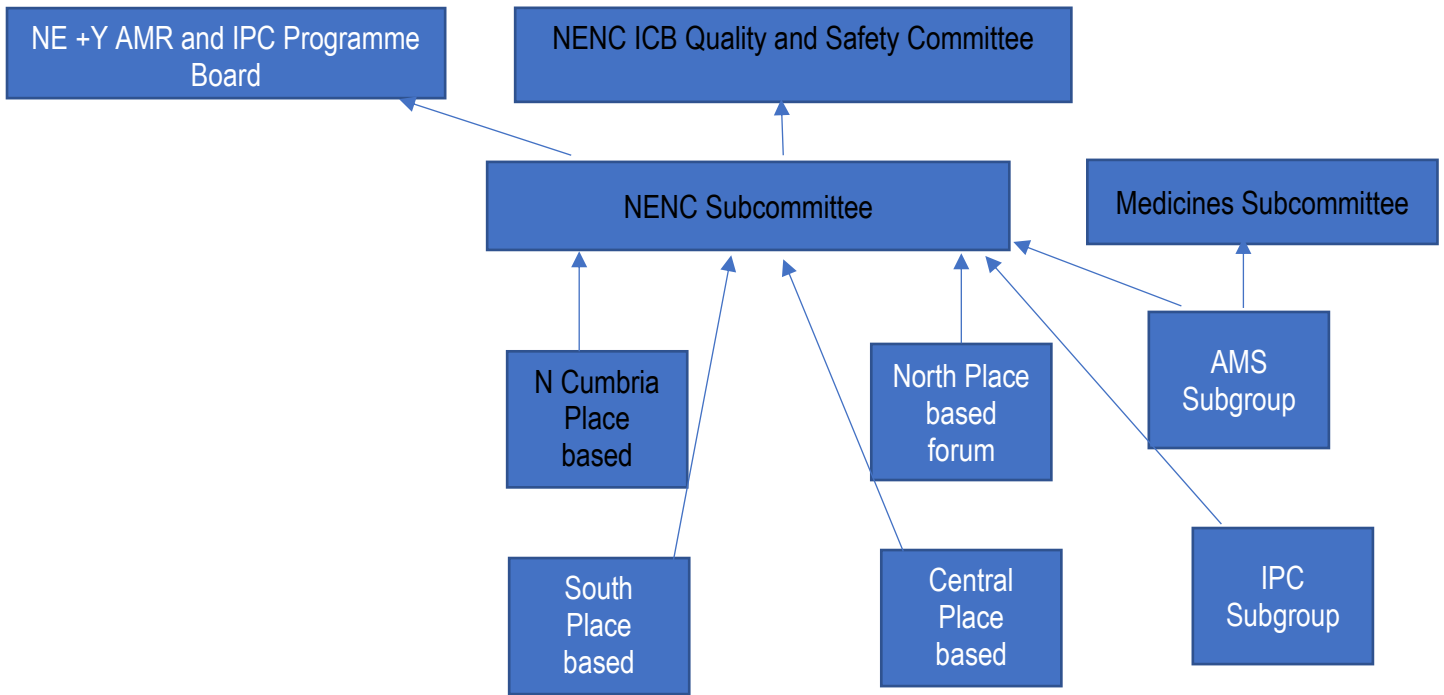
This section describes the functions of the secretariat whose role is to support the subcommittee in the following ways. The secretariat will be provided by NHS England and in addition to the functions listed in the table below will provide:

- Facilities and technology to support the effective operation of the Board
- Co-ordinate meeting agendas and papers,
- Provide a record of the discussions and agreed actions and maintaining suitable records.

| Functions | Description |
|---------------------------|---|
| Distribute papers | Prepare and distribute the agenda and papers in accordance with the Standing Orders following their agreement by the chair with the support of the relevant executive lead. |
| Monitor attendance | Monitor the attendance of those invited to each meeting and highlight to the chair those that are not meeting the minimum attendance requirements. |
| Maintain records | Record conflicts of interest, members' appointments and renewal dates. Provide prompts to renew membership and to identify new members where necessary. |
| Minute Taking | Take good quality minutes and agree them with the chair. Keep a record of matters arising, action points and issues to be carried forward. |

| Functions | Description |
|--|---|
| Support for Chair & Committee | Support the chair in preparing and delivering reports to the parent committee. Take forward action points between meetings and monitor progress against those actions. |
| Provide updates | Update the Subcommittee on pertinent issues/ areas of interest/ policy developments. |
| Governance advice | Provide easy access to governance advice for Subcommittee members |

Governance mechanisms 2023:



For future editing, please note that this has been created in Paint 3D

Appendix 1: Approval History

| Version | Date | Approved by | Status |
|---------|----------|----------------------------|--------------|
| V1.0 | 28/3/23 | Board | First Issue |
| V2.0 | 14/03/24 | Quality & Safety Committee | Second Issue |

Appendix 2: Review History

| Version | Date | Reviewed by | Changes Required Y/N? | Summary of changes |
|---------|------------|-------------------------|-----------------------|----------------------|
| V2.0 | 22/02/2024 | Chair & Governance Lead | Y | Moved to bi-monthly. |

Review date: March 2025
Contact: ICB Corporate Governance Team

Document control

The controlled copy of this document is maintained by the governance team in the Governance Handbook, here <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

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