

Antimicrobial and Healthcare Associated Infection Assurance Group Terms of Reference

Version 1

**Better health
and wellbeing for all...**

Version Control

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2			
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1. Establishment

The Antimicrobial and Healthcare Associated Infection assurance group is a subgroup established by the Safe and Effective Care Group.

2. Terms of reference

The terms of reference are defined by the ICB.

The terms of reference will be maintained by the ICB Governance Team/Lead Officer.

3. Authority

The group is authorised to:

- Investigate any activity within its terms of reference
- Seek any information it requires within its remit, from any employee or member of the ICB
- Commission any reports it deems necessary to help fulfil its obligations
- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the subgroup must follow any procedures put in place by the ICB for obtaining legal or professional advice
- The group is not decision making and provides an assurance function only.

4. Purpose

The purpose of the assurance group is to support the Safe and Effective Care Group to discharge its duties relating to HCAI. The assurance group will provide a dedicated forum for the Integrated Care Board and local providers to work collectively to reduce healthcare-associated infections and strengthen system-wide infection prevention and control. The group will support oversight, assurance, and coordinated action across the system by reviewing performance, identifying risks, sharing best practice, and driving improvement initiatives. Through collaborative decision-making and transparent reporting, the group ensures that the ICB and providers maintain a consistent, evidence-based approach to safeguarding patient safety and improving quality of care.

5. Roles and responsibilities

This section describes the duties, authority, accountability and reporting.

The subgroup's duties are as follows:

- a. In line with the ICB blueprint develop a NENC Infection Prevention and Control Strategy.
- b. Deliver 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 as well as mental health and ambulance services
- 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 Health Innovation Network 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 and the Safe and Effective Care Group as appropriate and supporting ongoing delivery of the quality monitoring and quality improvement functions through the AMR and HCAI working groups
- 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 DIPC and ICB Senior Responsible Officer (SRO) for Infection Prevention and Control and Antimicrobial Resistance IPC and AMR.

Objectives and Key Result Areas:

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

6. Accountability and reporting

The assurance group is accountable to the Safe and Effective Care Group and reports (via minutes) on how it discharges its responsibilities.

The secretary formally records the minutes of each meeting and keeps a record of all confirmed minutes. The group will provide assurances on the business considered and escalating any concerns, where necessary to the Safe and Effective Care Group.

7. Membership and attendance

Chair and Vice Chair

- ICB Senior Responsible Officer for AMR/IPC (Chair) or DIPC
- (Deputy Director of Nursing or equivalent level from a provider organisation – to be established) (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 (subject to ICB Chair's approval as above)

- ICB Senior Responsible Officer for AMR/IPC (Chair)
- Chairs of the Sub Committee working groups
- Representative from Nursing and Quality team –NENC
- Representative NHSE Specialised Commissioning Health & Justice
- Place based representation - commissioners and provider Trusts including Mental Health and Ambulance Trust Representative
- Microbiologist Representative
- 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
- NHSE regional IPC lead
- NHSE AMR Prescribing lead

Attendees

Only members of the subgroup have the right to attend meetings, however all meetings of the subgroup may also be attended by the appropriately nominated individuals who are not members.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters. Other individuals may be invited to attend all or part of any meeting as and when appropriate to assist it with its discussions on any particular matter.

Attendance

Where a member of the subgroup is unable to attend a meeting, a nominated deputy may be agreed with the Chair. Conflicts of interest will need to be considered for any nominated deputies.

Where an attendee of the subgroup (who is not a member) is unable to attend a meeting, a nominated alternative may be agreed with the Chair (or Vice Chair in his/her absence).

8. Meeting Quoracy and Decisions

The subgroup will meet in private.

The subgroup will meet at least 4 times a year. Additional meetings may take place as agreed by the Chair (or Vice Chair in his/her absence).

The Safe and Effective Care Group may ask the group to convene further meetings to discuss particular issues on which they want the subgroup's advice.

In accordance with the Standing Orders, the subgroup may meet virtually when necessary and members attending using electronic means will be counted towards the quorum.

Quoracy

As this is an assurance group quoracy is not required (as they are not a decision-making forum). The chair will decide whether there are enough members of the required disciplines at the meeting to ensure the meeting is meaningful.

Decision making

The subgroup is not decision making and does not have any financial delegated authority.

9. Behaviours and Conduct

ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

Conflicts of interest

In discharging duties transparently, conflicts of interest must be considered, recorded and managed. Members should have regard to the NHS guidance

on managing conflicts of interest and the ICB Standards of Business Conduct and Declarations of Interest Policy.

Conflicts of interest must be declared and recorded at the start of each meeting. A register of interests is maintained by the ICB with an extract considered before and during each meeting. If a conflict of interest arises, the Chair may require the affected member to withdraw at the relevant point.

Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

10. Secretariat and Administration

The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.

The group shall be supported with a secretariat function which will ensure that:

- The agenda and papers are prepared and distributed following agreement with the Chair.
- Any additional conflicts of interest are recorded and handled appropriately.
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept and taken forward between meetings.
- If requested, the Chair is supported to prepare and deliver reports to the Parent Committee.

11. Review

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Parent Committee for approval.