

Item: 16

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

30 SEPTEMBER 2026

Report Title:

Combined Infection Prevention Control, Antimicrobial Resistance and Health Care Associated Infection Improvement Programme Report 2025/2026

Purpose of report

To provide the Board with an overview of the NENC position on infection prevention and control, healthcare-associated infections and antimicrobial resistance, including current performance, assurance gaps and the system improvement programme.

Key points

- Infection Prevention and Control (IPC) and Antimicrobial Resistance (AMR) are core patient safety and strategic commissioning responsibilities for the ICB.
- Governance, surveillance and provider oversight arrangements are in place, providing some assurance.
- Overall Healthcare-Associated Infections (HCAI) performance remains broadly stable but consistently above national trajectories; July 2026 saw the highest monthly total in the previous 12 months.
- Two providers breached upper control limits in July, requiring investigation, assurance on causes and monitored recovery actions.
- Primary care antibiotic prescribing has improved and is below the 2019 baseline but remains above the England average.
- Access-category antibiotic prescribing is approximately 64%, below the national ambition of 70%, with variation between providers.
- The IPC improvement programme identified strong staff commitment and good practice, but also variation in leadership, culture, operational delivery, estate constraints and the integration of IPC with mainstream patient safety.
- Assurance remains limited on sustained improvement, primary and community care, health inequalities and the measurable impact of interventions.
- There is a need to establish a common system-wide IPC and AMR assurance framework supported by a validated system dashboard with agreed definitions, thresholds, benchmarks and inequalities analysis.
- IPC and antimicrobial stewardship will continue to be embedded in routine quality and contractual oversight.
- An IPC self-assessment tool is to be rolled out across all trusts to support the IPC programme and ensure it remains a sustained system priority.

Risks and issues

- Continued HCAI performance above national trajectories and adverse provider-level signals.
- Variation in provider performance and executive ownership.
- Fragmented intelligence and inconsistent measurement across the system.
- Incomplete assurance for primary, community and independent sector services.

- Workforce, training, isolation-capacity and estate constraints.
- Increasing hospital antibiotic use and variable antimicrobial stewardship performance.
- Insufficient system resilience for outbreaks and emerging infection threats
- Currently on NENC corporate risk register NENC/0121

Assurances and supporting documentation

- National IPC standards, provider governance and routine surveillance arrangements are established.
- Targeted provider review and improvement activity are under way.
- Primary care antibiotic prescribing and recommended course-length compliance have improved.
- System diagnostic work, expert review and shared learning events have identified practical priorities.
- Contractual antimicrobial stewardship requirements and prescribing optimisation programmes are in place.

Recommendation/action required

The NENC ICB Board are asked to:

- Note the current IPC, HCAI and AMR position and the areas of limited assurance.
- Recognise IPC and AMR as core system patient safety and strategic commissioning priorities.
- Endorse the proposed system-wide assurance and improvement programme.
- Support strengthened provider accountability, integrated reporting and routine Board oversight.

Acronyms and abbreviations explained

Infection prevention and control (IPC)
 Antimicrobial resistance (AMR)
 Health care associated infections (HACIs)
 National Action Plan (NAP)
 Escherichia coli (E. coli)
 Clostridioides difficile (C. difficile)
 Methicillin-resistant Staphylococcus aureus (MRSA)

Sponsor/Approving Chief Officer	Dr Hilary Lloyd, Chief Nursing Officer
Date approved by Chief Officer	23 September 2026
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Link to ICP strategy priorities

Longer and Healthier Lives	✓
Fairer Outcomes for All	
Better Health and Care Services	✓
Giving Children and Young People the Best Start in Life	✓

Relevant legal/statutory issues

Health and Social Care Act 2008 Code of Practice

Any potential/actual conflicts of interest associated with the paper?	Yes		No	✓	N/A	
Equality analysis completed	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	Yes		No		N/A	✓

Essential considerations	
Financial implications and considerations	Not applicable
Contracting and Procurement	IPC is included in the contract schedules with Providers in terms of local and information quality requirements. Their development has been supported by contracting colleagues where applicable. IPC policy and practice is considered as part of procurement processes.
Commissioning Team	AMR and IPC is considered as part of the commissioning cycle
Digital implications	Insights provide data analysis
Clinical involvement	Engagement from Quality and Medicines optimisation teams.
Health inequalities	Not applicable
Patient and public involvement	Not applicable
Partner and/or other stakeholder engagement	Ongoing engagement with Foundation Trusts, commissioned services, UKHSA, NHSE IPC and AMR leads and Public Health
Other resources	Not applicable