



## **Infection Prevention Partnership Committee Terms of Reference June 2014**

### **PURPOSE**

The Infection Prevention Partnership Committee (IPPC) is a sub-committee of the Birmingham and Solihull Mental Health Foundation Trust Clinical Governance Committee. The aim of the committee is to provide strategic leadership and direction on infection prevention and control activities across the Trust to ensure that the risks posed by transmission of avoidable infection is minimised.

Specifically to include the following:

- To ensure compliance with the Health and Social Care Act 2008 Code of Practice (CoP) on the prevention and control of infections and related guidance by having appropriate monitoring and management systems in place to identify risk of infection to susceptible service users and any risk that their environment may pose to them;
- To approve and monitor the Annual Programme of Work (APW) to ensure CQC registration compliance with the Code's criteria;
- To report progress against the APW and any incidents arising which would impact upon compliance with the code of practice as part of BSMHFT assurance process. This will include quarterly reports to the Trust Clinical Governance Committee and an annual report to the Trust Board.

### **ASSURANCE AND ACCOUNTABILITIES**

- The Trust Infection Prevention Partnership Committee is responsible for determining the Trust's strategic direction for infection prevention and control activities throughout the organisation;
- The Trust Infection Prevention Partnership Committee is accountable to the Trust Board via the Clinical Governance Committee and is chaired by the Director Of Nursing who is the executive lead and Director of Infection Prevention and Control (DIPC);
- Minutes of the meetings will be recorded and made available for CQC scrutiny as required.

### **IPPC RESPONSIBILITIES/SCOPE**

The Committee has an important role to play in ensuring that the Terms of Reference will be adhered to. The responsibilities of the Committee will also ensure that the Annual Programme of Work is followed.

The Committee will also undertake the following duties:

- The Chair of the meeting will enforce the terms of reference and oversee the responsibilities of actions required of representatives, including attendance and submission of service area reports;
- Discuss and endorse the Infection Prevention Annual Programme of Work (to ensure compliance with the Health and Social Care Act 2008), which will be submitted for approval by the Trust Board. The Committee will review progress of the programme and assist in its effective implementation. It will also advise on the most effective use of resources available for implementation of the programme;
- Discuss any problems highlighted by member of the Committee and provide support for decisions made by the Infection Prevention and Control Team(IPCt);

- Receive reports on the incidence and location of healthcare associated infections;
- Receive reports from the Food and Nutrition Steering Committee on food safety;
- Receive reports from the Water Management Meeting on safe water systems;
- Receive reports on cleanliness standards and PLACE inspections;
- Receive reports on the management of inoculation injuries and immunisation compliance in accordance with requirements set out in the Green Book(DoH);
- Receive an annual audit report and exception reports on antibiotic usage and prescribing;
- Review resources to promote infection control practice on an annual basis;
- Introduce, maintain and review policies and procedures;
- Advise on the selection of equipment for the prevention of infection;
- Advise and monitor education and training requirements of all staff groups, including contractors on infection prevention issues;
- Make recommendations to other committees and departments on infection prevention matters;
- Review Department of Health policy/guidance and its application to the Trust Infection Prevention Committee and the IPC team;
- To monitor compliance with IPC requirement on the built environment for all capital developments, refurbishments and new builds within the trust;
- To review the IPC risk register and ensure that any infection prevention risks scoring above 12 or above, or deemed by the committee to be of major significance, are appropriately escalated;
- Review and ratify all relevant clinical guidelines, procedures, policies and protocols ensuring the documents adhere to the appropriate evidence base for content;
- Work co-operatively and in collaboration with the health economy partners and other agencies.

## **REPORTING RESPONSIBILITIES**

- All members of the committee will present a quarterly report to provide evidence of compliance with CoP criteria for the area which they represent;
- A quarterly Infection Control report will be presented to the trust CGC providing IPC surveillance data, assurance framework activity and escalation of concerns, and evidence of good practice;
- The DIPC will report on IPC to the Trust Board quarterly through the Clinical Governance report;
- The Committee shall make whatever recommendation to the Board it deems appropriate on any area within its remit where action or improvement is needed;
- The Chair of the IPPC will raise any extraordinary matters to the Trust Board and Clinical Governance Committee as appropriate;
- The Committee will compile a report on its activities to be included in the Trust's Annual Report;
- The committee will provide clear responsibilities and accountability for reporting relationships to other strategic meetings and sub committees and timing of meetings so that reports can be prepared and circulated.

## **ENGAGEMENT**

- Infrastructure for Infection Prevention and Control being in place in service areas and monitored through Quality/Governance meetings so that operational issues can be identified, resolved or escalated to leads for reporting at strategic level and for dissemination of agreed actions to operational level;
- Ensuring that appropriate mechanisms are in place and working across the Trust for appropriate engagement of service users, carers and members of the public.

## **MEMBERSHIP**

The members of the Infection Prevention Partnership Committee are:

- Executive Director of Nursing (DIPC) - Committee Chair;
- Lead Nurse for Infection Prevention and Control;
- Infection Prevention and Control Nurse;
- Food Safety and Environmental Hygiene Officer;
- Consultant Microbiologist – Trust Infection Control Doctor;
- Clinical Service Area Managers/Matrons;
- Estates and Facilities Managers;
- Associate Director of Physical Health;
- Director of Pharmacy and Medicines Management;
- Occupational Health Provider;
- Governance representative;
- Infection Control Lead Cross City CCG.

Nominated deputies will only be accepted by exception and with prior agreement with the committee chair.

The committee will require the attendance of relevant lead clinicians/managers to present reports as required.

Head of Infection Prevention Cross City CCG to attend by invitation as a guest

## **QUORUM**

The meeting will qualify as quorate when at least 50% members are present to include:

- Representative from each clinical service area;
- The Executive Director of Nursing or nominated deputy;
- A member of the Infection Control Team.

## **FREQUENCY OF MEETINGS**

- The Infection Prevention Partnership Committee will meet four times per year and by exception;
- Committee members will be expected to attend at least three meetings per year. This will be monitored and reported at the committee on a quarterly basis.

## MEMBERSHIP

| Title   | Role and responsibilities   |
|---|---|
| Executive Director of Nursing                     | DIPC;<br>Chair of Meeting;<br>Leadership and strategic focus in meeting CQC compliance. Overall Executive responsibility for infection control;<br>Provides report to Trust Board.  |
| Lead Nurse for Infection Prevention and Control   | Provision of IPCt reports, to include surveillance, audit and training activity; Incidents and Complaints, Policy and Procedure review, risk register and produce annual report and APW. Identify any areas of concern re non-compliance with CoP, work plan and inform members of risks/ hot spots; Prepare report to CGC including key outcomes of the meeting. |
| Infection Prevention Nurse                        | To present on specific elements of the IPCt report, including surveillance of infectious conditions and incidents, issues arising on the management of incidents and outbreaks, audit, DoH guidance, policy/procedure review and link worker training activity.   |
| Food Safety and Environmental Hygiene Officer     | To present on food safety, hand hygiene and decontamination elements of the work programme, including policy/procedure review, training, audit and inspection. To provide assurance with food safety standards and actions/key issues arising from the Food and Nutrition Steering Committee.   |
| Consultant Microbiologist                         | Expert resource from Public Health England to provide infection control advice to the committee and inform on national and local initiatives in driving policy and management of infectious conditions. Provides external annual statement to the DIPC on trust compliance.   |
| Associate Director of Physical Health & Wellbeing | To provide liaison with AHP's and ensure IPC is included in contracts where applicable. To link physical health strategy with IPC agenda.<br>Liaison for surveillance of alert organisms through pathology contract.  |
| Director of Pharmacy                              | To provide medication management guidance;<br>Expert advice to support strategic initiatives e.g. influenza planning. Anti-microbial guidelines.  |
| Clinical Managers/ Matrons                        | To represent service areas and report on IPC assurance and activity;<br>Provide strategic and operational liaison between the committee and operational managers/matrons to support delivery and compliance with the IPC agenda.  |
| Assistant Head of Estates & Facilities Management | Provides compliance assurance of in-house services and contractors;<br>Provides reports on standards of cleanliness and waste management and PLACE visits. Development and review of non-clinical polices such as Laundry, Waste Management and Cleaning.   |
| Senior Estates Manager                            | Chair of the water management meeting which is a sub meeting of IPPC. To provide quarterly reports on water management and issues arising regarding meeting compliance with L8 and safe water management systems.   |
| Occupational Health                               | Reports on Inoculation injuries and immunisation services to protect staff and service users against the transmission of infection in staff and service users;<br>Compliance with Code of practice and APW objectives such as seasonal Influenza planning.  |

| Title                                  | Role and responsibilities  |
|--|--|
| Clinical Governance Manager            | To provide clinical governance input.  |
| Head of Governance Intelligence        | To advise and guide on information presented.  |
| Infection Control Lead Cross City CCG. | As a process of assurance and to support the committee in meeting its responsibilities to comply with the HCAI plan. |

**Sharon Duffy**  
**Infection Control Lead Nurse**  
**July 2014**