

TERMS OF REFERENCE

TITLE OF GROUP / COMMITTEE	Infection Prevention Partnership
DATE TERMS OF REFERENCE RATIFIED	October 2024
DATE OF NEXT REVIEW OF TERMS OF REFERENCE	October 2025

1 Purpose and Aims of the Group/Committee

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 Infection Prevention & Control (IPC) Annual Programme of Work (APW) to ensure CQC registration compliance with the Code of Practice.
- 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.
- To provide assurance to the Trust Board through quarterly reports, IPC risk register and IPC board assurance framework, escalating issues of concerns/ risk.
- Ensure 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.

Commented [DJ1]: Possibly add to provide assurance to the trust board and escalate issues of concern/risks? Maybe include review of BAF?

2 Core Delegated Responsibilities 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.

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:

	<ul style="list-style-type: none"> • 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 on food safety and compliance with kitchen audits and EHO inspections. • 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 audit reports and exception reports on antibiotic usage and prescribing; • Review resources to promote infection control practice on an annual basis; • 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 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.
3	Membership
	<p><i>Include identification of Chair and Deputy Chair</i></p> <p>The members of the Infection Prevention Partnership Committee are:</p> <ul style="list-style-type: none"> • Executive Director of Nursing (DIPC) - Committee Chair; (Deputy Director of Nursing to act as deputy); • Lead Nurse for Infection Prevention and Control; • Senior Infection Prevention & Control Nurse

- Infection Prevention and Control Nurses;
- Consultant Microbiologist – Trust Infection Control Doctor;
- Clinical Service Managers/Matrons;
- Senior member of medical staff;
- Estates and Facilities Managers;
- Chief Pharmacist;
- Occupational Health provider;
- Governance representative;
- Infection Control Lead NHS Birmingham and Solihull Integrated Care Board.

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.

Title	Role and responsibilities
Executive Director of Nursing	DIPC; Chair of Meeting; Leadership and strategic focus in meeting CQC compliance. Overall Executive responsibility for infection control; 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, the IPC board assurance framework, risk register, AWP and produce an annual report. 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.
Consultant Microbiologist	Expert resource from UK Health Security Agency 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.

Nurse Consultant Physical Health	To link physical health strategy with IPC agenda and Collaboration with IPCt on areas of harm reduction such as sepsis and bacteraemia associated with indwelling devices.
Chief Pharmacist	To provide medication management guidance; Expert advice to support strategic initiatives e.g. influenza planning. Anti-microbial guidelines. To provide a report to the committee outlining the trust progress against antimicrobial stewardship including audits of antimicrobial prescribing.
Clinical Managers/ Matrons	To represent service areas and report on IPC assurance and activity; 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; Provides reports on standards of cleanliness and waste management and PLACE visits. Development and review of non-clinical policies 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; Compliance with Code of practice and APW objectives such as seasonal Influenza planning and vaccinations uptake and compliance.
Clinical Governance Manager	To advise on compliance with assurance processes and regulatory/ national guidance and to incorporate key issues into trust information/ reporting systems. To ensure IPC items of note are included in service area governance meetings.
Head of Governance Intelligence	To provide information on Eclipse reports in relation to inoculation injuries.
NHS Birmingham and Solihull Integrated Care Board	As a process of assurance and to support the committee in meeting its responsibilities to comply with the HCAI plan.

Commented [DJ2]: Should this include progress against antimicrobial stewardship? Is there any antimicrobial auditing being done throughout the trust that should be included as part of the reporting to committee? This sounds like they attend to provide advice rather than report in to the board on antimicrobial activities, unless this is different to the antimicrobial pharmacist, in which case should the antimicrobial pharmacist not be included here as a core member?

Commented [DJ3]: What is the role of Occy health in CoP and APW?

Commented [ZG4R3]: 4,5,9,10

Commented [DJ5]: Is this not the same as information provided by occy health?

Commented [ZG6R5]: No

4 Quorum

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

	<ul style="list-style-type: none"> clinical service representatives The Executive Director of Nursing or nominated deputy; A Senior member of the Infection Control Team.
5	Attendance Levels
	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.
6	Frequency of Meetings
	<ul style="list-style-type: none"> The Infection Prevention Partnership Committee will meet four times per year and by exception;
7	Accountability Arrangements
	<ul style="list-style-type: none"> 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; following the quarterly IPPC. The DIPC/ Chair will report and will raise any extraordinary matters on IPC to the Trust Board quarterly through the Clinical Governance Committee. 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 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.
8	Sub Group Accountabilities and Delegated Responsibilities
	<p>Reports from sub meetings included in representative reports from:</p> <p>The Water Safety Group Cleaning Quality Group Influenza Steering Group.</p>
9	Effectiveness of the Group/Committee Function
	Effectiveness of the meeting will be undertaken through monitoring of the committee's annual plan on a quarterly basis and an appraisal of the function of the committee will take place annually included as an agenda item on the October meeting.

Commented [DJ7]: Should this be a senior member of the IPC team? As the conversation may require advanced IPC advice or decision making, is it acceptable to ask a junior member of the team to undertake that role?

Commented [DJ8]: What relation is this to frequency of IPPC?
E.G. 2 weeks following IPPC meeting

Commented [DJ9]: Is this the BAF?

Commented [ZG10R9]: No

Commented [DJ11]: Would this not be included in point 2 above, quarterly IPC report?

Commented [DJ12]: Possibly ensure these groups are highlighted elsewhere in the report to demonstrate where the groups lie in terms of responsibility and chair and where these groups report in to the board, eg is it via IPPC?

Commented [ZG13R12]: Its already included

Commented [DJ14]: Is it worth considering adding time lines for when reports need to be with committee and when minutes/papers will aim to be sent out?

Commented [ZG15R14]: Currently there is a restructuring of committees, will consider this in the future.