INFECTION PREVENTION AND CONTROL COMMITTEE

Terms of Reference

CONSTITUTION

1. The Board of Directors approved the establishment of Infection Prevention and Control Committee (known as “the Committee” in these terms of reference) for the purpose of:-

   a) strengthening the performance management of Health Care Associated Infections (HCAIs) and cleanliness across the whole Trust and to provide assurance to the Board of Directors that policy, process and operational delivery of infection prevention and control results in improved patient outcomes.

   b) making recommendations, as appropriate, on Infection and Prevention Control matters to the Board of Directors.

   c) to determine those matters delegated to the Committee in accordance with the Scheme of Delegation and Standing Financial Instructions as set out in the Trust’s Code of Corporate Governance

   d) to assess and identify risks within the Infection and Prevention portfolio and escalate this as appropriate.

The Committee is accountable to the Board of Directors and any changes to these terms of reference must be approved by the Board of Directors.

OBJECTIVES

2. University Hospitals of Morecambe Bay NHS Foundation Trust is committed to Delivering Safe Clean Care by reducing the risk of harm to patients through pursuing a zero tolerance culture.

The objectives of the Infection Prevention and Control Committee (IPCC) are:

- To advise the Chief Executive and Trust Board on all aspects of infection prevention and control.
- To provide assurance that the environment within the Trust is safe for patients, visitors and staff in terms of infection prevention and control.
- To provide assurance that all appropriate measures are being taken to assist the Trust with achievement of national and local infection prevention and control targets.
- To ensure corrective action has been initiated and managed where gaps are identified in relation to risks.

DUTIES
3. In particular the Committee will provide assurance, raise concerns (if appropriate) and make recommendations to the Board of Directors in respect of:

**Infection Prevention and Control**

- The quarterly Director of Infection Prevention and Control report to Trust Board.
- Undertaking scrutiny and assurance on behalf of Trust Board in relation to infection prevention and control.
- Monitoring exceptions in the infection prevention and control work plan.
- Receiving information about national strategy and discuss how this will impact on the Trust and be operationalised.
- Derive assurance that infection prevention and control strategy and performance is being delivered.
- Formally review risks related to infection prevention and control and ensure risks are addressed and monitored and outcomes provide corporate assurance.
- Monitor by exception Trust delivery plans to deliver targeted reduction and sustainable improvement of Health Care Associated Infections and cleanliness.
- Agree priorities for education and training of all grades and disciplines of staff to ensure reduction of Health Care Associated Infections.
- Review and monitor trust Health Care Associated Infections Key Performance Indicators (HCAI KPI’s) and compliance data.
- Review and monitor Trust performance against national and local targets and standards via the HCAI KPIs including MRSA blood stream infections and *Clostridium difficile* reduction.
- Work co-operatively with Public Health England, North Lancashire and Cumbria CCGs to achieve reduction across the whole healthcare economy through support of initiatives on antibiotic prescribing, management of patients in the community and joint performance reviews of patients diagnosed with MRSA blood stream infections.
- Receive reports from the Infection Prevention Operational Group.
- Deliver a robust assurance programme that holds directorates to account and provide feedback to the Board of Directors.

**Risk management and internal control**

a) work with the Trust Management Board and assess and advise on the Infection Prevention aspects of the Risk Management Strategy;

**MEMBERSHIP**

4. The Committee will include the following members:

a) Non-Executive Director (Chair)

b) Non-Executive Director
c) Executive Chief Nurse/DIPC

d) Medical Director

e) Director of Governance

5. All members listed above have voting rights.

6. The Chair of the Committee is the Non-Executive Director appointed by the Chair of the University Hospitals of Morecambe Bay NHS Foundation Trust. The Deputy Chair of the Committee is the additional Non-Executive Director appointed by the Chair of the University Hospitals of Morecambe Bay NHS Foundation Trust. If the Chair is not present, then the Deputy Chair shall chair the meeting.

ATTENDANCE

7. The following will be in attendance:

- Deputy DIPC / Infection Control Doctor (ICD)
- Deputy Chief Nurses
- Medical Education Lead
- AHP Lead
- Matron for Infection Prevention
- Divisional Manager representative x 1
- Chief Pharmacist
- Lead CCGs Infection Prevention and Control Nurse
- Public Health England representative
- Patient representative (Governor)

8. In exceptional circumstances, and subject to the approval of the Chair in advance of the meeting:

a. the Medical Director may nominate a Deputy Medical Director to attend on their behalf. A Deputy Medical Director attending in such circumstances will not have the right to vote;

b. the Executive Chief Nurse may nominate a Deputy Chief Nurse to attend on their behalf. A Deputy Chief Nurse attending in such circumstances will have the right to vote;

c. the Director of Governance may nominate a Deputy to attend on their behalf. A Deputy attending in such circumstances will not have the right to vote;

9. The Chair of the Committee may also extend invitations to other personnel with relevant skills, experience or expertise as necessary to deal with the business on the agenda. Such personnel will be in attendance and will have no voting rights.

RESPONSIBILITY OF MEMBERS AND ATTENDEES

10. Members of the Committee have a responsibility to:

a. attend at least 80% of meetings, having read all papers beforehand;

b. act as ‘champions’, disseminating information and good practice as appropriate;

c. identify agenda items, for consideration by the Chair, to the Lead Director / Secretary at least 12 days before the meeting;
d. prepare and submit papers for a meeting, using the format prescribed by the Trust Board Secretary, at least 5 clear working days before the meeting;

e. if unable to attend, send their apologies to the Chair and Secretary prior to the meeting and, if appropriate, seek the approval of the Chair to send a deputy to attend on their behalf;

f. when matters are discussed in confidence at the meeting, to maintain such confidences;

g. declare any conflicts of interest / potential conflicts of interest in accordance with the University Hospitals of Morecambe Bay NHS Foundation Trust’s policies and procedures;

h. at the start of the meeting, declare any conflicts of interest / potential conflicts of interest in respect of specific agenda items (even if such a declaration has previously been made in accordance with the University Hospitals of Morecambe Bay NHS Foundation Trust’s policies and procedures).

QUORUM

11. A quorum will be three members, of whom there should be:

   a. at least one should be a Non-Executive Director;
   b. at least one should be an Executive Director.

12. When considering if the meeting is quorate, only those individuals who are voting members can be counted, non-voting deputies and attendees cannot be considered as contributing to the quorum.

FREQUENCY

13. The Committee will meet quarterly in January, April, July and October. Additional meetings will be called by the Chair if required.

14. The business of each meeting will be transacted within a maximum of two and a half hours.

AUTHORITY

15. The Committee is authorised by the Board of Directors:

   a. to investigate any activity within its terms of reference and produce an annual work program;

   b. to approve or ratify (as appropriate) those policies and procedures for which it has responsibility as listed in the ‘Policy Schedule’ in the Corporate Governance Manual;

   c. to establish and approve the terms of reference of such sub-committees, groups or task and finish groups as it believes are necessary to fulfil its terms of reference; and

16. The Committee is only able to commit financial resources in respect of matters identified in these terms of reference and as set out in the Scheme of Delegation and Standing Financial Instructions. The Director of Finance must be informed of any decision requiring
use of resources. Any other matters requiring a decision on the use of resources are to be referred to the Trust Board and/or the Director of Finance.

**DECISION MAKING**

17. Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.

18. Where this is not possible then the Chair of the meeting will ask for members to vote using a show of hands, provided that nothing in the way of business is conducted is prohibited by the standing orders of the University Hospitals of Morecambe Bay NHS Foundation Trust.

19. In the event of a formal vote the Chair will clarify what members are being asked to vote on – the 'motion'. Subject to meeting being quorate a simple majority of members present will prevail. In the event of a tied vote, the chair of the meeting may have a second and deciding vote.

20. Only the members of the Committee present at the meeting will be eligible to vote. Members not present, non-voting deputies and attendees will not be permitted to vote, nor will proxy voting be permitted. The outcome of the vote, including the details of those members who voted in favour or against the motion and those who abstained, shall be recorded in the minutes of the meeting.

21. The Trust’s Standing Orders and Standing Financial Instructions apply to the operation of this Committee

**REPORTING**

22. The Committee will have the following reporting responsibilities:

   a. to ensure that the minutes of its meetings are formally recorded and submitted to the Board of Directors. These minutes shall be accompanied by a summary prepared by the chair of the meeting outlining the key issues discussed at the meeting and those issues that need to be brought to the attention of the Board of Directors;

   b. to produce those assurance and performance management reports listed in the Committee’s annual work programme which has been agreed with, and are required by, the Board of Directors including a quarterly DIPC report;

   c. any items of specific concern, or which require the Board of Directors approval, will be subject to a separate report;

   d. to provide exception reports to the Board of Directors highlighting key developments / achievements or potential issues;

   e. to produce an annual report for the Board of Directors setting out:

      i. the role and the main responsibilities of the committee
      ii. membership of the committee
      iii. number of meetings and attendance
      iv. a description of the main activities during the year
      v. a completed annual self-assessment (the format to be approved by the Audit Committee) and the identification of any development needs for the Committee
vi. By Exception Trust Management Board may also receive reports for action from the Infection Prevention and Control committee

REPORTING GROUPS

23. The groups identified below will be required to submit the following information to the Committee:
   
a. their terms or reference for formal approval and review;
   
b. the minutes of their meetings, together with a summary prepared by the Chair of that group outlining the key issues discussed at the meeting and those issues that need to be brought to the attention of this Committee;
   
c. to produce those assurance and performance management reports listed in the individual group’s annual work programmes which have been agreed with, and are required by, this Committee;
   
d. an annual report setting out the progress they have made and future development; and
   
e. any report or briefing requested by this Committee.

24. A number of operational committees will support the work of the Committee as identified below:
   
a. any Task and Finish Group set up by the Committee to assist them in carrying out their duties.
   
b. The Infection Prevention and Control Operational Committee will support the work of the IPCC.

ADMINISTRATIVE ARRANGEMENTS

25. The Lead Director is the Executive Chief Nurse and has corporate responsibility for:
   
a. liaising with the Chair on all aspects of the work of the Committee, including providing advice;
   
b. ensuring the Committee acts in accordance with standing orders and the scheme of reservation and delegation;
   
c. identifying an officer to undertake the role of Secretary;
   
d. overseeing the delivery of the Secretary’s duties.

26. The Secretary of the Committee will be responsible for:
   
a. attending the meeting;
   
b. ensuring correct and formal minutes are taken in the format prescribed by the Trust Board Secretary and, once agreed by the Chair, distributing minutes to the members and submitting a copy to the Trust Board Secretary;
c. keeping a record of matters arising and issues to be carried forward;

d. producing an action list following each meeting and ensuring any outstanding action is carried forward on the action list until complete;

e. producing a schedule of meetings to be agreed for each calendar year and making the necessary arrangements for confirming these dates and booking appropriate rooms and facilities;

f. providing appropriate support to the Chair, Lead Director and the Committee members;

g. providing notice of each meeting and requesting agenda items no later than 14 days before a meeting;

h. agreeing the final agenda with the Chair and Lead Director prior to sending the agenda and distributing papers to members no later than 3 clear days before the meeting;

i. ensuring the Annual Work Programme is up to date and distributed at each meeting;

j. ensuring the papers of the Committee are filed in accordance with the University Hospitals of Morecambe Bay NHS Foundation Trust’s policies and procedures.

REVIEW

27. Terms of Reference will normally be reviewed annually, with recommendations on changes submitted to the Board of Directors for approval.

Date Approved and issued: April 2014
Version Number: Version 1.0
Next Review: March 2015
To be reviewed by: Infection Prevention & Control Committee
To be approved by: Board of Directors
Executive Responsibility: Executive Chief Nurse