

## STRATEGIC INFECTION PREVENTION AND CONTROL ADVISORY GROUP

### TERMS OF REFERENCE June 2022

#### Background

The Health Quality and Safety Commission (the Commission) has led a national Infection Prevention and Control (IPC) programme in partnership with others since 2011. The programme is funded by District Health Boards.

The aim of the national IPC programme is to improve patient outcomes by reducing the incidence and impact of healthcare-associated infections (HAIs) within the New Zealand health and disability sector. The IPC programme is involved in a range of IPC activities and leads two national quality improvement programmes:

- Surgical Site Infection Improvement (SSII) programme for orthopaedic and cardiac surgery
- Hand Hygiene New Zealand (HHNZ) programme.

The IPC programme aims to contribute to achieving the Health Quality & Safety Commission's vision, 'Hauora kounga mō te katoa - Quality health for all'. The programme recognises the Commission's enduring priorities based on Te Tiriti o Waitangi and will embed these within its work:

- kāwanatanga – partnering and shared decision making
- tino rangatiratanga – recognising Māori authority
- ōritetanga – equity
- wairuatanga – upholding values, belief systems and world views.

#### Purpose

The Strategic IPC Advisory Group (SIPCAG) was established in 2013 by the Commission to:

- agree and advise the Commission on strategic priorities for IPC improvements to promote and protect the health of people and communities
- provide clinical leadership to reduce HAIs in the sector and be champions for IPC quality and safety improvement activities
- provide active leadership in building collaboration and co-operation between the entities represented, and to facilitate an integrated approach to national IPC quality improvement programmes
- work with the sector to support, encourage and develop innovation and identify new evidence and directions for national IPC initiatives
- provide oversight of the Commission's IPC work programme.

#### Accountability

- SIPCAG is accountable to the Commission
- The Commission is accountable to the Crown



## **Roles and responsibilities**

SIPCAG has an obligation to conduct its activities in an open and ethical manner.

SIPCAG will:

- provide evidence-informed advice and strategic direction for the improvement approaches and implementation of projects aimed at reducing harm to consumers from HAI
- monitor the impact of the individual IPC projects through process and outcome measurement
- look for emerging opportunities to reduce HAI through quality improvement.

Members are expected to:

- have a commitment to work for the greater good of the health and disability sector with a strategic national focus
- make every effort to attend all meetings and become familiar with IPC issues, challenges and emerging opportunities
- identify when they have a conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the group functions (they must declare that conflict of interest before the meeting and withdraw themselves from the discussion and decision-making processes). Members may question other members if they consider that there is a potential conflict of interest
- convey, where feasible, the consensus view of the organisation they represent, if such a view exists
- provide an update from their organisation, or stakeholder group whose perspective they represent at each meeting
- regularly report back to their organisation, or stakeholder group whose perspective they represent, as appropriate.

## **Membership**

The membership of the SIPCAG includes IPC, clinical microbiology and infectious disease expertise; central agencies, the private hospital sector, DHB management, and consumer representatives (see Appendix 1). The group is supported by the Commission IPC programme Clinical Leads who attend as voting members, and programme staff who attend as non-voting members.

## **Chair**

The Chairperson shall be a Chief Executive Officer, Chief Medical Officer, or other member of the DHB senior leadership team.

## **Secretariat**

The committee will have a secretariat provided by the Commission.

The responsibilities of the secretariat include preparing and distributing the agenda and associated papers, recording and circulating of minutes for approval; and managing the organisational arrangements for meetings.

## Meetings

Chair	<ul style="list-style-type: none"> <li>All meetings will be convened by the Chair or delegated person</li> </ul>
Quorum	<ul style="list-style-type: none"> <li>Fifty percent of the members, plus one, in addition to the Chair</li> <li>Agreement to items at a meeting will be determined by consensus. Where a consensus cannot be reached, a majority vote will apply. Any individual can absent themselves from the group decision making process, subject to a residual quorum remaining after this process.</li> </ul>
Frequency	<ul style="list-style-type: none"> <li>Three times per year as a face to face or videoconference meeting unless determined otherwise by the Commission's IPC team and Chair</li> </ul>
Agenda and minutes	<ul style="list-style-type: none"> <li>The agenda and associated papers will be distributed by the secretariat at least five working days prior to meetings</li> <li>A record of all meetings will be kept outlining the matters discussed, noting all decisions taken, action points agreed, and recommendations made</li> </ul>
Reporting	<ul style="list-style-type: none"> <li>Draft minutes will be circulated within four weeks of the meeting</li> <li>Members have two weeks following receipt of the draft minutes to comment on the factual accuracy of the minutes</li> <li>Minutes will be read and accepted at the following meeting</li> <li>Once final approval is received from the Chair, approved minutes will be published on the Commission's website</li> </ul>
Meeting fees and costs	<ul style="list-style-type: none"> <li>Members of SIPCAG who are staff of New Zealand public sector organisations including public service departments, state-owned enterprises, or crown entities, are not permitted to claim fees to attend SIPCAG meetings. Costs for attending, eg. taxi fares, can be claimed.</li> <li>Claims for fees and costs in attending meetings may be claimed by a member not included in the above groupings in accordance with Commission policy</li> </ul>
Attendance	<ul style="list-style-type: none"> <li>A record of attendance / apologies will be included in the minutes</li> <li>If a member is unable to attend, a fully briefed alternate representative may participate subject to prior agreement of the Chair prior to a meeting</li> <li>The alternate representative will be required to disclose their interests at the meeting</li> </ul>

## Appointment and term of office

- The appointment of the Chair and membership is via invitation from the Commission
- The term of membership is three years with renewal for another three years and the terms of members will be staggered to ensure continuity of membership, except HQSC IPC programme Clinical leads who hold membership for the term of their employment
- Any member may at any time resign as a member by advising the Chair in writing

## Annual review and power to co-opt

There is a need for flexibility of the group to respond to changing priorities and work over time:

- there will be an annual review of membership to ensure membership is relevant to the national priorities as they evolve
- consideration can be given to short term co-option of members where specific expertise is needed.

## Appendix 1: SIPCAG Membership

Membership will be drawn from but not be limited to:

	Representatives	Number of positions
Chair	Member of DHB Executive leadership team	
DHB Executive	Chief Executive Officer	1
	Chief Medical Officer	1
	Director of Nursing representative	1
	Quality and Risk Manager	1
Clinical IPC expertise	<u>IPC Practitioner representation</u> Infection Prevention & Control Nurses College (IPCNC), New Zealand Nurses Organisation - Chair or nominee IPC nurse currently in IPC practice with relevant experience. May or may not be a member of IPCNC. Nominated by the Commission or a SIPCAG member	1
	<u>Infectious diseases physician representation</u> ASID Representative – Chair or nominee with interest in IPC	1
	<u>Clinical microbiologist representation</u> New Zealand Microbiology Network representative - Chair or nominee with interest in IPC	1
	HQSC IPC Programme Clinical leads	2
	Private Surgical Hospitals	Private Surgical Hospital Association - Senior representative with IPC responsibility
Central Agencies	Ministry of Health / Public Health Agency	1
	Maori Health Authority	1
	Accident Compensation Corporation	1
Consumers	Māori and non-Māori Representatives	2
	<b>TOTAL</b>	<b>16</b>
Health Quality and Safety Commission Staff (non-voting)	Medical Director and Executive Lead Quality Systems IPC Programme staff: Senior Manager, IPC Specialist/s, Project Manager, Programme Coordinator, Data Analyst (as required)	