

STRATEGIC INFECTION PREVENTION AND CONTROL ADVISORY GROUP

TERMS OF REFERENCE – September 2018

BACKGROUND

Quality and safety are the cornerstones of a trusted, effective and efficient health and disability system. The Government established a separate Health Quality & Safety Commission (the Commission) to implement its aim of safer and improved health services across the health and disability sector (public and private) and better outcomes for all New Zealanders. The Commission was formally established as a Crown entity under the New Zealand Public Health and Disability Act 2000, in November 2010.

While the Commission has a role in leading the safety and quality agenda, improving quality and safety requires action and engagement at all levels. A good approach for achieving collective outcomes is by applying a clinically led quality improvement life cycle to identify best practice, and to complement this by innovative information technology.

The Commission, as an independent and neutral entity, is committed to strengthening linkages and relationships with a range of broader health sector agencies. In particular, there is a need for strong collaboration between the Commission, the clinicians and wider health work force, and the Ministry to ensure the Commission achieves service integration across all areas of the Infection Prevention and Control (IPC) Programme.

The Commission has appointed Dr Sally Roberts as the National IPC Clinical Lead. Dr Roberts is also clinical lead for the Commission's hand hygiene programme. Dr Arthur Morris is the national clinical lead of the Commission's surgical site infection improvement programme. Dr Morris chairs the expert faculties for the orthopaedic and cardiac workstreams. The Strategic IPC Advisory Group provides leadership, both clinical and technical, and direction for these operational work programmes.

1. ACCOUNTABILITY

- 1.1 The Strategic IPC Advisory Group (the Advisory Group) has been established by the Commission to provide overall advice and leadership to the IPC programme.
- 1.2 The Advisory Group approach is to provide evidence-based advice and strategic direction for the improvement approaches and implementation of projects aimed at reducing harm to consumers from healthcare associated infections (HAI); and to monitor the impact of the individual IPC projects through both process and outcome measurement.
- 1.3 The Advisory Group is accountable to the Commission. The Commission is accountable to the Crown. There will be a functional relationship with the Healthcare Associated Infection Governance Group (HAIGG) established by MoH in 2012.

2. PURPOSE OF THE ADVISORY GROUP

- 2.1 The role of the Advisory Group is one of stewardship for the Commission's national IPC safety and quality activities. In doing so it will provide active leadership on IPC, guidance on strategic direction and oversight of the Commission's broader infection prevention programme. It will ensure collaboration, and where appropriate integration, across the work programmes of the entities represented on the Advisory Group.

- 2.2 In providing leadership for the strategic direction and design of priority actions to improve the safety and quality of infection prevention management in New Zealand, the Advisory Group must:
- Ensure that the Commission's IPC and safety activities meet the health needs of all New Zealanders.
 - Ensure that the IPC and safety activities directed at health and disability service providers have the capacity to improve health outcomes.
 - Ensure that reporting of process and outcome measures is appropriately monitored and aligns with agreed programme deliverables.
 - Focus health and disability providers on demonstrating measurable improvement in IPC processes and outcomes by 2019.
 - Support workforce capability to deliver the IPC and safety activities.
 - Determine cost effectiveness of the infection prevention and safety activities to allow for optimal delivery of funded infection prevention improvement programmes.
 - Work across the sector to implement improved quality, safety and experience of care, improved health and equity for all populations and best value from public health system resources (The 'Triple Aim').
 - Apply a broad definition of "safety and quality" that is focused on people-centred care, best practice, evidence, innovation; improving the quality, safety and experience of care; health and equity for all populations and gaining the best value from the resources available.

2.3 The Advisory Group key tasks:

- Provide active leadership in building collaboration and co-operation between the entities represented and to facilitate an integrated approach to local, regional, and national infection prevention and control safety and quality programmes.
- Agree strategic priorities for infection prevention and control improvements to promote and protect the health of people and communities.
- Provide clinical leadership in IPC to the sector as a whole and be champions for IPC safety activities.
- Work with the sector to support, encourage and develop innovation and identify new evidence and directions for national infection prevention initiatives.

3. COMPOSITION OF THE GROUP

3.1 The Advisory Group will be chaired by a senior sector leader, and its composition drawn from agencies actively involved in the health sector with a specific focus on IPC safety and quality improvement. Membership will be at the invitation of the Chair of the Advisory Group.

3.2 The membership will include:

- Clinical leads
 - IPC Programme
 - Hand Hygiene Programme
 - Surgical Site Infection Improvement Programme
- Health Quality & Safety Commission
 - Senior Portfolio Manager



- Principal Advisor/Clinical Advisor
- IPC Specialist(s)
- Project Manager
- Consumer representative
- Ministry of Health (ex officio)
 - Chief Medical Officer
 - Chief Nurse
- District health boards
 - Executive with interest in and responsibility for IPC
 - Quality and Risk Manager(s)
 - Infection Prevention and Control Nurses College (IPCNC) representative(s)
 - Infectious Disease Physician representative
 - Improvement Science Advisor
- Private sector
 - New Zealand Private Surgical Hospital Association representative
- Public sector organisations
 - ACC

Relationships will be built and links maintained with:

- National District Health Board - Chief Executives' Group
- National Quality and Risk Managers' Group

- 3.3 The Advisory Group will also have the power to co-opt external parties to attend meetings, on an as required basis, if there is a need for expert or specialist advice that cannot be met from within the existing membership. This process will require the prior approval of the Advisory Group Chair.
- 3.4 Membership of the Advisory Group will be reviewed on a yearly basis.
- 3.5 The term of membership is three years with renewal for another three years. The term of office of members will be staggered to ensure continuity of membership.
- 3.6 Any member may at any time resign as a member by advising the Chair in writing.

4. REPORTING REQUIREMENTS

- 4.1 The Advisory Group is required to keep a record of all meetings, which outlines the matters discussed, and includes a clear and concise note of all decisions taken, action points agreed and or recommendations made.

5. MEETINGS

- 5.1 The timing and frequency of meetings will aim to ensure the most efficient use of members' time. The timing and frequency of meetings can be changed by agreement among the Advisory Group members.
- 5.2 All meetings of the Advisory Group will be convened by the Chair or delegated person.
- 5.3 Meetings will take place quarterly, unless determined otherwise by the Commission's IPC team and Chair.
- 5.4 The duration of each meeting will usually be the full day between 9.30am to 3:30pm, and will usually be held at an agreed Wellington venue. Where necessary, members will be able to join the meeting via video/teleconferencing facilities.
- 5.5 At any meeting, a quorum shall consist of fifty percent of the members, plus one, in addition to the Chair.

- 5.6 If a member is unable to attend, a fully briefed alternate representative may participate subject to prior agreement of the chair at least five days prior to a meeting. Apologies will be forwarded to the Secretariat for noting in the minutes. Attendance / apologies are to be recorded in the minutes. The alternate representative will be required to disclose their interests at the meeting.
- 5.4 Items to be agreed at any meeting shall generally be determined by consensus. Where a consensus cannot be reached, a majority vote will apply. Any individual can absent him or herself from the group decision making process, subject to a residual quorum remaining after this process.

6. DUTIES AND RESPONSIBILITIES OF MEMBERS

- 6.1 The Advisory Group has an obligation to conduct its activities in an open and ethical manner.
- 6.2 Members are expected to:
- Have a commitment to work for the greater good of the health and disability sector with a strategic national focus.
 - Attend meetings and undertake activities as independent persons responsible to the group as a whole.
 - Make every effort to attend all meetings and become familiar with IPC issues, challenges and emergent 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 prior to a meeting and withdraw themselves from the discussion and decision-making processes.
 - If members are representing professional organisations, convey where feasible and where a consensus view exists the consensus view of the organisation, acknowledging that membership on external committees is as a representative of the professional organisation. It is anticipated that organisations with representatives on SIPCAG, such as the IPCNC, will develop their own job descriptions for representative members, which will specify the method and regularity of reporting back, etc.
 - Members may question other members if they consider that there is a potential conflict of interest.

7. ATTENDANCE FEES

- 7.1 Members of the Advisory Group who are staff of a New Zealand public sector organisation including public service departments, state-owned enterprises, or crown entities are not permitted to claim costs to attend the Advisory Group meetings.
- 7.2 Claims for costs in attending meetings may be claimed by a member not included in the above groupings (clause 7.1). A process for agreeing fair and reasonable costs for meeting attendance shall be agreed by the Chair of the Advisory Group.

8. THE SECRETARIAT

- 8.1 The Advisory Group will have a secretariat provided by the Commission.
- 8.2 The responsibilities of the secretariat include preparing and distributing the agenda and associated papers at least five working days prior to meetings; recording and circulating of minutes for approval no later than a fortnight following the meeting; managing the organisational arrangements for meetings, including the provision of rooms and audio visual support.
- 8.3 Members have two weeks following receipt of the draft minutes to comment on the factual accuracy of the draft minutes.
- 8.4 Once the two-week deadline for correcting factual accuracy of the draft minutes has passed, the chair will approve the draft minutes for publication on the Commission's website.

Membership (as of September 2018)

Julie Patterson (Chair) – Acting Chief Executive Officer, CCDHB

Arthur Morris - National SSII Clinical Lead

Sally Roberts – National IPC Clinical Lead

Sheldon Ngatai – Consumer representative

Susan Wood – Director of Patient Safety

Jane Pryer - Senior Advisor Healthcare Associated Infections, Ministry of Health

Jo Stodart – IPC Charge Nurse

Joshua Freeman – Clinical Microbiologist

Lorraine Rees – IPC Nurse Manager

Mo Neville - Director Quality and Patient Safety

Nick Kendall – Manager Treatment Injury Prevention, ACC or Linda Shepherd - Senior Project Manager, ACC

Richard Everts - Medical Microbiologist, Infectious Diseases Specialist

Tanya Jackways - NZPSHA representative

Gary Tonkin, Senior Portfolio Manager (staff)

Andrea Flynn, Project Manager (staff)

Gillian Bohm – Chief Advisor Quality & Safety (staff)

Nikki Grae – Specialist IPC (staff)