

## **NHS Southeast London Integrated Care Board Infection Prevention and Control Sub-Committee Terms of Reference**

**FINAL – 9 June 2022**

### **1. Introduction**

The Infection, Prevention and Control (IPC) sub-committee of the Quality and Performance Committee will support and provide collective oversight of IPC matters across SEL ICS to improve outcomes and patient experience. This will be in partnership with commissioned providers, UK Health Security Agency (UKHSA), NHSEI, primary care, SEL Place (Bexley, Lewisham, Greenwich, Bromley, Lambeth and Southwark).

### **2. Purpose**

- Provide a platform for organisations to share learning, triangulate information, data, and intelligence to develop a shared view of risks to quality and service delivery across the ICS.
- Make the latest guidance available to all relevant partners across the ICS, and to encourage this guidance to be interpreted and implemented in a consistent way across the sector.
- Provide an opportunity to agree and coordinate actions to drive improvement, (respecting the statutory responsibilities of each organisation and avoid duplication).
- Provide an opportunity to agree and coordinate actions to drive improvements and policies across Primary Care.
- Provide an opportunity to agree and coordinate actions to drive improvements across community pathways in partnership with each borough and Local authority/Public Health (this will include Primary care, mental health and the acutes).
- To receive updates from the London IPC group and agree and coordinate any SEL approach to key updates where relevant.

- To provide collective oversight of Infection Prevention and Control issues across the SEL system to ensure patient, service user and staff safety by protecting health and reducing transmission of communicable disease and healthcare associated infections (HCAI).
- To have collective oversight of IPC breaches across all care settings, risks to patient safety and service disruption, proactive support and management of mitigations and escalation.
- To provide SME on all matters relating to IPC to support the wider ICS system with regards the delivery of SEL ICS priorities.
- To support consistent approaches to the implementation of IPC guidance and to provide strategic and peer support to the management of IPC challenges.
- To ensure the sharing of learning and best practice across the ICS and with partners across London, acting as a conduit for the sharing of IPC intelligence.
- To work as a SEL system to agree local IPC priorities and support the delivery of these priorities working proactively to ensure that they fit with NHSEI Regional and National priorities.
- To support the SEL ICB delivery of HCAI improvement targets.
- To work in partnership to deliver AMR/AMS initiatives and compliance.

### 3. Scope

The SEL ICS IPC sub-committee (“the meeting”) membership is primarily drawn from representatives from each of the ICS partner organisations with support from subject matter experts and system leaders. The membership will work within local and national guidance to support a ‘system by default’ approach to service development and improvement.

The meeting does not have executive powers and will not:

- interfere with the statutory roles of constituent organisations.
- replace the need for individual organisations to act promptly when pressing concerns become apparent.

#### **4. Duties**

The sub-committee will receive

- Monthly system HCAI reports
- Monthly outbreak reports
- Review latest national/regional guidance to develop a consistent approach across southeast London ICS
- ICB Quarterly reports including primary care data linking in with local shared services reports
- UKHSA feedback/reports
- PH/LA feedback/reports (as available)
- Health care provider feedback
- Regional/National feedback
  - Quarterly AMR/AMS update
  - Develop system wide action plans and share learning
  - Identify system risk and mitigation

#### **5. Accountabilities, authority and delegation**

The SEL ICS IPC sub-committee will report to the Quality & Performance Committee of the Integrated Care Board.

#### **6. Membership**

The SEL ICS IPC sub-committee will be chaired by ICB Director of Quality (IPC portfolio), with a rotating co-chair from all partners. Position of Chair to be reconsidered every six months.

Core membership will include a nominated representative from the following partners:

- NHS SEL ICB
- Primary Care Clinical Lead
- London Borough of Bexley

- London Borough of Bromley
- Royal Borough of Greenwich
- London Borough of Lambeth
- London Borough of Lewisham
- London Borough of Southwark
- Guys and St Thomas NHS Foundation Trust
- Kings College Hospital NHS Foundation Trust
- Lewisham and Greenwich NHS Trust
- Oxleas NHS Foundation Trust
- South London and Maudsley NHS Foundation Trust
- Bromley Health Care
- London Shared Services Rep
- UKHSA
- NHSEI
- DPH
- Lewisham PH consultant

Senior IPC leads and/or DIPC (where applicable) will be encouraged to join from each partner in addition to Director of Public Health and senior organisational representation.

Ad-hoc members will be invited to attend dependent upon the subject matter under discussion.

## **7. Operating model**

The SEL ICS IPC sub-committee will meet monthly. Members will be prepared to meet more frequently or at shorter notice if there are urgent matters to consider. Any member can request a change in frequency or urgent meetings through the chair.

All members will have authority to represent their organisations; be sufficiently knowledgeable to contribute constructively, proactively, and helpfully to the

discussions. They will also ensure that agreed actions are undertaken in a timely manner and will report back to confirm the impact of those actions.

All members are asked to act in a way which supports the principles of openness, transparency, and candour as well as role modelling the principles of responsibility, and accountability. Information made available within the meeting should be treated with discretion because it may include provisional data and soft intelligence.

## **8. Quorum and conflict of interest**

Meetings will be quorate with at least 50% of members in attendance including a minimum of:

- A representative from each NHS provider or deputy
- Local Authority representative or deputy
- UKHSA
- ICB representative.

In the event of quorum not being achieved, matters deemed by the chair to be 'urgent' can be considered outside of the meeting via email communication.

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The IPC committee agrees to enact its responsibilities as set out in these terms of reference in accordance with the Seven Principles of Public Life set out by the Committee on Standards in Public Life (the Nolan Principles).

Members will be required to declare any interests they may have in accordance with the ICB Conflict of Interest Policy. Members will follow the process and procedures outlined in the policy in instances where conflicts or perceived conflicts arise.

## **9. Decision-making**

Decisions and/or recommendations made by the committee are anticipated to be based on consensus, and with unanimity, as the norm. Otherwise, the decision-making provisions set out in the ICB constitution will apply.

## **10. Frequency**

The IPC sub-committee will meet once every month and at least ten times per year.

All members will be expected to attend all meetings or to provide their apologies in advance should they be unable to attend.

Members are responsible for identifying a suitable deputy should they be unable to attend a meeting. Arrangements for deputies' attendance should be notified in advance to the sub-committee Chair and meeting secretariat.

Nominated deputies will count towards the meeting quorum as per the protocol specified in the ICS constitution, which means individuals formally acting-up into the post listed in the membership shall count towards quoracy and deputies not formally acting-up shall not.

## **11. Reporting**

The meeting provides a platform for sharing information, learning and best practice across SEL in relation to infection prevention and control and HCAI and as such has no statutory function. Sub-committee members however are required to provide relevant feedback to their organisations. The sub-committee will facilitate requests for feedback from other bodies on an ad-hoc basis.

The Chair will escalate issues of regional or national note through the London Clinical Advisory Group/London wide IPC Group and/or national escalation routes e.g., through IPC-CEL/ Chief Nurse.

## **12. Sub-committee support**

The ICB governance team will provide business support to the sub-committee. The meeting secretariat will ensure that draft minutes are shared with the Chair for

approval within three working days of the meeting. Draft minutes with the Chair's approval will be circulated to members together with a summary of activities and actions within five working days of the meeting.

### **13. Review of Arrangements**

The sub-committee shall undertake a self-assessment of its effectiveness on at least an annual basis. This may be facilitated by independent advisors if the sub-committee considers this appropriate or necessary.

Final - for Board approval