

# Infection Prevention, Control and Decontamination Committee

## Terms of Reference April 2023

### 1. Introduction

The NHS is committed to reducing the number of healthcare associated infections (HCAI) through infection prevention and control (IPC) measures and improved cleanliness. All NHS staff have a responsibility to reduce the spread of infections and the Trust is dedicated to reducing the risk of HCAs through effective IPC practices.

### 2. Aim of the Committee

The aim of this committee is to ensure that robust systems are in place for managing IPC across Oxford Health NHS Foundation Trust, to promote behaviours that will support and enhance these systems and ensure compliance with the Health and Social Care Act (2008). The committee will provide assurance on IPC, decontamination and other related issues to the Oxford Health NHS Foundation Trust Quality and Clinical Governance subcommittee, which reports to the Quality Committee and Trust board.

### 3. Chair

The chair of this committee is the Director of Infection Prevention and Control (DIPC), or their nominated deputy.

### 4. Constitution and Authority

The Infection Prevention, Control and Decontamination Committee (IPCDC) reports to and is accountable to the Trust Quality and Clinical Governance subcommittee. An annual report will be provided.

The DIPC escalates urgent or identified significant risks, between meetings, directly to the Trust Chief Executive for action.

### 5. Membership

The membership of the group will be as follows:

- Director of Infection Prevention & Control (Chair) or Deputy
- Infection Prevention and Control Team (IPCT)
- IPC specialist from Integrated Care Board (ICB)
- Decontamination lead or deputy
- Infection Prevention and Control Leads representing each clinical directorate
- Medical Representative
- Representative from Occupational Health Department
- Representative from Estates
- Representative from Facilities

- Pharmacist
- Representative from Dental services
- Microbiologist – from Oxford University Hospital NHS Foundation Trust
- Representative from Learning Disabilities- as required, as the normal reporting pathway via forensic directorate
- Representative from Audit department- as required

Members are expected to attend at least three quarters of all meetings each financial year. **If members are unable to attend, a deputy should attend and present the directorate report.**

### **In Attendance**

Representatives from other groups may be invited to attend when relevant to the business of the committee. Others can be co-opted onto the committee at the committee's discretion

## **6. Frequency and Quorate of Meetings**

The group shall meet quarterly.

A quorum requires the presence of the DIPC or deputy plus the attendance of at least:

- A member of Infection Prevention and Control Team
- Two Directorate representatives or deputies
- Two others

The regular meetings may be cancelled at the discretion of the chair, but the group shall meet not less than three times a year.

## **7. Terms of Reference**

The Infection Prevention, Control and Decontamination Committee are responsible for:

### **7.1 Infection Prevention and Control**

1. To provide strategic direction and expertise in order to ensure that systems and behaviours are maintained for the effective prevention and control of infection in Oxford Health NHS Foundation Trust.
2. To monitor and provide organisational assurance on the Trust response to the ongoing COVID-19 global pandemic, including implementation of national guidance to ensure patient and staff safety.
3. To monitor and review changes in national or local guidance and take appropriate action.
4. To monitor the adequacy of resources (human and material) available to the Trust in relation to the prevention and control of infection and make recommendations to the Quality and Clinical Governance subcommittee.
5. To monitor and provide organisational assurance on compliance with Care Quality Commission (CQC) regulatory requirements in respect of HCAs and the relevant key lines of enquiry (see appendix 1).
6. To oversee the review, development and approval of procedures relating to IPC.
7. To review and recommend any changes to the infection prevention and control policy to the Quality and Clinical Governance subcommittee.
8. To promote HCAI management strategies that are cost neutral and can be achieved where possible within existing resources.
9. To provide direction on audit requirements and develop and recommend the annual infection prevention and control audit plan.
10. To monitor audit activity and action plans.

11. To provide direction on, develop and recommend the annual IPC programme of work.
12. To monitor and review organisational training arrangements giving direction and support to the IPCT and making recommendations on changes to the Learning Advisory Committee.
13. To review outbreak, adverse incidents, Serious Incident (SI) reports and action plans submitted by the IPCT.
14. To submit reports on key HCAI activities and risks within Oxford Health NHS Foundation Trust to the Quality and Clinical Governance subcommittee.
15. To review and agree the Oxford Health NHS Foundation Trust annual DIPC infection prevention and control report.
16. To engage with local, regional and national networks and partnerships, where these are appropriate, and would benefit the organisation.
17. To receive and review reports from Occupational Health on IPC related activity.
18. To ensure communication and close working with partner organisations, (UK Health Security Agency (UKHSA), Acute Trusts, Integrated Care Boards (ICB)), to reduce the risk of HCAI being disseminated within the community or introduced to the Acute Trust.
19. To receive and review antimicrobial prescribing audits and reports.
20. To receive and review estates and facilities audit and reports, including information on proposed new buildings and refurbishment programmes and Patient Led Assessments of the Clinical Environment (PLACE) inspections.
21. To ensure that IPC consultation is a mandatory step for contract tendering procedures for building projects, IT infrastructure, and for cleaning, catering and laundry services.
22. To receive and analyse surveillance data submitted by the IPCT.

## **7.2 Decontamination**

1. To receive and review reports on decontamination issues giving direction on any issues requiring executive direction.
2. To monitor the Trust compliance with the Health and Social Care Act (2008) and CQC standards on decontamination.
3. To monitor compliance with national guidance and controls assurance standards, through regular audit and assurance reports.
4. To receive audit reports on local decontamination.
5. To ensure there is an annual planned preventative maintenance programme in place to manage all aspects of decontamination in the Trust.
6. To ensure IPC and decontamination requirements are designed in the planning stages of healthcare facilities including new builds and renovation projects.
7. To ensure contamination of the water in healthcare sites with bacteria, such as legionella is avoided by appropriate building design and maintenance. This includes the cleaning of water storage tanks, and maintaining a consistently high temperature to prevent bacterial growth

### **Distribution of Minutes**

Members of the Group, exception report to Quality and Clinical Governance subcommittee.

### **Review of Terms of Reference**

The terms of reference will be reviewed annually.  
April 2023

## **Appendix 1**

### **CQC Relevant Key Lines of Enquiry**

#### **1. What is the track record on safety?**

- Has the service demonstrated that it is safe over time?
- Do staff understand their responsibilities to raise concerns, to record safety incidents, concerns and near misses, and to report them internally and externally where appropriate?
- How well is safety monitored using information from a range of sources?

#### **2. Are lessons learned and improvements made when things go wrong?**

- How are lessons learned and is action taken as a result of investigations when things go wrong?
- How well are lessons shared to make sure action is taken to improve safety?

#### **3. Are there reliable systems, processes and practices in place to keep people safe and safeguarded from abuse?**

- Are the systems, processes and practices that are essential to keep people safe identified, put in place and communicated to staff?
- Are staff trained in these systems, processes and practices?
- Is implementation of systems, processes and practices monitored and improved when required?
- How are standards of cleanliness and hygiene maintained?
- Are reliable systems in place to prevent and protect people from a healthcare-associated infection?
- Does the design, maintenance and use of facilities and premises keep people safe?
- Does the maintenance and use of equipment keep people safe?
- Do the arrangements for managing waste and clinical specimens keep people safe (This includes classification, segregation, storage, labelling and handling of waste.)