



CAHS Infection Prevention and Control Governance Committee Terms of Reference

1. PURPOSE

- To oversee and ensure the continuous improvement of organisational-wide infection prevention and control performance using key performance indicators, clinical indicators and measured against National standards to ensure reliable, safe, high quality patient care.

2. FUNCTIONS

The CAHS Infection Prevention and Control Governance Committee (IPCGC) will facilitate improvements in patient safety through:

- Ensuring compliance with the National Standards in particular Standard 3;
- Oversee the activities of the Infection Prevention and Control program;
- Oversee the development, implementation and continuous evaluation of infection control policies and procedures using evidenced based best practice;
- Oversee the implementation, evaluation and provision of feedback on healthcare associated infections and other surveillance programs as appropriate;
- Continuously evaluate potential infection risks and assess the methods in place to control these risks by developing appropriate risk management strategies;
- Oversee exposure and outbreak management activities and responses to significant infection risks to patients, staff and visitors;
- Oversee the development, monitoring and evaluation of Quality Improvement programs and new initiatives relating to Infection Prevention and Control;
- Identify priorities for education, and review education programs relating to Infection Prevention and Control;
- Identify changes in legislation and policies that relate to the activities of the Committee;
- Submit performance data and governance exception reports to the CAHS Clinical Governance Committee.

3. AUTHORITY

The IPCGC is a committee functioning under the authority of and reporting to the CAHS Clinical Governance Committee.

Committee members are individually accountable for their delegated responsibility and collectively responsible to provide advice to the Chair, consistent with a whole of health service position.

Committees reporting to the IPCGC:

- CHAMP Steering Committee

4. MEMBERSHIP

All new members to the IPCGC are oriented to their role and receive copies of Terms of Reference, Committee Guidelines, Conflict of Interest declaration documents and meeting schedule. This is the responsibility of the Chair.

The IPCGC shall consist of the following members:

- CAHS Director of Nursing / Executive Sponsor Standard 3
- PathWest Clinical Microbiologist
- CAHS Director of Governance and Performance
- Director of PMH Support Services
- PMH Clinical Nurse Consultant – Infection Prevention & Control
- PMH Clinical Nurse Consultant - Staff Infection Prevention Control & Immunisation
- CACH and CAMHS Infection Prevention & Control Clinical Nurse Specialists
- Paediatric Infectious Diseases Physician / ChAMP Representative
- Manager of PMH Clinical Governance Unit
- PMH Theatres Clinical Nurse Manager
- PMH Clinical Nursing Manager Representatives, Inpatients
- PMH CVAD Clinical Nurse Specialist
- PMH Facilities Manager
- Consumer representative

The Chair shall be decided by the committee and serve for a term of 2 years.

The IPCGC or its Chair may co-opt temporary members onto the group or invite non-members to participate as required. This will be undertaken when it is considered they are directly involved in the matter(s) at hand, or have some expertise to assist in advising on matters as required.

Correspondence Group

- PMH Hand Hygiene Audit Coordinator
- PMH/PCH OSH Representative
- CAHS Accreditation and Quality Coordinator
- CSSD Clinical Nurse Manager
- ED Head of Department
- Nurse Director, Ambulatory Services
- ED Allied Health

5. FREQUENCY OF MEETINGS

Meetings will be held six times per year and a schedule of meetings will be agreed in advance. In addition, the Chair may call additional meetings as necessary to address any matters referred to the committee or in respect of matters the committee wishes to pursue within its terms of reference.

6. QUORUM

A minimum attendance of 50% plus one of the IPCGC members will constitute a quorum. IPCGC members should appoint a delegate if they are unable to attend. Meetings shall not exceed 1.5 hours unless for a specific purpose and with approval from the Chair.

7. REPORTING

The IPCGC provides ratified minutes and action list from the meeting to the CAHS Clinical Governance Committee for tabling. Issues unable to be resolved by the meeting are escalated to the relevant Executive committee.

8. CONFIDENTIALITY

The discussions and decisions of the meeting shall not be conveyed to unauthorised persons.

9. SECRETARY TO THE COMMITTEE

Secretary is appointed by the Chair and shall be responsible for ensuring the minutes of meetings are circulated to members within one (1) month following the meeting. The agenda, previous minutes and accompanying documents are circulated to the IPCGC members at least five (5) working days prior to each scheduled meeting. The secretary will refer to the CAHS Committee Guidelines for the conduct of meetings and annual evaluation of the IPCGC including updating the Terms of Reference on an annual basis. The secretary shall be responsible for all record keeping associated with the IPCGC.

10. CONFLICT OF INTEREST

Committee members are required to comply with Department of Health policy on Conflict of Interest [OD 0264/10](#).

11. KEY PERFORMANCE INDICATORS

The IPCGC expected outcomes for the next twelve (12) months are:

- Meet Standard 3 of the National Safety and Quality Health Service Standards
- KPI Reports are tabled at the CAHS Clinical Governance Committee bi-monthly
- Maintain patient safety during PCH transition through early identification and effective mitigation of infection control risks
- Actively engage with staff in improving infection prevention and control outcomes
- Provide meaningful feedback to service areas

Evaluation of committee administrative processes against the following administrative KPIs:

1.	Achieve a minimum of six (6) formally constituted meetings per year	100%
2.	Meetings do not exceed the one (1) hour and thirty (30) minute time frame except in approved circumstances	100%
3.	Minutes are available to staff one (1) month following each meeting	100%
4.	Members (including proxy members) attend minimum of five (5) meetings per year	100%
5.	Terms of Reference are reviewed annually and approved by the Executive Sponsor of Standard 3	100%

The IPCGC shall be evaluated annually against its expected outcomes and KPIs. This evaluation shall be tabled and presented annually to the CAHS Clinical Governance Committee.

12. APPROVAL

These Terms of Reference shall be altered on the recommendation and approval of the CAHS Clinical Governance Committee. This should be annually in response to evaluation of committee. The Chair shall be responsible for initiating this process. The members are responsible for the development, amendment and adoption of the Terms of Reference as ratified by the CAHS Clinical Governance Committee.

Signed copy sent to HSEC, all members of, IPCGC CAHS Committee Data Steward (Organisational Development) and Secretary of the IPCGC.



Signature of Chairperson on behalf of Committee

Dr Christopher Blyth

Name of Chairperson on behalf of Committee

6th February 2018

Date

Document History

Version	Date	Changed by	Nature of amendment
1.1	18/01/2018	CB	Modification to reporting lines

Previous version should be recorded and available for audit.