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Infection Prevention and Control (IPC) Group Terms of Reference and Operating Arrangements

Date: 23rd April 2025

Version: 3

Review Date: Annually

1. Introduction

All those involved in providing healthcare services should work towards high quality, safe services that meet the needs and expectations of service users, the staff and public, to contribute to the overall experience and to high quality person centred care.

Delivering a high-quality healthcare infection prevention and control is complex and requires that service areas adhere to National legislation, Standards and guidance.

Public Health Wales must ensure there are arrangements in place, including supporting staff through education, training and access to expert advice, to ensure infection prevention and control practice is maximized to reduce potential or actual risk of harm.

2. Purpose

The purpose of the Infection Prevention and Control Group Meeting is to:

- Provide oversight of the organisations infection prevention and control arrangements ensuring this approach is informed by best practice, guidance and to meet high quality standards.
- Approving relevant procedures and endorse relevant policies for onward approval by the Quality, Safety & Improvement Committee (QSIC). In addition, receiving and endorsing divisional IPC related standard operating procedures
- Monitor the ongoing improvement and progress against All-Wales and UK national frameworks such as and report to The Quality Safety & Improvement committee quarterly.
 - The Code of Practice for the Prevention and Control of Healthcare Associated Infections (WG 2014)
 - The Health and Social Care (Quality & Engagement) (Wales) Act 2020,
 - Decontamination of Medical Devices Development Plan (WHC 2015)
 - The UK 5-year action plan for antimicrobial resistance, “Confronting antimicrobial resistance 2024 to 2029
 - Develop, implement and monitor key infection prevention and control performance indicators, which will assist the organisation in understanding whether the agreed approaches are effective and support

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- ongoing improvement.
- Provide assurance to the Executive Team and Quality, Safety and Improvement Committee that the Trust has effective systems of internal control
- The review of self-assessment and evidence of compliance with regulatory frameworks and performance against quality standards and Welsh Government requirements for NHS bodies.
- Oversight of assurance activity and learning from IPC events.

3. Delegated Powers

The IPC Group reports by exception any risks and issues needing to be escalated to the Business Executive Team meeting, and on a minimum of an annual basis a full assurance report via the Executive Director of Nursing, Quality and Integrated Governance (NQIG).

The IPC Group will:

- Monitor performance against the Code of Practice for the prevention and control of Healthcare Associated Infections (2014), the Health and Social Care (Quality & Engagement) (Wales) Act 2020: Infection Prevention and Control (IPC) and Decontamination.
- Approve and monitor the annual audit programme for infection control.
- Approve and monitor the internal education programme for infection control such as the link practitioner role.
- Review and oversee revisions and development of Infection Prevention & Control Policies for Public Health Wales, endorsing them for onward QSIC approval.
- Review, oversee revisions and give final approval for relevant Infection Prevention & Control Procedures for Public Health Wales
- Discuss and approve IPC Group workplan and associated activities.
- Interpret, review, and advise on UK and international guidance on infection prevention and control.
- Receive and scrutinise the IPC Risk register and escalation as required.
- Receive and review divisional reports on:
- Incident reports, investigations and lessons learnt and ensure dissemination of any identified learning.
- Audits of practice undertaken and action plan progress and to ensure oversight of improvements made.
- Environmental cleanliness audit findings and action plans
- Decontamination of medical devices and traceability audits
- Building/ estates development plans
- Water Safety / Legionella
- Risk assessments that fall within the remit of this group
- Receive and review reports on the infection prevention and control standards and decontamination facilities at Health Boards commissioned to provide screening services.

- Receive exception/highlight reports from the Facilities and Decontamination Subgroups
- Encourage staff to report any infection control risks to managers in order that they are considered and managed; monitor the development of safe systems of work and safety procedures.
- Ensure that outbreaks and incidents related to infection within the organisation are appropriately managed and lessons learnt.
- Monitor the distribution, implementation and action of safety alerts bulletins in relation to infection control and clinical safety.
- Receive staff Flu immunisation uptake reports
- Receive education compliance reports from the Organisational Development and Learning Team and request remedial recovery work if below expected performance targets.
- Monitor and review any decontamination practices to ensure compliance within PHW premises and support resolution for any issues highlighted.
- Engage with the All-Wales Decontamination and Sterilisation Group to agenda and support concerns raised in regards decontamination of medical devices.
- Monitor and review Standards of Cleanliness for the organisation.
- Advise and support the lead nurse for Infection Prevention and Control.
- Ensure wide dissemination of any learning identified from reports, incidents and complaints.

These functions are not exhaustive and may be changed or extended as appropriate to meet the needs of the organisation.

4. Sub-Committee/Groups

The Group may subject to the approval of the Business Executive Team establish sub groups or task and finish groups to carry out on its behalf specific aspects of Group business.

5. Accountability

The group is accountable to the Business Executive Team and the relevant Board Committee via the Executive Director of Nursing, Quality, Nursing and integrated Governance.

The Chair will ensure that the Quality, Safety and Improvement Committee and Business Executive Team are provided with updates on the work programme of the Infection Prevention and Control Group, at least on a quarterly basis.

The Group will produce an quarterly update report on the work that has been undertaken which will be presented to the Business Executive Team and the Quality, Safety and Improvement Committee part of the Quality Performance Report.

The Group Chair will ensure appropriate escalation arrangements are in place to alert the Trust Chief Executive and / or the Quality, Safety and Improvement Committee Chair of any urgent / critical matters that may compromise services / service user provision and affect the operation and / or reputation of Public Health Wales.

6. Membership, Attendees and Quorum

6.1 Members / Chair of the Group

Executive Director for Nursing Quality and Integrated Governance.

Vice Chair:

Assistant Director of Nursing & Quality Nursing

Membership of the Group: -

- Executive Director of Nursing Quality & Integrated Governance (Chair)
- Assistant Director of Nursing & Quality (Vice Chair)
- Lead Nurse for Infection Prevention and Control
- Representatives from Directorates/Divisions (in particular those which provide more clinically orientated functions/services or relating to estates and people management)
- Screening representative Head of Nursing Screening & Decontamination Lead
- Health Protection representative
- Microbiology representative
- Head of Estates and Health and Safety
- People and Organisational Development representative
- Healthcare Associated Infections (HCAI), Healthcare Associated Infection and Antimicrobial Resistance Programme (HARP)
- NHS Wales Shared Services Partnership/Specialist Services Engineering representative
- Staff side representation i.e., trade union
- Other Directorate representatives (where relevant)

By invitation: the Chair may also invite any other Trust representatives or others from outside the organisation to attend all or part of a meeting to assist it with its business.

Secretariat:

The Safeguarding Group meetings are supported by the Nursing Quality & Integrated Governance Directorate (NQIG) Directorate

6.2 Quorum

At least 4 members must be present, which includes the Group Chair or Vice Chair, Lead IPC Nurse or nominated deputy, The Head of Nursing for Screening or nominated deputy and Head of Facilities or nominated deputy

7. Frequency of Meetings Meetings should be held no less than 3 monthly and otherwise as the Chair of the Group deems necessary

Papers for Meetings:

Papers should be circulated a week prior to the meeting and must be made available to the Secretary before this.

Secretary:

The secretary to the Group will ensure that:

- There is a timely agenda with appropriate documentation.
- Minutes are written up and disseminated.
- The Group is aware of dates and locations of meetings.
- Actions are followed up and reported back

8. Approval out of Meetings

Where approval for procedures and other written control documents is sought out of the quarterly meeting structure, for example, via email / other electronic process, this will require confirmation of approval from the quorum number listed in section 6 above.

Any procedures approved out of meeting should then be ratified at the next meeting of the Group.

9. Relationships and accountabilities with the Board and its IPC Group Meeting

The Group must have an effective relationship with the Business Executive Team and the Quality, Safety, and Improvement Committee for the purposes of effective reporting and assurance.

The Group should operate within the remit of its distinct role.

Assurance is provided through the Executive Director for Nursing Quality and integrated governance .

10. Review

These terms of reference and operating arrangements shall be reviewed on an annual basis by the Group and recommended to the Business Executive Team for approval.

11. Reporting Arrangements

The Group will report to the Business Executive Team and the Quality, Safety and Improvement Committee on at least a quarterly basis.

The Group will also produce a quarterly highlight report for assurance, which will be submitted to the Business Executive Team and the Quality Safety and Improvement Committee as part of the Quality Performance Report.

An annual work plan will be submitted the Business Executive Team and the Quality, Safety and Improvement Committee.

12. Flow chart of Governance Arrangements

