



Strategic infection prevention and control advisory group |

Te rōpū tohutohu rautaki ārai mate, whakahaere

Terms of reference | Ngā tikanga

14 December 2022

Background | Kōrero o mua

The role of the Health Quality & Safety Commission (the Commission) is to lead and coordinate efforts to improve service quality and safety across the health and disability sector.¹

The Commission has led a national infection prevention and control (IPC) programme in partnership with others since 2011. The programme is funded by Te Whatu Ora – Health New Zealand districts.

The aim of the national IPC programme is to improve patient outcomes by reducing the incidence and impact of healthcare-associated infections (HAIs) within the Aotearoa New Zealand health and disability sector.

The IPC programme is involved in a range of IPC activities and leads three national quality improvement programmes:

- the Surgical Site Infection Improvement programme (SSIIP) for orthopaedic and cardiac surgery
- the Hand Hygiene New Zealand (HHNZ) programme
- surveillance of sources of healthcare-associated *Staphylococcus aureus* bacteraemia in public hospitals.

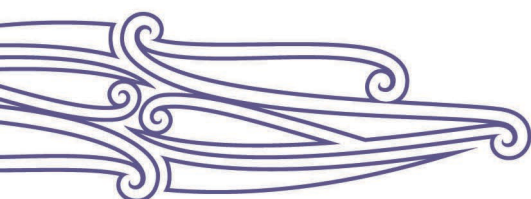
The IPC programme aims to contribute to achieving the Commission's vision, hauora kounga mō te katoa, quality health for all. The programme recognises the Commission's enduring priorities based on Te Tiriti o Waitangi and will embed the following within its work:

- kāwanatanga – partnering and shared decision-making
- tino rangatiratanga – recognising Māori authority
- ōritetanga – equity
- wairuatanga – upholding values, belief systems and world views.

Purpose | Te whāinga

The Strategic IPC Advisory Group (SIPCAG) was established in 2013 to:

¹ As set in section 59B, New Zealand Public Health and Disability Act 2000.



- agree and advise the Commission on strategic priorities for IPC improvements to promote and protect the health of people and communities
- provide clinical leadership to reduce HAIs in the sector and be champions for IPC quality and safety improvement activities
- provide active leadership in building collaboration and cooperation between the entities represented and to facilitate an integrated approach to national IPC quality improvement programmes
- work with the sector to support, encourage and develop innovation and identify new evidence and directions for national IPC initiatives
- provide oversight of the Commission's IPC work programme.

Accountability | Te kawenga

- SIPCAG is accountable to the Commission.
- The Commission is accountable to the Crown.

Roles and responsibilities | Ngā mahi e ngā haepapa

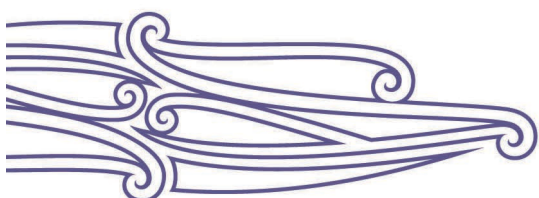
SIPCAG has an obligation to conduct its activities in an open and ethical manner.

SIPCAG will:

- provide evidence-informed advice and strategic direction for the improvement approaches and implementation of projects aimed at reducing harm to consumers from HAIs
- monitor the impact of the individual IPC projects through process and outcome measurement
- look for emerging opportunities to reduce HAIs through quality improvement.

Members are expected to:

- have a commitment to work for the greater good of the health and disability sector, with a strategic national focus
- make every effort to attend all meetings and become familiar with IPC issues, challenges and emerging opportunities
- work cooperatively, respecting the positions and views of others, with a focus on improving health outcomes
- identify any conflict of interest on a subject that will prevent them from reaching an impartial decision or undertaking an activity consistent with the group functions. Declare any conflict of interest before the meeting and withdraw themselves from the discussion and decision-making processes. Members may question other members if they consider that there is a potential conflict of interest
- convey, where feasible, the consensus view of the organisation they represent, if such a view exists
- provide an update from their organisation or stakeholder group whose perspective they represent at each meeting
- regularly report back to their organisation or stakeholder group whose perspective they represent, as appropriate.



Membership | Hei mema

The membership includes IPC, clinical microbiology and infectious disease expertise; central agencies; the private hospital sector; Te Whatu Ora – Health New Zealand district and Te Aka Whai Ora | Māori Health Authority leadership; and consumer representatives (see the appendix).

The group is supported by the Commission IPC programme clinical leads, who attend as voting members, and programme staff, who attend as non-voting members.

Co-chair | Kaihautū tuarua

The Commission will appoint two members of SIPCAG to be co-chairs.

The co-chairs shall be:

- a district director, chief medical officer or director of nursing from a Te Whatu Ora – Health New Zealand district leadership team
- a representative from Te Aka Whai Ora | Māori Health Authority.

One or both chairs will preside at every meeting of the committee.

If a co-chair is unable to attend a meeting, the Commission may delegate an alternative representative from the committee to co-chair in their place.

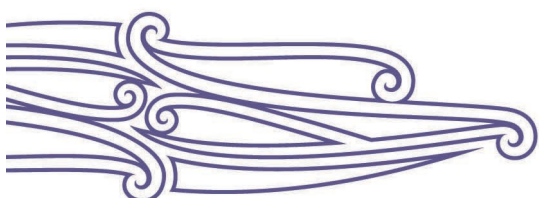
Secretariat | Hēkeretari

The committee will have a secretariat provided by the Commission.

The responsibilities of the secretariat include preparing and distributing the agenda and associated papers, recording and circulating minutes for approval and managing the organisational arrangements for meetings.

Meetings | Ngā hui

Chair	<ul style="list-style-type: none">• All meetings will be convened by one or both co-chairs
Quorum	<ul style="list-style-type: none">• Fifty percent of the members, plus one, in addition to one co-chair• Agreement to items at a meeting will be determined by consensus. Where a consensus cannot be reached, a majority vote will apply. Any individual can absent themselves from the group decision-making process, subject to a quorum remaining after this process
Frequency	<ul style="list-style-type: none">• Three times per year as a face-to-face or videoconference meeting unless determined otherwise by the Commission's IPC team and co-chairs



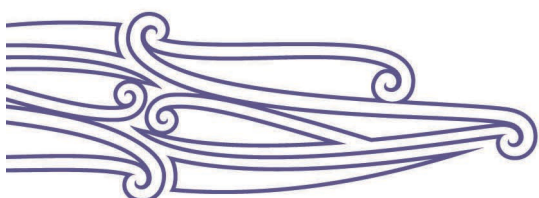
Agenda and minutes	<ul style="list-style-type: none"> • The secretariat will distribute the agenda and associated papers at least five working days prior to meetings • A record of all meetings will be kept, outlining the matters discussed, decisions taken, action points agreed and recommendations made
Reporting	<ul style="list-style-type: none"> • The secretariat will circulate the draft minutes within four weeks of the meeting • Members have two weeks following receipt of the draft minutes to comment on the factual accuracy of the minutes • Minutes will be read and accepted at the subsequent meeting • Once final approval is received from the co-chairs, approved minutes will be published on the Commission website
Meeting fees and costs	<ul style="list-style-type: none"> • Staff of New Zealand public sector organisations, including public service departments, state-owned enterprises or crown entities, are not permitted to claim fees to attend SIPCAG meetings. Costs for attending (eg, taxi fares) can be claimed • Members not included in the above groupings may claim fees and costs for attending meetings in accordance with Commission policy
Attendance	<ul style="list-style-type: none"> • A record of attendance/apologies will be included in the minutes • If a member is unable to attend, a fully briefed alternative representative may participate subject to agreement of the co-chairs prior to a meeting • The alternative representative will be required to disclose their interests at the meeting

Appointment and term of office | Te kopounga me ngā te wāhanga mahi

- The appointment of the co-chairs and membership is via invitation from the Commission.
- The term of membership is three years with an option for renewal for another three years at the invitation of the Commission. The terms of members will be staggered to ensure continuity of membership, except Commission IPC programme clinical leads, who hold membership for the term of their employment.
- Any member may at any time resign by advising the co-chairs in writing.

Annual membership review and power to co-opt | Arotakenga ā-tau me te mana kopou

- The group needs to be flexible to respond to changing priorities and work.
- Membership will be reviewed every year to ensure it is relevant to the national priorities as they evolve.
- Consideration can be given to short-term co-optation of members where specific expertise is needed.



Appendix: SIPCAG membership | Āpiti hanga: ngā tāngata

Membership will be drawn from but not be limited to:

	Representatives Ngā kanohi	Number of positions Ngā tūranga
Co-chair	Member of Te Whatu Ora – Health New Zealand district leadership team	
Co-chair	Representative from Te Aka Whai Ora Māori Health Authority	
Te Whatu Ora – Health New Zealand districts leadership	District director	1
	Chief medical officer	1
	Director of nursing representative	1
	Quality and risk manager with IPC as part of portfolio	1
Clinical IPC expertise	IPC practitioner representation	
	Infection Prevention & Control Nurses College (IPCNC), New Zealand Nurses Organisation – Chair or nominee	1
	IPC nurse currently in IPC practice with relevant experience. May or may not be a member of IPCNC. Nominated by the Commission or a SIPCAG member	1
	Infectious diseases physician representation	
	Australasian Society for Infectious Diseases representative – chair or nominee with interest in IPC	1
	Clinical microbiologist representation	
	New Zealand Microbiology Network representative – chair or nominee with interest in IPC	1
	Commission IPC programme clinical leads	2
Private surgical hospitals	Private Surgical Hospital Association – senior representative with IPC responsibility	1
Central agencies	Manatū Hauora Ministry of Health Te Pou Hauora Tūmatanui – Public Health Agency	1
	Te Aka Whai Ora Māori Health Authority (co-chair)	1
	Accident Compensation Corporation	1
Consumers	Māori and non-Māori representatives	2–3
Māori representative (clinical)	Clinician with knowledge of and experience in Māori health, Te Tiriti o Waitangi and health equity for Māori. Public health expertise preferred	1
	TOTAL	17–18
Commission staff (non-voting)	Medical director and executive lead quality systems IPC programme staff: senior manager, IPC specialist(s), project manager, programme coordinator, data analyst (as required)	

