

Board of Directors (in Public)

Item 2.1

Subject: IPC BAF
Date of Meeting: 26th April 2022
Prepared by: Nicola Best – Lead IPN/Deputy DIPC
 Dr Raphael Perry – Medical Director/DIPC
Presented by: Dr Raphael Perry – Medical Director/DIPC
Purpose of Report: For Noting

BAF Reference	Impact on BAF
BAF 1	Potential impact on nosocomial infection

Level of assurance					
✓	Acceptable assurance Controls are suitably designed, with evidence of them being consistently applied and effective in practice	<input type="checkbox"/>	Partial assurance Controls are still maturing – evidence shows that further action is required to improve their effectiveness	<input type="checkbox"/>	Low assurance Evidence indicates poor effectiveness of controls

1. Executive Summary:

- The Covid 19 pandemic has led to a review of all IPC measures with strengthening of IPC processes. The monitoring of measures has been significantly intensified to help manage nosocomial out breaks in line with the ten point plan.
- NHSE has also developed a board assurance framework for IPC. The initial BAF was presented at the May 2020 Board of Directors meeting and updates included at subsequent meetings. The latest update was in December 2021.
- There was a significant revision of the IPC BAF in February 2021 with an additional 42 fields to be completed. Version 1.6 was published and a fully updated BAF with additional assurances is attached; there were no outstanding actions.
- A further revision (V1.8) was circulated at the end of December with extensive changes and areas where there are new standards have been addressed by the infection prevention team and Silver Command

- The CQC have developed an emergency support framework for IPC.
- In addition, there is an HSE checklist of IPC measures. This has been completed and evidenced by the trust and any gaps are being addressed. There have been no further updates of this checklist.

2. Background:

The Board of Directors receives a quarterly report and regular updates from the infection prevention and control team. This includes information on alert organisms, outbreaks, cleanliness standards and audit information.

NHS England have developed the Infection Prevention and control board assurance framework to support all healthcare providers to effectively self-assess their compliance with PHE and other COVID-19 related infection prevention and control guidance and to identify risks. The framework can be used to assure the Trust by assessing measures in line with current guidance. It can be used to provide evidence and as an improvement tool to optimise actions and interventions.

There have been various revisions and updates with some changes to previous versions. The infection prevention team updated the framework to reflect these changes and actions have been completed. A further revised version with extensive changes was circulated at the end of December. This version (V1.8) brings in the latest guidance on respiratory virus pathways and a number of updates need to be assessed. The infection prevention team and Silver Command have worked through the documentation and version 1.8 was first presented at the Board of Directors in January 2022.

The fourth peak of the coronavirus pandemic began to surge in November 2021 due to the emergence of the highly infectious Omicron variant of the Covid 19 virus. The numbers of cases requiring hospitalisation increased significantly over the Christmas period and early January 2022 and put a significant strain on general and acute hospital beds. The number of cases has subsided but testing has been significantly reduced so numbers are difficult to interpret. The government has relaxed all restrictions for the general population and there is a slight increase in hospitalisation but little impact on critical care. Another variant of Omicron has led to a further rise in infections with patients testing positive in hospital but not admitted with Covid. This has put pressure on beds due to segregation and also impacted staff sickness.

The vaccination program has offered vaccines to cohorts down to the age of 5 -11 and the booster program has been delivered at pace. The over 75s and vulnerable subgroups have also been offered a spring booster. The focus of hospitals has been to maintain as much normal activity while managing any increase in Covid admissions. The government issued living with Covid guidance and visiting was re-introduced to LHCH with a step wise plan. This had to be restricted again as community numbers are so high.

The meticulous processes in place to keep patients and staff safe and prevent cross infection continue. There has been an increase in Covid positive patients admitted via the emergency pathways and bed pressures are being closely monitored. There has also been a doubling of staff cases since the start of March.

All IPC precautions continue for all staff. Staff are mandated to test regularly every week. Staff that are vaccinated are moving to LFT (twice weekly) as the LAMP testing ends in March 2022. Staff who remain unvaccinated require a test at the start of every shift. All staff, clinical front facing, and back office must adhere to this regime. Mandatory staff vaccination is no longer a condition of deployment

Mask wearing, social distancing and hand washing are continuously reinforced and monitored through the daily safety huddle. Staff are supported to challenge non-compliance.

3. Main body of report:

The present Board assurance is included as an attachment and there is no change to this since the last Board. The latest version, V1.8, is attached with updates highlighted. There has been no change since the last Board presentation in March. The BAF will be supported by a verbal update on Covid 19.

4. Conclusion:

The IPC BAF is being managed proactively and any gaps from the latest update will be monitored and managed.

5. Recommendation:

The Board of Directors is asked to note the contents of the report and the accompanying IPC BAF.