

Board of Directors (in Public)

Item 2.1

Subject: IPC BAF
Date of Meeting: 28th November 2022
Presented by: Dr Raphael Perry – Medical Director/DIPC
Purpose of Report: For Noting

BAF Reference	Impact on BAF
BAF 1	Assurance regarding infection prevention and control measures

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 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 national guidance

NHSE has also developed a board assurance framework for IPC. The initial BAF was first presented at the May 2020 Board of Directors meeting and updates included at subsequent meetings.

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 further revision (V1.8) was circulated at the end of December 2021 with extensive changes. After each update new standards were addressed by the infection prevention team and Silver Command

The CQC have developed an emergency support framework for IPC.

Covid IPC guidance has been sequentially revised and measures reduced or reintroduced in line with the incidence of infection.

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 Omicron variants. The infection levels are now low with a continued fall in hospitalisation, no pressure on critical care and low mortality. A further wave of covid infections increased through the spring due to a new variant of Omicron B (4,5). There was a steady increase in hospitalisations, outbreaks and in staff sickness. There is little pressure on critical care and deaths remain low. The majority of cases in hospital were admitted for general treatment and had a positive screening test.

Now levels in the community have fallen significantly and the government guidance has relaxed all restrictions for the general population and more recently for healthcare workers with cessation of weekly staff testing, mask wearing only during appropriate clinical situations. Although numbers increased in late summer/early autumn the incidence of Covid has fallen again with reducing hospital admissions and no pressure on critical care.

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. A fourth booster is being offered for cohorts 1-9, the clinically vulnerable and health care workers.

The processes in place to keep patients and staff safe and prevent cross infection continue. There have been no further outbreaks. The numbers of cases are now low and almost exclusively detected by pre-admission or on admission positive tests in asymptomatic patients.

3. Main body of report

The present BAF is included as an attachment with the latest version being V1.8 (highlighted sections show the latest updates). There has been no change to the BAF since the last Board. The BAF will be supported by a verbal update on Covid 19.

A further update to guidance has been released to address wider IPC and not just focussing on Covid 19. This extensive update/change of emphasis is being addressed by the IPC team and Silver Command. A full update will be presented at the January 2023 Board of Directors.

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.