

Board of Directors (in Public)

Item 2.1.1

Subject: IPC BAF
Date of Meeting: Tuesday 27th July 2021
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: To Note

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. There has been a further update to version 1.6 in July 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 recently and a fully updated BAF with additional assurances is attached; there are very few outstanding actions.

The CQC have developed a new 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 will be addressed.

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.

A revised version (V1.6) has been issued with some changes to previous versions. The infection prevention team have updated the framework to reflect these changes

The third peak of the coronavirus pandemic had eased considerably at the end of March with a national lockdown in place and excellent progress of the vaccination program. Since then the Delta variant of the Covid 19 virus has become highly prevalent in the population and cases have risen exponentially due to the increased infectivity/transmissibility. However, the numbers of cases requiring hospitalisation or intensive care remains low due to the effectiveness of the vaccine in preventing severe illness in those infected. The vaccination program has offered vaccines to cohorts down to the age of 18 and at present 63% of the adult population has had a double dose of vaccine. The focus of hospitals is the resumption of normal activity while managing any increase in Covid admissions.

The meticulous processes in place to keep patients and staff safe and prevent cross infection continue. Nosocomial infections and outbreaks are at a very low level.

3. Update

The Board assurance is included as an attachment, with changes highlighted in yellow. The updated 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.