The Queen Elizabeth Hospital King's Lynn
NHS Foundation Trust

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| **Meeting:** | Board of Directors (in Public) | | |
| **Meeting Date:** | 3 November 2020 | **Agenda item:** | 14 |
| **Report Title:** | Infection Prevention and Control (IPC) Board Assurance Framework (BAF) | | |
| **Author:** | Sarah Morter, Lead Nurse IPC<br>Edmund Tabay, Deputy Chief Nurse | | |
| **Executive Sponsor:** | Dr April Brown, Chief Nurse | | |

**Implications**

**Link to key strategic objectives**
*[highlight which KSO(s) this recommendation aims to support]*

| KSO1 | KSO2 | KSO3 | KSO4 | KSO5 | KSO6 |
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| ***Safe and compassionate care*** | *Modernise hospital and estate* | *Staff engagement* | *Partnership working, clinical and financial sustainability* | *Healthy lives staff and patients* | *Investing in our staff* |

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| **Board assurance framework** | The provision of safe and effective care is set out in KSO1 | |
| **Significant risk register** | There are 3 significant risks related to COVID 2699, 2703, 2769 | |
| | Y/N | If Yes state impact/ implications and mitigation |
| **Quality** | Y | Outbreaks of infection are seen as a key marker of poor quality of care amongst the public and media. The IPC BAF provides additional assurance to the Trust's quality agenda. |
| **Legal and regulatory** | Y | In breach of the Health and Social Care (H&SC) Act 2008 (Hygiene Code) if compliance is not delivered. The completion of this IPC BAF provides added assurance to the Trusts' legal and regulatory processes. |
| **Financial** | Y | Failure to deliver targets within Infection Prevention and Control can lead to financial penalties for the Trust. Additional finances incurred due to the IPC BAF and implementation of COVID-19 guidance is expected to be recovered through the national COVID-19 financial arrangements. |

**Assurance route**

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| **Previously considered by:** | Draft versions of the IPC BAF have been reviewed by the Quality Committee in August 2020 and this version by the Quality Committee on 27 October 2020. |

**Executive summary**

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| **Action required:** *[highlight **one** only]* | Approval | Information | Discussion | **Assurance** | **Review** |

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| **Purpose of the report:** | To provide the Board with an opportunity to review the IPC BAF. The IPC BAF sets out the arrangement in place to manage and respond to the infection prevention and control practices to ensure safety of patients, staff and visitors associated with COVID-19 pandemic risks. |
| **Summary of Key issues:** | A clinically led Incident Control Team was convened in March 20 to oversee all aspects of the pandemic including 2 subgroups focussing on workforce and operational issues. Aligned to this was a robust |

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| | communication plan which included daily communication to staff on the changing nature of plans in real time.<br><br>In May 20 NHSE/I issued the IPC board assurance framework, this was provided as a tool for Trusts to use to a self-assess compliance against Public Health England other COVID-19 related IPC guidance. The Chief Nursing Office for England advised this was not compulsory however; it would help organisations identify risks and could be used as a source of assurance to Trust Boards. The guidance was amended and reissued in July 2020<br><br>A Trust wide multi-disciplinary approach to self-assessing compliance within QEHKL was taken including a convening a task and finish group led by the Lead Nurse IPC and supported by the Director of Transformation and Director of the Patient Safety. The group comprised Divisional Leads, IPC team, Consultant Microbiologist, facilities and hotel services, emergency planning, Risk Manager and Deputy Chief Operating Officer<br><br>The document sets out areas of full compliance and highlights where the evidence to support consistency and maintenance of compliance is required for ongoing assurance covering a range of practice, policy and procedures including:<br>• Systems in place to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks posed by their environment and other service users.<br>• Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.<br>• Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.<br>• Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.<br>• Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.<br>• Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.<br>• Provide or secure adequate isolation facilities.<br>• Secure adequate access to laboratory support as appropriate.<br>• Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections.<br>• Have a system in place to manage the occupational health needs and obligations of staff in relation to infection. |

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| | One area of risk identified from the assessment is the robustness of our processes for antimicrobial stewardship as we are using paper based systems to audit and monitor we do not yet have Electronic Prescribing and Medication Administration (EPMA) in place which will allow the monitoring antibiotic usage, however this is expected to be in place early January 2020. As a mitigation the Trust is using antibiotic purchase data which provides some measure of usage. In addition, antibiotic ward rounds have commenced in high risk areas and an interim guidance on antimicrobial use was provided to selected areas with incidents of C Diff.<br><br>The Board should note that there are currently 3 significant risks held on the Trust risk register associated with COVID 19 these are reviewed regularly through operational Executive groups and Trust Board. Whilst not all significant risks are specifically IPC related it is important for triangulation to recognise emerging risks which could compromise safe patient care. There are however a number of IPC related moderate risks. The detail of risks are:<br><br>**Significant Risks:**<br><br>**Risk 2699** - There is a risk that a Covid-19 pandemic will result in the trust being overwhelmed with an increase in infectious patients experiencing acute respiratory symptoms and requiring admission and/or intensive care. There is also a risk that a significant proportion of staff will experience sickness or be required to self -isolate or commence social distancing and be away from work. This could result in the hospital being unable to safely and effectively manage or isolate infectious patients and deliver its normal services or standards of care.<br><br>**Risk 2703** - **Medicine division -** There is a risk that a significant proportion of staff will experience sickness or be required to self-isolate or commence social distancing and be away from work. This could result in the division's ability to treat patients safely and effectively being compromised<br><br>**Risk 2762** - There is a risk that a patient may come to significant harm while receiving NIV in a Side Room. The risk is that the patient could remove the mask for NIV whilst the nurse is out of the side room<br><br>**Moderate risks:**<br><br>**Risk 2767** - During extreme heatwave on Stanhoe ward, fans can be used in patient side rooms and staff rooms. The use of fans can spread the viral load of coronavirus increasing risk to staff and patients.<br><br>**Risk 2706** - There is a risk that there could be a delay in starting CPR if a patient arrests due to applying PPE precautions especially in the instance of patients with confirmed or suspected COVID-19. |

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| | **Risk 2704 -** There is a risk of exposure to COVID-19 for patients and staff attending outpatient appointments.<br><br>**Risk 2748 -** There is a risk that one or more element of PPE may not be available due to a national shortage of PPE during COVID-19 pandemic.<br><br>The self-assessment provides good assurance that there is organisational compliance with IPC practices, including cleaning and decontamination, use of PPE, hand hygiene, isolation, waste management and training of staff.<br><br>It should also be noted that oversight of specific IPC metrics regarding cleaning and health acquired infection (HCAIs) are monitored through the monthly IPR<br><br>An action plan will be developed via the Hospital Infection Control Committee to ensure gaps in assurance are strengthened and will be mapped to the Trust annual IPC programme. This will be monitored monthly by the Hospital Infection Control Committee, in accordance with the Hygiene Code. |
| **Recommendation:** | The Board is requested to:<br>• To receive and review the self-assessment<br>• To note this document and acknowledge the arrangement for ongoing monitoring via the Hospital Infection Control Committee. |
| **Acronyms** | IPC- Infection Prevention and Control<br>ASG-Antimicrobial Stewardship Group<br>ED - Emergency Department<br>SOP -Standard Operating Procedure<br>ICT - Incident Control Team<br>BAME - Black, Asian and Minority Ethnic Group<br>PPE – Personal Protective Equipment<br>BAF- Board Assurance Framework<br>HICC- Hospital Infection Control Committee<br>PIR- Post Infection Review<br>PHE- Public Health England<br>HCPC-Health Care Professional Council<br>HPV- Hydrogen Peroxide Vapour<br>UV- Ultra Violet<br>EPMA-Electronic Prescribing and Medicines Administration<br>OPAT-Out-patient Parenteral Antibiotic Therapy |