Infection prevention and control board assurance framework

**RR/App 03/2020**

(Agenda item: 19)

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Foreword

NHS staff should be proud of the care being provided to patients and the way in which services have been rapidly adapted in response to the COVID-19 pandemic.

Effective infection prevention and control is fundamental to our efforts.  We have developed this 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 general principles can be applied across all settings; acute and specialist hospitals, community hospitals, mental health and learning disability, and locally adapted.

The framework can be used to assure directors of infection prevention and control, medical directors and directors of nursing by assessing the measures taken in line with current guidance.  It can be used to provide evidence and also as an improvement tool to optimise actions and interventions. The framework can also be used to assure trust boards.

Using this framework is not compulsory, however its use as a source of internal assurance will help support organisations to maintain quality standards.



Ruth May

Chief Nursing Officer for England

# 1. Introduction

As our understanding of COVID-19 has developed, PHE and related [guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) on required infection prevention and control measures has been published, updated and refined to reflect the learning. This continuous process will ensure organisations can respond in an evidence-based way to maintain the safety of patients, services users and staff.

We have developed this framework to help providers assess themselves against the guidance as a source of internal assurance that quality standards are being maintained. It will also help them identify any areas of risk and show the corrective actions taken in response. The tool therefore can also provide assurance to trust boards that organisational compliance has been systematically reviewed.

The framework is intended to be useful for directors of infection prevention and control, medical directors and directors of nursing rather than imposing an additional burden. This is a decision that will be taken locally although organisations must ensure they have alternative appropriate internal assurance mechanisms in place.

# 2. Legislative framework

The legislative framework is in place to protect service users and staff from avoidable harm in a healthcare setting. We have structured the framework around the existing 10 criteria set out in the [Code of Practice](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/449049/Code_of_practice_280715_acc.pdf) on the prevention and control of infection which links directly to [Regulation 12](https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-12-safe-care-treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The [Health and Safety at Work Act](http://www.legislation.gov.uk/ukpga/1974/37/contents) 1974 places wide-ranging duties on employers, who are required to protect the 'health, safety and welfare' at work of all their employees, as well as others on their premises, including temporary staff, casual workers, the self-employed, clients, visitors and the general public. The legislation also imposes a duty on staff to take reasonable care of health and safety at work for themselves and for others, and to co-operate with employers to ensure compliance with health and safety requirements.

Robust risk assessment processes are central to protecting the health, safety and welfare of patients, service users and staff under both pieces of legislation. Where it is not possible to eliminate risk, organisations must assess and mitigate risk and provide safe systems of work. In the context of COVID-19, there is an inherent level of risk for NHS staff who are treating and caring for patients and service users and for the patients and service users themselves in a healthcare setting. All organisations must therefore ensure that risks are identified, managed and mitigated effectively.

# Infection Prevention and Control board assurance framework

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| |  | | --- | | 1. **Systems are 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** | | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and processes are in place to ensure:   * infection risk is assessed at the front door and this is documented in patient notes * patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission * compliance with the national [guidance](https://www.gov.uk/government/publications/coronavirus-covid-19-hospital-discharge-service-requirements) around discharge or transfer of COVID-19 positive patients * patients and staff are protected with PPE, as per the PHE [national guidance](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103031) * national IPC [guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) is regularly checked for updates and any changes are effectively communicated to staff in a timely way * changes to [guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control) are brought to the attention of boards and any risks and mitigating actions are highlighted * risks are reflected in risk registers and the Board Assurance Framework where appropriate * robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens | Carenotes, inter healthcare transfer form  Swabbing on admission in all wards  Single en-suite rooms for all admission into MH settings  Cohorting patients in community hospitals  Carenotes  Trust dashboard in order that Trust understands levels of infection daily  Isolation guidance  Carenotes, Discharge screening guidance issued 27.4.20  PPE guidance issued as per PHE  Community hospital audit (8-22 May)  PPE sit rep reports  Trust PPE guidance issued 31.3.20 and updated via designated PPE intranet page  Robust system for ensuring all guidance is collated and noted through emergency planning team  DoN and IPC nurse consultant on regular calls and webinars with CNO England  Report to Quality committee  Extra ordinary safety sub committee scheduled  Execs GOLD command daily / twice weekly  Risk register detailed PPE and IPC separately as potential risks  IPC Committee reporting on all infections.  WRM reporting all infections and pathogens  IRR for all other infections such as MRSA and CDiff as ‘usual’ mechanism for reporting and reviewing | Non-consenting patients in MH wards  Possible shortages of PPE in certain locations  Guidance at a weekend may be missed | Clear guidance produced for all staff within these settings  Robust distribution of all PPE across Trust sites  Clear system for escalation  Emergency planning team and director on call  IPC team  Guidance issued through DoN and CEO circulation lists  Presented at Board meeting 10/6/20  To be presented at  Extraordinary safety subcommittee 30/6/20 and Quality Committee 8/7/20 |
| 1. **Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and processes are in place to ensure:   * designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas * designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas. * decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other [national guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) * increased frequency of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other [national guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) * linen from possible and confirmed COVID-19 patients is managed in line with PHE and other [national guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) and the appropriate precautions are taken * single use items are used where possible and according to Single Use Policy * reusable equipment is appropriately decontaminated in line with local and PHE and other [national policy](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) | Staff have all received mandatory  training records  Content of IPC training ensures staff  have appropriate training  All staff / ward areas issued with:  Approved PPE training package including: PHE videos; posters, donning and doffing guidance, flow charts  All staff issued with robust IPC guidance on intranet and through HoN and Matrons  Chief Nurse liaised with Chief Nurse in another trusts to develop PPE safety officer role  Cleaning staff have had all appropriate training – increased cleaning schedules now in place  Mandatory training records/content of IPC training  Approved training package includes: PHE videos; posters, guidance, flowcharts  Audit in all community hospitals re PPE  “Clinell time” introduced at each shift handover  Environmental cleaning, linen and laundry procedure in place    Enhanced cleaning and records  Environmental cleaning, linen and laundry procedure in place    Environmental cleaning, linen and  laundry procedure in place  PPE guidance and medical devices policy in place  Decontamination procedure in place  Clear Trust guidance for staff for re-using any PPE eg goggles/visors | Currently no PPE safety officers/buddies formerly in place  PPE donning and doffing audit not yet completed in MH and secure settings | Some IPC link nurses undertaking this role; training arranged including webinar with another trusts using system  All actions in place for community hospitals- high % compliance.    Audit planned for MH and secure settings |
| 1. **Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and process are in place to ensure:   * arrangements around antimicrobial stewardship are maintained * mandatory reporting requirements are adhered to and boards continue to maintain oversight | Antimicrobial stewardship programme in place alongside all providers led by CCG  IPCDC minutes  DIPC annual report  Weekly review meeting minutes  Appropriate escalation to executive committee  Quality committee oversight |  |  |
| 1. **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** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and processes are in place to ensure:   * implementation of [national guidance](https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0030_Visitor-Guidance_8-April-2020.pdf) on visiting patients in a care setting * areas in which suspected or confirmed COVID-19 patients are where possible being treated in areas clearly marked with appropriate signage and have restricted access * information and guidance on COVID-19 is available on all Trust websites with easy read versions * infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved | Trust intranet- designated covid page for staff to use  Visitor guidance issued  Signage on wards  No blanket bans in MH/LD or CAMHS and visits individually risk assessed.  No visiting as per national guidance in community hospitals unless EOL  Trust standard isolation posters  Information on all community hospital sites  Information clearly marked on all MH wards  Trust intranet- designated covid page  Easy read versions of all types of information available on Trust website developed by LD service  Inter healthcare transfer form  Referral letter  Swabbing on discharge to care homes |  |  |
| 1. **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** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and processes are in place to ensure:   * front door areas have appropriate triaging arrangements in place to cohort patients with possible or confirmed COVID-19 symptoms to minimise the risk of cross-infection * patients with suspected COVID-19 are tested promptly * patients that test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested * patients that attend for routine appointments who display symptoms of COVID-19 are managed appropriately | Triage system with screening and designated areas  Co-horting in community hospitals in place as per IPC team guidance (and other infection management)  MH settings which have  en-suite rooms can isolate patients  Trust guidance on cohorting/ testing  MH admission and COVID +ve guidance issued  Isolation guidance issued for MH and secure settings  All patients are tested on admission and if symptomatic– as per Trust IPC guidance  Alert on Carenotes if COVID +ve  Any patients returning from leave in MH settings tested are tested as per guidance  Alert on Carenotes if +ve  MH guidance issued  Screening guidance  All services prioritised in line with Community services guidance and MH guidance  Notices/signage in all areas telling public not to enter if displaying symptoms  Where possible all appointments digital  PPE worn on all home and Face to face visits / appointments | Concerns re non-consenting patients in MH and Secure settings | Clear Trust guidance in place for isolation and seclusion |
| 1. **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** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and processes are in place to ensure:   * all staff (clinical and non- clinical) have appropriate training, in line with latest PHE and other [guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf), to ensure their personal safety and working environment is safe * all staff providing patient care are trained in the selection and use of PPE appropriate for the clinical situation and on how to safely [don and doff](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877658/Quick_guide_to_donning_doffing_standard_PPE_health_and_social_care_poster__.pdf) it * a record of staff training is maintained * appropriate arrangements are in place that any reuse of PPE in line with the [CAS alert](https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103031) is properly monitored and managed * any incidents relating to the re-use of PPE are monitored and appropriate action taken * adherence to PHE [national guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe) on the use of PPE is regularly audited * staff regularly undertake hand hygiene and observe standard infection control precautions * staff understand the requirements for uniform laundering where this is not provided for on site * all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other [national guidance](https://www.nhs.uk/conditions/coronavirus-covid-19/check-if-you-have-coronavirus-symptoms/) if they or a member of their household display any of the symptoms. | Approved PPE Training includes: PHE videos; posters, clear trust guidance, training presentations, community hospital audit  Clear process for contractors led by estates  HoN and estates reviewing each inpatient area to ensure all IPC measures to prevent Hospital Acquired COVID are in place such as: social distancing in communal areas; use of paper towels; use of appropriate ventilation systems; frequent cleaning of all non-clinical devices such as PC’s mice; ‘clinell time’  Approved PPE Training; Donning and doffing PHE videos; PHE posters, clear trust guidance, training presentations, community hospital audit  IPC mandatory training    Trust guidance in re-usable PPE – googles and visors (not gowns)  All incidents related to PPE are reported on Ulysses system and monitored by governance team  Escalated when appropriate through WRM and other mechanisms  Report to QC on safety issues in May 2020  Trust guidance in place  Audit of community hospitals undertaken- demonstrated excellent compliance  Trust issued basic IPC principles in form of an infographic for display on all wards and areas  Posters relating to hand hygiene in place  Trust guidance on all IPC measures on intranet  All HoN take lead role in ensuring adherence to basic hand hygiene and IPC measures  Trust guidance issued re uniforms as per PHE guidance  MH and Secure wards issued with scrubs    Trust guidance on intranet  Daily comms bulletins  Cascading information through Service Directors and Clinical Directors  Visits from IPC team  Visits from Chief nurse  HoN leading on IPC measures | PPE safety officer/buddies not yet formerly in place  No training record for PPE  To appoint PPE safety officers/Buddies  No audit for MH and secure settings has taken place | Some IPC link nurses undertaking this role; training arranged including webinar with another trusts using system  Audit of compliance in community hospitals completely and planning for audit in MH and secure settings  Planned audit in all settings  Some IPC link nurses undertaking this role; training arranged including webinar with another trusts using system |
| 1. **Provide or secure adequate isolation facilities** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and processes are in place to ensure:   * patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate * areas used to cohort patients with suspected or confirmed COVID-19 are compliant with the environmental requirements set out in the current PHE [national guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) * patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement | Confirmed +ve cases alerted via Carenotes  Isolation guidance for MH  Cohorting in community hospitals (as per other infection management)  Deisolation flowchart    Alerts of +ve patients on Carenotes  Managed locally | Not possible to completely cohort in MH settings – | Using en-suite facilities to  isolate +ve patients or specifically labelled areas to ensure no cross contamination |
| 1. **Secure adequate access to laboratory support as appropriate** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| There are systems and processes in place to ensure:   * testing is undertaken by competent and trained individuals * patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other [national guidance](https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested) * screening for other potential infections takes place | Specific testing team initially with appropriate training  Trust guidance issued regarding testing and swabbing  Clear robust links with OUH  Clinical Director overseeing testing system and process  Clear trust guidance and result provided in Carenotes  Process in place as pre-COVID and results provided in Carenotes | Testing following 5-7 days from admission swabbing not taking place in all MH settings | Guidance now in place |
| 1. **Have and adhere to policies designed for the individual’s care and provider organisations that will help to prevent and control infections** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Systems and processes are in place to ensure that:   * staff are supported in adhering to all IPC policies, including those for other alert organisms * any changes to the PHE [national guidance](https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe) on PPE are quickly identified and effectively communicated to staff * all clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current [national guidance](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/881489/COVID-19_Infection_prevention_and_control_guidance_complete.pdf) * PPE stock is appropriately stored and accessible to staff who require it | Trust IPC policy  IPC committee  Weekly Review Meeting which captures all infections and associated RCA  IPC team advice / IPC link nurses  Chief Nurse , CEO and emergency planning team have alerts directly to their inbox.  Changes identified and updated guidance issued on intranet and put in daily comms bulletin  Communication via HON’s and Clinical directors  Trust IPC policy and guidance  Comms/ designated intranet pages  Guidance issued from waste manager/comms  Procurement and distribution led by DoF and team.  Clear process in place.  Daily teleconferencing and sit reps  Escalation process in place |  | |
| 1. **Have a system in place to manage the occupational health needs and obligations of staff in relation to infection** | | | |
| **Key lines of enquiry** | **Evidence** | **Gaps in Assurance** | **Mitigating Actions** |
| Appropriate systems and processes are in place to ensure:   * staff in ‘at-risk’ groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported * staff required to wear FFP reusable respirators undergo training that is compliant with PHE [national guidance](https://www.hse.gov.uk/news/face-mask-ppe-rpe-coronavirus.htm) and a record of this training is maintained * staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing * staff that test positive have adequate information and support to aid their recovery and return to work. | Risk screening process for all staff.  Identified ‘vulnerable’ and ‘at risk’ groups and detailed risk assessment process in place  Local bespoke interventions and plans developed for each individual involving Occupational Health where appropriate  BAME engagement / listening events planned  Psycho-social group in place to support staff  N/A  Absence line established  Occupational health referrals  Risk assessments  Testing guidance issued for staff  Trust guidance  Occupational health support if required  Local manager support  Bespoke local arrangements for phased return if needed | Possible backlog of risk assessments causing delays for staff  Ensuring sufficient lab capacity | Process in place with additional capacity if necessary  Lead clinical director liaising with OUH |