

Report to the Public Board

Date: 8 June 2022

Title of Report	IPC BAF Update Report	Agenda Item	4.5
Lead Director	Evonne Hunt, Chief Nursing Officer, DIPC		
Report Author	Stephanie Gorman, Associate Director of IPC		
Executive Summary	<p>This paper provides an update to the Trust Board on IPC compliance, and progress to date on completion and closure of actions outlined within the IPC BAF improvement plan.</p> <p>Items of key note</p> <ul style="list-style-type: none"> Plans in place to support continuous monitoring of closed actions and embedding learning into practice Plans in place to support actions off track to be completed in May 2022 		
Committees or Groups at which the paper has been submitted	Regular updates provided to the Quality and Patient Safety Sub-Committee and IPC Group		
Resource Implications	N/A		
Legal Implications/Regulatory Requirements	The Trust is required to be compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and the Care Quality Commission (Registration) Regulations 2009.		
Quality Impact Assessment	N/A		
Recommendation/Actions required	The Trust Board is asked to note the content of this report and note the changes in the process of updating, presenting evidence, agreeing ratings and the forward monitoring of the Well Led and Core Service action plan.		
	Approval <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input checked="" type="checkbox"/>
Appendix	N/A		

1. Introduction

Following the Trust exiting NHSE/I infection prevention and control (IPC) oversight last year, the Clinical Commissioning Group (CCG) attended the Trust in November 2021 for a surveillance visit as per the NHSEI step down agreement (three surveillance visits). It was acknowledged that the Trust had multiple IPC improvement plans. This led to the development of one consolidated IPC improvement plan which included the December 2021 IPC Board Assurance Framework (BAF) version 1.8, was presented and signed off at the January 2022 Trust Board meeting.

Subsequent to the above, the Trust had the third and final CCG surveillance visit at the beginning of March 2022. The IPC BAF improvement plan was reviewed as part of this surveillance visit. The plan is a live document which is regularly updated, and is a standing agenda item for monitoring discussions at the monthly IPC Group and Quality Assurance Committee.

The Living with COVID-19 white paper published in February 2022, and subsequent guidance to step down restrictions means some actions were closed instantaneously as they are no longer relevant. New actions for support the continued management of COVID as business as usual are being added to the IPC BAF improvement plan.

To ensure greater visibility of the evidence and to ensure transparency the IPC team have created an evidence folder. This aligned to each of the criterion in the BAF with sub folders for each heading. This allows the team to access all the evidence in one place.

This report provides the Trust Board with an update on IPC compliance, and progress to date on completion and closure of actions outlined within the IPC BAF improvement plan.

2. Update on the BAF Improvement Plans

April 2022 update

For the month of February 2022, there were a total of 46 actions due to be completed. Of the 46 actions, 38 actions were fully completed and 8 action were off track to be completed by March 2022.

For the month of March 2022, 118 new actions were due to be completed. Of the 118 new actions, 44 were fully completed, leaving a total of 74 off track. The 8 actions overdue from February, 3 were fully completed, with 5 moving into overdue as they couldn't be completed in March as was initially planned. Therefore, the total number of actions (old from February and new) completed in March was 47.

For the month of April 2022, there were a total of 25 new actions due to be completed. Of the 25 new actions, 5 were fully completed and 20 new actions were off track. The 74 actions overdue from March, 22 were fully completed in April, therefore the total number of actions (old and new) completed in April was 27. 57 off track and overdue actions from March have not moved into overdue in April (this includes the 5 actions that were already overdue in March).

Table 1 below provides a breakdown of current position.

BAF Actions	February YTD Total	March YTD Total	April YTD Total
Total actions due to be completed	46	118	25

Red (overdue)	0	5	57
Amber – off track but with actions to deliver	8	74	20
Blue - action completed	38	47	27

The high numbers of off track and overdue actions was due to high numbers of Covid-19 related sickness absence and staff annual leave during the month of March and April 2022, with the IPC team capacity reduced by 50%. The team is now back up to full complement in beginning of May 2022, including new members of staff starting within the team, therefore, the plan is for all off track and overdue actions to be completed by June 2022.

The action plan monitoring approach of the IPC team is to have full visibility of action evidence within the IPC BAF evidence folder before the action can be deemed completed. To this end

3. IPC Update

Effective infection prevention and control is fundamental to the delivery of high quality, safe and effective patient care. This remains a high priority for the Trust with the objective for engagement and ownership of infection prevention and control throughout the organisation at all levels from ward to board. This report provides the Quality and Patient Safety Sub-Committee with a progress update on:

- Update on mandatory surveillance using the NHS Standards contract 22/23 with the thresholds for Healthcare Associated Infections (HAIs)
- Measure of Trusts current management of SARS-COV2 virus (COVID-19) for April 2022 including outbreaks
- IPC audits
- Hand hygiene Audit results
- Training compliance
- National and Regional Updates

The NHS Standards Contract for 22/23 was agreed 27th April 2022 and published 10th May 2022. This sets out the thresholds for each trust to support the minimising of C.Difficiles and GNBI's. It does not detail MRSA but there remains a zero tolerance to any bacteraemias.

In April the Trust breached the MRSA threshold with a hospital acquired bacteraemia in a complex orthopaedic patient. This was the first bacteraemia in 23 months (May 2020). The Trust also had 3 HOHA C.Difficiles

April 2022 started to see a drop in the number of patients testing positive for COVID. This is an expected reduction when measured against national trends and a reduction in community prevalence. In line with the actions from the Living with Covid white paper released in February and the resulting NHSE/I actions published 30th March and 14th April the Trust's admission testing protocol was amended to reflect national policy. There are further actions that will occur throughout May 2022 to move to pre pandemic business as usual

Throughout April the Trust developed a plan to action the proposals for easing of COVID restrictions following NHSE/I guidance published 30th March and 14th April 2022. These include an implementation plan for easing social distancing, reducing isolation period from 10-7 days, stopping of cohorting asymptomatic contacts, Change in testing for elective surgery and increasing visitors.

4. Mandatory Surveillance of HAI's

A summary update from the NHS Standard Contract 2022/23 for minimising *Clostridioides difficile* and GNBI's. This was written on 27th April 2022 and published 10th May 2022.

As for 2021/22 trust level thresholds include all healthcare associated cases (ie HOHA and COHA)

Trusts are required to reduce the rates of HAI's to be under the thresholds set by NHSE/I

The threshold was worked out on last year's number of cases up to November 21.

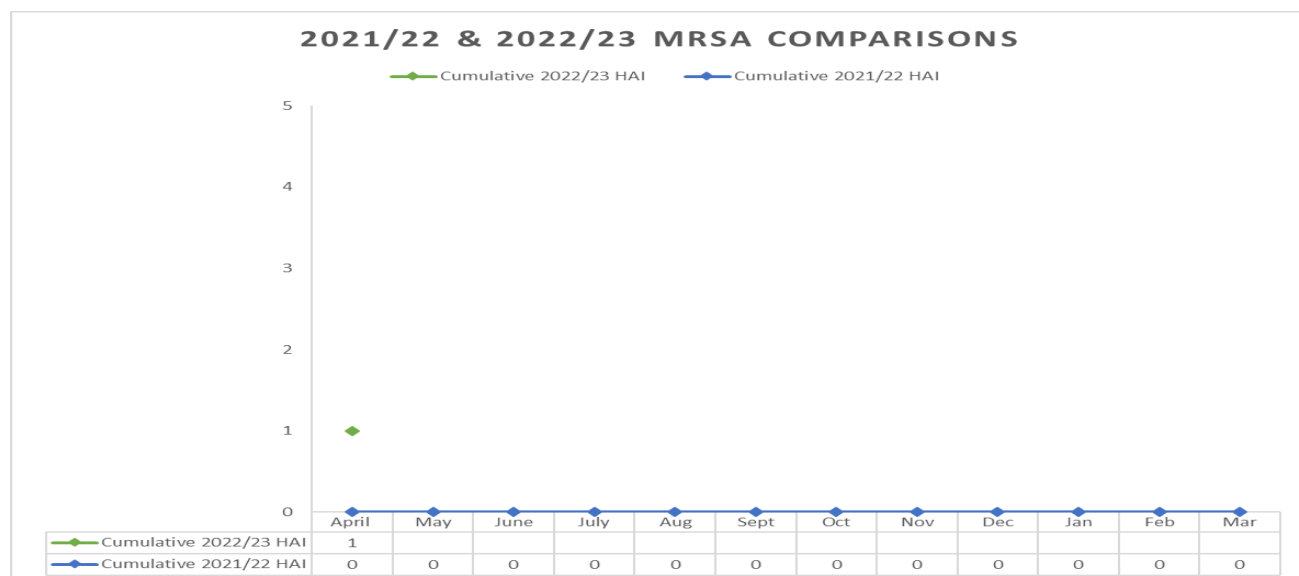
C.difficile - if the number of cases was 10 or less the threshold would be equal to that count. For all others the threshold was reduced by 1.

GNBI's – For E.coli, Klebsiella and Pseudomonas if the number of cases was 10 or less the threshold would be equal to that count. For all others the threshold would be reduced by 5%

MRSA – not mentioned in contract but to remain at zero tolerance

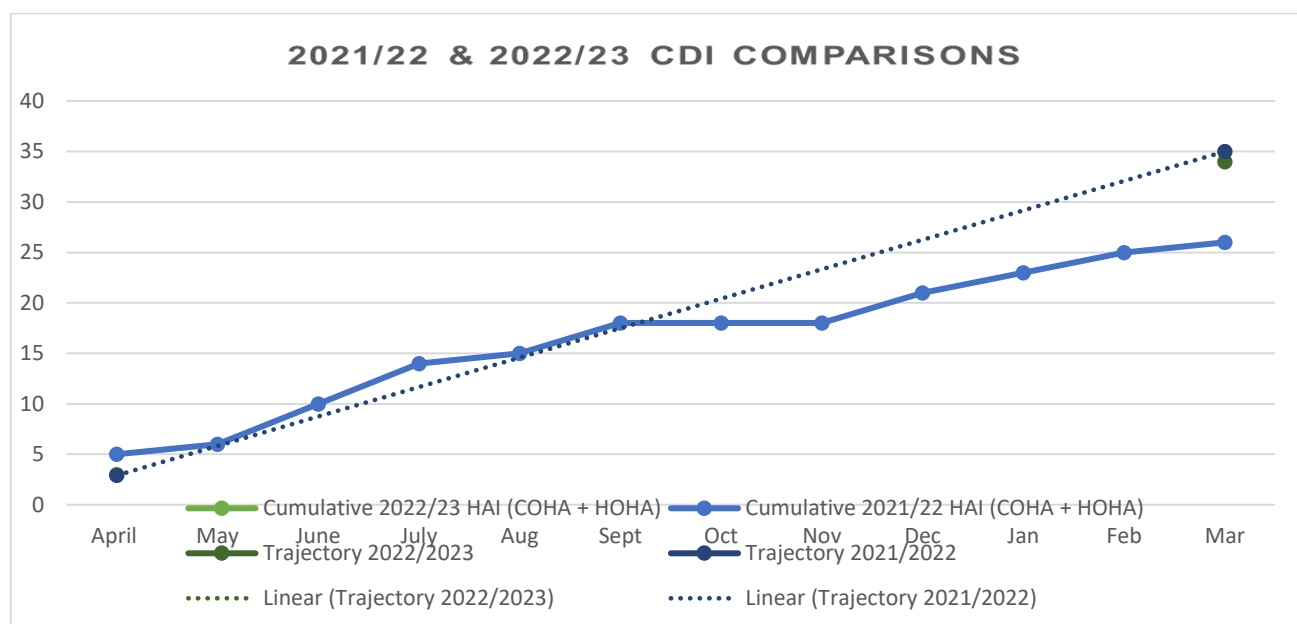
MRSA comparison to previous years. This year's tolerance is 0 hospital acquired cases, which was breached in April for a complex orthopaedic patient.

MRSA Bacteraemia (Tolerance 0 CASES)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory 21/22
Cumulative 2022/23 HAI	1												0
Cumulative 2021/22 HAI	0	0	0	0	0	0	0	0	0	0	0	0	0
Cumulative 2020/21 HAI	0	1	1	1	1	1	1	1	1	1	1	1	
Cumulative 2019/20 HAI	0	1	2	3	3	3	3	3	4	4	6	6	



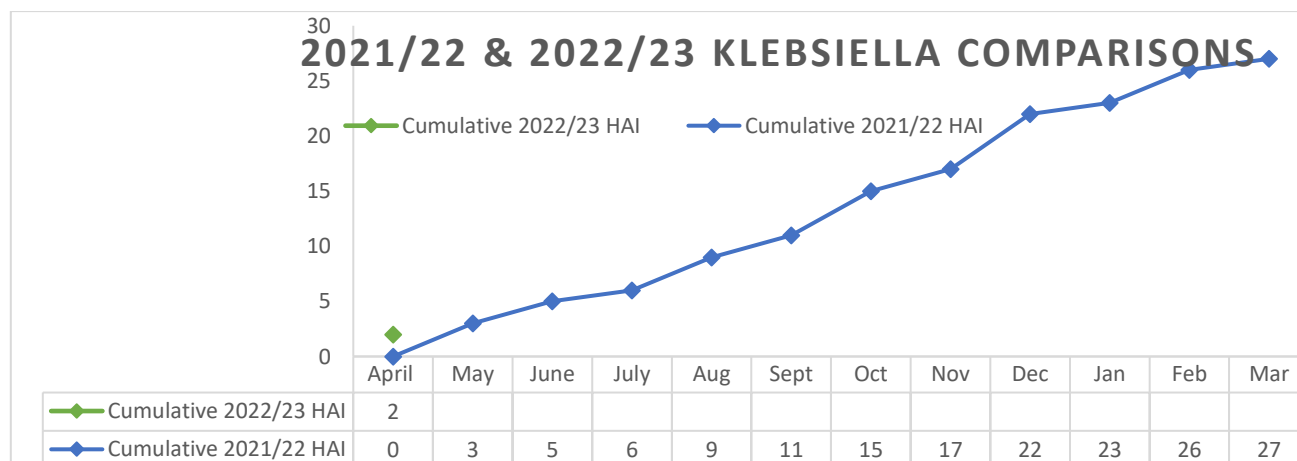
C.diff comparison to previous years. This year's tolerance is for 34 cases across HOHA and COHA.
For April there were 3 cases all HOHA

Clostridium Difficile Infection	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory 21/22
Cumulative 2022/23 HAI (COHA + HOHA)	3												34
Cumulative 2021/22 HAI (COHA + HOHA)	5	6	10	14	15	18	18	18	21	23	25	26	35
Cumulative 2020/21 HAI (COHA + HOHA)	1	10	12	13	17	20	30	33	38	40	41	45	43
Cumulative 2019/20 HAI (COHA + HOHA)	3	5	12	17	18	19	26	27	28	30	21	32	



Klebsiella has a trajectory of 37. For April the Trust reported 2 cases.

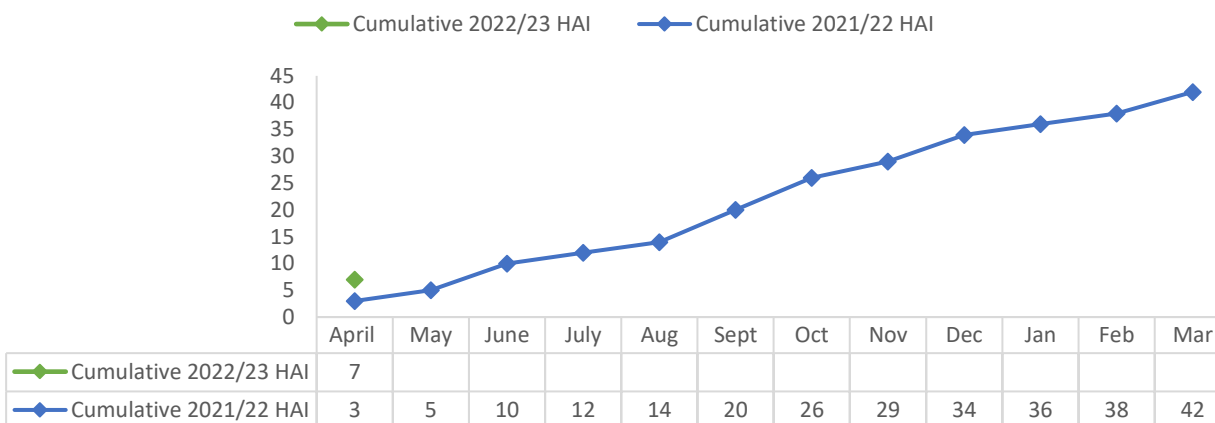
Klebsiella	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory 21/22
Cumulative 2022/23 HAI	2												37
Cumulative 2021/22 HAI	0	3	5	6	9	11	15	17	22	23	26	27	38
Cumulative 2020/21 HAI	1	4	4	5	8	11	14	17	18	20	21	23	



E Coli BC has a threshold of 77. Number of cases are 7 for April

E Coli BC (10% reduction target)	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory 21/22
Cumulative 2022/23 HAI	7												77
Cumulative 2021/22 HAI	3	5	10	12	14	20	26	29	34	36	38	42	112
Cumulative 2020/21 HAI	2	6	9	11	16	20	20	25	32	37	40	45	

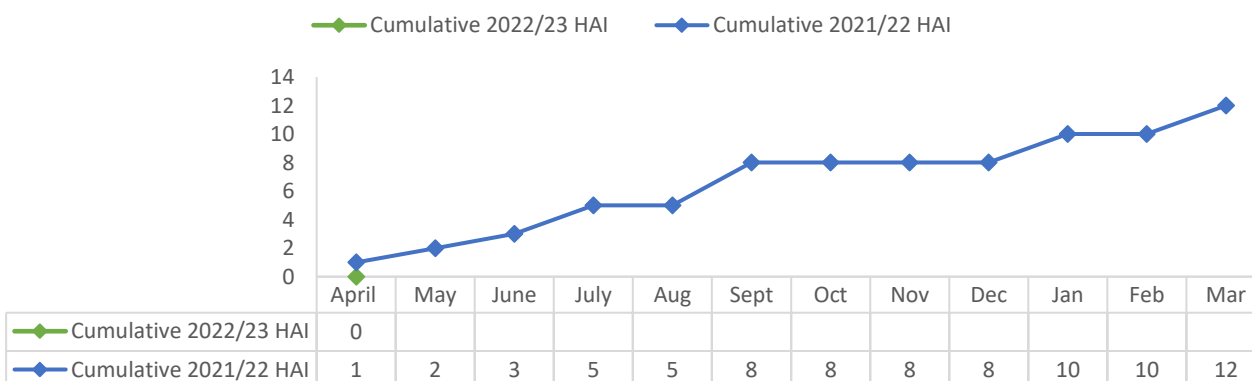
2021/22 & 2022/23 E-COLI COMPARISONS



Pseudomonas has a threshold of 17. There have been 0 cases in April

Pseudomonas	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory 21/22
Cumulative 2022/23 HAI	0												17
Cumulative 2021/22 HAI	1	2	3	5	5	8	8	8	8	10	10	12	33
Cumulative 2020/21 HAI	0	0	0	1	3	4	4	5	6	6	8	9	

2021/22 & 2022/23 PSEUDOMONAS COMPARISONS



MSSA bacteraemia's do not have a set trajectory

MSSA Bacteraemia	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Trajectory 21/22
Cumulative 2022/23 HAI	2												
Cumulative 2021/22 HAI	1	3	8	9	10	13	14	16	17	18	23	26	
Cumulative 2020/21 HAI	2	3	4	7	8	9	10	12	13	16	17	17	



Next steps 22/23

- Working with ASG to ensure antimicrobial stewardship remains a top priority
- Increase frequency of antimicrobial point prevalence audits and working with the pharmacy team
- Continue to hold C.Difficile PIR's as a panel to insure learning is understood for any omissions
- All PIR's to be discussed at the monthly IPC operational group meeting to share learning with other wards
- Commode competencies for cleaning
- Re introduce the "8 is great" drink tracker for patients on the ward
- ANTT training and competency assessments working with PDN's
- Roll out RCA style process for hospital acquired GNBI's similar to existing COVID process
- Audit utilisation of catheter passports
- To aim for a 5% reduction for GNBI's on last years achievement not threshold

5. Hospital Management of Covid-19

On the 23rd February 2022 the government published the "Living with COVID" white paper.

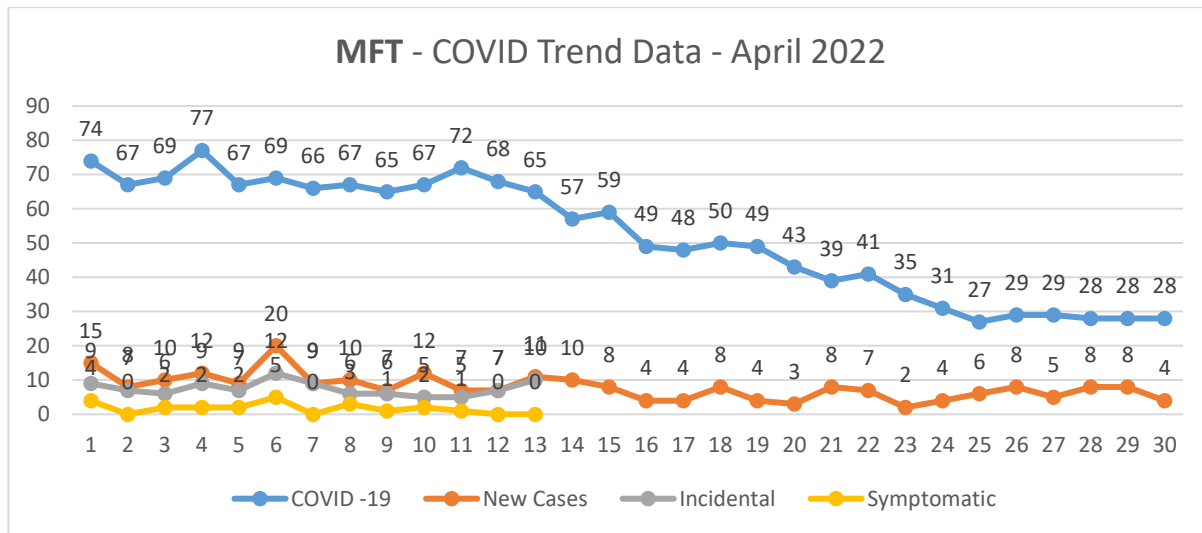
NHSE/I released guidance to support the changes on 30th March and 14th April. This was drafted into next steps for the Trust to navigate out of all the restrictions which was agreed through IPC cell, tactical and strategic. This would then be drafted into an implementation plan with actions throughout May to move to less restrictions by the end of May 2022.

From 8th April the first easing of restrictions occurred. This included admission screening reduced to day 1, 3, 6 and then only if patient became a contact, developed symptoms or was being discharged to a care facility. Weekly asymptomatic testing stopped as did daily screening on nightingale wards. This was due to the review by IPC during March demonstrating that the increase in COVID numbers was predominately incidental findings during routine screening and not an increase in symptomatic patients. There was no significant demand on respiratory or critical care capacity.

During April and due to the reduction in new cases it was also decided to ease visiting restrictions and follow the NHS/I guidance from 8th March to 2 visitors per patient for 1 hour a day each. This

should still remain restricted at 1 visitor per patient at a time to ensure continued social distancing in the bays.

Over the course of April as community prevalence dropped so did the numbers of admissions of COVID and the number of patients in hospital. This was in line with national and regional trends.



The number of red wards decreased to one surgical 6 bedded bay on a surgical ward and 1 medical ward plus a respiratory bay. Patients who were in ITU were often admitted for other reasons and not because of COVID.

In April there were 3 outbreaks declared. Also 8 of the outbreaks declared in March had closed during April with the last outbreak closing 1st May 2022. Again the majority of these were due to incidental findings following routine screening. Very few had symptoms and was all part of routine testing. During the reviews there were 3 key themes which were hand hygiene practices, PPE wearing including visors and social distancing. Actions were devised with the ward teams, supported by IPC to change the practices.

Due to the decrease in patient numbers IPC cell in April reduced to 2 times a week. This remained at this frequency to support the governance process for the changes being made to ease the restrictions.

6. Gather Audits

Gather continued to become embedded with the ward teams. IPC team continued to audit all ward areas.

IPC operational group had inaugural meeting in April. The group is attended by ward managers, Matrons, IPC Matron and is chaired by the Head of Nursing for cancer services. The purpose of the meeting will be to review ward level IPC audit data, question results, share good practice from areas performing well, and resolve barriers to achieving good scores. Wards will also present outcomes from post infection reviews and incidents at the meeting again to share learning.

During the audits the IPC team discovered that many posters were missing which accounts for some of the low score.

During April the IPC team were undertaking enhanced reviews on the areas that had HAI's during the month for the MRSA and C.Difficiles. The biggest issues found during this period were commode cleanliness, PPE use including wearing visors and changing PPE before leaving a bay/sideroom and

hand hygiene compliance with staff noted to move between patients environments without cleaning hands. This was particularly regarding the 5th moment of hand hygiene that was missed and not understood.

This increase in IPC presence and enhanced IPC audits by the IPC team is reflected in the lower audit scores in April with only 3 green areas. There was a reduction in areas being rated as red.

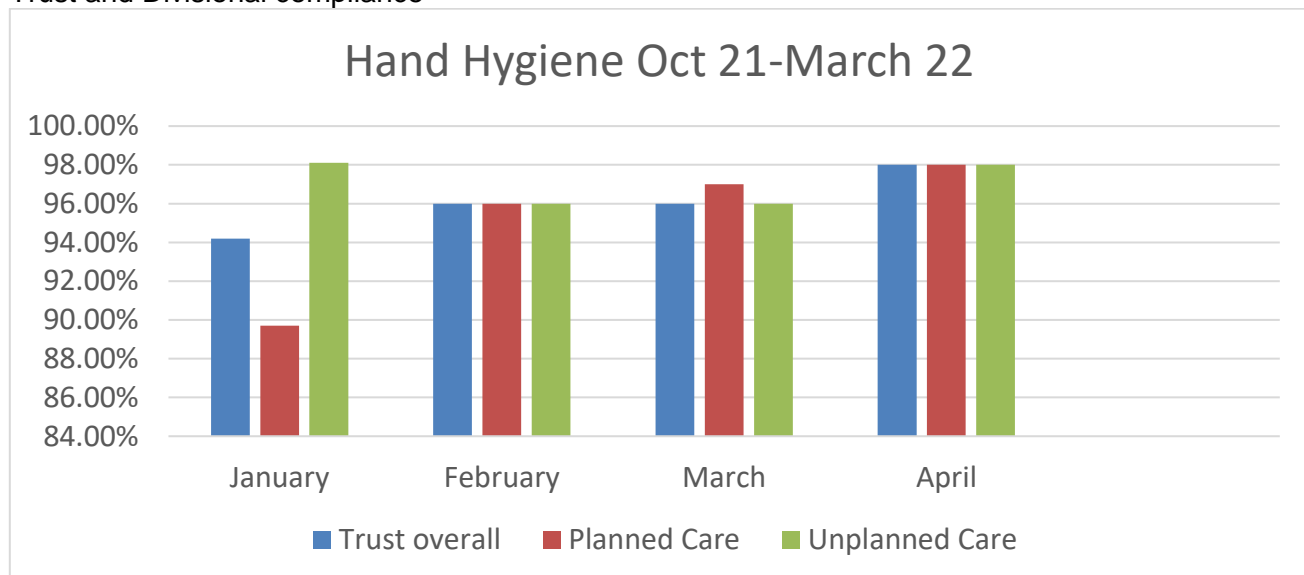
Next steps to move the red and ambers scores to green:

- Trust wide commode audit in May to review integrity and condition of commodes which will then support a business case for replacement commodes is planned.
- IPC have met with clinical effectiveness team and reviewed the questions to eliminate duplications and incorrect scoring
- An IPC pack of posters for all areas that meet the requirements

7. Hand Hygiene Compliance

IPC team have conducted hand hygiene audits in all inpatient ward area in April alongside ward managers.

Trust and Divisional compliance



8. Training Compliance

Training remains online during pandemic. Extra donning and doffing training in person to ensure correct use of PPE. IPC team planning return to Face to Face training in June once social distancing restrictions have been lifted.

Although the Trust compliance target is 85% this should be for level 1 training and level 2 training which is for clinical staff this should be above 90%.

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Stat/Man Course	Directorate	Overall percentage	Non-compliant Overall percentage	Variance
IP Level 1	Corporate	97.33%	2.67% (10)	1.01% improvement
IP Level 2	Corporate	82.40%	17.60% (22)	1.86% reduction
IP Level 1	Planned Care	97.71%	2.29% (8)	0.04% reduction
IP Level 2	Planned Care	89.91%	10.09% (152)	0.8% reduction
IP Level 1	Unplanned Care	94.05%	5.95% (15)	0.05% improvement
IP Level 2	Unplanned Care	90.84%	9.16% (128)	0.46% improvement

9. National and regional Updates

30th March 2022 an update for testing was released. Things like PCR screening on emergency admissions, PCR screening on discharge to care homes, PCR screening for immunocompromised patients, lateral flow testing for staff twice weekly and staff isolation following a positive test continue. Changes included inpatient screening on day 1, 3, 5-7 using lateral flow tests, Use Lateral flow tests for elective surgery, Visitors no longer need to test prior to visiting and staff who are household contacts of a positive person and who are asymptomatic can remain at work and no longer need a negative PCR first. This went live from 8th April within the Trust.

On 4th April a SOP for the testing for elective surgery pre-admission was published. This is being worked through by a task and finish group to look at the different streams. Patients who are fully vaccinated, are low risk and for day surgery without an overnight stay will not need any testing prior to procedure. Patients who are high risk and require an overnight stay in critical care should continue to get PCR tested prior to procedure. The remaining patients will need a lateral flow test prior to procedure.

National IPC manual released for use within trusts on 14th April. This covers Standard IPC precautions and Transmission based IPC precautions. The IPC team needs to complete a gap analysis and recommendations on utilising this tool to present to IPCC in June. This will likely replace 4 IPC policies.

The IPC manual describes and updated list on procedures that are classed as aerosol generating. This is after several studies on the process of droplet and airborne particle transmission. This list is to be discussed and agreed through IPC cell.

Living with COVID implementation plan to deliver reduction of social distancing, stopping of cohorting asymptomatic contacts, reducing inpatient isolation from 10 days to 7 days, and the return of visiting and cleaning to pre pandemic levels has been drafted, presented at IPC cell and strategic and is aiming to deliver by end of May 2022.

26th April 2022 – SOP for symptomatic and asymptomatic staff testing published by NHSE/I which detailed the switch of using PCR for staff testing to using lateral flow devices as well as the process to use lateral flow tests to reduce the isolation period from 10 days to 6 with lateral flow testing from day 5. Staff who are identified as a close household contact no longer need to isolate and wait for negative PCR but as long as remain asymptomatic can continue to work using lateral flow tests.