Infection prevention and control board assurance framework

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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 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 on the prevention and control of infection which links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Health and Safety at Work Act 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

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 around discharge or transfer of COVID-19 positive patients • **all staff (clinical and non-clinical)** are trained in putting on and removing PPE; know what PPE they should wear for each setting and context; and have access to the PPE that protects them for the appropriate setting and context as per national guidance	All staff are taught to undertake a dynamic risk assessment before patient contact and don the appropriate level of PPE. Infection Prevention and Control nurses giving specific support during the COVID19 outbreak. A senior support cell was established within the Clinical Hub to support COVID19 conveyance decisions. Strategic Command structure in place to support COVID19 response with IPC nurses working as subject matter experts as part of the Clinical Support Cell. Includes daily check of national IPC guidance and contribution to national discussion via the National Ambulance IPC Group – advising PHE for the sector. Support is obtained from the Public Health England team as required.	Additional work to ensure staff understanding of guidance and consistent application of PPE is underway to ensure we are assured of compliance. Sustainability of IPC practitioners over time during pandemic due to vacancy, but also in terms of resilience going forward a review of IPC capacity of the Trust would be beneficial.	Further audit in practice planned for Q2 and Q3 Temporary support from agency and recruitment to substantive post underway. Review of overall staffing and support for the Infection Prevention and Control function.

• national IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way • changes to guidance 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	PHE and NHS E/I guidance has been communicated and adhered to. IPC guidance is continually reviewed, and practice updated as required. PPE has been distributed and worn in line with PHE national guidance and we have communicated to staff this requirement on a regular basis. COVID19 related policies and risks are highlighted on a daily basis via command structures. Risk assessment processes remain active across the Trust which determine where staff are caring for patients with infections and pathogens other non COVID19, and guidance to support these patients is in place. The risk register has been reviewed and updated considering COVID19 and Board are fully sighted on current risks via the Board Assurance Framework. IPC risk assessments/policies and procedures remain in place and are embedded within mandatory training.		

| | Collaborative work with the local PHE office to support rigor in practice.

Resource Escalation Action Plan (REAP) adjusted during Covid-19 to provide visibility of the threat level and to support a framework to enable a safe operational and clinical response for patients. | | |

2. 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	Clinical IPC Support Cell supports the trust with guidance and advice. Staff have been trained in use of PPE and updated/supported to make evidence based clinical decisions about treatment pathways for COVID19 patients. Cleaning teams have been instigated in all major emergency departments to clean vehicles between each patient. Enhanced cleaning teams are available on most stations to ensure adequate decontamination following AGPs.		

• decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance • increased frequency, at least twice daily, of cleaning in areas that have higher environmental contamination rates as set out in the PHE and other national guidance • attention to the cleaning of toilets/bathrooms, as COVID-19 has frequently been found to contaminate surfaces in these areas • cleaning is carried out with neutral detergent, a chlorine-based disinfectant, in the form of a solution at a minimum strength of 1,000ppm available chlorine, as per national guidance. If an alternative disinfectant is use, the local infection prevention and control team (IPCT) should be consulted on this to ensure that this is effective against enveloped viruses	Enhanced cleaning, frequent touch point cleaning and on demand deep cleaning is available for all stations, call centres and office-based areas. Particular attention is paid to all areas specified. Risk assessments of all working environments have been instigated in line with Safer Working during COVID-19 guidance. Linen and clinical waste is handled in line with national guidance. Single use items are used where possible. RPE hoods and respirator units are reusable and are decontaminated after each use.	Sustainability of COVID-19 safe workplaces as activity increases and return more BAU or we encounter winter pressures or a second wave.	Consider capital investment in Estate to ensure we can support COVID-19 safer working practices and sustain the services at peak of performance during winter pressures/second wave.

• manufacturers' guidance and recommended product 'contact time' must be followed for all cleaning / disinfectant solutions/products
 	
• as per [national guidance](#):
 	
  • 'frequently touched' surfaces e.g. door/toilet handles, patient call bells, over-bed tables and bed rails, should be decontaminated at least twice daily and when known to be contaminated with secretions, excretions or bodily fluids
 	
  • Electronic equipment, eg mobile phones, desk phones, tablets, desktops and keyboards should be cleaned at least twice daily
 	
  • Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at elast twice daily)			

• linen from possible and confirmed COVID-19 patients is managed in line with PHE and other [national guidance](#) 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](#)			
• review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission			
3. 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	No changes in the AMR processes for the trust. AMR training and support for HCP is part of their continuous education program (CPD).	None	

• mandatory reporting requirements are adhered to and boards continue to maintain oversight			

4. 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 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	Patient escort within both 999 and PTS were suspended expect where there was a patient requirement, such as escort for a patient with dementia. All staff were briefed about the red/green & hot/cold areas and routes within the various hospital settings we cover. Trust webpages provided information for both staff and members of the public. The service promoted public health messages throughout, using various social media outlets and communications with media teams. Daily/weekly Covid-19 alerts provided to staff as guidance evolved in response to Covid-19.	Impact of reduction of patient escorts on patient safety	Undertake a structured review of patients with specific escort needs to review how safety was maintained

	All patients with suspected or known COVID19 were pre-alerted to ED staff prior to arrival.		

5. 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 and to segregate them from non COVID-19 cases to minimise the risk of cross-infection, as per national guidance • mask usage is emphasized for suspected individuals • ideally segregation should be with separate spaces, but there is potential to use screens, eg to protect reception staff • for patients with new-onset symptoms, it is important to achieve isolation and instigation of contact tracing as soon as possible	Integrated Urgent Care (NHS 111) worked with NHS E to ensure a safe pathway for staff to attend ED for testing, establishing the telephone triage for assessment PODs. Patient Transport Service enhanced booking service to include screening for COVID19 possible and confirmed cases. Patients must wear a mask for all transfers. We are using single occupancy transfer at present,	Capacity issues if this position needs to be sustained in PTS for a protracted period.	Review options to increase capacity, manage risk and maintain patient safety but deliver the service required.

- patients with suspected COVID-19 are tested promptly

- patients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re- tested and contacts traced

- patients who attend for routine appointments and who display symptoms of COVID-19 are managed appropriately

6. 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, to ensure their personal safety and working environment is safe	The Trust has established clear routes of communication and briefings in order to ensure work is undertaken in line with latest PHE guidance. Review of incidents is undertaken to ensure learning is gathered and fed back to staff in a timely manner.	Audit correct use of PPE.	Add to monthly audit program

• 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 it	Staff are trained in dynamic risk assessment, PPE selection and usage, including safe donning and doffing procedures. All training is recorded on ESR system.		
• a record of staff training is maintained			
• appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed	Safety alerts are processed in a timely manner.

Currently we only reuse PPE that is non disposable, such as the RPE units and hoods. | | |
• any incidents relating to the re-use of PPE are monitored and appropriate action taken			
• adherence to PHE national guidance on the use of PPE is regularly audited	We review PHE guidance on a regular basis and use it to form best practice for PPE. Audits are undertaken on a monthly basis.		
• staff regularly undertake hand hygiene and observe standard infection control precautions	Hand hygiene and social hygiene, such as catch it, bin it, kill it, have been heavily promoted throughout the pandemic.		
• hand dryers in toilets are associated with greater risk of droplet spread than paper towels.	Hand dryers are only located in general office areas, not in clinical settings. The option of hand towels has been provided during the pandemic even in office areas.		

Hands should be dried with soft, absorbent, disposable paper towels from a dispenser which is located close to the sink but beyond the risk of splash contamination as per national guidance • guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas • staff understand the requirements for uniform laundering where this is not provided on site • all staff understand the symptoms of COVID-19 and take appropriate action in line with PHE and other national guidance if they or a member of their household display any of the symptoms.	Clear guidance has been issued to all staff in line with PHE. Regular information about symptoms has been communicated to staff and we have continued to support links to the PHE and Government advice pages. Staff are required to follow the NHS Test and Trace system.		

7. 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 • patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement	PTS has made provision for single carriage for all patients at present. This is under review in line with new NHS England guidance. The 999 A&E service are working in collaboration with local Emergency Departments to ensure we understand and protect the COVID19 and non-COVID19 areas on arrival at local trusts. We have utilized a HALO role during times of peak demand. There have been no alterations in the way in which we manage other alert organisms.	Once the new standard is agreed, impact on the service can be reviewed.	

8. 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	The Trust has worked in collaboration with local pathology laboratories to provide testing for public and staff, including swabbing and antibody testing.		

• screening for other potential infections takes place			

9. 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 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 • PPE stock is appropriately stored and accessible to staff who require it	Infection Prevention and Control policy includes: Standard precautions, isolation requirements, safe handling and disposal of sharps, decontamination, notifiable diseases. In addition we have the following policies: High Consequence Infectious Disease procedure; Hand hygiene; Inoculation incident prevention and management; Aseptic technique including invasive devices; Outbreak control policy; Safe handling and disposal of waste; Uniform and dress code. Clinical waste has been handled in line with PHE guidance at all times. The Trust Procurement team have worked in collaboration with Operations and SME to ensure sufficient stock of PPE.		

10. 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 and a record of this training is maintained • consistency in staff allocation is maintained, with reductions in the movement of staff between different areas and the cross-over of care pathways between planned and elective care pathways and urgent and emergency care pathways, as per national guidance	All staff in 'at-risk' groups have been encouraged to discuss with line manager and an action card completed. Health and Wellbeing information and support services have been offered through a range of channels as well as regular contact with these people to ensure their wellbeing is supported. Staff are trained in use of Respiratory Protective Equipment and compliance is reported weekly to Strategic Command. Staff absence is monitored through our absence management system and through this staff receive regular calls from mangers. All staff are offered and able to access testing. Staff that test positive receive a phone call from a manger to discuss any support they may need and when appropriate to discuss their return to work.		

• all staff adhere to national guidance on social distancing (2 metres) wherever possible, particularly if not wearing facemask and in non-clinical areas • staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing • staff who test positive have adequate information and support to aid their recovery and return to work.	All staff have access to information on Co-vid 19 and health and wellbeing through various channels and specific FAQ documents produced to support both managers and staff. Advice for social distancing remains and where this is not possible staff are advised to wear a face mask except for during driving procedures as the mask may cause a safety risk.	We are working to determine the safest working advice for crews sharing a cab area	