



Public Trust Board – 31 January 2023

Infection Prevention and Control Six-Monthly Report to Trust Board

Introduction

This six monthly report provides assurance from the Director of Infection Prevention and Control (DIPaC) that the trust has a robust, effective and proactive Infection Prevention and Control (IPC) strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code.

Background

The Infection Prevention and Control (IPC) team currently has 2.7 Whole Time Equivalent (WTE) Infection Prevention and Control Nurses and 1 WTE IPC administrator. The team is supported and managed by the Deputy Director of Nursing and Quality/Deputy Director of Infection Prevention and Control (DDIPaC). Recruitment into the IPC team for vacancies due to retirement has recently taken place, with 2.4 wte band 6 IPC nurses successfully recruited and will be in post by the beginning of February 2023. The vacant band 7 post will be advertised as a development band 6/7 post.

The Infection Prevention and Control Board Assurance Framework (BAF) has been updated by NHS England (NHSE) in September of this year. This document is intended to support the organisation in responding in an evidence-based way to maintain the safety of patients, service users and staff. Whilst the United Kingdom Health Security Agency (UKHSA) guidance for the application of measures of Infection Prevention and Control in response to the SARS-CoV-2 pandemic was archived at the end of April 2022, the intention is that the BAF combined with the National Infection Prevention and Control Manual for England (April 2022) will support the trust to develop, review and support internal assurances. With an increase of COVID-19 and Influenza during the autumn into winter 2022/23 there have been a number of recent guidance publications.

Purpose of the report

The aim of this report is to provide the Trust Board with assurance that there is a robust, effective and proactive infection prevention and control programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) and to assure the board that all IPC measures taken are in line with government COVID-19 IPC guidance.

In addition the report provides updates on;

- Information, quality improvement learning and actions for compliance in regard to COVID-19 outbreaks and nosocomial COVID-19.
- Report for the Deaths from COVID-19
- Podiatry decontamination update
- Legionella incident – Rutland Memorial Community Hospital

- Legionella incident – Loughborough Community Hospital

Analysis of the issue

1.0 COVID-19 pandemic

- 1.1 Between 1st January 2022 and 31st December 2022, LPT recorded 73 COVID -19 outbreaks, including incidents that occurred in non- clinical areas affecting staff only. 42 of the outbreaks occurred in Community Health Services and 31 occurred in Directorates of Mental Health, Families and Young People and Learning Disabilities Services.
- 1.2 COVID-19 figures from 1st January 2022 – 31st December 2022:
- Total number of COVID-19 patient cases = 484
- Total number of COVID-19 cases 0-2 days = 35
 - Total number of COVID-19 cases 3-7 days = 99
 - Total number of COVID-19 probable nosocomial cases = 78
 - Total number of COVID-19 definite nosocomial cases = 272
- 1.3 134 of the COVID-19 cases were attributed to community onset, picked up by screening. The remaining 350 cases (72.31%) are nosocomial healthcare acquired. Reviews of each case have identified learning in line with the regional picture. Discussions with NHSE advise that some areas have increased numbers, but that benchmarking with other trusts is not advised due to a number of variables.
- 1.4 Total number of COVID-19 staff cases = 1605 (between 1st Jan – 31st Dec 2022)
- 1.5 The COVID-19 pandemic continues to be flagged at level 2, COVID-19 is in general circulation, but direct COVID-19 healthcare pressures and transmission are declining.
- 1.6 The UK Health Security Agency (UKHSA) updated its UK IPC guidance in May 2022 with new Covid-19 pathogen specific advice for health and care professionals to be read alongside the National Infection Prevention and Control Manual (NIPCM) for England and applies to all NHS settings or settings where NHS services are delivered. It is acknowledged that organisations will require a period of transition to make changes and adapt operating procedures given local variation in infection levels and risk assessment of settings including ventilation, spacing and mask wearing.
- 1.7 To support this transition a ‘living with COVID-19 risk assessment tool was adapted as the organisations local risk assessment to support local decision-making regarding mask use and spacing as part of the reset and rebuild programme. Transitioned back to pre-pandemic visiting and introduced a safe visiting guide. Introduced a new triage and screening template on SystmOne and have moved from three (low, medium, high) COVID-19 patient pathways to admissions to community hospitals and inpatient areas in line with pre-covid practice. The winter planning process to include respiratory and non-respiratory pathways to guide patient placement, IPC precautions and Personal Protective Equipment (PPE) for contact has been developed and continues to be introduced in a phased process dependent on the risks within the system and organisation. .

- 1.8 Lateral flow testing for all staff within LPT continues to be supported and has been successful in identifying a number of staff who had a positive result despite being asymptomatic.
- 1.9 A task and finish group with a pilot test was set up to run for two weeks in June 2022, to introduce Lateral Flow Device (LFD) for patient testing in place of PCR testing, supported in the national guidance. As an LFD is considered a medical device, a Standard Operating Procedure (SOP) and competency checklist for staff has been developed to support the process and governance requirements. The success of the LFD pilot has enabled LPT to instigate instant testing for patients at the point of care as infections increase or decrease in order to support patient safety and early intervention for infections. LFD testing is currently being used for patients admitted into Community Hospital beds to support patient placement and patient safety. The development of a Point of Care testing policy is progressing which will cover a range of tests including blood sugar monitoring and LFD's.
- 1.10 A review of all patients within LPT whose death was associated with COVID-19 was carried out and a report produced and shared through the Infection Prevention and Control Assurance Meeting. The purpose of the report was to provide an aggregated review of all the patients in LPT who died within 28 days of a positive COVID-19 test result. It covers the period of 26th March 2020 up until 31st October 2022. The number of deaths during this time in LPT was 81.
- The majority of COVID-19 deaths occurred in April 2020 and January 2021
 - Of the deaths involving COVID-19; there was at least one co-morbidity in every reported case. There appears to be similar numbers for the most common co-morbidity found in deaths involving COVID-19, these were dementia, ischaemic heart disease, chronic kidney disease, cancer diagnosis and diabetes. It is worth noting that a number of patients were diagnosed with more than one co-morbidity.
 - Male patients had a higher mortality due to COVID-19 when compared to female patients.
 - The majority of COVID-19 deaths were reported in patients over 80 years of age. The average age of death overall was 86 years. For males it was 85 and females 87 years.

2.0 Decontamination

- 2.1 Following the SI investigation completed in May 2022 for the Podiatry Service in relation to decontamination equipment, the medical device team can confirm:
- LPT owned sterilisation equipment and washer disinfectors are in service date and maintenance regimes are compliant with HTM 01-01 Management and Decontamination of Surgical Instruments (medical devices) used in Acute Care.
 - Pressure testing is planned for January 2023 and will be completed by Avensys Medical Ltd and Allianz PLC to ensure compliance with the Pressure Systems Safety Regulations 2000 and the Provision and Use of Work Equipment Regulations 1998
 - Monthly compliance reports completed by the Medical Device Team and shared with the Podiatry Service to provide assurance, deviation from the planned maintenance programme will be reported by exception to the Decontamination Group and the Medical Device Group

- 2.2 An Authorised Engineer (AE) for Decontamination was appointed, who reviewed the processes for decontamination used in podiatry services; minor amendments relating to the decontamination group terms of reference and policy for cleaning and decontamination were made based on the AEs' recommendations.
- 2.3 The second phase of the AE review of management processes commences in January 2023 and will include site audits, a review of staff training records and equipment validation records.
- 2.4 Decontamination group with quarterly meetings set up, with a wider range of stakeholders including dental services. An action log is maintained and updated to address and manage actions identified.
- 2.5 Decontamination policy and terms of reference have been finalised and adopted.

3.0 Legionella

3.1 Rutland Memorial Hospital

Week beginning 26 September 2022, positive water samples for Legionella were found in the following areas:

- the Rutland inpatient ward (currently closed for essential maintenance and refurbishment).
- in the midwifery clinic in Maternity: and
- in the leg ulcer clinic in the Catmose ward.

An emergency meeting was arranged with all key staff on site and the Trust Water Safety Group. A risk review of water activities was undertaken, actions were put into place immediately. These include but are not limited to:

- A full maintenance clean and treatment of the affected system completed Monday 3 October 2022.
- Testing of all outlets across the hospital.
- Precautionary measures were put into place; some clinics relocated, all showerheads removed, and all safe and potentially unsafe sinks were clearly marked.
- Staff on site advised to continue to wear masks, visors, and PPE as per current guidance, when flushing outlets.
- As an added precaution, staff were advised to only use bottled or boiled water to drink or for treatment (or use irrigation pods where appropriate). Crockery and utensils for staff-use washed using hot water whilst wearing a fluid-resistant surgical mask.
- Communications to staff and patients was developed and shared to stress that the risk was low, and it is extremely rare that the legionella bacteria results in legionnaire's disease, however it was important to provide reassurance.
- A number of toilets/bathrooms and hand wash basins were taken out of use temporarily.
- As a cautionary measure risk-assessments for patients, staff and contractors working in the hospital continued.
- Single use equipment for podiatry was put into place.

The majority of the remedial work for legionella has been completed. Rutland ward had remained closed due to planned refurbishments prior to reopening the Ward it has been agreed to move forward the sampling of the ward systems as soon as the sampling contractor can get resources to site. All Ward taps will be new and will be dipped in Chlorine solution (as per good plumbing practice) before being fitted.

3.2 Loughborough Community Hospital

Water testing results taken in the 1st week in November 2022 for Phase 2 of Loughborough Hospital were identified as positive for Legionella. An emergency meeting was arranged with all key staff on site and the Trust Water Safety Group. A risk review of water activities was undertaken.

- Point of use (PoU) filters were installed All filters fitted by Thursday 17 November, which would deem the water safe.
- A review of the pipework to understand how the different areas received their water feed was implemented as this would inform the remedial work of cleaning/chlorinating the system.
- Meetings were held on a daily basis and included all external services who are delivering services within the building. As part of the ongoing planned preventative maintenance, phase 1 of the hospital was sampled.
- Legionella bacteria non pneumonia (Anisa) was detected in 63% of the samples taken.
- Due to the age of the outlets in order to fit T-Safe filters the majority of the outlets had to be changed to new fittings.
- The majority of phase 1 is now fitted with T-Safe filters. All actions identified at the Rutland ward incident were also replicated at Loughborough hospital where applicable and appropriate.
- Due to resource levels and the higher risk of Serogroup 1 in Phase 2 the disinfection of phase 1 will take place after the phase 2 is under control.
- The Renal unit (high risk vulnerable patient areas) has no positive Legionella samples and is on an independent supply from both phase 1 and phase 2. The Lead Consultant Microbiologist from University Hospitals of Leicester has attended all meetings and continues to support the processes and also attends LPT's Water Safety Meetings.

4.0 Seasonal Flu vaccination programme – interim update

- 4.1 LPT is required to deliver an annual seasonal flu campaign, offering all staff the opportunity to have the seasonal flu vaccine.
- 4.2 For context, the flu vaccination programme runs between October and February every year. This year the flu vaccination programme ran alongside the Covid-19 vaccination and booster programme. The LPT staff fu vaccination programme commenced on 3rd October 2022 and offers the 18 – 64 vaccine and the 65+ vaccine.
- 4.3 The flu uptake on 16 January 2023 was 52.6%
- 4.4 The flu vaccination programme for staff has been delivered alongside COVID-19 vaccinations to promote uptake of both vaccines for LPT staff where it is operationally viable.
- 4.5 The co-delivery vaccination programme has been offered at the two LPT vaccination sites – Loughborough and Fielding Palmer Hospitals to all LPT staff.

- 4.6 Delivery of the programme is through a team of roving vaccinators and local clinical peer vaccinators and delivery is incentivised at the point of vaccination with flu incentives : pen, KitKat and stickers.
- 4.7 Recording of flu uptake is through NIVS, and the uptake reported national through the Foundry reporting mechanism. This is a reduced source of information compared with previously as the data provides staff data for the Trust by employee staff group, gender, age and ethnicity only and does not enable data at a local or team level. Details from Foundry include all LPT staff vaccinated regardless of where they had their flu jab – LPT site, GP or community pharmacy.
- 4.6 The use of the QR code to enable staff to confirm when they had received their flu jab was developed to allow a more detailed analysis of uptake by Directorate and team. This has been incentivised with a monthly prize draw but has not produced the uptake anticipated.
- 4.7 The seasonal flu vaccine for staff is being delivered using a multi-pronged approach to support flexibility and access opportunities for staff. The clinics are delivered in clinical settings and non-clinical environments to maximise uptake and opportunity. This programme of delivery is augmented by clinical peer vaccinators.
- 4.8 The 2nd phase of vaccination delivery has commenced with a focus on ‘taking the vaccine to the point of work’. The vaccinator teams are working across all clinical inpatient wards and settings to maximise the opportunity to make very contact count.

5.0 Reporting and monitoring of HCAI Infections

- 5.1 There are four infections that are mandatory for reporting purposes:
- Meticillin Resistant Staphylococcus Aureus (MRSA) bloodstream infections.
 - Clostridioides difficile infection (previously known as Clostridium difficile)
 - Meticillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections.
 - Gram Negative bloodstream infections (GNBSI)

5.2 MRSA Blood stream infection rates

The national trajectory is set at zero. The Trust performance for MRSA bacteraemia from April 2021 to March 2022 is zero.

5.3 Clostridium difficile infection (CDI) rates

The agreed trajectory for 2022/23 was 12 and is set internally by the integrated Care Board, based on national reporting guidance (identified as EIA toxin positive CDI). There have been 11 cases of health care associated infection of CDI between April 2022 and December 2022. This slight increase reflects the national picture.

- May – Clarendon Ward, Evington Centre
- May – Ward 1, Coalville Community Hospital
- Sept – Clarendon Ward, Evington Centre
- Sept – East Ward, Hinckley & Bosworth Community Hospital
- Sept – Swithland Ward, Loughborough Community Hospital
- Sept – Swithland Ward, Loughborough Community Hospital
- Oct – Ward 4, Coalville Community Hospital

- Oct – Beechwood Ward, Evington Centre
- Oct – Beechwood Ward, Evington Centre
- Nov – East Ward, Hinckley & Bosworth Community Hospital
- Dec – Charnwood Ward, Loughborough Community Hospital

5.4 All episodes of MRSA bacteraemia and CDI are identified are subject to a Root Cause Analysis (RCA) investigation. All action plans developed as part of this process are presented to the Trust IPC meeting which supports the sign off of completed actions and an opportunity to share learning. Delayed sampling was identified as one of the learning points, and the need to consider infections other than COVID-19. Learning boards continue to be developed to share the findings across the directorates.

5.5 **MSSA Blood stream infection rates**

There is no identified Trust trajectory for MSSA, with national requirements focused on acute trust services only. However, the monthly data for this infection rate is submitted to the IPC Assurance group as part of the quality schedule, this supports the overview of the infection rates and the potential of an increase which may need further review and investigation.

5.6 **Gram Negative Blood Stream Infection (GNBSI) rates**

The NHS Long Term Plan supports a 50% reduction in Gram-negative bloodstream infections (GNBSIs) by 2024/25. To help NHS systems achieve this, NHS England have developed a GNBSI reduction toolkit: a collection of guidance notes, actions and resources to support reducing GNBSI.

From April 2018 the Gram-Negative Bloodstream Infection rates include:

- E-Coli
- Klebsiella pneumonia
- Pseudomonas aeruginosa

5.7 There is no Trust trajectory for GNBSI, however monthly data for this infection rate is submitted to the Infection Prevention and Control Assurance Group Meeting.

5.8 Due to the pandemic a number of nationally planned workstreams to look at improving the reduction in rates had halted, work is now underway to re-establish the working groups.

6.0 **Ventilation**

6.1 The Trust has re-appointed the existing Authorising Engineer AE(V) for ventilation directly, GPT Consulting. Continuity of expert advice remains an important factor in compliance with NHS IPC requirements including high consequence respiratory infections such as Covid-19 and Influenza.

6.2 The inaugural Ventilation Safety Group (VSG) took place in May 2021 and has met subsequently at 2 monthly intervals to provide the foundation for ventilation compliance discussions in the Trust. The Terms of Reference and Ventilation Policy documents have been prepared, accordingly.

6.3 The VSG has worked to progress key fundamental governance requirements in support of safe spaces for patients, staff and visitors. The group focus includes: HTM and Policy updates; statutory compliance; advice during pandemic; requests for change of use; matters arising from current operational use of spaces; and examination of potential new products to the market for use in LPT.

- 6.4 Due to concerns regarding the previous external maintenance programme and lack of assurances, the VSG group commissioned a full ventilation audit to provide the Trust an assessment of the adequacy of the ventilation systems deployed across our estate. This feedback has been extended to include a supplementary audit of sites with repeated Covid-19 outbreaks. Reports were due in November 2022, however due to incidents outside of the trusts control these have been delayed by a couple of months.
- 6.5 The VSG has provided appropriate advice to H&S and IPC to support the Reset & Rebuild transformation work, and hybrid working.
- 6.6 A crucial aspect of VSG is to address issues around asset and compliance data checks, technical compliance, design advice, approval of capital designs, reviewing management processes and organisational governance arrangements.

Key achievements include:

- Rectification of non-complaint plant in ECT clinical areas to ensure safe working during covid.
- Working with H&S colleagues, providing the narrative to advise safe spaces during covid across the Trust's estate.
- Full site audit across all former UHL maintained sites.
- Establishment of a fan cleaning process for heatwave.
- Ventilation advice and decisions for ad-hoc requests for alterations or change of use of clinical or office areas.

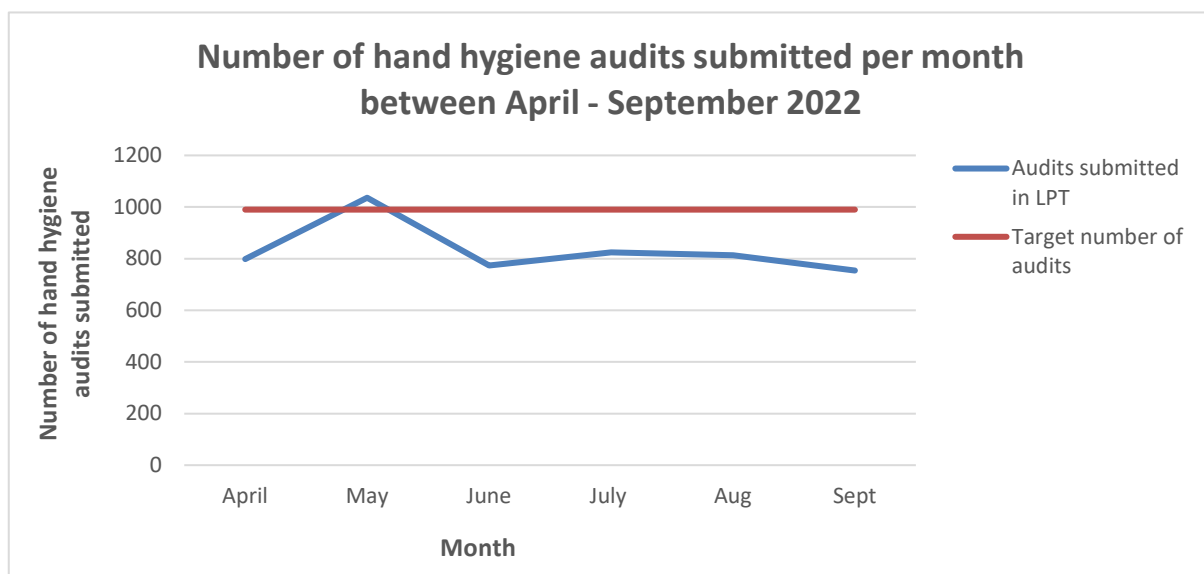
7.0 Water Management

- 7.1 The water safety group (WSG) meets every 2 months. The WSG members have been appointed by the Trust and competence for the role validated by our Authorising Engineer AE(W), Hydrop. Governance of the group is established with appropriate representation and supported with current documentation including a Water Safety Plan and water Policies.
- 7.2 Appropriate Responsible Person (RP) training has been undertaken by members of the WSG, with further training for remaining colleagues in place. Membership comprises representation from key areas of the Trust, including Estates, IPC, H&S, alongside our existing AE(W) Hydrop, and newly appointed independent advisor from UHL Microbiology.
- 7.3 As there were no assurance, maintenance or checking from the previous external contractor LPT has instigated compliance checks for water systems across all sites. Overall, compliance is improving, however the concerns remain around legacy maintenance which are being addressed through the FM Transformation work and appointments to new LPT estate maintenance roles. It remains an estates priority to achieve compliance, which is observable through increased checking and monitoring of temperatures etc, being undertaken in accordance with the Water Safety Plan. Furthermore, contracts are being established for maintenance and cleaning tasks.
- 7.4 As a consequence of enhanced monitoring and checking, there are notable issues which have required immediate attention to rectify. The WSG continues to focus on the legacy matters around maintenance and address issues, accordingly.
- 7.5 Key achievements in the period include:

- Rectification of legionella issues identified through active monitoring and capital delivery processes, across LPT estate.
- Improvement in the visibility of data, enabling the direction of tasks to be focused.
- Completion of Water Risk Assessments (WRA) across Trust sites.
- Commencement of actions arising from WRA, on priority basis.
- Installation of Chlorine Dioxide unit at Coalville Community Hospital as part of rectification measures to address water quality.
- Flushing water records maintained.

8.0 Hand hygiene

- 8.1 The total number of audits required per month by all teams equates to 1516 audits to ensure more representative auditing. The aim for 2022/23 was to maintain the total number of audits at 909 audits (60%) due to the impact of the pandemic and continued agile and hybrid working impacting on numbers of audits.
- 8.2 Quarter 1 (Q1) returned an average total of 869 hand hygiene audits and Quarter 2 (Q2) decreased to an average of 797. The average number of audits throughout Q1 and Q2 remain under the expected average of 909 audits. It is difficult to distinguish the reason for the reduction in audit submissions from Q1 to Q2 however it is likely that the changes to link IPC staff, staff working from home and staffing challenges have resulted in the average number of completed audits is below the target.
- 8.3 The graph indicates that on average, the number of hand hygiene audits being completed is considerably lower the expected target of 909, except for May where 1036 hand hygiene audits were submitted. Taking into consideration the possible factors outlined above, work continues to try to improve the number of audits being completed. Teams are encouraged to notify the IPC team of any new IPC links and a team’s meeting is offered to provide support on how to complete and input audits onto the hand hygiene app if required.



- 8.4 Hand hygiene audit reports are now accessible via Staffnet and are circulated every Monday to the relevant IPC link leads. Three reports are available to view: IPC hand hygiene summary, IPC hand hygiene by teams and IPC never reported in the past 12 months. The IPC hand hygiene trend report is also emailed to the IPC link leads and uploaded onto StaffNet monthly. These reports are also shared at the IPC Operational Group bi-monthly so directorates can acknowledge and address any concerns which need to be included in their IPC highlight reports which are shared at the bi-monthly IPC Assurance Group meetings.
- 8.5 There has been sustained compliance performance in terms of practice and results of the audits with a pass rate of 99% in Q1 and 96% in Q2, showing an average of 98%. If the number of audits increased, it would be anticipated and expected that there may be a decline in the overall performance as it would portray a more reflective representation of clinical practice.
- 8.6 The Trust Infection Prevention and Control team continue with the in-patient clinical support visits that include a quality assurance review of hand hygiene practice and adherence to Personal Protective Equipment (PPE).

9.0 Cleaning

- 9.1 Cleaning audit outcomes previously reported monthly through the Trust IPC Group have not been received due to a lack of information from the host organisation. Cleaning services have been identified as an organisational risk and this is reviewed at every IPC group monthly meeting. The risk identifies reporting of audit scores by the host of the service has been sporadic and not reflective of findings by LPT.
- 9.2 In line with the national recommendations, during Covid-19 peaks, two hourly touch point cleaning was implemented within inpatient areas. This process supported the reduction in outbreaks of infection, with specific reference to Covid-19. This process has been documented and audited to provide assurance. This action has since been reduced universally and is applicable in outbreak areas only.
- 9.3 A business case was developed, and a rapid response cleaning team was operationalised for supporting the introduction of a third clean in inpatient areas as well as a quick response to outbreak/cleaning requirements. Recruitment to these posts remains challenging due to the host organisation suspending recruitment pending the transfer of services to LPT. Recruitment to all vacant domestic services posts is a critical action for LPT following this transfer.
- 9.4 Despite assurance that cleaners' rooms and equipment are audited monthly as part of the management audit undertaken by the Soft FM team, there has been no reporting received from the host organisation.
- 9.5 The Trust has a twelve-month rolling deep clean programme in place however due to the high volume of vacancies, the deep clean team have been utilised to cover the rapid response team and attend/support outbreak areas. The deep clean schedule is approximately 10 weeks behind plan.
- 9.6 The monthly facilities forum has been suspended due to resourcing issues and the prioritisation of transfer of services back to LPT .
- 9.7 Despite assurance from the host organisation that the National Standards for Healthcare Cleanliness 2021 had been implemented, since transfer of services it has been established that full

implementation is not in place and a plan has been developed to ensure full implementation is achieved by the end of January 2023.

- 9.8 LPT has purchased equipment to replace the existing broken/redundant equipment identified during transfer preparations. The distribution of this equipment is being rolled out to all areas in November 2022.
- 9.9 All Facilities Management (FM) services from existing host to LPT was completed on 1st November 2022. A number of issues relating to TUPE data are still to be worked through, but services are able to be delivered in the same format as pre-transfer. Work had commenced on the transformation of these services to improve standards and meet compliance requirements.

10.0 Antimicrobial stewardship

- 10.1 'Antimicrobial stewardship remains a vital tool in the fight against resistance and preserving the usefulness of antimicrobials so that they benefit patients who really need them.
- 10.2 The lead pharmacist for antimicrobial stewardship continues to oversee the maintenance of the actions and controls within the trust policy. This includes careful consideration of stock lists for inpatient wards, bi-annual audit, education and training and prescribing protocols.
- 10.3 Antimicrobial surveillance is a useful tool to monitor consumption. A sophisticated dataset has been developed to monitor trends in consumption across inpatient areas, with quarterly reports being fed into Medicines Management Committee and the Infection Prevention and Control Assurance Group.
- 10.4 On an annual basis, there is international recognition by way of the European antimicrobial awareness day and world antimicrobial awareness week. Within LPT, we mark this event by ensuring our audits are undertaken at this time, whilst also doing promotion in the trust communication to all staff.
- 10.5 The lead pharmacist for antimicrobial stewardship also continues to represent LPT in Leicestershire-wide groups.'

Proposal

This six monthly report outlines assurance from the Director of Infection Prevention and Control (DIPaC) demonstrating compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. The report also highlights the impact of the COVID-19 pandemic to the business as usual IPC work programme and quality improvement in response to NHSE & I IPC visits.

Decision required

The board is asked to confirm a level of assurance that processes are in place to monitor and ensure compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code and NHS England IPC Board Assurance Framework to ensure that all IPC measures are taken in line with PHE Covid-19 guidance to ensure patient safety and care quality is maintained.

Governance table

For Board and Board Committees: Paper sponsored by:	Trust Board	
	Dr Anne Scott – Executive Director of Nursing, AHP and Quality / Director of Infection Prevention and Control	
Paper authored by:	Amanda Hemsley – Lead Infection Prevention and Control Nurse	
Date submitted:	18 January 2023	
State which Board Committee or other forum within the Trust’s governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s): If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured: State whether this is a ‘one off’ report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	Direct to trust board	
	6 monthly reports	
STEP up to GREAT strategic alignment*:	High Standards	x
	Transformation	
	Environments	x
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	x
Organisational Risk Register considerations:	List risk number and title of risk	5
Is the decision required consistent with LPT’s risk appetite?	Yes	
False and misleading information (FOMI) considerations:	Yes	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		

Version 1.0