



### Report Cover Sheet

Report to:	Trust Board	
Date of the Meeting:	28 <sup>th</sup> October 2020	
Agenda Item:	P1-164-20	
Title:	IPC Board Assurance Framework (BAF) update	
Report prepared by:	Karen Kay; Deputy Director of Nursing	
Executive Lead:	Sheila Lloyd; Director of Nursing & Quality	
Status of the Report:	Public	Private
		X

Paper previously considered by:	Quality Committee
Date & Decision:	22 <sup>nd</sup> October 2020 - Noted

Purpose of the Paper/Key Points for Discussion:	<p>The purpose of this report is to provide an update to Trust Board regarding the position of the Clatterbridge Cancer Centre (CCC) Infection Prevention and Control Board Assurance Framework (IPCBAF).</p> <p>The update paper delivers an overview of the key regional/national IPC COVID-19 guidance released across the last 2 months and evidence to support compliance.</p> <p>CCC is compliant with all IPC guidance concerning Covid-19.</p>
---	--

Action Required:	Discuss	
	Approve	
	For Information/Noting	x

Next steps required	Trust Board is requested to; <ul style="list-style-type: none"> <li>Note the content of this report</li> </ul>
---------------------	--

*The paper links to the following strategic priorities (please tick)*






Deliver <b>outstanding care locally</b>	X	Collaborative system <b>leadership</b> to <b>deliver better patient care</b>	X
<b>Retain and develop outstanding staff</b>	X	<b>Be enterprising</b>	
<b>Invest in research &amp; innovation</b> to deliver <b>excellent patient care</b> in the future		Maintain <b>excellent</b> quality, operational and financial <b>performance</b>	X

*The paper relates to the following Board Assurance Framework (BAF) Risks*








BAF Risk	Please Tick
1. If we do not optimise quality outcomes we will not be able to provide outstanding care	X
2. If we do not prioritise the costs of the delivering the Transforming Cancer Care Programme we will not be able to maintain our long-term financial strength and make appropriate strategic investments.	
3. If we do not have the right infrastructure (estate, communication & engagement, information and technology) we will be unable to deliver care close to home.	X
4. If we do not have the right innovative workforce solutions including education and development, we will not have the right skills, in the right place, at the right time to deliver the outstanding care.	X
5. If we do not have an organisational culture that promotes positive staff engagement and excellent health and well-being we will not be able to retain and attract the right workforce.	X
6. If we fail to implement and optimise digital technology we will not deliver optimal patient outcomes and operational effectiveness.	
7. If we fail to position the organisation as a credible research partner we will limit patient access to clinical trials and affect our reputation as a specialist centre delivering excellent patient care in the future.	
8. If we do not retain system-side leadership, for example, SRO for Cancer Alliance and influence the National Cancer Policy, we will not have the right influence on the strategic direction to deliver outstanding cancer services for the population of Cheshire & Merseyside.	
9. If we do not support and invest in entrepreneurial ideas and adapt to changes in national priorities and market conditions we will stifle innovative cancer services for the future.	
10. If we do not continually support, lead and prioritise improved quality, operational and financial performance, we will not provide safe, efficient and effective cancer services.	X

Equality & Diversity Impact Assessment		
Are there concerns that the policy/service could have an adverse impact on:	YES	NO
Age		X
Disability		X
Gender		X
Race		X
Sexual Orientation		X
Gender Reassignment		X
Religion/Belief		X
Pregnancy and Maternity		X

If YES to one or more of the above please add further detail and identify if a full impact assessment is required.

NWICC/updated guidance	IPC BAF – KLOE Number	Narrative
<p>14<sup>th</sup> October 2020 NHSEI; Reduction of Nosocomial Infections</p> <p><b>CCC Compliant</b></p>	<p>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</p> <p><b>KLOE 5</b></p>	<p>Exponential increase in case of transmission of Covid-19 and imperative that all measures are taken to reduce the risk to our patients. Bed spacing 2 metres apart.</p> <p>CCC has all individual inpatient single ensuite rooms.</p> <p>CCC has had 0 Nosocomial Outbreaks</p>
<p>13<sup>th</sup> October 2020 3834- Visiting healthcare inpatient settings principles during Covid- 19</p> <p><b>CCC Compliant</b></p> <p>23<sup>rd</sup> September 2020 COVID-19 Visiting Secondary Care North West Good Practice Guide: Version 5 North West Region</p> <p><b>CCC Compliant</b></p>	<p>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</p> <p><b>KLOE 1</b></p>	<p>Whilst there is a focus on remobilisation of services within healthcare, in response to the current increase in cases in the North West, CCC has taken the decision that visiting should only occur in exceptional circumstances. This has been benchmarked against local Trusts.</p> <p>CCC have also prepared a response to safely reinstate visiting in a limited capacity as the local situation allows</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">               In patient Visitor SOP.doc         </div> <div style="text-align: center;">               SOP Visitors Pass FINAL.doc         </div> <div style="text-align: center;">               Visitor Card (appendix 1).docx         </div> <div style="text-align: center;">               Position Statement Visitors CCC 15 10 20         </div> </div>
<p>13<sup>th</sup> October 2020 North West Region Expectation of face mask use in clinical and non-clinical areas</p> <p><b>CCC Compliant</b></p>	<p>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</p>	<p>Updated guidance for the North West region advocates the use of surgical face masks in both clinical and non-clinical settings</p> <div style="text-align: center;">               Face mask for staff SOP.doc         </div>

	transmitting infection to other people <b>KLOE 5</b>	
<p>5<sup>th</sup> September 2020</p> <p>NHSEI: Briefing Note: Covid 19 increase in nosocomial cases in North West.</p> <p><b>CCC Complaint</b></p>	<p>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 <b>KLOE 5</b></p>	<p>Briefing note CCC response;</p> <p>Patient pathways</p> <p>There are dedicated patient pathways in place in all areas of the organisation, in line with guidance, patients are risk assessed on the likelihood of Covid-19 infection and placed on a red, amber or green pathway accordingly.</p> <p>Data</p> <p>All data collected is collated via the Incident Team</p> <p>Patients and visitors</p> <p>Visiting is currently suspended due to the increasing number of Covid-19 cases identified on Wirral, with some exceptions in place. This is communicated on appointment letters, via social media and on the Trust internet site. Any patients and visitors who do attend the organisation are greeted at the front door by a volunteer team who will provide guidance and support regarding the measures in place to prevent transmission of Covid-19.</p> <p>Key measures</p> <p>Staff have been trained in the correct use of PPE and hand hygiene. Both clinical and non-clinical staff are mandated to undertake a bespoke Covid-19 training package. Compliance with the measures in place is monitored in clinical areas with the use of a weekly audit.</p> <p>Social distancing and PPE</p> <p>Non-clinical areas are risk assessed to establish a safe maximum capacity. This is clearly signposted on the entrance to the area. Masks, hand rub and poster guidance on the correct use of masks is also available in non-clinical areas. A nominated individual is assigned to all non-clinical areas to ensure</p>

		<p>that risk assessments are completed and guidance is adhered to.</p> <p>Review Covid 19 outbreak themes (Presentation)</p>   <p>20201012 URGENT Email response to EMERGING Covid-19 20200905 Briefing No</p>
<p>August 2020 NHSEI COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations.</p> <p>Supported by Communication Toolkit.</p> <p><b>CCC Complaint</b></p>	<p>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 <b>KLOE 5</b></p>	<p>All inpatients at CCC are screened on day 0 and day 5 of admission as per CCC Covid-19 Guidance, and are nursed on red, amber, green or blue pathways dependant on Covid-19 status</p>   <p>LG Covid Guidelines Version 1.3 September Covid-19 admission pathways SOP.doc</p> <p>Patient Covid-19 screening status is assessed daily on ward rounds</p>  <p>Covid status review.docx</p> <p>The IPC Team, Patient Flow Team and Triage Team receive email alerts from LCL as Covid-19 positive patients are identified</p>  <p><b>COVID PCR</b> Clatterbridge Patient</p>
<p>August 2020 NHSEI COVID-19: Guidance for the remobilisation of services within health and care settings Infection prevention and control recommendations.</p>	<p>Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in</p>	<p>Additional SOP has been developed specifically for out-patient and community settings as services are reinstated to ensure that staff safety is maintained</p>  <p>PPE and decontamination SOP</p>

<b>CCC Compliant</b>	the process of preventing and controlling infection <b>KLOE 1</b>	
----------------------	--	--

NB: CCC Senior IPC Leads have and continue to engage with a number of IPC webinars delivered by National/ Regional Leads from NHSEI/PHE/DOH. This process has/will continue to ensure that CCC is sighted on any new guidance released regarding IPC systems, practices and policies.

A number of national trust returns have also been implemented; e.g. Nosocomial infections, fit testing and patient numbers Covid 19 positive.

**CCC are compliant with all current data returns.**