The Clatterbridge Cancer Centre **NHS**
NHS Foundation Trust

Infection Prevention and Control Board Assurance Framework update

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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**
KLOE - Systems and processes are in place to ensure:
i.   infection risk is assessed at the front door and this is documented in patient notes
Narrative All CCC sites remain on lockdown with reduced entry to all buildings. Patients are provided with face masks and hand sanitiser on entry to the building. Patients are also screened on entry to the building, and then again on entry to the relevant department. A dedicated patient pathway is in place for confirmed or suspected Covid-19 cases. Planned in-patient admission are swabbed for Covid-19 72 hours prior to admission for both HO and solid tumour.
Evidence • Visitors and carers accompanying patients SOP • Covid-19 guidelines V 1.5 • Screening pathways SOP V 1.3 • Covid-19 Testing for planned admissions flowchart • Red and Amber Pathways for Covid-19 positive and isolating patients SOP
Related guidance https://www.gov.uk/government/publications/wuhan-novel-coronavirus-initial-investigation-of-possible-cases

Compliant?	Yes	Gaps in assurance -nil

Mitigation - NA

ii. patients with possible or confirmed COVID-19 are not moved unless this is essential to their care or reduces the risk of transmission

Narrative

All patients are admitted/cared for via a red, amber or green pathway in line with national IPC guidance. Side room capacity at CCC-L ensures that patients are only transferred if confirmed Covid-19 positive, and stepped down accordingly 14 days after positive result, if asymptomatic for 72 hours and a negative Covid-19 swab has been obtained. Covid-19 positive patients from both HO and solid tumour groups are cohorted in a 'red zone' on ward 3. HO patients require 2 positive swab results prior to transfer to mitigate the risk of obtaining a false positive result. Deteriorating patients, or those requiring additional respiratory support may be transferred to LUHFT

Evidence

- Covid-19 Admission pathways SOP
- Screening pathways SOP V 1.3
- Transfer of patients between CCC-L and LUHFT (RLUH site) SOP

Related guidance

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/910885/COVID-19_Infection_prevention_and_control_guidance_FINAL_PDF_20082020.pdf

https://www.nice.org.uk/news/article/nice-publishes-new-covid-19-rapid-guideline-on-arranging-planned-care-in-hospitals-and-diagnostic-services

Compliant?	Yes	Gaps in assurance - Nil

Mitigation NA

iii. Compliance with the national guidance around discharge or transfer of COVID-19 positive patients

Narrative

Patients at CCC are screened 48 hours prior to discharge to other care facilities. A Sit-Rep is completed daily as per Trust and National

requirements providing details of any patient discharges to a community setting or nursing home.

Evidence

- Covid-19 guidelines V 1.5

- Screening pathways SOP V 1.3

Related guidance

https://www.gov.uk/government/publications/covid-19-guidance-for-stepdown-of-infection-control-precautions-within-hospitals-and-discharging-covid-19-patients-from-hospital-to-home-settings

Compliant?	Yes	Gaps in assurance- Nil

Mitigation- NA

iv.	Patients and staff are protected with PPE, as per the PHE national guidance

Narrative

All CCC staff wear Type II fluid resistant face masks at all times whilst on duty. PPE is used according depending on patient pathway. Posters are available throughout CCC to prompt correct use of PPE. Bespoke guidance is available for staff working outside of CCC clinical areas Eg CIC. All clinical areas are expected to undertake a weekly Covid-19 audit to monitor practices with PPE. All staff working within clinical areas are expected to undergo face fit testing for FFP3 respirators. Respirator hoods are available on levels 2,3,4 and 5 at CCC-L for staff who have not been able to be face fit tested successfully.

Evidence

- Face masks for staff SOP

- Covid-19 guidelines V 1.5

- IPC in the Red Zone SOP

- PPE and Decontamination SOP

Related guidance

https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-non-aerosol-generating-procedures

https://www.gov.uk/government/publications/covid-19-personal-protective-equipment-use-for-aerosol-generating-procedures

Compliant?	Partial	Gaps in assurance – some areas have not completed a Covid-19 audit for 2 or more consecutive weeks

Mitigation – The IPC Team will undertake spot checks when visiting clinical areas and will challenge poor practice. Lack of compliance has been escalated to Matrons to address

v.	National IPC guidance is regularly checked for updates and any changes are effectively communicated to staff in a timely way

Narrative

IPC guidance is checked and disseminated by the Incident Room to ensure staff are updated. Updates outside of Covid-19 will be managed and actioned by the IPC team. All changes are communicated in morning safety huddles on a daily basis. Changes are communicated to staff via the CORE bulletin, with additional measures (e.g. posters on social distancing and correct use of PPE) as appropriate. The bulletin's contents go through the Trust's formal incident control approvals process via Silver & Gold. CCC Covid-19 guidelines are reviewed and updated to reflect changes to guidance

Evidence

- CORE bulletin

- Minutes of Silver/Gold meetings

- Covid-19 Guidelines V 1.5

Related guidance

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant?	Yes	Gaps in assurance - nil

Mitigation NA

vi.	Risks are reflected in risk registers and the Board Assurance Framework where appropriate

Narrative

Any risks identified are added to the Corporate Risk Register monitored at trust board level. All staff can raise Datix incidents for any risks and can select 'COVID-19' if it relates to this. Trust-wide incident review held daily to review the previous 24 hours incidents.

Evidence

• CCC Risk Register	
Related guidance NA	
Compliant?	Yes	Gaps in assurance - nil
Mitigation NA	

vii.	Robust IPC risk assessment processes and practices are in place for non COVID-19 infections and pathogens

Narrative Trust IPC Policy covers all necessary processes and procedures to support staff in managing non COVID- 19 infections and pathogens. Trust IPC Team (Nursing/Medical) provide on-going support to all clinical areas and teams dealing with any infection risk across the Trust.
Evidence • CCC IPC Policy
Related Guidance https://www.ips.uk.net/national-guidance https://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

Compliant?	Yes	Gaps in assurance - nil
Mitigation NA		

2.	Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections

Systems and processes are in place to ensure:

i.	designated teams with appropriate training are assigned to care for and treat patients in COVID-19 isolation or cohort areas

Narrative Guidance is available for staff caring for Covid-19 positive patients in all areas of CCC. Staff are cohorted in areas where Covid -19 patients are cared for. Individual patients in out-patient settings will have 1:1 care.
Evidence

- IPC in the Red Zone SOP

- Covid-19 Guidelines V 1.5

Related Guidance
https://www.gov.uk/government/collections/wuhan-novel-coronavirus
https://www.nice.org.uk/covid-19

Compliant?	Yes	Gaps in assurance - nil
Mitigation NA		

ii.	**Designated cleaning teams with appropriate training in required techniques and use of PPE, are assigned to COVID-19 isolation or cohort areas.**

Narrative

Dedicated cleaning staff are allocated to the red zone at CCC-L to minimise any risks of cross contamination. A Rapid Response Team is available between 7am-10pm to provide dedicated cleaning support to any areas requiring decontamination

Evidence

- Terminal Cleaning SOP

- IPC in the Red Zone SOP

Related Guidance
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control
https://www.england.nhs.uk/coronavirus/publication/covid-19-waste-management-standard-operating-procedure/

Compliant?	Yes	Gaps in assurance - nil
Mitigation NA		

iii.	decontamination and terminal decontamination of isolation rooms or cohort areas is carried out in line with PHE and other national guidance

Narrative

Patient rooms/clinical areas are decontaminated by ISS using a chlorine solution at 1000ppm. This is followed by UVC decontamination. Patient equipment is cleaned after each use using Chlorox wipes, or detergent/disinfectant wipes. ISS cleaning standards are audited monthly by Prop-Care

Evidence
• Terminal Cleaning SOP
• Decontamination of medical devices SOP
• Decontamination of electronic devices SOP
• Prop-Care audits

Related Guidance
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant?	Yes	Gaps in assurance - nil

Mitigation NA

iv.	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

Narrative
ISS are contracted to undertake cleaning of all areas once daily.

Evidence
• ISS cleaning schedules
• Prop-Care and ISS audits

Related Guidance
PHE IPC Guidance for Remobilisation of Services (as above)

Compliant?	Partial	Gaps in assurance – contact cleaning takes place less frequently than national guidance recommends. ISS have experienced problems with recruitment due to the ongoing pandemic

Mitigation – Rapid Response will provide support to high risk areas. All patients within CCC-L are isolated in side rooms, minimising the risk of contact with contaminated surfaces		
v. Attention to the cleaning of toilets/bathrooms as COVID-19 has frequently been found to contaminate surfaces in these areas.		
Narrative All in-patients at CCC-L have en-suite bathroom facilities for their own use. Public toilets in all areas are on a cleaning schedule, with checklists completed after each clean		
Evidence • Toilet cleaning checklists • Prop-Care and ISS audits		
Related Guidance PHE IPC Guidance for Remobilisation of Services (as above)		
Compliant?	Yes	Gaps in assurance - nil
Mitigation NA		
vi. Cleaning is carried out with neutral detergent, a chlorine-based disinfectant in the form of a solution at a minimum strength of 1,000 ppm available chlorine as per national guidance. If an alternative disinfectant is used the local IPC Team should be consulted on this to ensure that this is effective against enveloped viruses		
Narrative All cleaning is carried out using either a solution or a wipe with the equivalent strength of 1000ppm.		
Evidence • Terminal cleaning SOP • CCC Cleaning Policy (currently being updated)		
Related guidance PHE IPC Guidance for Remobilisation of Services (as above)		

Compliant?	Yes	Gaps in assurance - nil

Mitigation NA

vii. Manufacturers' guidance and recommended product 'contact ' must be followed for all cleaning/disinfectant solutions/products

Narrative

All cleaning products introduced into CCC are checked by the IPC Team prior to use to assess suitability and compatibility with equipment at CCC. Staff are instructed on the correct use of cleaning products prior to use

Evidence

- Decontamination of medical devices SOP
- Decontamination of electronic devices SOP

Related guidance

PHE IPC Guidance for Remobilisation of Services (as above)

Compliant?	Yes	Gaps in assurance -nil

Mitigation NA

viii.   Frequently touched surfaces eg 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 body fluids.

Narrative

Cleaning frequencies are carried out as described in section iv. High traffic areas such as stair rails and lifts are cleaned twice daily

Evidence

- ISS cleaning schedules

Related guidance

PHE IPC Guidance for Remobilisation of Services (as above)

Compliant?	Partial	Gaps in assurance – as section iv re; ISS

Mitigation – as section iv

ix. Electronic equipment eg mobile phones, desk top and keyboards should be cleaned at least twice daily
Narrative
Electronic equipment is cleaned after each use. Wipes and hand gel are provided at workstations to facilitate this.
Evidence
• Decontamination of electronic devices SOP
Related guidance
PHE IPC Guidance for Remobilisation of Services (as above)

Compliant?	Yes	Gaps in assurance - nil
Mitigation NA		

x. Rooms/areas where PPE is removed must be decontaminated, timed to coincide with periods immediately after PPE removal by groups of staff (at least twice daily).
Narrative
Explicit guidance is available to staff on correct donning and doffing procedures. PPE removal will occur continuously throughout the day.
Rooms/areas are cleaned as per ISS cleaning schedule
Evidence
• Covid-19 guidelines V 1.5
• ISS cleaning schedules
Related guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932687/PHE_quick_guide_to_donning_doffing_PPE_standard_health_and_social_care_settings.pdf

Compliant?	Partial	Gaps in assurance – as section iv re; ISS
Mitigation – as section iv		

xi.	linen from possible and confirmed COVID-19 patients is managed in line with PHE and other national guidance and the appropriate precautions are taken

Narrative

Staff working within the red zone at CCC-L have designated scrubs that are laundered externally. All other linen is classed as contaminated and placed in a red alginate bag inside a white bag prior to removal from the area

Evidence

- IPC in the Red Zone SOP
- Linen Policy

Related Guidance

PHE IPC Guidance for Remobilisation of Services (as above)

Compliant?	Yes	Gaps in assurance- nil

xii.	Single use items are used where possible and according to Single Use Policy

Narrative

Single use items are utilised where appropriate at CCC.

Evidence

- Standard Precautions and Hand Hygiene Policy
- Decontamination Policy

Related Guidance

PHE IPC Guidance for Remobilisation of Services (as above)

Compliant?	Yes	Gaps in assurance - nil

Mitigation - NA

xiii.	Reusable equipment is appropriately decontaminated in line with local and PHE and other national policy

Narrative

All areas have cleaning checklists to ensure that less frequently used equipment is decontaminated. All equipment is decontaminated after each use

Evidence

- Cleaning of medical devices SOP
- Decontamination policy

Related guidance

PHE IPC Guidance for Remobilisation of Services (as above)

Compliant?	Yes	Gaps in assurance - nil

xiv.	Review and ensure good ventilation in admission and waiting areas to minimise opportunistic airborne transmission

Narrative

CCC-L is a fully sealed, mechanically ventilated new building, combining positive, negative and neutral pressure rooms and conforms to HTM 01-03 standards.

CCC-W is an older building but has opening windows to allow for natural ventilation.

Social distancing is promoted and maintained where practicable on both sites

Evidence

- Vinci maintenance schedules
- Air pressure monitoring systems (CCC-L)

Related guidance

HTM 01-03 Specialised ventilation for Healthcare premises

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/144029/HTM_03-01_Part_A.pdf

Compliant?	Yes	Gaps in assurance - nil

3.	Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance

i. arrangements around antimicrobial stewardship are maintained
Narrative
Weekly microbiology ward rounds take place for both solid tumour and HO patients. Outside of this, microbiology support is available 24/7 via telephone. CCC-L has now adopted LUHFT antibiotic formulary. Anti-microbial stewardship audits and meetings have recommenced to provide assurance
Evidence • Meditech documentation of microbiology review • AMS audits
Related Guidance https://www.nice.org.uk/guidance/ng15/resources/antimicrobial-stewardship-systems-and-processes-for-effective-antimicrobial-medicine-use-pdf-1837273110469#:~:text=in%20this%20guideline-,Antimicrobial%20stewardship,Antimicrobial%20resistance

Compliant?	Yes	Gaps in assurance - nil

Mitigation - NA

ii. Mandatory reporting requirements are adhered to and boards continue to maintain oversight
Narrative
The IPC Team meet weekly with the IPC Doctor to discuss any potential HCAI's. All HCAI's are reviewed at this point, and if learning points are identified, a PIR is requested. This is then escalated via the Harm Free meetings. All reportable infections are entered on the PHE Data Capture System (DCS). Triple A and quarterly point prevalence audits for AMS are submitted to IPCC and DTC.
Evidence • Meeting minutes • Triple A reports • DCS submissions
Related guidance

As above		
Compliant?	Yes	Gaps in assurance - nil
Mitigation - NA		

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

Systems and processes are in place to ensure:

i. Implementation of national guidance on visiting patients in a care setting

Narrative

Visiting to CCC premises is currently restricted to those with specific care needs or patients receiving EoL care due to the escalating number of Covid-19 cases nationally. This has been benchmarked against local Trusts. A plan is in place to allow visiting to resume in a restricted manner when the national situation allows

Evidence

- CCC EoL visiting SOP
- Visitors and carers accompanying patients SOP

Related guidance

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0751-visiting-healthcare-inpatient-settings-principles-131020_.pdf

Compliant?	Yes	Gaps in assurance - nil
Mitigation - NA		

ii. 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

Narrative

Social distancing measures are in place across all patient and staff areas across CCC, with signage in place to indicate this. Seating has been reduced in waiting areas. Staff areas have an allocated maximum occupancy.

Evidence

- Covid-19 Guidelines V 1.5
- Covid- 19 audits

Related guidance

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant?	Yes	Gaps in assurance - nil

Mitigation - NA

iii.	Information and guidance on COVID-19 is available on all Trust websites with easy read versions

Narrative

Information and guidance, including FAQ's is available on all Trust websites. There are links to guidance, and Covid-19 specific links. Social media is also used to convey messages.

Evidence

- CCC websites

Related Guidance

As above

Compliant?	Yes	Gaps in assurance - nil

Mitigation - NA

iv.	infection status is communicated to the receiving organisation or department when a possible or confirmed COVID-19 patient needs to be moved

Narrative

A Meditech alert is placed on the notes of all Covid-19 positive patients. Positive results are emailed from LCL to the IPC Team, Patient Flow and Triage Teams in real time to ensure prompt actions. All patients are cared for on red, amber or green pathways to provide clarity around infection status

Evidence

- Meditech
- LCL emails
- Screening pathways SOP V 1.3
- Covid-19 Testing for planned admissions flowchart
- Red and Amber Pathways for Covid-19 positive and isolating patients SOP

Related guidance

As above

Compliant?	Yes	Gaps in assurance - nil

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

Systems and processes are in place to ensure:

i. 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

Narrative

All CCC sites remain on lockdown with reduced entry to all buildings. Patients are provided with face masks and hand sanitiser on entry to the building. Patients are also screened on entry to the building, and then again on entry to the relevant department. A dedicated patient pathway is in place for confirmed or suspected Covid-19 cases. Planned in-patient admission are swabbed for Covid-19 72 hours prior to admission for both HO and solid tumour.

Evidence

- Visitors and carers accompanying patients SOP
- Covid-19 guidelines V 1.5
- Screening pathways SOP V 1.3
- Covid-19 Testing for planned admissions flowchart
- Red and Amber Pathways for Covid-19 positive and isolating patients SOP

Related guidance		
As above		

Compliant?	Yes	Gaps in assurance - nil

Mitigation - NA

ii.	Mask usage is emphasised for suspected individuals.

Narrative

All patients and staff are offered a face mask on entering any CCC building. Visors are available at Main Reception for those who are medically exempt from wearing a mask.

Evidence

- Covid-19 Guidelines V 1.5
- Covid- 19 audits
- Face masks for staff SOP

Related guidance		
As above		

Compliant	Yes	Gaps in assurance - nil

Mitigation NA

iii.	Ideally segregation should be with separate spaces but there is potential to use screens eg to protect reception staff.

Narrative
Screens have been installed at all reception desks in common areas across CCC. Segregation is achieved using floor markings and barriers where appropriate

Evidence
• Covid-19 Guidelines V 1.5   • Visual inspection of common areas

Related guidance
As above

Compliant	Yes	Gaps in assurance - nil

Mitigation - NA

iv.For patients with new onset symptoms, it is important to achieve isolation and instigation of contact tracing as soon as possible

Narrative
All in-patients at CCC are isolated from the day of admission. In out-patient areas, where isolation is not possible, social distancing measure are in place.

Evidence
• Covid-19 guidelines V 1.5   • Screening pathways SOP V 1.3   • Covid-19 Testing for planned admissions flowchart   • Red and Amber Pathways for Covid-19 positive and isolating patients SOP   • Covid-19 audit

Related guidance
As above

Compliant?	Yes	Gaps in assurance- nil

v. Patients with suspected COVID-19 are tested promptly

Narrative

All in patients at CCC are screened on Days, 0, 3 and 5 of admission. HO patients are screened weekly thereafter. Screening compliance is audited by the IPC Team.

In outpatient settings symptomatic patients will be clinically assessed and if safe to do so, treatment delayed until asymptomatic

Evidence

- Covid -19 screening compliance audits
- Red and Amber Pathways for Covid-19 positive and isolating patients SOP
- Screening pathways SOP V 1.3

Related guidance

https://www.nice.org.uk/guidance/ng161

Compliant	Yes	Gaps in assurance- nil

Mitigation - NA

vi. Patients who test negative but display or go on to develop symptoms of COVID-19 are segregated and promptly re-tested

Narrative

All in-patients at CCC are isolated. Testing routinely takes place on days 0,3,and 5 of admission, however patients will be tested if they display symptoms outside of this.

Evidence

- Screening pathways SOP V 1.3
- Covid-19 Admission pathways SOP

Related guidance

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant	Yes	Gaps in assurance- nil

Mitigation - NA

vii. Patients attending for routine appointments who display symptoms of COVID-19 are managed appropriately

Narrative
All patients are screened for symptoms on arrival to out-patient departments and isolated awaiting clinical assessment if displaying symptoms of Covid-19.

Evidence
• Red and Amber Pathways for Covid-19 positive and isolating patients SOP

Related guidance
As above

Compliant	Yes	Gaps in assurance- nil

Mitigation - NA

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

Systems and processes are in place to ensure:
i. 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

Narrative
All staff are mandated to complete IPC training annually, with additional Covid-19 training added into this

Evidence
• mandatory training records
• Covid-19 audit

Related guidance
As above

Compliant	Yes	Gaps in assurance- nil
Mitigation- NA		

ii. 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
Narrative
Staff are trained in the correct donning and doffing techniques. This is reinforced by poster prompts in clinical areas
Evidence
• training records held in L&D
Related guidance
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/932687/PHE_quick_guide_to_donning_doffing_PPE_standard_health_and_social_care_settings.pdf

Compliant	Yes	Gaps in assurance- nil
Mitigation - NA		

iii. a record of staff training is maintained
Narrative
As above
Evidence
As above
Related guidance
As above

Compliant	Yes	Gaps in assurance- nil
Mitigation - NA		

iv. Appropriate arrangements are in place that any reuse of PPE in line with the CAS alert is properly monitored and managed
Narrative

CAS alerts are acted upon and cascaded as appropriate. However, PPE is not reused within clinical areas at CCC under any circumstances.

Evidence

- Covid-19 audit
- Covid-19 Guidance V 1.5

Related Guidance

This guidance has now been withdrawn

Compliant	Yes	Gaps in assurance- nil

Mitigation - NA

v.	Any incidents relating to the re-use of PPE are monitored and appropriate action taken

Narrative

All incidents are recorded via the Datix system and discussed at the daily incident meeting

Evidence

- Datix submissions

Related guidance

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant	Yes	Gaps in assurance - nil

Mitigation- NA

vi.	staff regularly undertake hand hygiene and observe standard infection control precautions.

Narrative

Hand hygiene compliance is audited weekly as an element of the Perfect Ward Covid-19 audit tool.

Evidence

- Covid-19 audit results

Related guidance

IPC Board Assurance Framework

https://apps.who.int/iris/bitstream/handle/10665/44102/9789241597906_eng.pdf:jsessionid=8959079CBB109BEF3FACB1341A5C933D?sequence

Compliant	Partial	Gaps in assurance- – some areas have not completed a Covid-19 audit for 2 or more consecutive weeks

Mitigation- IPC will monitor hand hygiene compliance whilst in clinical areas and will challenge poor practice. Lack of compliance has been escalated to Matrons to address

vii.	Hand dryers in toilets are associated with greater risk of droplet spread than paper towels. 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.

Narrative

All hand dryers have been switched off, and paper towel dispensers installed in their place across CCC sites

Evidence

- Visual inspection

Related guidance

As above

Compliant	Yes	Gaps in assurance- nil

Mitigation - NA

viii.	Guidance on hand hygiene, including drying, should be clearly displayed in all public toilet areas as well as staff areas

Narrative

Hand hygiene posters are available in toilets across CCC.

Evidence

- Visual inspection

Related guidance

As above

Compliant	Yes	Gaps in assurance - nil

Mitigation - NA

ix. staff understand the requirements for uniform laundering where this is not provided for on site

Narrative

Uniform policy updated to advise that staff do not travel in uniform and to launder uniforms separately to household laundry. Communicated to staff via bulletins and screensaver.

Laundry bags were provided to all staff members to facilitate safe transport of uniform home after shift and putting straight into the washing machine.

Evidence

- Uniform and dress policy

Related guidance

https://www.england.nhs.uk/publication/uniforms-and-workwear-guidance-for-nhs-employers/

Compliant	Yes	Gaps in assurance - nil

x. 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.

Narrative

All staff are required to undertake mandatory training on Covid-19, an element of which outlines common symptoms and required actions. Staff have also been issued with lateral flow testing kits to facilitate asymptomatic testing

Evidence

- Covid-19 mandatory training records
- Lateral flow testing records

Related guidance

https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/12/NHS-Test-and-Trace_HEE_PC-staff-testing-LFD.pdf

Compliant	Yes	Gaps in assurance- nil

Mitigation -NA

7. Provide or secure adequate isolation facilities

i. Patients with suspected or confirmed COVID-19 are isolated in appropriate facilities or designated areas where appropriate

Narrative
All in-patients at CCC are isolated in en-suite side rooms. Isolation facilities are available in all out-patient settings. Designated pathways have been established for any confirmed or suspected Covid-19 cases

Evidence
• Red and Amber Pathways for Covid-19 positive and isolating patients SOP

Related guidance
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant	Yes	Gaps in assurance - nil

Mitigation - NA

ii. 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

Narrative
Covid-19 positive patients are cohorted in a red zone on ward 3. Each patient has their own en-suite isolation room. The area has a separate entrance, and is screened off from the rest of the ward. The area has dedicated staff and equipment.

Evidence
• IPC in the red zone SOP • Covid guidelines V 1.5

Related guidance
As above

Compliant	Yes	Gaps in assurance- nil

Mitigation - NA

iii.	Patients with resistant/alert organisms are managed according to local IPC guidance, including ensuring appropriate patient placement

Narrative

All infection alerts are reported via the ICNet surveillance system and recorded on Meditech as a special indicator. ICNet alerts the IPC Team of any patients with a new infection alert,and also any patient with existing infection alerts who are readmitted to CCC. This allows the IPC Team to ensure that correct precautions are in place for each patient.

Evidence

- Meditech special indicators
- ICNet reports

Related Guidance

https://www.nice.org.uk/guidance/qs61/resources/infection-prevention-and-control-pdf-2098782603205

Compliant	Yes	Gaps in assurance - nil

Mitigation - NA

8.	Secure adequate access to laboratory support as appropriate

i.	Testing is undertaken by competent and trained individuals

Narrative

Patient testing is only undertaken by clinical staff who have been trained in obtaining respiratory swabs. Poster guidance is also available in clinical areas and on the CCC intranet. Information cards are also available in clinical areas to ensure that staff are aware of the correct technique. The majority of Covid-19 positive patients at CCC are identified from respiratory swabs collcetd on admission, indicating that correct swabbing technique has been used.

Evidence

- CCC staff intranet
- Information cards
- ICNet data

Related guidance

https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant	Yes	Gaps in assurance - nil

Mitigation -NA

ii.	Patient and staff COVID-19 testing is undertaken promptly and in line with PHE and other national guidance

Narrative

Patient testing takes place on days 0, 3 and 5 of admission, and weekly thereafter for HO patients. Further testing is indicated if patients develop symptoms. Staff are tested using PCR if they are symptomatic, if a positive lateral flow test has been identified; or if a staff outbreak is suspected.

Evidence
• Screening pathways SOP V 1.3
• Covid-19 staff contacts management SOP
• CCC intranet staff hub

Related guidance
As above

Compliant	Yes	Gaps in assurance - nil

Mitigation - NA

iii. Screening for other potential infections takes place

Narrative
Patients are routinely screened for resistant organisms on admission to CCC.

Evidence
• MRSA policy
• CPE polict
• ICNet data

Related guidance
https://www.nice.org.uk/guidance/qs61/resources/infection-prevention-and-control-pdf-2098782603205

Compliant	Yes	Gaps in assurance- nil

Mitigation NA

9. Have and adhere to policies designed for the individual's care and provider organisations that will help to prevent and control infections

Systems and processes are in place to ensure that:
i. Staff are supported in adhering to all IPC policies, including those for other alert organisms

Narrative
All staff are required to complete mandatory training in IPC precautions. Additional training is provided as required by the IPC Team. All IPC guidance is available on the intranet. The IPC Team visit wards and departments within CCC-L on a daily basis to provide advice and support.

Evidence
• CCC staff intranet

Related guidance

As above		
Compliant	Yes	Gaps in assurance - nil
Mitigation - NA		

ii. Any changes to the PHE national guidance on PPE are quickly identified and effectively communicated to staff

Narrative
Changes are communicated through a twice COVID-19 CORE bulletin to all staff within the Trust. The bulletin's contents go through the Trust's formal incident control approvals process via Bronze, Silver & Gold.

Evidence
- CORE bulletin

Related guidance
https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

Compliant	Yes	Gaps in assurance -- nil
Mitigation - NA		

iii. All clinical waste related to confirmed or suspected COVID-19 cases is handled, stored and managed in accordance with current national guidance

Narrative
All clinical waste is disposed of as per CCC Waste Policy

Evidence
- CCC Waste Policy
- SRCL Waste audits

Related guidance
As above

Compliant	Yes	Gaps in assurance- nil
Mitigation - NA		

iv. PPE stock is appropriately stored and accessible to staff who require it

Narrative
Stock is stored at CCC-L and CCC-W and is available as required. Stock levels are audited, both from central storerooms and at ward level

Evidence
- Stock control audits

Related guidance
As above

Compliant	Yes	Gaps in assurance – nil
Mitigation - NA		

10. Have a system in place to manage the occupational health needs and obligations of staff in relation to infection

IPC Board Assurance Framework

Appropriate systems and processes are in place to ensure:

    i.   Staff in 'at-risk' groups are identified and managed appropriately including ensuring their physical and psychological wellbeing is supported

Narrative
Staff in at risk groups have been identified and risk assessed by their line managers

Evidence
- HR records

Related guidance
As above

Compliant	Yes	Gaps in assurance - nil

    ii.   Staff required to wear FFP reusable respirators undergo training that is compliant with PHE national guidance and a record of this training is maintained.

Narrative
Full hood respirators are available on levels 2,3,4 and 5 at CCC-L, and also at CCC-W for staff who cannot be face fit tested. Each hood is stored in a rigid plastic box. Full instruction on use, and replacement filters are available in each box.

Evidence
- visual inspection of box contents

Related guidance
As above

Compliant	Yes	Gaps in assurance - nil

Mitigation - NA

    iii.   Consistency in staff allocations 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.

Narrative
Staffing levels are reviewed daily for each ward. Staff are only moved between wards if staffing levels are unsafe. HO staff remain on wards 4 and 5

Evidence
- Daily sit-rep
- Ward Leader Huddles

Related guidance
As above

Compliant	Yes	Gaps in assurance - nil
Mitigation - NA		

iv.	All staff adhere to national guidance on social distancing (2 metres) wherever possible particularly if not wearing a facemask and in non-clinical areas.

Narrative
Face masks are worn in all areas except when eating and drinking. Chairs and tables have been removed from communal dining areas to reduce capacity. Staf are encouraged to stagger break times. Prompt posters are in place across all CCC sites

Evidence
• Covid -19 guidelines V 1.5

Related guidance
As above

Capacity	Yes	Gaps in assurance - nil
Mitigation - NA		

v.	staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing

Narrative
Staff absence is reported to HR and management daily and by Matrons. Staff and relatives displaying symptoms are offered a test the same or following day to the symptoms arising.

Evidence
• staff records
• CCC Covid-19 staff hub

Related guidance
As above

Compliant	Yes	Gaps in assurance - nil
Mitigation		

vi.	staff absence and well-being are monitored and staff who are self-isolating are supported and able to access testing

Narrative
As above. Where appropriate, staff will be given the option to work form home.

Evidence
As above

Related guidance
As above

Compliant	Yes	Gaps in assurance - nil
Mitigation		