

Appendix 2

Key actions: infection prevention and control and testing

Organisations

It is the board's responsibility to ensure that:

	Key Action	Mitigation/Evidence	Further Actions
1	Staff consistently practice good hand hygiene and all high touch surfaces and items are decontaminated multiple times every day – once or twice a day is insufficient.	Bi-weekly audits for Hand Hygiene Weekly Quality Control rounds. Weekly ED environmental rounds. Increased cleaning of all high touch surfaces	To Monitor compliance
2	Staff maintain social distancing in the workplace, when travelling to work (including avoiding car sharing) and to remind staff to follow public health guidance outside of the workplace.	Regular Communications to staff regarding social distancing and advising to avoid car sharing if possible. If staff are to car share as no other option advice has been given they have been advised to wear face masks and ensure the vehicle ventilated (which is in accordance with PHE guidance). Weekly social distancing audits fed back to DIPC/Executives.	To monitor through contact tracing To Monitor compliance
3	Staff wear the right level of PPE when in clinical settings, including use of face masks in non-clinical settings.	Regular staff communications regarding PPE.	

		<p>Posters and signage of appropriate PPE throughout Trust</p> <p>IPC team complete clinical ward round on a daily basis in different areas to identify appropriate precautions/isolation and ensure correct PPE is available.</p> <p>Monthly isolation audits to confirm appropriate isolation/PPE.</p> <p>Weekly mask wearing audits fed back to DIPC/Executives.</p>	
4	<p>Patients are not moved until at least two negative test results are obtained, unless clinically justified.</p>	<p>Patient swabbed and shields 3 days prior to admission for elective cases or Swabbed on admission coming in an emergency.</p> <p>No evidence of nosocomial spread or concerns in our process.</p>	<p>We are waiting further guidance from NHSE. Many Trusts have raised the same concerns of its effect on pathway movement and BAU.</p>
5	<p>Daily data submissions have been signed off by the Chief Executive, the Medical Director or the Chief Nurse, and the Board Assurance Framework is reviewed and evidence of reviews is available.</p>	<p>Daily data submissions: All the submissions are tracked through the incident dashboard by Silver and all are signed off by Gold command prior to submission.</p> <p>COVID IPC Board Assurance Framework: document last reviewed 26.11.2020.</p>	<p>Ongoing reviews of COVID IPC Board Assurance Framework document</p>

6	Where bays with high numbers of beds are in use, these must be risk assessed, and where 2m can't be achieved, physical segregation of patients is considered, and wards are effectively ventilated.	<p>Almost 100% single rooms at RPH. There are two four bed bays on 3NE where beds are >2m apart.</p> <p>Two meter distancing maintained in outpatients.</p> <p>Increased air changes in ventilation system.</p>	
Staff Testing:			
	Key Action	Mitigation/Evidence	Further Actions
7a	Twice weekly lateral flow antigen testing for NHS patient facing staff is implemented. Whilst lateral flow technology is the main mechanism for staff testing, this can continue to be used alongside PCR and LAMP testing.	Twice weekly lateral flow testing to commence on 30/11/2020 for all staff working in the hospital. Clear communication to all teams and guidance produced.	2 week implementation programme and then to be reviewed. Encouraging all staff in trust to participate.
7b	If your trust has a high nosocomial rate you should undertake additional targeted testing of all NHS staff, as recommended by your local and regional infection prevention and control team. Such cases must be appropriately recorded, managed and reported back.	<p>We do not have a high nosocomial rate at RPH. Last nosocomial infection was April 2020 (almost coinciding with stopping of visiting).</p> <p>This is also monitored through PIPR.</p>	If the IPC team were to see an increase in nosocomial rates or an increase in staff infection through contact tracing, information and concerns will be shared to the Board and an action plan produced.

Patient Testing:			
	Key Action	Mitigation/Evidence	Further Actions
8a	All patients must be tested at emergency admission, whether or not they have symptoms.	This is done on all admission and documented on patient records.	
8b	Those with symptoms of COVID-19 must be retested at the point symptoms arise after admission	This is clearly stated in DN799. Documented in patient records.	
8c	Those who test negative upon admission must have a second test 3 days after admission, and a third test 5-7 days post admission.	Second test on day 3 is not completed. All inpatient are swabbed weekly as routine which would cover the third test of 5-7 days.	Second test on day 3 is not being done at present. This needs further discussion and action on how this would impact flow within the trust. IPC liaising with NHSE IPC.
8d	All patients must be tested 48 hours prior to discharge directly to a care home and must only be discharged when their test result is available. Care home patients testing positive can only be discharged to CQC-designated facilities. Care homes must not accept discharged patients unless they have that person's test result and can safely care for them.	Communications to all areas given. Information on patient records to guide staff. Surveillance by discharge planning team	
8e	Elective patient testing must happen within 3 days before admission and patients must be asked to self-isolate from the day of the test until the day of admission.	Clear communications given to all areas Managed by pre-admission team. On pre-admission check list	

Systems

Local systems must:

	Key Action	Mitigation/Evidence	Further Actions
9	Assure themselves, with commissioners that a trust's infection prevention and control interventions (IPC) are optimal, the Board Assurance Framework is complete, and agreed action plans are being delivered.	Board Assurance Framework regularly updated and reviewed. RPH had a peer visit on 12.10.2020 from NHSE and C&P CCG IPC teams.	
10	Review system performance and data; offer peer support and take steps to intervene as required	While this is a 'systems' action; at RPH we have ongoing monitoring in place for system performance and data and we are involved in local and system calls as required with our partners.	