

Infection Prevention and Control Assessment

Engagement call Summary Record

Bradford Teaching Hospitals NHS Foundation Trust

Provider address	Date
Trust Headquarters Bradford Royal Infirmary Bradford BD9 6RJ	11/08/2020

Dear Bradford Teaching Hospitals NHS Foundation Trust

The Care Quality Commission is not routinely inspecting services during the pandemic period and recovery phase, although we will be carrying out some focused inspections. We are maintaining contact with providers through our usual engagement calls and by monitoring arrangements such as those for infection prevention and control.

This Summary Record outlines what we found during an engagement call to discuss infection prevention and control arrangements, using standard sentences and explanatory paragraphs.

We have found that the board is assured that the trust has effective infection prevention and control measures in place. The overall summary outlines key findings from our assessment, including any innovative practice or areas for improvement.

This assessment and other monitoring activity are not inspections. Summary Records are not inspection reports. Summary Records are not published on our website.

Infection Prevention and Control – Assessment areas

1. *Has the trust board received / undertaken an assessment of infection prevention and control procedures and measures in place across all services since the pandemic of COVID 19 was declared. Does this include an assessment of the estate / isolation facilities?*

Yes The Board had received/undertaken a clear and comprehensive assessment of Infection Prevention and Control across all services including an assessment of the estate and isolation facilities.

2. *Are there systems in place to manage and monitor the prevention and control of infection? Do these systems use risk assessments and consider the susceptibility of service users, and any risks that their environment and other users may pose to them?*

Yes There are systems in place in manage and monitor the prevention and control of infection.

3. *Are there systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections?*

Yes There are systems in place to provide and maintain a clean and appropriate environment in managed premises, facilitating the prevention and control of infections.

4. *Is there appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance?*

Yes There is appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.

5. *Does the trust provide suitable accurate information on infections, in a timely fashion, to service users, their visitors and any person concerned with providing further support or nursing/ medical care?*

Yes The trust provides 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.

6. Is there a system in place that ensures 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?

Yes The trust has systems to identify promptly people who have an infection, or who are at risk of developing an infection so that they receive timely and appropriate treatment.

7. Are there systems in place 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?

Yes There are 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.

8. Are there secure or adequate isolation facilities?

Yes The trust has effective process in place to manage the isolation of patients appropriately.

9. Is there adequate access to laboratory support?

Yes There is adequate and responsive access to laboratory support.

10. Is there evidence that the trust has policies designed for the individual's care which will help prevent and control infections?

Yes The trust has effective policies designed for the individual's care which will help prevent and control infections.

11. Does the trust have a system to manage the occupational health needs of staff, regarding infection?

Yes The trust has a system to manage the occupational health needs of staff regarding infection.

Overall summary record

We met with the Director of Nursing/Director of Infection Prevention and Control on 4 August 2020. During this meeting, each element of the IPC board assurance framework (BAF) was discussed.

The IPC BAF was taken to the Quality and Safety Committee and presented to the trust board on within a week of COVID19 commencing. The IPC BAF is reviewed weekly at Gold Command meetings and is used as a live document. The trust has undertaken an assessment of infection prevention and control across its services since the pandemic of Covid-19 was declared.

Appropriate systems in place include having prompt identification of people within the organisation who have, or were at risk of developing, an infection. Appropriate isolation facilities and cohorting areas have been established for patients within the trust. ICNet system used by IPN Team identifies patients with infection alerts who have been readmitted and any patients with new communicable or healthcare acquired infections to ensure IPN advice can be provided to clinical teams in a timely way. In addition to this, shat maps developed for Covid 19 identifies new cases and any possible clusters over time and is updated and reviewed by the IPN team daily.

PPE commitments continue and the trust have fit test clinics in place in preparation for a second wave of COVID 19. There was evidence of good practice in relation to the storage and management of PPE. A specific ward had been changed to a storage area with all items logged and tracked. PPE safety officers and guardians assisted staff and relatives with donning and doffing appropriately. Staff have received, and continue to receive, necessary training, in line with national guidance.

An Estates and Environment survey was completed pre-Covid and continued during Covid in relation to Covid secure assessments; ward cohorting plans and ward reopening plans were completed and bed spacing was reviewed, beds removed, and access to sinks etc considered. AI changes were supported by COO during ward modelling and reconfiguration meetings. The Covid cohort plan place is reviewed and updated by Silver command on a daily basis.

Joint Antimicrobial Prescribing Review Group with Airedale which includes CCG, GPs, covering both hospital and community prescribing. The trust has achieved 100% compliance with documentation of allergy status, documentation of indication and duration. We were advised that data shows good compliance with restricted

antibiotic policy of more than 90% of restricted antibiotics prescribed on advice of micro ID. Antimicrobial usage compares favourably with peers when looking at consumption data.

The trust continues to provide information for carers, relatives and the wider public through their website and social media including videos and vlogs. The trust continues to ensure that the health needs of staff were met. This is via HR and occupational health which considers both the physical and psychological needs of staff and relatives. Risk assessment processes were in place for vulnerable groups of staff including guidance for managers and risk assessment checklist and template. Documents were regularly updated in line with national guidance. Risk assessment checklist were developed for BAME staff which could be used for all colleagues.

In house staff testing results were returned via occupational health, individual staff and managers were provided with appropriate isolation, re-swabbing and return to work advice based on national guidance and local policies/SOPs.