

Infection prevention control

Annual Report 2019/20

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Executive Summary

This report records the activities relating to the prevention and control of healthcare associated infections (HCAI) in Marie Curie Caring Services from April 2019 to March 2020.

The purpose of this report is to inform the Board of Trustees of the progress in delivering the infection prevention control (IPC) priorities that demonstrate that appropriate arrangements and structures are in place for the prevention and control of infections.

Infection prevention control is a key element in ensuring that Marie Curie hospices and the Marie Curie Nursing Service (MCNS) is safe. Although we have a part-time Senior Lead Nurse IPC (SLNIPC) and not a full team dedicated to IPC, the Infection Prevention

Control Committee (IPCC) is very clear on the actions necessary to deliver and maintain patient safety. Equally, we recognise that infection prevention control is the responsibility of every member of staff and must remain a high priority for all to ensure the best outcomes for patients.

Our focus this year has been continuing the work around antimicrobial stewardship, increasing staff uptake of the flu vaccination and continuing to respond to the national target of preventing incidences of E. coli and gram-negative bacteraemia.

Marie Curie's response to the coronavirus (covid-19) pandemic saw a significant and rapid transformation of the organisation.

Infection prevention control leadership continues to provide advice and support throughout the organisation, with a specific focus on our caring services. We acknowledge that the scale and timeframe for managing coronavirus was unprecedented and whilst some of these changes will be time limited, some of the new ways of working with regards to infection prevention control need to be embedded going forward.

Key achievements in 2019/20

There have been a number of achievements in the past twelve months, which include:

Performance

- Influenza vaccination rate of more than 46% of frontline workers (793 of 1706).
- Low rates of healthcare acquired infection (HCAI) in patient wards.
- No lapses in care identified from post-infection reviews (PIR)

Governance

- All Marie Curie Hospices and the MCNS remain compliant with all national regulatory requirements.

Training and education

- IPC link showcase event well attended.

Progress has been made toward completion of the IPC Work Programme Board Assurance Framework 2019/20. The main actions that remain outstanding are outlined in section 5.

Looking forward, the Annual Infection Prevention Control Report incorporates the IPC Work Programme Board Assurance Framework 2020/21 (Appendix 1). This framework identifies several strategic objectives which will continue to ensure that Marie Curie is compliant in meeting the regulatory requirements.

Progress with the IPC Work Programme Board Assurance Framework 2020/21 will be monitored by the IPCC throughout 2020/21.

2 Compliance with regulatory standards

Marie Curie has nine hospices and eleven nursing service regions across the four nations which are regulated by six different regulatory bodies.

2.1 England

The Care Quality Commission (CQC) inspects hospices and community services in England. No inspections took place in Marie Curie Hospices in England during 2019/20.

The Eastern and North East Marie Curie Nursing Services were inspected during 2019/20. No areas of concern were identified.

The CQC assesses IPC standards against the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (Department

of Health, 2015). This contains the 10 criteria that healthcare providers are assessed against.

2.2 Wales

The Healthcare Inspectorate Wales (HIW) inspects hospices in Wales. No inspections took place of the Marie Curie Hospice, Cardiff and the Vale during 2019/20.

The Care Inspectorate Wales (CIW) inspects community services in Wales. One inspection took place in 2019/20. No areas of concern were identified.

HIW and CIW assess IPC standards against the Care Standards Act 2000 and the National Minimum Standards.

2.3 Scotland

Healthcare Improvement Scotland (HIS) inspects hospices in Scotland. No inspections took place of the Marie Curie Hospices in Edinburgh and Glasgow.

The Care Inspectorate Scotland (CIS) inspected Scotland South and Scotland North Marie Curie Nursing Services in 2019 and no areas of concern were identified.

HIS and CIS assess IPC standards against the National Health Service (Scotland) Act 1978, Health Improvement Scotland Regulations 2011 (quality statement 2.4 for IPC) and National Care Standards Scotland (standard 7 for IPC).

2.4 Northern Ireland

The Regulation and Quality Improvement Authority (RQIA) inspects hospices and community services in Northern Ireland. The Marie Curie Hospice, Belfast was inspected in March 2020. The inspection report has not yet been published.

No inspections of the Northern Ireland Nursing Service took place during 2019/20.

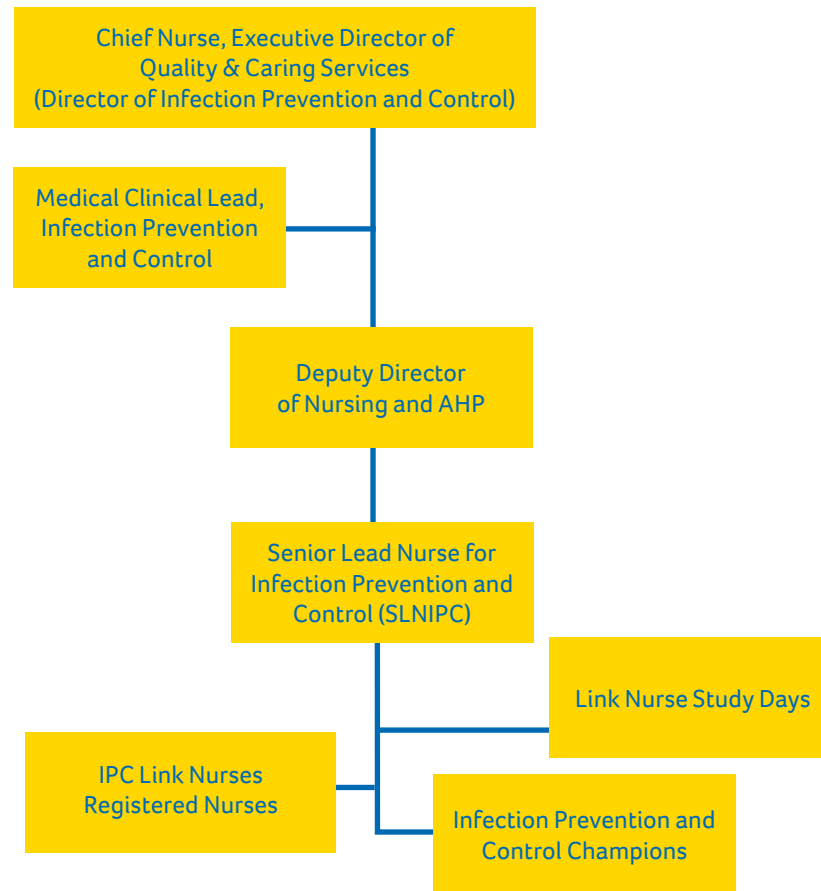
The RQIA assesses IPC standards against the Independent Health Care Regulations (NI) 2005, the Regulation and Improvement Authority Regulations (NI) 2011, and the Department of Health, Social Services and Public Safety Minimum Care Standards 2014.

3 IPC governance arrangements

Accountability for IPC sits with the Chief Executive who delegates responsibility to the Director of Infection Prevention Control (DIPC). The DIPC is the Chief Nurse, Executive Director of Quality and Caring Services, who reports to the Board of Trustees. Figure 1 details the lines of accountability and reporting structure.

Figure 1. IPC accountability and reporting structures

Marie Curie Care Services IPC management structure



IPCC monitoring arrangements



The National IPC Management Team for Caring Services provides the strategic direction for Caring Services' approach on the reporting, monitoring, reduction and management of HCAI. They also provide the Marie Curie Hospices and the MCNS, as well as clinical and non-clinical staff, with specialist advice and support.

Specialist advice is available to clinicians throughout Marie Curie from the SLNIPC. Marie Curie Hospices and the MCNS can contact their local consultant microbiologist, local Community Infection Control, Public Health or Health Protection teams for further advice.

3.2 Infection Prevention Control Link Nurse

The SLNIPC leads the IPC Link Nurse network, providing leadership, education, support and advice on IPC matters.

Over the last year, across both Marie Curie Hospices and the MCNS, the Link Nurse network have experienced a number of changes in membership. This resulted in periods where some hospices and nursing services did not have a Link Nurse in place. We continue to work towards each hospice and region having a Link Nurse for IPC.

The IPCLN network held two study days to update members regarding new and revised national guidelines, as well as any changes to current practices and procedures.

Moving forward, the network will be split between Marie Curie Hospices and the MCNS, each of which will meet virtually throughout the year.

3.3 The Infection Prevention Control Committee (IPCC)

The Committee meets quarterly and is chaired by the Chief Nurse, who is accountable to the Board of Trustees. The DIPC provides a quarterly report to the Board through the governance flows.

The IPCC is the main forum for discussing changes to policy or practice relating to IPC. The role of the IPCC is to endorse the IPC Work Programme Board Assurance Framework,

monitor and oversee its implementation and progress during the year, and initiate changes required to ensure compliance with the Health Social Care Act (2008) and all other regulatory standards.

During 2019/20 there have been some changes to the monitoring arrangements for the IPCC, outlined in figure 1. In light of these changes, the terms of reference are being revised. Additionally, a review of the Committee's membership will be undertaken to ensure it is multi-disciplinary, as is the assignment of responsibilities for each member.

3.4 Local IPC groups

All IPC incidents are managed locally. They are reported and monitored through the Divisional Quality and Safety Board. The hospices all have local IPC groups.

4 Serious incidents

There were three IPC incidents reported that were considered to be serious. All have been referred to the Marie Curie Serious Incident Panel for review:

- One case related to a healthcare associated infection that was part of the sequence leading to the death of a patient as reported on Part 1A of their death certificate.
- Two outbreaks related to the coronavirus pandemic (please refer to section 9, Pandemic, and section 10, Outbreaks/periods of increased incidence).

4.1 Learning from deaths (hospice only)

The Marie Curie Hospice, Cardiff and the Vale presented a case of clostridium difficile toxin infection (CDI) that was recorded on Part 1A of the death certificate.

General themes of good practice identified are outlined below.

- appropriate timely discussions with patients and families

- evidence of good communication with families
- support provided to families through difficult decisions and discussions
- excellent end of life care
- good record keeping
- appropriate escalation where required
- MDT approach to care.



5 IPC Work Programme Board Assurance Framework

Progress against the IPC Work Programme Board Assurance Framework is monitored by the IPCC. Due primarily to limited capacity and the impact of the pandemic, we are reporting a number of exceptions to the programme. During 2020/21, this will be prioritised to ensure all work is completed.

5.1 Assurance Framework exception report: Actions overdue or concerns regarding compliance identified

5.1.1 Assurance Framework code of practice criterion 1: Systems to manage and monitor the prevention and control of infection.

These systems use risk assessments and consider the susceptibility of service users to any risks that their environment and other users may pose to them.

Action required 1.4: Plan and deliver a full education programme for all staff on recognising and managing sepsis.

Exception: Task and finish group has been set up led by the Associate Director of Nursing and Quality. This remains work in progress.

5.1.2 Assurance Framework code of practice criterion 3: Ensure appropriate antimicrobial use to optimise patient outcome and to reduce the risk of adverse events and antimicrobial resistance.

Action required 3.1: Provide assurance to the IPCC/Marie Curie Trustees regarding antimicrobial stewardship activities, including that prescribers and non-medical prescribers have been provided with education on antimicrobial stewardship.

Exception: Due to impact of coronavirus this work has not progressed and is being carried forward to the 2020/21 plan.

5.1.3 Assurance Framework code of practice criterion 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.

Action required 4.3: Develop Marie Curie Intranet page for IPC and ensure webpages are updated regularly.

Exception: The IPC intranet page has not been developed. The necessary resources will be offered to staff and located centrally for ease of access until further work can be undertaken.

5.1.4 Assurance Framework code of practice criterion 6: Systems to ensure that all care staff (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.

Action required 6.1: Introduce IPC information for contractors across MC hospices.

Exception: Draft guidance has been developed as an action for the coronavirus pandemic. This work is ongoing.

6 Policies and procedures

There is one overarching IPC policy and a manual of IPC approved standard operating procedures (SOPs).

The Marie Curie SLNIPC is part of the English IPC census group. It is currently undertaking a review that has been started by NHS England and NHS Improvement to adopt the Scottish National Manual for IPC. Due to the pandemic work, this has been delayed and is expected to be completed during 2020/21.

In response to coronavirus, a transmission-based precaution standard operating procedure for coronavirus has been developed for hospices in order to better assist hospice teams in managing patients with suspected or confirmed coronavirus. It includes information regarding the correct types of personal protective equipment (PPE), and how to put on and take off PPE.



7 Surveillance

Marie Curie Caring Services continue to undertake surveillance of HCAI, antimicrobial resistant organisms and infectious diseases. This information is essential to monitoring progress, investigating underlying causes and instigating prevention measures.

The local clinical teams are responsible for collecting and reporting the data via Sentinel, the tool we use to log and monitor complaints and incidents. All reported acquisitions of HCAI in our hospices are reviewed by the SLNIPC and, where appropriate, a post-infection review (PIR) is undertaken.

There are no national standards for the surveillance of infections for Marie Curie. However, in line with best practice and Marie Curie surveillance SOP, we continue to monitor the acquisition of meticillin-sensitive *staphylococcus aureus* (MSSA), meticillin-resistant *staphylococcus aureus* (MRSA), *escherichia coli* (E. coli) BSI, and *clostridium difficile* toxin

Infection (CDI), as well as all other notifiable disease infection (Table 1).

Root cause analysis (RCA) and/or a post-infection review are undertaken by the local team and national IPC management team on all cases of MRSA, MSSA, E. coli bloodstream infections, CDI and other HCAs and notifiable disease infections as required. This is in order

to identify a root cause and establish actions to prevent it reoccurring.

The local teams support this process by gathering and providing relevant information, as well as undertaking internal enhanced surveillance to investigate any aspects of care or contributable factors relating to care received within Marie Curie.

Table 1. Number of key alert organisms 2017/18–2019/20

| Key alert organism causing infections acquired following admission | Number of cases reported 2017/18 | Number of cases reported 2018/19 | Number of cases reported 2019/20 | Attributable to Marie Curie 2019/20 | Annual cumulative case total (YTD) |
|--|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| Bloodstream infection | | | | | |
| MRSA bacteraemia (acquired within 48 hours of admission) | 0 | 0 | 0 | 0 | 0 |
| MSSA bacteraemia (acquired within 48 hours of admission) | 0 | 0 | 0 | 0 | 0 |
| E. coli bacteraemia (acquired within 48 hours of admission) | 1 | 2* | 1 | 1 | 1 |

| Key alert organism causing infections acquired following admission | Number of cases reported 2017/18 | Number of cases reported 2018/19 | Number of cases reported 2019/20 | Attributable to Marie Curie 2019/20 | Annual cumulative case total (YTD) |
|---|----------------------------------|----------------------------------|----------------------------------|-------------------------------------|------------------------------------|
| Clostridium difficile toxin Infections | | | | | |
| Clostridium difficile toxin producing diarrhoea (acquired within 48 hours of admission) | 5 | 3 | 3 | 3 | 3 |
| Notifiable disease/infection | | | | | |
| Group A streptococcus bacteraemia (GAS) (notifiable disease infection) | 0 | 1 | 0 | 0 | 0 |
| Campylobacter (notifiable disease infection) | 0 | 0 | 2 | 1 | 2 |

* one infection was identified at another healthcare facility on the day of transfer from Marie Curie hospice

7.1 E. coli bacteraemia

Only one case was reported during 2019/20. The Marie Curie Hospice, Newcastle reported a case of E. coli BSI in Qw4. The local team completed a clinical review and a post-infection review was undertaken. It was concluded that the case was attributable to Marie Curie but was non-preventable. We have identified learnings and developed an action plan, which will be further developed and monitored locally.

7.2 Clostridium difficile toxin producing infection

We recorded three cases of toxin producing clostridium difficile, with our hospices in Liverpool, Cardiff and the Vale and Hampstead each reporting one case.

All reported cases are reviewed by the SLNIPC to ensure that they were managed in line with Marie Curie's standard operating procedures. All three cases were acquired in Marie Curie care after 48 hours and were subjected to RCA investigations and PIR to determine if any lapses in care could be identified. As such, the community (hospice) acquisition of C-diff in these cases were 'unavoidable' and no lapse in care was identified.

Due to clostridium difficile being reported on Part 1A of the death certificate for the case reported by Marie Curie Hospice Cardiff and Vale, this case was put forward to be reviewed by the Serious Incident Panel. See section 4 above for further details.

8 Notifiable disease/infection

8.1 Campylobacter

Campylobacter is a common bacterial cause of infectious intestinal disease in the UK. The surveillance data identified two cases at our Cardiff and the Vale and Edinburgh hospices.

We notified the Public Health Local Health Protection Unit in both cases.

The Marie Cure Hospice, Edinburgh identified that one of their patients had acquired campylobacter whilst in their care. An initial investigation identified food brought in from the community by the patient's

family and reheated as a possible source of infection. At the time, the hospice undertook a full review of the practice guide for staff reheating food, and action was taken to ensure all food provided to patient's was safe. No further cases were reported.

Following an investigation, the local environmental health department, concluded that the case at the Marie Curie Hospice, Cardiff and the Vale was acquired in the community and was present on admission.



9 Coronavirus (covid-19) pandemic

Following the announcement of a pandemic by the World Health Organization (WHO) on 11 March 2020, Marie Curie invoked the Influenza Pandemic Plan, which sets out how Marie Curie will plan for, respond to and recover from a pandemic. Locally, hospices and the Marie Curie Nursing Service implemented their Business Continuity Plans (BCPs).

9.1 Preparation for the coronavirus pandemic

Coronavirus-specific IPC guidance was made readily available via the Marie Curie intranet home page, which included:

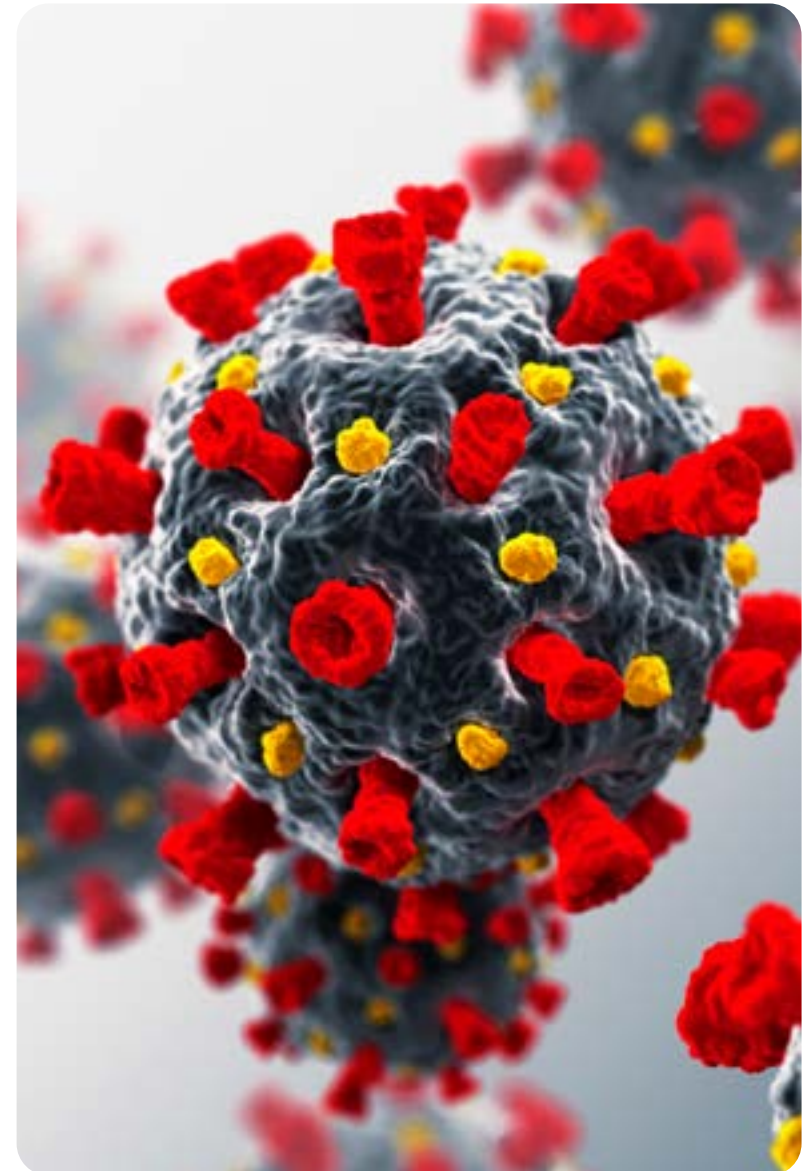
- What is coronavirus (covid-19) and how is it spread?
- Standard infection control precautions (SICPs)
- Transmission-based precautions (TBPs)
- Coronavirus IPC-specific guidance
- What to do if you develop symptoms.

9.2 Personal protection equipment (PPE) supplies

Marie Curie is now working within a system that has been established nationally to 'push' stock to healthcare facilities. Initially this did not serve Marie Curie well and led to an almost daily

need to escalate potential and actual shortages. Whilst the position has improved, at times this system is unable to meet all of our requirements. Obtaining sufficient supplies of alcohol-based hand rub (ABHR) has been a consistent challenge.

Overall, the national availability of PPE remains a high risk. However, excellent progress has been made within Marie Curie, with the support of senior management colleagues, to develop systems, processes and a central stock that mitigates this risk as far as we are able.



9.3 The use of PPE (clinical)

Before the issue of national infection prevention control guidance for coronavirus, (available on the GOV. UK website) there were discrepancies with PPE advice and guidance across the devolved nations. We have implemented new pathways and guidance to support staff and teams in the correct use of PPE, including donning and doffing PPE when working in patient's homes and the safe disposal of waste.

Fit testing for staff requiring FFP3 masks continues in Marie Curie Hospices, where teams are undertaking aerosol generating procedures (AGPs).

9.4 Implementation of new pathways and guidance

There has been an ongoing review of UK national coronavirus guidance and how this could work for our teams. Where required, Marie Curie has developed specific flowcharts, guidance and standard operating procedures for our caring services, alongside a set of action cards summarising key standard infection control precautions (SICPs) and transmission-based precautions (TBPs).

Examples of this include:

- Hospice guidance on the correct PPE
- Admission and referral pathways developed specifically for our MCNS teams to support patients who choose to stay at home to receive end of life care.



10 Outbreaks/periods of increased incidence

Two Marie Curie Hospices have recorded coronavirus outbreaks.

10.1 Cardiff and the Vale hospice outbreak

The Marie Curie Hospice, Cardiff and the Vale declared an outbreak of coronavirus infection on 24 March after three patients tested positive for coronavirus. On 26 March, in agreement with Public Health Wales (PHW) and the Executive Chief Nurse, the hospice was closed to admissions.

During the outbreak, a total of 13 patients were confirmed as having contracted coronavirus.

Of these, eight patients died at the hospice. Seven patients had coronavirus recorded on Part 1 of their death certificate and one patient had coronavirus recorded on Part 2 of their death certificate. 34 staff were symptomatic and on sick leave during the outbreak. Of these, 23 were confirmed as having coronavirus. None of the staff required hospitalisation and all staff returned to work when it was appropriate and safe to do so. Public Health Wales (PHW) and the national regulator were notified.

Marie Curie IPC standard operation procedure (SOP) for outbreak management was used to guide the local team to manage the situation.

All suspected and confirmed cases were managed in line with guidance issued by the UK government. They were placed under combined contact and respiratory transmission-based precautions, either in cohort wards, bays or single rooms. Prior to the national guidance on the management of contacts being changed, all contact cases would have been observed for 14 days for symptoms. Following the changes to the guidance, contacts of positive patients were also placed under combined contact and respiratory transmission-based precautions either in cohort wards, bays or single rooms.



Elizabeth Cuthbertson/Marie Curie

The Marie Curie SLNIPC visited the hospice on 9 and 10 April. Observation audits demonstrated that appropriate PPE was available, the majority of staff were able to demonstrate the correct wearing of PPE, reusable face protection (visors) were being worn by staff on entry to the ward, and staff were decontaminating PPE after use. The SLNIPC provided training throughout the

visit to ensure staff were competent in the wearing of PPE, in particular the doffing and decontamination of reusable facial protection. The outbreak was declared over following 14 days of no further transmission in the hospice to either patients or staff.

The outbreak is being considered as a serious event and will be presented to the national Serious Incident Panel in June 2020.

10.2 Glasgow hospice outbreak

The Marie Curie Hospice, Glasgow declared an outbreak of coronavirus infection on 23 March 2020 after two cases were confirmed. Healthcare Protection Scotland (HPS) was notified in line with their notification of outbreak requirements. We were advised by HPS this would not be considered an outbreak due to the pandemic status of coronavirus, but we were advised to report all confirmed or suspected cases.

During the outbreak, there were a total of six confirmed cases and four suspected cases. Seven deaths related to coronavirus were reported. One patient had coronavirus recorded on Part 1 of their death certificate and six patients had coronavirus recorded on Part 2 of their death certificate as notifiable and a contributory factor.

Marie Curie IPC SOP for outbreak management was used to guide the local team to manage the increased incidence.

All suspected and confirmed cases were managed in line with guidance issued by the UK government. They were placed under combined

contact and respiratory transmission-based precautions either in cohort wards, bays or single rooms.

At the time appropriate PPE was available and staff had received training in the correct wearing of it. All positive cases have been added to Sentinel and all suspected patient and staff details are being kept locally.

The outbreak is being considered as a serious event and will be presented to the national Serious Incident Panel in June 2020.



KieranDodds/Marie Curie

11 Hospice healthcare associated infections prevention plans

Marie Curie recognises that the effective prevention and control of HCAI is essential to ensure that patients using our services receive safe and effective care. Effective prevention and control must be an integral part of everyday practice and applied consistently to ensure the safety of our patients. In addition, good management and organisational processes are crucial to ensure high standards of infection prevention control measures are maintained.

During 2019/20, all hospices developed and completed their prevention plans, reflecting local and national priorities such as prevention of gram-negative blood stream infections, antimicrobial resistance and compliance with IPC policy.

12 Sepsis

Sepsis, also referred to as blood poisoning or septicaemia, is a potentially life-threatening complication of an infection or injury if it is not recognised and treated promptly.

12.1 Improvement in the recognition and management of sepsis

Following the implementation of Marie Curie Caring Services' hospice sepsis guidance, a sepsis working group has been established with representation from across the organisation, including medical, quality improvement, practice

development, MCNS and hospice clinical staff. The group have performed a gap analysis of the current sepsis training across Marie Curie, which concluded that the educational resources, expertise and support available through the Sepsis Trust UK would be used by Marie Curie in the coming year 2020/21.



13 Audit programme to ensure key policies are implemented

The IPC audit programme is fundamental in monitoring and measuring IPC policies and compliance to standard infection control precautions (SICP) across Marie Curie. The different audit tools enable us to develop a robust picture that encompasses the following:

- sharps practice
- hand hygiene resources/practice
- safe handling of waste
- decontamination of the care environment
- decontamination of laundry
- PPE resources/practice.

The audits should take place at regular intervals as defined within the plan. Where audit deficits are identified, areas of services are responsible for producing their own action plans to address these issues. Once the action plan has been developed, it is monitored at a local level via the governance arrangements to ensure action has been taken. Should any challenges hindering completion of action plans be identified at a local level, they are escalated to the IPCC. In the coming year, all action plans will be formally monitored by the Committee in their quarterly meetings. Any teams failing to progress their actions are invited to attend the Committee for additional support and advice.

13.1 Urinary catheter care audit

The Marie Curie IPCLN network developed a Catheter Care and Management Action Plan (linked to the Gram Negative Blood Stream Infection Reduction Plan, NHS Improvement 2017). Marie Curie was joined by BARD, a commercial supplier of products and resources for indwelling urinary catheters to undertake an audit on the management of urinary catheters in all hospices during Q4. However, this was cancelled and is expected to take place during the coming year.

13.2 SICP peer reviews

In 2019/20, the Marie Curie SLNIPC conducted reviews in four hospices alongside the hospice IPC Link Nurse or Lead Nurse in each case. These hospice reviews assessed aspects of cleanliness, environment and equipment, management of infectious patients, isolation and invasive devices to provide assurance that all process were in place. Where applicable, recommendations were provided and action taken.

13.3 Hand hygiene and PPE

It is well documented that hand hygiene reduces the risks of cross contamination between staff, patients and visitors. Promoting and demonstrating effective hand hygiene among our staff, coupled with the “bare below the elbow” (BBE) policy within Marie Curie continues to be a key priority.

PPE is essential to protect staff and patients. It does have limitations that not only stem from being used incorrectly, but also from being removed safely. It is therefore important that the correct use of PPE be rigorously and consistently applied, as it is well evidenced the need for meticulous attention to donning and doffing PPE.

Overall compliance for hand hygiene and PPE is outlined in table 2.

To enable staff to comply with the SOP for hand hygiene and PPE, Marie Curie is required to have effective systems in place. This includes the provision of appropriate resources (liquid soap, paper towels, alcohol hand rubs and moisturiser), promotional materials and relevant training in the correct wearing of PPE, hand hygiene techniques and skin care.

The Marie Curie hospices in Edinburgh and Glasgow continue to undertake a robust audit programme for SICP as required by their regulators. It is proposed that during 2020/21, this programme of auditing is to be undertaken across all Marie Curie hospices.

Table 2. Staff Compliance with hand hygiene and PPE observation of practice 2019/20

| | | |
|--|-------------|----------|
| Hand hygiene observations of practice | Hospice 92% | MCNS 99% |
| PPE observations of practice | Hospice 95% | MCNS 80% |

Table 3. Compliance with hand hygiene and PPE resources 2019/20

| | | |
|-------------------------------|-------------|----------|
| Hand hygiene resources | Hospice 93% | MCNS 93% |
| PPE resources | Hospice 98% | MCNS 80% |



13.4 Sharps audit

Daniels Healthcare, our main supplier of sharps bins, facilitated an annual Marie Curie hospice wide audit. Marie Curie Hospice IPC Link and Lead Nurses are responsible for ensuring direct feedback to wards on the audit findings and, where required, developing improvement plans that are monitored locally.

13.5 Compliance with waste policy (hospice only)

To monitor compliance with our waste policy, Marie Curie uses an electronic audit tool. Results of the audits are presented at the

local Environment and Risk Groups and action plans are developed to address any issues raised.

13.6 Compliance with decontamination of laundry policy (hospice only)

To monitor compliance with our decontamination of laundry policy, Marie Curie uses an electronic audit tool. Results of the audits are presented at the local Environment and Risk Groups and action plans are developed to address any issues raised.



Ben Gold/Marie Curie

14 Antimicrobial stewardship

Antimicrobial stewardship refers to a set of coordinated strategies to improve the use of antimicrobial medications with the goal of enhancing patient health outcomes and reducing resistance to antibiotics.

Antimicrobial stewardship is a core responsibility for

all Marie Curie hospices, in particular the Hospice Manager, Lead Nurse Medical Director and the Pharmacy Leads, who ensure antibiotic compliance. They work together to ensure prescribing and use of antimicrobials is reviewed on a consistent basis and feedback is provided to

prescribers on inappropriate medication choices in order to improve appropriate usage and have better antimicrobial stewardship.

Marie Curie does not directly compare all results of the audits as each hospice utilises the local acute trust audit tool. Therefore,

audit reports, actions and recommendations are discussed locally through appropriate governance groups.

Marie Curie has developed a national assessment tool which is available on Meridian, however before a national rollout, it is

proposed that a pilot of the audit tool is undertaken to ensure that it accurately assesses the effective use of antibiotics.

15 Training and continuing professional development

Marie Curie's education and training needs matrix contains the IPC requirements for all staff groups and disciplines. Managers continue to be provided with information on who is compliant with the minimal level of hand hygiene and infection prevention education on a quarterly basis via colleagues in the Training department.

Following staff feedback

and a review of the Skills for Health e-learning IPC modules, we introduced two new IPC modules for staff to complete in January 2020:

- L2 infection control for clinical staff
- L1 infection control for non-clinical staff.

These modules are more tailored to the staff groups in question, covering the basic principles of SICP.

The training includes:

- appropriate hand hygiene with soap and water and alcohol hand rubs
- the use of personal protective equipment (PPE)
- decontamination of equipment
- sharps safety, healthcare waste management

- laundry management
- spillage management
- isolation precautions.

Initial feedback has been positive and we will continue to monitor future feedback.

15.1 Statutory and mandatory training

Table 4 on the next page provides an overall picture regarding the total compliance with the online mandatory training for IPC. The Quality Account target set by Marie Curie is to have trained 95% of all staff.

Table 4. IPC training compliance of all clinical staff 2019/20

| Hospice | Number of staff | Measure (target) | Online infection control (clinical) |
|----------------------|-----------------|------------------|-------------------------------------|
| Belfast | 59 | 95% | 98% |
| Bradford | 83 | 95% | 89% |
| Cardiff and the Vale | 81 | 95% | 99% |
| Edinburgh | 83 | 95% | 93% |
| Glasgow | 69 | 95% | 98% |
| Hampstead | 53 | 95% | 94% |
| Liverpool | 71 | 95% | 96% |
| Newcastle | 72 | 95% | 93% |
| West Midlands | 79 | 95% | 95% |

Table 4. IPC training compliance of all clinical staff 2019/20 (continued)

| MCNS | Number of staff | Measure (target) | Online infection control (clinical) |
|------------------|-----------------|------------------|-------------------------------------|
| Central | 181 | 95% | 97% |
| London | 127 | 95% | 93% |
| Eastern | 146 | 95% | 98% |
| North East | 169 | 95% | 96% |
| North West | 173 | 95% | 95% |
| Northern Ireland | 203 | 95% | 95% |
| Scotland North | 152 | 95% | 96% |
| Scotland South | 170 | 95% | 98% |
| South East | 54 | 95% | 94% |
| South West | 198 | 95% | 95% |
| Wales | 117 | 95% | 96% |

Table 5. Combined cumulative IPC training compliance of all non-clinical staff 2019/20

| 2019/20 | Number of staff | Compliance |
|--------------|-----------------|------------|
| Non-clinical | 507 | 85% |

The Infection Prevention Control Link Nurses (IPCLNs) continue to deliver regular face-to-face training to ensure that staff are trained appropriately in IPC practices. They do this through roadshows, more bespoke presentations and ad hoc training sessions according to need (often identified after auditing, following-up on incident reporting trends or outbreaks of infection).

During the last quarter of the year, in preparation for coronavirus, they focused on providing staff with specific training to ensure staff were competent in the correct use of PPE, the required practice for doffing and donning of PPE, hand hygiene, fit testing for particular masks, and the importance of cleaning.

The SLNIPC has undertaken continuing professional development through a variety of sources.

They are a member of the Infection Prevention Society (IPS), which provides opportunities for networking at a regional and national level, as well as access to appropriate educational study days and conferences. This year's three-day international conference was held in Liverpool during September 2019 and the SLNIPC along with one of the Link Nurses attended.

In May each year, the World Health Organisation (WHO) globally calls for action to promote their "safe care is clean care" policy across all health organisations. The Link Nurses focused on appropriate use of disposable glove and took the opportunity to promote awareness hand health including hydration.

15.2 IPC Link Nurse showcase event

The Link Nurses held their second showcase event in November 2019. Link Nurses presented posters on the quality and improvement project, demonstrating improvement in practice to ensure patient and staff safety, developing the sepsis workstream, hand hygiene and uptake of flu vaccinations.

Our keynote speaker, Pat Cattini, Lead Nurse and Deputy Director of Infection Prevention Control at Royal Marsden NHS Trust and President of the IPS, was impressed with both the standard of the posters and the success of the Link Nurse framework in Marie Curie.

The contribution the Link Nurse framework has made to Marie Curie strategy for IPC is significant and the praise and congratulations the Link Nurses received on the day was well deserved.

Further information of the day can be found by clicking on the links below.

<https://vimeo.com/386765034/c1f70afda6>

16 Incident reporting: sharps practice

The incidence and management of inoculation injuries is monitored through the IPCC and Health and Safety Committee. The Quality Assurance team monitor incident reporting to ensure

that the person sustaining the injury is followed up and managed appropriately.

A total of 15 incidents were reported during this reporting period, which is an increase of over 50% on

last year. Of these, 13 were reported in Marie Curie hospices and two in the Marie Curie Nursing Service:

- Four clean needlestick injuries.

- 11 contaminated Needlestick injuries.

The incidents are discussed in local governance meetings and any learnings from them are shared across the charity.

17 Occupational health

17.1 Staff influenza vaccination

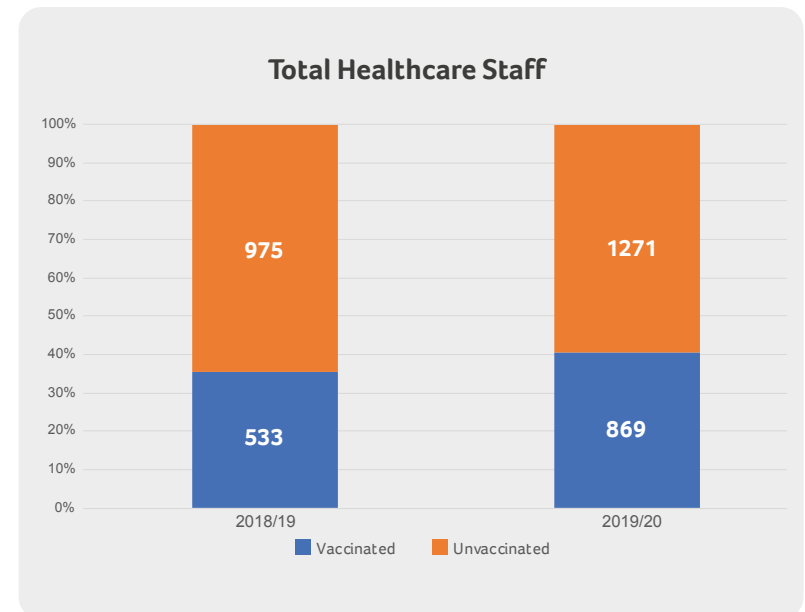
Influenza can cause a spectrum of illness ranging from mild to severe, even among people who consider themselves fit and healthy. The impact on the general population varies from year to year depending on how many people are susceptible, changes to the influenza virus and the severity of the illness caused

by the strain in circulation. The capacity for the virus to mutate or change and the duration of the protection from the vaccine (about one season) are the reasons why annual vaccination is necessary and why each year's vaccine is tailored to protect against the most commonly circulating strains. As in previous years, the influenza vaccination was offered free to Marie Curie staff as a way to reduce the risk of staff contracting the virus and

transmitting it to patients in our care.

Although NHS England had an ambition to have 100% of frontline healthcare workers vaccinated, the uptake for duration of the campaign (October 2019 to January 2020) was only 46% in frontline staff this year.

Table 6. Number of staff immunised against influenza 2018/19 and 2019/20



The use of peer vaccination in Marie Curie hospices, as well as our awareness raising strategies, were a huge success and an innovative way for staff to access the vaccine. This resulted in a 68% vaccine uptake in our hospices, with the Marie Curie Hospice, Newcastle achieving an 89% vaccination rate of frontline staff.

The MCNS has proved more challenging, with a 32% vaccination uptake rate. MCNS South West did achieve a 66% vaccination rate, however.

Due to differences in data collection analysis, comparisons could not be made with last year's data.

Encouraging more staff to get vaccinated was one of the key areas of focus for Marie Curie. However, it remains a significant challenge and, as with previous years, there

continues to be a core cohort of staff that refuse the vaccine due to personal attitudes, believing that the annual influenza vaccine will not be of benefit to them.

17.2 Staff immunisation

Further work is needed on Marie Curie's immunisation policy. Interim arrangements remain in place for staff immunisation. During the last year we have taken forward preparations to develop a programme of immunisation across the Marie Curie. This has included:

- agreeing with senior Caring Services managers the risk profile detailing out which immunisations are required according to role, activity and setting

- consolidating fragmented staff immunisation records into a single database that provides the current reported immunisation status of all of our staff
- completing and analysing a pilot survey of a sub-group of staff to identify what level of additional volume (immunisation 'need') would be needed to address the risk profile based on current staffing, as well as the cost of such a programme
- identifying and agreeing different delivery mechanisms to address immunisation 'need'.

In 2020/21, there is a plan to:

- agree a costed delivery plan across the UK, including mechanisms and timeframes for different areas



- gain board-level agreement for this plan
- implement the prioritised programme.

18 Water safety

Water safety issues such as legionella and pseudomonas are covered by the Control of Substances Hazardous to Health Regulations (CoSHH). We have the following controls in place to manage the risk of both legionella and pseudomonas:

- A water safety policy and water safety plan, including clear roles and responsibilities.
- A risk assessment process covering all hospices and individual written schemes of control covering legionella, scald risk and pseudomonas risk factors.
- A contract with an Authorising Engineer (AE) (Water) to provide expert advice to Marie Curie on water safety issues.

18.1 Water Safety Group

Marie Curie Caring Services has a multi-functional Water Safety Group with the remit to:

- develop a co-ordinated approach to decision making for water management
- provide technical advice on the management of complex water-related issues such as pseudomonas
- ensure consistency of management across the hospice environment
- provide advice on sanitary ware and water system design in refurbishment projects to minimise water safety risks

- improve the levels of compliance with the relevant policies through auditing and monitoring activities.

18.2 Pseudomonas

Pseudomonas infections are diseases caused by a bacterium that is found widely in the environment, such as in soil, water and plants. They usually do not cause infections in healthy people. If an infection does occur in a healthy person, it is generally mild.

A risk control and positive sample result procedure is in place for all hospices, including hand basin cleaning procedures, daily flushing regimes and controls around flower water. Regular sampling for pseudomonas takes place as a means of monitoring effectiveness of control

measures. Reporting on pseudomonas sample results takes place at the Water Safety Group and IPCC and Health and Safety Group.

Positive samples from outlets were confirmed in our hospices in Newcastle, Edinburgh, Liverpool and Cardiff. All hospices were supported by the Authorise Engineer (Water), SLNIPC and, where appropriate, local IPC specialists in taking remedial actions.

Remedial actions included replacing pipework and sanitary ware and reviewing operational procedures. Changes made to procedures included daily flushing of patient-use outlets and the introduction of specific hand basin cleaning procedures.

No pseudomonas infections have been recorded relating

19 Estates and facilities

19.1 Cleaning services

Operational cleaning services are currently led by Hospice Managers and facilities leads in all in-patient facilities. The Hospice Manager and facilities leads are responsible for implementing Marie Curie's cleaning policy.

Facilities teams in each location report through a structure of supervisory staff members, who are responsible for the co-ordination of services and monitoring of standards in all in-patient areas. This is in line with national standards of cleanliness.

Facilities services are predominantly provided in-house, which helps ensure

they are linked to the needs of clinical services. The Marie Curie Hospice, West Midlands is the only location where cleaning services are outsourced.

19.2 Monitoring arrangements for cleaning service

To monitor compliance to cleaning standards, Marie Curie operates a monitoring system that covers all 49 elements set out in the National Standards of Cleanliness 2007 Approved Code of Practice. Paper audits are completed for all Marie Curie in-patient areas, with written and verbal updates provided via the IPCC.

If there are two consecutive months where either the audit was not undertaken or the area did not meet standards, this is escalated to the Divisional Governance Board, via local environment and safety meetings. The IPCC also receives an exception narrative as to why this has occurred, with appropriate assurance that the issues have been resolved.

Through the year, one high risk audit at our Cardiff hospice did not achieve the target score of 95%. Supervisory spot checks were increased, and the subsequent score exceeded the target score.

In Q4, there were two high risk audits that weren't completed – one in Edinburgh and one

in Cardiff. Both hospices reported staff shortages due to the coronavirus pandemic as the reason. Both hospices have trained additional staff members to complete audits.

Monitoring cleanliness is the responsibility of the Hospice Managers, supported by the Lead Nurse. This ensures a joined-up approach to identifying and addressing any issues patients or clinicians have with facilities services, including the environment.

19.3 Refurbishments and new builds

The SLNIPC supports and advises teams at the design and planning stage of refurbishments to ensure compliance to all

current healthcare building regulations and legislations.

The SLNIPC has continued to work in partnership with local IPC specialists and with colleagues from the estates and facilities departments in the refurbishments of the in-patient unit at the Marie Curie Hospice, Hampstead.

Abbreviations

| | | | |
|--------|---|--------|--|
| AMR | Antimicrobial resistance | IPC | Infection prevention control |
| AGP | Aerosol generating procedures | IPCC | Infection Prevention Control Committee |
| BSI | Blood stream infections | IPCLN | Infection Prevention Control Link Nurse |
| CDI | <i>Clostridium difficile</i> infection | IPS | Infection Prevention Society |
| CDT | <i>Clostridium difficile</i> toxins | MCNS | Marie Curie Nursing Service |
| CGTC | Clinical Governance Trustees' Committee | MRSA | Meticillin-resistant <i>staphylococcus aureus</i> |
| CIS | Care Inspectorate Scotland | MSSA | Meticillin-sensitive <i>staphylococcus aureus</i> |
| CIW | Care Inspectorate Wales | NHS | National Health Service |
| CoSHH | Control of Substances Hazardous to Health Regulations | OHS | Occupational Health Service |
| CQC | Care Quality Commission | PHW | Public Health Wales |
| DIPC | Director of Infection Prevention and Control | PIR | Post-infection review |
| E.coli | <i>Escherichia coli</i> | PPE | Personal protective equipment |
| ELT | Executive Leadership Team | RCA | Root cause analysis |
| GAS | Group A <i>streptococcus bacteraemia</i> | RQIA | Regulation and Quality Improvement Authority |
| HCAIs | Healthcare associated infections | SICPs | Standard infection control precautions |
| HIS | Healthcare Improvement Scotland | SLA | Service Local Agreements |
| HIW | Healthcare Inspectorate Wales | SLNIPC | Senior Lead Nurse for Infection Prevention Control |
| HCWs | Healthcare workers | SOPs | Standard operating procedures |
| iGAS | Invasive group A <i>streptococcus</i> | TBPs | Transmission-based precautions |

Appendix 1 – Marie Curie Infection Prevention and Control Work Programme Board Assurance Framework for 2020/21

This should be considered as our healthcare-associated infection (HCAI) reduction programme for 2020/21. It will act as our HCAI improvement plan. Progress against the Programme will be monitored by the Infection Prevention Control Committee and the Clinical Governance Executive Committee.

The core activities of the Infection Prevention and Control Programme remain focused on ensuring continuing compliance with requirements under

the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections (July 2015), National Institute for Health and Care Excellence (NICE) Quality Standards for Healthcare Associated Infections, (PH 36), 61 (Nov 2014) and 113 (Feb 2016), and Healthcare Improvement Scotland – Revised Healthcare Associated Infection (HAI) Standards (2015).

**Executive Lead: Julie Pearce, Lead Nurse,
Executive Director of Quality and Caring Services**

| Requirements | Programme of work 19/20 | Lead | By when | Evidence of success | |
|--|-------------------------|---|--|---------------------|--|
| <p>Code of Practice Criterion 1. Systems 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 that their environment and other users may pose to them.</p> <p>Scottish Standard 1: Compliance The organisation demonstrates leadership and commitment to infection prevention and control to ensure a culture of continuous quality improvement throughout the organisation.</p> | 1.1 | <p>a) Quarterly reports to IPCC and Clinical Governance Trustees Committee</p> <p>b) Present DIPC annual report, programme including annual audit programme yearly</p> | <p>Nursing Quality Team</p> <p>Senior Lead Nurse IPC</p> | Ongoing | <p>Trustees minutes</p> <p>Assurance and performance reports</p> <p>Annual Accounts</p> <p>IPCC minutes</p> |
| | 1.2 | <p>a) Undertake case reviews using the principles of root cause analysis of all cases of acquired <i>clostridium difficile</i> toxin</p> <p>b) Undertake Post Infection reviews for cases of MSSA, MRSA, E. coli and other gram-negative bacteraemia and present the case reviews to the IPC management group and, if required, the CCG lead.</p> | <p>Associate Director of Nursing and Quality</p> <p>Hospice Managers</p> <p>Lead Nurses</p> <p>Senior Lead Nurse IPC</p> | As required | <p>Meeting minutes/quarterly reports/annual reports</p> <p>Completed post-infection reviews (PIR) Tools/minutes/action plans</p> |

| Requirements | | Programme of work 19/20 | Lead | By when | Evidence of success |
|--|-----|---|---|---------------------------|---|
| <p>Standard 7: Insertion and maintenance of invasive devices</p> <p>Systems and processes are in place to ensure the safe and effective use of invasive devices – for example, peripheral venous catheters, central venous catheters and urinary catheters.</p> <p>NICE Quality Improvement Guide (PH 36) Statement 1: Trustee level leadership</p> <p>NICE Quality Improvement Guide (PH 36) Statement 2: Be a learning organisation</p> <p>NICE Quality Improvement Guide (PH 36) Statement 3: HCAI</p> | | <p>c) Discussion of serious incidents, outbreaks, RCAs/clinical assessment reviews following cases of MRSA bacteraemia, CDT and other HCAI</p> <p>d) Evidence of lessons learnt from PIR process is shared and agreed</p> <p>e) Evidence of actions implemented</p> | | | |
| | 1.3 | Review all outbreaks and period of increased incidences | Associate Director of Nursing and Quality Hospice Managers Lead Nurses Senior Lead Nurse IPC | As required | Meeting minutes/quarterly reports/annual report |
| | 1.4 | Plan and deliver a full education programme for all staff on recognising and managing sepsis | Associate Director of Nursing and Quality PDF Lead Divisional General Manager Regional Managers Hospice Managers Lead Nurses | Working group in progress | E-learning programme/ presentation/attendance |
| | 1.5 | Complete the planned programme of surveillance and audit with feedback to the IPCC from Divisional Governance and Quality Groups | Associate Director of Quality and Risk Divisional General Manager Regional Managers Hospice Managers Lead Nurses Senior Lead Nurse IPC | Ongoing | Meeting minutes/quarterly reports/annual report/ annual audit plan Surveillance and audit SOP |

| Requirements | | Programme of work 19/20 | Lead | By when | Evidence of success |
|---|------|--|--|-------------|--|
| <p>NICE Quality Improvement Guide (PH 36) Statement 4: Workforce capacity and capability</p> <p>NICE Quality Improvement Guide (PH 36) Statement 6: Multi agency working to reduce HCAs</p> | 1.6 | Continue to deliver and develop Link Nurse sessions | Associate Director of Nursing and Quality Divisional General Manager Regional Managers Hospice Managers Lead Nurses Senior Lead Nurse IPC | Ongoing | |
| <p>NICE Quality Improvement Guide (QS 61) Statement 1: Antimicrobial stewardship</p> <p>NICE Quality Improvement Guide (QS 61) Statement 2: Organisational responsibility</p> | 1.7 | Ensure that IPC advice available to Marie Curie | Divisional General Manager Regional Managers Hospice Managers Lead Nurses Senior Lead Nurse IPC | Ongoing | IPC Specialist role post Local SLA contract Community IPC team Public Health |
| | 1.9 | Implement National Manual Policy for Infection Prevention Control (IPC) (England) | Divisional General Manager Regional Managers Hospice Managers Lead Nurses Senior Lead Nurse IPC/Link Nurses Hospice Managers Lead Nurses | | |
| | 1.10 | Undertake regular review of inpatients identified with alert organisms/conditions. Report alert organisms/conditions and acquired HCAI via Marie Curie surveillance system | Hospice Managers Lead Nurses | As required | Care plans on EPR/patient notes Sentinel |
| | 1.11 | Review of antimicrobial stewardship initiative across Marie Curie in line with local NHS acute Trusts. National five-year plan 18/23 | Hospice Managers Medical Director Pharmacist | Ongoing | IPCC minutes Pharmacists meeting HCAI plans |

| Requirements | | Programme of work 19/20 | Lead | Bywhen | Evidence of success |
|--|-----|--|--|-------------|---|
| <p>Code of Practice Criterion 2: Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.</p> <p>Scottish Standard 8: The environment and equipment (including reusable medical devices used) are clean, maintained and safe for use. Infection risks associated with the built environment are minimised.</p> <p>NICE Quality Improvement Guide (PH 36) Statement 5: Environmental cleanliness</p> | 2.1 | Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospice to ensure that national standards of cleanliness and the deep cleaning programme are met | Head of Facilities and Estates Hospice Managers Divisional General Managers | Monthly | Hospice Environmental Group minutes Audit results IPCC minutes Technical cleaning audits |
| | 2.3 | Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role | Hospice Managers and Facilities Managers Head of Facilities and Estates | Ongoing | Training matrix and log Competence assessment |
| <p>NICE Quality Improvement Guide (PH 36) Statement 10: MARIE CURIE Estates Management</p> | 2.4 | Local facilities managers/Head of Estates, Hospice management team review outcomes, recommendations and action plans for inspections of air handling and water systems. | Head of Facilities and Estates Divisional General Managers Hospice Managers and Facilities Managers | on-going | Inspection reports Hospice Environmental group minutes Incidence report Water Safety Meeting minutes |
| | 2.7 | Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities. | Head of Facilities and Estates, Health and Safety Manager Divisional General Managers, Hospice Managers and Facilities Managers | Quarterly | IPCC minutes Local Water Safety Plans/ results/action plans |
| | 2.8 | IPC specialist input into maintenance and new builds works/projects. | Head of Facilities and Estates Divisional General Managers, Hospice Managers and Facilities Managers Senior Lead Nurse IPC | As required | Project team minutes |

| Requirements | | Programme of work 19/20 | Lead | Bywhen | Evidence of success |
|---|-----|---|--|------------------------------|--|
| <p>Code of Practice Criterion 3: Ensure appropriate antimicrobial use to optimise patient outcome and to reduce the risk of adverse events and antimicrobial resistance</p> <p>Scottish Standard 2: Education on infection prevention and control is provided and accessible to all healthcare teams to enable them to minimise infection risks that exist in care settings</p> <p>NICE Quality Improvement Guide (QS 61) Statement 1: Antimicrobial stewardship</p> | 3.1 | <p>Provide assurance to the IPCC/Marie Curie Trustees regarding antimicrobial stewardship activities including:</p> <p>a) all antimicrobial prescribing policies are updated and agree with local microbiologist</p> <p>b) prescriber and non-medical prescriber have been provided with education on antimicrobial stewardship</p> | Hospice Managers Medical Director Pharmacist | Quarterly | <p>Hospice HCAI reduction plan</p> <p>DIPC annual report</p> <p>IPCC minutes</p> <p>Audit</p> <p>Local/divisional governance meeting minutes</p> <p>Divisional meeting minutes</p> |
| <p>Code of Practice Criterion 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</p> <p>Scottish: Standard 6: Infection prevention and control policies, procedures and guidance</p> | 4.1 | Ensure that DIPC annual report is available on Marie Curie intranet and website following presentation to Marie Curie Trustees | Director of Infection Control Senior Lead Nurse IPC | Ongoing | <p>IPCC minutes</p> <p>Board of Trustee minutes</p> <p>DIPC annual report uploaded</p> |
| | 4.2 | Ensure new and revised IPC policies/SOPs are uploaded on Sharepoint | Nursing Quality team | Within two weeks of approval | Policies/SOPs are available |
| | 4.3 | Develop Marie Curie intranet page for IPC and ensure webpages are updated regularly | Associate Director of Nursing and Quality | Ongoing | Intranet/internet pages are available |
| | 4.5 | Ensure that patients whose microbiological results are suggestive/confirmed of an alert organism's condition are provided with the correct information | Lead Nurses | Ongoing | Paper/EPR records |

| Requirements | | Programme of work 19/20 | Lead | Bywhen | Evidence of success |
|---|-----|---|---|---------|---|
| <p>Code of Practice Criterion 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</p> <p>Scottish Standard 3: Communication between organisations and with the patient or their representative. The organisation has effective communication systems and processes in place to enable continuity of care and infection prevention and control throughout the patient's journey</p> <p>NICE Quality Improvement Guide (PH 36) Statement 8: Admission, transfer and discharge</p> | 5.4 | All patients Infection risks are assessed on admission and referral | Hospice Managers Medical Director Lead Nurses | Ongoing | Risk Assessment Marie Curie documents Audits of documentation Monitoring of sentinel |

| Requirements | | Programme of work 19/20 | Lead | Bywhen | Evidence of success |
|---|-----|--|---|-------------------|---|
| <p>Code of Practice Criterion 6: Systems to ensure that all care staff (including contractors and volunteers) are aware and discharge their responsibilities in the process of preventing and controlling infection</p> <p>Scottish Standard 6: Infection prevention and control policies, procedures and guidance</p> <p>Standard 2: Education to support the prevention and control of infection. Education on infection prevention and control is provided and accessible to all healthcare teams to enable them to minimise infection risks that exist in care settings.</p> <p>NICE Quality Improvement Guide (PH 36) Statement 4: Workforce capacity and capability</p> | 6.1 | Introduce IPC information for contractors across Marie Curie hospices | Head of Estates and Facilities Hospice Managers Facilities Managers | Ongoing | Contractor information |
| | 6.2 | Induction and mandatory training records | Head of Learning and Development | Ongoing | DIPC report IPCC minutes |
| | 6.3 | Assurance of hand hygiene practices/ bare below the elbow's compliance and improvements: a) compliance observational audits b) feedback to clinical areas on compliance c) encouraging challenging of peers | Regional Managers Hospice Managers Medical Director Lead Nurses Clinical Nurse Managers | As per audit plan | Achieving compliance targets Local and divisional action plans |
| <p>Code of Practice Criterion 7: Provide or secure adequate isolation facilities</p> | 7.2 | Clinical rounds to assess appropriate use of side rooms for IPC reasons and reporting non-compliance | Hospice Managers Medical Director Lead Nurses | Continuous | Sentinel IPCC minutes PIR |

| Requirements | | Programme of work 19/20 | Lead | Bywhen | Evidence of success |
|--|------|--|---|-------------|--|
| Code of Practice Criterion 8: Secure adequate access to laboratory support as appropriate | 8.1 | Ensure that all hospice have access to seven-days-a-week lab service | Hospice Managers Medical Director | | SLAs in place |
| Code of Practice Criterion 9: Have and adhere to policies, designed for the individual’s care and provider organisations that will help to prevent and control infections | 9.1 | Review and update policies and SOPs as per schedule or following publication of new evidence/guidelines Continue with audit programme of compliance to IPC policies | Senior Lead Nurse IPC Link Nurses Regional Managers Hospice Managers, Medical Director Lead Nurse Clinical Nurse managers. | As required | IPCC Minutes Policies available Share point |
| Code of Practice Criterion 10: Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection NICE Quality Improvement Guide (PH 36) Statement 4: Workforce capacity and capability | 10.1 | Plan and deliver an effective complete immunisation programme, including flu | Associate Director of Nursing and Quality Divisional General Manager Regional Managers Hospice Managers Lead Nurses Human Resources Lead | Ongoing | Increase in staff with vaccination history Increase uptake in flu vaccination for frontline staff |
| | 10.2 | Annual sharps bin and sharp safer audits PPE audits | Hospice Managers Lead Nurses Link Nurses Facilities Managers | Yearly | Audit results and actions plans |
| | 10.3 | Training on sharps safety and inoculation Injury management on induction and mandatory annual IPC training | Regional Managers Hospice Managers Lead Nurse | Ongoing | Training records |

Appendix 2 – Annual Infection Prevention Control Audit Plan 2020/21

| 2020/21 | Standards operating procedure/ policy/best practice to be audited | Auditors/person responsible | Schedule | Reporting to |
|-------------------------|---|---|---------------------------------------|---|
| Hospice and MCNS | | | | |
| IPCA01 | National IPC Manual Hand hygiene SOP <ul style="list-style-type: none"> • Observation of practice • Resources/facilities | IPC Link Nurses/Lead Nurses/ Clinical Nurse Managers | Biannual or as per local frequency | Local QA Group Infection Prevention Control Committee (IPCC) |
| IPCA02 | National IPC Manual Personal protective equipment <ul style="list-style-type: none"> • Observation of practice • Resources/facilities | IPC Link Nurses/Lead Nurses/ Clinical Nurse Managers | Biannual or as per local frequency | Local QA Group Infection Prevention Control Committee (IPCC) |
| IPCA03 | Immunisation policy Influenza vaccine uptake survey | Hospice/Regional Manager/ Lead Nurses/Clinical Nurse Managers | Sept – June | Local QA Group Infection Prevention Control Committee (IPCC) |

| 2020/21 | Standards operating procedure/ policy/best practice to be audited | Auditors/ person responsible | Schedule | Reporting to |
|---------------------|--|--|---|--|
| Hospice only | | | | |
| IPCA05 | Waste policy Waste audit | Head of Estates/Facilities Manager/Domestic Supervisor Facilities Manager /Lead Nurse/IPC Links | Yearly Q1 | Local Environmental Group Infection Prevention Control Committee (IPCC) |
| IPCA06 | National IPC Manual Safe handling of sharps | Facilities Manager to coordi- nate using previous audit tool | Yearly | Local Environmental Group Infection Prevention Control Committee (IPCC) |
| IPCA07 | Antimicrobial policy (local) Antimicrobial stewardship audit | Pharmacists and Medical Director/Hospice Manager | Yearly or as per local fre- quency | Local QA Group Infection Prevention Control Committee (IPCC) |
| IPCA08 | National IPC Manual 1. Pilot standard infection control precautions audit (England, Wales and NI hospices) 2. Standard infection control precautions audit (Scotland hospices) | Lead Nurse IPC/IPC Link Nurse | (Pilot to be undertaken during Q2 all hospices other than Scotland) Monthly or as per local frequency (Scotland only) | Local QA Group Local Environmental Group Infection Prevention Control Committee (IPCC) |
| IPCA09 | Compliance to decontamination of laundry policy | Head of Estates/Facilities Manager/ Domestic Supervisor | Yearly - Q2 | Local Environmental Group Infection Prevention Control Committee (IPCC) |
| IPCA 10 | Compliance to contractor training for IPC | Facilities Manager to coordinate | TBC | Local Environmental Group Infection Prevention Control Committee (IPCC) |
| IPCA 11 | Management of vascular access device | Lead Nurse IPC/IPC Link Nurse | TBC | Local Environmental Group Infection Prevention Control Committee (IPCC) |
| IPCA 12 | Management of indwelling urinary catheter | Lead Nurse IPC/IPC Link Nurse | TBC | Local Environmental Group Infection Prevention Control Committee (IPCC) |

Acknowledgements

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For further information, please contact

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