

# Infection Prevention and Control

Annual Report  
2020/21

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Lead Author

**Jo Shackleton**

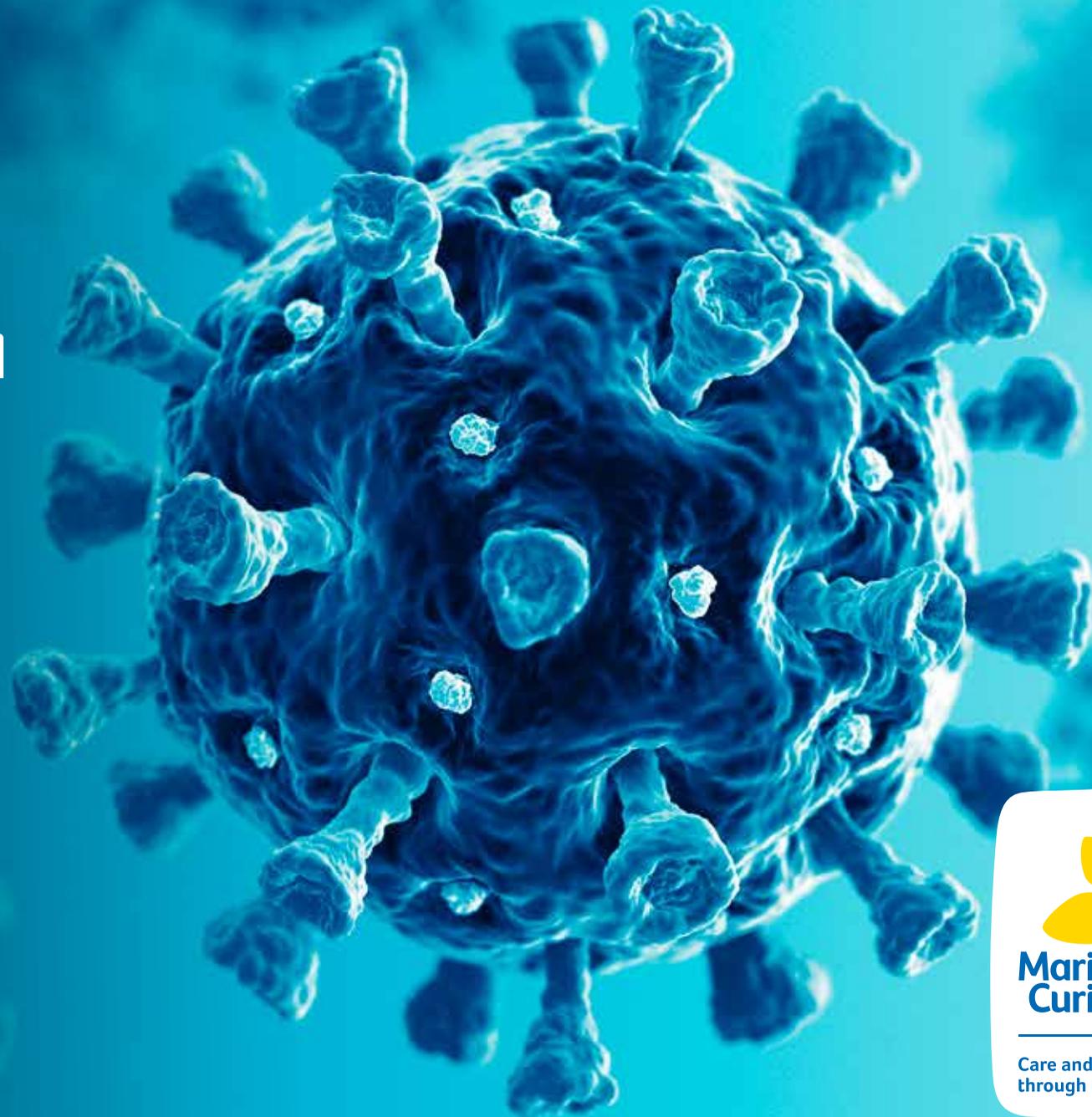
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**On behalf of**

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**Marie  
Curie**

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Care and support  
through terminal illness

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## Forward by Jo Shackleton, Senior Lead Nurse, Infection Prevention Control



The coronavirus (Covid-19) pandemic has dominated the past year. We commenced preparation for receiving and managing coronavirus patients in January 2020. Since then, I have observed what an adaptable organisation Marie Curie has been in its response.

I want to recognise the ongoing commitment, determination, compassion and resilience shown by all our staff in preventing and controlling coronavirus and express my gratitude and thanks to them for all their efforts. I would like also to give particular praise to the

IPC link nurse network, who continue to strive for the highest standards in IPC and patient safety.

Throughout the year, we developed policies to prevent the transmission of coronavirus. These have been informed by public health and government guidance that have been continually updated as our understanding of coronavirus has evolved, leading to challenges in terms of their rapid implementation at a local level. Working in such a rapidly developing situation, while maintaining our focus on IPC practice, has required an comprehensive, collaborative effort that has been exceptional in limiting the spread of the infection within people who receive our care.

Specialist IPC advice

continues to play a critical role in our ability to return to ‘business as usual’ across the organisation, while also ensuring we stay prepared for any increase in cases and standard infection control precautions (SICP) are delivered to the highest possible level.

As the Senior Lead Nurse, Infection Prevention and Control, I am very clear on the actions necessary to deliver and maintain patient safety. Equally, it is the responsibility of every member of staff to ensure the best outcome for patients – and this must remain a high priority for all.

The organisation has recognised the need for further IPC resource and I am delighted that, with the support of the Board of Trustees, we will welcome a full-time Head of Infection

Prevention and Control in 2021.

Marie Curie performs surveillance of methicillin-resistant *Staphylococcus aureus* (MRSA) bacteraemia, methicillin-sensitive *Staphylococcus aureus* (MSSA) bacteraemia, *Clostridioides difficile* (C. diff) infection and *Escherichia coli* (E coli) bacteraemia, and other Gram-negative bloodstream infections. Overall, the rate of bacteremias in the organisation has been very low compared to the national rates.

Incidents and outbreaks were managed as they arose throughout 2020/21, and the impact of the outbreaks on patients and staff, as well as the implications for the organisation’s operational delivery, will be discussed in a full report presented to

the Infection Prevention and Control Committee.

We have made progress toward completing the Board Assurance Framework/Annual Workplan 2020/21. The main actions that remain outstanding are outlined in Section 5.

IPC audits were undertaken to ensure that policies, procedures, and best practices were applied, including hand hygiene, the correct wearing of personal protective equipment (PPE) and coronavirus practices. Many of these demonstrated compliance.

The Executive Leadership Team recognise the need for us to control healthcare associated infections (HCAI), and reiterate their commitment to keeping patients, family members and staff safe in this regard.

# 1 Purpose

The purpose of this report is to provide the Board of Trustees with information on the infection prevention and control (IPC) activities in our nine hospices and eleven nursing service regions across the four nations in 2020/21. All data are from 1 April 2020 to 31 March 2021, apart from information relating to coronavirus, where information is included from 1 March 2020 to 31 March 2021.

## 1.1 Requests to the Board of Trustees

The Trustees are asked to note and consider the contents of this report and raise any issues of concern or outline any specific actions they want to be taken to the Chief Nurse.

## 1.2 Required actions

Board members are asked to receive this report for information and assurance regarding achievements, ongoing progress and areas for improvement.

Members are asked to receive the Infection Prevention and Control Work Programme Board Assurance Framework for 2021/22.

Members are assured that all aspects of infection prevention and control for Marie Curie, through annual reporting, are undertaken in line with the requirements of The Health and Social Care Act 2008 (England), Care Standards Act 2000 (Wales), National Health Service (Scotland) Act 1978, HIS Regulations 2011, Independent Health Care Regulations (NI) 2005, Regulation and Improvement Authority Regulations (NI)2011.



## 2 Compliance with regulators

Marie Curie has nine hospices and eleven nursing service regions across the four nations and is 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 of Marie Curie services in England during 2020/21.

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 ten criteria that healthcare providers are assessed against.

### 2.2 Wales

The Healthcare Inspectorate Wales (HIW) inspects hospices in Wales. HIW and CIW assess IPC standards against the Care Standards Act 2000 and national minimum standards.

A virtual inspection of the Marie Curie Hospice, Cardiff and the Vale took place on 19 January 2021. No areas of concern were identified, and the report has been published.

### 2.3 Scotland

Healthcare Improvement Scotland (HIS) inspects hospices in Scotland. HIS and CIS assesses 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), which contains the criteria that healthcare providers are assessed against.

### 2.4 Northern Ireland

The Regulation and Quality Improvement Authority (RQIA) inspects hospices and community services in Northern Ireland. 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, which contains the criteria that healthcare providers are assessed against.

The Marie Curie Hospice, Belfast, was inspected in March 2021. This inspection report has not yet been published.

### 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.

#### 3.1 Infection Prevention and Control Committee structure and accountability

The Senior Lead Nurse IPC (SLNIPC) provides specialist advice to clinicians across the organisation, facilitates the Link Nurse Network for IPC to provide education, support and advice to staff about IPC matters, and liaises regularly with patients and relatives to provide information on alert organisms, offering advice and reassurance when required. The SLNIPC also liaises with clinicians and the divisional lead, together with managers who have responsibility

**Figure 1. Marie Curie Caring Services IPC accountability**



#### 3.2 Monitoring arrangements

Quarterly Infection Prevention and Control Committee (IPCC) meetings.  
 Quarterly IPC reports to the Caring Services Leadership Team (2020/21).  
 Executive Leadership Team Quarterly Board Review  
 Quarterly Quality Trustees Committee  
 Annual report to the Board of Trustees.

**Figure 2. IPC governance arrangements**



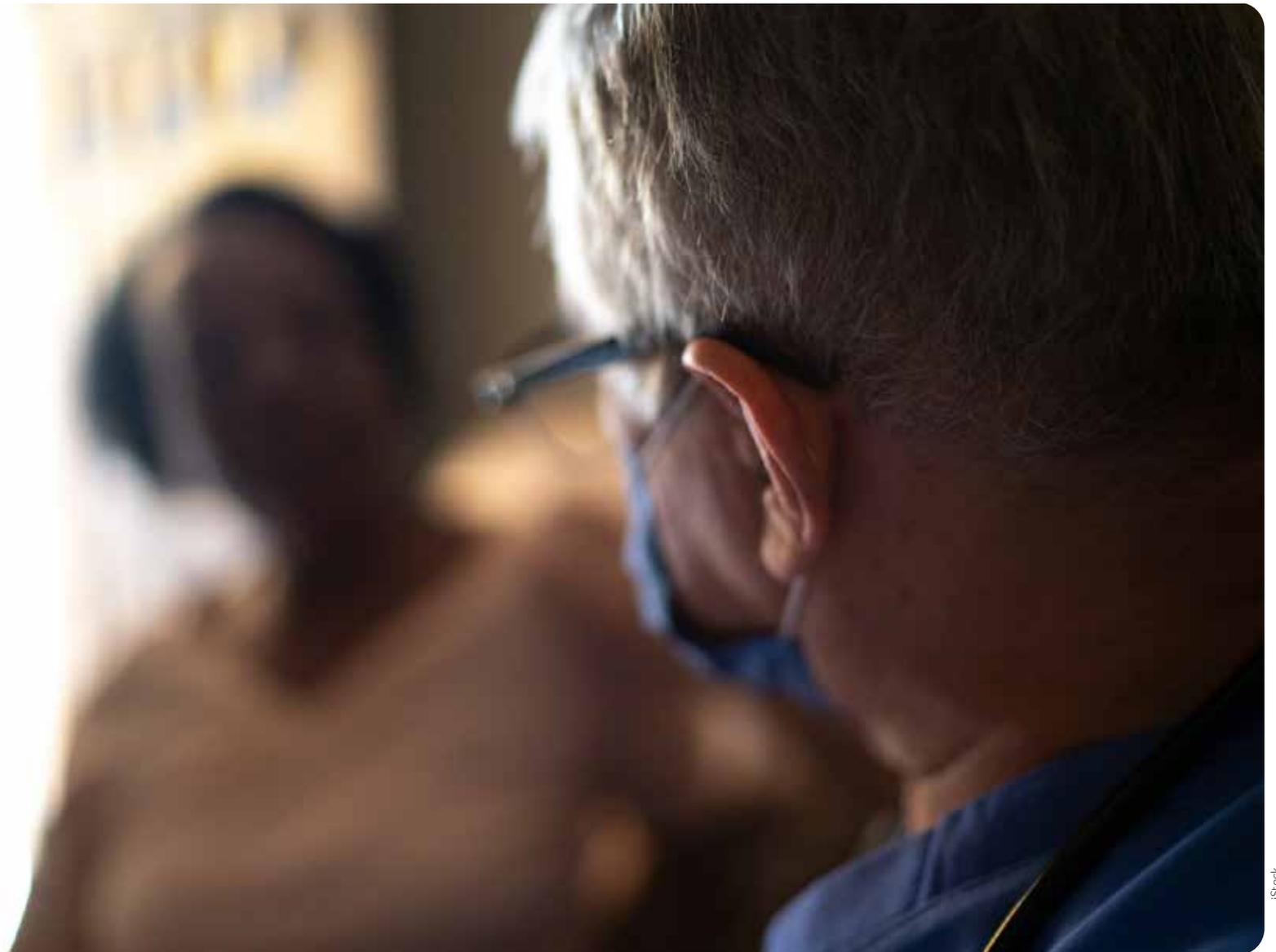
## 4 Serious incidents

We have reported 34 IPC incidents as serious events.

- 17 outbreaks/clusters considered serious incidents
- 17 other Infection prevention control incidents considered serious incidences.

All of these have been referred to the Marie Curie Serious Incidents Learning Panel for review.

Coronavirus has been recorded on the death certificate of several Marie Curie patients. Where a patient has acquired coronavirus while in one of our hospices, an investigation and clinical review has been undertaken locally.



## 5 IPC Board Assurance Framework/Healthcare Associated Infection (HCAI) Reduction Plan 2020/21

The IPCC monitors progress against the Board Assurance Framework/Healthcare Reduction Plan. Due primarily to limited capacity and the pandemic, we are reporting some exceptions to the programme. During 2021/22, the necessary actions will be taken to ensure all work is completed.

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

#### 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 complete education programme for all staff on recognising and managing sepsis.

**Exception:**

Ongoing. Task and finish group has been set up, and it is expected that this will be in place during 2021/22 .

#### 5.1.2 Assurance Framework code of practice criterion 3:

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

**Action required 3.1:**

Assure the IPCC/Marie Curie Trustees regarding antimicrobial stewardship activities, including:

- a) all antimicrobial prescribing policies used in each hospice are updated and agree with local microbiologist

- b) prescriber and non-medical prescriber have been provided with education on antimicrobial stewardship.

**Exception:** The pandemic curtailed our work to undertake a point prevalence audit to determine the level of compliance with antimicrobial prescribing guidelines

#### 5.1.3 Framework code of practice criterion 4:

Provide timely, 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:** Not progressed. Our focus has been on facilitating coronavirus information, not only on the national page but on local hospice web pages.

## 6 IPC Link Nurse Network

During 2020/21, monthly virtual link nurse meetings started with the hospice links, which have been well attended. They have been a forum to cascade vital information relating to new guidance and current infection control issues, an opportunity to update staff on all IPC issues, and particularly relating to coronavirus, an opportunity to recognise link nurses work during the pandemic.



## 7 Response to the coronavirus pandemic

Marie Curie’s response to the coronavirus pandemic has gone through many stages, from managing relatively few individuals with the disease in our services, to seeing an exponential rise in cases – which required an incident command and control response and very rapid and major changes to our processes and facilities – to the beginning of stabilisation and recovery.

Throughout this, the Senior Lead Nurse Infection Prevention and Control (SLNIPC) has supported the organisation with expert advice and interpretation of the guidance from national bodies, including Public Health England (on behalf of the UK’s public health bodies).

During the first exponential surge period, there were rapid and frequent changes in national guidance on personal protective equipment (PPE), for example, which needed to be implemented at short notice. A local system of action cards kept on the intranet was rapidly developed with frequently asked questions, documents, videos, posters and other materials to ensure the correct guidance is always available to all staff and covering all aspects of patient care and management related to coronavirus.

Marie Curie’s response to the COVID-19 pandemic has involved every part of the organisation, and all staff have contributed. The SLNIPC has worked across

all teams and departments, but with their main focus being support and expert guidance to clinical teams and the Infection Prevention Link Nurse Network.

Additional IPC resources have been deployed to increase the presence of the SLNIPC during the first surge. Moving forward, we have identified the need for additional IPC resources, which will increase the presence of specialist advice across the organisation.

A year on, surveillance screening is now nationally and locally embedded for staff and patients. All staff have now been encouraged to undertake the lateral flow device (LFD) tests, where it has been made available, supplemented by weekly PCR tests.

The national vaccination programme commenced in late January 2021, with staff being able to access their vaccination through a local programme. At the time of the report many staff have received their first dose and are due to receive their second dose within 3 months.

Marie Curie continues to follow national guidelines and recommendations. The Caring Service Pandemic Incident Management Group, which was set up in late March 2020, continues to meet to discuss and lead on practice guidance for coronavirus.



Staff at the Marie Curie Hospice, Bradford come together for a 1 minute silence on the National Day of Reflection 2021

## 8 Covid-19 IPC board assurance framework

NHS England developed the COVID-19 IPC board assurance framework (BAF) to support all healthcare providers to effectively self-assess their compliance with Public Health England (PHE) and other coronavirus-related infection prevention and control guidance, and to identify possible risks.

The framework is structured around the ten criteria of the code of practice on the prevention and control of infections (hygiene code). This links directly to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Marie Curie Hospices and the Marie Curie Nursing Service have individual BAFs in place as a source of assurance to help them to maintain quality standards for IPC.

A clinical coronavirus assessment tool was developed to assess priority key lines of enquiry (KLOE) that mitigate the risk of transmission in hospices. All hospices undertook the audit in Q3, with the overall findings in table 1.

The assessment will now form part of the IPC annual audit plan for 2021/22 and be undertaken in April or September except if an outbreak of coronavirus is declared.

**Table 1. Compliance with coronavirus clinical assessment tool (hospices only, Q3)**

Section		Summary of gaps identified
Hospice arrangement - 6 KLOEs	Evidence available at the time of assessment shows the lines of enquiry are met.	Requirements are met.
Pathways - 6 KLOEs	Evidence available at the time of assessment shows the lines of enquiry are met.	<p>Most of the requirements are met, however:</p> <ul style="list-style-type: none"> <li>• work continues in some hospices to improve signage and information available for staff and visitors</li> <li>• sufficient mitigating actions are in place to reduce the risk of pathway contact to a minimum (eg barriers)</li> <li>• work continues on ensuring all staff are adhering to 2m IPC guidance for social distancing.</li> </ul>
Transmission-based precautions 6 KLOEs	Evidence available at the time of assessment shows the lines of enquiry are met.	Key requirements are met.

## 9 Policies and procedures

There are a suite of IPC policies and procedures available on our intranet, covering numerous topics and meeting national requirements. During 2020/21, the review date for both the IPC policy and many of the standard operating procedures (SOPs) within the IPC manual expired. We could not review the policies and standard operating procedure due to the coronavirus pandemic. Both the IPCC and DIPC agreed that as they continue to remain fit for purpose and continue to reflect national guidance and best practice, the review dates for these policies could be extended.

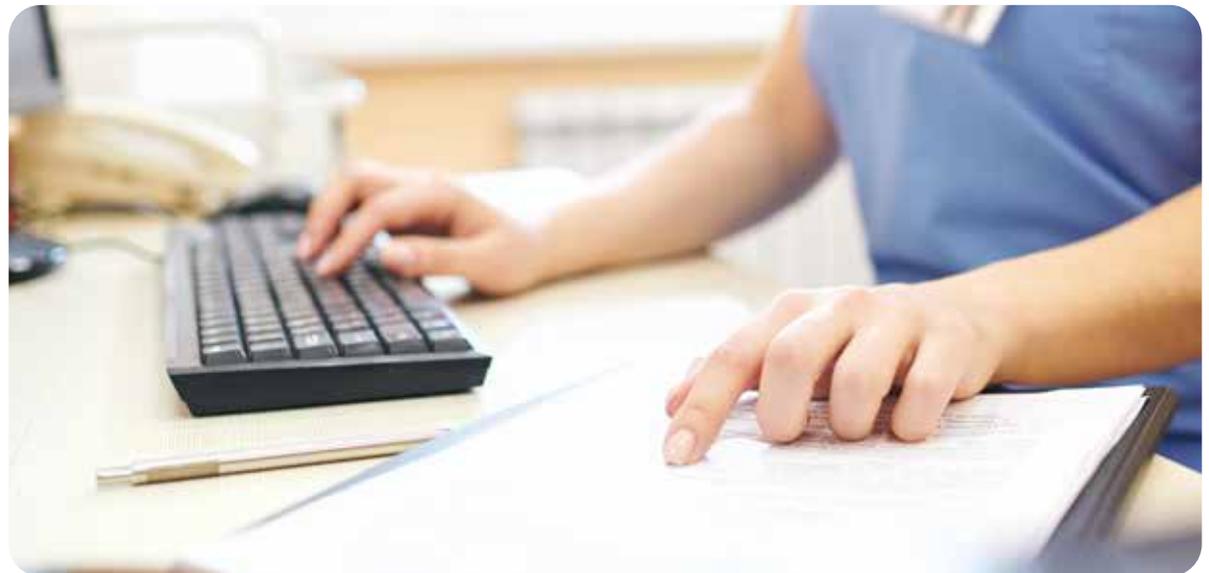
### 9.1 Adoption of the National Scottish Manual for IPC

Over the last few years, there has been significant work in Marie Curie to set a common approach to improvement and standards in IPC. Central to this has been the Marie Curie Infection Prevention Control Manual. Published in 2016, the Marie Curie IPC Manual sets out standards, good practice and resources for improvement for IPC across the organisation.

The National IPC Manual (Scotland), first published in 2012, is now central to both England and Scotland's approach to IPC. It is yet to be adopted by all devolved nations.

The aim of the manual is to:

- facilitate the practical application of IPC precautions by appropriate staff
- reduce variation and optimise IPC practices throughout Scotland and England, though in England only for standard infection control precautions (SICP)
- improve the application of knowledge and skills in IPC, reduce the risk of HCAI and help to align practice, education, monitoring, quality improvement and governance
- Moving forward, Marie Curie will aim to adopt the National Scottish Manual in both Scotland and England by placing a link on our policy portal within the intranet site for staff to access. Also, we will make available a series of SOPs to supplement national guidance.



# 10 Healthcare-associated infection (HCAI) surveillance (hospice only)

There are no national requirements for the surveillance of infections at Marie Curie. The organisation provides information on HCAI, antimicrobial resistant organisms and infectious diseases. This information is essential to monitoring progress, investigating any underlying causes and instigating prevention measures.

In line with best practice and the 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) bloodstream infection (BSI), and *Clostridium difficile* infection

(CDI), as well as all other notifiable disease infection (see Table 2 page 16).

The local clinical teams are responsible for collecting and reporting the data via Sentinel, the complaints and incidents logging and monitoring tool used by Marie Curie. All reported acquisitions of HCAI are reviewed by the SLNIPC and, where appropriate, a post-infection review (PIR) is undertaken.

Root cause analysis (RCA) and a post-infection review are undertaken by the local team with the DIPC and SLNIPC on all cases of MRSA, MSSA, E.coli BSI, CDI and, where appropriate, other HCAIs and notifiable disease infection. This is

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

Local teams support this process by gathering and providing relevant information along with undertaking internal enhanced surveillance to investigate any aspects of care or contributing factors relating to care received from Marie Curie.

## 10.1 E coli bacteraemia

Only one case of E coli was reported during the year. The Marie Curie Hospice, Newcastle reported a case of E coli BSI in Q4. The local team completed a clinical review and a post-infection

review. It concluded that the case was attributable to Marie Curie but was non-preventable. Learnings have been identified with an action plan developed and monitored locally.

## 10.2 Clostridiodes difficile Toxin Infection

We recorded four cases of toxin-producing *Clostridiodes difficile* infection, with the Marie Curie Hospices Newcastle, Cardiff and Vale, Edinburgh and West Midlands each reporting a case.

All reported cases were reviewed by the SLNIPC to ensure that they were managed in line with Marie Curie SOPs. All four

cases were acquired in our care after 48 hours and were subject to RCA investigations and a post-infection review to determine if any lapses in care could be identified. The acquisition of C-diff in all these cases was 'unavoidable', and no lapse in care was identified. Learning has been identified and action plans were developed and monitored locally.

## 10.3 Coronavirus

The second wave of coronavirus intensified during January 2021 due to the high level of sustained transmission in the community across the UK. The organisation saw an increase in positive cases for both staff and patients.

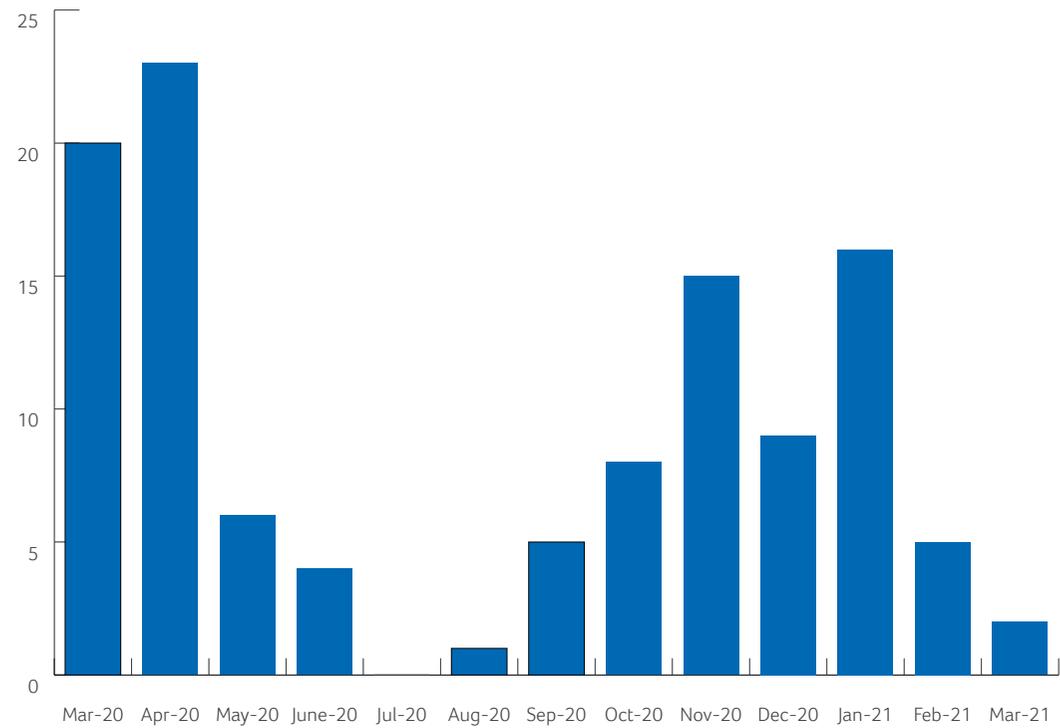
**Table 2. Number of key alert organisms 2017/18 – 2020/21**

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	Number of cases reported 2020/21	Attributable to Marie Curie 20/21	Annual cumulative case total (YTD) 20/21
<b>Bloodstream infection</b>						
MRSA bacteraemia (acquired within 48 hours of admission)	0	0	0	0	0	0
MSSA bacteraemia (acquired within 48 hours of admission)	0	0	0	0	0	0
E coli bacteraemia (acquired within 48 hours of admission)	1	2 (1*)	1	1	1	1
<b>CDI toxin-producing diarrhoea</b>						
(acquired within 48 hours of admission)	5	3	3	4	4	4



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**Figure 1. Coronavirus in-patient numbers 19 March 2020 – 31 March 2021**



Between March 2020 and March 2021, 117 in-patients tested positive for coronavirus. The percentage is 4.877%. In line with the NHSEI CNO Letter (May 19, 2020, NHS England Improvement, Chief Nursing Officers Letter, Ref No 001559) 19 May 2020, they are categorised into one of four groups. Table 3 show the number of cases in each of these categories of transmission.

**Table 3. Number of coronavirus cases per category of transmission**

Number of cases	HCAI category	Criteria
66 cases	Community-onset	Positive specimen date $\leq 2$ days after admission to the hospice
16 cases	Hospice-onset indeterminate healthcare-associated	Positive specimen date 3-7 days after admission to the hospice
10 cases	Hospice-onset probable healthcare-associated	Positive specimen date 8-14 days after admission to the hospice
25 cases	Hospice-onset definite healthcare-associated	Positive specimen date 15 or more days after admission to the hospice



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# 11 Incidents and outbreaks

## 11.1 Outbreaks of coronavirus

Location	Outbreak declared (or date of incident taken from Sentinel)	Date outbreak closed	Outbreak or cluster	Number of staff affected	Number of patients affected
Cardiff and the Vale	24/03/2020	27/04/2020	Outbreak	30	13
Glasgow	23/03/2020	30/04/2020	Outbreak	2	8
Edinburgh	03/06/2020	26/06/2020	Outbreak	8	4
Newcastle	18/09/2020	27/11/2020	Outbreak	22	4
Wales	16/10/2020	09/11/2020	Cluster	4	0
Liverpool	29/10/2020	09/12/2020	Outbreak	4	1
Belfast	26/10/2020	20/11/2021	Cluster	8	1
South East / Hampshire	22/11/2020	09/01/2021	Outbreak	7	0
Cardiff and the Vale	02/12/2020	09/01/2021	Cluster	2	1
Belfast	04/01/2021	15/01/2021	Outbreak	0	1
Edinburgh	05/01/2021	14/01/2021	Outbreak	1	1
Bradford	06/01/2021	25/03/2021	Outbreak	11	1
South West / Cornwall	08/01/2021	26/02/2021	Outbreak	13	0
North East / Durham RR	14/01/2021	02/02/2021	Cluster	2	0
Liverpool	14/01/2021	04/03/2021	Outbreak	10	5
West Midlands	18/01/2021	25/03/2021	Cluster	12	0
Yorkshire / Kirklees	25/02/2021	22/03/2021	Outbreak	4	2

## 11.2 Learning from the coronavirus outbreak second wave

The critical themes arising from these outbreaks are shared widely across the organisation to enable people to learn from them. They are also incorporated into the weekly Caring Service bulletin.

Maintaining rigorous IPC continues to be essential. This includes:

- the separation of patient pathways
- asymptomatic/symptomatic testing for all patients and staff, and implementing day-three tests following admission
- retrospective mapping of all cases involved in the outbreak

- introducing mapping into outbreak management process to use to declare outbreaks.

## 11.3 Impact of outbreaks on the organisation

The impact of the coronavirus outbreaks on our services has been variable. Both our hospices and the Marie Curie Nursing Service have strived to minimise the effects of outbreaks on their service delivery, taking immediate actions in response. While managed carefully; unfortunately, not all services were fully maintained with some disruption to admissions/referrals occurring.



## 12 Patient safety alerts

### 12.1 UK outbreak of *Burkholderia aenigmatica* (B. contaminans)

From August to December 2020, the Antimicrobial Resistance and Healthcare-Associated Infections Reference Unit (AMRHAI) received representatives of a single strain of *Burkholderia aenigmatica* from 10 patients at eight different hospitals, suggestive of a common source outbreak.

This bacterium is commonly found in the environment and is typically only a risk to people with increased susceptibility to infection, such as cystic fibrosis. The risk to the public is low.

A national investigation was initiated by PHE to describe the extent of the outbreak, identify any common exposures and inform the implementation of control measures.

In response to this national enquiry, PHE published guidance for good infection prevention practice when using ultrasound gel. The critical change was to strongly advise that prefilled ultrasound bottles should be used in preference to the practice of decanting. Where bottles are refilled, further recommendations have been made to minimise the risk of contamination.

### 12.2 Supply disruption of sterile infusion sets and connectors manufactured by Becton Dickinson (BD)

In March, Marie Curie received a patient safety alert from the Medicines and Healthcare Products Regulatory Agency (MHRA) about the supply disruption of sterile infusion sets and connectors manufactured by Becton Dickinson (BD) (NatPSA/2021/001/MHRA) – GOV.UK ([www.gov.uk](http://www.gov.uk))

The acute pressures that this places on services, together with a freeze on supply of certain BD sterile infusion sets and connectors, created both an immediate supply issue and ongoing clinical care requirements. Each service was asked to respond to the alert. An overview of BD Infusion products use across Marie Curie has been compiled, which has allowed a more targeted approach where there are pressure points.

## 13 Hospice HCAI prevention plans

Marie Curie recognises that the effective prevention and control of HCAIs 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. Good management and organisational processes are crucial to ensure high standards of infection prevention and control measures are maintained.

During 2020/21, hospices were expected to develop and complete their prevention plans, reflecting local and national priorities such as prevention of gram negative blood stream infections, antimicrobial resistance and compliance with IPC policies.



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## 14 Sepsis

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

### 14.1 Improvement in the recognition and management of sepsis

Following the implementation of Marie Curie's hospice sepsis guidance, a sepsis working group has convened with representation from across the organisation, including medical, quality improvement, practice development, the Marie Curie Nursing Service and clinical hospice 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 Marie Curie strategy going forward in 2021/22.



# 15 Audit programme to ensure key policies are implemented

The infection prevention and control compliance and quality improvement audit programme is fundamental in that it has been developed to support the identification of compliance and non-compliance with regards to IPC policies, standard infection control precautions (SICPs) and transmission-based precautions (TBPs) across Marie Curie. It aims to:

- embed the importance of infection prevention and control into everyday practice
- reduce variation in infection prevention and control practice and standardise care processes
- determine what improvements need to be made to achieve compliance with SICPs and patient placement risk assessment elements

of TBPs to reduce the risk of cross-infection

- improve the application of knowledge and skills in infection prevention and control
- help align practice, monitoring, quality improvement and scrutiny
- Where deficits are identified, areas and 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 and progressed. Should any challenges hindering the completion of action plans be identified at a local level, they are escalated to the Infection Prevention and Control Committee. For the forthcoming year, all action plans will be

formally monitored by the Committee in their quarterly meetings. Areas failing to progress their actions are invited to attend the Committee for additional support and advice.

## 15.1 SICP Audit

During 2020 the Hospice Link Nurse Network audited SICPs and TBPs compliance to demonstrate the implementation of SICPs and TBPs. Hospice IPC Link Nurse:

- assessed current compliance with each of the 10 SICPs
- assessed current compliance with the patient placement risk assessment element of TBPs
- identify any missed critical elements that need to be improved and require

process and/or system changes that will assure clinical teams

Hospices are required to provide SICPs and TBPs compliance monitoring data to the IPCC and local governance meetings each quarter. Hospices themselves are expected to assess improvement and identify the necessary improvements that are made.

## 16 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 for the hospice manager, medical director and the pharmacy leads. They lead on this to ensure prescribing and use of antimicrobials is reviewed consistently, and that feedback is provided to prescribers on inappropriate choices to improve appropriate usage and have better antimicrobial stewardship.

Marie Curie continues to 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.

The pandemic has curtailed further work on undertaking a pilot of the audit tool, which is available on Meridian.



# 17 Training and continuing professional development



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

## 17.1 Statutory and mandatory training

The tables below provide an overall picture for Caring Services regarding compliance with the mandatory online training for IPC. The Quality Account target set by Marie Curie is to have trained 95% of all staff.

Line managers and senior managers are responsible for ensuring that staff have completed all mandatory training requirements. There is a clear escalation process which identifies the timescale and responsibilities in relation to assuring compliance.

Through the pandemic, our bespoke presentations and ad hoc training sessions focused on providing staff with specific training to ensure they were competent in the correct use of PPE, the required practice for donning and doffing of PPE, hand hygiene and, where applicable, fit testing of staff and the importance of cleaning.

## 17.2 IPC link nurse virtual study event

The link nurses held another study event in November 2020 with three keynote speakers. The contribution the Link Nurse Network has made to Marie Curie strategy for IPC has been particularly significant this year. Praise and congratulation are given to the link nurses.

**Table 6. Hospice compliance with mandatory IPC training**

Hospice	Belfast	Bradford	Cardiff and the Vale	Edinburgh	Glasgow	Hampstead	Liverpool	Newcastle	WMH
Number of staff	54	69	63	70	57	53	59	62	71
Infection control – clinical	98	91	98	90	100	96	95	97	96

**Table 7. Nursing service compliance with mandatory IPC training**

Hospice	Central	London	Eastern	Northern Ireland	North East	North West	Scotland South	South East	South West	Scotland North	Wales
Number of staff	159	126	149	199	159	178	152	67	194	138	111
Infection control – clinical	96	91	96	90	96	97	99	100	94	97	98

**Table 8. Combined cumulative IPC training compliance of all non-clinical staff 2020/21**

	No of staff	Compliance
Non-clinical	490	89%

## 18 Occupational health

### 18.1 Staff influenza vaccination

The influenza vaccination was offered free to Marie Curie staff again this year to reduce the risk of staff contracting the virus and transmitting it to patients in our care.

The use of peer vaccination in all Marie Curie hospices resulted in high vaccine uptake as well as raising awareness.

### 18.2 Staff immunisation

Immunising healthcare staff is necessary to:

- protect the individual and their family
- protect patients and service users who could be vulnerable and immunosuppressed individuals
- protect other healthcare staff
- allow for the efficient running of services without disruption.

Interim arrangements remain in place for staff immunisation. During the last year, an initial investigation to develop a programme of immunisation across Marie Curie has been undertaken by the People and Operations team. The findings of this work have not yet been taken forward.

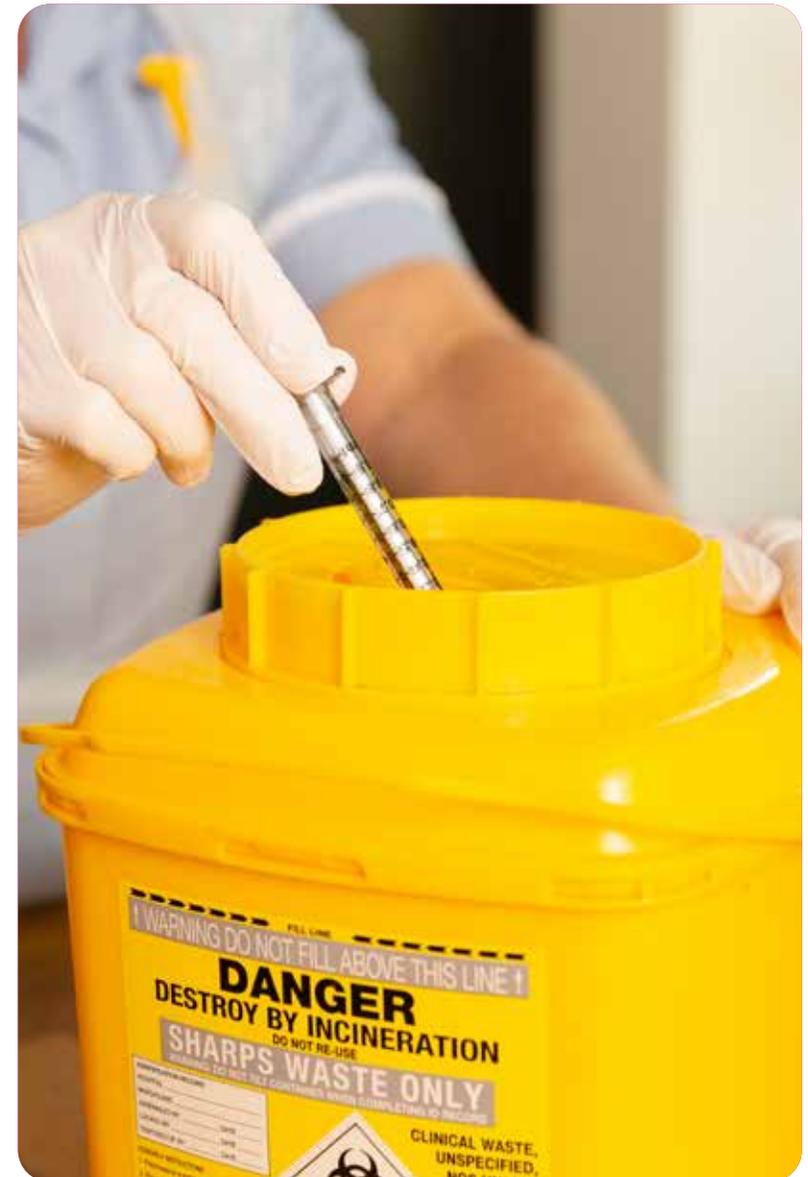
### 18.3 Incident reporting: sharps practice

Four incidents were reported during the year.

Of these, two were reported in Marie Curie hospices and two in the Marie Curie Nursing Service. These included:

- clean needlestick injuries
- contaminated needlestick injuries.

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



Phil Hardman/Marie Curie

## 19 Water safety group

The water safety group has met in line with its terms of reference. Marie Curie continues to be supported by an authorising engineer (water).

### 19.1 Pseudomonas

Water testing for *Pseudomonas aeruginosa* in hospices has been performed in accordance with national guidance. The results are displayed in Table 8, which demonstrates an ongoing issue.

In response to positive counts, remedial action procedures are followed. Where required, positive outlets are fitted with a point-of-use (POU) filter to remove *Pseudomonas aeruginosa* and each outlet is flushed daily.



**Table 8. Pseudomonas aeruginosa in hospices**

Hospice	Date of positive samples	Remedial action(s) taken	Clear result	Current situation	Comments
Belfast	July 2020	Health and Safety Manager investigated	July 2020	N/A	Contractor supplied interim results not final results
Bradford	October 2020	Remedial action procedure followed	December 2020	N/A	N/A
Cardiff	July 2020	Remedial action procedure followed	Not yet	Managing situation with point-of-use filters	Significant water rebalancing project underway which it is hoped will resolve the issue
Edinburgh	September 2020	Remedial action procedure followed	December 2020	N/A	N/A
Glasgow	October 2020	Remedial action procedure followed	January 2021	N/A	Contractor sample process suspected to be incorrect/ resolved in subsequent visit
Hampstead	September 2020	Remedial action procedure followed	Not yet	POU filters fitted in the affected areas. Horne in line thermal disinfection units (ILTDU) have been fitted in the affected rooms, except SR6 on heath ward. The plumbing engineer is coming back on 8 March 2021 to install and the hospice will then re-test	Follow up required
Liverpool	Clear results in 2020	N/A	N/A	N/A	N/A
Newcastle	December 2020	Remedial action procedure followed	One outlet still not clear	Being managed with filter	Retesting taking place soon
West Midlands	May 2020	Remedial action procedure followed	June 2020	N/A	N/A

## 20 Estates and facilities

### 20.1 Cleaning

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 responsible for the coordination 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.

To monitor compliance with 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 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 local place-based Governance Board via local environment and safety meetings. The IPCC also receives an exception narrative as to why this has occurred, with the

appropriate assurance that the issues have been resolved.

### 20.2 Response to coronavirus

It has been challenging for our hospices to maintain high cleaning standards this year due to the pandemic. Despite the challenges, all hospices achieved their technical audit cleaning target scores throughout the year.

The biggest issue for the hospices was implementing the enhanced cleaning requirements of the clinical areas. With housekeeping staff numbers being impacted by the pandemic, this presented challenges in securing the resources they needed to ensure enhanced cleaning could be maintained daily. The staff shortages were overcome by housekeeping staff working additional hours, calling for help from non-essential

staff working from home, asking other departments to help with housekeeping duties and the use of reliable agency staff. Cleaning schedules were updated to reflect the additional cleaning. These schedules were used for training all staff involved in the cleaning processes, and the teams received daily updates to keep them informed of changes to cleaning and PPE requirements.

The Marie Curie Hospice, West Midlands, as the only hospice in the organisation to have a contracted cleaning team, worked closely with their contractor, City & Kent, to ensure that cleaning standards were maintained throughout the pandemic. From the outset, City & Kent were at the forefront of tackling the virus at St Thomas's in

London. What they learnt from this was used at West Midlands, with staff receiving updates and advice right from the start. Cleaning procedures were also enhanced to minimise the risk of the virus being present in the hospice and contingencies put in place to ensure cover for any potential staff shortages.

The IPC link nurses at each hospice have been heavily involved at the site level, working with and guiding the cleaning team, following the guidelines and keeping the team up to date with changes and alterations in practice. All cleaning staff were trained in PPE competency. The cleaning teams were also given regular feedback from hospice coronavirus meetings to keep them up to date with the latest news and developments.

### 20.3 Changes to the hospice environment

Several changes have been made to the environment in a few hospices to reduce the risk of transmission of the virus. At our Newcastle and Bradford hospices, all carpets in the in-patient units have been replaced with vinyl flooring. Several hospices have replaced fabric curtains and blinds with disposable ones and fabric furniture with wipeable furniture.

### 20.4 Ventilation

Hospices were instructed to turn off any centralised air supply and remove air handling units that recirculate air, unless their system contained HEPA filters. Systems that circulate air within a room remained in use, and some hospices purchased portable air conditioning units to prevent the use of portable fans.



The Marie Curie Hospice, Hampstead replaced carpet with vinyl flooring to reduce infection

# 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 Level 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 2021/22

This should be considered as our healthcare-associated infection (HCAI) reduction programme for 2021/22. It will act as our HCAI improvement plan. Progress against the programme will be monitored by the Infection Prevention Control 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), Board Assurance Framework for COVID-19 (2020), 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, Chief Nurse, Executive Director of Quality and Caring Services Director of Infection Prevention Control**

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
<p><b>Code of Practice Criterion 1.</b> 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><b>Scottish Standard 1: Compliance</b> 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>DIPC</p> <p>Head of Infection prevention Control (HoIPC)</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 clostridium difficile 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>Head of Quality and Clinical practice (HoQCP)</p> <p>HoIPC</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 21/22	Lead	By when	Evidence of success
<p><b>Standard 7: Insertion and maintenance of invasive devices</b></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>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>	<p>Head of Quality and Clinical practice (HoQCP)</p> <p>HoIPC</p>	As required	<p>Meeting minutes/quarterly reports/annual reports.</p> <p>Completed post-infection reviews (PIR) tools/minutes/action plans</p>
<p><b>NICE Quality Improvement Guide (PH 36) Statement 1:</b> Trustee level leadership</p>	1.3	Review all outbreaks and period of increased incidences	HoIPC HoQCP	As required	Meeting minutes/quarterly reports/annual report
<p><b>NICE Quality Improvement Guide (PH 36) Statement 2:</b> Be a learning organisation</p>					
<p><b>NICE Quality Improvement Guide (PH 36) Statement 3:</b> HCAI</p>	1.4	Plan and deliver a full education programme for all staff on recognising and managing sepsis	HoIPC HoQCP	Ongoing	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	HoIPC HoQCP	Ongoing	<p>Meeting minutes/quarterly reports/annual report/annual audit plan</p> <p>Surveillance and audit SOP</p>

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
<b>NICE Quality Improvement Guide (PH 36) Statement 4:</b> Workforce capacity and capability	1.6	Continue to deliver and develop link nurse network	HoIPC HoQCP	Ongoing	
<b>NICE Quality Improvement Guide (PH 36) Statement 6:</b> Multi agency working to reduce HCAs	1.7	Ensure that IPC advice available to Marie Curie	HoIPC HoQCP	Ongoing	IPC Specialist role post Local SLA contract Community IPC team Public Health/ Health protection teams
<b>NICE Quality Improvement Guide (QS 61) Statement 1:</b> Antimicrobial stewardship	1.9	Implement National Manual Policy for Infection Prevention Control (IPC) (England Only )	HoQCP HoIPC	Ongoing	
<b>NICE Quality Improvement Guide (QS 61) Statement 2:</b> Organisational responsibility	1.10	Undertake regular review of inpatients identified with alert organisms/conditions. Report alert organisms/conditions and acquired HCAI via Marie Curie surveillance system	HoIPC HoQCP	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	HoIPC HoQCP Accountable Medical Directors	Ongoing	IPCC minutes Pharmacists meeting HCAI plans

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
<p><b>Code of Practice Criterion 2:</b> 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><b>NICE Quality Improvement Guide (PH 36) Statement 5:</b> 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 Estates Head of Operations	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	Facilities manager and Head of Operations	Ongoing	Training matrix and log Competence assessment

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
<p><b>NICE Quality Improvement Guide (PH 36) Statement 10:</b> <i>Marie Curie Estates Management.</i></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.	Facilities manager and Head of Operations	Ongoing	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.	Health and safety Lead	Quarterly	IPCC minutes Local Water Safety Plans/ results/action plans
	2.8	IPC specialist input into maintenance and new builds works/projects.	HoIPC Head of estates	As required	Project team minutes
<p><b>Code of Practice Criterion 3:</b>                      Ensure appropriate antimicrobial use to optimise patient outcome and to reduce the risk of adverse events and antimicrobial resistance</p> <p><a href="#">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</a></p> <p><b>NICE Quality Improvement Guide (QS 61) Statement 1:</b> Antimicrobial stewardship</p>	3.1	Provide assurance to the IPCC/Marie Curie Trustees regarding antimicrobial stewardship activities including: a) All antimicrobial prescribing policies are updated and agree with local microbiologist b) prescriber and non-medical prescriber have been provided with education on antimicrobial stewardship	HoIPC HoQCP Accountable Medical Directors Pharmacists	Quarterly	Hospice HCAI reduction plan DIPIC annual report IPCC minutes Audit Local/divisional governance meeting minutes Divisional meeting minutes

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
<p><b>Code of Practice Criterion 4:</b> 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><b>Scottish: Standard 6:</b> Infection prevention and control policies, procedures, and guidance</p>	4.1	Ensure that IPC annual report is available on Marie Curie intranet and website following presentation to Marie Curie Trustees	HoIPC	Ongoing	IPCC minutes Board of Trustee minutes DIPC annual report uploaded
	4.2	Ensure new and revised IPC policies/SOPs are uploaded on SharePoint	HoIPC	Within two weeks of approval	Policies/SOPs are available
	4.3	Develop Marie Curie intranet page for IPC and ensure webpages are updated regularly	HoIPC	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	HoQCP	Ongoing	Paper/EPR records
<p><b>Code of Practice Criterion 5:</b> 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>		All patients Infection risks are assessed on admission and referral	HoQCP	Ongoing	Risk Assessment Marie Curie documents Audits of documentation Monitoring of sentinel

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
<p><b>Scottish Standard 2:</b> 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><b>CE Quality Improvement Guide (QS 61) Statement 1:</b> Antimicrobial stewardship</p> <p><b>Code of Practice Criterion 6:</b> 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><b>Scottish Standard 6:</b> Infection prevention and control policies, procedures, and guidance</p> <p><b>Standard 2:</b> 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><b>NICE Quality Improvement Guide (PH 36) Statement 4:</b> Workforce capacity and capability</p>	5.4	All patients Infection risks are assessed on admission and referral	HoQCP	Ongoing	Risk Assessment Marie Curie documents Audits of documentation Monitoring of sentinel
	6.1	IPC information for contractors is available across Marie Curie hospices	Health and Safety Lead HoQCP	Ongoing	Contractor information Health and safety audits Internal assurance visits
	6.2	Induction and mandatory training records	HoQCP	Ongoing	Annual IPC 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	HoQCP	As per audit plan	Local and divisional action plans

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
<p><b>Code of Practice Criterion 7:</b> 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 .	HoQCP	Continuous	Sentinel IPCC minutes PIR
<p><b>Code of Practice Criterion 8:</b> Secure adequate access to laboratory support as appropriate</p>	8.1	<p>Ensure that all hospice have access to seven-days-a-week lab service</p> <p>Hospices work in partnership with local laboratory regarding standard operating procedure for specimen’s collection, appropriate testing, and access to results</p>	HoQCP		SLAs in place
<p><b>Code of Practice Criterion 9:</b> Have and adhere to policies, designed for the individual’s care and provider organisations that will help to prevent and control infections</p>	9.1	Review and update policies and SOPs as per schedule or following publication of new evidence/guidelines	HoIPC HoQCP	As required	IPCC Minutes Policies available Share point
	9.2	Continue with audit programme of compliance to IPC policies		As per annual plan	IPCC Minutes Local governance meeting minutes
<p><b>Code of Practice Criterion 10:</b> Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection</p> <p><b>NICE Quality Improvement Guide (PH 36) Statement 4:</b> Workforce capacity and capability</p>	10.1	Plan and deliver an effective complete immunisation programme, including flu	HoIPC	Ongoing	Increase in staff with vaccination history  Increase uptake in flu vaccination for front-line staff

Requirements		Programme of work 21/22	Lead	By when	Evidence of success
	10.2	Annual sharps bin and sharp safer audits PPE audits	HoIPC	Yearly	Audit results and actions plans
	10.3	Training on sharps safety and inoculation Injury management on induction and mandatory annual IPC training	HoQCP	Ongoing	Training records

## Appendix 2 – Annual Infection Prevention Control Compliance and Quality Improvement Audit Plan 2021/22

Standards/policy to be audited	Auditors/person responsible person responsible	Schedule	Reporting to
<b>MCNS</b>			
Hand hygiene  • Observation of practice and resource availability Personal protective equipment  • Observation of practice and resource availability	Head of Quality and Clinical Practice/ IPC Link Nurse  Head of Quality and Clinical Practice/ IPC Link Nurse	Quarterly or as per local frequency  Quarterly or as per local frequency	Operational Area QA Group  Infection Prevention Control Committee (IPCC)  Operational Area QA Group  Infection Prevention Control Committee (IPCC)

Standards/policy to be audited	Auditors/person responsible person responsible	Schedule	Reporting to
<b>Hospice only</b>			
<p><b>Assess ten elements of standard infection control precautions (SICPs):</b></p> <ul style="list-style-type: none"> <li>• Patient placement/assessment for infection risk</li> <li>• Hand hygiene</li> <li>• Respiratory and cough hygiene.</li> <li>• Personal protective equipment (PPE)</li> <li>• Safe management of the care equipment</li> <li>• Safe control of the care environment</li> <li>• Safe management of linen</li> <li>• Safe management of blood and body fluid spillages</li> <li>• Safe disposal of waste (including sharps).</li> </ul> <p>Occupational safety: Prevention and exposure management (including sharps).</p> <p><b>Transmission Based Precautions (TBPs) compliance Audit</b></p> <p>There are five elements to patient placement/assessment for infection risk:</p> <ul style="list-style-type: none"> <li>• Safe management of patient care equipment in an isolation room/cohort area</li> <li>• Safe management of the care environment</li> <li>• Personal protective equipment (PPE): Respiratory protective equipment (RPE)</li> <li>• Infection prevention and control during care of the deceased</li> </ul>	<p>Head of Quality and Clinical Practice/ IPC Link Nurse</p>	<p>Quarterly</p>	<p>Operational Area QA Group</p>

Standards/policy to be audited	Auditors/person responsible person responsible	Schedule	Reporting to
<b>Hospice only</b>			
<b>Waste</b>	Head of Estates Facilities Manager and Domestic Supervisor Facilities Manager Head of Quality and Clinical Practice/ IPC Link Nurse	Yearly - Q1	Operational Area QA Group Infection Prevention Control Committee (IPCC)
<b>Antimicrobial stewardship</b>	Pharmacists and Medical Director Head of Quality and Clinical Practice/IPC Link Nurse	Yearly or as per local frequency	Operational Area QA Group Infection Prevention Control Committee (IPCC)
<b>Compliance to decontamination of laundry policy (only hospice with decontamination of laundry facilities)</b>	Head of Estates, Facilities Manager and Domestic Supervisor	Yearly - Q2	Operational Area QA Group Infection Prevention Control Committee (IPCC)
	Head of Quality and Clinical Practice/IPC Link Nurse	Biannual (April and September) with exception if there a community surge or and outbreak is declared in the Hospice	
<b>Ongoing care of vascular access device</b>	Head of Quality and Clinical Practice/IPC Link Nurse	Quarterly	Operational Area QA Group Infection Prevention Control Committee (IPCC)
<b>Ongoing care of indwelling urinary catheter</b>	Head of Quality and Clinical Practice/ IPC Link Nurse	Quarterly	Operational Area QA Group Infection Prevention Control Committee (IPCC)

# Acknowledgements

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