

# Infection prevention and control

## Annual report 2024/25

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On behalf of Annette Weatherley, Chief Nursing Officer and Director of  
Infection Prevention and Control (DIPC)



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## Executive summary

1. The infection prevention and control annual report, reports on Infection Prevention and Control (IPC) activities within Marie Curie between 1 April 2024 to 31 March 2025. The publication of the IPC annual report demonstrates good governance, adherence to the standards we set in the organisation and our accountability to our stakeholders.
2. Marie Curie reports internally on the following organisms, however there is no mandatory requirement to do so: Methicillin-resistant *Staphylococcus aureus* (MRSA), Methicillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridioides difficile* and Gram-negative bloodstream infections (eg *Escherichia coli*).

Medical staff report notifiable diseases to UKHSA in accordance with the surveillance policy.

3. During 2024/25 there were three bloodstream infections reported within Marie Curie Hospices: MRSA (Methicillin-resistant *Staphylococcus aureus*) from Cardiff and the Vale Hospice in September 2024, Invasive Group A *Streptococcus* (iGAS) in September 2024 and *E. coli* bloodstream infection reported both from Newcastle Hospice in February 2025.

All three incidents were thoroughly investigated and discussed at post infection review meetings. Lessons learned from each case have been shared, leading to improvements in practice.

4. There were three cases of *Clostridioides difficile* infection reported this year. All three cases were subject to a post infection review which revealed the cases were unavoidable and no lapses in care identified.
5. Three infection outbreaks were reported in our services this year. There were two outbreaks of COVID-19, compared to 11 in 2023/24, and one outbreak of diarrhoea and vomiting, compared to zero in 2023/24.

There were also three clusters of infection with COVID-19 during 2024/25. A total of one patient and six staff members were affected as a result of COVID-19 clusters across both hospice and community settings.

6. Six IPC compliance site visits were undertaken by the Head of IPC, focusing on observations of the environment and practice. A report was provided for each site, highlighting both the good practice standards achieved and areas for improvement. As a result of these visits, several improvements to practice have now been made.
7. IPC Link Practitioners audited standard infection control precautions and transmission-based precautions over the year to assess clinical practice. All hospices undertook monthly hand hygiene audits and reported them quarterly. The overall compliance score was 98.55%.

Audit submissions from Hospice Care at Home varied over the year. In quarter one all regions undertook hand hygiene audits. This decreased in quarters two and three, improving again by quarter four. The overall compliance score was 98.35%.

8. As part of the internal assurance process, Deloitte's auditing services were instructed to undertake an internal audit of IPC across caring services. The audit began in February 2024 and concluded in May 2024. The final report presented the findings, and the organisation was rated as 'substantially assured'.
9. Marie Curie developed a bespoke antibiotic prescribing audit tool for end-of-life care, which is now in use. This enables us to directly compare the audit results from each hospice. We identified common themes, which indicate that areas for improvement include documentation of dose, duration, goals of treatment and sample results. We have also updated the audit tool following feedback.

10. The Sepsis group developed a sepsis audit tool and staff survey for hospices. This was successfully piloted at two hospices. We have also made amendments to this tool following feedback. The final tool will be rolled out for 2025/26.
11. Compliance with online IPC training is set at 95% by Marie Curie. Hospice scores range from 91 to 98%, and 97 to 100% for Hospice Care at Home. Low compliance scores are addressed by Heads of Quality and Clinical Practice to action locally.
12. The influenza vaccination data for 2024/25 from our database Oracle continues to show low uptake figures. 17.8% of staff were vaccinated within caring services (447 out of 2518 staff). The percentage of staff reporting receipt of a flu vaccination in hospices was 17.9% and for Hospice Care at Home staff it was 18.9%. These figures are benchmarked against public health statistics for frontline healthcare workers across the devolved nations.
13. In terms of water safety, in quarter two there was a review of measures to control the risk of *Pseudomonas aeruginosa* across Marie Curie Hospices. This was presented to the Executive Leadership team in quarter three. A decision was made that hospice sites would not be recognised as augmented care units (as outlined in HTM04-01 Safe water in healthcare premises Part C). Subsequently, routine water testing has been discontinued and is no longer being undertaken.
14. National Standards of Cleaning Efficacy Audits were introduced and completed across all hospices during the year. Scores ranged from 64 to 95%. Each site received a report detailing findings. The Head of Estates and Facilities monitors variances and requires action plans to address it.

## Foreword by Annette Weatherley, Chief Nursing Officer and Director of Infection Prevention and Control (DIPC) and Angela Powell, Head of IPC

It is with great pleasure that we present this year's IPC annual report 2024/2025. The report highlights all the valuable work undertaken across caring services to keep our patients, staff and visitors safe.

Our infection rates have remained very low this year, and outbreaks of infection have also decreased. This demonstrates how effectively our staff oversee and implement high standards of infection prevention and control.

We would like to thank you all, once again, for your dedication and commitment to infection prevention and control; and a special thank you to the IPC Link Practitioners who continue to play a key role in ensuring the effective delivery of the service in conjunction with the national IPC lead.

It has been good to see improvements to clinical practice and environmental cleanliness through collaborative working with place-based clinical teams, facilities and our estates colleagues.

In 2025/26, we look forward to building on the strong IPC work established this year and delivering a successful work programme that benefits everyone.



*Annette Weatherley*

**Annette Weatherley**, Chief Nursing Officer and Director of Infection Prevention and Control (DIPC)



*Angela Powell*

**Angela Powell**, Head of Infection Prevention and Control

# 1. Purpose

The purpose of this report is to assure the Board of Trustees that systems and processes are in place within Marie Curie services to prevent and control infections.

The infection prevention and control annual report outlines the activities undertaken during the period April 2024 to March 2025 as part of the work programme to prevent, control and manage infection within Marie Curie.

## 1.1 Recommendation

For the Quality Trustee Committee (QTC) to receive and approve this report before forwarding to the Board of Trustees for information.

# 2. Compliance with regulatory standards

Marie Curie has nine place-based regions with eight hospices and eleven Hospice Care at Home (community nursing) services across the four nations. It is regulated by six different regulatory bodies.

## 2.1 England

The Care Quality Commission (CQC) inspects hospices and community services in England.

The CQC assess 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 and Social Care, December 2022) which contains the ten criteria that healthcare providers are assessed against.

None of our services were inspected during 2024/2025.

## 2.2 Wales

Healthcare Inspectorate Wales (HIW) inspects hospices in Wales and the Care Inspectorate Wales (CIW) inspects the community services (Hospice Care at Home). Both regulators assess IPC standards against the Care Standards Act 2000 and national minimum standards.

None of our services were inspected during 2024/2025.

## 2.3 Scotland

Healthcare Improvement Scotland (HIS) inspects hospices in Scotland and Care Inspectorate Scotland (CIS) inspects community services (Hospice Care at Home).

HIS and CIS assess IPC standards against the National Health Services (Scotland) Act 1978, Healthcare Improvement Scotland (Inspections) Regulations 2011, Health, and Social Care Standards 2018.

The Marie Curie Hospice Care at Home service in Scotland is registered with CIS. Services are registered as both a care-at-home service and a nurse agency. This allows care to be provided by either a Healthcare Assistant or a Registered Nurse, depending on the patient's needs. All Marie Curie Hospices in Scotland are registered with HIS.

In 2024/25, CIS conducted two inspections. They assessed the Scotland North and West Care at Home service in two of five domains, scoring five (very good) in both 'How well do we support people's wellbeing?' and 'How good is our staff team?'.

The Scotland South and East Care at Home service received the following scores:

- how well do we support people's wellbeing? 5 (Very good)
- how good is our leadership? 6 (Excellent)
- how good is our staff team? 5 (Very good)
- how well is our care and support planned? 4 (Good).

The report did not identify any areas for improvement from an IPC perspective.

## 2.4 Northern Ireland

The Marie Curie Nursing Service in Northern Ireland and Marie Curie Hospice, Belfast are registered with the Regulation and Quality Improvement Authority (RQIA). The RQIA assess IPC standards against the Independent Healthcare Regulations (NI) 2005, the Regulation and Improvement Authority Regulations (NI) 2011 and the Department of Health, Social Services and Public Safety Minimum Care Standards for Independent Healthcare Establishments 2014 (Standard 20 IPC) which contains the criteria that healthcare providers are assessed against.

An inspection of the Marie Curie Hospice, Belfast took place on 27th March 2025. The report is still awaited.

## 2.5 Monitoring arrangements

Infection prevention and control is monitored via:

- Quarterly Infection Prevention and Control Committee meetings
- Quarterly Quality Trustees Committee
- IPC annual report to the Board of Trustees.

## 3. Infection Prevention and Control (IPC) governance arrangements

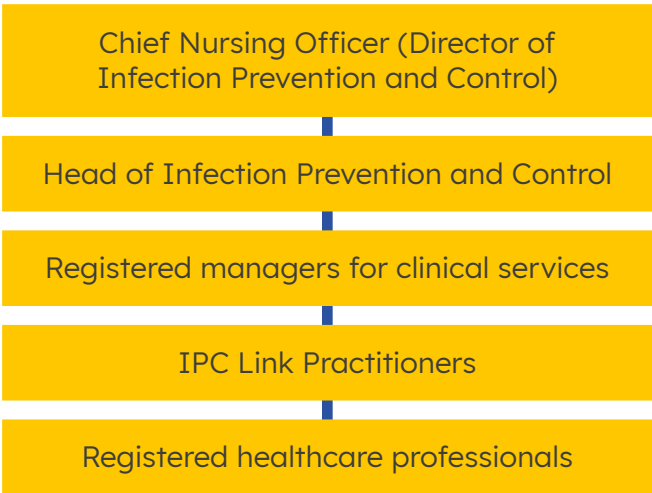
Accountability for IPC sits with the Chief Executive who delegates responsibility to the Director of Infection Prevention and Control (DIPC). The DIPC in 2024/25 is the Chief Nursing Officer, who reports to the Board of Trustees.

The Head of IPC provides specialist advice to all clinical and non-clinical staff throughout the organisation and works closely with the DIPC and Associate Director, Nursing and Patient Safety. They also work with senior leaders, clinicians, and managers who have responsibility for operational support, clinical governance, and risk management.

A link practitioner network is in place (facilitated by the Head of IPC), consisting of clinical champions from both the hospices and Hospice Care at Home across place-based services. The network is a forum that meets monthly and provides peer support and an opportunity to share information and good practice, exchange ideas and discuss issues or concerns.

Advice, guidance, and education is provided to the group by the Head of IPC which is then disseminated within the place-based teams by the link practitioner who acts as a local resource.

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



### 3.1 Infection Prevention and Control Committee (IPCC)

The Infection Prevention and Control Committee (IPCC) is the main forum for discussion about changes to and approval of policy and practice relating to IPC. The membership of the committee is multi-disciplinary and includes representation from across the organisation. The committee is chaired by the Director of Infection Prevention and Control, or a delegated deputy, and meets every 12 weeks.

The Head of IPC presents the IPC quarterly report outlining surveillance data on monitored healthcare associated infections (HCAIs) such as Clostridioides difficile infection, MRSA, MSSA, E. coli and other Gram-negative bloodstream infections, and outbreaks of infection. The report also highlights progress against the IPC Work Programme, any topical IPC issues and incidents occurring in clinical practice.

The IPC annual report is submitted to the Board of Trustees. The reporting structure is outlined in figure 2.

**Figure 2 IPC governance arrangements**



## 4. Moderate harm incidents (previously called serious incidents)

There have been three IPC incidents classed as moderate harm incidents within our care:

1. Reported a patient with an MRSA bloodstream infection
2. Reported a patient who had an invasive Group A Streptococcus bloodstream infection
3. Reported a patient with an E. coli bloodstream infection.

All three incidents were investigated thoroughly and discussed at post infection review meetings. Learning from all cases has been

shared with clinical teams. As a result, improvements have been made to practice locally regarding peripheral vascular access devices, the audit process, and the timely recording of blood culture results on the incident reporting system. Wider learning was also shared across the organisation.

## 5. IPC Work Programme/Assurance Framework

The IPC Committee monitors progress quarterly against the IPC Work Programme to ensure assurance is provided to the Board of Trustees. During 2024/25, 63 out of 69 elements of the programme were successfully delivered. The six remaining areas relate to education and training, communications, occupational policies, and staff vaccination. This work will be progressed during quarter one of the 2025/2026 year.

The IPC Work Programme (a separate document is available on request) outlines the key objectives to deliver robust infection prevention and control standards across all areas within Marie Curie for the period April 2025 to March 2026. It will function as Marie Curie’s HCAI (Healthcare Associated Infection) improvement plan with progress being monitored by the Infection Prevention and Control Committee and the Quality Trustee Committee.

## 6. IPC Link Practitioner Network

During 2024/25 the network continued to develop across the caring services directorate. Currently, there are 37 IPC Link Practitioners in the nine place-based regions who cascade information received at the monthly IPC link meetings facilitated by the Head of Infection Prevention and Control. New guidance, updated policies, audit, national publications, and a monthly update by the Head of IPC are some of the areas covered.

This forum is held virtually allowing both hospice and Hospice Care at Home staff to attend. It has continued to provide a vital means



of communication between the link practitioners to provide peer support, encourage the sharing of good practice or lessons learnt from incidents, discuss challenges or concerns and ask questions about any IPC issue.

## 7. National Infection Prevention and Control Board Assurance Framework

NHS England developed an Infection Prevention and Control Board Assurance Framework in May 2020, to support providers to effectively self-assess compliance with Public Health England (PHE now UKHSA) and other COVID-19 related IPC guidance and to identify risks. The framework was originally structured around the ten criteria of the Health and Social Care Act 2008 code of practice on the prevention and control of infections and related guidance (2022), and local teams were asked to complete for their services to identify areas for improvement.

During 2022/23 the framework was updated in line with changing guidance and evidence. The most recent version was published in March 2023 and is now entitled the National Infection Prevention and Control Board Assurance Framework which is intended to be used by providers to self-assess compliance with the measures set out in the National Infection Prevention and Control Manual (NIPCM), the Health and Social Care Act 2008: code of practice on the prevention and control of infections and other related guidance issued by the UK Health Security Agency (UKHSA).

The framework is not compulsory, and it relates to England only. However at Marie Curie we made the decision to use the framework across all place-based regions to provide assurance that good practice is in place and standards are being met.

During 2024/25, place-based teams were asked to review their IPC Board Assurance Framework, (initially assessed in 2023/4) and update as necessary. Teams completed and discussed action plans to address gaps at local governance meetings. They then submitted progress reports to the quarterly Infection Prevention and Control Committee

for oversight. Compliance across all sites remains good, with a few areas reporting minor requirements for improvement. Action plans are in place to address these and the plans are reviewed at the patient safety learning panel.

## 8. IPC compliance site visits

The Head of IPC undertook IPC compliance site visits to provide visible leadership and support to the IPC Link Practitioners and Heads of Quality/Operations at a local level, as follows:

- Quarter one: the Marie Curie Hospice, Newcastle
- Quarter two: the Marie Curie Hospices, Bradford and Liverpool
- Quarter three: the Marie Curie Hospices, Cardiff and Vale, and West Midlands
- Quarter four: the Marie Curie Hospice, Edinburgh

During the visits, the Head of IPC observed the environment and practices against IPC standards and provided feedback at the end of the visit. This feedback was followed up with a written report focusing on good practice as well as areas requiring improvement.

We improved hand hygiene practices for visitors, patients and staff. This was as a result of placing wall mounted alcohol hand rub dispensers outside individual patient rooms and providing paper towel dispensers in the patient ensuite facilities in one of the Marie Curie Hospices. Other improvements included staff changing aprons and performing hand hygiene between patients during food service, and removing gloves used by staff to serve patient beverages. Other changes included reducing patients' use of communal or shared items, such as toiletries, to reduce the risk of cross infection.

Housekeeping practices have also improved following site visits. This included ensuring the disinfectant products were standardised. We also reviewed housekeeper training, resulting in approved funding to support the implementation of British Institute of Cleaning Science (BICs) training for all facilities managers and housekeeping staff.

## 9. Policies and guidelines

There are a suite of IPC policies/guidelines available to staff on the intranet (Knowledge Zone) that covers numerous IPC topics in line with national requirements. During 2024/25, two policies – surveillance policy, infestation policy – and one guideline – measles – were reviewed and updated. The rest are all up to date.

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

Surveillance helps us to understand the prevalence, cost, and effects of healthcare associated infection (HCAI) within our organisation. It is the foundation of good infection prevention and control practice and can help direct the focus to areas of concern. It can also aid the prevention and management of outbreaks through prompt recognition of one or more infections of organisms considered as ‘alert’.

There are no national requirements for the surveillance of infection within Marie Curie. However, in line with best practice and the Marie Curie surveillance and reporting of infectious disease policy we continue to monitor the incidence of meticillin-sensitive *Staphylococcus aureus* (MSSA), meticillin-resistant *Staphylococcus aureus* (MRSA), *Escherichia coli* (*E. coli*), other Gram-negative bloodstream infection (BSI), *Clostridioides difficile* infection (CDI) as well as all other notifiable diseases (Table 1).

The place-based clinical teams are responsible for collecting and reporting data via In Phase, the incident logging and reporting tool used within Marie Curie. All reported acquisitions of HCAI are reviewed by the Head of IPC and where appropriate, a post infection review is undertaken.

Investigations and post infection reviews are undertaken by the place-based local team with the DIPC (or deputy) and Head of IPC, on all cases of MRSA, MSSA, *E. coli* and other Gram-negative or positive bloodstream infections and CDI. Post infection reviews are also undertaken on other HCAIs and notifiable diseases to identify causes where possible and to establish actions to prevent it recurring.

Table 1 indicates the number of key alert organisms.

Key alert organism causing infections (acquired) following admission	Number of cases reported 2024/25	Attributable to Marie Curie 2024/25 (avoidable/unavoidable)
<b>Bloodstream infection (bacteraemia)</b>		
MRSA bacteraemia (acquired within 48 hours of admission)	1	1 (avoidable)
MSSA bacteraemia (acquired within 48 hours of admission)	0	0
<i>E. coli</i> and other Gram-negative bacteraemia (acquired within 48 hours of admission)	1	1 (unavoidable)
Other bacteraemia (Gram-positive) (eg Group A <i>Streptococcus</i> )	1	1 (unavoidable)
<b><i>Clostridioides difficile</i> infection</b>		
<i>Clostridioides difficile</i> infection (CDI) toxin producing diarrhoea (acquired within 48 hours of admission)	3	3 (unavoidable)

### 10.1 *Clostridioides difficile* toxin infection

Marie Curie Hospices recorded three cases of toxin producing *Clostridioides difficile* infection (acquired 48 hours after admission): two at the Marie Curie Hospice, Belfast and one at the Marie Curie Hospice, Newcastle. All three cases were reviewed by the Head of IPC to ensure that they were managed in line with the *Clostridioides difficile* policy. All cases of *Clostridioides difficile* infection are subject to investigation and a post infection review to determine if any learning or a change to practice is identified. The acquisition of *Clostridioides difficile* infection in these cases was determined as unavoidable and no lapse in care was identified. The review also found no link between cases. Learning was identified and an action plan was developed and

monitored locally. The cases were also highlighted at the IPCC for central oversight.

In all three cases this year, there was a history of antibiotic treatment (which contributes to the acquisition of infection) given either prior to or following admission to Marie Curie Hospices. Compliance with antimicrobial prescribing guidance and clinical practice standards within Marie Curie remains high.

There were also three cases of *Clostridioides difficile* infection last year (2023/24). These numbers remain extremely low compared to the UK wide figures.

## 11. Incidents and outbreaks

### 11.1 COVID-19

During April 2024 to March 2025, there were two outbreaks of infection with COVID-19 reported in Marie Curie services. This is a significant reduction from last year (11 outbreaks were reported). Table 2 shows a summary of the outbreaks, including the number of patients and staff involved.

**Table 2 COVID-19 outbreak summary (April 2024 to March 2025)**

Location	Date outbreak declared	Date closed	Number of patients affected	Number of staff affected
Marie Curie Hospice, Cardiff and the Vale	04.06.2024	20.06.2024	0	5
Marie Curie Hospice, Newcastle	03.08.2024	12.08.2024	1	4

There were also three clusters of infection with COVID-19 during the same period. A cluster is defined as two or more test-confirmed cases of COVID-19 among individuals associated within a specific non-residential setting with illness onset dates within a 14-day period.

A total of one patient and six staff were affected by the clusters of COVID-19 in the Marie Curie Hospices, Glasgow and Liverpool, and one in the West Midlands community team.

### 11.2 Diarrhoea and vomiting

There was one outbreak of diarrhoea and vomiting at the Marie Curie Hospice, Newcastle in April 2024. Nine staff and no patients were affected by this. The source of the outbreak was not identified, but it was thought to be food related. There were no outbreaks of diarrhoea and vomiting in 2023/24.

### 11.3 Impact of outbreaks on the organisation

The number of outbreaks and clusters of infection dramatically reduced this year, with little impact on services. This is indicated in Table 3.

**Table 3**

Year	Total number of outbreaks	Total number of clusters
2023/24	12	2
2024/25	3	3

Staff locally were vigilant in identifying cases of infection and taking immediate action to reduce the spread of infection to patients, colleagues, and visitors.

## 12. Patient safety alerts

There were no patient safety alerts for infection prevention and control published during this period.

## 13. Sepsis

Sepsis is a potential life-threatening complication of an infection or injury if it is not recognised and treated promptly.

During 2024/25, as part of ongoing work the sepsis group developed a sepsis audit tool and staff survey for hospice. The purpose of the tool is to evaluate the effectiveness of sepsis management within a hospice setting.

In August 2024, the tool and survey were piloted at the Marie Curie Hospices in Cardiff and Vale, and Newcastle. Feedback received was incorporated into the final tool.

Next stages for 2025/26 are:

- roll out the audit tool across all Marie Curie Hospices
- update the electronic patient record templates
- incorporate the tool into the new In phase audit system for annual auditing.

## 14. Antimicrobial stewardship

Antimicrobial stewardship refers to an organisational or healthcare system wide approach to promoting and monitoring the use of antimicrobial medications with the goal of enhancing patient health outcomes, reducing resistance to antibiotics, and preserving their future effectiveness.

Antimicrobial stewardship is a core responsibility for all Marie Curie Hospices, particularly the Medical Director, Head of Quality and Clinical Practice/Head of Nursing and Pharmacy Leads. Their role is to lead and promote antibiotic compliance, and to work together to ensure that antimicrobial prescribing and use are continually reviewed.

Feedback is provided to prescribers on inappropriate choices to improve appropriate usage and have better antimicrobial stewardship.

After developing a bespoke antibiotic prescribing audit tool for end of life, Marie Curie can now directly compare antibiotic audit results across all hospices. This allows us to have a national overview of

prescribing practices and trends within all Marie Curie Hospices, also creating opportunities for shared learning. Common themes identified from the audit results highlight areas for improvement, including documentation of dose, duration, goals of treatment and sample results. Local action plans were recommended to address identified improvement areas, with progress monitored at local medicines management groups.

Additional audit feedback led to refinements of the tool to ensure a simplified data collection process.

Antimicrobial stewardship is a standing agenda item at the IPCC and the national Medicines Management Group.

## 15. IPC Quality Improvement Audit Programme to ensure key policies are implemented

The infection prevention and control quality improvement audit programme is fundamental to providing assurance of compliance with IPC policies. This includes Standard Infection Control Precautions (SICPs) and transmission-based precautions (TBPs) and practice within Marie Curie.

This ensures that we:

- embed IPC into everyday practice
- reduce variation in IPC practice and standardise care processes
- identify improvements required to achieve compliance with SICPs and the 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
- align practice, monitoring, quality improvement and scrutiny.

If non-compliance is identified, the place-based teams are responsible for devising an action plan to address this. The plan is then monitored at a local level via the governance arrangements in place. If there

are challenges encountered in the delivery of the action plan at local level that hinders completion, then this is escalated to the IPCC for guidance.

15.1 Standard infection prevention and control precautions audits/TBPs audit

To provide an organisation wide approach to the prevention of infection auditing, we have adopted the use of the Scottish National Infection Prevention and Control Manual audit tools. These are used by the IPC Link Practitioner working in the hospices to:

- assess current compliance with each of the ten elements of the standard infection control precautions (SICP) assessment element of TBP
- identify any areas of non-compliance and devise improvement plans to address.

As part of ongoing work, the following audit tools were reviewed and updated to ensure they are up to date and fit for purpose:

- safe handling and disposal of sharps
- occupational exposure management
- safe disposal of waste
- personal protective equipment (for the hospice at home service only).

Hospices are required to provide SICP and TBP audit data to the local governance meetings. Action plans are put in place to address any areas of non-compliance and improve practice. The data is monitored nationally at the quarterly IPCC.

All hospices (except Hampstead) undertook monthly hand hygiene audits and reported these quarterly. The overall compliance scores were 98.55% (compared to 98% in in 2023/24).

During 2024/25, non-submission of data by hospices and community services was addressed directly with place-based teams.

Overall audit submissions from the Hospice Care at Home teams fluctuated over the year. All regions undertook and submitted hand

hygiene audits in quarter one. This decreased by quarter two, with three regions (out of 12 in total) not submitting data, and in quarter three, four regions did not do so. By quarter four, submission numbers improved with eleven out of twelve regions completing their audits. The overall hand hygiene compliance score was 98.35% (compared to 98.95% in 2023/24).

Appendix 1 outlines the 2025/26 IPC audit programme for both hospices and Hospice Care at Home.

16. Internal audit

As part of the internal assurance process, Deloitte’s auditing services were instructed to undertake an internal audit of IPC across caring services. The objective was to evaluate the design and operating effectiveness of the oversight of the management and monitoring of the prevention and control of infection. The audit commenced in February 2024 and closed in May 2024. The final report received in June 2024 provided an overall assessment rating of Marie Curie as ‘substantially assured’. The auditors identified two priority 2 and five priority 3 observations, requiring management attention and improvements to be implemented.

Table 4

Priority rating	Definition	Number received in Marie Curie IPC audit	Assurance level
Priority 2 (amber)	Recommendations which, although important, are not fundamental to the system of controls and provide scope for improvements to be made.	2	Limited
Priority 3 (green)	Recommendations concerning issues which are considered to be of a minor nature, but which nevertheless need to be addressed.	5	Substantial

The priority 2 findings related to contracts for laboratories, diagnostic services and vaccination records. The report was shared widely and an improvement action plan put in place. Progress has been monitored quarterly via the IPCC (6 out of 13 actions are now closed with work still to be completed in some areas e.g. staff vaccination and training).

## 17. Training and continuing professional development

The Marie Curie education and training needs matrix contains the infection prevention and control requirements for all staff groups and disciplines. The Learning and Development team provide managers with information on compliance levels with infection prevention education every quarter.

### 17.1 Statutory and mandatory training

The tables below provide a summary of compliance with IPC mandatory training online for caring services. Marie Curie have set a target to have 95% of all staff trained. Where this is not met it is followed up with the Heads of Quality and Clinical Practice to action locally. Learning and Development also promote IPC training on the intranet site when compliance figures fall below the expected rates.

**Table 5 Hospice compliance rates for IPC mandatory training**

Hospice	Infection control clinical
Belfast	91.2%
Bradford	97.8%
Cardiff and the Vale	95.2%
Edinburgh	97.5%
Glasgow	98.6%
Liverpool	93.5%
Newcastle	96.7%
West Midlands	97.6%

**Table 6 Hospice Care at Home compliance rates for IPC mandatory training**

Hospice Care at Home	Infection control clinical
NEY NE	100%
NEY Yorks	100%
WLS	97.5%
SOW	98%
Mid	97.3%
Scot Community	98%
NTW	100%
LDN and Home Counties	97.7%
NI	98.9%

**Table 7 Non-clinical staff compliance rates for IPC mandatory training**

	Compliance rate
Non-clinical	97%

Line managers and senior managers are responsible for ensuring that staff have completed all mandatory training requirements. There is a clear escalation process which identified the timescale and responsibilities in relation to assuring compliance. Beyond mandatory training, locally delivered bespoke presentations and ad hoc sessions focused on providing staff with specific training.



# 18. Occupational health

Occupational health services are provided by Health Management Limited (HML), an external company. All staff complete an occupational health screening before starting employment for Marie Curie. Referrals for occupational health support can be accessed by managers as required.

## 18.1 Staff influenza vaccination

During 2024/25 Marie Curie staff were offered a free seasonal influenza vaccination at either a national or local pharmacy, GP surgery, some NHS services (NHS Inform in Scotland) or at one of the peer vaccination clinics in some Marie Curie hospices.

Staff were encouraged to take up the vaccine to reduce the risk of them contracting the virus and reduce the risk of transmitting the virus to patients, colleagues, visitors, and their own family. Vaccination was also encouraged as staff absence due to flu directly impacts our service delivery.

Promotion of the national flu campaign within Marie Curie commenced in September 2024 with a message from the Chief Nursing Officer and was promoted throughout the flu season by the national flu champions group that met regularly for support and feedback. In previous years, the central Communications team supported the national promotion of the flu campaign messaging, however, this year this was reduced due to changes in the national communications team structure, meaning greater emphasis was needed by the local teams for this work.

During 2024/2025 the People team generated a new monthly staff flu vaccination uptake report. This was shared with the flu champions and the quarterly IPCC using data extracted from Oracle, the HR database. However, collecting accurate data on this year’s uptake figures has continued to be a challenge as it relies on staff recording their flu vaccine on their Oracle profile. Data recorded reveals a low number of vaccination records on the system. Support is in place including from flu champions and managers to help staff with this process.

**Table 8 Staff influenza vaccination uptake**

The data available in Oracle at the end of the flu season for 2024/25 is shown below:

	2023/24	2024/25
Overall vaccination uptake (caring service staff)		17.8%
Hospice staff	15.3%	17.9%
Hospice care at home staff	18.9%	18.9%

Marie Curie Hospices no longer maintain local spreadsheets outside of Oracle to monitor flu vaccination uptake.

A review of cold or flu sickness records showed a total of 2742 days lost compared to 2138 in 2023/24 for all caring services staff. This provides evidence as to why Marie Curie’s flu vaccination programme remains essential to promoting the health of its staff and minimising the impact on service provision of staff sickness from flu. This data will be flagged again at the beginning of the campaign next season to identify what improvements could be possible.

## 18.2 Staff COVID-19 vaccination

Individuals who were eligible for COVID-19 booster vaccinations were encouraged to receive this to protect themselves and others from acquiring the disease. Staff were then requested to add this to their Oracle record. Following staff feedback the Oracle team are simplifying the process by creating a new prototype for how to record the seasonal booster. Once finalised, it will be ready to use for the 2025/26 vaccination campaign.

## 18.3 Staff immunisation

Immunising healthcare staff is necessary to:

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

During 2023/24, work commenced on a new occupational immunisation policy led by the People team. Unfortunately, there was little progress in adopting this policy during 2024/25. This was due to the need to agree on amendments to service provision by our current occupational health provider.

Deloitte's internal audit during 2024/25 identified issues relating to staff vaccination statistics and risk assessment, with recommendations for the People team to address and report via IPCC. This work remains ongoing.

## **18.4 Incident reporting: sharps practice**

Four sharp injuries occurred this year. This is a decrease from six cases recorded in 2023/24.

All four were investigated to identify how the injury occurred so that corrective action could be put in place to prevent further issues. Each incident highlighted that the injuries occurred:

1. following administration of insulin in two cases
2. protrusion of needle from a closed sharps box
3. from handling a syringe driver.

The incidents were discussed in local governance and national IPC meetings, and learnings were shared. This is an area that would benefit from quality improvement work to help reduce injuries.

## **19. Water Safety Group (WSG)**

The Water Safety Group (WSG) continues to meet quarterly to discuss water safety related issues, and to ensure continual improvement in the management of Legionella and other water related bacteria.

WSG is supported by an independent Authorising Engineer (water) as per national guidance. Remedial work has been conducted at some hospices over the year to address positive counts for Legionella or Pseudomonas aeruginosa in line with the Water Safety Plan.

In September 2024, the Marie Curie Hospice, Glasgow experienced positive Legionella counts in the in patient unit water system. This triggered an investigation to ensure patient safety, risk mitigation measures were put in place whilst remedial works were carried out.

A review of Pseudomonas aeruginosa (PA) risk control measures was also carried out in Q2 at the request of the Chief Nursing Officer. A paper was subsequently prepared for the Executive Leadership team outlining risks of PA to our patient group, to support a decision on whether to continue current controls in line with augmented care or to not recognise the risks in this context and stop current augmented care measures. The Executive Leadership team decided that as there had been zero incidence of infection and the risks to our patients were minimal, that we would stop current measures e.g. routine water testing for Pseudomonas aeruginosa. This was implemented in Q3.

The annual water audit programme monitors compliance with the water safety policy.

## **20. Estates and facilities**

### **20.1 Cleaning (including National Standards of Cleanliness Group)**

Operational cleaning services are led by the Head of Operations and Facilities Managers in all hospice in-patient units. They are responsible for the implementation of Marie Curie's cleaning and decontamination of the environment policy. Facilities teams in each place-based location report through a structure of supervisory staff members who are responsible for the co-ordination of services, and for monitoring cleanliness standards in all in-patient areas in line with national guidance.

In March 2024, a new efficacy audit was implemented as part of this work to provide assurance that the correct cleaning processes are consistently being delivered across Marie Curie Hospices. Each site receives a report detailing findings.



The Head of Estates and Facilities requires action plans to address and monitor any variance.

Audit results were reported via the IPCC. Only one hospice (West Midlands) did not reach the pass mark of 80% and required a follow up visit once remedial action was put in place to address those areas of non-compliance. The score for the second visit was 93%.

Cleaning services are predominantly provided in-house at Marie Curie Hospices which helps ensure they are linked to the needs of clinical services. Only the Marie Curie Hospice, West Midlands has an outsourced cleaning service.

To monitor compliance with the cleaning standards, Marie Curie undertakes monthly hospice technical cleaning audits. These cover fifty elements set out in the National Standards of Healthcare Cleanliness 2021 with two additional sub elements added by the National Standards of Cleanliness Group.

If there are two consecutive months where audits were not undertaken or the areas did not meet the standards of cleanliness expected, a report and action plan is provided to IPCC. The IPCC also receive an exception report as to why this has occurred with the appropriate assurance that the issues have been resolved.

## 20.2 Enhanced cleaning

Marie Curie's cleaning services continue to provide a high level of cleanliness within the hospice settings, achieving their technical audit cleaning target scores throughout the year.

The local teams have responded to requests for enhanced cleaning requirements when patients are being cared for in isolation during outbreaks of infection, and undertaken thorough terminal cleans upon closure. The local IPC Link Practitioner has worked in conjunction with the Facilities team to ensure that the correct type of cleaning is undertaken.

## 20.3 Ventilation Safety Group

The Ventilation Safety Group continued to meet on a quarterly basis throughout 2024/25. This multidisciplinary group comprises of representatives from the Estates, Facilities, IPC, Health and Safety, as well as Operations teams. They assess all aspects of ventilation safety and resilience required for the safe operation and development of healthcare premises in line with the HTM 03-01 Specialist Ventilation for Healthcare Buildings.

Work undertaken this year has included:

- the development and launch of a ventilation safety policy, guidance document and Ventilation Safety Organisational Structure and Competency Framework
- work with a national maintenance contractor to improve the performance and frequency of the routine maintenance and inspections
- an estates report presented quarterly, reporting on overall compliance with routine maintenance and inspections, progress with remedial actions and the actions from the verification audits
- Senior Building Surveyor successfully completed competent person training.
- Ventilation risk assessment reports compiled by our Authorised Engineer for all hospices, providing a risk-based assessment and prioritisation plan for improvement works
- work identified as immediate priority for improvement has started and is due to be completed in 2025/26.

## 21. Conclusion

Avoiding healthcare-associated infections continues to be a priority for Marie Curie caring services. A lot has been achieved over the last year to support this. This report demonstrates that as an organisation we are committed to:

- delivering a robust annual infection prevention and control programme
- reducing incidence of infection and outbreaks
- identifying areas for continual improvement
- working collaboratively to provide a clean, safe environment for all.

The internal audit undertaken this year provided substantial assurance around IPC within caring services. However, we must continue to work towards further improvements to benefit our patients, staff, and visitors.

Everyone in the organisation has a part to play in this. This can be achieved by continuing to adopt high standards of infection prevention and control, and antimicrobial stewardship.

# Appendix 1 IPC Audit Programme 2025/26

## Timetable of audits – Marie Curie Hospices

Monthly	Auditor/ Person responsible	Quarterly	Auditor/ Person responsible	Bi-annually	Auditor/ Person responsible	Annually	Auditor/ Person responsible
<b>Hospice audit</b> Including 6 IPC questions	Head of Quality/ Ward Manager	<b>Hand hygiene</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Isolation (TBP)</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Antibiotic prescribing</b>	Medical Directors/ Pharmacists
		<b>Personal Protective Equipment (PPE)</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Safe management of linen</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Respiratory and cough hygiene</b>	IPC Link Practitioner/ Clinical Nurse Manager
		<b>Ongoing care of indwelling urinary catheter</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Safe handling and disposal of sharps</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Occupational exposure management</b>	IPC Link Practitioner/ Clinical Nurse Manager
		<b>Vascular Access Device</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Safe management of blood and body fluid</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Cleaning: efficacy</b>	Head of Facilities/ Facilities Manager/ Hof QCP/ Head of IPC/ IPC Link Practitioner
		<b>Safe disposal of waste</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Mattress</b>	IPC Link Practitioner/ Clinical Nurse Manager	<b>Sharps (external)</b>	Facilities Manager/ Clinical Nurse Manager
		<b>Safe management of care equipment</b>	IPC Link Practitioner/ Clinical Nurse Manager				

## Timetable of audits – Hospice Care at Home

Monthly	Auditor/ Person responsible
<b>Hospice Care at Home audit</b> Including 12 IPC questions that cover: <ul style="list-style-type: none"><li>• Hand hygiene</li><li>• PPE</li><li>• Equipment</li></ul>	Clinical Nurse Manager – observing during visit

# Abbreviations

BAF	Board Assurance Framework	MRSA	Meticillin-resistant Staphylococcus aureus
BICs	British Institute of Cleaning Science	MSSA	Meticillin-sensitive Staphylococcus aureus
BSI	Bloodstream infection	NEY/NE	Northeast and Yorkshire/Northeast
BT	Board of Trustees	NEY/Yorks	Northeast and Yorkshire/Yorkshire
CDI	Clostridioides difficile infection	NHS	National Health Service
CIS	Care Inspectorate Scotland	NI	Northern Ireland
CIW	Care Inspectorate Wales	NIPCM	National Infection Prevention and Control Manual
CQC	Care Quality Commission	NTW	Northwest
DIPC	Director of Infection Prevention and Control	PHE	Public Health England
E. coli	Escherichia coli	PHW	Public Health Wales
ELT	Executive Leadership team	PPE	Personal protective equipment
GP	General Practice	Q	Quarter
HCAIs	Healthcare-associated infections	QTC	Quality Trustee Committee
HIS	Healthcare Improvement Scotland	RQIA	Regulation and Quality Improvement Authority
HIW	Healthcare Inspectorate Wales	SICPs	Standard infection control precautions
HR	Human resources	SOW	Southwest
HTM	Healthcare Technical Memorandum	TBPs	Transmission-based precautions
iGAS	Invasive Group A Streptococcus	UKHSA	United Kingdom Health Security Agency
IPC	Infection prevention and control	WLS	Wales
IPCC	Infection Prevention and Control Committee	WSG	Water Safety Group
MID	Midlands		

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