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Executive Summary

Julie Pearce, Executive Director of Nursing, AHP and Quality, Director of Infection Prevention Control (DIPC)

This Infection Prevention Control (IPC) Annual Report of Marie Curie gives an overview of the works that the organisation has undertaken to prevent and control healthcare associated infections (HCAIs) during the period April 2018 to March 2019.

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

Summary of key achievements:

- Low rates of HCAIs in patient wards. No lapses in care identified from post infection reviews (PIR)
- All hospices and Marie Curie Nursing Service (MCNS) remain compliant with all national regulators’ requirements
- All hospices and MCNS undertook IPC audits which measured compliance with key IPC practice. Audit results demonstrated sustained improvement
- Assurance is provided through implementation of the annual work programme with quarterly reports reported to the Infection Prevention Control Committee (IPCC)
- The Senior Nurse Infection Prevention Control (SNIPC) has continued to successfully lead and encourage the Infection Prevention Control Link Nurses (IPCLN) to reinforce hand hygiene policy amongst their colleagues and promote effective hand hygiene, reflected in Audit compliance scores and feedback
- We have monitored the uptake of the flu vaccination rate in staff to gain a baseline for further improvements

There are some key areas of the annual workplan not completed in 2018/19 (Appendix 1), these have been added to the 2019/20 annual work plan. (Appendix 2)

Section 3 provides the rationale for not completing and the action to be taken.

Progress with the IPC annual work plan 19/20 will be monitored by the Infection Prevention Control Committee throughout 2019/20.

The Trustees are asked to note this report, approve the annual work programme and continue to support the IPC Programme to minimise the risks of HCAIs.
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.

1.1 England

The Care Quality Commission (CQC) inspects hospices and community services. No inspections took place in the Marie Curie Hospices in England during 2018/19. South East Marie Curie Nursing Service and London Marie Curie Nursing Service were inspected. No areas of concern were identified.

The CQC assesses IPC standards against the new Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance (Department of Health, 2015). This contains the 10 criteria that healthcare providers are assessed against.

1.2 Wales

The Healthcare Inspectorate Wales (HIW) inspects hospices in Wales. No inspections took place of the Marie Curie Hospice, Cardiff and the Vale Hospice during 2018/19. The Care Inspectorate Wales (CIW) inspects community services in Wales. No inspections took place of the MCNS during 2018/19.

HIW and CIW assesses IPC standards against the Care Standards Act 2000 and national minimum standards.

1.3 Scotland

The Healthcare Improvement Scotland (HIS) inspects hospices in Scotland. No inspections took place of the Marie Curie Hospices in Edinburgh and Glasgow. The Care Inspectorate Scotland inspected Scotland South Marie Curie Nursing Service and Scotland North Marie Curie Nursing Service and no areas of concern were identified.

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.

1.4 Northern Ireland

The Regulation and Quality Improvement Authority (RQIA) inspects hospices and community services in Northern Ireland. No inspections took place of the Marie Curie Hospice, Belfast and Northern Ireland Nursing Service during 2018/19.

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.
2 IPC governance arrangements

Accountability for IPC sits with the Chief Executive who delegates responsibility to the DIPC. The DIPC is the Executive Director of Nursing, AHP and Quality who reports to the Board of Trustees. This diagram details the lines of accountability and reporting structure.

In 2018/19 the team:
- Provided advice and support to staff in the management and care of patients with infections
- Continued to develop effective external networks and strategic partnerships to promote best practice across the organisation
- Monitored reported incidents of infections and, where appropriate, undertook a Post-Infection Review (PIR)

A part-time (0.20) Senior Nurse Infection Prevention Control (SNIPC), provides specialist advice to the organisation. The SNIPC continues to lead on the implementation of the infection control work plan and audit programme, in addition to providing advice about the prevention and control of infection as required.

The Registered Manager is locally responsible for IPC and further specialist support is available for hospices through local service level agreements (SLA) with microbiologists and IPC specialists, in most areas.

In the event of an outbreak, both hospices and MCNS can access support from the local Public Health (PH) teams.

Hospice Pharmacists are continuing to work with the Medical Directors to ensure antimicrobial prescribing and stewardship are in line with national and local guidelines.

2.1 IPC Link Nurses (IPCLN)

Each hospice and region is required to have an IPCLN. The IPC Link network exists to implement the Marie Curie strategy for IPC.

They are a key resource and act as visible role models and local IPC leaders that advocate high standards of IPC. It should be noted that some of the IPCLNs are particularly engaged and motivated, and have done a great deal of work throughout the year to promote IPC within their teams.

Attendance at IPCLN meetings relies upon IPCLN being afforded time away from their clinical duties to attend. This year we have reduced the number of meetings to three since it is recognised that they have continued to find it difficult to achieve full attendance.
2.2 The Infection Prevention Control Committee (IPCC)

Marie Curie has an IPCC which meets every quarter. It has a multi-professional membership which spans to MCNS and hospice teams. The committee identifies, mitigates, monitors and manages any IPC risk.

IPCC reports to the Clinical Governance Trustees’ Committee (CGTC) and provides reassurance to the Trustees that Marie Curie has the correct process in place on the reporting, surveillance and management of HCAIs and IPC. The revised Terms of Reference 2018 are available on request from the DIPC.

2.3 Local IPC groups

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

3 IPC annual work programme

Progress against the IPC annual programme of work is monitored by the IPCC and CGEC. Despite a large amount of work, we are reporting a number of exceptions to the programme. During 19/20 the necessary action will be taken to ensure all work is completed.

3.1 Progress against work plan 2018-19

Key priority 1: To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.

Action required 1a: Infection risk assessment will be undertaken on referral and admission.

Exception: Ongoing Action – To ensure that all referral documentation identifies IPC risks. An audit will be undertaken to ensure that IPC assessment is included. In progress - The records management audit from 2018 showed a poor compliance with this area across most hospices. SIPCN will monitor incident data to review local referral documents.

Action required 1c: Early identification and treatment of patient with sepsis.

Exception: Not progressed – The Marie Curie Sepsis Guidance still requires to be implemented. An implementation plan is to be developed, which will include an education programme during 19-20.

Key priority 3: Ensure that our staff are fully equipped with the knowledge and skills they require to identify, manage and reduce the risk of infection. All staff receive appropriate IPC education at the time of induction. Updates are in line with Statutory and Mandatory training policy.

Action required 3b: All staff receive appropriate IPC education at the time of induction. Updates are in line with Statutory and Mandatory training policy.

Exception: Ongoing: Compliance is not available for all staff.

Action required 3c: We will implement an antimicrobial training across all hospices in line with the learn and development plan.

Exception: Not progressed.

Action required 3d: We will develop a standard operation procedure (SOP) for the insertion and management of indwelling urinary catheters (including the use of a care bundle for insertion and management of urinary catheters).

Exception: Ongoing: NHS improvement has produced national documents. Marie Curie will review these documents at the next IPCLN meeting June 2019 and develop as a standardised document based on the National Document.

4 Policies and procedures

There is one overarching IPC Policy and a manual of IPC approved SOP. All the documents have been agreed by the IPCC and are available on the intranet.

The following documents have been reviewed and updated during 2018/19:
- IPC Manual
- FLU SOP

The SNIPC developed a SOP for hospices to better assist hospice teams in managing services with flu-like illness. It included information regarding correct types of personal protective equipment (PPE), and how to put on and take off PPE.

Guidance on IPC were made available on the intranet, in addition to an education session which was provided to all IPCLN at the winter meeting.
5 Improvement in the recognition and management of sepsis

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

During 2018/19, Marie Curie with kind permission adapted the Willowbrook Hospice sepsis guidance, which will be implemented during 2019/20. A sepsis working group is to be convened to agree and implement actions to ensure that awareness of sepsis is raised across the organisation and the relevant MCNS. All of our hospices, through their local HCAI reduction plans, will outline their strategy to Marie Curie guidance on sepsis.

6 Healthcare Associated Infections – surveillance organisms (Hospice Only)

The local clinical teams are responsible for collecting and reporting the data via Sentinel, which is the complaints and incidents logging and monitoring tool used by Marie Curie. All reported acquisitions of HCAIs are reviewed by the SNIPC and, where appropriate, a PIR is undertaken.

There are no national standards for surveillance of infections for Marie Curie. However, in line with best practice and Marie Curie Surveillance Policy, we continue to monitor the acquisition of Meticillin-sensitive Staphylococcus Aureus (MSSA), Meticillin-resistant Staphylococcus Aureus (MRSA), Escherichia coli (E.coli) BSI, and toxigenic Clostridium Difficile infection (CDI), (Table 1)

In line with best practice, the process of Root Cause Analysis (RCA) and/or a PIR is undertaken by the local team and national IPC management team on all cases of MRSA, MSSA, E.coli and CDI and where appropriate other HCAIs, in order to identify a root cause where possible and establish actions to prevent it reoccurring.

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

Table 1 Number of Key Alert Organisms 2017/19

<table>
<thead>
<tr>
<th>Key alert organism causing blood stream infections acquired following admission</th>
<th>Number of cases reported 2017/18</th>
<th>Number of cases reported 2018/19</th>
<th>Attributable to Marie Curie</th>
<th>Annual cumulative case total (YTD)</th>
</tr>
</thead>
<tbody>
<tr>
<td>MRSA Bacteraemia (acquired within 48hrs of admission)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>MSSA Bacteraemia (acquired within 48hrs of admission)</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Escherichia Coli Bacteraemia (acquired within 48hrs of admission)</td>
<td>1</td>
<td>2 (1)*</td>
<td>1</td>
<td>2 (1)*</td>
</tr>
<tr>
<td>Group A Streptococcus Bacteraemia (GAS)</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Clostridium difficile Toxin producing diarrhoea (acquired within 72hrs of admission)</td>
<td>5</td>
<td>3</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

*The figures in red is a case of bacteraemia identified by another healthcare facility on the day of transfer from Marie Curie.
6.1 **Escherichia Coli** *bacteraemia*

During 2018/19 there were three cases of E.coli BSI reported. There were no reportable cases in 2017/18. The breakdown of these infections according to whether they are attributable to Marie Curie or not was determined using our internal definition of attribution. It showed only one case was attributable to Marie Curie. It was concluded, following a clinical review, that it was not avoidable.

Next year Marie Curie will be targeting the use, management and duration of indwelling urinary catheters, to ensure that all are appropriate, managed correctly and removed at the earliest opportunity.

6.2 **Invasive Group A Streptococcus** *bacteraemia*

The Marie Curie Hospice, Hampstead reported a case of invasive iGAS BSI. At the time of the incidence the hospice team worked with the local acute trust and PH England to investigate the case and take the necessary actions.

No further cases were reported.

6.3 **Clostridium Difficile Producing Toxin**

All reported cases of CDT are reviewed by the SNIPC to ensure that they managed in line with Marie Curie SOP.

All cases acquired in Marie Curie care after 72hrs trigger a PIR, any actions from the review meetings are implemented at the hospice.

The three cases occurred at the Marie Curie Hospice, Liverpool. Two of the three cases were in November 2018, and the third case occurred in March 2019.

At the time of the two cases in November the possibility of a cluster/outbreak was considered, as it is common practice that if there are possible linked cases, the isolates are sent for ribotyping to determine if the same strain of CDT has spread.

However, when the hospice team requested this, the local microbiologist advised that this was not necessary, making it almost impossible to prove or refute transmission. Deep cleans were carried out on both wards. Audits of the environment, practices in the laundry, on the ward and antimicrobial use were also undertaken.

Marie Curie will review the present internal definition of acquisitions of CDI in line with the new case assignment definition CDI objectives for NHS (England and Wales) organisations in 2019/20.

7 **Outbreaks/periods of increased incidence**

There were no reported outbreaks or periods of increased incidence.

8 **Gram-negative Bloodstream Infection**

The Department of Health has an ambition of a 50% reduction of healthcare associated Gram-negative BSI by March 2021. Gram negatives are organisms such as E.coli that normally reside harmlessly in the gut but can occasionally give rise to infections mainly of the urinary tract or biliary tree (a system of vessels that directs secretions from the liver, gallbladder and pancreas). If severe, these can result in a BSI.

Reduction in Gram-negative bacteraemia is a challenge because these organisms are carried normally in the gut by everyone; a patient cannot be ‘decolonised’ in the same way they can be for MRSA. A whole wide health economy strategy is needed that targets areas that may lead to reductions, such as improved urinary catheter usage, other continence management and messages around hydration.

During 2019/20, proactive monitoring of all Gram-negative bloodstream infections will be included as part of HCAIs surveillance in our hospice. A Gram-negative BSI action plan will be devised to support Marie Curie to reduce these infections by 50% by 2021.
9 Healthcare associated infections reduction plans

During 2018/19 all hospices were required to develop local reduction HCAIs which reflected local and national priorities such as antimicrobial resistance, compliance with IPC policy, and cleaning standards which outlined the local plan. Without expectation all hospices developed and completed their plans.

9.1 Feedback on HCAIs plans

Marie Curie Hospice, Liverpool

HCAI plan highlighted the need to develop a local strategy for recognising sepsis. In line with Marie Curie Sepsis guidance education sessions were developed and delivered to staff promoting the need to recognise sepsis early and managing appropriately.

Clinical huddle now includes a review of any infection risk, monitor specimens, and update the infection status of the patient. This has allowed early detection of infection risk to ensure appropriate management of the patient and to mitigate any risk to others.

Following a period of increased incidence of CDT cases, Liverpool reviewed their practice of cleaning near patient equipment. The hospice has introduced detergent wipes at the point of care to ensure that staff have readily available resources to clean equipment before and after use. To negate the risk of cross-transmission when the hospice has a case of CDT and norovirus, sporicidal wipes are now available.

Marie Curie Hospice, Edinburgh

Our HCAI plan has been embedded into their governance structure and forms part of their quarterly IPC Steering Group meetings where it is reviewed and updated.

10 Antimicrobial stewardship

Antimicrobial stewardship is key to combating antimicrobial resistance (AMR) and is an important element of the UK Antimicrobial Resistance Strategy which has recently been updated and covers the next five years.

Antimicrobial stewardship embodies an organisational and system-wide approach to promoting and monitoring the judicious use of antimicrobials by:

- Optimising therapy for individual patients
- Preventing overuse and misuse
- Minimising the development of resistance at patient and community levels.

All hospices utilise the antimicrobial prescribing guidelines of the Local Acute Trust and as part of each National Audit plan for IPC, hospices were requested to conduct antibiotic audits at a locally determined frequency. It was not possible to 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.

Improvements in practice have been observed within some areas, but not against all standards. Ensuring broad spectrum antibiotics are only prescribed in exceptional circumstances with clear review or rationale is important. The need for robust review and record keeping of prescribing and use of antimicrobials is highlighted. Specimen collection to aid choice of correct antimicrobial may also
be relevant. It is essential that this is addressed to ensure that antimicrobials are prescribed safely and appropriately to maximise effectiveness of treatments and minimise harm (including the development of treatment resistant strains of infection). Consideration will be given next year to using a national data collection tool.

Since 18-19 Antimicrobial prescribing audits are completed every six months, this was a change from previous years to capture a larger group of patients. Audits have demonstrated compliance to the antimicrobial prescribing policy. Improvements have been made to our prescriptions to ensure review of antibiotic prescriptions are undertaken appropriately.

Message from Marie Curie Hospice, Liverpool

11 National annual audit plan for IPC

Compliance with key IPC policies is monitored through policy and practice compliance audits which provide evidence of staff performance.

All MCNS and hospices have continued to undertake the national IPC audits. Local teams are responsible for generating action plans which are realistic and achievable, designed to improve patient safety and enhance their experience. It must be noted that the Marie Curie hospices at Edinburgh and Glasgow continue to undertake a robust IPC audit programme as required by their regulators.

11.1 Hand hygiene compliance audit

All hospices and regions are required to submit hand hygiene compliance scores on a quarterly basis. Generally, the hand hygiene compliance assessments are carried out by IPCLN. The IPCLN give real-time feedback to their colleagues to reinforce hand hygiene policy and promote effective hand hygiene.

To ensure compliance with Marie Curie Hand Hygiene policy and provide adequate resource for hand hygiene at the point of care. Marie Curie hospices at Newcastle and Liverpool have worked closely with colleagues from the facilities department, to introduce a new soap, alcohol hand foam and moisturiser product.

11.2 Personal Protective Equipment audit

The PPE audit which revealed the most areas in need of improvement was the MCNS. All regions, did not reach compliance. On review of the findings the area of non-compliance was that staff did not have access to PPE in the home, however all staff do have access to PPE through their emergency supply which is carried all times.

A review of the audit tools will be undertaken to ensure that it reflects that staff have access to PPE at all time through the carried emergency supplies.
11.3 **Sharps compliance audit**

Daniels Healthcare (sharps containers suppliers) carried out an annual audit of in-patient premises, assessing staff practices and sharps management. Minor issues raised were:
- Soft waste in sharps bins
- Ongoing difference in practice for managing cytotoxic waste bins.

11.4 **Identification of infection risk review**

The hospice referral document should enable staff to be alerted promptly of service users who have had a previous positive specimen result for resistant organisms or an infectious condition, to mitigate any risk to others and to enable the patient to be managed in line with current IPC policy.

Poor compliance with the completion of the IPC risk documentation across most hospices was shown in this year’s national records management audit. As part of the action from the audit hospices have been requested to undertake a review of referral admission/documentation.

To ensure that infection risks are identified prior to admission, the SNIPC will continue to undertake a review of reported incidences of alert organisms/conditions on Sentinel.

12 **Occupational health**

12.1 **Look back exercise**

Following a case of iGAS at Marie Curie Hospice, Hampstead a look back exercise of staff was undertaken as directed by PH England. Staff were informed of the incidence and asked to report signs of possible infection.

After the necessary time frame no staff reported any symptoms, no further action has been taken.

12.2 **Staff immunisation**

The need for continued screening and immunisation of staff has been highlighted by a number of outbreaks of measles in the general population.

Marie Curie Occupational Health Service (OHS) is outsourced. The contractor is supporting Marie Curie in the absence of an up-to-date immunisation policy with interim arrangement for staff immunisation. It is however acknowledged that issues remain with the information for both new and existing staff on immunisation status.

Further work is being undertaken to roll out a pilot in Wales for immunisation of staff. Progress to date has involved the completion of role specific risk assessments. This information will inform the immunisations required by role. Staff will be asked for confirmation of immunisation status.

The information will be collated by OHS to inform the immunisation programme. Costs to deliver the immunisation programme are still being scoped. On completion of the pilot this will be evaluated and amended where necessary before rolling out across the organisation.

12.3 **Staff influenza vaccination**

Data on seasonal influenza vaccine uptake was requested from all hospices and MCNS. Data was collected on frontline staff who have direct patient care for vaccinations administered between 1 September 2018 and January 2019. (Inclusive).

Local areas identified frontline Healthcare Workers (HCWs) eligible to receive seasonal influenza vaccine (the denominator) and record all those that are vaccinated (the numerator) to calculate their overall vaccine uptake.
This included the following staff groups: doctors, qualified nurses, other professionally qualified clinical staff, and clinical support staff.

A total nine out of nine hospices (100% response rate) and a total of nine out of 11 MCNS (80% response rate) submitted data on seasonal influenza vaccinations up to January 2019. (Table 2)

During the period of this survey seasonal influenza vaccine uptake was recorded at 35% amongst staff.

As this is the first national survey undertaken across Marie Curie there is no comparison data. However, in the 2017/18 influenza season, PH England recorded a seasonal influenza vaccine uptake of 68.7% amongst HCWs in England.

The highest vaccine uptake by a hospice was Newcastle with 77% (49/63) of HCWs (in direct contact with patients) vaccinated (Table 3). The programme of nurse vaccinators worked very well in some areas, but not universally. The highest vaccination percentage in MCNS was Central with 91% (66/73) (Table 4).

<table>
<thead>
<tr>
<th>Table 2</th>
<th>Marie Curie seasonal influenza vaccine uptake, Sep 2018 – Jan 2019</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Hospices</td>
</tr>
<tr>
<td>Vaccinated HCW</td>
<td>290</td>
</tr>
<tr>
<td>HCW not vaccinated</td>
<td>362</td>
</tr>
<tr>
<td>Total HCW</td>
<td>652</td>
</tr>
<tr>
<td>% vaccine uptake</td>
<td>47%</td>
</tr>
</tbody>
</table>
Overall, the vaccine uptakes survey has shown a wide variation of uptake across all MCNS, with many areas achieving uptake levels below 75%. It is acknowledged that calculating uptake in staff has been difficult as this information currently cannot easily be extrapolated from central source.

In addition, the survey captures the reasons frontline staff gave for not having the vaccine. These will be followed up:

- Unconvinced of benefits
- Believe vaccines to be harmful
- Fearful of side effects
- Unable to access vaccine on medical advice
- Believe self to not be at risk
- Lack of access to vaccine voucher and vaccine

### 12.4 Exposure to blood borne viruses

Following introduction of the safer sharp devices to comply with the European Directive (European Council Directive 2010/32/EU) and Health and Safety Executive (2013) “Health and Safety (Sharp Instruments in Healthcare) Regulations”, continued education has been provided to support their use.

The incidence and management of inoculation injuries is monitored through the IPCC and Health and Safety Committee. The Quality Assurance team monitor incident reporting to ensure that the person sustaining the injury is followed up and managed appropriately.

There were seven inoculation injuries in 2018/19 caused by the use of sharp devices. Of these, six were assessed as being due to practice issues. These were due to not following safe management of sharps. Each incident was different; there were no common themes. The incidents are discussed in local governance meetings and any learnings shared.
13 Estates and facilities

Authored by Lisa Miller, Head of Estates and Facilities

13.1 Cleaning services

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

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

Facilities services are predominantly provided in-house, which helps ensure they are linked to the needs of clinical services. The Marie Curie Hospice, West Midlands is the only location where cleaning services are outsourced. The service was re-tendered in 2017 and the contract awarded to City and Kent. Due to their vast experience, City and Kent demonstrated a greater understanding of infection prevention and control. This was apparent throughout their proposal and was well-reflected in their proposed cleaning systems and associated methodologies. Their proposed equipment, processes and systems to deliver the service demonstrated a high level of innovation. This will not only ensure compliance to cleanliness standards but will also provide the hospice with a higher level of monitoring and insight into cleaning and laundry operations.

13.2 Monitoring arrangements for cleaning service

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

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

Through the year two high risk audits did not achieve the target score of 95%, one at Bradford and one at the Marie Curie Hospice, Edinburgh. Both hospices reviewed their cleaning schedules and subsequent scores met or exceeded the target score. In quarter three two high risk audits were not completed, one at Marie Curie Hospice, Edinburgh and one at Marie Curie Hospice, Belfast. Both hospices have trained additional staff members to complete audits.

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

Table 5  Hospice average compliance score 2018/19

<table>
<thead>
<tr>
<th>Hospice</th>
<th>High Risk Target</th>
<th>Actual</th>
<th>Significant Risk Target</th>
<th>Actual</th>
<th>Low Risk Target</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>95%</td>
<td>97.79%</td>
<td>85%</td>
<td>89.87%</td>
<td>75%</td>
<td>90.12%</td>
</tr>
<tr>
<td>Bradford</td>
<td>95%</td>
<td>97.16%</td>
<td>85%</td>
<td>96.66%</td>
<td>75%</td>
<td>95.20%</td>
</tr>
<tr>
<td>Cardiff and the Vale</td>
<td>95%</td>
<td>97.75%</td>
<td>85%</td>
<td>97.42%</td>
<td>75%</td>
<td>96.16%</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>95%</td>
<td>96.36%</td>
<td>85%</td>
<td>95.25%</td>
<td>75%</td>
<td>98.00%</td>
</tr>
<tr>
<td>Glasgow</td>
<td>95%</td>
<td>96.91%</td>
<td>85%</td>
<td>95.58%</td>
<td>75%</td>
<td>95.00%</td>
</tr>
<tr>
<td>Hampstead</td>
<td>95%</td>
<td>97.75%</td>
<td>85%</td>
<td>98.50%</td>
<td>75%</td>
<td>97.50%</td>
</tr>
<tr>
<td>Liverpool</td>
<td>95%</td>
<td>98.63%</td>
<td>85%</td>
<td>97.00%</td>
<td>75%</td>
<td>97.60%</td>
</tr>
<tr>
<td>Newcastle</td>
<td>95%</td>
<td>98.16%</td>
<td>85%</td>
<td>98.75%</td>
<td>75%</td>
<td>96.81%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>95%</td>
<td>96.60%</td>
<td>85%</td>
<td>96.87%</td>
<td>75%</td>
<td>95.66%</td>
</tr>
</tbody>
</table>

High risk. Include inpatient unit, public thoroughfares and public toilets

Significant risk. Include outpatient departments and day services.

Low risk. Include administrative areas, non-sterile supply areas and archive stores. Bathrooms, toilets, staff lounges, offices and other areas adjoining each functional area should be treated as having the same risk category as the area they are within and should receive the same regular levels of cleaning.
13.3 Refurbishments and new builds

The SNIPC supports and advises teams at the design and planning stage of refurbishments to ensure compliance to all current healthcare building regulations and legislations.

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

14 Water safety

Authored by Claire Guise – Health and Safety Manager

14.1 General

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

1. Water safety policy and water safety plan including clear roles and responsibilities
2. A risk assessment process covering all hospices and individual written schemes of control in place.
3. A contract with an Authorising Engineer (AE) (Water) to provide expert advice to Marie Curie on water safety issues
4. A multi-functional Water Safety Group with the following remit:
   • a co-ordinated approach with all relevant functions involved in decision-making for water management
   • technical advice on the management of complex water-related issues such as pseudomonas
   • consistency of management approach across the hospice environment
   • advice on sanitary ware and water system design is provided in refurbishment projects to minimise water safety risks
   • improved levels of compliance with policy, as the group will carry out some audit and monitoring activities.

14.2 Pseudomonas

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

A risk control and positive sample result procedure is in place for all hospices including wash hand basin cleaning procedures, daily flushing regimes and controls around flower water.

Regular sampling for pseudomonas takes place as a means of monitoring effectiveness of control measures and reporting on pseudomonas sample results takes place at the CGTC, IPCC and Health and Safety Group.

Positive samples from outlets were confirmed in Marie Curie hospices at Hampstead, Newcastle, Glasgow, Liverpool, Bradford, Belfast and Edinburgh. All hospices were supported by the AE (Water) and, where appropriate, local IPC specialists and the SNIPC.

Remedial actions included replacing pipework and sanitary ware and reviewing operational procedure changes, including daily flushing of patient-use outlets and the introduction of specific wash hand basin cleaning procedures.

No pseudomonas infections have been recorded relating to those affected areas.

15 Training and continuing professional development

15.1 Statutory and mandatory training

Authored by Geoff Speed

Table 6 Combined cumulative IPC training compliance of clinical staff (Excluding medical staff)

<table>
<thead>
<tr>
<th>Hospice</th>
<th>Number of staff</th>
<th>Measure (target)</th>
<th>Online infection control (clinical)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Belfast</td>
<td>44</td>
<td></td>
<td>93%</td>
</tr>
<tr>
<td>Bradford</td>
<td>54</td>
<td></td>
<td>98%</td>
</tr>
<tr>
<td>Cardiff &amp; the Vale</td>
<td>79</td>
<td></td>
<td>96%</td>
</tr>
<tr>
<td>Edinburgh</td>
<td>66</td>
<td></td>
<td>99%</td>
</tr>
<tr>
<td>Glasgow</td>
<td>84</td>
<td></td>
<td>95%</td>
</tr>
<tr>
<td>Liverpool</td>
<td>81</td>
<td></td>
<td>100%</td>
</tr>
<tr>
<td>Hampstead</td>
<td>56</td>
<td></td>
<td>99%</td>
</tr>
<tr>
<td>Newcastle</td>
<td>79</td>
<td></td>
<td>96%</td>
</tr>
<tr>
<td>West Midlands</td>
<td>81</td>
<td></td>
<td>95%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>512</strong></td>
<td><strong>95%</strong></td>
<td><strong>95%</strong></td>
</tr>
</tbody>
</table>

There are two areas where compliance is below target and this is being addressed with the individuals concerned by their line manager. Some members of staff are returning from sick leave and the training has expired during that time. The compliance figures are reviewed at the monthly regional governance meetings.
15.2 Infection Control Link Nurse training

This year the IPCLN met at two study days. These study days provide a great opportunity to update Links on any new national guidelines or changes to current practices and procedures.

The following training and information sessions were presented:

- Seasonal influenza
- Influenza vaccination
- Face mask fit testing
- Gram-negative organisms
- Prevention of urinary infections

Personal protective equipment and hand hygiene compliance is also a focus of every meeting.

15.3 Showcase event

The IPCLN held their very first showcase event in October 2018. On the day 11 Links presented posters on the quality and improvement project, demonstrating improvement in practice to ensure patient and staff safety.

Key themes

- Embedding infection prevention control standard precautions in everyone’s practices
- Improving uptake of staff influenza vaccination
- Learning from post-infection reviews
- Cleaning of near patient equipment
- Negating the risk of water

We had two keynote speakers attend, Joanne Bosanquet MBE, Deputy Director of Nursing Public Health England, and Rose Gallagher MBE, Professional Lead for Infection Prevention Control at the Royal College of Nursing. Both were immensely impressed with the standards of the poster and the success of the Link Nurse framework in Marie Curie.

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

16 Conclusion

This report sets out how Marie Curie is achieving compliance with all regulators’ requirements for IPC across the four nations. It demonstrates the continued commitment of Marie Curie to maintain a high standard of IPC practice to reduce the risk of HCAI for patients and staff and recognises priorities for future work and IPC development.

Marie Curie remains committed to preventing, reducing the incidence and risks associated with HCAIs. Marie Curie recognises that we can do even more by continually working with colleagues across the wider health system, patients, service users and carers. We will develop and implement a wide range of IPC strategies and initiatives to deliver clean, safe care in our ambition to have no avoidable infections.

Looking forward to 2019/20, Marie Curie staff will continue to embed a robust governance approach to IPC across the whole organisation. All staff will continue to improve and focus on the prevention of all HCAIs, particularly Gram-negative BSI.

The SNIPC and LIPCN will be central to working with clinical teams and managers to investigate cases of acquired BSI, to prevent avoidable infections such as catheter associated urinary tract infections and educate all healthcare workers about the threat from Gram-negative BSI and how to prevent them.

The key priorities for 2019/20 are to:

1. Continue to identify, manage and monitor the infection risk of users.
2. Screen and immunise all new starters and existing workers who have direct patient care in line with the Green book
3. Review the management of patients with urinary catheters
4. Ensure that all our staff are fully equipped with the knowledge and skills they require to identify, manage and reduce the risk of infection
5. Continue to promote and support the Link Nurse role and requirement for training and enhancing knowledge and skills
We will do this by:

- Raising awareness of sepsis
- Introduce SNIP/LIPCN compliance assessments across the hospices in conjunction with clinical teams, to support staff and provide assurance of compliance with IPC policy and safe practice
- Maintaining and improving the IPCLN network across the Marie Curie continuing to embed IPC within clinical teams
- Supporting the antimicrobial stewardship agenda, maintaining increased knowledge and awareness of safe and effective prescribing of antimicrobials developing a national Marie Curie audit tool.

Abbreviations

AMR Antimicrobial Resistance
BSI Blood Stream Infections
CDI Clostridium Difficile Infection
CDT Clostridium Difficile Toxins
CGTC Clinical Governance Trustees’ Committee
CIW Care Inspectorate Wales
CoSHH Control of Substances Hazardous to Health Regulations
CQC Care Quality Commission
DIPC Director of Infection Prevention and Control
E.coli Escherichia Coli
HCAIs Healthcare Associated Infections
HIS Healthcare Improvement Scotland
HIW Healthcare Inspectorate Wales
HWCs Healthcare Workers
iGAS Invasive Group A Streptococcus
IPC Infection Prevention Control
IPCC Infection Prevention Control Committee
IPCLN Infection Prevention Control Link Nurse
MCNS Marie Curie Nursing Service
MRSA Meticillin-resistant Staphylococcus Aureus
MSSA Meticillin-sensitive Staphylococcus Aureus
NHS National Health Service
OHS Occupational Health Service
PH Public Health
PIR Post-Infection Review
PPE Personal Protective Equipment
RCA Root Cause Analysis
RQIA Regulation and Quality Improvement Authority
SLA Service Local Agreements
SNIPC Senior Nurse Infection Prevention Control
SOP Standard Operating Procedures
### Appendix 1 – Marie Curie IPC annual work plan 2018/19

**Marie Curie Infection Prevention and Control Annual Work Plan 2018/19**

This should be considered as our healthcare associated infection (HCAI) reduction programme for 2018/19.

#### Priorities for 2018/19

<table>
<thead>
<tr>
<th>No</th>
<th>Key priorities</th>
<th>Responsible</th>
<th>Contribution to the quality assurance strategy outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>We will continue to identify, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>Director of Infection Prevention and Control (DIPC)</td>
<td>Healthcare is safe for every person every time</td>
</tr>
<tr>
<td>2</td>
<td>To increase the uptake of the Flu vaccine within our staff groups by implementation of peer vaccination programme.</td>
<td>DIPC</td>
<td>Healthcare is safe for every person every time</td>
</tr>
<tr>
<td>3</td>
<td>Ensure that our staff are fully equipped with the knowledge and skills they require to identify, manage and reduce the risk of infection.</td>
<td>DIPC</td>
<td>Healthcare is safe for every person every time</td>
</tr>
<tr>
<td>4</td>
<td>Continue to promote and support the Link Nurse role and requirement for training and enhancing knowledge and skills.</td>
<td>DIPC</td>
<td>Healthcare is safe for every person every time</td>
</tr>
</tbody>
</table>

#### Key priorities

<table>
<thead>
<tr>
<th>Key priorities</th>
<th>Action(s) required</th>
<th>Lead accountable</th>
<th>Date/ Assurance Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>Lead Nurse / Director of Infection Prevention and Control (DIPC)</td>
<td>Quarterly/ Ongoing</td>
</tr>
<tr>
<td>To increase the uptake of the Flu vaccine within our staff groups by implementation of peer vaccination programme.</td>
<td>To increase the uptake of the Flu vaccine within our staff groups by implementation of peer vaccination programme.</td>
<td>Lead Nurse / Medical Director</td>
<td>Ongoing/ Ongoing</td>
</tr>
<tr>
<td>Ensure that our staff are fully equipped with the knowledge and skills they require to identify, manage and reduce the risk of infection.</td>
<td>Ensure that our staff are fully equipped with the knowledge and skills they require to identify, manage and reduce the risk of infection.</td>
<td>Lead Nurse / Medical Director</td>
<td>Ongoing/ Ongoing</td>
</tr>
<tr>
<td>Continue to promote and support the Link Nurse role and requirement for training and enhancing knowledge and skills.</td>
<td>Continue to promote and support the Link Nurse role and requirement for training and enhancing knowledge and skills.</td>
<td>Lead Nurse / Medical Director</td>
<td>Ongoing/ Ongoing</td>
</tr>
</tbody>
</table>

#### Infection prevention and control – Annual Report 2018/19

- **Marie Curie Infection Prevention and Control** (IPPC) and the Clinical Governance Executive Committee (CGEC).

#### Priorities for 2018/19

**No** | **Key priorities** | **Action(s) required** | **Lead accountable** | **Date/ Assurance Status** |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>To develop local HCAI reduction plans which will include a programme for IPC audit, and will outline their strategy to both AMS and sepsis.</td>
<td>Lead Nurse / Medical Directors</td>
<td>Quarterly/ Ongoing</td>
</tr>
<tr>
<td>2</td>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>To monitor bacteraemia caused by MSSA, MRSA, and E. coli.</td>
<td>Lead Nurse / Medical Director</td>
<td>Ongoing/ Ongoing</td>
</tr>
<tr>
<td>3</td>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>To monitor bacteraemia caused by other Gram-negative organisms.</td>
<td>Lead Nurse / Medical Director</td>
<td>Ongoing/ Ongoing</td>
</tr>
<tr>
<td>4</td>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>To monitor cases of Clostridium difficile (C. diff)</td>
<td>Lead Nurse / Medical Director</td>
<td>Ongoing/ Ongoing</td>
</tr>
<tr>
<td>5</td>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>To carry out post-infection review (PIR) on those infections acquired post-48hrs/72hrs after admission.</td>
<td>Deputy Director of Nursing (DIPC) / IPC Scotland</td>
<td>Ongoing/ Completed</td>
</tr>
<tr>
<td>6</td>
<td>To continue to identify, prevent, manage and monitor the prevention and control of infection for people with a terminal illness in our care, their families and our staff.</td>
<td>To review the IPC framework.</td>
<td>DIPC SMPC</td>
<td>Quarterly/ Ongoing</td>
</tr>
</tbody>
</table>
### Key priorities

**2. To increase the uptake of the flu vaccine within our staff groups by implementation of peer vaccination.**

- **Action(s) required:**
  - We will develop a peer vaccination programme
  - We will ensure that all staff are fully equipped with the knowledge and skills they require to identify, manage and reduce the risk of infection.

- **Lead:** DIPC / SNIPC / Quality Assurance Hospice Managers / Lead Nurse IPC
- **Date/assurance status:**
  - April 2019
  - Evidence of flu vaccine uptake: Ongoing

---

### Key priorities

**3. Ensure that our staff are fully equipped with the knowledge and skills they require to identify, manage and reduce the risk of infection.**

- **Action(s) required:**
  - Review and update policies and standard operating procedures, and ensure they are uploaded to the intranet.
  - Provide assurance that standard IPC practices are embedded in practice through agreed IPC rolling audit programme.

- **Lead:** DIPC / SNIPC
- **Date/assurance status:**
  - Ongoing
  - Policies/SOPs available on the intranet: Ongoing

---

### Key priorities

**4. Continue to promote and support the Link Nurse role and requirement for training and enhancing knowledge and skills.**

- **Action(s) required:**
  - We will ensure that Link Nurses have access to four learning, training and development events per annum.
  - Celebrate achievements and good practice by demonstrating the work of Link Nurses at Marie Curie IPC showcase event.

- **Lead:** DIPC / Head of Learning and Development Hospice Manager / Regional Manager / Lead Nurse IPC
- **Date/assurance status:**
  - Ongoing
  - Link Nurse meetings notes: Ongoing

---

### Evidence

<table>
<thead>
<tr>
<th>Lead</th>
<th>Date/assurance status</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIPC / SNIPC / Hospice Managers / Lead Nurse IPC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>DIPC / SNIPC / Quality Assurance Hospice Managers / Lead Nurse IPC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Head of Practice Development</td>
<td>Quarterly training reports to CGEC: Ongoing further work 2018/19</td>
</tr>
<tr>
<td>Head of Learning and Development / Hospice Manager / Lead Nurses / Medical Director / Pharmacist</td>
<td>In learning and/or face to face antimicrobial available</td>
</tr>
<tr>
<td>IPC Link Nurses / SNIPC / Quality Assurance Hospice Managers / Lead Nurse IPC</td>
<td>SOPs available on the intranet: Ongoing</td>
</tr>
<tr>
<td>DIPC / SNIPC / Head of Learning and Development Hospice Manager / Regional Manager / Lead Nurse IPC</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Link Nurse meetings notes</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Appendix 2 – Marie Curie IPC annual work plan 2019/20

Marie Curie Infection Prevention and Control Annual Work Plan 2019/20

This should be considered as our healthcare associated infection (HCAI) reduction programme for 2019/20.

The core activities of the Infection Prevention and Control Programme remain focused on ensuring continuing compliance with requirements under the Health and Social Care Act 2008 Code of Practice on the Prevention and Control of Infections (July 2015), National Institute for Health and Care Excellence (NICE) Quality Standards for Healthcare Associated Infections, (PH 36), 61 (Nov 2016) and 113 (Feb 2016) and Healthcare Improvement Scotland – revised healthcare associated (HAI) standards (2015). It will act as our HCAI improvement plan. Progress against the Programme will be monitored by the Infection Prevention Control Committee and the Clinical Governance Executive Committee.

Executive Lead: Julie Pearce, Executive Director of Nursing and Quality

Code of Practice

Criterion 1: Systems to manage and monitor the Prevention and Control of Infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.

Scottish Standard 1: Compliance. The organisation demonstrates leadership and commitment to Infection Prevention and control to ensure a culture of continuous quality improvement throughout the organisation.

1.1 a) Quarterly reports to IPCC and Clinical Governance Trustees committees. b) Present IPC Annual Report, and programmes including the annual audit programme, yearly.

Nursing Quality Team. Ongoing

Trustees minutes, Assurance and Performance reports, annual accounts, IPCC Minutes.

1.2 a) Undertake case reviews using the principles of root cause analysis of all cases of acquired C. difficile toxins. b) Undertake Post Infection Reviews for cases of MRSA, MRSA E. coli and Enterobacter Gram-negative bacteria bacteraemia and present the core reviews to the IPC management group and if required CCG/Lead.

Associate Director of Nursing, Practice and Workforce Development, Hospice Managers, Lead Nurse. As required

Meeting minutes/Quarterly reports/Annual reports.

1.3 Undertake clinical assessment and completion of root cause analysis of all cases of acquired C. difficile toxins. Complete Post Infection Reviews (PIR), Tools/minutes/action plans.

Completed Post Infection Reviews (PIR), Tools/minutes/action plans.

Scottish Standard 7: Insertion and maintenance of invasive devices. 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.

NICE Quality Improvement Guide (PH 36)

Statement 1: Trustees Level Leadership

Statement 2: Be a learning Organisation

Statement 3: HACI

d) Evidence of lessons learnt from PIR process is shared and agreed.

e) Evidence of actions implemented.

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

Associate Director of Nursing, Practice and Workforce Development, PDF Lead, Divisional General Manager, Regional Managers, Hospice Managers, Lead Nurse.

2 learning programme/presentation/attendance

1.5 Update and deliver e-learning module for clinical and non-clinical staff.

Link Nurse and Senior Lead Nurse IPC, Head of Learning and Development.

Ongoing

E learning programme/presentation/attendance.

1.6 Complete the planned programme of surveillance and audit with feedback to the IPC and Divisional Governance and Quality Groups.

Associate Director of Quality and IT, Divisional General Manager, Regional Managers, Hospice Managers, Lead Nurse.

Ongoing

Meeting minutes/Quarterly reports/Annual report.
Infection prevention and control – Annual Report 2018/19

Requirements

Programme of work 19/20

Lead

By when

Evidence of success

NICE Quality Improvement Guide (PH 36) Statement 4:  
Workforce capacity and capability

1.6  
Continue to deliver and develop Link Nurse sessions.

Associate Director of Nursing, Practice and Workforce Development, Divisional General Managers, Regional Managers, Link Nurse, Senior Lead Nurse IPC.

Ongoing

NICE Quality Improvement Guide (QS 61)

Statement 1:  
Antimicrobial stewardship

1.9  

Senior Lead Nurse, IPC Link Nurses.

Dec 2019

Precise paper, IPCC minutes.

NICE Quality Improvement Guide (QS 61)

Statement 2:  
Organisational Responsibility

1.11  
Review of antimicrobial stewardship initiative across Marie Curie in line with local NHS acute Trusts. National five-year plan 18/23.

IPC Specialist role post, Local SLA contract, Community IPC team, Public Health.

Ongoing

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.

NICE Quality Improvement Guide (PH 36) Statement 10:  
Marie Curie Estates Management

2.7  
IPC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

As required

IPC specialist and project team minutes.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

IPC specialist and project team minutes, Local Water Safety Plans/ results/action plans.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

As required

Project team minutes.

1.7  
Ensure that IPC advice is available to Marie Curie.

Associate Director of Nursing, Practice and Workforce Development, Divisional General Managers, Regional Managers, Link Nurse, Senior Lead Nurse IPC.

Ongoing

2.1  
Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospices to ensure that national standards of cleanliness and the deep cleaning programme are met.

Head of Facilities and Estates, Hospice Managers, Divisional General Managers.

Monthly

2.2  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.3  
Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities.

Hospice Managers, Facilities Managers.

Ongoing

2.4  
IPCC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

2.5  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.6  
IPCC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

2.8  
IPC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

As required

2.9  
Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospices to ensure that national standards of cleanliness and the deep cleaning programme are met.

Head of Facilities and Estates, Hospice Managers, Divisional General Managers.

Monthly

2.10  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.11  
Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities.

Hospice Managers, Facilities Managers.

Ongoing

2.12  
IPCC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

2.13  
Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospices to ensure that national standards of cleanliness and the deep cleaning programme are met.

Head of Facilities and Estates, Hospice Managers, Divisional General Managers.

Monthly

2.14  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.15  
Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities.

Hospice Managers, Facilities Managers.

Ongoing

2.16  
IPCC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

2.17  
Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospices to ensure that national standards of cleanliness and the deep cleaning programme are met.

Head of Facilities and Estates, Hospice Managers, Divisional General Managers.

Monthly

2.18  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.19  
Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities.

Hospice Managers, Facilities Managers.

Ongoing

2.20  
IPCC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

2.21  
Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospices to ensure that national standards of cleanliness and the deep cleaning programme are met.

Head of Facilities and Estates, Hospice Managers, Divisional General Managers.

Monthly

2.22  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.23  
Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities.

Hospice Managers, Facilities Managers.

Ongoing

2.24  
IPCC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

2.25  
Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospices to ensure that national standards of cleanliness and the deep cleaning programme are met.

Head of Facilities and Estates, Hospice Managers, Divisional General Managers.

Monthly

2.26  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.27  
Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities.

Hospice Managers, Facilities Managers.

Ongoing

2.28  
IPCC specialist input into maintenance and new builds works/projects.

Head of Facilities and Estates, Health and Safety Manager, Divisional General Managers, Hospice Managers, Facilities Managers.

Bi-annual

2.29  
Provide assurance to the IPCC that there is a fully resourced and monitored cleaning service level agreement in hospices to ensure that national standards of cleanliness and the deep cleaning programme are met.

Head of Facilities and Estates, Hospice Managers, Divisional General Managers.

Monthly

2.30  
Ensure that staff undertaking cleaning responsibilities are fully trained and competent in the role.

Hospice Managers, Facilities Managers.

Ongoing

2.31  
Provide assurance to the IPCC on water safety issues through the Legionella/Water hygiene activities.

Hospice Managers, Facilities Managers.

Ongoing

2.32  
IPCC specialist input into maintenance and new builds works/projects.
Requirements Programme of work 19/20 Lead By when Evidence of success

**Code of Practice Criterion 3:**
Ensure appropriate antimicrobial use to optimise patient outcome and to reduce the risk of adverse events and antimicrobial resistance.

**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.

**NICE Quality Improvement Guide (QIS 61) Statement 1:** Antimicrobial stewardship

**Code of Practice Criterion 5:**
Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.

**Scottish Standard 3:** Communication between organisations and with the patient or their representative.

**NICE Quality Improvement Guide (PH 36) Statement 8:** Admission, transfer and discharge

**Code of Practice Criterion 6:**
Systems to ensure that all care staff (including contractors and volunteers) are aware and discharge their responsibilities in the process of preventing and controlling infection.

**Scottish Standard 6:** Infection prevention and control; policies, procedures and guidance.

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Programme</th>
<th>Lead</th>
<th>By when</th>
<th>Evidence of success</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1</td>
<td>Hospital Managers, Medical Director, Pharmacist.</td>
<td>Quarterly</td>
<td>Hospital HCAI Reduction Plan, DIPC Annual report, IPC minutes audit, Local/Divisional governance meeting minutes, divisional meetings minutes.</td>
<td></td>
</tr>
<tr>
<td>4.1</td>
<td>Nursing Quality Team.</td>
<td>Ongoing</td>
<td>DIPC Annual report is uploaded.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.2</td>
<td>Nursing Quality Team.</td>
<td>Within 2 weeks of approval</td>
<td>Policies/SDPs are available.</td>
<td>Within 2 weeks of approval</td>
</tr>
<tr>
<td>4.3</td>
<td>Nursing Quality Team.</td>
<td>Ongoing</td>
<td>Intranet/Internet pages are available</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.4</td>
<td>Hospital Managers, Medical Director, Lead Nurse.</td>
<td>Ongoing</td>
<td>Paper / EPR records.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>4.5</td>
<td>Hospital Managers, Medical Director, Lead Nurse.</td>
<td>As per Audit plan</td>
<td>Achieving compliance targets, Local and Divisional action plans.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>5.4</td>
<td>Hospital Managers, Medical Director, Lead Nurse.</td>
<td>Ongoing</td>
<td>DIPC report, IPC minutes</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.1</td>
<td>Head of Estates and Facilities, Hospice Managers, Medical Director.</td>
<td>Ongoing</td>
<td>Contractor information.</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.2</td>
<td>Head of Learning and Development.</td>
<td>Ongoing</td>
<td>Compliance targets, Local and Divisional action plans</td>
<td>Ongoing</td>
</tr>
<tr>
<td>6.3</td>
<td>Regional Managers, Hospital Managers, Medical Director, Lead Nurse.</td>
<td>As per Audit plan</td>
<td>Ongoing Compliance targets, Local and Divisional action plans.</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### Requirements Programme of work 19/20 Lead By when Evidence of success

<table>
<thead>
<tr>
<th>Code of Practice</th>
<th>Criterion</th>
<th>By when</th>
<th>Evidence of success</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Scottish Standard 2:</strong></td>
<td>Education to support the prevention and control of infection.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>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.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>NICE Quality Improvement Guide (PH 36) Statement 4: Workforce Capacity and Capability</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Code of Practice Criterion 7:</strong></td>
<td>Provide or secure adequate isolation facilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>7.2 Clinical rounds to assess appropriate use of side rooms for IPC reasons. Report non-compliance.</strong></td>
<td>Hospice Managers, Medical Director</td>
<td>Ongoing</td>
<td>Increase in staff with vaccination history uptake in flu vaccination.</td>
</tr>
<tr>
<td><strong>Code of Practice Criterion 8:</strong></td>
<td>Secure adequate access to laboratory support as appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>8.1 Ensure that all hospices have access to 7 days a week Lab service.</strong></td>
<td>Hospice Managers, Medical Director</td>
<td>Yearly</td>
<td>Audit results and actions plans.</td>
</tr>
<tr>
<td><strong>Code of Practice Criterion 9:</strong></td>
<td>Have and adhere to policies, designed for the individual’s care and provider organisation’s that will help to prevent and control infections.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>5.1 Review and update policies and SOPs as per schedule or following publication of new evidence/guidelines.</strong></td>
<td>Nursing and Quality Team, Regional Managers, Hospice Managers, Medical Director, Lead Nurse, IPC Link Nurses</td>
<td>As required</td>
<td>Training records.</td>
</tr>
<tr>
<td><strong>5.2 Clinical rounds to assess appropriate use of side rooms for IPC reasons. Report non-compliance.</strong></td>
<td>Hospice Managers, Medical Director</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>Code of Practice Criterion 10:</strong></td>
<td>Provide or secure adequate isolation facilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>10.1 Plan and deliver an effective complete immunisation programme including flu.</strong></td>
<td>Associate Director of Nursing, Practice and Workforce Development, Divisional General Managers, Regional/Managers, Hospice Managers, Lead Nurse</td>
<td>Ongoing</td>
<td></td>
</tr>
<tr>
<td><strong>10.2 Annual sharps bin and sharp safer audits PPE audits.</strong></td>
<td>Hospice Managers, Lead Nurse, Link Nurses, Facilities Managers</td>
<td>Yearly</td>
<td></td>
</tr>
<tr>
<td><strong>10.3 Training on sharps safety and inoculation injury management on induction and mandatory IPC -annual training.</strong></td>
<td>Regional/Managers, Hospice Managers, Lead Nurse</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

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Infection prevention and control – Annual Report 2018/19
### Appendix 3 – Annual Infection Prevention Control audit plan 2019/20

<table>
<thead>
<tr>
<th>Code</th>
<th>Activity</th>
<th>Person(s) responsible</th>
<th>Schedule</th>
<th>Reporting to</th>
</tr>
</thead>
<tbody>
<tr>
<td>IPCA01</td>
<td>Hand Hygiene: • Observation of Practice  • Facilities and Standards</td>
<td>IPC Links, Lead Nurses, Clinical Nurse Managers</td>
<td>Bi annual</td>
<td>Local QA Group, Infection Prevention Control Committee (IPCC).</td>
</tr>
<tr>
<td>IPCA02</td>
<td>Personal Protective Equipment: • Observation of Practice  • Facilities and Standards</td>
<td>IPC Links, Lead Nurses, Clinical Nurse Managers</td>
<td>Bi annual</td>
<td>Local QA Group, Infection Prevention Control Committee (IPCC).</td>
</tr>
<tr>
<td>IPCA03</td>
<td>Management of Indwelling Urinary Catheters: • Observation of Practice  • Facilities and Standards</td>
<td>IPC Links, Lead Nurses, Clinical Nurse Managers</td>
<td>Yearly</td>
<td>Local QA Group, Infection Prevention Control Committee (IPCC).</td>
</tr>
<tr>
<td>IPCA04</td>
<td>Competence of Staff undertaking Aseptic Procedures</td>
<td>Head of Practice development, Practice development staff</td>
<td>Ongoing</td>
<td>Local QA Group, Infection Prevention Control Committee (IPCC).</td>
</tr>
<tr>
<td>IPCA05</td>
<td>Influenza Vaccine uptake survey</td>
<td>Hospice Regional Manager, Lead Nurses, Clinical Nurse Managers</td>
<td>Sept - June</td>
<td>Local QA Group, Infection Prevention Control Committee (IPCC).</td>
</tr>
</tbody>
</table>
For further information, please contact

Director, Infection Prevention and Control
Marie Curie
89 Albert Embankment
London
SE1 7TP