

Infection prevention and control

Annual report 2023/24

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



Contents

Executive summary	3	12. Patient safety alerts	12
Foreword	4	13. Hospice HCAI prevention plans	12
1. Purpose	5	14. Sepsis	12
1.1 Recommendation	5	15. IPC Quality Improvement Audit Programme to ensure key policies are implemented	13
2. Compliance with regulatory standards	5	15.1 Standard infection prevention and control precautions audits/TBPs	13
2.1 England	5	15.2 Ongoing care of indwelling urinary catheter and vascular access devices audit	14
2.2 Wales	5	16. Internal audit	14
2.3 Scotland	5	17. Antimicrobial stewardship	14
2.4 Northern Ireland	6	18. Training and continuing professional development	15
2.5 Monitoring arrangements	6	18.1 Statutory and mandatory training	15
3. Infection prevention and control (IPC) governance arrangements	6	19. Occupational Health	16
3.1 The Infection Prevention and Control Committee (IPCC)	6	19.1 Staff influenza vaccination	16
4. Serious incidents	7	19.2 Staff COVID-19 vaccination	16
5. IPC work programme/assurance framework	7	19.3 Staff immunisation	16
6. IPC link practitioner network	7	19.4 Incident reporting: sharps practice	17
7. Response to the COVID-19 pandemic	7	20. Water safety	17
8. COVID-19 board assurance framework	8	21.0 Estates and facilities	17
9. Policies and guidelines	8	21.1 Cleaning	17
10. Healthcare-associated infection (HCAI) surveillance (Hospice only)	8	21.2 Enhanced cleaning	18
10.1 Clostridioides difficile toxin infection	9	21.3 Ventilation Safety Group	18
10.2 COVID-19	9	Appendix 1 - Infection Prevention and Control Quality Improvement Audit Programme 2024/25	19
11. Incidents and outbreaks	11	Abbreviations	21
11.1 COVID-19 outbreaks	11		
11.2 Scabies outbreaks	11		
11.3 Impact of outbreaks on the organisation	12		

Executive summary

1. The infection prevention and control annual report, reports on infection prevention and control (IPC) activities within Marie Curie between 1 April 2023 to 31 March 2024. 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 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 blood stream infections (e.g., Escherichia coli).
3. During 2023/24 there were zero MRSA and Methicillin Sensitive Staphylococcus aureus blood stream infections reported within Marie Curie Hospices. There was one E. coli blood stream infection reported from West Midlands hospice in August 2023 and one Gram negative blood stream infection reported from Newcastle hospice in February 2024.
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 case was unavoidable and no lapse in care identified.
5. 30 in-patients tested positive for COVID-19 in 2023/24 (16 of these were not acquired in Marie Curie care – community acquired). 6 cases were acquired in our care (healthcare acquired) compared to 16 cases acquired in our care in 2022/23.
6. 11 outbreaks of COVID-19 were reported in our services this year (20 in 2022/23). Post infection reviews were conducted after the outbreak was closed and key learnings shared across the organisation. There were also two clusters of infection with COVID-19 during the same period. A total of 1 patient and 5 staff (42 staff last year) were affected as a result of COVID-19 clusters across both hospice and community settings.
7. Following successful rollout of a community Sepsis Tool and training package in June 2023, Marie Curie exhibited a poster at the Hospice UK conference in November 2023, outlining the steps taken to develop the community tool and its importance to end-of-life care.
8. IPC link nurses audited standard infection control precautions and transmission-based precautions over the year to assess clinical practice. Audit submissions for the community teams made a significant improvement this year. Hand hygiene auditing increased every quarter, and by quarter 4, all 12 regions had submitted hand hygiene compliance data. The overall compliance score was 98.95%. These improvements have been due in part to the publication of guidance documents and the vigilance of the local place-based teams including IPC link practitioners and audit leads.
9. During 2023/24 collaborative working was undertaken to review all current antibiotic audit tools in use across Caring Services. Following this benchmarking exercise along with a review of the NICE NG15 guidance on Antimicrobial Stewardship a bespoke antibiotic prescribing audit tool was devised for use in end-of-life scenarios. The tool along with a guidance document for auditors was launched across all hospices in February 2024. This tool will be used in future to gather prescribing data within each hospice. The results from the audits undertaken with this new tool will allow for a national overview of prescribing practices/trends within all Marie Curie Hospices with opportunities for shared learning and improvement in practice.
10. Compliance with online IPC training is set at 95% by Marie Curie. Some hospices are showing figures below this target (78-100%). Low compliance scores are followed up by Heads of Quality and Clinical Practice to action locally.
11. The influenza vaccination data for 2023/24 continues to show uptake figures below the national average for all staff reported as having received the flu vaccination. The numbers of staff reporting receipt of a flu vaccination in hospices was 15.3% and for hospice care at home staff it was 18.9%. This is below the figure of 26.73% reported in 2022/23.
12. National Standards of Cleanliness Group successfully implemented the new standards of cleaning across Marie Curie hospices in 2023/24. The work included update to policies and guidance, review of all cleaning specifications and method statements, devising new audit tools and a commitment to cleanliness charter.

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

During 2023/24, we've continued to respond to the changing requirements as the nation has moved on from the pandemic.

In May 2023, the World Health Organisation stepped down the pandemic from a global health emergency and the Marie Curie pandemic group decided to officially close the monthly meetings and the caring services pandemic mailbox in the final transition to normal working.

During this time outbreaks and clusters of COVID-19 infection continued to occur within our services and have been managed well in collaboration with the local management team to ensure the safety of our patients, staff, and visitors.

Both I (as Director of Infection Prevention and Control) and the Head of IPC would like to thank you all for your dedication and commitment to infection prevention and control by helping to reduce the number of healthcare associated infections this year; and a special thank you to the IPC link practitioners who have played a key role in helping to deliver the service.

This year we have seen further reductions in the number of COVID-19 cases acquired within our in-patient services from 16 in 2022/23 to 6 in 2023/24, despite outbreaks of infection occurring. The number of Clostridioides difficile infection cases have also remained low.

To carry on this good work, we must all continue to maintain and improve our IPC practices by adhering to national guidance and standards, by measuring our compliance through audit and focusing our efforts on preventing infection as part of our role in antimicrobial stewardship.

We know that vaccination has played a vital role in our transition back to pre-pandemic arrangements and we encourage everyone to take up the offer of any annual flu or COVID-19 vaccinations to keep you and others safe.

As we move forward, strategic support on all aspects of IPC will continue to be provided to enable our place-based teams to operate at a local level as we work in collaboration to deliver the ambitions of the 2024/25 IPC work programme.



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 provide assurance to 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 2023 to March 2024 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 this report prior to approval by the Board of Trustees.

2. Compliance with regulators

Marie Curie has ten place-based regions with eight hospices and ten hospice care at home (community nursing) services across the four nations and is regulated by six different regulatory bodies..

2.1 England

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

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.

Three services were inspected during 2023/24, Marie Curie Hospice and Community Services (Yorkshire) was inspected on the 8 January 2024. Marie Curie Hospice and Community Services (Northeast) was inspected on 23 and 24 January 2024 followed by Marie Curie Hospice and Community Services (Northwest and Cumbria region) on 24 March 2024. The reports did not identify any areas for improvement from an IPC perspective and specifically noted that two of the areas, controlled infection risk well.

2.2 Wales

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

On the 1 August 2023 Wales Community Service was inspected by CIW where no IPC concerns were raised. An unannounced inspection of Cardiff and the Vale Hospice by HIW was conducted on the 6 and 7 February 2024. There was one recommendation relating to IPC and that was to introduce a system to identify when equipment has been cleaned e.g. 'I am clean' stickers. This has now been implemented.

2.3 Scotland

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

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 Nursing Service in Scotland is registered with the Care Inspectorate Scotland as both a care-at-home service and a nurse agency. The Marie Curie Hospices in Scotland are registered with Healthcare Improvement Scotland (HIS)

On 3 and 4 October 2023 MC Glasgow Hospice received an unannounced inspection followed by MC Edinburgh Hospice on the 15 and 16 November 2023. No IPC concerns were raised from either visit.

The Care Inspectorate undertook an unannounced inspection for Scotland North and West Community Services on 14 November 2023. 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 Marie Curie Hospice Belfast took place on 6 March 2024. The report is still awaited.

2.5 Monitoring arrangements

Infection prevention and control is monitored via:

- Quarterly Infection Prevention and Control Committee meetings
- Executive Leadership Team Quarterly Board review
- 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 2023/24 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, Senior leaders, clinicians and managers who have responsibility for operational support, clinical governance, and risk management.

A link practitioner network is also in place (facilitated by the Head of IPC) consisting of clinical champions from both the hospices and

hospice care at home across the 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

Chief Nursing Officer (Director of Infection Prevention and Control)
Head of Infection Prevention and Control
Registered managers for Clinical Services
IPC Link Practitioners
Registered healthcare professionals

3.1 The Infection Prevention and Control Committee (IPCC)

The Infection Prevention and Control Committee (IPCC) is the main forum for discussion concerning 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 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 along with outbreaks of infection. The report also highlights 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

Board of Trustees (BT)
Quality Trustees Committee (QTC)
Executive Leadership Team Quarterly Board Review (ELTQBR)
Caring Services Integrated Performance
Infection Prevention and Control Committee (IPCC)

4. Serious incidents

There have been two IPC incidents classed as serious incidents within our care. One was for a patient with an E coli bloodstream infection and the other was for a patient who had a Gram-negative bloodstream infection. Both incidents were investigated thoroughly and discussed at a post infection review meeting. Learning from both cases have been shared with the clinical teams.

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 2023/24 63 out of 70 elements of the programme were successfully delivered. The 7 areas where work is still in progress relate mainly to training and education. This work will be incorporated into the 2024-25 work programme and will be a priority to complete.

The IPC work programme (separate document and 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 2024 to March 2025. 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 2023/24 the IPC link practitioner network continued to develop across the Caring Services Directorate. There are now 36 IPC link practitioners in the ten 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 community 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 to ask questions about any IPC issue.

7. Response to the COVID-19 pandemic

During 2023/24 Marie Curie has continued to respond to the changing requirements as the nation has moved forward through the pandemic.

The Head of Infection Prevention and Control has supported the organisation with expert advice and interpretation of guidance from national bodies (e.g., UKHSA).

In May 2023, the World Health Organisation stepped down the pandemic from a global health emergency and as a result, the Marie Curie pandemic group (established at the beginning of the pandemic in March 2020) decided to officially close the monthly meetings and the caring services pandemic mailbox. The COVID-19 intranet page remained in place for staff to access information. Staff across Marie Curie were informed of these changes via internal communications.

Changes to COVID-19 testing guidance for the four nations was implemented in accordance with national guidance.

During 2023/24 the Marie Curie Pandemic Plan was also reviewed and updated.

Outbreaks and clusters of COVID-19 infection that occurred were managed collaboratively with the local management team, Marie Curie's Head of IPC, and local public health bodies where needed, to ensure that appropriate and timely actions were taken to contain and mitigate against further transmission of infection. To identify and share any lessons to be learnt from the outbreaks, post infection reviews were undertaken following closure of the outbreak.

8. COVID-19 Board Assurance Framework (now the 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 code of practice on the prevention and control of infection and related guidance, 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 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 disease specific IPC guidance issued by the UK Health Security Agency (UKHSA).

The framework is not compulsory, and it relates to England only – however in 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. The framework

was disseminated to place-based teams who completed their self-assessments in 2023/24, with the support from the Head of Infection Prevention and Control. A small number of areas for improvement were identified following review which will be addressed, and this will be monitored via the IPCC.

9. Policies and guidelines

There are a suite of IPC policies/guidelines available to staff on the intranet that cover numerous IPC topics in line with national requirements. During 2023/24, one new policy – Central Venous Access Device Policy and one new guideline – Measles was produced. Three others were updated. One removed (COVID-19 IPC Management policy) as COVID-19 has now been incorporated into the Management of acute respiratory illness policy.

Marie Curie's Pandemic Plan was also reviewed and updated as part of the post pandemic work.

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 “alert” organisms.

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 acquisition of methicillin sensitive Staphylococcus aureus (MSSA), methicillin resistant Staphylococcus aureus (MRSA), Escherichia coli (E. coli) and other Gram-negative bloodstream infection (BSI), and Clostridioides difficile infection (CDI) as well as all other notifiable diseases (Table 1).

Table 1. indicates the number of key alert organisms.

Key alert organism causing infections acquired following admission	Number of cases reported 2023/24	Attributable to Marie Curie 2023/24 (avoidable/unavoidable)
Bloodstream infection		
MRSA bacteraemia (acquired within 48 hours of admission)	0	0
MSSA bacteraemia (acquired within 48 hours of admission)	0	0
E. coli and other Gram-negative bacteraemia (Acquired within 48 hours of admission)	2	2 (Unavoidable)
Clostridioides difficile infection		
Clostridioides difficile Infection (CDI) toxin producing diarrhoea (Acquired within 48 hours of admission)	3	3 (Unavoidable)

The place based clinical teams are responsible for collecting and reporting the data via vantage, the complaints and 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 (PIR) is undertaken.

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

10.1 Clostridioides difficile toxin infection

Marie Curie hospices recorded three cases of toxin producing Clostridioides difficile infection (acquired 48 hours after admission), one at the Liverpool Hospice and two 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 “unavoidable” and no lapse in care was identified. Learning was identified and an action plan was developed and monitored locally.

This is a slight increase in the number of Clostridioides difficile infections occurring within our hospices. Last year (2022/23, one case was reported). In all three cases, there was a history of antibiotic treatment (which contributes to the acquisition of infection) given prior to admission to Marie Curie hospices. Compliance with antimicrobial prescribing guidance and clinical practice standards within Marie Curie remains high.

These numbers remain extremely low compared to the UK wide figures.

10.2 COVID-19

From April 2023 to March 2024, there were a total of 30 in patients who tested positive for COVID-19. In line with the NHSEI CNO letter May 19, 2020 NHS England/Improvement, Chief Nursing Officers Letter (Ref no: 001559), each case is subsequently categorized into one of four groups to identify where transmission may have occurred.

Table 2 shows the number of cases per the categories of transmission. 6 cases were definite healthcare acquired (16 cases in 2022/23).

Table 2: Categories of transmission

Number of Cases	HCAI Category	Criteria
16 cases	Community Onset	Positive specimen date <=2 days after admission to the hospice
3 cases	Hospice-Onset Indeterminate Healthcare-Associated	Positive specimen date 3-7 days after admission to the hospice
5 cases	Hospice-Onset Probable Healthcare-Associated	Positive specimen date 8-14 days after admission to the hospice
6 cases	Hospice-Onset Definite Healthcare-Associated	Positive specimen date 15 or more days after admission to the hospice

Figure 3 indicated by month when the patients tested positive for COVID-19

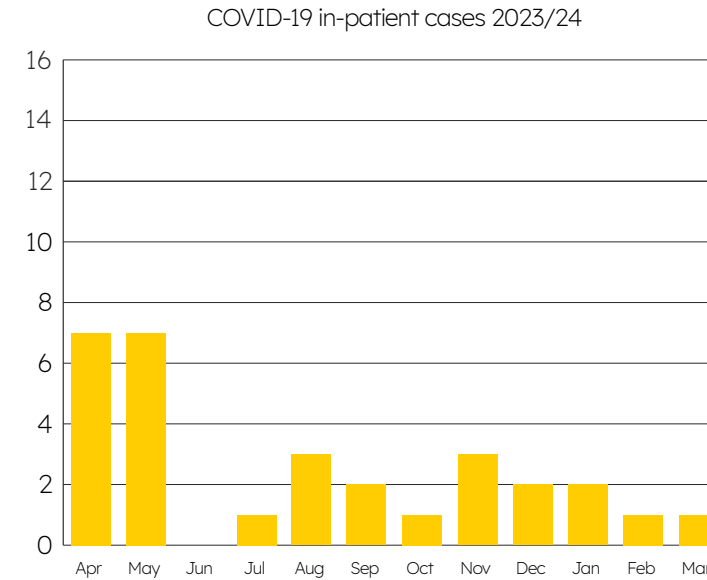
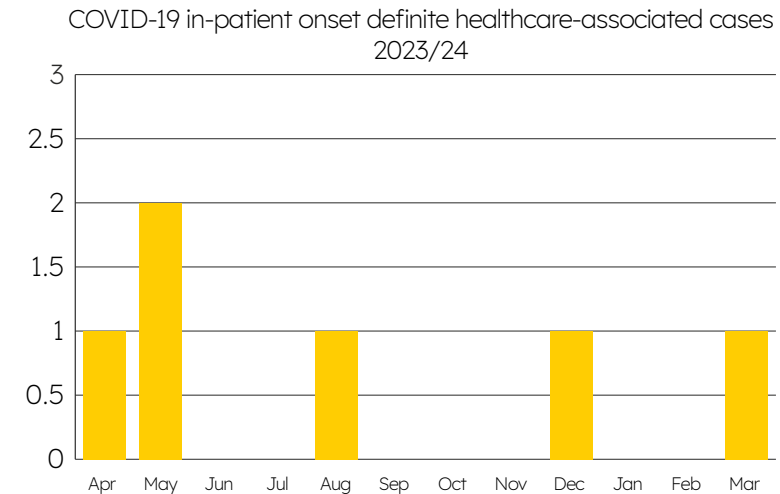


Figure 4 indicates the month the patient with a definite HCAI of COVID-19.



11. Incidents and outbreaks

11.1 COVID-19 outbreaks

There were 11 outbreaks of infection with COVID-19 reported in Marie Curie services during the period April 2023 to March 2024. A summary table of the outbreaks, including the number of patients and staff involved and the status of the outbreaks as of 31 March 2024, are shown in Table 3.

There were also two 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. (In the absence of detailed information about the type of contact between the cases).

A total of one patient and 5 staff were affected by the clusters of COVID-19 in the West Midlands and Cardiff and the Vale hospices.

11.2 Scabies outbreaks

In December 2023, the Marie Curie Hospice, Cardiff and the Vale declared an outbreak of scabies. Two patients and 23 staff were affected by this. Mass treatment was undertaken on patients and staff to manage the outbreak in liaison with Public Health Wales. The outbreak was closed in February 2024 but was reinstated in March 2024, when a new patient case was identified. During this time there was a high incidence of scabies cases in the wider community.

Table 3 COVID-19 outbreak summary (April 2023 to March 2024)

Location	Date outbreak declared	Date closed	Number of patients affected	Number of staff affected
Edinburgh	26.05.2023	15.06.2023	2	1
Bradford	17.08.2023	31.08.2023	0	10
Cardiff and the Vale	23.08.2023	04.09.2023	1	2
Liverpool	19.09.2023	29.09.2023	0	5
Cardiff and the Vale	09.12.2023	19.12.2023	2	0
Bradford	05.12.2023	19.12.2023	0	10
Hampshire multi visit service (MVS)	29.12.2023	08.01.2024	0	5
Bradford	03.01.2024	23.01.2024	0	4
Liverpool	08.01.2024	23.01.2024	3	14
Northeast MCNS	08.01.2024	17.01.2024	0	3
Bradford	02.02.2024	23.02.2024	0	5

11.3 Impact of outbreaks on the organisation

The impact of COVID-19 outbreaks on services has been minimal with both hospice and community teams working towards minimising the effects of an outbreak on their service delivery, taking immediate actions in response. Whilst managed carefully, there has inevitably been some minor disruption to admissions/referrals/service provision due to staff availability.

12. Patient safety alerts

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

13. Hospice Healthcare Associated Infection (HCAI) prevention plans

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

During 2023/24, place-based teams developed and completed their prevention plans (based on assessment against the IPC Board Assurance Framework) reflecting local and national priorities such as prevention of gram-negative bloodstream infections, antimicrobial stewardship, and compliance with IPC policy.

14. Sepsis

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

Following successful rollout of a community Sepsis Tool and training package in June 2023, Marie Curie exhibited a poster at the Hospice UK conference in November 2023, outlining the steps taken to develop the community tool and its importance to end-of-life care. Evaluation of our training package evidenced that 100% of staff who completed the evaluation form found the training useful and 98% agreed they had learnt something by taking the course.

We have continued working collaboratively with the UK Sepsis Trust to develop a hospice Sepsis tool for end-of-life care. The questions included within the tool point staff to consider the patient's advance care plan and whether escalation to acute care is appropriate for the end-of-life patient. This was rolled out to our hospices at the end of 2023 alongside an updated training package. Following successful implementation, we are developing an audit tool to audit management of sepsis for implementation in 2024.

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 including Standard Infection Control Precautions (SICPs) and Transmission Based Precautions (TBPs) and practice within Marie Curie.

This ensures that:

- IPC is embedded into everyday practice.
- We reduce variation in IPC practice and standardise care processes.
- We can identify improvements required to achieve compliance with SICPs and the patient placement risk assessment elements of TBPs to reduce the risk of cross infection.
- We can improve the application of knowledge and skills in infection prevention and control.
- We can 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 national Infection Prevention and Control Committee for guidance.

Areas where actions are not progressed are invited to attend the Committee for additional support and advice.

15.1 Standard infection prevention and control precautions audits/TBPs audit

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

- Assess current compliance with each of the ten elements of Standard infection control precautions.
- Assess current compliance with the Patient Placement Risk Assessment element of Transmission Based Precautions.
- Identify any areas of non-compliance and devise improvement plans to address.

Hospices are required to provide SICP and TBP audit data to the local governance meetings and to the national Infection Prevention and Control Committee quarterly.

Audit submissions and results are monitored nationally by the Head of IPC and support offered where needed to make improvements.

Hand Hygiene audits were completed by all place-based teams for every quarter and the overall compliance scores were 98%.

During 2023/24, non-submission of data by hospices and community Services was followed up and reasons established for this.

Overall audit submissions from the community nursing teams have improved significantly this year. Hand hygiene auditing increased every quarter and by quarter 4, all 12 regions had submitted hand hygiene compliance data. The overall compliance score was 98.95%. These improvements have been due in part to the publication of guidance documents and the vigilance of the local place-based teams including IPC link practitioners and audit leads.

The community teams also undertook a new audit this year in quarter 3, for the safe management of care equipment. Ten out of twelve regions completed this with an overall compliance score of 95.52%.

15.2 Ongoing care of indwelling urinary catheter and vascular access devices audit

As part of the IPC quality improvement audit programme, link practitioners also undertook audits in in-patient areas to review the ongoing care of indwelling urinary catheters and vascular access devices as part of Marie Curie's commitment to supporting the reduction in the development of Gram-negative blood stream infections (GNBSI Reduction Plan – NHS Improvement 2017). Any areas identified for improvement were supported with a local action plan. Both audit tools updated in 2022/23 have been used to assess compliance with required standards.

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 of this internal audit 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 included the following as part of the scope: governance, risk assessment, education and awareness, monitoring arrangements and continuous improvement. The report will be received following conclusion of the audit in May 2024.

17. 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 take the lead to promote antibiotic compliance and work together to ensure prescribing and use of antimicrobials is reviewed constantly.

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

At present, in Marie Curie we do not directly compare the results of every antibiotic audit as each hospice uses the local acute NHS Trust audit tool. Therefore, audit reports, actions and recommendations are discussed locally through appropriate governance groups.

During 2023/24 collaborative working between the Head of IPC, a Medical Director, and a Pharmacy Lead (Antimicrobial Stewardship team) commenced to review all the current audit tools in use across Caring Services. Following this benchmarking exercise, along with a review of the NICE NG15 guidance on Antimicrobial Stewardship, the team devised a bespoke antibiotic prescribing audit tool for use in end-of-life scenarios. The tool along with a guidance document for auditors to use as a reference for completing the audit was launched across all hospices in February 2024. This tool will be used to gather prescribing data within each hospice. The results from the audits undertaken with this new tool will allow for a national overview of prescribing practices/ trends within all Marie Curie Hospices with opportunities for shared learning and improvement in practice.

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

18. Training and continuing professional development

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

18.1 Statutory and mandatory training

The tables below provide a summary of compliance with IPC mandatory training online for Caring Services. The target set by Marie Curie is to have 95% of 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 compliance rates.

Table 4 Hospice compliance rates for IPC mandatory training

Hospice	Infection control clinical
Belfast	88%
Bradford	96%
Cardiff and the Vale	100%
Edinburgh	99%
Glasgow	86%
Hampstead	78%
Liverpool	92%
Newcastle	91%
West Midlands	99%

Hampstead: there were changes within the London region which dispersed the workforce during the reporting year that may be impacting upon their compliance.

Table 5 Hospice care at home compliance rates for IPC mandatory training

MCNS	Infection control clinical
NEY NE	98%
NEY Yorks	99%
WLS	100%
SOW	97%
Mid	97%
Scot SE	97%
NTW	97%
SOE	98%
EST	100%
Scot NW	99%
LDN	97%
NI	95%

Table 6 Nonclinical staff compliance rates for IPC mandatory training

	Compliance
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. Apart from mandatory training, bespoke presentations and ad-hoc training sessions focusing on providing staff with specific training were delivered locally.

19. Occupational health

Occupational health services are provided by HML (Health Management Limited) an external company. All staff undergo an occupational health screen prior to commencing employment in Marie Curie. Referrals for occupational health support can be accessed by managers as required. During 2023/4 the People Team with the support of the Head of IPC, progressed work on improving the onboarding process for new starters which included the development of an onboarding matrix (that included staff vaccination requirements) and a draft standard operating procedure.

19.1 Staff influenza vaccination

During 2023/24 Marie Curie staff were offered a free seasonal influenza vaccination either at a national or local pharmacy, some NHS services (NHS Inform in Scotland), by GP surgeries or via 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 impacting on their health, as well as reducing the risk of transmitting the flu virus to patients, colleagues, visitors, and their own family as well as staff absence impacting on service activity.

Promotion of the national flu campaign within Marie Curie was conducted by a national flu champions group that met regularly during the flu season supported by a comprehensive communication plan to encourage uptake. This plan was reviewed and enhanced regularly throughout the campaign.

Accurate data on this year's update figures has been challenging once again because of changes to the reporting agreed nationally. Previously uptake data was recorded by local teams using a Microsoft Teams spreadsheet which changed to using the HR database Oracle reports only.

Oracle relies on staff recording their flu vaccine on their profile and despite supporting staff with this process by Flu Champions, managers, how to videos and regular communications, data recorded reveals low number of records.

During 2023/2024 we have been reviewing our staff flu vaccination reporting to make improvements as collection of accurate data remains challenging. Changes to reporting will be taken forward in 2024/25 to ensure we can monitor and report both numbers and percentage uptake by Place via the Infection Prevention and Control Committee on a quarterly basis.

The data available in Oracle for 2023/24 continues to show uptake figures below the national average for all staff reported as having received the flu vaccination. The numbers of staff reporting receipt of a flu vaccination in hospices was 15.3% and for hospice care at home staff it was 18.9%. This is below the figure of 26.73% reported in 2022/23. 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 2138 days lost compared to 1785 in 2022/23 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 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.

19.2 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.

19.3 Staff immunisation

Immunising healthcare staff is necessary to:

- Protect the individual and their family.
- Protect patients and services 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. Work has also been underway to improve the recording of immunisation of Marie Curie's healthcare staff which was a recommendation following a gap analysis in 2022/23. This work will continue in 2024/25, led by the People team with the support of IPC.

19.4 Incident reporting: sharps practice

Six sharp injuries occurred this year. This was a slight increase from 2022/23 when four were recorded.

All six 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. whilst opening a glass ampoule
2. following removal of sub cutaneous needle
3. after taking a blood sample
4. after completing a medical procedure
5. following use of an insulin needle
6. following removal of a cannula needle.

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

20. Water safety

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 Pseudomonas aeruginosa.

The Water Safety Group 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.

The WSG also carried out a review of pseudomonas risk control measures to ensure they remain robust and effective. Compliance with the Water Safety Policy is monitored through an annual water audit programme.

21. Estates and facilities

21.1 Cleaning (including National Standards of Cleanliness Group)

Operational cleaning services continue to be led by the Head of Operations and Facilities Managers in all hospice in-patient units and 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.

The National Standards of Cleanliness Group (set up in 2022), chaired by the Director of Estates and Facilities and Sustainability and Safety with representation from IPC, Nursing, Operations and Facilities continued to meet quarterly during 2023/4 to progress the work required to implement the National Standards of Healthcare Cleanliness 2021.

The group successfully reviewed and updated the Cleaning and Decontamination of the Environment policy and supporting guidance document, revised all cleaning specifications and method statements, devised a Decontamination of Equipment Certificate to support the Decontamination of Medical Devices guidance (including implementing a new mattress audit tool and process), developed a commitment to cleanliness charter, all of which were approved with implementation commencing in October 2023.

A new efficacy audit was also implemented as part of this work, in March 2024 to provide assurance that the correct cleaning processes are consistently being delivered across Marie Curie hospices. Audit results will be reported via the IPCC.

Cleaning services are predominantly provided in-house within Marie Curie Hospices which helps ensure they are linked to the needs of the clinical services. Only 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 covering 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, this is escalated to the local place-based governance meetings via local environment and safety meetings and a report and action plan provided to the Infection Prevention and Control Committee.

The IPCC also receive an exception report as to why this has occurred with the appropriate assurance that the issues have been resolved.

21.2 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 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.

21.3 Ventilation Safety Group

The Ventilation Safety Group continued to meet on a quarterly basis throughout 2023/4 This multidisciplinary group comprising of representatives from Estates, Facilities, IPC, Health and Safety, Operations and has a remit to 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:

- Review of Asset Performance and Verification Audits by the Authorised Engineer (Ventilation)
- Development of action tracker for work identified.
- Service Level Agreement for Authorised Engineer (Vent) agreed.
- Gap analysis of work required against HTM 03-01 and quotes to address has started and is due for completion in 2024/25. Following this the risk rating and prioritisation of work will be completed.
- Development of a quarterly reporting system for Facilities Managers on ventilation safety.

Appendix 1 IPC Quality Improvement Audit Programme 2024-25

Timetable of audits (Hospice)

Monthly	Auditor/ Person responsible	Bi-monthly (every other month)	Auditor/ Person responsible	Quarterly	Auditor/ Person responsible	Every 6 months	Auditor/ Person responsible	Annually	Auditor/ Person responsible
Hand hygiene	IPC link / Clinical Nurse Manager	Personal Protective Equipment (PPE)	IPC link / Clinical Nurse Manager	Isolation (TBP)	IPC link / Clinical Nurse Manager	Safe management of linen	IPC link / Clinical Nurse Manager	Sharps (external)	Facilities Manager/ Clinical nurse manager
Safe management of care environment	IPC link / Clinical Nurse Manager	Patient placement	IPC link / Clinical Nurse Manager	Respiratory and cough hygiene	IPC link / Clinical Nurse Manager	Safe disposal of waste	IPC link / Clinical Nurse Manager	Antibiotic prescribing	Medical Directors/ Pharmacists
Cleaning: Technical	Facilities Manager/ Domestic supervisor	Safe management of care equipment	IPC link / Clinical Nurse Manager	Ongoing care of indwelling urinary devices	IPC link / Clinical Nurse Manager	Safe handling and disposal of sharps	IPC link / Clinical Nurse Manager	Waste management	Facilities Manager
				Vascular device audit	IPC link / Clinical Nurse Manager	Occupational exposure management	IPC link / Clinical Nurse Manager	Cleaning: efficacy (new)	Director of Facilities/ Facilities Manager/Hof QCP/Head of IPC/link
						Safe management of blood and body fluid	IPC link / Clinical Nurse Manager	Laundry facilities (on site)	Facilities Manager / Domestic Supervisor
						Mattress audit (new)	IPC link / Clinical Nurse Manager		

Timetable of audits (Hospice Care at Home)

Monthly	Auditor/ Person responsible	Quarterly	Auditor/ Person responsible	Annually	Auditor/ Person responsible
Hand hygiene Part 2 staff observation	CNM – observing during visit	Personal Protective Equipment (including resources) Self-assessment (observation tool)	IHCW – self assessing CNM – observing during visit/IPC link	Safe management of care equipment	HCW self-assessing CNM – observing during visit/IPC link

Abbreviations

AMR	Antimicrobial resistance	IPC	Infection prevention and control
AGP	Aerosol generating procedures	IPCC	Infection prevention and control committee
BSI	Blood stream infection	IPCLP	Infection prevention and control link practitioner
CDI	Clostridioides difficile infection	MCNS	Marie Curie nursing service
CDT	Clostridioides difficile toxin	MRSA	Methicillin resistant staphylococcus aureus
CGTC	Clinical governance trustees committee	MSSA	Methicillin sensitive staphylococcus aureus
CIS	Care inspectorate Scotland	NHS	National Health Service
CIW	Care inspectorate Wales	OHS	Occupational health service
COSHH	Control of substances hazardous to health regulations	PHW	Public Health Wales
CQC	Care quality commission	PIR	Post infection review
DIPC	Director of infection prevention and control	PPE	Personal protective equipment
E coli	Escherichia coli	RCA	Root cause analysis
ELT	Executive leadership team	RQIA	Regulation and Quality Improvement Authority
HCAIs	Healthcare associated infections	SICPs	Standard infection control precautions
HIS	Healthcare improvement Scotland	SLA	Service level agreement
HIW	Healthcare inspectorate Wales	SOPs	Standard operation procedure
HCWs	Healthcare workers	TBPs	Transmission based precautions

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