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If you are NOT willing for your data to be used in this way, please LEAVE the session at this point.
## Agenda

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<th>Presenters</th>
</tr>
</thead>
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<td>Dawn Hart, Senior Clinical and Quality Improvement Lead, Hospice UK</td>
</tr>
<tr>
<td>Every Action Counts - Launch</td>
<td>Dawn Hart, Senior Clinical and Quality Improvement Lead, Hospice UK</td>
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<td></td>
<td>Samantha Matthews, IPC Improvement Lead, NHS England &amp; NHS Improvement</td>
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<tr>
<td>Statutory Functions &amp; IPC in Wales</td>
<td>Andrew Pryse, Head of Independent Healthcare and Statutory Functions, Health Inspectorate Wales</td>
</tr>
<tr>
<td>Regulation in England &amp; IPC in Hospice Care</td>
<td>Helen Haydon, Regulatory Policy Manager, Care Quality Commission</td>
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<td>St Columba’s experience of Health Inspectorate Scotland Inspection.</td>
<td>Vicky Hill, Quality Assurance Manager, St Columba’s Hospice</td>
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<tr>
<td>IPC Standards &amp; Quality Indicators</td>
<td>Vicky Hill, Quality Assurance Manager, St Columba’s Hospice</td>
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</tbody>
</table>
ECHO Session 4 Evaluation

Session Feedback
Help us to shape these sessions
6 quick questions, and additional comments very welcome
Link shared in the Chatbox now and again towards the end of the session (3 minutes to complete)

https://www.surveymonkey.co.uk/r/IPC_14_Oct_2021
COVID-19 & IPC Update

Dawn Hart
Senior Clinical and Quality Improvement Lead
Hospice UK
COVID-19 Pandemic (data to 5 October 2021)

The History of Pandemics, by Death Toll (visualcapitalist.com)
COVID-19 vaccine world view (data to 12 October 2021)

Last Updated at (M/D/YYYY) 12/10/2021, 16:21

<table>
<thead>
<tr>
<th>Country/Region/Sovereignty</th>
<th>Total Cases</th>
<th>Total Deaths</th>
<th>Total Vaccine Doses Administered</th>
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<tbody>
<tr>
<td>US</td>
<td>238,438,389</td>
<td>4,860,843</td>
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<tr>
<td>United Kingdom</td>
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<tr>
<td>Turkey</td>
<td>6,251</td>
<td>136,147</td>
<td>66,366</td>
</tr>
<tr>
<td>India</td>
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<td>727,514,775</td>
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<tr>
<td>Russia</td>
<td>23,491</td>
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<td>Brazil</td>
<td>14,147</td>
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<td>22,491</td>
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<td>17,855</td>
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<tr>
<td>Thailand</td>
<td>3,366</td>
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<td>17,855</td>
</tr>
<tr>
<td>Ukraine</td>
<td>6,251</td>
<td>136,147</td>
<td>66,366</td>
</tr>
</tbody>
</table>

Estimated world population: 7.9 billion
Vaccine dose per 100 people (data to 11 October 2021)
COVID-19 National View (data to 11 October 2021)

Data to 6 August 2021

Coronavirus in the UK

Total deaths
- 130,357
  - Latest daily figure
  - Three-month trend
  - 37 new deaths

Total cases
- 6,094,243
  - Latest daily figure
  - Three-month trend
  - 25,161 new cases

People in hospital*
- 5,608
  - Change on day before: -37
  - Three-month trend

Total 1st vaccine doses given
- 47,059,639
  - Latest daily figures: 22,843 1st doses, 122,070 2nd doses
  - Trend from 8 Dec

*Publication dates differ by nation, most recent data for all nations to 6 Aug
Source: Gov.uk dashboard

www.hospiceuk.org
1\textsuperscript{st} and 2\textsuperscript{nd} dose Vaccinations (data to October 2021)

Vaccine Uptake %
Total percentage of people aged 12 and over who have received a COVID-19 vaccination to 9 August 2021

Vaccine uptake by date
The number of people of all ages who have received a COVID-19 vaccination, expressed as a percentage of the population aged 12 and over, by dose, shown by date reported.

Vaccinations in the UK | Coronavirus in the UK (data.gov.uk)
Four Nations IPC Guidance Update

Latest updates

• 2 September 2021
  • The standard isolation period advised for contacts of cases within inpatient settings is changed back from 10 to 14 days, in line with current healthcare guidance.

• 29 September 2021
  • Removed PDF format for main guidance and combined HTML documents into one.
COVID-19 Guidance Updates

Guidance updated to reflect the end of shielding advice


**COVID-19: stepdown of infection control precautions and discharging patients to home settings** - GOV.UK (www.gov.uk)
Health Associated Infection (HIA) Standards (Scotland)

HAI Standards (2015) are being revised

Scoping report published January 2021 sets out scope and focus including:

- Identifying and addressing health inequalities associated with HAIs
- Examples of appropriate internal quality assurance and robust governance structures, including escalation processes.
- Being informed by evidence and will refer to relevant policy and practice throughout

Draft standards are now available for comment.

Seeking IPC Leads in Scotland hospices to review the document with our team at Hospice UK. Plan to gather responses and submit our comments via Hospice UK’s recent inclusion in the development group specialists.

Email: clinical@hospiceuk.org
Every Action Counts in Hospice Care

Dawn Hart, Senior Clinical and Quality Improvement Lead, Hospice UK

Samantha Matthews, IPC Improvement Lead, NHS England & NHS Improvement
Every Action Counts

Tools now available on the hospice website

www.hospiceuk.org
Infection Prevention and Control

Andrew Pryse
Head of Independent Healthcare

www.hiw.org.uk
The foundation for IPC requirements are set out in the *The Independent Health Care (Wales) Regulations 2011*

- Regulation 9 (1)(n) requires a policy on the arrangements relating to infection control including hand hygiene, safe handling and disposal of clinical waste, housekeeping and cleaning regimes and relevant training and advice

- Regulation 15 goes further:
  - 15(3) – covers cleaning of reusable medical devices
  - 15(7 and 8) – covers the arrangements for protecting patients and staff from the risk of health care associated infection
What does regulation 15 say in full:

(7) The registered person must, so far as reasonably practicable, ensure that—
   (a) patients; and
   (b) others who may be at risk of exposure to a health care associated infection arising from
       working in or for the purposes of an establishment or agency, are protected against identifiable
       risks of acquiring such an infection by the means specified in paragraph (8).

(8) The means referred to in paragraph (7) are—
   (a) the effective operation of systems designed to assess the risk of and to prevent, detect and
       control the spread of a health care associated infection;
   (b) where applicable, the provision of appropriate treatment for those who are affected by a
       health care associated infection; and
   (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to—
       (i) premises occupied for the purpose of carrying on the establishment or agency;
       (ii) equipment and reusable medical devices used for the purpose of carrying on the
           establishment or agency; and
       (iii) materials to be used in the treatment of service users where such materials are at risk of
           being contaminated with a health care associated infection.
The National Minimum Standards for Health Care Services in Wales – Standard 13 is the reference point

- Sets out broad high level aims and desired outcomes for the design, build and ongoing management of services
- Describes the governance arrangements
- Recognises that services need to meet present day guidance and legislation not what was in place in 2011 when the NMS were published
High level outcomes expected:

Organisations and services comply with legislation and guidance on IPC and decontamination, in order to:

a) eliminate or minimise the risk of healthcare associated and community acquired infections;
b) emphasise high standards of hygiene and reflect best practice;
c) support, encourage and enable patients, service users, carers, visitors and staff to assist and maintain high standards of hygiene;
d) segregate, handle, transport and dispose of waste so as to minimise risks to patients, service users, carers, staff, the public and environment; and

e) handle human tissue and subsequently dispose of it appropriately and sensitively
Persons who use, work in or visit services will be protected from healthcare associated infections because registered providers have in place:

- An effective infection prevention and control policy by service area with reference to national model IPC policies (which includes arrangements and procedures for minimisation of the risks from exposure prone procedures and other situations where normal defences are damaged or immunity is compromised).
- Standard infection prevention and control procedures.
- Environmental cleaning plans, schedules and specifications by service area, which include all environments and equipment within that service area based on national standards and specifications to reduce the risk of cross contamination (including control of Legionella).
Continued:

• Suitable infection prevention and control education and training for all employees, volunteers and persons with practising privileges.

• Suitable information to assist and enable people who visit or use the services to observe good infection control practices.

• Infection control advice.

• Occupational health advice and appropriate pre employment screening will ensure that the risk to service users of acquiring a communicable infection or blood borne virus is minimised.

• A policy for decontamination.
Additional requirements for hospitals/hospices:

- A corporate level lead or adviser for IPC who can provide timely and specialist advice to the organisation on all aspects of IPC.
- A multi disciplinary Infection Control Team and where appropriate, access to a Clinical Microbiologist.
- A multi disciplinary Infection Control Committee (who report quarterly issues of concern and improvements, to the registered person).
- Isolation facilities and nursing procedures and associated equipment.
- An infection surveillance policy and protocol (to include provision of surgical site infection surveillance data).
- An infection control audit policy and protocol.
- Occupational health advice and where appropriate, access to occupational health services.
Inspection approach and methodology

- Inspection team usually as follows:
  - 1 x lead senior inspector
  - 1 x assistant inspector
  - 2 x nurse peer reviewers
  - 1 x lay reviewer / expert by experience

- We use three broad approaches to help us gather evidence:
  - Documentation review
  - Observation
  - Staff and patient discussions
We’ll normally ask for this early on in the inspection and we then test through staff discussions and observation what we see in practise:

- Infection rates
- IPC training compliance levels
- Infection control policies and responsibilities (decontamination, medical devices, water management etc)
- Historical and ongoing audits for IPC (cleaning, hand hygiene etc.)
- Minutes of clinical governance meetings, IPC committee
- Cleaning records / schedules
- Staff immunisation records
During the course of the inspection our peer reviewers are asked to observe the following and record their findings:

• Is PPE used appropriately?
  – Accessible, stored and in stock
  – Changed between each task/patient
  – Correct donning/removal to minimise transmission of infection

• Is hand hygiene appropriate and effective?
  – Do staff conduct HH between task/patient appropriately?
  – Are HH facilities/products accessible, stored and stocked appropriately?

• Does the environment appear visibly clean and free from clutter?
  – Are high/low levels are free from dust/dirt e.g. Bed base, curtain rail, corners?
  – Is equipment, sluice and cleaners cupboards stored and organised appropriately, with segregation of cleaning equipment?
• Is shared equipment and reusable medical devices decontaminated appropriately? e.g. IV pump, commode, mattress, BP cuff, handling devices

• Does the environment enable effective infection control?
  – Is it in a good state of repair to enable effective cleaning? E.g. Walls/ceilings/floors intact, free from defect?
  – Is there adequate provision of single and/or isolation room? E.g. All known and suspected infectious patients can be isolated in a timely manner, single/isolation rooms facilitates IPC?
  – Safer sharp devices used?
  – Sharps and bins are used/disposed of safely?

• Is there information on infection rates shared with staff/public/patients? E.g. Display boards, info leaflets, reports
Some of the questions we will ask a range of staff:

– What’s your understanding of infection control and your role?
– How would you access the infection control policy?
– What changes were made due to COVID-19 e.g. social distancing, cleaning, PPE, specific COVID-19 training, pre-screening for COVID-19, patient visiting, risk assessments, COVID-19 testing.
– Can you describe your hand hygiene regime?
– Do you know what to do following needle stick injury?
Inspection approach and methodology – Staff discussions cont......

- How do you decontaminate shared equipment and reusable medical devices? E.g. how often, what do you use, what’s high/low risk
- Are there any current outstanding IPC estates requests? E.g. painting, repair, replacement

• Questions specifically for housekeeping staff
  - What’s your role?
  - What are cleaning schedules for the ward e.g. deep cleaning areas and procedures for outbreak etc.?
  - Do you have the right equipment?

The lead inspector will then review all the evidence gathered and take a view on the adequacy of the IPC arrangements, making recommendations for improvement where necessary.
Any Questions?
Regulation in England & IPC in Hospice Care

Helen Hayton
October 2021
Overview

• Role of CQC
• Findings from hospice inspections
• How CQC inspects Infection Prevention Control
• Looking ahead - developing our new approach
Role of CQC

We’re the independent regulator of health and social care in England.

We make sure health and social care services provide people with safe, effective, compassionate, high-quality care and we encourage care services to improve.

• We register care providers.
• We monitor, inspect and rate services.
• We take action to protect people who use services.
• We speak with our independent voice, publishing our views on major quality issues in health and social care.
Five key questions

• **Is it safe?** Are you protected from abuse and avoidable harm?

• **Is it effective?** Does your care, treatment and support achieve good results and help you maintain your quality of life, and is it based on the best available evidence?

• **Is it caring?** Do staff involve you and treat you with compassion, kindness, dignity and respect?

• **Is it responsive?** Are services organised so that they can meet your needs?

• **Is it well-led?** Does the leadership of the organisation make sure that it’s providing high-quality care that’s based around your needs? And does it encourage learning and innovation and promote an open and fair culture?
Findings from hospice inspections

Breakdown of hospice ratings

- Outstanding: 49%
- Good: 42%
- Requires improvement: 4%
- Inadequate: 4%

Care Quality Commission
Findings from hospice inspections

Hospice ratings by key question

- Safe
- Effective
- Caring
- Responsive
- Well led

- Outstanding
- Good
- Requires Improvement
- Inadequate
Areas for improvement under ‘safe’

- Safe recruitment & Mandatory training – *including for voluntary staff*
- Nursing and medical staffing
- Safeguarding
- Cleanliness, infection control and hygiene
- Environment and equipment
- Assessing and responding to patient risk
- Records
**Key lines of enquiry: S1**

**S1. How do systems, processes and practices keep people safe and safeguarded from abuse?**

**Report sub-heading: Cleanliness, infection control and hygiene**

<table>
<thead>
<tr>
<th>Prompts</th>
<th>Professional Standard</th>
<th>Sector-specific guidance</th>
</tr>
</thead>
<tbody>
<tr>
<td>S1.1 How are safety and safeguarding systems, processes and practices developed, implemented and communicated to staff?</td>
<td>NICE QS61 Infection prevention and control</td>
<td>(see next slide)</td>
</tr>
<tr>
<td>S1.8 How are standards of cleanliness and hygiene maintained? Are there reliable systems in place to prevent and protect people from a healthcare-associated infection?</td>
<td></td>
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</tbody>
</table>
Sector-specific guidance

- Is the hospice visibly clean and clutter-free?
- Do staff adhere to the bare below the elbows policy, as well as utilising appropriate protective equipment such as gloves and aprons to carry out procedures and personal care activities?
- What are the hand hygiene audit results?
- Is there a cleaning schedule for the cold body storage area?
- How is the body of a deceased person looked after, and are there effective arrangements with undertakers in place?
- Does the service ensure that the health and safety of everyone who comes into contact with the deceased person’s body after death is protected?
- What are the unit infection rates?
What does ‘good’ look like?

There are clearly defined and embedded systems, processes and standard operating procedures to keep people safe. These:

• are reliable and minimise the potential for error
• reflect national, professional guidance and legislation
• are appropriate for the care setting and address people’s diverse needs
• are understood by all staff and implemented consistently
• are reviewed regularly and improved when needed.

Staff have received up-to-date training in all safety systems, processes and practices.
What do issues in this area look like?

- Systems, processes and standard operating procedures are not always reliable or appropriate to keep people safe.

- Monitoring whether safety systems are implemented is not robust. There are some concerns about the consistency of understanding and the number of staff who are aware of them.

- Safety systems, processes and standard operating procedures are not fit for purpose.

- There is willful or routine disregard of standard operating or safety procedures.
Engagement between the Registered Manager and CQC Relationship Owner (RO) is key:

- assurance is gained through engagement conversations
- keen to hear about innovation, changing models of service delivery etc
- conversations are documented and therefore form part of the evidence base for good / outstanding practice which can be fed into the next inspection process

If you don’t know your RO you can contact our call centre on 0300 061 6161 and they will put in you in touch
Since June 2021 we have continued to make progress in how we monitor services in three key areas:

- Being more targeted in our regulatory activity
- Bringing information together in one place
- Developing elements of how we want to work in the future (implementing new regulatory model in 2022)
Useful contacts:
CQC contact centre 0300 061 6161
helen.hayton@cqc.org.uk

Useful links:
Key lines of enquiry, prompts and ratings characteristics
Sharing our Experience
Personal Reflections on Infection Control Focused Inspection during Covid 19 Pandemic

Vicky Hill
Quality Assurance Manager
St Columba's Hospice, Edinburgh
Context

• St Columba's Hospice – situated in North Edinburgh
• Regulated by Healthcare Improvement Scotland
• Last inspection June 2016
• Trial site for new inspection process in September 2017
• Announced inspection with Infection Control focus in January 2021
  • Focused inspection within IP unit (22 beds at time of inspection)
  • Requirements/recommendations from previous inspection

All experiences of inspection are different (even in the same organisation) - realistic to expect that they all come with a level of anxiety
Our Aim

• Demonstrate the extensive work that had been developed in response to Covid 19
• Demonstrate the safe and clean environment
• Demonstrate the continued delivery of services during pandemic
• Demonstrate how governance structures (risk assessments, policies and decision making) where translated into everyday practice
• Demonstrate the positive safety culture
• Demonstrate effective leadership

Overall aim- was for our inspectors to feel safe- the same aim we have for every person in our hospice
Essentials of safe care

- Person centred care
- Person centred systems and behaviours are embedded and support safety for everyone

- Leadership and culture
- Leadership to promote a culture of safety at all levels

- Safe communications
- Safe communications within and between teams

- Safe clinical and care processes
- Safe consistent clinical and care processes across health and social care settings
Thoughts and Feelings
- Anxiety
- Excitement
- Relief
- Apprehension
- Proud
Preparation for the Inspection Visit

• Announced Inspection- not everyone's experience
• Approximately 3 working days to provide evidence
  • Local Operational policy relating to Covid 19
  • All Covid related risk assessments
  • Evidence of Covid meetings/discussion
  • Evidence of Infection Control Meetings
  • Service Level Agreement with Health Protection Team
  • Audit reports
  • Infection Control Governance Document
  • Role descriptors for Lead and link roles

........................................................................................................and much, much more.
During the Inspection

- 3 inspectors
- 1 day visit
- Identified inspection coordinators- Quality Assurance Manager and Ward Manager
- Inspection starts from the arrival- role of reception team and demonstration of infection control practices (screening questions)
- Time spent ensuring safety- changing areas, hand washing, masks, donning and doffing stations, rest areas
- Walk round to orientate....and to set the scene
- Announced visit- information to HIS in advance- more detailed questions as base knowledge has increased
- Focus on looking for evidence of embedding and integration in practice to demonstrate effective governance structures
Were we successful in achieving our aims?

• Extracts from our report:
  • "A good leadership and assurance structure was in place for leading and supporting staff and patients during the current COVID-19 pandemic."
  • "Leadership amongst all levels of staff was being promoted throughout the service. Infection prevention and control champions included clinical and domestic staff who carried out monthly audits using Health Protection Scotland’s audit tool."
  • "A COVID-19 champion was delegated within the nursing team as a COVID-19 resource on each shift. We saw an open culture of staff challenging each other in a supportive and informative way."
Any questions?

Contact details:
Vicky Hill
Quality Assurance Manager
St Columba's Hospice
Edinburgh
0131 551 1381
vhill@stcolumbashospice.org.uk
And finally…

**National Conference**

[Hospice UK | Conferences | National Conference 2021](https://www.hospiceuk.org/conferences/national-conference-2021)

**Patient Safety Session: What does Patient Safety mean to you?**

**Wednesday 3 November 2021, Parallel Session 2 3.30pm-4.45pm**

Dawn Hart, Senior Clinical and Quality Improvement Lead, Hospice UK
Karen Taylor, Director of Clinical Services, Martlets Hospice
Elspeth McGloughlin, Senior Occupational Therapist, The Kirkwood

The theme of falls and falls prevention will be threaded through the session this year. As an interactive workshop, we will be exploring what patient safety means to you, and how the language of patient safety might affect behaviours.

Elspeth will be exploring emotional support in falls prevention, looking at the Karnofsky scores, with opportunities for discussions in the room. Karen will be sharing an individual’s experience of a patient fall in a hospice setting and hope to capture the conversations of our groups looking at how the learning from the session might influence and improve approaches to patient safety in hospice care.

**Session Evaluation**

[https://www.surveymonkey.co.uk/r/IPC_14_Oct_2021](https://www.surveymonkey.co.uk/r/IPC_14_Oct_2021)

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Next Session: 9 December 2021