Leicestershire Partnership NHS Trust

Quality and Safety Committee – October 2025

Infection Prevention and Control Report six monthly report– Reporting timescale 1st April 2024 – 30th September 2025

Introduction

This report provides assurance from the Director of Infection Prevention and Control (DIPaC) that the trust has a robust, effective and proactive Infection Prevention and Control (IPC) strategy and work programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. This six month reports covers from 1st April to 30th September 2025.

Background

The Infection Prevention and Control (IPC) team currently has 4.6 Whole Time Equivalent (WTE) Infection Prevention and Control Nurses and 1 WTE IPC administrator.. The team is supported by the Deputy Director of Nursing and Quality/Deputy Director of Infection Prevention and Control (DDIPaC).
The Infection Prevention and Control Board Assurance Framework (BAF) which was updated by NHS England (NHSE) in September of last year, continues to inform this report and the Infection Prevention and Control Assurance group to support the organisation in responding in an evidence-based way to maintain the safety of patients, service users and staff. The BAF combined with the National Infection Prevention and Control Manual for England (April 2022) supports the trust to develop, review and support internal assurances.

Purpose of the report

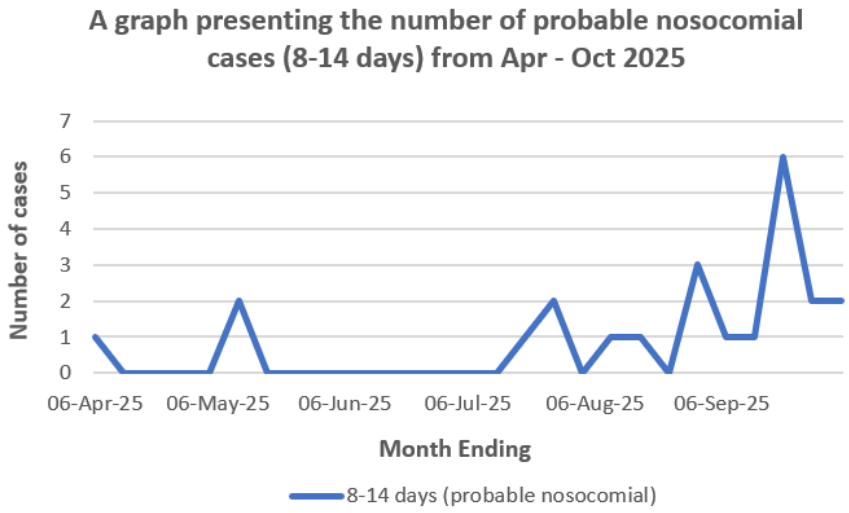
The aim of this report is to provide the Quality and Safety Committee with assurance there is a robust, effective and proactive infection prevention and control programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) and to assure the board that all IPC measures taken are in line with government guidance.

Analysis of the issue

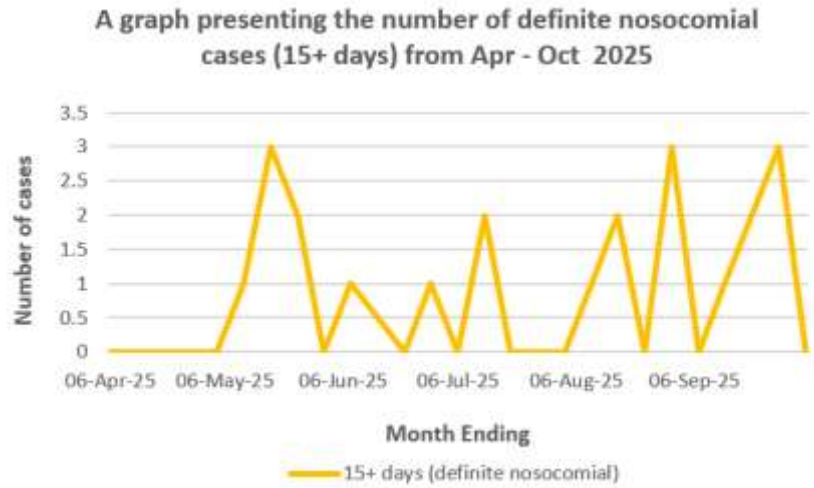
1.0 Infections

1.1 COVID-19 figures from 1st April – 30th September 2025.

Probable nosocomial cases 8-14 days:



Definite nosocomial cases 15 days+:



From the 1st April 2025 national reporting of Covid infections has ceased. Covid infections continue to be monitored and reported locally within LPT by the IPC team and IPC Assurance group. Cases of Covid-19 have been in line with the regional and national picture.

1.2 LPT outbreaks/incidents for inpatient services; April – October 2025 = 20

The Infection Prevention and Control team oversee all reported outbreaks of infection within LPT. Patients are reviewed daily to ensure support is given to the inpatient areas and management of the patients is appropriate and timely. These reviews also support the position across LLR in relation to bed management and where possible preventing the closure of beds due to infections, whilst maintaining patient and staff safety.

April 2025 = 2
Bradgate Unit, Aston Ward – 01/04/2025 (vomiting & diarrhoea)
H&B, East Ward – 04/04/2025 (Loose stools)

May 2025 = 3
CCH, Ward 1 – 13/05/2025 (COVID-19)
Agnes Unit – 23/05/2025 (COVID-19)
Evington Centre, Gwendolen Ward – 26/05/2025 (MRSA)

June 2025 = 1
Melton Hospital, Dalgleish Ward – 25/06/2025 (Loose stools)

July 2025 = 3
Loughborough Hospital, Charnwood Ward – 08/07/2025 (COVID-19)
St Lukes, Ward 3 – 18/07/2025 (Loose stools)
Loughborough Hospital, Charnwood Ward – 23/07/2025 (COVID-19)

August 2025 = 5
Loughborough Hospital, Charnwood Ward – 11/08/2025 (COVID-19)
Loughborough Hospital, Charnwood Ward – 13/08/2025 (Gastroenteritis)
St Lukes, Ward 1 – 14/08/2025 (COVID-19)
Bradgate Unit, Heather Ward – 26/08/2025 (COVID-19)
St Lukes, Ward 1 – 29/08/2025 (COVID-19)

September 2025 = 6
St Lukes, Ward 1 – 01/09/2025 (COVID-19)
Evington Centre, Beechwood Ward – 15/09/2025 (COVID-19)
CCH, Ward 2 – 16/09/2025 (COVID-19)
St Lukes, Ward 1 – 20/09/2025 (COVID-19)
St Lukes, Ward 3 – 22/09/2025 (CDT +ve EIA -ve)
Loughborough Hospital, Charnwood Ward – 24/09/2025 (COVID-19)

There have been no reportable patient safety concerns to note linked to the outbreaks and increased incidents during this period. Outbreaks and increased incidences of infection are monitored within our community teams.

2.0 Decontamination

A quarterly decontamination meeting is in place and reports to the Infection Prevention and Control Assurance Group. LPT owned sterilisation equipment and washer disinfectors are in service date with zero assets overdue for their quarterly service, and compliant with HTM 01-01 Management and Decontamination of Surgical Instruments (medical devices) used in Acute Care.

An audit of all the podiatry clinics and its equipment and environment run and managed by LPT has taken place at the end of September 2025 by the AE, with a report to follow in the next month.

3.0 Legionella

The Trust has a Water Safety policy and plan in place to ensure water systems and services are provided to ensure the safety of patients, staff and visitors from water borne hazards that comply with related legislation, approved codes of practice, guidance, and relevant standards. There are a number of actions in place to manage water systems affected by a positive legionella result. Updates are provided in section 7.0 of this report under water safety.

4.0 Seasonal Flu vaccination programme 2025

All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, will be offered a flu vaccine for the prevention of the transmission of flu to help protect both staff and those that they care for. LPT maximise the opportunity for colleagues to receive their flu vaccination close to where they live or at their workplace.

NHSE ***'Campaign to vaccinate all frontline Healthcare Staff'*** letter issued on 3 September 2025, reiterates flu vaccination is one of the best tools to protect the health of our patients and staff, easing winter pressures and reducing the risk of avoidable disruption to our services.

The Trust staff flu vaccination programme has been successfully delivered with an uptake that is above the midlands and national average at 42% last year and this year we have been asked to increase this uptake to 47% as a minimum.

To note, this year, COVID-19 will not be part of our frontline healthcare staff vaccination offer, allowing us to focus our full efforts on the flu campaign

The staff flu vaccination programme will commence on the 1st of October 2025 until the 31st of March 2025.

5.0 Reporting and monitoring of HCAI Infections

5.1 There are four infections that are mandatory for reporting purposes:

- Meticillin Resistant Staphylococcus Aureus (MRSA) bloodstream infections.
- Clostridioides difficile infection (previously known as Clostridium difficile)
- Meticillin Sensitive Staphylococcus Aureus (MSSA) bloodstream infections.
- Gram Negative bloodstream infections (GNBSI)

Data reporting Figures for 2025/26													
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
CDT	1	2	2	0	1	2							**8**
MRSA	0	0	0	0	0	0							**0**
MSSA	0	0	0	0	0	0							**0**
E-Coli	0	1	1	0	0	0							**2**

5.2 MRSA Blood stream infection rates

The national trajectory is set at zero. To date the trust have had 0 reportable infections.

5.3 Clostridium difficile infection (CDI) rates

The number of CDT cases for this six-month reporting is higher than the previous year, however it is reflective of both the regional position in LLR, and the national position.

April
Evington centre Beechwood ward

May
Hinckley and Bosworth Hospital East ward
Hinckley and Bosworth Hospital North ward (Patient re-sampled outside 28 days)

June
Melton Hospital Dalgleish ward
Melton Hospital Dalgleish ward (Patient resampled outside 28 days)

September
Hinckley East ward
Coalville Community Hospital, Ward 1

The IPC team have reviewed all the cases of CDT and have created a learning board. Due to the increasing numbers, a risk assessment has been developed by IPC and CHS governance team and Deputy Head of Nursing for the risk register. One of the actions from this process is to create a round table learning opportunity with clinical staff from the inpatient areas, which will be delivered in Quarter 3 of 2025-26.

5.4 MSSA Blood stream infection rates

There is no identified Trust trajectory for MSSA, with national requirements focused on acute trust services only. However, the monthly data for this infection rate is submitted to the IPC Assurance group as part of the quality schedule, this supports the overview of the infection rates and the potential of an increase which may need further review and investigation.

There have been 0 reported cases of MSSA within LPT in this period.

5.5 Gram Negative Blood Stream Infection (GNBSI) rates

The NHS Long Term Plan supports a 50% reduction in Gram-negative bloodstream infections (GNBSIs) by 2024/25. To help NHS systems achieve this, NHS England have developed a GNBSI reduction toolkit: a collection of guidance notes, actions and resources to support reducing GNBSI.

5.6 E-Coli Infections

There have been 2 reportable cases of E-coli infection during this 6-month reporting period, both of which are associated with a long-term urinary catheter in situ. Review of the cases did not identify any specific cause, and patients received appropriate treatments to aid recovery.

E- Coli
May
Clarendon ward, Evington Centre – urinary catheter for retention of urine, loose stools

June
Coalville Community Hospital – patient also positive for CDT

NB MSSA and E-Coli data is always a month behind due to verification of the data provided by UHL. These infections do not have a trajectory for non-acute trusts.

6.0 Ventilation

The Ventilation Safety Group (VSG) is firmly established with strong oversight from our appointed Authorised Engineer AE(v), GPT Consult.

Attendance at the bi-monthly VSG meetings comprises representation from relevant disciplines in LPT, supported by any guest invitations as appropriate.
Policies are in place and up to date.

VSG updates shared for governance at IPC Assurance group and Estates Medical Equipment Group (EMEG). 3A report summaries shared at other Committees and Groups.

Since the last update, the current VSG activities includes:

- Currently in the process of procuring technical support for a new ventilation audit. Technical assessment in progress identifying optimum order of audit activity.
- Upgrades to Belvoir ventilation system undertaken as part of capital schemes.
- Beechwood ventilation upgrades and restoration completed.
- VSG supporting capital delivery around Charnwood decant into Loughborough.
- Requests for new AC systems assessed and prioritised.
- Ad-hoc inspections undertaken and reviewed in the period and addressing any matters arising.
- Investment in BMS systems noted as a priority for energy saving and improved environmental control.
- Rediair units remain in place and effective.

7.0 Water Management

Water Safety Group (WSG) meets bi-monthly with attendees representing relevant disciplines within LPT, supported by any guest invitations as appropriate. Each meeting is supported by our appointed the Authorised Engineer AE(w), Hydrop.

Policies are in place and up to date.

The data capture and recording on Invida allows the group to scrutinise salient temperature information which could indicate potential issues. Any persistent out of tolerance results are checked in accordance with the Water Safety Plan. This action may lead to sampling of outlets for further testing for legionella bacteria or pseudomona species.

The progress in LPT to manage our sites has been pro-active and rapid if issues occur. Our maturity in data management and actions to address has been noted in AE(w) audits. Any actions undertaken have the guidance, oversight and approval of the AE(w).

WSG updates shared for governance at IPC Assurance group and EMEG. 3A report summaries shared at other Committees and Groups.

Since the last update, the current WSG activities includes:

- Rutland – system clear.
- Loughborough Phase 1 – chemical disinfection has proved successful in eliminating many local outlet issues. Remaining positive outlets have filters fitted and are periodically sampled and cleaned.

- Loughborough Phase 2 – Positive outlets have been replaced with new Optitherm devices. The system is under constant low dose disinfection by the IWS system in phase 2. Filters remain in place for those which are positive. In both cases, continued flushing and usage will improve the situation.
- Melton Hospital – NHSPS have chlorinated the system twice. Positive counts still remain. Tap outlets have been replaced. Filters are in place.
- The Beacon – this site has had major upgrades to the water system arising from low water usage.
- The new Inform System flushes toilets and wash hand basins (WHB) which can be centrally monitored. Pipework alterations to rebalance the flow has also contributed to the upgrades.

8.0 Hand hygiene Audits – Data submissions

Trust-wide data submissions and compliance

- April 2025 = 99.2% compliance (1056 submissions)
- May 2025 = 99.5% compliance (919 submissions)
- June 2025 = 99.6% compliance (960 submissions)
- July 2025 = 99.2% compliance (1007 submissions)
- August 2025 = 99.2% compliance (984 submissions)
- September 2025 = 98.9% compliance (925 submissions)

Average compliance over the past 6 months = 99.3% (a slight decrease of 0.1% in comparison to October 24 – March 25).

Number of areas/teams which submitted hand hygiene audits across the trust each month

- April 2025 = 139/186
- May 2025 = 123/186
- June 2025 = 131/185
- July 2025 = 140/185
- August 2025 = 137/185
- September 2025 = 121/186

All directorates are required to undertake hand hygiene audits on a monthly basis. The audit process is carried out through the Audit Management and Tracking (AMaT) system. The number of submissions required has been set in line with each service and is reflective of their patient population and staff numbers on each ward/area. Compliance is reported and monitored through directorate highlight reports and the IPC assurance meetings.

- Themes/failures identified in the most recent audits were mainly hand washing preparation and technique.
- Over the 6-month period from Apr – Oct 2025 (on average), 71% of teams were submitting their hand hygiene audits, which is slight increase (1%) since the previous 6 months. Teams with poor compliance continue to be reviewed and updates for improvement are detailed in the directorates reports into the bi-monthly IPC assurance report. Consistent areas identified as outliers are monitored by the directorate lead attending the IPC assurance committee. The IPC team attend areas of poor compliance to support staff in updating their training and awareness of the audit requirements.

- The review of teams within the trust continues to be reviewed and IPC link staff are asked to notify the IPC team if any teams need to be added, removed, or amalgamated to keep the list of ward/teams on AMaT as accurate as possible.

9.0 Cleaning

9.1 National Standards of Healthcare Cleanliness 2025 (NSoHC)

LPT remains compliant in operating the NSoHC procedures across the estate and audit data is reported at the Infection Prevention and Control assurance group for oversight. LPT has retained 5-star compliance in all areas.

9.2 Patient Led Assessments of the Care Environment (PLACE)

The PLACE results were published in February 2025 (assessments took place October 2024). LPT scored 100% for cleanliness and were among the highest scoring Trusts. This PLACE score gives assurance that our own internal technical auditing process reflects an accurate picture and demonstrates the Trusts commitment to cleanliness and meeting its obligations of the Health and Social Care Act.

9.3 Waste compliance

The introduction of the new guidance for the disposal of waste in healthcare by NHSE, set a target to reduce clinical and sharps waste disposal and increase waste to be disposed of as offensive. This is to support the national sustainability agenda, with the rollout of these processes taking place in LPT in late 2024. The targets that were set were a minimum of 60% of waste to be disposed of as offensive, a maximum of 20% for clinical waste and a maximum of 20% for sharps.

LPT is currently achieving an average of 70% offensive waste 10% above the required target, 14% clinical which is 6% lower than the maximum target and 16% sharps 4% below the maximum target. So a significant reduction in the disposal of clinical and sharps waste. This is not only an excellent outcome in relation to meeting compliance but supports our overall sustainability work and results in a reduction in cost.

10.0 Antimicrobial stewardship

The lead pharmacist for antimicrobial stewardship also continues to represent LPT in Leicestershire-wide groups.

Monitoring of antimicrobial consumption continues and is reported to both the Trust Medicines Management Committee and Infection Control Assurance Group. Recent consumption data has revealed a surge in the prescribing of co-amoxiclav in the Directorate which manages Community Hospitals. Data underpinning the deep dive has been configured and quality checked; information will be available to share with the directorate in the next month. The upgraded version of the electronic prescribing system currently used in LPT has the functionality to make an indication mandatory for selected drugs. Work is in progress to acquire this update which will support and enhance the ability to cross-reference antimicrobial prescriptions with guidelines, thereby improving patient treatments and compliance.

Proposal

This six monthly report outlines assurance from the Director of Infection Preventon and Control (DIPaC) demonstrating compliance with the Health and Social Care Act 2008 (updated July 2015), (2019) also referred to as the Hygiene Code.

Decision required

The Committee is asked to confirm a level of assurance that processes are in place to monitor and ensure compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to the as the Hygiene Code and NHS England IPC Board Assurance Framework to ensure that all IPC measures are taken in line with PHE Covid-19 guidance to ensure patient safety and care quality is maintained.

Governance table

For Board and Board Committees:	Quality and Safety Committee	
Paper sponsored by:	James Mullins – Interim Executive Director of Nursing, AHP and Quality	
Paper authored by:	Amanda Hemsley – Head of Infection Prevention and Control Information provided by the chair/s of the relevant trust groups and specialist practitionners.	
Date submitted:	10 October 2025	
State which Board Committee or other forum within the Trust's governance structure, if any, have previously considered the report/this issue and the date of the relevant meeting(s):	Quality Forum – Oct 2025	
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not assured:	Assured	
State whether this is a 'one off' report or, if not, when an update report will be provided for the purposes of corporate Agenda planning	6 monthly reports	
STEP up to GREAT strategic alignment*:	High **S**tandards	x
	Transformation	
	Environments	x
	Patient Involvement	
	Well **G**overned	x
	Single Patient **R**ecord	
	Equality, Leadership, Culture	
	Access to Services	
	Trustwide Quality Improvement	x
Organisational Risk Register considerations:	List risk number and title of risk	5
Is the decision required consistent with LPT's risk appetite?	Yes	
False and misleading information (FOMI) considerations:	Yes	
Positive confirmation that the content does not risk the safety of patients or the public	Yes	
Equality considerations:		