

Quality and Safety Committee – October 2024

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

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 2024 to 30th September 2024.

Background

The Infection Prevention and Control (IPC) team currently has 4.5 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

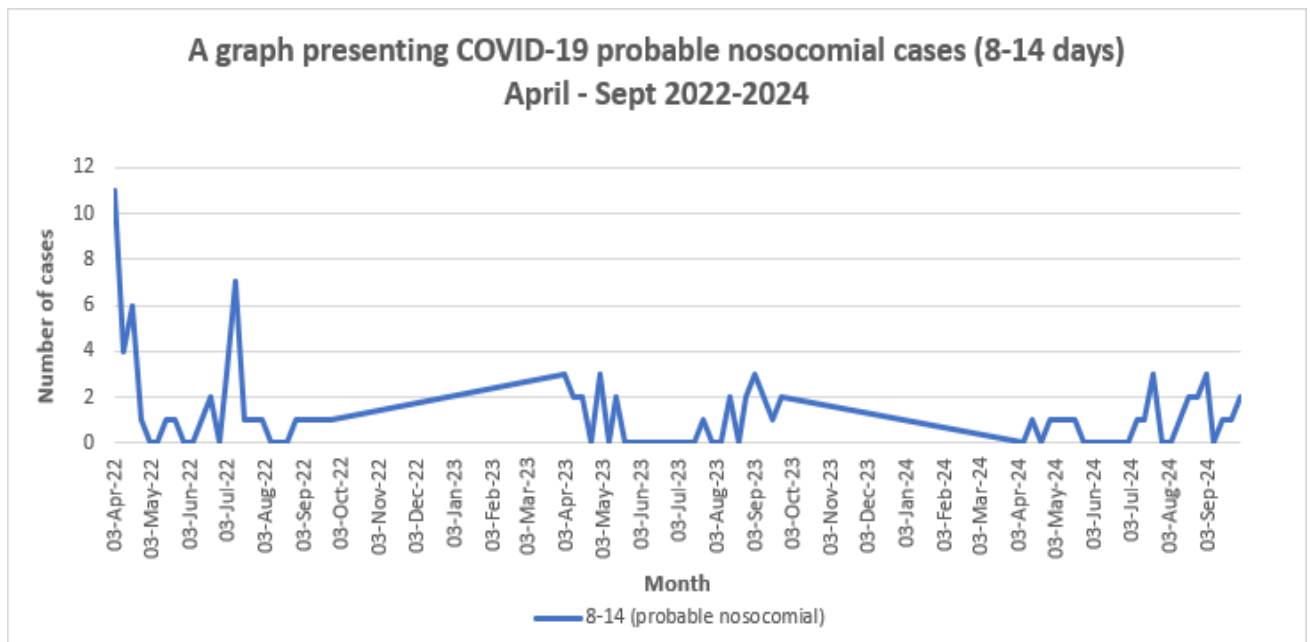
The aim of this report is to provide the Quality and Safety Committee with assurance there is a robust, effective and proactive infection prevention and control programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) and to assure the board that all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

Analysis of the issue

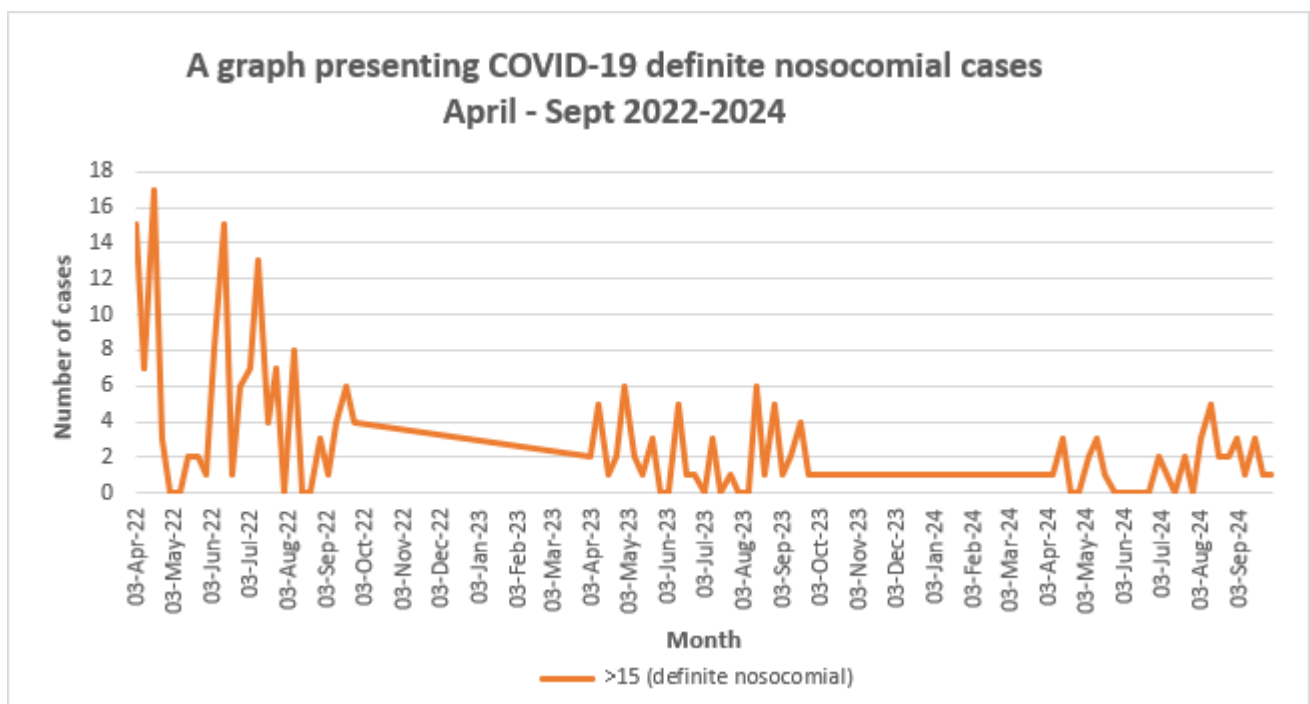
1.0 Infections

- 1.1 COVID-19 figures from 1st April – 30th September 2024 (for comparison of the previous two years cases/data 2022-2023 and 2023 to 2024 has been included):

Probable nosocomial cases 8-14 days:



Definite nosocomial cases 15 days+:



Both graphs show similar data with peaks in the summer months for 2023 and 2024. This is reflective of the reported peaks and troughs in data issued nationally and regionally. Documentation and information outlining processes and the management of patients with known or suspected Covid-19 continue to be reviewed by the IPC team ensuring they reflect national guidance and local requirements across Leicester, Leicestershire and Rutland. LPT was not considered to be an outlier during these peaks.

1.2 LPT outbreaks Apr 24 – Sept 24 = 27 episodes

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 2024 = 4

H&B, East Ward – 02/04/2024 (COVID-19)
H&B, North Ward – 08/04/2024 (COVID-19)
Bradgate Unit, Thorton Ward – 23/04/2024 (Loose stool)
Evington Centre, Clarendon Ward – 29/04/2024 (COVID-19)

May 2024 = 3

H&B North Ward – 03/05/2024 (COVID-19)
Loughborough Hospital, Charnwood Ward – 13/05/2024 (COVID-19)
CCH, Ward 4 – 15/05/2024 (Norovirus)

June 2024 = 3

H&B East Ward – 13/06/2024 (COVID-19)
CCH, Ward 4 – 27/06/2024 (Norovirus)
CCH, Ward 1 – 28/06/2024 (COVID-19)

July 2024 = 5

Evington Centre, Clarendon Ward – 04/07/2024 (Loose stool)
Loughborough Hospital, Charnwood Ward – 11/07/2024 (COVID-19)
Loughborough Hospital, Swithland Ward – 15/07/2024 (COVID-19)
St Lukes, Ward 3 – 17/07/2024 (COVID-19)
Loughborough Hospital, Gracedieu Ward – 24/07/2024 (COVID-19)

August 2024 = 10

Bradgate Unit, Heather Ward – 01/08/2024 (COVID-19)
Bradgate Unit, Aston Ward – 05/08/2024 (Loose stool)
Bradgate Unit, Aston Ward – 06/08/2024 (COVID-19)
Evington Centre, Clarendon Ward – 09/08/2024 (Loose stool)
Rutland Memorial Hospital, Rutland Ward – 13/08/2024 (COVID-19)
CCH, Ward 4 – 19/08/2024 (Loose stool)
CCH, Ward 2 – 23/08/2024 (COVID-19)
St Lukes, Ward 1 – 24/08/2024 (COVID-19)
Evington Centre, Beechwood Ward – 27/08/2024 (COVID-19)
H&B East Ward – 28/08/2024 (Gastroenteritis)

September 2024 = 2

St Lukes, Ward 1 – 01/09/2024
Bradgate Unit, Aston Ward – 16/09/2024

1.3 Pertussis (whooping cough)

Pertussis (whooping cough) is an acute bacterial respiratory infection. The risk of severe complications is highest in very young babies - 97% of deaths from pertussis in the last 12 years have been in infants aged 3 months or less who cannot be fully protected by immunisation.

Healthcare workers (HCWs) can be a key source of infection to vulnerable infants. In 2016, the Joint Committee on Vaccination and Immunisation (JCVI) advised that HCWs with direct contact with vulnerable patients (pregnant women and/or infants) are priority group 1 for immunisation.

Due to shortages of pertussis vaccine it had not been possible to fully implement the JCVI advice at that time. A letter dated 3 July 2024 from NHS England Midlands identified that staff in priority group 2 should now be vaccinated against pertussis.

A plan was developed with support from the occupational health team to offer all staff who were identified in the priority groups. Approximately 500 staff were identified and communications were shared with the teams via a number of systems. Occupational health provided 9 clinic sessions for staff to attend. 55 staff in total accessed the service and received a vaccination. Staff are still able to receive the vaccination via Occupational health if they wish to.

There has been one documented case of a staff member being a contact of a patient with pertussis. The staff member followed the designated protocol and did not become infected. A risk assessment is in place for staff who have not been vaccinated and do not consent to receiving it, (the vaccination is not a mandatory requirement).

1.4 Monkey Pox

Mpox is an infectious disease that is caused by infection with a virus called MPXV. There are 2 major genetic groups (clades) of MPXV, clade I (formerly known as Central African or Congo basin clade) and clade II (formerly known as West African clade). Clade I is split into clade Ia and clade Ib. Clade II is split into clade IIb and clade IIa, with subgroup clusters called lineages. The majority of the cases seen in the outbreak in 2022 were from clade IIb, lineage B.1.

Since January 2023, clade II mpox is no longer considered a high consequence infectious disease (HCID) within the UK. Clade I mpox remains an HCID.

In 2024, clade I mpox cases were reported from countries beyond these 5 Central African Region countries. This is likely to be because of multiple factors including waning population immunity from the discontinued smallpox vaccine and changing environmental and social factors

Clade I MPXV has previously been intermittently transmitted from animals to humans, with small mammals and primates acting as hosts. Clade I MPXV can also spread via human-to-human transmission and had previously been associated with close contact. However, in March 2023, infections linked to sexual contact and international travel were reported in the DRC for the first time.

As of August 2024, no cases of clade I mpox have ever been detected in the UK.

As part of the national preparedness plan LPT has developed action cards to provide staff with the information and processes on what to do if they suspect that a patient or visitor may have been in contact with someone who has mpox or is considered themselves to be infected.

2.0 Decontamination

- 2.1 A Quarterly decontamination meeting is in place and reports to the Infection Prevention and Control Assurance Group.

- 2.2 LPT owned sterilisation equipment and washer disinfectors are in service date and maintenance regimes are compliant with HTM 01-01 Management and Decontamination of Surgical Instruments (medical devices) used in Acute Care.
- 2.3 A meeting with the Authorised Engineer(AE) has now taken place and key actions identified. The relevant trust documents and policies regarding decontamination have been shared with the AE for review and identification of any gaps or requirements. Initial feedback has been positive with no significant concerns noted .

3.0 Legionella

3.1 Current Situation

As per the trusts Water Safety Plan when the cold-water outlets are reporting temperatures over 20°C they are sampled for Legionella.

- 3.2 Rutland – Two cold water samples these returned positive results. Following a clean and disinfection and resample these are all now reporting as Bacteria Not Detected.
- 3.3 Loughborough Phase 2 - Routine Legionella sampling identified four outlets with positive results. Following a clean and disinfection and resample one outlet in X ray is still reporting positive – T safe point of use filter attached and an additional clean and disinfection booked.
- 3.4 Loughborough Phase 1 - still have a number of outlets reporting positive, all positive outlets have point of use filters fitted. Further clean and disinfections are in progress. Once this is completed a full sampling process of the outlets will be undertaken to identify/confirm the status post clean.
- 3.5 The Beacon - Two samples reported positive samples from cold water outlets, both have been cleaned and disinfected. One of the positive samples was from a shower in a bedroom that is not being used. Samples have now been taken from all unused bedroom showers, with the results pending. In the interim all safety measures are put into place to avoid use.
- 3.6 Melton Mowbray – 75 outlets sampled with approximately 50% of those reporting positive for Legionella Bacteria. A business continuity incident was called on 13 September 2024, and as a system due to multi-stakeholder services. Melton Mowbray is managed by National Health Service Property Services (NHSPS) who have fitted point of use filters on some outlets and replaced other outlets i.e., new taps and then filters. A Clean and disinfection programme is currently in progress. Resampling will be undertaking by NHS PS who will update the estates team in LPT.

4.0 Seasonal Flu vaccination programme

- 4.1 The staff flu vaccination programme commenced on Monday 23rd September 2024. Training and support for the staff peer vaccinators has been provided by two members of the IPC team. The current requirement is that 100% of staff within LPT should be offered the opportunity to receive a flu vaccination.

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)

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

1st April – 30th September 2024

Apr – Beechwood ward, Evington centre
May – Beechwood ward, Evington Centre
Jun – Swithland ward, Loughborough Hospital
Jul – Ward 1, St Lukes Hospital
Aug – Charnwood ward, Loughborough Hospital
Sept – Gracedieu ward, Loughborough Hospital
Sept – Clarendon ward, Evington centre
Sept – Beechwood ward, Evington centre
Sept – Rutland ward, Oakham

- 5.3.1 The number of CDT cases for this six-month reporting is higher than the previous year, however it is reflective of the regional position in LLR, and multidisciplinary work is ongoing within the LLR teams to look at learning and key factors that may have impacted on this increase in figures.
- 5.3.2 In line with the introduction of the PSIRF framework, the previous tool used to carry out a Root Cause Analysis (RCA) to review infections has been redesigned. This supports the review of CDT incidences using a human factors approach rather than an investigative approach (as per the old RCA tool).
- 5.3.3 The patient safety team are supporting this changeover process and are reviewing the template and PSIRF pack in conjunction with the clinical teams in LPT to ensure that it captures the learning from incidences of CDT within the trust.
- 5.3.4 The IPC team have attended the additional training which was delivered by the patient safety team regarding observational visits to the ward areas and holding a round table review with ward staff to support them with identification of learning from incidences of CDT. Future reporting will provide narrative on the cause and effect or findings from this process.

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 has been 1 reported case of MSSA within the LPT data, analysis of this case has not identified any specific gaps in patient care that may have contributed to the patient's diagnosis.

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 two reported cases of E-coli infection, both associated with a long-term urinary catheter in situ. Review of both cases did not identify any specific cause, and both patients received appropriate treatments to aid recovery.

- April – East Ward, Hinckley and Bosworth Community Hospital (urinary catheter in situ – long term)
- April – Beechwood Ward, Evington Centre (urinary catheter in situ – long term)

6.0 Ventilation

6.1 The Ventilation Safety Group has now become an established meeting achieving regular attendance of all LPT representatives and supported by our appointed Authorised Engineers GPT Consult. Terms of Reference and policy documents are all current and updated. LPT essential training for Authorised Persons are up to date. The group have standing items considered at each meeting which has moved to every 3 months.

6.2 Alerts and legislative requirements are received at the meeting along with any operational matters presented in each period.

6.3 In the preceding period, the group have focused on several key areas including: maintenance contractor performance, rectification of air handling units at Evington, installation of new air conditioning units, delivery of planned preventative maintenance (as per schedule), heatwave updates, review of compliance, review of risks and priority systems, review of Rediair units, updated cooling guidance, and checking air flow rates.

6.4 This level 3 Group reports into the IPC Assurance group and also shared at Estates and Medical Equipment Group (EMEG) for oversight.

7.0 Water Management

7.1 The Water Safety Group (WSF) is an established level 3 meeting. Terms of Reference and policy documents are all current. LPT essential training for Authorised Persons are up to date. Audits are undertaken by our Authorised Engineer (Water) Hydrex every 3 months. Water records are actively maintained and reported via Invida estates and facilities

Computer Aided Facilities Management (CAFM) system. The WSG is a level 3 Group reports into the IPC Assurance group and also shared at EMEG for oversight.

- 7.2 Standing items pick up any new health and safety alerts or legislative changes in Healthcare Technical Memorandums etc. Water compliance and assurance is actively maintained within estates and facilities and has proven successful in identifying issues early. For example, the continued monitoring and sampling at Loughborough ensures outlets and the system is constantly checked and addressed for any out-of-scope matters. Also, at Rutland the water quality was picked up and corrected with only one persistent outlet requiring multiple disinfections – which has now been resolved. Pro-active monitoring of water temperatures in the Beacon Unit identified at risk outlets and further disinfection and flushing, followed by sampling currently taking place.
- 7.3 Water treatment and monitoring remain in place at Loughborough Phase 2 and Coalville. All filters have been removed at Coalville for some time and water quality is maintained.
- 7.4 Legionella sampling plan is well established and in place. A programme of staff training has been developed and will shortly be rolled out.
- 7.5 All Water Risk Assessments are up to date.

8.0 Hand hygiene Audits – Data submissions

- April 2024 = 98.9% compliance (122 submissions)
- May 2024 = 99.3% compliance (134 submissions)
- June 2024 = 99.5% compliance (119 submissions)
- July 2024 = 99% compliance (126 submissions)
- August 2024 = 98.9% compliance (129 submissions)
- September 2024 = 99.2% compliance (134 submissions)

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. Compliance is reported and monitored through the IPC assurance meeting.

- Themes/failures identified in the most recent audits were mainly hand washing preparation or hand washing technique
- 71.9% of teams submitted hand hygiene audits in Sept 2024
The review of teams within the trust continues to be reviewed and detail on the audit system updated to ensure each team asked to submit data is current so that compliance and audit submissions are representative of the team

9.0 Cleaning

- 9.1 Monthly performance reporting to the following groups for oversight; IPC Assurance group, IPC Operational group, Estates & Medical Equipment group. Reporting shows a month-by-month improvement across multiple sites.

- 9.2 Recruitment has improved significantly and reliance on agency staff reduced. Work is ongoing to establish an estates and facilities management (EFM) service bank of staff.
- 9.3 Maintenance contracts for the repair/servicing of equipment have been reviewed and in some cases contractors changed to improve response & rectification times.
- 9.4 Business Impact Assessment (BIA) and Business Continuity (BC) plans have been developed.
- 9.5 Risk assessments for critical activity have been completed.
- 9.6 Risk register is in development for EFM services

10.0 Antimicrobial stewardship

- 10.1 Antimicrobial stewardship remains a vital tool in the fight against resistance and preserving the usefulness of antimicrobials so that they benefit patients who really need them.
- 10.2 The lead pharmacist for antimicrobial stewardship continues to oversee the maintenance of the actions and controls within the trust policy. This includes careful consideration of stock lists for inpatient wards, bi-annual audit, education and training, prescribing protocols, pharmacy screening of infrequently used/restricted antimicrobials and intravenous medicines to oral application.
- 10.3 Antimicrobial surveillance is a useful tool to monitor consumption. A sophisticated dataset has been developed to monitor significant trends in consumption across inpatient areas, with reports being fed into Medicines Management Committee and the Infection Prevention and Control Assurance Group.
- 10.4 On an annual basis, there is international recognition by way of the European antimicrobial awareness day and world antimicrobial awareness week. Within LPT, we mark this event by ensuring our audits are undertaken at this time, whilst also doing promotion within the trust communication to all staff.
- 10.5 The lead pharmacist for antimicrobial stewardship also continues to represent LPT in Leicestershire-wide groups.'

Proposal

This six monthly report outlines assurance from the Director of Infection Prevention and Control (DIPaC) demonstrating compliance with the Health and Social Care Act 2008 (updated July 2015) also referred to as the Hygiene Code. The report also highlights the impact of the COVID-19 pandemic to the business as usual IPC work programme and quality improvement in response to NHSE & I IPC visits.

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 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 Nurse	
	Information provided by the chair of the relevant trust groups.	
Date submitted:	15 October 2024	
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):		
If considered elsewhere, state the level of assurance gained by the Board Committee or other forum i.e., assured/ partially assured / not 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 Standards	x
	Transformation	
	Environments	x
	Patient Involvement	
	Well Governed	x
	Single Patient Record	
	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:		

Version 1.0