

Quality and Safety Committee – 20 May 2025

Infection Prevention and Control Report six monthly report– Reporting timescale 1st October 2024 – 31st March 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 October 2024 to 31st March 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. There is currently a vacancy within the team for a Deputy Head of IPC which is funding pre-covid and therefore the team is not fully established. 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

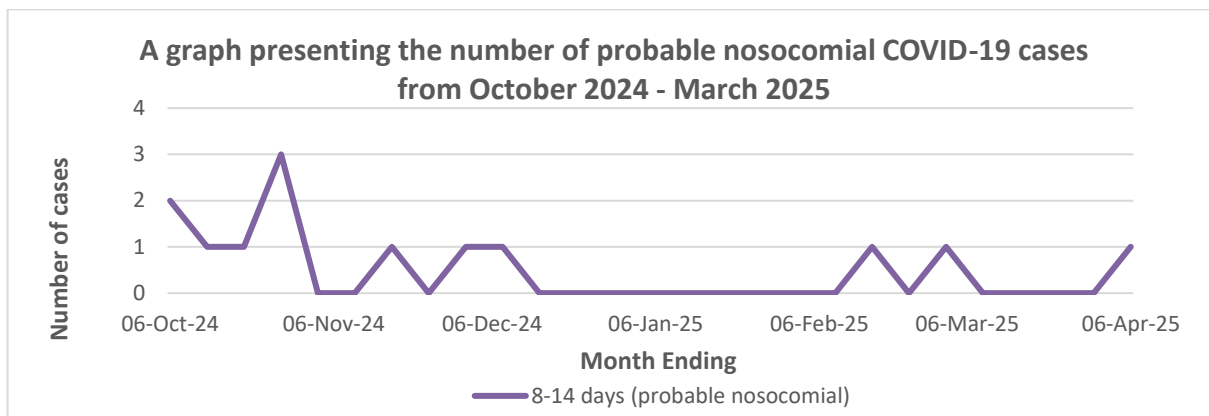
The aim of this report is to provide the Quality and Safety Committee with assurance there is a robust, effective and proactive infection prevention and control programme in place, that demonstrates compliance with the Health and Social Care Act 2008 (updated July 2015) and to assure the board that all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

Analysis of the issue

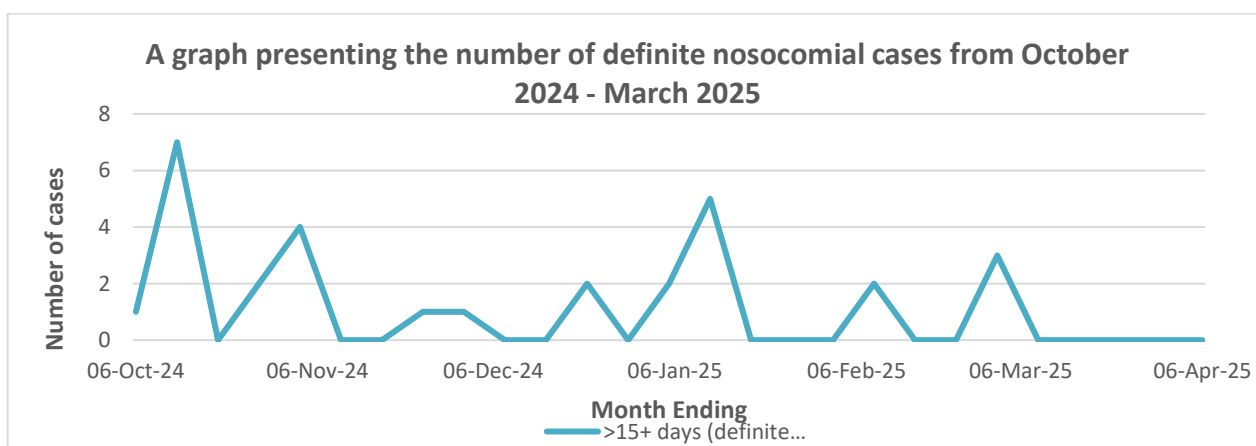
1.0 Infections

1.1 COVID-19 figures from 1st October – 31st March 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 will continue to be monitored and reported locally within LPT by the IPC team.

1.2 LPT outbreaks for inpatient services; Oct 24 – Mar 25 = 30 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.

October 2024 = 7

CCH, Ward 1 – 04/10/2024 (COVID-19)

Melton Hospital, Dagleish Ward – 04/10/2024 (COVID-19)

Bennion Centre, Langley Ward – 07/10/2024 (COVID-19)
CCH, Ward 2 – 08/10/2024 (COVID-19)
CCH, Ward 2 – 22/10/2024 (COVID-19)
CCH, Ward 1 – 23/10/2024 (COVID-19)
St Lukes, Ward 1 – 29/10/2024 (COVID-19)

November 2024 = 3

St Lukes, Ward 1 – 11/11/2024 (Gastroenteritis)
Hinckley & Bosworth, East Ward – 15/11/2024 (Gastroenteritis)
Loughborough Hospital, Swithland Ward – 25/11/2024 (Norovirus)

December 2024 = 2

CCH, Ward 1 – 04/12/2024 (COVID-19)
CCH, Ward 1 – 18/12/2024 (Influenza)

January 2025 = 8

RMH, Rutland Ward – 02/01/2025 (Norovirus)
Loughborough Hospital, Gracedieu Ward – 02/01/2025 (Loose stools)
CCH, Ward 4 – 04/01/2025 (Loose stools)
Bennion Centre, Langley Ward – 06/01/2025 (COVID-19)
Loughborough Hospital, Charnwood Ward – 08/01/2025 (RSV)
CCH, Ward 1 – 15/01/2025 (RSV)
Bradgate Unit, Ashby Ward – 17/01/2025 (Gastroenteritis)
St Lukes Hospital, Ward 1 – 24/01/2025 (Loose stools)

February 2025 = 5

Bradgate Unit, Beaumont Ward – 05/02/2025 (COVID-19)
Loughborough Hospital, Charnwood Ward – 14/02/2025 (COVID-19)
CCH, Ward 4 – 24/02/2025 (Loose stools)
Stewart House – 24/02/2025 (Gastroenteritis)
Loughborough Hospital, Charnwood Ward – 27/02/2025 (COVID-19)

March 2025 = 5

CCH, Ward 4 – 05/03/2025 (CDT +ve EIA +ve)
RMH, Rutland Ward – 20/03/2025 (Norovirus)
CCH, Ward 1 – 23/03/2025 (Norovirus)
Community CHS – 31/03/2025 (Gastroenteritis)
St Lukes Hospital, Ward 3 – 31/03/2025 (COVID-19)

There are no 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, with nil to note for this time frame.

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 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.
- 2.3 A meeting with the Authorised Engineer(AE) has 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.

- 2.4 Training for staff involved in decontamination processes is currently being reviewed and progressed to comply with the requirements identified with the AE.

3.0 Legionella

- 3.1 Current Situation, as of 1st April 2025.

As per the Trusts Water Safety Plan when water outlet temperatures are out of tolerance, they are sampled for legionella.

- 3.2 Rutland – One hot water sample remains positive, which is currently being replaced. Point of use filtration has ensured all areas were safe.
- 3.3 Loughborough Phase 2 - Routine legionella sampling identified outlets with positive results. Taps currently have filtration fitted. New Optitherm taps are being replaced within urgent care department, after replacing all outlets tested – all taps changed are clear.
- 3.4 Loughborough Phase 1 - still have a reducing number of outlets remaining positive - all positive outlets have point of use filters fitted. Further clean and disinfections have been undertaken and will be repeated as required.
- 3.5 The Beacon – contamination of the water systems for the Beacon unit was identified in October 2024 and has remained an issue. In spite of flushing and water treatment, contamination is at relatively low levels, but persists. The recent decision to decant has enabled estates activity to commence re-engineering the existing pipework systems and includes a plan to install auto-flushing and water flow balancing equipment. The root cause of the issues has been low usage with occupancy at low levels since occupation. A detailed programme of work is being developed at present.
- 3.6 Melton Mowbray – This is an NHSPS site where routine sampling noted 75 outlets sampled with approximately 50% of those reported positive for legionella bacteria. A business continuity incident was declared on 13th September 2024, since the site affects multiple organisations providing healthcare services. NHSPS have fitted point of use filters. A clean and disinfection programme was planned and deferred by CHS – which is in the process of being rearranged. A full clean and disinfection will be taking place overnight and then resampled NHSPS contractors.

4.0 Seasonal Flu vaccination programme March 2025

All frontline health care workers, including both clinical and non-clinical staff who have contact with patients, have been 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.

The staff flu vaccination programme runs between end of September and March every year. The LPT staff flu vaccination programme commenced on 23rd September 2024 and

offers the 18 – 64 vaccine and the 65+ vaccine by providing roving flu clinics throughout the Trust, being visible and offering a number of repeat clinics in all areas. This has included offering flu vaccinations to staff within their clinical area or ward and attending team meetings and training events, including trust induction.

The staff flu vaccination uptake as of January 2025 was 42%.

National data for NHS Trusts and the Midlands is presented for context and comparison.

It is noted that whilst LPT uptake was lower than previous years, LPT remain above the National and Midlands average.

Staff Covid-19 vaccination uptake in January 2025 is also presented

Regional uptake	Flu January 2025	Covid January 2025	Flu March 2025
National	40%	21%	Data not available
Midlands	37%	18%	Data not available
LPT	42%	20%	43.8%
NHFT	Data not available	Data not available	Data not available
UHL	35%	17%	Data not available

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 2024/25														Total
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
CDT	1	1	1	1	1	4	3	2	0	1	3	4	22	
MRSA	0	0	0	0	0	0	0	0	0	0	0	0	0	
MSSA	0	0	0	0	0	0	0	0	0	0	0	0	0	
E-Coli	2	0	0	0	0	0	0	0	0	0	3	0	5	

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

Apr 24 – 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

Oct – Coalville Ward 4
Oct – Beechwood ward, Evington centre
Oct – Coalville Ward 2

Nov – Beechwood ward, Evington Centre
Nov – Coalville Ward 1

Jan 25 – Gracedieu Ward, Loughborough Hospital

Feb – Hinckley & Bosworth, East Ward

Feb - Coalville, Ward 4

Feb – Coalville, Ward 4

Mar – Coalville, Ward 4

Mar – St Lukes, Ward 1

Mar – Clarendon ward, Evington centre

Mar – Beechwood ward, Evington centre

Due to the potential link in these infections, ribotyping was undertaken, no causal link was found.

- 5.3.1 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.
- 5.3.2 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.
- 5.3.3 Due to the timeframe (within 72 hours) 3 cases of CDT infection on Ward 4 at Coalville Community Hospital had their samples sent for ribotyping to ascertain if they were the same subtype which may indicate a link and therefore a potential cross contamination cause. The results identified each case was a different subtype and therefore no causal link was found.

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 three reported cases of E-coli infection during this 6-month reporting period, all 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.

- Feb – Community patient (CHS) urinary catheter in situ
- Feb – Beechwood ward, Evington centre (urinary catheter in situ on admission)
- Feb – Clarendon ward, Evington centre – chronic renal failure

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

- 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.
- 6.2 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.
- 6.3 Alerts and legislative requirements are received at the meeting along with any operational matters presented in each period.
- 6.4 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.
- 6.5 Focus in the last period has been on Belvoir AHU. Equipment here is in poor condition and is being replaced as part of the backlog maintenance and associated with the main capital scheme for delivery.
- 6.6 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 (WSG) is an established Level 3 meeting. Terms of Reference and policy documents etc. are all current. LPT essential training for Authorised Persons are up to date. Audits are undertaken by our Authorised Engineer (Water) Hydrop every 3 months. Water records are actively maintained and recorded on Invida E&F CAFM system. The WSG reports into the IPC Assurance group and also shared at EMEG for oversight.
- 7.2 Standing items pick up any new H&S alerts or legislative changes in Healthcare Technical Memorandums etc. Water compliance and assurance is actively maintained within E&F and has proven successful in identifying issues early. Early detection and rapid actions from this group and the actions of the estates team has been very effective. 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 that required multiple disinfections – which has now been resolved. Pro-active monitoring of water temperatures in the Beacon Unit identified at risk outlets which then were filtered. The current plan has been to decant and address the engineering elements to eliminate future problems.
- 7.3 Water treatment and monitoring remain in place at Loughborough Phase 2 and Coalville, which have a Chlorine Dioxide system fitted. 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 is in development and will shortly be rolled out.
- 7.5 All Water Risk Assessments are up to date.

8.0 Hand hygiene Audits – Data submissions

Hand hygiene Audits – Data submissions

- October 2024 = 99.4% compliance (129 submissions)
- November 2024 = 99.4% compliance (132 submissions)
- December 2024 = 99.4% compliance (124 submissions)
- January 2025 = 99.4% compliance (130 submissions)
- February 2025 = 99.7% compliance (122 submissions)
- March 2025 = 99.6% compliance (135 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 meetings.

- Themes/failures identified in the most recent audits were mainly hand washing preparation.

- Over the 6-month period from Oct 2024 – March 2025, on average, 70% of teams were submitting their hand hygiene audits, which is a slight drop from the previous report.
- 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

National Standards of Healthcare Cleanliness 2025 (NSoHC)

The NSoHC were reviewed by NHSE and re issued in February 2025. Rather than just comparing the new standards against the previous 2021 standards and applying any changes, LPT exercised good practice and undertook a deep dive exercise to validate the functional risk categories for all spaces across the estate and review the responsibilities framework for all elements. Changes have been applied and we are compliant with the 2025 standards.

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.

Waste compliance

Following the introduction of the new guidance for waste issued by NHSE and the roll out in LPT late in 2024, the Trust is exceeding the targets set by NHSE of 60% offensive, 20% clinical, 20% sharps – LPT is currently achieving an average of 73% offensive, 13% clinical, 14% sharps. 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

10.5 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. A deep dive is in progress to ascertain further details, such as which staff group are most commonly prescribing it and whether it is de novo (new prescription) or a continuation for patients transferred from University Hospitals of Leicester.

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), (2019) 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	
Date submitted:	12 May 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):		
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