London Ambulance Service
NHS Trust

Director of Infection Prevention and Control

Annual Report 2024/25

London Ambulance Service, NHS Trust

220 Waterloo Road, London, SE1 8SD

Contents

Glossary of Terms

ANTT	Aseptic Non-Touch Technique
APP-UC	Advanced Paramedic Practitioners in Urgent Care
BBE	Bare Below Elbows
BFE	Body Fluid Exposure
COVID-19	Coronavirus Infectious Disease
CMO	Chief Medical Officer
CRU	Cycle Response Unit
CSR	Clinical Skills Refresher
CTM	Clinical Team Manager
CQOG	Clinical Quality Oversight Group
DATIX	Incident and risk reporting system
DCA	Double Crewed Ambulance
DIPC	Director of Infection, Prevention and Control
EOC	Emergency Operations Centre
EPCR	Electronic Patient Care Record
HAIs	Healthcare Associated Infections
HART	Hazardous Response Team
HCID	High Consequence Infectious Diseases
ICD	Infection Control Doctor
iGAS	Invasive Group A Streptococcus
IPC	Infection, Prevention and Control
IPCC	Infection, Prevention and Control Committee
IPCLP	Infection Prevention Control Link Practitioner
IPCT	Infection Prevention & Control Team
IUC	Integrated Urgent Care
IV	Intravenous
KPIs	Key Performance Indicators
LAS	London Ambulance Service
MERS	Middle Eastern Respiratory Syndrome
Mpox	Monkeypox
MPU	Medicines Packing Unit
NEL	North East London
OH	Occupational Health
OWR	Operational Workplace Review
PGD	Patient Group Direction
QI	Quality Improvement
SEL	South East London
SICPs	Standard Infection Control Precautions
SOP	Standard Operating Procedure
TBPs	Transmission Based Precautions
UK	United Kingdom
UKHSA	United Kingdom Health Security Agency
UTI	Urinary Tract Infection
WHO	World Health Organisation
WVSG	Water & Ventilation Safety Group

1. Executive Summary

The Directors Infection Prevention and Control (DIPC) annual report provides a summary of the Infection Prevention and Control (IPC) activity within the London Ambulance Service (LAS) NHS for the period 1st April 2024 – 31st March 2025. The purpose of this report is to inform patients, public, staff and Board of Directors of the work undertaken and provide assurance on trust compliance with the ***Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance (national Infection Prevention and Control Manual for England 2022).***

The annual IPC work programme, guided by the Director of Infection Prevention and Control supported by the Infection Prevention and Control Team (IPCT), outlines clear objectives that align with the Trust's three strategic missions: delivering outstanding care, improving the health of the capital, and fostering an inclusive, well-led, and highly skilled organisation.
The publication of the DIPC Annual Report serves as an essential component of demonstrating strong governance, alignment with Trust values, and commitment to public accountability. Structured around the ten compliance criteria set out in the Code, the report offers an opportunity to highlight achievements and challenges for 2024-25.

Summary of key activities:

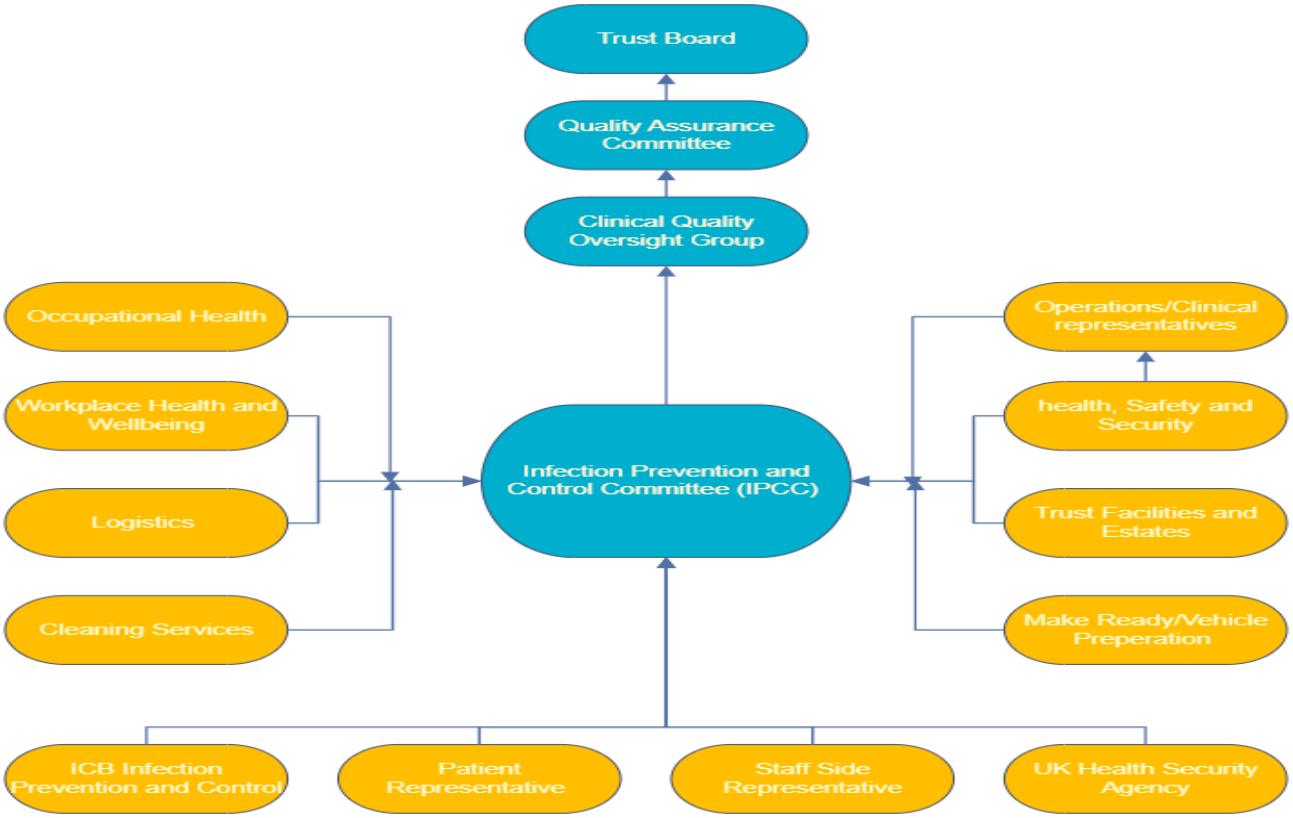
- The IPC Link Practitioners (IPCLPs) programme was enhanced and further developed to strengthen local engagement, communication, and implementation of good infection prevention and control practices.
- Local teams delivered audit programme successfully, highlighting areas of good compliance with IPC and areas that require improvement.
- Version 3.0 of the LAS IPC manual was published featuring a new section on High Consequence Infectious Disease which includes pathogen specific signposting to relevant national guidance.
- Collaborative working with Make Ready Services to develop Standard Operating Procedure and associated guidance to promote consistency with cleaning standards.
- Supporting materials were developed in response to national public health incidents including, *Bordetella pertussis,* Mumps and *Mycobacterium tuberculosis*

- The annual Influenza and Coronavirus Infectious Disease (COVID-19) vaccination programme was successfully delivered supported by a targeted campaign to improve uptake amongst LAS staff
- Production of new material to support and highlight importance of Bare Below Elbows (BBE) in clinical practice.
- The Trust has demonstrated strong antimicrobial stewardship within Integrated Urgent Care (IUC), maintaining broad-spectrum antibiotic prescribing below 10%—with rates of 6.2% in North East London (NEL) and 6.61% in South East London (SEL).
- The Trust continues to monitor progress of vaccination record updates via governance and assurance processes. In particular, there has been a significant focus on re-engaging this group of colleagues and reducing did not attends or short notice cancellation of appointments.
- Three Quality Improvement (QI) projects were undertaken to enhance clinical practice, outbreak management, and IPC integration in education. Key outcomes included the need to improve documentation and use of insertion stickers for IV cannulation, increase awareness of outbreak protocols through updated guidance, and strengthen IPC education by supporting tutors with additional training and resources aligned to national standards.

2. Governance Arrangements

The governance structure for the Infection Prevention and Control (IPC) service has remained consistent since 2020. The Infection Prevention and Control Committee (IPCC) is chaired by the Chief Medical Officer (CMO). The IPCC includes representatives from operational teams, support services, estates, health and safety, senior clinical staff, staff side and external stakeholders. Meetings are held quarterly, with the committee reporting directly to the Clinical Quality Oversight Group (CQOG), a subcommittee of the Quality Assurance Committee, which is accountable to the Trust Board. Figure 1 illustrates the governance arrangements

Figure 1: Infection prevention and control committee governance arrangements

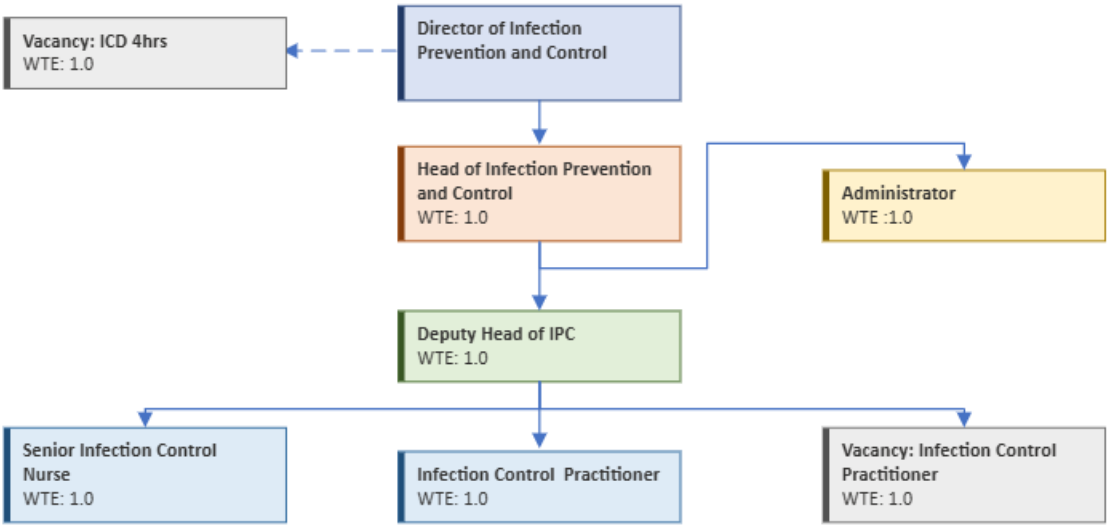


3. Infection Prevention & Control Arrangements

At the London Ambulance Service, the DIPC role is part of the CMO's portfolio, holding overall responsibility and accountability for the delivery of the Infection Prevention and Control (IPC) service and its associated work programme. The DIPC is supported by the Head of IPC and a dedicated IPCT who offer guidance and support to the Trust.

The IPCT structure was revised this year to support succession planning. A vacant post has remained since June 2024 due to retirement and challenges in recruiting. The unfilled hours for the Infection Prevention and Control Doctor (ICD)/Microbiologist role remain unresolved and are formally recorded on the local risk register.

Figure 2: Organisational structure for the IPCT



4. Performance

4.1 Key Performance Indicators

The IPC key performance indicators (KPI) are measurable values that are aligned with local LAS policy and national guidance. They assist in demonstrating the Trust's strategic goal of improving patient safety by preventing Health Associated Infections (HAIs) and help monitor compliance and evaluate effectiveness of interventions. All operational sectors and supporting services are responsible for data management and implementing quality assurance measures for improvement.

The IPC KPIs are:

- Operational Workplace Reviews (OWR) hand hygiene
    - Hand hygiene audits are conducted by Clinical Team Managers (CTMs) when undertaking OWRs for front-line staff. The audit examines compliance with the World Health Organisations five moments of hand hygiene and six-eight step technique. This includes adherence to BBE, when delivering patient care in the clinical setting.
- Vehicle preparation/deep clean

- Double Crewed Ambulance (DCA) vehicles are required a deep clean every six weeks. These data is collected by Make Ready services and shared with the IPCT for onward reporting and escalation.

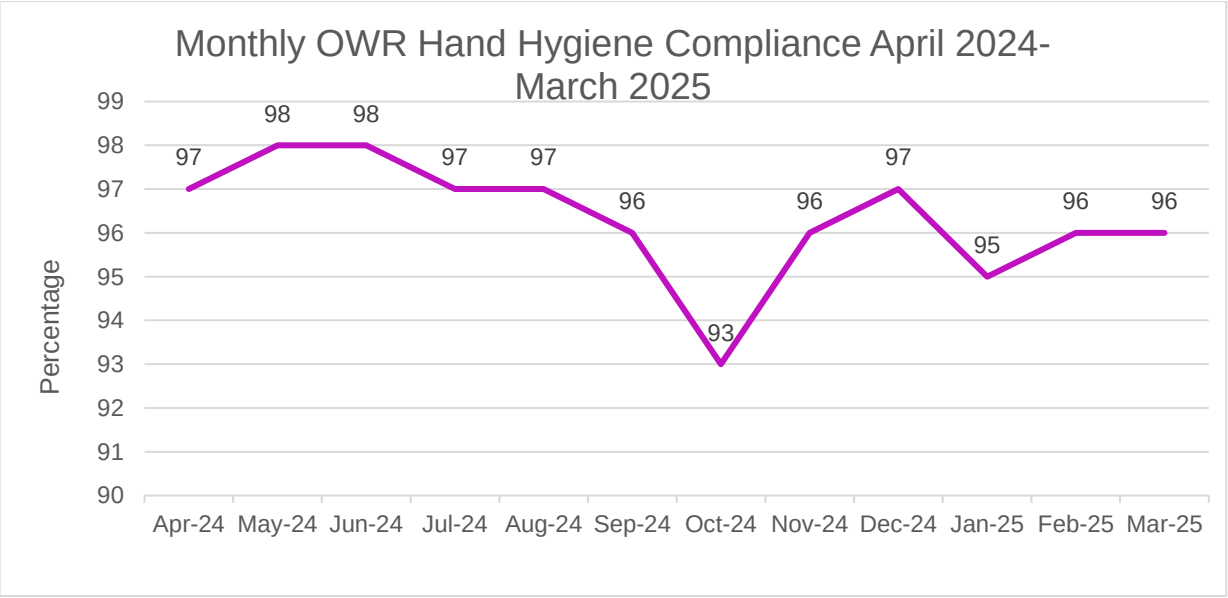
- Cleaning of Premises
  - Stations and other workplace environments – IUC/Emergency Operating Centres (EOC) and Education Centres are audited locally each month for cleanliness and elements of standard infection control precautions (SICPs). This includes: waste management processes and active reduction of clutter to maintain clean working environments.

4.1.1 OWR Hand Hygiene

Hand hygiene is a key component and priority within the organisation. Monthly audits are conducted locally by CTMs as part of each clinician's annual OWR assessment. For April 2024 – March 2025 a target was set for 75% (n=2803) of front-line staff to have their hand hygiene practice audited. This target was exceeded with 87% (n= 3123) of staff audits completed.

Figure 3 presents the monthly compliance results from the completed hand hygiene audits. The Trust's hand hygiene compliance target is set at 90%. This target was consistently exceeded during the reporting period, with an overall annual compliance rate of 96%.

Figure 3: Monthly OWR Hand Hygiene Compliance April 2024 – March 2025



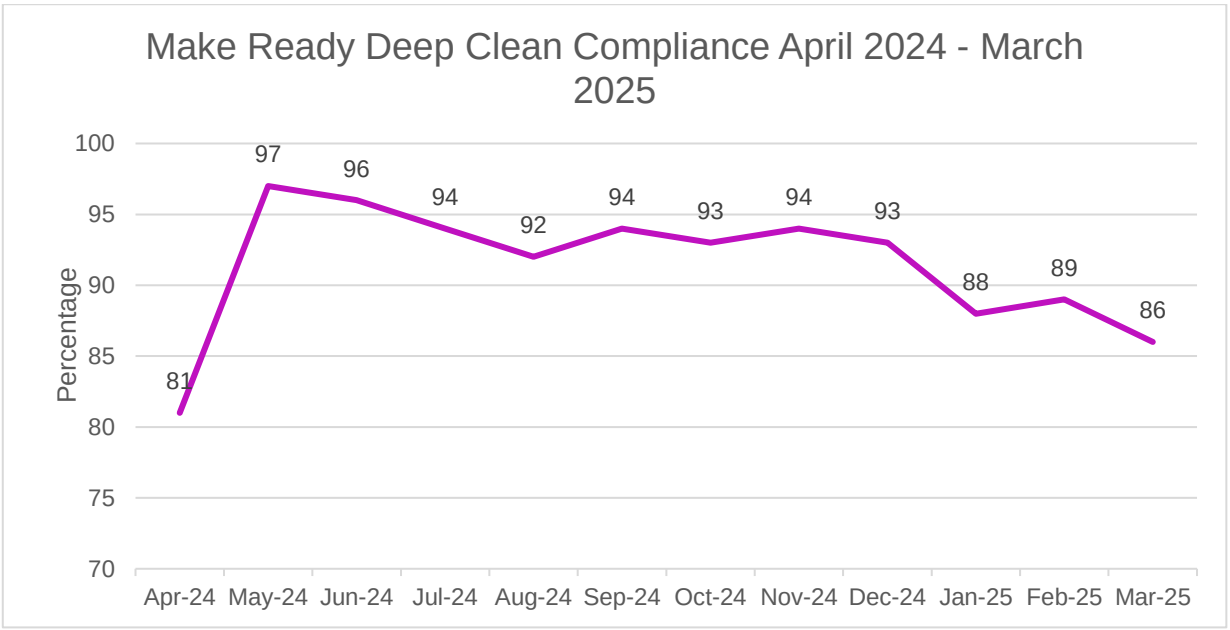
4.1.2 Vehicle Deep Cleans

The Make Ready has delegated responsibility for delivering a vehicle deep cleaning programme to all patient-conveying vehicles used in care delivery. This programme ensures a clean and safe environment for patients and aligns to the National Standards of Healthcare Cleanliness (2021).

All patient conveyance vehicles are required to undergo a deep clean every six weeks, in accordance with the KPI, which sets a compliance target of 95%. As illustrated in figure 4, this target was achieved during the months of May and June, while the remaining months showed compliance slightly below the expected threshold. The overall annual compliance was reported at 91%.

Escalations by the Head of MR services to the IPCC suggest that limited vehicle availability, fleet tethering and staff attrition all contributed to difficulties in maintaining the deep cleaning schedule.

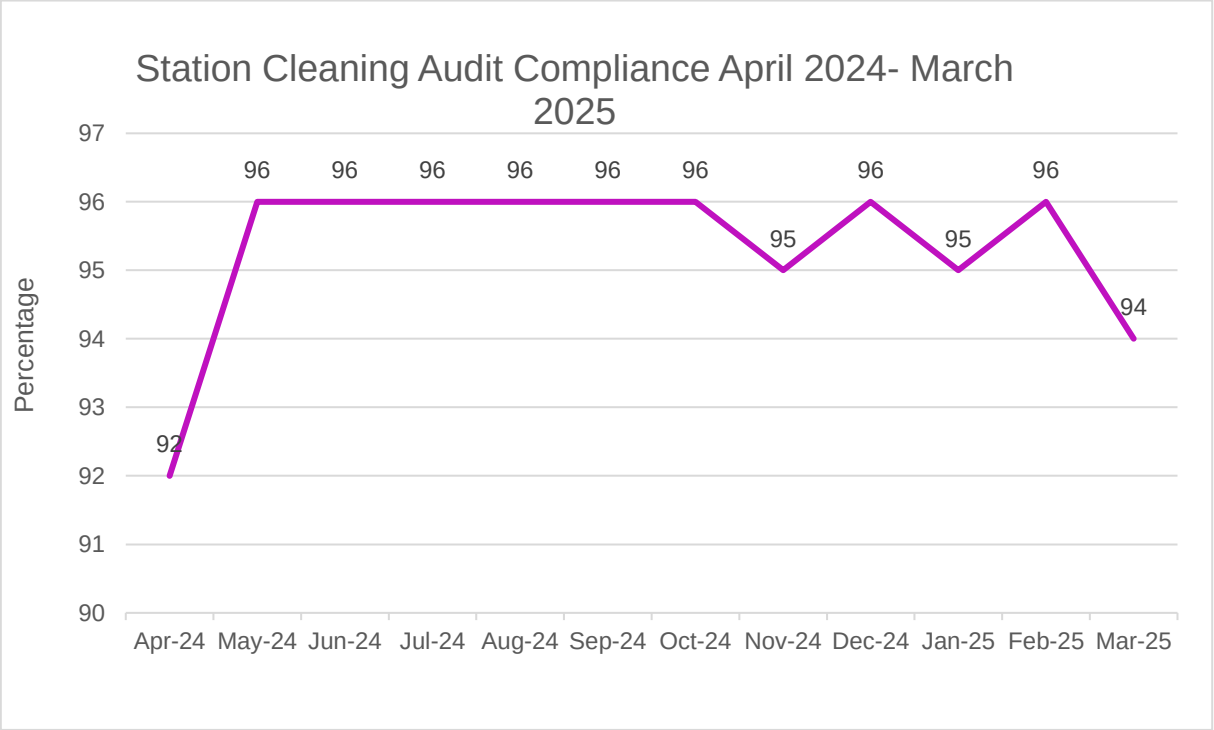
Figure 4: Make Ready Service Wide Deep Clean Compliance April 2024 – March 2025



4.1.3 Station and Premises Cleanliness

The station environmental cleaning audit is undertakenby local teams using the electronic audit tool on In-phase. Audit questions are aligned to the National Standards of Healthcare Cleanliness (2021) and the LAS Infection prevention and Control Manual. Audit results show the compliance target of 90% was consistently exceeded as evidenced in figure 5, the overall average audit score was reported at 95%.

Figure 5: Station cleaning audit compliance April 2024 – March 2025

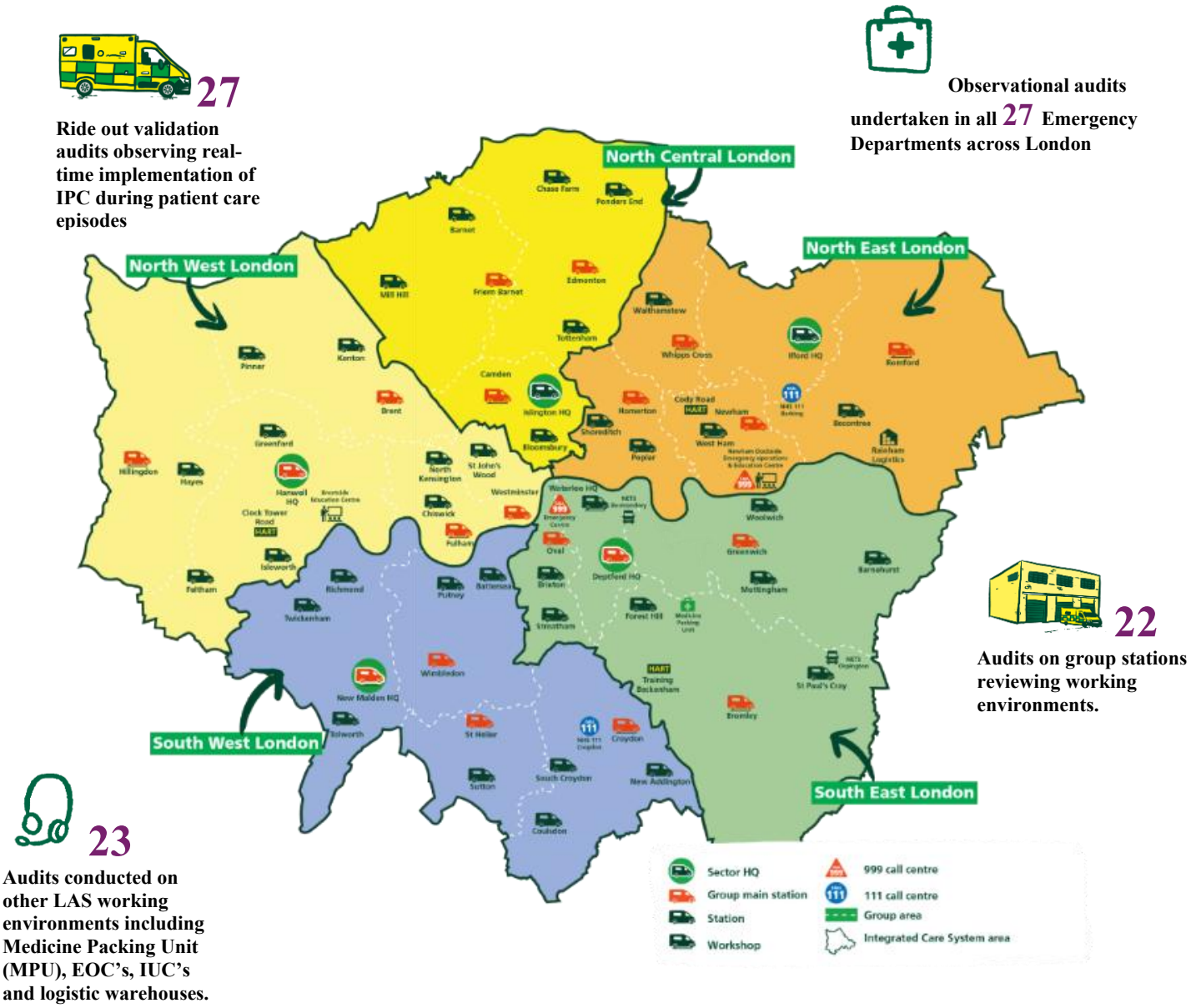


4.2 IPC Validation audits of KPIs

IPC validation audits are conducted on all KPIs. These provide audit assurance and the opportunity to provide feedback and advice on IPC principles during patient care episodes and support colleagues to maintain clean, healthy working environments. As part of an initiative to enhance collaboration and engagement with the public forum, a patient representative was invited to take part in an IPC audit at an ambulance station. This provided valuable insight into the team's processes for maintaining infection prevention and control in the working environment and gave the representative an opportunity to offer feedback on IPC aspects where patients may seek additional reassurance.

A total of 99 validation audits were undertaken from April 24 – March 25. Figure 6 provides an overview of the total audits undertaken.

Figure 6: IPC validation audits



A total of 27 ride-out validation audits were undertaken during the reporting period. Notable areas of good practice identified this year included the safe management of linen, with 22 out of 27 achieving a 100% compliance which is an improvement from last year. In addition, cleaning of the environment and equipment were consistently demonstrated, reflecting good IPC practices.

Recurring themes requiring improvement were observed. These include compliance with the World Health Organisation's (WHO) "5 Moments for Hand Hygiene" particularly when performing hand hygiene prior to donning gloves. Poor compliance was noted for sharps management, as sharps containers were frequently observed with no date or signature upon assembly. This was similar to the previous year's findings, therefore safe management of waste including sharps information was disseminated to local team huddles as a reminder to implement good practice. Audit findings were communicated in real-time to staff, these were also shared with local managers, to ensure ongoing monitoring and improvement.

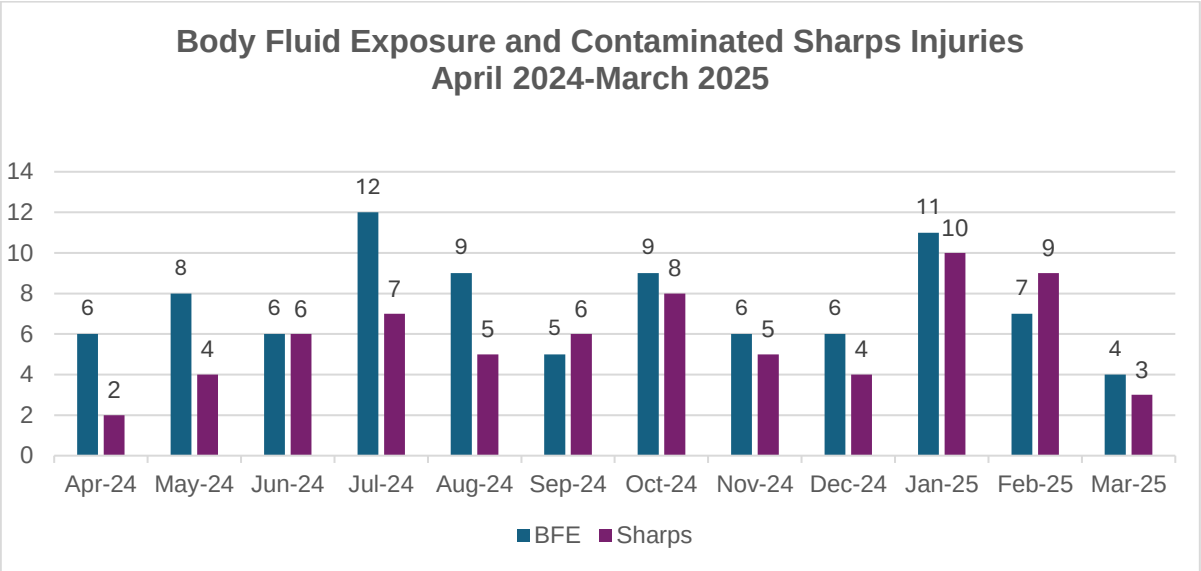
27 observational audits were conducted at Emergency Departments across all sectors. Poor compliance with BBE was evident. Low compliance remains a challenge as the wearing of wristwatches, long sleeves, nail polish and stone rings continue. Escalation reports to IPCC and CQOG to highlight this issue were submitted. This remains on the risk register with action plan initiated.

Future work is planned for 2025/2026 to strengthen the reporting assurance process for IPC validation audits conducted by the IPCT. In addition, collaborative working with MR services that encapsulates robust IPC compliance audits will be developed

5. Incident Reporting: Body Fluid Exposures and Contaminated Sharps

The Trust supports the reporting and investigation of Body Fluid Exposure (BFE) incidents and contaminated sharps injuries that occur when undertaking any role within the service. Incidents are investigated by local management teams and supported IPC reviews are untaken where required. Any identified common themes are shared within the quality report and communicated as shared learning. Figure 7 shows the total number of incidents reported due to BFE and contaminated sharps incidents

Figure 7: Total incidents reported via DATIX and RADAR systems for BFE and contaminated sharps injuries.

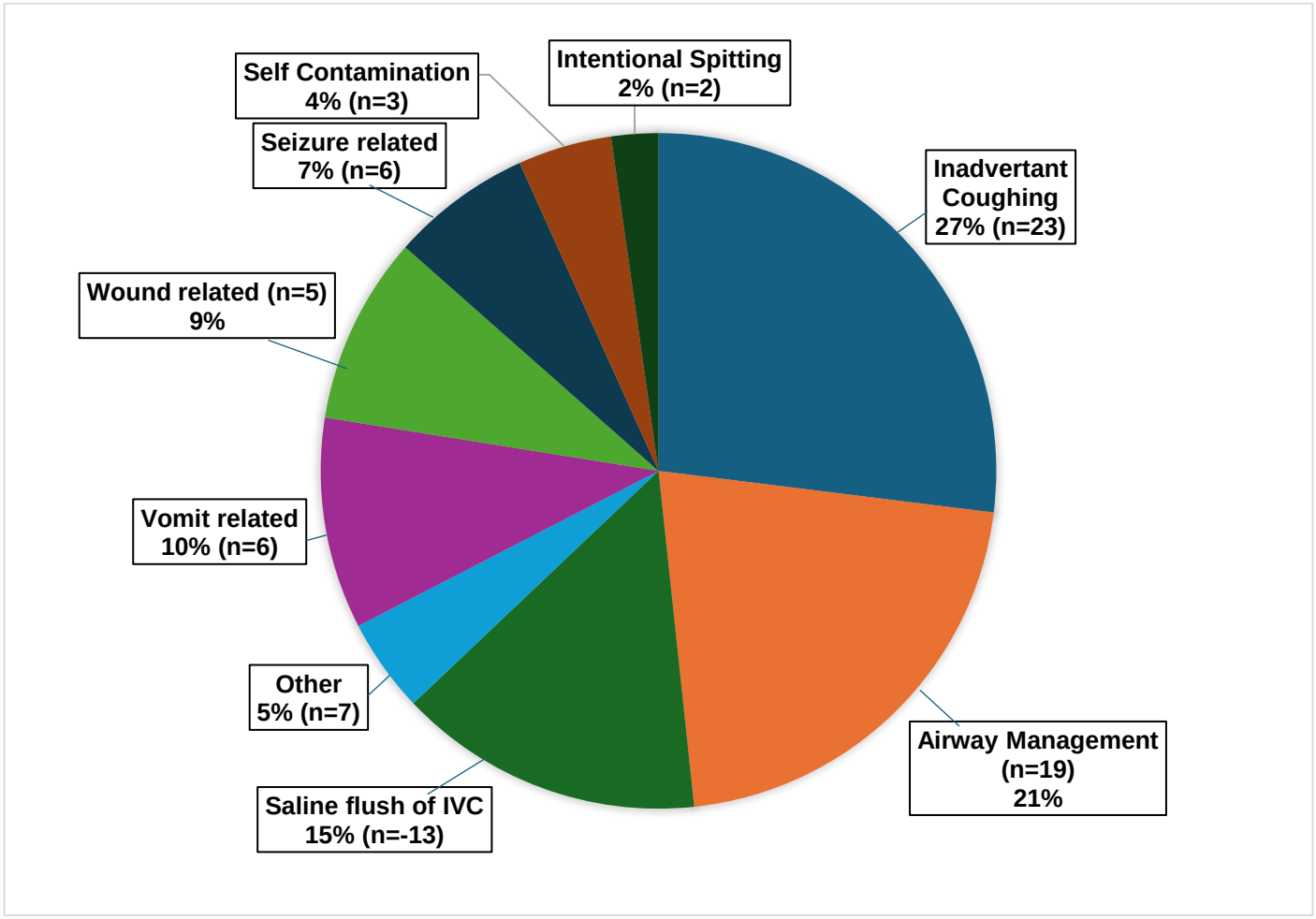


5.1 Body Fluid Exposures

During the reporting period there were a total of 89 BFE incidents, this was a decrease from 2023-24 where 115 incidents were reported. These incidents occurred in various environments where healthcare was delivered e.g. patients home, during conveyance, etc.

Inadvertent coughing accounted for the highest number of occurring incidents (27%, n= 23). This was closely followed by exposure during airway management (21%, n=19). Flushing a newly inserted intravenous cannula accounted for 15% of incidents (n=13). Figure 8 shows all reported BFE's by incident category.

Figure 8: BFE incidents reported by category

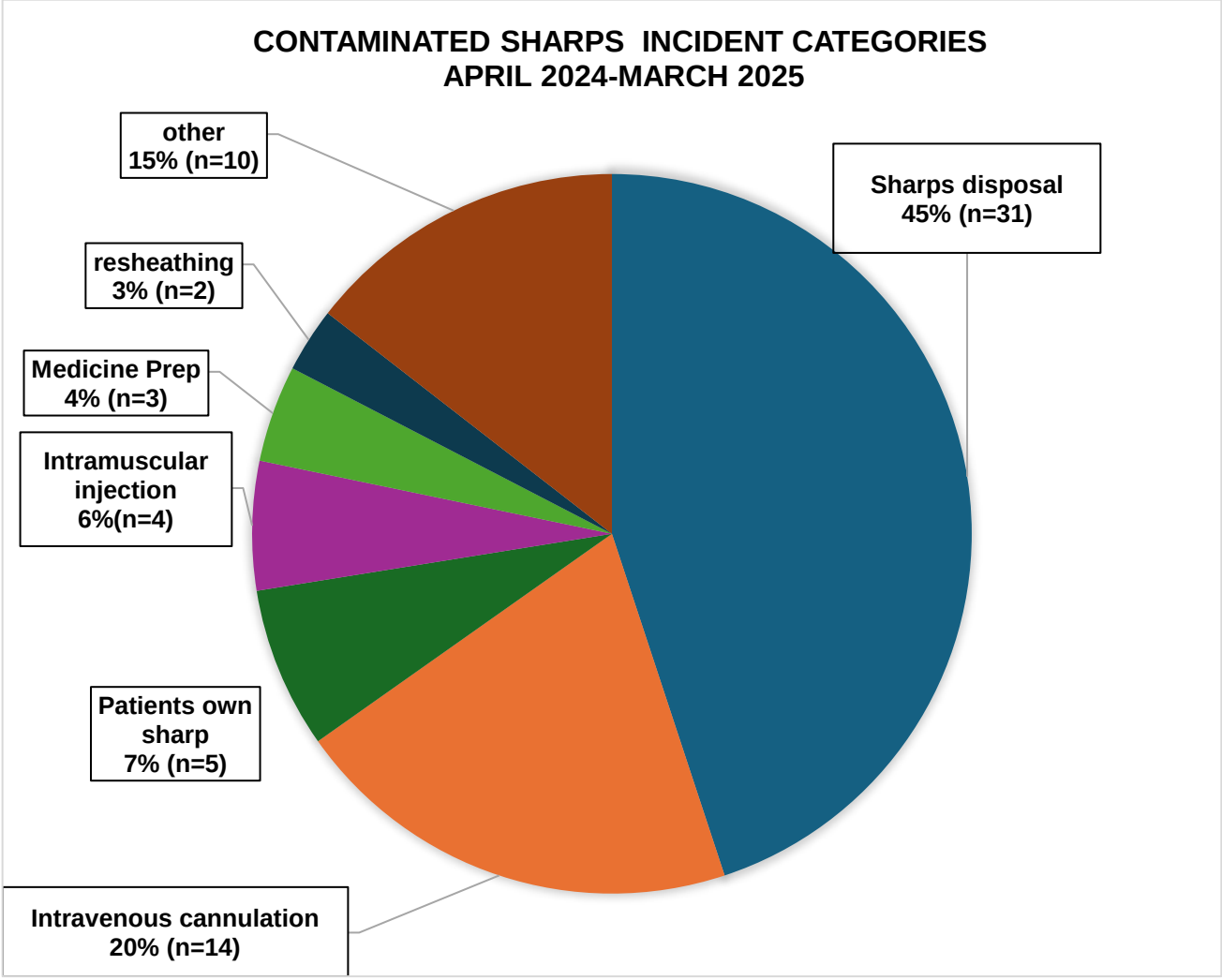


5.2 Contaminated Sharps Injuries

A contaminated sharps injury is defined as, a sharp object, like a needle, scalpel blade, or broken glass that has come into contact with biohazardous materials such as blood, body fluids, or other infectious substances. A total of 69 contaminated sharps injuries were reported. This is a slight increase from the previous year where 61 incidents were reported.

Inappropriate disposal of sharps (44% n=31) was reported as the main cause of sharps injuries. This was followed by sharps incidents occurring during IV cannulation, (20%, n= 14). Figure 9 shows contaminated sharps incidents reported by category.

Figure 9: Contaminated sharps injury by category April 2024 – March 2025



6. Statutory & Mandatory Training

Statutory and mandatory IPC training programme is aligned to the NHSE knowledge and skills framework. Training compliance is recorded on ESR, this informs the Trust quality report for assurance.

Level 1 statutory mandatory IPC training is delivered exclusively online is required for all staff every 3 years and focuses on the fundamental principles of IPC. IPC Core Skills Refresher (CSR) training is delivered through a blended learning approach, consisting of face-to-face sessions facilitated by the Education Team and completion of an online module. Completion of this training is mandatory for all clinical staff with patient facing duties. The contents of

each of the training levels were reviewed and enhanced ensuring alignment to the Core Skills Training Framework (Skills for Health).

In 2024-2025, compliance level for level 1 and level 2 training met the Trust performance target of 90%. Table 1 shows the Trust overall compliance at 92% for level 1 and 93% for level 2.

Table 1: Trust overall Level 1 and Level 2 IPC training compliance 2024-2025

Reporting Period 24-25	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Overall Average
Trust Average Level 1	93%	94%	93%	93%	90%	90%	90%	90%	91%	92%	92%	94%	**92%**
Trust Average Level 2	95%	95%	95%	95%	92%	90%	91%	92%	92%	94%	94%	96%	**93%**
Target Performance	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	90%	**90%**

7. Seasonal Influenza & COVID-19 Vaccination Programmes

The 2024-25 Trust influenza vaccine programme commenced on 9th October and ended on the 31st March 2025, vaccinating 1,688 frontline staff members.

The programme saw local teams in Ambulance Operations responsible for vaccinating their own staff, with support provided by the wellbeing team. There was significant variation of uptake between group stations noted with the most successful recording an uptake of 66% and the lowest at 6%. Information was provided to encourage staff vaccination and bi-weekly data was shared with all teams. There was good access to vaccinators across all areas.

Vaccination clinics were held within the four contact centres that were supported by Guys and St Thomas NHS Foundation Trust and the wellbeing team. A co-ordinated approach ensured that all EOC and 111 teams were provided with the opportunity to attend. The uptake was 41% of staff for EOC areas and 14% of staff for 111 services.

This year the Trust received a limited number of Covid-19 vaccines to administer. There was limited uptake with 491 (12.4%) of frontline staff vaccinated against Covid-19, this placed the LAS in 25th position (out of 32) in the London region.

Nationally uptake of ‘Flu & Covid-19 vaccines was lower than in previous years which is reflected across much of the health sector..

In preparation for next year, the Trust vaccine manager will continue to collaborate with IPC and specialist services to ensure safe and efficient delivery of the programme.

8. Occupational Health

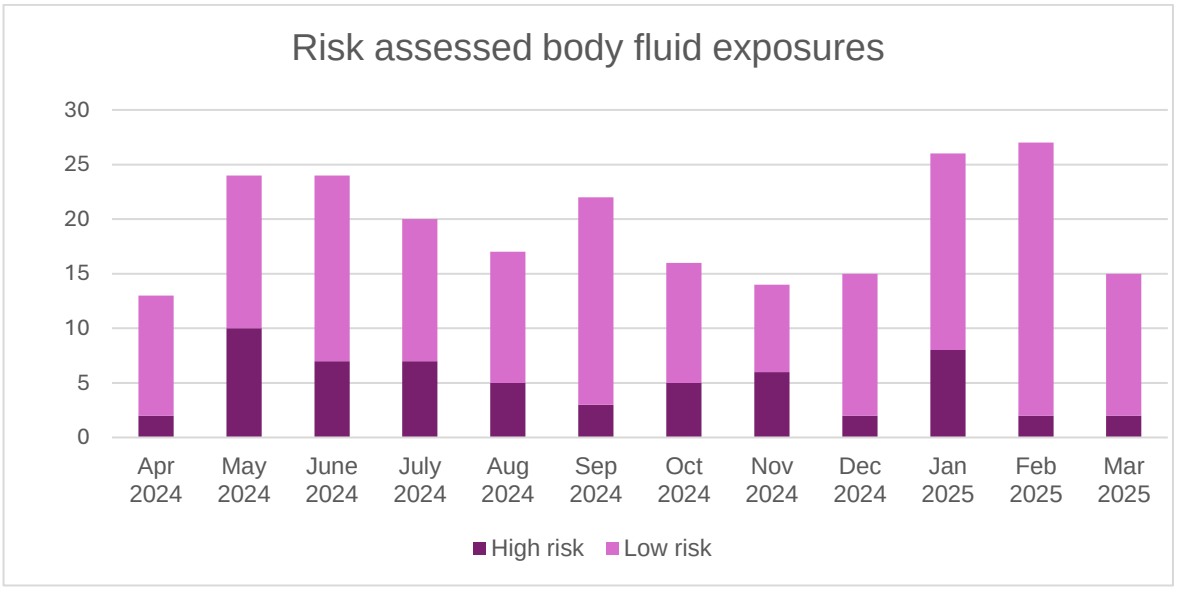
Optima Health Ltd have been the incumbent occupational health (OH) supplier to the Trust since July 2022. It has been agreed to extend the contract by 2 one year periods until 2027. The communicable disease helpline continues to provide support and advice to staff where a communicable disease exposure incident has occurred. Table 2 provides an overview of monthly calls received by the helpline.

Table 2: Calls received to the helpline from staff members from April 2024 to March 2025

Calls To communicable disease service 24/25												
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	**Totals**
82	76	51	44	47	48	48	40	21	42	35	14	548

A supporting 24/7 helpline for colleagues following exposure to body fluids continues to be well used. Assessment of high risk exposures and supporting staff to obtain the correct treatment is provided. Figure 10 shows calls received and the assessment categorised from low to high.

Figure 10: Calls received and the assessment of low and high exposures



As at March 2025 of the 1547 colleagues who were identified as not having complete vaccination records from the previous suppliers' records:

- 574 (37%) are now up completely to date

- 950 (62%) have remaining outstanding vaccines requirements
- 23 (1%) have refused OH intervention on vaccinations

The Trust continues to monitor progress of vaccination record updates via governance and assurance processes. In particular, there has been a significant focus on re-engaging this group of colleagues and reducing non attendance or short notice cancellation of appointments.

This year saw increased community circulation of measles infection nationwide of which upon review, 80% of patient facing colleagues were able to demonstrate evidence of vaccination and/or immunity.

9. Antimicrobial Prescribing

9.1 Integrated Urgent Care (IUC 111)

The Trust has demonstrated good evidence of antimicrobial stewardship in IUC prescribing, with consistent levels of broad-spectrum prescribing <10%. With NEL prescribing 6.2% and SEL prescribing 6.61% of broad spectrum antibiotics.

From 1st April 2024 and 31st March 2025 a total of 24,005 antimicrobials were prescribed across the NEL and SEL IUC centres (48% and 46% respectively). This is a decrease compared to the previous year of total 25,745. Audits show that clinicians are mostly prescribing in accordance with prescribing guidelines.

Figure 11 NEL prescribed antimicrobials by drug type in IUC 1st April 2024- 31st March 2025

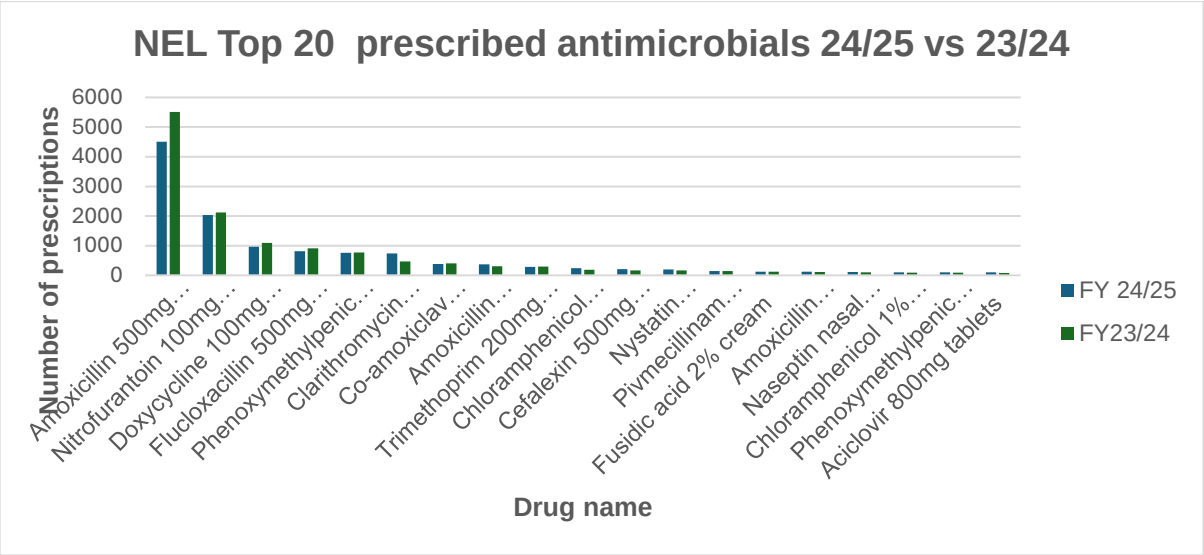
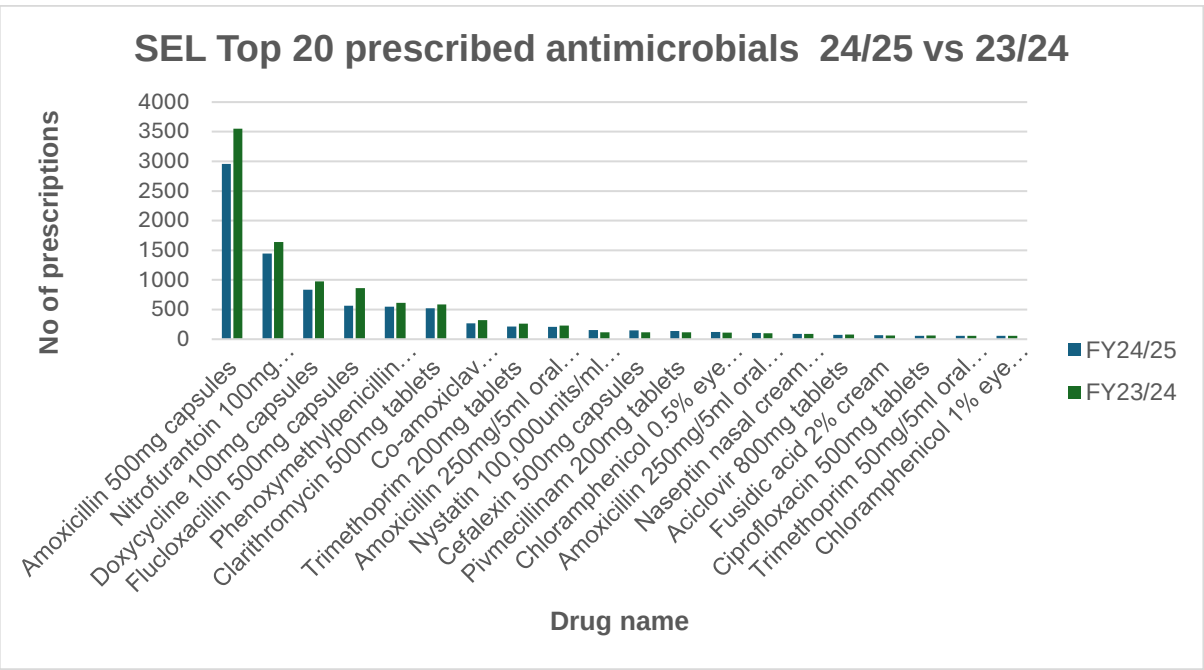


Figure 12 SEL Prescribed antimicrobials by drug type in IUC 1st April 2024- 31st March 2025



Initial observations

Amoxicillin 500mg capsules continue to be the most frequently prescribed antimicrobial across both IUC areas. A noticeable reduction in prescribing was observed in 2024–25 compared to 2023–24. Increasing awareness of antimicrobial stewardship by reducing use, when not clinically, indicated may have contributed to this reduction.

Similarly, prescribing volumes for other commonly used antibiotics—Nitrofurantoin, Doxycycline, Flucloxacillin, and Phenoxymethylpenicillin—also reduced during this reporting period. These reductions could suggest a broader change in prescribing behaviour,

potentially influenced by national guidelines, local antimicrobial stewardship initiatives, and improved diagnostic approaches within IUC settings.

One exception is Clarithromycin, where a slight increase in prescribing was noted within NEL. This may be attributed to local prescribing practices, clinical presentations requiring macrolide use, or patient factors such as reported penicillin allergy, which could necessitate alternative treatment options.

Trimethoprim prescriptions declined by approximately 2.7%, indicating a sustained improvement in prescribing practices for urinary tract infections (UTIs). This trend may reflect increased awareness of antimicrobial resistance associated with Trimethoprim and adherence to updated prescribing guidance.

Further analysis will help determine whether these prescribing shifts are sustained over time and whether they correlate with improvements in clinical outcomes and resistance rates.

Pharmacy First Impact on IUC Prescribing:

The implementation of Pharmacy First may have contributed to a reduction in the number of prescriptions issued by IUC services. By enabling patients with minor conditions to receive treatment directly from community pharmacies, fewer individuals require IUC consultations, leading to lower demand and a reduced prescribing burden on these services.

How We Work to Continually Improve Antimicrobial Prescribing in IUC

Improving antimicrobial prescribing within IUC remains a key priority, and we adopt a multi-faceted approach to ensure prescribing is safe, appropriate, and aligned with national guidance. Our core strategies include:

- Monitoring and feedback – prescribing trends are reviewed monthly and clinicians receive structured feedback to support reflection, best practice and improvement.
- Public Education and Engagement – Promotion of Pharmacy First as an option for minor infections to reduce antibiotic usage. IUC referrals are audited this identifies areas for improvement. Clinicians continually advise the public and patients on safe and effective use of antibiotics.

- Training and clinical support- training is provided to NHS111 and IUC clinicians on prescribing, AMR and guideline updates. This ensures staff are able to apply evidence based practice to their decision making.
- The Trust's Antimicrobial Policy is routinely reviewed and updated to remain in line with current national guidance, including NICE and UK Health Security Agency (UKHSA) recommendations.

9.2 Advanced Paramedic Practitioners – Urgent Care (999)

Non-medical prescribing

This year there are more APP-UCs who are qualified independent prescribers.

In January 2024, the Royal Pharmaceutical Society produced a joint position statement with the Royal College of Nursing regarding 'Prescribing and dispensing / supply / administration by the same healthcare professional', stating that where a risk assessment has been undertaken and the clinical situation requires it, the same clinician who prescribes can also dispense/supply/administer the medicine.[1]

A prescribing policy and formulary is closely monitored and adherence to these guidelines are routinely checked as part of monthly reviews. Prescribing is reviewed by an Advanced Pharmacist and Assistant Medical Director. As part of the review process, prescribing is checked for appropriateness of the prescription and whether this is in line with Trust Guidelines. Feedback is provided directly to clinicians as part of individual feedback. Prescribing governance meetings occur regularly as part of teaching within the group, where case based discussions occur and form part of the learning cycle.

Patient Group Directions

Advanced Paramedic Practitioners in Urgent Care (APP-UC) are currently able to supply four antimicrobial medicines via Patient Group Direction (PGD): amoxicillin, doxycycline, nitrofurantoin and pivmecillinam. Audit of PGD usage is undertaken every 3 months. Currently 6 months information is available as the second part of the year work is undertaken retrospectively and there has been revision of the audit indicators.

[1] Prescribing and dispensing by the same healthcare professional accessed 03/06/2025

Overall there has been a decrease in the number of antibiotics packs supplied via the PGD process by APP-UC to patients. This is likely due to the increase in number of qualified independent prescribers.

10. Annual Work Programme 2024-25

10.1 IPC Link Practitioner Programme (IPCLP)

The IPCT continues to develop the IPCLPs who play a key role in bridging communication supporting dissemination of information between their local area and IPCT. They also act as an IPC champion conducting local audits and identifying, and supporting through feedback, poor practice. The IPCLP group are fully engaged in national IPC campaigns, such as World Hand Hygiene Day in May, International Infection Prevention and Control Week in October and International Antimicrobial Awareness Week in November, increasing awareness of IPC best practice across the service.

Quarterly IPCLP meetings provide an opportunity for the group to network, learn and share initiatives with any concerns being escalated to IPCDG.
Five new IPCLP were welcomed during the year and received the necessary induction. This additional 5 IPCLP has ensured all group stations are represented Recruitment from education centres is planned for 2025/2026.
Education topics delivered by IPCT to the group included:

- Q1 (May) Communicable Diseases (focus on Middle Eastern Respiratory Syndrome [MERS])
- Q2 (Sept) Meningitis
- Q3 (November) Winter Preparedness for IPCLPs (with discussion on Avian Flu)
- Q4 (February) A face-to-face event celebrating the groups achievements and announcing the link practitioner of the year –Leroy Moxam.

This year, the IPCLPs were invited to participate in the winter wellness drop-in sessions as part of addressing the operational and IPC challenges of the winter period. This improved the cascade and dissemination of key messaging to their respective local teams.

10.2 Guidance and Resource Development

LAS IPC Manual

The LAS Infection Prevention and Control manual first published in 2021 is aligned to the National Infection Prevention and Control Manual England, it provides evidenced-based practice adapted for the pre-hospital setting. The LAS manual has been revised each year to incorporate national and local learning via incidents and stakeholder feedback. The LAS IPC manual v3.0 was published on JRCalc+ to ensure ease of access for all front-line patient facing staff and on the new LAS intranet platform – LAS Connect .

Notable updates include:

High Consequence Infectious Disease (HCID)

This section was developed to provide additional information on diseases that are considered HCID and their routes of transmission and where to access national guidance and protocols for each.

Safe Management of Waste

The section was expanded to provide additional detail for the inclusion of offensive waste stream. This waste stream will be introduced to the Trust early in the next financial year.

Core Policies

Annual updates to core policies include: IPC Policy (part 1), Incidents and Outbreaks and IPC Compendium. This ensured alignment with current evidence based practice, regulatory requirement and emerging public health guidance.

A full revision of the Vehicle Cleaning Policy and Procedures was undertaken. This was required due to changes in process and to provide further clarity on cleaning procedures with a focus on when to clean.

Fact sheets

Information in the form of fact sheets were developed to support staff in understanding the transmission risks of specific pathogens and the disease they cause. These specific pathogens were chosen due to increasing cases noted from horizon scanning:

- *Mycobacterium Tuberculosis*
- Mumps
- *Bordetella Pertussis* (whooping cough)

These informative fact sheets have been incorporated into the suite of quick-reference resources, providing clinicians with accessible, practical reminders for communicable diseases.

10.3 IPC Events

Every year, the IPCT supports WHO Hand Hygiene Day in collaboration with the IPCLPs. Outstanding efforts were made by Edmonton, Newham, Wimbledon and Croydon to promote the theme for 2024 "*Promoting knowledge and capacity building of health and care workers through innovative and impactful training and education, on infection prevention and control, including hand hygiene*". The IPCT co-hosted the Wellbeing Café in Waterloo HQ and attended Dockside Education Centre to promote the message of good hand hygiene, this was facilitated by activities including: using the glow box (which enables infection control practitioners or training establishments to demonstrate correct hand washing) and question and answer sessions. Leaflets were provided to the staff indicating the 5 moments of hand hygiene and other reminders to prevent the transmission of communicable diseases.

International Infection Prevention Week (October 13-19, 2024) was also promoted by the team focusing on this year's theme: "*Moving the Needle on Infection Prevention*". The IPCT devised a digital poll on LAS connect to engage, and establish, colleagues awareness of leading causes of contaminated sharps incidents within the Trust.

10.4 Education

Throughout the reporting period, the IPCT continuously revised and delivered educational content. A variety of methods were employed to enhance accessibility and engagement, including the development of factsheets, posters, newsletters, and videos. In person teaching sessions were provided in conjunction with live education sessions delivered via Microsoft Teams.

Collaborative working has been a key strength, with effective partnerships established across multiple departments, including EOCs, Cycle Response Unit (CRU), Make Ready, Hazardous Area Response Team (HART), Education, Pharmacy, and operational colleagues. This has allowed bespoke training to be provided in specialist areas

The utilisation of LAS Connect has enabled the IPCT to explore innovative methods of communication, incorporating interactive links, polls, visual messaging, and factual content to support learning needs. In addition, the IPCT provided tailored IPC content for inclusion in team huddles, further demonstrating innovation and commitment to disseminating timely, trust-wide messages that support staff in delivering safe and effective care.

Built Environment

10.5.1 Project Builds

The IPCT continued to collaborate with the Estates Department by providing advice on capital builds, refurbishments and site reconfigurations across the service in accordance with current IPC national guidance , previous learning from build projects and best practice. Highlights from the year included;

- supporting the addition of the Mezzanine Floor at Rainham Logistics Centre
- supporting refreshing the sluice design at Fulham (re-setting the standard for future sluices)
- ensuring IPC elements are incorporated into drug room designs
- supporting the relocation of HART services at Cody Road and site redevelopment of the latter, with future work continuing into the next financial year.

10.5.2 Water & Ventilation

The Water and Ventilation Safety Group (WVSG) led by the Estates Department, provides a critical role in delivering assurance regarding safe water and ventilation systems. Progress was achieved at the outset of the year, this included the formal integration of ventilation into the group's agenda, and engagement from the fleet management team responsible for ventilation compliance within vehicles.

11. Incidents and Outbreaks

11.1 National outbreaks and horizon scanning

This year challenges from emerging threats were continuous. Mpox clade II continued to circulate at an increased rate and cases of clade Ib were detected in the United Kingdom

(UK). In addition, increased circulation of measles and Invasive Group A Streptococcus (*i*GAS) was evident and required focused resourcing from the IPCT to ensure patient and staff safety. Clinical bulletins, publication of fact sheets and continual signposting to the LAS IPC manual were shared and promoted at team huddles and across the organisation.

11.1 Internal Outbreaks and Incidents

There were no formally declared outbreaks or incidents reported internally to the IPCT during 2024-25. Three incidents of increased respiratory and diarrhoea & vomiting within HQ contact centre were investigated and deemed pseudo-outbreaks or attributed to high community circulation. Continued to collaboration with the Incident Delivery Managers on the communicable disease process and external the Occupational Health Service has ensured colleagues are identified and supported if in contact with a communicable disease during their working day, aiding their health and wellbeing and preventing potential outbreaks.

12. Quality Improvement in IPC

A QI project on intravenous (IV) cannulation was initiated to review and enhance clinical practice within the service. While overall practice was found to be of a good standard, areas for improvement were identified, particularly regarding the use of identification stickers for emergency insertions. The project also highlighted low compliance with documenting insertion conditions via the Electronic Patient Care Record (EPCR). Key recommendations included increasing awareness of the Aseptic Non-Touch Technique (ANTT) Standard Operating Procedure (SOP) and promoting the consistent use of identification stickers to accurately reflect insertion conditions.

Additionally, a QI project on outbreak management was conducted. A questionnaire was distributed to managers responsible for sickness absence to assess their understanding and perceptions of outbreaks and communicable diseases. The findings revealed varying levels of awareness, particularly regarding what constitutes an outbreak in non-clinical settings. Challenges were also noted in identifying patterns under current sickness absence reporting processes. Recommended improvements included the introduction of a quick-reference

outbreak poster and the revision of internal procedures. This work culminated in the development and formalisation of the *Communicable Diseases for Managers* SOP.

A QI project was conducted to evaluate the integration of IPC into educational delivery. This involved a literature review, alignment of IPC train-the-trainer sessions with the national IPC framework, and the distribution of an engagement questionnaire to Education Tutors to assess their confidence and knowledge in teaching IPC principles.

While engagement with the questionnaire was limited, the responses indicated a need for greater participation in train-the-trainer sessions to ensure IPC is consistently embedded throughout all areas of clinical education. Feedback also highlighted a general lack of confidence among tutors in delivering IPC-related content.

Further work is required to strengthen the incorporation of IPC guidance from the LAS IPC Manual into education, with a focus on key areas such as BBE and Transmission-Based Precautions (TBPs)

13. Summary

The DIPC report showcases the strong collaborative working relationships across multiple teams, which have been instrumental in successfully delivering a detailed and wide-ranging IPC annual work programme. This joint effort reflects a shared commitment to high standards of patient safety and quality improvement. Looking forward, the IPC programme for the coming year builds on this foundation and has been developed to include a broad array of initiatives. These initiatives incorporate key learning from practical experience, and valuable feedback from a range of stakeholders. The programme aims to continuously enhance IPC practices, support staff development, and respond proactively to emerging challenges in infection prevention and control.