

## Healthcare Associated Infection Assurance Annual Report

### Public Board

31 July 2025

<b>Presented for:</b>	Discussion and Information
<b>Presented by:</b>	Magnus Harrison, Chief Medical Officer
<b>Author:</b>	Dr Jessica Martin, Medical Lead for IPC Charlie Lobley Deputy Head of Nursing IPC
<b>Previous Committees:</b>	Quality Assurance Committee, 19 June 2025
Our Annual Commitments for 2025/26 are:	
Recognise and act upon moments that matter to our patients	✓
Support our patients to get home a day sooner	
Be in the top 25% for patient experience and efficiency in outpatients	
Support each other to act with kindness and compassion	
Reduce our carbon footprint by creating greener patient pathways	
Support our staff to manage every £ wisely	
Make best use of our estate, equipment and digital assets	

Risk Appetite Framework				
Level 1 Risk	(✓)	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk			Choose an item	Choose an item.
Operational Risk		Choose an item.	Choose an item	Choose an item.
Clinical Risk		Infection Prevention & Control Risk - We will manage the risks related to infection prevention and control to reduce the transmission of infection in our hospitals.	Minimal	Moving Towards
Financial Risk		Choose an item.	Choose an item	Choose an item.
External Risk		Choose an item.	Choose an item	Choose an item.

Key points	
The purpose of this paper is to inform the Board of how the Trust's Infection Prevention and Control team (IPCT) has engaged in Health Care Associated Infection (HCAI) Prevention and Control during the period 2024-2025 and provide assurance on our progress against the IPC Board Assurance Framework (BAF) which is set against the 10	Inform

criteria of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections.	
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## **1. Summary**

The purpose of this paper is to inform the Board of how the Trust's Infection Prevention and Control team (IPCT) has engaged in Health Care Associated Infection (HCAI) Prevention and Control during the period 2024-2025.

The Annual Report seeks to provide assurance to the Board on our progress against the IPC Board Assurance Framework (BAF) which is set against the 10 criteria of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections.

The 2024-25 Annual Report is provided as a supplementary paper to this document.

## **2. Background**

To comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections, the IPCT support the organisation with the completion and monitoring of the Board Assurance Framework (BAF).

The content of the Annual Report highlights the organisation's progress against the national legislative assurance tool and related infection prevention guidance from other national bodies. The Annual Report also identifies areas of focus for the financial year 2025-26.

## **3. Proposal**

The committee are asked to receive the Annual Report as assurance and that the Committee supports the areas of focus highlighted within the body of the report for financial year 2024-25.

## **4. Financial Implications**

There are no negative financial implications from this paper. Further work to reduce HCAI has the potential to support the 2025/26 annual commitments, with a special focus on supporting teams to recognise and act upon moments that matter to our patients.

## **5. Risk**

The HCAI Group provides assurance to the IPC Sub-Committee, and reports to the Quality and Safety Assurance Group. The IPC Sub-Committee reports to the Quality Assurance Committee. The Operational IPC Group provides oversight of the translation of the IPC board assurance framework and operational delivery and evaluate the effectiveness of the IPC response.

There was no material change to the risk appetite statement related to the level 2 risk category (Healthcare Associated Infection) and the Trust continues to operate within the risk appetite for the level 1 risk category (clinical risk) set by the Board.

## **6. Communication and Involvement**

This report is developed by the Infection Prevention and Control Team (IPCT). Review, assurance and actions where agreed are undertaken at Trust and CSU level where required and monitored through the various Boards and Committees outlined above.

## **7. Equality Analysis**

The Leeds Teaching Hospitals NHS Trust is committed to ensuring that the way that we provide services and the way we recruit and treat staff reflects individual needs, promotes equality and does not discriminate unfairly against any particular individual or group.

## **8. Improving Health Equity**

HCAI does not affect patients equally, some patients have demographic and/or clinical risks which predispose them to infection. As part of the patient safety incident response framework (PSIRF), there is an ambition to identify patient risk factors for HCAI at the point of hospital admission in order to provide interventions to reduce risk of infection in vulnerable individuals. This is new work, and the team are not aware of other NHS organisations using this approach.

Data on patient demographics and risk factors for HCAI were analysed and summarised in a paper for the IPC sub-committee in January 2025. This pioneering work identified patient factors linked to infection risk which can be identified on first presentation to health care. For example, conditions in certain specialties, including acute medicine, elderly care and haematology carry a greater risk of HCAI. Co-morbidities such as diabetes, skin conditions and immunosuppression are associated with greater infection risk. This is not necessarily a greater risk compared to patients in these specialties in other hospitals, but just compared to other specialties at LTH which have lower HCAI risks and rates. Age distribution is not the same for all HCAs, with patients 0-4 and >65 years old represented at higher rate in HCAI data sets for some infections. National data publications also demonstrate a link between HCAI risk, antimicrobial resistance risk and deprivation index. A quality improvement project is planned in 2025-26 to start to identify HCAI risk on admission and seek interventions to prevent patient harm from infection.

## **9. Publication Under Freedom of Information Act**

- This paper has been made available under the Freedom of Information Act 2000

## **10. Recommendation**

The Quality Assurance Committee is asked to accept this annual report as a summary of risks, mitigations and successes relevant to infection prevention and control at Leeds Teaching Hospitals NHS Trust between April 2024 and March 2025

## **11. Supporting Information**

Infection Prevention and Control Annual Report 2024-2025

Charlie Loble, Deputy Head of Nursing, IPC  
Dr Jessica Martin, Medical Lead for IPC and AMR, LTH  
Gillian Hodgson, Deputy Director IPC 26/5/25

## **Infection Prevention and Control Annual Report**

### **Covering the Period 1 April 2024 to 31 March 2025**

#### **1. Introduction**

This report demonstrates how the Trust Infection Prevention and Control (IPC) team has engaged in Health Care Associated Infection (HCAI) Prevention and Control during the period 2024-2025.

The report serves to provide a statement of our position on the mandatory reportable infections and our progress against the national board assurance framework in conjunction with the Trusts 'care' annual commitment. The report celebrates the IPC team's continued collaborative approach, working with all professional teams across Leeds Teaching Hospitals Trust (LTHT) and beyond.

The IPC team embody and embrace the Leeds way values, working hard to keep the patient at the centre of everything we do. We continue to develop, strengthen and adapt our service using the Leeds Improvement Method, which is embedded in IPC daily work and in our response to new infection risk.

This report has been compiled with contributions gratefully received from the IPC Team (Nursing and Administration) along with colleagues from Microbiology, Virology, Infectious diseases, Pharmacy, Estates and Facilities, Decontamination and Health and Safety. We also continue to strengthen links with partners across the City of Leeds and further into West Yorkshire. Evidence of our wider collaborative work are embedded within this report.

#### **2. Executive Summary**



Due to the success of the 7 commitments during 2023/2024, a new programme for 2024/2025 was launched in late April 2024, which again included HCAI as one of the Trust's key workstreams for all Clinical Services Units (CSU's) for the year. The ambition of the HCAI Care commitment was to reduce healthcare associated infection by 15% focusing on the following key workstreams:

- Hand hygiene
- Diagnostic stewardship
- Decolonisation
- Devices and procedures
- Test and isolate

The IPC team supported professionals in clinical and non-clinical teams to deliver diverse projects and care improvements as part of the annual commitment, and in response to new learning from HCAs, with strong evidence of success.

The annual commitment to reduce HCAI provided the foundation to improve our infection rates, with a successful reduction in C difficile (CDI), MRSA and MSSA infections this year. This occurred against a national trajectory of increasing HCAs. The reduction in CDI at LTHT was recognised and complimented by NHS England and we presented our strategy at a National CDI webinar in December 2024. Gram-negative infection rates at LTHT remain high compared to other NHS trusts. With our new patient safety incident response

framework (PSIRF) to investigate HCAs, all specialty teams have detailed data and a good understanding of the themes associated with Gram-negative infections in their patients, and many innovative improvement projects are underway to tackle this issue. New Gram-negative reduction strategies are being developed with community teams for 2025-26, recognising that many patients with Gram-negative bacteraemia will have received care from multiple health and care providers.

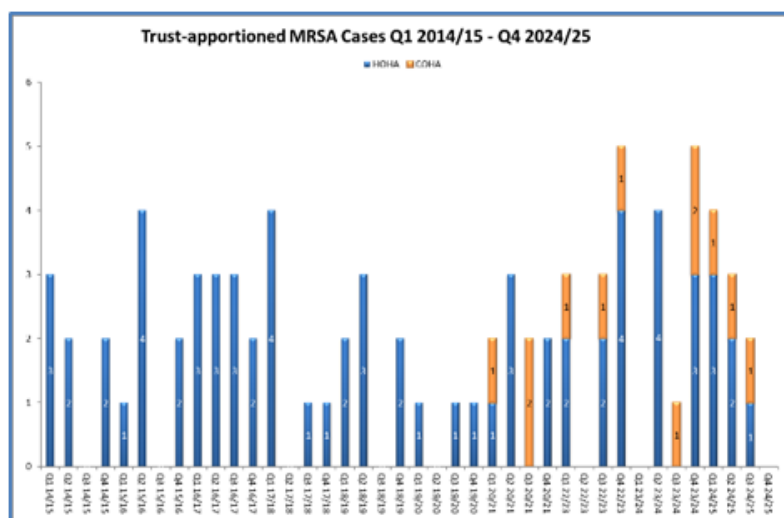
Childhood infection and vaccine preventable diseases continued to be a challenge over the past year, with high rates of parvovirus B19, pertussis (whooping cough) and a local outbreak of measles. The LTHT IPC and clinical teams worked closely with occupational health, community IPC, the UK health security agency (UKHSA) and city-partners from public health, schools and council to deliver a resilient public health response. This goes beyond the traditional remit of hospital IPC and LTHT was highly complimented by the UKHSA on its far-reaching response to the measles outbreak. LTHT was also praised in the National media for our collaborative city-wide response to the UK's second importation of Clade 1b Mpox. Strong relationships between teams within, and outside, LTHT continue to be the cornerstone of our successful responses to Public Health threats.

It was another busy Winter for the NHS in 2024-25, with all services under pressure at LTHT, especially the Children's Hospital during RSV peak (November/December) and adult services during the influenza season (December to February). Data demonstrates that LTHT effectively balanced the prevention of infection with minimising A&E waits, using early testing and isolation of patients and strict source isolation processes, including in A&E areas. The Leeds approach was complimented at a regional operational meeting in recognition of the low numbers of beds closed for infection for a second Winter running. The operational infection prevention and control meeting is a core aspect of our multi-disciplinary care model, and actions from this meeting support safe delivery of care through busy periods. For example, a new paediatric respiratory pathway was introduced in Summer 2024, which later supported safe patient placement through the Winter, minimising outbreaks of viral respiratory infection in paediatric wards, and protecting highly vulnerable patients by improved use of source isolation facilities.

This report demonstrates the successes of many LTHT staff in their endeavours to prevent avoidable healthcare-associated infection in Leeds, including unprecedented collaborative responses to Public Health threats over the past year. National and international epidemiological data demonstrates that vaccine-preventable infection, Gram-negative infection and anti-microbial resistance are rapidly evolving threats to the delivery of safe healthcare. Our unique trust-wide and city-wide model of infection prevention places LTHT in a strong position to respond to these challenges, both now and in the future.

### 3. Performance

#### 3.1 Meticillin-resistant *Staphylococcus aureus* (MRSA)



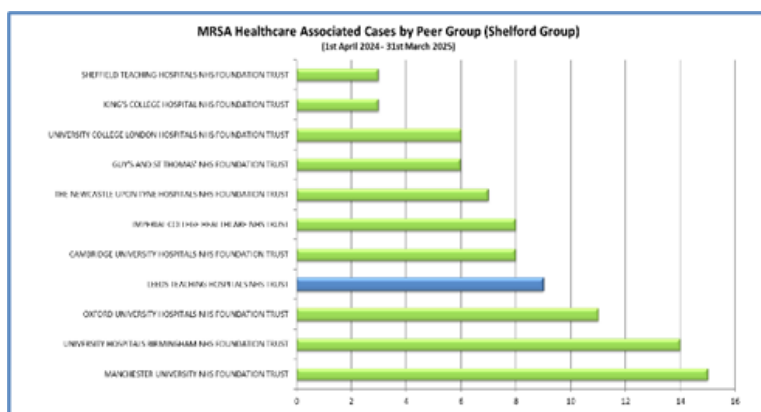


Figure 2: MRSA bacteraemia comparative data between LTHT and other large NHS Trusts

### 3.2 Clostridioides difficile Infection (CDI)

In 2024-2025, LTHT recorded a total of 173 cases against a 15% reduction ambition of 164, and national threshold of 185. Of these 173 cases, 43 were classified as Community-Onset-Healthcare-Associated (COHA) infections. LTHT therefore achieved the national reduction target and came close to achieving the local reduction target.

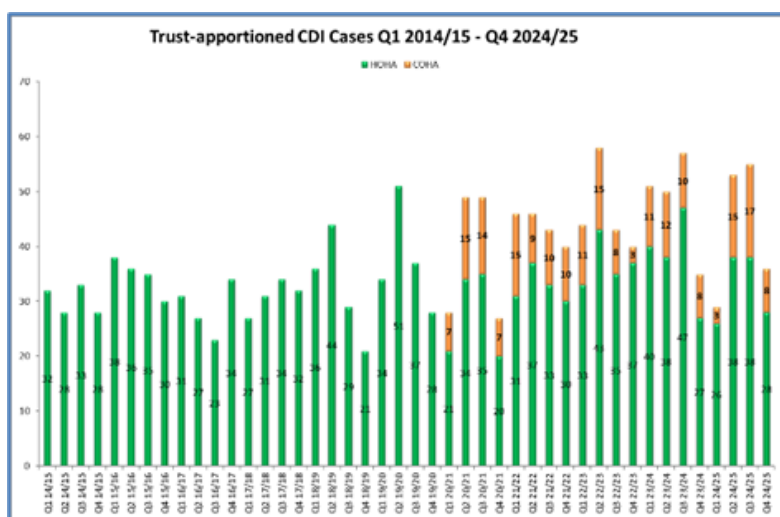


Figure 3: LTHT apportioned CDI cases 2014-2024; orange denotes community onset healthcare associated cases.

National rates of CDI have escalated, with a 54.1% increase in rate per 100,000 bed days (from 12.2 to 18.8) year on year, resulting in the declaration of a national incident by NHS England in 2024. Older adults >85 years of age are at greatest risk. Yorkshire and Humber have a higher than national average incidence of CDI, with 33 cases per 100,000 population, including community and healthcare cases. The improvements seen in LTHT rates, and sharp reduction in CDI in the Specialty Integrated Medicine (SIM) CSU, particularly

in elderly care, are in contrast to the national trends.

Despite improvements in CDI rates at LTHT, further work to reduce infections continues. The CDI cohort ward is a key intervention to prevent transmission of infection, local cohort guidance has strengthened the IPC practices for this ward and admission criteria. Antimicrobial stewardship is a focus trust wide, with implementation of '#CARES,' an antibiotic review tool based on robotic data collection, which is producing good outcomes in antimicrobial review rates in the CSUs most often experiencing CDI. Figure 4 shows an example of LTHT prescribing data which demonstrates a significant reduction in fluoroquinolone use 2024-25, this class of antibiotics has been linked to risk of CDI. Hydrogen Peroxide Vaporisation (HPV) is an important intervention to reduce environmental contamination with bacteria and spores and can support a CDI reduction strategy. HPV has been used across all wards in the SIM and Oncology CSUs



and is now being deployed to the Abdominal Medicine and Surgery (AMS) CSU. Our unique strategy allows HPV to be deployed to where the CDI risk is, outside of outbreak scenarios, and this is discussed at a new joint weekly IPC and facilities collaboration. Figure 5 shows the number of HPV cleans undertaken each month over the past year.

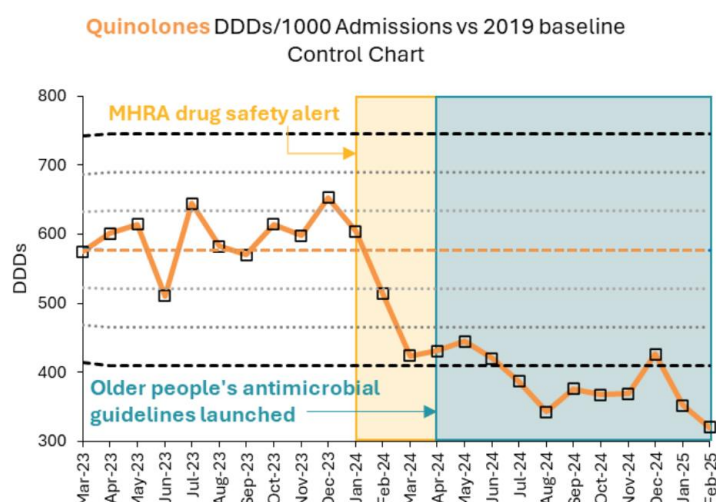


Figure 4: Reduction in the use of fluoroquinolone antibiotics (e.g. ciprofloxacin) at LTHT BETWEEN March 2023 and March 2026

LTHT was invited by the National CDI working group at NHS England to deliver a presentation on how the organisation had achieved a reduction in CDI cases, compared to the national trend of increasing infection rates. The presentation included our use of the CDI cohort ward, which has been made more robust with weekly ward round visits, new IPC practices (sluice and kitchen areas) and a ratified standard operating procedure. We shared information about our weekly meeting with facilities colleagues, where we discuss best use of both HPV and the enhanced cleaning team. The SIGHT campaign in SIM was also presented. As a consequence of the data presented, a further presentation was made to over 600 NHS employees at the UKHSA national online CDI seminar in early December 2024, and it was

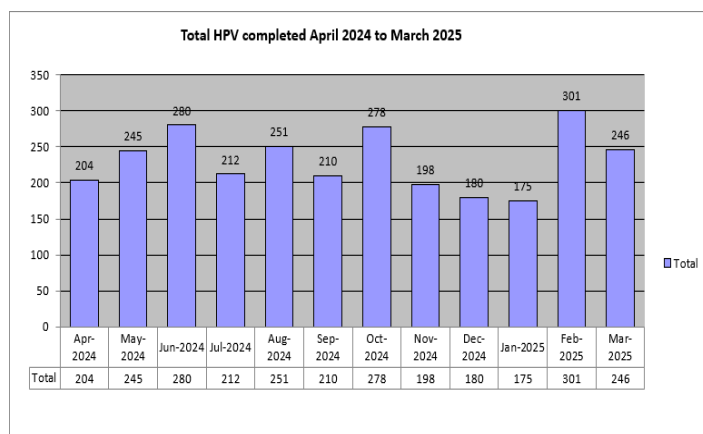


Figure 5: Monthly rate hydrogen peroxide vaporisation decontamination procedures 2024-2025

recommended that Leeds is put forward as an exemplar trust in the update to the national CDI guidance 'how to deal with the problem'.

### 3.3 Meticillin-susceptible Staphylococcus aureus (MSSA)

Meticillin-susceptible Staphylococcus aureus (MSSA) bloodstream infections are nationally reported but, in contrast to MRSA bloodstream infections, there is currently no national threshold for individual acute hospital trusts. We do, however, set an internal quality improvement (QI) objective as part of our quality ambition.



In 2024-25, LTHT recorded 105 cases against a local objective of 99 cases, which was

based on the 15% HCAI reduction target of the annual commitment. Overall, the trust achieved a reduction in MSSA cases compared to last year, 105 compared to 116 cases. Nationally, MSSA bacteraemia have increased by 2.6% year on year. Therefore, the LTHT reduction contrasts to the national trend, and the trust has a lower-than-average rate of MSSA infections compared to regional and national comparators as shown in the funnel plot in figure 7.

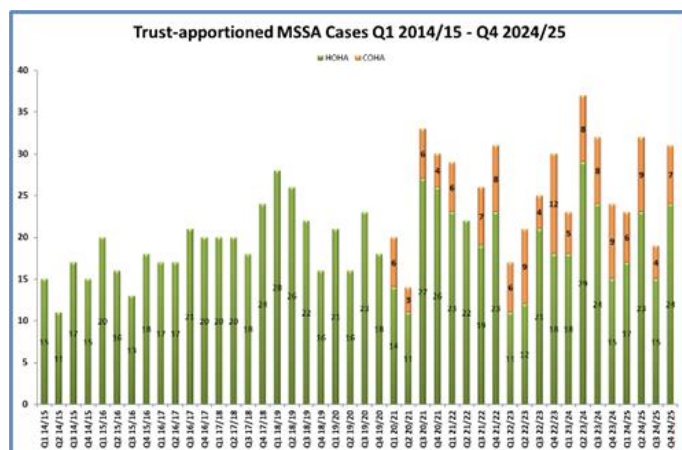


Figure 6: Trust apportioned MSSA bacteraemia cases 2014 to 2025

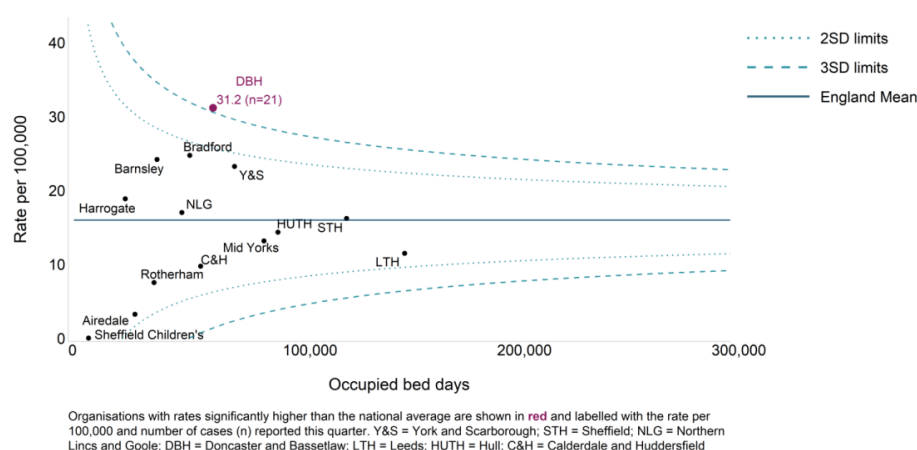


Figure 7: MSSA bacteraemia rates per 100,000 bed days for Yorkshire and Humber acute trusts in comparison to England average

CSU specific actions to target MSSA were developed from HCAI MDT review investigations and focused on interventions to reduce infections in each specialty, see Figure 8. The IPC team continues to meet and support CSUs to share data on HCAI and support improvement work. In SIM CSU, a large teaching programme of approximately 100 resident doctors focused on safe cannula insertion and monitoring. This is part of a wider piece of work on reducing device related infections. In AMS CSU, the team have completed a point prevalence audit on devices and looked at improving the use of decolonisation with a local campaign. Cardio-respiratory CSU further developed their work on improving safe use of devices using local Champions with 'time-outs' for education. In Children's CSU, a point prevalence study seeking MRSA was completed in Autumn 2024 and all samples were negative. Again, interventions focused on safe use of devices, and new interventions on early line removal are in place.



Figure 8: Examples of work developed by CSUs as part of the HCAI reduction annual commitment for MSSA bacteraemia

### 3.4 Gram-negative Bloodstream Infection (GNBSI)

National objectives for GNBSI were introduced for the first time in 2021-2022 including *E. coli*, *Pseudomonas aeruginosa* and *Klebsiella spp.* Leeds has high rates of GNBSI, with no significant improvement in 2024-25. An external review by the North East and Yorkshire NHS England AMR lead was requested and took place in December 2024. This did not identify new areas for action to reduce Gram-negative infections, in fact Leeds was seen as advanced in our understanding on GNBSI risk factors and solutions. There is no identifiable NHS trust with good evidence of GNBSI reduction strategies and national guidance does not provide a toolkit for action. For this reason, local data is used to design GNBSI interventions including Leeds Improvement Method project work.

#### 3.4.1 Escherichia Coli (*E. coli*)

For 2024-25 LTHT recorded 297 cases against a national threshold of 275. Regionally,

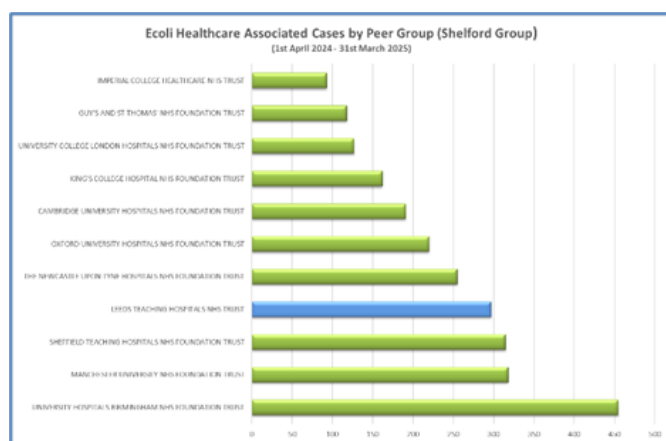


Figure 9: *E coli* bacteraemia rates for Leeds (blue) compared to similar NHS trusts (Sheffield group)

LTHT had the second highest rate of *E coli* bacteraemia, with Sheffield Group comparison (Figure 9) putting the Trust ranked 8th of 11 similar NHS trusts.

Regionally, three trusts were reported to be significantly higher than the national average, but this did not include Leeds. Nationally, there has been an 8.9% year on year increase in *E coli* bacteraemia, and rates are seen to rise in areas with greater deprivation index.

Five CSUs provided 80% of HCAI cases in LTHT; the senior IPC team met the tri-teams of these CSUs each quarter to look over data and discuss GNBSI actions plans. All five CSUs were able to gain an improved understanding of their Gram-negative infection by the thematic analysis arising from the patient safety incident response framework (PSIRF) investigations, with bespoke improvement projects now underway in response to the findings. These clinically focussed small Leeds Improvement Method projects are targeted on local risks, including biliary infection, catheter-associated urinary tract infection, tunnelled line infections and post-operative infection. It is important to note, that each improvement

project involves innovation, as national guidance/data is lacking on interventions likely to reduce infection rates. There are opportunities for trust-wide implementation of practice improvements if local projects lead to a reduction in GNBSI.

### 3.4.2 *Klebsiella* spp.

In 2024-25, LTHT recorded 141 cases of *Klebsiella* spp. against a national threshold of 124.

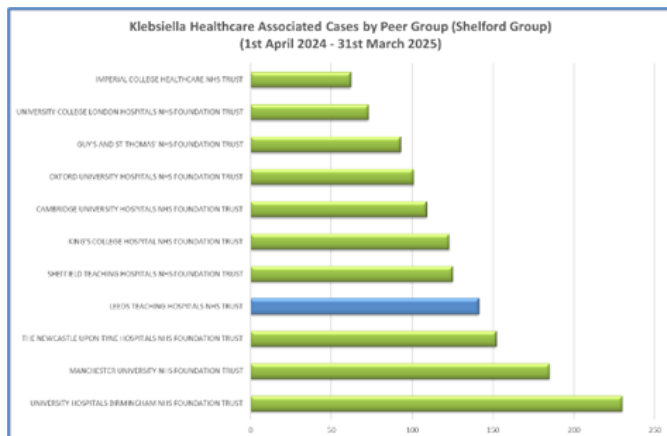


Figure 10: *Klebsiella* sp. bacteraemia rates for Leeds (blue) compared to similar NHS trusts (Shelford group)

In the Shelford Group comparison (figure 10), LTHT is ranked 8th of 11 trusts and is a high outlier regionally. National data demonstrated a 10.6% year on year increase in *Klebsiella* spp. bacteraemia.

Analysis of *Klebsiella* spp. infections mirrored the output of E coli infections in each CSU, and targeted interventions are as described above. In addition, a review of *Klebsiella* spp. infection reporting was completed by the IPC administration team demonstrating under reporting of *Klebsiella* spp. infection historically. This has now been amended so all species will

be reported and investigated, not just *Klebsiella oxytoca* and *Klebsiella pneumoniae* as previously.

On 5 March 2025 a regional *Klebsiella* workshop was held which was attended by LTHT, where data was shared by UKHSA. Themes included:

- Urinary tract
- Hepatobiliary
- Placement of patient

In Spring 2025, the community IPC and LTHT IPC teams met to develop a strategy to reduce *Klebsiella* spp. infections across shared health and care pathways, in recognition that solutions in a single sector are unlikely to be as effective as a collaborative approach.

### 3.4.3 *Pseudomonas aeruginosa*

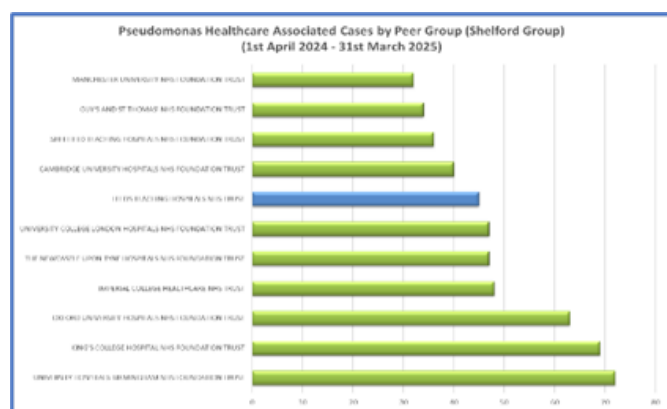


Figure 11: *Pseudomonas aeruginosa* bacteraemia rates for Leeds (blue) compared to similar NHS trusts (Shelford group)

In 2024-25 LTHT recorded 45 cases of *Pseudomonas aeruginosa* against a national threshold of 37. In the Shelford Group comparison (figure 11), LTHT is ranked 5th of 11 trusts and positioned just above the mean regionally. Nationally, there has been little variation in *Pseudomonas aeruginosa* incidence since 2017, and rates do not differ by deprivation. Urinary and respiratory tract infections are common reported sources of infection, though source is only described in 45.1% of reported cases.

An investigation was opened in the Oncology CSU in February 2025 due to the rising number of *Pseudomonas aeruginosa* infections in that area. A new method for steam tap decontamination was halted pending further review. The investigation is summarised in the outbreaks and other communicable diseases section below. If the issues in this area are excluded, the trust rates of *Pseudomonas aeruginosa* are low, with just 25 cases trust wide in other areas. Water safe care continues to be promoted in adult critical care and Children's CSU. New work on water safety is being escalated in AMS CSU. A national research meeting on water, wastewater and HCAI was held in Leeds on 17th March, with many trust colleagues contributing to the day, including David Smith from facilities. Work on water safe IPC was presented at UKHSA England in May 2024, to the National Director of Infection Prevention and Control meeting in December 2024, and in Northern Ireland in March 2025, showcasing work from across LTHT.

## **4 Outbreaks and Other Communicable Diseases**

### **4.1 Measles Outbreak in Leeds 8/9**

A case of measles occurred in Leeds in a returning traveller in September 2024, following this case LTHT began to see an increase in measles cases in LS8/9 postcodes, including a number of children and adults who required hospital admission for severe infection and/or measles complications. In November, UKHSA informed the trust and system partners that a local outbreak of measles in LS8 and LS9 had been declared, mainly involving the Roma and Romanian community who reside there. Vaccine uptake is reduced in this patient population, it is as low as 55% in some areas of LS 8/9, leading to risk of outbreaks. Response to the incident included LTHT, UKHSA, Community IPC, Primary Care, and the city of Leeds partners. The outbreak continued until 7<sup>th</sup> April 2025.

System-wide meetings were held in response to the rise in measles cases, and LTHT stood up an emergency response in December 2024. This response was required to minimise risk of measles transmission related to the high volume of children presenting at the LGI paediatric E/D and the Children's hospital CAT department. Measles is a highly infectious airborne virus and an incident meeting and contact tracing process is required for each and every case to understand if vulnerable individuals have been exposed to infection. LTHT provided follow up for staff and patients identified as high-risk following measles exposure and offered post exposure prophylaxis as per national guidance. This required collaboration across LTHT and Leeds Community teams, and the development of new patient pathways. Many other patients were sent a 'warn and inform' letter following possible exposure to measles in LTHT and in the community. The extensive response by LTHT was highly complimented by UKHSA, both during and after the outbreak, in recognition that further cases and outbreak escalation were prevented by the robust action taken by the trust.

A learning and reflection process involving all city partners, including LTHT, took place in May 2025 after the measles outbreak was closed. Learning from Leeds will be fed-back to inform the national team about the risks arising from similar outbreaks in the future.

### **4.2 Vancomycin-resistant Enterococci (VRE) Outbreak in Trauma Related Services (TRS) CSU**

An outbreak control group was created to respond to rising VRE infection and colonisation rates on 30 October 2024. This investigation followed identification of VRE positive samples

across orthopaedic pathways including both TRS CSU and Chapel Allerton Hospital patients who had been transferred from the LGI site.

An epidemiological summary 25/3/25, showed 56 patients in the CSU had VRE strains linked to at least one other case on molecular typing (VNTR). The patients had positive clinical samples; 11 urine, 5 tissue/fluid, 2 blood cultures and the remaining 38 samples were infection screens only. 36 patients have *Enterococcus faecalis*, 16 *Enterococcus faecium* and 4 had both. First positive samples were detected on L09 (9 patients), L34 (15), L35 (26), CAH (4), L15 (1) and J17 (1). Four dominant molecular types are seen in the outbreak, with cases from all detected in February 2025. Recent cases suggest ongoing transmission, as they have occurred in patients recently admitted, and the team are investigating the possibility of environmental sources of infection.

Good IPC and cleaning practices have been revised and refreshed on L34/35, and both wards have had full HPV decontamination. Further work continues on environmental screening, IPC and peer audit, cohorting, interventions to adapt antimicrobial prescribing, and patient screening. The outbreak group is supported by an operational team meeting to support safe patient placement related to further screening given the complexity of elective and non-elective patient pathways in this area.

### **4.3 *Serratia marcescens* in L43, Neonatal Unit**

On 24 January 2024, a CSU outbreak was declared across both neonatal units (L43 and J01) of *Serratia marcescens*. *Serratia marcescens* is an important nosocomial pathogen especially in neonatal intensive care units (NICU's) and once established, the organism is extremely difficult to eradicate.

A total of 45 neonates tested positive for *Serratia*. The probable index case was a neonate being cared for on L43 identified through an eye swab, the index case was strain type Leeds PSE 5. 8 more neonates were identified of having the outbreak strain, the remaining positive neonates had PSE 6,7,8 and 9 and unique strains. Three patients identified tested positively through clinical testing, eye swab, nasal secretions, and ET secretions. The other 42 cases were all identified through colonisation and routine screening. The outbreak closed on 18.12.24 with the last screening colonisation on the 27.10.24 since the closure there has been one case on routine screening on 13.01.25 (unique strain).

Control measures were reviewed and set at the beginning of the outbreak - weekly screening of the neonates, hand hygiene audits, cohorting of patients, review of admission criteria, reduce footfall, nursing segregation, milk pathway review and environmental walk rounds from senior leaders. Following these control measures, the findings from this outbreak and the molecular typing, the environment was considered as an increasing attributing factor to outbreaks. It is to be noted that extensive environmental screening (supported by UKHSA) didn't detect any obvious source and the limitations of such testing was considered as part of the outbreak meetings.

Additional estates controls were agreed as part of the recommendations to improve:

- Sterilisation Area in L43
- Sluice area on J01
- Estate review of L43 and cot spacing plans as part of the building work supported by the capital planning and works process in the Trust.

Given the persistence of the outbreak, NHS England visit was requested to review our processes and environment (report available for review). Parents were kept up to date throughout the outbreak and were informed verbally and through letters.

As the hospital-built environment and water pathways have always been a consideration as a contributing factor of outbreaks and Gram-negative infection risks, one of the important innovations agreed as exploring water safe care on NICU. The neonatal water lite programme has now been set up to review, change, or adapt current water practices within the service along with staff education programme

#### **4.4 Klebsiella pneumoniae OXA-48 Outbreak in AMS CSU**

This outbreak was opened at the end of January 2025 following the identification of linked cases of a *Klebsiella pneumoniae* carrying the OXA-48 carbapenemase gene. Cases were identified on screening samples and clinical samples from diverse locations across the CSU. The cases were distributed across the CSU in time and place, but molecular typing of the cases confirmed that they were the same. Timelines and further investigation revealed a link with endoscopy for 7 of the 11 identified cases, with evidence of ward-based overlap for those who had not had an endoscopic procedure.

The common link between cases was a specific endoscope, which was sampled as part of the outbreak investigation. 2 of these samples were found to have a *Klebsiella pneumoniae* OXA-48 (typing confirmed the outbreak strain). The scope was immediately removed from service and sent for investigation. The hypothesis at this time is that there is an area of internal damage in one of the ports that has allowed biofilm to develop and persist despite standard decontamination procedures. The decontamination processing in the endoscope departments and decontamination hub have been thoroughly reviewed and are within normal parameters with no issues identified in two IPC assessment visits, and two formal audit cycles of practice.

Point prevalence screening across the AMS CSU wards has not revealed any evidence of ongoing transmission of *Klebsiella pneumoniae* OXA-48. This has been celebrated as evidence of good IPC practices. However, a small cluster (3 colonised patients, no infections) of a different organism, *Klebsiella pneumoniae* with a KPC carbapenemase gene, has been identified on J83. This is undergoing further investigation and outbreak management; previous environmental contamination has occurred with this organism on J83 in the past. At the time of writing the outbreak remains open and repeat point prevalence testing has confirmed no further transmission has occurred. The investigation thus far suggests an endoscope-based outbreak with **very** limited onward transmission via person-to-person/environmental transmission.

#### **4.5 Increased incidence of *Pseudomonas aeruginosa* (PA) Infections in Oncology CSU**

There has been an increased incidence of PA bacteraemia in oncology CSU in 2024-25, though molecular typing does not demonstrate linked bacterial strains. As such, this does not meet classical outbreak criteria. However, with 21 case incidents listed, and 19 patients affected, further investigation has taken place. Some patients have experienced infections that have been severe, and 2 patients had PA bacteraemia recurrence. The wards most frequently associated with PA cases were J88 and J89, though infections have been seen on 8 wards in total, all in Bexley wing.



Steam decontamination of water outlets was removed in November 2024, but further cases in January 2025 led to CSU tri-team discussions on next steps, supported by their CSU microbiologist and the clinical lead for haematology. A tri-team and group discussion took place in February 2025 and reflected the complexity of the situation including learning from the prior outbreak in 2020-21, and the immunosuppressed status of the patients. All staff discussed concerns about the water as a source of infection, and water safe interventions has been reinforced by estates, facilities and clinical teams. Currently, investigation continues with further environmental screening and biofilm control measures. Improvement in water safety of the estate is a strong focus of the action plan. Further meetings continue.

#### **4.6 Clade 1 Mpox Incident**

During November 2024, a multi-agency incident management meeting led by UKSHA, was stood up following confirmation of a positive clade 1 Mpox result for a patient admitted to LTHT. LTHT has been highly praised for its management of the case, which included rapid identification, safe admission, assessment, testing and transfer of the patient to Sheffield. In addition, a multi-disciplinary group worked together to acquire and deliver Mpox vaccination to category 3 contacts, both in the community setting and in LTHT on J20. UKHSA commented on the outstanding response including the vaccination requirements, stating that it was initially thought too ambitious to do this successfully given the number of agencies involved and extremely tight timeframe. A de-brief meeting was held on Tuesday 17th December, to gather and learning for future cases. No significant breaches or risks were identified. Work continues to embed HCID PPE and action card preparedness in ICU, ED, Children's, Maternity as well as J20 (infectious disease ward) led by the trust HCID lead, Dr Joanna Allen.

#### **5.0 Virology**

The Virology laboratory service and clinical team support the IPC team through the assessment, investigation, diagnosis and treatment of viral infections. This includes, but is not limited to, respiratory viral pathogens (such as COVID-19, influenza and respiratory syncytial virus [RSV]), gastrointestinal pathogens (norovirus, rotavirus), vaccine preventable infections (measles, mumps and bordetella pertussis) and high consequence infectious diseases (avian influenza, MERS-CoV).

The Virology clinical service is committed to providing infection prevention and control advice and supports outbreak meetings and contributes to relevant clinical guidelines. The year 2024/2025 has seen an increase in circulation of a number of viruses.

Parvovirus B19 is seasonal with highest activity usually seen in Spring and early Summer with cyclical peaks every 3 to 4 years. In June 2024 national numbers surpassed those seen since the last cyclical peak in 2017/2018. We saw the clinical impact of this locally in pregnant women, individuals with haemoglobinopathies and those with immunosuppression. Virology provided testing regionally and supported IPC in developing a policy for managing inpatients and their contacts to reduce hospital transmissions and allow vulnerable contacts to be appropriately managed.

Following the rapid increase in measles cases seen in late 2023 nationally, driven by a large outbreak in Birmingham, a local outbreak of measles occurred within a distinct geographical location in Leeds between September 2024 and March 2025. A local health protection response was led by West Yorkshire Health Protection Team while IPC and Virology at LTHT led a local response. Virology provided testing regionally setting up a 6 day a week testing service with expanded capacity. We supported the Trust IPC response attending



outbreak meetings and supporting clinical decision making and provision of post exposure prophylaxis where required. We tested over 1250 samples over the 7-month period with a 10% positivity rate and a peak in November when 36 cases of measles were detected. At the time of writing, we have not had a positive measles case identified for over 2 weeks.

The Virology winter testing plan continued to see a significant proportion of respiratory virus testing delivered at the point-of-care, through use of the rapid Roche Liat platform in the Emergency Departments, Children's Assessment Team and Adult Oncology Assessment (JONA). The RSV aspect to this testing was stood up week commencing 30<sup>th</sup> September 2024 and stood down 19<sup>th</sup> March 2025. Testing continued for Flu A, Flu B and COVID-19, but consideration will be given to removing this testing once the Flu B season comes to an end returning to our pre-COVID-19 offer of point-of-care testing during the flu/RSV seasons.

On 23 September 2025 Virology supported the Trust role out of the national NHS England programme of testing for blood borne viruses in adults attending Emergency Departments and having bloods taken. Up to 9<sup>th</sup> March 2025 Virology have tested 24,379 samples resulting in 8 new cases of HIV, 5 cases of HIV requiring linking to care, 46 new cases of HBV and 22 cases of active HCV being identified.

During 2024/25, as part of Building the Leeds Way, the Virology department has been significantly involved in the planning and preparations of moving the service to the new Centre for Laboratory Medicine. It is expected, the service will move to the new site at St. James's Hospital during the 1<sup>st</sup> quarter of 2025/26.

The service will transfer a significant proportion of molecular assays onto end-to-end platforms, with the aim of modernising, improving throughput and reducing turnaround times. The service, alongside the wider Microbiology department, is expected to transfer onto a new laboratory information management system, with a long-term aim of connectivity across the West Yorkshire Association of Acute Trusts (WYAAT) region.

## **6.0 Tuberculosis**

Patients with active TB are predominantly managed as out-patients, and only require LTHT IPC team input for inpatients and staff. 70 cases of TB were notified in the Leeds area in 2023-2024, this includes 5 patients with multi-drug-resistant TB. The IPC team continue to be involved in contact tracing exercises following the diagnosis in both patient and health care workers. There has been a network of TB cases seen in Leeds this year that has involved significant contact tracing efforts by both the community TB nurses, occupational health and IPC teams. The number of patients seen with latent TB are increasing significantly and includes several new LTHT employees. This follows a national escalation of case detection and is set to increase in the coming years. The Leeds TB service has been involved in a GIRFT review in 2023/4 and are in the process of looking at the results to improve the service in Leeds. LTHT personnel continue to contribute to improving the diagnosis, management, and control of TB within Yorkshire and beyond.

## **7.0 HCAI Investigations**

At LTHT, patients who develop a bloodstream infection in any of the mandatory reportable healthcare associated infection categories (MRSA, MSSA and GNBSI) or develop *Clostridioides difficile* infection will have an investigation undertaken. This helps to determine what happened, how we can improve and how, as an organisation, we can grow and learn. In January 2024, LTHT began testing a new process for reviewing HCAI -the 'HCAI MDT

review' is based on patient safety principles and focuses on the patient journey rather than one team or event.

The new HCAI MDT review was trialled in 2 CSUs initially, then rolled out iteratively until trust wide implementation occurred in November 2024. For those areas testing the new process, they no longer received a request to undertake a stop the line (STL) or root cause analysis (RCA) investigation. As a result, during 2024-2025 we had a combination of STL, RCA process and the new HCAI MDT review in use. A total of 770 infections were reviewed using the above processes.

Organism Name	STL 2024/25
Escherichia coli	83
Klebsiella pneumoniae	43
Staphylococcus aureus	36
Clostridium difficile toxin	34
Pseudomonas aeruginosa	5
Staphylococcus aureus - MRSA	4
<b>Total</b>	<b>205</b>

Organism Name	PSIRF 2024/25
Escherichia coli	214
Clostridium difficile toxin	139
Klebsiella	98
Staphylococcus aureus	69
Pseudomonas aeruginosa	40
Staphylococcus aureus - MRSA	5
<b>Total</b>	<b>565</b>

Figure 12: HCAI review process for infections identified in 2024-2025

### HCAI MDT review

Following a successful trial period involving multiple CSU's, the new process for reviewing HCAI reportable infections using PSIRF principles was launched trust-wide on 4 November 2024. At the time of launch, 66% of bed-holding CSUs were already using the HCAI MDT review. The HCAI MDT review clinics continues to be worked up throughout all CSU's. Thematic analysis of findings from the HCAI MDT review (discussed at clinics) has facilitated a greater understanding of all infections and practice relevant to IPC, but especially for Gram-negative infections in AMS where clinically focused LIM projects are being developed.



A celebration event was held on 31 January 2025, marking a year since the Leeds Improvement Method rapid improvement workshop was held to design the new process. The celebration event was well attended and many CSU's were invited to share their experience to date, including how data and thematic analysis are used to shape improvement projects. Teams were also able to provide feedback on how the process could be improved, prior to final standard operating procedures being agreed in 2025-26.

Future steps will be incorporating the information gathered from the reviews to direct IPC Gemba walks and training for teams. CSU leadership teams are using data to support improvement work at ward level. The thematic aspects of PSIRF are being strongly developed by a number of CSUs, including AMS, SIM, Oncology and Cardio-Respiratory. The themes developed are collected using local datasheets, and training and actions are built around learning. Several CSUs have created really impressive actions and projects related to HCAI reviews including 'test of change' interventions, refresher information on MRSA decolonisation and larger projects such as cannulation review and training for >100

medical staff. Attendance at action meetings is being discussed, with most effective groups including nursing, medical and AHP staff, working with estates and facilities teams. Medical input by specialty teams can facilitate work on some themes. Action trackers are up and running in many CSUs. Next steps are likely to include wider sharing of thematic data, this is thought to be important for smaller CSUs with low case numbers who find it more difficult to identify HCAI themes. The IPC team meeting will be the forum for themes to be presented and discussed.

A paper on patient demographics and HCAI was presented by the medical lead for IPC in IPCSC in January 2025. National reporting (UKHSA) has also demonstrated strong links between demographics and infection, with higher deprivation linked to HCAI and certain organisms associated with age groups or ethnicity. The PSIRF HCAI team continue to gather data to provide the basis for risk assessment on admission, this work will form part of the IPC strategy for 2025-26. This is a highly innovative approach to infection prevention, and it is likely that a test of change /LIM project will be required to look at using patient-level data to take pre-emptive action to prevent harm in those at highest risk of HCAI. Evidence is lacking on the interventions to prevent harm, so local monitoring will be required.

LTHT IPC team continue to meet with community IPC colleagues to discuss HCAI themes and opportunities for system wide learning. In addition, an MDT review for a community assigned MRSA bacteraemia has been held using the new process to identify learning in a timely way.

## 8.0 Surveillance

LTHT participates in the mandatory UKHSA Surgical Site infection Surveillance scheme each quarter. The data is submitted to UKHSA and reports including rates and benchmarking levels against other organisations are returned to the Trust in order for any actions to be taken. Between January 2024 and December 2024, repair of neck of femur surveillance was completed each quarter by the Orthopaedic/Trauma team with infection rates ranging from 0.7% to 2.6%.

The results were fed back locally to the Trauma and Orthopaedic teams. In Quarters 2 and 3 the rates were slightly above national benchmarking rates however the actual numbers were very low and the rates are an improvement on last years. The team continues to work closely with theatres and the clinical areas to ensure that all aspects of the NICE guidance: 'Surgical site infections: prevention and treatment' are in place.

Figure 2: Percentage operations infected (inpatient & readmission SSIs)

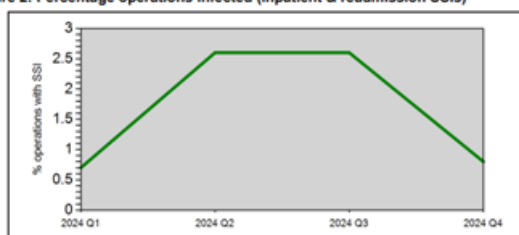


Table 3: Trends in rates of SSI by surveillance period at your hospital

Year and Period	No. operations	Surgical Site Infection					
		Inpatient & readmission		Post discharge confirmed		All SSI*	
		No.	%	No.	%	No.	%
2024 Q1	135	1	0.7%	0	0.0%	1	0.7%
2024 Q2	114	3	2.6%	0	0.0%	3	2.6%
2024 Q3	115	3	2.6%	0	0.0%	3	2.6%
2024 Q4	118	1	0.8%	0	0.0%	1	0.8%

\*All SSI = Inpatient & readmission, post-discharge confirmed and patient reported

Figure 13: Surgical site surveillance in orthopaedic procedures in 2024-2025

Aims for 2024/25 include plans for the TRS CSU team to continue to carry out the mandatory UKHSA SSIS scheme and submit data quarterly.

The final testing of Phase 3 of the updated ICNET HCAI surveillance programme is ongoing and will provide the mechanism for the IPCT to establish additional surgical site surveillance. This should go live April 2025 allowing us to utilise the programme to capture SSIS data automatically and easily export it out to UKHSA. The TRS team will utilise this initially with the hope to extend it out to other CSU's in the future.

## 9.0 Facilities

The Facilities Team continues to comply with all aspects of the National Standards of Healthcare Cleanliness 2021 (NSoHC 2021) mandated elements, aligned to the overarching cleaning strategy to assure sustained compliance. Nonetheless, the application of the standards remains under constant review and the standards have had a recent update in early 2025, which are being carefully analysed. Facilities have been firmly focused on the Trust 7 commitments for 2024/25, with specific supporting in reducing HCAI's by 15%.



There have been a number of challenges in 2024/25 and we are pleased to report that we have responded positively to these challenges. For example, we provided 21 clinical areas enhanced cleaning support in last 12 months, when additional cleaning support was requested. We are proud to articulate that the Enhanced Cleaning team won a Time to Shine Award too.

In 2024/25 we exceeded all expectations and completed over 2500 Hydrogen Peroxide Vapour (HPV) decontamination treatments, with the modern fleet of HPV equipment the Trust owns. For context, in 2022/23 we completed just over 1000 process. Moreover, in June 2024, the Trust passed its NSoHC 2021, External cleaning audit, conducted by Sheffield Teaching Hospitals. The Trust scored 100% compliance.

Over the last 12 months close to 4000 technical cleaning audits were completed across the whole Trust, which helps verify that high standards of cleanliness levels are being maintained in all functional risk areas consistently.

Great progress has been achieved in early 2025 by ensuring that technical audits have been

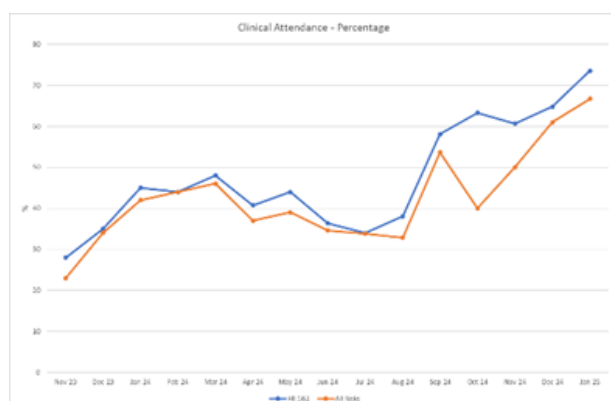


Figure 14: Clinical attendance at Facilities technical audits in 2024-2025

undertaken by a Multi-Disciplinary Team (MDT), allowing expertise from all teams. In 2025, Facilities will provide Trust-wide training to strengthen and supplement these audits further, to provide assurance that member of the audit teams are professionally competent to make the appropriate judgment on what is acceptable in terms of healthcare cleanliness. Facilities will continue to work collaboratively with the nursing teams to increase the number of technical audits that are conducted via an MDT to best protect patients from infection.

Whilst the levels of HPVs decontaminated undertaken are unprecedented at LTHT, the Facilities team continue to be ready to

complete an equivalent level of HPV processes and continue to develop bespoke plans with CSUs, where decanting their clinical spaces are operationally challenging. It is recognised this has formed part of the trust strategy to reduce CDI.

A further aim is to continue to utilise the Trusts cleaning NSoHC 2021 Efficacy audit as a method to improve education, compliance and usage of wash hand basins in regard to water safety practices. Finally, the Patient Environment Action Team aim in 2025/26 to continue to support the Trust in the reduction of healthcare associate infections as per the annual commitment, moments that matter. This includes an innovative approach to reduce risk from water splash, based on local learning from previous outbreaks and national research work.

## 10. Antimicrobial Stewardship

Antimicrobial stewardship (AMS) refers to a healthcare-system-wide approach to optimising the use of antimicrobials to preserve their future effectiveness. AMS ensures the best outcomes for patients with infections whilst minimising patient harm (e.g., *C. difficile* infection and antimicrobial resistance). Despite staffing resource limitations in Microbiology and PIT this financial year, including a Specialist Clinical Pharmacist vacancy and the implementation of Core Professional Commitments in MMPS, which impacted dedicated AMS time, significant progress has been achieved. The Trust oversight and monitoring is through the IAPG which meets bi-monthly for 90 minutes. The group continues to focus on operational and strategic needs, with a bi-annual review against the annual program for antimicrobial resistance and stewardship. Future developments for 2025/26 include providing a means of obtaining assurance from CSU leaders on their AMS interventions, as well as improved forward planning for guideline review and development through the guidelines sub-group.

### **Antimicrobial Stewardship CQUINs and NHS Standard Contract**

The 20-year NHS AMR plan outlines a national expectation for reduced total antibiotic use, (although there is no explicit consumption reduction target).

At the time of writing this report, in 2024/2025, LTHT experienced a 13.7% increase in total antibiotics per 1000 admissions (inc. day case) compared to the 2017 baseline. However, when compared to the increase seen in 2023/24 of 26.1%, there has been a reduction in the rate of increase.

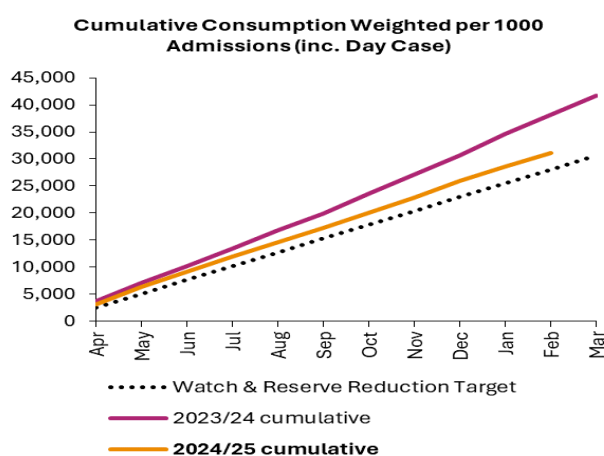


Figure 15: Cumulative consumption of antibiotics at LTHT per 1000 admissions

There is a requirement to minimise the usage of broad-spectrum antibiotics, in accordance with the requirements of the new national action plan. The Improving Antimicrobial Prescribing Group (IAPG) agreed to continue with the 2023/24 target of a 10% reduction in antibiotics categorised as “Watch” and “Reserve”. As of February 2025, LTHT has not met its target, but it has achieved a small 0.1% reduction in consumption compared to the 2017 baseline. This is a positive change when compared to the 22.6% increase seen in the previous financial year.



At the time of writing, the 2025/26 NHS Standard Contract is not yet published, however the Service Condition 21.3 is anticipated to remain unchanged, and no numerical targets are expected.

Despite the pause of the mandatory CQUIN scheme in 2024/25, LTHT maintained data collection and submission to NHS England on prompt IV to oral antibiotic switching. Compliance with the non-mandatory indicator was defined as achieving 15% (or fewer) patients still receiving IV antibiotics past the point at which they meet switching criteria, a reduced threshold compared to 2023/24. Partial compliance was defined as 16%-25% of patients still receiving IV antibiotics past the point at which they meet switching criteria. LTHT achieved 24% in Q1, 20% in Q2, and 16% in Q3, with Q4 data pending. LTHT has therefore demonstrated partial compliance. There are significant benefits to timely appropriate IV to oral switch (IVOS) interventions demonstrated in research literature including: increasing hospital bed capacity; reducing healthcare-associated bloodstream infections; reducing exposure to broad-spectrum antibiotics; increasing nursing workforce capacity; reducing drug expenditure; and reducing carbon footprint of medicines. Whilst the CQUIN scheme will not be implemented in 2025/26, prompt IVOS supports a number of the trust annual commitments for 2025/26 so will continue to be a quality indicator for IAPG.

### ***Infection Treatment and Prophylaxis Guidelines***

These are the mainstay of our stewardship programme and provide evidence based “pathways” covering diagnostics, investigations, and treatment.

A new guidelines subgroup of IAPG was established this year to support the migration and continued management of antimicrobial guidelines from Leeds Health Pathways (LHP) to Eolas Medical. All secondary care adult antimicrobial guidelines were reviewed and transferred prior to the platform launch in August 2024, coinciding with the new resident doctor intake. Over 1,635 users have registered to access the Leeds antimicrobial guidelines. Ongoing work includes the review and migration of paediatric guidelines to Eolas Medical. Improved accessibility is expected to increase compliance with antimicrobial guidelines, thereby contributing to a reduction in overall antimicrobial consumption at LTHT and improved AMS.

Reviews of antimicrobial guidelines are ongoing, conducted by the IAPG guidelines subgroup. Additional input is provided by CSU microbiologists and clinical teams. The new format and governance of the guidelines places the responsibility for reviewing the guidelines onto IAPG, and the group will continue to engage with clinical teams.

### ***Antimicrobial Stewardship Rounds***

AMS ward rounds continue to stand as vital measures in safeguarding antimicrobials, ensuring their appropriate usage, and upholding adherence to established guidelines as outlined by the National Institute of Clinical Excellence (NICE) guidance NG15. The existing specialist infection ward rounds e.g. endocarditis, ICU, *Clostridioides difficile* ward round continue to yield significant benefits for patients at LTHT despite staffing constraints. The Pharmacy Infection Team (PIT) have broadened the scope of the AMS ward rounds to include Pharmacy Technician-led IVOS and Protected Antimicrobial Stewardship to support the AMS ambitions. CSU-led interventions in Older People’s Medicine have also contributed to the reduction in use of broad spectrum antibiotics. PIT and the wider medical AMS team have further plans to expand stewardship rounds in the next financial year, with a focus on broad spectrum antibiotics.

## Audit and Feedback

Antimicrobial prescribing standards are audited each month using data from the electronic prescribing system. This is reported on the Infection page on Leeds Health Pathways (LHP) and shows how many patients are on antibiotics, how many patients are prescribed broad-spectrum antibiotics for longer than 72 hours (specifically piperacillin-tazobactam in adults, IV cephalosporins in paediatrics, and IV co-amoxiclav in all patients), and details of allergy status. There has been an improvement in the accuracy of data collection and reporting due to modifications in the approach to gathering information from the electronic prescribing system.

There are approximately a quarter of inpatients on antibiotics at any one time with approximately 57% of these being given intravenously. Of those antibiotics initiated intravenously, around 44% remain on this route at 48 hours. Approximately 81% of allergy statuses now contain all required information, representing an improvement from 73% in the previous year.

The Day 3 review has been updated in line with national guidelines and has facilitated an

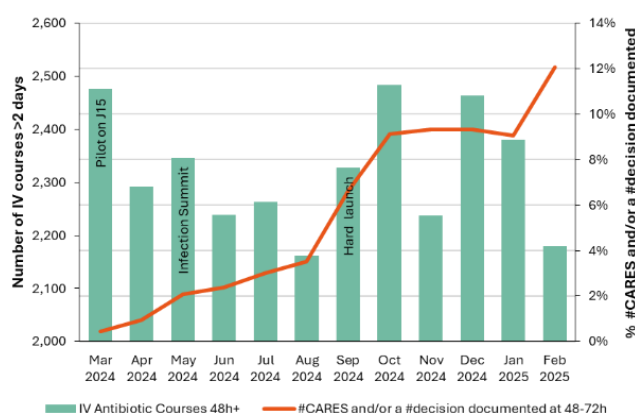


Figure 16: Antimicrobial review using #CARES or documentation, % update per antimicrobial prescription, and number of IV antibiotic COURSES >48 hours

introduction of a more robust method of data capture. Clinician documentation for daily reviews of patients on IV antibiotics has been standardised utilising an acronym taken directly from the National AMS toolkit, written in the patient's notes, with data being collected automatically as part of the launch of #CARES and efforts are continuing to promote greater use of #CARES. This data is a valuable antimicrobial stewardship KPI for CSUs and has seen improved uptake compared to the previous eMeds clinical review tool.

Further improvement work is underway to support patient counselling prior to prescribing of fluoroquinolones following the publication of the MHRA alert in January 2024, which advised limiting the prescribing of fluoroquinolones due to irreversible and lifelong side effects. The re-audit and monitoring of this will be overseen by IAPG and the IPCSC.

The pharmacy infection team support continuous improvement through audit. During 2024 this has included auditing antimicrobial discharge prescriptions and the audit of daily review of protected antimicrobials, ensuring specialist guidance and valid codes have been provided. All outcomes are shared with clinical teams and improvement plans are developed collaboratively and monitored through IAPG. During 2024/25 Pharmacy Technician-led daily protected antimicrobial stewardship virtual ward rounds were established, enabling timely microbiology authorization code updates and escalation to clinical teams, reinforcing best practices in antimicrobial stewardship.

## Home IV Antibiotics Service

During 2024-25 the adult Outpatient Antimicrobial Therapy (OPAT) service and Community Intra Vascular Antimicrobial Service (CIVAS) program, which facilitates intravenous antimicrobial treatment outside of acute inpatient hospital settings, saw a significant increase in activity. A total of 6,022 bed days were saved across LTHT and other hospital trusts by

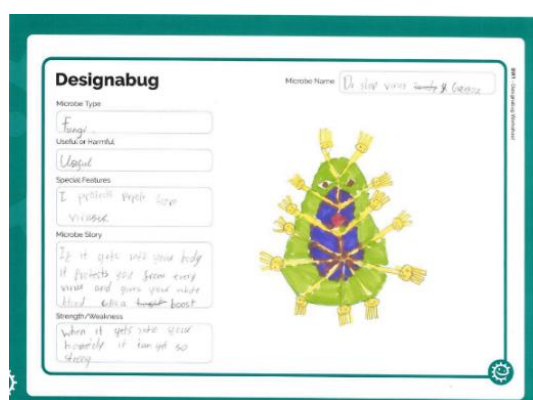


OPAT and CIVAS in 2024, representing a substantial increase of 1,622 bed days compared to the previous calendar year.

### ***Infection Summit***

In May 2024, LTHT launched the inaugural Infection Summit, with the principle aims of improving local AMS and reducing healthcare associated infection by engaging and educating non-infection specialists and fostering collaborative quality improvement initiatives. The day consisted of a range of topics: point prevalence survey data, infection prevention, blood culture pathway, intravenous access devices, guideline and documentation digital innovations and an AMS global institutional partnership. The afternoon quality improvement (QI) workshops focused on devices, diagnostics, and digital AMS; over 35 ideas were generated. The feedback emphasized the value of collaboration, discussion, and education, with attendees expressing confidence in the summit's positive impact on patient outcomes. We plan to hold a follow-up event in 2025.

### ***Antibiotic Awareness Events (European Day and World AMR Awareness Week)***



The annual World Antimicrobial Resistance Awareness Week (WAAW), led by the Pharmacy Infection Team (PIT), was a vibrant and engaging event designed to educate and inspire both healthcare professionals and the wider public, utilising interactive stalls, online platforms, and videos. This included a collaboration with local primary school students, educating them on hand hygiene and harmful microbes to promote awareness and prevention.

*Figure 17: One of the students from a local primary school made a poster for WAAW*

### ***Working With Other Partners***

LTHT continued to work with other providers, commissioners, primary care colleagues and Leeds City Council to implement the NICE AMS guideline for changing patient and public behaviour. LTHT is represented at the Integrated Care System (ICS) and Integrated Care Board (ICB) meetings for AMS and AMR via PIT and Infection Specialist colleagues. We continue to work with other trusts across the Yorkshire & Humber area and internationally to share best practice on improving antibiotic prescribing. The Kitale Leeds Antimicrobial Stewardship Partnership (KLASP) has focussed on strengthening the capacity of pharmacists to address antimicrobial resistance.

## **11. 0 Estates**

### **11.1 Decontamination**

The Leeds Teaching Hospitals NHS Trust is committed to having robust systems for decontamination that are up to date, compliant with the Decontamination Strategy and Policy, fit for purpose, responsive to risk and that ensure safe systems of work and reduce the transmission of healthcare-associated infection. The Trust has a multi-disciplinary Decontamination Management Group (DMG) to oversee decontamination activities, monitoring and processes.

### **Central Sterile Services**

B Braun Sterilog is a 3rd Party Provider of Sterile Services and remains compliant with MDD 93/42/EEC, ISO 13485, HTM01-01. Assurance is strong due to audit by an external Notified Body (BSI) and compliance is high with no outstanding non-conformances.

### **Central Flexible Endoscope Decontamination**

The Endoscope Decontamination Service remains compliant with HTM01-06/JAG. The JAG/IHEEM audit is undertaken by an external Authorising Engineer (Decontamination). Compliance is satisfactory and the equipment testing and validation is in adherence with the HTM01-06, following the takeover of equipment manufacturer/tester CANTEL Medical by STERIS.

We are pleased to report that we have successfully appointed to Decontamination Technician vacancies in the central Endoscope Decontamination Service, mitigating the existing risk to service delivery (staff retention remains a concern, which is documented on the E&F risk register/ periodically monitored by the E&F risk management group).

### **Local Decontamination Practices**

Compliance assurance with manufacturer's instructions for use and Trust Policy and Procedures in local decontamination areas is improving due to increased audit activity in 2024/25 and the compliance remains high in the assessed areas.

In 2025/26 the Sterile Services Steering Group (Commercial and Operational) will collaborate with Clinical Teams to improve contractual performance including reducing the operational and financial pressures associated with instrument set prioritisation.

Procurement led contract review meetings are established to monitor adherence to the agreed recovery plan for equipment testing and validation against HTM01-06 in central flexible endoscope decontamination.

A Decontamination Manager with operational responsibility for flexible endoscope decontamination and sterile services is to be formally appointed (current secondment to the role). This post will support the Senior Decontamination Manager in delivering 2025/26 objectives.

Engagement with staff is to continue via the quarterly DMG, a forum of multidisciplinary stakeholders, chaired by the Senior Decontamination Manager and supported by the Designated Person (Director of Estates & Facilities) and a formally appointed, independent consultant/ specialist advisor, the Authorising Engineer (Decontamination).

## **11.2 Water Safety**

The Water Safety Group (WSG) established in 2012, continues to provide assurance to the IPC Sub-Committee that Estates and Facilities (E+F) are managing and reducing the risk of harm to all users by creating, implementing, and driving the Trust's Water Safety Policy & Procedures. Identifying risks and mitigating those risks through testing, action and adherence to Statutory Regulations, Health Technical Memorandum (HTM)'s and other respective guidance.

E&F undertakes routine testing of water samples for pathogens likely to cause harm: *Legionella* spp., *Pseudomonas aeruginosa* and follows the IPC approved process for remedial works and retesting, until outlets return negative samples. All records are shared through the Water Safety Group for review/ discussion and provide assurance through a

detailed audit trail of good practice and compliance with the 2024 LTHT Water Safety Policy/Plan.

There is a potential risk to every patient, staff member and visitor to our site of exposure to *Legionella* spp. or *Pseudomonas aeruginosa* and this risk is taken very seriously by the Trust and is managed accordingly. E&F provide all reasonable and practical steps to mitigate the risks to the Trust that are inherent in the safe use and delivery of the water used in all our day-to-day activities.

To ensure that the water itself is not the source of HCAI regardless of its use and that the correct and appropriate use of water is not the agent by which HCAI's are spread and proliferated. The control measures taken since 2012 have proven results. In December 2012, 28 of the 240 outlets sampled gave positive legionella results with an average count of 235 cfu/l. In December 2024 from 251 outlets 17 were positive results (>20 cfu/l) with an average count of 325 cfu/l.



Figure 18: *Legionella* sp. positive water sample numbers in 2012 and 2024

In 2024 Estates routinely sampled 3348 outlets for *Legionella*, with 372 returning positive (>20 cfu/l), an 11% +ve return (1% decrease from 12% +ve in 2023).

The measures implemented to control *Pseudomonas* over the last 5 years have had proven results, but this continues to be the biggest challenge for the WSG due to the retrograde contamination of outlets from the clinical environment (not the water systems distribution).

In Dec 2019, 56 point of use (POU) filters were in place due to positive outlets. With an average count more than 300 cfu/l. In Dec 2024, 6x POU filters were in place due to positive outlets (Bexley Wing). With an average count of 139 cfu/l.

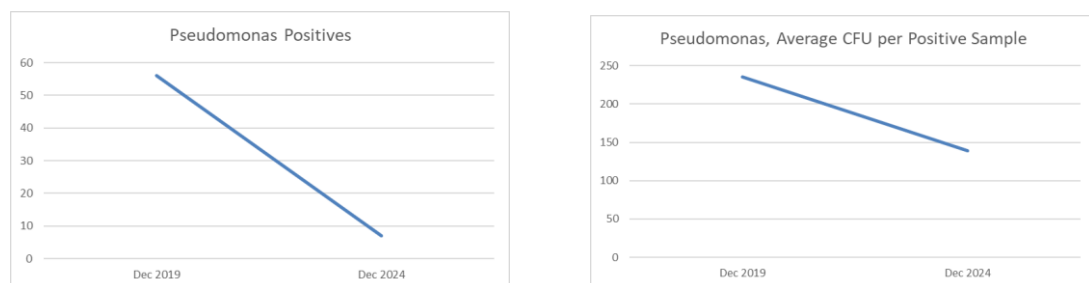


Figure 19: *Pseudomonas* sp. positive water sample numbers in 2019 and 2024

In 2024 Estates routinely sampled 2981 outlets for *Pseudomonas*, with 187 returning positive, average 151 cfu/l, a 6.3% +ve return (5.5% increase from 2.8% +ve in 2023).

Engagement at the WSG, a forum of multidisciplinary stakeholders, is key to the holistic approach recommended to improve water safety.

The function of the group is to share information with regards to laboratory results, Operational Estates remedial works, Capital Estates upgrade and alteration works and HCAI's possibly attributable to the water system. To both give and receive advice regarding issues raised & drive continuous improvement.

The Trust is leading the way on Water Safety culture within the Healthcare environment, recognised for its multidisciplinary approach and the implementation of internal Water Safety walkarounds of Acute/ Augmented Care Areas & shared learning following experiences of outbreaks. This collaborative approach has helped shape the focus/ attention not just on the water infrastructure & it's assets, but on a host of other environmental/ behavioural improvements to E&F, IPC & clinical practices.

This has only been made possible by having the right people & specialisms involved. The learning that has been shared from ward outbreaks has supported improvements/ increased awareness across all augmented care areas, a positive step change in our approach to water safety supported by a newly developed 'all staff' training video to support awareness is now complete and with E-Learning.

E&F will continue to comply with the Department of Health requirements in relation to water safety and of those within the newly approved 2024 Water Safety Policy/Plan and looks forward to strengthening the relationship it has with IPC/ Clinical to continuously improve our control measures and mitigate any risks in relation to HCAI's & Patient Safety.

### **11.3 Ventilation**

Ventilation is used extensively in all types of healthcare premises to provide a safe and comfortable environment for patients and staff and to control odours. More specialised ventilation is provided to help reduce airborne infection risks in areas such as operating theatres, critical care facilities, isolation rooms and primary patient treatment areas.

Ventilation is part of a package of infection prevention and control measures. The ventilation rates recommended in HTM 03-01 are likely to provide a lower risk environment for airborne transmission. The Ventilation Safety Group (VSG) supports the Trust response to emerging evidence and with a specialist multidisciplinary platform, continues to review and make well-informed strategic decisions, based on comprehensive advice and guidance on ventilation systems used in the delivery of healthcare.

The Trust VSG was formed in 2021 and has now established itself as a multidisciplinary group of specialists, whose remit is to assess all aspects of ventilation safety and resilience required for the safe development and operation of our Trust premises. Estates continue to ensure all aspects of good practice for ventilation management in the healthcare setting are implemented & provide assurance to the IPC Sub-Committee, on risk management, compliance with the Department of Health requirements in relation to ventilation safety. This is captured within our new LTHT Ventilation Policy, which was approved in 2024/25.

There is a risk to the continuity & performance standards of ventilation services due to the Trust having insufficient capital resources to replace ageing equipment and maintain the estate building and engineering infrastructure across clinical and support departments.

The 2024 Estates property appraisal (physical condition risk assessment) identifies a backlog figure of £233m to bring the estate to condition 'B' standard. Of the £233m, Ventilation systems accounts for £19.4m.

There is a risk of Air Handling Unit (AHU) failures and increased infection risk due to the age, condition, and design non-compliance with HTM03-01 across the Trust. Resulting in

possible harm to patients and loss of services. For assurance, the AHU's are maintained in-line with HTM 03-01 requirements by Estates. Although maintenance is carried out in-line with the HTM, in many cases the AHU's are over 30+ years old (60%) and passed their life expectancy, they were never designed and installed to meet the modern standards required in HTM 03-01 (2007) & the now even stricter requirements set out in the new HTM (2021).

This represents a significant challenge for the VSG to manage, monitor & plan, for strategic risk-based investment, against other competing priorities across the Estate built environment. The VSG will provide on-going assurance to the IPC sub-committee & HCAI Group, on risk management, Trust compliance with the Department of Health requirements in relation to ventilation safety and of those within the HTM 03-01 & the Trust Ventilation Policy, for the safe development and operation of healthcare premises.

Estates will continue to provide leadership through the VSG to support Clinical/ Corporate Ops/ IPC leads to review/ assess Ventilation Clinical risks for prioritisation of Capital investment & positively contribute to improved patient safety and outcomes risk.

## **12.0 Health and Safety – Supporting Infection Prevention and Control (IPC)**

The Health and Safety (H&S) Team at Leeds Teaching Hospitals NHS Trust plays a key role in supporting Infection Prevention and Control (IPC). Our work includes statutory oversight, risk assessment, and incident investigation, with a focus on reducing sharps injuries, inoculation incidents, and managing occupational exposure risks. The team also facilitates the annual Health and Safety Controls Assurance process, ensuring robust IPC-related safety measures across all departments.

### **- *Sharps Injury and Needlestick Safety:***

In 2024/25, 5 RIDDOR-reportable sharps injuries were recorded, which is fewer than the previous year (n=8). Each incident was reviewed with Occupational Health and clinical teams to drive safety improvements.

### **- *No work-related deaths from exposure:***

No Trust staff acquired HIV, Hepatitis B, or C from occupational exposure, and there were no fatalities related to infection transmission in the workplace.

### **- *Strengthening Governance through the Inoculation Injury and Sharps Safety (II&SS) Group:***

The II&SS Group continued to meet quarterly, focusing on developing thematic reviews of inoculation injuries and exploring how data can be used to identify trends and target interventions more effectively.

### **- *Controls Assurance Process:***

The H&S Team led the annual Trust-wide self-assessment, ensuring IPC risks associated with sharps were embedded into health and safety assurance across all departments.

### **- *Embedding Learning from Incidents:***

The H&S Team worked closely with IPC and Occupational Health to review trends and share learning from sharps injuries, supporting improvements in safe practice across the Trust.

### **- *Proactive Health and Safety Walk rounds:***

Engagement with Drees & Sommer supports structured monthly estates walk round to assess contractor health and safety standards as part of the Premises Assurance Model (PAM). As PAM includes IPC-specific risks, such as environmental cleanliness, water hygiene, and ventilation, these walk rounds help ensure infection prevention measures are maintained within the built environment.

Additionally, the H&S Team incorporates IPC considerations into year-round Gemba walks with departments, proactively identifying and addressing workplace risks that could impact infection control.

**- Reduce High-Risk Sharps Injuries:**

Collaboration with CSUs to reduce RIDDOR-reportable sharps injuries continues through increased use of safety devices, training refreshers, and targeted post-incident reviews.

**- Enhance Incident Learning and Data Integration:**

Strengthen thematic learning processes by aligning sharps injury reviews with the Patient Safety Incident Response Framework (PSIRF) and embedding shared learning into CSU governance meetings.

**- Implement Live Data Dashboards and Occupational Health Linkage:**

Work towards developing live dashboards for incident reporting and analysis. From 2025/26, aim to cross-reference health and safety data with Occupational Health statistics via the new Online System G2, enabling a more comprehensive approach to incident trends and staff wellbeing.

**- Sustain IPC Assurance through the Controls Assurance Process:**

Ensure 100% of departments complete the annual Health and Safety self-assessment, with IPC-related risks.

### 13.0 Medical leadership in infection Prevention and Control

#### 13.1 Deputy IPC Medical Lead Surgery and Anaesthetics

This role was created in December 2023 as part of the Trust's Annual Commitment to reduce healthcare associated infection. The post holder works with the wider medical and nursing IPC team and provides a link with Theatres and Surgical CSUs. A significant part of the role involves reducing infection related to invasive devices and minimising risk of infection as patients move through surgical pathways.

#### Central Venous Access Devices (CVADs)

	Planned CVAD removal		Urgent CVAD removal	
	Before SOP	After SOP	Before SOP	After SOP
Mean number of days from request to CVAD removal	20.5	13.7	2.1	0.9
% Compliance with SOP standards	56	82	73	94

Development of an SOP for arranging removal of CVADs. Since guideline publication there has been a reduction in waits for planned and unplanned removal. This improvement also reflects the PSIRF process and improvement work with the clinical teams involved.

*Figure 20: Table demonstrating compliance with CVAD removal before and after introduction of a standard operating procedure*

#### Peripheral Venous Cannulas

Development of a criteria led removal guideline. This is currently being piloted in the ward-based environment at SJUH and an adapted policy for operating theatres is currently being drafted with a plan to implement 2025-26.

### ***Urinary Catheters***

In response to the high rates of Gram-Negative Bacteraemia at LTHT, an audit of perioperative catheterisation was conducted, alongside the ward-based catheter audits. This showed excellent (98%) compliance with correct aseptic technique for insertion and no catheter related infection across all operating theatres for one month. There is scope for improvement with catheter documentation in theatres which has been fed back to the CSU at their quality and governance meeting.

### ***Surgical Antibiotic Prophylaxis***

A pilot snapshot audit of prophylactic antibiotic administration across all LTHT operating theatres for a month showed that in 96% of cases the correct drug was given in the right timescale. Administration was recorded correctly in 97% of cases. The intention is to do use this pilot to create a rolling audit programme of surgical antibiotic prophylaxis.

### ***Surgical Site Infection***

Work began in collaboration with Baxter on the final phase of integration of the ICNET Surgical Site Infection surveillance programme. This is due to commence in Spring 2025, initially for the current mandatory (orthopaedic) surgical procedures.

A staff education programme in spinal surgical theatres around infection prevention occurred in September 2024. One feature of this was an aim to increase use of fluid resistant face masks for circulating staff. Seventy-three percent of theatre staff wore a face mask during a two-day period in December 2024 compared to just 4% in July 2024. Whilst mask wearing is not directly attributable to HCAI at LTHT, this shows great engagement in the principles of IPC.

### ***Decolonisation***

The LTHT MRSA guideline has been re-written. An audit conducted by the preassessment service has shown excellent compliance with the adult elective surgical admission MRSA pathway. There was also 100% compliance with decolonisation for elective CVAD insertion. A similar audit in paediatrics is ongoing.

### ***Work in progress 2025-26***

- Roll out a Trust wide policy for criteria-led removal of peripheral venous cannulas, including an adapted version for theatres.
- Develop asepsis competency packages for all staff at LTHT, with the medical IPC lead focussing specifically on medical staff.
- Develop CVAD pathways for paediatrics and try to facilitate increased capacity for removal.
- The LTHT venous cannulation policy is due to be revised in August 2025. As part of this work, the aim is to incorporate a difficult intravenous access policy. A difficult intravenous access team for the whole Trust would be the aspiration but the first step is to work with the Vascular Access Specialist Team to enhance training in ultrasound guided venous cannulation in targeted clinical areas. The aim is to improve patient experience and reduce multiple cannulation attempts which has been linked to HCAI.
- Embed the SSI surveillance programme then expand to other surgical specialities (e.g. spinal surgery).
- Create a rolling programme of surgical antibiotic prophylaxis in theatres across LTHT.
- Provide additional support to the PSIRF process within theatres.



## 14.0 Deputy Medical Lead High Consequence Infectious Diseases

High Consequence Infectious Diseases (HCIDs), including Ebola, Lassa Fever, Highly Pathogenic Avian Influenza, and Clade I Mpox (recently reclassified), are rare but serious infections associated with high mortality and significant risk of transmission, particularly within healthcare settings. Although HCIDs are uncommon in the United Kingdom, imported cases do occur. As a Specialist Regional Infectious Diseases Centre (SRIDC), LTHT is ready to promptly and safely identify and manage suspected HCID cases.

In 2023/24, LTHT developed and implemented a HCID Personal Protective Equipment (PPE) training programme. This initiative expanded capacity from 4 to 16 qualified trainers across IPC, Infectious Diseases, Emergency Medicine, Children's, and Critical Care. As a result, over 100 staff members are now trained and competent in HCID PPE procedures. In addition, HCID screening and risk assessment processes have been introduced across the EDs, Same Day Emergency Care (SDEC), Children's, and Infectious Diseases.

Adults and children with suspected HCIDs are managed in the ED, L30, CAT Unit, and J20, where ward zoning has been implemented alongside dedicated clinical pathways, surge staffing plans, and action cards to support safe patient care. To ensure rapid diagnosis and minimise disruption to clinical services, specimen collection 'grab-bags' and comprehensive HCID testing guidance have been introduced. HCID protocols can now be accessed throughout the Trust via handheld and desktop devices, enabled by the rollout of EOLAS. Further progress has been made on the development of guidance and pathways for radiology, resuscitation, the management of pregnant women, and critically unwell adults and children.

LTHT offer 24/7 access to specialist Infectious Diseases and Virology expertise and works closely with regional partners to provide clinical advice, leadership on HCID planning, and share learning. Notably, in December 2024, LTHT successfully managed a confirmed HCID case and their contacts without any breaches in PPE or secondary transmission. The Trust's response was praised by national HCID stakeholders.

In the year ahead, LTHT will continue to enhance compliance with SRIDC Core Standards. HCID screening protocols will be reviewed and updated in high-risk clinical areas. Work is underway to implement HCID screening for all Trust admissions via the Primary Care Advice Line, with a rollout planned for direct admission areas.

The HCID PPE training programme will be expanded, with a focus on Emergency Departments, with an aim to train sufficient colleagues by Autumn 2025 to enable a local Airborne HCID PPE guidance update. This will bring LTHT practice fully in line with national standards. Refresher training is planned in all areas and scenario-based simulation will be introduced within Infectious Diseases.

Work will continue to develop and refine clinical pathways for the management of pregnant women, neonates, family groups, and critically unwell patients. Efforts will also focus on expanding secure patient transport routes across sites. LTHT will collaborate with the Yorkshire Ambulance Service to review existing transport protocols, and the development of a drive-through swabbing pathway is planned.

Finally, LTHT remains committed to ongoing collaboration with both local and national partners to strengthen HCID preparedness across all clinical settings, ensuring the delivery of safe, effective care while contributing to a resilient and responsive healthcare system.

## **15.0 Emerging Key Infection Issues**

In May 2024, the national action plan 'confronting antimicrobial resistance' was published and described how bacterial antimicrobial resistant pathogens spread through people, animals, food and the environment. It highlighted the role of infection prevention and control (IPC) as an effective intervention, placing new emphasis on this modality compared to previous NAPs which focused primarily on improving antimicrobial prescribing. Leeds continues to see cases of antimicrobial resistant infection, and occasional outbreaks, and this is a growing threat to the delivery of safe healthcare regionally, nationally and internationally. Leeds has a leadership strategy which is well placed to meet this challenge and minimise risk to patients with a coordinated response. The infection summit in July 2025 will provide an opportunity for teams across LTHT to meet to discuss next steps.

*Candidozyma auris* is a World Health Organisation critical priority fungal pathogen which has been linked to invasive infections, antimicrobial resistance and outbreaks in healthcare settings. *C. auris* is now a notifiable organism, and all cases must be reported to UKHSA. This organism has been increasingly detected in England, with outbreaks reported in London and the South East and sporadic cases in Yorkshire and the Humber. There have not been any cases in Leeds to date, but a new sampling, surveillance and infection prevention strategy is being developed to ensure early detection of any risk from this pathogen.

The epidemiology of vector-borne diseases is evolving worldwide, including in UK and Europe. Rates of Dengue infection have been high over recent years, with a small number of cases acquired in France, Spain and Italy, though it is still more likely that UK patients will acquire Dengue from travel outside Europe. Tick-borne encephalitis can be detected in vectors in the UK and focus on both travel history and detailed investigation of undiagnosed encephalitis is required to detect these infections accurately. Leeds clinicians are provided with regular updates on the changing epidemiology of vector-borne disease.

## **16.0 IPC Organisation and Management**

Recruitment of infection prevention practitioners has been a challenge not only within LTHT but nationally however we are delighted to report that in May 2024 we successfully recruited into the vacant infection Prevention and Control Practitioner role.

In July 2024 we also successfully appointed into the role of Deputy Head of Nursing for Infection Prevention and Control.

We currently have a vacancy in our admin team, however, given the success of the previous incumbent being recruited via the apprenticeship route, we are currently looking to recruit another admin apprentice into this vacant role.

### **16.1 Supporting Health and Wellbeing**

Supporting the Health and Wellbeing of the IPCT remains a priority. During 2024/25, 12 members of the team attended human factors training and we continue to support the organisations Professional Nurse Advocate programme.

Professional development within the team continues to be a priority with one of the team members participating in the Purpose driven leadership programme and another team member undertaking the infection Prevention Course at Dundee University

## 16.2 Education and Training

The IPC team continued to maintain and protect its commitment to delivering the trusts mandatory training programme during 2024-25. This has included additional bespoke sessions for undergraduate and postgraduate nursing students through the respective Leeds based universities and our Key Worker Programme.

Figures 21 and 22 show our mandatory training compliance year on year for the last 5 years. Although we have seen a very slight reduction in compliance for both, we are pleased to report that we continue to remain compliant for our IPC mandatory training (achieving greater than 80%) for non-clinical staff (96%).

IPC mandatory training	Mar-21	Mar-22	Mar-23	Mar-24	Mar-25
Infection Prevention and Control - Level 2 - 1 Years	91%	80%	76%	84%	83%
Infection Prevention and Control - Level 1 - 3 Years	89%	83%	89%	96%	93%

Figure 21: Table demonstrating compliance with infection prevention and control mandatory training 2024-2025

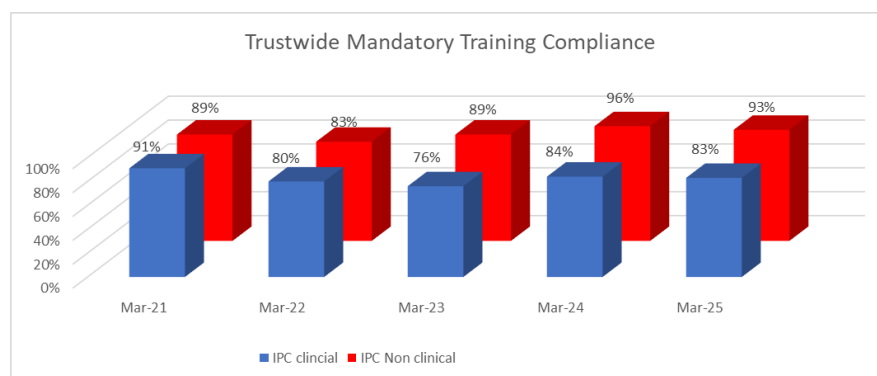


Figure 22: Graph demonstrating compliance with IPC training for clinical and non-clinical staff 2021 to 2025

## 17.0 Campaigns and Further Achievements

### 17.1 National Infection Prevention and Control Manual (NIPCM)



During 2024/25, the IPCT launched the NIPCM A-Z of ALERT organisms. The A-Z combines the guidance provided nationally with local expertise on how best to prioritise source isolation facilities, for instance providing additional detail on how an organism is transmitted, or the duration for which patients remain in isolation for specific infections. The IPC team have a patient-focused approach, and if derogation is required for national guidance in order to keep patients safe, then local expert discussion is led through the infection control leadership meeting, and later ratified at the IPC sub-committee. This is a rare occurrence, but it is a strength of the current IPC model at LTHT.

To further support patient safety, the IPCT worked with colleagues from the Corporate operations team and the digital team to develop an electronic side room availability eForm. This new process supports teams in patient placement by identifying the reason a side room is required. This is important when needing to place patients with an infection to prevent cross transmission, especially during Winter when there are high rates of viral infections necessitating short periods of isolation. Completion of the side room availability eForm provides a live, accurate record to enable operational teams to manage patient flow and support safe patient placement.

## 17.2 Infection Summit



The Pharmacy Infection Team hosted an infection summit held on the 7th of May 2025 which was extremely well received and generated a lot of discussion and new ideas in respect of AMR and AMS and 2025-26 will see another existing event.



## 17.3. Care Commitment Resources



As part of the care commitment the IPC team launched a series of informative resources (five strands of focus) to allow clinical teams to design strategies for improvement. In addition, staff improvement stories ran alongside to showcase some of fantastic work already underway across the organisation to reduce HCAI. Dr Jessica Martin the Medical Lead for IPC also hosted a useful blog discussing the care commitment.



Figure 23. Examples of the HCAI innovation and improvement work of clinical and non-clinical teams.

## 17.4 Infection Prevention Society (IPS) Impact Gold award



In September 2024 Fiona Simons- Lead Nurse for Clinical Quality, alongside Vee Le Brun, Clinical educator, won the IPS Impact award following the SIGHT campaign to reduce CDI Infection across the CSU. In addition to the award the team were also shortlisted for their work in the Nursing times HCAI and care of older adults categories .

## 17.5 The Enhanced Cleaning Team, win the Time to Shine Reducing HCAI Category

In July 2024 the enhanced cleaning team won the reducing HCAI category at the Time to shine awards – the team won for the facilities team dynamic response to infection risks and their Hydrogen Peroxide Vaporisation (HPV) provision. The team increased the number of HPV cleans from 78 in January 2023 to 282 in February 2024. HPV is used decontaminate environments and is a strategy used to successfully reduce CDI at LTHT.



## 17.6 IPS Annual Conference Poster



In September 2024 members of the Rapid Process Improvement team (RPIW) that developed the HCAI MDT review (PSIRF) attended the Infection Prevention Society Annual Conference in Birmingham show casing the work undertaken with the support of the KPO improvement team to develop a patient centred review of HCAI that aligns to the principles of PSIRF.

## 17.7 First Prize Poster FIS/HIS Conference

In November, a poster authored by clinical, infection prevention and control, estates and facilities teams won first prize at the FIS/HIS conference in Liverpool, UK. The poster describes the implementation of water safe care across many clinical areas at LTHT, and the associated improvements in terms of outbreak control and reduced positive of water samples. The prize is an opportunity to have a full paper published in a national journal.





## 17.8 Water Safety Podcast

In July members of the Infection Prevention team in conjunction with The Nursing Times Award Winning Oncology Matron Katie Sweeting were invited to share LTHT's water safety journey via pod cast with Infection Control Matters. The podcast detailed our story so far and how efforts from clinical teams , Estates, Facilities and IPC can have an impact on improving water safety, such as initiatives such as sink removal, education programmes and collaborative working



Since the Infection matters podcast the LTHT team have received numerous requests to support learning across other NHS hospitals through presenting or attending other trusts. Work continues at LTHT to keep our patients safe from the risks of infection from wastewater.

## 18.0 Challenges and Opportunities

The microbiology and virology teams (clinical and laboratory) move to the new Centre for Laboratory Medicine in May 2025. A new laboratory information system will also be implemented at this time. These are large changes and will provide new opportunities in terms of laboratory service, team building, data surveillance and teams working more closely to evolve a responsive laboratory to deal with IPC challenges. All teams are looking forward to being co-located on the St James' University Hospital site, with greater opportunities for shared Gemba walks in clinical areas and face to face meetings and workshops.

The new laboratory information system will provide new opportunities for data comparison with local trusts, as the same system will used for all hospitals regionally. Given rising concerns about antimicrobial resistance (AMR) including carbapenemase-producing organisms (CPOs), this new data source will help IPC teams communicate effectively and share risks and opportunities to prevent infection. Priorities for 2025-26 include improving education and training about AMR and further developing the communication about AMR CPOs between West Yorkshire healthcare provider.

The measles outbreak in 2024-2025 put unprecedented pressure on LTHT to provide a public health response to an outbreak of a vaccine-preventable disease, this is the first time this has occurred at scale in Leeds in recent times. However, the organisation worked well with city-partners and the relationships built during this time, and learning from this experience, provide an excellent roadmap for future similar occurrences. The Health Protection team in the city commented that 'community services and acute hospital services have never been more joined up in planning and response for health protection incidents.' Given low vaccine uptake for infectious diseases and increasing deprivation in Leeds, it is possible that further outbreaks of infection could occur.

***This report has been compiled with contributions gratefully received from the IPC Team (Nursing and Administration) including colleagues from Microbiology, Virology, Infectious diseases, Pharmacy, Estates and Facilities, Decontamination and Health and Safety***