

Infection Prevention and Control (IPC) Annual Report
Covering the period 1 April 2025 to 31 March 2026
Public Board
30th July 2026

Presented for:	Assurance
Presented by:	Dr Jesscia Martin Medical Lead for Infection Prevention and Control (IPC)
Author:	Dr Jessica Martin, Medical Lead for IPC Charlie Lobley Deputy Head of Nursing IPC
Previous Committees:	Infection Prevention and Control Sub Committee. Quality Assurance Committee

Freedom of Information Act (FOIA) Exemption	☐ YES (restricted from the FOIA) ☒ NO (available to the public under the FOIA)
--	---

Link to Strategic Objective	Focus on care quality, effectiveness and patient experience
Link to Provider Capability Assessment	Governance, risk and regulatory
Link to CQC Well-led Statement	Learning, Improvement and Innovation
<u>Regulatory Impact</u>	Regulation 12: Safe care and treatment

Key points	Purpose
The annual report provides evidence of the Trust's Infection Prevention and Control team (IPCT) actions to prevent reportable Health Care Associated Infection (HCAI) and to prevent, detect and control all transmissible infection in LTHT. The report provides assurance on our progress against the IPC Board Assurance Framework (BAF) set against the 10 criteria of the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections.	<i>Inform</i>

<u>Risk Appetite Framework</u>			
Level 1 Risk	Level 2 Risks	(Risk Appetite Scale)	Impact
Workforce Risk	Choose an item.	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	Operating within
Financial Risk	Choose an item.	Choose an item	Choose an item.

External Risk	Choose an item.	Choose an item	Choose an item.
---------------	-----------------	----------------	-----------------

1. Summary

The purpose of this paper is to inform the Trust 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 2025-2026.

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 2025-26 Annual Report is provided as a supplementary paper to this document.

2. 2025/26 Position

The Board are asked to receive the Annual Report as information, and to seek assurance that the Board supports the areas of focus highlighted within the body of the report for financial year 2025-26.

2.1 Current position

In brief, following a period of HCAI reduction in the period leading up to April 2026, the incidence of reportable HCAs in LTHT has been largely static in 2025-26, with a small escalation in *Pseudomonas aeruginosa* bacteraemias, and small reduction in *Klebsiella* sp. bacteraemias when year-on-year data sets are compared.

2.2 Reporting, Investigation and Monitoring

To comply with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections, the IPCT supports 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 national bodies. This is monitored by review of evidence and data reporting at the quarterly IPC sub-committee, the monthly HCAI group and fortnightly operational IPC group. The Annual Report also identifies areas of focus for the financial year 2026-27.

3. Key Achievements

- LTHT is recognised regionally and nationally for our innovative approach to IPC leadership including the Dyad model and integrated IPC, AMR (antimicrobial resistance) and AMS (antimicrobial stewardship) strategy.
- In 2025, UKHSA praised our responses to outbreaks of HCAI infection and vaccine-preventable disease. Our expertise and feedback have been included in national guidance for measles and *C difficile* this year, and LTHT colleagues have been invited to present our successes at national academic and IPC conferences.
- Our nationally leading approach to water and wastewater safety has been recognised by the national NHS estates team and will inform the new HTM 04-01 document in 2026; this is regularly presented and cited at national meetings.
- Following an NHS England meeting to discuss MRSA, we were invited to present to regional partners to share our quality analysis and response to this important risk.

- We have continued to embed patient partners and patient stories at the heart of our service, and offer opportunities to participate in patient research partnership groups.
- The “Scrub Away Staph A” campaign was a huge success and delivered training and education to 99 areas of the trust to help combat MRSA and MSSA.
- The infection SUMMIT #2 brought all CSUs together in summer 2025, and led to new improvement work; this was recognised with a national poster publication.
- The implementation of the national programme of blood borne virus testing has diagnosed ~250 patients with infection allowing early treatment and prevention of onward transmission in our communities.
- In 2025-26, we continued to progress towards our antimicrobial prescribing ambitions, with a reduction in ‘watch and reserve’ use of 20.2%
- Our CSU colleagues have presented high quality improvement work to our new HCAI improvement group, facilitating dissemination of best practice across LTHT.

4. Areas for Improvement and Next Steps

In 2026-2027, there will be a number of focused areas for improvement:

- To deliver our AMR strategic response as outlined in the March 2026 board paper
- To deliver the recommendations outlined in the pandemic preparedness paper, also presented to board in March 2026.
- To deliver a time-line, implementation and assurance framework for our new IPC strategic plan, this was approved at the IPC sub-committee in May 2026

5. Financial Implications

Any avoidable HCAI has a financial implication for LTHT as it leads to longer length of stay, additional treatments required and further antimicrobial usage, so it is imperative from a financial perspective that we strive to reduce HCAI, as well as from a patient safety perspective.

6. Risk

The IPCT provides assurance to the IPC Sub-Committee which reports to the Quality and Safety Assurance Group and Quality Assurance Committee. 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.

7. Communication and Involvement

The IPCT feeds into the internal LTHT communications team, the IPC Sub-Committee and the OIPC. This report is developed by the Infection Prevention and Control Team. Review, assurance, and actions where agreed are undertaken at Trust and CSU level and where required are monitored through the various boards and committees outlined above.

8. Improving Health Equality

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 is 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 LTHT 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 2026-27 to start to identify HCAI risk on admission and seek interventions to prevent patient harm from infection.

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.

9. Publication Under Freedom of Information Act

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

10. Recommendation

The Trust Board 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 2025 and March 2026

11. Supporting Information

Appendix 1 – The Annual Report