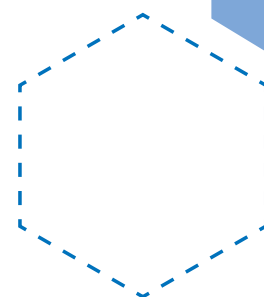




The Leeds
Teaching Hospitals
NHS Trust

Infection Prevention and Control (IPC) Annual Report

1 April 2025 to 31 March 2026

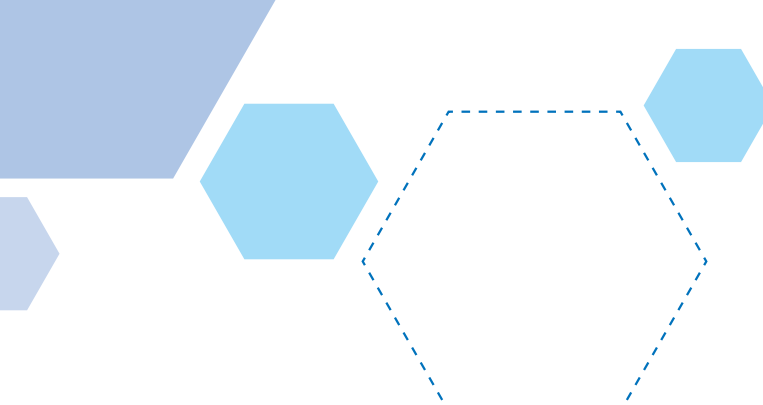


Contents

Glossary of terms and abbreviations used in this report	3
1. Introduction	4
2. Executive Summary	5
3. Organisation of IPC services	7
4. Healthcare-associated infection (HCAI) Performance	10
5. Outbreaks and Communicable Diseases	16
6. Antimicrobial resistance (CPO)	17
7.0 Virology	18
8.0 Tuberculosis	19
9.0 HCAI Investigation and improvement strategy	20
10. Surveillance	21
11. Facilities	22
12. Decontamination	25
13. Water Safety	27
14. Ventilation	29
15. Health and Safety – Supporting Infection Prevention and Control (IPC)	30
16. Antimicrobial Stewardship	32
17. Emerging Key Infection Issues	36
18. Deputy Medical Lead for High Consequence Infectious Disease (HCID)	38
19. Deputy Medical Lead for Surgery and Anaesthetics	38
20. IPC Team updates and training	39
21. Campaigns and Further Achievements	40
22. Challenges and Opportunities	42

Glossary of terms and abbreviations used in this report

AHU	Air Handling Unit	LEAP	Leadership to Embed Antimicrobial stewardship in Practice
AMR	Antimicrobial resistance	LTHT	Leeds Teaching Hospitals NHS Trust
AMS	Antimicrobial stewardship	MRSA	Meticillin-resistant Staphylococcus aureus
ANTT	Aseptic non-touch technique	MSSA	Meticillin-sensitive Staphylococcus aureus
BSI	Blood stream infection	NHS	National Health Service
CfLM	Centre for Laboratory Medicine	NIPCM	National Infection Prevention and Control Manual
CDI	Clostridioides difficile Infection	OPAT	Outpatient Antimicrobial Therapy
COHA	Community Onset Healthcare Associated	PIT	Pharmacy Infection Team
CRO	Carbapenem resistant organism	PSIRF	Patient Safety Incident Response Framework
CSU	Clinical Service Unit	RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
DHSC	Department of Health and Social Care	SSI	Surgical site infection
DIPC	Director of Infection Prevention and Control	TB	Tuberculosis
E&F	Estates and Facilities	UKHSA	United Kingdom Health Security Agency
FOI	Freedom of information	VRE	Vancomycin-resistant Enterococci
GNBSI	Gram negative bloodstream infection	VSG	Ventilation Safety Group
HCAI	Healthcare associated infection	WHO	World Health Organisation
HCID	High consequence infectious disease	WSG	Water Safety Group
HOHA	Hospital Onset Healthcare Associated	WYATT	West Yorkshire Association of Acute Trusts
HPV	Hydrogen peroxide vaporisation		
HTM	Health technical memorandum		
ICB	Integrated Care Board		
IPC	Infection Prevention and Control		
IVOS	Intra-venous to oral switch (referring to delivery of medication)		



1. Introduction

This report demonstrates the important work of the Leeds Teaching Hospitals NHS Trust (LTHT) Infection Prevention and Control (IPC) team on Health Care Associated Infection (HCAI) Prevention and Control during the period 2025-2026. It also demonstrates how all teams have worked together to enhance knowledge, to respond to infection outbreaks and incidents, to maintain compliance with national standards and to ensure we use antimicrobials in the most responsible way.

This report provides a statement of our position on the mandatory reportable infections and our progress against the National Board Assurance Framework (BAF) in conjunction with the annual programme. It also describes improvement work delivered by colleagues from across the organisation, demonstrating our close working relationships with diverse professional groups.

Infection prevention and control and antimicrobial stewardship (AMS) are at the heart of safe, high-quality care. Together, we aim to stop the spread of harmful microorganisms, and our teams deliver core aspects of infection prevention, whilst recognising and responding to new and specialist infection risks. The IPC team work hard to keep the patient at the centre of everything we do, using patient stories to educate teams, and involving patient partners in our day-to-day work. 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 risks.

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 West Yorkshire. Evidence of our wider collaborative work is embedded within this report.



2. Executive Summary

Infections affect the whole population and can be impactful during any part of our lifetime. LTHT is one of the largest and busiest providers of healthcare services in the country, delivering acute and specialist services. Infection prevention is a core part of our work, and the responsibility of everyone who works or volunteers at the Trust. We have a strong IPC governance model so we can be confident that teams are working to the high standards required for safe patient care.

We are proud of our unique Dyad leadership model for infection prevention which empowers doctors and nurses to work collaboratively, innovatively, and effectively together to improve practices and to protect our patients. This year, we have continued to deliver IPC using this model 'board to ward,' with close working between myself and our new Chief Nurse, Beverley Geary, as well as shared investigation and oversight of HCAs by doctors and nurses working together on our wards.

Our priority is to rapidly detect and prevent the transmission of harmful microorganisms to our patients and to deliver care using the 'Essentials of IPC' including good hand hygiene, source isolation, cleaning, and safe use of devices. This report includes information about our actions to tackle HCAs, a how we continue to respond to infections such as measles, influenza, antimicrobial resistant pathogens, pertussis, and tuberculosis, all of which require careful incident management delivered by our multi-disciplinary teams.

We are grateful to our dynamic, diverse, and responsive workforce who work together to support best practice, with many examples in this report:

- Reviewing local data, published evidence, UKHSA and National Guidance including the National Infection Prevention and Control Manual to keep LTHT guidance up to date
- Rapidly responding to new infection incidents and outbreaks of infection with expertise, calm professionalism, holistic risk assessment, and rapid action.
- Using the newly embedded Patient Safety Incident and Response Framework (PSIRF) to act on learning from local infection experiences, identifying themes and actions that improve patient care
- Minimising the risks of antimicrobial resistance (AMR), delivering IPC, AMS and AMR responses in a blended leadership and delivery model of improvement

Our IPC and AMS teams provide clear education and information to our clinical teams, demonstrated this year by expansion of the use of digital platforms for our guidance, a trust-wide infection summit, launch of our trust-wide HCAI improvement group, IPC campaigns and providing data and feedback to teams in our daily work out on the wards.

In recent years, LTHT and the City of Leeds have witnessed new risks from infection, including outbreaks of vaccine-preventable disease, rising rates of tuberculosis and new risks from antimicrobial resistance. There is also growing evidence locally and nationally that some adults

and children are more vulnerable to infection than others, suggesting there is more work to be done to reduce health inequalities relating to infection. In response, we will be launching a new LTHT Infection Prevention Strategic Plan in 2026, based on the AMR national action plan and building on local learning and the much of the work presented in this report. We are proud of many achievements in recent years, and we are passionately committed to our ambition to further reduce the impact of infection for our patients. Ensuring the highest standards of IPC are a core aspect of our wider approach to healthcare delivery, and we look forward to further improvements over the next 12 months.



Dr Magnus Harrison,
Chief Medical Officer,
Director of Infection Prevention and
Control. May 2026



3. Organisation of IPC services

The Chief Executive, Brendan Brown, has overall responsibility for infection prevention and control at LTH, whilst the multi-disciplinary response is led by our Director of Infection Prevention and Control, Dr Magnus Harrison (Chief Medical Officer). Each of our CSUs are led by a tri-team consisting of Clinical Director, Head of Nursing and General Manager who are responsible for the delivery of safe infection prevention and control practices in specialty areas. A trust-wide multi-disciplinary team is used to deliver IPC practice and compliance, comprising infection prevention practitioners, administrative IPC staff, occupational health, microbiologists, infectious disease doctors, antimicrobial specialist pharmacists and technicians, estates, facilities and decontamination colleagues and many allied health professionals. Figure 1 demonstrates the four keystone meetings for IPC, and how compliance with national guidance and recommendations is delivered using this framework. In addition, Figure 2 demonstrates a short schematic of IPC governance and escalation processes, ensuring support and oversight of infection risks from teams from across the organisation. The IPC service also works closely with key external regulatory and public health agencies, attending the Leeds Health Protection Board, and working closely with the UK Health Security Agency, City Council, Leeds Community Health, NHS England, and other Public Health experts.

Risk register

The IPC risk register identifies risks to the organisation in relation to delivery of IPC practices, workforce, and the delivery of safe infection care in the built healthcare environment. These risks are monitored monthly and reviewed at each Trust infection prevention and control committee meeting on a quarterly basis.

Freedom of information (FOI) requests

During 2025-2026, 7 requests for data and information were received by the Trust under the Freedom of Information Act (2000) relating to IPC. All requests were completed within the legislated timeframe.

Compliments and complaints

The IPC response to incidents and risks have been praised this year by UKHSA and NHS England. The IPC team also supports CSUs when responding to patients and carers who raise concerns about IPC or HCAI. We are proud of our work, meeting families personally and responding to their concerns. We use these experiences to improve guidance, training, and care. With permission, we use patient stories to share learning with teams to make sure that any failings are not repeated. This year, we were incredibly grateful to one of our patients who shared her story at our summit and at a national meeting, speaking about the impact of antimicrobial resistant infection on her care experience.



Review of policies and guidelines

There is a well-established, comprehensive guidance and policy review programme within the Trust, managed through corporate governance, to ensure all policies, guidelines and patient information leaflets are up to date and reflect the latest evidence-based practice. IPC participate fully in this programme and ensure that all documents owned by or requiring IPC input follow the necessary review and approvals process.

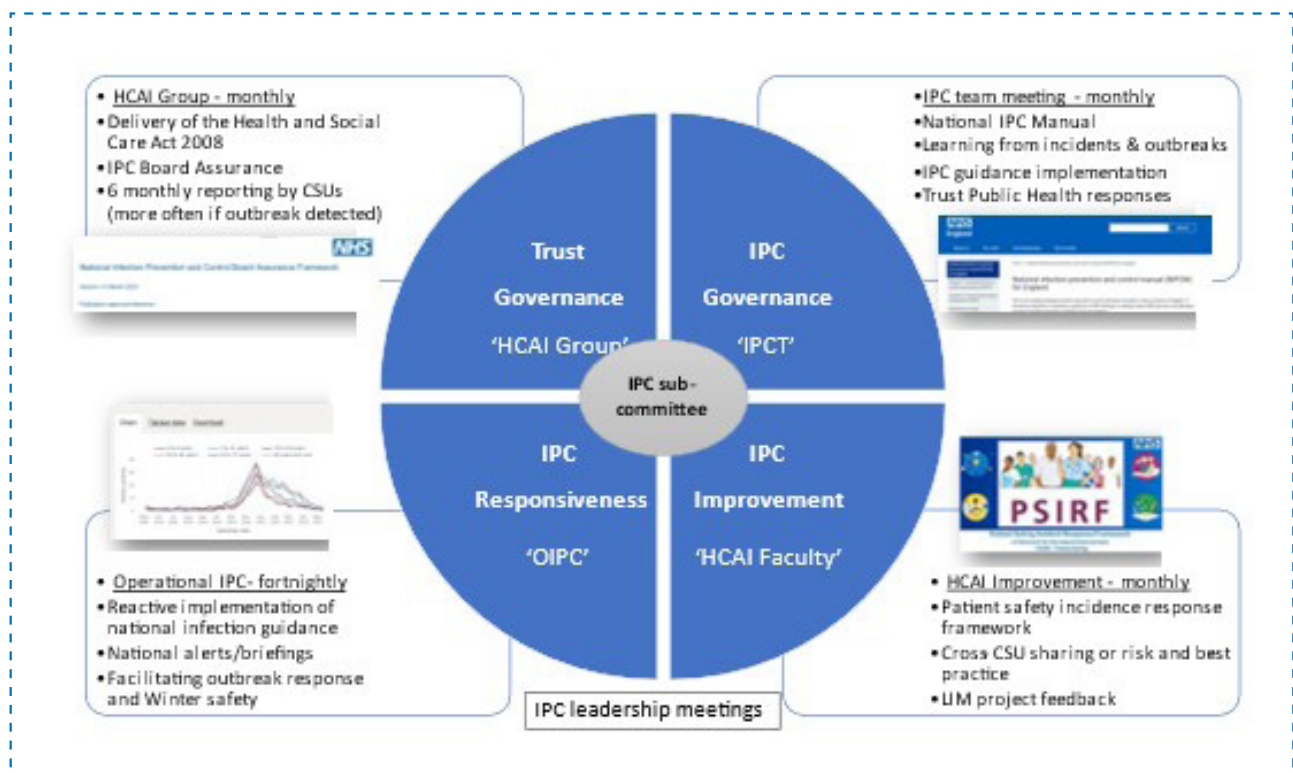


Figure 1 - 4 keystone IPC meetings to deliver safety and assurance

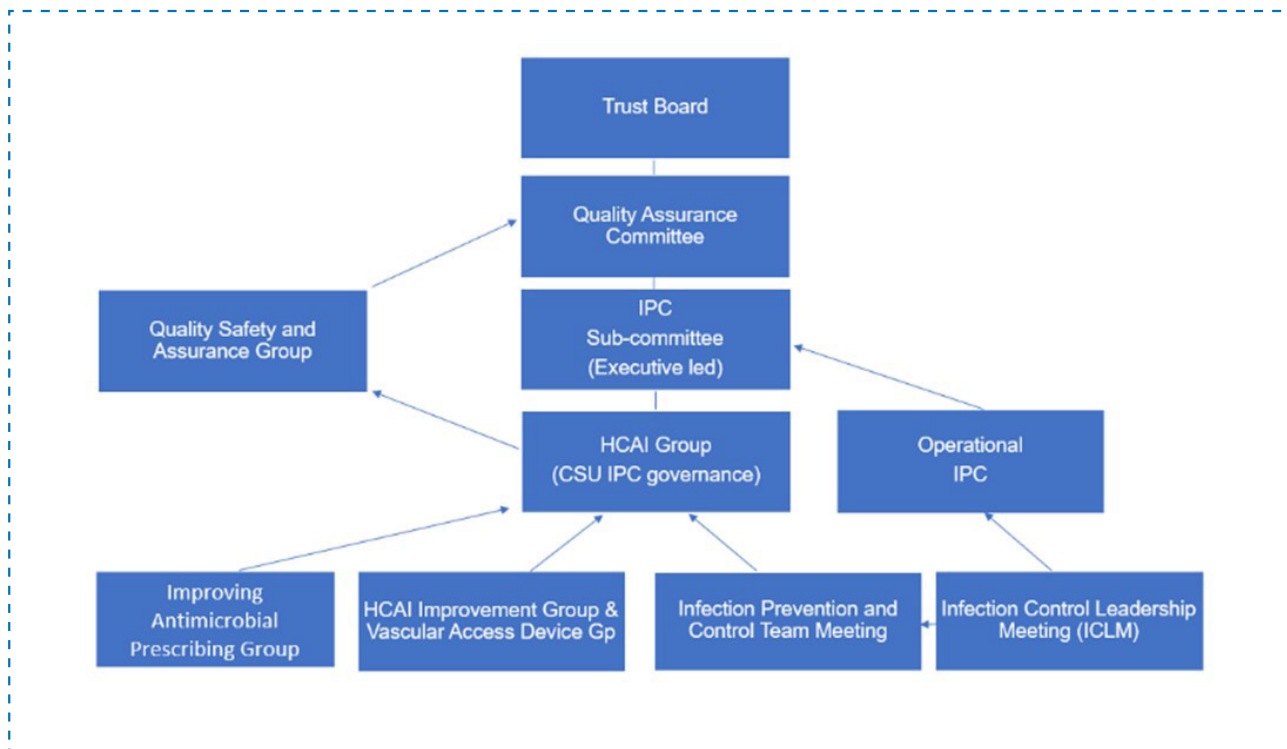
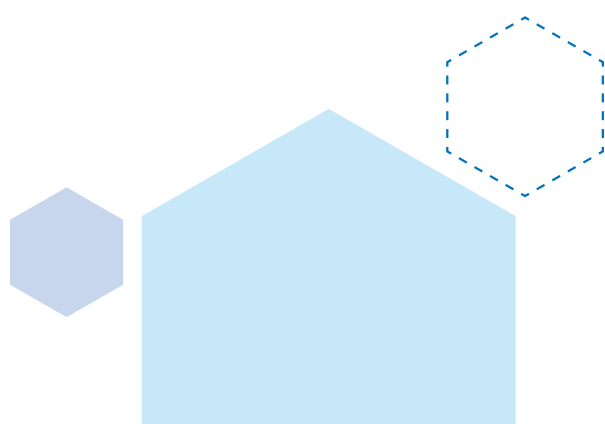


Figure 2 - Short schematic for IPC governance and escalation processes



4. Healthcare-associated infection (HCAI) Performance

4.1. Meticillin-resistant *Staphylococcus aureus* (MRSA)

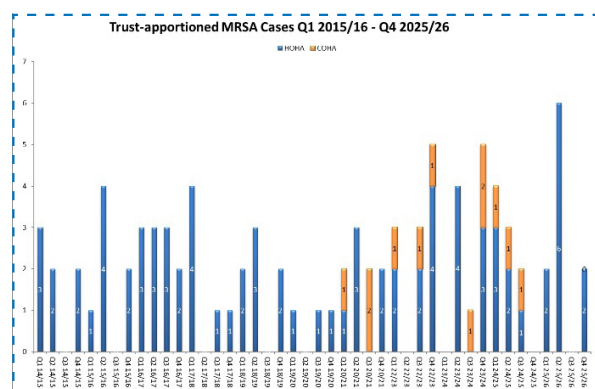


Figure 3: LTHT MRSA bacteraemia 2015 to 2026

Mandatory MRSA Blood Stream Infection (BSI) surveillance has been in place since April 2001 for all NHS Trusts in England. Ten MRSA bloodstream infections occurred in LTHT in 2025-26 against a national threshold of zero. This represents a slight deterioration against the number of cases in 2025/26 (n=9). Figure 3 shows the distribution between hospital onset (HOHA) and community onset (COHA) healthcare-associated MRSA bacteraemia. Figure 4 shows LTHT comparative data for other large trusts, in terms of bed numbers, we are the third largest trust in the group, with fourth highest number of cases.

Each MRSA case for 2025-26 was thoroughly investigated using the HCAI patient safety response framework (PSIRF), by the Clinical service Unit (CSU) senior team and clinicians responsible for patient care, who were required to present a summary of findings and actions at the Operational IPC meeting. No 28-day mortality was reported for these 10 patients; clinical outcomes were good.

A trust-wide case review and action plan for MRSA bacteraemia was presented to NHS England in November 2025, both community and LTHT cases were analysed, and positive feedback was received about our comprehensive response. Key clinical risks this year include diabetes, wounds, skin disease, device and post-procedure related infection and infection in complex medical patients.

Actions and assurance

Information sharing Key learning and action points from MRSA infections were shared throughout CSUs, presented to the trust-wide patient safety conference in September 2025 and led to a trust-wide focus month 'Scrub away Staph A' in February 2026. A library of relevant resources was launched on the trust intranet, and educational sets were presented and distributed across the trust.

Screening and source isolation MRSA screening is offered to all adult acute admissions, and other patients for whom indwelling devices or implants are planned. All patients with MRSA bacteraemia 2025-26 were eligible for screening, and a significant number had MRSA colonisation on arrival to the trust. Source isolation is less robust, with some MRSA positive patients being nursed in shared bays. A new side-room prioritisation rating was developed in March 2026 and will be launched in summer supported by assurance metrics.

Hand hygiene The IPC team continue to promote 'hands ready,' a campaign to ensure staff can robustly decontaminate hands, this includes not wearing jewelry, watches, or false nails. A comprehensive hand hygiene audit plan is embedded across the organisation, and teams use 'light box' exercises to support education and training.

MRSA decolonisation Through PSIRF thematic reviews, a number of CSUs have created actions to improve compliance with MRSA

decolonisation. This includes neurosciences and TRS CSUs, who have audited compliance and delivered additional educational materials and training. A 'rapid guide' to MRSA decolonisation is available, and a video for teams detailing correct practice.

Device management New education has been circulated regarding the risks of devices in patients known to be MRSA positive as part of the 'Scrub away Staph A' campaign. Further work is being implemented through the vascular access device group, reducing risk using device-related digitalisation, improved vascular access pathways for adults and children and rapid trust-wide shared learning.

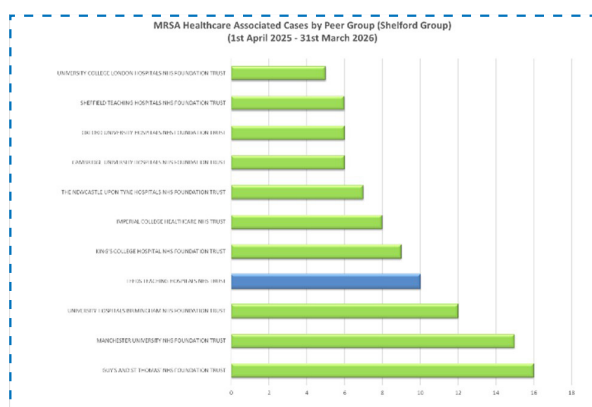


Figure 4: MRSA bacteraemia comparative data between LTHT and other large NHS Trusts

4.2 Clostridioides difficile Infection (CDI)

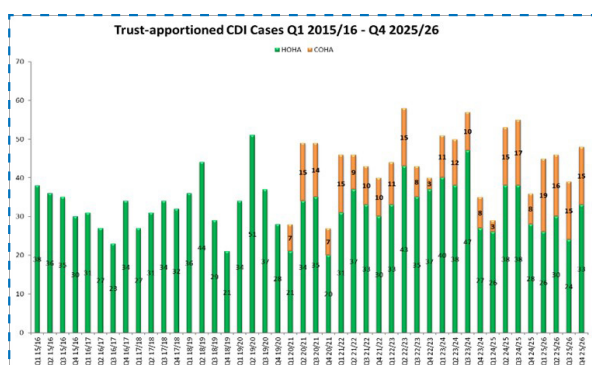


Figure 5: LTHT apportioned CDI cases 2014-2026 (orange denotes community onset healthcare associated)

In 2025-2026, LTHT recorded a total of 173 CDI cases against a national threshold of 155. Fifteen cases were classified as Community-Onset-Healthcare Associated (COHA) infections (Figure 5). LTHT improved its position for CDI in regard to the NHS Oversight framework during Q3, and we continue to be ambitious about preventing CDI across the organisation.

Combining city-wide CDI case rates, 216 cases of CDI were reported in Leeds in 2025-26 (just over 2025-26 NHS threshold: 202). This was a reduction from 228 cases in 2024-25. UKHSA data shows that Leeds has age standardised rates of total CDI, and crude rates of hospital and community-onset CDI rates, which are comparable to regional and national averages. At LTHT, several large CSUs have shown excellent improvement in CDI this year. Improved cleaning, education, and prescribing interventions have been the most successful interventions.

Actions and assurance

C. difficile ward rounds, the patient environment and equipment The IPC team 'walk the Gemba' in all wards caring for CDI patients and join a weekly CDI multi-disciplinary ward round. Detailed feedback is provided in real-time focusing on good practice, prescribing and areas of improvement, often relating to the built environment. For example, advice on equipment decontamination and source isolation are fed back to senior ward teams & action plans agreed.

Cleaning The infection control team continues to receive detailed assurance from leaders in the facilities team, including internal and external cleaning audits, HPV usage (Figure 6), and innovative approaches to risk. New innovative virtual reality training is being developed at pace and will be introduced later in 2026 to optimize practice. During PSIRF

reviews, cleaning metrics are reviewed for each and every CDI case, and actions created if concerns are raised.

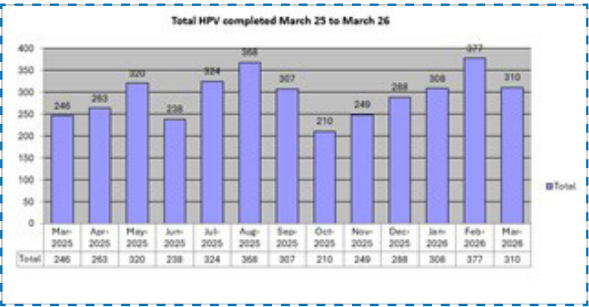


Figure 6: Hydrogen peroxide vaporisation (HPV) cleans 2025-26 at LTH.

Sampling and isolation All CDI patients are source isolated in single-room accommodation with closed doors. Those at risk of falls are nursed on the CDI cohort ward where doors can be open if required and strict practices prevent further harm. Delayed sampling is a theme in some PSIRF review meeting; educational resources have been shared with teams in these instances.

Antimicrobial prescribing The Trust continues to monitor antimicrobial prescribing as a control measure for CDI using #CARES (see AMS section for metrics). All CDI cases are reviewed for the appropriateness of antimicrobial prescribing, the most common indication for antimicrobials is chest and urine infection, through some cases have prior bacteraemia. Few cases have had inappropriate prescribing, and this is fed back to teams when this occurred. New data shared at the national UKHSA webinar 2025 demonstrated a higher risk of CDI relating to clindamycin, a trust-wide review of clindamycin consumption has been completed, and this demonstrated low overall use (Figure 7).

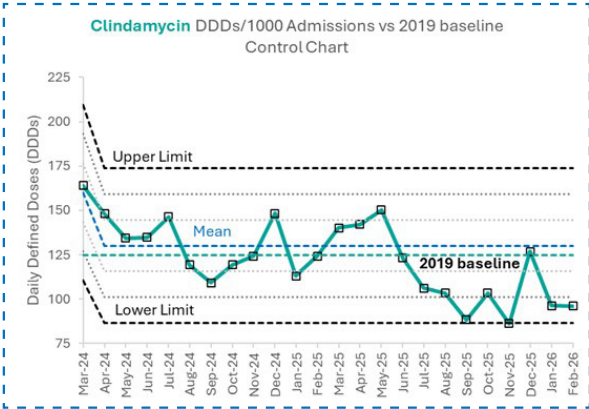


Figure 7: LTH clindamycin consumption 2024 to 2026.

Patient participation All patients are counselled about CDI on ward rounds and provided information about the relationship between antibiotics and infection and offered written information. This year, patients have been offered the opportunity to participate in research projects and provide feedback on ward cleanliness and clinical practices, which is captured using PSIRF.

4.3 Meticillin-susceptible Staphylococcus aureus (MSSA)

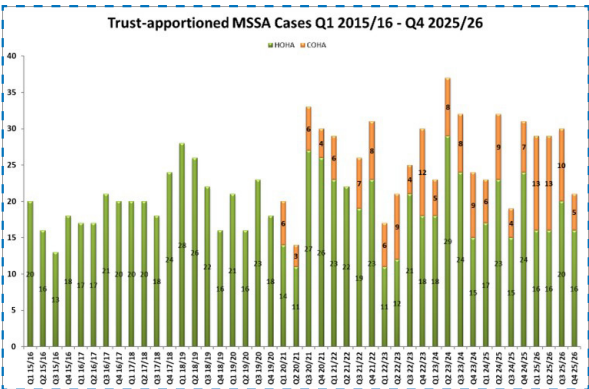


Figure 8: Trust apportioned MSSA bacteraemia cases 2014 to 2026

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 HCAI ambition.

In 2025-26, LTHT recorded 105 cases against a local objective of 99 cases. Findings from HCAI PSIRF reviews mirror that of MRSA, therefore, the interventions for MRSA are also relevant to MSSA. Focused work has been supported in CSUs during 25/26 with a high number of cases, including education, decolonisation audits, device improvement projects, and hand ready/gloves off campaigns. For instance, the neurosciences CSU has trialled criteria-led cannula removal with success.



CMO Dr Magnus Harrison presenting prize relating to Scrub Away Staph A Campaign

In February 2026, the Director of Infection Prevention and Control, Dr Magnus Harrison, launched a trust-wide month-long focus campaign on reduction strategies for *Staphylococcus aureus* (i.e. MRSA and MSSA). The Trust's infection prevention and communications teams fully supported this. This included:

- Educational webinars
- Educational 5 slide set – disseminated through clinical leaders
- Posters and promotional materials
- 99+ ward visits with questionnaires and bedside education
- Ward poster board competition
- Suite of educational resources
- Weekly operational updates for ward teams

The Trust Vascular Access Device Group has continued to thrive in 2025-26 overseeing a number of improvement initiatives including standardisation of documentation for insertion and removal of Central Venous Access Devices and Standardisation of ANTT training, participation in the peripheral vascular access device digitalisation and supporting projects to address difficult intravenous access and criteria-led PVC removal. The ANTT training package was purchased in March 2026 and a strategy for online ANTT training is being developed.

4.4 *Escherichia Coli* (*E. coli*) bacteraemia

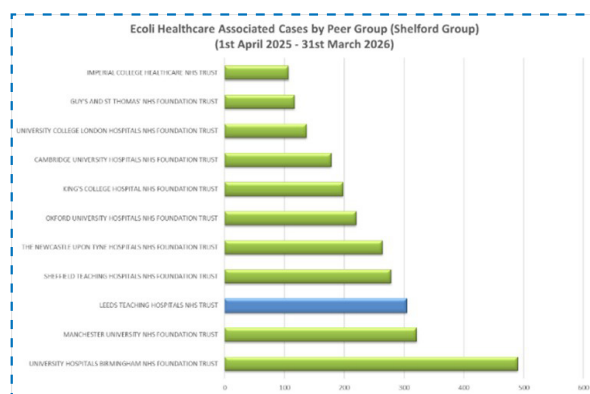


Figure 9: E. coli bacteraemia rates for Leeds (blue) compared to similar NHS trusts (Shelford group)

In 2025-26 LTHT recorded 304 cases against a national threshold of 258, in 2024-25 there was 297 cases. Nationally, there has been an 8.9% year on year increase in *E. coli* bacteraemia. Discussions with the National UKHSA IPC team have not highlighted evidence-based interventions to reduce these infections.

The Trust has had high rates compared to regional and national comparator hospitals, though recent UKHSA funnel plots did not demonstrate that we have an outlying position when bed occupancy rates were accounted for. The Shelford group is a comparator list of NHS trusts (Figure 9), Leeds is the trust with the third highest number of beds, and number of *E. coli* bacteraemia.

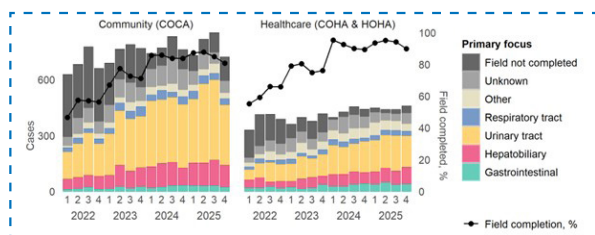


Figure 10: Primary focus data for *E. coli* bacteraemia in community and healthcare settings in Yorkshire and Humber January 2022 to December 2025 (UKHSA)

Each CSU reviews *E. coli* cases and develops bespoke local action plans; this year they have focused on biliary, respiratory, and urinary infections. This is consistent with regional data on *E. coli* infections (Figure 10).

A system-wide collaborative working group has been established to look at the background to GNBSI in respect of source and preventive measures that can be implemented system wide. Actions include:

A new **'preventing urinary sepsis'** group will commence in May 2026, this collaborative includes diverse professional groups including infection doctors, IPC practitioners, continence team, urologists, critical care outreach, laboratory scientists, renal team, and resident doctors.

Interventions are in place to prevent peri-natal *E. coli* infection, including perineal hygiene measures, urinary tract infection prevention, and patient education

Hepatobiliary Learning Extraction:

Manually review PSIRF clinic records to extract significant learning points related to hepatobiliary *E. coli* cases and provide a snapshot summary to inform actions.

Hydration and IPC Leaflet Audit: Audit the distribution and effectiveness of IPC and hydration leaflets provided to patients on wards to assess current practice

Oral hygiene is a theme developing in CSU responses to infection including HAP

4.5 *Klebsiella* spp. bacteraemia

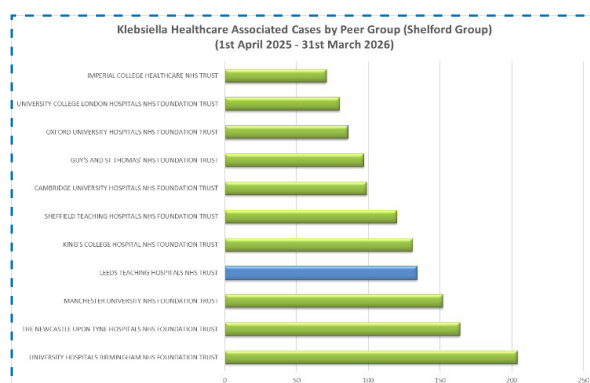


Figure 11: *Klebsiella* rates for Leeds (blue) compared to similar NHS trusts (Shelford group, green)

In 2025-2026 LTHT recorded 134 cases against a threshold of 124. This is a slight reduction compared to 2024-25 when 138 cases were reported. LTHT had the fourth highest number of *Klebsiella* sp. infections compared to the Shelford group (figure 11), being the third largest trust. This year the medical lead for IPC commissioned a review of *Klebsiella* BSI themes from each CSU to support a trust-wide education and intervention plan. This review demonstrated that vascular devices, urinary tract infection, and biliary infection remain strong focus areas. Other areas were post-procedure infection, hospital-acquired pneumonia, and post-operative infection. It has also been noted that antimicrobial resistance (AMR) is seen in *Klebsiella* spp. infections, greater in inpatients (figure 12), and evidence demonstrates that effective antibiotic therapy relates to good outcomes. Trust antimicrobial guidance emphasises the importance of checking patient results prior to prescribing antibiotics.

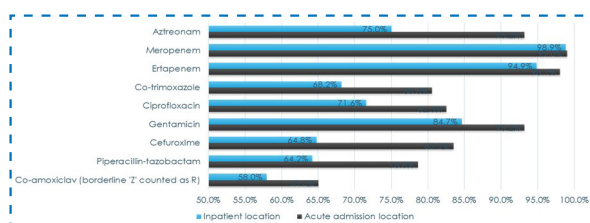


Figure 12: *Klebsiella* sp. antimicrobial susceptibility rates for Leeds, showing higher resistance in hospital isolates

Actions and assurance

Antimicrobial resistance (AMR) is seen often in *Klebsiella* spp. infections, and effective antibiotic therapy is related to good outcomes. An AMR paper was presented to board in March 2026 outlining a comprehensive strategy of education, surveillance, and action to prevent further escalation of AMR in LTHT.

Post-operative and post-procedure infection can be reduced by optimisation of preoperative prophylaxis and good peri-operative practices in essential IPC. Review and update of guidance is ongoing through the IAPG antimicrobial guidance subgroup.

Urinary tract infection – see above for preventing urinary sepsis group.

Prevention of biliary sepsis – a deep dive review of biliary infection in AMS has not identified many patients who would have benefitted from an alternative clinical pathway, many patients with bacteraemia have recurrent or complex biliary infection and the patients are not always suitable for surgical intervention. This topic area remains under review.

4.6 *Pseudomonas aeruginosa* bacteraemia

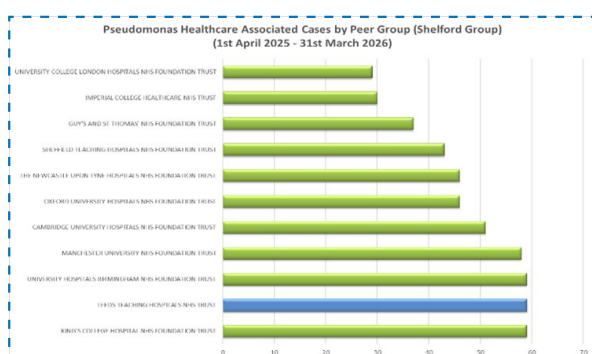


Figure 13: *Pseudomonas* sp. bacteraemia rates for Leeds (blue) compared to large NHS trusts (Shelford group)

In 2025-2026 LTHT recorded fifty-eight cases against a threshold of 37. Nationally, there has been little variation in *Pseudomonas aeruginosa* incidence, since 2017. Urinary and respiratory tract infections are common reported sources of infection, though source is only described in 45.1% of reported cases. In Leeds, device-related infection has been identified as a theme, which is being addressed through work of the vascular-access device group.

A deep-dive review of all cases has been completed given the year-on-year increase. Data does not suggest that infections have occurred only in augmented care; the dominant CSU is AMS, and a brief thematic review suggests catheter associated UTI is a major risk factor requiring intervention. There is an ongoing major outbreak control group overseeing the response to *Pseudomonas* sp. infections in oncology CSU.

Water safe care continues to be promoted in Adult Critical Care CSU, where a reduction in HCAs has been demonstrated in 2025-26. During 2025-26, a task and finish group has overseen projects to rapidly modify the built environment of higher risk patient areas. Work on J53 and J54 has been completed, and in March 2026, the neonatal unit completed all works to become the first water safe unit for neonates in the UK, with no sinks in bays or rooms. The CSU leadership team presented this innovative work at the HCAI group meeting.



5. Outbreaks and Communicable Diseases

5.1 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 in October 2024 within the TRS CSU that crossed orthopaedic pathways including both TRS CSU and Chapel Allerton Hospital patients. This outbreak concluded in January 2026 following a period of assurance in relation to a number of actions including, but not limited to, hand hygiene compliance and education, refresher sessions around standard infection prevention precautions, peer Gemba walks, environmental screening, review of cleaning practices and anti-microbial stewardship.

5.2 CPE outbreak in neonatal unit

On 10 November 2025, an outbreak was declared on L43 of *Klebsiella Pneumoniae* Carbapenemase producing Enterobacterales +ve (OXA-48). A total of 3 neonates tested positive of which all were colonisations. No neonate suffered significant harm or escalation of treatment due to the colonisation. All 3 cases were identical typing when further analysis was undertaken at Colindale. Parents were informed of the outbreak and were given letters to support the verbal information.

A number of control measures were implemented, and the mode of transmission was not identified as there was potential for environmental transmission as the index case was able to use communal parent areas before identification. Common medical equipment and healthcare hands were also working hypotheses. After closing the outbreak, a number of the measures have continued including, single use expressing and bottle-feeding equipment, environmental walk rounds, and an HPV programme. These measures are

continually reviewed at a local level IPC meeting within the Leeds Children's Hospital.

5.3 *Klebsiella pneumoniae* OXA-48 Outbreak in AMS CSU

The outbreak 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 different locations across the CSU. The cases across the CSU were linked to 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. The scope was immediately removed from service and sent for investigation. The hypothesis being that there was an area of internal damage in one of the ports that had allowed biofilm to develop and persist despite standard decontamination procedures. The manufacturer was invited to collect the scope to review further but this did not materialise.

Outbreak meetings and actions were implemented over the 6-month period that led to a much deeper understanding of the outbreak. Collaborative working across AMS nursing and medical, estates and facilities, IPC team, microbiology, decontamination department, and endoscopy led to the successful closure of this outbreak. A number of issues were identified, outside of the scope issue, and highlighted the multi-factorial nature of such outbreaks, such as water safety and hand hygiene practices in wards and side rooms, that the CSU has successfully been able to implement a wide range of changes to practice to help control the environmental hazards.

The outbreak was formally closed on 20th June 2025.

6. Antimicrobial resistance (CPO)

Bacteria producing acquired carbapenemases are referred to as CPO. KPC, OXA-48-like, NDM, VIM, and IMP enzymes are the most prevalent enzymes in the UK. Increasing gut colonisation with these resistant bacteria will inevitably lead to an increase in difficult-to-treat infections. Unless action is taken and lessons are learnt from experiences elsewhere in the world, rapid spread of CPO will pose an increasing threat to public health and medical treatment pathways in the United Kingdom (UK). There is no threshold set by UKHSA for CPO control measures.

A multidisciplinary working group was convened to review the Trust's current approach to Carbapenemase-Producing organism (CPO) surveillance, screening, and risk assessment, in response to emerging local concerns regarding changing CPO epidemiology, screening effectiveness, cost efficiency and operational impact. CPOs are a group of antimicrobial resistant microorganisms which can spread between patients and the hospital environment, most affected patients do not become unwell and are 'colonised' only, but CPO can be relevant if infection develops later. There are 5 common mechanisms of resistance, all are seen in Yorkshire and the Humber, and several trusts have experienced outbreaks, including LTHT (Figure 14).

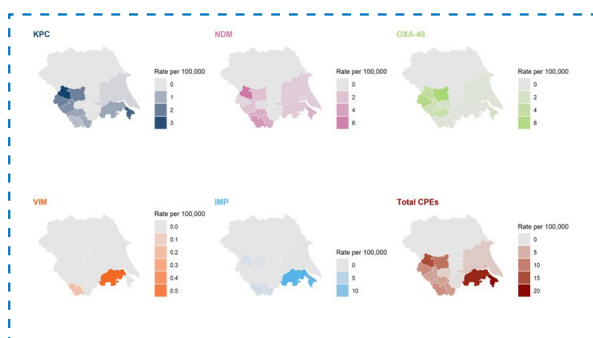


Figure 14: CPO distribution of 5 most common mechanisms of antimicrobial resistance across

Yorkshire and the Humber (UKHSA graphic), cases per 100,000 population January 2025 to December 2025

The LTHT CPO working group undertook a structured review of local epidemiological data, current screening practice, and a prospective "test of change" of a revised CPO risk assessment across multiple clinical areas. In parallel, detailed analyses were performed to better characterise patient pathways, CPO acquisition risk, and the relationship between screening practice and detection.

Key findings indicate that the current approach is resource-intensive with a high proportion of negative screens, and that the traditional risk-factor model (particularly travel-based triggers) incompletely explains local CPO epidemiology. Local evidence suggests a substantial contribution of the burden of CPO arises or is 'unmasked' during healthcare-associated experience, including prolonged admission, repeated patient movement, high-acuity care environments, and antibiotic exposure.

Collectively, these findings support a transition from an admission risk-factor screening model towards a more dynamic, data-informed surveillance strategy incorporating time-based screening, targeted high-risk area policies, and improved organisational metrics.

7.0 Virology

Background

The Virology laboratory and clinical service support the infection prevention and control team through the assessment, investigation, diagnosis, and treatment of viral infections. This includes, but is not limited to, respiratory viral pathogens (including COVID-19, influenza, and respiratory syncytial virus [RSV]), gastrointestinal pathogens (norovirus, rotavirus), vaccine preventable infections (measles, mumps, varicella zoster, 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, support to outbreak meetings and contributions to relevant clinical guidelines.

Key Achievements in 2025/26

The Virology service, alongside the wider microbiology department, has seen major operational changes in 2025/26. The service relocated to the new Centre for Laboratory Medicine (CfLM), allowing the transfer of almost all molecular assays onto new upgraded end-to-end platforms, with the long-term aim of improving throughput and reducing turnaround times for results. The virology serology service has also transferred to platforms with greater capacity; these new technologies are of direct benefit to the infection control service as they facilitate access to rapid testing and improved outbreak detection.

In addition to physical relocation, the microbiology department has transferred onto a new laboratory information management system, providing greater technical resilience and allowing progress towards connectivity across the West Yorkshire Association of Acute Trusts (WYAAT) region.

In September 2025, Mid Yorkshire Hospitals transferred their microbiology and virology services to the Leeds CfLM as part of the planned regional partnership. The virology service received new colleagues and rapidly adapted to accommodate the significant increase in sample numbers associated with this merger.

The Virology winter testing plan continued to facilitate a significant proportion of respiratory virus testing 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). Use of the point-of-care analysers commenced on 6th October 2025 and concluded on 7th April 2026. Influenza A, influenza B and SARS-CoV-2 diagnostics were delivered to adult patients presenting with symptoms of respiratory viral infection, with paediatric patients receiving additional RSV testing according to Trust guidance.

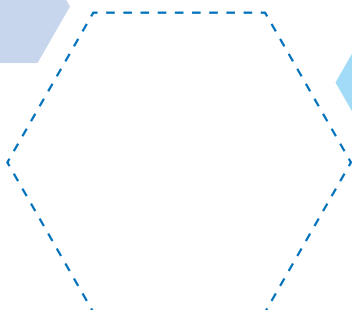
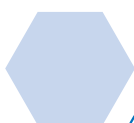
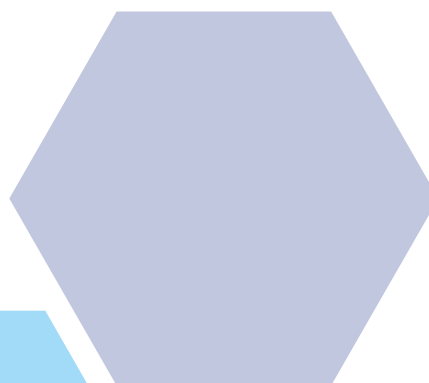
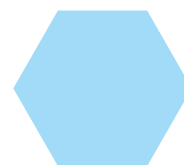
Since September 2024 Virology has supported the Trust in implementing the national NHS England programme of testing for blood borne viruses in adults attending Emergency Departments. Up to 19th April 2026, Virology have tested 77,778 samples resulting in the identification of 19 new cases of HIV, 9 cases of HIV requiring linking to care, 153 new cases of HBV and 70 cases of active HCV.

Aims for 2026/27

The virology service aims to consolidate progress in its new location at the CfLM and looks towards introduction of key new molecular assays to support the identification and control of viral infections, specifically hepatitis E and HHV-8 PCR tests. Virology is also preparing to welcome Calderdale and Huddersfield microbiology services in late 2026 with the next phase of the regional partnership.

8.0 Tuberculosis

Patients with active TB are predominantly managed as out-patients and LHTH IPC team input is only required for inpatients and staff. 84 cases of TB were notified in the Leeds area in 2025; this includes 1 patient 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 LHTH employees. This follows a national escalation of case detection and is set to increase in the coming years. The Leeds TB service was involved in a GIRFT review in 2023/4 and continues to work with partners in Leeds and across West Yorkshire to improve TB care and screening. LHTH personnel continue to contribute to improving the diagnosis, management, and control of TB within Yorkshire and beyond, this work is contributing to the new West Yorkshire Integrated Care Board TB Group.



9.0 HCAI Investigation and improvement strategy

At LTHT, patients who develop a bloodstream infection in any of the mandatory reportable HCAI categories (MRSA, MSSA and GNBSI) or develop *Clostridioides difficile* infection have an investigation undertaken. Throughout 2025/26 CSUs continued to embed the HCAI patient safety Incident response framework (PSIRF) process. This process replaced the traditional Root Cause Analysis (RCA) process in November 2024. Twice monthly HCAI coaching clinics were run to support CSUs with the process and, in November 2025, a 'roles and responsibilities' document was launched in on the request of CSU leaders, this included practical advice, key timelines, flow process chart and escalation procedures.

HCAI PSIRF

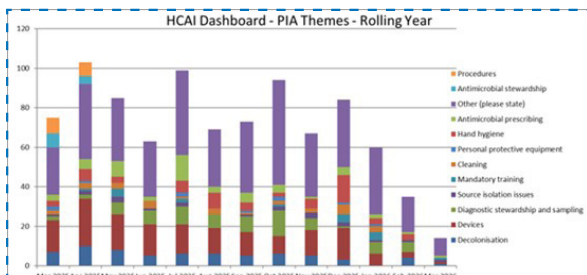


Figure 15: Example of HCAI PSIRF Datix dashboard

Each CSU has access to the HCAI dashboard on Datix which provides a report on themes (Figure 14) that can be used to identify areas of focus and opportunity for quality improvement. Further work is underway to deliver better granularity of the 'other' themes, sub-themes have been added to the section on Datix to support this. The PSIRF process was developed using the Leeds Improvement Method including a patient partner to guide the work. In 2025-26, the team continue to work on improvements, looking at information provided to patients and the duty of candour process

HCAI Improvement Group

The inaugural HCAI improvement group was held in January 2026 and has grown from strength to strength. The purpose of the group is twofold, to facilitate and support CSUs to share their IPC improvement work following learning identified from the HCAI PSIRF process and identify improvement that can be scaled up and transferred across the organisation. Secondly to support the IPC Dyad model approach, which is generating strong medical IPC leadership, medical staff involvement at IPC meetings at all levels and consultants from across many teams contributing to infection prevention work in collaboration with the senior nurses and service leads.

10. Surveillance

LTHT continues to participate in the mandatory Surgical Site Infection Surveillance scheme each quarter. The data is submitted to UKHSA. Once this data has been compiled and compared with other organisations, reports including rates and benchmarking levels against other organisations are returned to the Trust in order for any actions to be taken.

Between January 2025 and December 2025, repair of fractured neck of neck of femur surveillance was completed each quarter by the Orthopaedic/Trauma team with infection rates ranging from 0.0% to 2.5%.

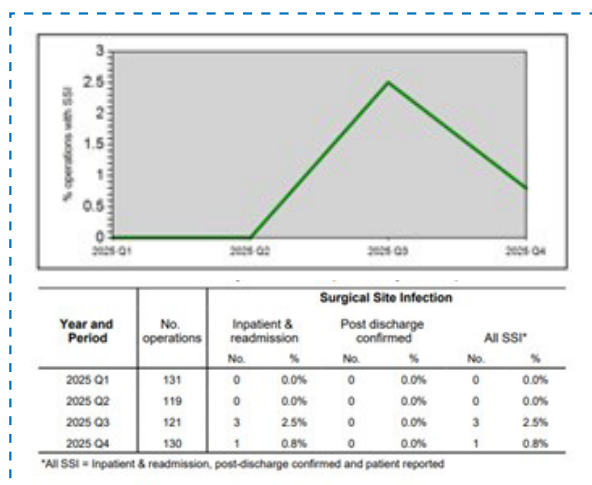


Figure 16: Surgical site surveillance data for fractured neck of femur patients 2025-26

The results were fed back locally to the Trauma and Orthopaedic teams. In Quarter 3, the rates were slightly above national benchmarking rates however the actual numbers were very low. A thematic review was carried out along with ward-based investigations and this was fed back through the CSU HCAI meetings. In Q4 the rates were back down to 0.0%, see figure 16. The team continue 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.

The TRS CSU team will continue to carry out the mandatory UKHSA SSIS scheme and submit data quarterly during 2026/2027. They have commenced using the ICNET HCAI surveillance to collect their data. Baxter have supported them through some teething problems and set up reports that will assist the use of the system to automatically download the data to the UKHSA national surveillance database. Once the TRS team are comfortable that the system is working smoothly, the hope is to extend it out to other CSUs in 2026-27.

11. Facilities

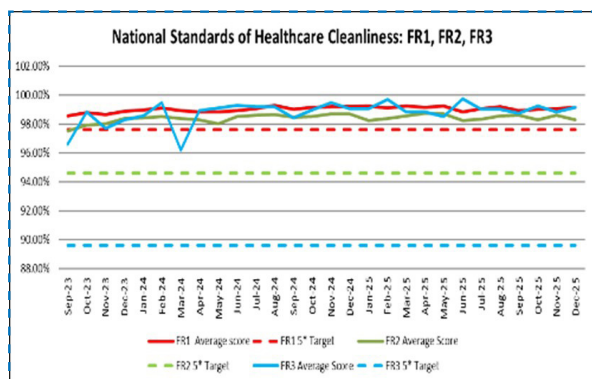


Figure 17: LTHT compliance to the National Standards of Cleanliness 2023-25

The Facilities Team continues to comply with all aspects of the National Standards of Healthcare Cleanliness 2025 v2 (NSoHC 2025) mandated elements, aligned to the overarching cleaning strategy to assure sustained compliance. Nonetheless, the application of the standards remains under constant review, via the Trusts governance structures and the cleaning resource delivered to all clinical areas is reviewed collaboratively with senior nursing colleagues at least annually. The visual cleaning results in our highest risk areas consistently achieve and often exceed their national cleaning target.

There have been a number of challenges in 2025/26, and we are pleased to report that we have responded positively to these challenges. For example, we provided 17 clinical areas enhanced cleaning support in last 12 months, when additional cleaning support was requested. In some areas, for time periods exceeding 10 months.

Upon reflection, there are some extremely proud moments as a team to celebrate. The Facilities services won a Time to Shine Team award, for the development of the Facilities Management Foundation Programme, which is aimed at enhancing careers, developing supervisory and management skills focussed on our primary cleaning services, amongst



other skills. Moreover, Facilities worked collaboratively with J15 at St James, and won the Care award, for their meal service, creating a new process to prepare patients for meal service, with specific focus on hand washing, ensuring side tables are cleared, prepared and cleaned, which resulted in a 76% reduction in HCAI's on J15, applying the Leeds Improvement Method.

In 2025/26 we set a new and unexpected record, by surpassing the previous record of 2500 Hydrogen Peroxide Vapour (HPV) decontamination treatments, in the last year we completed over 3000 processes. Facilities also worked on reinforcing the criteria and parameters for appropriate HPV requirements, through the use of Trust screensavers and dedicated cleaning services meetings with clinical teams. The aim was and remains to ensure HPVs that completed aligned to the relevant infection or IPC scenario.

Moreover, in June 2025, the Trust passed its NSoHC 2025, mandated External cleaning audit, conducted by Sheffield Teaching Hospitals. The Trust scored 100% compliance for the second year running. 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.

A new development, working with our IPC colleagues, was the creation of a specifically focussed green cleaning of a bed video, which are associated with the Essentials of Infection Prevention, alongside the supplement and offer of practical training by Facilities.

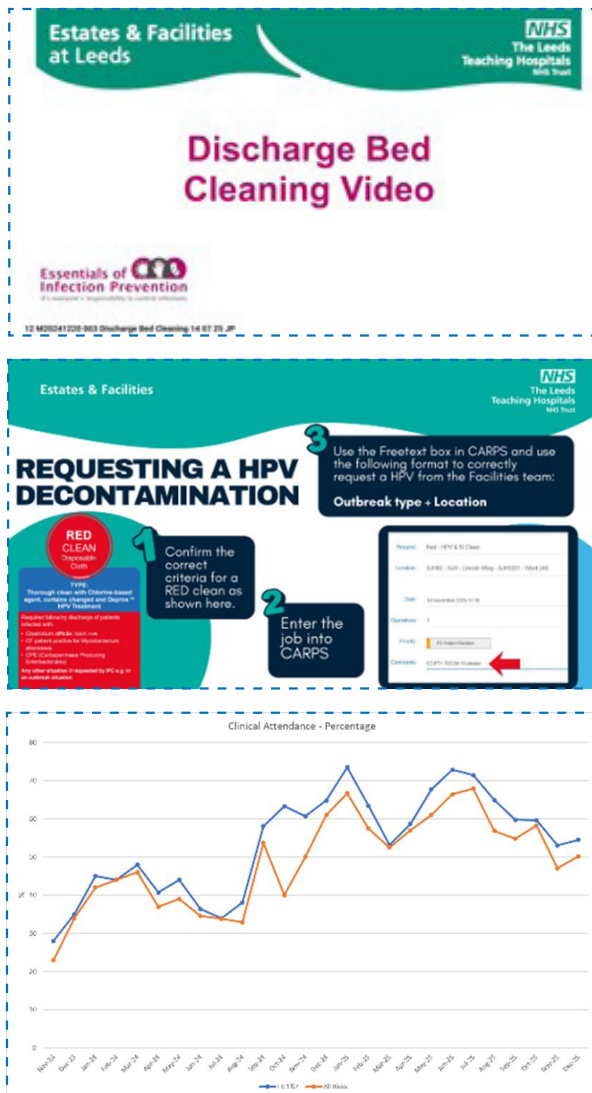


Figure 18: MDT participation in facilities technical audits

Great progress continues to be achieved in early 2026 by ensuring visual technical audits have been undertaken by a Multi-Disciplinary Team (MDT). In 2026, Facilities will continue to provide Trust-wide monthly training to strengthen and supplement these audits further. Facilities will continue to work collaboratively with the nursing teams to increase the number of technical audits that

are conducted via an MDT (Figure 18). This is an area the Trust can improve over the next 12 months.

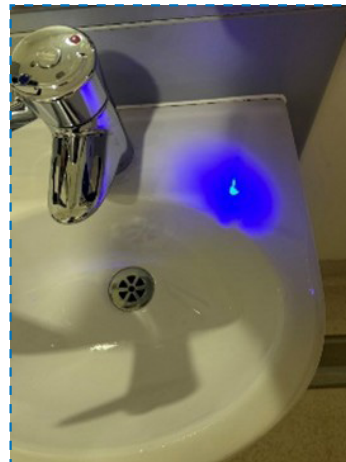


Figure 19: Using UV markers during workforce education

A further aim is to continue to utilise the Trust's cleaning NSoHC 2025 Efficacy Audit as a method to improve education, compliance and usage of wash hand basins in regard to water safety practices. In early 2026, Facilities have commenced some early experiments that supports workforce education and 'glows' when small parts of a cleaning surface are missed and would be otherwise undetected to the naked eye (Figure 19). This technology will be used for training purposes and potentially outbreak scenarios. Again, this will complement our ambitious new IPC training programme, working with a college in 2026.



Figure 20: Work of the patient environment team, before and after decluttering

Finally, the Patient Environment team, with Estates, aim to continue to support the Trust in the reduction of healthcare associate infections as per the HCAI annual commitment in 2026/27, an example of this continuing our focus on decluttering clinical rooms that make effective cleaning more challenging, using the Leeds Improvement Method.

12. Decontamination

The Leeds Teaching Hospitals NHS Trust is committed to having robust systems for decontamination that are compliant with the regulatory standards. Adherence to the Trust Decontamination Policy & Procedures ensures a framework of leadership and quality control to decontamination centred activities to ensure Patient Safety and to reduce the transmission of healthcare associated infections. The Trust has a well-established Decontamination Management Group (DMG) & a governance structure to monitor quality control & effective delivery of the external Sterile Services contract & the internal Endoscope Decontamination Service (EDS) at the Trust.

Compliance with HTM 01-01: Management and decontamination of surgical instruments (medical devices) used in acute care -

Sterile Services

B Braun Sterilog, 3rd Party Provider of Sterile Services, remains compliant with MDD 93/42/EEC, ISO 13485, HTM01-01. Assurance is strong due to audit by an external Notified Body, BSI. Compliance is high with no outstanding non-conformities. There have been improvements to governance and assurance structures for decontamination - in addition to existing contract meetings (Pathfinder Project Board & the Joint Management Board) an LTHT Sterile Services Steering Group has been established to develop a fit-for-purpose specification for the new long-term contract due for implementation in 2027 (supported by the West Yorkshire Collaborative Procurement service).

Compliance with HTM 01-06:
Decontamination of flexible endoscopes -

Flexible Endoscope Decontamination

The LTHT Endoscope Decontamination Service remains compliant with HTM01-06, following a successful Institute of Healthcare Engineering and Estate Management (IHEEM), Joint Advisory Group (JAG) audit (SJUH completed March 2025/ LGI completed April 2025). The JAG/IHEEM audit is conducted by an external specialist consultant, Authorising Engineer (Decontamination).

The decontamination aspect is only part of JAG accreditation, the majority of the JAG is based around the delivery of the service, e.g. endoscopist training, patient pathways, patient communication, waiting lists etc. Compliance has improved from previous years & is currently rated good, the identified actions were addressed & quality improvements were maintained. Procurement led contractor key performance indicator (KPI) review meetings were implemented to address the gaps in testing and validation within the EDS and a new Operational Manager & Senior Decontamination Manager are now formally appointed.

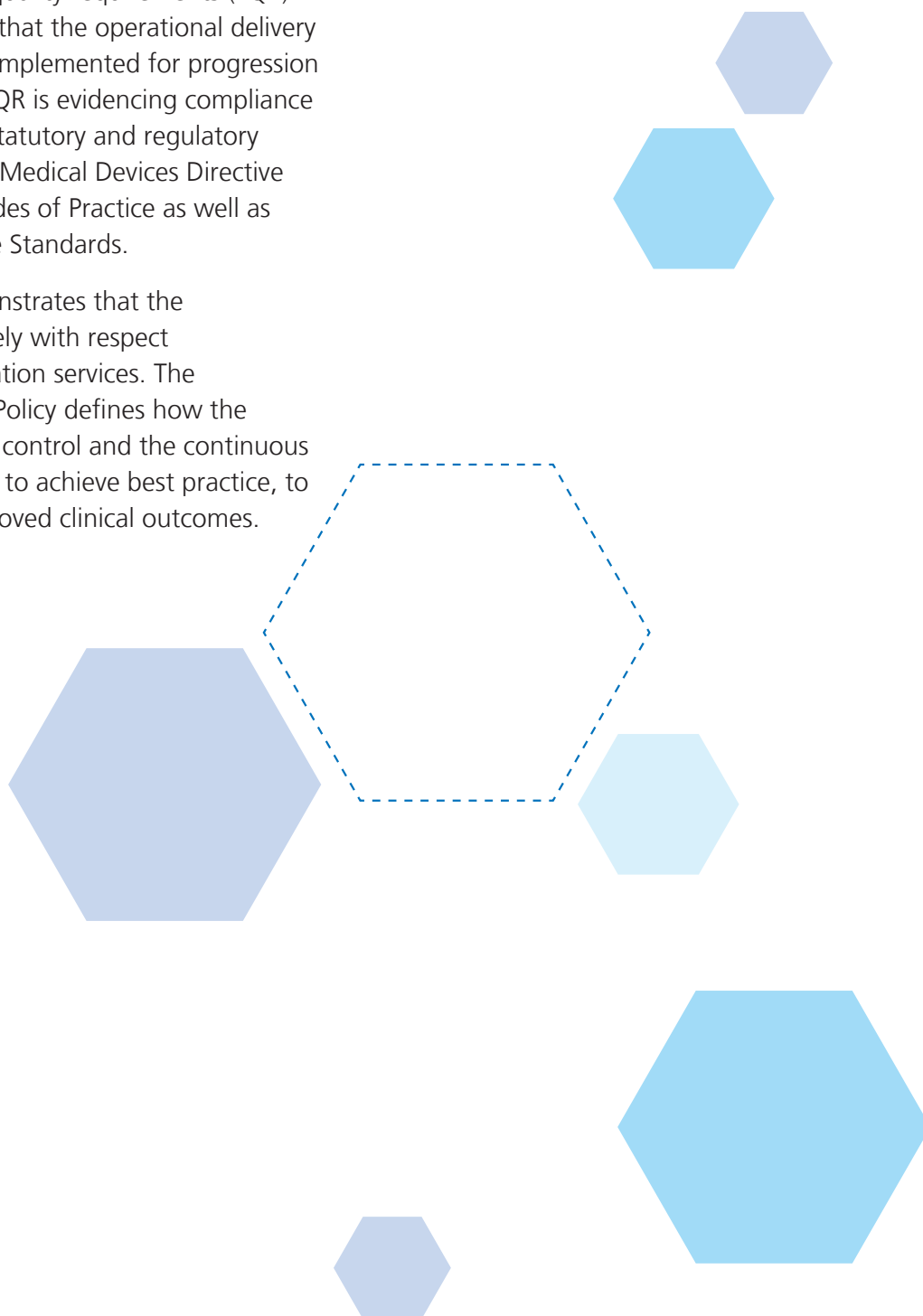
Local Decontamination Practices

There has been limited annual internal audits of the local clinical decontamination processes undertaken in 2025/26 (due to the vacant Senior Decontamination Manager post). This gap in expertise has now been addressed, following successful recruitment & a workplan for 2026/27 is in development with IPC to start from the 1st of April.

In 2026/27 the Trust Decontamination governance framework will continue to improve collaboration with all key stakeholders, promoting a multi-disciplinary approach to improve quality control, performance & improve patient safety, clinical effectiveness, and patient experience.

The new management team (decontamination operational manager for EDS and senior decontamination manager for sterile services) will continue to strengthen the quality & reputation of the service, increasing assurance/ compliance with the Health Act Code of Practice essential quality requirements (EQR) by demonstrating that the operational delivery plan is effectively implemented for progression to Best Practice. EQR is evidencing compliance with the existing statutory and regulatory requirements, the Medical Devices Directive and Approved Codes of Practice as well as relevant applicable Standards.

Compliance demonstrates that the Trust operates safely with respect to its decontamination services. The Decontamination Policy defines how the Trust achieves risk control and the continuous improvement plan to achieve best practice, to contribute to improved clinical outcomes.



13. 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 follow 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 patients, staff member, and visitors to our site of exposure to *Legionella* spp. or *Pseudomonas aeruginosa* and this risk requires organisational management & control. E&F provides ongoing assurance to the Trust that all reasonable and practical measures are taken to mitigate the risks, to ensure safe use and delivery of the water used in all our day-to-day activities.

The control measures taken since 2012 have proven results:

In January 2012, 40 of the 240 outlets sampled gave positive *Legionella* sp. results with an average count of 281 cfu/l.

In January 2026 just 10 outlets returned a positive result >20 cfu/l, though the average count rose to 1700 cfu/l this is due to fewer low counts diluting the result.

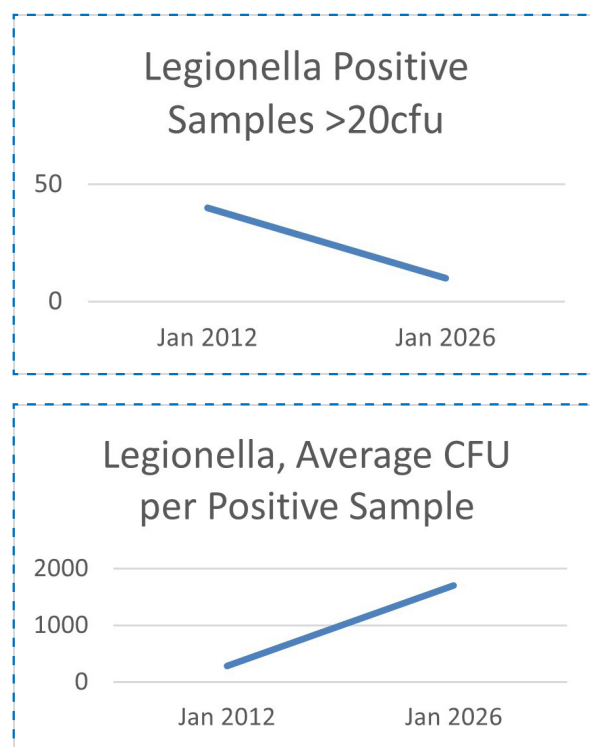


Figure 20: *Legionella* sp. positive water samples and colony forming units (cfus) 2012 and 2026

In 2025 Estates collected 4066 samples from outlets for *Legionella*, with 414 returning positive (>20 cfu/l), a 10% positive return (1% decrease from 11% in 2024).

The measures implemented to control *Pseudomonas aeruginosa* 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 and wastewater splashes (not the engineering water systems supply & 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 Jan 2026, 10 POU filters were in place due to positive outlets in Bexley Wing plus a single POU filter at LGI. Average counts being 280 cfu/l.

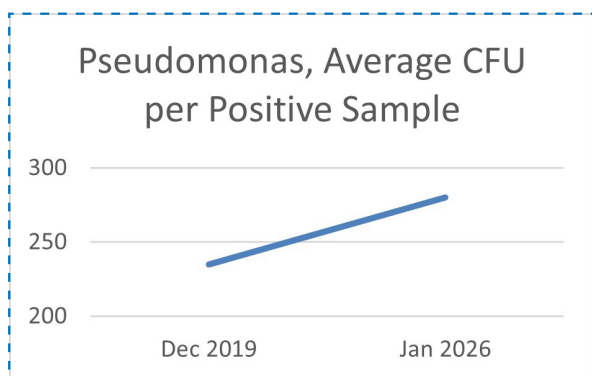
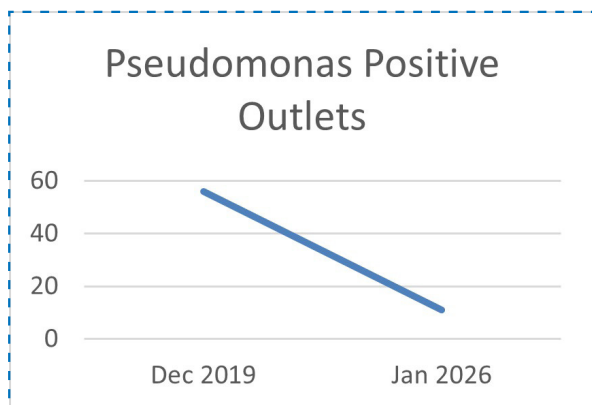


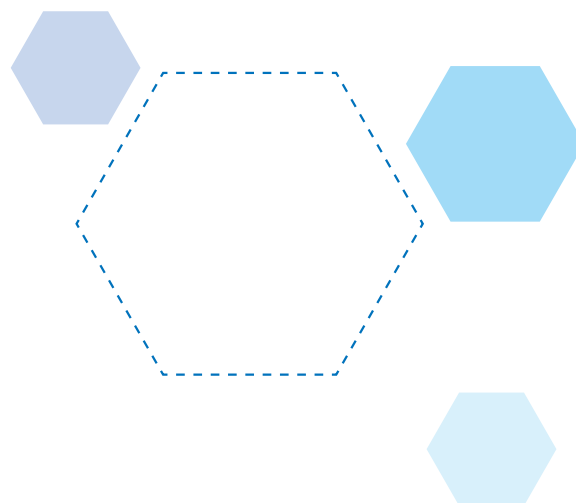
Figure 21: *Pseudomonas aeruginosa* sp. positive water samples and colony forming units (cfus) 2012 and 2026

In 2025 Estates collected 2058 samples from outlets for *Pseudomonas*, with 314 returning positive results, the average result being 280 cfu/l, a 15.2% positive return a threefold increase on the 6.3% seen in 2024. However, scrutiny of the results demonstrates this is the same 14 outlets (sampling results/ trends reviewed at the WSG).

Engagement at the WSG, a forum of multidisciplinary stakeholders, is key to the holistic approach recommended to improve water safety during 2026/2027. The function of the group is to share information with regards to the water sampling laboratory results, the Operational Estates risk assessments & remedial works, Capital Estates projects and HCAI's possibly attributable to the water system. To both give and receive advice regarding issues raised & drive continuous improvement through multi-disciplinary collaboration.

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, it is a holistic review of the environment, the processes, the behaviours, which has enabled continuous water safety 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 bespoke staff training to support awareness & organisational learning. E&F will continue to comply with the Department of Health requirements in relation to water safety and of those within the newly drafted 2026 Water Safety Policy/Plan and will continue to strengthen the relationship with IPC/ Clinical to continuously improve our control measures and mitigate any risks in relation to HCAI's & Patient Safety.



14. Ventilation

Ventilation is used extensively in all types of healthcare premises to provide a safe and comfortable environment for patients and staff and control odours. More specialised ventilation is provided to help reduce airborne infection risks in areas such as operating departments, 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 focus of HTM guidance remains on healthcare-specific elements of standards, policies, and up-to-date established best practice. They are applicable to new and existing sites and are for use at various stages during the whole building lifecycle.

The Trust VSG was formed in 2021 and has 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 the LTHT Ventilation Policy.

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 2025 Estates property appraisal (physical condition risk assessment) identifies a backlog figure of £243m to bring the estate to condition 'B' standard. Of the £254m, Ventilation systems accounts for £19.8m. 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 AHUs are maintained in-line with HTM 03-01 requirements by Estates. Although maintenance is conducted in-line with the HTM, in many cases the AHUs are over 30+ years old (60%) and passed their life expectancy, they were never designed and installed to meet the performance standards required as set out in the current 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 infrastructure/ built environment.

During 2026/2027 the VSG will provide on-going assurance to the IPC sub-committee & HCAI Group, on risk management, 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 Operations/ IPC leads to review/ assess Ventilation Clinical risks for prioritisation of Capital investment & positively contribute to improved patient safety and outcomes & mitigating risk.

15. Health and Safety – Supporting Infection Prevention and Control (IPC)

The Health and Safety Team supports IPC through statutory oversight, incident investigation, and assurance of safe working practices across Leeds Teaching Hospitals NHS Trust. This work focuses particularly on the prevention and management of sharps injuries, inoculation incidents, and occupational exposure risks.

The Trust operates a structured Safety Management System which integrates proactive monitoring, such as the annual Health and Safety Controls Assurance process, and reactive monitoring through incident reporting and investigation. These processes support organisational learning and enable the Trust to identify emerging trends and strengthen risk controls across departments.

The H&S Team works closely with IPC, Occupational Health, CSUs, and specialist advisors to ensure infection prevention risks relating to staff safety are monitored, investigated, and addressed.

Sharps Injury and Needlestick Safety:

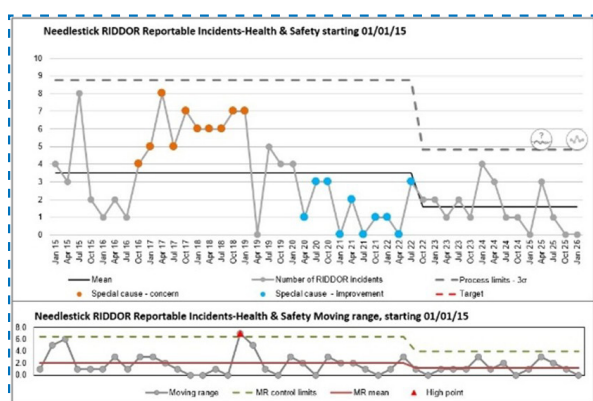


Figure 23: RIDDOR reportable incidents in LTHT 2015-26

For 2025/2026, four RIDDOR-reportable sharps injuries have been recorded, representing a reduction compared with the previous year (five incidents in 2024/25). Each incident is reviewed with Occupational Health and relevant clinical teams to identify contributory factors and implement preventative actions. These reviews support improvements in clinical practice, equipment use, and local safety arrangements.

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

The II&SS Group continues to meet quarterly to review incident data, share learning, and coordinate improvement activity across the Trust. The group provides a multidisciplinary forum involving Health and Safety, IPC, Occupational Health, and clinical representatives to ensure trends and risks are reviewed.

Enhanced Data Monitoring and Reporting:

During the year, live incident dashboards were implemented within Datix, allowing improved visibility of sharps injury trends across the organisation. These dashboards enable incident data to be reviewed alongside Occupational Health activity, supporting a more joined-up understanding of exposure events and staff health outcomes.

Controls Assurance Process:

The H&S Team led the annual Trust-wide Health and Safety Controls Assurance self-assessment process. This ensures that risks relating to sharps injuries and occupational exposure are embedded within departmental safety management systems and reviewed through local governance arrangements. The H&S Team supported sample quality validation of submissions.

Proactive Health and Safety Walk rounds:

The H&S Team participates in structured estates walk rounds with Drees and Sommer as part of the Premises Assurance Model. As this model includes IPC-related environmental risks such as ventilation, water hygiene, and environmental cleanliness, these visits support infection prevention assurance within the built environment. In addition, IPC considerations are incorporated into routine Gemba walk rounds undertaken by the H&S Team across clinical and support areas.

Reduce High-Risk Sharps Injuries:

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

Strengthen Data Analysis and Thematic Learning:

Utilise the new Occupational Health system (G2) to improve data collection on contributory factors associated with inoculation injuries. This will support identification of key themes and enable the development of targeted prevention initiatives and safety campaigns.

Improve Cross-System Data Integration:

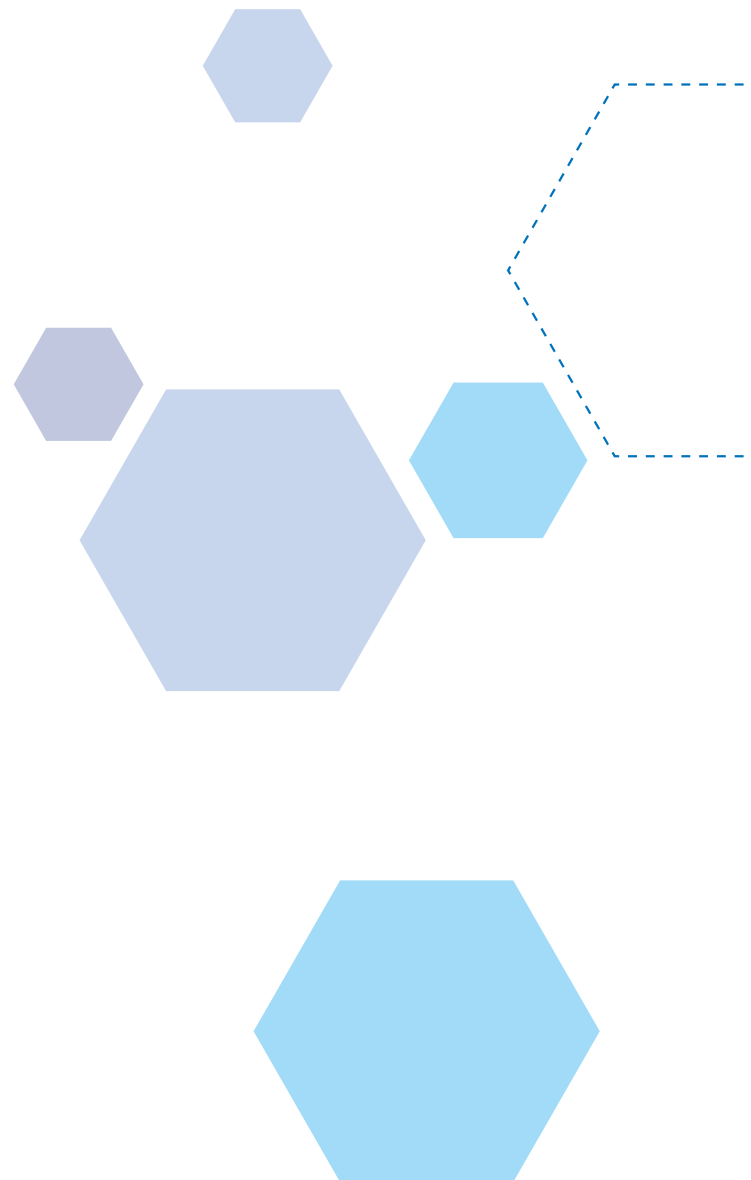
Further develop live incident dashboards to allow integration of Health and Safety and Occupational Health data. This will enable more comprehensive analysis of occupational exposure events and strengthen organisational learning.

Strengthen CSU Accountability and Governance:

Expand representation from CSUs within the II&SS Group. This will support local ownership of incident trends and ensure that improvement actions are implemented and monitored through CSU governance arrangements.

Sustain IPC Assurance through the Controls Assurance Process:

Maintain full participation in the annual Health and Safety Controls Assurance process and ensure that IPC-related risks associated with sharps injuries and occupational exposure continue to be reviewed through departmental governance structures.





16. 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).

Antimicrobial Stewardship and NHS Standard Contract

The NHS National Action Plan to reduce AMR plan outlines a national expectation for reduced total antibiotic use as compared to a baseline of consumption in 2019.

In alignment with this, the NHS standard contract mandates Trusts to:

1. Demonstrate that AMS activities use the 'Start Smart then Focus' Toolkit
2. Develop action plans to ensure safe prescribing
3. Reduce total antibiotic usage
4. Reduce the use of 'Watch' and 'Reserve' antibiotics (determined by WHO)
5. Monitor and report on:
 - a. Evidence of documented indication and duration/review date for antimicrobials
 - b. Evidence of AMS review at 48-72 hours
 - c. Adherence to local antibiotic guidelines

AMS activities and safe prescribing

The Trust oversight and monitoring is through the Improving Antimicrobial Prescribing Group (IAPG) which meets bi-monthly. The focus of the group is on operational and strategic needs, with a bi-annual review against the annual program for antimicrobial resistance and stewardship as set out in the Board Assurance Framework.

The infection treatment and prevention guidelines 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 in 2024/25 to support the migration and continued management of antimicrobial guidelines from Leeds Health Pathways (LHP) to Eolas Medical. All secondary care adult and paediatric antimicrobial guidelines are now hosted on the Eolas platform. Improved accessibility has led to excellent compliance with antimicrobial guidelines with respect to choice of antimicrobial as demonstrated by local audits, thereby contributing to a reduction in overall antimicrobial consumption at LTHT and improved AMS. Compliance with duration of antimicrobials is less good, with data suggesting that durations are usually longer than advised. Work in 2025/26 has been focussed on areas where durations of broad-spectrum antimicrobials have been non-compliant.

The new format and governance of the guidelines have led to a marked reduction in the number of guidelines that are out of date and a significant improvement in the responsiveness of the guidelines to changes in antibiotic availability as well as AMR data. Additionally, significant improvements have been made to the antimicrobial prescribing protocols on eMeds (the LTHT prescribing platform), which are now almost all aligned with the antimicrobial guidelines. All antibiotic courses should be prescribed using protocols, which will automatically limit durations to those advised in the guidelines.

AMS ward rounds led by the Pharmacy Infection Team (PIT) include Pharmacy Technician-led IVOS, 'Protected' antimicrobials (including carbapenems), urinary tract infection prophylaxis, oral bioavailable agents, and penicillin allergy. A new pharmacist-led intervention in general medicine has compared remote to in-person stewardship interventions, with benefits demonstrated in both models.

Total antibiotic usage

In 2025/26 there was an increase in total consumption per 1000 admissions of 3.8% compared to the 2019 baseline. Over the past 3 years, there has been a slowing in the rate of consumption increase, with an increase of 26.1% in 2023/24 and an increase of 13.7% in 2024/25 (both compared to the 2017 baseline). One of the reasons that overall antimicrobial usage has not declined as much as needed, is the focus on reducing broad spectrum antimicrobial usage as an important tool in tackling AMR. To obtain the same antimicrobial coverage, two or sometimes three antibiotics need to be used instead of a single broad-spectrum agent. Therefore, to achieve significant decreases in 'Watch' and 'Reserve' antibiotics, there has been a compensatory increase in 'Access' antibiotics.

Nonetheless, achieving a reduction in growth in overall antibiotic usage, alongside a reduction against baseline of broad-spectrum antibiotic usage is very significant improvement on previous years and we are proud of this success.

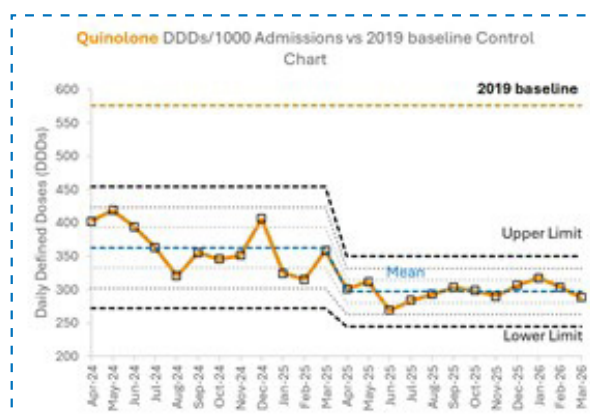
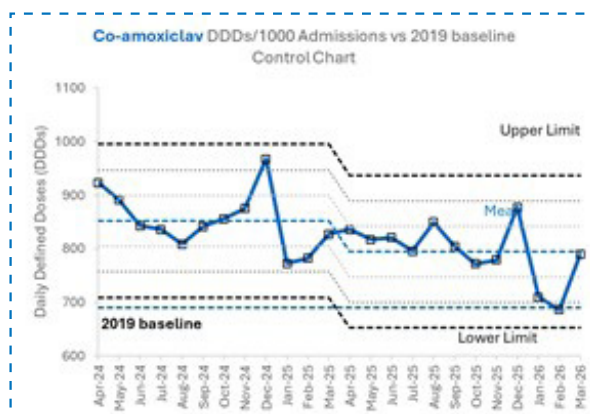
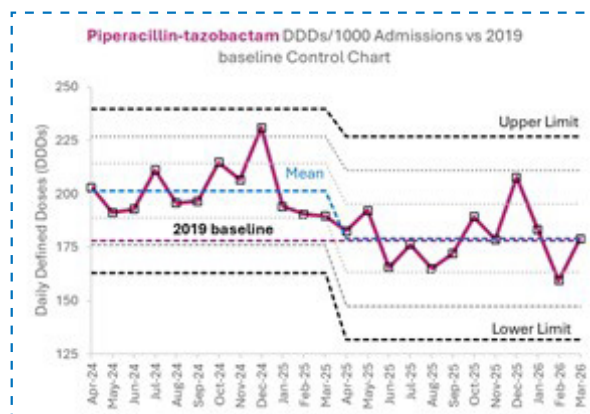
'Watch' and 'reserve' antimicrobials

The 2025/26 NAP requirement is to reduce the usage of broad-spectrum antibiotics with no numerical target. IAPG agreed to continue with the 2023/24 target of a 10% reduction in antibiotics categorised as 'Watch' and 'Reserve' by WHO, compared to the 2019 baseline.



Figure 24: Weighted Trust-wide Consumption of 'Watch' and 'Reserve' Antibiotics Control Chart

The most significant improvements in the 'Watch' category have been seen in Piperacillin Tazobactam, Co-amoxiclav and Ciprofloxacin usage. These directly reflect changes to guidelines made in 2024/25, as well as the introduction of the MHRA quinolone warning, and has been accompanied by a trust wide campaign to introduce more widespread use of gentamicin.



48–72-hour review using ‘#CARES’

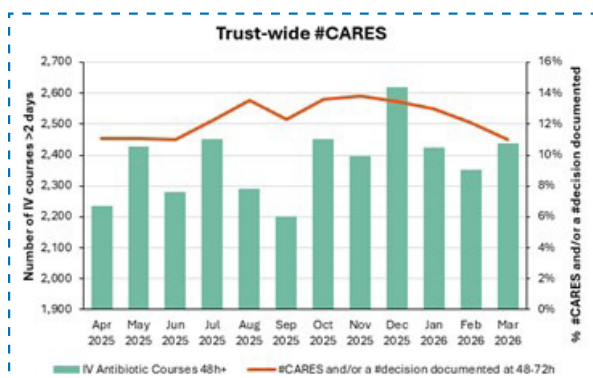


Figure 25: LTHT compliance with antimicrobial reviews using #CARES

In 2024, clinician documentation for daily reviews of patients on IV antibiotics was standardised using the acronym #CARES. This provides valuable data which is now an antimicrobial stewardship KPI for CSUs (Figure 24). Use of this tool has led to improved uptake compared to the previous eMeds clinical review tool. Further work is continuously undertaken to promote the use of #CARES, with internal targets to achieve 30% uptake in 2026/27, 50% in 2027/28 and 80% by 2028/29.

Antimicrobial prescribing audit

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. In 2025/26 approximately a quarter of inpatients were given antibiotics, with 2/3

of these being given intravenously. Of those antibiotics initiated intravenously, 42% remain on this route at 48 hours, and 33% at 72 hours, a slight improvement on 2024/25.

Antimicrobial Stewardship Engagement Events

A trust wide infection summit was held in Summer 2025 (see below for details). 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. A new approach was taken for 2025/26, inviting Trust-wide engagement through daily online meetings and teaching sessions, the “Bake a bug” competition, the “Go Blue for AMR” campaign, and a follow-up to the Infection Summit where improvement work was shared.

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. The Pharmacy Infection Team also continue to provide mentorship to leadership programmes in the Commonwealth Pharmacy Association and the West Yorkshire Improving Population Health programme, supporting AMS projects outside the organisation.

Staff from LTHT are participating in the Leadership to Embed Antimicrobial stewardship in Practice (LEAP) programme, both as mentors and mentees. This is a pilot programme from the British Society for Antimicrobial Chemotherapy (BSAC), which aims to develop leadership and stewardship skills for staff who are not experts in infection or antimicrobials. If successful, this programme will be rolled out nationally. LTHT are early adopters of the core ideology of this programme, that stewardship in practice is key to achieving success in control of AMR

17. Emerging Key Infection Issues

The trust carefully considers future infection threats and works strategically and practically to prepare for these risks. COVID-19 pandemic demonstrated the scale of risk that infectious disease poses to all aspects of healthcare delivery, especially when uncontrolled transmission occurs. A future outbreak response will need not only public health intervention but effective work across our city's organisational boundaries, including engagement with hard-to-reach communities, and adaptation of national policy frameworks to local realities.

UKHSA launched a pandemic exercise 'Pegasus' in Autumn 2025 to help the UK prepare for a future similar event and LTHT teams participated and reflected on our preparedness for this scenario. Similarly, de-briefing exercises occurred both after LTHT managed a case of high consequence infectious disease (HCID) in November 2025, and after the Leeds measles outbreak in 2024-25. These exercises provided action points to better prepare LTHT for future infection risks and these 'actions for a large-scale infection response' cannot be delivered solely by the infection prevention team as they require collaboration across multiple teams and departments. A task and finish group has been recommended to lead a programme of improvement to deliver the preparatory actions effectively

Another serious risk to healthcare and the wider population is the escalation of antimicrobial resistance (AMR), and this was highlighted as a major threat by previous Chief Medical Officer (CMO) Dame Sally Davies. In November 2025, NHS England recommended that all trusts discuss AMR at board level and plan a new strategic plan for monitoring and control of this threat.

The LTHT response included:

Board level review and executive oversight of AMR

- Annual report of antimicrobial resistance metrics to board including trend analysis
- Quarterly report of CPO transmission, incidence, and healthcare onset
- Monthly review of new CPO cases for each CSU, differentiating healthcare onset

Risk and capability assessment

- Current blended leadership and governance for IPC, AMS, and AMR to be rolled out, formalising CSU level medical and nursing shared accountability for AMR
- Clinical staff to receive education and training on AMR including
 - The impact of health inequalities and patient-level risk factors
 - The role of the built environment and equipment in AMR transmission
 - The role of prescribing and local AMR selection & development
- Environmental AMR training for estates and facilities colleagues

Setting priorities and delivering improvement

- Target - #CARES review completed for 50% of IV antibiotic prescriptions by 2027, 60% by 2028 and 70% by 2029
- Target – watch and reserve antibiotics comprise ≤30% of consumption by 2029
- Target – 80% patients have appropriate IV to Oral switch by 2029

In his report on infection in 2025, Chris Whitty (Chief Medical Officer England) describes how international travel has led to known diseases previously limited to particular geographical areas spreading more widely causing major harm to human health;

examples in the last 15 years include Ebola in West Africa, Zika in Latin America, MERS in Asia and Mpox globally. Existing human infections can genetically reassort or evolve in response to our existing immunity, in particular influenza. Infectious diseases are therefore a very dynamic threat, and the trust works continuously to keep up to date with infection risks, improve education at our front doors (so patients with transmissible infection are recognised early in their journey), and to ensure teams are supported by specialist infection services, guidance and escalation strategies when required.

Finally, we recognise that our population and communities are not at equal risk of harm from infection, especially with local data on low vaccine uptake in some geographical areas of Leeds. We know a national priority is to reduce the risk of infections in the elderly, the largest growing segment of the medically vulnerable population. There is only limited research and evidence on how best to reduce health inequalities from infection, but LTHT teams are committed to collecting data and expertise, developing new pathways to identify those at risk, and looking at how we can best protect those most vulnerable to infection.

18. Deputy Medical Lead for High Consequence Infectious Disease (HCID)

Key areas to celebrate in 2025/2026:

- LTHT participated in Exercise Pegasus, led by DHSC and UKHSA, this UK-wide, COBRA-activated simulation tested the nation's response to a rapidly evolving pandemic across three phases—Emergence, Containment, and Mitigation.
- Introduction of scenario-based simulation training for care of patients with confirmed or suspected HCIDs
- Work with the Emergency Departments, Children's', Critical Care and SIM to progress area-specific HCID plans.

Key areas to focus on 2026/2027:

- Increase HCID PPE training in admission areas to improve safety and enable switch from Airborne PPE for suspected MERS and avian influenza to HCID Unified PPE to comply with National Guidance
- To learn lessons from previous HCID case and Exercise Pegasus to update and improve Pandemic Preparedness Plans
- To work with admission areas to develop and activate standard screening questions for infections that may require screening and isolation, to include HCIDs.

19. Deputy Medical Lead for Surgery and Anaesthetics

Key areas to celebrate in 2025/2026

- Establishment of, and engagement with the LTHT Vascular Access Safety group
- Securing ANTT.org as the e-learning package for LTHT asepsis training
- Formation of a Trust group for Digitalisation of Invasive Devices
- Key areas to focus on 2026/2027:
- Help establish a Trust group for prevention of urinary sepsis/ and CAUTI
- Fully embed the work on criteria led removal of peripheral vascular access devices Trust-wide
- Aim to secure one digitalisation project - PVC documentation



20. IPC Team updates and training

IPC workforce update

In January 2026 we were delighted to welcome a new member to the admin team. In addition, we have successfully recruited to a secondment post within the practitioner team; the successful candidate is an Allied Health Professional further strengthening our commitment to having an inclusive workforce.

Supporting Health and Wellbeing

Supporting the Health and Wellbeing of the IPCT continues to be a priority. During 2025-26, professional development within the team has continued with one of the team members participating in a purpose driven leadership programme and two team members have undertaken the Infection Prevention Course at Dundee University. In addition, we have continued to support training and development based on individual PDPs through appraisal and 1:1s.

Education and Training

During 2025-26 the IPC team continued to maintain its commitment to delivering the Trust's mandatory training programme. The team has also provided additional bespoke sessions for undergraduate and postgraduate nursing students and Allied Health professionals through the respective Leeds based universities. The Key Worker Programme and CSU specific education sessions also ran throughout the year.

Figures 25 and 26 show our mandatory training compliance year on year for the last 5 years. In 2025, there were changes in the national e-learning package used for IPC refresher training for clinical staff, (known as

Level 2) and there is now a requirement for all clinical staff to periodically complete the Level 1 package too. The compliance for level 1 dropped during 25/26 which we believe to be reflective of the changes as in previous years, this would only have been undertaken by non-clinical staff.

Training	Mar-22	Mar-23	Mar-24	Mar-25	Mar-26
IPC clinical (Level 2)	80%	76%	84%	83%	86%
IPC Non clinical (Level 1)	83%	89%	96%	93%	88%

Figure 26: Table demonstrating compliance with infection prevention and control mandatory training 2025-2026

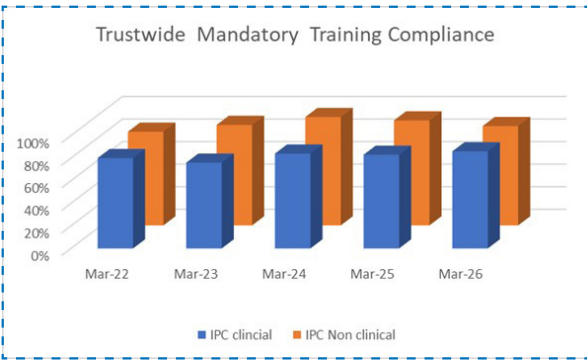
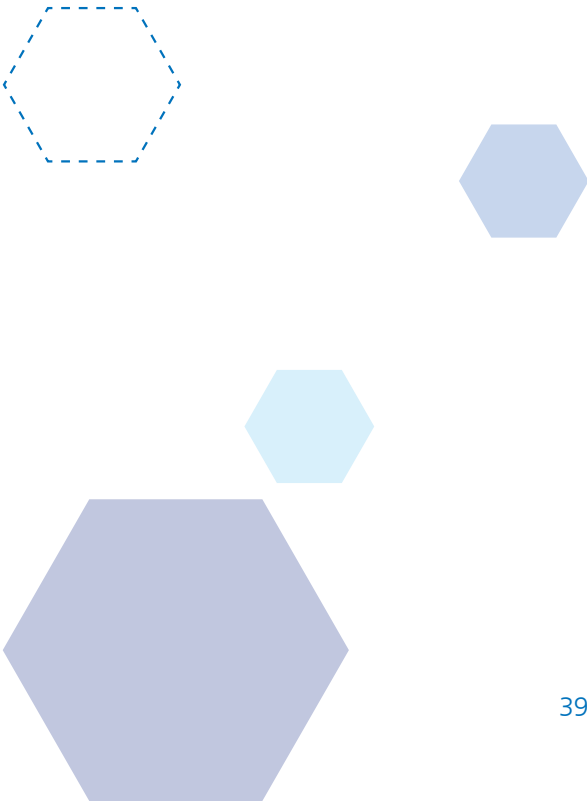


Figure 26: Graph demonstrating compliance with IPC training for clinical and non-clinical staff 2022 to 2026



21. Campaigns and Further Achievements



Scrub away Staph-A

In February, the Director of Infection Prevention and Control, Dr Magnus Harrison, launched a trust-wide month-long focussed campaign on reduction strategies for Staphylococcus aureus (i.e. MRSA and MSSA). The Trust's infection prevention and communications teams fully supported this. This included:

- Educational webinars
- Educational 5 slide set – disseminated through clinical leaders
- Posters and promotional materials
- 99+ ward visits with questionnaires and bedside education
- Ward poster board competition
- Suite of educational resources
- Weekly operational updates for ward teams

21.1 Observer programme from St Vincent and the Grenadines and an ongoing Community of Practice



The Infection Prevention Team were honoured to be involved in a 2-month observer programme with a visiting contingent of staff from St Vincent and the Grenadines (SVG). The purpose of this programme was to provide an immersive learning experience, allowing the observers to engage with Infection Prevention and Control practices here in Leeds. It was also an opportunity for our team to learn from their experience and perspective on healthcare and IPC in their home country. The IPC team hosted two observers and developed a programme that ensured they gained a comprehensive understanding of our practices. We supported them to achieve their objectives and to ensure they left equipped with the knowledge, resources, and confidence to implement their projects on return to SVG. Since the summer, a Community of Practice has been established between our Trust and a number of representatives from SVG. Although still in its early stages, it is hoped it will become a valuable forum for shared learning, collaboration, and problem-solving through meetings, guidance sharing, and joint development of tools and approaches.

21.2 CDI National Conference

In October 2025 representatives from the Infection Prevention team and the Leeds Cancer Centre were invited by the national CDI Trust to share their recent improvement work on *Clostridioides difficile* (CDI), following a CSU wide outbreak and increase in the number of expected cases. The work undertaken included an education and training programme, a refresh of CDI resources and increased visibility from senior leaders. This also included inception of a staff survey which measured staff knowledge base so education could be targeted. In addition, this also included increased cleaning hours in the 'oncology A+E' and support for the Trust's enhanced cleaning team who provided a rolling programme of in-house Hydrogen peroxide vapour decontamination (HPV). Interventions that were put in place have had a lasting effect across the clinical service unit and increased senior team visibility. The presentation was well received with requests from other trusts for our team to visit and share our experiences

21.3 Aseptic Non-Touch Technique (ANTT)

In May 2025, an ANTT Education Task and Finish Group (ANTT, ET&F group) was convened to explore how competence is achieved across our organisation. The group looked at the current processes and whether resources were fit to provide the necessary training staff required to ensure the ongoing safety of our patients. It was identified that the training programme was no longer fit for purpose and required a refresh to allow practice to be standardised.

In March 2026, the task and finish group were successful in securing funding to purchase the national ANTT.org package which included an e-learning programme and resources to ensure staff receive the same training and declare competence in the same way. The task and finish group are in the process of working through a bespoke Implementation programme to roll out Trust wide and we are hopeful this will be fully operational in Q2 of 26-27.

21.4 Infection Summit 2025



On 1 July, the second Infection Summit took place at the Thackray Museum organised by the LTHT AMS and IPC teams. Over 80 colleagues of

varying roles, attended from fourteen different clinical service units (CSU's) attended. This year's theme was minimising antimicrobial resistance (AMR), which is one of the top ten global public health threats facing humanity.



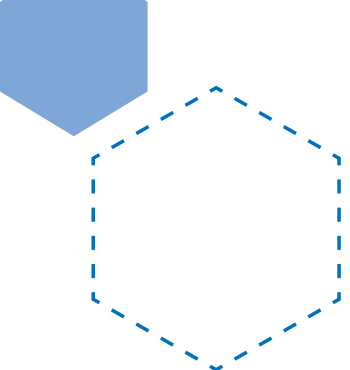
Dr Magnus Harrison introduced the day highlighting the importance of collaboration. The morning consisted of educational presentations delivered by our infection experts, on a range of topics: which included the improvements we can make together and why we need to minimise AMR. We were grateful to hear a patient's story and the impact that having a resistant infection had on their life. This year we introduced our showcase section, where we championed the excellent work taking place in CSUs. It was an inspiring day where we celebrated success, encouraged collaboration, sharing of ideas and reminded each other of the improvements we can make together and why we need to minimise AMR. A follow up event was held in November 2025 where CSUs showcased the progress of the improvement projects they had undertaken within their CSUs.

22. Challenges and Opportunities

This report summarises the diverse infection threats facing the NHS over coming years, including healthcare-associated infection, antimicrobial resistance, outbreaks of infection, the resurgence of vaccine-preventable disease, high-consequence infectious disease, tuberculosis, and device-related infections. Our patients have increasingly complex care needs, and we know that preventing infection, especially in our older adult population, will be an important focus over coming years. Beyond the epidemiological and clinical challenges, we are also working in aging healthcare buildings, and we work increasingly closely with our engineering and facilities colleagues to minimise the impact of this risk on our ability to prevent infection. Bringing together diverse professional groups to tackle these challenges calmly, safely, and effectively is not easy, especially in the context of the many competing pressures and priorities existing in healthcare today.

Over recent years, we have built a new IPC leadership and governance model for LTHT, we have changed the way we investigate harm from infection (PSIRF), and we have developed excellent relationships with teams across the Trust and with regional partners. We have improved digitalisation, infection data, and educational resources for our colleagues. LTHT is in a confident position to face the infection challenges ahead but there is still more work to do in reducing healthcare-associated infections. With the launch of our new IPC strategic plan for 2026-2029, we look forward to delivering improvement using a shared vision. We are passionate about providing the right IPC support and up-to-date information so teams can work together to keep our patients safe from infection.





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

