



Report Title	Infection, Prevention and Control Annual Report
Author	John Thompson, Head of Safety and IPC Lead
Accountable Director	Dave Green, Executive Director of Quality and Chief Paramedic
Previous committees/groups	Clinical Governance Group, Quality Committee
Recommended action(s)	Information/Assurance
Purpose of the paper	To provide assurance to the Board on statutory IPC activity in 2024-25.
Executive Summary	
<p>The Infection Prevention and Control Annual Assurance Report for 2024–25 reflects a year of continued commitment by the Trust to safeguard the health and wellbeing of its staff, patients, and partners. This report affirms the Trust’s statutory compliance and strategic leadership in IPC, while also highlighting the evolving landscape of infectious disease management and the Trust’s proactive response.</p> <p>Throughout the year, the IPC team has demonstrated resilience and agility in the face of increasing complexity and demand. Training compliance remains a cornerstone of the Trust’s IPC strategy, with Level 1 training consistently exceeding national benchmarks achieving 95.8% in A&E and 98.23% in PTS. While Level 2 training compliance showed a slight dip, the team responded decisively following a largely positive external audit, implementing targeted interventions and cross-functional collaboration to address gaps and improve performance.</p> <p>Over the period, incident reporting rose significantly, with a 55.2% increase in IPC-related events compared to the previous year. This surge reflects both heightened vigilance to infections in the community and demonstrates the Trust’s transparent culture of reporting incidents. Whilst capacity of IPC practitioners has remained consistent, the IPC team has provided support to operational teams, ensuring that investigations are thorough and that learning is cascaded effectively.</p> <p>The year also saw the Trust respond to several high-profile infectious disease challenges. Notably, the IPC team led the management of the first Clade 1b Mpox case outside London, working closely with UKHSA to ensure staff safety and containment. The national measles outbreak, with over 2,900 confirmed cases, and a 13% rise in tuberculosis cases, placed additional pressure on the team. Yet, through communication, education, and partnership working, the IPC function-maintained control and mitigated risks effectively.</p> <p>In response to the growing threat of antimicrobial resistance, the IPC team has aligned its efforts with the UK’s AMR action plan, promoting stewardship and reinforcing IPC measures across the Trust. The development of tools such as the External Notification Contact Form has streamlined communication with UKHSA, enhancing responsiveness and reducing risk.</p>	

Audit compliance across A&E and PTS remained strong, though areas such as hand hygiene and uniform standards continue to require focused attention; more quality inspection would further strengthen the efficacy of IPC audits. The IPC team has worked diligently with operational leaders to improve audit returns and embed best practice.

Strategically, the IPC function has delivered against a comprehensive set of objectives aligned with the IPC Work Plan and Board Assurance Framework. These include risk register maintenance, incident analysis, audit programmes, and collaborative initiatives to reduce healthcare-associated infections. The team's work has been externally validated through the 360 Assurance audit, which confirmed compliance across Board Assurance Framework categories, with only minor areas identified for improvement.

Despite its achievements, the IPC team operates with a lean structure. The rising volume and complexity of IPC activity underscore the need to review capacity and capability to ensure continued resilience and reach. This presents an opportunity to strengthen the function and enhance its strategic influence across the Trust.

Looking ahead, the IPC team is poised to build on its successes. Key priorities for 2025–26 include the continued implementation of the HCAI action plan, development of an electronic audit platform, and establishment of an IPC link practitioner network. The team will also maintain its leadership role in horizon scanning, outbreak management, and partnership working with UKHSA and other stakeholders.

In conclusion, the IPC function at the Trust has delivered a year of impactful, strategic, and responsive work. The Board is asked to receive assurance on progress to date and to support the next phase of development, ensuring that IPC continues to be a pillar of safety, quality, and excellence across the organisation.

Recommendation(s)	It is recommended that the Board note and support the IPC function.
Link to Board Assurance Framework Risks (board and level 2 committees only)	4. Strengthen quality governance and medicines management to develop a culture of improvement, safety, and learning.

Infection Prevention and Control Annual Report

1. SUMMARY

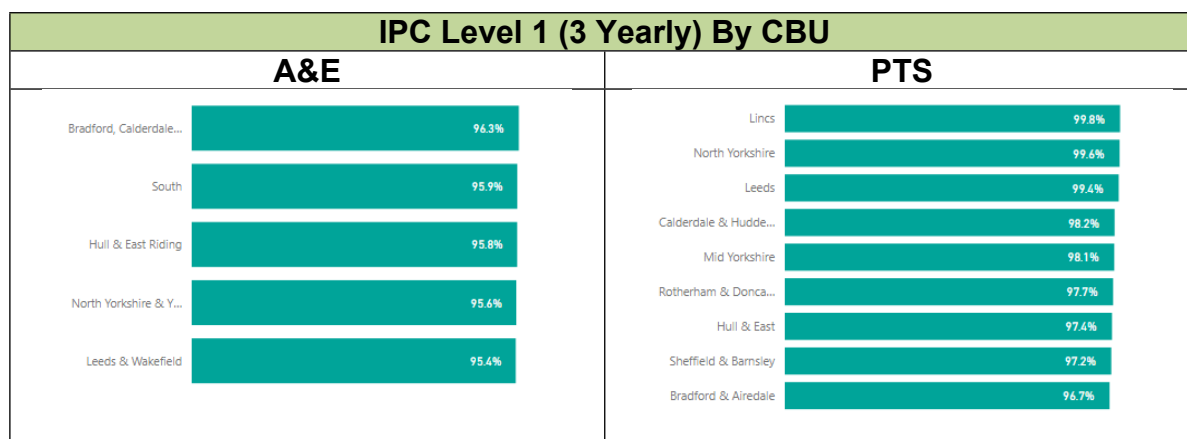
- 1.1 This report is an annual assurance report to the Board, outlining the Infection Prevention and Control (IPC) statutory activity in 2024-25, and its commitment to ensure the best safe management and practice of Infection Prevention and Control within the Trust and to our partner agencies. The IPC risks are outlined for oversight and discussion.

2. BACKGROUND

- 2.1 YAS is committed to ensuring the health, safety and welfare of all its staff and all those people who are affected by YAS activities and services. Legal responsibilities as an employer are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014; Section 2 of the Health and Safety at Work Act 1974; The Public Health (Control of Diseases) Act 1984; The COSHH Regulations 2002; The Public Health (Infectious Diseases) Regulations 1988; Food Safety Act 1990; The Management of Health and Safety at Work (Amendment) Regulations 2006; The Health Protection (Notification) Regulations 2010; The Food Safety and Hygiene (England) Regulations 2013; Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) 2013. All relevant NHS requirements, guidelines and applicable regulations are considered.
- 2.2 Working together with all staff, YAS is committed to the effective management of infection prevention and control in the workplace. The Trust's approach to Infection Prevention and Control is set out in the Infection Prevention and Control Policy and is delivered through the YAS IPC management system

3. TRAINING

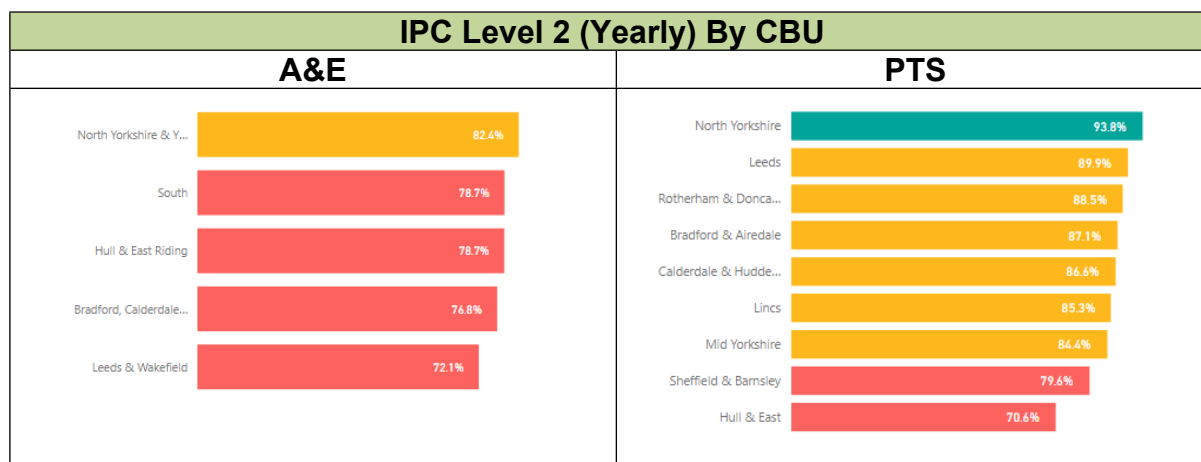
- 3.1 The Trust is committed to ensuring high quality IPC practices exist across all business areas of the organisation, and training is central to making that happen.
- 3.2 The Trust IPC Training is based on the National NHSE educational framework. The framework sets standards and identifies learning outcomes for the professional development and growth of health care workers, Clinicians and the workforce.
- 3.3 Infection prevention and control in-service education and training curriculum primary objective is to equip staff with the essential knowledge and competencies necessary for delivering safe effective management and practice of IPC.
- 3.4 A key expectation from NHSE and Health and Social Care Act 2008 is that competency through training provision is essential, as Ambulance Trusts cannot monitor all work in practice, and IPC being an integral part of everyday duty of care. Robust training is essential for staff IPC knowledge and education.
- 3.5 IPC Level 1 training average compliance across all staff groups and levels has remained above the 90% level ending 2024/25 at an average of 95.8% (A&E) and 98.23 (PTS), this is a slight reduction from 2023-24 which stood at a Trust average of 97.5%.



3.6 IPC Level 2 training is completed by operational staff, both 999 and PTS. During Q4 of this year, an external audit was conducted on an overarching review of the Trusts governance structure that supports the IPC Agenda by 360 Assurance. The results from the audit identified that there was a medium risk to the trust through staff being non-compliant with their Statutory and Mandatory training. A requirement of the IPC team was to define a plan to improve compliance by 31 Aug 2025.

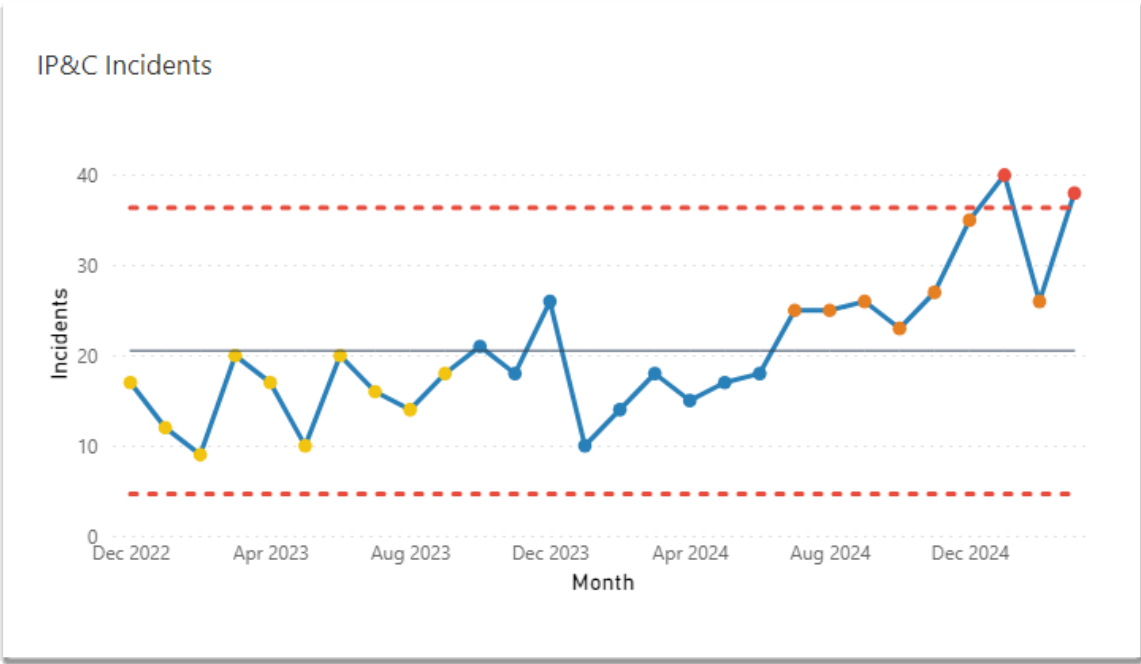
This has resulted in the IPC team working closely alongside the YAS Academy, Business Intelligence and supporting Operations in identifying locations of non-compliance, and staff member names, who have not completed their training. It has been identified that the BI system is recording some staff on long term sick or have left the Trust. All Team Leaders have been contacted to review their outstanding staff members and to support staff members who were showing to be non-compliant.

	Q1 %	Q2 %	Q3 %	Q4 %	2024/25
A&E	72.2 (68.3-76.5)	76.6 (70.3-82.7)	79.96 (73.3-85)	82.08 (76.6-84.9)	77.74 (72.1-82.4)
PTS	84.9 (61.8-94.1)	84.1 (64.8-93.2)	86.1 (77.2-92.8)	85.1 (77.1-95.6)	85.1 (70.6-93.8)



4.0 TRUST LEVEL INCIDENTS 2023-24

4.1 The graph below shows the number of staff affected IPC incidents reported in 2024-25.



4.2 There was a 55.2% increase in reported IPC incidents from 2023-24 to 2024-25.

	Q1	Q2	Q3	Q4	Total 2023-24
IPC Incidents	50	76	85	104	315

4.3 Incident reporting and subsequent investigations are ongoing and are being supported by the Senior Infection Prevention and Control Practitioner and IPC lead. This will ensure further development and reflection is being carried out to staff and that management teams and Learning Response Leads are being supported and advised accurately to cascade within their teams.

5. PROMINENT THEMES 2024-25 IDENTIFIED

5.1 The IPC Team supported Operations including EPRR and external partners in October 2024 with the management of the first Clade 1b Mpox case outside of London. This involved extended periods working closely with UKHSA in identifying exposure to staff following the management of the patient.

From this event 3 members of staff were identified as being medium risk of exposure and were offered PEP and supported through their isolation period. Two of the three staff members took up the offer of PEP, the other refused on personal grounds.

5.2 Measles was also on the increase in 2024/25, there was 2,911 laboratory confirmed measles cases in England, the highest number of cases recorded annually since 2016. 60.9% of these were in children aged 10 years; over 90 cases being from the Leeds, Bradford, North Yorkshire region.

The IPC team worked continually throughout this period, putting out a Measles position statement to YAS staff informing the United Kingdom Health and Security Agency (UKHSA) had declared the Measles outbreaks in England as a national incident. Work with healthcare providers, ICBs on management outbreaks, precautionary measures and pre alerts to hospitals was very important throughout this time, although it was not without its challenges for YAS. The main challenges throughout was establishing whether staff were up to date with their immunisations, ensuring staff wore barrier protection, and being informed of outcome results from our external partners.

- 5.3 Work with UKSHA has been carried out to improve the notification of an external Infectious Disease to YAS. The IPC team have produced an External Notification Contact Form (EIDNCF) which enables UKSHA to inform YAS directly with information eliminating multiple phone calls, reduce the risk of missed information and improved timely process.
- 5.4 The IPC team have been working alongside ICBs and other partners to date, in tackling Antimicrobial Resistance through various strategies, including implementing antimicrobial stewardship programs and promoting IPC measures across the healthcare systems to reduce the incidence of infections; thereby minimising the need for antibiotics and reducing the pressure for resistance to develop. Also tackling HCAI issues challenges, and improvement plans. Infections such as *Clostridioides difficile* (C. diff) were reported by UKSHA as a 10.3% increase in overall CDI cases in January 2025 compared to the same month in the previous year.

C.diff is known to exhibit antimicrobial resistance (AMR). This means that certain strains of C. diff can develop resistance to antibiotics that are typically used to treat infections caused by this bacterium. This resistance can make infections harder to treat and contribute to the spread of the bacteria and like many other infections requires good IPC management and Practices to support this. The UK's AMR action plan, published in May 2024, aims to further strengthen surveillance, antimicrobial stewardship, diagnostics and infection prevention and control interventions to reduce the impact of AMR on the population and YAS IPC team continue to work extremely hard to support this with our healthcare partners and staff within YAS.

- 5.5 Contact with communicable infection and Seasonal Respiratory Virus have increased throughout 2024/25 and this has placed an increased demand upon the IPC team. In 2024, Tuberculosis cases increased by 13% than previous year and is increasing into 2025. TB is the world's leading cause of death from a single infectious agent.

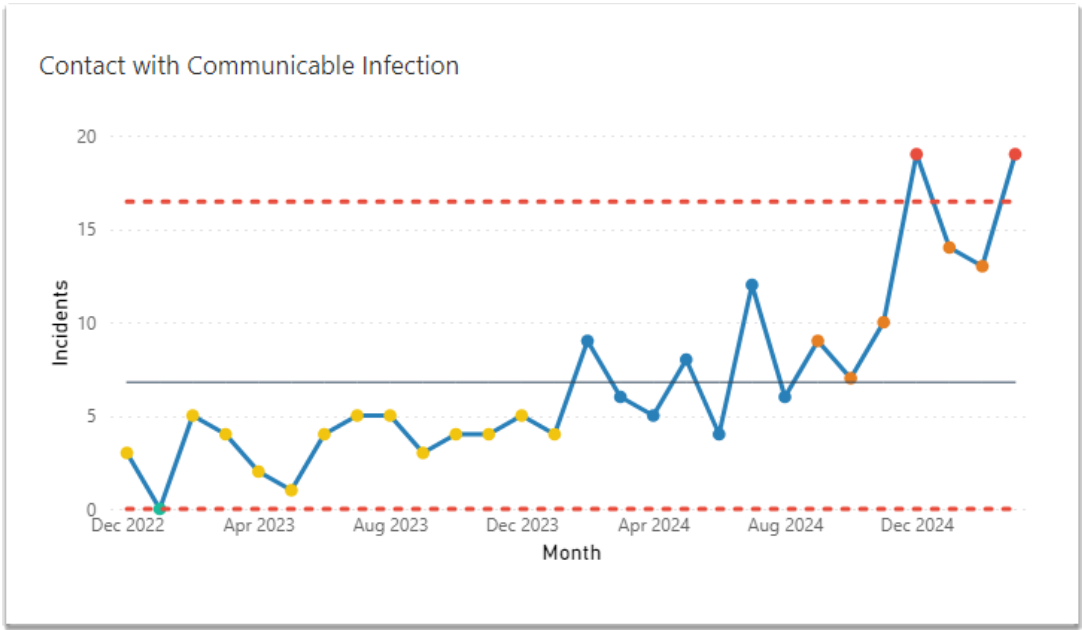
The IPC team have been implementing and enforcing strict infection control measures, promoting awareness, and collaborating with other healthcare professionals. This includes measures like educating staff on the importance of early diagnosis and treatment of TB, promoting respiratory hygiene, and ensuring proper use of personal protective equipment (PPE), environmental decontamination. Unfortunately, the UK is moving further away from achieving the WHO [End TB Strategy](#) goal of a 90% reduction in people with TB by 2035, with England being close to losing its status as a low incidence country.

A specific challenge for Ambulance staff is they are at an increased risk of TB exposure due to frequent contact with undiagnosed or untreated TB patients, particularly in areas with high TB prevalence, although to date outcomes have been low risk in accordance to PHE guidance. Further challenges are that staff may not always be fully aware of TB symptoms, particularly in the early stages, or may misinterpret them as other illnesses, therefore education is key. For many infections, incidents have shown staff attending patients and donning a surgical mask or

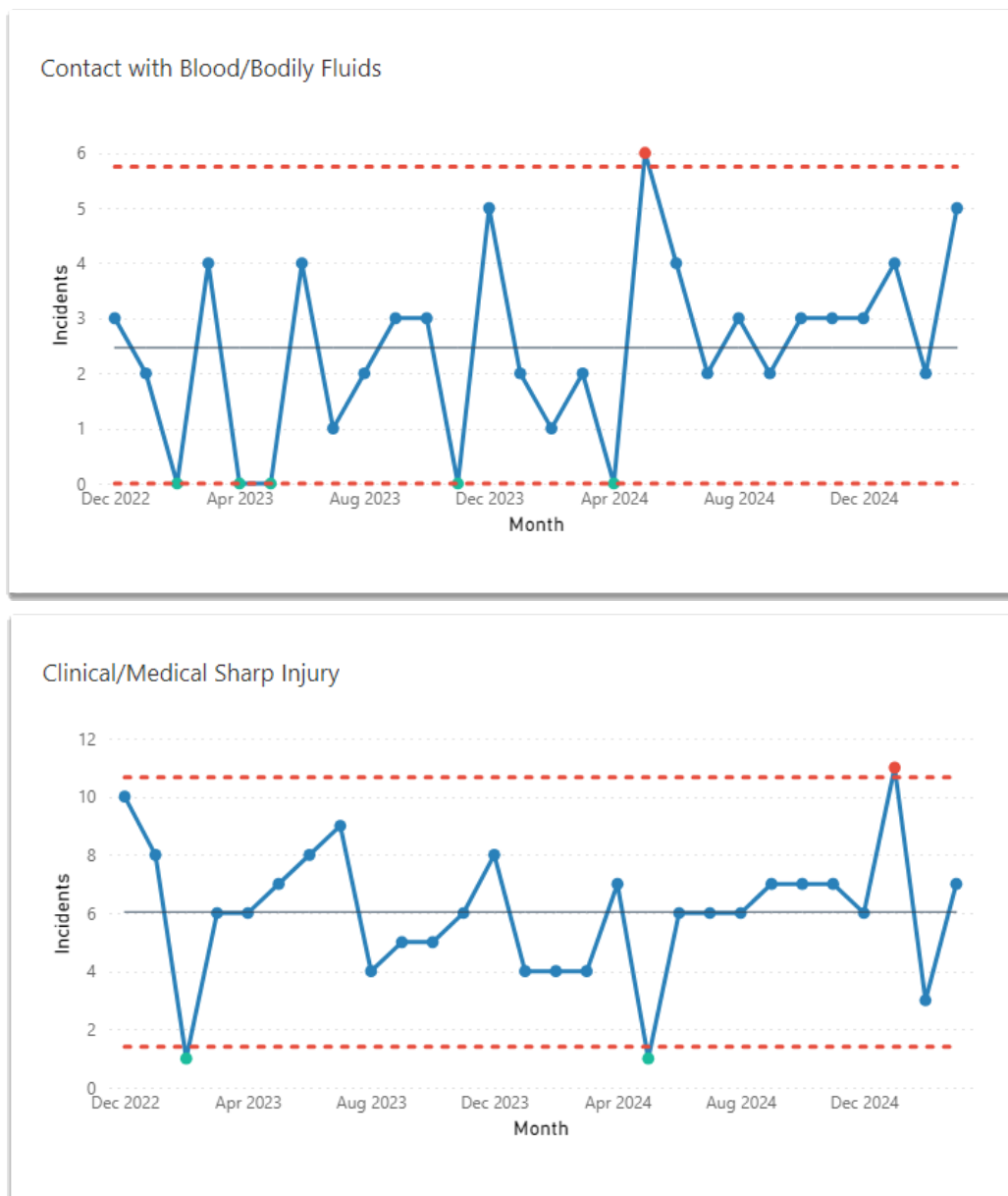
wearing no PPE - this can be due to a lack of awareness, stigma, or learned behaviour; this is a concern for the IPC team who are working with educational departments and management teams to improve PPE compliance.

Delays on notification from health protection and public health teams have raised some concern for various infectious diseases. YAS IPC team have been working closely with the health protection and public health teams with Yorkshire to improve this.

	Q1	Q2	Q3	Q4	Total 2024-25
Contact with Communicable diseases	17	27	35	37	116 Increase of 132% on 2023/24
Blood/body fluid	10	7	7	7	31 Increase of 34.7% on 2023/24
Sharps	13	16	20	21	70 No change on 2023/24



The increased contact with communicable disease can be attributed to an extended measles outbreak in the West Yorkshire area during the majority of the reporting period, plus the increase of reported TB cases across the whole of the Trust.



Reported sharp injuries remains high despite ongoing work with Ops around sharp safety and supporting post incident learning.

6.0 AUDIT COMPLIANCE

6.1 A&E Operations Audit compliance has remained consistently high throughout 2024-25

Instances of staff not having personal alcohol gel on their person remains a constant throughout the reporting period despite gaining assurance from the trust logistics team that gels are provided to all stations throughout the Trust. Reminders of the importance of good hand hygiene has been continuous throughout the year at multiple opportunities especially at investment days.

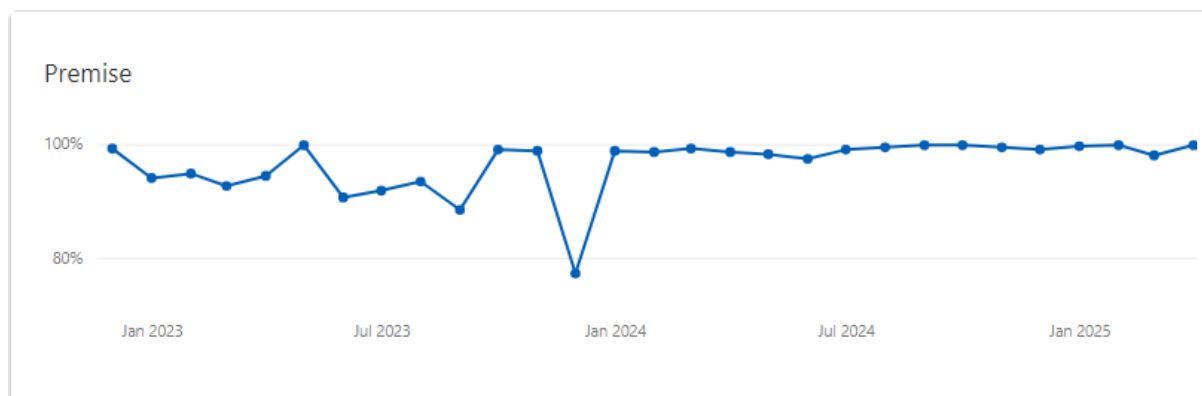
The wearing of watches has remained high as reported in the CBU audits, especially in the Humber area which has provided robust audit results. There is ongoing work with this CBU by the IPC team into 2025/26.

6.2 A&E Hand Hygiene

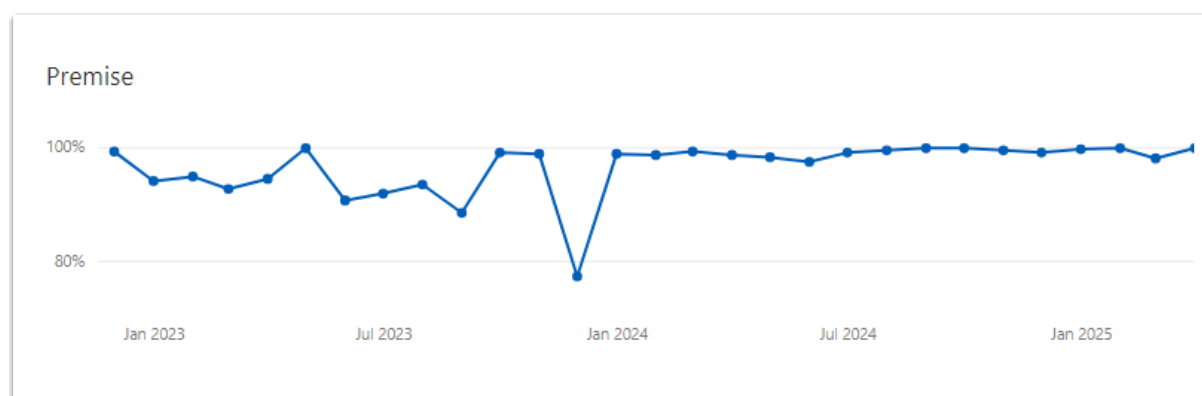


A&E Hand Hygiene Audit noncompliance				
	Q1	Q2	Q3	Q4
Wearing rings	5	3	4	3
Watch worn	41	31	35	29
Wrist jewellery worn	9	6	20	15
Personal hand gel not worn	31	23	23	24
Issue with nails	4	14	11	8

6.3 A&E Premise

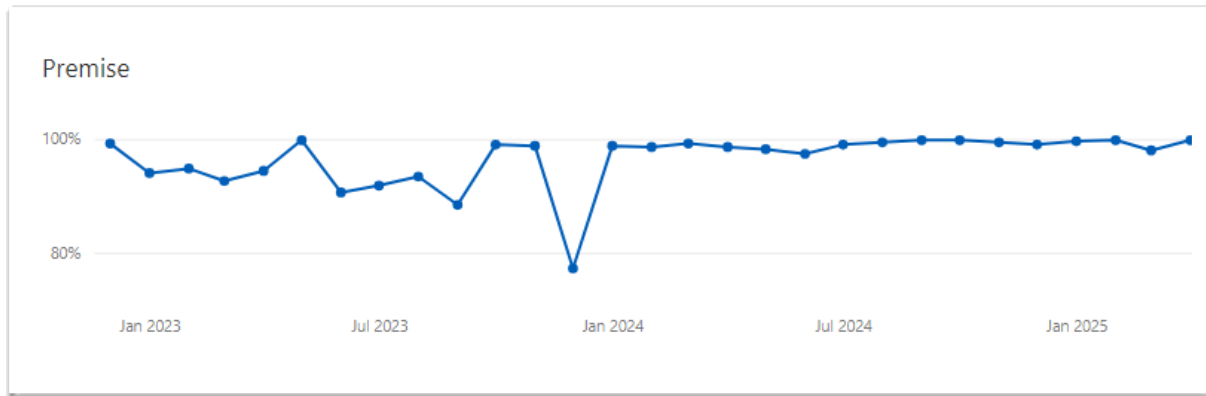


6.4 A&E Vehicles

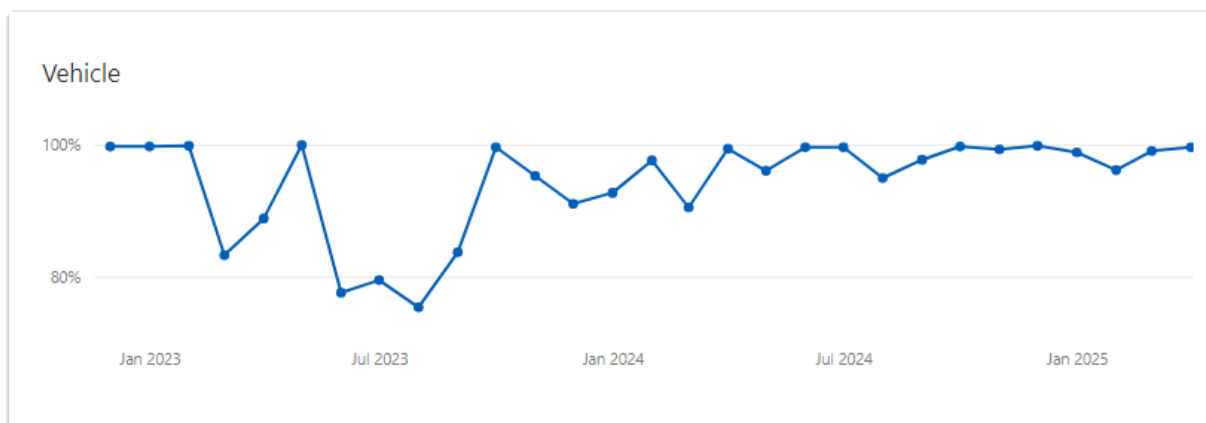


6.5 The IPC Team throughout 2024-25 has continued to work with the Operational Team leaders in both A&E and PTS to ensure accuracy of the audit returns, which included a change in the support due to identified reduction in both A&E and PTS reporting in Q3 of the reporting year, by raising awareness of the audit return at the middle point of the working month and supporting areas where returns have been identified to be low or incomplete near to the end of the reporting period.

6.6 PTS Hand Hygiene



6.7 PTS Vehicles



7. IPC KEY OBJECTIVES

7.1 IPC key objectives throughout 2024-25 have been aligned with the IPC work plan and the IPC Board Assurance Framework. The key objectives were:

- To maintain and review relevant IPC risks within the risk register.
- Analysis of IP&C incidents including serious incidents.
- Audits of hand hygiene practice.
- Audits of premise cleanliness.
- Audits vehicle cleanliness.
- Transmission Based Precautions PPE Audits.
- Staff communication plan including further use of technology.
- Increase compliance with IPC policies, procedures and guidelines across all areas of the Trust to protect patients and staff.
- Benchmarking with National Ambulance IPC group.
- Quality and Safety Inspection for Improvement process.
- IPC annual report & BAF.
- Progress clinical practice with invasive devices practice (Aseptic technique).
- Education and Training.

- Emerging and re-emerging infectious diseases, outbreaks and HCID transfer process.
- Awareness and readiness to flex services in line with other infectious disease outbreaks also covering influenza.
- Deep cleaning programme.
- Provide suitable accurate information on infections to service users and visitors.
- Prevention of infection for staff due to work exposure, including: immunisation records.
- Review of current PPE provision.
- Provide SME advice for Trust vaccination programmes.
- To work collaboratively with local healthcare partners, such as acute Trusts and Primary Care to reduce Gram negative bacteraemia.
- Water testing and water quality.

8. IPC CHALLENGES

Internally

- 8.1 The 2024/25 reporting period has seen a marked increase in the volume of incident notifications across the majority of IPC activities, placing significant demand on the IPC team to support operational areas Trust-wide. The Trust's IPC function is delivered by a small core team comprising the Deputy Director of Quality and Nursing (who also serves as the Director of Infection Prevention and Control), the Head of Safety and IPC, and a dedicated IPC specialist.
- 8.2 With the rising complexity and volume of IPC-related work, further consideration of both the capability and capacity of specialist resourcing should be considered into the next year. This presents an opportunity to improve organisational resilience and strengthen the team's ability to maintain consistent reach and influence across all service areas. This is particularly important in ensuring consistent support and focus being applied to areas requiring improvement. This is evident in areas such as compliance with uniform standards and generating deeper learning from adverse IPC incidents.

9. FINANCIAL IMPLICATIONS

- 9.1 This report is for assurance, and no financial consideration is requested at this meeting.

10. RISKS

- 10.1 The Infection Prevention and Control Work plan is aligned with key Infection Prevention and Control risks and therefore, the subjects discussed below are captured on the Infection Prevention and Control risk register which is reviewed quarterly at the Quarterly IPC Executive group and at the monthly Risk Review Meeting. Three risks are currently on the risk register.

RiskID 48 – Risk Score 8: If the Trust do not have a robust process for staff requiring prophylaxis; then we may not be able to secure provision; potentially resulting in staff not receiving timely prophylaxis.

RiskID 363 – Risk Score 9: If staff do not have immediate access to personal protective equipment (PPE) when arriving at scene; then there could be delays donning PPE; this may result in delays to patient treatment and increased risk of exposure to staff.

RiskID 668 – Risk Score 9: If the Senior IPC Practitioner was absent for a prolonged period; then the Trust would have no fully dedicated person to provide access to IPC specialist advice, with mitigating support being provided by wider colleagues. This may potentially present delays in advice being received and weaken compliance.

11. COMMUNICATION AND INVOLVEMENT

- 11.1 Communications across YAS to staff through frequent staff updates with developing incidents.

12. NEXT STEPS

- 12.1 IPC work is continuing as per the HCAI action plan developed for 2025-26, which includes Continued Antimicrobial resistance (AMR) reduction in line with UK 5-year action plan for antimicrobial resistance 2024 to 2029.
- 12.2 IPC team will continue to support the management of outbreaks and clusters in the Trust, liaising with the EPRR and UK Health Security Agency (UKHSA) where necessary.
- 12.3 IPC team will continue to support the Trust and UKHSA Contact Tracing when transmission and exposure to pathogens have been reported/identified.
- 12.4 Continue to work with the NAIPCG to support and develop emerging guidance on emerging.
- 12.5 Work with UKHSA guidance and the local office to support robust management of IPC practice.
- 12.6 The IPC team will continue to monitor infection rates and activity geographically for the Yorkshire footprint and provide early warning to the Trust to respond and mitigate risk to patients and staff.
- 12.7 The Head of Safety and IPC will continue to attend external ICS DIPC and NAIPCG meetings to support with horizon scanning and communicate internally and externally emerging IPC themes.
- 12.8 The IPC Team will continue to work with Operations to increase hand hygiene and bare below the elbow compliance
- 12.9 The IPC team will, during 2025-26, develop and introduce an IPC audit format that is supported on an electronic platform subject to operational and financial restraints.
- 12.10 The IPC team will work with identified colleagues to develop an IPC link practitioner network which will support all areas of the Trust, and increase IPC awareness, and in turn compliance.

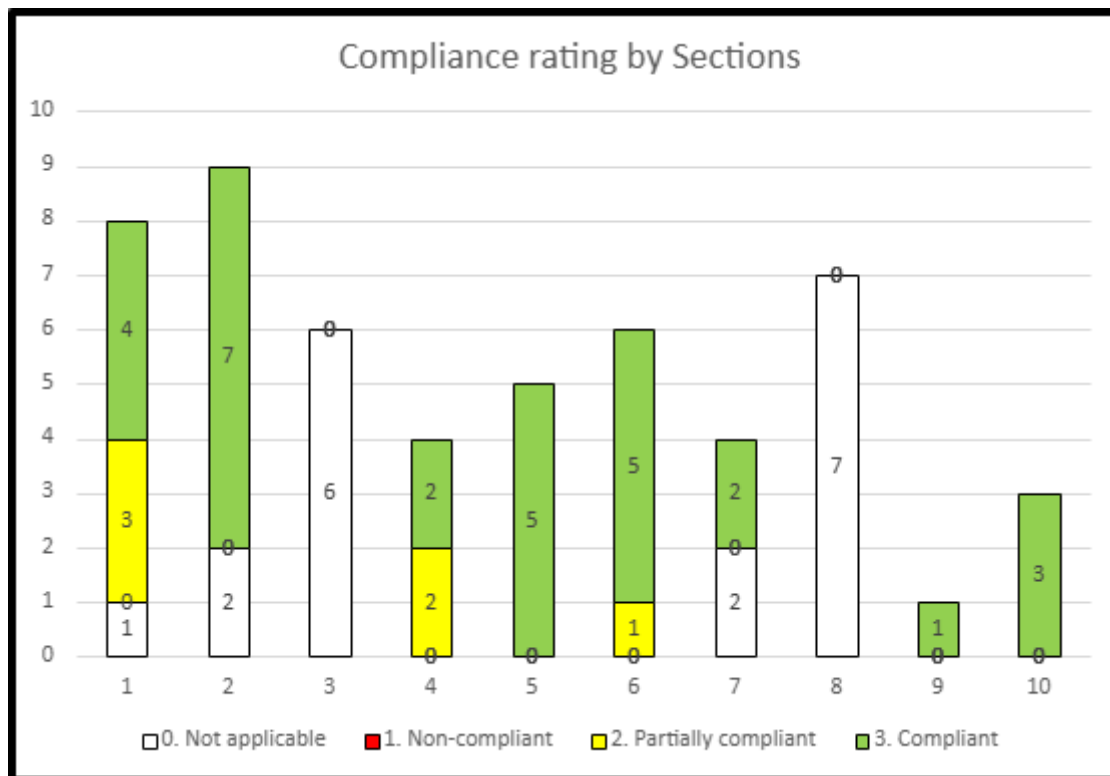
13. RECOMMENDATION

- 13.1 It is recommended that the Board:
- Receive assurance on the progress with the Infection Prevention and Control function to date.
 - Support the IPC next steps and developments for the coming year.

14. SUPPORTING INFORMATION

14.1 Appendix 1 - IPC Board Assurance Framework

14.1.1 There are 10 Sections in the YAS BAF, with each category having multiple subsections. The subsections are RAG rated, there are no subsections identified as non-compliant, though there are 6 sections are identified as partially compliant. The Trust has been reviewed during the 360 Audit and the compliance to the BAF was identified during the visit to the IPC Executive Review Group in November 2024.



14.2 Appendix 2 - YAS Infection Prevention and Control Audit Final Draft