

Board of Directors (in Public)

24 September 2026



Report Title	Infection Prevention and Control (IPC) Annual Report 2025-2026	
Author	John Thompson, Head of Infection Prevention and Control	
Accountable Director	Executive Medical Director	
Lead Board Committee	Quality Committee	
Previous groups	Quality Committee	
Recommended action	Assurance	
Purpose of the paper	The report provides assurance of the IPC arrangements during 2025-2026 to the Trust Board.	
Executive Summary		
The Infection Prevention and Control (IPC) Annual Report provides the Board with moderate assurance that the Trust maintained effective IPC governance and oversight during 2025–26. Key strengths include IPC Level 1 training compliance above the Trust standard, with year-end compliance of 95.8% in A&E services and 98.23% in Patient Transport Services; continued review and learning from incidents; regular audit activity; and effective partnership working with the UK Health Security Agency and system partners to manage communicable disease risks and support outbreak preparedness. Areas of partial assurance remain. IPC Level 2 training compliance was variable and below the required standard in some locations. Audit findings continued to identify weaknesses in hand hygiene readiness, bare below the elbows compliance and access to or use of appropriate personal protective equipment. Staff-related IPC incidents increased during the year, from 76 in quarter one to 111 in quarter four, with 363 incidents reported overall; this reflected increased communicable disease exposure as well as improved reporting awareness. Limited specialist IPC capacity also remains a resilience risk during periods of absence, surge demand or sustained operational pressure. Priorities for 2026–27 are to strengthen frontline compliance with IPC standards, improve IPC Level 2 training, enhance the quality and consistency of audit reporting, maintain preparedness for outbreaks and emerging infection threats, and build greater resilience through stronger operational ownership, staff engagement and specialist capacity. The Quality Committee is asked to receive assurance from the report, noting the identified areas of partial assurance and operational risk, and to support the proposed priorities for 2026–27.		
Recommendation(s)	It is recommended that the Board receive assurance from the annual report on the effectiveness of IPC arrangements during 2025-26 and support the 2026-27 priorities set out in this report to strengthen compliance, operational assurance and specialist IPC resilience.	
Link to Board Assurance Framework Risks (board and board assurance committees only)	3. Deliver quality for patients. 4. Strengthen medicines management.	

Infection Prevention and Control Annual Report

1. SUMMARY

- 1.1 This annual report provides the Quality Committee with assurance on the Trust's IPC arrangements during 2025-26 and summarises the key themes, risks and improvement actions reviewed through the quarterly IPC Executive Review Group.
- 1.2 Overall, the report provides moderate assurance that IPC governance remained effective across 2025-26. Key strengths include sustained Level 1 training compliance, continued incident review and learning, effective partnership working, and ongoing oversight of audit, outbreak preparedness and emerging infection risks.
- 1.3 Areas requiring continued improvement include IPC Level 2 training compliance, recurring audit findings on hand hygiene readiness and bare below the elbow's, rising communicable disease exposure reports, and limited specialist IPC capacity. These issues represent areas of partial assurance and ongoing operational risk.
- 1.4 Priorities for 2026-27 are to strengthen compliance with IPC standards, improve training and audit reporting, develop the audit process further, support outbreak preparedness, and improve resilience through stronger operational ownership, staff awareness and specialist capacity.

2. BACKGROUND

- 2.1 The Trust's IPC arrangements are underpinned by relevant health and safety, public health and regulatory requirements, supported by associated NHS guidance and standards.
- 2.2 The Trust's approach is set out in the IPC Policy and delivered through the IPC management system, which provides the framework for governance, training, audit, incident review and improvement.

3. TRAINING

- 3.1 Training remained a core element of the Trust's IPC approach during 2025-26.
- 3.2 The training programme remains aligned to the NHS England IPC education framework.
- 3.3 Its purpose is to support consistent application of IPC measures across the workforce.
- 3.4 This is particularly important in the ambulance setting, where staff work autonomously and must apply IPC precautions consistently in practice.
- 3.5 IPC Level 1 training compliance remained above the Trust standard during 2025-26. Average compliance at year end was 95.8% in A&E services and 98.23%

in PTS. While this represents a slight reduction from the previous year's Trust average of 97.5%, overall compliance remains strong and provides good assurance in relation to baseline IPC knowledge across the workforce.

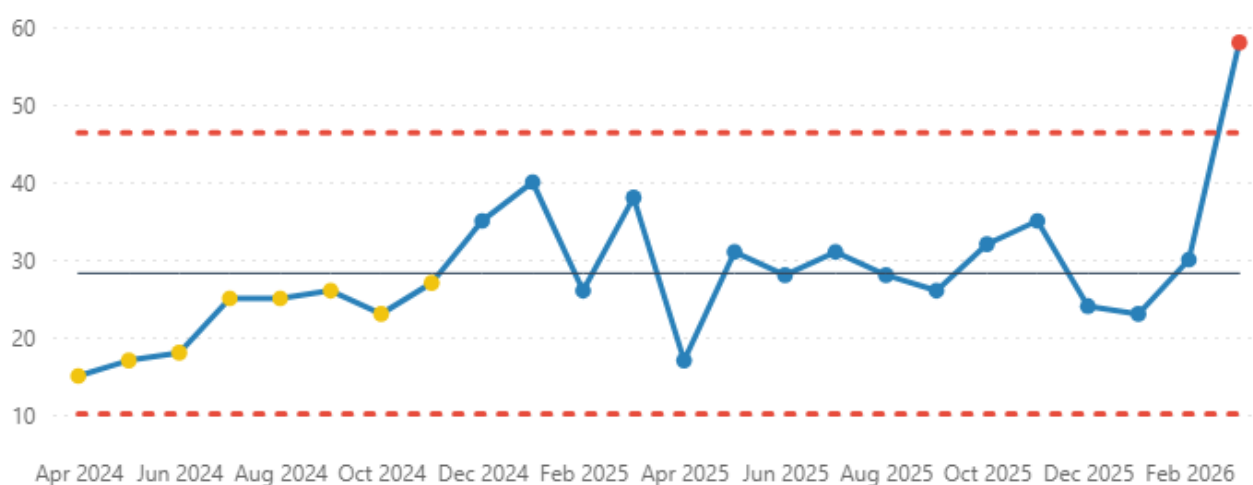
3.6 IPC Level 2 training remained a significant area of focus. Although some improvement was seen during 2025-26, compliance remained variable between locations and below the required standard in some areas. The 360 Assurance review reinforced the need for a structured improvement plan. Work during the year improved the accuracy of compliance reporting, providing a clearer basis for recovery action in 2026-27.

3.7 Overall, the training position provides good assurance for Level 1 but only partial assurance for Level 2, where variation between locations remains an ongoing concern.

4. TRUST LEVEL INCIDENTS 2025-26

4.1 The graph below summarises staff-related IPC incidents reported during 2025-2026.

Trust Wide Incidents



4.2 Reported IPC incidents increased across the year, particularly in the second half. This reflected both greater communicable disease exposure and improved reporting awareness. While improved reporting is positive, the overall trend also indicates continued operational exposure to infection-related risk.

	Q1	Q2	Q3	Q4	Total 2025-26
IPC Incidents	76	85	91	111	363

- 4.3 Incident review continued throughout the year, with learning shared through management and operational routes. This provides assurance that incidents are being reviewed appropriately, but the rising volume reinforces the need for continued focus on prevention and operational readiness.

5. PROMINENT THEMES IDENTIFIED IN 2025-26

- 5.1 Throughout 2025-26, communicable disease exposure remained the most significant IPC theme reported through the quarterly Executive Review Group and required sustained oversight across operational services and corporate support functions.

- 5.2 Measles remained the most prominent system-wide risk during the year, driving increased staff exposure concerns, repeated communications and close working with external partners to support timely risk assessment, staff advice and operational response.

This reinforced the importance of reliable immunisation information, appropriate precautions and timely information sharing following exposure events.

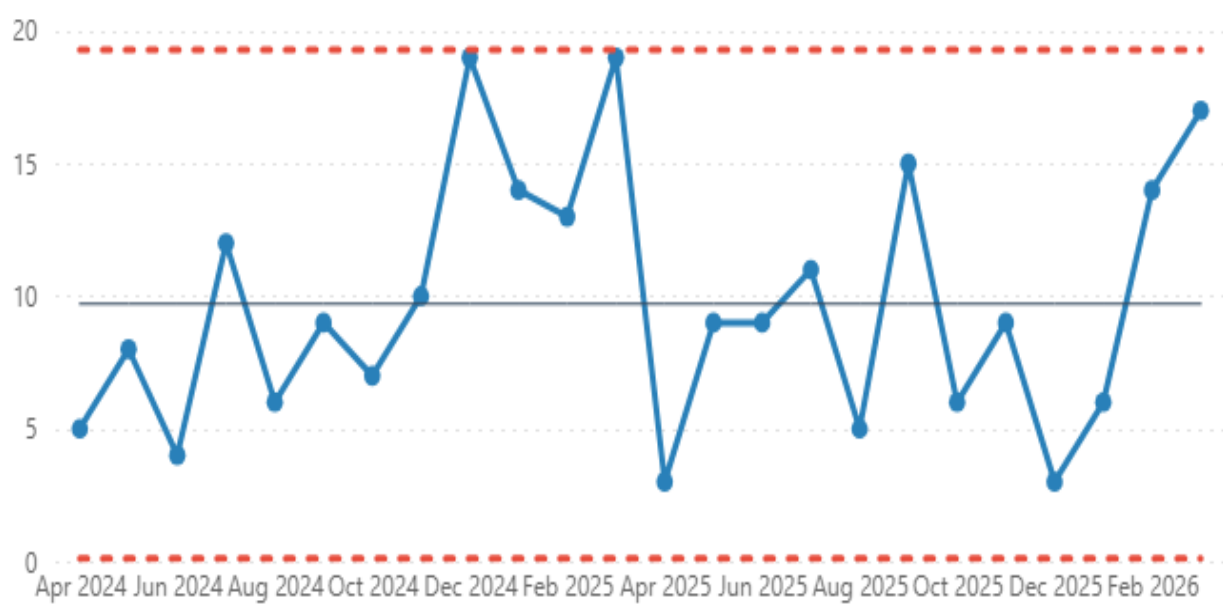
- 5.3 Partnership working with the UK Health Security Agency and system colleagues improved the consistency and timeliness of external exposure notifications, strengthening staff follow-up and organisational response.

- 5.4 The year also reinforced the need to maintain preparedness for a broader range of IPC risks, including respiratory infection, antimicrobial resistance and other emerging or re-emerging threats, with Trust arrangements remaining aligned to national guidance and system expectations. This requires continued attention to prevention, surveillance, stewardship and partnership working.

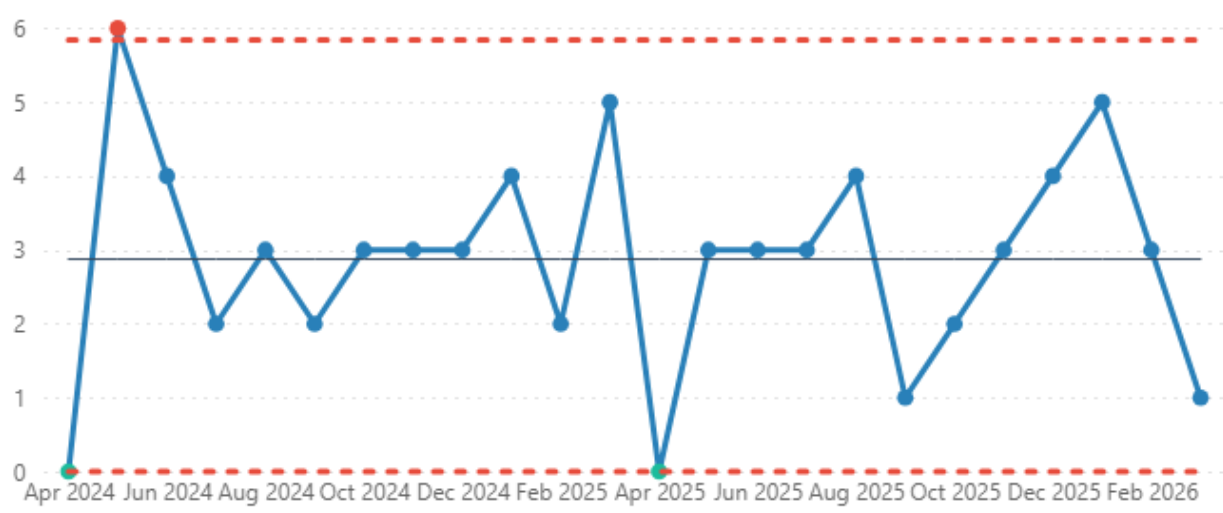
- 5.5 Quarterly reporting also highlighted ongoing priorities in relation to appropriate PPE use, staff vaccination, and estates and facilities assurance. Issues identified during the year, including variable respiratory protection at the point of care and Legionella findings through routine water sampling, reinforced the need for continued focus on frontline compliance, environmental standards and timely remedial action.

The increase in communicable disease incidents is likely to reflect measles, wider respiratory risk and improved reporting awareness.

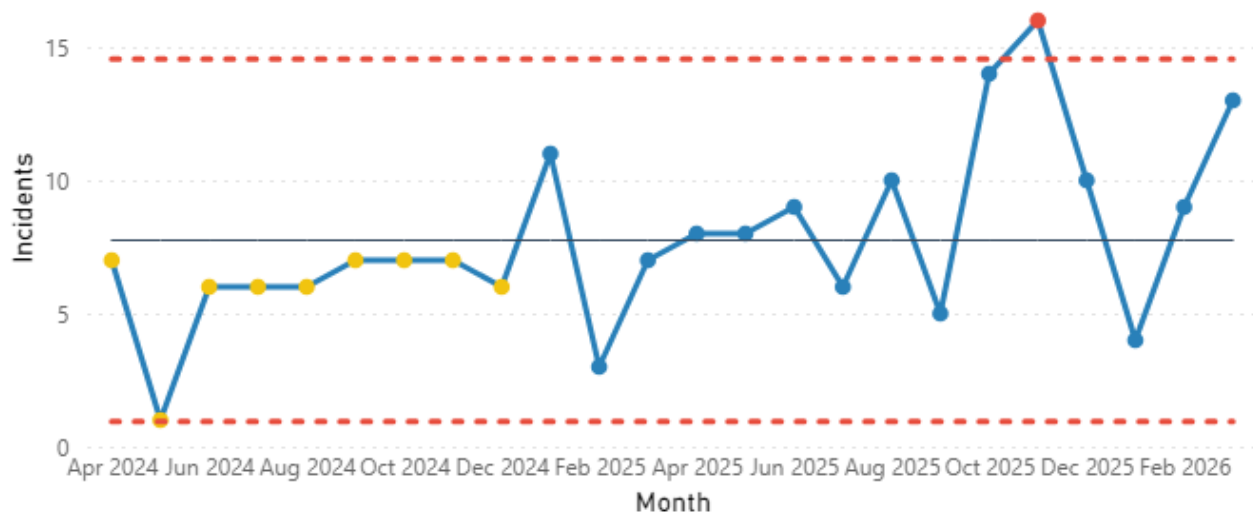
Contact with Communicable Infection



Contact with Blood/Bodily Fluids



Clinical/Medical Sharp Injury



Reported sharps injuries remained a concern and require continued focus on safer practice and learning.

6. AUDIT COMPLIANCE

6.1 Audit compliance remained generally positive across 2025-26, although recurring issues required targeted improvement. Overall, this provides moderate assurance, with the most persistent weaknesses relating to hand hygiene readiness and bare below the elbow's compliance.

Recurring findings included failure to carry personal alcohol gel and inconsistent local challenge on basic hand hygiene expectations.

Bare below the elbows non-compliance also remained a recurring issue requiring continued management attention.

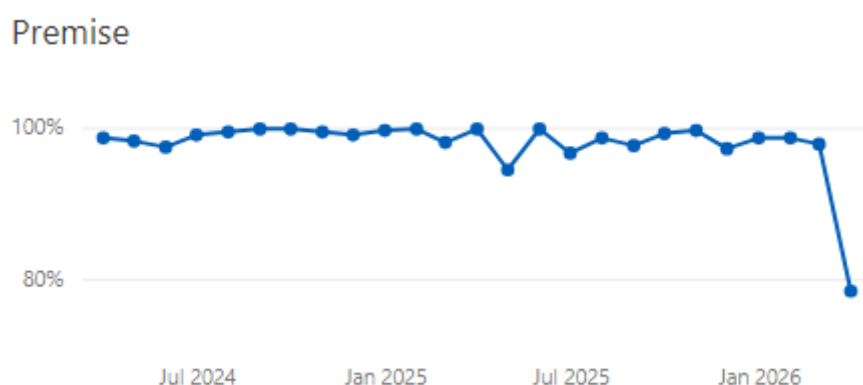
6.2 A&E Hand Hygiene

Hand Hygiene



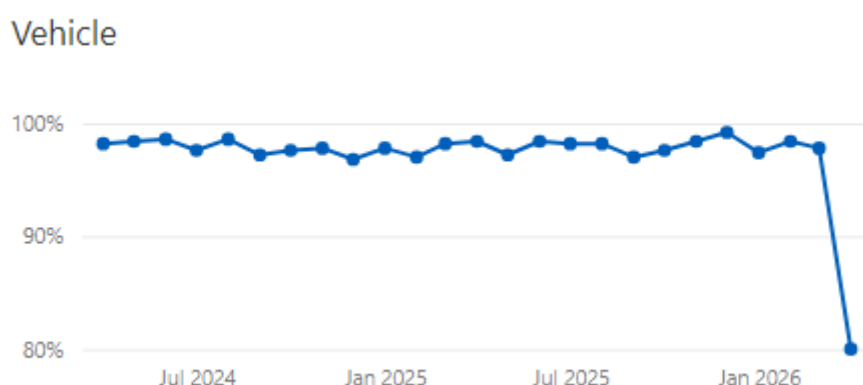
The A&E hand hygiene audits confirm that recurring non-compliance remains concentrated around watches, wrist jewellery and failure to carry personal hand gel, indicating the need for stronger routine challenge.

6.3 A&E Premises



Premises audit results remained broadly stable and provide reasonable assurance that environmental standards are being monitored.

6.4 A&E Vehicles

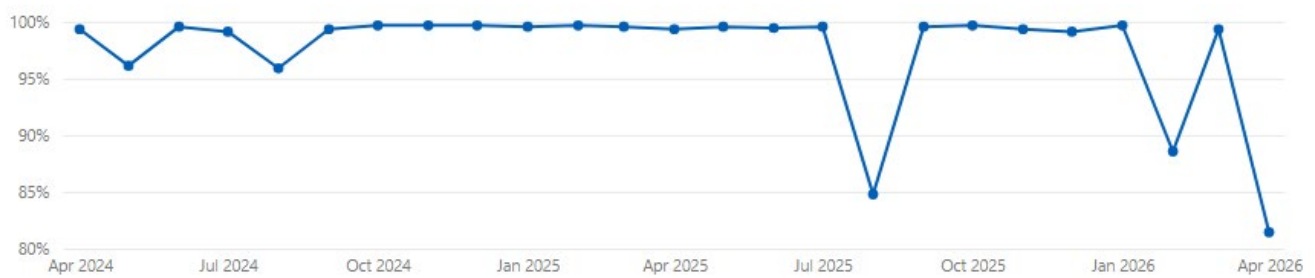


Vehicle audit results continued to provide useful assurance, although the position remains dependent on the completeness and consistency of local audit returns.

6.5 During the year, the IPC team continued to support operational leads to improve the completeness and reliability of audit returns. This strengthened confidence in the reported position, although data quality remains an ongoing requirement.

6.6 PTS Hand Hygiene

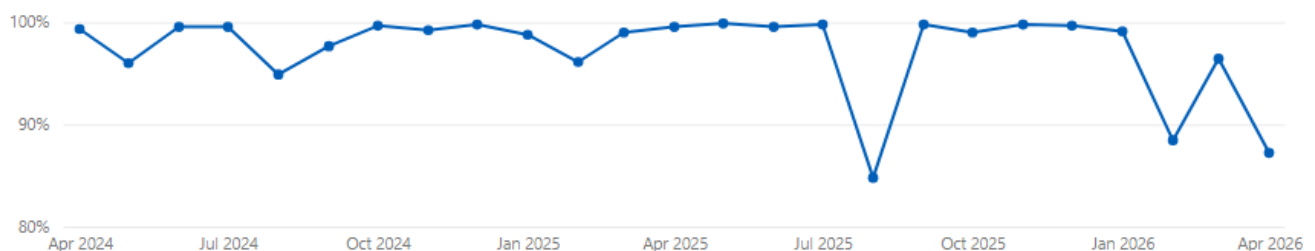
Hand Hygiene



PTS hand hygiene audit results show a similar pattern to A&E, with generally positive oversight but recurring practice issues that mean this remains an area of partial assurance.

6.7 PTS Vehicles

Vehicle



PTS vehicle audit results provide useful assurance that standards continue to be monitored. Across Section 6, the strongest area of assurance is continued audit activity itself, while the weakest recurring themes remain hand hygiene readiness and bare below the elbow's compliance.

7. IPC KEY OBJECTIVES

7.1 IPC objectives for 2025-26 were aligned to the IPC work plan, the Board Assurance Framework and the risks and themes reviewed through the quarterly Executive Review Group.

8. IPC CHALLENGES

8.1 IPC activity and incident reporting increased significantly during 2025-26, creating additional demand for specialist advice, incident review and operational support.

8.2 Limited dedicated specialist IPC capacity remains a resilience risk, particularly during absence, surge demand or sustained operational pressure.

8.3 Audit and incident themes indicate that local ownership of IPC expectations remains inconsistent, particularly in relation to hand hygiene, bare below the elbows and appropriate PPE use.

8.4 The wider communicable disease environment remains complex and requires continued organisational attention, prioritisation and partnership working.

9. FINANCIAL IMPLICATIONS

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

10. RISKS

10.1 The principal IPC risks reviewed during 2025-26 are summarised below.

Risk area	Assurance impact	Current controls	Current assurance position
Access to PPE at the point of care	Delayed access to PPE could increase staff exposure risk during patient contact and weaken frontline operational readiness.	Reviewed through IPC governance processes, with reinforcement of the expectation that staff carry small amounts of PPE on their person where appropriate.	Partial assurance
Resilience of specialist IPC provision	Limited dedicated specialist capacity creates vulnerability during absence, surge demand or prolonged operational pressure.	Mitigated in part through wider leadership knowledge and qualifications, supported by ongoing oversight through executive and risk management processes.	Partial assurance
Timely access to post-exposure prophylaxis	Delay in access to treatment following confirmed high-risk occupational exposure could increase staff safety risk and reduce the effectiveness of the response.	Monitored through IPC and risk management processes, with escalation where high-risk exposures require urgent action.	Moderate assurance
Operational readiness for emerging infection threats	A complex communicable disease environment increases the need for timely advice, consistent PPE use, effective notification and rapid organisational response.	Managed through executive review, partnership working, outbreak preparedness arrangements and horizon scanning through regional and national networks.	Moderate assurance

10.2 Overall, the Trust maintained active oversight of IPC risks during the year; however, partial assurance remains in relation to specialist resilience and aspects of operational readiness that depend on consistent frontline practice.

11. COMMUNICATION AND INVOLVEMENT

- 11.1 Staff communication continued throughout the year in response to emerging incidents, seasonal risks, operational learning and changes in national guidance.
- 11.2 Targeted advice was also issued in response to changing infection risks, with audit feedback and incident follow-up used to reinforce expectations in practice.

12. NEXT STEPS

- 12.1 IPC work in 2026-27 will continue in line with the HCAI action plan and the priorities set out in this report.

Priority area	Planned action for 2026-27	Intended outcome
Outbreak preparedness and response	Continue support for the management of outbreaks, clusters and communicable disease exposures, working with the UK Health Security Agency, EPRR colleagues and system partners.	Stronger preparedness, faster escalation and more consistent system response.
Operational compliance	Strengthen hand hygiene, bare below the elbows and PPE compliance across operational services through local management attention and targeted improvement activity.	Improved frontline compliance and reduced avoidable exposure risk.
Education and training	Target action to improve IPC Level 2 training compliance where this remains below the required standard.	Better consistency of knowledge, competence and assurance across locations and staff groups.
Audit development	Continue to improve the quality, consistency and usability of IPC audit processes, including further development of an electronic audit platform subject to operational and financial constraints.	More reliable audit information and stronger local follow-up of identified issues.
Horizon scanning and emerging risks	Continue to monitor infection rates and activity across the Yorkshire footprint using regional and national networks to support early warning and alignment with emerging guidance.	Earlier identification of emerging risks and better preparedness for change.
Local ownership and engagement	Work with Operations to strengthen local ownership of IPC standards and support development of an IPC link practitioner network.	Improved visibility, engagement and sustainable local improvement.

13. RECOMMENDATION

- 13.1 The Quality Committee is asked to:

- 1) Receive assurance from the annual report on the effectiveness of IPC arrangements during 2025-26, including key risks, areas of partial assurance and priority improvements.
- 2) Support the 2026-27 priorities set out in this report to strengthen compliance, operational assurance and specialist IPC resilience.