



**Scottish
Ambulance
Service**

Working in Partnership with Universities



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Public Board Meeting

30 July 2025

Item 12

THIS PAPER IS FOR DISCUSSION

**INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE,
INCOPORATING HEALTHCARE ASSOCIATED INFECTION**

Lead Director	Emma Stirling, Director, Care Quality and Professional Development
Author	Karen Burnett, Head of Infection Prevention and Control
Action required	The Board is asked to note this report.
Statement of Assurance	There are clear and effective structures and processes that achieve system wide compliance with mandatory and best practice standards in Infection Prevention & Control (IPC) and establish systems for monitoring outcomes which demonstrate improved patient safety and improved and safer working practice for staff.
Key points	<ol style="list-style-type: none">1. Leadership and Governance (page 4) – additional responsibilities for Head of IPC2. SICPS Compliance (Page 5) – poor compliance with audit submissions and practice
Associated Risk Identification	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
Associated Clinical Risk Identification	4930 – There is a risk that patients will deteriorate. 4624 - There is a risk of patient harm due to SAS responding to patients who present with increasingly complex needs.
Timing	An IPC activity update paper is presented to the Board at each meeting.
Link to Corporate Ambitions	We will <ul style="list-style-type: none">• Work collaboratively with citizens and our partners to create healthier and safer communities

	<ul style="list-style-type: none"> • Innovate to continuously improve our care and enhance the resilience and sustainability of our services. • Provide the people of Scotland with compassionate, safe and effective care when and where they need it • Be a great place to work, focusing on staff experience, health and wellbeing
Link to NHS Scotland's Quality Ambitions	The work and information referred to in this report supports the Service in its contribution to safe and effective care.
Benefit to Patients	Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of healthcare-associated infection (HAI).
Climate Change Impact Identification	This paper has identified no impacts on climate change.
Equality and Diversity	Healthcare-associated infection (HAI) policies apply to all staff and patient groups. These are based on NHS Scotland HAI policy and guidance. Antimicrobial resistance and Healthcare Associated Infection and Healthcare Improvement Scotland (HIS) conduct equality impact assessments on all HAI national guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions (SICPs) and cleanliness audit results reported are a mandatory HAI requirement related to national policy and guidance



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SCOTTISH AMBULANCE SERVICE BOARD

INFECTION PREVENTION AND CONTROL ACTIVITY REPORT

KAREN BURNETT, HEAD OF INFECTION PREVENTION AND CONTROL

SECTION 1: BACKGROUND

Infection Prevention and Control (IPC) is critical to keeping people safe when they are receiving health and social care. Effective IPC can help reduce the risk of infection and ensure the safety of people receiving care, staff and visitors. IPC is integral to quality health and social care delivery because anyone is at risk of developing an infection in these settings. Factors that are known to increase this risk include extremes of age (for example being older or very young), the complexity of interventions that are part of a person's care and prolonged or inappropriate use of antimicrobials.

Good IPC practice can help to reduce the prevalence of infections (including healthcare-associated infections - HAIs) that are associated with the delivery of care in hospitals, long-term care facilities (including care homes) and other care settings (such as ambulances, prisons, hospices and independent healthcare facilities).

SECTION 2: DISCUSSION

This report includes data from 1st April – 30th June 2025 unless otherwise stated.

IPC standards are a key component in the drive to reduce the risk of infections in health and social care in Scotland. The standards support:

- organisations to quality assure their IPC practice and approaches, and
- the IPC principles set out in the National Infection Prevention and Control Manual (NIPCM).

Each Board is required to received Infection Prevention and Control Updates bi-monthly on key IPC activity (DL (2015) 19 and DL (2019) 23), namely

1. Surveillance

- Staphylococcus aureus bacteraemia (SAB)
- Surgical Site Infections (SSI)
- Escherichia coli bacteraemia (ECB)
- Clostridioides difficile infection (CDI)

Doc: Patient and Staff Safety Infection Prevention and Control Activity Report	Page 3	Author: Head of Infection Prevention and Control
Date: 2025-05-XXX	Version 1.0	Review Date: July 2025

2. Antimicrobial Use
3. Hand Hygiene
4. National Cleanliness Standards (NCSS) Compliance

Due to the unique nature of the Scottish Ambulance Service (the Service) there is no requirement for surveillance of the above infections as this will be captured within the Territorial Board reports. The Service on occasion insert peripheral venous cannulas (PVC) and this is audited and reported to the IPC Committee via compliance with the PVC bundle.

2.1 Leadership and governance

The IPC team consists of:

- Head of Service for IPC
- Lead IPC Practitioner
- Senior IPC Practitioner
- IPC auditor (x2)
- Vacant post (x1) Band 6

The IPC Annual Report 2024/2025, IPC Program of Work 2025/2026 and the reviewed Terms of Reference have been presented and approved to both the IPC Committee (24.04.2025) and CGC (12.05.2025).

From 1st July the Head of IPC has assumed responsibility for the Mobile Vaccination Unit and the Respiratory Protective Equipment team.

2.2 Optimising antimicrobial use

The Head of Service for IPC and the Infection Control Doctor will be regular attendees of the Medications Management Group (MMG) where antimicrobial use will be monitored.

There are 5 antibiotics that can be administered by paramedics with a further 12 antimicrobials which can be administered by the urgent care advanced practitioners.

Antimicrobial usage is reported through the medicines management committee with 6 monthly reporting to the IPC Committee. This will be reported at the next IPCC in September 2025.

2.3 Standard Infection Control Precautions (SICPs) audits

Hand hygiene audits are not undertaken in silo but rather have been incorporated into the SICPs audits these will continue to be reported.

15 SICPs audits are to be undertaken by each region per quarter with quality assurance audits being carried out by the IPC Practitioners.

It was agreed that Hospital Ambulance Liaison Officers (HALOs) would undertake audits in their areas. The Head of IPC has contacted the Regional Directors to appraise and request alternative staff if HALOs were not in post.

Doc: Patient and Staff Safety Infection Prevention and Control Activity Report	Page 4	Author: Head of Infection Prevention and Control
Date: 2025-05-XXX	Version 1.0	Review Date: July 2025

Ten audits for the quarter have been submitted for quarter 1 which falls below the target of 15 audits, per quarter, per region.

The Senior IPC Practitioner has contacted each identified auditor, along with the relevant Area Service Manager (ASMs) and Head of Service, to provide reminders and progress updates.

Of the fully trained auditors, a minority of staff complete the audits.

Audit Scores

The SICPS audits which have been completed, show reassuring scores above 88%.

Non-compliance with “Bare Below the Elbows” remains a challenge, despite being discussed at IPC Committee, Regional Partnership Groups and both Regional and National Health and Safety Committees. Communication has been issued by the Chief Operating Officer/Deputy CE and reinforced within the Chief Executive bulletin.

The National Infection Prevention and Control Manual has been updated to reflect the AACE Bare Below the Elbow position statement. This change should remove any ambiguity for the Scottish Ambulance Service.

2.4 National Cleanliness Standards (NCSS) Compliance

Adherence to the National Cleaning Services Specification (NCSS) is mandatory, and IPC audits of stations and vehicles against the standards remain a priority, as reflected in the Programme of Work for 2025/2026.

The revised NCSS standards are in the final stages of consultation, with planned publication in Summer 2025.

The IPC team will review the standards when published and make changes to audits/policies as required.

Monitoring through the NCSS is a fundamental element and priority of the IPC work programme, and we continue to maintain the target of 90%.

As previously reported in previous Board reports, there remains a significant number of outstanding Domestic and Estates Rectifications. The Head of IPC is working with Estates to ascertain a solution.

It is difficult to compare data on a quarterly basis as the audit cycle for the Service is 6 monthly as agreed with Health Facilities Scotland; however, table 1 will provide a flavour of the standard across the Service.

Doc: Patient and Staff Safety Infection Prevention and Control Activity Report	Page 5	Author: Head of Infection Prevention and Control
Date: 2025-05-XXX	Version 1.0	Review Date: July 2025

Table 1: Overall Compliance with the NCSS audits

Overall Compliance 1 st October – 30 th June 2025			
	Audit Cycle 1		Audit Cycle 2
	October – December 2024	January – March 2025	April – June 2025
Domestic (overall %)	96.42 %	96.06%	96.13%
• Number of Rectifications	282	250	283
Estates (overall %)	93.72 %	93.21%	92.78%
• Number of Rectifications	461	406	484
User issues	292	206	238

“User issues” are those that are caused by the users of that area that impede the effective cleaning of the area. Most user issues can be addressed through good housekeeping. Domestic and Estates Issues, when reported, change the resulting score of the audit, whereas the User Issues are non-scoring.

The NCSS Compliance audits for domestic and estates will continue to be reported to and monitored by the IPC Committee.

SECTION 3: RECOMMENDATION

The Board is invited to note the content of the report.