



PUBLIC BOARD MEETING

30 September 2026

Item 12

THIS PAPER IS FOR DISCUSSION

**INFECTION PREVENTION CONTROL ACTIVITY UPDATE
INCORPORATING HEALTHCARE ASSOCIATED INFECTION**

Lead Director	Emma Stirling, Director, Care Quality and Professional Development
Author	Karen Burnett, Head of IPC and Vaccination Services
Action required	The Board is asked to discuss and note this report, including the assurance that there are no matters requiring escalation at this time.
Statement of Assurance	There are clear and effective structures and processes in place to support compliance with Infection Prevention and Control (IPC) standards and provide assurance regarding patient safety, staff safety and organisational preparedness. Ongoing improvement activity is focused on education compliance, audit activity, respiratory protective equipment compliance, environmental assurance and implementation of updated Transmission Based Precautions requirements.
Key points	• There is no new IPC performance data to present within this report, as the current quarterly reporting period covers 1 July to 30 September. • The IPC Programme of Work continues to progress and remains the framework for delivery and monitoring of IPC activity across the organisation. • The IPC risk register remains unchanged, with no new risks or changes in risk scoring requiring escalation to the Board at this time. • Recruitment is underway for a 0.8 WTE IPC Auditor post to support ongoing audit and assurance activity. • Operational teams have been asked to prioritise completion of IPC online training to support compliance with mandatory learning requirements. • Implementation of updated national Transmission Based Precautions requirements continues to progress, including alignment with respiratory protective equipment and face fit testing requirements.

	• Face fit testing compliance remains variable across the operational regions, with 47% of identified staff tested in North, 37% in East and 43% in West. • An IPC update was presented to the Clinical Governance Committee on 10 August, with no matters identified that require escalation to the Board.
Associated Risk Identification	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
Timing	An Infection Prevention and Control activity update paper is presented to the Board at each meeting.
Link to Corporate Ambitions	Supports all corporate ambitions relating to safe and effective care, healthier and safer communities, innovation and staff wellbeing.
Link to NHS Scotland's Quality Ambitions	Supports safe, effective and person-centred 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 and are based on NHS Scotland HAI policy and guidance. Antimicrobial Resistance and Healthcare Associated Infection Scotland and Healthcare Improvement Scotland conduct equality impact assessments on all national HAI guidance, policy and standards. The hand hygiene, Standard Infection Control Precautions and cleanliness audit results reported are mandatory HAI requirements related to national policy and guidance.



**Scottish
Ambulance
Service**

Working in Partnership with Universities



SCOTTISH AMBULANCE SERVICE BOARD

INFECTION PREVENTION CONTROL ACTIVITY UPDATE INCORPORATING HEALTHCARE ASSOCIATED INFECTION

KAREN BURNETT, HEAD OF INFECTION PREVENTION & CONTROL AND VACCINATION SERVICES

SECTION 1: BACKGROUND

Infection Prevention and Control (IPC) is a critical component of patient safety, staff safety and organisational resilience. Effective IPC arrangements reduce the risk of healthcare associated infection and support delivery of safe, effective and person-centred care across the Scottish Ambulance Service, hospitals, long-term care facilities (including care homes) and other care settings (such as, prisons, hospices and independent healthcare facilities).

This report provides an overview of IPC assurance activity and highlights emerging strategic issues relevant to the Board during the current reporting period.

SECTION 2: DISCUSSION

There is no new IPC performance data to present within this report, as the current reporting period is quarterly and covers 1 July to 30 September. The next full data update will therefore be available following closure and validation of the quarterly reporting period.

i. Leadership and governance

The IPC Programme of Work continues to progress as the framework for delivery, monitoring and assurance of IPC activity across the organisation. Established governance arrangements remain in place through IPCC, CAG, NCOG, CGC and Board reporting structures.

An IPC update was presented to the Clinical Governance Committee on 10 August, with no matters identified that require escalation to the Board.

Recruitment is currently underway for a 0.8 WTE IPC Auditor post, which will support ongoing audit and assurance activity once appointed. Once this vacancy is filled, the IPC Service will be at full complement.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 3	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-09-30	Version 1.0	Review Date: November 2026

ii. Infection Prevention and Control Committee (IPCC)

The Infection Prevention and Control Committee (IPCC) last met in July. The Committee will meet again in October, at which point progress against the current quarterly reporting period will be reviewed through established governance routes.

iii. Risk Register

The IPC risk register remains unchanged from the previous position, with no new risks or changes in risk scoring requiring escalation to the Board at this time.

All risks were reviewed by the IPCC in July 2026.

iv. Education

Operational teams have been asked to continue to prioritise completion of IPC online training to support compliance with mandatory learning requirements. Progress will continue to be monitored through established operational and governance routes, with no additional issues requiring escalation to the Board at this time.

v. Transmission Based Precautions

Implementation of the updated national Transmission Based Precautions requirements continues to progress across the organisation. This includes communication with operational teams, review of associated IPC guidance, and alignment with respiratory protective equipment and face fit testing requirements. Progress will continue to be monitored through the IPC Programme of Work and established governance routes.

vi. Respiratory Protective Equipment and Face Fit Testing

Face fit testing compliance remains variable across the operational regions, with 47% of identified staff tested in North, 37% in East and 43% in West. This leaves 569 staff in North, 1,013 in East and 1,266 in West not yet tested. Continued operational support is required to improve staff release and completion rates, particularly in the context of updated Transmission Based Precautions requirements.

vii. Community First Responders

The IPC team is working with the Community First Responder Leadership Team to review how updated Transmission Based Precautions requirements align with the types of incidents Community First Responders are routinely dispatched to. This may support a considered review of airway management within the Community First Responder role; however, any change in practice will be taken forward through a planned and proportionate approach. A key component of this work will be the development of appropriate IPC induction and refresher education, recognising that the application of Transmission Based Precautions, including respiratory protective equipment, will be determined by organisms and routes of transmission rather than by procedure alone.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 4	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-09-30	Version 1.0	Review Date: November 2026

viii. Communication

Routine IPC communication continues to be provided through established governance, operational and professional routes. No new issues have been identified during this reporting period that require escalation to the Board.

ix. Infection Prevention and Control policies, procedures and guidance

IPC policies, procedures and guidance continue to be reviewed and updated in line with national requirements, including the National Infection Prevention and Control Manual. No new policy or guidance issues have been identified during this reporting period that require escalation to the Board.

SECTION 3: RECOMMENDATION

The Board is invited to:

- Note that there are no matters requiring escalation to the Board at this time.
- Note that no new quarterly IPC performance data is available until the current reporting period closes on 30 September.
- Note that recruitment is underway for a 0.8 WTE IPC Auditor post to support ongoing audit and assurance activity.
- Note that the IPC update was presented to the Clinical Governance Committee on 10 August.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 5	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-09-30	Version 1.0	Review Date: November 2026