



PUBLIC BOARD MEETING

27 May 2026

Item No 16

THIS PAPER IS FOR DISCUSSION

**INFECTION PREVENTION AND 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.
Key points	<p>The Board can take assurance that there are established governance, risk management, audit and improvement processes in place to support compliance with mandatory and best practice Infection Prevention and Control standards, with current risks monitored through existing committee structures.</p> <p>There are no new matters identified this quarter requiring escalation to the Board.</p> <p>Key assurance points (01 January–31 March 2026):</p> <p>Leadership and governance: Two posts were recruited to strengthen service resilience, one IPC auditing vacancy remains, and previously enacted IPC business continuity arrangements have been stood down (page 3).</p> <p>Risk: Nine IPC risks remain on the risk register, all of which were reviewed by IPCC in April 2026 with no escalation required (page 4).</p> <p>Education and training: IPC training arrangements continue to align with national requirements, although training compliance and transition between modules remain under review (page 4).</p> <p>Operational preparedness: Face fit testing activity has progressed across all regions, although staff release for testing remains operationally challenging (pages 4–5).</p> <p>Incidents and surveillance: Twenty-three IPC incidents were recorded in Quarter 4, including 13 communicable infection-related incidents; no emerging pattern requiring escalation was identified (page 6).</p>

	Audit and compliance: Auditor development has continued, refresher resources have been introduced, and cleaning compliance remains high overall, although audit completion and estates rectification continue to reflect workforce and infrastructure pressure (pages 6–8).
Associated Risk Identification	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
Associated Clinical Risk Identification	This paper relates to the mitigation of clinical risks associated with healthcare-associated infection, transmission of communicable infection, and failure to maintain safe infection prevention and control practices across clinical environments, vehicles and operational bases.
Timing	An Infection Prevention and Control activity update paper is presented to the Board every two months.
Link to Corporate Ambitions	This paper relates to: We will <ul style="list-style-type: none"> • Work collaboratively with citizens and our partners to create healthier and safer communities • Innovate to continuously improve our care and enhance the resilience and sustainability of our services • Improve population health and tackle the impact of inequalities • 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).
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.



SCOTTISH AMBULANCE SERVICE BOARD

INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCORPORATING HEALTHCARE ASSOCIATED INFECTION

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

SECTION 1: PURPOSE

This report provides the Board with a quarterly assurance update on Infection Prevention and Control (IPC) activity for the period 01 January to 31 March 2026.

It summarises delivery of the IPC Programme of Work, highlights key assurance findings (including audit and compliance activity), and outlines current IPC risks and actions to mitigate the risk of healthcare-associated infection (HAI) for patients and staff.

For ease of reference, text shown in red throughout this paper highlights material activity, updates and developments since the previous Board report.

SECTION 2: DISCUSSION

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

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).

This report will be structured to follow the standard headings within the Healthcare Improvement Scotland (HIS) Infection Prevention and Control Standards (2022).

1. Leadership and Governance

The Head of IPC and Vaccination Service has reviewed team structures and has recruited to two posts: a National Vaccination Operational Manager (Band 7 commencing 18th May) and an Infection Prevention and Control Practitioner (Band 6 commencing 29th June).

One vacancy remains within the IPC auditing team.

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The business continuity plan for loss of IPC staff enacted in November 2025 has been rescinded.

The IPCC Annual Report, Terms of Reference and Annual Programme of Work were presented to, and approved by, the Clinical Governance Committee in May 2026.

The Head of IPC and Vaccination Service provides regular updates on IPC activity to the Clinical Assurance Group (CAG), National Clinical Oversight Group (NCOG), Clinical Governance Committee (CGC) and the Board.

Infection Prevention and Control Committee (IPCC)

The Infection Prevention and Control Committee (IPCC) convened in April 2026 with a quorum present.

IPC Programme of Work

The Scottish Ambulance Service's Infection Prevention and Control (IPC) Programme of Work for 2025/2026 was designed by the IPC Team on behalf of the Infection Prevention and Control Committee (IPCC). This framework guides and oversees efforts to prevent and control infection through communication, education, audits, surveillance, risk assessment, quality improvement, and policy development.

While the IPC Team leads the programme's development and implementation, all staff share responsibility for maintaining safe practices and minimising infection risks. The 2026/2027 Programme of Work has been developed and submitted through the appropriate governance route for approval.

Risk Register

There are 9 open risks on the IPC risk register (3 high risks, 4 medium risks and 2 low risks), all of which were reviewed by the IPCC in April with no escalation required.

2. Education and Training

From 1 March 2026, the Once for Scotland "Why IPC Matters" module was introduced for all staff. Data relating to the previous four core modules is not available. Staff who have already completed the four core modules will remain compliant until their current learning period expires.

The Once for Scotland: Why Infection Prevention and Control Matters module does not replace the SIPCEP foundation modules for patient-facing staff. Staff must still complete any relevant SIPCEP foundation modules required for their role, responsibilities and area of practice.

The Head of IPC and Vaccination Service is part of the NHS IPC Workforce Education Development Advisory Group. IPC training information will be presented to the IPCC in July 2026 as per reporting schedule.

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a) Respiratory Protective Equipment and Face Fit Testing

The Head of IPC and Vaccination Service has overall oversight of face fit testing and associated recording arrangements across the Service.

It remains the responsibility of operational managers to ensure that their staff are adequately protected and provided with the appropriate RPE.

There are two levels of preparedness, as set out in the [National Infection Prevention and Control Manual](#).

Table 1 shows the progress to date.

Table 1: Number of additional staff Face Fit Tested across the Regions

Data	Region		
	North	East	West
Number of Staff Face Fitted (1 st Dec – 31 st March 2026)	77 (+6 Students)	202 (+2 students)	252 (+33 Students)

Releasing staff for face fit testing at station level continues to be operationally challenging; however, the face fit testing team has maintained a flexible approach to maximise opportunities for testing.

3. Communication

The Head of IPC & Vaccination Services is working with the IT and Communications teams to refresh and update the IPC content on @SAS. All issued bulletins are also uploaded to the IPC page to support future reference.

3.1 National Directives/ Publications

There were 4 CMO letters and 5 ARHAI publications issued during the review period; these were noted at the IPCC in April 2026.

4. Assurance and monitoring systems

Robust assurance and monitoring systems are available to support SAS to reduce infection risks and improve people's outcomes.

4.1 InPhase

There were 23 events reported in InPhase under the Infection Prevention and Control category in Quarter 4, a decrease from 26 in the previous quarter.

- 2 Bites

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- 3 Cleanliness Issues (↓7)
- 4 Contact with blood/bodily fluids (↓11)
- 13 Contact with communicable infection (↑7)
- 1 Infestations (No change)

There were 13 incidents relating to communicable infection, including diarrhoeal illness, scabies, tuberculosis (TB), meningococcal illness and carbapenemase-producing Enterobacterales (CPE). Although reports of communicable infection increased during the quarter, some of these conditions may reflect seasonal variation. Advice was provided by the IPC team at the time of reporting.

The IPCC noted the InPhase annual report at the April 2026 meeting.

4.2 Programme of Audit

Auditing serves as a means of verifying compliance with established standards. Certain audits are required to be conducted throughout NHS Scotland. The Scottish Ambulance Service (SAS) has participated in developing tools to ensure that the audits carried out are pertinent to the service provided.

Standard Infection Control Precautions (SICPs) Audits

Across the year, the IPC Team delivered SICPs auditor education on 52 occasions to 40 staff, with activity varying by quarter (highest in Q4). All regions identified additional auditors to improve resilience; however, uptake and retention vary. The North Region increased trained auditor numbers to 15, while the East Region experienced low conversion to active auditor roles i.e. completed both parts despite identifying additional staff, and the West Region reported limited audit submission among trained auditors.

To support consistency and increase audit activity, a bespoke refresher training package has been developed, published on @SAS and shared for dissemination, alongside continued engagement with operational leaders.

In addition, the IPC team is reviewing the online audit tool to ensure that it is optimised for use on Service mobile devices.

Peripheral Venous Catheter Insertion Bundle

Compliance with the PVC bundles remains consistent across the Regions with overall Service Compliance consistently above 95%.

5. Optimising Antibiotic use

The Head of IPC participates in the Medications Management Group (MMG), which oversees antimicrobial use. The Service uses significantly fewer antimicrobials compared to territorial health boards. Antimicrobial prescribing and PGDs sign off is monitored through the MMG. The next report from the MMG will be presented to the IPCC in July 2026.

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6. Infection Prevention and Control Policies, procedures and guidance

IPC policies will undergo review every two years, or earlier if new information or guidance emerges, following the Vale of Leven recommendations.

The IPC work programme for 2026/27 includes a phased policy review process, which will be managed through the IPCC.

The IPCC will authorise SOPs and IPC guidance, while IPC policies will be reviewed for content and approved by the IPCC before final ratification by the policy review group. No policies or SOPs were reviewed at April 2026 IPCC.

Clean and safe care equipment

National Cleaning Services Specifications

The National Facilities Monitoring Framework, reviewed and published in July 2025, provides a structured approach for overseeing cleaning standards within NHS Scotland, specifically incorporating the needs of the Scottish Ambulance Service (SAS). This framework ensures compliance with the mandatory National Cleaning Services Specification (NCSS).

Patient safety will remain uncompromised despite any delays in implementing these changes. In line with an agreement with Health Facilities Scotland, SAS ambulance stations will be audited every six months (rather than quarterly, as undertaken by other Boards).

A reduced number of audits were completed during Quarter 4 due to significant staff absence. At the end of the audit period, a total of 39 audits had not been completed, with the majority of these in the East Central, North and South East regions.

“User issues” are those that are caused by the users of that area that impede the effective cleaning of the area. The audits identified recurring issues across four domains:

- environmental condition (wear and tear e.g., torn vinyl and raised flooring, taped grab rails/doors, missing blinds and shower curtain),
- cleanliness and clutter (e.g. dirty microwave, rust in sink, dishes left out, items stored inappropriately on tops of lockers).

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 pattern of user issues has remained consistent across quarters.**

This quarter, 6 high-risk and 21 medium-risk estate rectifications were added.

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7. HAI and the Built Environment

Estates and IPC will continue to collaborate in alignment with the principles and intent embedded in the HAI SCRIBE framework.

Road and Air Ambulances are classed as the built environment for the service.

IPC continue to attend the air ambulance implementation project team meetings.

IPC input has been incorporated into a number of built-environment developments during the quarter, including the Glasgow South Station Project, potential relocation planning for Crieff station, and the relocation of Education and Practice Development to Ayr.

8. Acquisition and provision of equipment

No new product review requests were received during Quarter 4.

RECOMMENDATIONS

The Board is asked to receive this report for assurance and to note the content.

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