Scottish Ambulance Service

Working in Partnership with Universities

NHS SCOTLAND

PUBLIC BOARD MEETING **29 July 2026**

Item 12

THIS PAPER IS FOR DISCUSSION

INFECTION PREVENTION CONTROL ACTIVITY UPDATE INCOPORATING HEALTHCARE ASSOCIATED INFECTION

Lead Director **Author**	Emma Stirling, Director, Care Quality and Professional Development Karen Burnett, Head of IPC and Vaccination Services
Action required	The Board is asked to **discuss** and note this report.
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 and environmental assurance.
Key points	• IPC risk register has increased to 11 open risks comprising, 4 high, 5 medium and 2 low risks. • National Cleaning Services Specification compliance remains stable at 96.44% domestic and 93.44% estates compliance, although estates rectifications remain a challenge. • A&E vehicle cleaning record completion remains low at 11.9%. • Standard Infection Control Precautions audit activity increased by 36% compared to the previous quarter and compliance remains high across most standards. SIPCEP compliance remains below expected levels and requires continued organisational focus. • Face Fit Testing activity continues to improve where operational leadership actively supports staff attendance; however, engagement and staff release remain ongoing challenges. • National changes to Transmission Based Precautions will be implemented on 3 August 2026 and will require organisational preparedness and continued focus on respiratory protective equipment compliance. • Collaborative IPC arrangements are being developed with NHS 24 to strengthen governance, assurance and preparedness across both organisations.

	• A Short Life Working Group has been established to review organisational preparedness for High Consequence Infectious Diseases (HCIDs) following recent operational challenges associated with the management of individuals under public health surveillance. Representatives from IPC, NRRD and Operational Delivery have completed national HCID Train-the-Trainer education to inform future preparedness planning and assessment of compliance with NIPCM HCID requirements.
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. 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
Working in Partnership with Universities

NHS SCOTLAND

SCOTTISH AMBULANCE SERVICE BOARD

INFECTION PREVENTION CONTROL ACTIVITY UPDATE NCOPORATING 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 all Scottish Ambulance Service environment, hospitals, long-term care facilities (including care homes) and other care settings (such as, prisons, hospices and independent healthcare facilities).

The report provides an overview of IPC assurance activity undertaken during the period April–June 2026 and highlights emerging strategic issues relevant to the Board.

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).

1. Leadership and governance

The Head of IPC and Vaccinations has enhanced the wider team through the appointment of

- National Vaccination Operational Manager
- Infection Prevention and Control Practitioner
- Vaccination Service Team Leader (North)
- Regional Vaccinator

Filling these positions will strengthen support and resilience within the specialty areas.

The IPC Programme of Work continues to provide a framework for delivery and monitoring of IPC activity across the organisation. All staff have a role in infection prevention and control, with oversight provided through established governance arrangements including IPCC, CAG, NCOG, CGC and Board reporting structures.

Infection Prevention and Control Committee (IPCC)

The Infection Prevention and Control Committee (IPCC) convened in July with a quorum present. Attendance will continue to be monitored, and instances of repeated non-attendance will be escalated to the CGC via IPC Annual Report or immediately if significant concerns arise.

IPC Program of Work

The IPC Team's responsibility is to develop and facilitate implementation of the IPC programme of work and not operationalise. IPC does not rest solely within the domains of our IPC Committees and Teams. Progress with the IPC program of work can be viewed in appendix 1.

Risk Register

The IPC risk register now contains 11 open risks comprising, 4 high, 5 medium and 2 low risks. This represents an increase of two risks from the previous reporting period.

All risks were reviewed by the IPCC in July 2026.

2. Audit and Assurance

National Cleaning Services Specification compliance remains stable with domestic compliance of 96.44% and estates compliance of 93.44%. However, estates-related rectifications remain a recurring theme. During the reporting period, 16 high-risk and 39 medium-risk estates rectifications were identified.

A&E vehicle cleaning record completion continues to be an area of concern, with only 11.9% of records fully completed. Common audit themes include incomplete cleaning records, damaged equipment, clutter, out-of-date consumables and estates-related issues.

PVC bundle compliance was 96.98% during April–June 2026, demonstrating continued strong compliance with cannulation standards

Education

All staff are required to complete core Infection Prevention and Control (IPC) training, in addition to undertaking IPC role-specific learning where applicable. DL (2025) 26 outlines updates to the national framework for statutory and mandatory training for Agenda for Change (AFC) staff. As a result, the number of core IPC modules required for all staff will be reduced from four to one: "Why Infection Prevention Control Matters."

The current position demonstrates that mandatory IPC education compliance remains low across many staff groups (46% - 80%) and highlights the need for continued engagement with operational managers and staff.

Further analysis of staff groups is currently limited due to ongoing data cleansing and workforce validation activity.

The Clinical Quality Leads are working in partnership with the Regions to improve compliance with all IPC education.

Respiratory Protective Equipment and Face Fit Testing

Face Fit Testing (FFT) remains a key priority for the IPC Department in supporting respiratory protective equipment (RPE) preparedness within the Service. During the reporting period, the IPC Team continued delivery of the FFT programme supported by a dedicated recording platform that provides live reporting of compliance by region, station, staff group and respirator type.

The Board should note that staff engagement remains a challenge. A proportion of staff continue to question the need for FFP3 respirators and face fit testing, while operational pressures continue to affect attendance at testing sessions. Some staff are unable to achieve an adequate fit using standard FFP3 respirators and require alternative respiratory protective equipment such as powered air-purifying respirators (PAPR).

This work becomes increasingly important given the forthcoming national changes to Transmission Based Precautions (TBPs), due for implementation from 3 August 2026. The revised guidance reinforces the requirement for staff to have appropriate RPE for their role and introduces a new respiratory risk assessment model to guide mask selection.

National IPC Developments

Significant changes to Transmission Based Precautions will come into effect from 3 August 2026. These include:

- Replacement of contact, droplet and airborne terminology with contact transmission and air transmission.
- Introduction of respiratory risk categories (R1–R3).
- Removal of Aerosol Generating Procedure terminology.
- Continued emphasis on face fit testing and respiratory protective equipment compliance.

The IPC team is supporting organisational preparedness and implementation planning

High Consequence Infectious Disease (HCID) Preparedness

The Service continues to review and strengthen its preparedness arrangements for High Consequence Infectious Diseases (HCIDs). During the reporting period, Scotland experienced occasions where individuals identified as known contacts of HCID cases required monitoring and surveillance arrangements led by Public Health. These events highlighted a number of operational challenges and demonstrated the need to review organisational readiness, workforce capability and resilience arrangements.

In response, a Short Life Working Group (SLWG) has been established to undertake a comprehensive review of the Service's HCID preparedness arrangements. The group is considering operational readiness, training requirements, specialist equipment, governance arrangements, workforce resilience and alignment with national guidance.

To support this work, representatives from the National Risk and Resilience Department (NRRD), Infection Prevention and Control (IPC) Service and Operational staff attended a national HCID Train-the-Trainer programme in Sheffield. The purpose of attendance was to assess the practical requirements and operational complexities associated with delivering care in accordance with the National Infection Prevention and Control Manual (NIPCM) Addendum for High Consequence Infectious Diseases. The learning will inform the Service's review of current arrangements, training requirements and future preparedness planning.

The review will help determine the level of organisational capability required to safely manage HCID incidents, identify gaps in current arrangements and support recommendations for future investment and workforce development. Findings from the SLWG will be reported through established governance structures in due course.

3. Communication

a. National Directives/ Publications

A review of documents published by Public Health Scotland or PSDS was presented to the IPC Committee in July with no escalation required.

4. Infection Prevention and control policies, procedures and guidance

The IPC Team continues to monitor national developments and engage with key stakeholders regarding changes to the National Infection Prevention and Control Manual (NIPCM). IPC policies, procedures and standard operating procedures are subject to a planned review programme to ensure they remain aligned to national guidance, emerging evidence and organisational requirements. Seven of the Service's 23 IPC documents are currently scheduled for review and update during 2026/27. The IPC Committee continues to provide oversight of this programme and assurance that IPC documentation remains current and fit for purpose

SECTION 3: RECOMMENDATION

The Board is invited to:

- note the IPC assurance position.
- note the increase in audit activity and continued strong compliance with most IPC standards
- note the ongoing areas of focus in relation to SIPCEP compliance, vehicle cleaning documentation, estates rectifications and respiratory protective equipment compliance
- note the forthcoming national changes to transmission-based precautions and associated implementation requirements
- note progress to strengthen collaborative IPC arrangements between NHS 24 and the Scottish Ambulance Service