Scottish Ambulance Service

Working in Partnership with Universities

NHS SCOTLAND

SCOTTISH AMBULANCE SERVICE BOARD **25 November 2026**

Item 13

THIS PAPER IS FOR DISCUSSION

INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE INCORPORATING 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** the IPC assurance position, and the improvement actions being overseen through the Infection Prevention and Control Committee (IPCC) and Clinical Governance Committee (CGC).
Statement of Assurance	Established governance, risk-management and monitoring arrangements provide assurance that IPC risks, incidents, audits, education, policies and national guidance are subject to oversight. Improvement, monitoring and escalation continue through IPCC and CGC.
Key points	• Reporting covers 1 July to 30 September 2026. Source cut-off dates vary, with InPhase and national SICPs data available to 17 September. • The IPC risk register contains 10 open risks: four high, five medium and one low. No new risks were identified. Risk 4026 was closed following merger with Risk 5589. • An IPC Auditor has been appointed for the East Region and is due to start in November 2026. A further 0.5 WTE vacancy arising from partial retirement is being advertised. • Face fit testing remains an organisational risk. A live recording platform now supports regional and station-level monitoring, identification of retesting dates and targeted improvement. • Twenty-five IPC-category incidents were recorded between 1 July and 17 September. Equipment contamination, environmental cleanliness, occupational exposure and waste management remain recurring themes, with no common source or transmission concern identified.

	• Only five SICPs audits were captured during the reporting window against an expectation of 15 per region per quarter. A reporting-system defect may have omitted completed audits, materially limiting assurance. • PVC bundle completion remained high at 97.22%. NCSS compliance was 96.17% for domestic standards and 91.92% for estates standards; estates findings remain subject to monitoring and rectification. • Scotland's first ten-year national IPC strategy is broadly aligned with SAS priorities and increases the focus on data for action, workforce competency, preparedness, partnership working and evaluation of impact.
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 is presented to the Board at each meeting, with detailed quarterly assurance reporting through CGC.
Link to Corporate Ambitions	Supports the corporate ambitions relating to safe and effective care, healthier and safer communities, innovation, resilience and staff health and wellbeing.
Link to NHS Scotland's Quality Ambitions	Supports safe, effective and person-centred care.
Benefit to Patients	Safe clinical practices, effective respiratory protection, clean environments and appropriately decontaminated patient-care equipment reduce the risk of healthcare-associated infection and protect patients and staff.
Climate Change Impact Identification	No direct climate change impacts have been identified from this assurance report.
Equality and Diversity	IPC policies apply to all staff and patient groups. National guidance and standards are subject to equality impact assessment by the relevant national bodies, including ARHAI Scotland and Healthcare Improvement Scotland where applicable. No additional equality impacts have been identified through this report.

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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 integral to patient safety, staff safety and organisational resilience. This report provides the Board with the quarter 2 IPC assurance position for 1 July to 30 September 2026 and highlights material risks, exceptions and improvement activity considered through IPCC and CGC.

Source reporting cut-off dates vary. The principal activity report covers activity to 27 September, while InPhase and national SICPs data cover activity to 17 September. This limits direct comparison with the previous quarter.

SECTION 2: DISCUSSION

i. Leadership and Governance

The IPC Programme of Work for 2026/27 remains the framework for delivery and assurance across communication, education, audit, surveillance, risk management, quality improvement and policy review. IPCC met in October 2026 and was quorate. Attendance will continue to be monitored and repeated non-attendance escalated where it creates a governance concern.

An IPC Auditor has been appointed for the East Region and is due to commence in November 2026, strengthening regional audit support and service resilience. A further 0.5 WTE vacancy arising from partial retirement is being advertised.

ii. Risk Register

The IPC risk profile remains stable, with 10 open risks: four high, five medium and one low. No new risks were identified during the reporting period. Risk 4026 was closed following merger with Risk 5589, reducing duplication within the register.

The four high risks remain under established oversight and escalation arrangements.

iii. Respiratory Protection and HCID preparedness

Face fit testing remains an organisational risk. A live recording platform now provides regional and station-level visibility of testing status, mask allocation, PAPR requirements and retesting dates. Improvement is strongest where local leadership supports staff release, attendance and access to testing. Targeted action will continue in lower-uptake areas, with oversight through IPCC and CGC. The Service compliance for RPE is 47.4% which is a significant improvement from the last quarter of 28.43%.

Updated national guidance requires established HCID pathways, appropriate IPC measures and HCID PPE training. Transition to the unified PPE ensemble is required by 31 March 2027, and an HCID group has been established to take this work forward.

iv. InPhase Incidents

Between 1 July and 17 September, 25 incidents were recorded in the InPhase IPC category, compared with 31 in the preceding full quarter. The shorter window prevents a like-for-like comparison. Reported themes were cleanliness, blood or body-fluid exposure, communicable-infection exposure, incorrect waste disposal and bites. A further 18 physical-assault incidents involved an IPC-related risk. IPC advice was provided in all cases, with no common source, transmission concern or emerging geographical pattern identified.

v. Audit and clinical-practice assurance

Recorded SICPs audit activity remains below the expected level. Five audits were captured during the reporting window against an expectation of 15 per region per quarter. Compliance was high across most standards assessed; however, the low number of recorded audits and a reporting-system defect that may have omitted completed audits limit the level of Service-wide assurance that can be provided.

Following discussion at the last IPCC and PPSG, the IPC team continues to work with Operational teams to improve SICPs audit completion and reporting. This engagement continues, with opportunities to extend auditor training being explored to support local audit capacity. A proposal to develop a more sustainable SICPs audit and reporting solution has been submitted to the Business Intelligence team, with progress to be reviewed in the next quarter. Increased recorded audit activity and more reliable reporting will be required to strengthen Service-wide assurance.

Peripheral venous catheter bundle completion remained high and broadly stable at 97.22%, compared with 96.98% in the previous quarter. No antimicrobial-prescribing or PGD assurance concerns were identified through the Medicines Management Group.

vi. Environmental cleanliness and estates

NCSS compliance for July to September 2026 was 96.17% for domestic standards and 91.92% for estates standards. Because different stations are included in each audit period, these figures should not be interpreted as a direct quarter-to-quarter trend. Estates findings and rectification activity remain an area for continued monitoring.

A Water Safety Audit was completed at Dunfermline Station on 6 August 2026. The Estates Department is reviewing the draft recommendations, with progress due to be reported to IPCC in January 2027.

vii. Education, policy and national direction

The IPC team is also developing an assessed question set for the Vehicle Cleaning video to strengthen evidence of staff understanding. IPC Education and compliance will remain under review.

Scotland's first ten-year IPC strategy was published on 27 July 2026. It is broadly aligned with SAS priorities, particularly SICPs and Transmission Based Precautions, respiratory protection, HCID preparedness, education, audit and partnership working. The national emphasis on data for action provides a clear opportunity to strengthen meaningful IPC indicators, demonstrate impact and inform resource allocation. Detailed requirements will emerge through multi-year action plans and will be assessed through SAS governance arrangements.

SECTION 4: RECOMMENDATION

Established governance and monitoring arrangements provide assurance that IPC risks and improvement activity are being identified and overseen. However, the strength of assurance is constrained by low recorded SICPs audit coverage, a reporting-system defect that may have omitted completed audits, and RPE compliance of 47.4%. Environmental and estates findings also require continued monitoring and rectification. Oversight is established, but these gaps require sustained improvement and monitoring through IPCC and CGC.

The Board is invited to:

- Discuss and note the quarter 2 IPC assurance position, including the limitations arising from recorded SICPs audit coverage, audit-system reporting and respiratory protection compliance.
- Note the four high IPC risks and the established oversight and escalation arrangements.
- Note the improvement actions relating to respiratory protection, SICPs audit coverage and reporting, education compliance, policy review and environmental standards.
- Note that progress will continue to be monitored through IPCC and CGC, with material changes or concerns escalated to the Board.