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PUBLIC BOARD MEETING

28 January 2026
Item 10

THIS PAPER IS FOR DISCUSSION

**INFECTION PREVENTION CONTROL ACTIVITY UPDATE
INCOPORATING 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 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	<ul style="list-style-type: none">• Leadership and Governance (Page 4)<ul style="list-style-type: none">◦ Recruitment to IPC Department• Risk Register (Page 4)<ul style="list-style-type: none">◦ 9 open risks; 3 high risks, 4 medium risks and 2 low risks• Education and Training (Page 4)<ul style="list-style-type: none">◦ IPC online education across the Service is 59%.• Respiratory Protective Equipment (RPE) Update (Page 4)<ul style="list-style-type: none">◦ Additional 94 people provided with RPE• Staff Vaccination (Page 5)<ul style="list-style-type: none">◦ Vaccination uptake for the Service is 30.7% compared with 25.3% in 2024/25.• Standard Infection Control Precautions (SICPs) audit submission & compliance (Page 6)<ul style="list-style-type: none">◦ 9 audits completed for the Service◦ Each Region/Speciality should complete 15 adults per quarter. Each audit should consist of 3-5 ambulance crews

	<ul style="list-style-type: none"> • National Cleaning Services Specification (NCSS) audit compliance (Page 7) <ul style="list-style-type: none"> ◦ Domestic compliance 96.53% ◦ Estates compliance 93.97% ◦ User issues identified 236
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	<p>We will</p> <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. • 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.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 2	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-01-28	Version 1.0	Review Date: March 2026



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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 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.

Good IPC practice can help to reduce the prevalence of infections 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).

Healthcare Associated Infections can occur as a direct or indirect result of healthcare and treatment including the environment or setting where care is delivered.

This report will provide an update on IPC Activity and will include data from **1st October – 31st December 2025**, unless otherwise stated.

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).

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 3	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-01-28	Version 1.0	Review Date: March 2026

1. Leadership and governance

The Head of IPC and Vaccination has evaluated the team structures and is currently recruiting a National Vaccination Operational Manager (Band 7), while also awaiting approval to advertise for an Infection Prevention and Control Practitioner (Band 6). Filling these positions will strengthen support and resilience within the specialty areas.

The Head of IPC and Vaccination Service provides updates on IPC activity to 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 October with a quorum present. Attendance will continue to be monitored, and instances of repeated non-attendance will be escalated to the CGC via IPC Program of Work.

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. The IPCC reviewed the IPC Program of Work for 2025/2026 in January 2026. Development of the 2026/2027 program is underway, with plans to present it to the April IPCC meeting before submitting it to the CGC in May.

Risk Register

The Vaccination Service risk register has been incorporated into the IPC risk register as this service sits under the IPC Service. There are 9 open risks on the IPC risk register (2 closed and 1 added): 3 high risks, 4 medium risks and 2 low risks. All risks were reviewed by the IPCC in January 2026.

2. Education and Training

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."

Compliance with core IPC online education across the Service is 59%. The Clinical Quality Leads are working in partnership with the Regions to improve compliance with all IPC education.

The Head of IPC also participates in the NHS IPC Workforce Education Development Advisory Group.

a. Respiratory Protective Equipment Update

The Head of IPC has overall responsibility for the overseeing of the testing and recording of the Face Fit Testing program across the service. It remains the responsibility of operational

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 4	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-01-28	Version 1.0	Review Date: March 2026

managers to ensure that their staff are adequately protected and provided with the appropriate RPE.

There are 2 levels for preparedness which is available in the [National Infection Control Manual](#).

Three full time Face Fit testers joined the department in October 2025; however, staff on alternative duties will require to be utilised on an ongoing basis to bring this up to an acceptable tolerance.

A data cleansing process is currently underway following the implementation of the new Respiratory Protective Equipment (RPE) database, which became operational in December 2026. The number of staff who have undergone face fit testing or have been issued powered air purifying respirators (PAPR) is detailed in Table 1.

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

Data	Region		
	North	East	West
Number of Staff Face Fitted (Nov – Dec)	21	34	39
Types of masks fitted			
• AS 3530	4	19	19
• 3M 1863+	7	12	11
• AS 3030V	1	0	1
• AS S3v	1	3	8
Number of PAPR			
• Issued	8	0	0
• Withdrawn	TBC	5	0

The IPC team in conjunction with Regional Heads of Service are exploring how to increase the uptake.

3. Communication

The IPC team regularly reviews the @SAS IPC page to ensure that staff have access to up-to-date and accurate information.

a. Staff Vaccinations

The National Vaccination Service Manager was appointed late October November and currently in the process of recruiting to the National Vaccination Operational Manager.

The Head of IPC and Vaccination Service has developed Microsoft Teams backgrounds and email stationery to promote Winter Vaccination. Information has been shared directly with Regional Directors, Heads of Service (operational) to advised staff of the need to be vaccinated, location of drop-in clinics in each Health Board. The Vaccination Services Manager liaised with local Health Boards to ensure that the operational Service Staff can access their staff vaccination clinics.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 5	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-01-28	Version 1.0	Review Date: March 2026

Vaccination uptake for the Service is 30.7% compared with 25.3% in 2024/25.

b. National Directives/ Publications

During the review period the following national documents have been published, these were discussed at the IPCC in January 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.

a. InPhase

There were **26** events (increase from **22**) reported into Inphase under Infection Prevention and Control category for Quarter 3 of 2025. 18 of the incidents reported are from the West Region; from investigation and review there are no glaring themes or trends identified.

b. Standard Infection Control Precautions (SICPs) audits

Hand hygiene audits are incorporated into the SICPs audits and will continue to be reported.

Hospital Ambulance Liaison Officers (HALOs) were designated to conduct audits in their respective areas. The Head of IPC has contacted the Regional Directors to request alternative staff if HALOs are not available, no additional personnel identified.

During the last quarter, one training session was conducted in October. However, additional sessions have not been scheduled due to resourcing constraints within the IPC Team.

Table 2: SICPs audit completion and compliance

Region	Number of audits completed	Average compliance with SICPs
Each area must complete 15 adult audits per quarter, with each audit involving 3-5 crews.		
West	3 (13/15 crew observed)	100%
North	3 (5/15) crew observed)	75%
East	0	0
NRRD	3 (5/15 crew observed)	97%
ScotSTAR	0	0

Poor hand hygiene compliance may be attributed to non-compliance with "Bare Below the Elbows". Compliance is discussed at the discussed and monitored at IPCC, Regional Partnership Groups and both Regional and National Health and Safety Committees.

Peripheral venous cannulation

The Service occasionally inserts peripheral venous cannulas (PVC), with compliance to the PVC bundle consistently above 95% as reported to the IPC Committee. Clinical quality leads are working with Regional Heads of Service to address non-compliance areas.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 6	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-01-28	Version 1.0	Review Date: March 2026

5. Optimising antimicrobial 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. Currently, the Service's compliance with the Patient Group Directive (PGD) stands at 86%.

6. Infection Prevention and control policies, procedures and guidance

All IPC policies and guidance are available on @SAS and JRCALC. The IPC team will continue to engage with national organisations regarding any amendments to the National Infection Prevention and Control Manual (NIPCM) and will appropriately notify those the IPCC of necessary changes.

IPC policies will be subject to review every two years, or sooner should new information or guidance become available, in accordance with the Vale of Leven recommendations. A staggered approach to policy review has been incorporated into the IPC work programme for 2025/26 and will be overseen by the IPCC.

One Standard Operating Procedure was developed in collaboration with ARHAI and after consultation with the SORT Operations Manager. It was presented to the January IPCC.

A business continuity plan addressing the potential loss of IPC staff was written and presented for discussion and approval at the January IPCC.

7. Clean and Safe Care Equipment

The National Facilities Monitoring Framework is a step-by-step guide to managing and carrying out cleaning monitoring in NHS Scotland. It was developed taking SAS into consideration. This framework is used to monitor adherence to the National Cleaning Services Specification (NCSS) which is mandatory. Changes in practice will be communicated to operational staff in due course.

Monitoring via the NCSS remains a core component and priority within the IPC work programme, with the established target of 90% consistently upheld.

As outlined in prior reports, a considerable volume of Domestic and Estates Rectifications remain outstanding. The Head of IPC is actively collaborating with Estates on the next quality improvement cycle to identify effective solutions and reduce these unresolved rectifications. Table 3 presents an overview of the standard across the Service.

Table 3: Overall Compliance with the NCSS audits

Overall Compliance					
	Oct – Dec 24	Jan – Mar 25	April - June 25	July – Sept 25	Oct– Dec 25
	Audit cycle 1		Audit cycle 2		Audit cycle 1
Domestic (overall %)	96.42 %	96.06%	96.13%	96.79%	96.53%
• Number of Rectifications	282	250	283	244	244

Estates (overall %)	93.72 %	93.21%	92.78%	94.46%	93.97%
• Number of Rectifications	461	406	484	402	426
User issues	292	206	238	231	236

“User issues” are those that are caused by the users of that area that impede the effective cleaning of the area. User issues should be addressed at Station level by the Area Service Managers.

The IPC team have monthly meetings with the Estates and Health and Safety departments to prioritise rectifications based on the 5x5 risk matrix.

8. The Built Environment

Estates and the Head of IPC have established a collaborative system to ensure the completion of a customised HAI SCRIBE (Healthcare Associated Infection Systems for Controlling Risk in the Built Environment).

NHS Assure continue to work with the IPC team to create national guidance suitable for non-hospital settings.

a. Water Safety

New Water Safety Contractors have been appointed to carry out water testing and temperature testing. New contract commenced on the 1st of September 2025. No issues have been reported during this reporting period. The water safety group reports quarterly to the IPCC.

9. Acquisition and provision of equipment

A new Medical Device Group (MDG) has been established to provide the governance oversight to ensure Medical Device management across The Service complies with relevant regulation, legislation and guidance. The MDG will ensure this policy remains up to date in line with best practice and is adhered to across the Service.

The MDG will provide assurance to the Board that there are systems in place to meet its responsibility to minimise the risks associated with the safe and effective acquisition and use of Medical Devices.

The MDG will report to Clinical Governance Committee via reporting to the Clinical Assurance Group

The Lead IPC Practitioner is a member of this group.

The Procurement department will present a written paper to the IPCC in January outlining product purchases, changes to contracts etc.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 8	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-01-28	Version 1.0	Review Date: March 2026

SECTION 3: RECOMMENDATION

The Board is invited to discuss and note the IPC activity outlined in the paper.

Doc: Patient and Staff Safety Infection Prevention and Control Update	Page 9	Author: Head of Infection Prevention and Control and Vaccination Service
Date: 2026-01-28	Version 1.0	Review Date: March 2026