



NOT PROTECTIVELY MARKED

Public Board Meeting

26 November 2025

Item 13

THIS PAPER IS FOR DISCUSSION

INFECTION PREVENTION AND CONTROL ACTIVITY UPDATE
INCORPORATING HEALTHCARE ASSOCIATED INFECTION

Lead Director	Emma Stirling, Director of 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"> ○ ICD SLA with GJH approved providing 52-week cover with OOH telephone advice from a microbiologist • Risk Register (Page 4) <ul style="list-style-type: none"> ○ The Vaccination Service risk register has been incorporated into the IPC risk register. • Standard Infection Control Precautions (SICPS) audit (Page 9) <ul style="list-style-type: none"> ○ Improvement in audit submission although continue to be below the agreed amount.
Associated Risk Identification	Risk 4636 – Health and wellbeing of staff Risk 4638 – Wider system changes and pressures
Associated Clinical Risk Identification	4930 – There is a risk that patients will deteriorate. 4624 - There is a risk of patient harm due to SAS responding to patients who present with increasingly complex needs.
Timing	An IPC 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	<p>The work and information referred to in this report supports the Service in its contribution to safe and effective care.</p>
Benefit to Patients	<p>Safe clinical practices, a clean environment and patient care equipment protect patients from the risk of healthcare-associated infection (HAI).</p>
Climate Change Impact Identification	<p>This paper has identified no impacts on climate change.</p>
Equality and Diversity	<p>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</p>



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

KAREN BURNETT, HEAD OF INFECTION PREVENTION AND CONTROL

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 July – 30th September 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).

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1. Leadership and governance

The Service Level Agreement (SLA) for the Infection Control Doctor service provided by the Golden Jubilee Hospital has been approved. The revised SLA provides a 52-week service with out of office emergency advice (same as Golden Jubilee Hospital).

From 1 July 2025, the Head of IPC is responsible for the Mobile Vaccination Unit and Respiratory Protective Equipment team.

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 Clinical Governance Committee 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 IPC Program of Work 2025/2026 was reviewed by both the IPCC and CGC with no areas for escalation identified.**

Risk Register

The Vaccination Service risk register has been incorporated into the IPC risk register as this service sits under the IPC Service. The risk register is reviewed quarterly by the IPCC.

2. Education and Training

All staff must complete four core SIPCEP modules, with additional requirements based on their roles (patient-facing or non-patient facing). These requirements may change following the national review under the 'protected learning time' project. The Head of IPC also participates in the NHS IPC Workforce Education Development Advisory Group.

Following a recent KPMG audit, the Head of IPC in conjunction with the digital team are reviewing reporting mechanisms to ensure staff compliance with SIPCEP.

Information pertaining to Infection Prevention and Control training will be presented on a 6 monthly basis (next due January 2026).

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

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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.

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

Updated data on Face Fit testing and RPE provision will be presented to the IPCC in January 2026.

3. Communication

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

The Service uses various social media platforms to share information about different activities. The Communications team removes items such as watches and bracelets from photographs; however, this does not fully address compliance issues with bare below the elbow (BBE) requirements, which include not wearing watches, jewellery, or having long nails, nail extensions, or wearing nail varnish.

Annual SICPs quality assurance audits, performed by the Senior IPC team, provide an overview of compliance. Senior members of the Service are expected to address any instances of non-compliance as they are identified.

a. Staff Vaccinations

The process to appoint a National Vaccination Service Manager is in progress.

The Head of IPC and Vaccination Service has developed Microsoft Teams backgrounds and email stationery to promote Winter Vaccination. Information is also shared through the Chief Executive Bulletin and was available as a lock screen from 01st November 2025.

b. National Directives/ Publications

During the review period the following national documents have been published, these were discussed at the IPCC in October and CGC in November.

4. Assurance and monitoring systems

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

InPhase

There have been 26 adverse events reported onto InPhase during quarter 2, relating to Infection Prevention and Control Category, further broken down as follows. All incidents are reviewed by the Senior IPC team with advice given and followed up as required. Incidents are presented to and monitored by IPCC.

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Chart 1 shows 'peaks and troughs' throughout the reporting process over the quarter, with no commonality in incident type.

Chart 1: Adverse Events Over Time



With the implementation of Inphase, the IPC team can identify IPC risks that may previously not have been captured due to the categorisation within DATIX.

The IPC team review Inphase "assault physical" categories to identify if there was IPC risk i.e. Biting, spitting, exposure to blood or bodily fluids etc. There were nine incidents where this was the case.

Sharps injuries are reported through the Health & Safety Governance routes.

a. 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.

The Infection Prevention and Control Team (IPCT) continues to offer support and training to facilitate audit capacity in the region. In the last quarter, several training sessions have been organized, yielding some participation.

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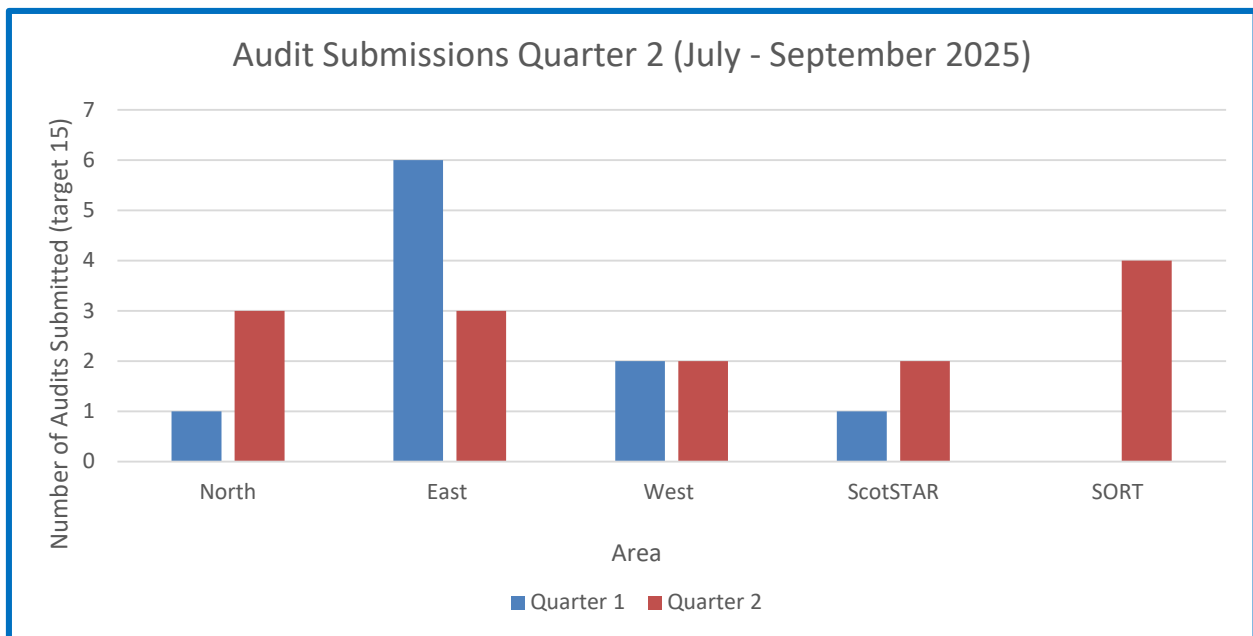
Table 1: Breakdown of auditors across the Regions

Region	Number of fully Trained auditors	Awaiting training	No of auditors who have conducted audits in Q2
North	11	1	3 auditors
East	5	10	1 auditor
West	7	1	3 auditors
ScotSTAR	5	2	2 auditors
SORT	1	1	1 auditor

Of the fully trained auditors, a minority of staff complete the audits.

Ten audits for the quarter have been submitted for quarter 1 which falls below the target of 15 audits, per quarter, per region/NRRD/ScotSTAR (i.e.60 audits required).

Chart 2: Number of Audit Submissions for Quarter 2



The Senior IPC Practitioner has contacted each identified auditor, along with the relevant Area Service Manager (ASMs) and Head of Service, to provide reminders and progress updates.

The SICPS audits which have been completed, show reassuring scores above 88%.

Non-compliance with “Bare Below the Elbows” remains a challenge, despite being discussed at IPC Committee, Regional Partnership Groups and both Regional and National Health and Safety Committees. Communication has been issued by the Chief Operating Officer/Deputy CE and reinforced within the Chief Executive bulletin.

The National Infection Prevention and Control Manual was updated (03.07.2025) to remove the statement pertaining to the Specialist Operation Response Team and directing staff to

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the AACE position statement on Bare Below the Elbows. The Service Uniform Policy which should provide managers with the tools to manage non-compliance requires updating as this was last reviewed in 2016.

Peripheral venous cannulation

The Service on occasion insert Peripheral venous cannulas (PVC) and this is audited and reported to the IPC Committee via compliance with the PVC bundle.

Table 2: Number of PVCs inserted January – September 2025

	January – March 2025	April – June 2025	July – September 2025
Number of Incidents	116,790	81,404	11,210
Number of Incidents IV Noted	11,098	8,324	853
% Incidents IV Noted	9.5%	10.2%	7.6%
Number of IV Bundle Complete	10,692	8,055	821
% Incidents Bundle Complete	96.3%	96.8%	96.2%

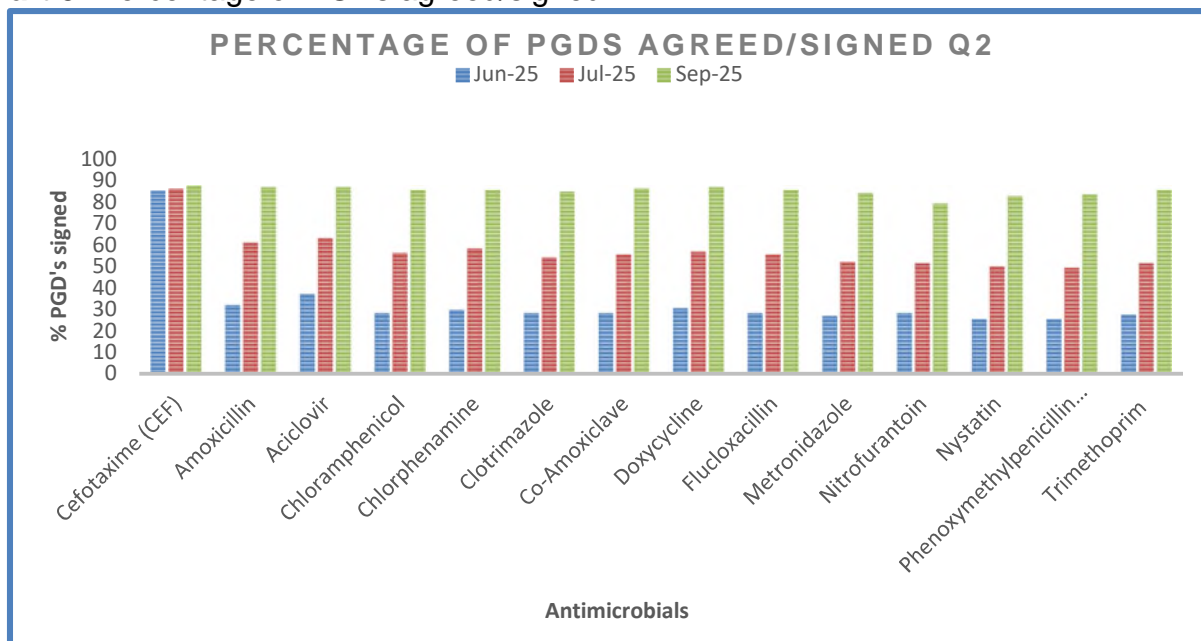
Table 2 above illustrates a significant decrease in the number of incidents and number of incidents which have resulted in IV usage between Q1 and Q2. The same can be seen across other regions; therefore, this question was raised with the Business Intelligence team to identify the reasons. It may have been due to the updates to the Terrafix system, resulting in instances not been captured; however, this is merely a presumption and is yet to be confirmed.

5. Optimising antimicrobial use

The Head of IPC and IPC Doctor attended the Medications Management Group (MMG) where antimicrobial use will be monitored. The antimicrobial usage for the Service is minimal in comparison with territorial health boards. Compliance with the Service PGD for core administration is high.

The PGDs were all updated this in 2025 and approved by MMG. The PGDs are now on the JRCALC App, hence the data being presented is from June. Prior to this it was a paper-based system. PGD “sign-offs” have increased over the past three months.

Chart 3: Percentage of PGDs agreed/signed



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.

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 to identify effective solutions and reduce these unresolved rectifications. **Table 3 presents an overview of the standard across the Service.**

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Table 3: Overall Compliance with the NCSS audits

Overall Compliance				
	Audit Cycle 1		Audit Cycle 2	
	Oct – Dec 2024	Jan – Mar 2025	Apr – June 2025	July – Sept 2025
Domestic (overall %)	96.42 %	96.06%	96.13%	96.79%
• Number of Rectifications	282	250	283	244
Estates (overall %)	93.72 %	93.21%	92.78%	94.46%
• Number of Rectifications	461	406	484	402
User issues	292	206	238	231

“User issues” are those that are caused by the users of that area that impede the effective cleaning of the area. Most user issues can be addressed through good housekeeping.

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

In response to an action noted in the KPMG audit, Estates and the Head of IPC have discussed establishing a process for consistent communication regarding refurbishments within the Service. The Estates department will inform the IPC team about refurbishment or rebuild projects via the property forum and the IPCC, where a tailored HAI SCRIBE (Healthcare Associated Infection Systems for Controlling Risk in the Built Environment) will be completed.

NHS Assure is working with the IPC team to create national guidance suitable for non-hospital settings. This work is currently in its initial development stage.

Road and Air Ambulances are considered part of the built environment for the Service. IPC are represented at both National Design Vehicle Equipment Group (NDVEG) and Air Ambulance Project Group.

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 report 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

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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 have been asked to provide a written paper to the IPCC in January outlining product purchases, changes to contracts etc.

SECTION 3: RECOMMENDATION

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

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