

Infection Prevention and Control Quality Improvement Network (IPCQIN)

IPCQIN Newsletter - Look Back / Look Forward - 2024/25

Our Vision 🏆

As an Improvement Network, we influence and support our staff, patients and carers to continuously improve person-centred infection prevention and control practices, ensuring a safe and effective care experience


Foreword from Sandra Devine - Director of Infection Prevention & Control, and Morag Gardner - Deputy Nurse Director - Acute - Co-Chairs of our meeting. 💬


"I hope you enjoy this edition of the IPCQIN newsletter, and I welcome the opportunity to reflect on all the achievements of the network so far and our ambitions for the future. Everyone is aware of the challenges we face but this network has used its collective enthusiasm, diversity, and experience to make a real difference to outcomes for patients and I would encourage any of you who feels that they can contribute to this work to get in touch and join us."

Welcome to the 11th Edition of the IPCQIN Newsletter!

🔍 A Look Back at the Past Year & Our Key Objectives for 2025/26


Over the past year, the Infection Prevention & Control Quality Improvement Network (IPCQIN) has met six times, driving forward key initiatives and improvements across all our workstreams.

 Our IPCQIN Newsletter, published every two months, has spotlighted good practice, improvement work, and education initiatives discussed at our meetings. These updates are shared through the Core Brief and the NHSGGC website - as well as our internal networks.

 We're excited to confirm that the Newsletter will continue in 2025/26—with plans to expand its reach and accessibility!


Our Workstreams

The IPCQIN is a collaborative space where members share learning, drive improvement, and support staff in all aspects of Infection Prevention & Control. Some of our workstreams include:

 Infection Prevention & Control – Staff Education

 Patient Experience

 Standard Infection Control Precautions (SICPs)

 SAB & ECB Surveillance

 Catheter-Associated Urinary Tract Infection (CAUTI)

And our Infections Related to IV Access Devices - Sector-Specific Groups:

- North SAB Group
- South SAB Group
- Clyde SAB Group
- Regional SAB Group

We look forward to another year of collaboration, learning, and improvement in 2025/26.

Staff Education - Launch of Vascular Access Device Education Package & Quality Improvement



Our Infection Control & Prevention Network continues to focus on Education, Training and Quality Improvement - and have made significant progress this year.

VAD (Vascular Access Device)

NHSGGC have recently launched a new package of education and competency assessment for any practitioner involved in the care and maintenance of VADs. As part of this package, there is a new LearnPro module for practitioners to complete: GGC 329 Vascular Access Devices. The module consists of a core module and a number of VAD specific modules. All practitioners involved in caring for VADs should complete the core module and then progress to complete the device specific modules for VADs they routinely care for in their clinical area. Practitioners are not required to complete any module related to VADs that they do not regularly care for. Once practitioners have completed the core module and any required VAD specific modules, they should then undertake supervised practice and competency assessment by a Vascular Access Device Champion. Evidence of supervised practice and competency assessment should be recorded in the associated VAD Record of Competency Achievement document.

A SLWG is being established to support the ongoing work of the Vascular Access Device education in terms of communication and promotion of the e-learning module.

More information on this VAD package, Champions, demonstration videos and care plans can be found

here: [https://scottish.sharepoint.com/sites/NHSGGCPracticeDevelopment/SitePages/Care-and-Maintenance-of-Vascular-Access-Devices-\(VADs\).aspx](https://scottish.sharepoint.com/sites/NHSGGCPracticeDevelopment/SitePages/Care-and-Maintenance-of-Vascular-Access-Devices-(VADs).aspx)

Please contact Practice Development for any queries via ggc.practicedevelopment.enquiries@nhs.scot

Quality Improvement Training:

In the previous year - our QI representative has encouraged IPCQIN members to apply and join the the Scottish Improvement Leader (SciL) programme. This is the lead-level QI programme, run by NHS Education Scotland, which is open to all health and social care staff across Scotland.

Our QI reps have also contributed to work across the IPCQIN across the year when required - with membership continued in 2025/26.

Further local information can be found by emailing the NHSGGC QI Team - qitraining@ggc.scot.nhs.uk.

Standard Infection Control Precautions (SICPs) Workstream

Standard Infection Control Precautions (SICPs) Workstream

The Standard Infection Control Precautions (SICPs) workstream remains focused on driving improvement and preventing avoidable infections, ensuring sustained progress across NHSGGC.

Key areas of work include:

- Development and implementation of the SICPs Audit Tool
- Ongoing Quality Assurance and Hand Hygiene audits
- Enhancing tools and methodologies to support best practices

A new generic SICPs tool is currently in development for use in areas which are not in-patient wards, with a trial planned for 2025. This tool will support infection prevention in areas such as:

- Dental Clinics
- Theatres
- Physiotherapy

- Maternity Outpatient Departments
- Renal Dialysis Units
- Imaging
- Ophthalmology

Additionally, a thematic analysis report is underway to review key findings from the last 8–10 SICPs audits from each of the 5 sectors. This will help identify common trends and areas for learning, shaping future improvements in infection prevention.

Person Centred Care Workstream



Person Centred Care Workstream

The Person-Centred Care workstream has continued to drive forward engagement work across NHSGGC in 2024/25, supporting the IPCQIN Network.

As part of this year's What Matters to You (WMTY) Day, we celebrated meaningful conversations that have led to positive outcomes for patients and their families. The Infection Prevention and Control Team (IPCT) played an important role in these efforts, with over 150 staff completing forms and additional visits conducted in Mental Health Wards to discuss staff knowledge related to glove use.

A key focus for WMTY 2024 was understanding whether patients or their relatives were aware of why a Peripheral Venous Catheter (PVC) had been inserted and if they received appropriate information at the time. Data was collected across eight hospital sites using a Microsoft Forms questionnaire, which improved response rates compared to the previous

year. The results showed that while most patients (88%) knew why the PVC was in place, only 48% recalled receiving an explanation about the device and associated risks. Additionally, 55% of patients expressed a preference for accessing Patient Information Leaflets (PILs) via their own mobile device, suggesting a need for alternative formats.

Action Points:

- IPCT has developed narrated videos with QR codes on posters, allowing patients, relatives, and staff to access information easily.
- Staff engagement will continue through weekly ward visits, emphasising the importance of sharing PILs with patients.
- Future surveys will be refined to capture more detailed insights into patient understanding and preferred information formats.

The data collection for What Matters to Me (WMTM) Day 2024 was presented at the March 2025 IPCQIN, with actions set to follow.

Each quarter, the team published an Infection Prevention & Control Newsletter, which received positive feedback. Looking ahead to 2025/26, there are plans to expand the newsletter's reach through social media and other digital platforms.

We also introduced the IPC Advent Calendar 2024, which was a great success! [Infection Prevention and Control Advent Calendar 2024!](#)

Additionally, the team has been developing a suite of six patient information leaflets narrated videos, accompanied by posters, which will be hosted on YouTube and promoted through the IPCT Newsletter and CoreBrief . The posters are currently being finalised with Medical Illustrations.

SAB & ECB Surveillance Data Report

SAB & ECB Surveillance

Each Month - both our Sector SAB (*Staphylococcus aureus* bacteraemia) groups and overarching IPCQIN Workstreams review our monthly surveillance report.

GGC's performance on Healthcare Associated Infections Indicators (SGHAI) for 2019-2025 is below the national average in SAB *Clostridioides difficile* infections (CDI), and *E. coli* bacteraemia (ECB). This is a credit to the ongoing work across all of our teams (Table 1)

Certain infections, particularly SAB and ECBs related to blood stream infections, are life threatening and require IV antibiotics and extended hospital stays. Risk factors include the use of peripheral and central venous lines (SAB) and urinary catheters (ECB). We collect

information on these devices to support interventions that reduce their impact. The charts below show how we gather this data and the effects of our interventions over time.

Hospital acquired IVAD related SABs.

Approximately 30% of inpatients (Chart 1) have a vascular device in place. Efforts are ongoing to reduce infections associated with these devices due to their significant impact on individuals. The circle above illustrates a stable system with minimal variation. Teams across GGC are working to minimise the incidence of this type of avoidable infection

ECB HCAI Cases related to Urinary Catheters

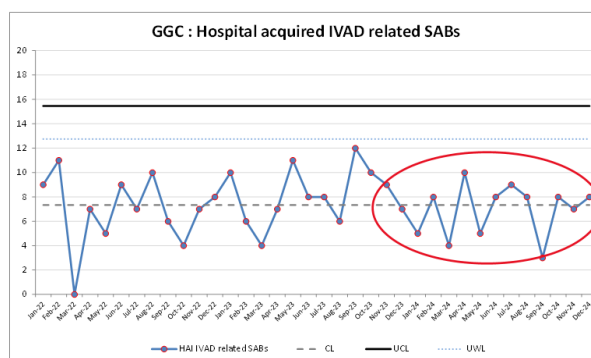
The circle shows the four-month period (Chart 2) when ECB cases associated with urinary catheters were above average. During this time, local education focused on insertion and maintenance bundles for urinary catheters, along with promoting good practices.

This demonstrates the network's work and its positive impact on patient care.

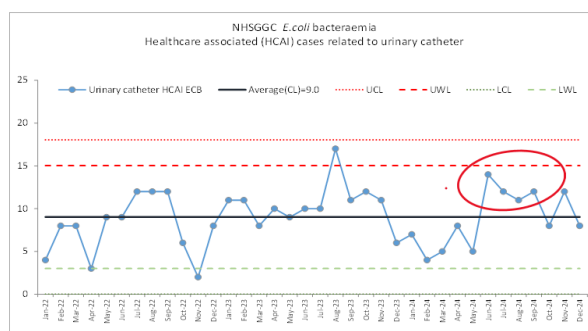
April 2023 to March 2024 (rolling year)

Year-end Q1-2024	GGC rate per 100,000 OBDs	SCOTLAND rate per 100,000 OBDs	STATUS for year end
CDI	13.9	14.5	Below national rate
ECB	34.4	36.4	Below national rate
SAB	17.5	18.2	Below national rate

1 - Table 1



2 - Chart 1



3 - Chart 2

Sector SAB Groups Workstreams

North Sector SAB Group – 2024/25 and 2025/26

In 2024/25, the North Sector SAB Group focused on strengthening its foundation by reviewing membership, updating the Terms of Reference, and refining its work plan and objectives. Bi-monthly SAB meetings provided a platform for sharing improvement work and discussing hotspot areas across the sector.

A key aspect of the group's approach was inviting teams who had undergone PVC audits following IPC sweeps to share their experiences, fostering shared learning and best practices.

Key Achievements:

- Development of CAUTI, SAB, and ECB toolbox talks with ward teams
- Introduction of Scrub the Hub awareness posters across the sector
- Hosting IPC Interactive Days for Registered Nurses (RNs) and Healthcare Support Workers (HCSWs)

The group's dedication was reflected in its success—meeting its HCAI SAB reduction target for five consecutive months from September 2024 to January 2025.

South Sector SAB Group – 2024/25 and 2025/26

In 2024/25, the South Sector SAB Group prioritised education and engagement, implementing several initiatives to enhance awareness and drive improvement.

Key Focus Areas:

- IPC Lunch & Learn sessions
- PVC Feedback Fridays
- Development of a PVC Ward Audit Tool
- Increased use of the SAB group for shared learning

To identify and address recurring SAB cases, the group conducted deep dives throughout the year. Their efforts contributed to significant reductions in both HCAI SAB and HCAI ECB cases in January 2025.

Looking ahead, the group aims to:

- ✓ Expand the VAD Champion role across wards
- ✓ Enhance ward education and auditing

- ✓ Streamline PICC line practices to ensure clarity and accessibility
- ✓ Develop comprehensive patient information for all vascular access devices

Clyde Sector SAB Group – 2024/25 and 2025/26

The Clyde Sector SAB Group successfully rolled out the PVC Care & Maintenance poster and introduced IPCT-led Lunch & Learn sessions, both of which were well received by staff.

In 2024/25, the sector remained on or below its target for HCAI SABs in six out of twelve months, demonstrating steady progress.

Key Priorities for 2025/26:

- Refocusing and refreshing SAB meeting membership
- Enhancing PVC sweeps and safety crosses
- Improving compliance with PVC Care Plans and CAUTI bundle completion
- Exploring the use of midlines in Cardiology
- Continuing to test A4 documentation in notes as an alternative to stickers

Renal SAB Group – 2024/25 and 2025/26

The Regional SAB Group focused on quality improvement within Renal Services, particularly in Renal Dialysis Units and inpatient wards.

Key Findings:

63% of HAI SABs in the past year were linked to IV access devices, primarily tunnelled dialysis lines (tCVCs) used in haemodialysis.

To address this, the team took targeted action to improve patient and staff education on tCVC care and maintenance.

Key Achievements:

- ✓ Updated the tCVC information leaflet, adding a section on "Caring for Your Line"
- ✓ Enhanced hub cleaning practices, leading to the development of the Scrub the Hub campaign—now adapted by ICPT for wider use
- ✓ Co-created an educational poster with two patients, now displayed in Renal Dialysis Units and inpatient wards

As a result of these improvements, Regional Services successfully reduced SAB incidence to on or below target for nine consecutive months.

CAUTI Group Update:



A Bladder Health/CAUTI Short Life Working Group (SLWG) has been established to take a collaborative, system-wide approach to improving care pathways for patients with indwelling urinary catheters. This initiative focuses on providing patient-centred, safe, and effective care across both Acute and Community settings.

The group is in its infancy but has formed and is now working on agreeing a QI driver diagram. The group plans on continuing to scope what resources we already have and how we relaunch them to support our aims – eg the catheter passport.

The group held its inaugural meeting on September 2024, with multidisciplinary membership drawn from across IPCQIN - moving forward with various actions:.

- Agreement on the Terms of Reference and scheduling of bimonthly meetings.
- Creation of a Teams channel to act as a centralised information repository for all members.

Key Aims of the Group in the coming year:

- Optimise bladder health and minimise the risk of CAUTIs and UTIs.
- Standardise catheter care documentation and re-launch the catheter passport.
- Support nurses with evidence-based guidance for catheter management.
- Use data to measure outcomes and drive improvements.

The group's ongoing workplan includes exploring the HOUDINI protocol, finalising the NHSGGC catheter passport, enhancing the GC competency framework, and refining related Standard Operating Procedures (SOPs).

This partnership represents a system-wide effort to foster collaboration across NHSGGC and improve the quality of care for patients.

Get Involved:

If you would like to contribute to this important work in 2025/26, please contact Laura Moore, Chief Nurse – Inverclyde HSCP, at laura.moore2@nhs.scot.



For a quick resource, check out the CAUTI Toolbox Talk on the NHSGGC website.

We look forward to sharing progress and outcomes from this initiative in future updates!

Spotlight: 'Renal NEPHLIC Channel' (Nurse Education Programme - Hospital Learning in Chunks)




Spotlight on Innovation: The NEPHLIC Channel

One of the highlights of this year—and a fantastic example of the creative and innovative work happening across the IPCQIN Network—is the Renal Team's NEPHLIC Channel  

What is the NEPHLIC Channel?

The NEPHLIC Channel is a monthly series of short, practical, evidence-based lectures designed to enhance nurse confidence and autonomy in managing renal patients.

Format:

-  Hosted via Microsoft Teams to reach as many nurses as possible

✅ Recorded for later review

✅ Short & Focused—talks are under 30 minutes (ideally 15 minutes) 📄 What Topics Are Covered?

The sessions focus on key learning areas, including:

◆ Empowering Nurses – Ensuring confidence in everyday renal patient management

⚠️ Addressing Concerns – Based on DATIX reviews, covering topics like dialysis access care & patient deterioration

💡 Feedback-Driven Topics – Covering requests such as hyperkalaemia management, incremental dialysis, and more.

The channel was developed and championed by:

Diane Wright – Lead Nurse, Renal Services

Dr. Mark Findlay – Nephrologist

Colette Westell – Renal Educator

Together - Diane and Colette ensure that nursing teams have access to PCs, cameras, and microphones to participate fully in sessions.

📣 Engagement & Promotion

The team is actively promoting the NEPHLIC Channel using:

🔗 QR codes for easy access

🎁 Merchandise to build awareness

🌐 SharePoint & Teams to keep sessions accessible, fun, and inclusive

This exciting initiative is already making an impact—empowering nurses, improving clinical confidence, and keeping education engaging and interactive.



Glasgow Renal & Transplant Unit

PVC (Peripheral Venous Cannula) Care Plan

Enhancing PVC Care: A Revised PVC Care Plan

In 2022, Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) issued new recommendations from the Insertion and Maintenance of Peripheral Venous Catheters (PVC) literature review.

Key Recommendation:

◆ PVCs should only be removed when clinically indicated or no longer needed, rather than at routine intervals.

A Short Life Working Group (SLWG) was established to review the current adult PVC care plan as this appeared to be an opportune time to develop one that could be utilised in both adults and paediatrics. A new PVC care plan was developed to align with other vascular access device care plans, with the objective of ensuring uniformity and facilitating its use in both adult and paediatric settings.

A period of piloting was undertaken in both adult and paediatric settings, after which changes were implemented in response to user feedback. The implementation was slightly delayed in order to allow stock of the current care plan to be exhausted before introducing the new one, with a view to preventing financial and paper waste.

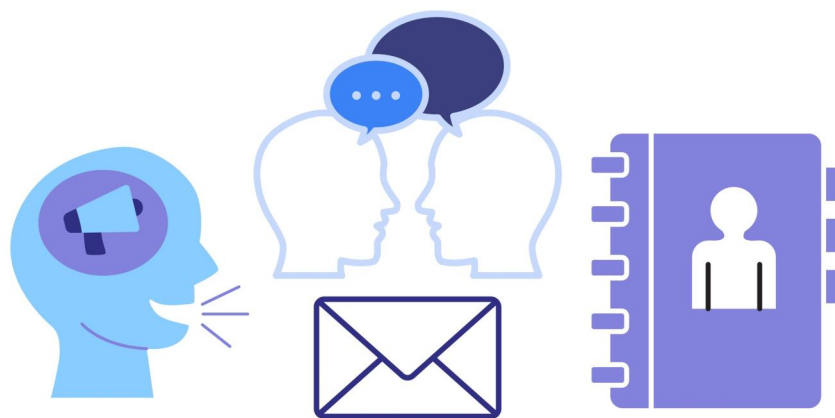
Prior to the launch date, information was disseminated to staff on a weekly basis for a period of four consecutive weeks via the Core Brief. A Situation Background Actions Recommendations (SBAR) was presented at the Chief of Medicine and Chief of Nursing

meetings as well as local Staph Aureus Bacteraemia (SAB) groups and via email to Senior Charge Nurses. 📧

The Infection Prevention & Control Team shared the information at weekly ward visits, and members of the SLWG visited areas such as Theatres and Emergency Departments, where historically the care plan had not been used. Although there were some challenges, the rollout of the updated PVC care plan has been successfully implemented in all settings, although work is ongoing in Neonatology ICU and Emergency Departments.

A huge thank you to our IPC Team for leading this fantastic work 🙌

IPCQIN Workstream Contacts:



Get Involved & Stay Connected

If you have any queries, suggestions, or are interested in joining one of the workstream groups, please contact:

📧 Mark Cooper

Business Manager – Acute Deputy Nurse Director

📧 Mark.Cooper2@nhs.scot

(Currently covering for Kara Black, Business Manager – Infection Control)

Mark can connect you with the appropriate team if you'd like to get involved in a specific IPCQIN workstream.

Upcoming IPCQIN Meeting: 13th May 2025

The work plan for the year ahead will be refreshed, continuing to drive improvement planning and key actions.

Workstream Spotlight:

Each workstream will continue to take turns being featured in our spotlight section, showcasing the fantastic improvement work happening across the Board.

Next Edition:

The 12th edition and first of 2025/26 will be published in May, providing key updates from the March meeting. Updates are also shared with the Quality Strategy Group and Board Infection Control Committee as required.

Share Your Success Stories!

We're always keen to highlight positive work and success stories related to Infection Prevention & Control. If you have an achievement or initiative to share in 2025/26, please reach out—we'd love to feature it.

Finally, a huge thank you to everyone who has contributed to and supported IPCQIN over the past year - including all the staff who deliver this work day in day out. Your dedication and hard work continue to make a real difference!