

Infection Prevention and Control Quality Improvement Network (IPCQIN)

IPCQIN Newsletter - March 2026

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

Welcome to the March 2026 IPCQIN Newsletter – Issue 14!

*The IPCQIN continues to meet every two months, with steady progress being made across all workstreams. Our first meeting of the year took place on **12th February**, and work is well underway to support improvement across all sectors.*

Teams remain focused on delivering the actions set out in the IPCQIN Workplan, with each sector contributing to ongoing quality improvement efforts.

*Going forward, each newsletter will feature a **spotlight on a different workstream**, helping to share good practice and shine a light on the fantastic work happening across NHSGGC.*

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Workstream Updates



Patient Experience

Lynn, our IPC Nurse Consultant is currently reviewing recent SAB cases to identify a suitable patient story to share.

Filming has been arranged with Medical Illustrations to record the new narrated videos of the Toolbox Talks.

We're also working with the Patient Experience and Public Involvement Team to develop a staff questionnaire about awareness and use of the patient information leaflet (PIL) QR codes.

Want to get involved?

Contact **Lynn Pritchard**: Lynn.Pritchard@ggc.scot.nhs.uk

Standard Infection Control Precautions (SICPs)

We're partnering with Medical Illustrations to create an educational video to support staff completing SICPs audits.

A review of the 2025 quality improvement audits is now underway.

Updates to the SICPs audit tool are being finalised, and further information will be shared with wards and departments soon.

Get involved:

Contact **Lynn Pritchard**: Lynn.Pritchard@ggc.scot.nhs.uk

CAUTI Group

- *Work is ongoing to standardise the competency framework through a short-life working group.*
 - *A central SharePoint site for all CAUTI resources is being developed.*
 - *Urinary Catheter guidelines have been reviewed and returned to the authors for progression through Clinical Governance.*
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More Information:

Contact **Carol Ruth** (Carol.Ruth@nhs.scot) or **Donna Mitchell** (Donna.Mitchell10@nhs.scot).

[CAUTI Toolbox Talk - NHSGGC](#)

Mental Health IPC Support Group

The uniform audit and hand hygiene quality improvement project continues.

Results will be presented at the Nursing & Midwifery Steering Council in November 2026, once enough data has been collected.

 **Get involved:**

Contact **Grant Scott** at Grant.Scott@nhs.scot.

 **Short Dwell Cannulas**

A short-life working group has been established to explore digital recording of insertion and removal details for short-dwell PVCs in patients attending CT/MRI.

Work is underway to:

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- *Develop an imaging-wide SOP*
 - *Update the MDT care plan to include the PVC insertion bundle*
 - *Implement changes within CRIS*
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 **Get involved:**

Contact **Brittany Hill** Brittany.Hill@nhs.scot

 **Cleaning Near Patient Equipment**

A short-life working group will be set up in the coming months to take this work forward.

Further updates will be shared in the next Newsletter.

 **Get involved:**

Sector Updates

SECTOR UPDATES

Clyde Sector

- 5 device related SABs in December.
- Clyde SAB group re-established with plan for wards with SABs to attend and present findings for shared learning.
- Wards trialling VAD audit documents to highlight importance of regular VAD checks.
- Ongoing education and walk rounds to address compliance and maintenance issues.
- IPCT supporting education with Toolbox Talks.



HPN Sector

- New Clinical Lead for SAB group.
- Monthly IPC meetings.
- New SharePoint for sharing information.
- Good collaboration with IPC LN for PRM and RAH.
- Walk rounds planned for early 2026.
- Education and hand hygiene audits to continue. Hand hygiene compliance improved.



North Sector

- Below target for SABs for December.
- Outbreak Poster Hubs – Phase 1 rollout commenced.
- IPC – Weekly Themes focused on Outbreak Escalation Process, hand hygiene, PPE.
- North SLWG to establish outbreak HUB within North wards.
- Continue to prioritise themes from shared learning.

Outbreak Flowchart

Definition of an outbreak ...

1. Two or more linked cases with the same infectious agent associated with the same clinical setting over a specified time period.
2. A higher than expected number of cases for a given clinical area over a specified time period.
3. A single case of a serious illness with major public health implications where action is necessary to investigate and prevent ongoing exposure to a hazardous agent.

Respiratory Step Guide

2 or more patients within the unit with the same infectious agent or new onset respiratory symptoms (e.g. pneumonia, sepsis, meningitis, meningococci)

Potential Outbreak

1. Contact IPC or call microbiology team immediately. Inform nurse-in-charge.

2. Isolate patients (contact best management if not available) or cohort and implement TBPs throughout the unit (close contacts of symptomatic patients, use correct PPE).

3. Send urgent PCR for symptomatic patients (send Lab PCR only if waiting for RT-PCR).

4. All medical teams to review other patients for symptoms and query testing. Continue to monitor all patients for new symptoms.

Final Outcome

If only 1 patient, send urgent PCR for Lab PCR if testing for RT-PCR (microbiology isolate and send PC team) on-call micro.

If the unit has two or more new positive new infection cases within 3 days (even if removed from the ward) contact IPC Team or on-call microbiology.

Gastrointestinal Step Guide

2 or more patients within a 24hr period in the unit with the same infectious agent or 2 or more episodes of new diarrhoeal vomiting (not caused by external factors e.g. antibiotics, resection, new antibiotic/PPI use)

Potential Outbreak

1. Contact IPC or call microbiology team immediately. Inform nurse-in-charge.

2. Isolate patients (contact best management if not available) or cohort and implement TBPs throughout the unit (close contacts of symptomatic patients, use correct PPE).

3. Send urgent RT-virology and RT-microbiology swabs (24 hrs apart).

4. All medical teams to review other patients for symptoms and query testing. Continue to monitor all patients for new symptoms.

Final Outcome

If only 1 patient, send urgent RT-virology and RT-microbiology samples (24 hrs apart). Isolated to isolate and contact IPC team / on-call micro.

If the unit has two or more new positive gastroenteric cases within 5 days (even if removed from the ward) contact IPC Team or on-call microbiology.

Infection Prevention and Control Guidelines

1. Follow the QR Code to Gather Specific Information and choose the relevant pathogen (e.g., COVID-19, Gastrointestinal, Influenza etc.).
2. For an outbreak, complete the Outbreak Checklist provided by IPC on the day of closure. This must be updated daily and outline all required actions.
3. Ensure every positive or suspected patient (e.g. those who do not have a relevant Care Checklist) in place.
4. For patients with loose stools, ensure a Bedside Staff Check is in place.
5. Refer to the relevant Aide Memoire for guidance on Transmission-Based Precautions, including PPE use, isolation, linen handling and cleaning of equipment/roomwork.



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Regional Sector

- Increase in SABs from Oct-Dec 25, mostly related to renal VADs.
- Creating a patient education video due to the increase in people with VADs.
- Regional SAB groups have extended and refreshed membership.
- SharePoint site created to store assurance checklists.
- Team working across Directorates to share good practice and support improvement.

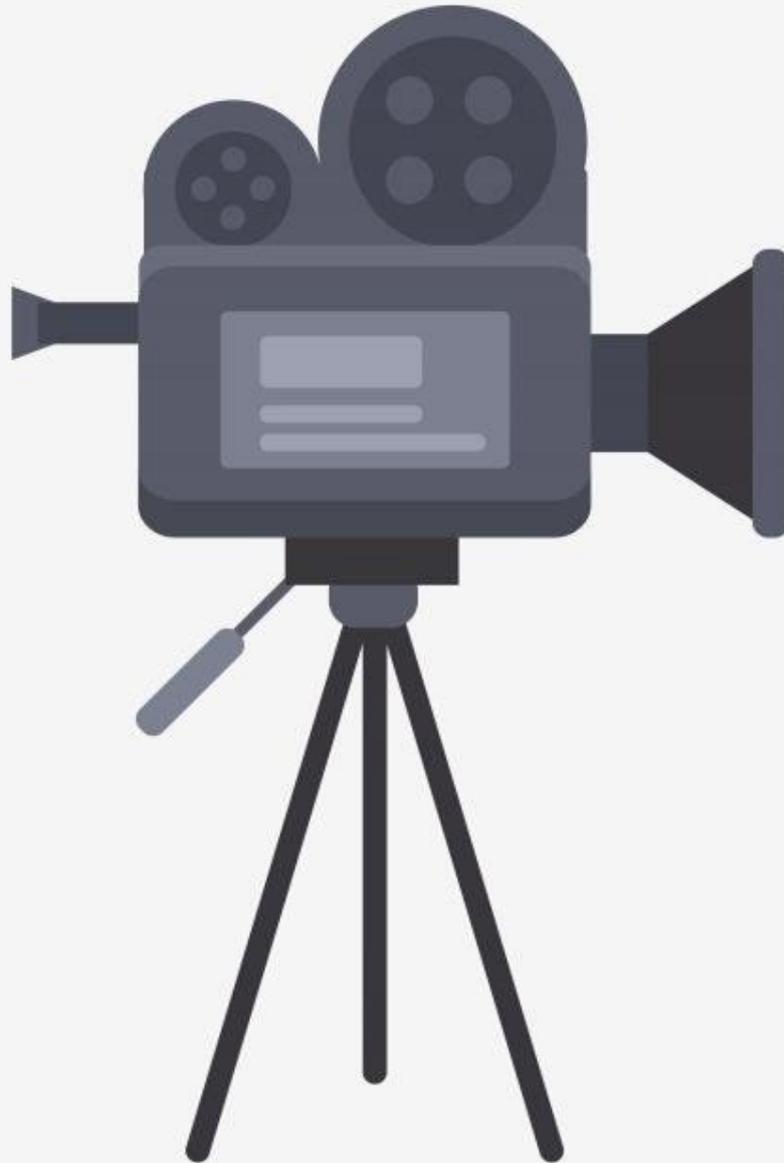


South Sector

- Significant increase in SABs in January, with 5 device related. Plan to do a deep dive into reasons why.
- Completing audit of SABs of patients on 8th floor to identify trends.
- Education and audit of catheter insertions ongoing.
- Aim to rollout PVC audit as there has been positive feedback.
- Training on Face Fit testing in February which highlighted some gaps to focus on.



Spotlight: Patient Education Video



*Our Regional Services teams have been working together to create a **new Patient Education Video on the Care of Vascular Devices**. The video is now in the final stages of filming and is almost ready to share — an exciting resource that will support patients and staff across our services.*

Spotlight 2: SICPs Audit Report

Over the past year, our IPC Nursing Team carried out **93 SICPs Quality Assurance audits** across all five NHSGGC sectors. Thank you to everyone who supported this work.

What we're seeing

We continue to see really strong staff knowledge around infection prevention and control. However, the audits also show that everyday practice can be inconsistent—especially in areas based on direct observation rather than staff questioning.

Areas needing more focus

Management of Care Equipment

- **82% of wards** scored Red.
 - The most common issue was **equipment not being clean, in good repair, or ready for use.**
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Control of the Environment

- **52% of wards** scored below 66% (Red).
 - Key concerns included **areas not being clean, well-maintained, or free from clutter.**
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These sections reflect real-time observation, so they give a valuable snapshot of what is happening in practice.

Where we're doing well

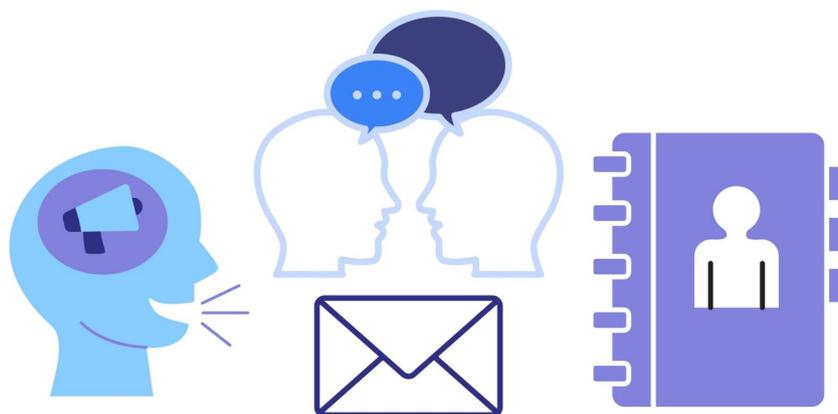
Wards scored **over 90%** in:

- *Patient Placement*
 - *Occupational Exposure Management*
 - *Respiratory Hygiene and Cough Etiquette*
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These areas rely more on staff questioning, showing that knowledge and awareness remain strong across our teams.



IPCQIN Workstream Contacts:



We're always keen to hear your ideas and involve interested staff in our improvement work.

For any queries/suggestions, or if you would like to become a member of the IPCQIN please contact Brittany Hill, Business Manager -- Acute Deputy Nurse Director, at Brittany.Hill@nhs.scot (currently covering for Kara Black, Business Manager - Infection Control).

if you'd like to join any of the workstream groups mentioned in this newsletter, please contact those listed above or the IPCQIN sector leads below:

 **North** - Ashleigh Irons

 **South** - Sara Quinn

 **Clyde** - Jamie Clark

 **Regional** - Lynsay Creighton

IPCQIN Next Steps for 2026

We are always on the lookout for positive work or stories relating to Infection Prevention Control -- don't hesitate to get in touch.

Thank you for your continued commitment to infection prevention and control.

Renewed Terms of Reference

The IPCQIN Terms of Reference and membership have now been updated and agreed. These changes aim to broaden participation and ensure all sectors across NHSGGC are represented.

Communications Plan

A refreshed communications plan is now in place, with regular updates and opportunities for staff to share feedback.

Workplan Refresh

The IPCQIN Workplan has been reviewed, and new priorities and actions have been agreed for 2026.

Upcoming Newsletter

*The **15th edition** of the IPCQIN Newsletter will be published in May. This edition will shine a spotlight on a selection of workstreams and key developments.*

Next Meeting

*Our next IPCQIN meeting will take place on **9th April 2026**.*

Spotlight Features

We're highlighting different workstreams at each meeting. If you'd like your team's work showcased, please get in touch — we'd love to feature you!

 **Share Your Good News**

We're always keen to hear about positive work or uplifting stories related to Infection Prevention & Control. Please don't hesitate to reach out if you have something to share.

