

NHS Greater Glasgow and Clyde	Paper No. 25/162
Meeting:	NHSGGC Board Meeting
Meeting Date:	18 December 2025
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for September and October 2025
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1. Purpose

The Healthcare Associated Infection Reporting Template (HAIRT) is a mandatory reporting tool for the Board to have oversight of GGCs performance with regards to the Scottish Government's Healthcare Associated Infection indicators; *Staphylococcus aureus* bacteraemias (SAB), *Clostridioides difficile* infections (CDI), *E. coli* bacteraemias (ECB), incidents and outbreaks and all other Healthcare Associated Infections' (HCAI) activities across NHS Greater Glasgow & Clyde (NHSGGC) in September and October 2025.

The full HAIRT will now be considered by the Clinical and Care Governance Committee on an ongoing basis with a summary being submitted to the NHS Board meeting.

2. Executive Summary

The paper can be summarised as follows:

- Scottish Government Standards on Healthcare Associated Infections Indicators (SGHAI) set for 2026 for SAB, CDI and ECB are presented in this report DL(2025)25. The agreed standard is that there should be no increase in the incidence (number of cases) of CDI, ECB, and SAB in the period between April 2025 and March 2026, from the 2023/2024 case numbers.
- In the most recently reported National ARHAI Data (Q2-2025) the HCAI SAB rate for NHSGGC was 21.9 which is within the control limits but above the national rate of 19.8. There were 34 healthcare associated SAB cases reported in September and 28 in October 2025, with the aim being 26 cases or less per month. We

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continue to support improvement locally to reduce rates via the Infection Prevention and Control Quality Improvement Network (IPCQIN) and local SAB Groups.

- In the most recently reported National ARHAI Data (Q2-2025) the HCAI ECB rate for NHSGGC was 43 which is within the control limits and below the national rate of 44. There were 54 healthcare associated ECB cases in September and 54 in October 2025. Aim is 51 cases or less per month.
- In the most recently reported National ARHAI Data (Q2-2025) the HCAI CDI rate for NHSGGC was 10.4 which is within the control limits and below the national rate of 13.9. There were 23 healthcare associated CDI cases in September and 19 in October 2025. The aim is 21 or less per month.
- The following link is the ARHAI report for the period of April to June 2025. This report includes information on GGC and NHS Scotland's performance for quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, and *Staphylococcus aureus* bacteraemia. [Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland. April to June \(Q2\) 2025 | National Services Scotland.](#)
- National SSI surveillance was paused in 2020 and remains paused for the foreseeable future. Local surveillance continues in the following procedures; caesarean section, hip arthroplasty and spinal and cranial surveillance in the INS.
- Clinical Risk Assessment (CRA) compliance was **95%** for CPE and **91%** for MRSA in the last validated reporting quarter (Q3 -2025). The standard is 90%. In Q3, NHS Scotland reported compliance of **87%** and **85%** respectively.
- The Board's cleaning compliance and Estates compliance are $\geq 94\%$ for September and October 2025.
- The latest edition of the IPCQIN Newsletter was published in October 2025, featuring spotlight updates from selected workstreams to promote ongoing improvement efforts and share best practices.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note the content of the HAIRT report.
- Note the performance in respect of the Scottish Government Healthcare Associated Infection Indicators for SAB, ECB and CDI.
- Note the detailed activity in support of the prevention and control of Healthcare Associated Infections.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|-----------------|------------------------|
| • Better Health | <u>Positive</u> impact |
| • Better Care | <u>Positive</u> impact |
| • Better Value | <u>Positive</u> impact |

- | | |
|------------------------|------------------------|
| • Better Workplace | <u>Positive</u> impact |
| • Equality & Diversity | <u>Neutral</u> impact |
| • Environment | <u>Positive</u> impact |

6. Engagement & Communications

The issues addressed in this paper were subject to discussion with the Infection Prevention and Control (IPC) Team and the IPC Surveillance & Data Team. Comments were also taken into consideration from the below groups when reviewing the content and format following presentation:

- Partnerships Infection Control Support Group (PICSG)
- Acute Infection Control Committee (AICC)
- Board Infection Control Committee (BICC)

7. Governance Route

This paper has been previously considered by the following groups as part of its development:

- The Infection Prevention and Control Team (IPCT)
- Partnerships Infection Control Support Group (PICSG)
- Acute Infection Control Committee (AICC)
- Board Infection Control Committee (BICC)
- Clinical and Care Governance Committee (CCGC) – 4 December 2025
- Board Clinical Governance Forum – 8 December 2025

8. Date Prepared & Issued

Date prepared: 3 December 2025

Date issued: 10 December 2025

Healthcare Associated Infection Summary – September and October 2025

The HAIRT Report is the national mandatory reporting tool and is presented to the Clinical and Care Governance Committee for assurance with a summary report to the NHS Board. This is a Scottish Government requirement and informs NHSGGC of activity and performance against the Scottish Government Standards on Healthcare Associated Infections and Indicators. Other available indicators are included for assurance.

Performance at a glance relates only to the 2 months reported and should be viewed in the context of the overall trend over time in the following pages.

	September 2025	October 2025	Status toward SGHAI [Based on the new DL (2025)05] from April 2025
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	34	28	Aim is 26 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	23	19	Aim is 21 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	54	54	Aim is 51 per month
Hospital acquired IV access device (IVAD) associated SAB	13	14	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	5	13	
Hand Hygiene	96	96	
National Cleaning compliance (Board wide)	94	95	
National Estates compliance (Board wide)	96	96	

Healthcare Associated Infection (HCAI) Surveillance

NHSGGC has systems in place to monitor key targets and areas for delivery. An electronic HCAI surveillance system supports early detection and indication of areas of concern or deteriorating performance.

***Staphylococcus aureus* bacteraemia (SAB), *Escherichia coli* Bacteraemia (ECB) & *Clostridioides difficile* infection (CDI) targets.**

SAB, ECB and CDI targets are described in DL(2025)25. The agreed standard is that there should be no increase in the incidence (number of cases) of CDI, ECB, and SAB in the

period between April 2025 and March 2026, from the 2023/2024 case numbers. The targets have been updated accordingly and displayed in this report.

Information on performance against all three targets is available to the Directorate/Division in three ways: monthly summary reports, SAB and ECB specific quarterly reports and via the micro strategy dashboard. All SABs/ECBs associated with an IVAD are followed up by an audit of PVC/CVC practice in the ward or clinical area of origin and the results are returned to the Chief Nurse for every Sector/Directorate. The analysis of the data and subsequent reports enable the IPCT to identify trends in particular sources of infections such as central line infections etc, and it also enables the IPCT to identify areas requiring further support. The data collected on all targets influences the IPC Annual Work Plan and the IPCQIN.

***Staphylococcus aureus* bacteraemia (SAB)**

	September 2025	October 2025	Monthly Aim
*Healthcare	34	28	26
Community	3	9	-
Total	37	37	-

***Healthcare associated are the cases which are included in the SG reduction target.**

Healthcare associated *S. aureus* bacteraemia total for the rolling year November 2024 to October 2025 = 351. HCAI yearly aim is 312.

In the most recently reported National ARHAI Data (Q2-2025) the HCAI SAB rate for NHSGGC was 21.9 which is within the control limits but above the national rate of 19.8. There were 34 healthcare associated SAB cases reported in September and 28 in October 2025, with the aim being 26 cases or less per month.

We continue to support improvement locally to reduce rates via the Infection Prevention and Control Quality Improvement Network (IPCQIN) and local SAB Groups.

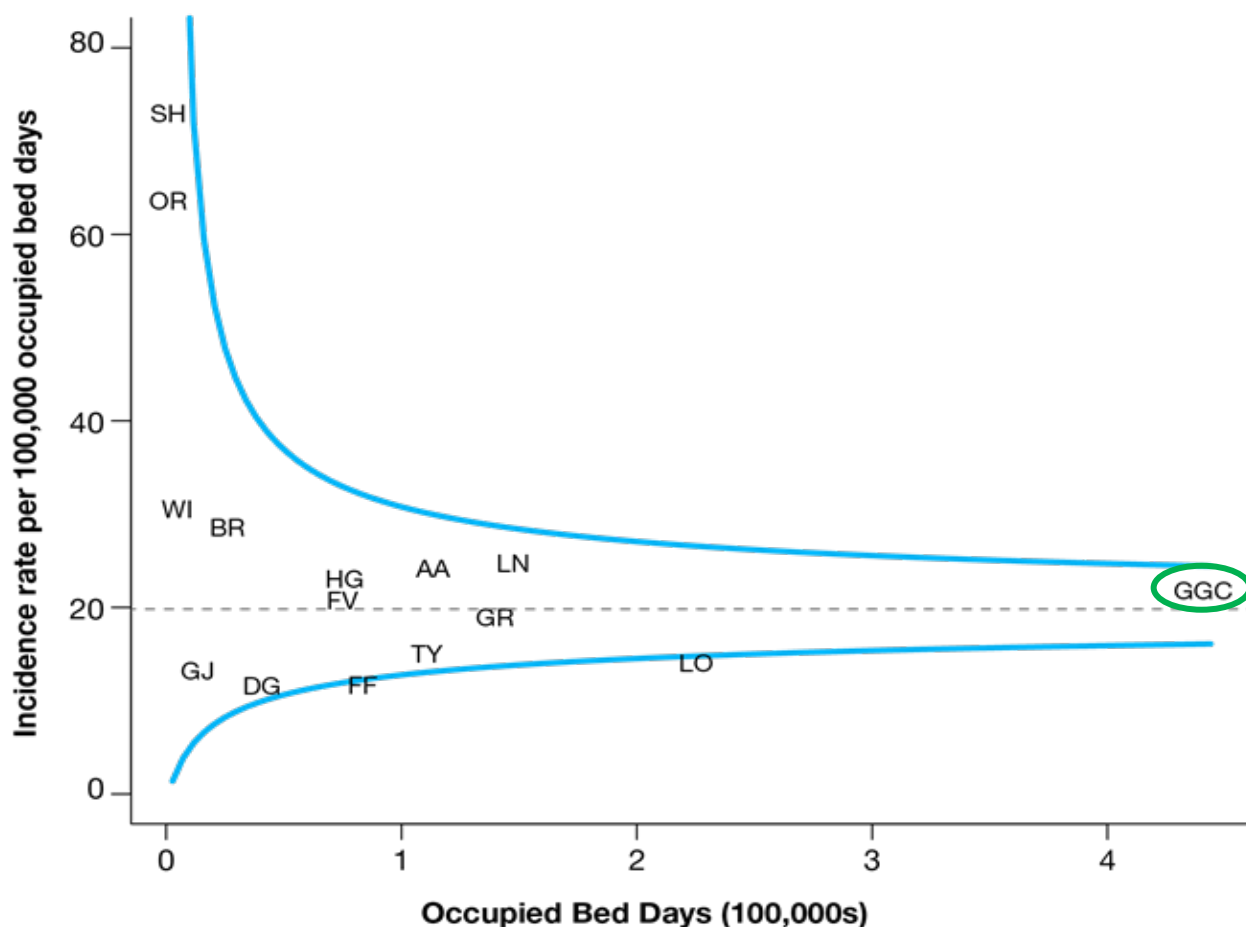
The number of overall SAB cases remains within control limits, however for the past eight months the numbers have been above average. Sector SAB groups continue to meet to review SAB numbers and use shared learning to strive to reduce burden of SABs.

Actions primarily driven by the IPCQIN to reduce cases include:

- Roll out of an updated PVC care plan.
- PVC sweeps in areas with cases (audit of adherence to the PVC care plan).
- Review of vascular access training implementation.
- SAB Toolbox Talks discussed with ward teams.
- Videos promoting line care for renal patients in development.
- QR codes with links to videos for patients relating to PVC care.
- Local SAB groups in place and these groups review local data and actions.

In addition to the nationally set targets and mandatory surveillance, in GGC infections from an IVAD caused by *S. aureus* are investigated fully and reported in the monthly directorate reports and in the quarterly SAB reports. This chart is issued to the Acute Clinical Governance Group to demonstrate infections associated with access devices. This data is used to drive improvement in the Sector SAB groups.

ARHAI Validated Q2 (April to June 2025) funnel plot – HCAI SAB cases

***Escherichia coli* bacteraemia (ECB)**

	September 2025	October 2025	Monthly Aim
*Healthcare	54	54	51
Community	29	36	-
Total	83	90	-

***Healthcare associated infections are the cases which are included in the SG reduction target.**

Healthcare associated *E. coli* bacteraemia total for the rolling year November 2024 to October 2025 = 714. HCAI yearly aim is 612.

In the most recently reported National ARHAI Data (Q2-2025) the HCAI ECB rate for NHSGGC was 43 which is within the control limits and below the national rate of 44. There were 54 healthcare associated ECB cases in September and 54 in October 2025. Aim is 51 cases or less per month.

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Enhanced surveillance of ECB continues and is prospectively available to view by clinicians on Microstrategy, however, teams across GGC continue to monitor and implement improvements.

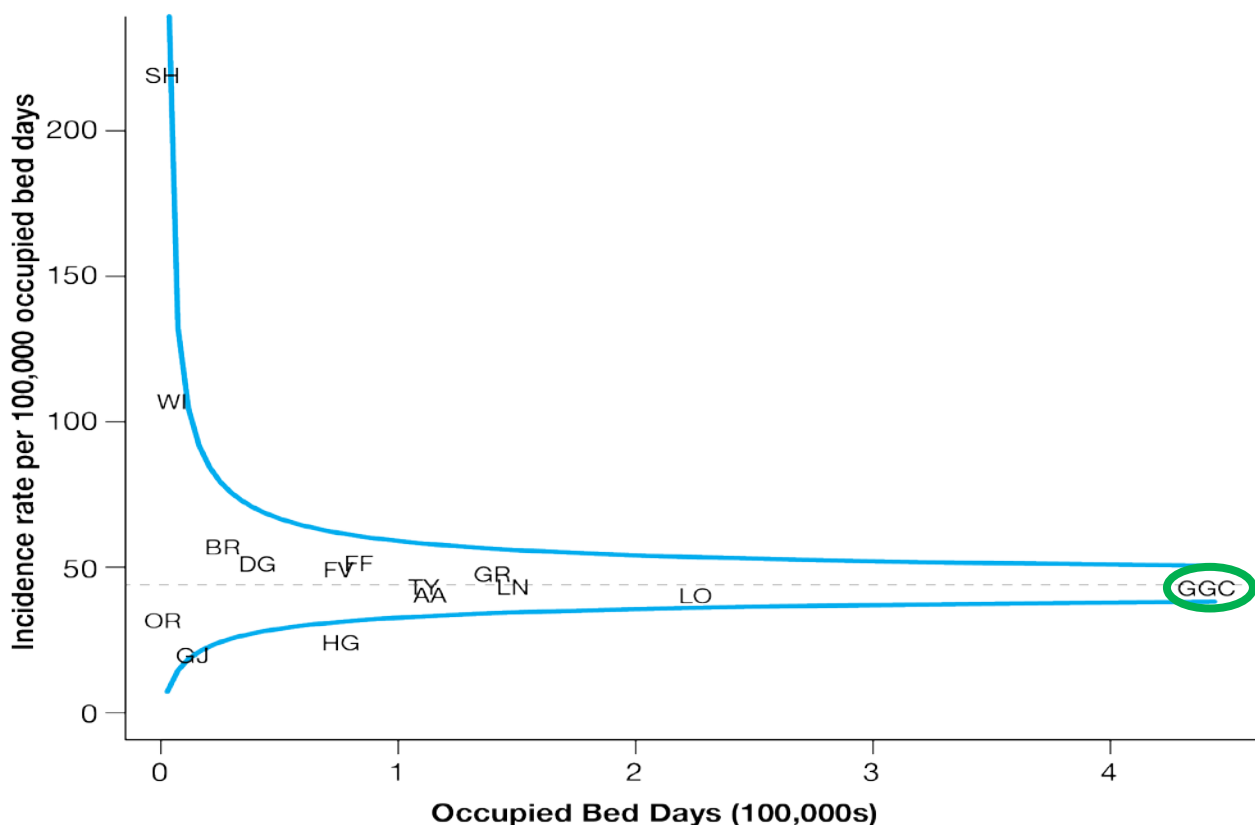
Ward level data of entry point of bacteraemia is available via MicroStrategy. This provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

The Public Health Scotland **Urinary Catheter Care Passport** contains guidelines to help minimise the risk of developing an infection and is available at: [HPS Website - Urinary Catheter Care Passport \(scot.nhs.uk\)](https://www.scot.nhs.uk/hps/urinary-catheter-care-passport/)

The CAUTI toolbox talk has been reviewed and has been added to the IPC Intranet page.

In addition to the nationally set targets and mandatory surveillance, in GGC infections from an IVAD caused by ECB are investigated fully and reported in the monthly directorate reports and in the quarterly SAB/ECB reports. This data is used to drive improvement in the Sector SAB/ECB groups.

ARHAI Validated Q2 (April to June 2025) funnel plot – HCAI ECB cases



Rate: **43** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 44.

***Clostridioides difficile* infection (CDI)**

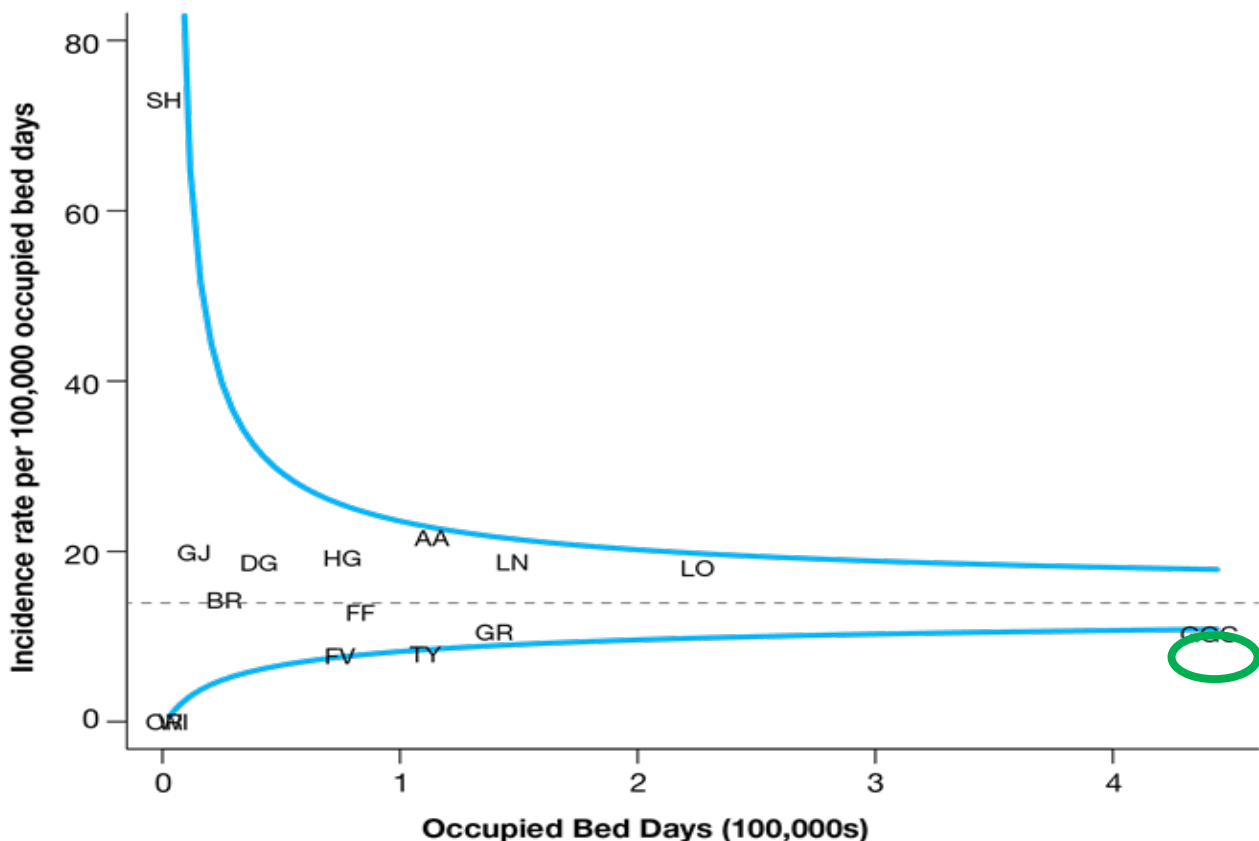
	September 2025	October 2025	Monthly Aim
*Healthcare	23	19	21
Community	1	5	-
Total	24	24	-

***Healthcare associated infections are the cases which are included in the SG reduction target.**

Healthcare associated *Clostridioides difficile* total for the rolling year November 2024 to October 2025 = 229. HCAI yearly aim is 252.

In the most recently reported National ARHAI Data (Q2-2025) the HCAI CDI rate for NHSGGC was 10.4 which is within the control limits and below the national rate of 13.9. There were 23 healthcare associated CDI cases in September and 19 in October 2025. The aim is 21 or less per month.

Over the past few months, there has been a noticeable decrease in overall CDI cases, remaining below average for five consecutive months. However, the numbers spiked above average in July and August 2025, before decreasing once again during this report period.

ARHAI Validated Q2 (April to June 2025) funnel plot – HCAI CDI cases

Rate: **10.4** per 100,000 OBDs.

NHSGGC rate is below the NHS Scotland national rate of 13.9.

Methicillin resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* recorded deaths

The National Records of Scotland monitor and report on patients cause of death. Two organisms are monitored and reported: MRSA and *C. difficile*. The link below provides further information:

<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

There were two deaths in September 2025 and one death in October 2025, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

There were zero deaths in September 2025 and zero deaths in October 2025 where hospital acquired MRSA was recorded on the death certificate.

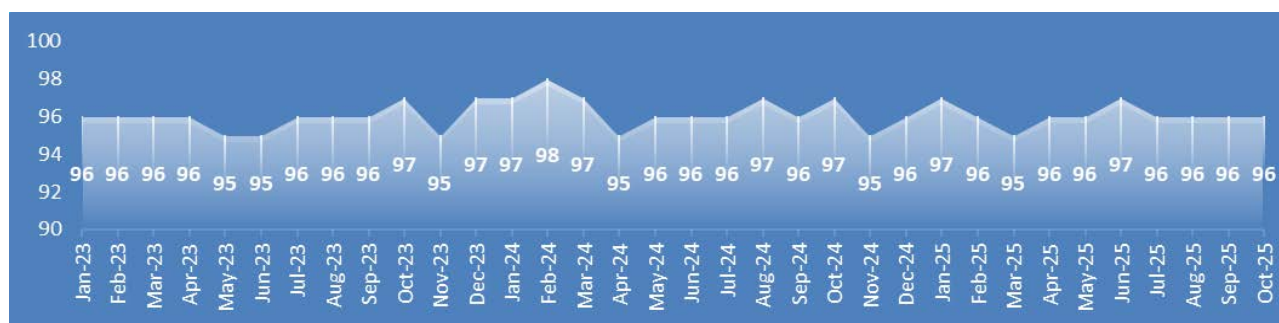
NHS GGC Hand Hygiene (HH) Monitoring Compliance (%)

In NHSGGC there is a dedicated Hand Hygiene Coordinator. This colleague supports education, innovation and audit of practice across all areas. Every month each clinical area carries out a HH audit, and the results of these are entered into the Care Assurance and Improvement Resource (CAIR) dashboard. An average of 350 audits are completed monthly. The local IPCT will also carry out HH audits if required during incidents and outbreaks of infection.

Quality assurance audits take place on a monthly basis and are carried out by the Local Health Board Coordinator (LHBC), completing ten to twenty audits monthly; these are snapshot audits focussing on wards that are consistently reporting higher or lower than average scores. The data collected from the wards and departments is collated and forms the basis of the HAIRT HH data (table below); averaged by site and as a total for the Board.

Although the audit tool used by the wards/departments and the LHBC is the same, the method of data collection is different. The LHBC undertakes a snapshot audit on a specific day whereas the ward or department will collect 20 HH opportunities over a period of a month.

Hospital site	September 2025 %	October 2025 %
Glasgow Royal Infirmary/Princess Royal Maternity	92	91
Gartnavel General Hospital/Beaton Oncology Centre	97	98
Inverclyde Royal Hospital	99	94
Queen Elizabeth University Hospital	96	94
Royal Alexandra Hospital	89	90
Royal Hospital for Children	93	94
Vale of Leven Hospital	99	97
NHSGGC Total	96	96



IPC Statutory Mandatory Training - Standard Infection Prevention and Control (SIPCs) module:

Area/Sector/HSCP	October 2025
Acute	87.5%
Clyde Sector	89.2%
Diagnostics Directorate	94.2%
North Sector	88.1%
Regional Services	88.9%
South Sector	86.2%
Women & Children's	82.9%
Partnership	90.5%

Estate and Cleaning Compliance (per hospital)

The data is collected through audit by the Domestic Services Team using the Domestic Monitoring National Tool. Areas chosen within each hospital are randomly selected by the audit tool. Any issues such as inadequate cleaning is scored appropriately and if the score is less than 80%, a re-audit is scheduled. Estates compliance assesses whether the environment can be effectively cleaned; this can be a combination of minor non-compliances such as missing screwcaps, damaged sanitary sealant, scratches to woodwork etc. The results of these findings are shared with Serco/Estates for repair. Like the cleaning audit, scores below 80% trigger a re-audit.

Cleaning compliance:		
Hospital site	September 2025 %	October 2025 %
Glasgow Royal Infirmary	93	94
Gartnavel General Hospital	95	95
Inverclyde Royal Hospital	95	95
Queen Elizabeth University Hospital	94	94
Royal Alexandra Hospital	94	94
Royal Hospital for Children	94	94
Vale of Leven Hospital	95	96
NHSGGC Total	94	95

Estates compliance:		
Hospital site	September 2025 %	October 2025 %
Glasgow Royal Infirmary	87	85
Gartnavel General Hospital	98	97
Inverclyde Royal Hospital	92	95
Queen Elizabeth University Hospital	96	96
Royal Alexandra Hospital	95	94
Royal Hospital for Children	97	97
Vale of Leven Hospital	98	99
NHSGGC Total	96	96

Only main hospitals are included in the tables above; however, the total percentages include all hospital sites across GG&C.

Infection Prevention and Control Quality Improvement Network (IPCQIN)

The IPCQIN continues to meet bi-monthly, with the next meeting scheduled for the 18th December 2025, the most recent meeting took place on 2nd October 2025.

The work plan has been agreed and is a standing agenda item and a review is going to take place to ensure the 2025/2026 version reflects the objectives and key actions of the Network and Work streams going forward.

The Work streams continue to take a turn of having a 'spotlight' section on the agenda and the Terms of Reference, Comms Plan and Membership will be reviewed and updated for the next meeting in December.

The latest newsletter was published in October and was shared via the Core Brief and can also be accessed via the link: [IPCQIN Newsletter October 2025](#)

Two new work streams have been added to the agenda going forward, Patient Placement and Cleaning Near Patient Equipment, and flash reports will now be received from Children's Services and Maternity Services going forward.

The IPCQIN continues to promote membership for the Vascular Access Device education SLWG to improve promotion of the e-learning module with a collection of training videos being released.

Outbreaks or Incidents in September and October 2025

Outbreaks / Incidents

Outbreaks and incidents across NHSGGC are identified primarily through ICNet (surveillance software package), microbiology colleagues or from the ward. ICNet automatically identifies clusters of infections of specific organisms based on appendix 13 of the National Infection Prevention & Control Manual (NIPCM) to enable timely patient

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management to prevent any possible spread of infection. The identification of outbreaks is determined following discussion with the Infection Control Doctor/Microbiologist. In the event of a possible or confirmed outbreak/incident, a Problem Assessment Group (PAG) or Incident Management Team (IMT) meeting is held with staff from the area concerned, and actions are implemented to control further infection and transmission.

The ARHAI Healthcare Infection Incident Assessment Tool (HIIAT) is a tool used by the IMT to assess the impact of the outbreak or incident. The tool is a risk assessment and allows the IMT to rate the outbreak/incident as **RED**, **AMBER**, or **GREEN**.

All incidents that are HIIAT assessed are reported to the Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) group.

ARHAI are informed of all incidents and they onward report to the Scottish Government Health and Social Care Directorate (SGHSCD) on any incidents/outbreaks that are assessed as amber or red.

HIIAT **GREEN** – reported 6 in September and 5 in October 2025.

HIIAT **AMBER** - reported 9 in September and 6 in October 2025.

HIIAT **RED** – reported 2 in September and 2 in October 2025.

(COVID-19 Incidents (tables below) and Influenza Incidents (1 - **AMBER**) are now included in the above totals but not reported as individual incident summaries)

Outbreaks/Incidents (HIIAT assessed as AMBER or RED excluding COVID-19 and Influenza A)

QEUH CCU – *Candidozyma auris*

A single patient had *Candidozyma auris* isolated from a clinical specimen in QEUH. The patient was transferred from another healthcare facility out with the UK and acquisition of this pathogen in QEUH was excluded.

This species is known to be resistant to several antifungal agents and is present in many areas across the world, but it is unusual to see this type of organism in Scotland. A Problem Assessment Group (PAG) meeting was held and additional control measures were agreed and put in place. This patient had been in isolation from admission. The HIIAT was assessed as **GREEN** on 02/10/2025, then **AMBER** on 07/10/2025 (moderate - risk of transmission and impact on services, all other minor) due to the impact on service/risk of transmission based on clinical resource requirements to safely manage the IPC risk around the patient based on their clinical diagnosis. The incident was HIIAT assessed as **GREEN** on 16/10/2025 and continues to be assessed as **GREEN** to date.

IRH – Orthopaedic Theatres – Mixed Organisms (SSI Cluster)

A cluster of several patients with post-operative orthopaedic surgical site infections (SSI) was identified in the Orthopaedic Theatres at Inverclyde Royal Hospital (IRH) between May and October 2025. The cases involved mixed organisms and were detected across different procedures, with most infections diagnosed from day 17 onwards post-surgery.

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The majority of cases occurred in Theatre 6, which was subsequently suspended for further investigation. Environmental and procedural audits were conducted, including thorough reviews of pre-operative, intra-operative, and post-operative stages. No common links were found and theatre ventilation was confirmed to be compliant.

SICPs audit for Theatre 6 on 17/10/2025 scored 87% (amber), with action plan in progress. SICPs audit for K North on 15/07/2025 scored - 93% (green) with action plan in progress. Hand hygiene audits ranged from 85% to 100% across K North and Theatres.

All patients received appropriate prophylactic antibiotics and pre / post op advice. Control measures included enhanced cleaning, review of domestic services, and ongoing surveillance.

The incident was HIIAT assessed as **AMBER** due to the moderate impact on patients and services, then downgraded to **GREEN** as control measures proved effective and no further cases emerged. The situation remains under regular review, with continued monitoring by the clinical and IPC teams.

Greater Glasgow and Clyde COVID-19 Incidents:

During September and October 2025, there were **sixteen** outbreaks of COVID-19 which scored **RED (4)** or **AMBER (12)**. As a precautionary principle, during incidents and outbreaks in GGC, if COVID-19 appeared on any part of a patient's death certificate, the assessment was considered to be automatically **RED**.

Site	QEUH	GRI	IRH	RAH
COVID-19 (RED HIIAT)	1	1	1	1

The following tables provide a breakdown of the **AMBER** and **RED** COVID-19 ward closures in September and October 2025.

September 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	15	23/09/25	07/10/25	14	13	AMBER
NG	GRI	33	08/09/25	17/09/25	9	2	AMBER
NG	GRI	9	10/09/25	27/09/25	17	6	RED
NG	GRI	17/31	15/09/25	27/09/25	12	6	AMBER
NG	GRI	8	19/09/25	04/10/25	15	8	AMBER
NG	Lightburn	3 (male side only)	21/09/25	28/09/25	7	2	AMBER
NG	GRI	18	22/09/25	04/10/25	12	2	AMBER
NG	GRI	5	22/09/25	04/10/25	12	12	AMBER
NG	GRI	23	23/09/25	04/10/25	11	4	AMBER
SG	QEUH	57	22/09/25	29/09/25	7	5	RED
SG	GGH	8A	26/09/25	10/10/25	14	12	AMBER
Total					130	72	

October 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	IRH	G North	01/10/25	11/10/25	10	7	RED
CLY	RAH	10	06/10/25	14/10/25	8	5	AMBER
CLY	VOL	15	23/10/25	31/10/25	8	2	AMBER
CLY	RAH	3	28/10/25	06/11/25	9	16	RED
NG	GRI	23	22/10/25	31/10/25	9	5	AMBER
Total					44	35	

Healthcare Improvement Scotland (HIS)

There have been no HIS inspections in GGC in September or October 2025.

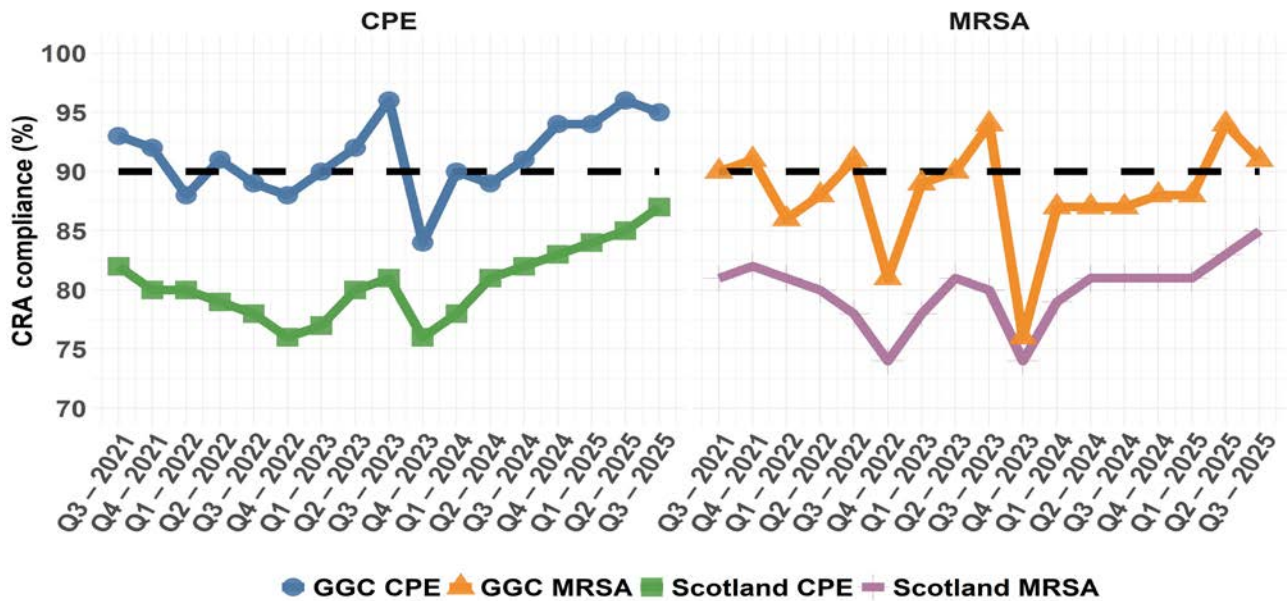
All HIS reports and action plans for previous inspections can be viewed by clicking on the link below:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services/find_nhs_hospitals.aspx

Multi-drug resistant organism screening

As part of the national mandatory requirements, each board is expected to screen specific patients for resistant organisms. These are Carbapenemase producing Enterobacteriaceae (CPE) and MRSA. The decision to screen depends on the outcome of a clinical risk assessment performed on all admissions. On a quarterly basis we assess compliance of completing this risk assessment to provide assurance of effective screening and this is reported nationally. The national expectation of compliance is **90%** (black dashed line). National data for Q3 has been validated and included. The 90% compliance standard for Q3 has been achieved for both CPE and MRSA by NHS GGC.

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Last validated quarter 3 July – September 2025		NHSGGC 95% compliance rate for CPE screening	Scotland 87%
		NHSGGC 91% compliance rate for MRSA screening	Scotland 85%

We continue to support clinical staff to implement this screening programme, and work is currently underway with eHealth to incorporate this information electronically into the patient admission eRecord.