

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 25/107</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>21 August 2025</b>
<b>Title:</b>	<b>Healthcare Associated Infection Reporting Template (HAIRT) for May and June 2025</b>
<b>Sponsoring Director:</b>	<b>Professor Angela Wallace, Executive Director of Nursing</b>
<b>Report Author:</b>	<b>Mrs Sandra Devine, Director of Infection Prevention and Control</b>

## 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 May and June 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 (Q1-2025) the HCAI SAB rate for NHSGGC was 19 which is within the control limits but above the national rate of 18.2. There were 29 healthcare associated SAB cases reported in May and 34 in June 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.

- In the most recently reported National ARHAI Data (Q1-2025) the HCAI ECB rate for NHSGGC was 38 which is within the control limits and below the national rate of 38.9. There were 60 healthcare associated ECB cases in May and 61 in June 2025. Aim is 51 cases or less per month.
- In the most recently reported National ARHAI Data (Q1-2025) the HCAI CDI rate for NHSGGC was 11.4 which is within the control limits and below the national rate of 13.4. There were 18 healthcare associated CDI cases in May and 15 in June 2025. The aim is 21 or less per month.
- The following link is the ARHAI report for the period of January to March 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. January to March \(Q1\) 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 **94%** for CPE and **88%** for MRSA in the last validated reporting quarter (Q1 -2025). The standard is 90%. In Q1, NHS Scotland reported compliance of **84%** and **81%** respectively. IPCT will continue to work towards achieving 90% for MRSA by supporting front line clinical teams through education and improvement initiatives to promote the completion of this assessment. The early local data for Q2 2025 indicates that the MRSA target has been achieved by GGC with compliance of **94%**.
- The Board's cleaning compliance and Estates compliance are  $\geq 95\%$  for May and June 2025.
- The 12<sup>th</sup> edition of the IPCQIN Newsletter was published in April 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)

This paper is finally presented to the Clinical and Care Governance Committee (CCGC) for assurance.

This paper is then shared with the Board Clinical Governance Forum for information once considered by CCGC.

## 8. Date Prepared & Issued

Prepared on: 7 August 2025  
Date issued: 13 August 2025

## Healthcare Associated Infection Summary – May and June 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.**

	May 2025	June 2025	Status toward SGHAI [Based on the new DL (2025)05] from April 2025
Healthcare Associated <b><i>Staphylococcus aureus</i> bacteraemia (SAB)</b>	29	34	Aim is 26 per month
Healthcare Associated <b><i>Clostridioides difficile</i> infection (CDI)</b>	18	15	Aim is 21 per month
Healthcare Associated <b><i>Escherichia coli</i> bacteraemia (ECB)</b>	60	61	Aim is 51 per month
Hand Hygiene	96	97	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	96	97	

## 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)**

	<b>May 2025</b>	<b>June 2025</b>	<b>Monthly Aim</b>
<b>*Healthcare</b>	<b>29</b>	<b>34</b>	<b>26</b>
Community	7	12	-
Total	36	46	-

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

Healthcare associated *S. aureus* bacteraemia total for the rolling year July 2024 to June 2025 = 341. HCAI yearly aim is 312.

In the most recently reported National ARHAI Data (Q1-2025) the HCAI SAB rate for NHS GGC was 19 which is within the control limits but above the national rate of 18.2. There were 29 healthcare associated SAB cases reported in May and 34 in June 2025, with the aim being 26 cases or less per month.

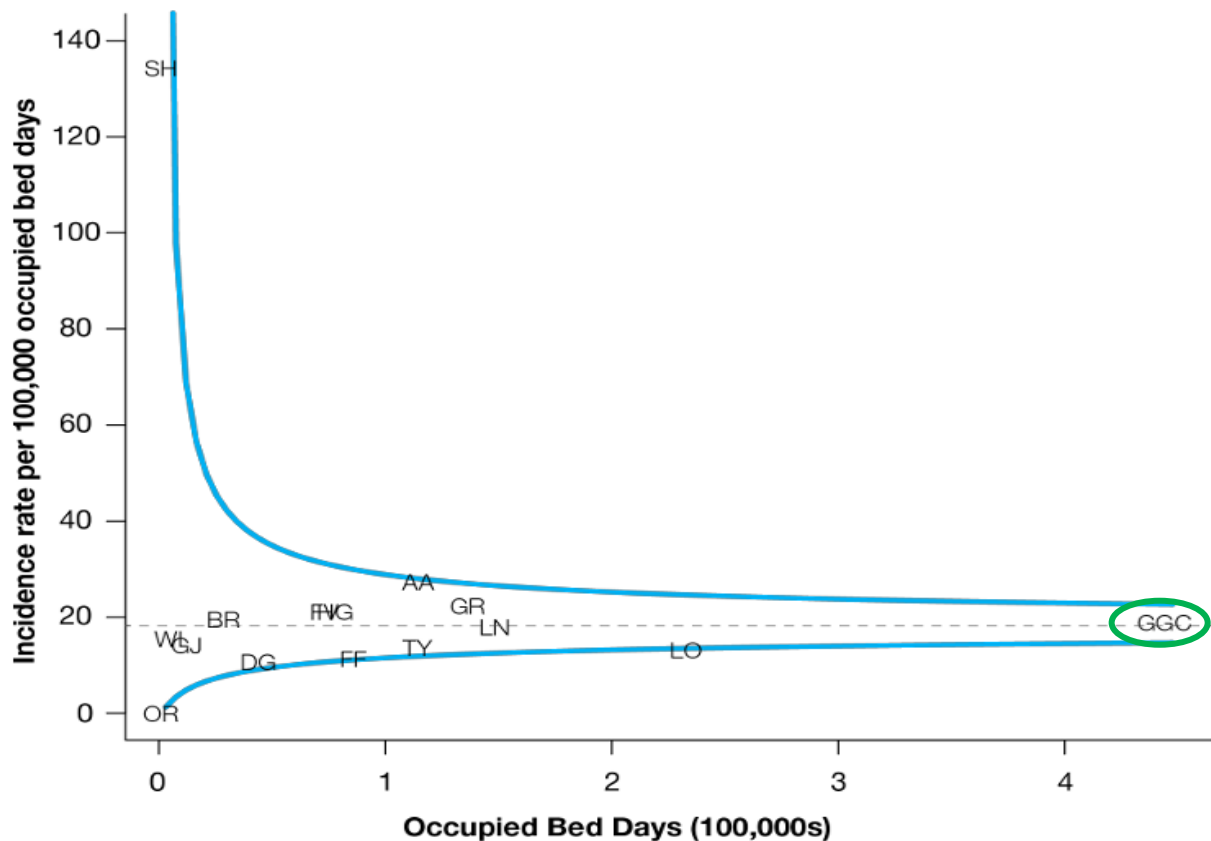
We continue to support improvement locally to reduce rates via the Infection Prevention and Control Quality Improvement Network (IPCQIN) and local SAB Groups.

The number of overall SAB cases remains within control limits, however for the past four 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. Trend data 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 Q1 (January to March 2025) funnel plot – HCAI SAB cases**

Rate: 19 per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and above the national rate of 18.2.

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

	May 2025	June 2025	Monthly Aim
<b>*Healthcare</b>	<b>60</b>	<b>61</b>	<b>51</b>
Community	41	38	-
Total	101	99	-

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

Healthcare associated *E. coli* bacteraemia total for the rolling year July 2024 to June 2025 = 698. HCAI yearly aim is 612.

In the most recently reported National ARHAI Data (Q1-2025) the HCAI ECB rate for NHSGGC was 38 which is within the control limits and below the national rate of 38.9. There were 60 healthcare associated ECB cases in May and 61 in June 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.

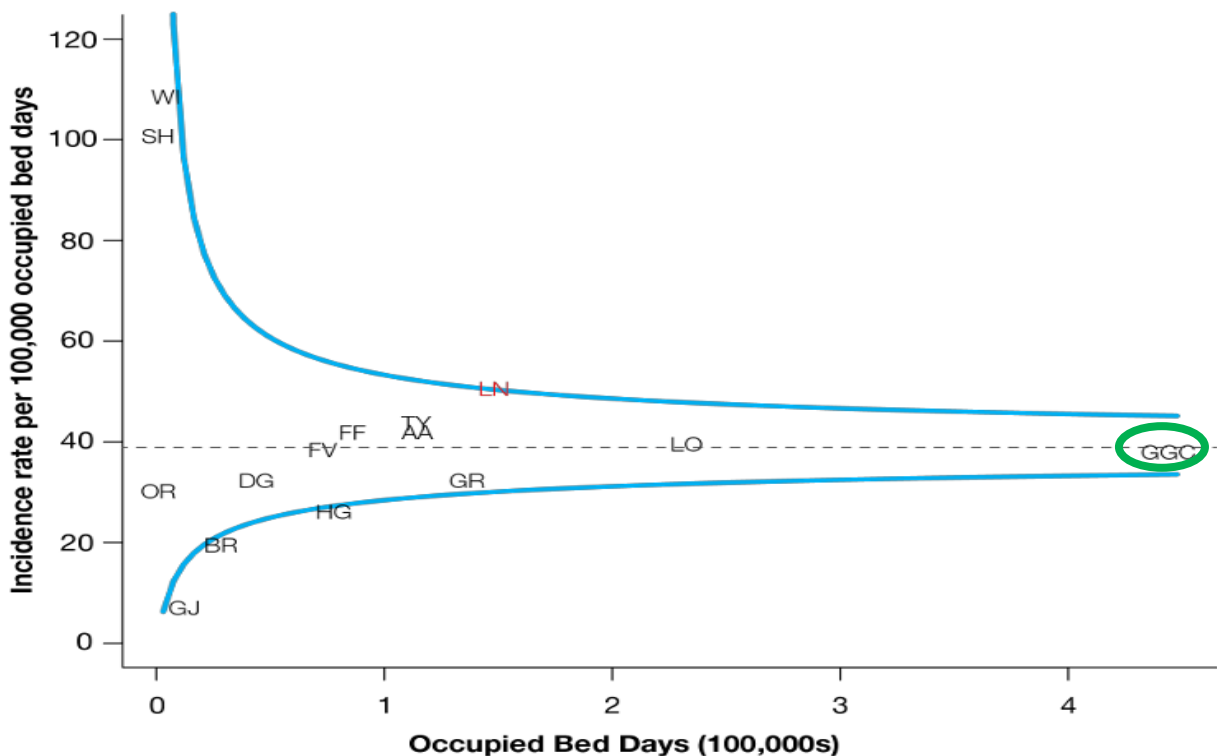
Ward level data of entry point of bacteraemia is available via MicroStrategy. This provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

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 Q1 (January to March 2025) funnel plot – HCAI ECB cases



Rate: **38** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 38.9.

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

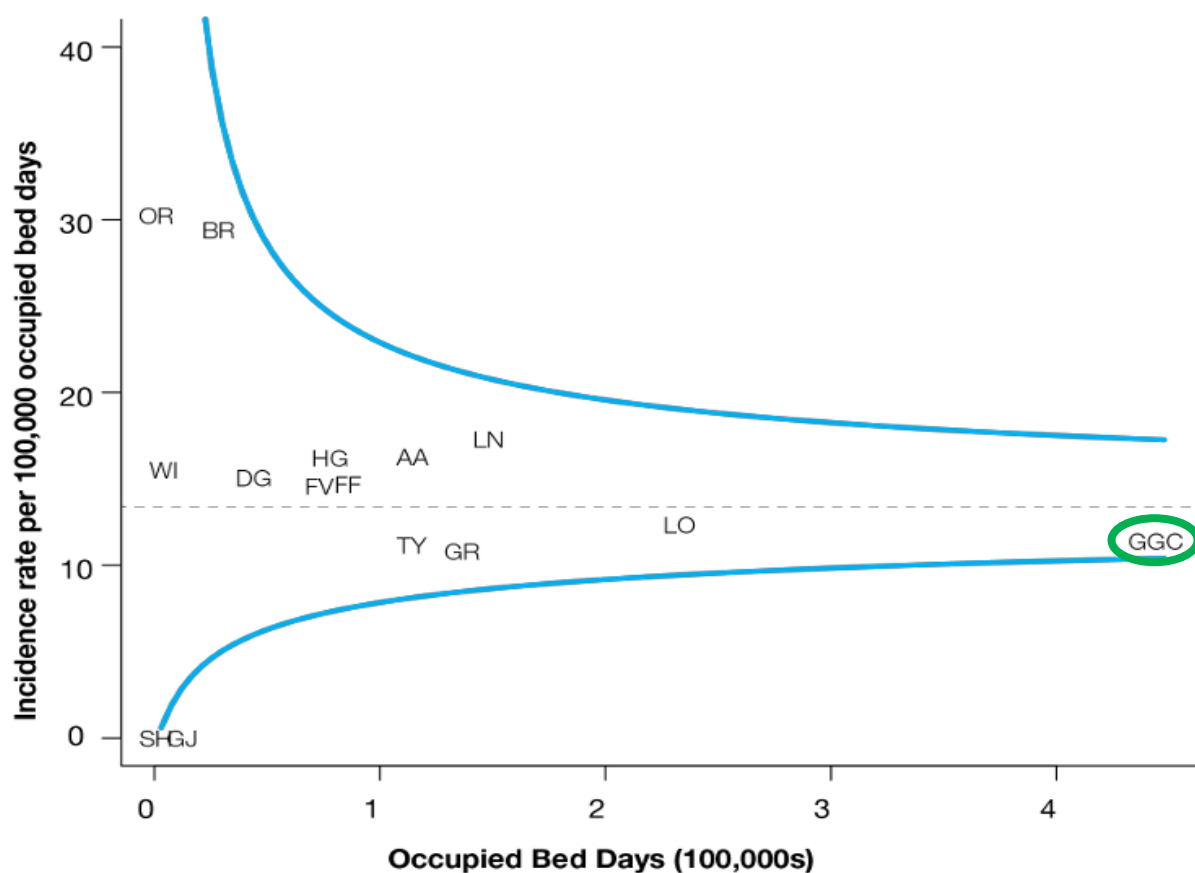
	May 2025	June 2025	Monthly Aim
<b>*Healthcare</b>	<b>18</b>	<b>15</b>	<b>21</b>
Community	3	3	-
Total	21	18	-

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

Healthcare associated *Clostridioides difficile* total for the rolling year July 2024 to June 2025 = 258. HCAI yearly aim is 252.

In the most recently reported National ARHAI Data (Q1-2025) the HCAI CDI rate for NHSGGC was 11.4 which is within the control limits and below the national rate of 13.4. There were 18 healthcare associated CDI cases in May and 15 in June 2025. The aim is 21 or less per month.

There had been a sharp increase in the overall CDI cases especially in October 2024, however, there has been a sharp decrease since then and cases have been below average for five consecutive months.

**ARHAI Validated Q1 (January to March 2025) funnel plot – HCAI CDI cases**



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

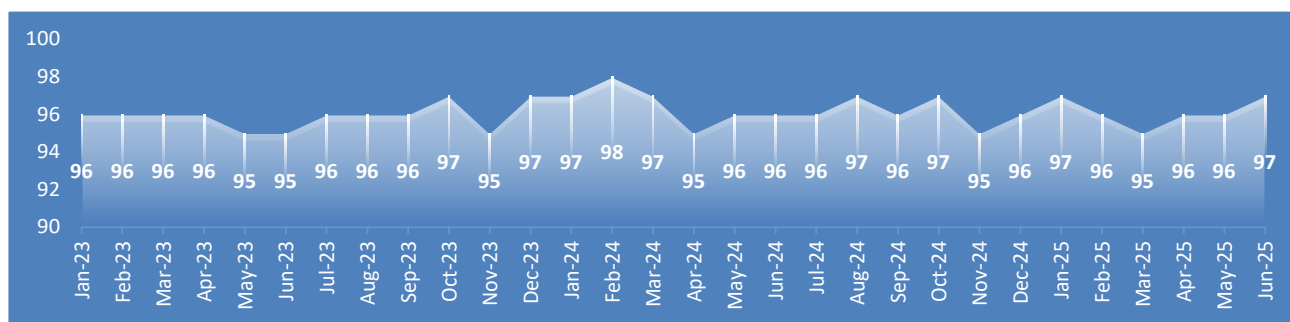
The National Records of Scotland monitor and report on patients cause of death. Two organisms are monitored and reported: MRSA and *C. difficile*. The link below provides further information:

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

There were zero deaths in May 2025 and zero deaths in June 2025, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

There were zero deaths in May 2025 and zero in June 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	May 2025 %	June 2025 %
Glasgow Royal Infirmary/Princess Royal Maternity	93	94
Gartnavel General Hospital/Beaton Oncology Centre	96	98
Inverclyde Royal Hospital	97	98
Queen Elizabeth University Hospital	93	94
Royal Alexandra Hospital	92	93
Royal Hospital for Children	90	95
Vale of Leven Hospital	98	99
<b>NHSGGC Total</b>	<b>96</b>	<b>97</b>

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

Area/Sector/HSCP	December 2024
<b>Acute</b>	<b>92.2%</b>
Clyde Sector	93.2%
Diagnostics Directorate	92.7%
North Sector	92.0%
Regional Services	93.6%
South Sector	91.7%
Women & Children's	90.5%
<b>Partnership</b>	<b>92.0%</b>

### 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	May 2025 %	June 2025 %
Glasgow Royal Infirmary	93	93
Gartnavel General Hospital	96	96
Inverclyde Royal Hospital	94	94
Queen Elizabeth University Hospital	94	94
Royal Alexandra Hospital	94	94

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Royal Hospital for Children	94	94
Vale of Leven Hospital	96	95
<b>NHSGGC Total</b>	<b>95</b>	<b>95</b>

<b>Estates compliance:</b>		
<b>Hospital site</b>	<b>May 2025 %</b>	<b>June 2025 %</b>
Glasgow Royal Infirmary	90	88
Gartnavel General Hospital	99	99
Inverclyde Royal Hospital	94	94
Queen Elizabeth University Hospital	95	96
Royal Alexandra Hospital	97	95
Royal Hospital for Children	97	97
Vale of Leven Hospital	98	99
<b>NHSGGC Total</b>	<b>96</b>	<b>97</b>

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 2<sup>nd</sup> October 2025 - the group last met on 8<sup>th</sup> July 2025.

The work plan has been agreed and is a standing agenda item going forward to support development, monitoring and assurance of work stream actions and progress.

Work streams continue to take a turn of having a 'spotlight' section on the agenda going forward to update the work plan.

The latest IPCQIN newsletter features a look back on the successes of the last year while highlighting what we plan to achieve in 2025 –

<https://sway.cloud.microsoft/TkAj7c8EOM9S2Jmf>. This was published in the Core Brief and shared through our networks.

Patient Information Leaflets and Posters have been reviewed and updated in line with the 2022 QEUH HIS Action Plan, with narrated videos now accessible via QR code and posters being distributed to wards.

The 'What Matters to Me' (WMTM) Report 2024 was shared with the group as this meetings spotlight item. Actions being taken forward include IPCT narrated videos with posters released in April 2025, a refreshed approach to 2025 and continued staff engagement. What Matters to Me Day took place on 3<sup>rd</sup> July 2025.

HIS Action Plan from 2022 for QEUH has now been closed, with all actions formally completed. This was confirmed via Acute Clinical Governance and accepted by HIS correspondence.

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CAUTI work stream is currently refocusing for 2025/26 with a new Chair and Co-Chair appointed. A CAUTI specific data report was shared with heat maps at individual HSCP level.

HSCP Leads have been asked to discuss the best approach to sharing IPCQI work being undertaken in Community.

IPCQIN continues to promote membership for the Vascular Access Device education SLWG to improve promotion of the e-learning module – with collection of training videos being released ([Flushing a Vascular Access Device \(VAD\) \(youtube.com\)](https://www.youtube.com/watch?v=...))

The SharePoint site continues to serve as a key resource for program management and document collaboration. Live monitoring of actions and updates is available via the platform.

The main work streams continue to progress and provide flash reports to the group with both Acute and HSCP presenting their latest challenges and progress. HSCP Leads have been asked to discuss a refreshed approach to sharing IPCQIN work being undertaken in the Community.

### **Outbreaks or Incidents in May and June 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 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 3 in May and 4 in June 2025.

HIIAT **AMBER** - reported 3 in May and 3 in June 2025.

HIIAT **RED** – reported 2 in May and 0 in June 2025.

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(COVID-19 Incidents 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)

There were no incidents (excluding COVID-19 incidents) HIIAT assessed as **AMBER** or **RED** during this period.

### Greater Glasgow and Clyde COVID-19 Incidents:

During May and June 2025, there were **eight** outbreaks of COVID-19 which scored **RED** (2) or **AMBER** (6). 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	GGH	RAH
COVID-19 (RED HIIAT)	1	1

The following table provides a breakdown of the **AMBER** and **RED** COVID-19 ward closures in May and June 2025. There were no **RED** ward closures related to COVID-19 in June 2025.

May 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	3	30/04/25	13/05/25	13	11	RED
NG	GRI	20	06/05/25	11/05/25	5	5	AMBER
NG	GRI	2	08/05/25	15/05/25	7	3	AMBER
SG	GGH	8A	02/05/25	15/05/25	13	21	RED
SG	QEUH	55	02/05/25	09/05/25	7	8	AMBER
<b>Total</b>					<b>45</b>	<b>48</b>	

June 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
NG	GRI	36	09/06/25	18/06/25	9	4	AMBER
NG	GRI	32	13/06/25	19/06/25	6	1	AMBER
SG	GGH	3A	16/06/25	24/06/25	8	7	AMBER
<b>Total</b>					<b>23</b>	<b>12</b>	

### Healthcare Improvement Scotland (HIS)

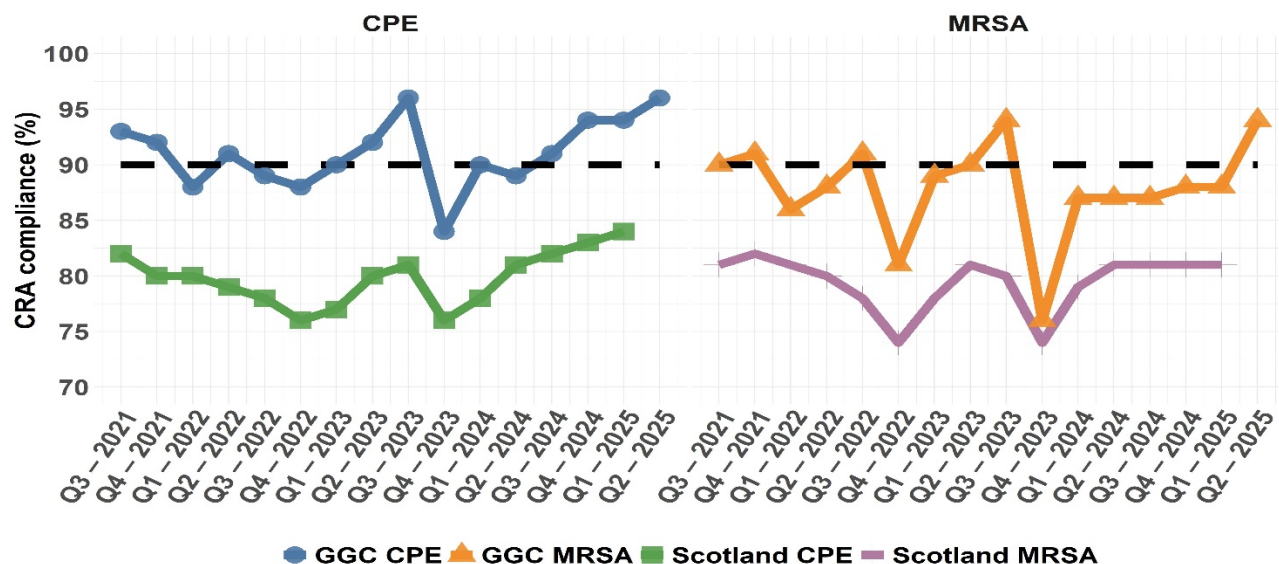
There have been no HIS inspections in GGC in May or June 2025.

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](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 Q1 has been validated and included. The 90% compliance standard for Q1 has not been achieved for MRSA but has been achieved in the local data for Q2 2025.



Last validated quarter 1 January – March 2025		NHSGGC <b>94%</b> compliance rate for CPE screening	Scotland 84%
		NHSGGC <b>88%</b> compliance rate for MRSA screening	Scotland 81%
Local data quarter 2 April - June 2025		NHSGGC <b>96%</b> compliance rate for CPE screening	TBC
		NHSGGC <b>94%</b> compliance rate for MRSA screening	TBC

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.