

NHS Greater Glasgow and Clyde	Paper No. 25/73
Meeting:	NHSGGC Board Meeting
Meeting Date:	24 June 2025
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) Summary for March and April 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 March and April 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 (Q4-2024) the HCAI SAB rate for NHSGGC was 17 which is within the control limits and below the national rate of 18.4. There were 32 healthcare associated SAB cases reported in March and 30 in April 2025, with the aim being 23 or less per month until March 2025. As per DL(2025)25 the aim will now increase to 26 cases or less per month from April 2025.
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 (Q4-2024) the HCAI ECB rate for NHSGGC was 38.7 which is within the control limits but above the national rate of 36.9. There were 51 healthcare associated ECB cases in March and 68 in April

2025. Aim was 38 or less per month until March 2025. As per DL(2025)25 the aim will now increase to 51 cases or less per month from April 2025.

- In the most recently reported National ARHAI Data (Q4-2024) the HCAI CDI rate for NHS GGC was 19 which is within the control limits but above the national rate of 18. There were 17 healthcare associated CDI cases in March and 13 in April 2025. The aim was 17 or less per month until March 2025. As per DL(2025)25 the aim will now increase to 21 cases or less per month from April 2025.
- The following link is the ARHAI report for the period of October to December 2024. 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. October to December \(Q4\) 2024 | 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 Board's cleaning compliance and Estates compliance are $\geq 95\%$ for March and April 2025.
- The 12th 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 NHS GGC'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

Date prepared: 22 May 2025

Date issued: 16 June 2025

Healthcare Associated Infection Summary – March and April 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.

	March 2025	April 2025	Status toward SGHAI [Based on the new DL (2025)05] from April 2025
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	32	30	Aim is 23 per month, then 26 from April 2025
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	17	13	Aim is 17 per month, then 21 from April 2025
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	51	68	Aim is 38 per month then 51 from April 2025
Hand Hygiene	95	96	
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 baseline. 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)**

	March 2025	April 2025	Monthly Aim
*Healthcare	32	30	23 then 26 from Apr 2025
Community	9	9	-
Total	41	39	-

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

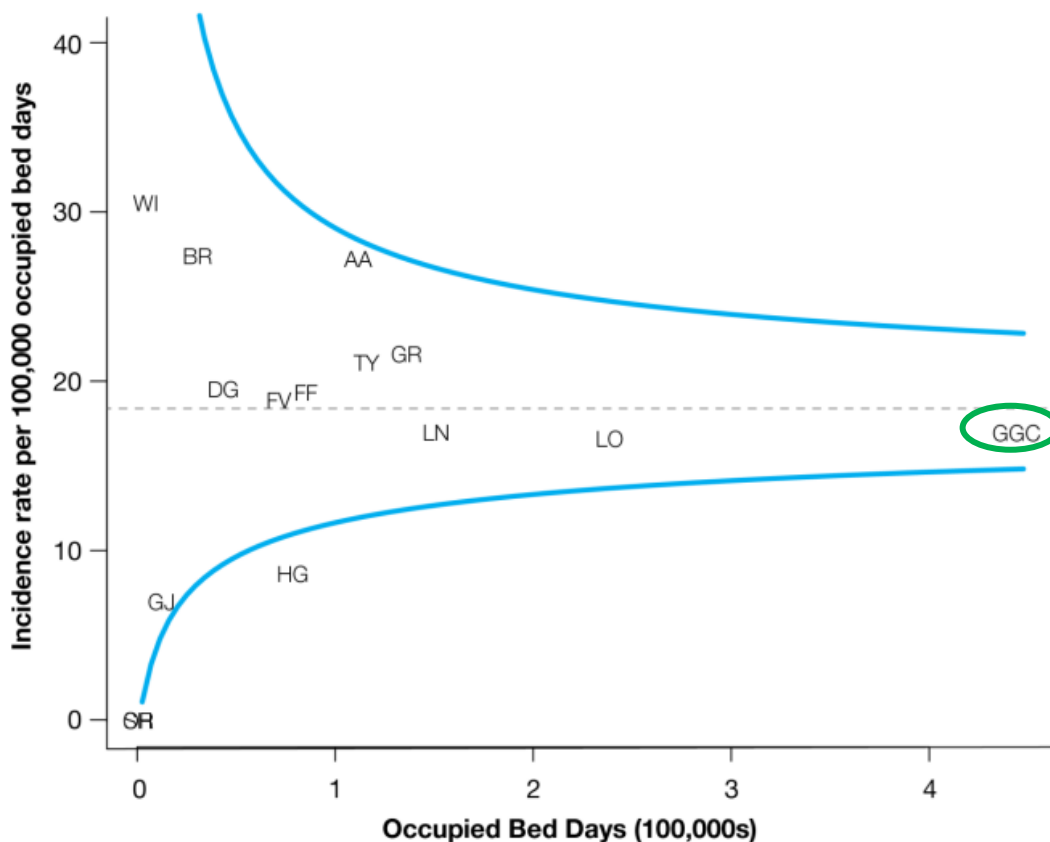
Healthcare associated *S. aureus* bacteraemia total for the rolling year May 2024 to April 2025 = 327. HCAI yearly aim is 314.

In the most recently reported National ARHAI Data (Q4-2024) the HCAI SAB rate for NHSGGC was 17 which is within the control limits and below the national rate of 18.4. There were 32 healthcare associated SAB cases reported in March and 30 in April 2025, with the aim being 23 or less per month until March 2025. As per DL(2025)25 the aim will now increase to 26 cases or less per month from April 2025.

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

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/ECB reports. This data is used to drive improvement in the Sector SAB/ECB groups.

ARHAI Validated Q4 (October to December 2024) funnel plot – HCAI SAB cases



Rate: 17 per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 18.4.

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

	March 2025	April 2025	Monthly Aim
*Healthcare	51	68	38 then 51 from Apr 2025
Community	21	27	-
Total	72	95	-

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

Healthcare associated *E. coli* bacteraemia total for the rolling year May 2024 to April 2025 = 687. HCAI yearly aim is 617.

In the most recently reported National ARHAI Data (Q4-2024) the HCAI ECB rate for NHSGGC was 38.7 which is within the control limits but above the national rate of 36.9. There were 51 healthcare associated ECB cases in March and 68 in April 2025. Aim was 38 or less per month until March 2025. As per DL(2025)25 the aim will now increase to 51 cases or less per month from April 2025.

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.

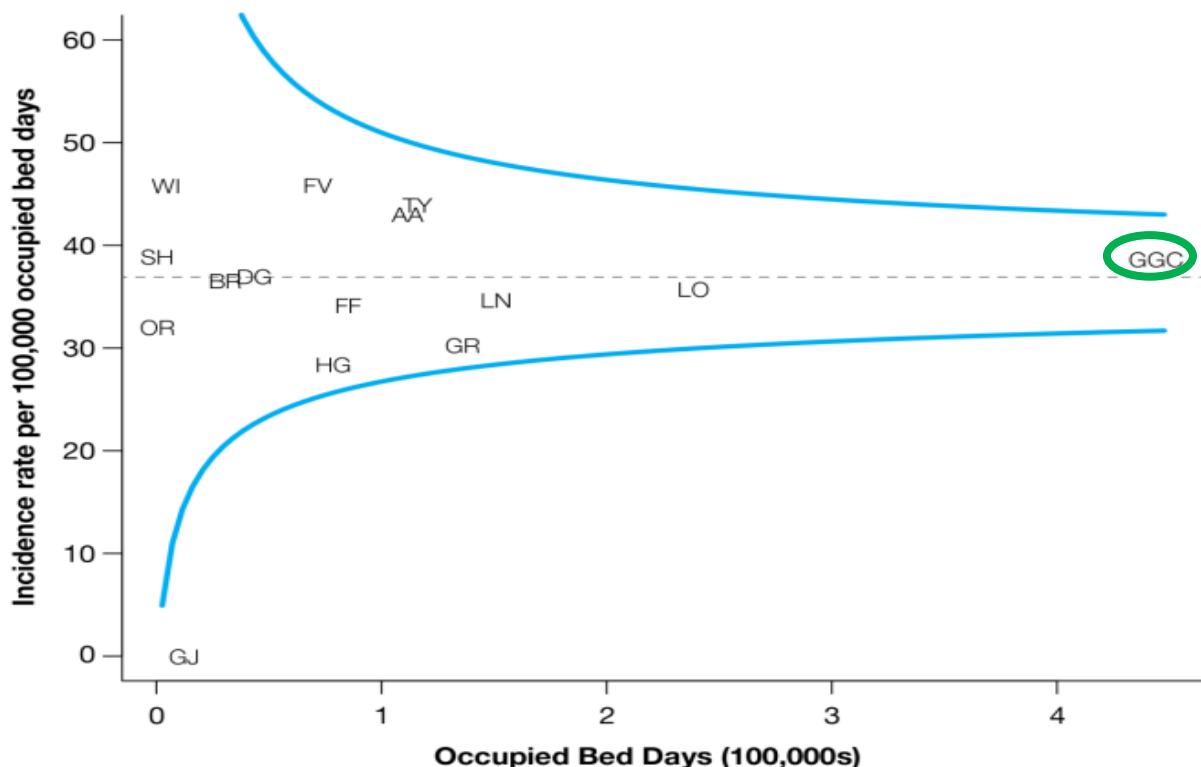
Ward level data of entry point of bacteraemia is available via MicroStrategy. This provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

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 Q4 (October to December 2024) funnel plot – HCAI ECB cases



Rate: **38.7** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and above the national rate of 36.9.

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

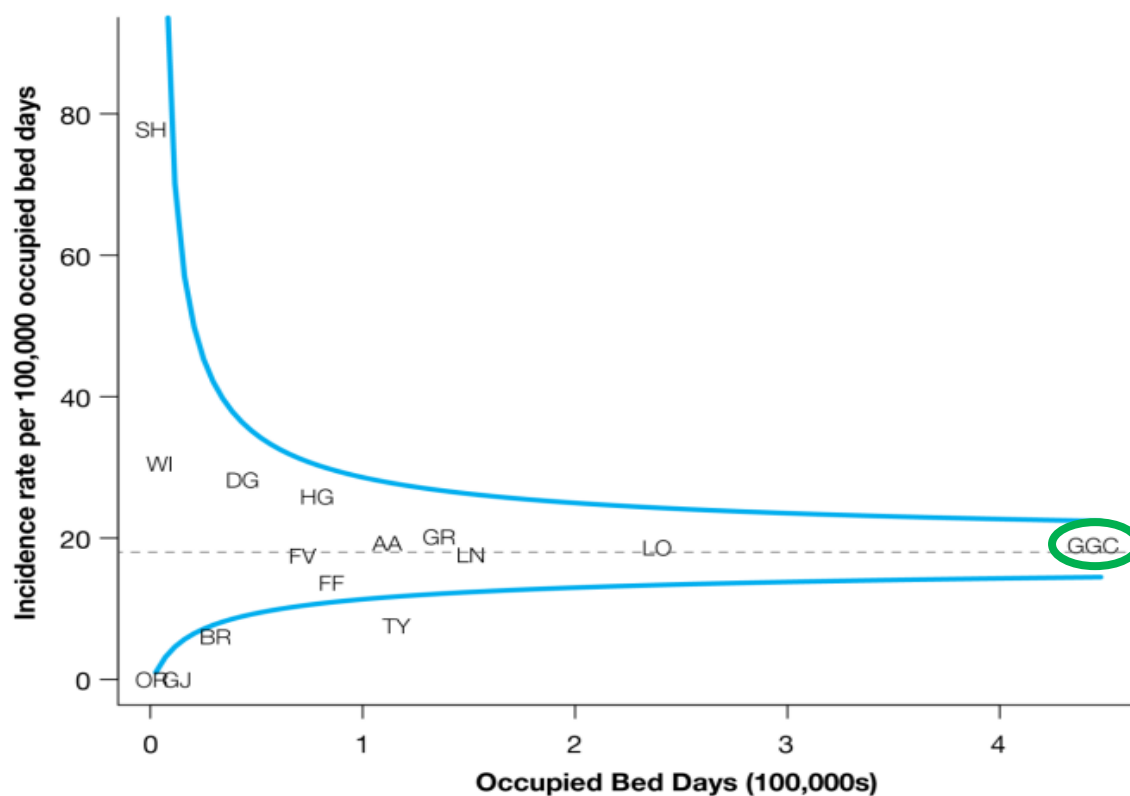
	March 2025	April 2025	Monthly Aim
*Healthcare	17	13	17 then 21 from Apr 2025
Community	3	4	-
Total	20	17	-

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

Healthcare associated *Clostridioides difficile* total for the rolling year May 2024 to April 2025 = 278. HCAI yearly aim is 252.

In the most recently reported National ARHAI Data (Q4-2024) the HCAI CDI rate for NHS GGC was 19 which is within the control limits but above the national rate of 18. There were 17 healthcare associated CDI cases in March and 13 in April 2025. The aim was 17 or less per month until March 2025. As per DL(2025)25 the aim will now increase to 21 cases or less per month from April 2025.

There had been a sharp increase in the CDI HCAI in recent months especially in October 2024, however they have decreased again and currently remain with control limits and below average in the last three months. IPCT will continue to monitor.

ARHAI Validated Q4 (October to December 2024) funnel plot – HCAI CDI cases

NHS GGC rate is above the NHS Scotland national rate of 18.

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

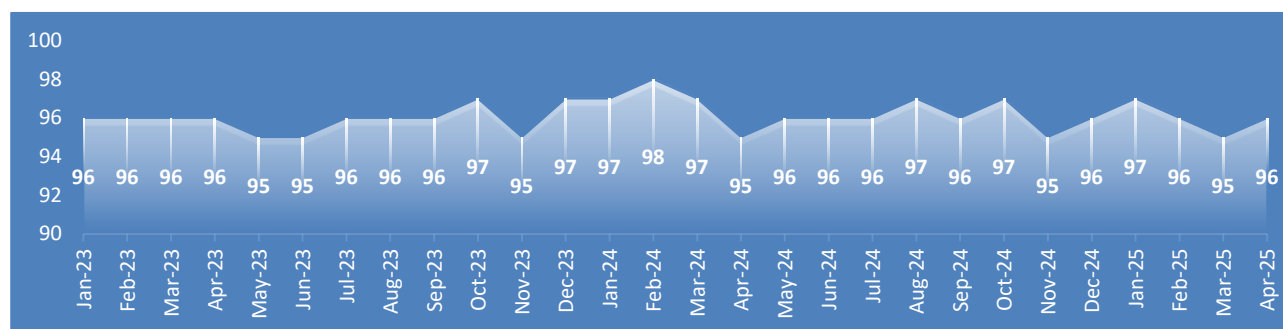
The National Records of Scotland monitor and report on patients cause of death. Two organisms are monitored and reported: MRSA and *C. difficile*. The link below provides further information:

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

There was one death in March 2025 and one death in April 2025, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

There were zero deaths in March 2025 and zero deaths in April 2025, where hospital acquired MRSA was recorded on the death certificate.

NHS GGC Hand Hygiene 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 individual clinical area carries out a hand hygiene audit and the results of these are entered into the Care Assurance and Improvement Resource (CAIR) dashboard. This data is reviewed by the coordinator and a series of assurance audits are undertaken in areas with reported high and low compliance. Any areas requiring improvement are identified and supported.

Hospital site	March 2025 %	April 2025 %
Glasgow Royal Infirmary/Princess Royal Maternity	93	92
Gartnavel General Hospital/Beaton Oncology Centre	96	94
Inverclyde Royal Hospital	98	98
Queen Elizabeth University Hospital	93	95
Royal Alexandra Hospital	92	91
Royal Hospital for Children	90	94
Vale of Leven Hospital	93	98
NHSGGC Total	95	96

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

Area/Sector/HSCP	December 2024
Acute	92.2%
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%
Partnership	92%

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	March 2025 %	April 2025 %
Glasgow Royal Infirmary	94	93
Gartnavel General Hospital	95	95
Inverclyde Royal Hospital	94	94
Queen Elizabeth University Hospital	94	93
Royal Alexandra Hospital	94	94
Royal Hospital for Children	94	95
Vale of Leven Hospital	96	95
NHSGGC Total	95	95

Estates compliance:		
Hospital site	March 2025 %	April 2025 %
Glasgow Royal Infirmary	91	92
Gartnavel General Hospital	99	99
Inverclyde Royal Hospital	93	93
Queen Elizabeth University Hospital	96	96
Royal Alexandra Hospital	97	97
Royal Hospital for Children	97	95

Vale of Leven Hospital	99	98
NHSGGC Total	96	97

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 8th July 2025 - the group last met on 23rd May 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. A refresh of the workplan and objectives is being progressed ahead of July meeting.

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 takes place on July 3rd 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.

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 \(VAD\) \(youtube.com\)](#))

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 progresses. HSCP Leads have been asked to discuss a refreshed approach to sharing IPCQI work being undertaken in Community.

Outbreaks or Incidents in March and April 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 6 in March and 7 in April 2025.

HIIAT **AMBER** - reported 1 in March and 4 in April 2025.

HIIAT **RED** – reported 1 in March and 0 in April 2025.

(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)

Royal Alexandra Hospital – (Medicine) – Commensal Organisms: Streptococcus Species

There have been a very small number of cases of Group A Streptococcus (GAS) infection within a ward at Royal Alexandra Hospital. On review the antibiograms were similar, however this resistance pattern is not considered unusual. The cases have epidemiological links to the ward and crossed over in the ward between 4th March – 6th March 2025 and therefore possible cross transmission has been considered.

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Terminal clean of bed spaces and toilets was undertaken when individual results were confirmed and patients were transferred to SSR with transmission based precautions (TBPs) in place. The entire ward had a terminal clean when the second case was identified.

No concerns reported from Domestic Service or Clinical Team regarding practice / environment, recent domestic audit on 24th March 2025 scored 95.9%.

IPCT visits highlighted issues around PPE compliance and cleanliness of shared patient equipment. This was feedback locally to the nurse in charge at time of visit and reviewed at SICPs audit on 21st March 2025.

SICPs audit carried out by IPCT 21st March 2025, 80%. Action plan is now complete, and results were discussed at staff huddles.

Hand Hygiene audit was carried out on 25th March 2025. Opportunities taken 85%, combined compliance 80%. Action plan is now complete, and results were discussed at staff huddles. Routine weekly IPCT visits continued for several weeks with a focus on Hand Hygiene and patient equipment.

Contact tracing was discussed and excluded as it had been 11 days from most recent case and no patients in ward had any signs / symptoms suggestive of GAS.

All appropriate infection control measures were put in place to minimise the risk of transmission, including enhanced cleaning, increased hand washing and isolation of affected infectious patients. The ward remained open throughout incident.

The incident was HIIAT assessed as **RED** on 20th March 2025 due to death of a patient and then **GREEN** on 21st March 2025 and closed on 4th April 2025. The patient's death was reported to Public Health.

Greater Glasgow and Clyde COVID-19 Incidents:

During March and April 2025, there were **five** outbreaks of COVID-19 which scored **AMBER**. 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	GGC
COVID-19 (RED HIIAT)	0

The following table provides a breakdown of the **AMBER** COVID-19 ward closures in March and April 2025. There were no **RED** ward closures related to COVID-19 during this period.

March 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	IRH	LU2	23/03/25	01/04/25	9	8	AMBER
Total					9	8	

April 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	4	28/04/25	06/05/25	8	8	AMBER
NG	GRI	30	17/04/25	29/04/25	12	3	AMBER
NG	GRI	11	22/04/25	27/04/25	5	4	AMBER
NG	GRI	26	25/04/25	09/05/25	14	6	AMBER
Total					39	21	

Healthcare Improvement Scotland (HIS)

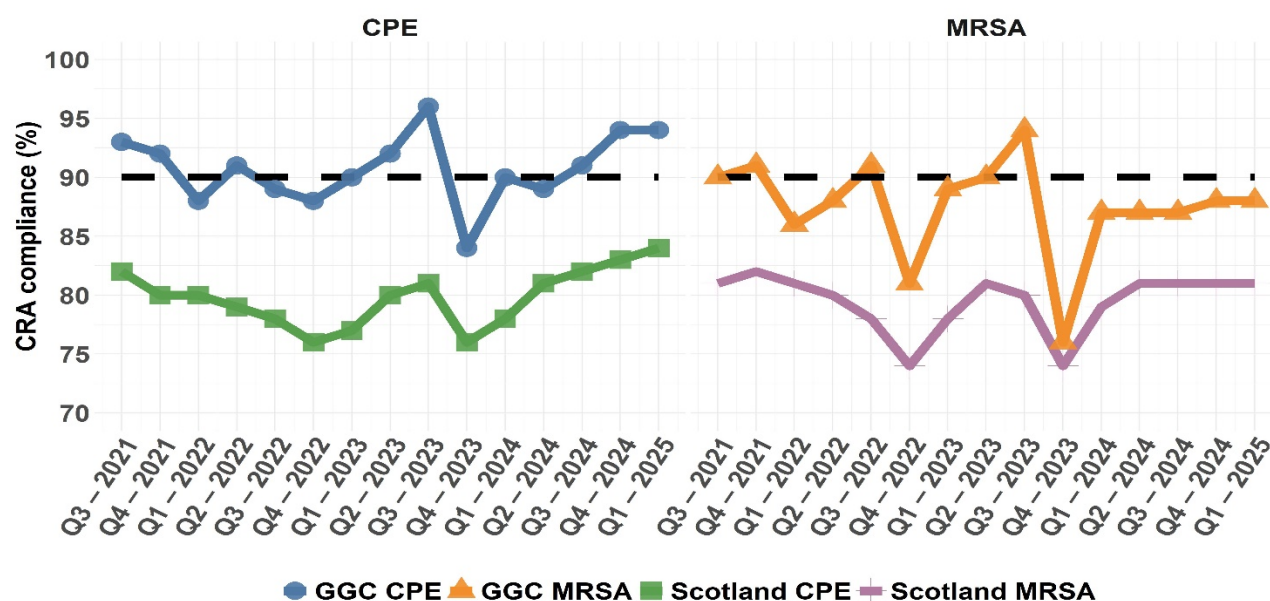
There have been no HIS inspections in GGC in March or April 2025.

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 Q1 has been validated and included. The 90% compliance standard for Q1 has not been achieved for MRSA.



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Last validated quarter 1 January – March 2025		NHSGGC 94% compliance rate for CPE screening	Scotland 84%
		NHSGGC 88% compliance rate for MRSA screening	Scotland 81%

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.