

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 26/79</b>
<b>Meeting:</b>	<b>NHS Board Meeting</b>
<b>Meeting Date:</b>	<b>25 June 2026</b>
<b>Title:</b>	<b>The Healthcare Associated Infection Reporting Template (HAIRT) for March and April 2026</b>
<b>Sponsoring Director/Manager:</b>	<b>Professor Angela Wallace, Executive Director of Nursing</b>
<b>Report Author:</b>	<b>Miss Natalia Hedo, IPC Surveillance Operations Manager</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 March and April 2026.

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 (Q4-2025) the HCAI SAB rate for NHSGGC was 17.9 which is within the control limits and below the national rate of 18.4. There were 29 healthcare associated SAB cases reported in March and 30 in April 2026, 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 (Q4-2025) the HCAI ECB rate for NHSGGC was 36.6 which is within the control limits and below the national rate of 40.7. There were 58 healthcare associated ECB cases in March and 57 in April 2026. Aim is 51 cases or less per month.
- In the most recently reported National ARHAI Data (Q4-2025) the HCAI CDI rate for NHSGGC was 13.8 which is within the control limits and below the national rate of

14.2. There were 16 healthcare associated CDI cases in March and 22 in April 2026. The aim is 21 or less per month.

- The following link is the ARHAI report for the period of October to December 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. October to December \(Q4\) 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 **94.4%** for CPE and **81.2%** for MRSA in the last validated reporting quarter (Q1 -2026). The standard is 90%. In Q1, NHS Scotland reported compliance of **86.9%** and **81.7%** respectively.
- The Board's cleaning compliance and Estates compliance are  $\geq 95\%$  for March and April 2026.
- The 14<sup>th</sup> and the 15<sup>th</sup> editions of the IPCQIN newsletter have been published and included in the report.

### 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**

**Date Prepared:** 11 June 2026

**Date Issued:** 17 June 2026

# Healthcare Associated Infection Report Template (HAIRT) Summary

Angela Wallace

*Executive Nurse Director*

March and April 2026

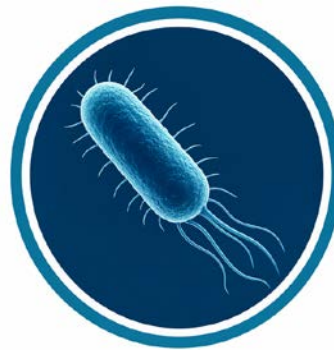


# Healthcare Associated Infection Report Template (HAIRT)

## Summary – March and April 2026

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 Infection indicators; *Staphylococcus aureus bacteraemias* (SAB), *E. coli bacteraemias* (ECB) and *Clostridioides difficile* infections (CDI). Other available indicators are included for assurance.



# 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.

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

## 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.

Measure	March 2026	April 2026	Status toward SGHAI from April 2025
Healthcare Associated Staphylococcus aureus bacteraemia (SAB)	29	30	Aim is 26 per month
Healthcare Associated Clostridioides difficile infection (CDI)	16	22	Aim is 21 per month
Healthcare Associated Escherichia coli bacteraemia (ECB)	58	57	Aim is 51 per month
Hospital acquired IV access device (IVAD) associated SAB	9	8	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	12	14	
Hand Hygiene	95	96	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	96	97	

# Staphylococcus aureus bacteraemia (SAB)

Healthcare associated *S. aureus* bacteraemia total for the rolling year May 2025 to April 2026 = 352. HCAI yearly aim is 312.

In the most recently reported National ARHAI Data (Q4-2025) the HCAI SAB rate for NHSGGC was 17.9 which is within the control limits and below the national rate of 18.4. There were 29 healthcare associated SAB cases reported in March and 30 in April 2026, 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.

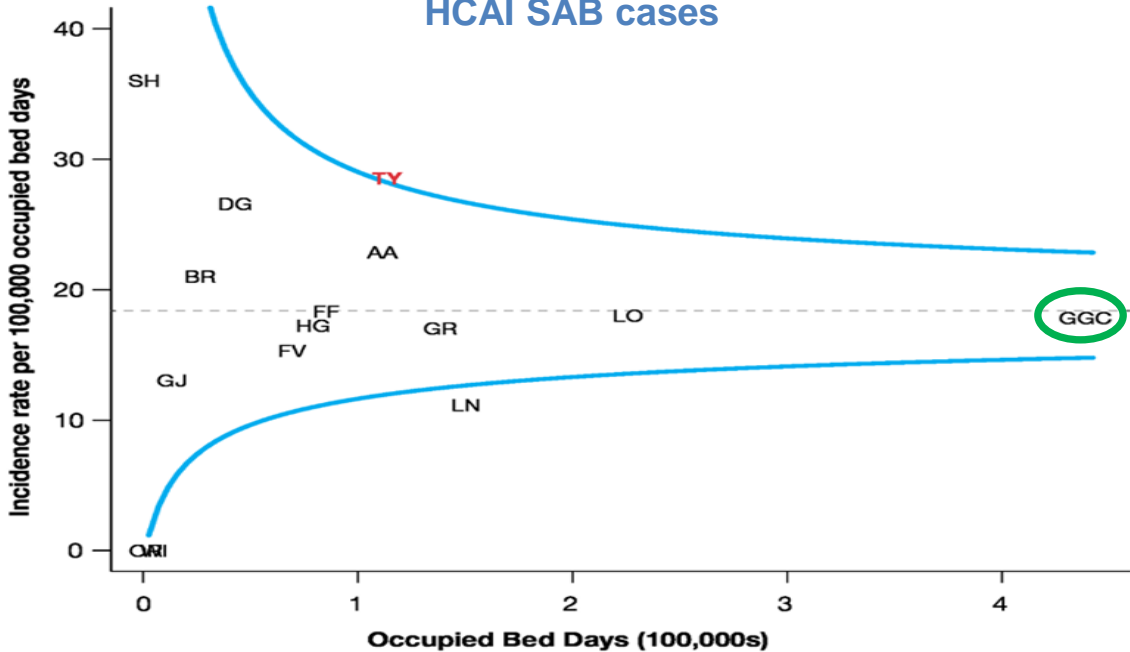
Actions primarily driven by the IPCQIN to reduce cases include:

- 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.

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

SAB Infection Rates	March 2026	April 2026	Monthly Aim
Healthcare*	29	30	26
Community	3	6	-
Total	32	36	-

ARHAI Validated Q4 (October to December 2025) funnel plot  
HCAI SAB cases



NHSGGC rate of **17.9** per 100,000 OBDs is within the control limits for this quarter and below the national rate of 18.4



# Escherichia coli Bacteraemia (ECB)

Healthcare associated *E. coli* bacteraemia total for the rolling year May 2025 to April 2026 = 696. HCAI yearly aim is 612.

In the most recently reported National ARHAI Data (Q4-2025) the HCAI ECB rate for NHSGGC was 36.6 which is within the control limits and below the national rate of 40.7. There were 58 healthcare associated ECB cases in March and 57 in April 2026. Aim is 51 cases or less per month.

Enhanced surveillance of ECB continues and is prospectively available to view by clinicians on Micro-strategy, 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.

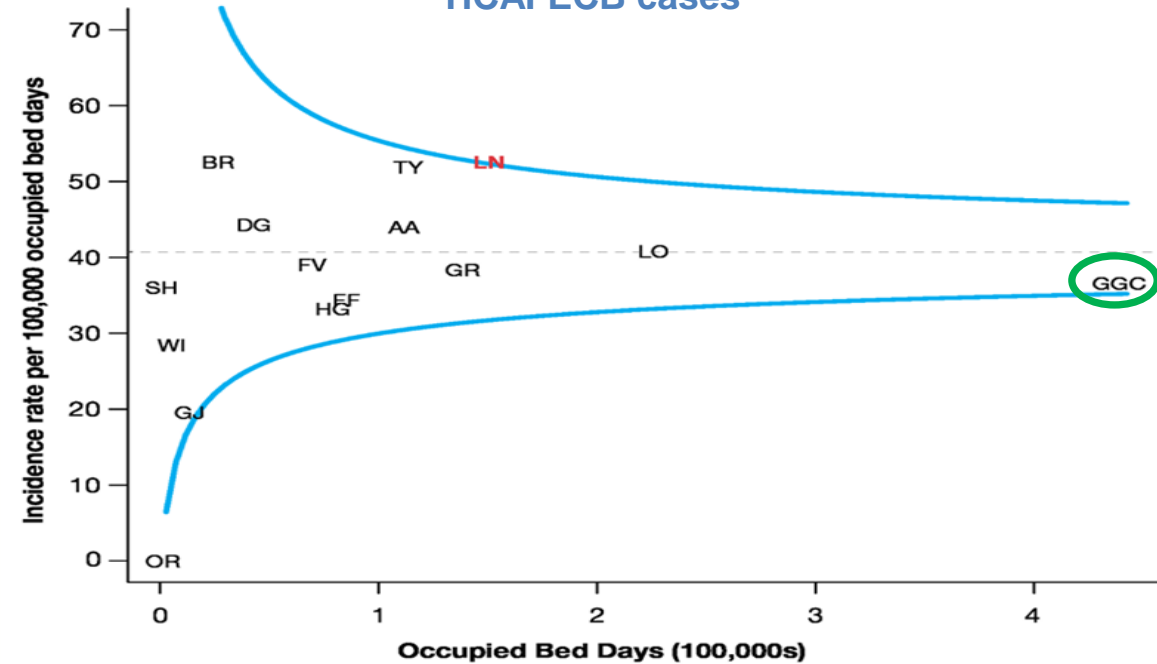
The Public Health Scotland **Urinary Catheter Care Passport** contains guidelines to help minimise the risk of developing an infection and is available at: [HPS Website - Urinary Catheter Care Passport \(scot.nhs.uk\)](https://scot.nhs.uk/hps-website-urinary-catheter-care-passport)

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

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

ECB Infection Rates	March 2026	April 2026	Monthly Aim
Healthcare*	58	57	51
Community	27	30	-
Total	85	87	-

ARHAI Validated Q4 (October to December 2025) funnel plot HCAI ECB cases



NHSGGC rate of **36.6** per 100,000 OBDs is within the control limits for this quarter and below the national rate of 40.7



# Clostridioides difficile infection (CDI)

Healthcare associated *Clostridioides difficile* total for the rolling year May 2025 to April 2026 = 248. HCAI yearly aim is 252.

In the most recently reported National ARHAI Data (Q4-2025) the HCAI CDI rate for NHSGGC was 13.8 which is within the control limits and below the national rate of 14.2. There were 16 healthcare associated CDI cases in March and 22 in April 2026. The aim is 21 or less per month.

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

## 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:

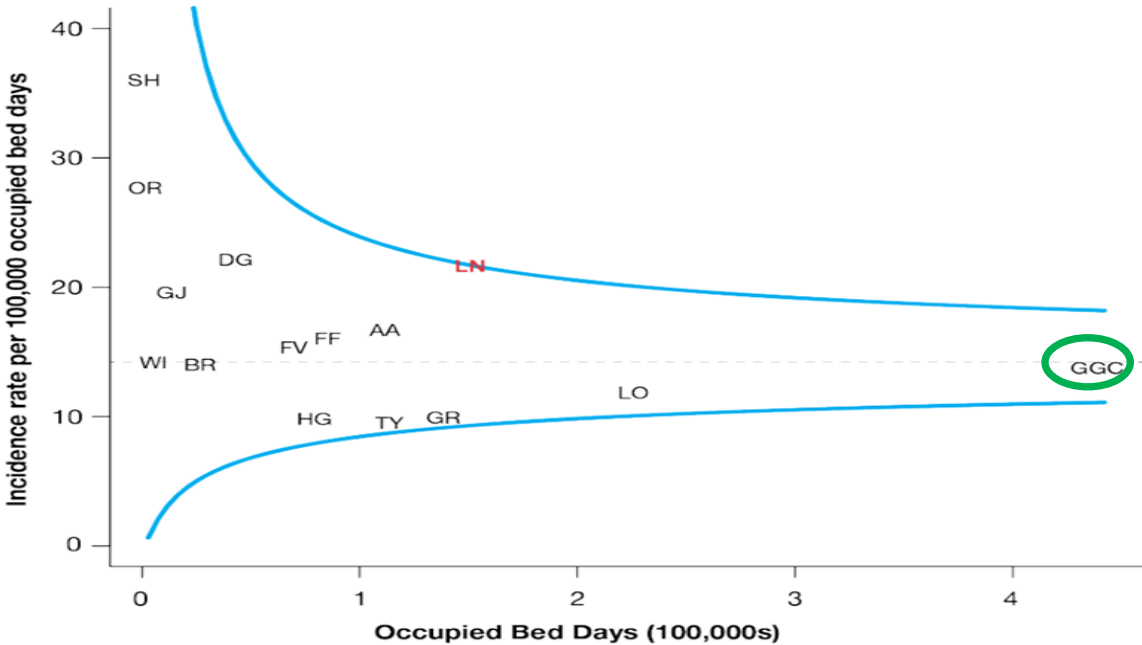
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

There was one death in March 2026 and one death in April 2026, where hospital acquired *Clostridioides difficile* was recorded on the patient’s death certificate.

There were zero deaths in March 2026 and zero deaths in April 2026 where hospital acquired MRSA was recorded on the death certificate.

CDI Infection Rates	March 2026	April 2026	Monthly Aim
Healthcare*	16	22	21
Community	2	7	-
Total	18	29	-

ARHAI Validated Q4 (October to December 2025) funnel plot HCAI CDI cases



NHSGGC rate of **13.8** per 100,000 OBDs is within the control limits for this quarter and below the national rate of 14.2

# NHS GGC Hand Hygiene (HH) Monitoring Compliance

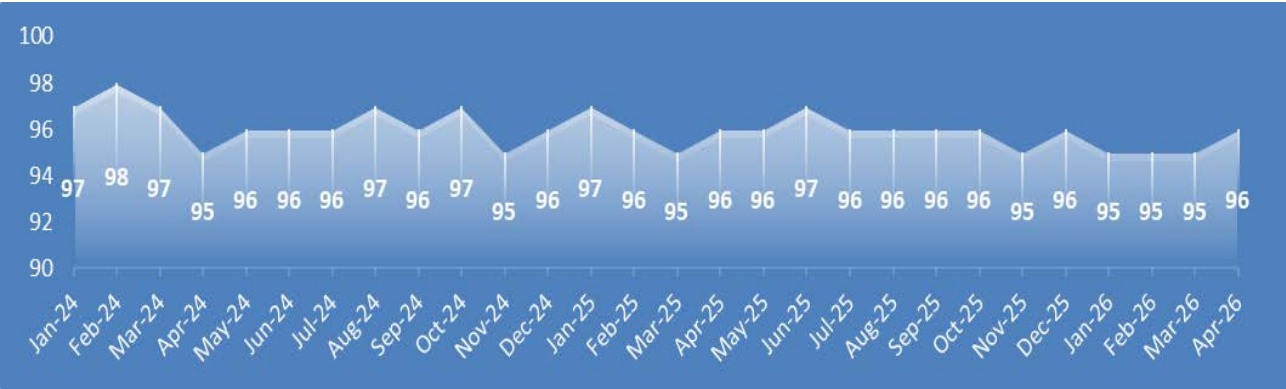


In NHSGGC there is a dedicated Hand Hygiene Coordinator. This colleague supports education, innovation and audit of practice across all areas. Every month each clinical area carries out a HH audit, and the results of these are entered into the Care Assurance and Improvement Resource (CAIR) dashboard. 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, 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	March 2026 %	April 2026 %
Glasgow Royal Infirmary/Princess Royal Maternity	94	93
Gartnavel General Hospital/Beaton Oncology Centre	98	99
Inverclyde Royal Hospital	95	96
Queen Elizabeth University Hospital	96	95
Royal Alexandra Hospital	90	89
Royal Hospital for Children	91	93
Vale of Leven Hospital	98	98
<b>NHSGGC Total</b>	<b>95</b>	<b>96</b>



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

Area/Sector/HSCP	March 2026 %	April 2026 %
Acute	87%	87%
Clyde Sector	87%	87%
Diagnostics Directorate	90%	90%
North Sector	88%	88%
Regional Services	90%	90%
South Sector	86%	86%
Women & Children's	84%	83%
Partnership	90%	91%

# 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.

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

Cleaning Compliance - Hospital Site	March 2026 %	April 2026 %
Glasgow Royal Infirmary	93	94
Gartnavel General Hospital	95	96
Inverclyde Royal Hospital	94	94
Queen Elizabeth University Hospital	94	94
Royal Alexandra Hospital	94	95
Royal Hospital for Children	95	95
Vale of Leven Hospital	96	96
<b>NHSGGC Total</b>	<b>95</b>	<b>95</b>

Estates Compliance - Hospital Site	March 2026 %	April 2026 %
Glasgow Royal Infirmary	93	94
Gartnavel General Hospital	97	98
Inverclyde Royal Hospital	93	96
Queen Elizabeth University Hospital	95	97
Royal Alexandra Hospital	96	97
Royal Hospital for Children	95	97
Vale of Leven Hospital	98	98
<b>NHSGGC Total</b>	<b>96</b>	<b>97</b>

# Infection Prevention and Control Quality Improvement Network (IPCQIN)

The IPCQIN continues to meet bi-monthly, with the most recent meeting held on 9<sup>th</sup> April 2026. The meeting focused on reviewing progress across a wide range of workstreams, sharing learning across sectors, and agreeing next steps to support ongoing improvement work.

Good progress continues across several key areas, including person-centred care, Standard Infection Control Precautions (SICPs), and work to reduce SABs across all sectors. Improvements are underway to SICPs audit tools and supporting educational resources, alongside continued development of staff and patient education materials, including Toolbox Talks and Vascular Access Device (VAD) patient education videos.

Sector SAB groups across North, South, Clyde, Regional and Paediatrics continue to meet regularly, with targeted improvement activity focused on PVC/CVC audits, education, walk rounds and shared learning.

Flash reporting from the Mental Health IPC Support Group will now form part of routine IPCQIN reporting, strengthening shared learning across services.

Quality Improvement activity continues to be supported through education, toolbox talks, ward-based engagement and improved communication via SharePoint and newsletters. The 14<sup>th</sup> and 15<sup>th</sup> issues of the newsletter have been published and are included below:



IPCQIN - 14th  
Issue.pdf



IPCQIN - 15th  
Issue.pdf

# Outbreaks or Incidents in March and April 2026

## 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 March and 3 in April 2026.

HIIAT **AMBER** - reported 2 in March and 2 in April 2026.

HIIAT **RED** – reported 1 in March and 0 in April 2026.

*(COVID-19, RSV and Influenza 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)

### QEUH, Ward 4B - *Exophiala dermatitidis* and *Mucor velutinosus* Environmental Incident:

An Infection Prevention and Control incident was declared on Ward 4B (Adult Bone Marrow Transplant Unit), QEUH, following identification of fungal infections with suspected links to the built environment, particularly recurrent water ingress and environmental contamination. The incident involved two confirmed healthcare-associated fungal infections (*Exophiala dermatitidis* and *Mucor velutinosus*) cases and one possible case, with all affected patients having been discharged and clinically improving. No ongoing clinical concern relating to fungal infection has been identified.

A formal Incident Management Team (IMT) was established on 25<sup>th</sup> February 2026, with ongoing involvement from IPC, Estates, ARHAI, NHS Assure and external expert advisors. Extensive investigations confirmed no further cases since February 2026. Environmental inspections identified widespread historic and active water ingress, ventilation compromise and reservoir risks, resulting in the closure of multiple rooms, enhanced environmental remediation, HPV cleaning, repeat air sampling, and a structured programme of repairs and assurance testing.

A comprehensive programme of control measures was implemented, including antifungal prophylaxis review, daily multidisciplinary huddles, strengthened command structures (Gold/Silver/Bronze), enhanced environmental and equipment controls (including fridge replacement), and continuous IPC oversight. Retrospective case reviews did not demonstrate a clear correlation between clinical cases and air sampling results.

The HIIAT status initially escalated to **RED**, reflecting public concern and service impact, but has since been downgraded to **GREEN**, with no new cases identified, improved environmental assurance, and strengthened governance arrangements now embedded. The incident remains under active assurance oversight, with estates works ongoing in a small number of rooms and routine monitoring continuing.



# Outbreaks or Incidents in March and April 2026 – Continued

## GRI, Wards 47&48 - Vancomycin resistant *Enterococcus faecium* (VRE) Incident:

An Infection Prevention and Control incident was declared following identification of six Vancomycin-resistant *Enterococcus faecium* (VRE) cases associated with Wards 47 and 48 (Plastic Surgery), Glasgow Royal Infirmary, between January and March 2026. Of these, four were hospital acquired infections (HAIs) and two were non-HAIs. Only one case required treatment for active VRE infection; the remaining cases were managed as colonisation.

A Problem Assessment Group (PAG) was convened on 3<sup>rd</sup> March 2026 and comprehensive control measures were implemented, including patient isolation, enhanced cleaning, staff communication, hand hygiene and PPE reinforcement, and environmental actions. Epidemiological overlap between cases was identified, though no shared bays were involved. Molecular typing was consistent with transmission between three HAI cases, while other cases were genetically distinct or not linked to transmission. The incident was HIIAT assessed as **AMBER**.

Compliance audits demonstrated good hand hygiene and SICPs performance, with improvement actions identified and addressed. Estates issues were escalated and resolved, including vent cleaning. An antimicrobial prescribing review found no atypical prescribing patterns.

No staff cases were identified. No further VRE cases have occurred since 4<sup>th</sup> March 2026, and the incident was downgraded to **GREEN** and closed on 24<sup>th</sup> March 2026, with continued monitoring and assurance in place.

## Healthcare Improvement Scotland (HIS)

There have been no HIS inspections in GGC in March and April 2026.

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)

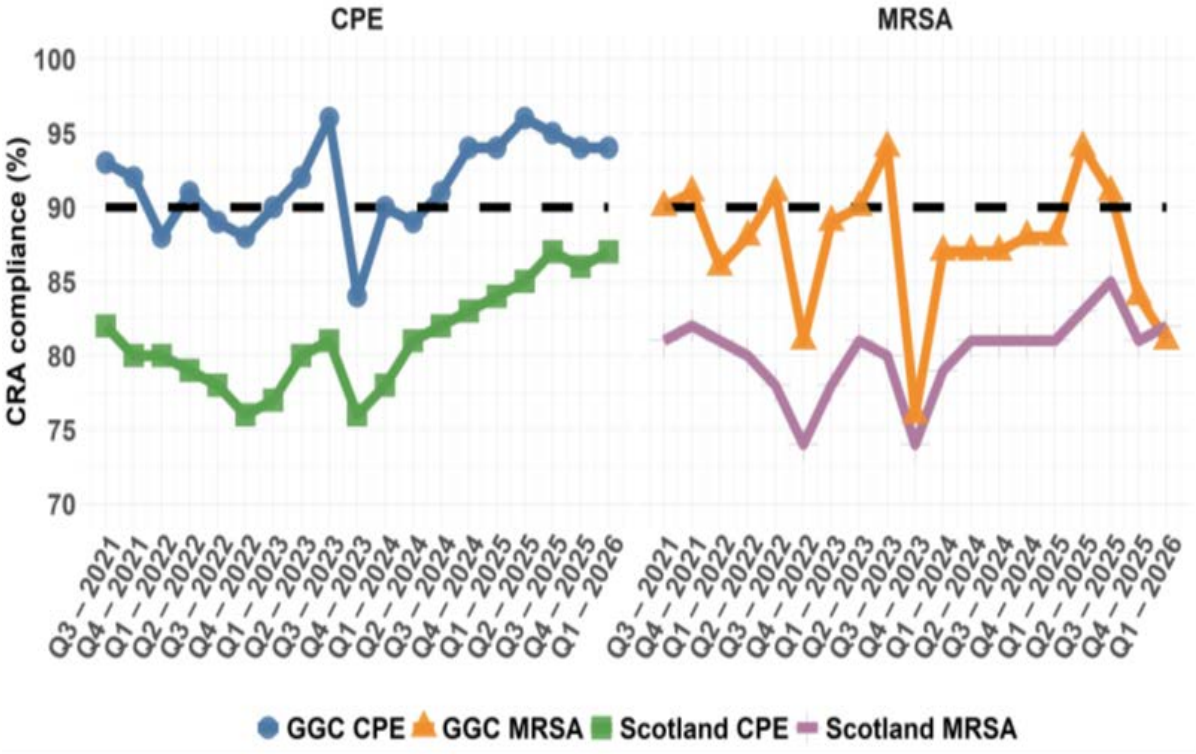


# Multi-Drug Resistant Organism Screening

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 been achieved for CPE but not for MRSA by NHS GGC. 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.

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.



Last  
validated  
quarter 1 –  
January to  
March 2026



NHSGGC **94.4%**  
compliance rate for CPE  
screening

NHSGGC **81.2%**  
compliance rate for MRSA  
screening

Scotland  
86.9%

Scotland  
81.7%