

NHS Greater Glasgow and Clyde	Paper No. 26/16
Meeting:	NHSGGC Board Meeting
Meeting Date:	26th February 2026
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for November and December 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 November and December 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 (Q3-2025) the HCAI SAB rate for NHSGGC was 21.9 which is within the control limits but above the national rate of 19.4. There were 21 healthcare associated SAB cases reported in November and 29 in December 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 (Q3-2025) the HCAI ECB rate for NHSGGC was 42.9 which is within the control limits and below the national rate

of 43.2. There were 56 healthcare associated ECB cases in November and 51 in December 2025. Aim is 51 cases or less per month.

- In the most recently reported National ARHAI Data (Q3-2025) the HCAI CDI rate for NHSGGC was 16 which is within the control limits and below the national rate of 16.1. There were 18 healthcare associated CDI cases in November and 24 in December 2025. The aim is 21 or less per month.
- The following link is the ARHAI report for the period of July to September 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. July to September \(Q3\) 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 November and December 2025.
- A festive edition of the IPCQIN newsletter was published in December 2025. It can also be accessed via the link: [The Infection Prevention and Control Quality Improvement Network Newsletter \(IPCQIN\)](#)..

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** **Positive 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: 21 January 2026

Date issued: 19 February 2026

Healthcare Associated Infection Summary – November and December 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.

	November 2025	December 2025	Status toward SGHAI [Based on the new DL (2025)05] from April 2025
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	21	29	Aim is 26 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	18	24	Aim is 21 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	56	51	Aim is 51 per month
Hospital acquired IV access device (IVAD) associated SAB	7	5	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	13	9	
Hand Hygiene	95	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)**

	November 2025	December 2025	Monthly Aim
*Healthcare	21	29	26
Community	8	7	-
Total	29	36	-

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

Healthcare associated *S. aureus* bacteraemia total for the rolling year January to December 2025 = 355. HCAI yearly aim is 312.

In the most recently reported National ARHAI Data (Q3-2025) the HCAI SAB rate for NHS GGC was 21.9 which is within the control limits but above the national rate of 19.4. There were 21 healthcare associated SAB cases reported in November and 29 in December 2025, with the aim being 26 cases or less per month.

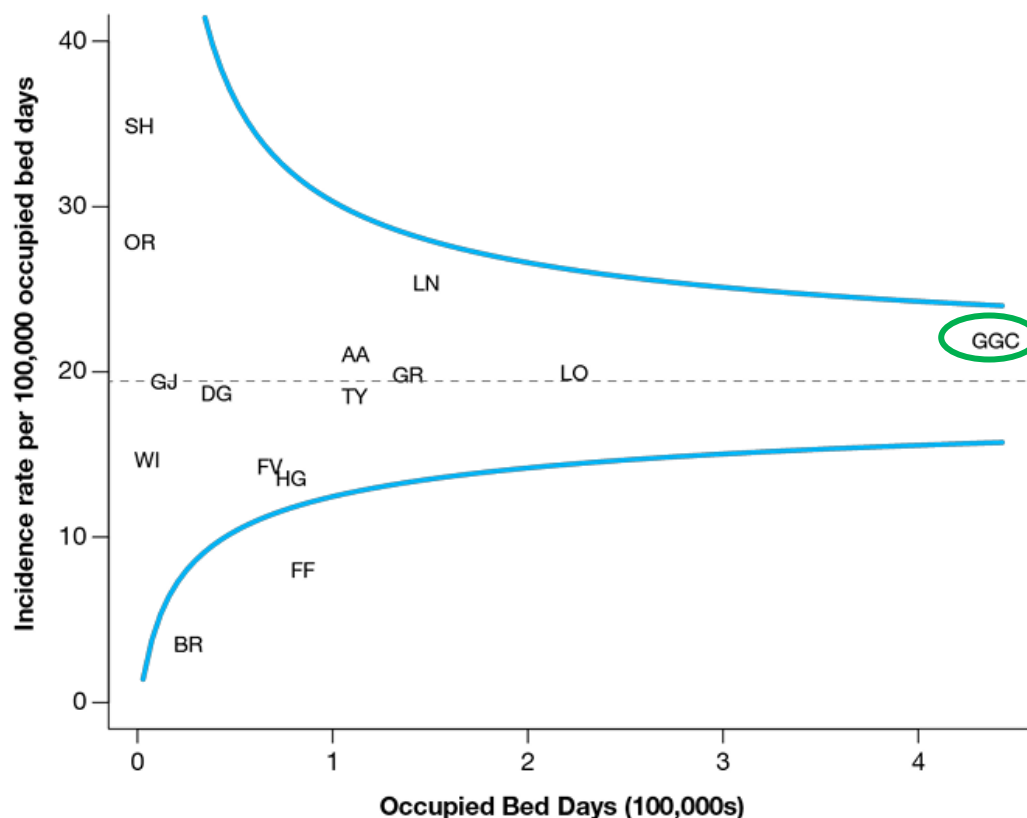
We continue to support improvement locally to reduce rates via the Infection Prevention and Control Quality Improvement Network (IPCQIN) and local SAB Groups.

The number of overall SAB cases remains within control limits, however, the numbers in the past months have been above average except for November 2025. 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.

ARHAI Validated Q3 (July to September 2025) funnel plot – HCAI SAB cases



Rate: **21.9** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and above the national rate of 19.4.

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

	November 2025	December 2025	Monthly Aim
*Healthcare	56	51	51
Community	25	30	-
Total	81	81	-

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

Healthcare associated *E. coli* bacteraemia total for the rolling year January to December 2025 = 709. HCAI yearly aim is 612.

In the most recently reported National ARHAI Data (Q3-2025) the HCAI ECB rate for NHSGGC was 42.9 which is within the control limits and below the national rate of 43.2. There were 56 healthcare associated ECB cases in November and 51 in December 2025. Aim is 51 cases or less per month.

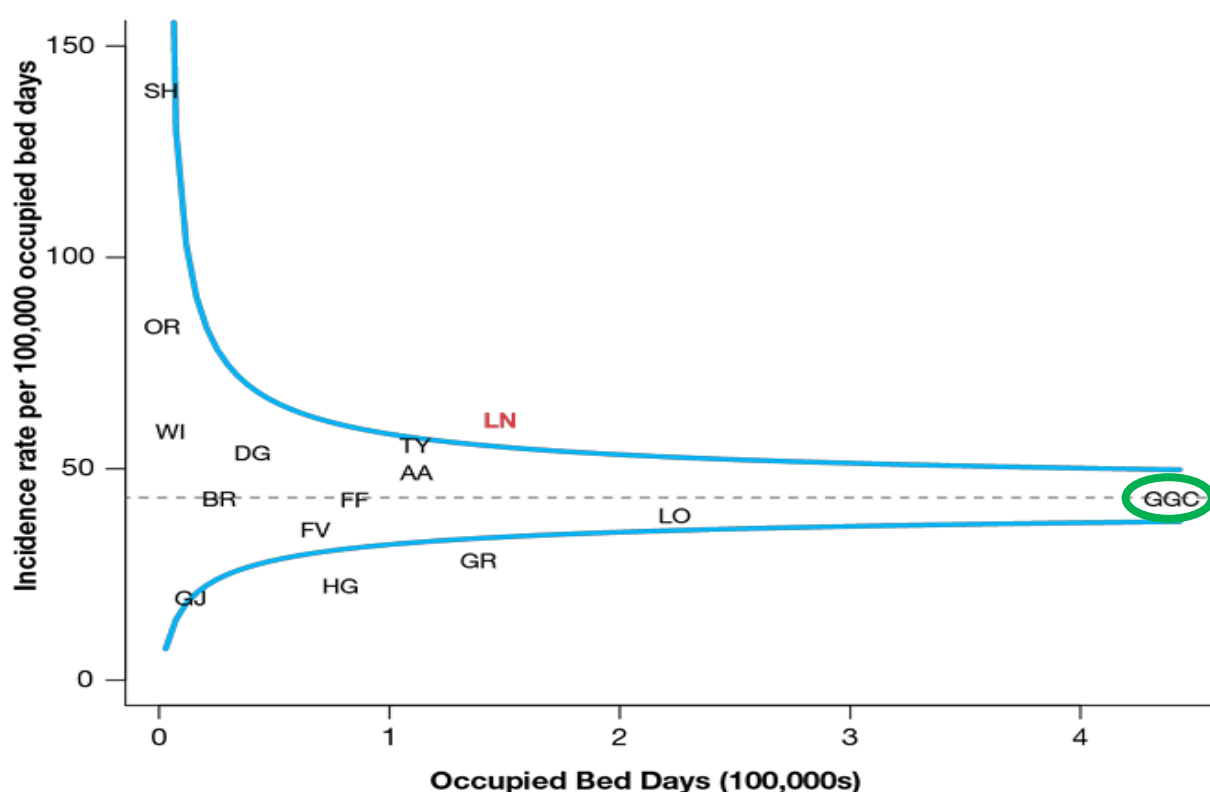
Enhanced surveillance of ECB continues and is prospectively available to view by clinicians on Microstrategy, however, teams across GGC continue to monitor and implement improvements.

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.

ARHAI Validated Q3 (July to September 2025) funnel plot – HCAI ECB cases



Rate: **42.9** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 43.2.

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

	November 2025	December 2025	Monthly Aim
*Healthcare	18	24	21
Community	2	7	-
Total	20	31	-

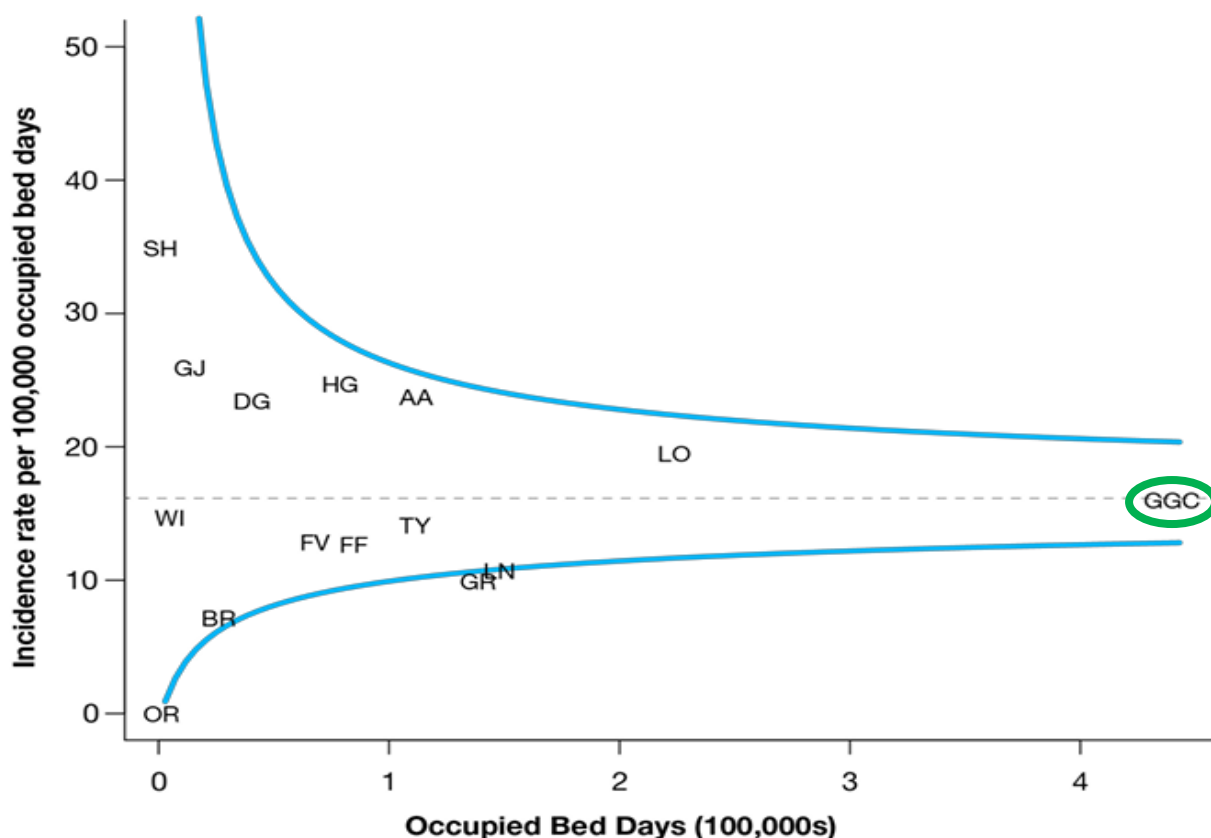
*Healthcare associated infections are the cases which are included in the SG reduction target.

Healthcare associated *Clostridioides difficile* total for the rolling year November to December 2025 = 228. HCAI yearly aim is 252.

In the most recently reported National ARHAI Data (Q3-2025) the HCAI CDI rate for NHSGGC was 16 which is within the control limits and below the national rate of 16.1. There were 18 healthcare associated CDI cases in November and 24 in December 2025. The aim is 21 or less per month.

The CDI HCAI figures remained below average for three months following an increase in August 2025, however, they have increased slightly again in December 2025 but continue to be within control limits.

ARHAI Validated Q3 (July to September 2025) funnel plot – HCAI CDI cases



Rate: 16 per 100,000 OBDs.

NHSGGC rate is below the NHS Scotland national rate of 16.1.

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

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

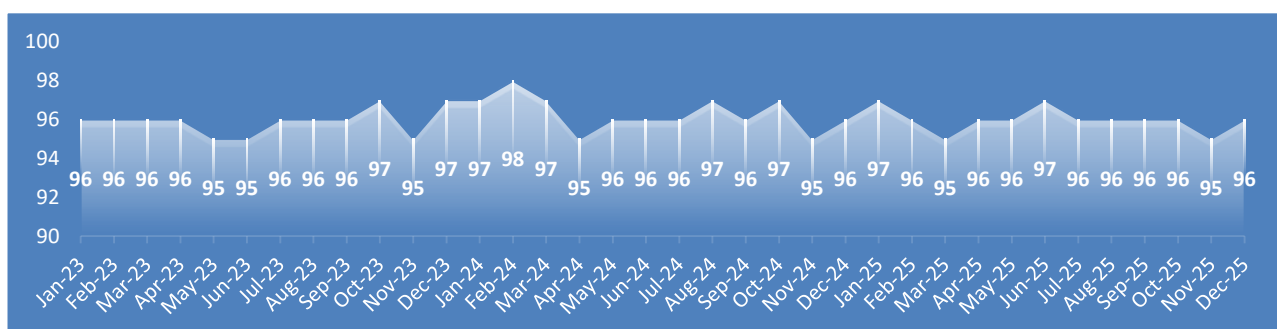
NHS GGC Hand Hygiene (HH) Monitoring Compliance (%)

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	November 2025 %	December 2025 %
Glasgow Royal Infirmary/Princess Royal Maternity	91	94
Gartnavel General Hospital/Beaton Oncology Centre	95	98
Inverclyde Royal Hospital	97	97
Queen Elizabeth University Hospital	94	96
Royal Alexandra Hospital	92	91
Royal Hospital for Children	92	90
Vale of Leven Hospital	99	99
NHSGGC Total	95	96



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

Area/Sector/HSCP	December 2025
Acute	87.3%
Clyde Sector	87.9%
Diagnostics Directorate	89.0%
North Sector	86.3%
Regional Services	88.9%
South Sector	87.4%
Women & Children's	84.9%
Partnership	89.0%

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

Estates compliance:		
Hospital site	November 2025 %	December 2025 %
Glasgow Royal Infirmary	87	86
Gartnavel General Hospital	97	98
Inverclyde Royal Hospital	91	93
Queen Elizabeth University Hospital	96	96
Royal Alexandra Hospital	95	94
Royal Hospital for Children	96	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 12th February 2026; the most recent meeting took place on 18th December 2025.

The ongoing review of the work plan aims to ensure alignment with current objectives and priorities. Two new workstreams; Patient Placement and Cleaning Near Patient Equipment, are now operational, and flash reports are being received from Children's and Maternity Services. The Terms of Reference and Communication Plan for the Network have been updated and are tabled for approval at the next meeting.

The Network continues to champion Quality Improvement Training and support the Vascular Access Device (VAD) education Short Life Working Group.

Approval was granted for Board-wide implementation of Posiflush (pre-filled saline syringes).

A festive edition of the IPCQIN newsletter was published in December via Staffnet and internal distribution lists. It can also be accessed via the link: [The Infection Prevention and Control Quality Improvement Network Newsletter \(IPCQIN\)](#). Members are encouraged to contribute content for the upcoming newsletter, focusing on new workstreams and success stories, with the 14th edition due for publication in February 2026.

The SharePoint site will continue to support programme management and collaboration across the network.

Outbreaks or Incidents in November and December 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**.

BOARD OFFICIAL

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 November and 2 in December 2025.

HIIAT **AMBER** - reported 9 in November and 8 in December 2025.

HIIAT **RED** – reported 3 in November and 2 in December 2025.

(COVID-19 and Influenza Incidents (tables below) 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 or outbreaks that were HIIAT assessed as **AMBER** or **RED** in November and December 2025.

Greater Glasgow and Clyde COVID-19 Incidents:

During November and December 2025, there were **four** 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	
COVID-19 (RED HIIAT)	0

The following tables provide a breakdown of the **AMBER** COVID-19 ward closures in November and December 2025.

November 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	3	24/11/25	02/12/25	8	5	AMBER
NG	GRI	39	24/11/25	12/12/25	18	13	AMBER
NG	GRI	38	27/11/25	11/12/25	14	4	AMBER
Total					40	22	

December 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
NG	Lightburn	4	03/12/25	14/12/25	11	2	AMBER
Total					11	2	

Greater Glasgow and Clyde Influenza Incidents:

During November and December 2025, there were **18** outbreaks of Influenza A which scored either **AMBER** (13) or **RED** (5).

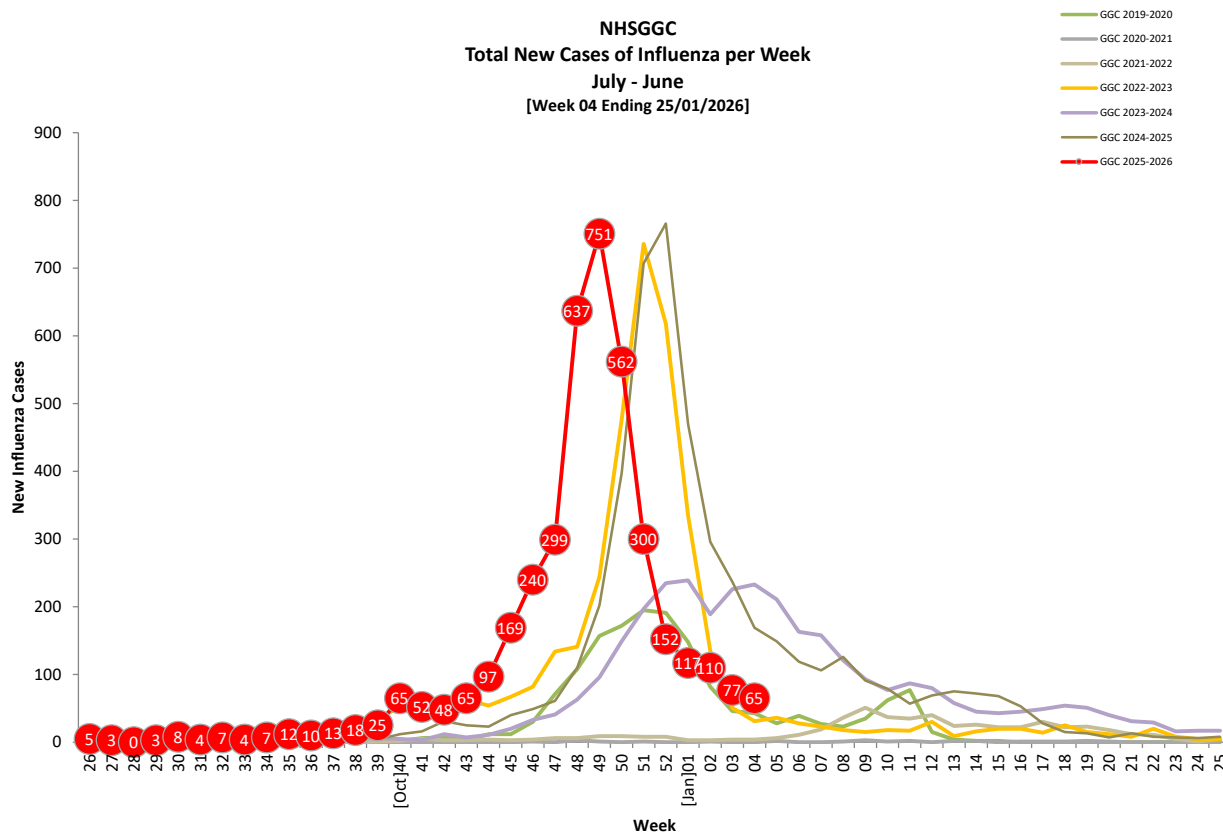
Site	GRI	GGH	QEUH	Lightburn
Influenza (RED HIIAT)	2	1	1	1

The following tables provide a breakdown of the **AMBER** or **RED** Influenza ward closures in November and December 2025:

November 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	7	25/11/25	29/11/25	4	2	AMBER
CLY	RAH	10	28/11/25	03/12/25	5	5	AMBER
NG	GRI	28	03/11/25	08/11/25	5	3	AMBER
NG	GRI	17/31	24/11/25	02/12/25	8	4	AMBER
NG	Lightburn	2 (male side)	25/11/25	30/11/25	5	3	RED
NG	GRI	18	27/11/25	04/12/25	7	2	RED
SG	QEUH	10A	25/11/25	30/11/25	5	10	RED
SG	QEUH	10B	27/11/25	30/11/25	3	5	AMBER
SG	QEUH	10C	28/11/25	30/11/25	2	6	AMBER
Total					44	40	

December 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAT	29	29/12/25	03/01/26	5	5	AMBER
NG	GRI	8	01/12/25	13/12/25	12	5	RED
NG	GRI	26	01/12/25	06/12/25	5	2	AMBER
NG	GRI	29	03/12/25	09/12/25	6	2	AMBER
NG	GRI	9	08/12/25	20/12/25	12	12	AMBER
NG	GRI	11	13/12/25	19/12/25	6	2	AMBER
REG	Leverndale	6	09/12/25	14/12/25	5	4	AMBER
SG	GGH	6C	01/12/25	09/12/25	8	8	RED
SG	QEUH	56	04/12/25	13/12/25	9	10	AMBER
Total					68	50	

Influenza cases have been monitored on a weekly bases and the figure below shows the number of new cases from July 2025 to the time of reporting:



Healthcare Improvement Scotland (HIS)

An unannounced follow-up inspection at GGH on 25th November 2025 reviewed the 2023 requirements: safe storage of medicines, cleaning products, and hand hygiene. The only concern was inconsistent hand hygiene among staff groups, though overall improvement was noted since the last inspection.

The IPCT has planned the following actions to address improvements required in hand hygiene practices:

- Throughout December 2025, the local IPCT provided each ward with a copy of the Hand Hygiene Toolbox Talk when conducting routine weekly/monthly ward visits.
- During December, the local Hand Hygiene Coordinator conducted audits across all inpatient wards over a two-week span. A site report summarising audit scores, frequent non-compliance areas, and suggested improvements was created and distributed to ward and department managers. The audit is scheduled to be repeated in January 2026, at which time an updated report will be issued.
- The IPCT have provided two hand hygiene videos to all ward and department managers. These were shared with staff, who were encouraged to take time to view them.

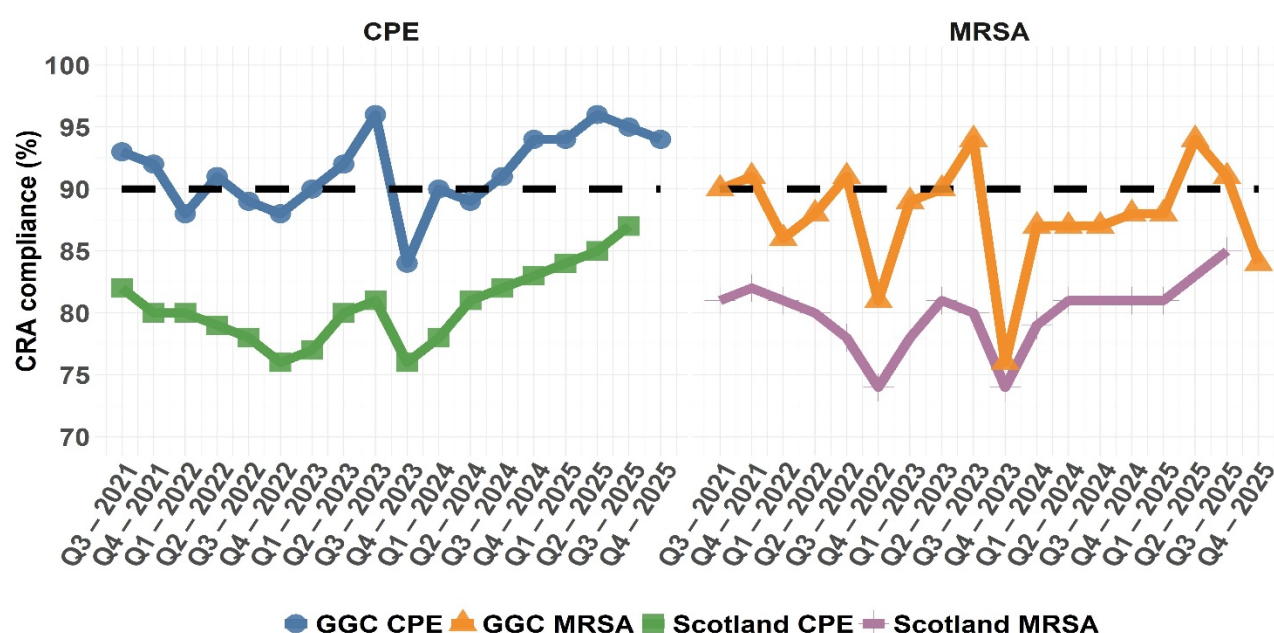
[NHSGGC - Infection Control, 5 Moments of Hand Hygiene](#)
[Hand Hygiene: What is stopping you? on Vimeo](#)

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, however early local data for Q4 show that the MRSA target has not been achieved. 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.



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%
Local data quarter 4 October - December 2025		NHSGGC 94% compliance rate for CPE screening	TBC
		NHSGGC 84% 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. MRSA screening compliance will be a focus during routine ward visits during the early months of 2026.