

NHS Greater Glasgow and Clyde	Paper No. 26/114
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 August 2026
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for May and June 2026
Sponsoring Director/Manager:	Professor Angela Wallace, Executive Director of Nursing
Report Author:	Mrs Sandra Devine, Director for Infection Prevention and Control

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 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. These standards are expected to remain interim pending an update from the Scottish Government on the recommendations for the future of national surveillance priorities.
- In the most recently reported National ARHAI Data (Q1-2026) the HCAI SAB rate for NHSGGC was 18.6 which is within the control limits and below the national rate of 18.9. There were 22 healthcare associated SAB cases reported in May and 30 in June 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 (Q1-2026) the HCAI ECB rate for NHSGGC was 37.7 which is within the control limits and below the national rate of 39.5. There were 63 healthcare associated ECB cases in May and 77 in June 2026. Aim is 51 cases or less per month.
- In the most recently reported National ARHAI Data (Q1-2026) the HCAI CDI rate for NHSGGC was 14.3 which is within the control limits but above the national rate of

13.9. There were 23 healthcare associated CDI cases in May and 24 in June 2026. The aim is 21 or less per month.

- The following link is the ARHAI report for the period of January to March 2026. 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 \(Q1\) 2026 | National Services Scotland](#).
- 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 90% compliance standard for Q1 was achieved for CPE but not for MRSA across NHS GGC.
- The Board's cleaning compliance and Estates compliance are $\geq 95\%$ for May and June 2026.
- The 16th edition of the IPCQIN newsletter ([Click here](#)) was published on 2nd July 2026. In this issue, there is a continued emphasis on targeted quality improvement and staff engagement, with a spotlight on key areas including Bare Below the Elbows in Mental Health and Commode Cleaning improvement work in Clyde. These examples demonstrate how teams are using audit findings, staff feedback and quality improvement approaches to address variation in practice and strengthen IPC standards at the point of care.

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 (PICSIG)
- 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 (PICSIG)
- 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 paper prepared: 10 August 2026

Date paper issued: 19 August 2026

Healthcare Associated Infection Report Template (HAIRT) Summary

Angela Wallace

Executive Nurse Director

May and June 2026

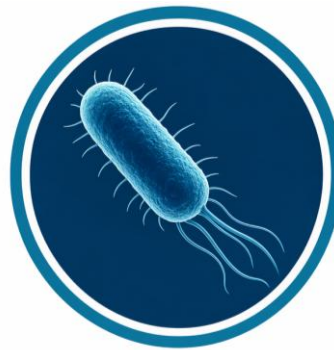


Healthcare Associated Infection Report Template (HAIRT)

Summary – May and June 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* infection (CDI). Other available indicators are included for assurance.





HAI Performance Overview – ARHAI Data Q1-2026

HCAI SAB Rate

NHSGGC Rate **18.6** per
100,000 OBDs

Status: Within control limits
and below national rate of 18.9

May-26: **22** | Jun-26: **30** | Aim:
<26 cases or less per month

HCAI ECB Rate

NHSGGC Rate **37.7** per
100,000 OBDs

Status: Within control limits
and below national rate 39.5

May-26: **63** | Jun-26: **77** | Aim:
<51 cases or less per month

HCAI CDI Rate

NHSGGC Rate **14.3** per
100,000 OBDs

Status: Within control limits
and above national rate 13.9

May-26: **23** | Jun-26: **24** | Aim:
<21 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 following link is the ARHAI report for the period of January to March 2026. 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 \(Q1\) 2026 | National Services Scotland.](#)

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. These standards are expected to remain interim pending an update from the Scottish Government on the recommendations for the future of national surveillance priorities.

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	May 2026	June 2026	Status towards SGHAI from April 2025
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	22	30	Aim is 26 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	23	24	Aim is 21 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	63	77	Aim is 51 per month
Hospital acquired IV access device (IVAD) associated SAB	6	8	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	10	16	
Hand Hygiene	96	96	
National Cleaning compliance (Board wide)	96	95	
National Estates compliance (Board wide)	96	96	

Staphylococcus aureus bacteraemia (SAB)

Healthcare associated *S. aureus* bacteraemia total for the rolling year July 2025 to June 2026 = 340. HCAI yearly aim is 312.

In the most recently reported National ARHAI Data (Q1-2026) the HCAI SAB rate for NHSGGC was 18.6 which is within the control limits and below the national rate of 18.9. There were 22 healthcare associated SAB cases reported in May and 30 in June 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.

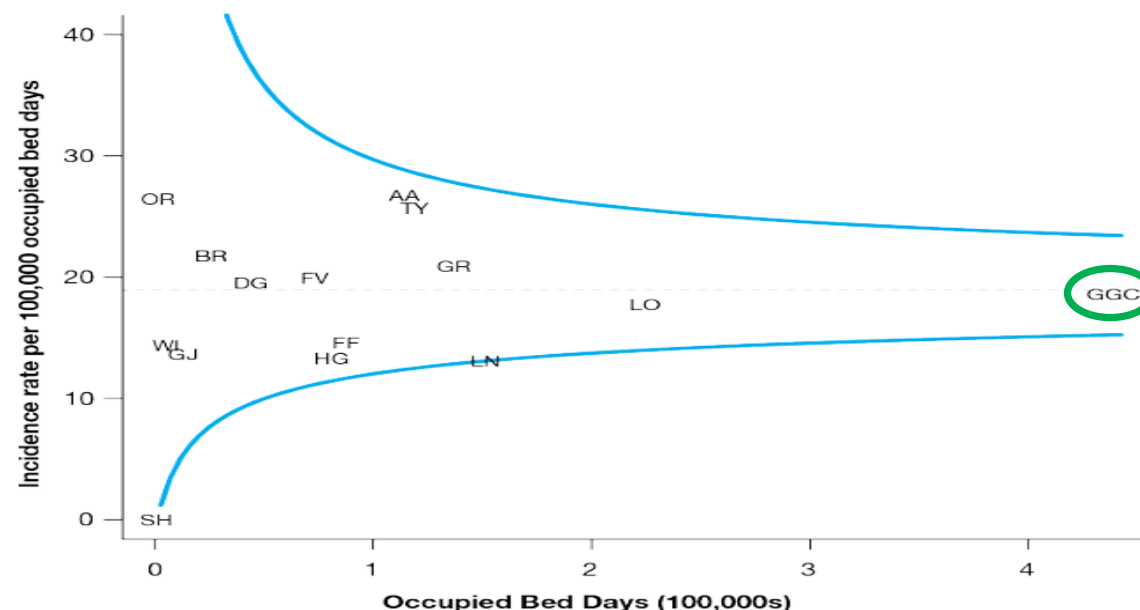
Actions primarily driven by the IPCQIN to reduce cases include:

- 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	May 2026	June 2026	Monthly Aim
Healthcare*	22	30	26
Community	7	8	-
Total	29	38	-

ARHAI Validated Q1 (January to March 2026) funnel plot
HCAI SAB cases



NHSGGC rate of **18.6** per 100,000 OBDs is within the control limits for this quarter and below the national rate of 18.9



Healthcare Associated SAB Cases

Healthcare associated SAB total: rolling year July 2025 to June 2026 = 340. HCAI yearly aim is 312.

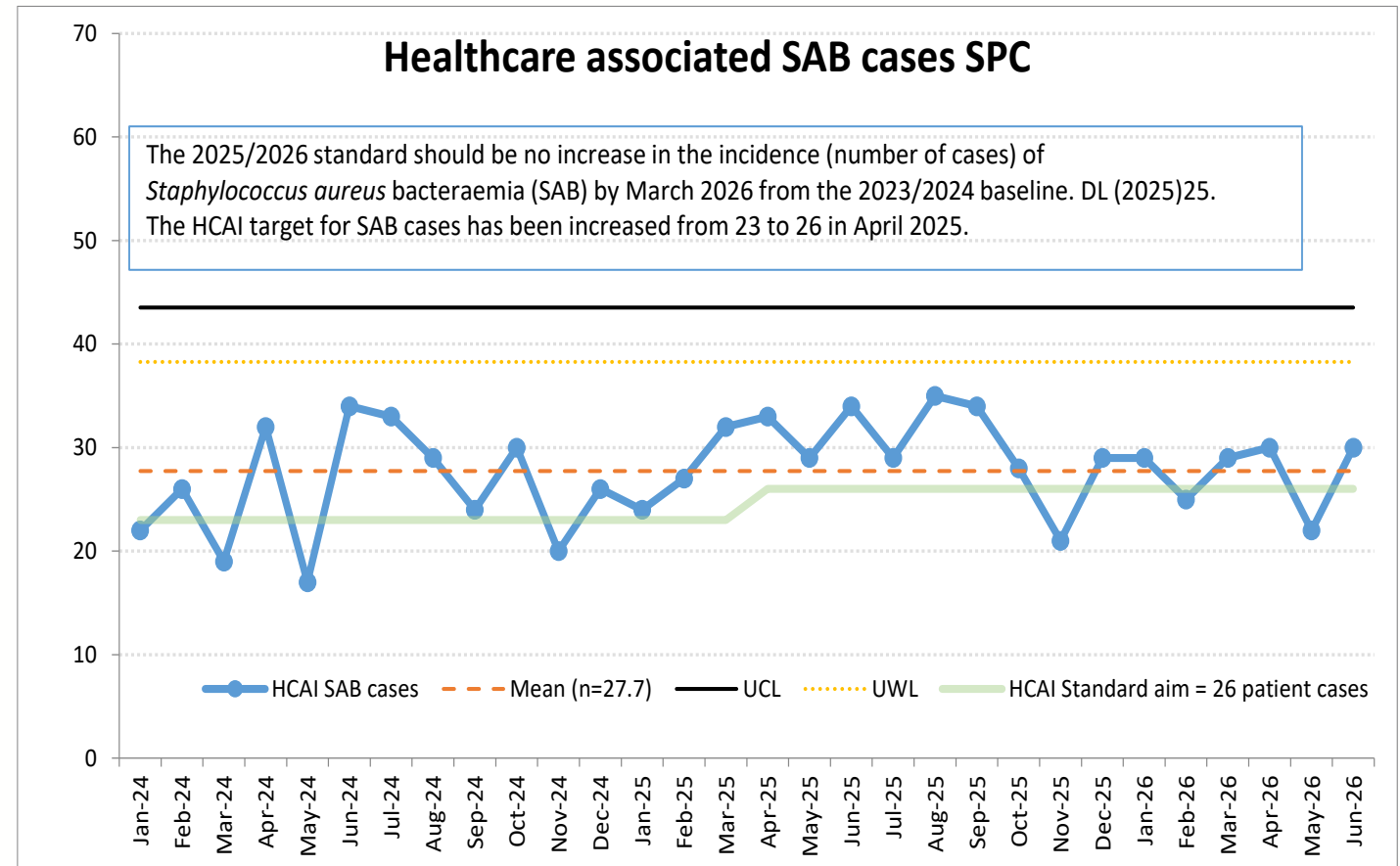
Comment:

This chart is currently in control. Numbers were below the aim in May 2026.

Note

The **GREEN** line indicates the SGHAI. The HCAI standard aim has been increased from 23 to 26 in April 2025 in line with the new DL(2025)25.

Work continues via the IPC Quality Improvement Network to reduce cases.



Escherichia coli Bacteraemia (ECB)

Healthcare associated *E. coli* bacteraemia total for the rolling year July 2025 to June 2026 = 714. HCAI yearly aim is 612.

In the most recently reported National ARHAI Data (Q1-2026) the HCAI ECB rate for NHSGGC was 37.7 which is within the control limits and below the national rate of 39.5. There were 63 healthcare associated ECB cases in May and 77 in June 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. This gives clinical staff real-time information to support decisions about using improvement methods and testing interventions that may help reduce the number of patients with this infection.

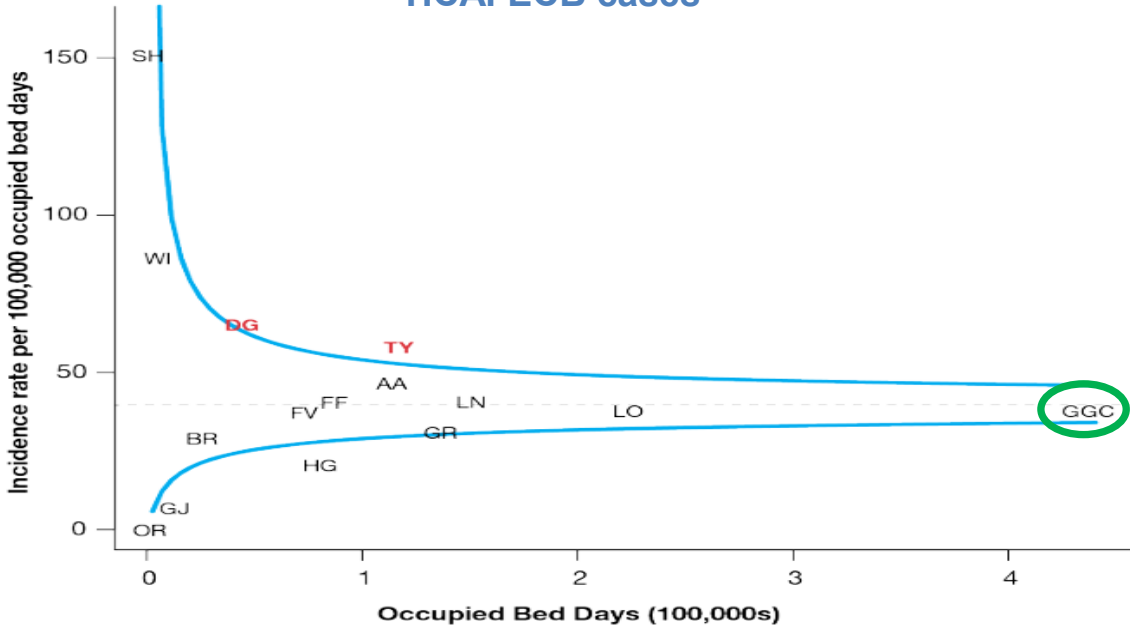
The CAUTI toolbox talk has been reviewed and has been added to the IPC Intranet page.

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)

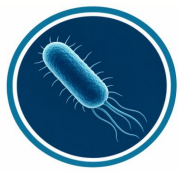
**Healthcare associated are the cases which are included in the SG reduction target.*

ECB Infection Rates	May 2026	June 2026	Monthly Aim
Healthcare*	63	77	51
Community	28	21	-
Total	91	98	-

ARHAI Validated Q1 (January to March 2026) funnel plot
HCAI ECB cases

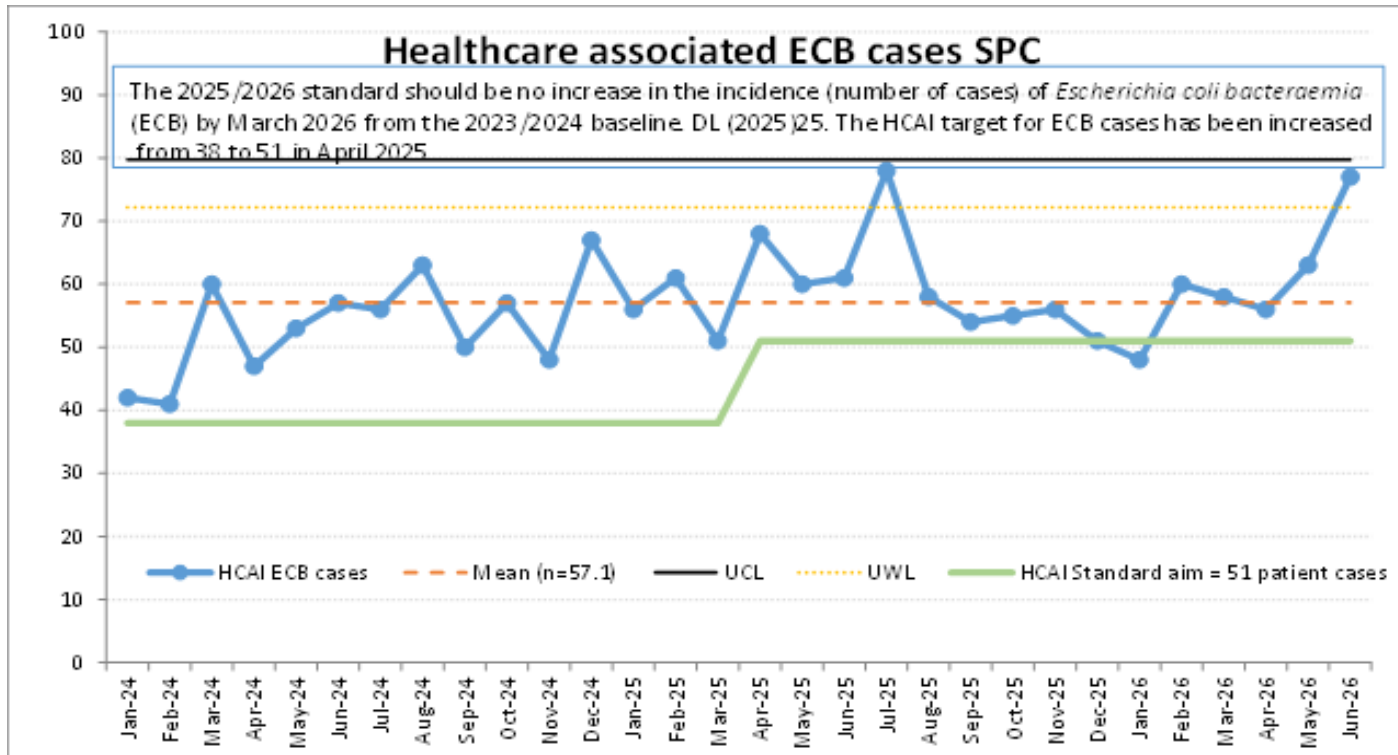


NHSGGC rate of **37.7** per 100,000 OBDs is within the control limits for this quarter and below the national rate of 39.5



Healthcare Associated ECB

Healthcare associated *E. coli* bacteraemia total for the rolling year July 2025 to June 2026 = 714. HCAI yearly aim is 612.



Comment:

Healthcare-associated ECB cases were above the expected range in July 2025. The numbers then fell significantly and stayed below the mean for several months. In May and June 2026, cases rose again.

We continue to monitor ECB closely, and clinicians can view up-to-date information in MicroStrategy. Teams across GGC continue to review the situation and take action if increases are noted, including promoting the CAUTI toolbox talk.

Note:

The HCAI standard aim has been increased from 38 to 51 in April 2025 in line with the new DL(2025)25.

Clostridioides difficile infection (CDI)

Healthcare associated *Clostridioides difficile* total for the rolling year July 2025 to June 2026 = 262. HCAI yearly aim is 252.

In the most recently reported National ARHAI Data (Q1-2026) the HCAI CDI rate for NHSGGC was 14.3 which is within the control limits but above the national rate of 13.9. There were 23 healthcare associated CDI cases in May and 24 in June 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:

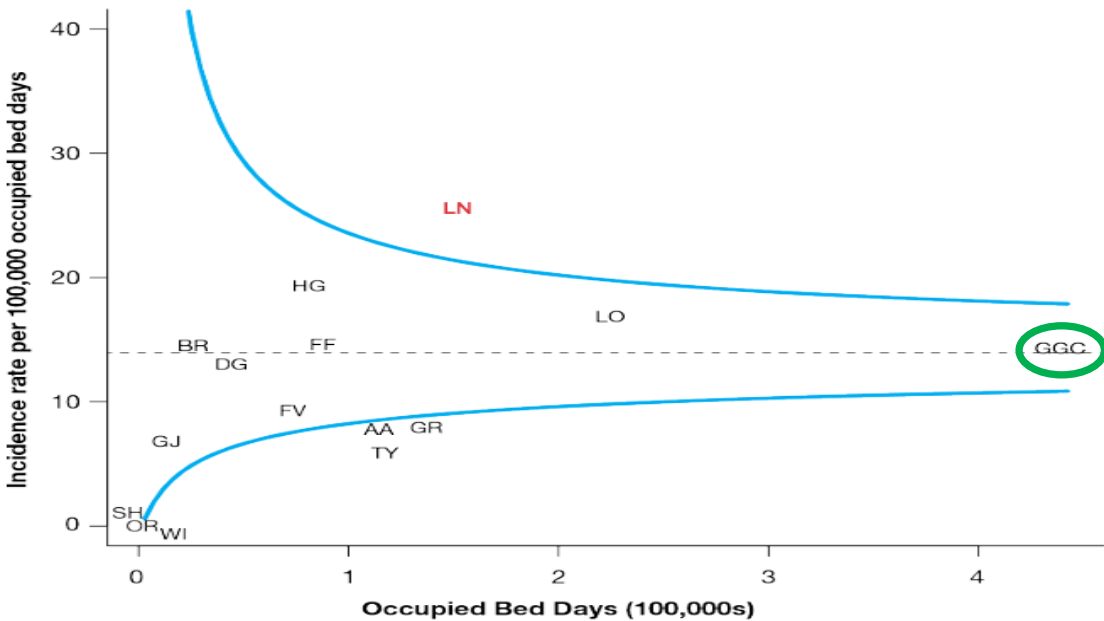
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

There were zero deaths in May 2026 and two deaths in June 2026, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

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

CDI Infection Rates	May 2026	June 2026	Monthly Aim
Healthcare*	23	24	21
Community	3	5	-
Total	26	29	-

ARHAI Validated Q1 (January to March 2026) funnel plot HCAI CDI cases

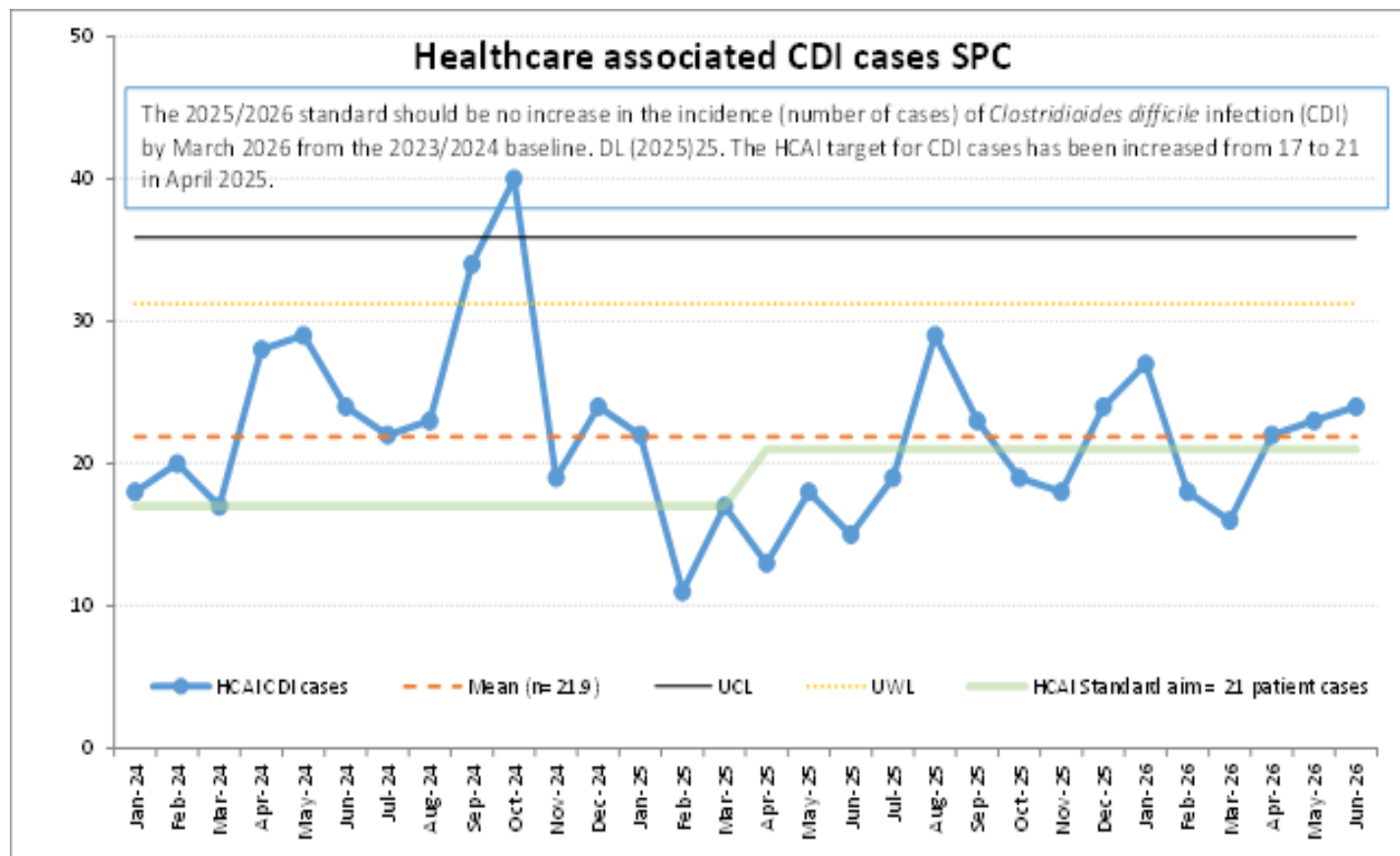


NHSGGC rate of **14.3** per 100,000 OBDs is within the control limits for this quarter but above the national rate of 13.9



Healthcare Associated CDI Cases

Healthcare associated *Clostridioides difficile* total for the rolling year July 2025 to June 2026 = 262. HCAI yearly aim is 252.



Comment:

Although CDI HCAI figures were within control limits and below the mean and target in February and March 2026, they have increased slightly during May and June. IPCT continue to review individual cases, monitor trends over time, and act when required.

In April 2025, the HCAI Standard aim was raised from 17 to 21 to align with the new DL(2025)25.

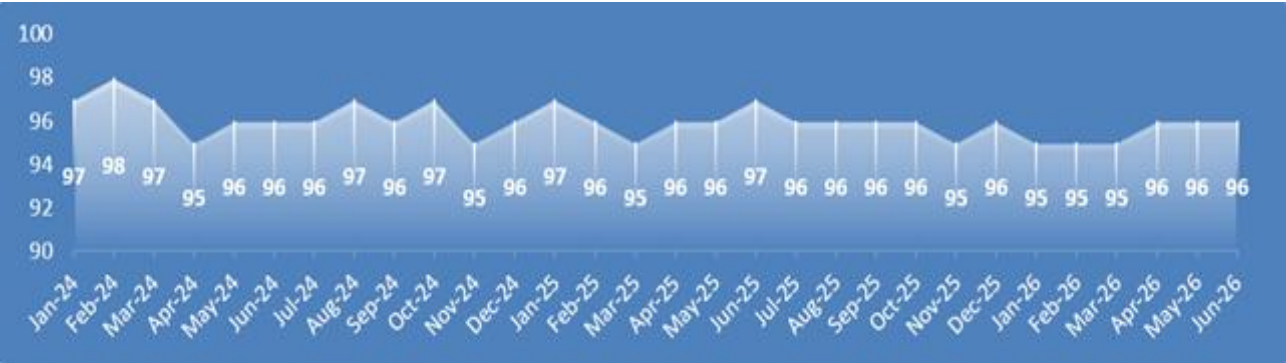
NHS GGC Hand Hygiene (HH) Monitoring Compliance

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	May 2026 %	June 2026 %
Glasgow Royal Infirmary/Princess Royal Maternity	92	93
Gartnavel General Hospital/Beaton Oncology Centre	98	98
Inverclyde Royal Hospital	95	95
Queen Elizabeth University Hospital	94	96
Royal Alexandra Hospital	90	90
Royal Hospital for Children	95	93
Vale of Leven Hospital	99	98
NHSGGC Total	96	96



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

Area/Sector/HSCP	May 2026 %	June 2026 %
Acute	87.5%	87.5%
Clyde Sector	89.5%	89.7%
Diagnostics Directorate	89.9%	89.9%
North Sector	88.4%	89.0%
Regional Services	89.9%	88.9%
South Sector	86.2%	86.0%
Women & Children's	83.0%	82.3%
Partnership	90.6%	90.2%

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	May 2026 %	June 2026 %
Glasgow Royal Infirmary	94	94
Gartnavel General Hospital	95	95
Inverclyde Royal Hospital	95	95
Queen Elizabeth University Hospital	94	94
Royal Alexandra Hospital	95	94
Royal Hospital for Children	95	94
Vale of Leven Hospital	95	96
NHSGGC Total	96	95

Estates Compliance - Hospital Site	May 2026 %	June 2026 %
Glasgow Royal Infirmary	87	85
Gartnavel General Hospital	97	97
Inverclyde Royal Hospital	94	96
Queen Elizabeth University Hospital	97	96
Royal Alexandra Hospital	95	96
Royal Hospital for Children	96	93
Vale of Leven Hospital	98	99
NHSGGC Total	96	96

Infection Prevention and Control Quality Improvement Network (IPCQIN)

The IPCQIN continues to meet bi-monthly, with the most recent meeting held on 11th June 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.

Quality Improvement activity continues to be supported through education, toolbox talks, ward-based engagement and improved communication via SharePoint and newsletters. The 16th issue of the newsletter was published on 2nd July 2026. In this issue, there is a continued emphasis on targeted quality improvement and staff engagement, with a spotlight on key areas including Bare Below the Elbows in Mental Health and Commode Cleaning improvement work in Clyde. These examples demonstrate how teams are using audit findings, staff feedback and quality improvement approaches to address variation in practice and strengthen IPC standards at the point of care.

Outbreaks or Incidents in May and June 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 4 in May and 5 in June 2026.

HIIAT **AMBER** - reported 0 in May and 0 in June 2026.

HIIAT **RED** – reported 1 in May and 1 in June 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 – *Clostridioides difficile* (CDI)

Clostridioides difficile (CDI) infection was identified within a Ward at the QEUH. On review, hypothesis was thought to be potential transmission through in-direct contact via hands or environment/equipment.

Terminal cleaning of the ward was undertaken on 5th May 2026, and patients were isolated with transmission-based precautions (TBPs) in place. Patients were informed of their CDI result and provided with information leaflets. Staff were instructed to observe all patients for loose stools of unknown origin, isolate patients, send urgent specimens for typing, and contact the Infection Prevention and Control Team (IPCT).

SICPs audit was completed on 6th May 2026, scoring 77%, action plan to support improvements was put in place and is now complete. This audit will be repeated in August. Hand hygiene audit on 8th May 2026 showed 100% opportunities taken and 85% compliance. Areas for improvement were identified during audits, and ward provided with Hand Hygiene Toolbox Talk to discuss at the ward's safety briefs and handovers. 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 patients.

The incident was initially HIIAT assessed as **RED** following a patient's death. The patient had been admitted with a two-week history of symptoms, and a specimen was obtained on the day of admission, so the patient's infection was not healthcare associated. It was later downgraded to **GREEN** after control measures were effective and no further cases were identified. Typing was carried out on all but one of the cases and confirmed that these were different strains. The incident closed on 13th May 2026.

Outbreaks or Incidents in May and June 2026 – Continued

RHC, PICU - *Klebsiella pneumoniae*

With support from ARHAI Scotland colleagues, a Problem Assessment Group (PAG) meeting and later an Incident Management Team (IMT) meeting was arranged and reviewed two cases of MDRO *Klebsiella pneumoniae* in RHC PICU. The two patients were in the same bed bay in PICU raising the possibility of patient-to-patient transmission. Both babies were extremely unwell and were felt unlikely to survive their admissions, clinically, their sad passing was a consequence of their underlying illnesses and not the *Klebsiella*. A third case who had association with the same bed bay was identified, then included in the incident. Typing showed that the three *Klebsiella pneumoniae* isolates were of the same strain, suggesting probable transmission.

During the investigation, *Stenotrophomonas* was found in 2 patients with *Klebsiella* and in 2 other children linked to the same bed bay. Of the 4 *Stenotrophomonas* isolates, 3 were available for typing, and each was different (unique).

Environmental investigations, including water sampling, did not identify an environmental source. Potential transmission routes considered included contaminated hands, shared equipment, and more recently ventilators and humidifiers, after review of each, no definitive source was identified.

A range of control measures have been implemented, including terminal cleaning and HPV decontamination of affected areas (routinely done twice per year), enhanced cleaning regimes, reinforcement of transmission-based precautions, hand hygiene audits & SICPs audits. Routine water monitoring, ventilation and drain maintenance/cleaning were already in place and continue. Environmental issues identified during audits, including dust and storage practices have been escalated to the Senior Charge Nurse/lead Nurse and are being addressed through monthly multidisciplinary assurance reviews.

The HIIAT rating was **RED** on 16th June 2026. It was later reduced to **AMBER** on 19th June 2026 and then to **GREEN** on 29th June 2026, before returning to **AMBER** on 2nd July 2026 after the third case of *Klebsiella pneumoniae* was identified. Professional Duty of Candour conversations have been undertaken with the families involved.

A further case of *Klebsiella pneumoniae* was identified in a patient in PICU who had been transferred from another Health Board. This case was not associated with the bay or any of the previous *Klebsiella* cases and has a different antibiogram to the others. The HIIAT assessment for this incident was downgraded to **GREEN** on 16th July 2026. The incident was closed on 27th July 2026.

Healthcare Improvement Scotland (HIS)

There have been no HIS inspections in GGC in May and June 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

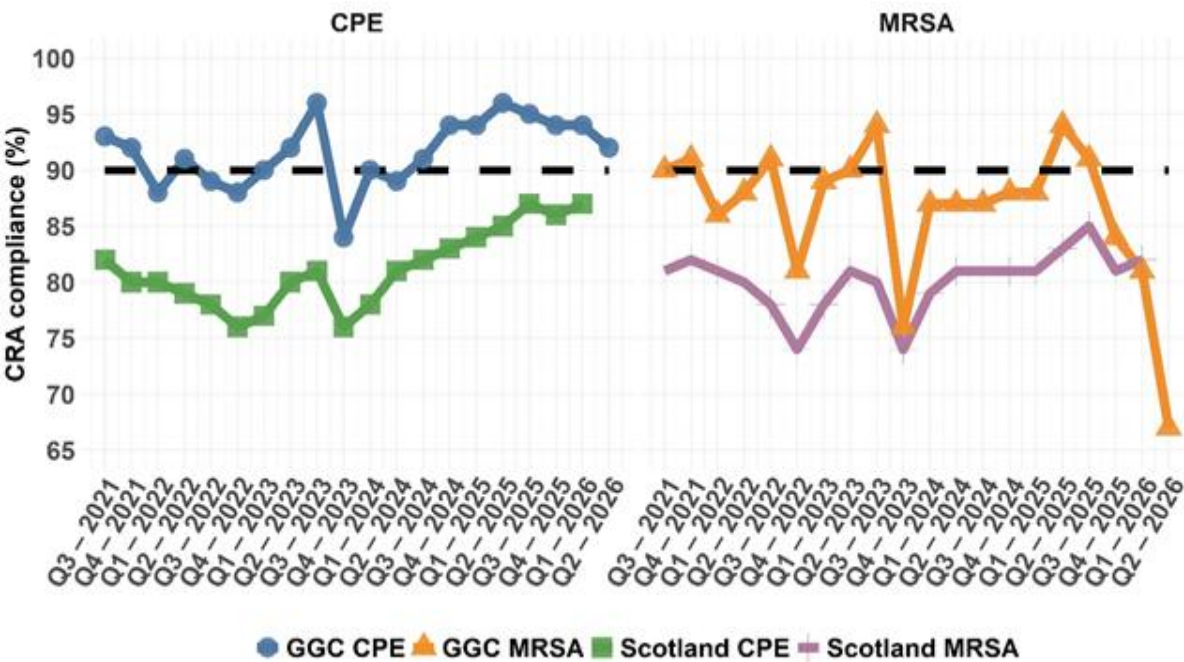
Multi-Drug-Resistant Organism Screening

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 was achieved for CPE but not for MRSA across NHS GGC. Early local data for Q2 indicates that MRSA CRA compliance continues to decline.

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	Scotland 86.9%
		NHSGGC 81.2% compliance rate for MRSA screening	Scotland 81.7%
Local data quarter 2 – April to June 2026		NHSGGC 92% compliance rate for CPE screening	TBC
		NHSGGC 67% compliance rate for MRSA screening	TBC