

NHS Greater Glasgow and Clyde	Paper No. 24/07
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 February 2024
Title:	The Summary Healthcare Associated Infection Reporting Template (HAIRT) for November & December 2023
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1. Purpose

The Healthcare Associated Infection Reporting Template (HAIRT) is a mandatory reporting tool for the Board to have an oversight of the Healthcare Associated Infection targets; *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 & December 2023.

The full HAIRT will now be considered by the Clinical and Care Governance committee on an ongoing basis with a summary report 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 2019-2024 for SAB, CDI and ECB are presented in this report.

The CNOD issued an update on 28th February 2023 which includes an extension to the standards until 2024. Available at:

[https://www.sehd.scot.nhs.uk/dl/DL\(2023\)06.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2023)06.pdf)

- SAB rates remain within expected control limits as demonstrated in the National ARHAI funnel plots. There were 28 healthcare associated SAB reported for November & 31 in December 2023, with the aim being 23 cases

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or less per month. We remain within expected control limits and continue to support improvement locally to reduce rates via the Infection Prevention and Control Quality Improvement Network (IPCQIN) and local SAB Groups. In terms of NHSGGC performance the NHSGGC SAB Incidence rate (14.7) in the most recently published data is below the national rate of 18.1.

- ECB rates remain within expected control limits as demonstrated in the National ARHAI funnel plots. There were 50 healthcare associated ECB in November & 35 in December 2023. Aim is 38 cases or less per month.
- There were 17 healthcare associated CDI in November & 16 in December 2023. Aim is 17 cases or less per month.
CDI rates remain within expected control limits as demonstrated in the National ARHAI funnel plots. The SGHAI standard has therefore been met for this reporting period.
- Clinical Risk Assessment (CRA) compliance was **96%** for CPE and **94%** for MRSA in the last validated reporting quarter (Q3-2023). In Q3 NHS Scotland reported compliance of 81% and 80% respectively. Unvalidated compliance results for quarter 4 indicate that GGC is below 90% for both assessments (84 & 76% respectively). IPCT will focus on these targets over the coming weeks to return this rate to previously reported compliance results.

- The following link is the ARHAI report for the period July to September 2023. This report includes information on GGC and NHS Scotland's performance for Quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site Infections in Scotland. [Quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, *Staphylococcus aureus* bacteraemia and Surgical Site Infection in Scotland. July to September \(Q3\) 2023 | National Services Scotland \(nhs.scot\)](https://www.nhs.uk/england/quarterly-epidemiological-data-on-clostridioides-difficile-infection-escherichia-coli-bacteraemia-staphylococcus-aureus-bacteraemia-and-surgical-site-infection-in-scotland-july-to-september-q3-2023)
- The Board's cleaning compliance and Estates compliance are $\geq 95\%$ for November & December 2023.

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 Standards on Healthcare Associated Infections and Indicators for SAB, CDI and ECB.
- 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** Positive impact
- **Better Care** Positive impact
- **Better Value** Positive impact
- **Better Workplace** Positive impact
- **Equality & Diversity** Neutral 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 of the full HAIRT following presentation to:

- Partnerships Infection Control Support Group (PICSG)
- Acute Infection Control Committee (AICC)
- Board Infection Control Committee (BICC)

7. Governance Route

The HAIRT Report 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)

The full paper is then shared with the Board Clinical Governance Forum for information and a summary (this paper) is presented at the NHS Board for assurance.

8. Date Prepared & Issued

Date the paper was written: 12/02/2024

Date issued to NHS Board on: 20/02/2024

Healthcare Associated Infection Summary – November & December 2023

The HAIRT Report is the national mandatory reporting tool and is presented every three months to the Clinical and Care Governance Committee 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.

	November 2023	December 2023	Status toward SGHAI (based on trajectory to March 2024)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	28	31	Aim is 23 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	17	16	Aim is 17 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	50	35	Aim is 38 per month
Hospital acquired IV access device (IVAD) associated SAB	9	6	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	11	6	
Hand Hygiene	95	97	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	96	97	

Healthcare Associated Infection (HCAI) Surveillance

NHSGGC has systems in place to monitor key targets and areas for delivery. An electronic HCAI surveillance system and ways of working allow early detection and indication of areas of concern or deteriorating performance.

Staphylococcus aureus bacteraemia (SAB)

	November 2023	December 2023
Total	36	36
*Healthcare	28	31
Community	8	5

Healthcare associated *S. aureus* bacteraemia total for the rolling year January 2023 to December 2023 = 323.

HCAI yearly aim is **280**.

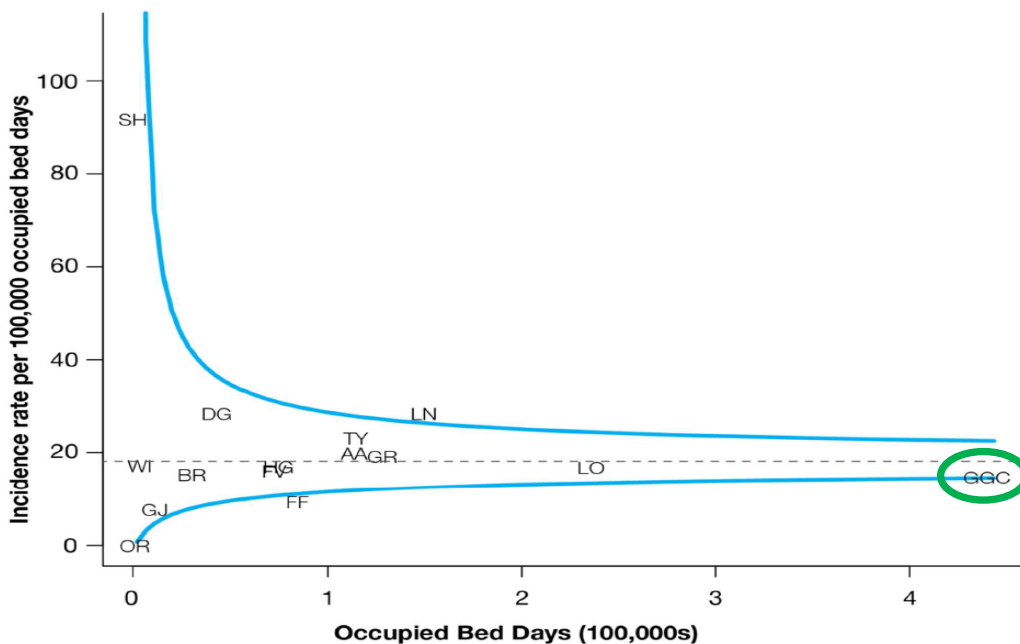
Monthly Aim for Healthcare Associated Infections is 23 patient cases.

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

Comments

- The number of overall SAB cases has been above the established mean for a few months but remains within control limits. Sector SAB groups continue to meet to reduce the burden of SAB and share learning via the Infection Prevention and Control Quality Improvement Network.
- ARHAI validated Q3 data (July- September) places the Board below the National average for this reporting quarter (GGC 14.7, NHS Scotland 18.3).
- In addition to the nationally set targets and mandatory surveillance, in GGC infections from an IVAD caused by *S. aureus* or *E.coli* are investigated fully and reported in the monthly directorate reports and in the quarterly SAB & ECB reports. Data is also shared with the Acute Clinical Governance Group. This data is used to drive improvement in the local SAB groups.
- Information for all acute hospital cases is available in real time on the MicroStrategy IPC dashboard.

ARHAI Validated Q3 (July - September 2023) funnel plot – HCAI SAB cases

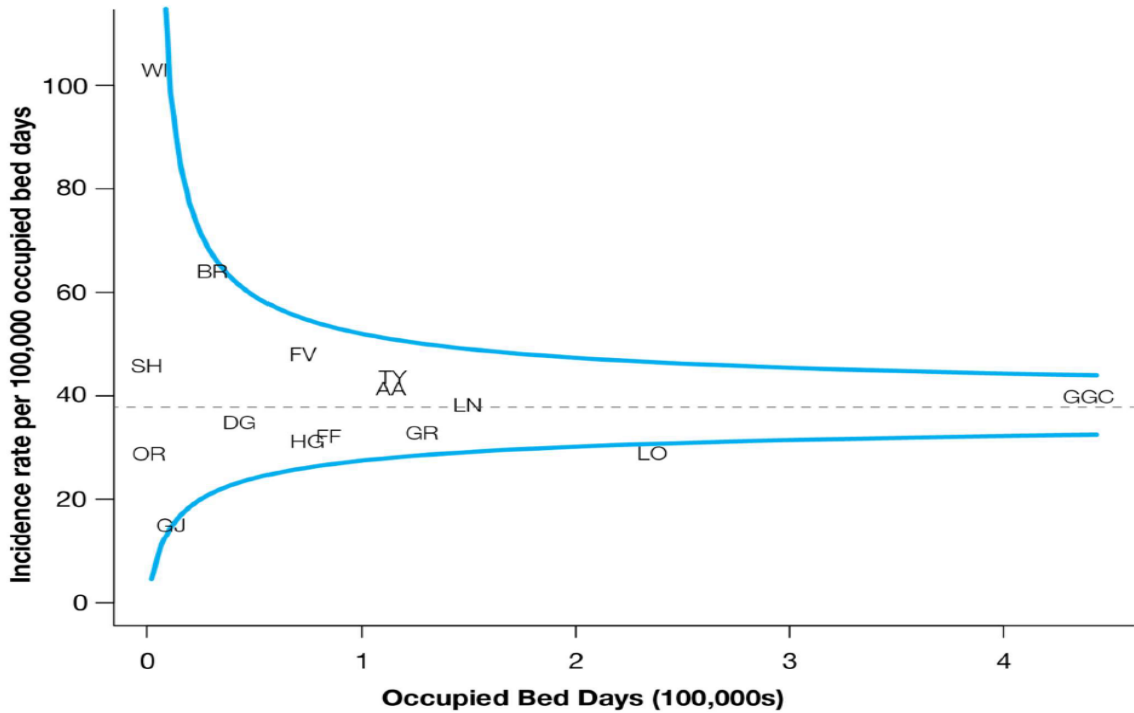


Rate: **14.7** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 18.3. This demonstrates good performance when compared to other boards.

<i>E.coli</i> bacteraemia (ECB)			
	November 2023	December 2023	<p>Healthcare associated <i>E. coli</i> bacteraemia total for the rolling year January 2023 to December 2023 = 627.</p> <p>HCAI yearly aim is 452.</p> <p>*Healthcare associated are the cases which are included in the SG reduction target.</p>
Total	77	71	
Healthcare*	50	35	
Community	27	36	
<p>Monthly Aim for Healthcare Associated Infections is 38 patient cases.</p>			
<p>Comments:</p> <ul style="list-style-type: none"> • There has been a decrease in the overall ECB cases over the past three months and below the established mean level. Teams across GGC continue to monitor and implement improvements, including promoting good urinary catheter care and the use of the urinary catheter care passport. • A work stream has been established in relation to preventing infections associated with urinary catheters. • The HCAI cases had reached the upper control limit in September 2023 but have dropped again to within control limits since and below the SGHAI standard in December 2023. Enhanced surveillance of ECB continues and is prospectively available to view by clinicians on Microstrategy; teams across GGC continue to monitor and implement improvements. • There is variability in monthly community onset cases, however, the chart remains within control limits and below the mean for 3 consecutive months. • 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. <p>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)</p>			

ARHAI Validated Q3 (July – September 2023) funnel plot – HCAI ECB cases



Rate: **39.9** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter however we are slightly above the national incidence rate of 37.8.

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

	November 2023	December 2023
Total	21	22
Healthcare*	17	16
Community	4	6

Healthcare associated *Clostridioides difficile* total for the rolling year January 2023 to December 2023 = 236.

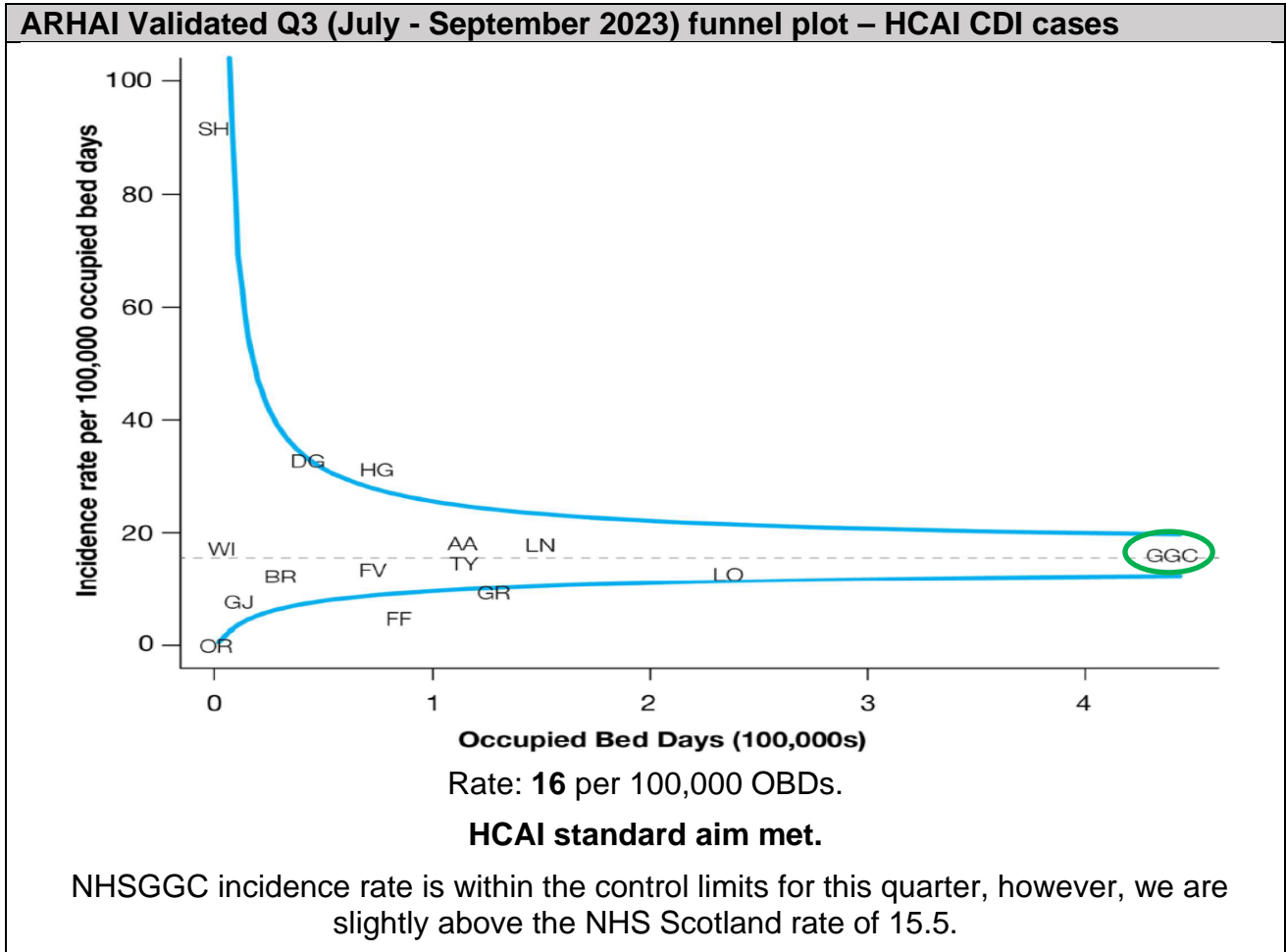
HCAI yearly aim is **204**.

Monthly aim for Healthcare Associated Infection is 17.

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

Comments:

- There had been an increase in cases in June 2023 which was above the chart's upper warning limit, however, since then the numbers have returned to normal levels and were below the mean in November and December 2023. NHSGGC has met the SGHAI standard for both months. The IPCT continue to closely monitor and implement local actions in any areas with higher than expected numbers.
- Community acquired cases within the last two months remain within the chart's control limits. Information on all Acute hospital cases is available on Micro-Strategy.



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

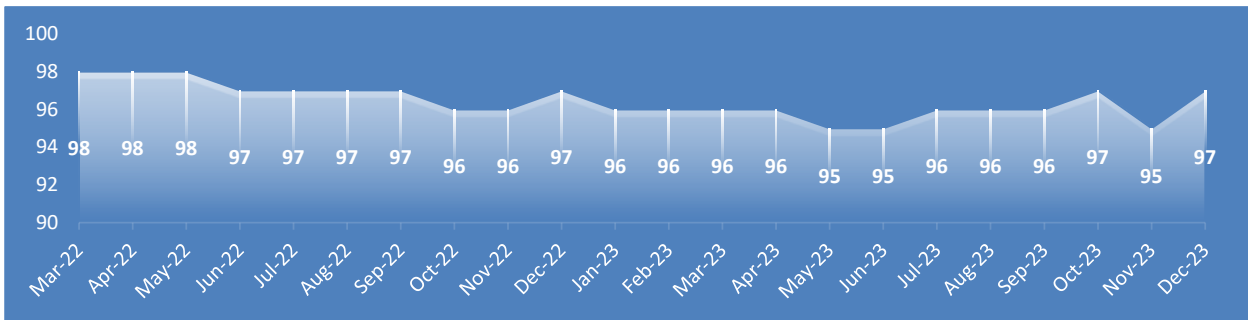
The National Records of Scotland monitor and report on a variety of death causes recorded on the death certificate. Two organisms are monitored and reported; MRSA and *C. difficile*. Please click on the link for further information:

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

There were zero deaths during this period where hospital acquired *Clostridioides difficile* was recorded on the patient’s death certificate.

There were zero deaths during this period 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 undertakes a hand hygiene audit, and the results of these audits are entered onto 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.

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 are scored appropriately and if the score is less than 80%, a re-audit is scheduled. Estates compliance team 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. The process is similar to the cleaning audit. Scores below 80% trigger a re-audit.

Infection Prevention and Control Quality Improvement Network (IPCQIN) Update

The IPCQIN aim is to create the organisational conditions to facilitate and support the reduction of preventable infections associated with healthcare delivery. The IPCQIN continue to meet on a bi-monthly basis, with the last meeting taking place on the 9th January 2024.

A workplan for the network is being drafted from the original project plan and the work streams produce flash reports in order to support assurance and monitoring of project aims and objectives. The three main work streams continue to progress. The sixth issue of the newsletter will be available in February 2024.

The next IPCQIN meeting is scheduled for the 7th March 2024.

Outbreaks or Incidents in November & December 2023

Outbreaks / Incidents

Outbreaks and incidents across NHSGGC are identified primarily through ICNet (surveillance software package), information from microbiology colleagues or clinical area. ICNet automatically identifies clusters of infections of specific organisms based on the requirements in 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.

HIIAT

ARHAI are informed of all incidents and they onward report to the Scottish Government Health and Social Care Directorate (SGHSCD) any that are assessed as amber or red.

HIIAT **GREEN** – reported 4 in November and 7 in December 2023.

HIIAT **AMBER** - reported 8 in November and 16 in December 2023.

HIIAT **RED** – reported 7 in November and 7 in December 2023.

(COVID-19 incidents are now included in the above totals but not reported as incident summaries)

Outbreaks/Incidents (HIIAT assessed as AMBER or RED excluding COVID-19)

GRI, Ward 12 – Respiratory Syncytial Virus (RSV) – HIIAT assessed as AMBER

Five patients were identified to be RSV positive. At the same time, one patient was also COVID positive.

The HIIAT was assessed as **AMBER** on 28th December 2023, then assessed as **GREEN** on 4th January 2024.

Control measures were put in place and Ward 12 was closed to new admissions. New symptomatic patients were screened for RSV by urgent PCR, and all asymptomatic inpatients were monitored for clinical signs and symptoms of RSV. Staff wore PPE as per the NIPCM, and as Ward 12 is naturally ventilated, windows were open as much as possible as thermal comfort allowed. Essential visiting was in place.

As of 4th January 2024, no new positive cases had been identified since 27th December 2023 and the five cases met the stepdown criteria.

GRI, Ward 4 – Influenza A virus– HIIAT assessed as AMBER

Four patients were confirmed as Influenza A positive. One staff member was reported with respiratory symptoms.

The HIIAT was assessed as **AMBER** on 18th December 2023, then assessed as **GREEN** on 27th December 2023.

The ward was closed to new admissions, and the Influenza positive patients were cared for in the Influenza A Hub. All new symptomatic patients had a PCR test. The IPCT advised that positive patients were assessed for anti-viral treatment and the rest of the patients in the ward were assessed for anti-viral prophylaxis.

No further new cases were identified, and the ward reopened on the 24th December 2023, following a terminal clean and curtain change.

Greater Glasgow & Clyde COVID-19 Incidents:

During November & December 2023, there were **44** outbreaks of COVID 19 which scored either **AMBER** (22) or **RED** (14). 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**.

All incidents and outbreaks are reported to ARHAI regardless of the assessment.

Hospital Site	GGH	GRI	IRH	QEUH	RAH
COVID-19 (RED HIIAT)	3	5	3	1	2

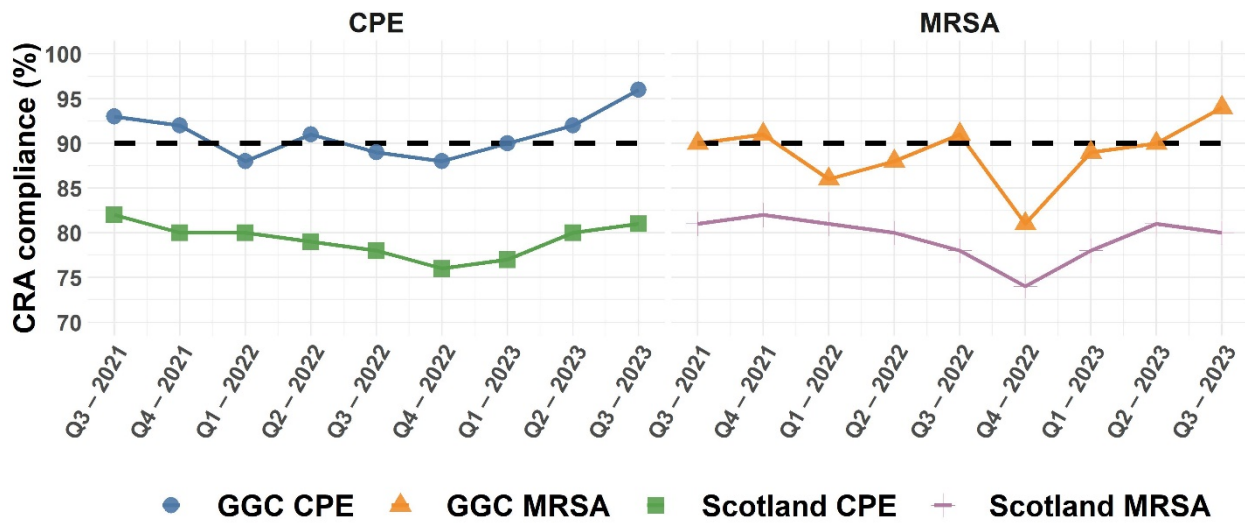
Healthcare Environment Inspectorate (HEI)

No HEI inspections were carried out in November and December 2023. All HEI reports and action plans for previous inspections can be viewed by clicking on the link:

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 Meticillin Resistant *Staphylococcus aureus* (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 along with the local data for Q4. The 90% compliance standard for Q3 has been achieved however local data confirms that this had dipped in Q4.



Last validated quarter		NHSGGC 96% compliance rate for CPE screening	Scotland 80%
July - September 2023		NHSGGC 94% compliance rate for MRSA screening	Scotland 81%
Local data October - December 2023		NHSGGC 84% compliance rate for CPE screening	TBC
		NHSGGC 76% 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. IPCT will focus on local education and feedback in the coming months to recover our position regarding compliance with this standard.