

NHS Greater Glasgow and Clyde	Paper No. 25/54
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 April 2025
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for January and February 2025
Sponsoring Director:	Professor Angela Wallace, Executive Director of Nursing
Report Author:	Mrs Sandra Devine, Director of 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 January and February 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 2019-2024 for SAB, CDI and ECB are presented in this report. Available at: [https://www.sehd.scot.nhs.uk/dl/DL\(2023\)06.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2023)06.pdf).
- In the most recently reported National ARHAI Data (Q4-2024) the HCAI SAB rate for NHSGGC was 17 which is within the control limits and below the national rate of 18.4. There were 24 healthcare associated SAB reported in January and 28 in February 2025, with the aim being 23 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.

BOARD OFFICIAL

- In the most recently reported National ARHAI Data (Q4-2024) the HCAI ECB rate for NHSGGC was 38.7 which is within the control limits but above the national rate of 36.9. There were 56 healthcare associated ECB in January and 60 in February 2025. Aim is 38 or less per month.
- In the most recently reported National ARHAI Data (Q4-2024) the HCAI CDI rate for NHSGGC was 19 which is within the control limits but above the national rate of 18. There were 22 healthcare associated CDI in January and 11 in February 2025. The aim is 17 or less per month.
- The following link is the ARHAI report for the period of October to December 2024. This report includes information on GGC and NHS Scotland's performance for quarterly epidemiological data on *Clostridioides difficile* infection, *Escherichia coli* bacteraemia, and *Staphylococcus aureus* bacteraemia. [Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland. October to December \(Q4\) 2024 | National Services Scotland](#). National SSI surveillance was paused in 2020 and remains paused for the foreseeable future. Local surveillance continues in the following procedures; caesarean section, hip arthroplasty and spinal and cranial surveillance in the INS.
- Clinical Risk Assessment (CRA) compliance was **94%** for CPE and **88%** for MRSA in the last validated reporting quarter (Q4 -2024). The standard is 90%. In Q4, NHS Scotland reported compliance of **83%** and **81%** respectively. IPCT will continue to work towards achieving 90% for MRSA by supporting front line clinical teams through education and improvement initiatives to promote the completion of this assessment.
- The Board's cleaning compliance and Estates compliance are $\geq 95\%$ for January and February 2025.
- The 12th edition of the IPCQIN Newsletter will be published in April 2025, featuring spotlight updates from selected workstreams to promote ongoing improvement efforts and share best practices.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note the content of the HAIRT report.
- Note the performance in respect of the Scottish Government Healthcare Associated Infection Indicators for SAB, ECB and CDI.
- Note the detailed activity in support of the prevention and control of Healthcare Associated Infections.

4. Response Required

This paper is presented for assurance.

5. Impact Assessment

The impact of this paper on NHSGGC's corporate aims, approach to equality and diversity and environmental impact are assessed as follows:

- | | |
|-----------------|------------------------|
| • Better Health | <u>Positive impact</u> |
| • Better Care | <u>Positive impact</u> |

- | | |
|-----------------------------------|-------------------------------|
| • 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

Paper prepared: 17/03/2025

Paper issued: 17/04/2025

Healthcare Associated Infection Summary – January and February 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.

	January 2025	February 2025	Status toward SGHAI (Based on trajectory to March 2024)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	24	28	Aim is 23 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	22	11	Aim is 17 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	56	60	Aim is 38 per month
Hospital acquired IV access device (IVAD) associated SAB	7	7	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	7	8	
Hand Hygiene	97	96	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	97	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)**

	January 2025	February 2025	Monthly Aim
Total	28	30	-
*Healthcare	24	28	23
Community	4	2	-

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

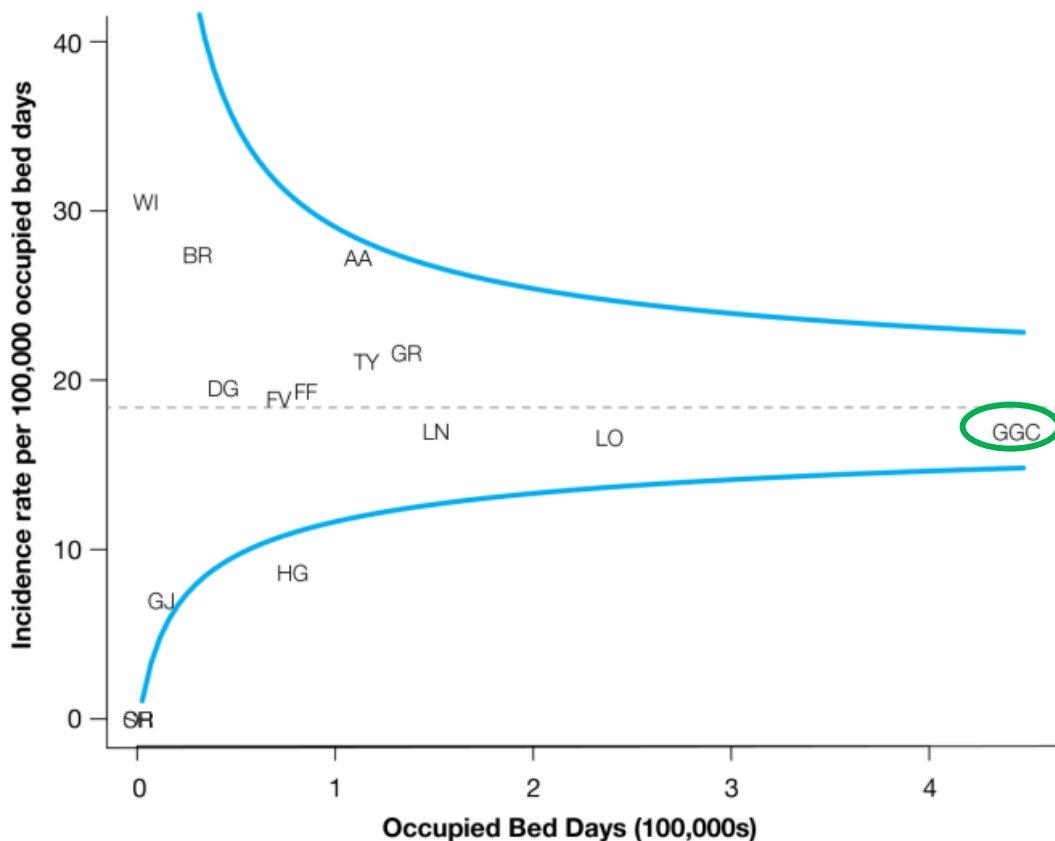
Healthcare associated *S. aureus* bacteraemia total for the rolling year March 2024 to February 2025 = 316. HCAI yearly aim is 280.

In the most recently reported National ARHAI Data (Q4-2024) the HCAI SAB rate for NHSGGC was 17 which is within the control limits and below the national rate of 18.4. There were 24 healthcare associated SAB reported in January and 28 in February 2025, with the aim being 23 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 addition to the nationally set targets and mandatory surveillance, in GGC infections from an IVAD caused by *S. aureus* are investigated fully and reported in the monthly directorate reports and in the quarterly SAB reports. This chart is issued to the Acute Clinical Governance Group to demonstrate infections associated with access devices. This data is used to drive improvement in the Sector SAB groups.

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



Rate: 17 per 100,000 OBDs.

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

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

	January 2025	February 2025	Monthly Aim
Total	92	88	-
*Healthcare	56	60	38
Community	36	28	-

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

Healthcare associated *E. coli* bacteraemia total for the rolling year March 2024 to February 2025 = 674. HCAI yearly aim is 452.

In the most recently reported National ARHAI Data (Q4-2024) the HCAI ECB rate for NHSGGC was 38.7 which is within the control limits but above the national rate of 36.9. There were 56 healthcare associated ECB in January and 60 in February 2025. Aim is 38 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.

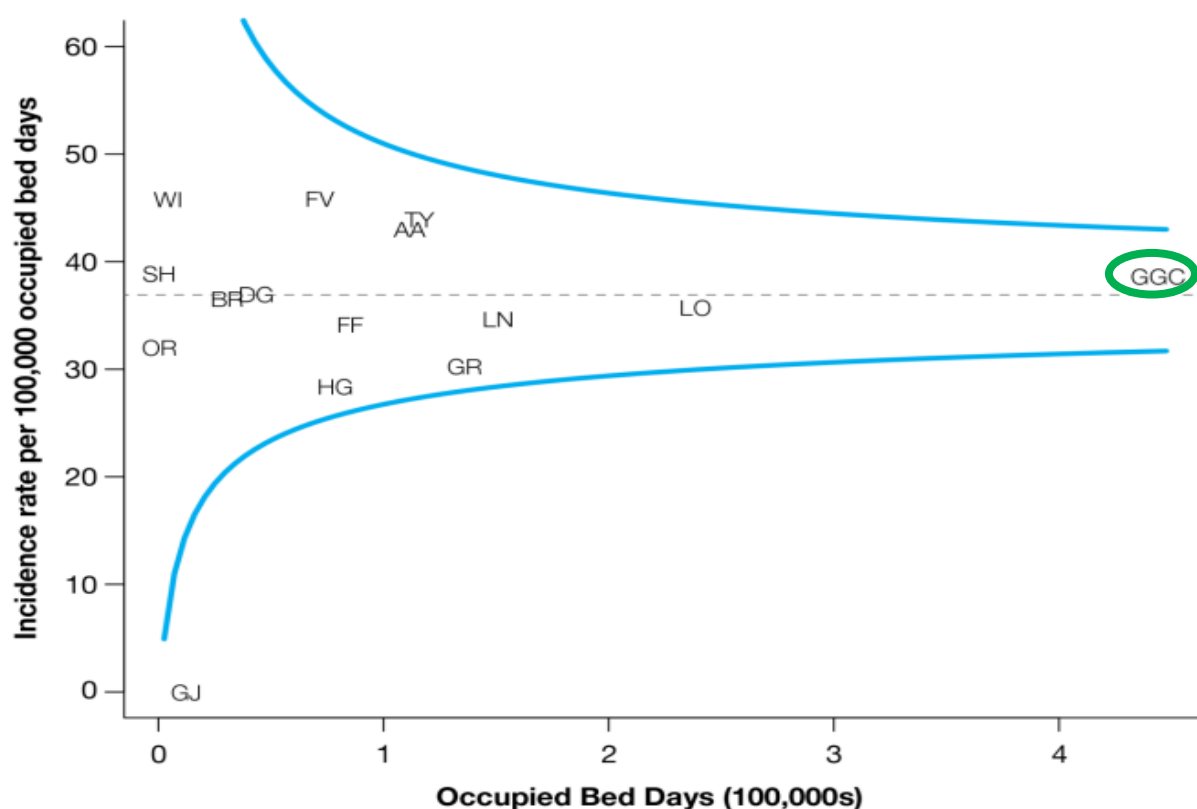
Ward level data of entry point of bacteraemia is available via MicroStrategy. This provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

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.

The HCAI ECB cases associated with urinary catheters continue to remain within the control limits and have been below the mean for 3 months. Local IPCT continues to support the implementation of best practice with regards to this type of device.

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



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

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

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

	January 2025	February 2025	Monthly Aim
Total	27	14	-
*Healthcare	22	11	17
Community	5	3	-

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

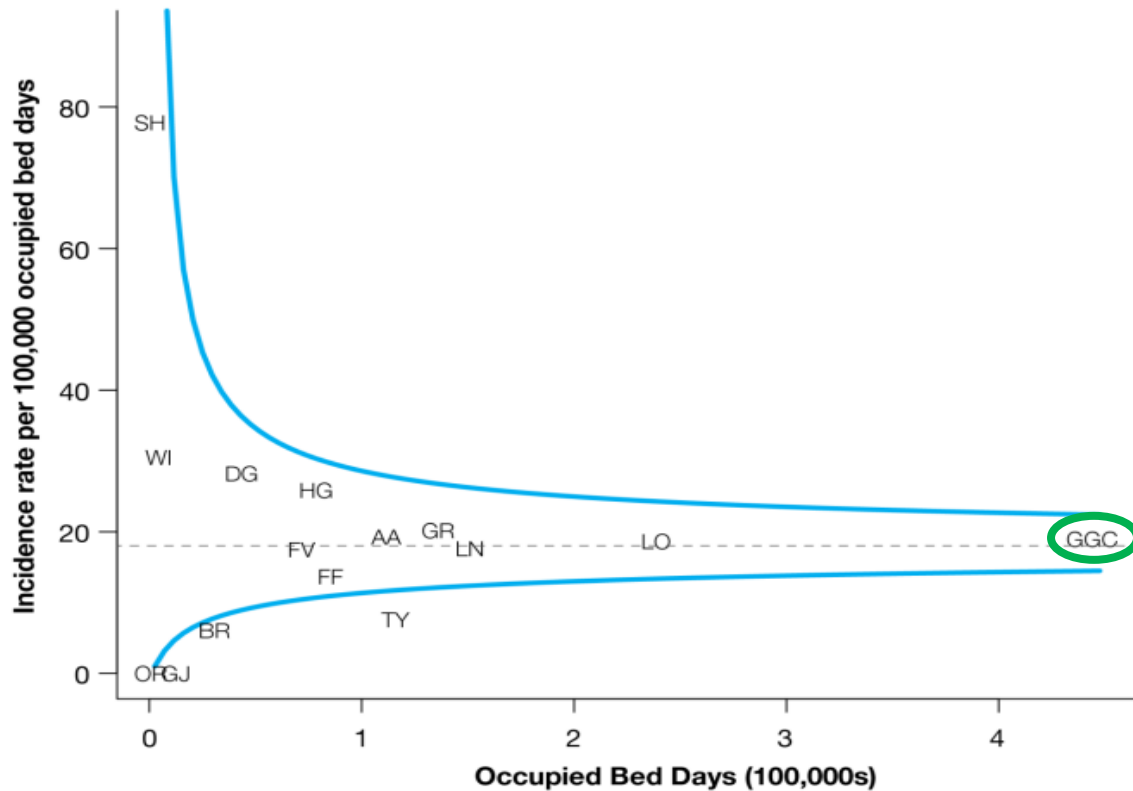
Healthcare associated *Clostridioides difficile* total for the rolling year March 2024 to February 2025 = 293. HCAI yearly aim is 204.

In the most recently reported National ARHAI Data (Q4-2024) the HCAI CDI rate for NHSGGC was 19 which is within the control limits but above the national rate of 18. There were 22 healthcare associated CDI in January and 11 in February 2025. The aim is 17 or less per month.

There had been a sharp increase in the CDI HCAI in recent months and cases had breached the upper control limit in October 2024, however they have decreased again and

currently remain with control limits and below the HCAI Standard Aim in February 2025. IPCT will continue to monitor.

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



Rate: 19 per 100,000 OBDs.

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

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

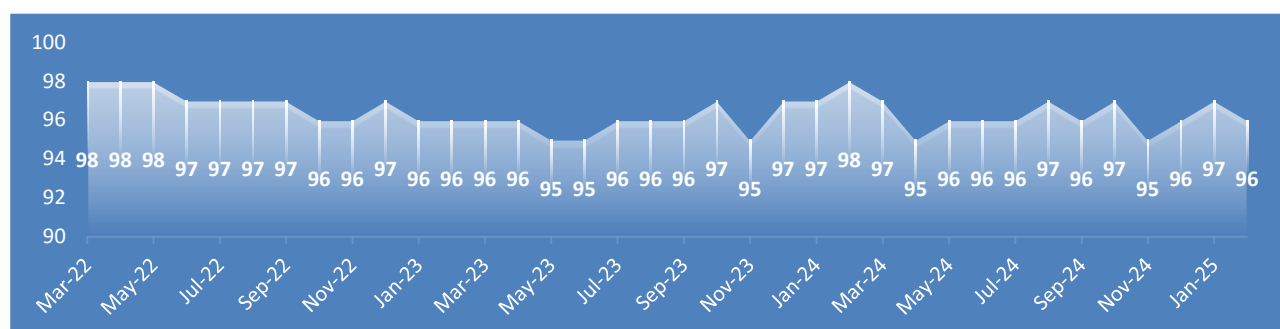
The National Records of Scotland monitor and report on patients cause of death. Two organisms are monitored and reported: MRSA and *C. difficile*. The link below provides further information:

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

There were three deaths in January 2025 and zero in February 2025, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

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

NHS GGC Hand Hygiene Monitoring Compliance (%)



In NHSGGC there is a dedicated Hand Hygiene Coordinator. This colleague supports education, innovation and audit of practice across all areas. Every month each individual clinical area carries out a hand hygiene audit and the results of these are entered into the Care Assurance and Improvement Resource (CAIR) dashboard. This data is reviewed by the coordinator and a series of assurance audits are undertaken in areas with reported high and low compliance. Any areas requiring improvement are identified and supported.

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

Estates compliance:		
Hospital site	January 2025 %	February 2025 %
Glasgow Royal Infirmary	90	92
Gartnavel General Hospital	99	99

BOARD OFFICIAL

Inverclyde Royal Hospital	92	91
Queen Elizabeth University Hospital	97	96
Royal Alexandra Hospital	97	96
Royal Hospital for Children	97	97
Vale of Leven Hospital	99	98
NHSGGC Total	97	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 13th May 2025 - the group last met on 3rd March 2025.

The work plan has been agreed and is a standing agenda item going forward to support development, monitoring and assurance of work stream actions and progress. Work streams continue to take a turn of having a 'spotlight' section on the agenda going forward to update the work plan.

The 11th IPCQIN Newsletter was published in January 2025. The work streams will take turns having a spotlight on the newsletters to promote ongoing improvement work and share good practices. The next newsletter will be a look back on the successes of the last year while highlighting what we plan to achieve in 2025 – due to be published in April 2025.

A Short Life Working Group (SLWG) is being established to support the ongoing work of Vascular Access Device (VAD) education, focusing on communication and the promotion of the e-learning module. More information on this VAD package, Champions, demonstration videos and care plans can be found here: [https://scottish.sharepoint.com/sites/NHSGGCPracticeDevelopment/SitePages/Care-and-Maintenance-of-Vascular-Access-Devices-\(VADs\).aspx](https://scottish.sharepoint.com/sites/NHSGGCPracticeDevelopment/SitePages/Care-and-Maintenance-of-Vascular-Access-Devices-(VADs).aspx)

The Director of Infection Prevention & Control provided updates on the progress of both Near-Patient Equipment and Assessment on Admission work streams.

The 'What Matters to Me' (WMTM) Report 2024 was shared with the group as this meetings spotlight item. Actions being taken forward include IPCT narrated videos with posters to be released in April 2025, a refreshed approach to 2025 and continued staff engagement.

A Catheter-Associated Urinary Tract Infection (CAUTI) sub-group has been established, with membership confirmed from colleagues across the IPCQIN. The CAUTI subgroup were due to meet in March 2025.

An update was shared on the methodology and learning from a 'Visit for Improvement' to Maternity Services which included a multidisciplinary team including Infection Prevention and Control.

BOARD OFFICIAL

The SharePoint site continues to serve as a key resource for program management and document collaboration. Live monitoring of actions and updates is available via the platform.

The main work streams continue to progress and provide flash reports to the group with both Acute and HSCP presenting their latest challenges and progresses. HSCP Leads have been asked to discuss a refreshed approach to sharing IPCQI work being undertaken in Community."

Outbreaks or Incidents in January and February 2025

Outbreaks / Incidents

Outbreaks and incidents across NHSGGC are identified primarily through ICNet (surveillance software package), microbiology colleagues or from the ward. ICNet automatically identifies clusters of infections of specific organisms based on appendix 13 of the National Infection Prevention & Control Manual (NIPCM) to enable timely patient management to prevent any possible spread of infection. The identification of outbreaks is determined following discussion with the Infection Control Doctor/Microbiologist. In the event of a possible or confirmed outbreak/incident, a Problem Assessment Group (PAG) or Incident Management Team (IMT) meeting is held with staff from the area concerned, and actions are implemented to control further infection and transmission.

The ARHAI Healthcare Infection Incident Assessment Tool (HIIAT) is a tool used by the IMT to assess the impact of the outbreak or incident. The tool is a risk assessment and allows the IMT to rate the outbreak/incident as **RED**, **AMBER**, or **GREEN**.

All incidents that are HIIAT assessed are reported to the Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) group.

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

HIIAT **GREEN** – reported 9 in January and 5 in February 2025.

HIIAT **AMBER** - reported 5 in January and 4 in February 2025.

HIIAT **RED** – reported 6 in January and 1 in February 2025.

(COVID-19 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)

There were no outbreaks or incidents reported in January and February 2025.

Greater Glasgow and Clyde COVID-19 Incidents:

During January and February 2025, there was **one** outbreak of COVID-19 which scored **AMBER**. As a precautionary principle, during incidents and outbreaks in GGC, if COVID-

BOARD OFFICIAL

19 appeared on any part of a patient's death certificate, the assessment was considered to be automatically **RED**.

Site	GGC
COVID-19 (RED HIIAT)	0

The following table provides a breakdown of the **AMBER** COVID-19 ward closures in January 2025. There were no **AMBER** or **RED** ward closures related to COVID-19 in February 2025.

January 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	Ward 3	23/01/2025	29/01/2025	6	5	AMBER
Total					6	5	

Greater Glasgow and Clyde Influenza Incidents:

During January and February 2025, there were **fifteen** outbreaks of Influenza A which scored either **AMBER** (8) or **RED** (7).

Site	RAH	GRI	QEUH
Influenza (RED HIIAT)	2	4	1

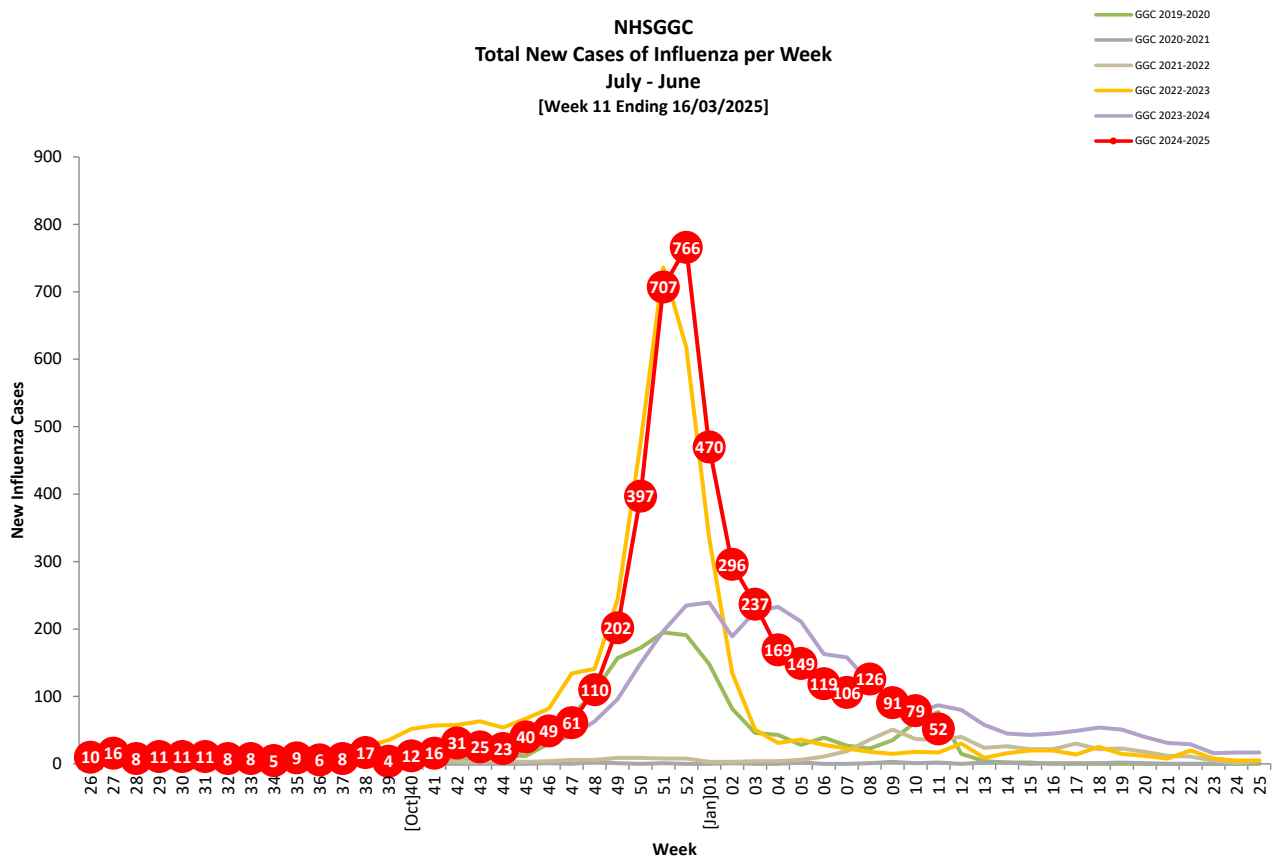
The following tables provide a breakdown of the **AMBER** or **RED** Influenza ward closures in January and February 2025.

January 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	3	02/01/25	04/01/25	2	4	RED
CLY	RAH	11	20/01/25	29/01/25	9	12	RED
NG	Lightburn	3 B side	03/01/25	07/01/25	4	2	AMBER
NG	GRI	30	03/01/25	07/01/25	4	3	RED
NG	GRI	33	06/01/25	10/01/25	4	3	RED
NG	GRI	35	15/01/25	20/01/25	5	3	AMBER
NG	GRI	21	21/01/25	26/01/25	5	4	RED
REG	QEUH	Neuro Rehab Unit	27/01/25	02/02/25	6	7	AMBER
SG	QEUH	52	06/01/25	17/01/25	11	8	RED
SG	QEUH	Vascular Rehab Unit	31/01/25	05/02/25	5	3	AMBER
Total					55	49	

BOARD OFFICIAL

February 2025							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
NG	GRI	18	12/02/25	18/02/25	6	5	RED
NG	GRI	12	14/02/25	19/02/25	5	2	AMBER
NG	GRI	11	14/02/25	23/02/25	9	7	AMBER
NG	GRI	4	18/02/25	26/02/25	8	6	AMBER
NG	GRI	9	21/02/25	26/02/25	5	2	AMBER
Total					33	22	

Influenza cases have been monitored on a weekly basis and the figure below shows the number of new cases from July 2024 to the time of reporting:



Healthcare Improvement Scotland (HIS)

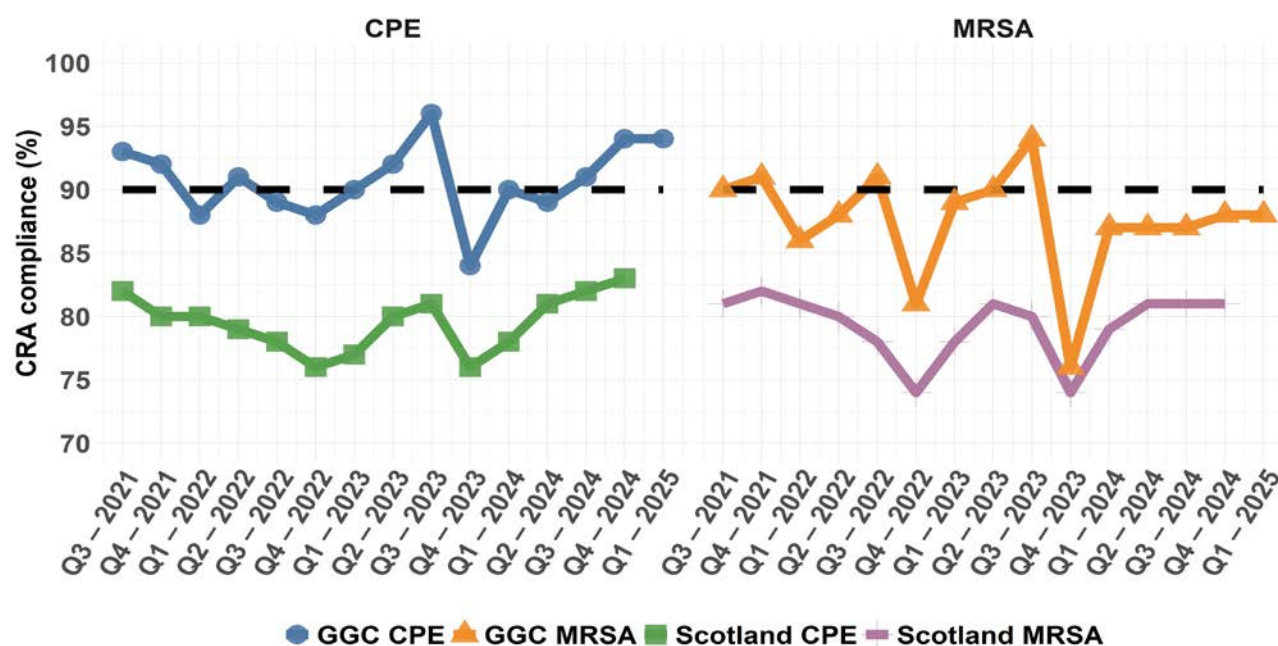
There have been no HIS inspections in GGC in January or February 2025.

All HIS reports and action plans for previous inspections can be viewed by clicking on the link below:

http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services/find_nhs_hospitals.aspx

Multi-drug resistant organism screening

As part of the national mandatory requirements, each board is expected to screen specific patients for resistant organisms. These are Carbapenemase producing Enterobacteriaceae (CPE) and MRSA. The decision to screen depends on the outcome of a clinical risk assessment performed on all admissions. On a quarterly basis we assess compliance of completing this risk assessment to provide assurance of effective screening and this is reported nationally. The national expectation of compliance is **90%** (black dashed line). National data for Q4 has been validated and included. The 90% compliance standard for Q4 has not been achieved for MRSA and continues not to be achieved in the local data for Q1 2025.



Last validated quarter 4 October - December 2024		NHSGGC 94% compliance rate for CPE screening	Scotland 83%
		NHSGGC 88% compliance rate for MRSA screening	Scotland 81%
Local data quarter 1 January - March 2025		NHSGGC 94% compliance rate for CPE screening	TBC
		NHSGGC 88% 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.