

NHS Greater Glasgow and Clyde	Paper No. 24/126
Meeting:	NHS Board
Meeting Date:	29th October 2024
Title:	The Summary Healthcare Associated Infection Reporting Template (HAIRT) for July & August 2024
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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 July and August 2024.

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 (Q2-2024) the HCAI SAB rate for NHSGGC was 18.6 which is within the control limits but above the national rate of 17.3. There were 33 healthcare associated SAB reported in July and 29 in August 2024, 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 the most recently reported National ARHAI Data (Q2-2024) the HCAI ECB rate for NHSGGC was 35.2 which is within the control limits and below the national rate of 39.4. There were 56 healthcare associated ECB in July and 63 in August 2024. Aim is 38 or less per month.
- In the most recently reported National ARHAI Data (Q2-2024) the HCAI CDI rate for NHSGGC was 18.4 which is within the control limits but above the national rate of 17. There were 22 healthcare associated CDI in July and 23 in August 2024. The aim is 17 or less per month.
- The following link is the ARHAI report for the period of April to June 2024. 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. April to June \(Q2\) 2024 | National Services Scotland \(nhs.scot\)](#)

- National SSI surveillance was paused in 2020 and remains paused for the foreseeable future. Scottish Government plans for an e-health solution for IPC surveillance are expected to be implemented no earlier than 2027. Review of the current system of local surveillance is therefore ongoing. To ensure the smooth transition it may be necessary to pause surveillance for a period of one month to confirm that local teams have the correct training and guidance in place to support continuing with caesarean section and hip arthroplasty surveillance. Spinal and cranial surveillance in the INS will continue as before.
- Clinical Risk Assessment (CRA) compliance was **89%** for CPE and **87%** for MRSA in the last validated reporting quarter (Q2 -2024). The standard is 90%. In Q2, NHS Scotland reported compliance of **81%** and **81%** respectively. Unvalidated compliance results for (Q3 – 2024) indicate that GGC compliance is **91%** for CPE and **87%** for MRSA. 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 July and August 2024.
- The 9th edition of the IPCQIN Newsletter was published in October 2024, 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 Standards on Healthcare Associated Infections and 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 and a summary (this paper) is presented at the NHS Board for assurance.

8. Date Prepared & Issued

Date the paper was written: 20/09/2024

Date issued to NHS Board on:

Healthcare Associated Infection Summary – July and August 2024

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.

	July 2024	August 2024	Status toward SGHAI (based on trajectory to March 2024)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	33	29	Aim is 23 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	22	23	Aim is 17 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	56	63	Aim is 38 per month
Hand Hygiene	96	97	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	97	97	

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)**

	July 2024	August 2024	Monthly Aim
Total	40	33	-
*Healthcare	33	29	23
Community	7	4	-

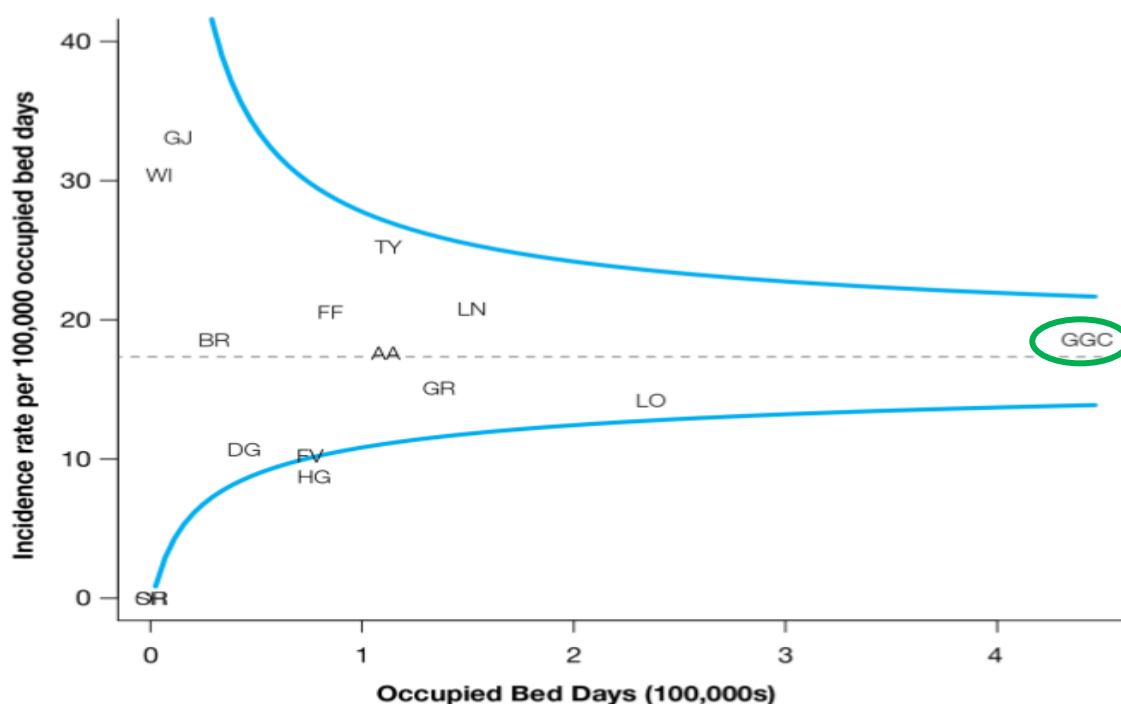
***Healthcare associated are the cases which are included in the SG reduction target.**

Healthcare associated *S. aureus* bacteraemia total for the rolling year September 2023 to August 2024 = 323. HCAI yearly aim is 280.

In the most recently reported National ARHAI Data (Q2-2024) the HCAI SAB rate for NHSGGC was 18.6 which is within the control limits but above the national rate of 17.3. There were 33 healthcare associated SAB reported in July and 29 in August 2024, 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 Q2 (April to June 2024) funnel plot – HCAI SAB cases

Rate: **18.6** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and above the national rate of 17.3.

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

	July 2024	August 2024	Monthly Aim
Total	97	89	-
*Healthcare	56	63	38
Community	41	26	-

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

Healthcare associated *E. coli* bacteraemia total for the rolling year September 2023 to August 2024 = 625. HCAI yearly aim is 452.

There was a slight increase in the overall ECB cases in July 2024, however the number of cases has decreased again in August 2024. Teams across GGC continue to monitor and implement improvements.

In the most recently reported National ARHAI Data (Q2-2024) the HCAI ECB rate for NHSGGC was 35.2 which is within the control limits and below the national rate of 39.4. There were 56 healthcare associated ECB in July and 63 in August 2024. Aim is 38 or less per month.

The HCAI cases increased in August 2024. 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.

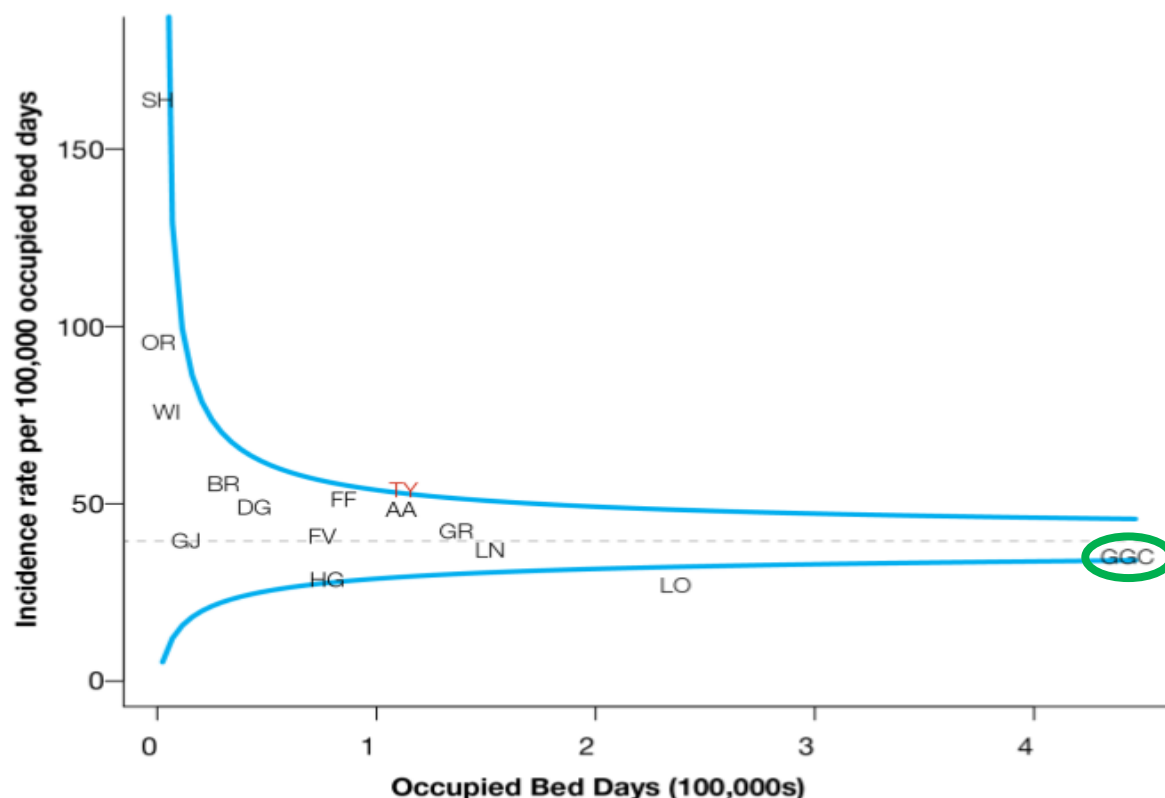
Ward level data of entry point of bacteraemia is available via MicroStrategy. This provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

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 ECB cases associated with urinary catheters continue to remain within the control limits and have decreased in the last two months. Local IPCT continue to support the implementation of best practice with regards to this type of device.

ARHAI Validated Q2 (April to June 2024) funnel plot – HCAI ECB cases



NHSGGC rate is within the control limits for this quarter and below the national rate of 39.4.

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

	July 2024	August 2024	Monthly Aim
Total	27	29	-
*Healthcare	22	23	17
Community	5	6	-

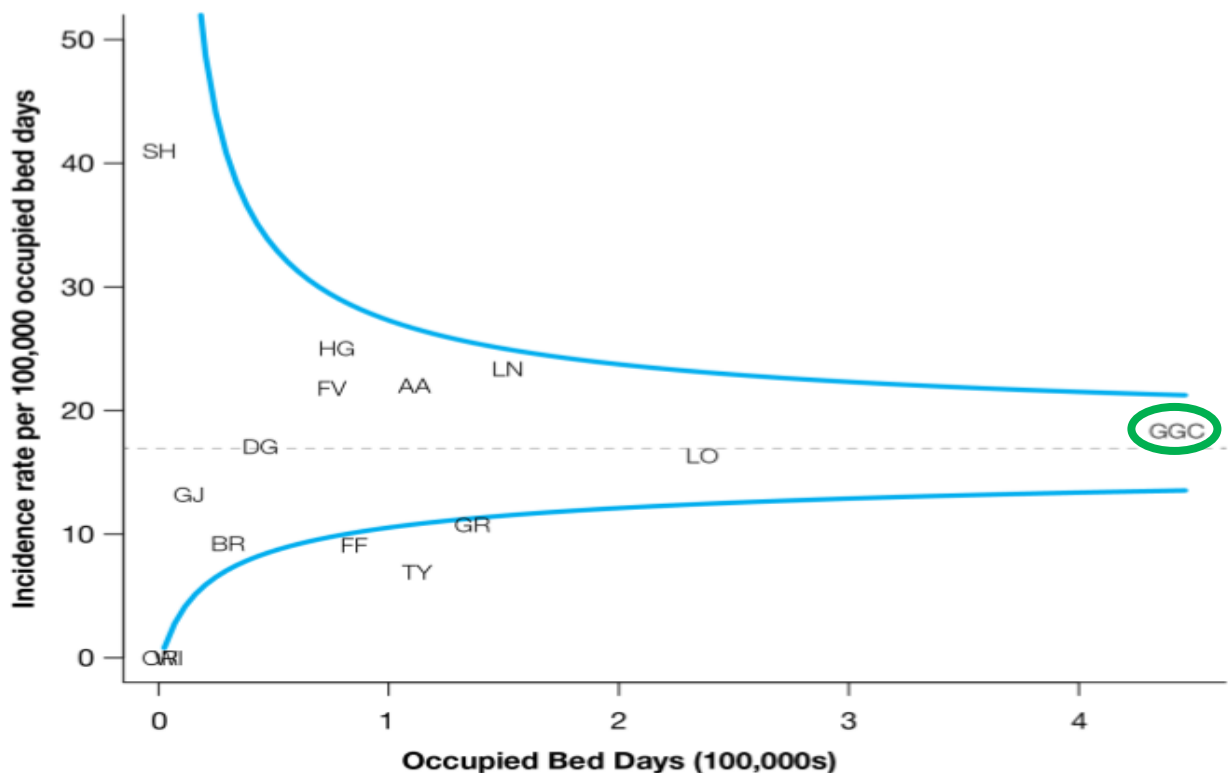
***Healthcare associated** are the cases which are included in the SG reduction target.

Healthcare associated *Clostridioides difficile* total for the rolling year September 2023 to August 2024 = 255. HCAI yearly aim is 204.

The overall ECB Cases remain within control. The IPCT continue to closely monitor and implement local actions in any areas with higher than expected numbers.

In 2024 there has been 6 months where the number of cases identified has been above the mean. IPCT will continue to monitor and are liaising with colleagues in the antimicrobial management team with regards to possible influence of changing antimicrobial prescribing guidance. Anecdotal evidence suggests that there may be some changes to community prescribing which may be influencing this increase and this is being explored by IPCT and the antimicrobial management team.

ARHAI Validated Q2 (April to June 2024) funnel plot – HCAI CDI cases



Rate: 18.4 per 100,000 OBDs.

NHSGGC rate is above the NHS Scotland national rate of 17.

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

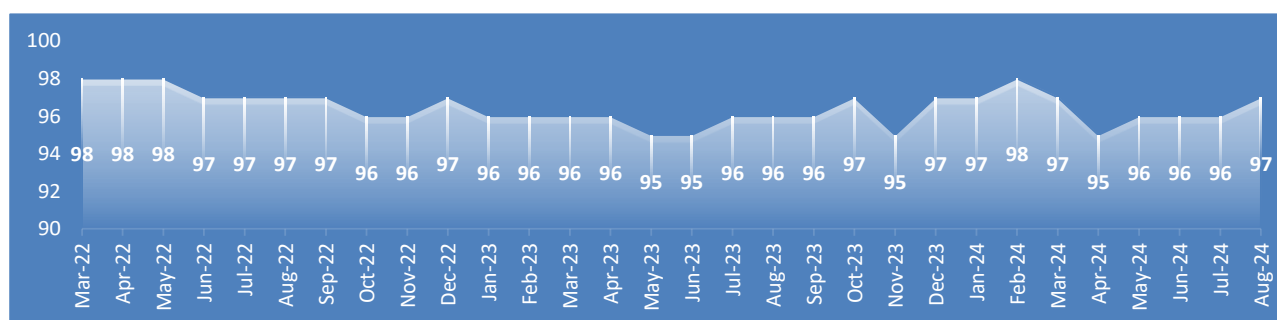
The National Records of Scotland monitor and report on patients cause of death. Two organisms are monitored and reported; MRSA and *C. difficile*. The link below provides further information:

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

There were two deaths in July 2024 and zero deaths in August 2024, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

There were zero deaths in July 2024 and zero in August 2024 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. Similar to the cleaning audit. Scores below 80% trigger a re-audit.

Cleaning compliance:		
Hospital site	July 2024 %	August 2024 %
Glasgow Royal Infirmary	94	94
Gartnavel General Hospital	95	96
Inverclyde Royal Hospital	95	95
Queen Elizabeth University Hospital	94	94
Royal Alexandra Hospital	94	94
Royal Hospital for Children	95	94
Vale of Leven Hospital	95	96
NHSGGC Total	95	95

Estates compliance:		
Hospital site	July 2024 %	August 2024 %
Glasgow Royal Infirmary	89	90
Gartnavel General Hospital	99	99
Inverclyde Royal Hospital	93	92
Queen Elizabeth University Hospital	96	96

Royal Alexandra Hospital	97	98
Royal Hospital for Children	98	98
Vale of Leven Hospital	98	98
NHSGGC Total	97	97

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) Update

The Infection Prevention and Control Quality Improvement Network (IPCQIN) continues to meet on a bi-monthly basis, with the last meeting held on the 4th of September 2024.

The work plan has been agreed and remains a standing agenda item to support the monitoring and assurance of workstream actions and progress. Each workstream will continue to take turns having a 'spotlight' section during meetings to provide updates on the work plan.

The 9th edition of the IPCQIN Newsletter was published in October 2024, featuring spotlight updates from select workstreams to promote ongoing improvement efforts and share best practices. Newsletters will continue to be published every two months. You can access the latest edition of the newsletter [here](#).

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. A collection of training videos, such as "Flushing a Vascular Access Device (VAD)," is being released to further this initiative. One of the videos can be accessed on [YouTube](#).

The proposal for the Measurement Plan and Data Collection tool for Peripheral Venous Catheters (PVC) was shared with the group, and the development of this tool has been approved. This will aid in standardising data capture across teams.

A Catheter-Associated Urinary Tract Infection (CAUTI) sub-group has been established, with membership confirmed from colleagues across the IPCQIN. The first meeting is scheduled to take place on the 27th of September 2024.

"What Matters to Me" Day 2024 data collection is now complete with a focus on PVC devices. MS Forms software was used to collect the data with approximately 150 forms completed. A report is being prepared. HSCP IPC team visited Mental Health wards and discussed staff knowledge in relation to glove use and were able to interact with approximately 50 staff.

The SharePoint site continues to serve as a key resource for programme management and document collaboration. Live monitoring of actions and updates is available via the platform. You can access the IPCQIN SharePoint by clicking [Home](#).

The three main work streams continue to progress and provide flash reports to the group.

The next IPCQIN meeting is scheduled for 5th November 2024.

Outbreaks or Incidents in July and August 2024

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.

HIIAT

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 5 in July and 2 in August 2024.

HIIAT **AMBER** - reported 13 in July and 3 in August 2024.

HIIAT **RED** – reported 4 in July and 1 in August 2024.

(COVID-19 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)

There were no incidents that were HIIAT assessed as red or amber in July and August 2024.

Greater Glasgow and Clyde COVID-19 Incidents:

During July and August 2024, there were **21** outbreaks of COVID-19 which scored either **AMBER** (16) or **RED** (5). 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	GGH	GRI	QEUH	IRH	RAH
COVID-19 (RED HIIAT)	1	1	1	1	1

The following tables provide a breakdown of the **AMBER** or **RED** COVID ward closures in July and August 2024.

July 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	IRH	H South	04/07/24	16/07/24	12	6	RED
CLY	RAH	24	08/07/24	14/07/24	6	12	AMBER
CLY	RAH	14	09/07/24	16/07/24	7	14	RED
CLY	IRH	J South	09/07/24	10/07/24	1	7	AMBER
CLY	IRH	LU2	22/07/24	03/08/24	12	4	AMBER
NG	GRI	19	01/07/24	10/07/24	9	10	AMBER
NG	GRI	35	05/07/24	19/07/24	14	9	AMBER
NG	GRI	39	07/07/24	24/07/24	17	6	AMBER
NG	GRI	4	07/07/24	14/07/24	7	3	AMBER
NG	GRI	8	07/07/24	08/07/24	1	13	AMBER
NG	GRI	9	09/07/24	24/07/24	15	7	AMBER
NG	Lightburn	4 (A side)	09/07/24	24/07/24	15	8	AMBER
NG	GRI	17/31 (31 only)	11/07/24	16/07/24	5	2	AMBER
NG	GRI	23	12/07/24	23/07/24	11	3	AMBER
NG	GRI	20	16/07/24	21/07/24	5	6	AMBER
SG	GGH	2C	01/07/24	09/07/24	8	8	RED
SG	QEUH	55	16/07/24	27/07/24	11	5	RED
Total					200	154	

August 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	15	20/08/24	28/08/24	8	9	AMBER
CLY	IRH	LU2	27/08/24	04/09/24	8	2	AMBER
CLY	VOL	15	27/08/24	04/09/24	8	2	AMBER
NG	GRI	39	26/08/24	08/09/24	13	8	RED
Total					52	29	

Healthcare Improvement Scotland (HIS)

There have been no HIS inspections in GGC in July or August 2024.

The report from the inspections that took place in June 2024 in GRI, that focused on the Safe Delivery of Care, has now been received and can be viewed by clicking the link below:

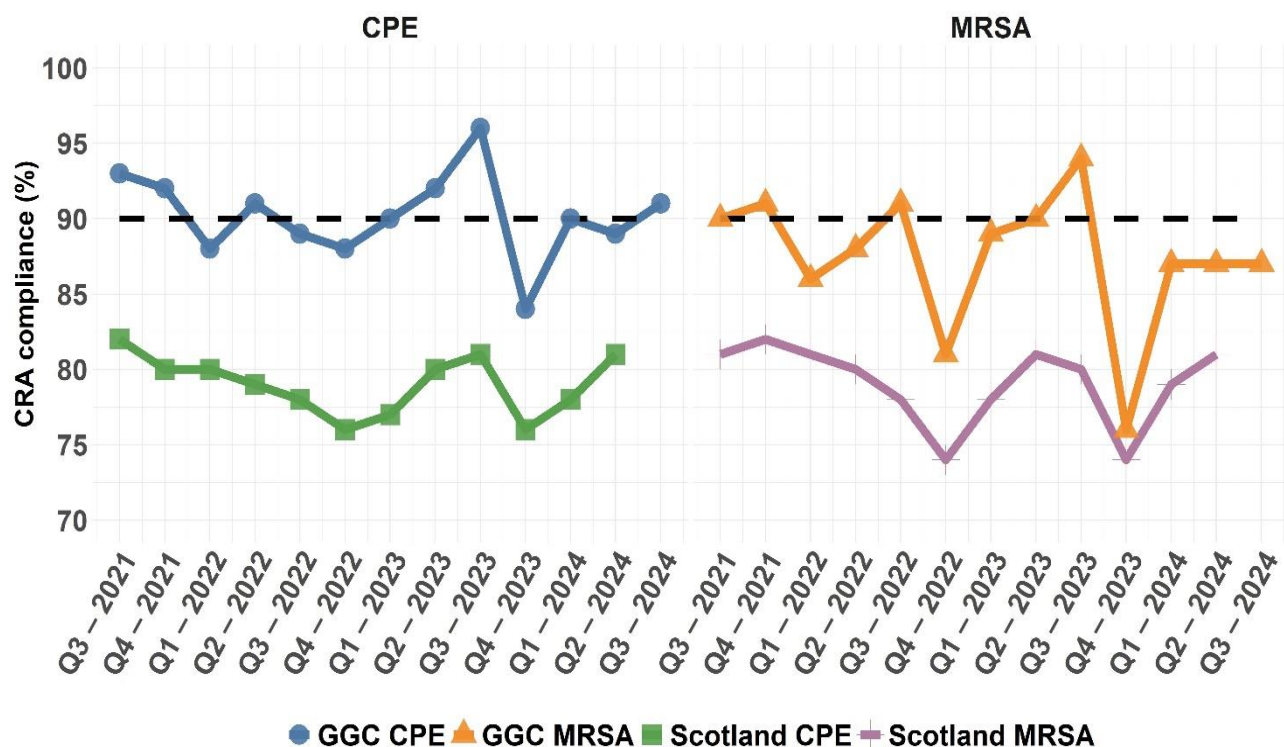
[Glasgow Royal Infirmary – safe delivery of care inspection: September 2024 – Healthcare Improvement Scotland](#)

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 Q2 has been validated and included. The 90% compliance standard for Q2 has not been achieved for both CPE and MRSA, however, local data for Q3 shows that the target was achieved for CPE but not for MRSA.



Last validated quarter 2 April - June 2024		NHSGGC 89% compliance rate for CPE screening	Scotland 81%
		NHSGGC 87% compliance rate for MRSA screening	Scotland 81%
Local data July - September 2024		NHSGGC 91% compliance rate for CPE screening	TBC
		NHSGGC 87% 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.