

NHS Greater Glasgow and Clyde	Paper No. 26/138
Meeting:	NHSGGC Board Meeting
Meeting Date:	29 October 2026
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for July and August 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 purpose of the attached paper is to:

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 July and August 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.

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- In the most recently reported National ARHAI Data (Q2-2026) the HCAI SAB rate for NHSGGC was 18.7 which is within the control limits and below the national rate of 19.3. There were 30 healthcare associated SAB cases reported in July and 44 in August 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 (Q2-2026) the HCAI ECB rate for NHSGGC was 45.2 which is within the control limits and above the national rate of 44.4. There were 74 healthcare associated ECB cases in July and 58 in August 2026. Aim is 51 cases or less per month.
- In the most recently reported National ARHAI Data (Q2-2026) the HCAI CDI rate for NHSGGC was 16.2 which is within the control limits but above the national rate of 15.4. There were 22 healthcare associated CDI cases in July and 22 in August 2026. The aim is 21 or less per month.
- The following link is the ARHAI report for the period of April to June 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. [hai-quarterly-report-q2-2026-full-report.pdf](#)
- Clinical Risk Assessment (CRA) compliance was **92.4%** for CPE and **66.8%** for MRSA in the last validated reporting quarter (Q2 -2026). The standard is 90%. In Q2, NHS Scotland reported compliance of **87.9%** and **80.9%** respectively. The 90% compliance standard for Q2 was achieved for CPE but not for MRSA across NHS GGC.
- The Board's cleaning compliance and Estates compliance are $\geq 95\%$ for July and August 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:

- Improve Outcomes for People Positive impact
- Health Quality Care & Experience Positive impact
- Digital First Approach Neutral impact
- Sustainability and Value Positive impact
- Supported Workforce Neutral impact

6. Engagement & Communications

The issues addressed in this paper were subject to the following engagement and communications activity:

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 on: 30 September 2026

Paper issued on: 21 October 2026

Healthcare Associated Infection Report Template (HAIRT)

Sandra Devine

**Director of Infection Prevention and
Control**

July and August 2026

Healthcare Associated Infection Report Template (HAIRT) – July and August 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 Q2-2026

HCAI SAB Rate	HCAI ECB Rate	HCAI CDI Rate
NHSGGC Rate 18.7 per 100,000 OBDs Status: Within control limits and below national rate of 19.3 July-26: 30 Aug-26: 44 Aim: <26 cases or less per month	NHSGGC Rate 45.2 per 100,000 OBDs Status: Within control limits and above national rate 44.4 July-26: 74 Aug 26: 58 Aim: <51 cases or less per month	NHSGGC Rate 16.2 per 100,000 OBDs Status: Within control limits and above national rate15.4 July-26: 22 Aug-26: 22 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 April to June 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.

Measure	July 2026	August 2026	Status toward SGHAI from April 2025
Healthcare Associated Staphylococcus aureus bacteraemia (SAB)	30	44	Aim is 26 per month
Healthcare Associated Clostridioides difficile infection (CDI)	22	22	Aim is 21 per month
Healthcare Associated Escherichia coli bacteraemia (ECB)	74	58	Aim is 51 per month
Hospital acquired IV access device (IVAD) associated SAB	16	14	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	13	12	
Hand Hygiene	96	95	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	96	96	

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.

S. aureus and E. coli Bacteraemia

Definition of a Bacteraemia



What is Bacteraemia?

Bacteraemia is the presence of bacteria in the blood. Blood is normally a sterile environment, so the detection of bacteria in the blood (most commonly accomplished by blood cultures) is always abnormal. It is distinct from sepsis, which is the host response to the bacteria.

Bacteria can enter the bloodstream as a severe complication of infection, (like pneumonia, meningitis, urinary tract infections (UTI) etc.), during surgery, or due to invasive devices such as peripheral vascular catheters (PVC), Hickman lines, urinary catheters etc.

Transient bacteraemias can result after dental procedures or even brushing of teeth although this poses little or no threat to the person in normal situations.



Why is it important?

Bacteraemia can have several important health consequences. The immune response to the bacteria can cause sepsis and septic shock which has a high mortality rate.

Bacteria can also spread via the blood to other parts of the body (haematogenous spread), causing infections away from the original site of infection, such as endocarditis (infection of the heart valves) or osteomyelitis (infection of the bones).



Treatment

Treatment for bacteraemia is with intravenous antibiotics often for a prolonged period, e.g. in cases of *S. aureus bacteraemia*, 14 days of antibiotic therapy is normally required.

Origin Definitions for Bacteraemia Surveillance

<https://www.ARHA1.scot.nhs.uk/web-resources-container/protocol-for-national-enhanced-surveillance-of-bacteraemia>

Hospital Acquired Infection

Positive blood culture obtained from a patient who has been hospitalised for ≥ 48 hours. If the patient was transferred from another hospital, the duration of in-patient stay is calculated from the date of the first hospital admission. If the patient was a neonate / baby who has never left hospital since being born.

OR

The patient was discharged from hospital in the 48 hours prior to the positive blood culture being taken.

OR

A patient who receives regular haemodialysis as an out-patient.

OR

Contaminant if the blood aspirated in hospital.

OR

If infection source / entry point is surgical site infection (SSI). [This will be attributed to hospital of surgical procedure]

Healthcare Associated Infection

Positive blood culture obtained from a patient within 48 hours of admission to hospital and fulfils one or more of the following criteria:

Was hospitalised overnight in the 30 days prior to the positive blood culture being taken. OR

Resides in a nursing, long-term care facility or residential home. OR IV, or intra-articular medication in the 30 days prior to the positive blood culture being taken but excluding IV illicit drug use. OR

Had the use of a registered medical device in the 30 days prior to the positive blood culture being taken, e.g. intermittent self-catheterisation or Percutaneous Endoscopic

Gastrostomy (PEG) tube with or without the direct involvement of a healthcare worker (excludes haemodialysis lines see HAI). OR

Underwent any medical procedure which broke mucous or skin barrier, i.e. biopsies or dental extraction in the 30 days prior to the positive blood culture being taken. OR

Underwent care for a medical condition by a healthcare worker in the community which involved contact with non-intact skin, mucous membranes or the use of an invasive device in the 30 days prior to the positive blood culture being taken, e.g. podiatry or dressing of chronic ulcers, catheter change or insertion.

Community Acquired Infection

Positive blood culture obtained from a patient within 48 hours of admission to hospital who does not fulfil any of the criteria for healthcare associated bloodstream infection.

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.

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



Reporting and Visibility

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
- Via the micro strategy dashboard



Monitoring and Follow up

- 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
- Results are returned to the Chief Nurse for every Sector/Directorate



Improvement & Planning

- 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
- It also enables the IPCT to identify areas requiring further support.
- The data collected on all targets influences the IPC Annual Work Plan and the IPCQIN

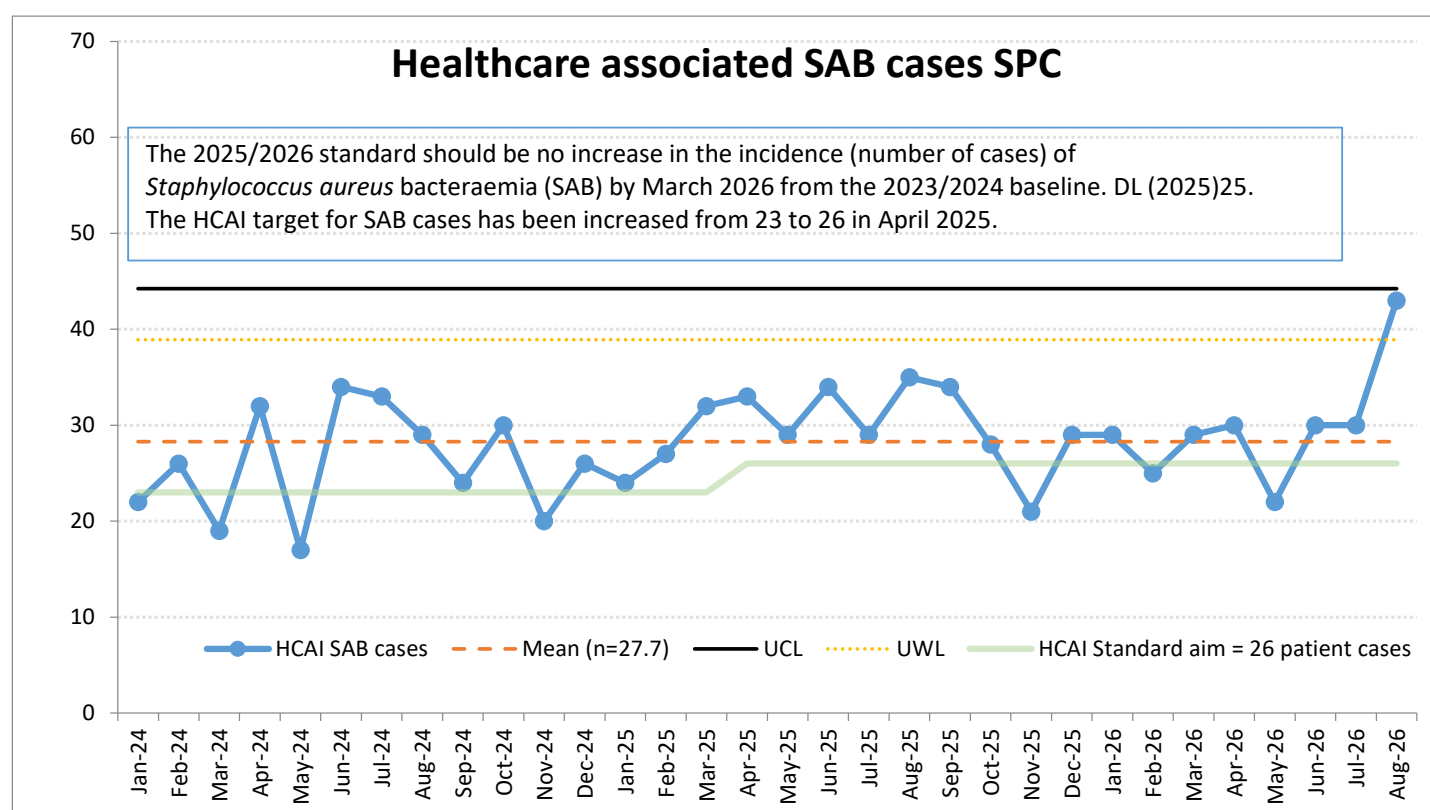


Staphylococcus Aureus Bacteraemia (SAB)

Staphylococcus aureus bacteraemia (SAB)			
	July 2026	August 2026	Monthly Aim
*Healthcare	30	44	26
Community	7	5	-
Total	37	49	-

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

Healthcare Associated SAB Cases



Comment:

This chart is currently in-control, however, and increase has been noted in August. Leads for SAB groups have been contacted and support offered in relation to actions to control. PVC/CVC sweeps carried out by IPCT to support learning and improvement. The **GREEN** line indicates the SGHAIL. The HCAI standard aim has been increased from 23 to 26 in April 2025 in line with the new DL(2025)25. Work also continues via the IPC Quality Improvement Network to reduce cases

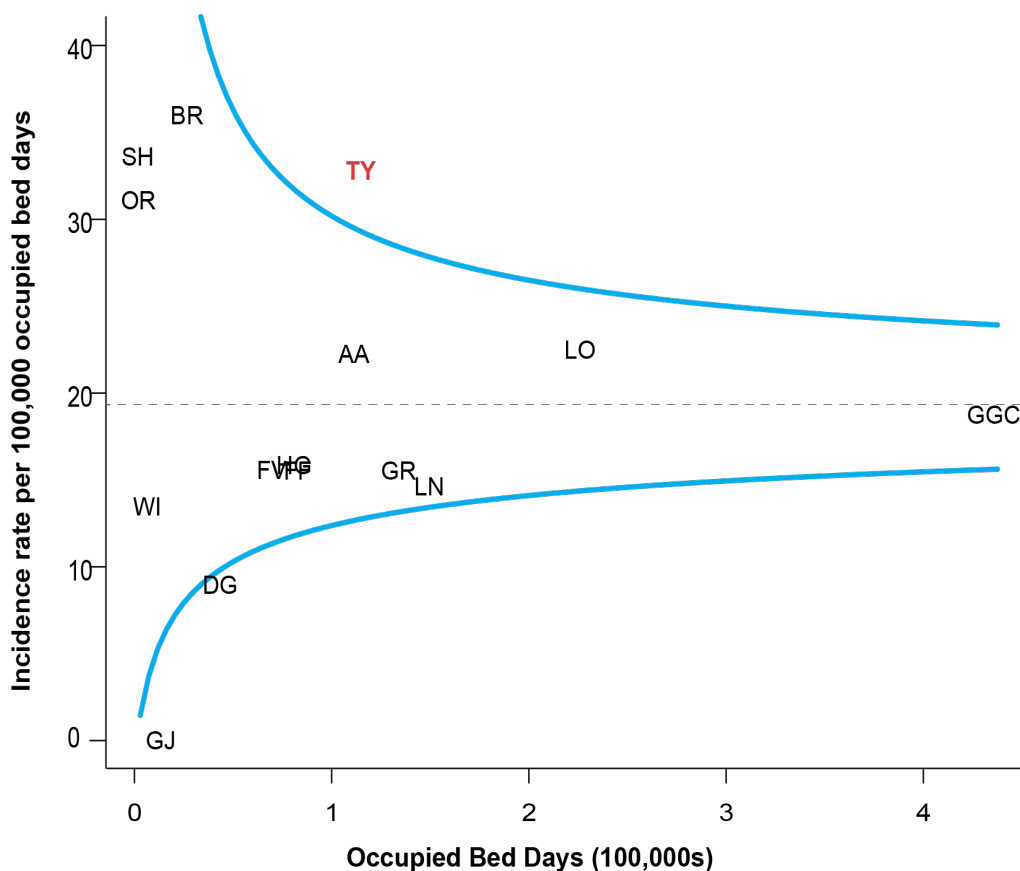
IPC QIN-led actions to reduce cases include:

- Roll out the updated PVC care plan.
- Conduct PVC sweeps in affected areas to audit compliance with the care plan.
- Review implementation of vascular access training.
- Discuss SAB Toolbox Talks with ward teams.
- Develop videos promoting line care for renal patients.
- Provide QR codes linking patients to PVC care videos.
- Use local SAB groups to review data and agree actions.

Following a recent increase in cases at the QEUH campus, the following targeted actions have been implemented:

- Wards with repeated PVC-related SABs receive a deep-dive review and are invited to join the local working group to share learning on prevention.
- Under the South SAB Group's local alert system, any ward reporting two SABs within three months are asked to develop an action plan addressing issues identified in the review.
- The South SAB Group are currently testing a PVC audit for Senior Charge Nurses which when complete will be implemented across the board.
- New posters promoting best practice in vascular device maintenance have been distributed across the South Sector.
- Event Report learning summaries will be included to drive focused discussion at meetings, identify recurring themes, share learning, and agree clear actions.

ARHAI Validated Q2 (April to June 2026) Funnel Plot – HCAI SAB



Rate: **18.7** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 19.3.

NHS Fife, NHS Forth Valley and NHS Highland overlap.



Escherichia coli bacteraemia (ECB)

NHSGGC's approach to ECB prevention and reduction

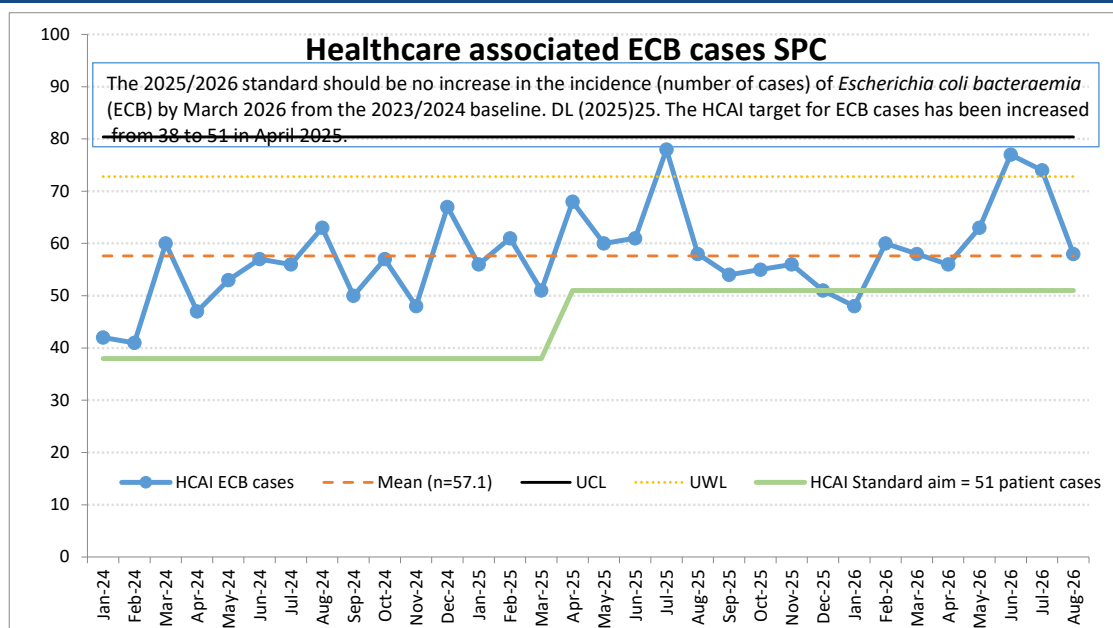
E. coli is one of the most predominant organisms of the gut flora and for the last several years the incidence of *E. coli* isolated from blood cultures, i.e. causing sepsis, has increased to the point that it is the most frequently isolated organism in the UK. As a result of this, the Scottish Government has now included *E. coli* as part of the SGHAI. The most common cause of ECB is from complications arising from UTIs, hepato-biliary infections (gall bladder infections) and infections associated with urinary catheters. It should be acknowledged that there is limited number of possible interventions to target ECB because infections are often spontaneous and not associated with healthcare or healthcare interventions.

	July 2026	August 2026	Monthly Aim
*Healthcare	74	58	51
Community	33	23	-
Total	107	81	-

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

Healthcare Associated ECB Cases

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



Note:

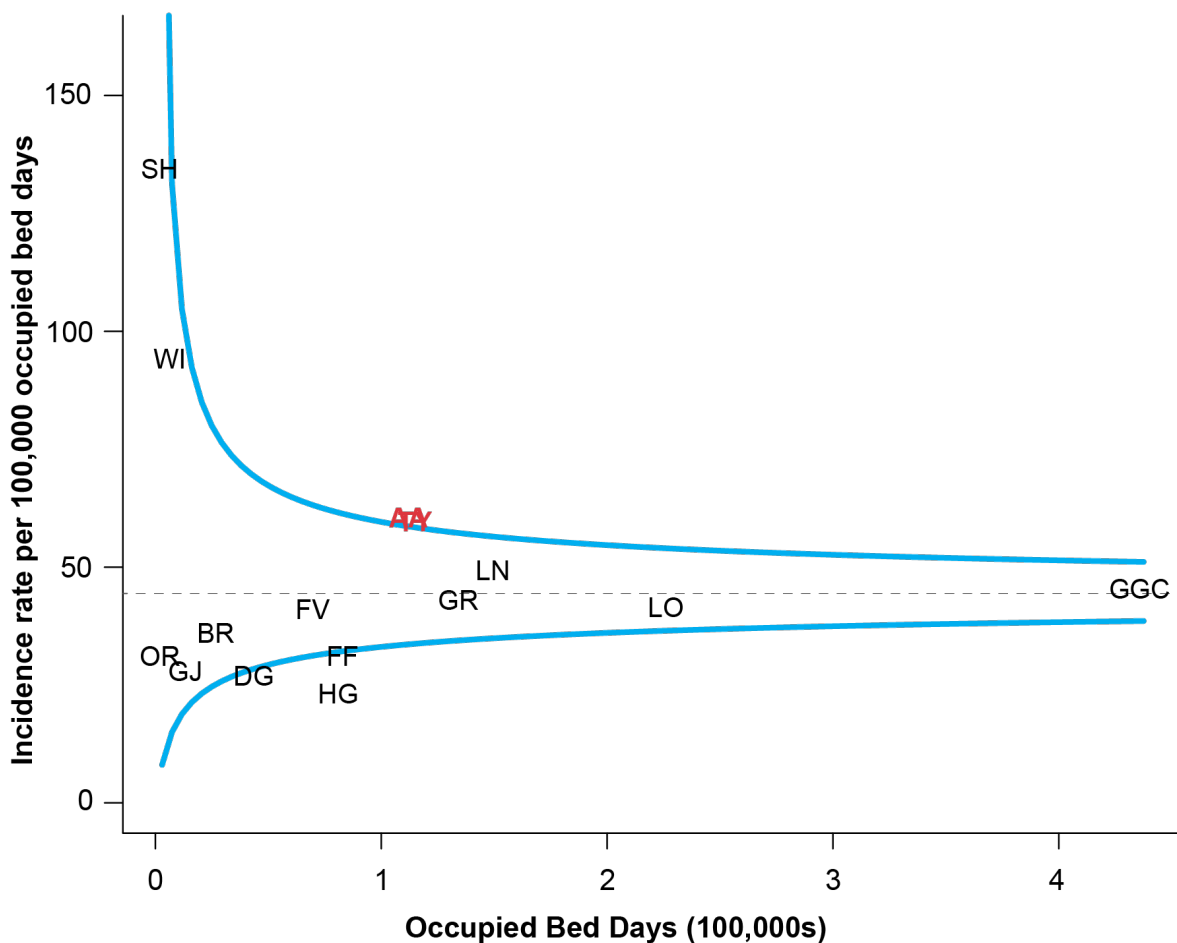
The HCAI standard aim has been increased from 38 to 51 in April 2025 in line with the new DL(2025)25.

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 but reduced over July and August.

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.

ARHAI Validated Q2 (April to June 2026) funnel plot - HCAI ECB cases



Rate:45.2 per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and above the national rate of 44.4.

NHS Ayrshire & Arran and NHS Tayside overlap.



Clostridioides difficile Infection (CDI)

Clostridioides difficile infection (CDI)

Reporting to ARHAI of *C. difficile* infections has been mandatory for many years in NHS Scotland. NHSGGC has met its targets over the years and has maintained a low rate of infection.

C. difficile can be part of the normal gut flora and can occur when patients receiving broad-spectrum antibiotics which eliminate other gut flora, allowing *C. difficile* to proliferate and cause infection. This is the predominant source of infection in GGC.

C. difficile in the environment can form resilient spores which enable the organism to survive in the environment for many months, and poor environmental cleaning or poor hand hygiene can lead to the organism transferring to other patients, leading to infection.

Another route of infection is when a patient receives treatment to regulate stomach acid which affects the overall pH of the gut allowing the organism to proliferate and cause infection.

	July 2026	August 2026	Monthly Aim
*Healthcare	22	22	21
Community	5	11	-
Total	27	33	-

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

NHSGGC's Approach to CDI Prevention and Reduction

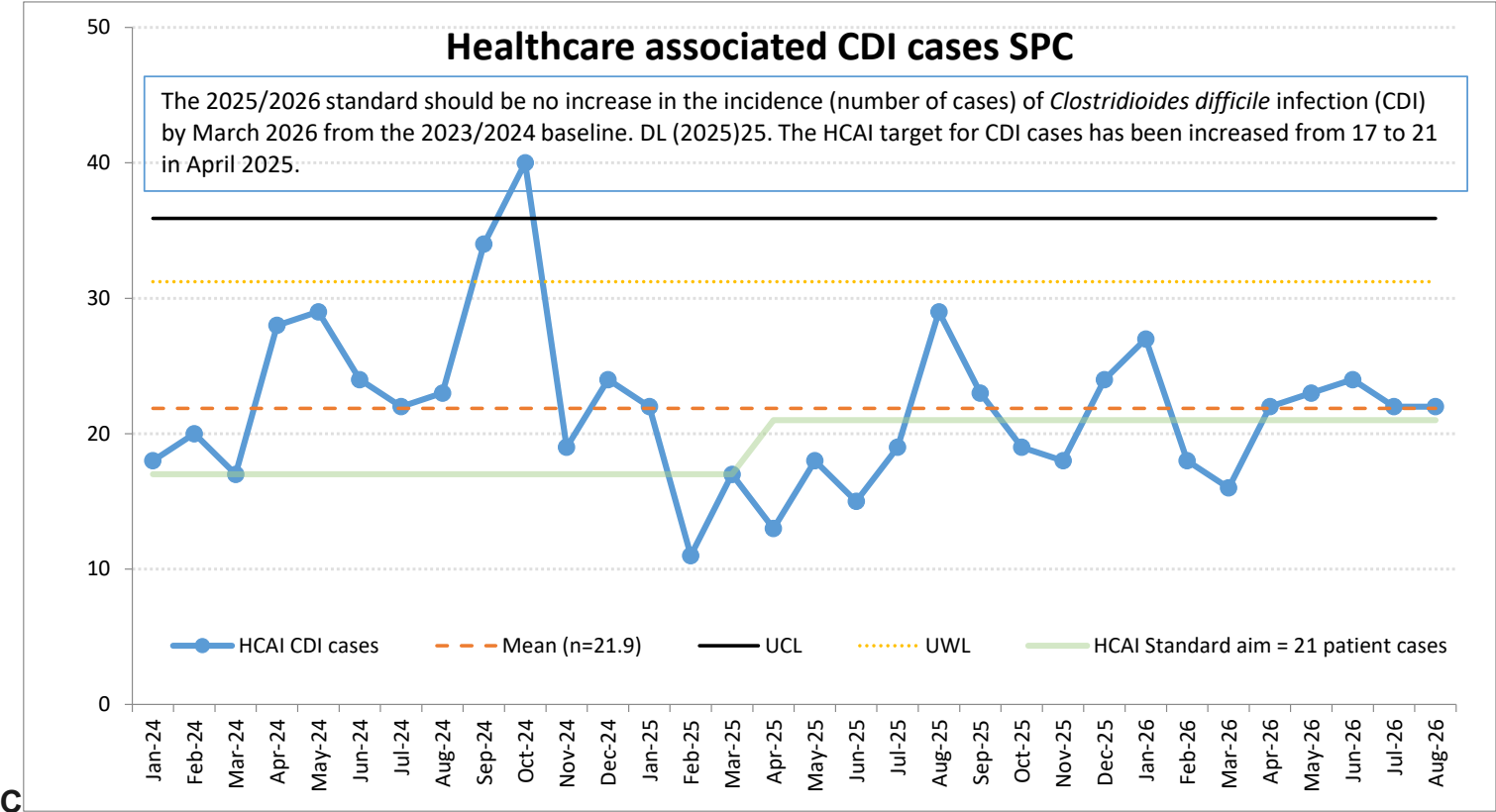
Like our SAB and ECB investigations, patient history is gathered including any antibiotics prescribed over the last several months.

Discussions with the clinical teams and microbiologists assist in the determination and conclusion of the significance of the organism, as occasionally the isolation of the organism can be an incidental finding and not an infection.

Data is shared with the antimicrobial pharmacists to identify any issues with prescribing and incidence of infections are discussed at the Antimicrobial Utilisation Committee.

Healthcare Associated CDI Cases

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

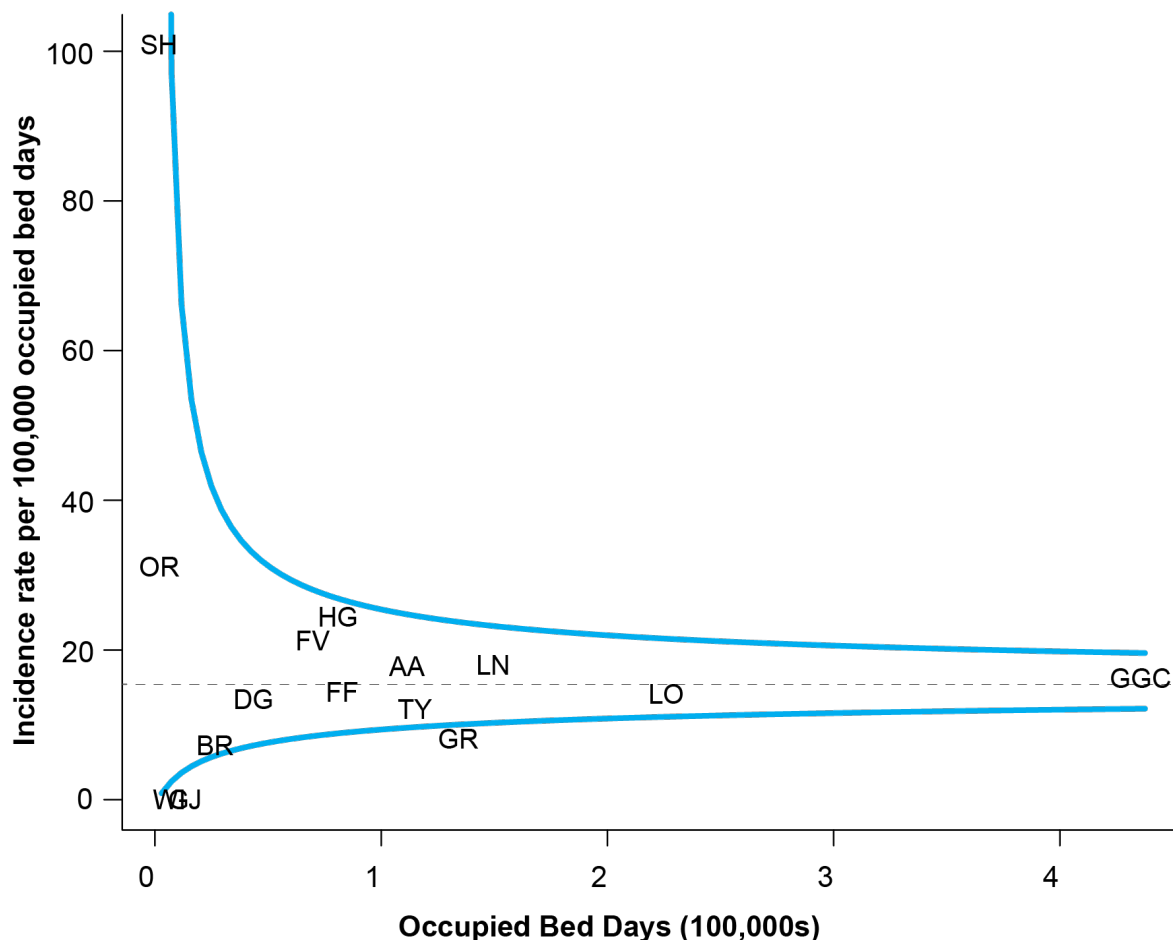


Comment:

Numbers are stable and within control limits.

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

ARHAI Validated Q2 (April to June 2026) funnel plot – HCAI CDI cases



Rate: **16.2** per 100,000 OBDs.

NHSGGC rate is above the NHS Scotland national rate of 15.4.

NHS Golden Jubilee and NHS Western Isles overlap

Surgical Site Infection (SSI) Surveillance

SSI surveillance is the monitoring and detection of infections associated with a surgical procedure. In GGC the procedures included are hip arthroplasty, caesarean section, spinal, and cranial surgery (INS only).

National SSI surveillance was paused in 2020 and remains paused for the foreseeable future. Scottish Government's plans for an e-health solution for IPC surveillance are expected to be implemented no earlier than 2027.

In the interim, surveillance of hip arthroplasty and caesarean section procedures are undertaken by local IPCT.

Spinal and cranial surveillance in the INS continues.

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

The National Records of Scotland monitors and publishes information on patients' causes of death. The following two organisms are tracked and reported:

- MRSA
- *C. difficile*.

Further information is available through the link below:

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

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

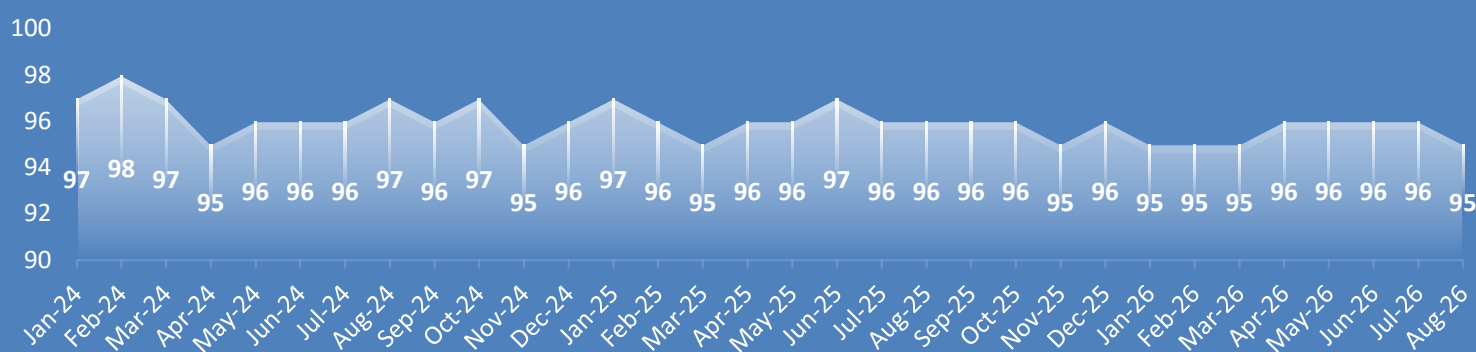
There was one death in July 2026 and one death in August 2026 where hospital acquired MRSA was recorded on the death certificate.

NHS GGC Hand Hygiene (HH) Monitoring Compliance

In NHSGGC there is a dedicated Hand Hygiene Coordinator. This colleague supports education, innovation and audit of practice across all areas. Every month each clinical area carries out a HH audit, and the results of these are entered into the Care Assurance and Improvement Resource (CAIR) dashboard. An average of 350 audits are completed monthly. The local IPCT will also carry out HH audits if required during incidents and outbreaks of infection.

Quality assurance audits take place on a monthly basis and are carried out by the Local Health Board Coordinator (LHBC), completing ten to twenty audits monthly. These are snapshot audits focusing 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 (HH)	July 2026 %	August 2026 %
Glasgow Royal Infirmary/Princess Royal Maternity	91	91
Gartnavel General Hospital/Beaton Oncology Centre	97	98
Inverclyde Royal Hospital	98	98
Queen Elizabeth University Hospital	95	96
Royal Alexandra Hospital	91	89
Royal Hospital for Children	95	91
Vale of Leven Hospital	97	97
NHSGGC Total	96	95

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

Area/Sector/HSCP	July 2026 %	August 2026 %
Acute	86.4%	85.1%
Clyde Sector	88.4%	87.1%
Diagnostics Directorate	89.9%	87.0%
North Sector	87.4%	86.0%
Regional Services	88.8%	87.4%
South Sector	84.0%	82.9%
Women & Children's	82.1%	81.4%
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.

Cleaning Compliance - Hospital Site	July 2026 %	August 2026 %
Glasgow Royal Infirmary	94	94
Gartnavel General Hospital	96	96
Inverclyde Royal Hospital	94	94
Queen Elizabeth University Hospital	95	94
Royal Alexandra Hospital	95	95
Royal Hospital for Children	95	94
Vale of Leven Hospital	96	95
NHSGGC Total	95	95

Estates Compliance - Hospital Site	July 2026 %	August 2026 %
Glasgow Royal Infirmary	88	89
Gartnavel General Hospital	98	99
Inverclyde Royal Hospital	97	96
Queen Elizabeth University Hospital	95	96
Royal Alexandra Hospital	97	98
Royal Hospital for Children	95	94
Vale of Leven Hospital	99	99
NHSGGC Total	96	96

Only main hospitals are included in these tables; 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 most recent meeting held on 20 August 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-centered 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 July and August 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** – 8 reported in July and 18 in August

2026. HIIAT **AMBER** - 0 in July and 1 in August 2026.

HIIAT **RED** – 1 in July and 0 in August 2026.

(COVID-19, RSV and Influenza Incidents are now included in the above totals but not reported as individual incident summaries)

UPDATE Ward 4B, Queen Elizabeth University Hospital

The ORT was reopened following advice from ARHAI, with an updated hypothesis proposed in response to further information provided by Estates. This included details of out-of-specification tank and outlet samples from patient rooms from February 2026, which identified *Exophiala*. An IMT was subsequently convened on 08/07/26 to review the water sample findings, consider their potential significance, and agree the actions required to support ongoing investigation and risk management. These actions remain in progress. ARHAI requested that the ORT remain open until all relevant investigations have been completed, recognising that the process is still ongoing and that further updates will be required as additional information becomes available.

A further IMT was held on 05/08/26 following identification of a possible case of *Aspergillus*. This was considered within the context of the ongoing Ward 4B investigations and the wider assessment of potential environmental and clinical contributing factors. The patient sadly died on 18/08/26 and the case was referred to the Procurator Fiscal. The HIIAT assessment was reviewed at the IMT held on 26/08/26, at which point the incident severity was assessed as RED to support appropriate reporting and escalation.

Following further review, the HIIAT assessment was subsequently reduced to AMBER on 28/08/26 and remains at AMBER. The incident remains open at the time of reporting, with investigations and associated actions continuing to ensure that all relevant findings are reviewed, documented and progressed through the appropriate governance routes.

Beatson West of Scotland Cancer Centre

Three cases of healthcare-associated *Clostridioides difficile* infection were identified within a single ward at the Beatson West of Scotland Cancer Centre. An Incident Management Team met on 17 August 2026 and the incident was HIIAT assessed as AMBER. Control measures included enhanced sodium hypochlorite cleaning, terminal cleaning, reinforcement of soap-and-water hand hygiene, use of transmission-based precautions, patient isolation/cohorting where required, and ongoing IPCT support and education for ward staff.

The initial SICPs audit scored 80% amber, with improvement actions assigned to the ward leadership team. Additional domestic supervision was also introduced. An antimicrobial review was also undertaken with some issues identified around time taken to suspect infection and initiate treatment. Once CDI results were confirmed, adherence to CDI management guidance was good.

Ribotyping was unable to be undertaken for one case as the specimen had not been retained. Available ribotyping results for the other confirmed cases were different, reducing concern for a single linked strain.

The HIIAT rating was de-escalated to green on 20 August 2026 and continued to be assessed as GREEN until 16 September 2026 when thirty-day surveillance was completed and the incident closed.

Healthcare Improvement Scotland (HIS)

There have been no HIS inspections in GGC in July and August 2026.

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

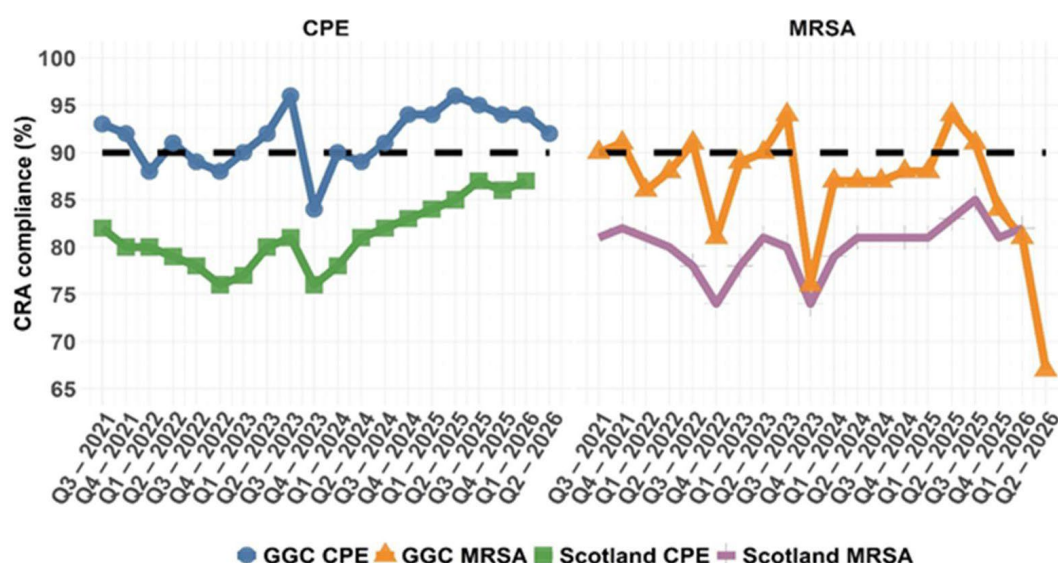
http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/nhs_hospitals_and_services/find_nhs_hospitals.aspx

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. Data for Q2 indicates that MRSA CRA compliance continues to decline. To address the issues identified with MRSA CRA compliance, IPC and Practice Development propose that communication will be issued through Core Brief reminding staff that the Infection Control Risk Assessment should be reviewed as part of the admission, transfer and handover process. Staff will be prompted to update the assessment accordingly if a patient's status changes, ensuring that all required screening assessments remain current and compliant with IPC requirements.

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.



Multi-Drug-Resistant Organism Screening

Last validated quarter 2 – April to June 2026		NHSGGC 92.4% compliance rate for CPE screening	Scotland 87.9%
		NHSGGC 66.8% compliance rate for MRSA screening	Scotland 80.9.%

Glossary

Following feedback from stakeholders, below is a list of abbreviations used within this report:

ARHAI Antimicrobial Resistance Healthcare Associated Infection

CDI Clostridioides difficile infection

CPE Carbapenemase producing Enterobacteriaceae

CVC Central Venous Catheter

HAI Hospital Acquired Infection (not present or incubating on admission to hospital and arising $\geq$ 48 hours after admission). Please note this excludes COVID-19 cases (hospital onset currently thought to be >14 days).

HCAI Healthcare Associated Infection

HIAT Healthcare Infection Incident Assessment Tool

IMT Incident Management Team

IPCT Infection Prevention and Control Team

IVAD Intravenous/Intravascular Access Device

MRSA Meticillin Resistant Staphylococcus aureus

PAG Problem Assessment Group

PEG Percutaneous Endoscopic Gastrostomy

PVC Peripheral Vascular/Venous Catheter

SAB Staphylococcus aureus bacteraemia

SG Scottish Government

SGHSCD Scottish Government Health and Social Care Directorate

SGHAI Scottish Government Healthcare Associated Infection Indicators

SICPs Standard Infection Control Precautions

Statistical Process Control: An analytical technique that plots data over time. It helps us understand variation and in so doing, guides us to take the most appropriate action. SPC is a good technique to use when implementing change as it enables us to understand whether changes made have resulted in an improvement.

SSI Surgical Site Infection

UTI Urinary Tract Infection