

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 24/34</b>
<b>Meeting:</b>	<b>NHSGGC Board Meeting</b>
<b>Meeting Date:</b>	<b>30 April 2024</b>
<b>Title:</b>	<b>The Summary Healthcare Associated Infection Reporting Template (HAIRT) for January and February 2024</b>
<b>Sponsoring Director/Manager:</b>	<b>Professor Angela Wallace, Executive Director of Nursing</b>
<b>Report Author:</b>	<b>Mrs Sandra Devine, Director of Infection Prevention and Control</b>

## 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 and Clyde (NHSGGC) in January and February 2024.

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. 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 data (quarter 4 2023) the HCAI SAB rate for NHSGGC was 20.3 which is within the control limits and slightly above the national rate of 19.2. There were 22 healthcare associated SAB reported for January and 25 in February 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 data (quarter 4 2023) the HCAI ECB rate for NHSGGC was 31.3 which is within the control limits and below the national rate of 34.7. There were 41 healthcare associated ECB in January and 41 in February 2024. Aim is 38 or less per month.
- In the most recently reported data (quarter 4 2023) the HCAI CDI rate for NHSGGC was 12.1 which is within the control limits and below the national rate of 14.3. There were 17 healthcare associated CDI in January and 19 in February

2024. The aim is 17 or less per month. CDI rates remain within expected control limits as demonstrated in the National ARHAI funnel plots.

- The following link is the ARHAI report for the period October to December 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. October to December \(Q4\) 2023 | National Services Scotland \(nhs.scot\).](#)
- National SSI surveillance was paused in 2020 and remains paused for the foreseeable future although it continues locally.
- Clinical Risk Assessment (CRA) compliance was **84%** for CPE and **76%** for MRSA in the last validated reporting quarter (Q4 -2023). The standard is 90%. In Q4 NHS Scotland reported compliance of **76%** and **74%** respectively. Unvalidated compliance results for (Q1 – 2024) indicate that GGC compliance is **90%** for CPE and **87%** for MRSA. GGC will continue to work towards achieving 90% for both.
- The Board's cleaning compliance and Estates compliance are  $\geq 95\%$  for January and February 2023.
- The sixth issue of the Infection Prevention and Control Quality Improvement Network (IPCQIN) newsletter was issued in March 2024. This ensures shared learning across the organisation on the improvements implemented thus far by the network.

### 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 and Diversity Neutral impact
- Environment Positive impact

## 6. Engagement and Communications

The issues addressed in this paper were subject to discussion with the Infection Prevention and Control (IPC) Team and the IPC Surveillance and 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 and Issued

*Date the paper was written: 12/04/2024*

*Date issued to NHS Board on: 23/04/2024*

## Healthcare Associated Infection Summary – January and February 2024

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.**

	January 2024	February 2024	Status toward SGHAI (based on trajectory to March 2024)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	22	25	Aim is 23 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	17	19	Aim is 17 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	41	41	Aim is 38 per month
Hand Hygiene	97	98	
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 and ways of working allow early detection and indication of areas of concern or deteriorating performance.

**Staphylococcus aureus bacteraemia (SAB)**

	<b>January 2024</b>	<b>February 2024</b>
Total	29	33
<b>*Healthcare</b>	<b>22</b>	<b>25</b>
Community	7	8

**Monthly Aim for Healthcare Associated Infections is 23 patient cases.**

Healthcare associated *S. aureus* bacteraemia total for the rolling year March 2023 to February 2024 = 319.

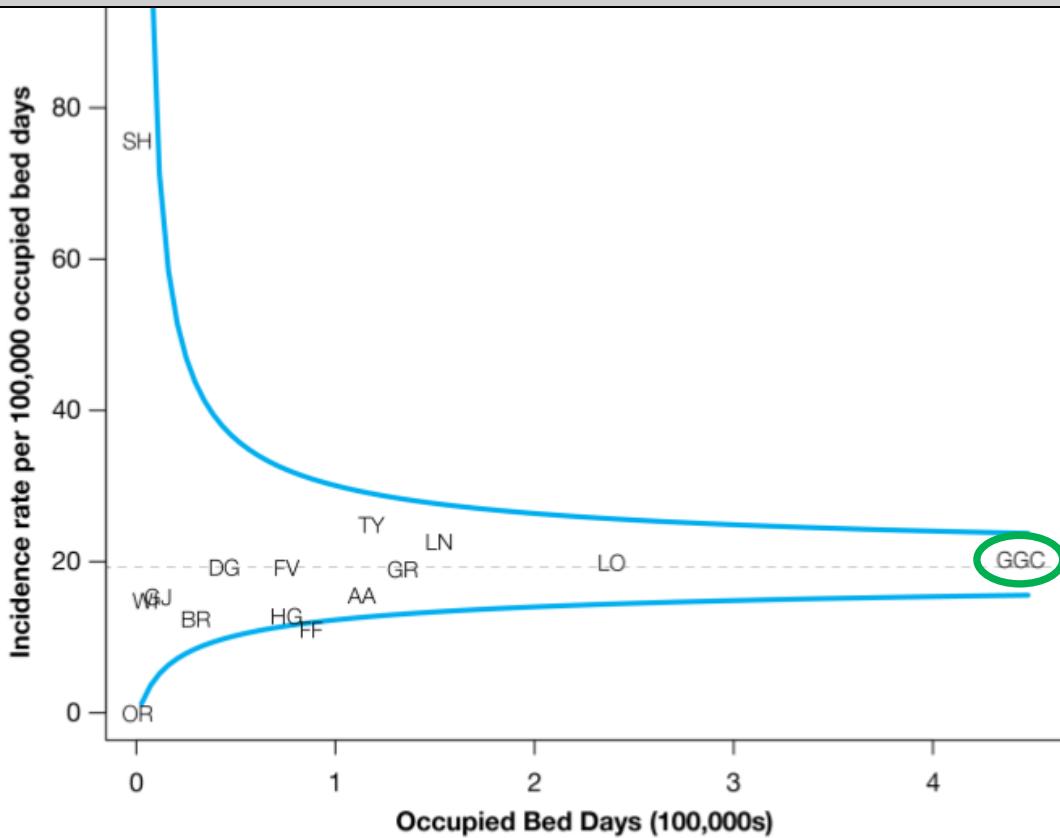
HCAI yearly aim is **280**.

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

**Comments**

- The number of overall SAB cases was below the established mean in January and on the mean in February 2024 and 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 Q4 data (October-December) places the Board slightly above the National average for this reporting quarter (GGC 20.3, NHS Scotland 19.2).
- 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 the quarterly SAB and 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 Q4 (October to December 2023) funnel plot – HCAI SAB cases

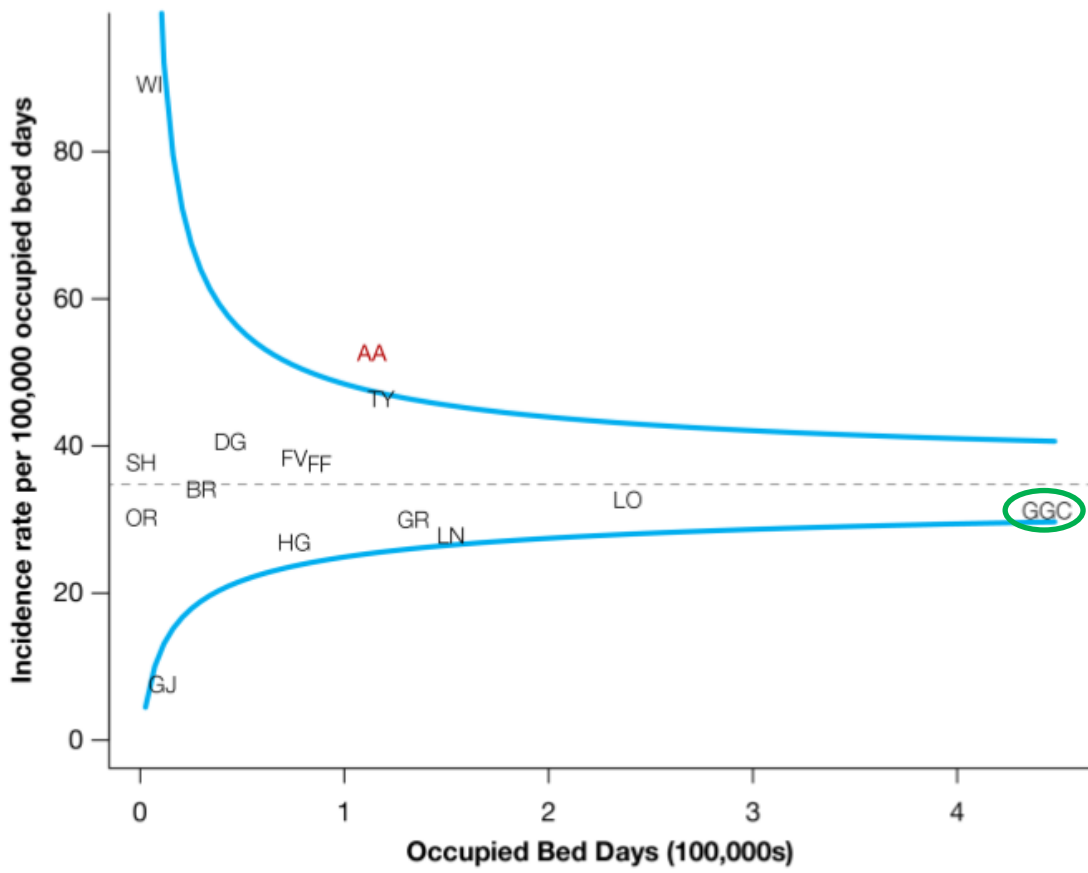


Rate: **20.3** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and above the national rate of 19.2.

<b><i>E.coli</i> bacteraemia (ECB)</b>			
	<b>January 2024</b>	<b>February 2024</b>	<p>Healthcare associated <i>E. coli</i> bacteraemia total for the rolling year March 2023 to February 2024 = 596.</p> <p>HCAI yearly aim is <b>452</b>.</p> <p><b>*Healthcare associated are the cases which are included in the SG reduction target.</b></p>
Total	80	70	
<b>Healthcare*</b>	<b>41</b>	<b>41</b>	
Community	39	29	
<p><b>Monthly Aim for Healthcare Associated Infections is 38 patient cases.</b></p>			
<p><b>Comments:</b></p> <ul style="list-style-type: none"> <li>• In the most recently reported data (quarter 4, 2023) the HCAI ECB rate for NHSGGC was 31.3 which is within the control limits and below the national rate of 34.7.</li> <li>• There has been a decrease in the overall ECB cases over the past five months and they are now below the established mean. Teams across GGC continue to monitor and implement improvements, including promoting good urinary catheter care and the use of the urinary catheter care passport and toolbox talk.</li> <li>• Enhanced surveillance of ECB continues and is prospectively available to view by clinicians on Microstrategy; teams across GGC continue to monitor and implement improvements.</li> <li>• 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.</li> </ul> <p><b>The Public Health Scotland Urinary Catheter Care Passport</b> contains guidelines to help minimise the risk of developing an infection and is available at: <a href="https://www.scot.nhs.uk/hps/urinary-catheter-care-passport/">HPS Website - Urinary Catheter Care Passport (scot.nhs.uk)</a></p>			

**ARHAI Validated Q4 (October to December 2023) funnel plot – HCAI ECB cases**



Rate: **31.3** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 34.7.



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

	<b>January 2024</b>	<b>February 2024</b>
Total	26	28
<b>Healthcare*</b>	<b>17</b>	<b>19</b>
Community	9	9

**Monthly aim for Healthcare Associated Infection is 17.**

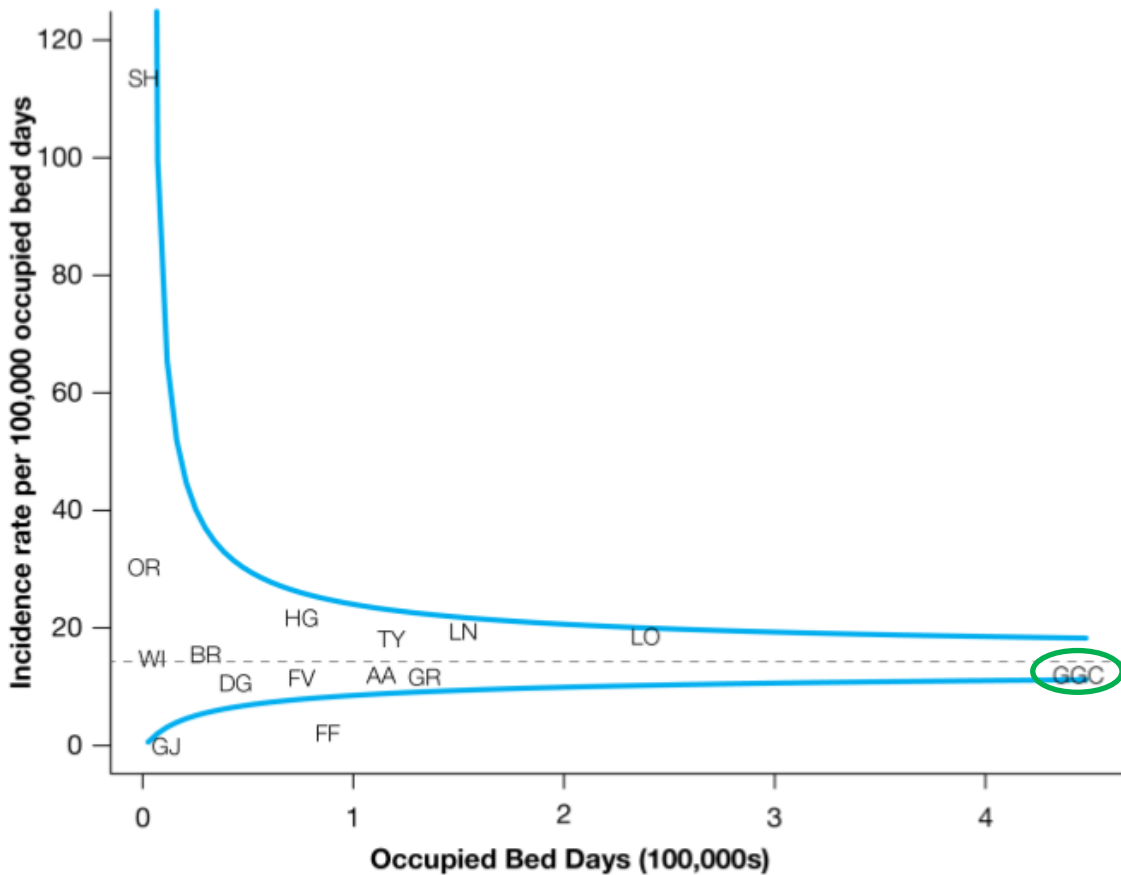
Healthcare associated *Clostridioides difficile* total for the rolling year March 2023 to February 2024 = 236.  
HCAI yearly aim is **204**.

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

**Comments:**

- In the most recently reported data (quarter 4 2023) the HCAI CDI rate for NHSGGC was 12.1 which is within the control limits and below the national rate of 14.3.
- Information on all Acute hospital cases is available on Micro-Strategy.

**ARHAI Validated Q4 (October to December 2023) funnel plot – HCAI CDI cases**



Rate: **12.1** per 100,000 OBDs.

**HCAI standard aim met.**

Below NHS Scotland national rate of 14.3

NHSGGC rate is within the control limits for this quarter.

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

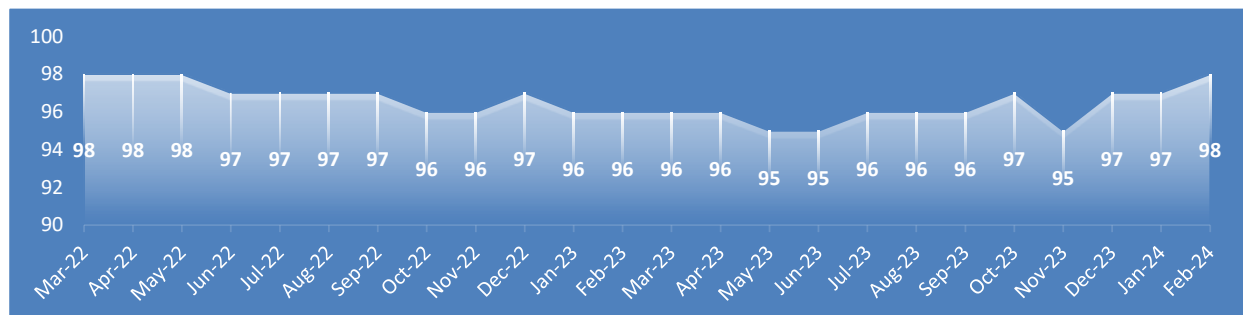
The National Records of Scotland monitor and report on a variety of death causes recorded on the death certificate. Two organisms are monitored and reported; MRSA and *C. difficile*. Please click on the link for further information:

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

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

There was one death in January 2024 where hospital acquired MRSA was recorded on the death certificate. There were zero cases in February 2024.

## 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 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	January 2024 %	February 2024 %
Glasgow Royal Infirmary	94	94
Gartnavel General Hospital	96	95
Inverclyde Royal Hospital	95	96
Queen Elizabeth University Hospital	94	94
Royal Alexandra Hospital	95	94
Royal Hospital for Children	95	95
Vale of Leven Hospital	95	95
<b>NHSGGC Total</b>	<b>95</b>	<b>95</b>

<b>Estates compliance:</b>		
<b>Hospital site</b>	<b>January 2024 %</b>	<b>February 2024 %</b>
Glasgow Royal Infirmary	89	91
Gartnavel General Hospital	98	100
Inverclyde Royal Hospital	91	93
Queen Elizabeth University Hospital	98	97
Royal Alexandra Hospital	97	97
Royal Hospital for Children	98	98
Vale of Leven Hospital	98	98
<b>NHSGGC Total</b>	<b>97</b>	<b>97</b>

### **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 7<sup>th</sup> March 2024.

A workplan for the network is being drafted from the original project plan and the work streams flash reports in order to support assurance and monitoring of project aims and objectives. The three main work streams continue to progress and provide flash reports to the group. The sixth issue of the newsletter was published in March 2024.

The network continues to use the Sharepoint site to support programme and document control, with live monitoring of actions.

Highlight reports are now being tabled to the Infection Control Committees to present the work that is being undertaken by the IPCQIN.

The next IPCQIN meeting is scheduled for the 14<sup>th</sup> May 2024.

## Outbreaks or Incidents in January and February 2024.

### Outbreaks / Incidents

Outbreaks and incidents across NHS GGC 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 and 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 and 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 12 in January and 1 in February 2024.

HIIAT **AMBER** - reported 14 in January and 2 in February 2024.

HIIAT **RED** – reported 5 in January and 3 in February 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)**

### **GRI, increased incidence of Gastroenteritis (including confirmed Norovirus cases) – initial HIIAT assessment – RED**

An Increased number of patients with gastrointestinal symptoms were identified in GRI beginning on the 8/01/24. 104 patients were included in this incident which resulted in the closure of 17 wards in GRI, affecting Care of the Elderly, Medical and Surgical services. 39 staff members were affected by GI symptoms during this incident. Several wards reported patient's visitors had visited whilst symptomatic and the majority of patients had visitors prior to the incident. The majority of wards that were closed were nightingale wards, where there is a lack of single-room provision to isolate symptomatic cases.

The incident management process was initiated and the first IMT meeting was held on 12/01 with subsequent meetings on 18/01, 23/01 and 29/01. IPCT met with the Sector Senior Leadership Team daily to optimise patient placement, the management of ward closures and service provision.

The HIIAT was assessed as **RED** on 15/01/24, **AMBER** on 23/01 and then as **GREEN** on 29/01/24.

Control measures were put in place and the wards were closed to new admissions. Patients were monitored for symptoms of gastroenteritis and symptomatic patients had virology and microbiology specimens obtained. Staff wore Personal Protective Equipment (PPE) as per the NIPCM, and the IPCT reiterated the importance of hand hygiene for both staff and patients. Twice daily cleaning of wards was carried out by Domestic Services, as well as twice daily cleaning of patient equipment by nursing staff.

Bed linen and patient clothing were changed at least daily, and all waste was disposed of as clinical waste, with increased uplifts of waste and linen. Patient movement to other departments for tests and investigations was restricted to urgent only and essential visiting was advised. Visitors were also advised not to visit if they were symptomatic. Staff movement was limited between wards where possible and staff were also advised to contact Occupational Health if they had any symptoms of diarrhoea and/or vomiting.

Effective collaboration between ward and hospital management teams, IPCT, virology labs, communication and IPC Data team resulted in the successful management of this situation and the incident was closed on 29/01/24.

### **RAH, Care of the Elderly - Human metapneumovirus (HMPV)**

Two patients tested positive for HMPV in a Medicine for the Elderly ward in RAH. There were no reported staff or visitor cases and the ward was closed on the 26<sup>th</sup> January.

The HIIAT was assessed as **AMBER** on 2<sup>nd</sup> February and then as **GREEN** on 5<sup>th</sup> February.

Control measures were implemented and the ARHAI Outbreak Checklist was in place throughout. The ward was reviewed daily by the IPCT and twice daily cleaning of the ward was undertaken. The ward was reopened following a terminal clean and curtain change.

The incident was closed on the 6<sup>th</sup> February 2024.

### **RHC, Astrovirus**

Three patients tested positive for Astrovirus in one of the wards in RHC, no parents or staff reported any symptoms.

A PAG was held and the HIIAT was assessed as **AMBER** on 28<sup>th</sup> February and then as **GREEN** on 8<sup>th</sup> March.

All patients who tested positive or who were symptomatic were isolated in single side rooms with Transmission Based Precautions (TBPs) and had designated equipment as far as possible. A terminal clean of the ward was carried out. Twice daily cleans commenced thereafter. The IPCT re-iterated to staff the importance of all Standard Infection Control Precautions/Transmission Based Precautions including hand hygiene, PPE, and cleaning of equipment.

The IPCT requested that all patients remained in their rooms as far as possible in order to minimise the risk of transmission. Parent kitchens and playrooms were closed to minimise the risk of onward transmission.

Hand hygiene audit was undertaken and scored 100% on the 4<sup>th</sup> January 2024.

The situation continued to be monitored by the IPCT and control measures remained in place until the incident was closed on 8<sup>th</sup> March 2024.

### Greater Glasgow and Clyde COVID-19 Incidents:

During January and February 2024, there were **19** outbreaks of COVID 19 which scored either **AMBER** (14) 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**.

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

Site	GGH	GRI	Vic ACH
COVID-19 (RED HIIAT)	1	3	1

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

January 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
Clyde	RAH	10	03/01/24	10/01/24	7	8	Amber
Clyde	VOL	15	12/01/24	20/01/24	8	7	Amber
Clyde	RAH	36	17/01/24	30/01/24	13	4	Amber
Clyde	RAH	24	17/01/24	22/01/24	5	11	Amber
Clyde	VOL	Lomond	18/01/24	31/01/24	13	21	Amber
HSCP	GRH	Mcnaair	09/01/24	18/01/24	9	6	Amber
HSCP	GRH	Kershaw	09/01/24	25/01/24	16	8	Amber
North	GRI	2	09/01/24	21/01/24	12	15	Red
North	GRI	10	15/01/24	31/01/24	16	3	Amber
North	GRI	30	19/01/24	01/02/24	13	2	Amber
North	Lightburn	3	29/01/24	13/02/24	15	4	Amber
North	GRI	11	29/01/24	06/02/24	8	4	Amber
North	GRI	33	30/01/24	13/02/24	14	11	Amber
North	GRI	14	30/01/24	07/02/24	8	2	Amber
South	NVACH	1	08/01/24	30/01/24	22	15	Red
<b>Total</b>	<b>15</b>				<b>179</b>	<b>121</b>	



February 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
HSCP	DJH	Glenarn	21/02/24	01/03/24	9	3	Amber
North	GRI	36	05/02/24	22/02/24	17	9	Red
North	GRI	21	28/02/24	12/03/24	13	14	Red
South	GGH	8C	04/02/24	18/02/24	14	10	Red
<b>Total</b>	<b>4</b>				<b>53</b>	<b>36</b>	

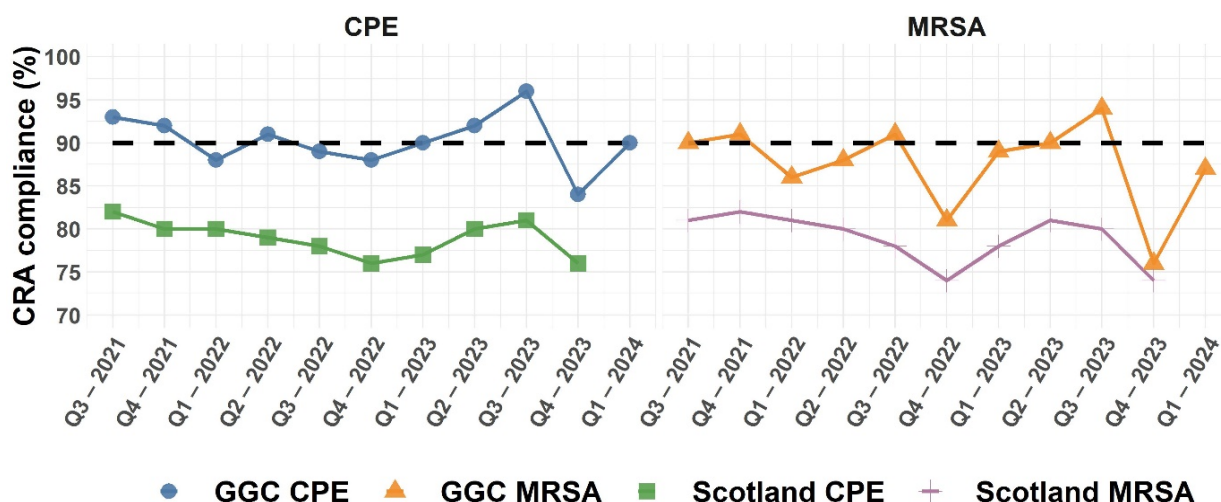
### Healthcare Environment Inspectorate (HEI)

No HEI inspections were carried out in January and February 2024. All HEI 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](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.



BOARD OFFICIAL

Last validated quarter		NHSGGC <b>84%</b> compliance rate for CPE screening	Scotland 76%
October - December 2023		NHSGGC <b>76%</b> compliance rate for MRSA screening	Scotland 74%
Local data January - March 2024		NHSGGC <b>90%</b> compliance rate for CPE screening	TBC
		NHSGGC <b>87%</b> 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. The IPCT continue to focus on local education and feedback to ensure our position regarding compliance with this standard.