

<b>NHS Greater Glasgow and Clyde</b>	<b>Paper No. 24/154</b>
<b>Meeting:</b>	<b>NHS Board</b>
<b>Meeting Date:</b>	<b>17<sup>th</sup> December 2024</b>
<b>Title:</b>	<b>The Healthcare Associated Infection Reporting Template (HAIRT) for September &amp; October 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 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 September and October 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 24 healthcare associated SAB reported in September and 31 in October 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 50 healthcare associated ECB in September and 58 in October 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 34 healthcare associated CDI in September and 41 in October 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's plans for an e-health solution for IPC surveillance are expected to be implemented no earlier than 2027. To ensure the smooth transition local surveillance has been paused until January 2025 to ensure the 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 **91%** for CPE and **87%** for MRSA in the last validated reporting quarter (Q3 -2024). The standard is 90%. In Q3, NHS Scotland reported compliance of **82%** 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 September and October 2024.
- The 10<sup>th</sup> edition of the IPCQIN Newsletter will be published in December 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 Positive impact
- Better Care Positive impact
- Better Value Positive impact

- **Better Workplace** Positive impact
- **Equality & Diversity** Neutral impact
- **Environment** Positive impact

## 6. Engagement & Communications

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

Comments were also taken into consideration from the below groups when reviewing the content and format 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

*Date the paper was written: 22/11/2024*

*Date issued to NHS Board on: 10/12/24*

## Healthcare Associated Infection Summary – September and October 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.**

	September 2024	October 2024	Status toward SGHAI (based on trajectory to March 2024)
Healthcare Associated <b><i>Staphylococcus aureus</i> bacteraemia (SAB)</b>	24	31	Aim is 23 per month
Healthcare Associated <b><i>Clostridioides difficile</i> infection (CDI)</b>	34	41	Aim is 17 per month
Healthcare Associated <b><i>Escherichia coli</i> bacteraemia (ECB)</b>	50	58	Aim is 38 per month
Hand Hygiene	96	97	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	96	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)**

	September 2024	October 2024	Monthly Aim
Total	30	37	-
<b>*Healthcare</b>	24	31	<b>23</b>
Community	6	6	-

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

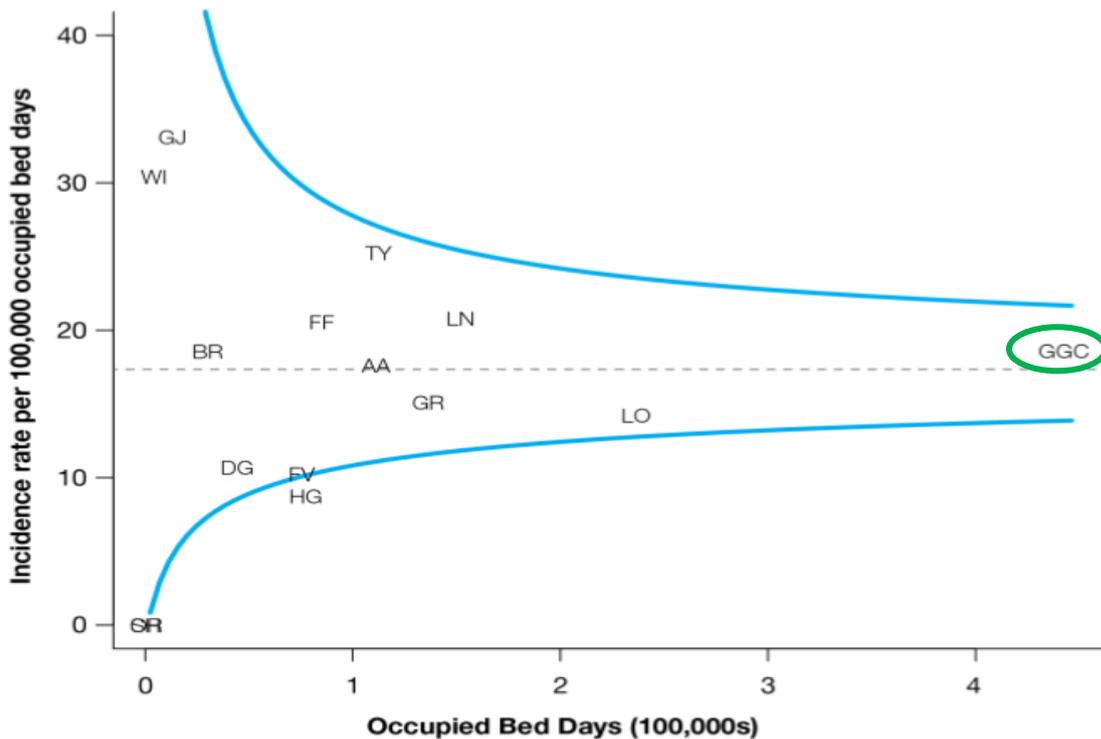
Healthcare associated *S. aureus* bacteraemia total for the rolling year November 2023 to October 2024 = 326. HCAI yearly aim is 280.

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 24 healthcare associated SAB reported in September and 31 in October 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)**

	September 2024	October 2024	Monthly Aim
Total	90	99	-
<b>*Healthcare</b>	<b>50</b>	<b>58</b>	<b>38</b>
Community	40	41	-

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

Healthcare associated *E. coli* bacteraemia total for the rolling year November 2023 to October 2024 = 612. HCAI yearly aim is 452.

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 50 healthcare associated ECB in September and 58 in October 2024. Aim is 38 or less per month.

The overall ECB cases have slightly increased in the last 2 months. Teams across GGC continue to monitor and implement improvements.

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.

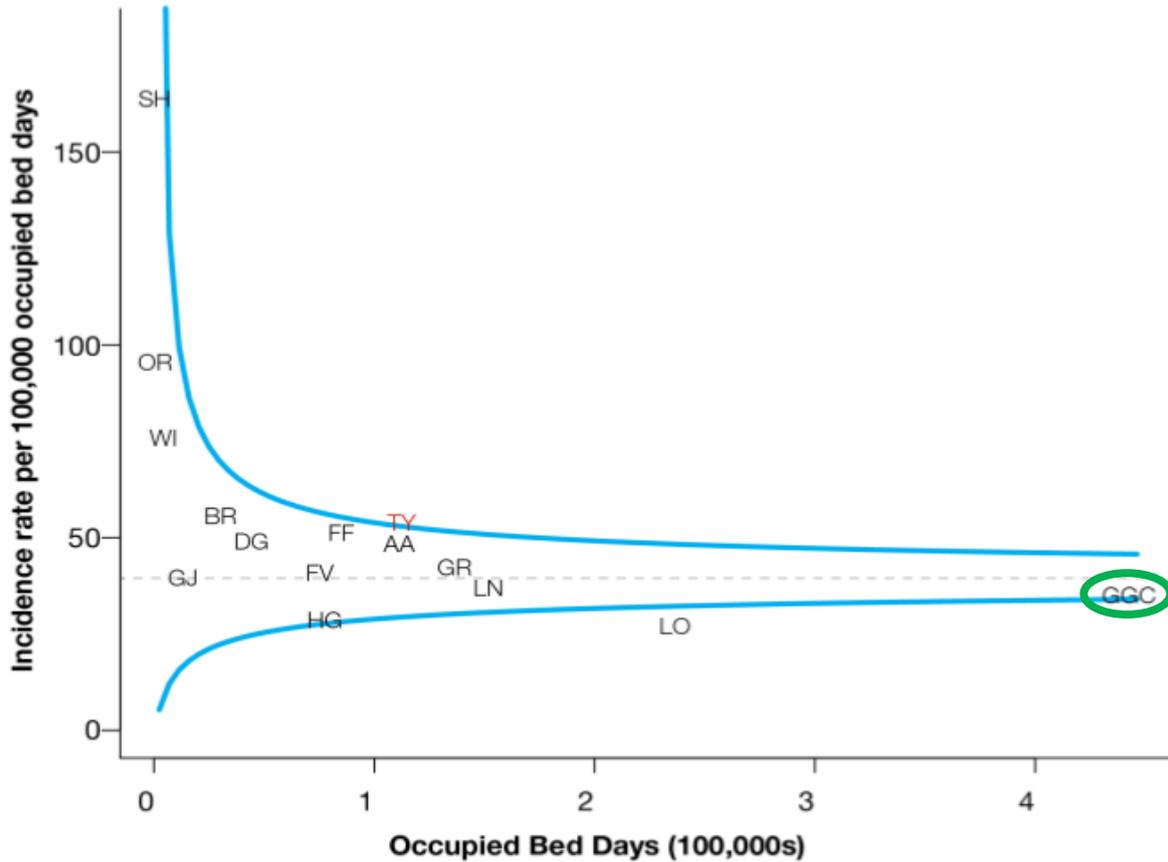
Ward level data of entry point of bacteraemia is available via MicroStrategy. This provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

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 October 2024 and are now below the mean. 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**



Rate: **35.2** per 100,000 OBDs.

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

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

	September 2024	October 2024	Monthly Aim
Total	41	47	-
<b>*Healthcare</b>	<b>34</b>	<b>41</b>	<b>17</b>
Community	7	6	-

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

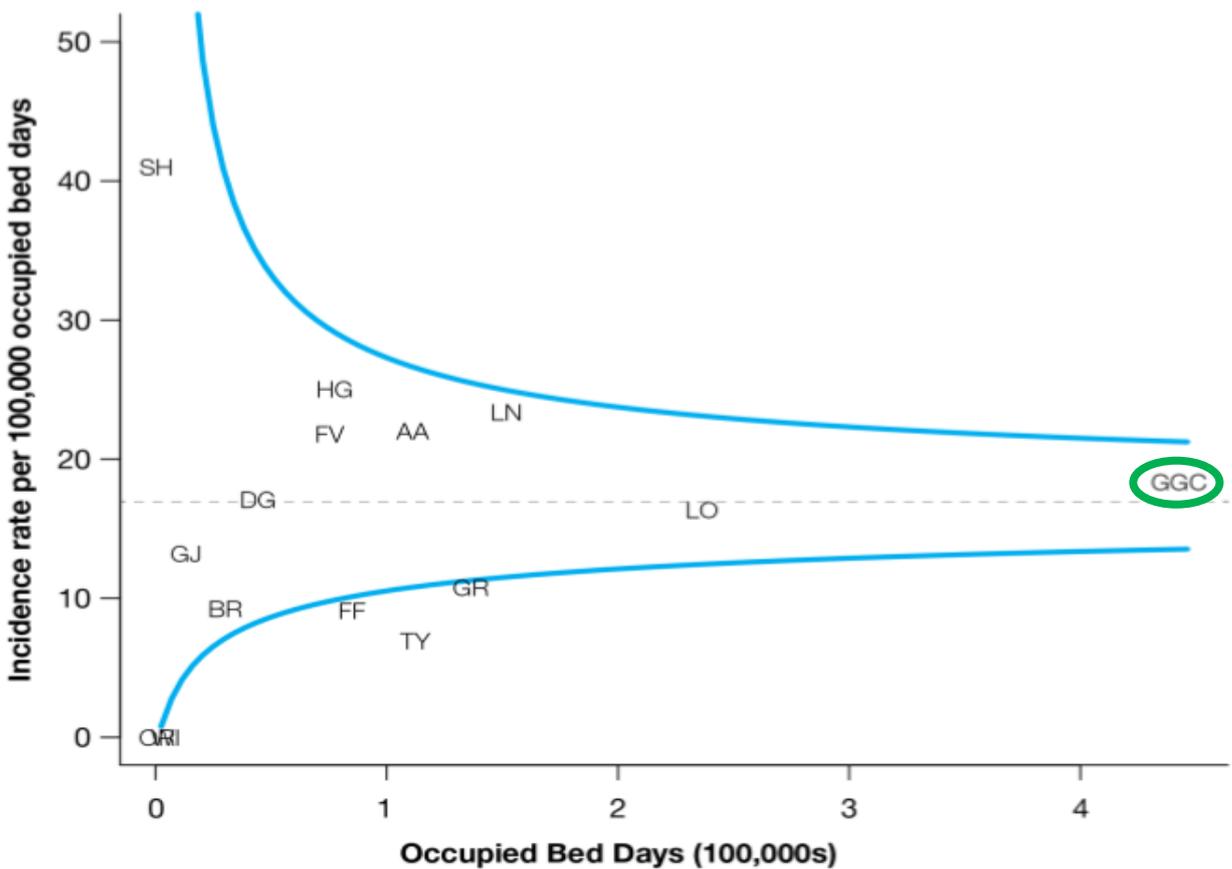
Healthcare associated *Clostridioides difficile* total for the rolling year November 2023 to October 2024 = 289. HCAI yearly aim is 204.

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 34 healthcare associated CDI in September and 41 in October 2024. The aim is 17 or less per month.

There has been a sharp increase in the overall CDI cases in the last two months. The IPCT continue to closely monitor and implement local actions in any areas with higher than expected numbers.

There has also been a sharp increase in the CDI HCAI in September and October 2024. 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 was one death in September 2024 and three in October 2024, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

There were zero deaths in September 2024 and zero in October 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.

<b>Cleaning compliance:</b>		
<b>Hospital site</b>	<b>September 2024 %</b>	<b>October 2024 %</b>
Glasgow Royal Infirmary	94	94
Gartnavel General Hospital	95	96
Inverclyde Royal Hospital	95	95
Queen Elizabeth University Hospital	94	93
Royal Alexandra Hospital	94	95
Royal Hospital for Children	94	95
Vale of Leven Hospital	96	95
<b>NHSGGC Total</b>	<b>95</b>	<b>95</b>

<b>Estates compliance:</b>		
<b>Hospital site</b>	<b>September 2024 %</b>	<b>October 2024 %</b>
Glasgow Royal Infirmary	88	90
Gartnavel General Hospital	98	98
Inverclyde Royal Hospital	90	91
Queen Elizabeth University Hospital	97	96
Royal Alexandra Hospital	97	96
Royal Hospital for Children	97	98
Vale of Leven Hospital	98	98
<b>NHSGGC Total</b>	<b>96</b>	<b>96</b>

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 IPCQIN continues to meet bi-monthly, with the next meeting scheduled for 14<sup>th</sup> January 2025.

The work plan has been agreed and is a standing agenda item going forward to support development, monitoring and assurance of workstream actions and progress.

The next Newsletter will be published in December 2024. The workstreams will take turns having a spotlight on the newsletters to promote ongoing improvement work and share good practices.

The What Matters to Me (WMTM) Day 2024 report is currently being prepared and will be shared at the January meeting.

The CAUTI subgroup held its first meeting on 27<sup>th</sup> September 2024, with Terms of Reference and Workplan discussed - key highlights below:

- Glasgow launched a QI project to reduce 6,000 unplanned catheter changes per annum by 50%.
- Finalisation of the NHSGGC catheter guidance is near completion.
- Terms of Reference agreed; bimonthly meetings scheduled.
- A Teams channel has been set up as an information repository.
- Future workplan includes exploring the HOUDINI Protocol, NHSGGC Catheter Passport, GC Competency Framework, and related SOPs.

A presentation on the purpose and governance of the IPCQIN network was delivered by the Business Manager to the North SAB group. Plans are in place to replicate this with other sectors, aiming to raise staff awareness of the network and demonstrate how sector-level work contributes to the broader organisational goals.

Each Sector SAB group continues to drive quality improvement and report on successes and challenges to the IPCQIN.

Proposal for PVC Care Plans for patients in Emergency Departments (ED) and Outpatient services was progressed.

IPCQIN continues to promote membership for the Vascular Access Device education Short Life Working Group to improve promotion of the e-learning module – with collection of training videos being released ([Flushing a Vascular Access Device \(VAD\) \(youtube.com\)](#)).

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 this platform [Home](#).

## **Outbreaks or Incidents in September and October 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 September and 4 in October 2024.

HIIAT **AMBER** - reported 1 in September and 5 in October 2024.

HIIAT **RED** – reported 3 in September and 1 in October 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, Care of the Elderly – *Clostridioides difficile*/Gastroenteritis**

2 cases of HAI *Clostridioides difficile* isolated from stool specimens obtained on 19<sup>th</sup> September 2024; one confirmed case and one equivocal test result. The ward was terminally cleaned on 24<sup>th</sup> September 2024 with patient transmission based precautions in place. The ward discussed CDI trigger and hand hygiene and PPE toolbox talks at safety briefs and handovers.

The HIIAT was assessed as **RED** on 24<sup>th</sup> September due to death of a patient and **GREEN** on 26<sup>th</sup> September 2024.

SICPs audit completed by IPCT on 24<sup>th</sup> September 2024 – 73%, further audit to be completed by the ward, with IPCT support, within 3 months of initial audit.

Hand hygiene audit completed by IPCT on 24<sup>th</sup> September 2024 – opportunities taken 60%; combined compliance 45%. Further hand hygiene audit was completed 16<sup>th</sup> October 2024 - opportunities taken 90%; combined compliance 90%.

Isolates sent for PCR ribotyping, the two cases were different and showed no evidence of cross transmission.

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

During September and October 2024, there were **9** outbreaks of COVID-19 which scored either **AMBER (6)** or **RED (3)**. 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	VOL	RAH
COVID-19 (RED HIIAT)	1	2

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

September 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	11	11/09/24	18/09/24	7	7	<b>RED</b>
CLY	RAH	5	11/09/24	19/09/24	8	4	<b>AMBER</b>
CLY	RAH	3	23/09/24	03/10/24	10	10	<b>RED</b>
<b>Total</b>					<b>50</b>	<b>36</b>	

October 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIAT Status
CLY	VOL	14	04/10/24	19/10/24	15	7	RED
CLY	RAH	7	21/10/24	01/11/24	11	10	AMBER
CLY	RAH	8	29/10/24	05/11/24	7	3	AMBER
HSCP	Dykebar	Arran/Bute	10/10/24	18/10/24	8	4	AMBER
NG	Lightburn	3 (B side only)	15/10/24	26/10/24	11	4	AMBER
NG	GRI	30	17/10/24	26/10/24	9	8	AMBER
<b>Total</b>					<b>77</b>	<b>49</b>	

### Healthcare Improvement Scotland (HIS)

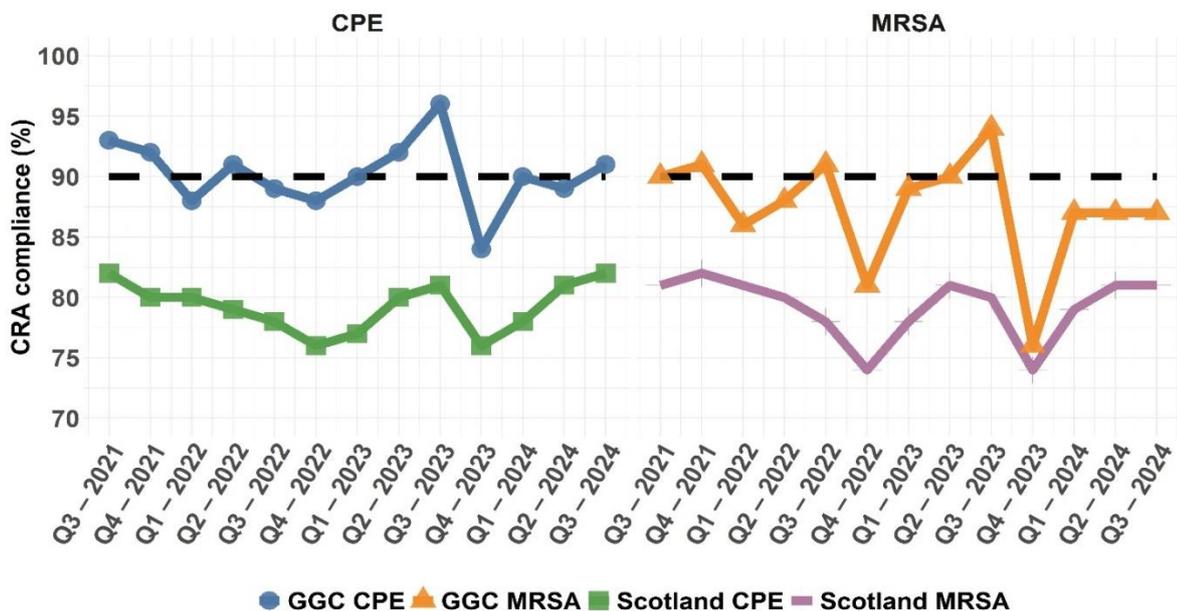
There have been no HIS inspections in GGC in September or October 2024.

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](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 Q3 has been validated and included. The 90% compliance standard for Q3 has not been achieved for MRSA.



Last validated quarter 3 July -		NHSGGC <b>91%</b> compliance rate for CPE screening	Scotland 82%
September 2024		NHSGGC <b>87%</b> compliance rate for MRSA screening	Scotland 81%

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.