

NHS Greater Glasgow and Clyde	Paper No. 25/17
Meeting:	NHSGGC Board Meeting
Meeting Date:	25 February 2025
Title:	The Healthcare Associated Infection Reporting Template (HAIRT) for November and December 2024
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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 November and December 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 (Q3-2024) the HCAI SAB rate for NHSGGC was 19.5 which is within the control limits and below the national rate of 20.2. There were 20 healthcare associated SAB reported in November and 27 in December 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 (Q3-2024) the HCAI ECB rate for NHSGGC was 38.2 which is within the control limits and below the national rate of 39.9. There were 48 healthcare associated ECB in November and 67 in December 2024. Aim is 38 or less per month.
- In the most recently reported National ARHAI Data (Q3-2024) the HCAI CDI rate for NHSGGC was 18.4 which is within the control limits but above the national rate of 18. There were 19 healthcare associated CDI in November and 24 in December 2024. The aim is 17 or less per month.
- The following link is the ARHAI report for the period of July to September 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. July to September \(Q3\) 2024 | National Services Scotland](#). 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 February 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 November and December 2024.
- The 11th edition of the IPCQIN Newsletter will be published in February 2025, featuring spotlight updates from selected workstreams to promote ongoing improvement efforts and share best practices.

3. Recommendations

The NHS Board is asked to consider the following recommendations:

- Note the content of the HAIRT report.
- Note the performance in respect of the Scottish Government 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 | <u>Positive</u> impact |

6. Engagement & Communications

The issues addressed in this paper were subject to discussion with the Infection Prevention and Control (IPC) Team and the IPC Surveillance & Data Team. Comments were also taken into consideration from the below groups when reviewing the content and format following presentation:

- Partnerships Infection Control Support Group (PICSG)
- Acute Infection Control Committee (AICC)
- Board Infection Control Committee (BICC)

7. Governance Route

This paper is 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: 16/01/2025

Date issued to NHS Board on: 17/02/2025

Healthcare Associated Infection Summary – November and December 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.

	November 2024	December 2024	Status toward SGHAI (based on trajectory to March 2024)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	20	27	Aim is 23 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	19	24	Aim is 17 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	48	67	Aim is 38 per month
Hospital acquired IV access device (IVAD) associated SAB	7	8	
Healthcare associated urinary catheter associated ECB (includes suprapubic catheter)	12	8	
Hand Hygiene	95	96	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	96	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)**

	November 2024	December 2024	Monthly Aim
Total	25	32	-
*Healthcare	20	27	23
Community	5	5	-

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

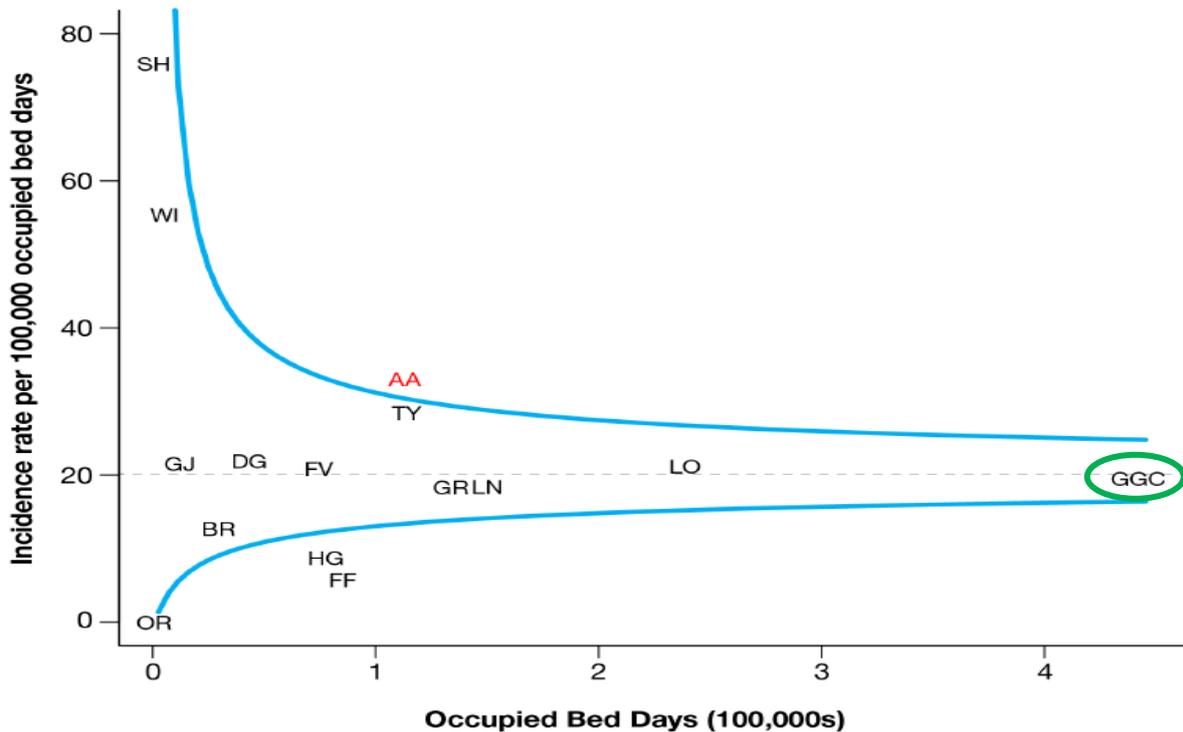
Healthcare associated *S. aureus* bacteraemia total for the rolling year January 2024 to December 2024 = 314. HCAI yearly aim is 280.

In the most recently reported National ARHAI Data (Q3-2024) the HCAI SAB rate for NHSGGC was 19.5 which is within the control limits but below the national rate of 20.2. There were 20 healthcare associated SAB reported in November and 27 in December 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 Q3 (July to September 2024) funnel plot – HCAI SAB cases



Rate: **19.5** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 20.2.

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

	November 2024	December 2024	Monthly Aim
Total	86	102	-
*Healthcare	48	67	38
Community	38	35	-

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

Healthcare associated *E. coli* bacteraemia total for the rolling year January 2024 to December 2024 = 642. HCAI yearly aim is 452.

In the most recently reported National ARHAI Data (Q3-2024) the HCAI ECB rate for NHS GGC was 38.2 which is within the control limits and below the national rate of 39.9. There were 48 healthcare associated ECB in November and 67 in December 2024. Aim is 38 or less per month.

Enhanced surveillance of ECB continues and is prospectively available to view by clinicians on Microstrategy, however, teams across GGC continue to monitor and implement improvements.

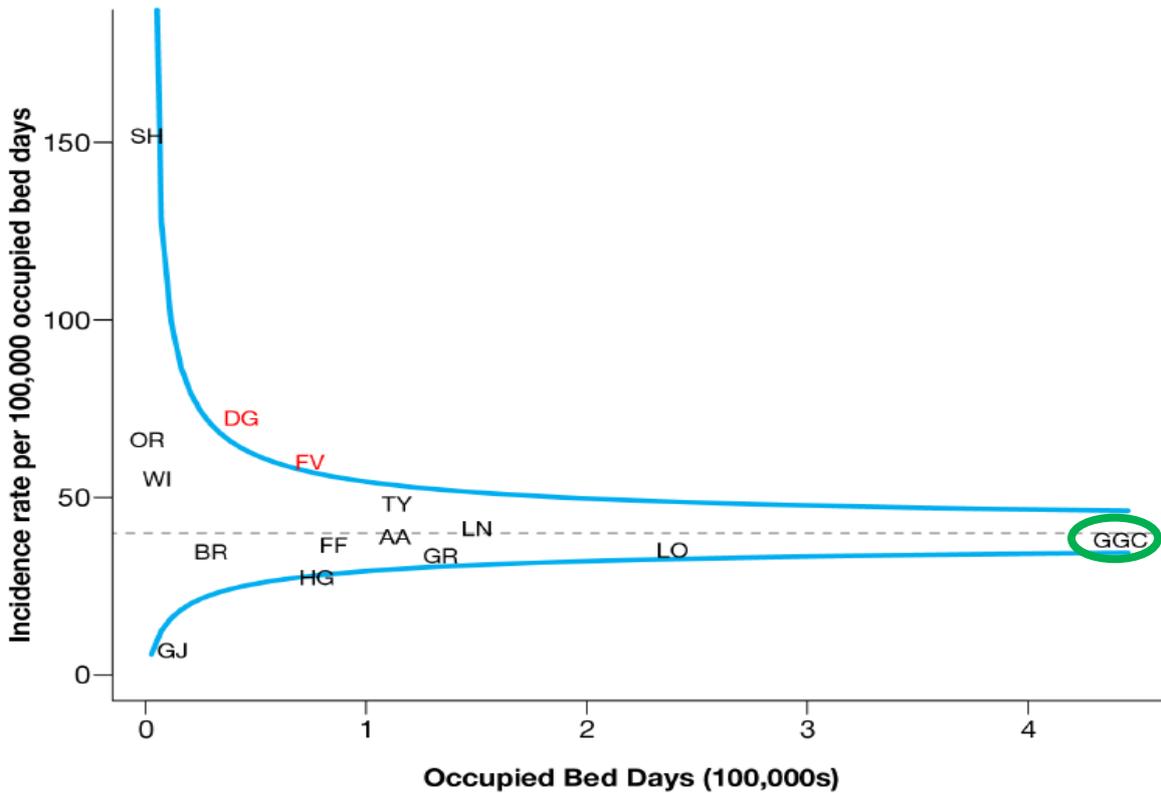
Ward level data of entry point of bacteraemia is available via MicroStrategy. This provides real time information to clinical staff to assist in the decision to use improvement methodology to test interventions that may lead to a reduction in the number of patients with this infection.

The Public Health Scotland **Urinary Catheter Care Passport** contains guidelines to help minimise the risk of developing an infection and is available at: [HPS Website - Urinary Catheter Care Passport \(scot.nhs.uk\)](https://www.scot.nhs.uk/hps/urinary-catheter-care-passport)

The CAUTI toolbox talk has been reviewed and has been added to the IPC Intranet page.

The ECB cases associated with urinary catheters have decreased in December 2024 and are now below the average. Local IPCT continue to support the implementation of best practice with regards to this type of device.

ARHAI Validated Q3 (July to September 2024) funnel plot – HCAI ECB cases



Rate: **38.2** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 39.9.

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

	November 2024	December 2024	Monthly Aim
Total	23	25	-
*Healthcare	19	24	17
Community	4	1	-

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

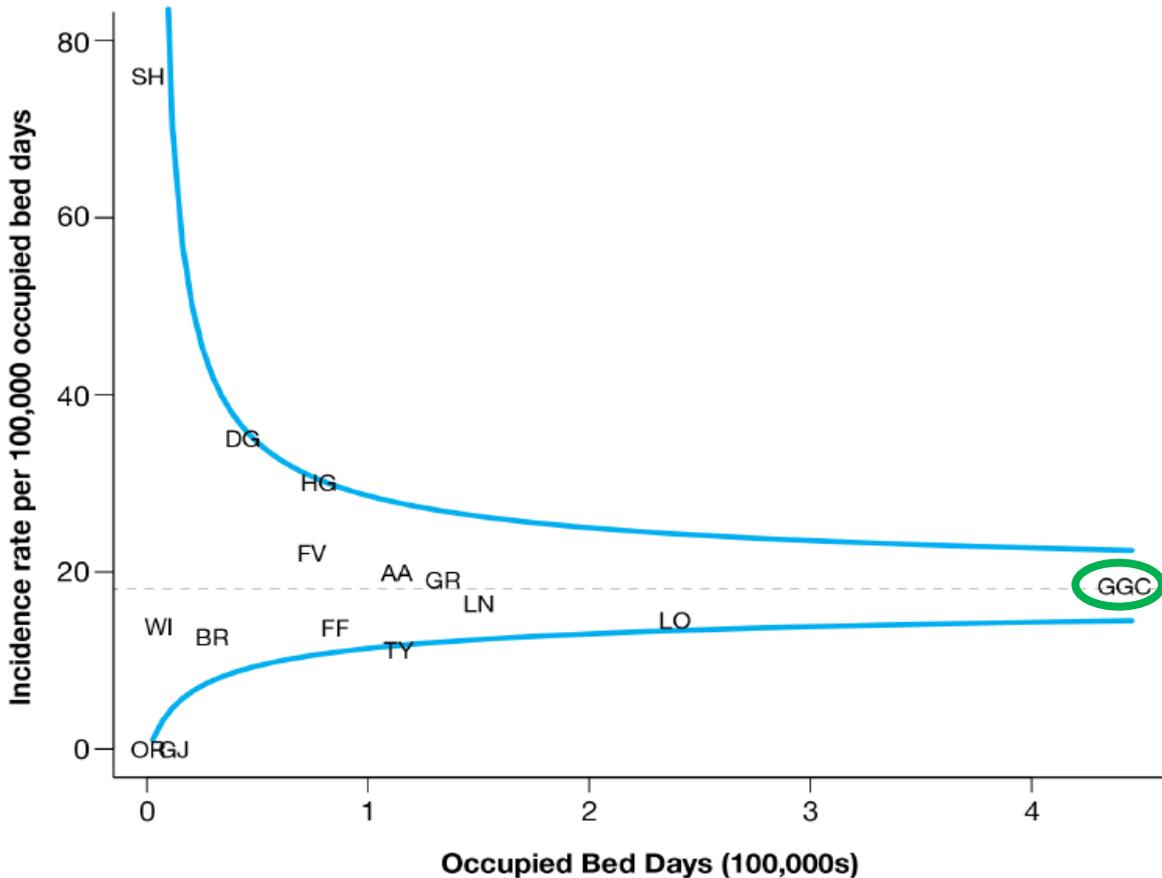
Healthcare associated *Clostridioides difficile* total for the rolling year January 2024 to December 2024 = 299. HCAI yearly aim is 204.

In the most recently reported National ARHAI Data (Q3-2024) the HCAI CDI rate for NHSGGC was 18.4 which is within the control limits but above the national rate of 18. There were 19 healthcare associated CDI in November and 24 in December 2024. The aim is 17 or less per month.

There had been a sharp a sharp decrease 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.

HCAI cases have decreased in the last two months. 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 Q3 (July to September 2024) funnel plot – HCAI CDI cases



Rate: **18.4** per 100,000 OBDs.

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

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

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

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

There were two deaths in November 2024 and four in December 2024, where hospital acquired *Clostridioides difficile* was recorded on the patient’s death certificate.

There were zero deaths in November 2024 and zero in December 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	November 2024 %	December 2024 %
Glasgow Royal Infirmary	94	94
Gartnavel General Hospital	95	95
Inverclyde Royal Hospital	95	95
Queen Elizabeth University Hospital	94	93
Royal Alexandra Hospital	95	95
Royal Hospital for Children	94	94
Vale of Leven Hospital	96	96
NHSGGC Total	95	95

Estates compliance:		
Hospital site	November 2024 %	December 2024 %

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Glasgow Royal Infirmary	91	91
Gartnavel General Hospital	99	99
Inverclyde Royal Hospital	90	91
Queen Elizabeth University Hospital	96	96
Royal Alexandra Hospital	95	97
Royal Hospital for Children	98	98
Vale of Leven Hospital	98	99
NHSGGC Total	96	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)

The IPCQIN continues to meet on a bi-monthly basis, with the last meeting held on the 14th of January 2025.

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 11th edition of the IPCQIN Newsletter will be published in February 2025, featuring spotlight updates from select workstreams to promote ongoing improvement efforts and share best practices. This will focus on a Look Back at 2024 and Look Ahead for 2025 - celebrating the successes of the past year and opportunities for next.

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

The proposal for the Measurement Plan and Data Collection tool for Peripheral Venous Catheters (PVC) has now been rolled out, with a small variation being progressed for Neonatal patients. Further to this, a proposal for PVC Care Plans for patients in Emergency Departments (ED) and Outpatient services was progressed and will be taken through Sector Governance Groups.

A Catheter-Associated Urinary Tract Infection (CAUTI) sub-group has been established, with membership confirmed from colleagues across the IPCQIN. The CAUTI subgroup held its second meeting in December 2024 - agreeing the ToR, workplan and developing a driver diagram.

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.

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.

The three main work streams continue to progress and provide flash reports to the group with both Acute and HSCP presenting their latest challenges and progresses.

The next IPCQIN meeting is scheduled for 11th March 2025.

Outbreaks or Incidents in November and December 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 4 in November and 10 in December 2024.

HIIAT **AMBER** - reported 6 in November and 13 in December 2024.

HIIAT **RED** – reported 2 in November and 4 in December 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 and Influenza A)

Acinetobacter baumannii – RAH – Ward 14

Incidental findings during routine sampling identified a very small number of cases of carbapenemase producing *Acinetobacter baumannii* linked to Ward 14 at RAH. Transmission was considered to be via the environment, equipment or hands. No patients reported to be giving cause for concern as a result of this organism.

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Whole Genome sequencing reported *Acinetobacter baumannii* isolates confirmed as New Delhi metallo- β -lactamase (NDM) and a number of OXA enzymes.

The ward was paused to admissions on 1st to 12th November 2024. 4 Incident Management Meetings (IMT) convened. The incident was HIIAT assessed as **AMBER** on 4th November, then **GREEN** on 7th November and closed on 26th November 2024.

All appropriate infection prevention and control measures were in place, including enhanced cleaning for a 4 week period, hand washing and equipment cleaning, patient screening and terminal cleans prior to ward reopening.

CPE screening was offered to all inpatients that were identified as contacts. Positive cases, contacts and staff within Ward 14 were made aware of situation.

Hand Hygiene audit was undertaken by NHS GGC Hand hygiene co-ordinator and SICPs audit was undertaken by the local IPCT. Domestic Quality Assurance audit was undertaken by facilities colleagues. Remedial works identified and rectified by Operational Estates. Multi-disciplinary Walk rounds of the ward including IPCT, Operational Estates, Domestic Services and SCN, was done weekly for 4 weeks in order to identify any issues with the environment.

Antimicrobial review of ward was undertaken on 26th November 2024; Report stated that antimicrobial prescribing in the ward was of a high standard and there were no issues of concern identified in terms of antimicrobial policy compliance or antimicrobial clinical review.

QEUH, Critical Care Unit – *Clostridioides difficile*

A small number of cases of HAI *Clostridioides difficile* were attributed to the unit within 8 days. All were in the same unit for a period of their admission in November 2024. The first case was isolated with transmission based precautions in place as soon as the positive result was known. The ward was terminally cleaned on 10th December 2024 and a Hand Hygiene audit was carried out on 13th December 2024 (opportunities taken score – 100% and combined compliance score – 95%. ARHAI CDI trigger tool was completed.

The HIIAT was assessed as **AMBER** on 10th December due to a CDI severity score of 2 for one of the patients prior to trigger being commenced, then as **GREEN** on 13th December 2024 then **RED** on 21st December 2024 due to death of one the patients and **GREEN** again on 30th December 2024.

SICPs audit completed by IPCT on 17th December 2024 – 97%, anti-microbial review is awaited.

Isolates sent for PCR ribotyping, the cases were different and therefore there was no evidence of cross transmission.

Greater Glasgow and Clyde COVID-19 Incidents:

During November and December 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	GRI	GGH
COVID-19 (RED HIIAT)	2	1

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

November 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	18	13/11/24	22/11/24	9	13	AMBER
CLY	RAH	7	25/11/24	06/12/24	11	8	AMBER
NG	GRI	33	22/11/24	30/11/24	8	6	RED
NG	GRI	35	27/11/24	04/12/24	7	4	AMBER
SG	GGH	8A	27/11/24	06/12/24	9	7	RED
Total					44	38	

December 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	5	03/12/24	17/12/24	14	14	AMBER
NG	GRI	11	03/12/24	14/12/24	11	5	RED
NG	GRI	21	03/12/24	11/12/24	8	7	AMBER
NG	GRI	21	24/12/24	01/01/25	8	3	AMBER
Total					41	29	

Greater Glasgow and Clyde Influenza Incidents:

During November and December 2024, there were **12** outbreaks of Influenza A which scored either **AMBER (10)** or **RED (2)**.

Site	RAH
Influenza (RED HIIAT)	2

The following tables provide a breakdown of the **AMBER** or **RED** Influenza ward closures in December 2024, there were no **AMBER** or **RED** Influenza ward closures in November 2024.

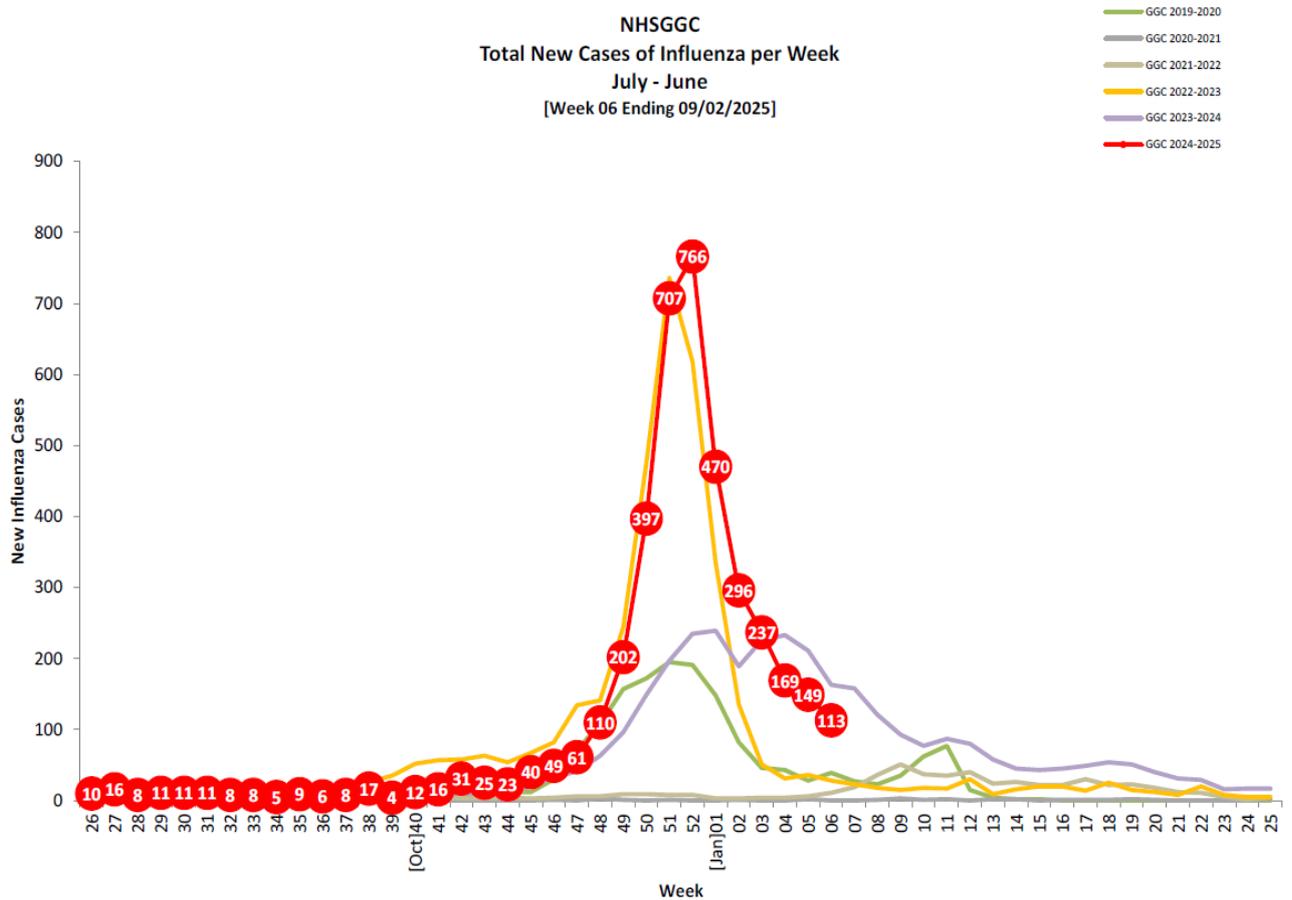
December 2024

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Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIAT Status
NG	Lightburn	3	02/12/24	10/12/24	8	5	AMBER
NG	GRI	9	05/12/24	12/12/24	7	9	AMBER
CLY	RAH	15	05/12/24	07/12/24	2	5	AMBER
CLY	RAH	18	18/12/24	22/12/24	4	5	RED
NG	GRI	36	09/12/24	14/12/24	5	2	AMBER
NG	GRI	12	12/12/24	17/12/24	5	2	AMBER
NG	GRI	8	13/12/24	18/12/24	5	3	AMBER
HSCP	RAH	37	23/12/24	04/01/25	12	7	RED
SG	QEUH	8B	18/12/24	25/12/24	7	11	AMBER
SG	QEUH	52	19/12/24	21/12/24	2	2	AMBER
NG	GRI	29	27/12/24	31/12/24	4	2	AMBER
CLY	RAH	10	27/12/24	01/01/25	5	4	AMBER
Total					66	57	

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

Weekly Monitoring of Influenza



Healthcare Improvement Scotland (HIS)

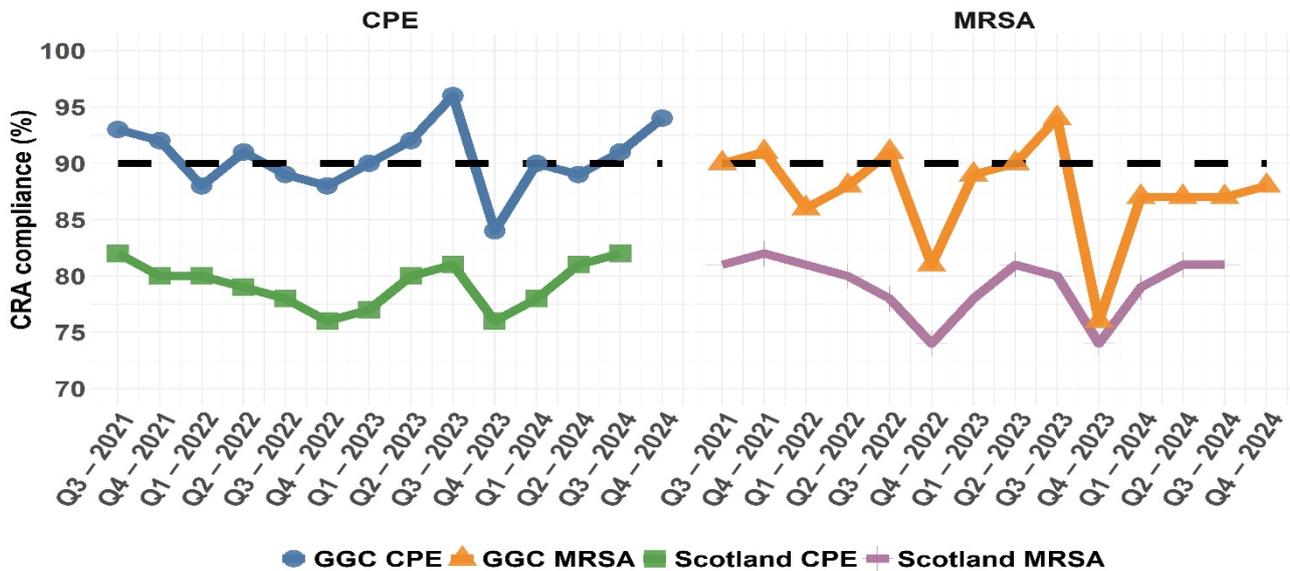
There have been no HIS inspections in GGC in November or December 2024.

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

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 and continues not to be achieved in the local data for Q4.



Last validated quarter 3 July - September 2024		NHSGGC 91% compliance rate for CPE screening	Scotland 82%
		NHSGGC 87% compliance rate for MRSA screening	Scotland 81%
Local data October - December 2024		NHSGGC 94% compliance rate for CPE screening	TBC
		NHSGGC 88% compliance rate for MRSA screening	TBC

We continue to support clinical staff to implement this screening programme and work is currently underway with eHealth to incorporate this information electronically into the patient admission eRecord.