

NHS Greater Glasgow and Clyde	Paper No. 24/99
Meeting:	NHSGGC Board Meeting
Meeting Date:	27 August 2024
Title:	The Summary Healthcare Associated Infection Reporting Template (HAIRT) for May and June 2024
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1. Purpose

The Healthcare Associated Infection Reporting Template (HAIRT) is a mandatory reporting tool for the Board to have an oversight of the Healthcare Associated Infections 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 May and June 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)
We can report that GGC are below the national average for all three indicators in this reporting period.
- In the most recently reported National ARHAI Data (Q1-2024) the HCAI SAB rate for NHSGGC was 14.6 which is within the control limits and below the national rate of 17. There were 16 healthcare associated SAB reported in May and 34 in June 2024, with the aim being 23 or less per month. We continue to support improvement locally

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to reduce rates via the Infection Prevention and Control Quality Improvement Network (IPCQIN) and local SAB reduction Groups.

- In the most recently reported National ARHAI Data (Q1-2024) the HCAI ECB rate for NHSGGC was 31.5 which is within the control limits and below the national rate of 35.6. There were 53 healthcare associated ECB in May and 56 in June 2024. Aim is 38 or less per month.
- In the most recently reported National ARHAI Data (Q1-2024) the HCAI CDI rate for NHSGGC was 12.2 which is within the control limits and below the national rate of 12.6. There were 29 healthcare associated CDI in May and 24 in June 2024. The aim is 17 or less per month.
- The following link is the ARHAI report for the period of January to March 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. January to March \(Q1\) 2024 | National Services Scotland \(nhs.scot\)](#)
- National SSI surveillance was paused in 2020 and remains paused for the foreseeable future. Scottish Government plans for an e-health solution for IPC surveillance are expected to be implemented no earlier than 2027. Review of the current system of local surveillance is therefore ongoing.
- Clinical Risk Assessment (CRA) compliance was **90%** for CPE and **87%** for MRSA in the last validated reporting quarter (Q1 -2024). The standard is 90%. In Q1, NHS Scotland reported compliance of **78%** and **79%** respectively. Unvalidated compliance results for (Q2 – 2024) indicate that GGC compliance is **89%** 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 May and June 2024.
- The eighth issue of the Infection Prevention and Control Quality Improvement Network (IPCQIN) newsletter was issued in July 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, ECB and CDI and that GGC are currently below the national average for all three.
- 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 impact</u> |
| • Better Care | <u>Positive impact</u> |
| • Better Value | <u>Positive impact</u> |
| • Better Workplace | <u>Positive impact</u> |
| • Equality and Diversity | <u>Neutral impact</u> |
| • Environment | <u>Positive impact</u> |

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 presented at the Board Clinical and Care Governance Committee and 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: 08/08/2024

Date issued to NHS Board on: 20/08/24

Healthcare Associated Infection Summary – May and June 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.

	May 2024	June 2024	Status toward SGHAI (based on trajectory to March 2024)
Healthcare Associated <i>Staphylococcus aureus</i> bacteraemia (SAB)	16	34	Aim is 23 per month
Healthcare Associated <i>Clostridioides difficile</i> infection (CDI)	29	24	Aim is 17 per month
Healthcare Associated <i>Escherichia coli</i> bacteraemia (ECB)	53	56	Aim is 38 per month
Hand Hygiene	96	96	
National Cleaning compliance (Board wide)	95	95	
National Estates compliance (Board wide)	97	96	

Healthcare Associated Infection (HCAI) Surveillance

NHSGGC has systems in place to monitor key targets and areas for delivery. An electronic HCAI surveillance system allows early detection and indication of areas of concern or deteriorating performance.

Staphylococcus aureus bacteraemia (SAB)

	May 2024	June 2024
Total	24	38
*Healthcare	16	34
Community	8	4

Healthcare associated *S. aureus* bacteraemia total for the rolling year July 2023 to June 2024 = 304.

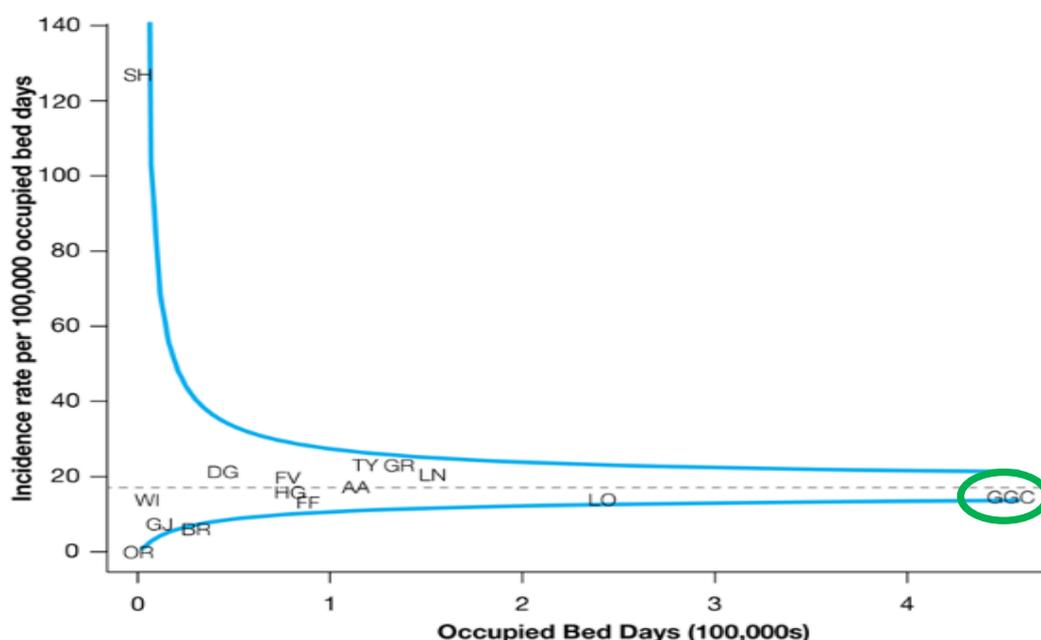
HCAI yearly aim is **280**.

Monthly Aim for Healthcare Associated Infections is 23 patient cases.

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

- The number of overall SAB cases 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.
- In the most recently reported National ARHAI Data (Q1-2024) the HCAI SAB rate for NHSGGC was 14.6 which is within the control limits and below the national rate of 17. There were 16 healthcare associated SAB reported in May and 34 in June 2024, with the aim being 23 or less per month.
- 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 Q1 (January to March 2024) funnel plot – HCAI SAB cases



Rate: **14.6** per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 17.

E.coli bacteraemia (ECB)

	May 2024	June 2024
Total	88	89
Healthcare*	53	56
Community	35	33

Healthcare associated *E. coli* bacteraemia total for the rolling year July 2023 to June 2024 = 612.

HCAI yearly aim is **452**.

Monthly Aim for Healthcare Associated Infections is 38 patient cases.

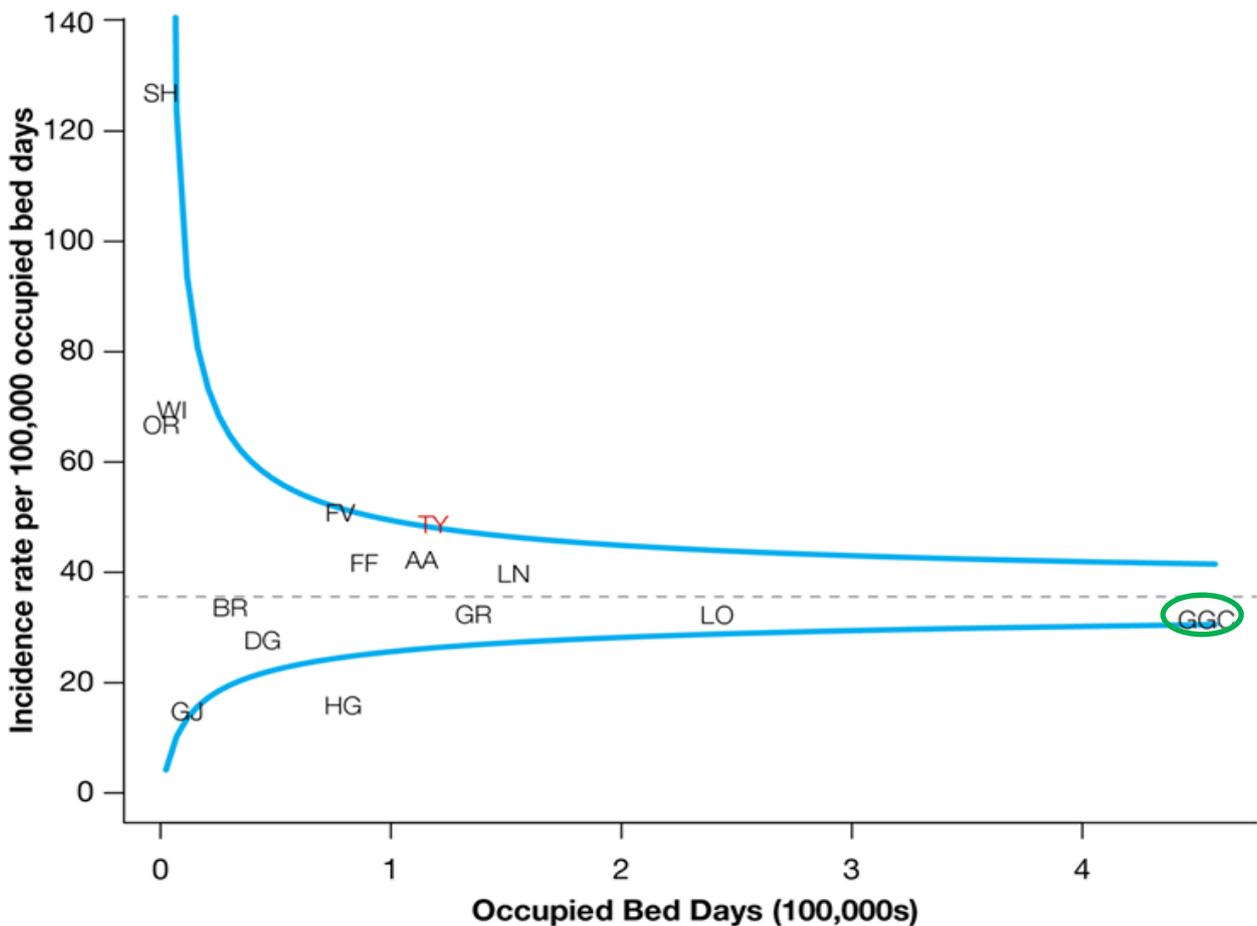
***Healthcare associated are the cases which are included in the SG reduction target.**

Comments:

- There has been a slight increase in the overall ECB cases since April 2024 but they remain within control limits. 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.
- In the most recently reported National ARHAI Data (Q1-2024) the HCAI ECB rate for NHSGGC was 31.5 which is within the control limits and below the national rate of 35.6. There were 53 healthcare associated ECB in May and 56 in June 2024. Aim is 38 or less per month.
- Enhanced surveillance of ECB continues and is prospectively available to view by clinicians on Microstrategy; 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)

ARHAI Validated Q1 (January to March 2024) funnel plot – HCAI ECB cases



Rate: 31.5 per 100,000 OBDs.

NHSGGC rate is within the control limits for this quarter and below the national rate of 35.6.

Clostridioides difficile infection (CDI)

	May 2024	June 2024
Total	36	29
Healthcare*	29	24
Community	7	5

Monthly aim for Healthcare Associated Infection is 17.

Healthcare-associated *Clostridioides difficile* total for the rolling year July 2023 to June 2024 = 256.

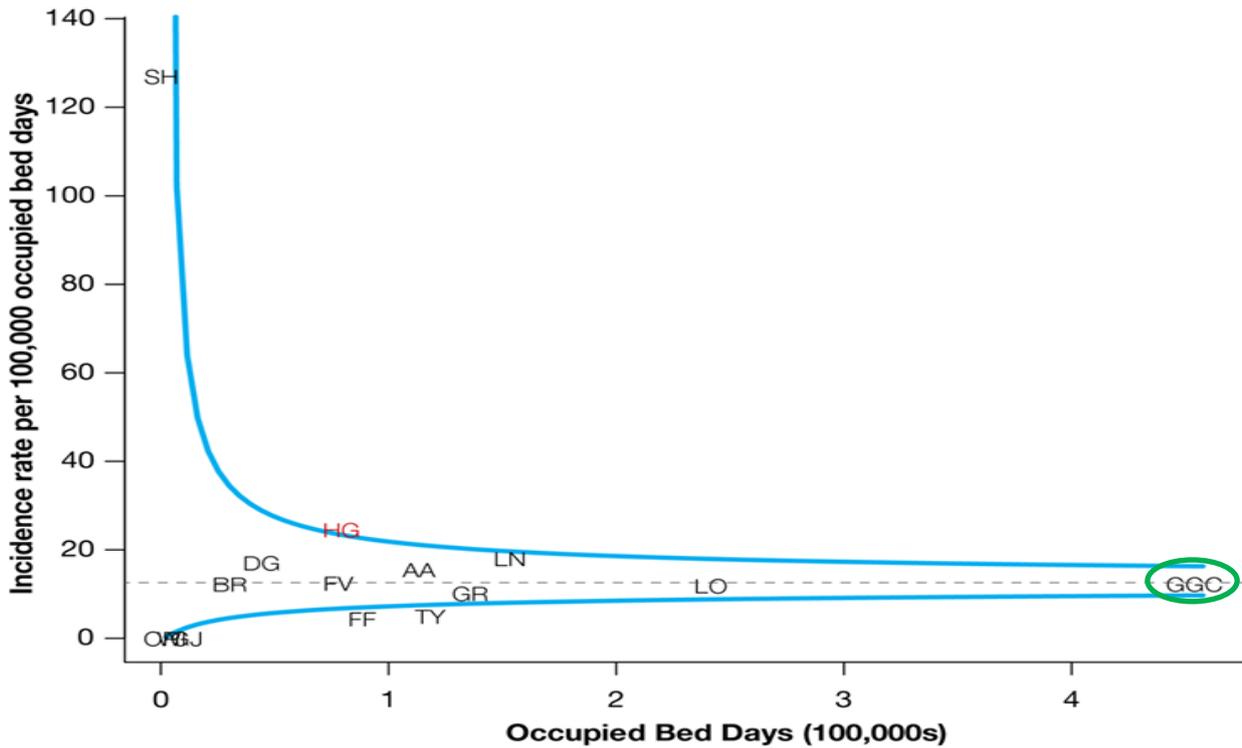
HCAI yearly aim is 204.

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

Comments:

- Cases increased in May 2024 however they have decreased again in June. The IPCT continue to closely monitor and implement local actions in any areas with higher than expected numbers.
- In the most recently reported National ARHAI Data (Q1-2024) the HCAI CDI rate for NHSGGC was 12.2 which is within the control limits and below the national rate of 12.6. There were 29 healthcare associated CDI in May and 24 in June 2024. The aim is 17 or less per month.
- Information on all Acute hospital cases is available on Micro-Strategy.

ARHAI Validated Q1 (January to March 2024) funnel plot – HCAI CDI cases



Rate: 12.2 per 100,000 OBDs.

HCAI standard aim met.

NHSGGC rate is below the NHS Scotland national rate of 12.6 and 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 the causes of death as recorded on the populations death certificates. Two organisms are monitored and reported; MRSA and *C. difficile* in GGC. The link below provides further information:

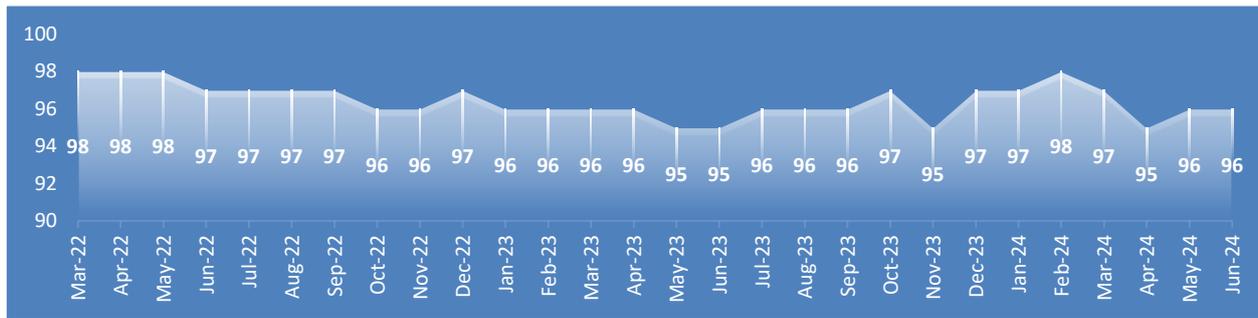
<https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths>

There was one death in May 2024 and two in June 2024, where hospital acquired *Clostridioides difficile* was recorded on the patient's death certificate.

There were zero deaths in May 2024 and one SAB death in June 2024 where hospital acquired MRSA was recorded on the patient's death certificate.

NHS GGC Hand Hygiene Monitoring Compliance (%)

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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	May 2024 %	June 2024 %
Glasgow Royal Infirmary	94	94
Gartnavel General Hospital	95	95
Inverclyde Royal Hospital	94	94
Queen Elizabeth University Hospital	94	95
Royal Alexandra Hospital	94	94
Royal Hospital for Children	95	95
Vale of Leven Hospital	96	96
NHSGGC Total	95	95

Estates compliance:		
Hospital site	May 2024 %	June 2024 %
Glasgow Royal Infirmary	88	89
Gartnavel General Hospital	99	99
Inverclyde Royal Hospital	93	91
Queen Elizabeth University Hospital	98	97
Royal Alexandra Hospital	98	96
Royal Hospital for Children	99	97
Vale of Leven Hospital	98	99
NHSGGC Total	97	96

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 9th July 2024.

The work plan has been agreed upon and is a standing agenda item going forward to support monitoring and assurance of workstream actions and progress. Workstreams continue to take a turn of having a 'spotlight' section on the agenda going forward to update the workplan.

The 8th IPCQIN Newsletter was published in July 2024, and the next Newsletter will be published in September.

The workstreams will take turns having a spotlight on the newsletters to promote ongoing improvement work and share good practices. Newsletters will be published every two months.

A SLWG will be established to support the ongoing work of the Vascular Access Device education in terms of communication and promotion of the e-learning module.

Measurement Plan for CVC PVC process Data – colleagues are collaborating and considering options for a plan to capture CVC PVC process data from teams in a standardised approach.

SLWG will be established to take forward a review of the Patient Placement and Cleaning Near Patient Equipment SOPs.

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

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

The next IPCQIN meeting is scheduled for the 4th September 2024.

Outbreaks or Incidents in May and June 2024

Outbreaks / Incidents

Outbreaks and incidents across NHSGGC 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 5 in May and 12 in June 2024.

HIIAT **AMBER** - reported 4 in May and 8 in June 2024.

HIIAT **RED** – reported 0 in May and 6 in June 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)

GGH/Beatson, Ward B7, Vancomycin Resistant Enterococcus (VRE) – initial HIIAT assessment – AMBER

7 patients were identified with VRE in Ward B7 at the Beatson Oncology Centre during routine blood culture and swab testing between 1st January and 30th May 2024. No cases caused clinical concern and a PAG was held. The HIIAT was assessed as AMBER on the 6th June, and the following actions were put in place; the ward was terminally cleaned and SICPs, CVC and hand hygiene audits were carried out. A timeline was completed and isolates were sent for typing and this indicated that 5 isolates were the same type, with 4 from the same cluster. The clinical team was kept up to date with information and actions.

The HIIAT was assessed as GREEN on the 10th June 2024 and the incident was closed.

IRH, Larkfield Unit 2 and 3, Scabies – initial HIIAT assessment – AMBER

One patient was confirmed with Scabies within a Medicine for the Elderly Ward. The HIIAT was assessed as AMBER on the 19th June 2024.

An IMT and PAG were arranged and various actions were undertaken across multi-disciplinary teams including Clinical Teams, Senior Management, Occupational Health and Public Health. Enhanced cleaning and PPE precautions were commenced.

Twice daily cleaning with chlorine-based detergent and anti-scabies treatment for staff and patients was implemented. The HIIAT was assessed as GREEN on the 27th June 2024.

Greater Glasgow and Clyde COVID-19 Incidents:

During May and June 2024, there were **16** outbreaks of COVID-19 which scored either **AMBER** (10) or **RED** (6). 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**.

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Site	GGH	GRI	Lightburn	RAH	VoL
COVID-19 (RED HIIAT)	1	1	1	2	1

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

May 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	RAH	29	13/05/24	21/05/24	8	7	AMBER
CLY	RAH	7	31/05/24	14/06/24	14	17	AMBER
HSCP	RAH	39	13/05/24	23/05/24	10	9	AMBER
NG	Lightburn	3 (female side)	03/05/24	21/05/24	18	5	AMBER
Total					50	38	

June 2024							
Sector	Hospital	Ward	Date Closed	Date reopened	Number of days closed	Cases	HIIAT Status
CLY	VOL	15	11/06/24	24/06/24	13	11	AMBER
CLY	RAH	36	20/06/24	11/07/24	21	12	RED
CLY	VOL	14	20/06/24	02/07/24	12	6	RED
CLY	RAH	18	20/06/24	26/06/24	6	7	AMBER
CLY	RAH	5	26/06/24	05/07/24	9	9	RED
HSCP	Leverndale	3A	27/06/24	closed	15	5	AMBER
NG	Lightburn	2	04/06/24	02/07/24	28	10	AMBER
NG	GRI	2	10/06/24	22/06/24	12	12	AMBER
NG	GRI	11	11/06/24	17/06/24	6	12	AMBER
NG	Lightburn	3	12/06/24	04/07/24	22	12	RED
NG	GRI	39	19/06/24	30/06/24	11	9	RED
SG	GGH	3A	24/06/24	02/07/24	8	8	RED
Total					163	113	

Healthcare Environment Inspectorate (HEI)

The most recent inspection took place in Glasgow Royal Infirmary 3-5 June 2024. The report from this Safe Delivery of Care Inspection is due to be published on the 21 August.

The reports from the inspections that took place in April in the QEUH and RAH that also focused on the Safe Delivery of Care, have now been received and can be viewed by clicking the links below:

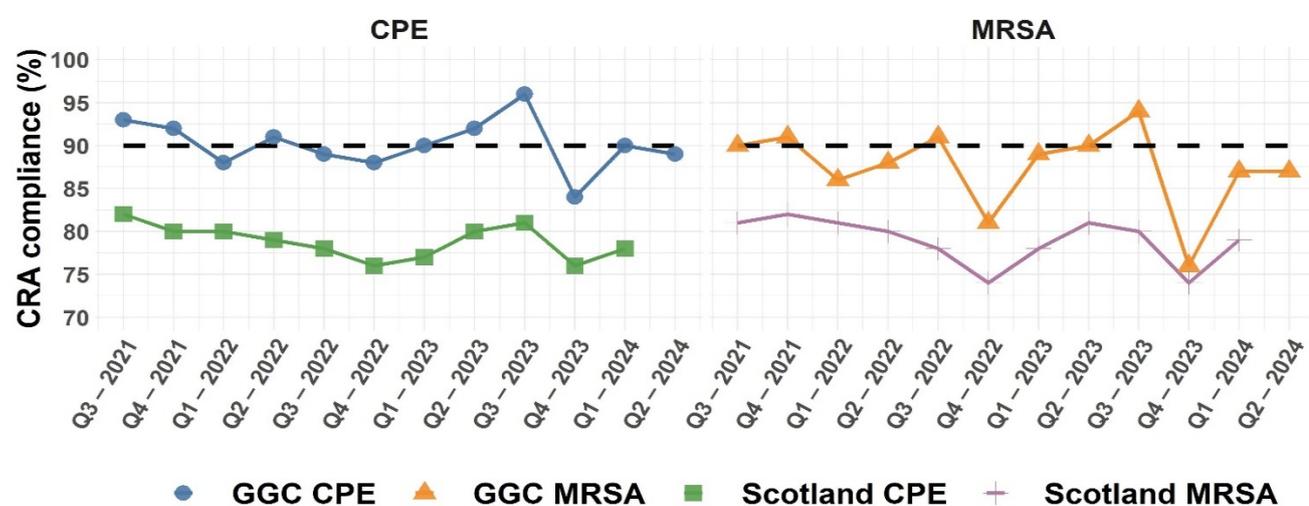
<https://www.healthcareimprovementscotland.scot/publications/queen-elizabeth-university-hospital-safe-delivery-of-care-inspection-july-2024/>

<https://www.healthcareimprovementscotland.scot/publications/royal-alexandra-hospital-safe-delivery-of-care-inspection-july-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 Q1 has been validated and included. The 90% compliance standard for Q1 has not been achieved for MRSA.



Last validated quarter		NHSGGC 90% compliance rate for CPE screening	Scotland 78%
January - March 2024		NHSGGC 87% compliance rate for MRSA screening	Scotland 79%
Local data April - June 2024		NHSGGC 89% compliance rate for CPE screening	TBC
		NHSGGC 87% compliance rate for MRSA screening	TBC

We continue to support clinical staff to implement this screening programme and work is currently underway with eHealth to incorporate this information electronically into the patient admission eRecord. The IPCT continue to focus on local education and feedback to ensure our position regarding compliance with this standard.