



NHS Golden Jubilee

Meeting:	NHS Golden Jubilee Board
Meeting date:	26 February 2026
Title:	HAIRT report
Responsible Executive/Non-Executive:	Anne Marie Cavanagh, Executive Nurse Director and HAI Executive Lead
Report Author:	Heather Gourlay, Associate Director, Prevention and Control of Infection

1 Purpose

This is presented to NHS GJ Board for:

- Awareness
- Decision
- Discussion

This report relates to:

- Annual Operation Plan
- Emerging issues
- Government policy/directive
- NHS Board/Integration Joint Board Strategy or Direction

This aligns to the following NHSScotland quality ambition(s):

- Safe
- Effective
- Person Centred

This aligns to the following NHSGJ Corporate Objectives:

- Leadership, Strategy and Risk
- High Performing Organisation
- Culture, Wellbeing and Values

2 Report summary

2.1 Situation

The Prevention and Control of Infection Committee and PCI Team co-ordinate the delivery of an extensive body of work summarised within the HAIRT report (Appendix 1).

Integral to the success of the programme is the recognition that Prevention and Control of Infection does not rest solely within the domains of the Prevention and Control of Infection Committee and Team. Everyone has Prevention and Control of Infection responsibilities from Board to ward. NHS GJNH managers are supported to take a lead in ensuring national and local interventions are implemented, monitored and assured commensurate with a safe environment for patients, staff and visitors.

2.2 Background

The December 2025 HAIRT report reflects the NHS GJNH HAI update looking across the organisational performance against existing national HEAT trajectories to support identification of trends/risks and themes for learning whilst considering this in the context of our annual Infection Control work programme outputs and progress. In addition it reflects forthcoming national initiatives in conjunction with key stakeholders for implementation.

2.3 Assessment

Appendix 1 HAIRT report reflects performance against national and local targets, note for this reporting period the increase in CDI cases with no patient to patient transmission or commonalities noted. Ribotyping (where available) have been identified as the commonly circulating strains currently within NHS Scotland. Page 8 NHS Assure funnel plot demonstrates this increase, we remain within national parameters and are not identified outliers.

DL (2025) 20 has advised Boards of agreement of a national unified PPE ensemble adopted by all 4 nations, with a transition and implementation date set for 26 August 2026. Scoping and co-ordination for this will go via NHSGJ Resilience Group and work has commenced with patient pathways developed, PPE stocks modelled and indicative stock requirements returned to NDS as per DL action . A sub group of the Resilience group will be chaired by the Consultant Microbiologist and membership and remit is currently being scoped ahead of first meeting in February 2026.

DL (2025) 28 CNO was published on 18.12.25 re Winter Infection Prevention & Control in Healthcare Settings – Reminder of the importance of Infection Control and in particular:

- **NIPCM (National Infection Prevention & Control Manual)**
- **Risk based approach to reducing respiratory infection transmission including respiratory screening**
- **Reporting incidents and outbreaks**
- **Water Safety (flushing) and bed spacing**

2.3.1 Quality/ Patient Care

Robust environmental audits of the clinical areas by the PCI team supplemented by peer reviews offers assurance of compliance with standards, environmental cleanliness and ultimately patient safety. Mini

2.3.2 Workforce

The PCI team are all qualified and skilled Infection Control Practitioners supported by ICD, Consultant Microbiologist and ID Consultant reciprocal role in conjunction with NHSGGC. Currently one Senior PCIN vacancy, interviews scheduled for 10 February 2026. Associate Director, Prevention & Control of Infection having ongoing discussions with Retinue to discuss workforce solution to bridge current vacancy gap in the event recruitment unsuccessful.

2.3.3 Financial

There is always a potential for financial impact to the organisation in relation to outbreaks and additional environmental cleaning and litigation. Ongoing use of Hydrogen Peroxide Vapour (HPV) fogging for recent VRE transmission within ICU2 has now extended to include NSD as a considered enhanced control measure. The Problem Assessment Group continue to monitor enhanced cleaning methodology as an effective control. Ringfenced funding has been secured via the PAG, to support fogging where indicated.

2.3.4 Risk Assessment/Management

There are several processes of risk assessment for HCAI related incidents ranging from PAG (Problem Assessment Group) utilising the National Infection Control Manual Mandatory HIIAT (Healthcare Incident Assessment tool) which assesses the initial impact of an incident /outbreak. The Incident Management and Escalation to ARHAI and SG policy unit via the HIIORT (Incident and Outbreak Reporting template). Debriefs from each PAG are subsequently reported to clinical specialties Clinical Governance meetings and the CGRMG.

The HCAI SCRIBE risk assessment captures environmental new build/refurbishment and all unforeseen built environment incident responses.

Significant adverse event reviews and feedback are managed on a case by case basis and risk assessment is supported where required, this is further embedded within corrective action plans where appropriate.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been completed as this paper provides a report following an analysis of data.

2.3.6 Climate Emergency and Sustainability

The IPCT continue to support Green Hospitals Initiatives both nationally and locally and influence where possible conflict with existing National Policy and guidelines, and are represented on NHSGJ Energy and Waste Conservation sub group.

2.3.7 Communication, involvement, engagement and consultation

The Board has carried out its duties to involve and engage external stakeholders where appropriate. The HAIRT report is provided quarterly to the Prevention and Control of Infection Committee and Clinical Governance Committee/Risk Management Groups, and monthly to the NHS Board.

- CGRMG 24 September 2025, 29 October 2025, 25 November 2025, 17 November 2025, 27 January 2026
- PCIC 25 November 2025, (next meeting 5 February 2026)

2.3.8 Route to the Meeting

In addition to presentation at several divisional clinical specialties governance groups, the report is also presented at Public Board meetings.

2.4 Recommendation

This paper is presented to the Board for approval.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – December 2025 HAIRT report