Healthcare Associated Infection Report
End of year HAIRT
April 25-March 26

Section 1 – Board Wide Issues

Section 1 of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual departments, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

Key Healthcare Associated Infection Headlines

- ***Staphylococcus aureus* Bacteraemia (SAB)**

5 cases to report/ 8.22 per 100,000 TOBDs
This rate is below the local trajectory of 15.34 (n=8) per 100,000 total occupied bed days, and below national quarterly rates ranging between 18-19 per 100,000 total occupied bed days. Overall the number of SAB cases are too small to establish trends for QI interventions and are considered on a case by case basis.

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

11 cases to report/ 18.08 per 100,000 TOBDs.

This rate is above the local trajectory of 5.75(n=3) per 100,000 total occupied bed days, and above below national quarterly rates ranging 13-16 per 100,000 total occupied bed days.

Our local target is a very a challenging target given NHS GJ exceptionally low CDI rates, small numbers of cases influence the achievement of this target. No epidemiological links between patients have been identified. In most cases known patient risk factors have been identified. Ribotyping (where available) have been commonly circulating strains within NHS Scotland.

- **Gram Negative/E.coli Bacteraemia (ECB)**

8 cases to report/ 13.15 per 100,000 TOBDs
This rate is above the local trajectory of 11.5 (n=7) per 100,000 total occupied bed days, and below national quarterly rates ranging between 40-44 per 100,000 total occupied bed days. Overall ECB case numbers are too small to establish trends for QI interventions and are considered on a case by case basis.

- **Hand Hygiene-** Overall compliance score for March 2026 is 98.2%

Performance over 25/26 is described within.

- **Cleaning and the Healthcare Environment - Facilities Management Tool**

Housekeeping Compliance: 98.05% **Estates Compliance: 98.39 %**
Evidence of sustained performance against NCSS for 25/26 is described within.

- **Orthopaedic Surgical Site Surveillance-**

THR/TKR SSI rates have remained within control limits throughout 25/26.
Overall THR SSI rate 0.58%/ Overall TKR SSI rate 0.12%

- **Cardiac Surgical Site Surveillance**-

CABG & Valve +/- CABG SSI rates have remained within control limits throughout 25/26.
Overall CABG SSI rate 1.81 Overall Valve +/- CABG SSI 3.36%

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

2025/2026 HCAI Key Activity Overview

The Prevention and Control of Infection Planned programme contains the specifics of PCIT HCAI activity and tracks its delivery. Of the 53 key programme objectives within, all are green or complete status. In addition to key surveillance data described within this HAIRT, below is a summary of other key activity.

HCID

The HCID Preparedness Short Life Working Group (SLWG) has been established to develop, coordinate and deliver a Board-approved plan by August 2026 in accordance with to DL (2025) 20 High Consequence Infectious Disease (HCID) Personal Protective Equipment (PPE) Addendum, to ensure NHS Golden Jubilee is prepared to safely assess, isolate and manage a suspected or confirmed High Consequence Infectious Disease (HCID) for up to 72 hours, prior to transfer to a specialist unit.

HCAI Incidents

There are several processes of risk assessment for HCAI related incidents ranging from PAG (Problem Assessment Group) to Incident Management Team (IMT) and escalation to ARHAI and SG policy unit via the HIIAT process. In this time period,6 PAGs were initiated, one of which was related to a wider national incident related to specialist equipment. Other than onward reporting for information, the remaining 5 PAGs did not require ARHAI support.

Built Environment

Whilst the Surgical Centre opened in August 24, snagging and seasonal commissioning extended into this time period requiring additional HAI SCRIBE activity. Additional Work Task Order (WTO) projects to support hospital expansion have also been simultaneous during this time and will continue in 26/27. These include the design and ongoing construction of-
WTO2- Theatre Recovery
WTO4- Redesign of old CSPD footprint

210 HAI SCRIBE risk assessments were conducted. These risk assessments were linked to reactive estates issues, planned maintenance or refurbishment. A number were complex in nature involving our team throughout design, construction to handover, these include:

- Pharmacy redesign
- Cardiac CT scanner
- Cath Lab 4

Housekeeping services were under additional pressure to maintain operational activity.

Programme of Policy Review

During 2025–26, the Prevention and Control of Infection (PCIT) Team reviewed 30 policies in line with the established three year policy review programme.
As part of this review cycle, two policies were carried forward to early 2026. These were:

- Procurement of Equipment and Products for Use in Clinical Areas
- Food in Theatres, which is currently under review by the Theatre Management Team

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Prevention and Control of Infection Annual Reviews (PCIARs) (62) have been completed across wards, departments and theatres during 2025-26, in accordance with HIS HCAI Standard 5**.**

Compliance across ward and departmental areas was satisfactory, with most areas demonstrating strong performance in patient placement, respiratory hygiene and occupational exposure management. However, recurring amber (70-79% compliance) /red themes (0-69% compliance) were identified in some aspects, particularly relating to the safe patient environment (minor environmental defects) and management of patient equipment (cleanliness, maintenance and cleaning schedules).

Overall audit score demonstrated the vast majority of areas achieving overall green audits 61.3% (n=38), notably 20.9% (n=13) areas received gold audits.

A small number of areas received an overall amber audit result 17.7% (n=11).In these instances clear actions, timelines and re-audit arrangements were assigned, with ongoing oversight through nursing /service and governance structures providing assurance of continued monitoring and improvement. No area received an overall red audit.

Horizon Scanning

- Scottish Government 10 year IPC Vison and Priorities
- National HCAI Surveillance Review
- Launch of updated Transmission Based Precautions, with significant changes in modes of transmission anticipated.
- eSurveillance challenges.

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Staphylococcus aureus (including MRSA)

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus aureus* (MSSA), but the more well-known is MRSA (Meticillin Resistant *Staphylococcus aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat.

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them.

More information can be found at: Staphylococcus aureus bacteraemia | National Services Scotland (nhs.scot)

NHS GJ approach to SAB prevention and reduction

It is accepted within ARHAI that care must be taken in making comparisons with other Boards' SAB data because of the specialist patient population within NHS GJ. All SAB isolates identified within the laboratory are subject to case investigation to determine future learning and quality improvement.

Small numbers of cases can quickly change our targeted approach to SAB reduction.

Broad HCAI initiatives which influence our SAB rate include-

- Hand Hygiene compliance monitoring
- MRSA screening at pre-assessment clinics and admission
- Compliance with National Cleaning Standards Specifications
- Audit of the environment and practices via Prevention and Control of Infection Annual Reviews, monthly SCN led Standard Infection Control Precautions audit and CNM Peer Review monitoring
- Participation in National Enhanced SAB surveillance- gaining further intelligence on the epidemiology of SAB locally and nationally.

SSI Related SAB

- MSSA screening for cardiac surgery and subsequent treatment pre and post op as a risk reduction approach
- Surgical Site Infection Surveillance in collaboration with ARHAI to allow rapid identification of increasing and decreasing trends of SSI
- Pre operative decolonisation in orthopaedic surgery

Device Related SAB

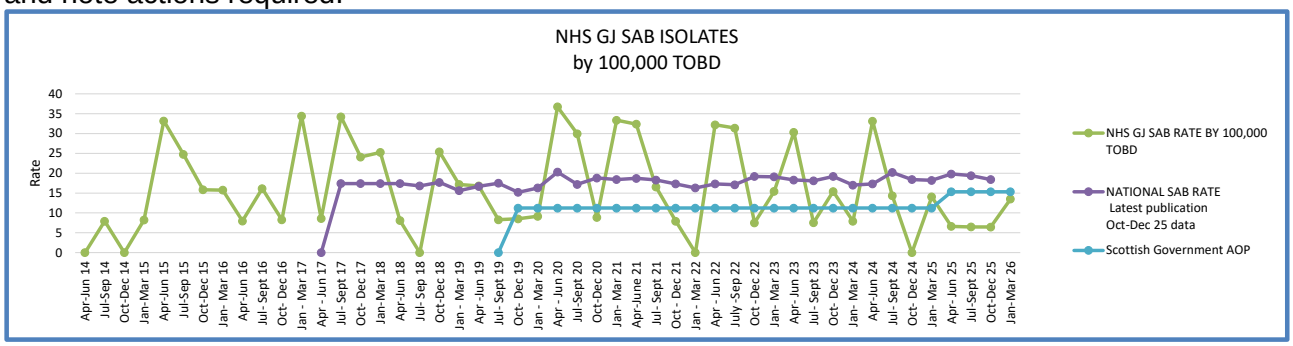
- Implementation of PVC, CVC, PICC and IABP bundles; assessment of compliance locally aids targeting of interventions accordingly.

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

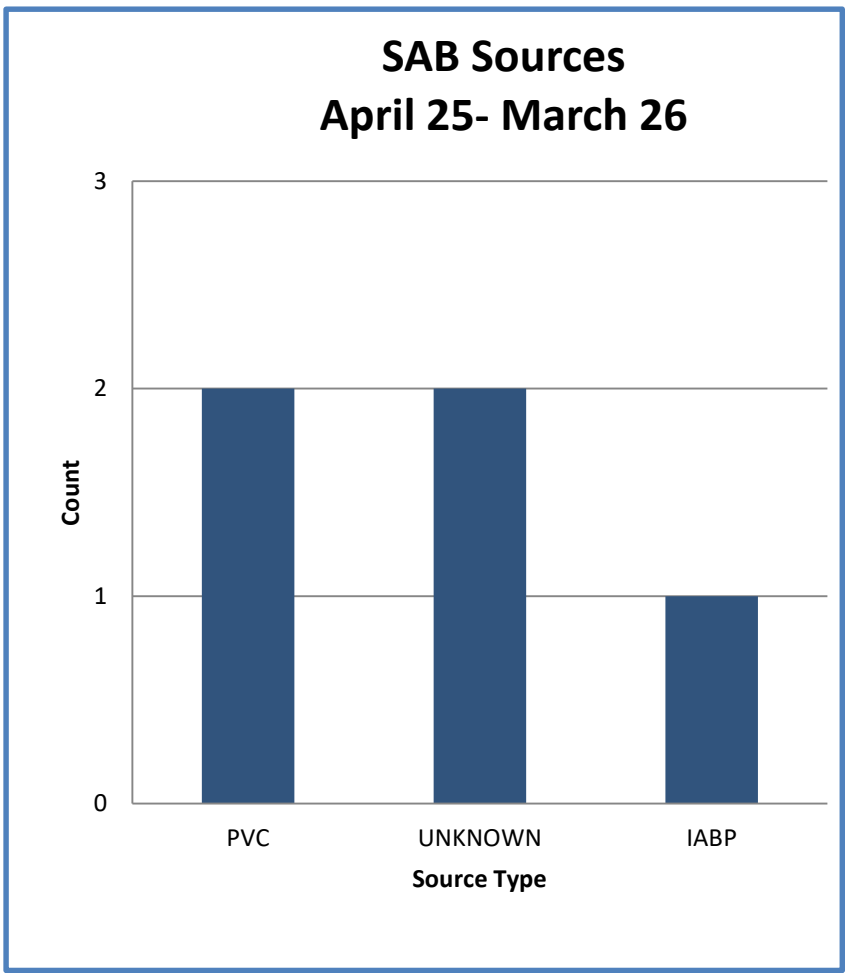
NHS GJ SAB HCAI Standards /AOP Trajectories- Rolling Target
Director's letter (2025) 05 advises Boards that the trajectory for HAI standards is based on 23/24 baseline. For NHS GJ, this target is 15.34 per 100,000 TOBD. This remains a challenging target given NHS GJ existing low SAB rate and high risk patient population.

2025/26 Summary
5 cases to report/ 8.22 per 100,000 TOBDs This rate is below the local trajectory of 15.34 per 100,000 total occupied bed days, and below national quarterly rates ranging between 18-19 per 100,000 total occupied bed days. Overall the number of SAB cases are too small to establish trends for QI interventions and are considered on a case by case basis. The data above reflects NHS GJ SAB isolates beyond 48hrs of admission.

Sources of SAB
The Prevention and Control of Infection Team work closely with the clinical teams, CG and clinical educators to gain insight into the sources of SAB acquisition and associated learning. Each SAB is subject to an enhanced surveillance process involving the PCIT, SCN and responsible consultant to determine any learning from the source of the SAB. Thereafter the Enhanced SAB surveillance reports are submitted to the relevant service clinical governance group to share potential learning and note actions required.



Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26



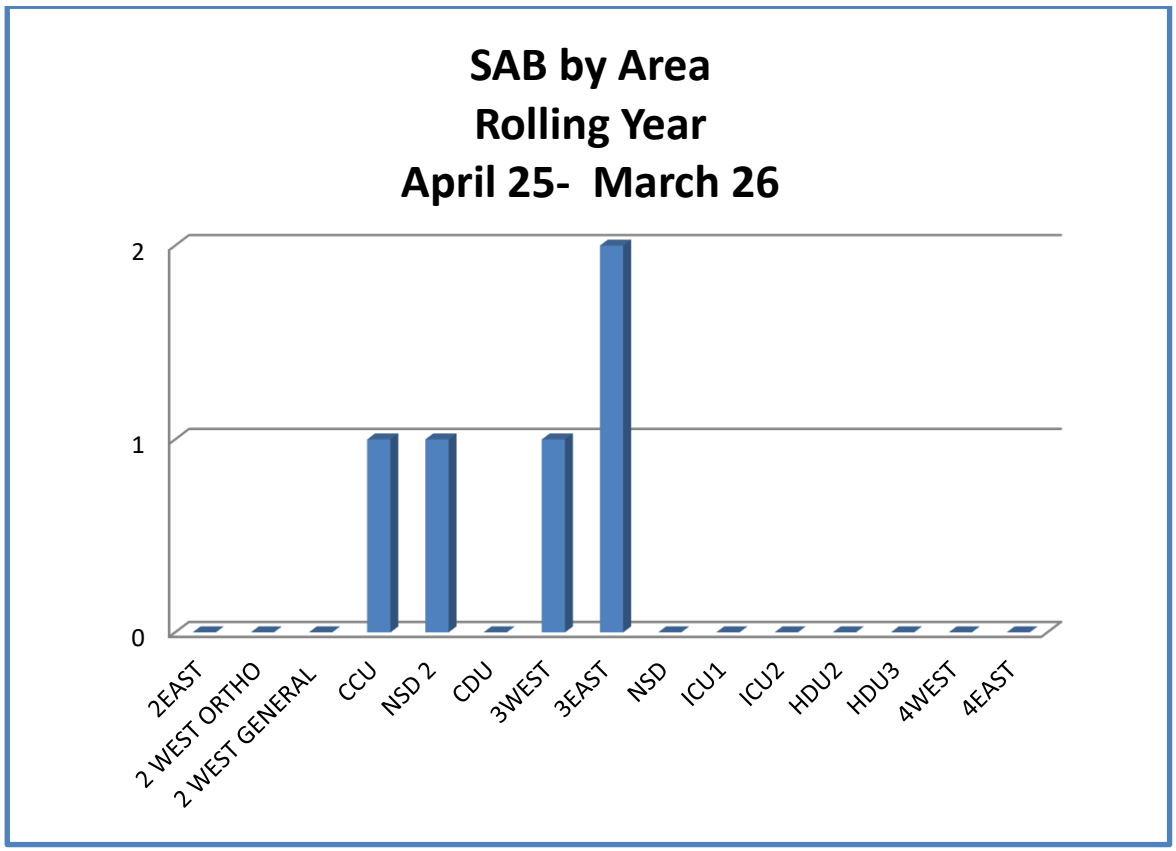
3 East
Jun 25- Unknown
Aug 25- PVC

3 West
Feb 26- Unknown

CCU
Feb 26- PVC

NSD 2
Oct 25-IABP

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26



MRSA Screening Compliance

MRSA screening promotes early identification of patients colonised or infected with MRSA. This facilitates early implementation of decolonisation / treatment with the aim of reducing the reservoir of MRSA and therefore the risk of transmission to other vulnerable patients. Screening must be completed at pre assessment where applicable, and on admission into NHS GJ.

Within NHS GJ MRSA screening must be completed for all elective admissions within high impact specialities e.g. ORTHOPAEDIC /CARDIAC/CARDIOTHORACIC/CARDIOLOGY and all overnight stay patients. Thereafter patients whose length of stay is 10 days or more are subject to additional screening on:

- Day 10
- Weekly thereafter in high risk settings i.e. NSD 1&2/ Critical Care/Long stay orthopaedics 2W.

Day 10 screen was identified as the initial screen date as it captures patient stay beyond routine pathways. Compliance is monitored via reviewing a sample of eligible patients against submitted MRSA screens. SCNs are informed of results at the time of audit and informed an action plan is required to improve compliance should be submitted.

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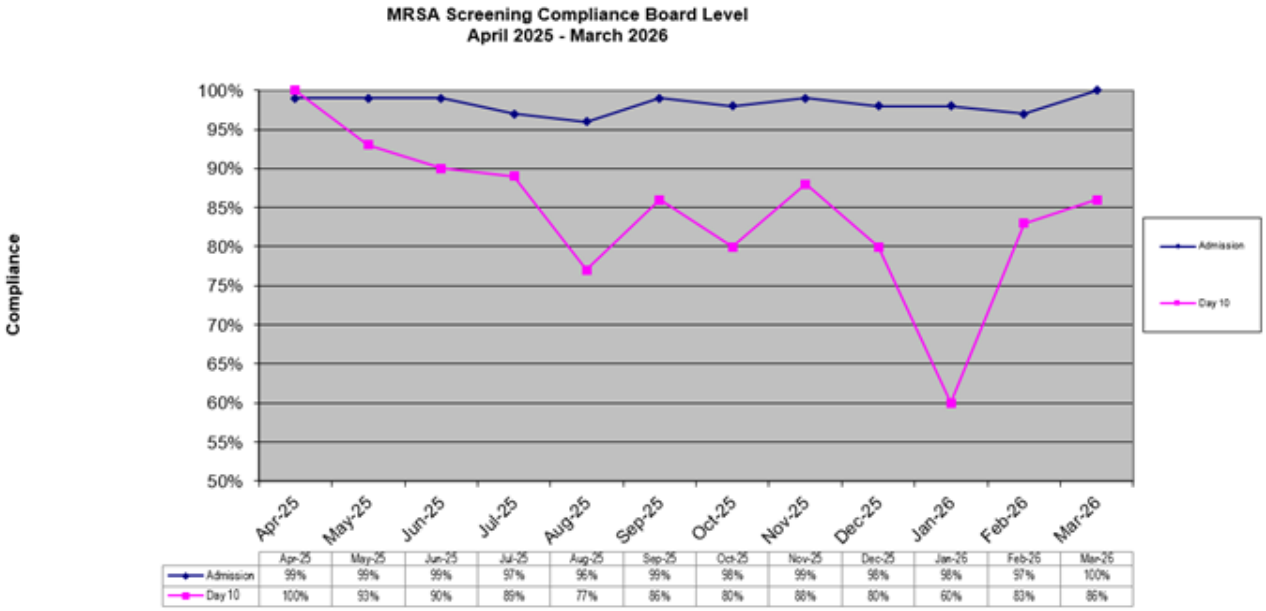
24/04/26



	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Admission	99%	99%	99%	97%	96%	99%	98%	99%	98%	98%	97%	100%
Day 10	100%	93%	90%	89%	77%	86%	80%	88%	80%	60%	83%	86%

Mar-26	Sample Size	Sample Type	Number of omissions	Board Total
	189	ADMIT SCREEN COMPLIANCE	n= 0	100%
	37	10 DAY SCREEN COMPLIANCE	n= 5	86%

		4 EAST ORTHO ERAS	4 WEST ORTHO ERAS	3WEST	3EAST	NSD	ICU1	ICU2	HDU2	HDU3	NSD2	CCU	2 West ORTHO	2 West GENERAL	2 East	Total Compliance
Mar-26	SAMPLE SIZE	24	23	19	21	8	6	5	6	1	8	6	18	10	34	189
	ADMIT COMPLIANCE	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
	SAMPLE SIZE			4	13	4	1	3	4		4		2	1	1	37
	10 DAY COMPLIANCE			75% (n=1)	77% (n=3)	100%	0% (n=1)	100%	100%		100%		100%	100%	100%	86% (n=5)

March 26 data indicates continued improvement from Jan 26 data in regards to day 10 screening.

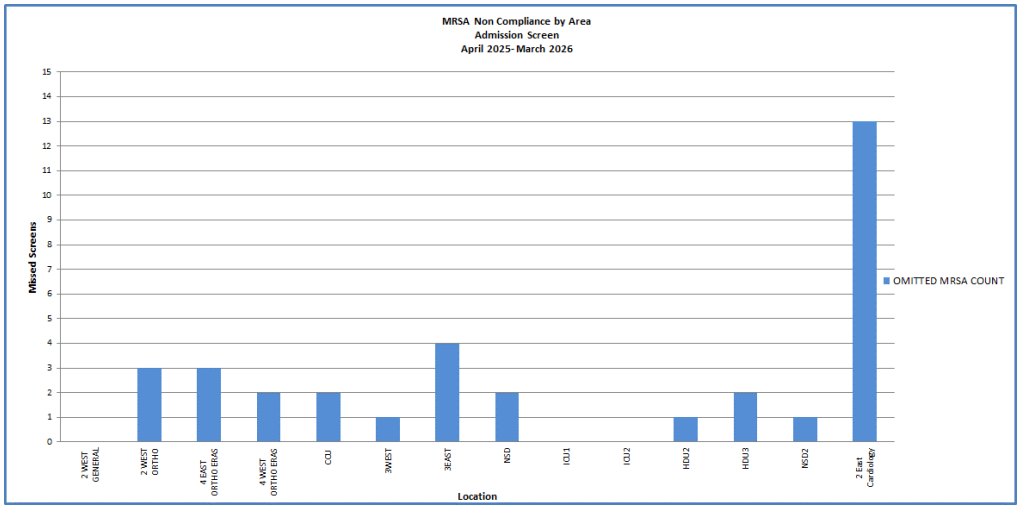
Of the non compliances noted, 40% (n=2) samples were not taken. The remainder were taken >48hrs early, or late.

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

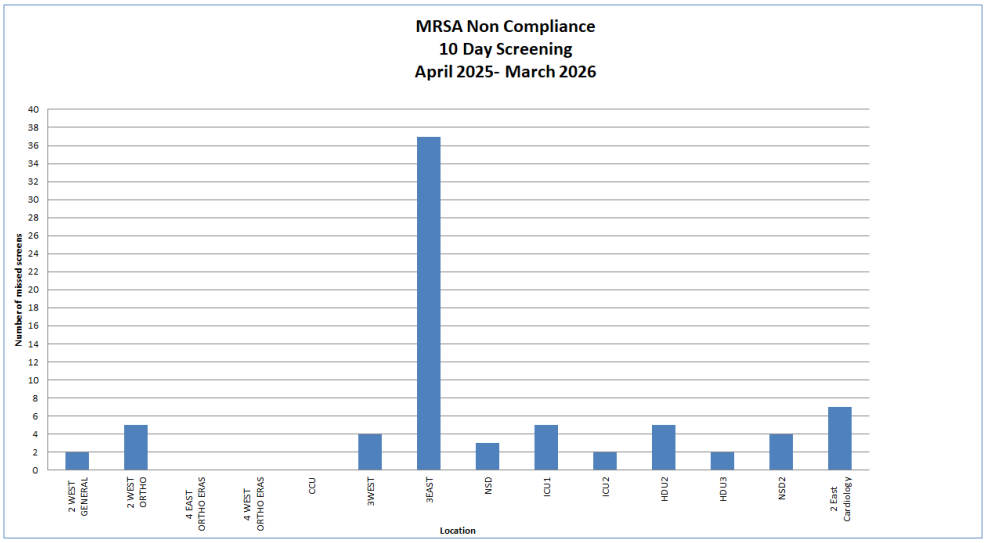
Annual Admission Screening Non-Compliance
Overall levels of missed MRSA admission screening were relatively low across most areas.

2 East Cardiology area was a clear outlier, accounting for the highest number of omitted admission MRSA screens by a significant margin, this is largely due to increased throughput of patients and increased bank and other staff working within the area, as a result the SCN and CNM have a clear improvement plan in place . Other clinical areas reported little or no non-compliance.

This suggests that admission screening compliance is generally well embedded, but with specific hotspots requiring targeted review and support rather than a board-wide issue.



Annual 10-Day MRSA Screening Non-Compliance
3 East recorded a substantially higher number of missed 10-day screens than all other locations, and dominant contributor to non-compliance. Similar to 2E, this is largely due to increased bank /other staff working within the area and a period of absence in SCN role to provide senior leadership. As a result the SCN and CNM have a clear improvement plan in place.



Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Clostridioides difficile infection (previously known as *Clostridium difficile)*

Clostridioides difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these.

More information on *Clostridioides difficile* infections can be found at: Clostridioides difficile infection | National Services Scotland (nhs.scot)

NHS GJ approach to CDI prevention and reduction

Our numbers of CDI cases are low in comparison with other Boards, which is likely to relate to our specialist patient population.

Actions to reduce CDI -

- Ongoing alert organism surveillance and close monitoring of the severity of cases by the PCIT
- Unit specific reporting
- Implementation of ARHAI Severe Case Investigation Tool if the case definition is met
- Typing of isolates when two or more cases occur within 30 days in one unit.

NHS GJ CDI HCAI Standards/ AOP Trajectories Rolling Target

Director's letter (2025) 05 advises Boards that the trajectory for HAI standards is based on 23/24 baseline.

For NHS GJ, this target is 5.75 per 100,000 TOBD.

This remains a challenging target given NHS GJ exceptionally low CDI rates, small numbers of cases will influence the achievement of this target.

2025/26 Summary

11 cases to report/ 18.08 per 100,000 TOBDs.

This rate is above the local trajectory of 5.75 per 100,000 total occupied bed days, and above below national quarterly rates ranging 13-16 per 100,000 total occupied bed days.

No epidemiological links between patients have been identified. In most cases known patient risk factors have been identified. Ribotyping (where available) have been commonly circulating strains within NHS Scotland.

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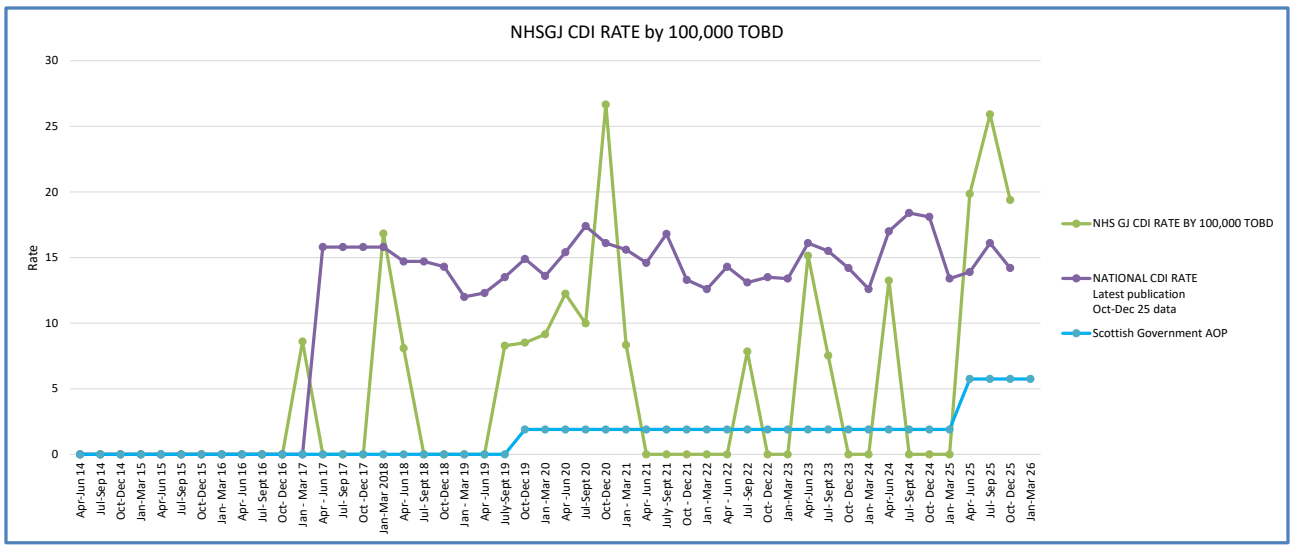
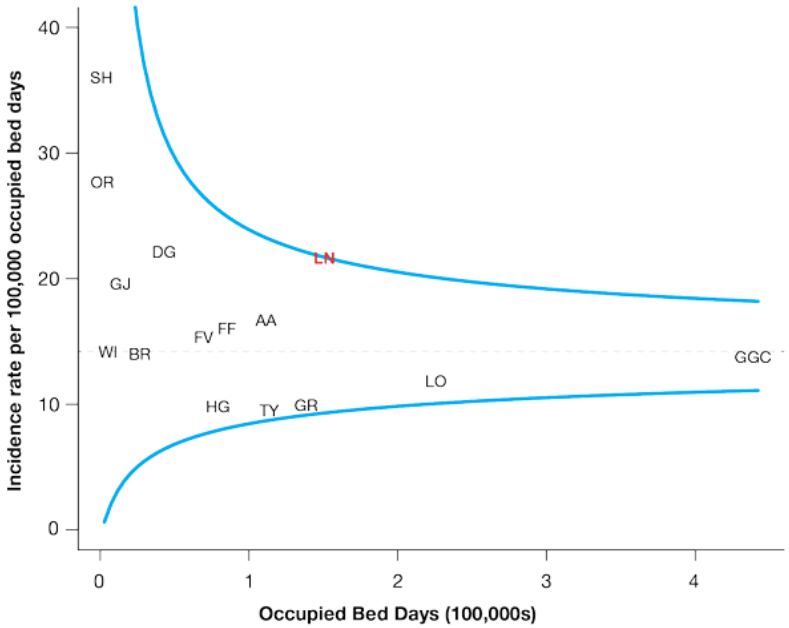
24/04/26



11 cases of CDI have been noted April 25- March 26, as a result the Scottish Government HAI target has breached (n=3) for 25/26.This is a very a challenging target given NHS GJ exceptionally low CDI rates, small numbers of cases influence the achievement of this target.

Context of NHS GJ rates against remainder of NHS Scotland is provided below.

Figure 1: Funnel plot of CDI incidence rates (per 100,000 TOBD) in healthcare associated infection cases for all NHS boards in Scotland in Q4 2025.[1, 2]



1. Source of data is Electronic Communication of Surveillance in Scotland (ECOSS) & Total occupied bed days: Public Health Scotland ISD(S)1.
2. NHS boards above the 95% confidence interval upper limit are highlighted in red.

[Quarterly epidemiological data on Clostridioides difficile infection, Escherichia coli bacteraemia, Staphylococcus aureus bacteraemia and Surgical Site Infection in Scotland. October to December (Q4) 2025 | National Services Scotland]

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Gram Negative/E.coli Bacteraemia

Escherichia coli (E. coli) is a bacterium that forms part of the normal gut flora that helps human digestion. Although most types of E. coli live harmlessly in your gut, some types can cause illness. E. coli bacteraemias can be as a result of an infection such as:
•urinary tract
•surgery
•inappropriate use of medical devices

E. coli is currently the most common cause of bacteraemia in Scotland. As a result, its reduction has been added as a new HAI Standard target. More information can be found at: HPS Website - Protocol for National Enhanced Surveillance of Bacteraemia (scot.nhs.uk)

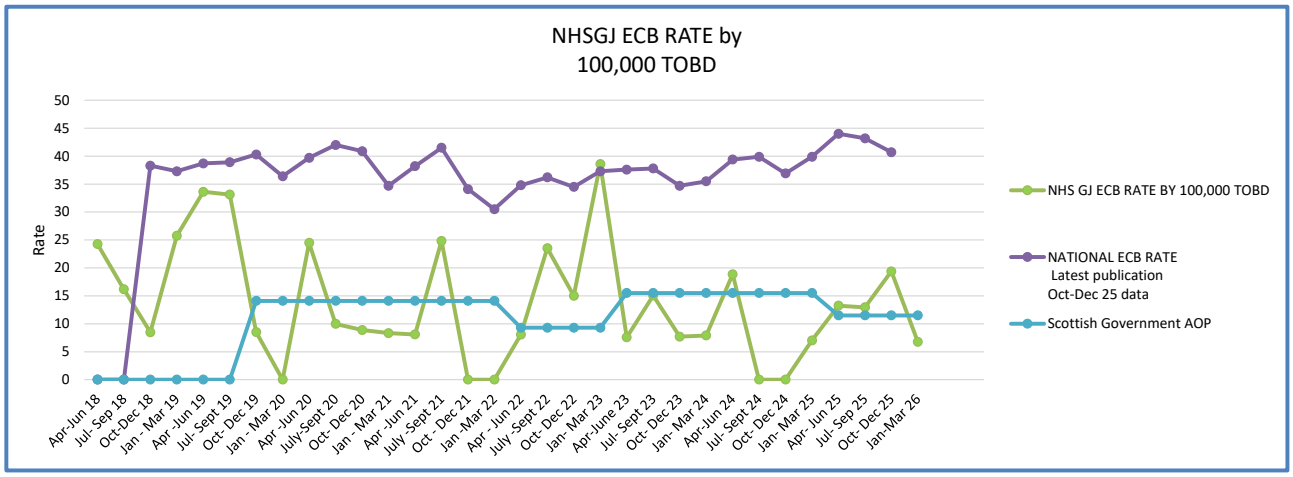
NHS GJ ECB HCAI Standards/ AOP Trajectories

Director's letter (2025) 05 advises Boards that the trajectory for HAI standards is based on 23/24 baseline. For NHS GJ, this is 11.5 per 100,000 TOBD.

All ECB isolates identified within the laboratory are subject to case investigation to determine future learning and quality improvement.

2025/26 Summary

This rate is above the local trajectory of 11.5 per 100,000 total occupied bed days, and below national quarterly rates ranging between 40-44 per 100,000 total occupied bed days. Overall ECB cases are too small to establish trends for QI interventions and are considered on a case by case basis.



Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at: http://www.nipcm.hps.scot.nhs.uk

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.

NHS GJ approach to Hand Hygiene

This report utilises data from all clinical areas submitted via Sharepoint by the 7th of each month. Division and Board wide data is available for staff to access via Sharepoint.

The hand hygiene report for March shows an overall compliance of 98.2%.

Not taking the opportunity to perform hand hygiene as opposed to incorrect technique continues to be the largest non compliance.

Hand Hygiene Summary April 2025 – March 2026

Hand hygiene compliance across NHS Golden Jubilee remained consistently high throughout this period, with overall performance largely sustained above 97%.

- Compliance in April–June 2025 remained strong (97.3%–98.8%), following a period of sustained high performance earlier in the year.
- A temporary dip was observed in July and August 2025 linked to medical staff, with compliance reducing to 95.1% in July and reaching the lowest point of the period in August at 94.2%.
- Recovery was evident from September 2025 onwards, with steady and sustained improvement reported between 97.0% and 98.8%.
- By March 2026, overall compliance was 98.2%, demonstrating recovery following the mid-year reduction.

Heather Gourlay, Associate Director Prevention and Control of Infection
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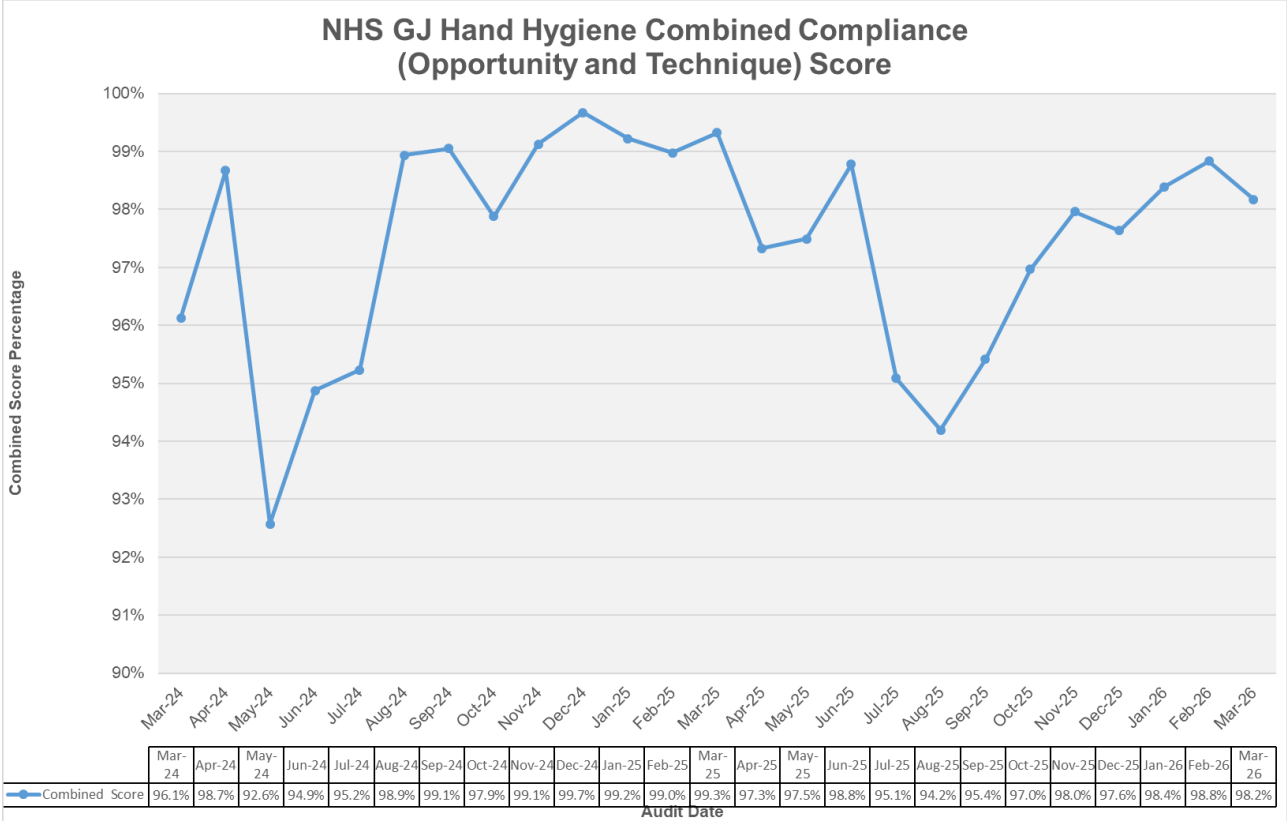
24/04/26



	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Combined Score	96.1%	98.7%	92.6%	94.9%	95.2%	98.9%	99.1%	97.9%	99.1%	99.7%	99.2%	99.0%	99.3%	97.3%	97.5%	98.8%	95.1%	94.2%	95.4%	97.0%	98.0%	97.6%	98.4%	98.8%	98.2%

Please note - Previous months data may differ from data reported in previous HAIRT submissions. This is due to areas submitting data after the cut off date of the 7th of each month.

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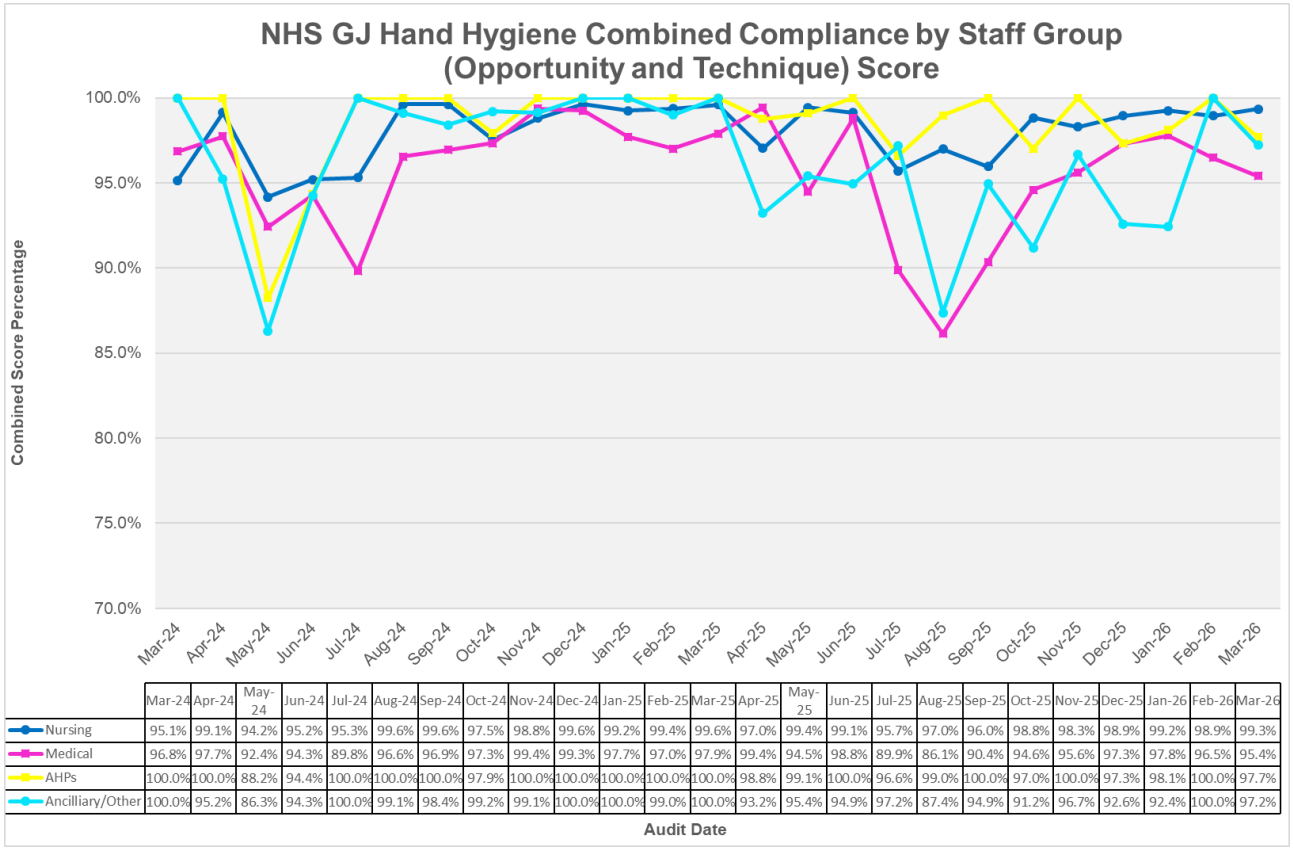


	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Apr-25	May-25	Jun-25	Jul-25	Aug-25	Sep-25	Oct-25	Nov-25	Dec-25	Jan-26	Feb-26	Mar-26
Nursing	95.1%	99.1%	94.2%	95.2%	95.3%	99.6%	99.6%	97.5%	98.8%	99.6%	99.2%	99.4%	99.6%	97.0%	99.4%	99.1%	95.7%	97.0%	96.0%	98.8%	98.3%	98.9%	99.2%	98.9%	99.3%
Medical	96.8%	97.7%	92.4%	94.3%	89.8%	96.6%	96.9%	97.3%	99.4%	99.3%	97.7%	97.0%	97.9%	99.4%	94.5%	98.8%	89.9%	86.1%	90.4%	94.6%	95.6%	97.3%	97.8%	96.5%	95.4%
AHPs	100.0%	100.0%	88.2%	94.4%	100.0%	100.0%	100.0%	97.9%	100.0%	100.0%	100.0%	100.0%	100.0%	98.8%	99.1%	100.0%	96.6%	99.0%	100.0%	97.0%	100.0%	97.3%	98.1%	100.0%	97.7%
Ancilliary/Other	100.0%	95.2%	86.3%	94.3%	100.0%	99.1%	98.4%	99.2%	99.1%	100.0%	100.0%	99.0%	100.0%	93.2%	95.4%	94.9%	97.2%	87.4%	94.9%	91.2%	96.7%	92.6%	92.4%	100.0%	97.2%

	3 East	Cath Lab	CDU	CCU	Endoscopy	2 West GS	HDU 2	HDU 3	ICU 1	ICU 2	2 East Cardiology	NSD	NSD 2	4 East OER	4 West OER	Ortho 2 West	PACU	Radiology
Jan-26	NOT20	100	100	90	100	100	NOT20	100	100	90	95	100	NOT20	100	95	90	95	95
Feb-26	95	95	95	70	100	100	100	95	100	100	100	100	100	100	100	100	95	100
Mar-26	100	100	100	90	95	95	100	100	100	100	NOT20	100	NOT20	100	95	90	NOT20	100

	OPD	Ortho OPD
Jan-26	100	100
Feb-26	100	100
Mar-26	100	100

	Ophth Clinic	Ophth Eye Pre-Post Op	Ophth Th 1	Ophth Th2	Ophth Th 3	Ophth Th 4	Ophth Th 5	Ophth Th 6
Jan-26	100	100	100	100	100	100	100	100
Feb-26	100	100	100	100	100	100	100	100
Mar-26	100	100	100	100	90	100	100	100

	SAU	Th 1	Th 2	Th 3	Th 4	Th 5	Th 6	Th 7	Th 8	Th 9	Th 10	Th 11	Th 12	Th 14	Th 15	Th 16	Th 40	Th 41	Th 42	Th 43	Th 44
Jan-26	95	100	100	95	NOT20	100	100	100	100	100	100	NOT20	100	85	100	100	100	100	100	100	100
Feb-26	100	100	100	100	NOT20	100	100	100	100	100	100	NOT20	100	100	100	NOT20	100	100	100	100	100
Mar-26	95	100	100	NOT20	NOT20	100	100	NOT20	100	100	95	100	100	90	90	NOT20	100	100	95	100	100

Locations with compliance of less than 90%

Location	Non compliance- Did not take opportunity	Non compliance- Inadequate technique	Remarks
NIL			

NOT20	20 Observations not undertaken/recorded	PCIT alerts areas where this is noted
	>95%	
	80-94%	
	<80%	

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Cleaning and Maintaining the Healthcare Environment

All healthcare facilities are expected to be at least 90% compliant with the NCSS. NHSGJ has continuously exceeded and sustained this compliance for 2025/26, see table below.

NHS board	Quarter 1 Apr - Jun 25/26	Quarter 2 Jul - Sep 25/26	Quarter 3 Sep - Dec 25/26
NHS Golden Jubilee	97.8	97.6	97.7

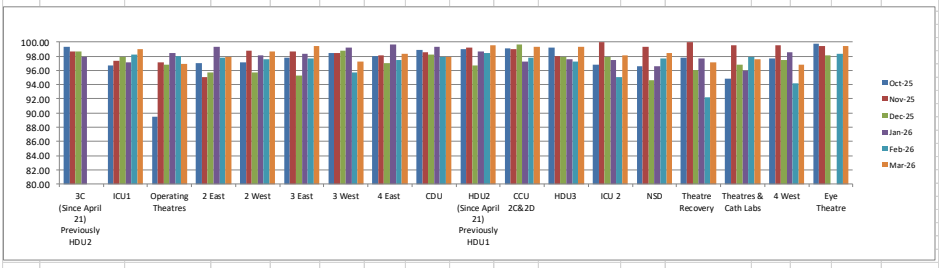
NHS Scotland National Cleaning Compliance Report
Domestic and Estates Cleaning Services Performance 2025/ 2026 published 02 February 2026.

FMT review
NHS GJ eHealth supporting national migration technical testing. Further project report to follow in April thereafter ARHAI engagement to follow with further user groups planned and include estates and housekeeping managers.

Housekeeping FMT Audit Results

HOUSEKEEPING FMT AUDIT RESULTS

	3C (Since April 21) Previously HDU2	ICU1	Operating Theatres	2 East	2 West	3 East	3 West	4 East	CDU	HDU2 (Since April 21) Previously HDU1	CCU 2C&2D	HDU3	ICU 2	NSD	Theatre Recovery	Theatres & Cath Labs	4 West	Eye Theatre	Comments
Apr-25	98.91	99.37	96.01	98.53	98.78	98.66	98.98	97.37	96.48	99.39	98.47	98.95	100	99.43	98.31	96.4	98.98	99.77	
May-25	99.73	99.69	97.54	97.72	98.24	98.44	99.31	93.17	98.78	99.64	100	98.71	100	96.75	97.89	98.56	96.54	95.21	
Jun-25	97.5	98.62	87.42	98.22	98.09	98.84	99.12	98.5	98.9	97.74	98.69	98.45	98.27	95.67	95.75	97.4	98	95.11	
Jul-25	98.43	99.64	96.61	94.92	98.81	97.33	98.67	96.8	98.1	96.87	97.26	99.43	97.89	97.42	100	99.66	96.97	99.05	
Aug-25	99.44	99.3	97.19	96.21	98.44	97.83	97.45	98.1	98.51	99.49	99.77	99.09	99.46	96.44	95.65	95.43	96.6	93.16	
Sep-25	97.53	97.19	93.32	97.74	95.74	97.16	98.51	98.38	98.26	98.35	96.57	98.52	96.83	98.08	94.94	99.23	98.89	98.1	
Oct-25	99.35	96.67	89.44	97.04	97.11	97.81	98.43	98.04	98.88	98.98	99.07	99.17	96.79	96.63	97.76	94.86	97.71	99.71	
Nov-25	98.67	97.35	97.17	95.07	98.77	98.7	98.39	98.15	98.52	99.18	98.99	98.02	100	99.35	100	99.58	99.52	99.41	
Dec-25	98.67	97.92	96.8	95.74	95.67	95.23	98.73	97.07	98.23	96.66	99.68	97.94	97.92	94.58	96.00	96.82	97.42	98.11	
Jan-26		97.92	97.09	98.44	99.28	98.14	98.38	99.24	99.68	99.28	98.66	97.25	97.59	97.45	96.61	97.65	95.95	98.5	3C Under refurb
Feb-26		98.26	98.01	97.78	97.61	97.72	95.68	97.44	97.9	98.39	97.8	97.24	95.04	97.69	92.23	97.91	94.22	98.28	3C Under refurb
Mar-26		98.95	96.87	97.88	98.61	99.4	97.26	98.3	97.88	99.57	99.35	99.32	98.15	98.46	97.14	97.61	96.83	99.46	3C Under refurb



Enlarged image available at the end of HAIRT

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Healthcare Associated Infection Reporting Template (HAIRT)

Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections *(*also broken down into MSSA and MRSA) and *Clostridioides difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from outwith hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by ARHAI. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridioides difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA).

For each hospital the total number of cases for each month are those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Targets

There are national annual operating plans associated with reductions in HCAI. More information on these can be found on the Scottish Government website.

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found here: Facilities Monitoring Report | National Services Scotland (nhs.scot)

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
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NHS BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
MRSA	0	0	0	0	1	0	0	0	0	0	0	0
MSSA	0	0	1	0	0	0	1	0	0	0	2	0
Total SABS	0	0	1	0	1	0	1	0	0	0	2	0

Clostridioides difficile infection monthly case numbers

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Ages15-64	0	0	0	1	0	0	1	1	0	0	1	0
Ages 65+	0	1	2	2	0	1	0	0	1	0	0	0

E.Coli bacteraemia monthly case numbers

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
ECB	2	0	0	0	1	1	2	1	0	0	0	1

Hand Hygiene Monitoring Compliance (%) (as reported at 7th of each month)

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Nurse	97	99	96	95.7	97.1	95.7	98.8	98.7	98.9	99.2	98.9	99.3
Medical	99	94	99	89.9	84.9	90.4	94.6	96.1	97.3	97.8	96.5	95.4
AHP	99	99	100	96.6	98.9	100	97.0	100	97.3	98.1	100	97.7
Ancillary/Other	93	95	89	97.2	85.7	94.9	91.2	96.7	92.6	92.4	100	97.2
Board Total	97	97	96.5	95.1	93.9	95.3	97.0	98.3	97.6	98.4	98.8	98.2

Cleaning Compliance (%)

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Board Total	98.49	98.11	97.09	97.99	97.62	97.98	97.41	98.6	97.16	98.07	97.1	98.05

Estates Monitoring Compliance (%)

	Apr 25	May 25	Jun 25	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Board Total	97.5	91.91	97.74	98.09	93.94	97.93	94.3	99.07	96.04	98.65	98.22	98.39

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
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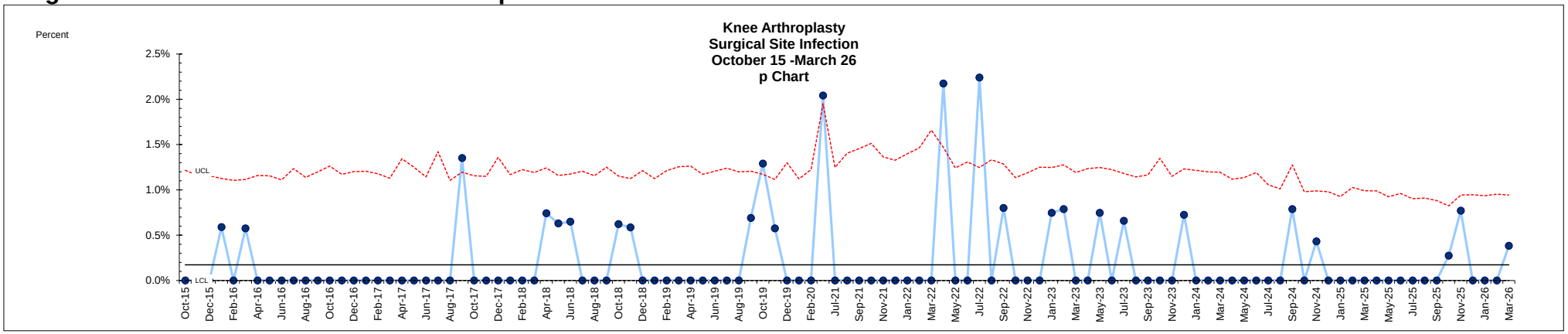
Surgical Site Infection Surveillance- Orthopaedic Local data



Knee Arthroplasty SSI			
Number of Procedures	Month	Type of SSI	Status
232	Apr 25	0	Confirmed
274	May 25	0	Confirmed
249	June 25	0	Confirmed
291	July 25	0	Confirmed
284	Aug 25	0	Confirmed
308	Sept 25	0	Confirmed
365	Oct 25	1 Superficial	Confirmed
260	Nov 25	1 Deep 1 Superficial	Confirmed
258	Dec 25	0	Confirmed
266	Jan 26	0	Confirmed
254	Feb 26	0	Confirmed
261	Mar 26	1	Unconfirmed
Annual SSI rate-0.12%			

*A surgical site infection is defined as a superficial, deep or organ space infection occurring within 30 days of operation. Definitions of superficial, deep and organ space are defined in Health Protection Scotland Surgical Site Infection Surveillance Protocol.

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
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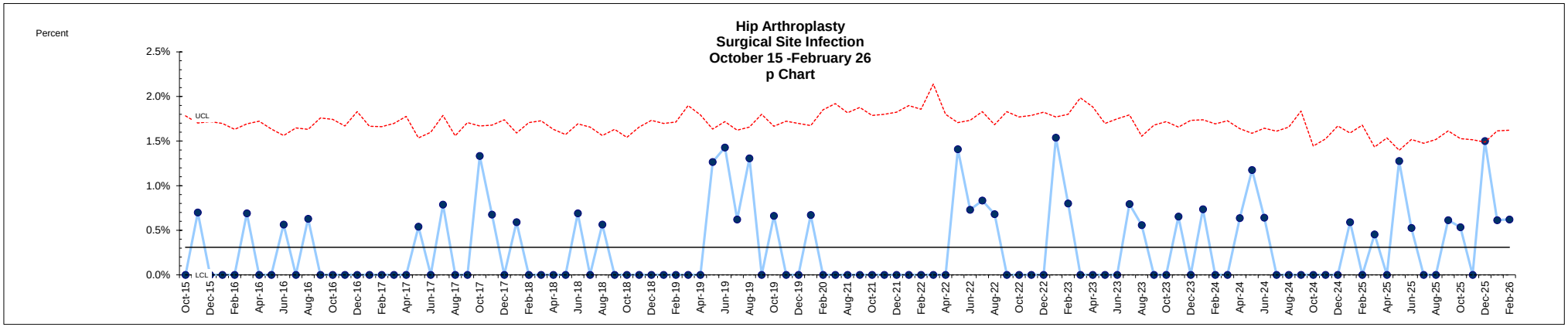

Hip Arthroplasty SSI			
Number of Procedures	Month	Type of SSI	Status
185	Apr 25	0	Confirmed
235	May 25	3- 2 Deep/1 Superficial	Confirmed
190	June 25	1-Organ Space	Confirmed
204	July 25	0	Confirmed
190	Aug 25	0	Confirmed
163	Sept 25	1 Deep Infection	Confirmed
187	Oct 25	1 Deep Infection	Confirmed
191	Nov 25	0	Confirmed
200	Dec 25	3- 2 Superficial/1 Deep	Confirmed
163	Jan 26	1 Deep	Confirmed
161	Feb 26	2 Organ space	Confirmed
176	Mar 26	1	Unconfirmed
Annual SSI rate-0.58 %			

*****A surgical site infection is defined as a superficial, deep or organ space infection occurring within 30 days of operation. Definitions of superficial, deep and organ space are defined in Health Protection Scotland Surgical Site Infection Surveillance Protocol.

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
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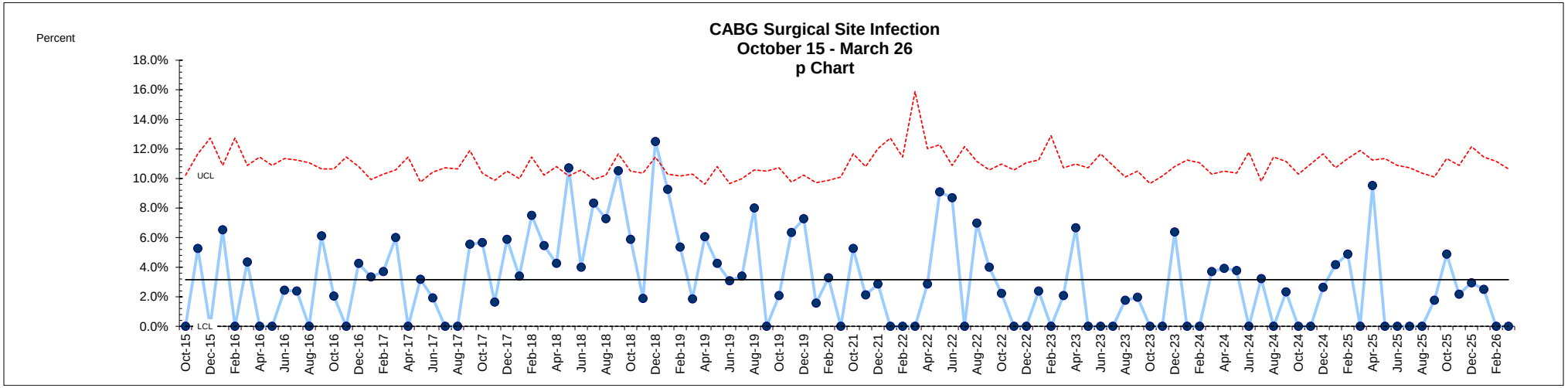
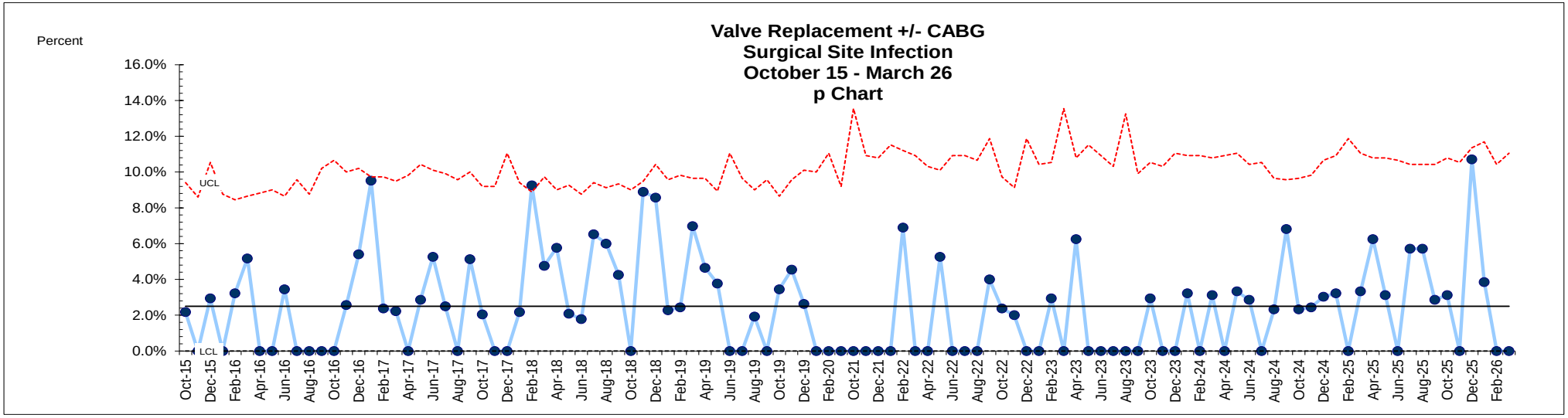
Surgical Site Infection Surveillance- CABG Local data



CABG SURGERY SSI			
Number of Procedures	Month	Type of SSI	Status
42	Apr 25	4- 2 Superficial Sternum/1 organ space/1 deep leg	Confirmed
41	May 25	0	Confirmed
46	June 25	0	Confirmed
48	July 25	0	Confirmed
53	Aug 25	0	Confirmed
57	Sept 25	1 Superficial Sternum	Confirmed
41	Oct 25	2 Superficial Sternum	Confirmed
46	Nov 25	1 Superficial Sternum	Confirmed
34	Dec 25	1 Superficial Sternum	Confirmed
40	Jan 26	1 Deep (3 sites)	Confirmed
43	Feb 26	0	Confirmed
49	Mar 26	0	Unconfirmed
Annual SSI rate-1.81%			

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

Surgical Site Infection Surveillance- Valve Replacement +/- CABG Local data



Valve Replacement +/- CABG SSI			
Number of Procedures	Month	Type of SSI	Status
32	Apr 25	2 Superficial Sternum	Confirmed
32	May 25	1 Superficial Groin	Confirmed
33	June 25	0	Confirmed
35	July 25	2 Superficial Sternum	Confirmed
35	Aug 25	2- 1 Superficial Sternum/1 Organ Space Sternum	Confirmed
35	Sept 25	1 Superficial Sternum	Confirmed
32	Oct 25	1 Superficial Sternum	Confirmed
34	Nov 25	0	Confirmed
28	Dec 25	3-1 Deep Sternum/1 Deep Sternum & and Leg/ 1Superficial Sternum	Confirmed
26	Jan 26	1 Superficial Sternum	Confirmed
35	Feb 26	0	Confirmed
30	Mar 26	0	Unconfirmed
Annual SSI rate-3.36%			

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
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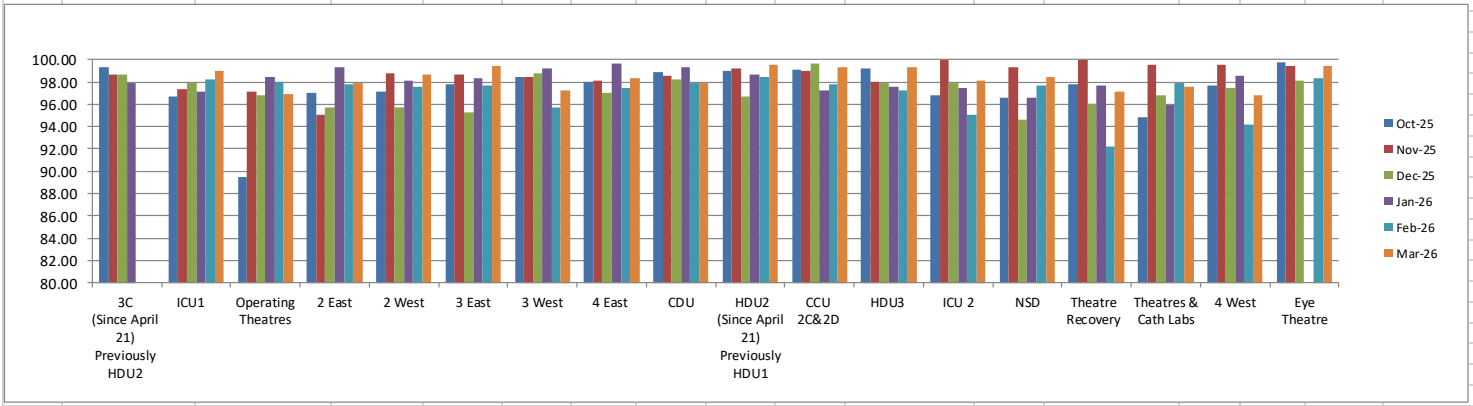
HOUSEKEEPING FMT AUDIT RESULTS																		
	3C (Since April 21) Previously HDU2	ICU1	Operating Theatres	2 East	2 West	3 East	3 West	4 East	CDU	HDU2 (Since April 21) Previously HDU1	CCU 2C&2D	HDU3	ICU 2	NSD	Theatre Recovery	Theatres & Cath Labs	4 West	Eye Theatre	Comments
Apr-25	98.91	99.37	96.01	98.53	98.78	98.66	98.98	97.37	96.48	99.39	98.47	98.95	100	99.43	98.31	96.4	98.98	99.77	
May-25	99.73	99.69	97.54	97.72	98.24	98.44	99.31	93.17	98.78	99.64	100	98.71	100	96.75	97.89	98.56	96.54	95.21	
Jun-25	97.5	98.62	87.42	98.22	98.09	98.84	99.12	98.5	98.9	97.74	98.69	98.45	98.27	95.67	95.75	97.4	98	95.11	
Jul-25	98.43	99.64	96.61	94.92	98.81	97.33	98.67	96.8	98.1	96.87	97.26	99.43	97.89	97.42	100	99.66	96.97	99.05	
Aug-25	99.44	99.3	97.19	96.21	98.44	97.83	97.45	98.1	98.51	99.49	99.77	99.09	99.46	96.44	95.65	95.43	96.6	93.16	
Sep-25	97.53	97.19	93.32	97.74	95.74	97.16	98.51	98.38	98.26	98.35	96.57	98.52	96.83	98.08	94.94	99.23	98.89	98.1	
Oct-25	99.35	96.67	89.44	97.04	97.11	97.81	98.43	98.04	98.88	98.98	99.07	99.17	96.79	96.63	97.76	94.86	97.71	99.71	
Nov-25	98.67	97.35	97.17	95.07	98.77	98.7	98.39	98.15	98.52	99.18	98.99	98.02	100	99.35	100	99.58	99.52	99.41	
Dec-25	98.67	97.92	96.8	95.74	95.67	95.23	98.73	97.07	98.23	96.66	99.68	97.94	97.92	94.58	96.00	96.82	97.42	98.11	
Jan-26		97.92	97.09	98.44	99.28	98.14	98.38	99.24	99.68	99.28	98.66	97.25	97.59	97.45	96.61	97.65	95.95	98.5	3C Under refurb
Feb-26		98.26	98.01	97.78	97.61	97.72	95.68	97.44	97.9	98.39	97.8	97.24	95.04	97.69	92.23	97.91	94.22	98.28	3C Under refurb
Mar-26		98.95	96.87	97.88	98.61	99.4	97.26	98.3	97.88	99.57	99.35	99.32	98.15	98.46	97.14	97.61	96.83	99.46	3C Under refurb



Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
24/04/26

HAIRT Table of Abbreviations

AHP	Allied Health Professional
ARHAI	Antimicrobial Resistance and Healthcare Associated Infection
AOP	Annual Operating Plan
CABG	Coronary Artery Bypass Graft
CG	Clinical Governance
CGC	Clinical Governance Committee
CCU	Coronary Care Unit
CDI/C.*difficile*	*Clostridioides difficile* infection
CMO	Chief Medical Officer
CNM	Clinical Nurse Manager
CNO	Chief Nursing Officer
CPE	Carbapenamase-producing enterobacteriacaea
CVC	Central Venous Catheter
DMT	Domestic Monitoring Tool
DSEG	Domestic Services Expert Group
ECB	Escherichia coli bacteraemia
EDU	Endoscopy Decontamination Unit
FMT	Facilities Monitoring Tool
GI	Gastro Intestinal
GJNH	Golden Jubilee National Hospital
GS	General Surgery
HAIRT	Healthcare Associated Infection Report Template
HCAI	Healthcare Associated Infection
HCID	High Consequence Infectious Disease
HDU	High Dependency Unit
HH	Hand Hygiene
HIIAT	Healthcare Infection Incident Assessment Tool
HLD	Heart and Lung Division
HA MRSA	Hospital Acquired Meticillin Resistant *Staphylococcus aureus*
HEAT	Health Improvement, Efficiency, Access to treatment, and Treatment
HEI	Healthcare Environment Inspection
HFS	Healthcare Facilities Scotland
HH	Hand Hygiene
HIS	Healthcare Improvement Scotland
HPS	Health Protection Scotland
IABP	Intra-aortic balloon pump
IC	Infection Control
IMT	Incident Management Team
MRSA	Meticillin Resistant *Staphylococcus aureus*
MSSA	Meticillin Sensitive *Staphylococcus aureus*
NA	Not Applicable
NCSS	National Cleaning Standards Specification
NHSGJ	NHS Golden Jubilee
NIPCM	National Infection Prevention Control Manual
NSD	National Services Division
NSS	National Services Scotland
OER	Orthopaedic Enhanced Recovery
PAG	Problem Assessment Group
PCIC	Prevention & Control of Infection Committee
PCIN	Prevention & Control of Infection Nurses
PCIT	Prevention & Control of Infection Team
PCIAR	Prevention and Control of Infection Annual Review
PICC	Peripherally Inserted Central Catheter
PMH	Past Medical History
PVC	Peripheral Venous Cannula
QI	Quality Improvement
SAB	*Staphylococcus aureus* bacteraemia
SACCS	*Scottish Adult Congenital Cardiac Service*
SAU	Surgical Admissions Unit
SBAR	Situation Background Assessment Recommendations
SCN	Senior Charge Nurse
SCRIBE	Systems for Control Risk in the Built Environment
SG	Scottish Government
SGHD	Scottish Government Health Department
SICP	Standard Infection Control Precautions
SLWG	Short Life Working Group
SNAHFS	Scottish National Advanced Heart Failure Service
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
TBP	Transmission Based Precautions
THR	Total Hip Replacement
TKR	Total Knee Replacement
TOBD	Total Occupied Bed Days
VIP	Visual Infusion Phlebitis
VRE	Vancomycin Resistant Enterococci
WTO	Work Task Order

Heather Gourlay, Associate Director Prevention and Control of Infection
Sandra Wilson, Head of Nursing Prevention and Control of Infection
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