



NHS Golden Jubilee

Meeting:	NHS Golden Jubilee Board
Meeting date:	28 May 2026
Title:	End of Year Overview for HAIRT Report 2025/26
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:

- Decision
- Discussion

This report relates to a:

- 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
- Optimal Workforce
- Facilities Expansion and Use
- Centre for Sustainable Delivery
- NHS Scotland Academy and Strategic Partnerships
- 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 March 2026, end of year 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 and clinical staff 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 end of year overview for HAIRT report 2025-26 (end of year HAIRT report 2025-26) reflects the NHS Golden Jubilee National Hospital HCAI 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 and touches on horizon scanning in conjunction with key stakeholders for implementation.

2.3 Assessment

Appendix 1 March and end of year HAIRT report 2025-26 reflects performance against national and local targets, note for this reporting period April 2025 – March 2026, 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.

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 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.

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. Local surveillance supports improvement and interventions for those areas where compliance is sub optimal, through SCN led action plans.

2.3.2 Workforce

Scotland's Infection Prevention and Control workforce faces significant challenges and the national Infection Prevention workforce strategic plan aims to support resilience and sustainable skills; with clear pathways for recruitment, progression and retention within Infection Control.

The PCI team are all qualified and experienced Infection Control Practitioners supported by ICD, Consultant Microbiologist and ID Consultant reciprocal role in conjunction with NHSGGC.

One Senior PCIN vacancy filled and post holder now in place (internal succession planning.) This has released the Infection Control nurse post which is will go out to advert imminently.

Associate Director, Prevention & Control of Infection having ongoing discussions with Retinue agency to scope workforce solution to bridge vacancy gap for this post as a contingency.

Head of Nursing, Prevention and Control of Infection post was vacant from 1 May 2026, interviews scheduled for 11 May 2026.

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) environmental fogging for recent VRE transmission within NSD as an enhanced control measure to maintain baseline environmental cleanliness. The Problem Assessment Group in relation to this incident was closed 7 April 2026. Operational managers are responsible for securing ringfenced funding, to support fogging where indicated and supported by the Infection Control team.

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. While not mandatory the hot debrief review tool is an effective process to identify lessons learned and celebrate good practice.

The HCAI SCRIBE risk assessment captures environmental new build/refurbishment and all other unforeseen built environment incident responses, in collaboration with key stakeholders.

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 from service providers.

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 PCIT continue to support Green Healthcare Initiatives both nationally and locally and influence where possible conflict with existing National Policy and guidelines, and are represented on NHSGJ Green Healthcare/Theatres 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 to Clinical Governance Committee, and monthly to CGRMG and to the NHS Board.

- CGRMG 24 February 2026, 24 March 2026, 28 April 2026
- PCIC 5 February 2026, 5 May 2026 (next meeting 14 August 2026)
- Clinical Governance Committee, 12 May 2026

2.3.8 Route to the Meeting

The report was approved at Prevention and Control of Infection Committee on 5 May 2026, Clinical Governance Committee on 12 May 2026, will be presented to CGRMG on 27 May 2026, and cascaded to specialist clinical governance group meetings in the forthcoming weeks as they arise.

2.4 Recommendation

- Approve the HAIRT End of Year Report for 2025/26.

3 List of appendices

The following appendix is included with this report:

- Appendix No 1, HAIRT March 2026 and end of year report.