

Healthcare Associated Infection Report June 2026

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)**

No cases to report since February 2026.

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

No cases to report since February 2026.

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

1 case to report. 3 East, source UTI.

**Hand Hygiene-** Overall compliance score for June is 97.7%

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

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

Housekeeping Compliance: 98.56% Estates Compliance: 97.87%

**Orthopaedic Surgical Site Surveillance**

0 THR SSI to report / 0 TKR SSI to report since March 2026.

**Cardiac Surgical Site Surveillance**

0 CABG SSI to report / 0 Cardiac SSI to report since January 2026.

Other HAI activity overview

- HCID preparedness stakeholder meetings ongoing in response to DL (2025) 20 High Consequence Infectious Disease (HCID) Personal Protective Equipment (PPE) Addendum. Pathways developed and training being progressed. Implementation date has now been extended to 31 March 2027 and the focus will now be on training with key stakeholder support to reach full implementation.
- We await the resources ARHAI are developing to support implementation of the revised National Transmission Based Precautions and have been advised these will not be shared in advance of 3 August 2026 launch date. All clinical teams being made aware of forthcoming changes via a number of platforms and full date for implementation yet to be confirmed.

***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 \(nhs.scot\)](http://www.nhs.uk/conditions/staphylococcus-aureus-bacteraemia/)

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
- Orthopaedic Prosthetic Joint Infection Audit Group scoping introduction of MSSA decolonisation pre operatively.

Device Related SAB

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

NHS GJ SAB HCAI Standards /AOP Trajectories- Rolling Target

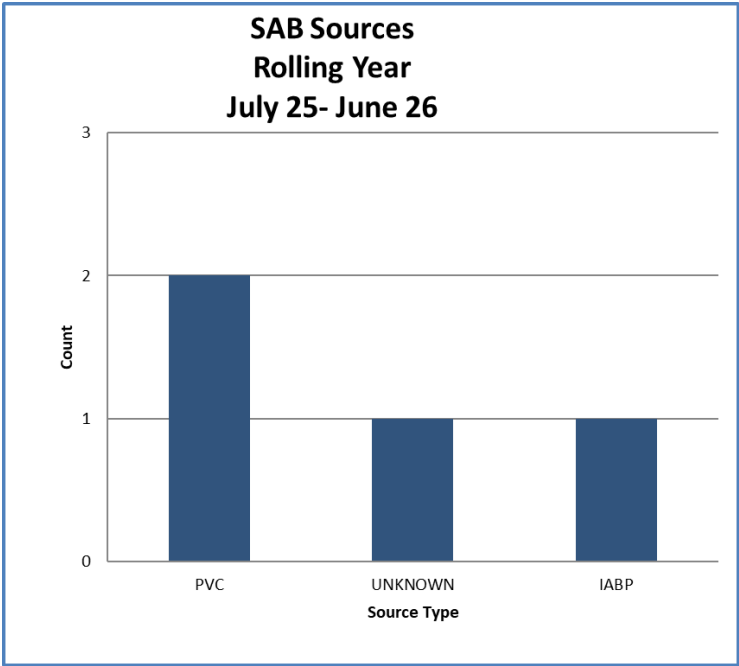
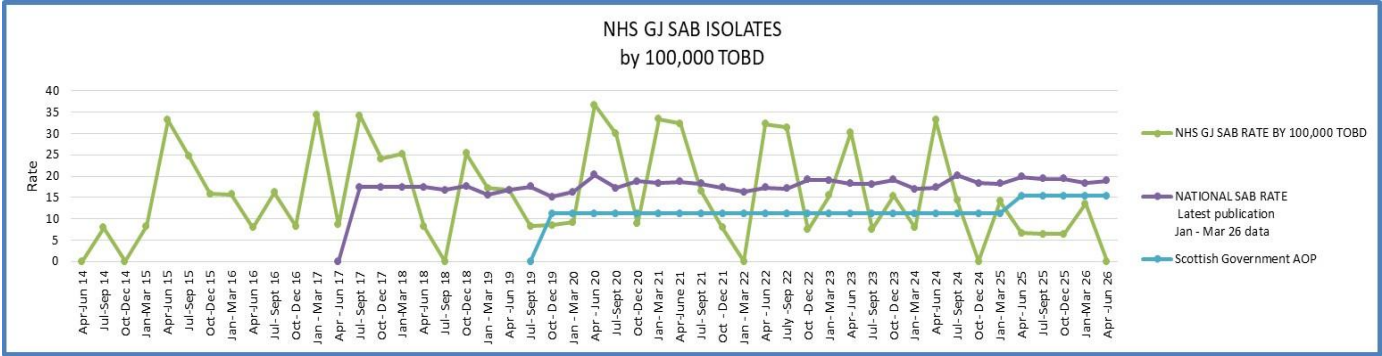
Director’s letter (2025) 05 advises Boards that the trajectory for HAI standards is based on 23/24 baseline.

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.

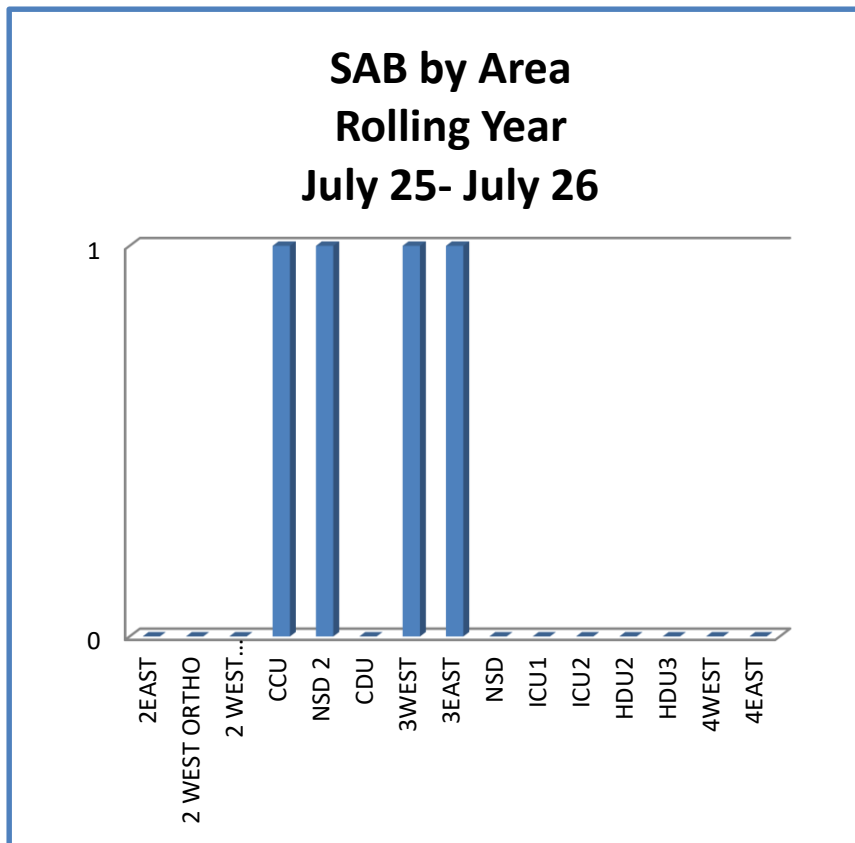
The data above reflects NHS GJ SAB isolates beyond 48hrs of admission.

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.



- 3 East**
Aug 25- PVC
- NSD 2**
Oct 25-IABP
- 3 West**
Feb 26- Unknown
- CCU**
Feb 26- PVC



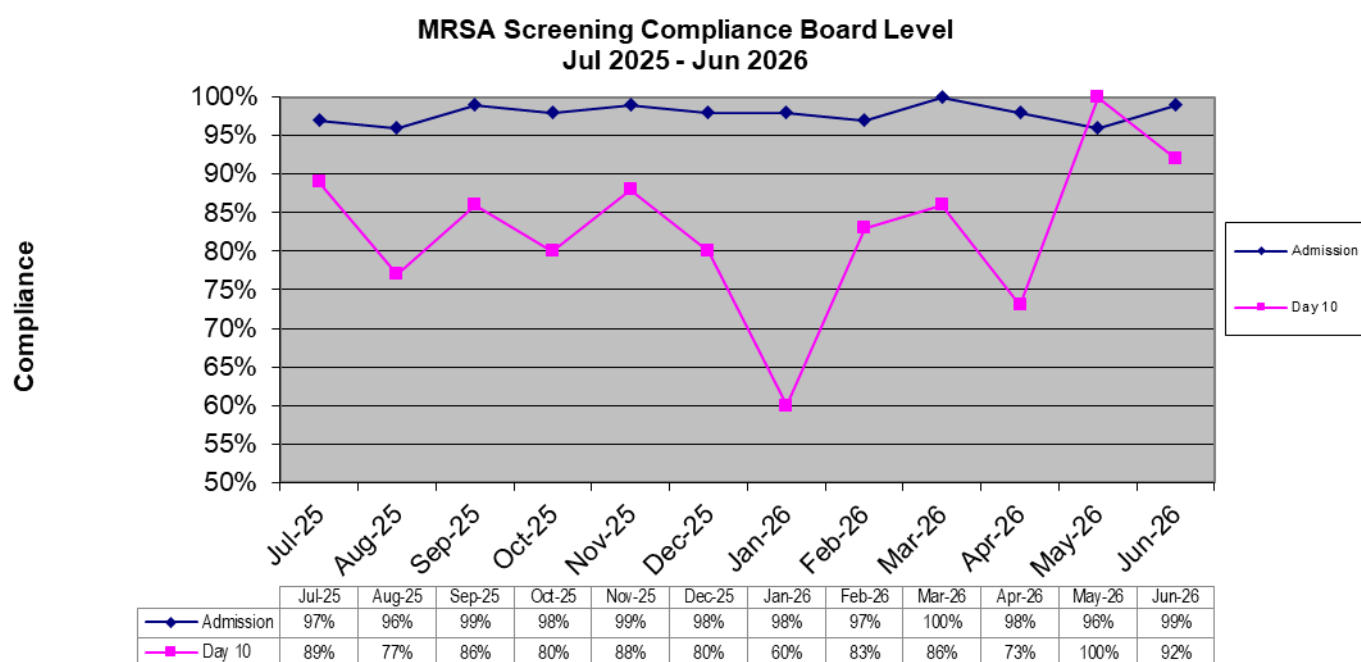
MRSA Screening Compliance

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.



Jun-26	Sample Size	Sample Type	Number of omissions	Board Total
	167	ADMIT SCREEN COMPLIANCE	n=1	99%
	36	10 DAY SCREEN COMPLIANCE	n= 3	92%

		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
Jun-26	SAMPLE SIZE	10	14	20	19	8	4	6	5	6	7	8	21	8	31	167
	ADMIT COMPLIANCE	100%	100%	100%	100%	100%	100%	100%	100%	83% (n=1)	100%	100%	100%	100%	100%	99% (n=1)
	SAMPLE SIZE			2	7	5	1	2	2	5	3		6	1	2	36
	10 DAY COMPLIANCE			100%	86% (n=1)	100%	100%	100%	100%	100%	100%		83% (n=1)	100%	50% (n=1)	92% (n=3)

Jun-26	MRSA SCREEN NON COMPLIANCE	MISSED SCREEN DUE DATE	DEPARTMENT RESPONSIBLE	COMMENTS	SAMPLE OBTAINED
	Admission	22/05/2026	3 East		No
	10 Day	29/05/2026	2 East	Screen obtained too early	27/05/2026
	10 Day	01/06/2026	2 West Ortho		No
	10 Day	30/05/2026	ICU1	Transferred from ICU1 to 3 East at 12:22 on 30/05/2026.	No

***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 \(nhs.scot\)](https://www.nhs.uk/conditions/clostridioides-difficile-infection/)

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 -

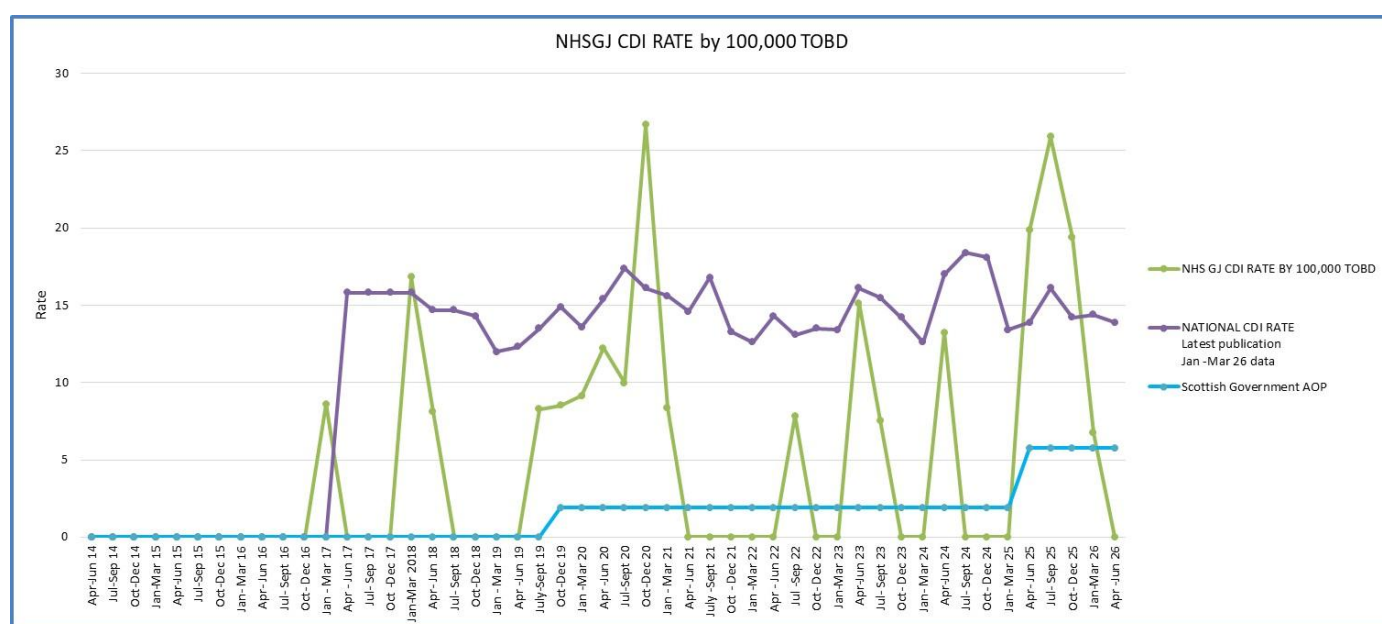
- Ongoing alert organism surveillance and close monitoring of the severity of cases by the PCIT
- Unit specific reporting and triggers
- Implementation of ARHAI Severe Case Investigation Tool if the case definition is met
- Typing of isolates when two or more cases occur within 30 days in one unit.

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.

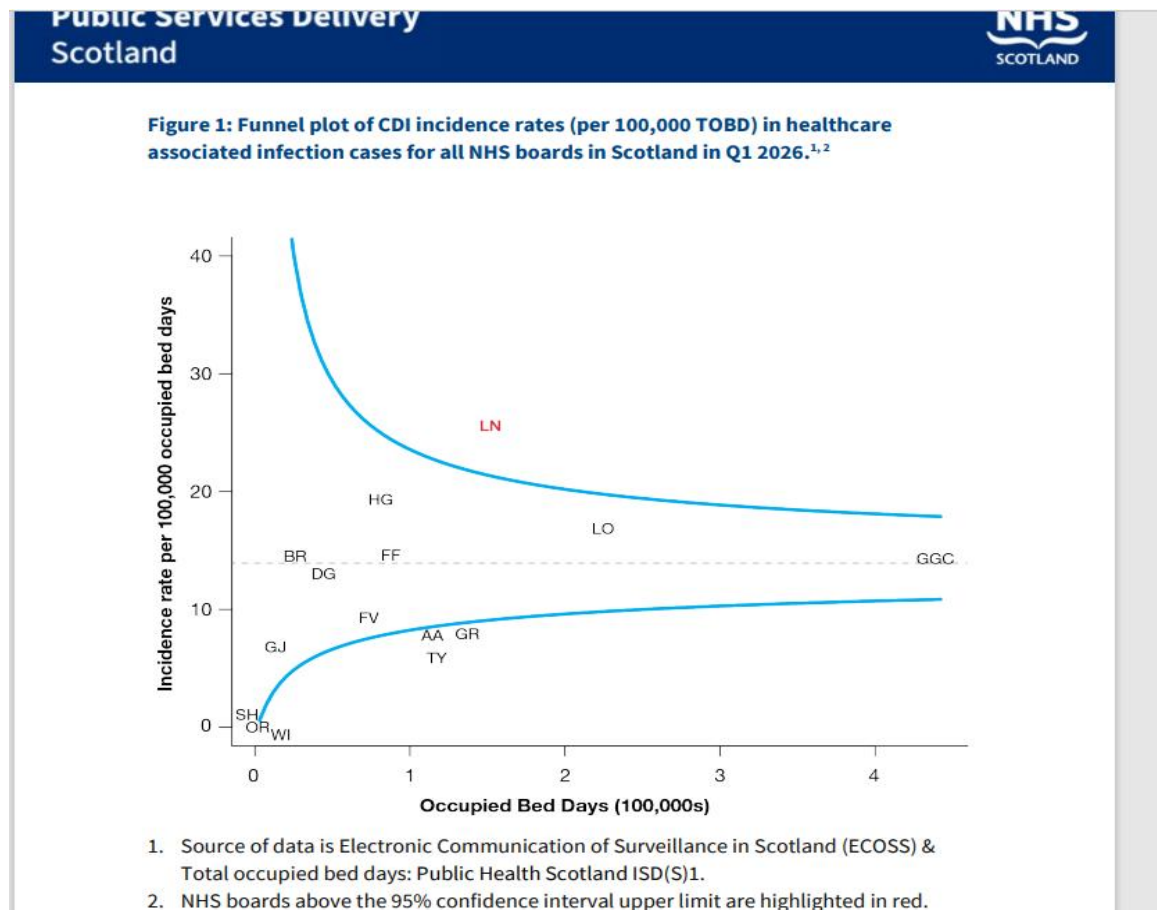
This remains a challenging target given NHS GJ exceptionally low CDI rates, small numbers of cases will influence the achievement of this target.



Heather Gourlay, Associate Director Prevention and Control of Infection
13/07/2026

0 cases of CDI have been noted since February 2026.

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



Occupied Bed Days (100,000s)

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.

HAI Quarterly report Q1 –Full report via link:

<https://www.nss.nhs.scot/media/6906/hai-quarterly-report-q1-2026-full-report.pdf>

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

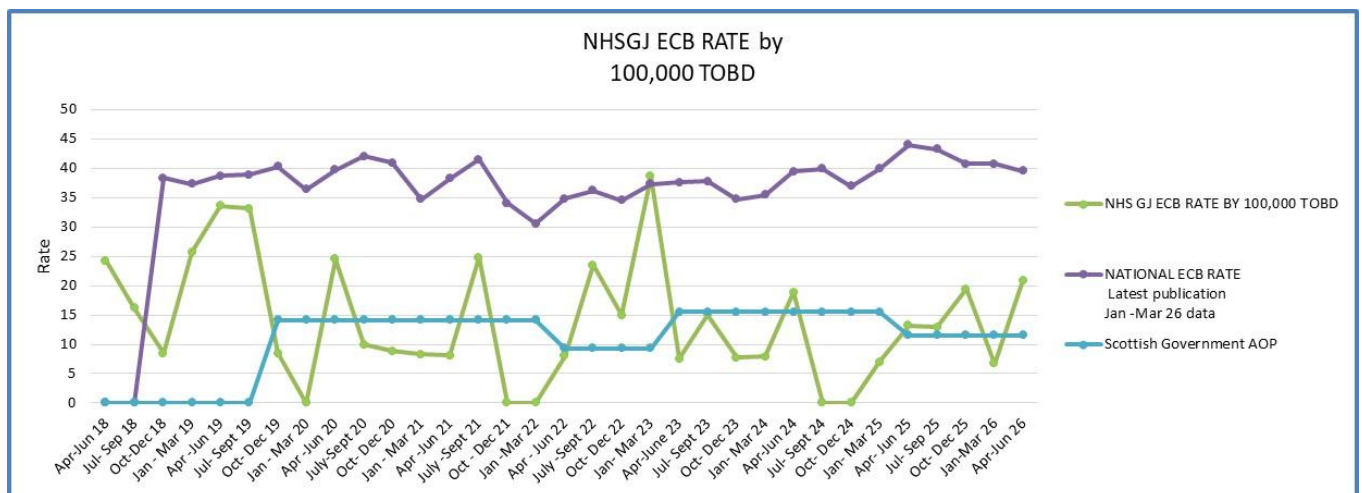
E. coli is currently the most common cause of bacteraemia in Scotland. As a result, its reduction has been added as a new HAI Standard target. More information can be found at: [HPS Website - Protocol for National Enhanced Surveillance of Bacteraemia \(scot.nhs.uk\)](https://www.hps.scot.nhs.uk/enhanced-surveillance-of-bacteraemia/)

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.



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>

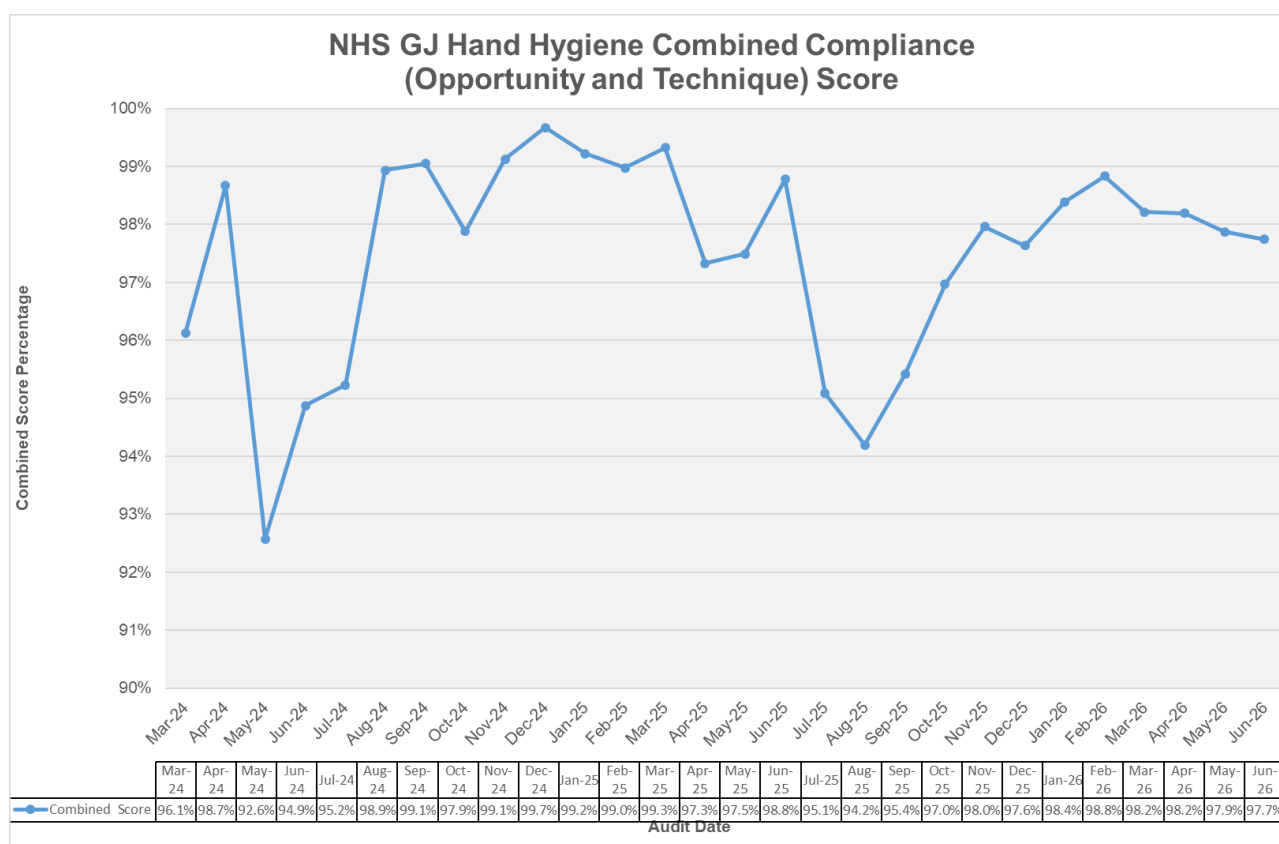
NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non-compliance.

NHS GJ approach to Hand Hygiene

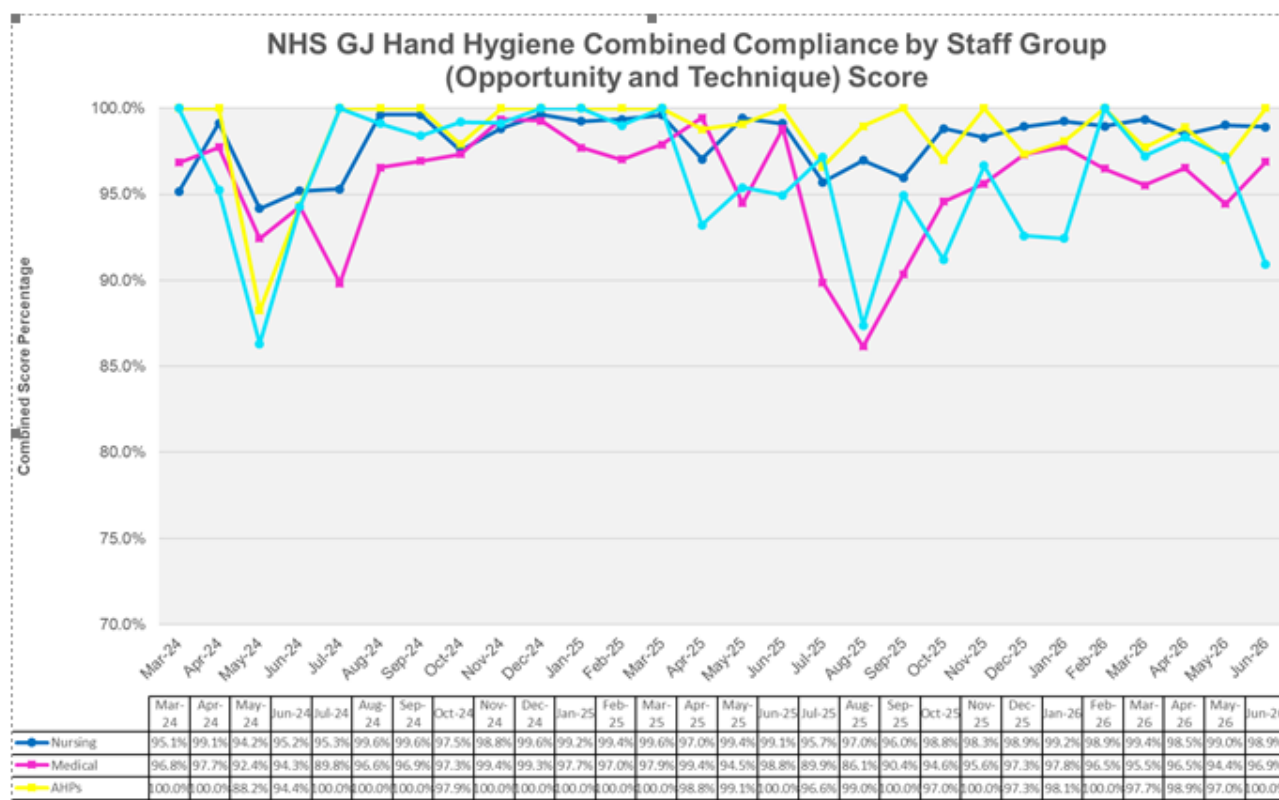
This report utilises data from all clinical areas submitted via Sharepoint by the 7th of each month. Division and Board wide data is available for staff to access via SharePoint.

The hand hygiene report for June shows an overall compliance of 97.7%.

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



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.



	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	Radiology	SAU	3 West
Apr-26	100	100	100	90	100	90	100	100	100	85	80	100	95	100	100	100	100	100	100
May-26	100	95	100	90	100	100	95	100	100	80	90	100	100	100	90	90	100	100	100
Jun-26	NOT20	95	100	90	100	95	100	100	100	100	100	NOT20	NOT20	100	90	100	100	95	100

	OPD	Ortho OPD
Apr-26	95	100
May-26	100	100
Jun-26	95	100

	PACU	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
Apr-26	100	100	100	100	NOT20	100	100	100	100	100	100	NOT20	95	100	100	NOT20	100	100	100	95	100
May-26	95	100	100	100	NOT20	100	100	90	90	100	100	NOT20	100	100	100	NOT20	100	95	100	100	100
Jun-26	95	100	100	100	NOT20	100	NOT20	85	100	100	95	NOT20	95	100	80	NOT20	100	100	95	100	100

	Ophth Clinic	Ophth Eye Pre Post Op	Ophth Th 1	Ophth Th 2	Ophth Th 3	Ophth Th 4	Ophth Th 5	Ophth Th 6
Apr-26	100	100	90	100	100	100	100	100
May-26	100	100	100	100	100	100	100	100
Jun-26	100	100	100	100	100	100	100	100

Theatre 4, 11 and 16 were not in use therefore no data recorded.

Locations with compliance of less than 90%

Location	Non compliance- Did not take opportunity	Non compliance- Inadequate technique
3 East	NOT20	
NSD	NOT20	
NSD2	NOT20	
Th 6	NOT20	
Th7	Other x1 Nurse x2	
Th15	Nurse x2 Other x2	

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

Cleaning and Maintaining the Healthcare Environment

Estates & Facilities Benchmarking

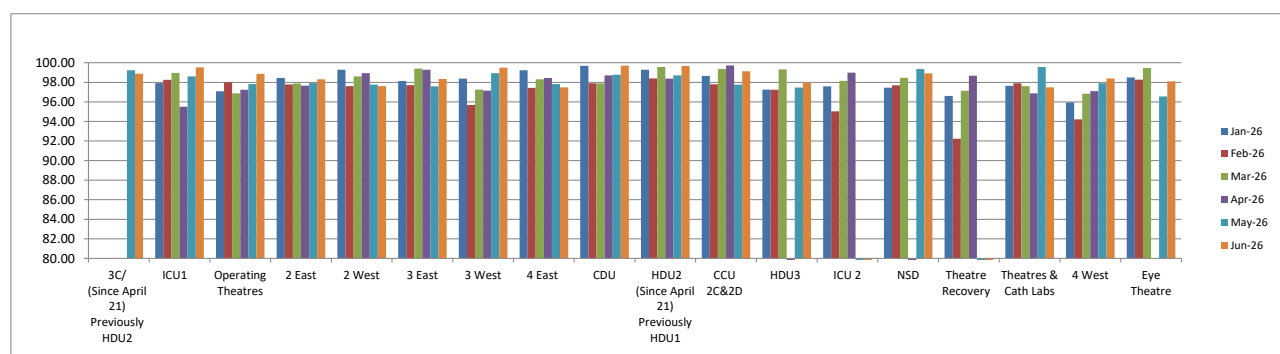
The Estates & Facilities Benchmarking submission window is currently open for all Boards to upload their data. Recent communications have been issued to all Boards to support the facilitation and organisation of the National Benchmarking Workshop.

FMT / FM First (formerly Agility)

- FM First has replaced Agility.
- Golden Jubilee is currently migrating to the Asckey Cloud, including integration with an Estates supplier.
- Main contact: David Dell @ NHSGJ Estates
- The GJNH Digital Lead will act as the primary liaison with NSS Assure throughout the migration process.
- FMT Migration Project has been in place since 2022 and is currently in a position where a 'go live' date is planned for 1 July 2026. In preparation for this NSS Assure require each board to confirm I.T. contacts for the day for roll out by 11 June 2026.
- Please note that the FMT / FM First data upload remains outstanding to accurately reflect the significant changes to the existing building and Phase 2 development. This will be completed following the conclusion of the FMT migration on 1 July 2026.

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	ICU2	NSD	Theatre Recovery	Theatres & Cath Labs	4 West	Eye Theatre	Comments	
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	
Apr-26	97.80		95.5	97.24	97.66	98.93	99.29	97.16	98.45	98.71	98.38	99.73	99%	98.99	98%	98.68	96.87	97.1	ICU 1 Under refurb	
May-26	99.24	98.61	97.81	97.93	97.77	97.59	98.94	97.81	98.78	98.71	97.76	97.46	99%	99.35	96%	99.56	97.9	96.56		
Jun-26	98.88	99.53	98.86	98.31	97.61	98.34	99.49	97.48	99.71	99.67	99.13	97.98	99%	98.92	100%	97.48	98.39	98.09		



Enlarged image available at the end of HAIRT

Heather Gourlay, Associate Director Prevention and Control of Infection
13/07/2026

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 \(nhs.scot\)](#)

NHS BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridioides difficile infection monthly case numbers

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

E.Coli bacteraemia monthly case numbers

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

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

	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
Nurse	95.7	97.1	95.7	98.8	98.7	98.9	99.2	98.9	99.3	98.8	99	98.9
Medical	89.9	84.9	90.4	94.6	96.1	97.3	97.8	96.5	95.4	97.8	94.4	96.9
AHP	96.6	98.9	100	97.0	100	97.3	98.1	100	97.7	98.8	97	100
Ancillary/Other	97.2	85.7	94.9	91.2	96.7	92.6	92.4	100	97.2	98.3	97.1	90.9
Board Total	95.1	93.9	95.3	97.0	98.3	97.6	98.4	98.8	98.2	98.6	97.9	97.7

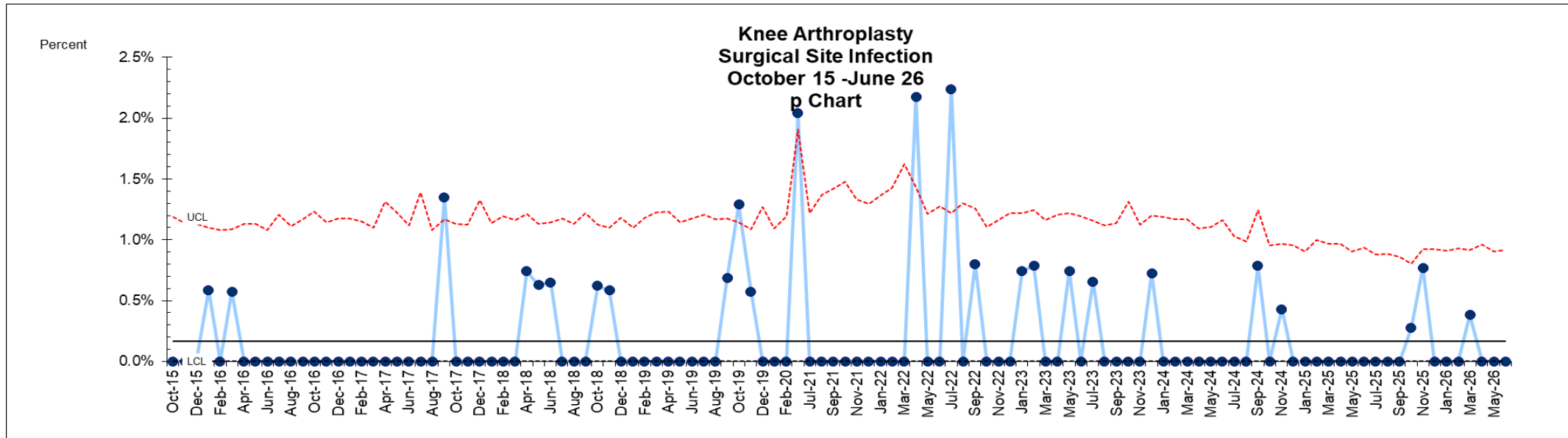
Cleaning Compliance (%)

	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
Board Total	97.99	97.62	97.98	97.41	98.6	97.16	98.07	97.1	98.05	98.18	97.16	98.56

Estates Monitoring Compliance (%)

	Jul 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26	Apr 26	May 26	Jun 26
Board Total	98.09	93.94	97.93	94.3	99.07	96.04	98.65	98.22	98.39	98.48	98.4	97.87

Surgical Site Infection Surveillance- Orthopaedic Local data

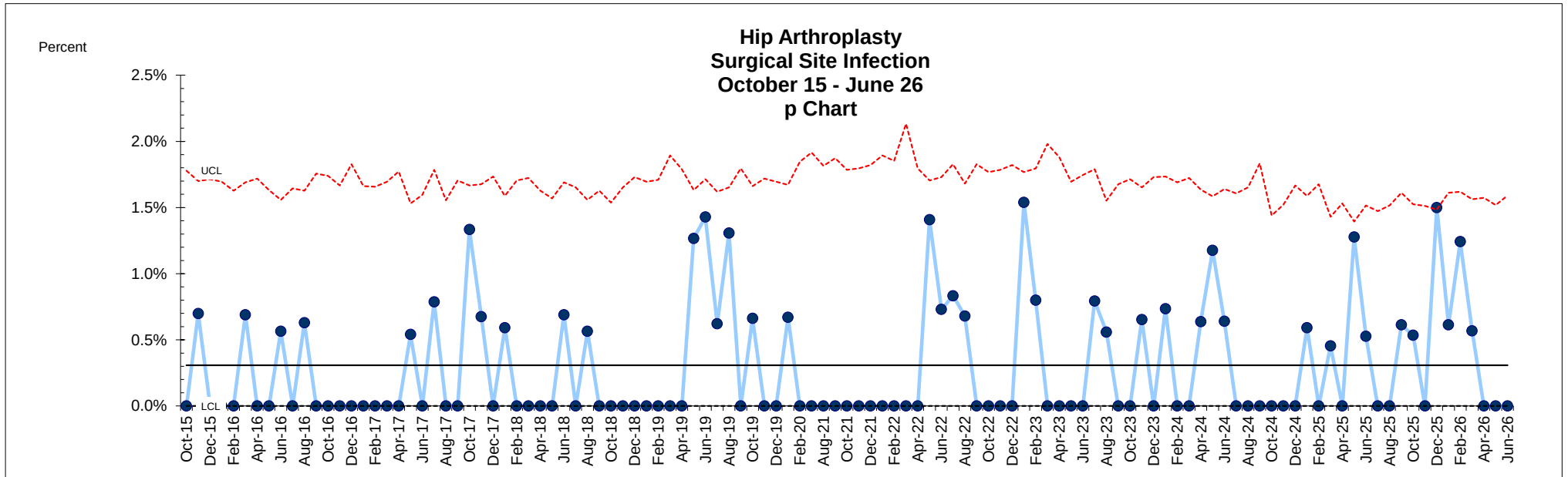


Knee Arthroplasty SSI			
Number of Procedures	Month	Type of SSI	Status
291	July 25	0	Confirmed
284	Aug 25	0	Confirmed
308	Sept 25	0	Confirmed
365	Oct 25	1 Superficial	Confirmed
260	Nov 25	1 Deep 1 Superficial	Confirmed
258	Dec 25	0	Confirmed
266	Jan 26	0	Confirmed
254	Feb 26	0	Confirmed
261	Mar 26	1 Organ space	Confirmed
236	Apr 26	0	Confirmed
272	May 26	0	Confirmed
262	Jun 26	0	Unconfirmed

*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
13/07/2026

Board Item 3.2.2a

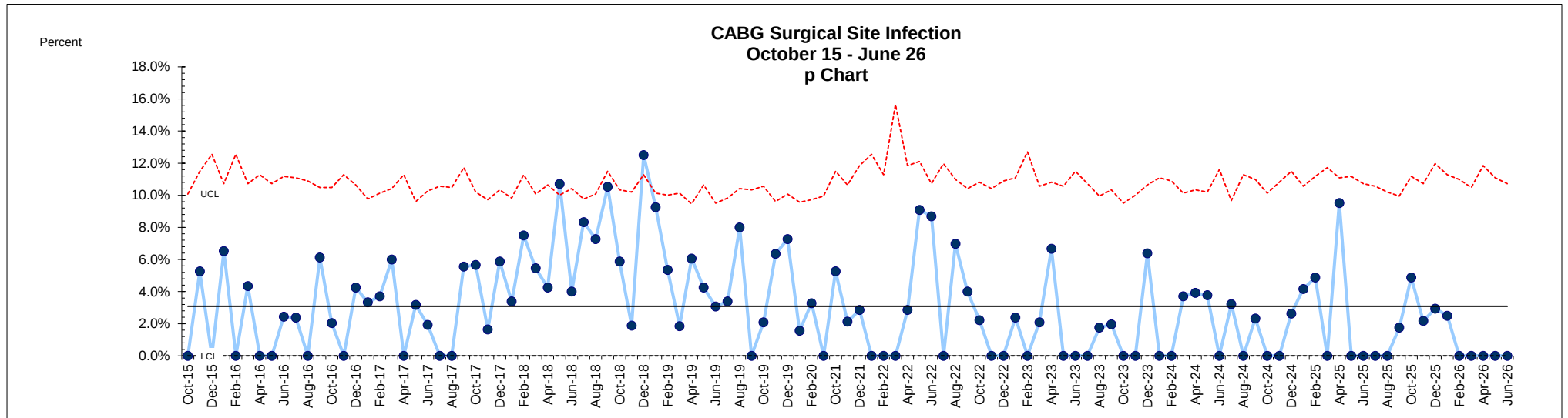


Hip Arthroplasty SSI			
Number of Procedures	Month	Type of SSI	Status
204	July 25	0	Confirmed
190	Aug 25	0	Confirmed
163	Sept 25	1 Deep Infection	Confirmed
187	Oct 25	1 Deep Infection	Confirmed
191	Nov 25	0	Confirmed
200	Dec 25	1 Deep	Confirmed
163	Jan 26	1 Deep	Confirmed
161	Feb 26	2 Organ space	Confirmed
176	Mar 26	1 Organ space	Confirmed
173	Apr 26	0	Confirmed
189	May 26	0	Confirmed
168	Jun 26	0	Unconfirmed

*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

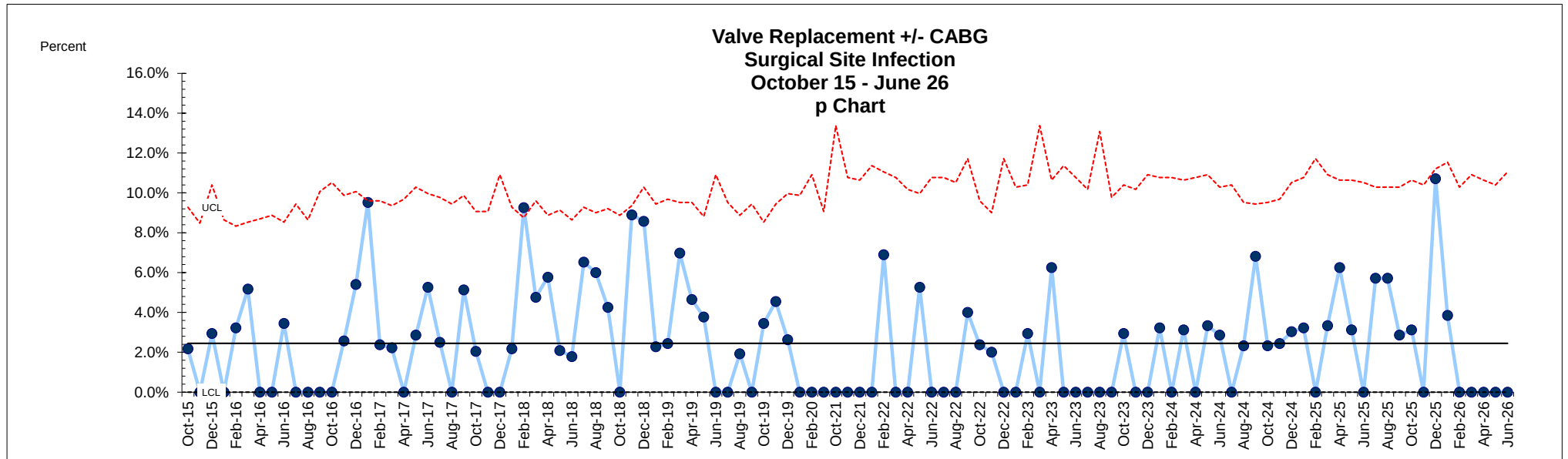
Heather Gourlay, Associate Director Prevention and Control of Infection
13/07/2026

Surgical Site Infection Surveillance- CABG Local data

**CABG SURGERY SSI**

Number of Procedures	Month	Type of SSI	Status
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	Confirmed
35	Apr 26	0	Confirmed
42	May 26	0	Confirmed
46	Jun 26	0	Unconfirmed

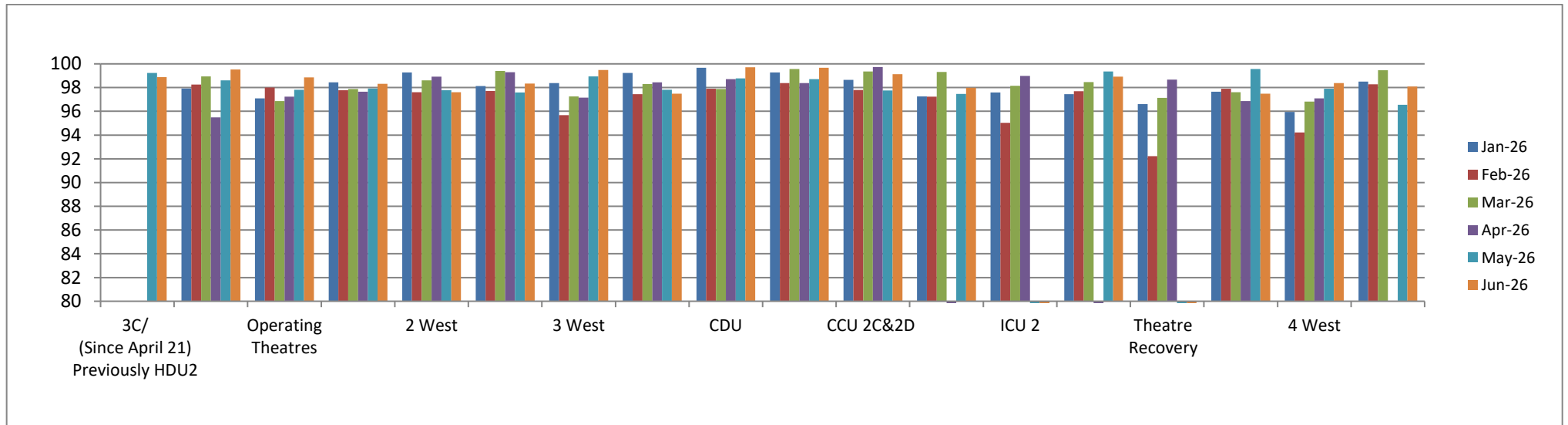
Surgical Site Infection Surveillance- Valve Replacement +/- CABG Local data



Valve Replacement +/- CABG SSI			
Number of Procedures	Month	Type of SSI	Status
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	2-1 Deep Sternum/1 Deep Sternum and Leg	Confirmed
26	Jan 26	1 Superficial Sternum	Confirmed
35	Feb 26	0	Confirmed
30	Mar 26	0	Confirmed
32	Apr 26	0	Confirmed
34	May 26	0	Confirmed
29	Jun 26	0	Unconfirmed

Board Item 3.2.2a

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
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
Apr-26	97.80		95.5	97.24	97.66	98.93	99.29	97.16	98.45	98.71	98.38	99.73	99%	98.99	98%	98.68	96.87	97.1	ICU 1 Under refurb
May-26	99.24	98.61	97.81	97.93	97.77	97.59	98.94	97.81	98.78	98.71	97.76	97.46	99%	99.35	96%	99.56	97.9	96.56	
Jun-26	98.88	99.53	98.86	98.31	97.61	98.34	99.49	97.48	99.71	99.67	99.13	97.98	99%	98.92	100%	97.48	98.39	98.09	



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	<i>Clostridioides difficile</i> infection
CMO	Chief Medical Officer
CNM	Clinical Nurse Manager
CNO	Chief Nursing Officer
CPE	Carbapenemase-producing enterobacteriaceae
CVC	Central Venous Catheter
DMT	Domestic Monitoring Tool
DSEG	Domestic Services Expert Group
ECB	<i>Escherichia coli</i> 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 <i>Staphylococcus aureus</i>
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 <i>Staphylococcus aureus</i>
MSSA	Meticillin Sensitive <i>Staphylococcus aureus</i>
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
SAB	<i>Staphylococcus aureus</i> 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