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| NHS Greater Glasgow and Clyde  | **Paper No. 21/84** |
| **Meeting:** | **NHS Board**  |
| **Meeting Date:**  | **21/12/2021** |
| **Title:** | **Summary of The Healthcare Associated Infection Reporting Template (HAIRT) for September and October 2021** |
| **Sponsoring Director/Manager** | **Professor Angela Wallace, Executive Director Infection Prevention and Control** |
| **Report Author:** | **Mrs Sandra Devine, Interim Infection Prevention and Control Manager**  |

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 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 & Clyde (NHSGGC) over the September and October 2021 period.

The full HAIRT will now be considered by the Clinical and Care Governance committee on an ongoing basis with a summary (this) being submitted to the NHS Board meeting.

1. **Executive Summary**

**The paper can be summarised as follows:**

* Annual Operational Plan (AOP) targets set for 2019-2022 for SAB, CDI and ECB are presented in this report;
	+ Board SAB rate remains within limits. There were 25 healthcare associated SAB in September 2021 and 26 in October 2021. Aim is 23 or less per month. Actions to address HCAI SAB reduction are included in this report.
	+ CDI rare remains within normal control limits for the period of the report. There were 24 healthcare associated CDI in September 2021 and 17 in October 2021. Aim is 17 or less per month.
	+ ECB rate remains within normal control limits. There were 48 healthcare associated ECB in September 2021 and 45 in October 2021. Aim is 38 or less per month.
	+ Surgical Site Infection (SSI) surveillance paused nationally from April 2020 to date, as part of the COVID-19 response, however, GGC continues with local SSI surveillance programme.

The following link is the ARHAI report for the period April to June 2021. This report also includes information on performance for the rolling year July 2020 to June 2021 for CDI, ECB, SABs and SSI cases. <https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-data-on-clostridioides-difficile-infection-escherichia-coli-bacteraemia-staphylococcus-aureus-bacteraemia-and-surgical-site-infection-in-scotland-april-to-june-2021-q2-2021/> . The 2022 targets continue to be extremely challenging but the ARHAI report demonstrates that GGC are not outliers in any category presented. Charts within this report, where appropriate, highlight continuous improvement over time.

* Both the Infection Prevention and Control Quality Improvement Network (IPCQIN) Steering Group and the Operational Group have been meeting regularly. The visual branding and the vision statement have been agreed and are now being used. The second issue of the IPCQIN will be issued to staff via Core Brief in January 2022 to update them on the continuous improvement implemented by the network.
* COVID-19 activity continued during September and October 2021. IPCT are working closely with colleagues to support the implementation of national guidance in practice. To date in NHSGGC there have been over 174,000 confirmed positive cases however many people do not require admission to our hospitals. There was an increase in ward closures in both months.
* The Board’s cleaning compliance is 95% and Estates compliance is 96% for September 2021, and 95% and 96% respectively for October 2021.
* SSI surveillance continues. National SSI surveillance remains paused.
* The IPCT are supporting the organisation to inform recovery plans post COVID-19.
* Close communication with ARHAI and other external organisations continues, with contributions from several members of the IPCT to National Groups.
* Actions from the recommendations of the SG oversight board and case note review are almost complete (there is one outstanding action which requires collaboration with ARHAI colleagues, i.e. the development of an early Warning System for high risk units; this we understand will be a first for Scotland).
1. **Recommendations**

**The Clinical and Care Governance Committee is asked to consider the following recommendations:**

* Note the HAIRT report.
* Note the performance in respect of the Annual Operational Plan (AOP) Standards for SAB, CDI and ECB.
* Note the detailed activity in support of the prevention and control of Healthcare Associated Infections.
* Note the contribution of the IPCT to GGC response to COVID-19.
1. **Response Required**

**This paper is presented for assurance**

1. **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** Positive
* **Better Care** Positive
* **Better Value** Positive
* **Better Workplace** Neutral
* **Equality & Diversity** Neutral
* **Environment** Positive

#### Engagement & Communications

**The issues addressed in this paper were subject to discussion with the Infection Prevention and Control (IPC) Team and the IPC Surveillance Team. Comments were also taken into consideration from the below groups when reviewing the content and format following presentation:**

* Acute Infection Control Committee (AICC),
* Board Infection Control Committee (BICC),
* Partnerships Infection Control Support Group (PICSG), and
* Board Clinical Governance Forum.

#### Governance Route

**This paper has been previously considered by the following groups as part of its development**:

* The Infection Prevention and Control Team (IPCT),
* Acute Infection Control Committee (AICC),
* Board Infection Control Committee (BICC),
* Partnerships Infection Control Support Group (PICSG), and
* Board Clinical Governance Forum.

1. **Date Prepared & Issued**

*Date the paper was written: 30/11/2021*

*Date issued to the NHS Board on: 15/12/2021*

Healthcare Associated Infection Summary – September and October 2021

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| The HAIRT Report is the national mandatory reporting tool and is presented bi-monthly to the NHS Board. This is a requirement by the Scottish Government HAI Task Force and informs NHSGGC of activity and performance against Healthcare Associated Infection Standards and performance measures. This section of the report focuses on NHSGGC Board-wide prevention and control activity and actions. |

Performance at a glance relates only to the two months reported and should be viewed in the context of the overall trend in the following pages.

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|  | Sep2021 | Oct2021 | Status toward AOP target (based on  trajectory to Mar 2022) |
| Healthcare Associated Staphylococcus aureus bacteraemia (SAB) | 25 | 26 | Above aim (23/ month) |
| Healthcare Associated Clostridioides difficile infection (CDI)  | 24 | 17 | Above aim (17/ month) |
| Healthcare Associated Escherichia coli bacteraemia (ECB) | 48 | 45 | Above aim (38/ month) |
| Hospital acquired IV access device (IVAD) associated SAB | 4 | 6 |  |
| Healthcare associated urinary catheter associated ECB | 9 | 7 |  |
| Hand Hygiene  | 97 | 98 |  |
| National Cleaning compliance (Board wide) | 95 | 96 |  |
| National Estates compliance (Board wide) | 95 | 96 |  |

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| Key infection control challenges (relating to performance)Staphylococcus aureus bacteraemia * There were 25 healthcare associated SAB in September 2021 and 26 in October 2021. Aim is 23 or less per month.

***Clostridioides difficile* infection** * There were 24 healthcare associated CDI in September 2021 and 17 in October 2021. Aim is 17 or less per month.

***E***scherichia ***coli* bacteraemia** * There were 48 healthcare associated ECB in September 2021 and 45 in October 2021. Aim is 38 or less per month.

**SAB, CDI and ECB case numbers remain within control limits this month.** **Surgical Site Infection Surveillance*** Surveillance paused nationally (CNO letter 25th March 2020) however, NHSGGC continue with the local surveillance programme with regular reports/feedback to frontline clinical teams.
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|  Staphylococcus aureus bacteraemia (SAB) |
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|  | **Sep 2021** | **Oct 2021** |
| **Total** | **35** | **35** |
| Hospital \* | 22 | 18 |
| Healthcare\* | 3 | 8 |
| Community | 10 | 9 |

**HCAI Aim for Hospital and Healthcare is 23.** | **Healthcare associated *S. aureus* bacteraemia total for a rolling year: November 2020 to October 2021 =302.****HCAI yearly aim is 280.****\*Hospital and Healthcare are the cases which are included in the Scottish Government (SG) reduction target (n=25) in September and (n=26) in October 2021.** |
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| **Comment:** * Overall SAB numbers have been stable since August 2019 and in control with minimal variation which indicates a stable system.
* Number of Healthcare Associated SAB cases has been variable but within expected limits since August 2019. There had been an increase in March 2021 but this increase can still be considered to be natural variation.
* SAB Community cases have shown a reduction since March 2021 but remain stable and in control with minimal variation which indicates a stable system.
* Enhanced bacteraemia surveillance temporarily switched to light methodology as directed by the Scottish Government because of the acknowledged increased workload of IPCTs responding to the challenges of COVID-19.
* In addition to the nationally set targets, infections from an IVAD caused by *S. aureus* are investigated fully and reported.
* There were 6 hospital acquired cases in October 2021. Ward audits of device care plans are being undertaken by the IPCT and results fed back to nursing team at time of audit. Common themes were the failure to complete the care plan and consequently the care bundle, however, this does not necessarily indicate that the actions to ensure these devices were managed well, were not in place, but that they were not documented fully.
* All Acute hospital cases are prospectively available on MicroStrategy IPC dashboard. Sector/Directorate reports are issued for action by Sector/Directorate teams.
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| E.coli bacteraemia (ECB) |
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|  | **Sep 2021** | **Oct 2021** |
| **Total** | **89** | **81** |
| Hospital \* | 26 | 24 |
| Healthcare\* | 22 | 21 |
| Community | 41 | 36 |

 HCAI Aim for Hospital and Healthcare is 38. | **Healthcare associated *E. coli* bacteraemia total:** **November 2020 to October 2021 = 567.****HCAI yearly aim is 452.**\*Hospital and Healthcare are the cases included in the SG reduction target (n=48) in September and (n=45) in October 2021. |
| **Comment:** * There is some variability in recent months in Healthcare Associated ECB cases (including HAI and HCAI), however, numbers are currently stable and in control with minimal variation which indicates a stable system.
* There remains some variability in monthly community onset cases.
* Urinary catheters remain a high risk factor for ECB, and were associated with **17%** of all healthcare associated cases in the past two months.
* SPC charts for healthcare associated cases related to a urinary catheter are now included in each Acute Sector monthly report.
* The IPC Nurse Consultant is currently undertaking a review of measures to reduce avoidable harm in cases associated with invasive devices including urinary catheters. Device associated infection is one of the work streams in the improvement collaborative and it is anticipated that this work will support local improvement plans to reduce infections due to urinary catheters.
* Ward level data of entry point of bacteraemia is also available via MicroStrategy. This provides prospective information to Senior Charge Nurses to assist reduction of cases that may be amenable to improvement methodology.
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| ***Clostridioides difficile* Infection (CDI)** |
|  | **Healthcare associated *Clostridioides difficile* total: November 2020 to October 2021 = 222.****HCAI yearly aim is 204.****\* Hospital, Healthcare and Indeterminate are the cases which are included in the SG reduction target (n=24) in September and (n=17) in October 2021.** |
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|  | **Sep 2021** | **Oct 2021** |
| **Total** | **35** | **25** |
| Hospital \* | 15 | 9 |
| Healthcare\* | 7 | 6 |
| Indeterminate\* | 2 | 2 |
| Community | 11 | 8 |

HCAI Aim for Hospital and Healthcare and Indeterminate onset is 17. |
| Comment: * There has been an increase in all monthly CDI cases since March 2021. There was a reduction in October cases and the IPCT continue to closely monitor and action any areas with higher than expected numbers. At this time there is no single area or site with increased numbers but it would appear to be an increase across all sites. This is being reported across NHS Scotland.
* There had been an increase in HCAI cases since March 2021, however this decreased in October 2021 to 17 cases (HCAI standard aim).
* Community acquired CDI cases have also had a slight increase in 2021 to date, but remain within control limits.
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| Please see below funnel plot analysis from ARHAI for Q2 of 2021 which places NHSGGC within the confidence intervals for healthcare associated infection cases.  |
| Action Taken: CDI Cases in hospital: * All patients are reviewed by the IPCT and advice is given regarding antimicrobial prescribing, isolation and transmission based precautions.
* The IPCNs visit patients and discuss the infection and what this means for them.
* Any ward with 2 cases of HAI CDI in two weeks is automatically visited daily and the SCN is assisted with the completion of the ARHAI Trigger Tool. Any clusters (2) are sent to the Reference Lab for testing.
* Each ward receives an updated CDI Statistical Process Control (SPC) chart each month, which means control limits are continually monitored and action taken as required but it also demonstrates improvement where this has occurred.
* Prospective ward level information on CDI cases is available on MicroStrategy for access by SCNs across our Acute sites.
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| Micro-Strategy and ICNet – prospective tailored data provision on SAB, CDI and ECB: May 2021 |
| IPC have been working collaboratively with eHealth colleagues to incorporate several measures into the MicroStrategy dashboard. These went live in May 2021.This will enable staff to quickly view prospective information on SAB, CDI and ECB from ward to board level. The software platform has the benefits of providing users with the ability to view all key quality indicators in one screen to get a quick overview of hospital performance in real-time and also easily interpret detailed information with data graphics.Security access for each specific user will allow tailored access to interactive dossiers for each ward area. The system provides functionality to filter reports seamlessly for the users and the capacity to view trends over time to monitor improvement in the reduction of HCAI cases in NHSGGC. This will allow senior charge nurses in the Acute sector to access their own ward level data on each of the three measures. Lead Nurses, Clinical Service Managers and General Managers will have access to the wards and hospitals included in their remit. Acute Directors, the Chief Operating Officer and Chief Executive will also be able to view this information via the suite of reporting tools.Work is ongoing to capture SSI surveillance information on the platform which will also provide prospective data provision on existing surgical procedures to the respective surgical clinicians.This is expected to go live in December 2021. |

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| **Surgical Site Infection (SSI) Surveillance**  |

**September and October 2021 procedures**

SSI surveillance was temporarily paused in April and May 2020 due to COVID-19 response. Local surveillance recommenced 1 June 2020. Surveillance is currently ongoing for October procedures. Prospective information on SSIs detected is returned to local clinical teams for action if any is required.

SSI rates should be interpreted with due caution, as procedure denominators vary between surgery categories, therefore patient risk factors and existing co-morbidities require consideration when reviewing all cases. The impact of COVID-19 pandemic upon NHS services should also be reflected upon when comparing current SSI rates with those prior to 2020.

**Mandatory National Surveillance Procedures (reported to ARHAI)**

* Case numbers remain within control limits for **Caesarean Section**, **Hip Arthroplasty**, **Knee Arthroplasty**, **Large Bowel Surgery** and **Major Vascular.**

**Voluntary Surveillance Procedures – GGC**

* Case numbers remain within control limits for **Repair of NOF**, **Cranial Surgery** and **Spinal Surgery – INS only.**
* **Free flap – OMFS Surgery:** SSI surveillance of free flap donor sites, e.g. arm or leg for major maxillofacial reconstructive surgery has been undertaken at the QEUH site since November 2016.

There have been zero SSI detected (to day 30 re-admission) for 25 consecutive months in this innovative surveillance programme.

**Meticillin resistant *Staphylococcus aureus* (MRSA) and *Clostridioides difficile* recorded deaths**

The National Records of Scotland monitor and report on a variety of death causes recorded on the death certificate. Two organisms are monitored and reported; MRSA and *C. difficile*. Please click on the link for further information:

[**https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths**](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths)

There were three deaths in September 2021 and two in October 2021 where hospital acquired *Clostridioides difficile* was recorded on the death certificate. These were considered to be antibiotic associated and not due to cross infection. Datix incident reports were raised and the clinical teams were asked to complete clinical reviews.

[**https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths**](https://www.nrscotland.gov.uk/statistics-and-data/statistics/statistics-by-theme/vital-events/deaths)

There were no deaths in September or October where hospital acquired MRSA was recorded on the death certificate.

**Hand Hygiene Monitoring Compliance**

**NHSGGC Board**

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|  | **Nov 2020** | **Dec 2020** | **Jan 2021** | **Feb 2021** | **Mar 2021** | **Apr 2021** | **May 2021** | **Jun 2021** | **July 2021** | **Aug 2021** | **Sept 2021** | **Oct 2021** |
| **Board Total** | 97 | 98 | 98 | 98 | 98 | 97 | 97 | 97 | 98 | 98 | 97 | 98 |

**Estate and Cleaning Compliance (per hospital)**

The data is collected through audit by the Domestic Services Team using the Domestic Monitoring National Tool, and 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.

The Cleaning Compliance for GGC was 95.2% in September 2021 and 95.4% in October 2021. The Estate Compliance was 95.6% in September and 95.9% in October 2021 which indicates an improvement.

**Infection Prevention and Control Quality Improvement Network (IPCQIN) Update**

The aim of the IPCQIN is that by April 2022, The IPCQI will create the organisational conditions to facilitate and support the reduction of preventable infections associated with healthcare delivery. The Steering Group and the Operational Group several times now and the main three work streams that support and deliver the objectives of the Operational Group have been established and have made progress. *Quality Improvement (QI) is no longer a work stream but it will run through and support the other work streams.*

The key results to date are:

* Collaborative working and support from QI leads and clinical services.
* The first issue of a Newsletter has been shared via Core Brief. The second issue will be out in January 2022.



* The vision statement has been established; “***As an Improvement Network, we influence and support our staff, patients and carers to continuously improve person centred infection prevention and control practices, ensuring a safe and effective care experience”.***
* The visual branding specific to the work of the Network has been established.

**COVID-19 - Update**

NHS Scotland is now experiencing a fourth wave of COVID-19. To date in NHSGGC there have been over 174,000 confirmed positive cases however many people do not require admission to our hospitals.

As well as the IPCNs providing advice and expertise to the local clinical teams, the IPCT monitor all COVID-19 positive cases to assist with the provision of overall case numbers, ITU admissions and deaths.

The bar graph displays the number of in-patients across all GGC hospitals who tested positive for COVID-19. In blue are the number of people in intensive care areas.

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| **DAILY REPORTING – from 15/09/2020 to date** |
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| *Daily reporting includes only those in-patients who have had a first positive COVID-19 test within the previous 28 days. Includes Lighthouse and current point of care testing results.* |

From 8th March 2021, NHSGGC Lighthouse positive test results are fully integrated into ICNet® (infection control clinical surveillance software system). This allows visibility of people who have had a positive result out with our hospital if they are subsequently admitted.

Public Health Scotland now publish weekly reports on the incidence of COVID-19 in Scotland. These are available at: <https://beta.isdscotland.org/find-publications-and-data/population-health/covid-19/covid-19-statistical-report/>

Further information on Coronavirus (COVID-19) data, intelligence and guidance is available at:

<https://www.publichealthscotland.scot/our-areas-of-work/sharing-our-data-and-intelligence/coronavirus-covid-19-data-and-guidance>

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| **Ward closures due to COVID-19**  |
| There were 22 ward closures due to COVID-19 in September 2021, and 21 for October 2021. |
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| **Month** | **Nov-20** | **Dec-20** | **Jan-21** | **Feb-21** | **Mar-21** | **Apr-21** | **May-21** | **Jun-21** | **Jul-21** | **Aug-21** | **Sept-21** | **Oct-21** |
| Ward Closures | 37 | 35 | 49 | 34 | 14 | 3 | 8 | 6 | 5 | 18 | 22 | 21 |
| Bed Days Lost | 3992 | 3665 | 4938 | 4122 | 1103 | 16 | 670 | 307 | 519 | 1078 | 1521 | 1892 |

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**Below is an extract from ARHAI Scotland’s Report on the incidence of COVID-19 in Scotland – Validated data up until 24 October 2021**

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| NHS board | Total COVID-19 cases(n) | Non-hospital onset(n) | Indeterminate hospital onset cases(n) | Probable hospital onset cases(n) | Definite hospital onset cases(n) | Non-hospital onset(%) | Indeterminate hospital onset cases(%) | Probable hospital onset cases(%) | Definite hospital onset cases(%) |
| Ayrshire & Arran | 44,506 | 1,092 | 157 | 268 | 493 | 2.5% | 0.4% | 0.6% | 1.1% |
| Borders | 8,807 | 178 | 22 | 24 | 64 | 2.0% | 0.2% | 0.3% | 0.7% |
| Dumfries & Galloway | 12,435 | 319 | 25 | 9 | 21 | 2.6% | 0.2% | 0.1% | 0.2% |
| Fife | 39,633 | 785 | 58 | 52 | 286 | 2.0% | 0.1% | 0.1% | 0.7% |
| Forth Valley | 34,824 | 794 | 96 | 85 | 202 | 2.3% | 0.3% | 0.2% | 0.6% |
| Golden Jubilee | 34 | 18 | 8 | 3 | 5 | - | - | - | - |
| Grampian | 45,331 | 582 | 77 | 69 | 205 | 1.3% | 0.2% | 0.2% | 0.5% |
| **Greater Glasgow & Clyde** | **174,473** | **3,682** | **590** | **636** | **1,490** | **2.1%** | **0.3%** | **0.4%** | **0.9%** |
| Highland | 21,530 | 248 | 15 | 9 | 34 | 1.2% | 0.1% | 0.0% | 0.2% |
| Lanarkshire | 99,457 | 1,366 | 247 | 294 | 542 | 1.4% | 0.2% | 0.3% | 0.5% |
| Lothian | 102,430 | 1,733 | 226 | 339 | 672 | 1.7% | 0.2% | 0.3% | 0.7% |
| Orkney | 456 | 8 | 0 | 1 | 3 | 1.8% | 0.0% | 0.2% | 0.7% |
| Shetland | 724 | 17 | 1 | 0 | 0 | 2.3% | 0.1% | 0.0% | 0.0% |
| Tayside | 44,427 | 1,004 | 131 | 151 | 289 | 2.3% | 0.3% | 0.3% | 0.7% |
| Western Isles | 967 | 15 | 1 | 3 | 3 | 1.6% | 0.1% | 0.3% | 0.3% |
| **Scotland** | **630,034** | **11,841** | **1,654** | **1,943** | **4,309** | **1.9%** | **0.3%** | **0.3%** | **0.7%** |

**Outbreaks or Incidents in September and October 2021**

**Outbreaks / Incidents**

Outbreaks and incidents across NHSGGC are identified primarily through ICNet (surveillance software package), microbiology colleagues or from the ward.  ICNet automatically identifies clusters of infections of specific organisms based on appendix 13 of the National Infection Prevention & 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 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, regardless of assessment, are reported to the Antimicrobial Resistance & Healthcare Associated Infection (ARHAI) group. A link to the reports for NHS Greater Glasgow and Clyde is below:

<https://www.nhsggc.org.uk/your-health/infection-prevention-and-control/reports-and-publications/hai-reports-hairt/>

**HIIAT**

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| The HIIAT is a tool used by boards to assess the impact of an outbreak or incident. The tool is a risk assessment and allows boards to rate the outbreak/incident as RED, AMBER, or GREEN. ARHAI are informed of all incidents who onward report to the Scottish Government Health and Social Care Directorate (SGHSCD).HIIAT GREEN - 3 reported for September, 1 for October 2021HIIAT AMBER - 13 reported for September, 9 for October 2021HIIAT RED - 13 reported for September, 11 for October 2021(COVID-19 incidents are now included in the above totals) |

**Healthcare Environment Inspectorate (HEI)**

There have been no unannounced or announced visits.

All HEI reports and action plans can be viewed by clicking on the link:

[**http://www.healthcareimprovementscotland.org/our\_work/inspecting\_and\_regulating\_care/nhs\_hospitals\_and\_services/find\_nhs\_hospitals.aspx**](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. Assessment to screen depends on a clinical risk assessment performed on all admissions to indicate whether the patient requires to be screened. On a quarterly basis we assess compliance of completing this risk assessment to provide assurance of effective screening and report this nationally. The national expectation of compliance is **90%.**

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| Last validated quarter Apr-Jun 2021 |  | NHSGGC **91%** compliance rate for CPE screening  | Scotland 83% |
|  | NHSGGC **90%** compliance rate for MRSA screening  | Scotland 84% |
| Local quarter dataJul-Sep 2021 |  | NHSGGC **93%** compliance rate for CPE screening  | Scotland tbc |
|  | NHSGGC **90%** compliance rate for MRSA screening  | Scotland tbc |