



Healthcare Associated Infection (HAI) Reporting Template (HAIRT)

(Quarter 3 Report: July – September 2025)

January 2026

INFECTION PREVENTION AND CONTROL TEAM

Executive Summary

This quarterly HAIRT report provides an overview of NHS Grampian's performance in relation to healthcare-associated infections (HAIs), measured against national standards and indicators set by the Scottish Government Health Directorates (SGHD). The data covers the period from July to September 2025.

Key findings are summarised below:

1. [The ARHAIS \(Antimicrobial Resistance and Healthcare Associated Infection Scotland\) Quarterly Epidemiological Data Report \(July – Sept. 2025\)](#), published on 13 January 2026,

showed the following for NHS Grampian when comparing Q2 to Q3:

a. *Clostridioides difficile* Infection (CDI)

- **Healthcare-associated CDI:**

NHS Grampian recorded a rate of **9.9 per 100,000 occupied bed days**, showing a decrease from **10.6** in the previous quarter.

- **Community-associated CDI:**

The rate was **6.7 per 100,000 population**, a decrease from **7.5** in the previous quarter.

b. *Escherichia coli* Bacteraemia (ECB)

- **Healthcare-associated ECB:**

NHS Grampian reported a rate of **28.4 per 100,000 occupied bed days**, a decrease from **47.9** in the previous quarter.

- **Community-associated ECB:**

The rate increased to **31.5 per 100,000 population**, up from **29.1** in the previous quarter.

c. *Staphylococcus aureus* Bacteraemia (SAB)

- **Healthcare-associated SAB:**

NHS Grampian recorded a rate of **19.9 per 100,000 occupied bed days**, a slight increase from **19.0** in the previous quarter.

- **Community-associated SAB:**

The rate increased to **10.7 per 100,000 population**, compared to **5.4** in the previous quarter.

NB: The changes described above for CDI, ECB and SAB do not indicate statistically significant change.

2. Meticillin-Resistant *Staphylococcus Aureus* (MRSA) Clinical Risk Assessment (CRA) Screening and Swabbing

- **MRSA CRA screening** compliance for July to September 2025 was **64%**, a decrease from 67% in the previous quarter. This remains below the national median of **84.8%** and below the national target of **90%**.
- **MRSA swabbing** compliance for the same period was **47%**, a decrease from 60% in the previous quarter.

3. Carbapenemase Producing Enterobacteriaceae (CPE) CRA Screening

- NHS Grampian's CPE CRA screening compliance for July - September 2025 was **79%**, representing a decrease from 85% in the previous quarter. This performance is also below the national median of **87.2%**.

4. Hand Hygiene Compliance Among Staff Groups

During the period July - September 2025, hand hygiene audit compliance scores across NHS Grampian staff groups were as follows:

- **Allied Health Professionals (AHPs): 99%** (unchanged from previous quarter)
- **Nursing staff: 98%** (down from 99%)
- **Medical staff: 95%** (down from 96%)
- **Ancillary / Other staff: 93%** (down from 96%)

5. Estates and Cleaning Monitoring Compliance

Compliance with Health Facilities Scotland (HFS) targets remained above the national benchmark of 90%:

- **Estates compliance:**
93% in the current quarter (unchanged from previous quarter)
- **Cleaning compliance:**
93% in the current quarter (down from 94%)

6. Ward Closures Due to Enteric and Respiratory Incidents/Outbreaks

Between July - September 2025, NHS Grampian experienced the following ward closures:

- **Enteric outbreaks** led to 3 full closure and 3 partial closures.
- **Respiratory outbreaks** resulted in 6 full closures and 5 partial closures.

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1. Introduction

This report presents NHS Grampian’s quarterly update on healthcare-associated infections (HAIs), in line with national reporting requirements set by the Healthcare Associated Infection (HAI) Policy Unit within the Scottish Government Health Directorates (SGHD).

1.1 Strategic Context:

It summarises performance against key national standards and indicators, including:

- Updated Healthcare Associated Infections (HCAI) Standards for Scotland
- Updated Antibiotic Use Indicators for Scotland
- National Key Performance Indicators for MRSA CRA screening
- National Key Performance Indicators for CPE CRA screening
- National Health Facilities Scotland (HFS) Environmental Cleaning Target
- National Health Facilities Scotland (HFS) Estates Monitoring Target
- National Zero Tolerance to Hand Hygiene Non-Compliance

1.2 Risk Mitigation:

By noting the contents of this report, the Board acknowledges that surveillance of healthcare-associated infections is ongoing and remains essential for the early identification of risks. However, surveillance alone is not sufficient to fully mitigate these risks; it should also be used to inform Quality Improvement (QI) work by identifying priority areas and guiding focused actions.

NHS Grampian continues to implement a range of measures aimed at reducing the incidence of *Staphylococcus aureus* bacteraemia (SAB), *Clostridioides difficile* infection (CDI), and *Escherichia coli* bacteraemia (ECB). Further actions are required to strengthen infection prevention and control measures, thereby reducing the likelihood of avoidable harm to staff and the people we care for.

1.3 Responsible Executive Director and contact for further information.

If you require any further information, please contact:

Responsible Executive Director:

- **June Brown**
- **Executive Nurse Director**
- june.brown@nhs.scot

Contact for further information:

- **Grace Johnston**
- **Infection Prevention & Control Manager**
- grace.johnston@nhs.scot

2. Analysis and Commentary

This section provides further detail on the findings presented earlier in the report. It highlights areas of strong performance, explains any variations or concerns, and outlines the actions taken or planned to address them. The commentary is based on surveillance data, audit results, and input from the Infection Prevention and Control Team (IPCT), working in collaboration with clinical and operational teams across NHS Grampian. These teams are jointly involved in applying infection prevention and control measures in practice, and their work supports the outcomes reported here.

Disclaimer:

The COVID-19 pandemic has significantly impacted various aspects of healthcare delivery. As a result, caution is advised when interpreting mandatory surveillance data from Quarter 2 of 2020 onwards. Changes in service provision, testing practices, and patient pathways during the pandemic may have influenced infection trends and reporting. This applies to all infection types discussed in this report, including Clostridioides difficile infection (CDI), Escherichia coli bacteraemia (ECB), and Staphylococcus aureus bacteraemia (SAB).

2.1 Clostridioides (formerly Clostridium) difficile Infection (CDI) Surveillance

For a definition of this organism and details about surveillance, please see Appendix 1.

2.1.1 Healthcare-associated cases of CDI

For the period July - September 2025 the rate of healthcare-associated cases of CDI in NHS Grampian was 9.9 per 100,000 total occupied bed days. In the previous quarter, the rate for NHS Grampian was 10.6 per 100,000 total occupied bed days. NB. this does not indicate statistically significant change.

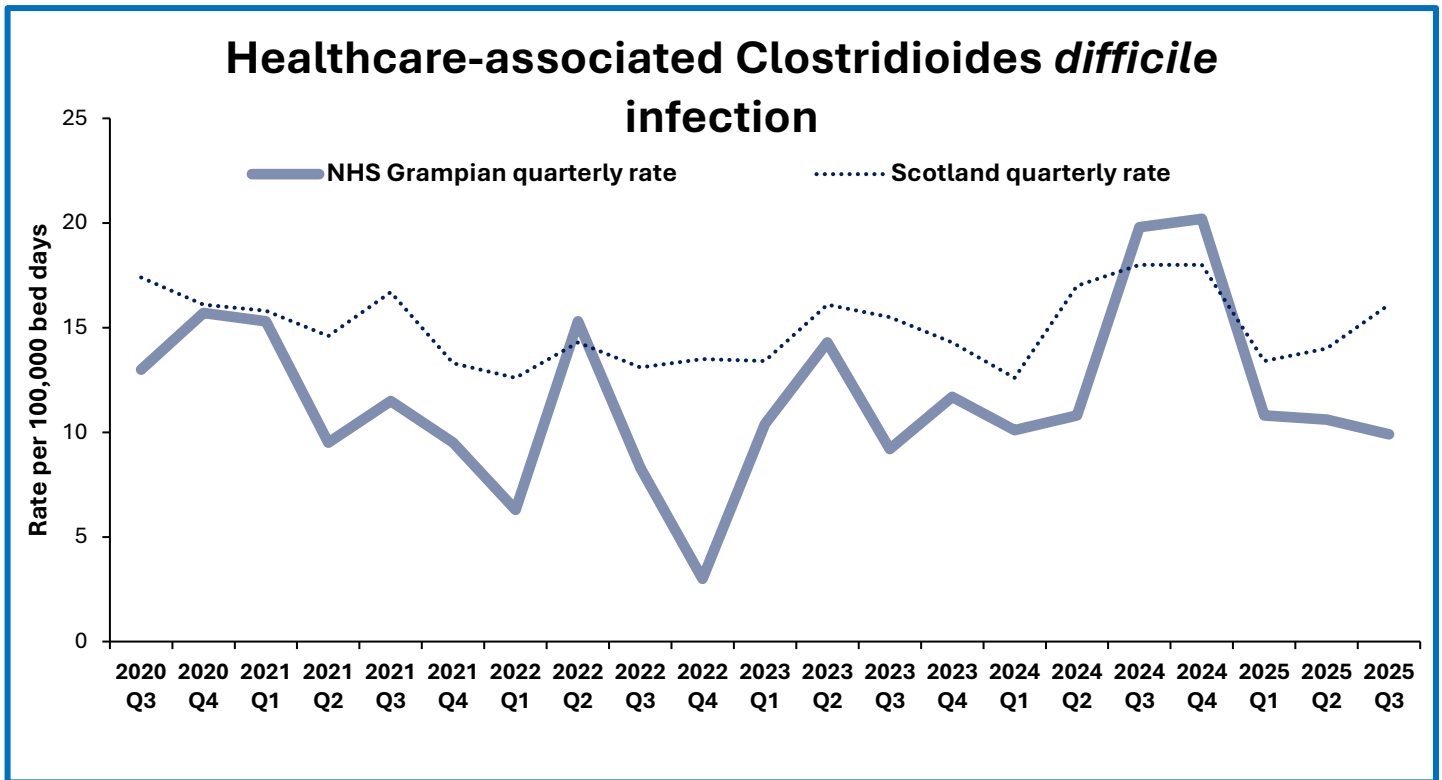


Figure 1a shows trends in healthcare-associated *Clostridioides difficile* infection in NHS Grampian (thick blue line) compared to Scotland (dotted blue line) over the past five years. In the latest data for July–September 2025 (Quarter 3), NHS Grampian’s rates are below the scottish quarterly rate, falling within expected statistical variation.

2.1.2 Community-associated cases of CDI

For the period July – September 2025 the rate of community-associated cases of CDI in NHS Grampian was 6.7 per 100,000 population. In the previous quarter, the rate for NHS Grampian was 7.5 per 100,000 population. NB. this does not indicate statistically significant change.

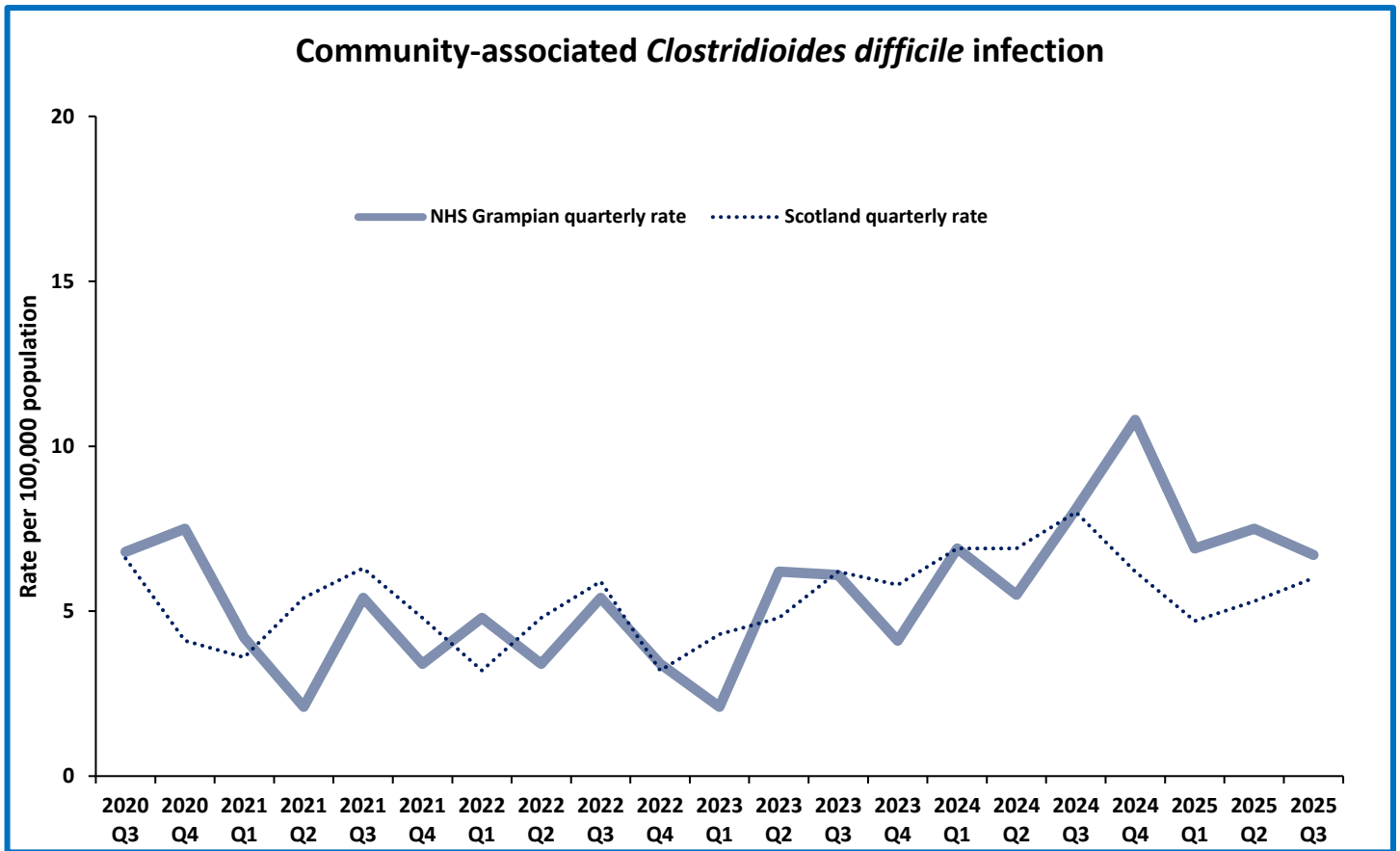


Figure (1b) shows trends in community associated *C. difficile* infection in NHS Grampian (thick blue line) compared to Scotland (dotted blue line) over the last five years. In the latest data for July–September 2025 (Quarter 3), NHS Grampian rates are elevated i.e. above the Scottish quarterly rate (within the statistical limits of variation) compared to the rest of Scotland.

2.2 *Escherichia coli* Bacteraemia (ECB) Surveillance

For a definition of this organism and details about surveillance, please see Appendix 1.

2.2.1 Healthcare-associated cases of ECB

In NHS Grampian, the rate of healthcare-associated cases of ECB between July – September 2025 was 28.4 per 100,000 total occupied bed days. In the previous quarter the rate in NHS Grampian was 47.9 per 100,000 total occupied bed days. NB. this does not indicate statistically significant change.

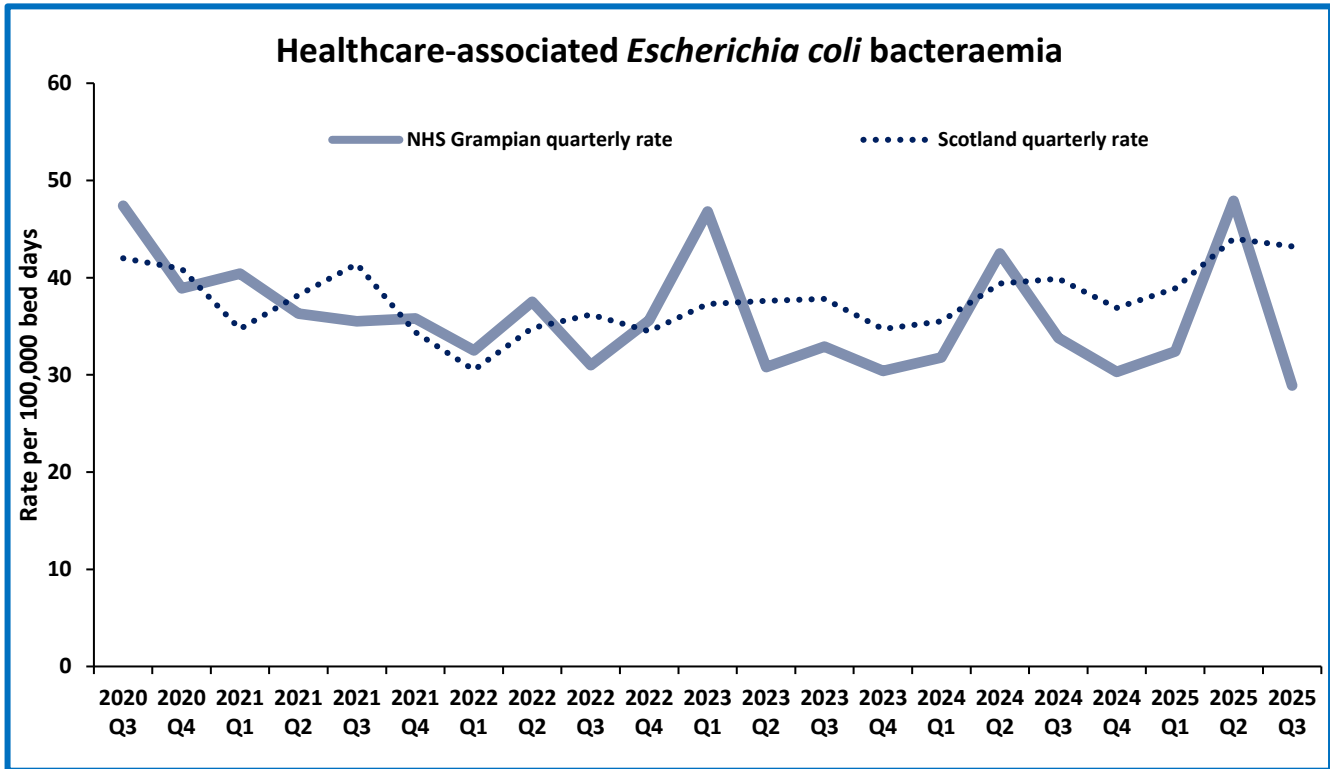


Figure (2a) shows trends in healthcare associated *E. coli* bacteraemia in NHS Grampain (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for July–September 2025 (Quarter 3), NHS Grampian rates of healthcare associated *E. coli* bacteraemia are above the Scottish quarterly rate (within the statistical limits of variation) compared to the rest of Scotland.

2.2.2 Community-associated cases of ECB

In NHS Grampian, the rate of community-associated cases of ECB between July - September 2025 was 31.5 per 100,000 population. In the previous quarter the rate in NHS Grampian was 29.1 per 100,000 population. NB. this does not indicate statistically significant change.

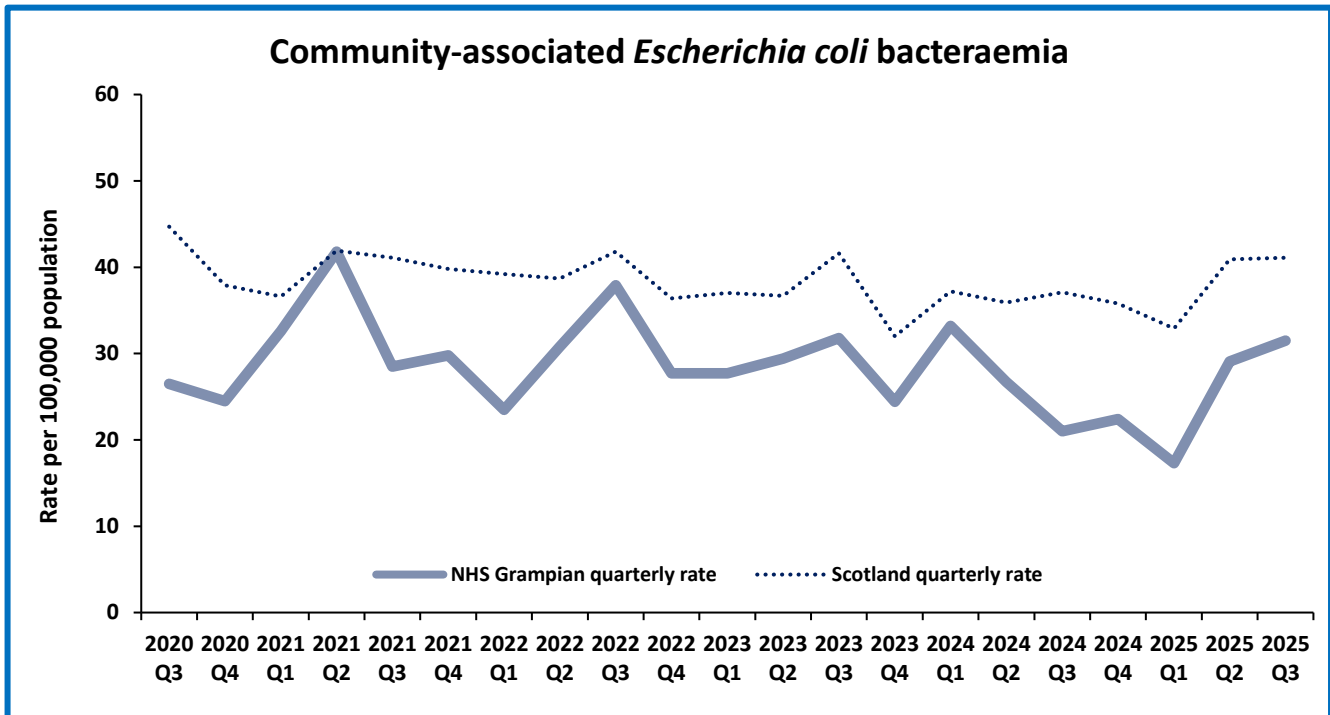


Figure (2b) shows trends in community associated *E. coli* bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for July – September 2025 (Quarter 3), NHS Grampian rates of community associated *E. coli* bacteraemia are the below Scottish quarterly rate (within the statistical limits of variation) compared to the rest of Scotland.

2.3 Enhanced *Staphylococcus aureus* Bacteraemia (SAB) Surveillance

For a definition of this organism and details about surveillance, please see Appendix 1.

2.3.1 Healthcare-associated cases of SAB

Between July – September 2025, the rate of healthcare-associated cases of *Staphylococcus aureus* bacteraemia (SAB) in NHS Grampian was 19.9 per 100,000 total occupied bed days. In the previous quarter, the rate was 19.0 per 100,000 total occupied bed days. NB. this does not indicate statistically significant change.

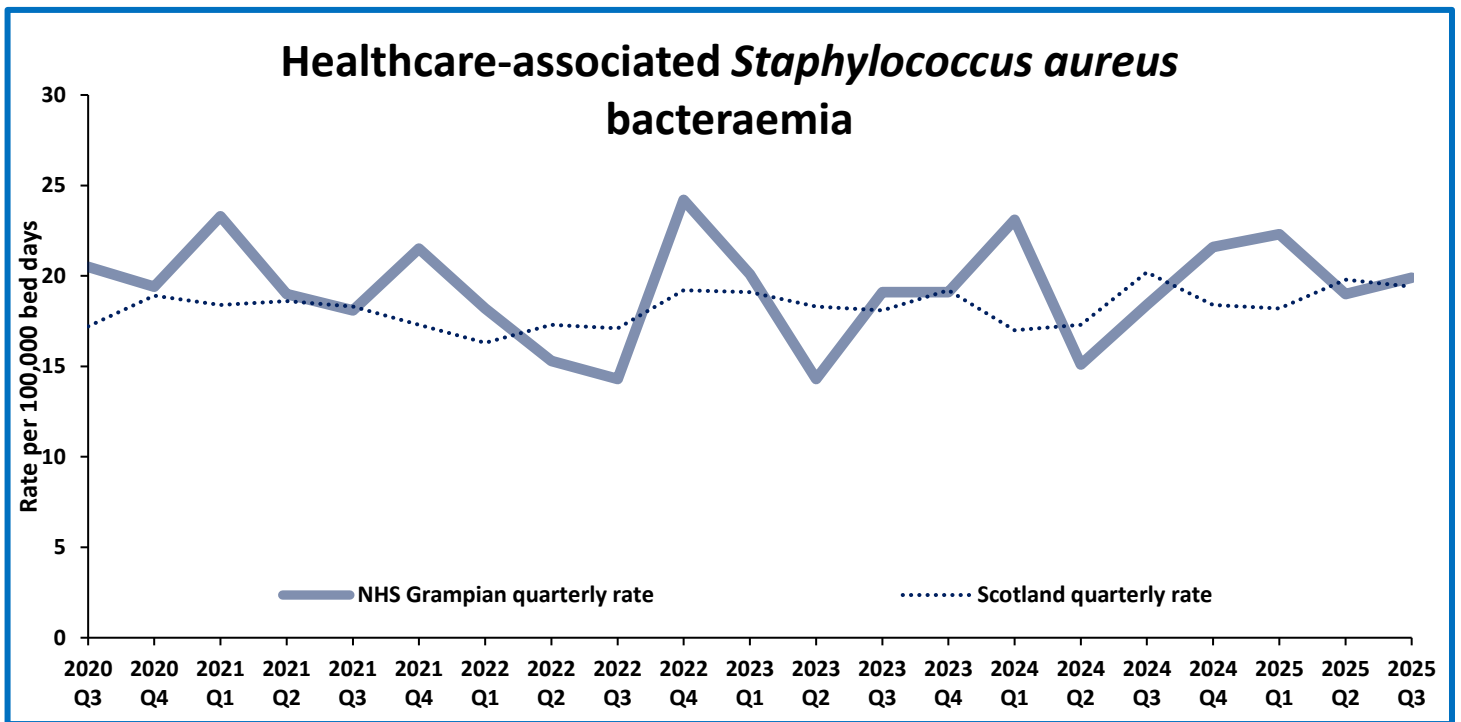


Figure (3a) shows trends in healthcare associated *S. aureus* bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for July–September 2025 (Quarter 3), NHS Grampian rates of healthcare associated *S. aureus* bacteraemia are above the Scottish quarterly rate (within the statistical limits of variation) compared to the rest of Scotland.

2.3.2 Community-associated cases of SAB

Between July and September 2025, the rate of community-associated cases of SAB in NHS Grampian was 10.7 per 100,000 population. In the previous quarter, the rate was 5.4 per 100,000 population. NB. this does not indicate statistically significant change.

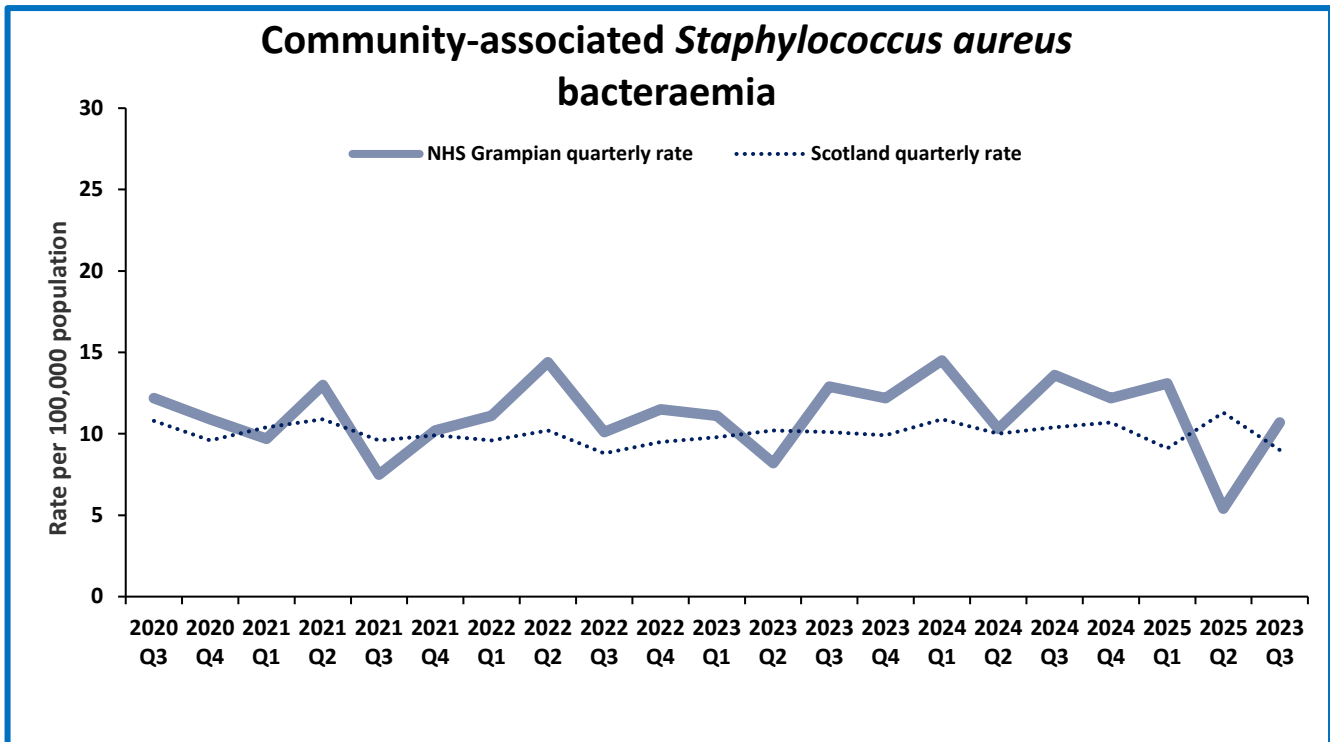


Figure 3(b) shows trends in community associated *S. aureus* bacteraemia infection in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for July–September 2025 (Quarter 3), NHS Grampian rates of community associated *S. aureus* bacteraemia are below the Scottish quarterly rate (within the statistical limits of variation) compared to the rest of Scotland.

2.4. Surgical Site Infection (SSI) Surveillance *

For a definition of this SSI and details about surveillance, please see Appendix 1.

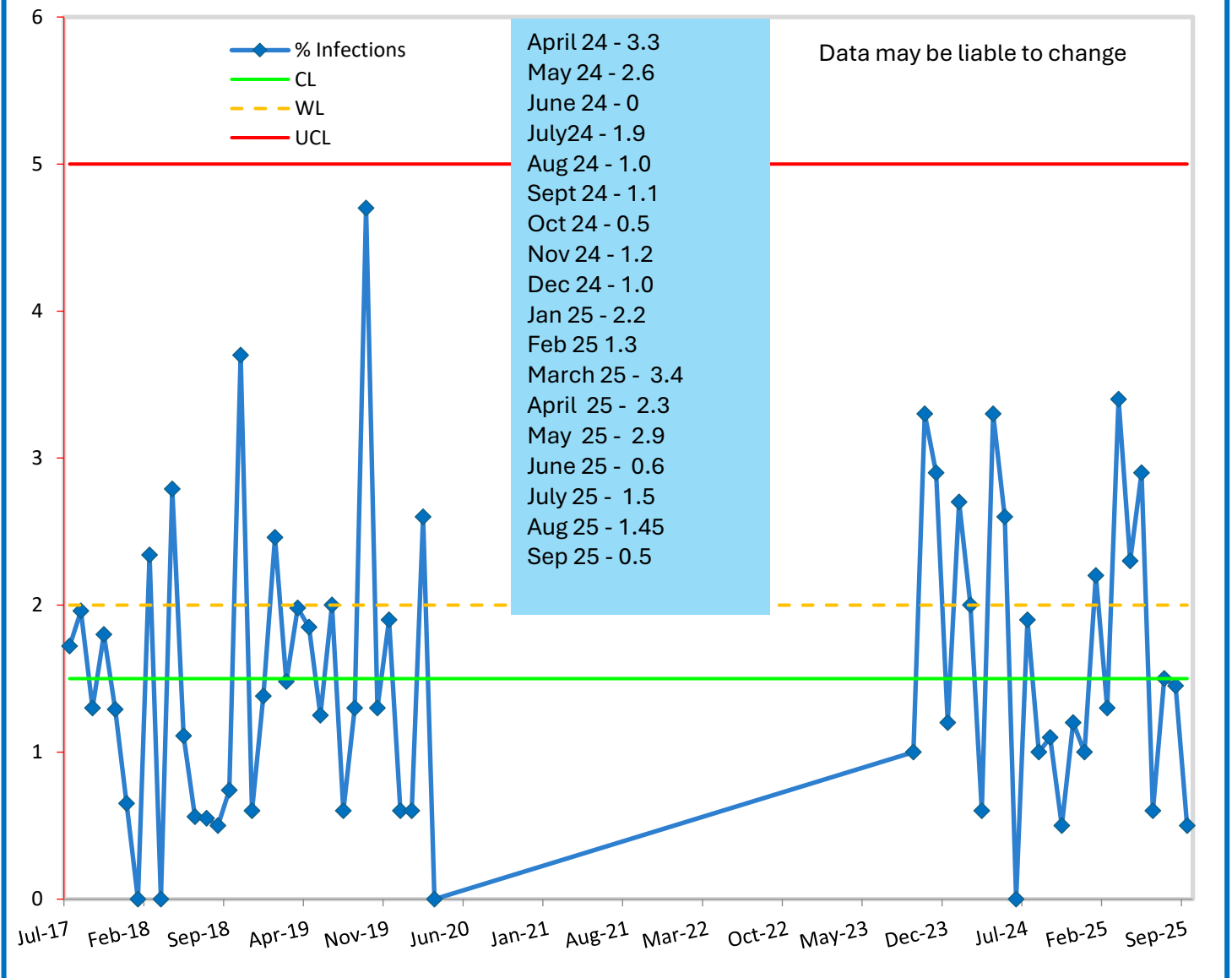
2.4.1 Voluntary Surgical Site Infection (SSI) Surveillance: Caesarean Sections

For details about this voluntary surveillance, please see Appendix 1.

The percentage of caesarean sections performed in NHS Grampian that resulted in an SSI (up to ten days post-surgery).

- Quarter 1: 2.2% for January 2025, 1.3% for February 2025, and 3.4% for March 2025
- Quarter 2: 2.3% for April 2025, 2.9% for May 2025, and 0.6% for June 2025
- Quarter 3: 1.5% for July 2025, 1.45% for Aug 2025, and 0.5% for September 2025

Caesarean Sections NHSG, Percentage of Surgical Site Infections up to 10 days



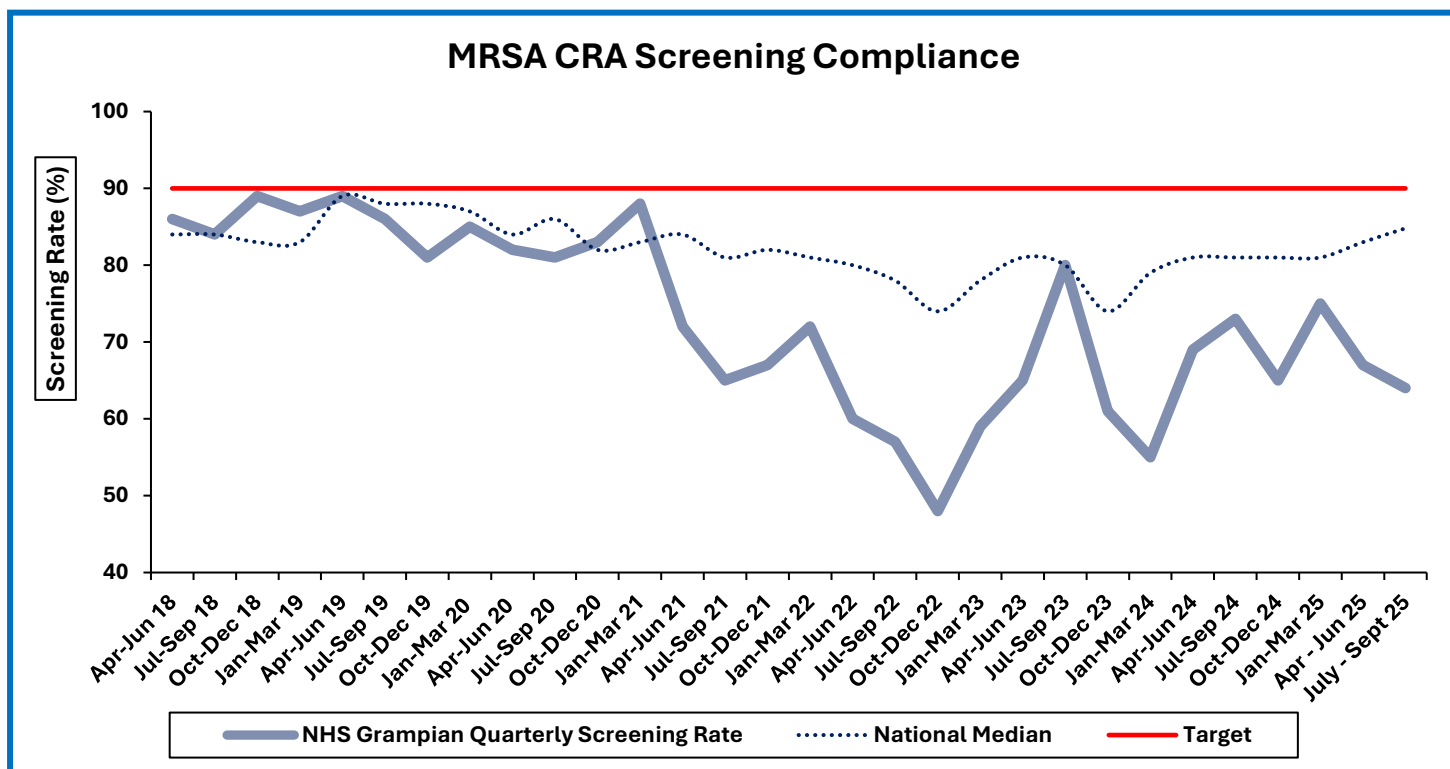
NB Limit breaches have not been annotated due to there not being enough points of data from the restart in September 2023. These will be added on reaching 25 points of data post September 2023.

National surveillance was paused to support the COVID-19 response and has not yet resumed. This is currently under review by ARHAIS.

2.5 Meticillin-Resistant *Staphylococcus Aureus* (MRSA) Screening

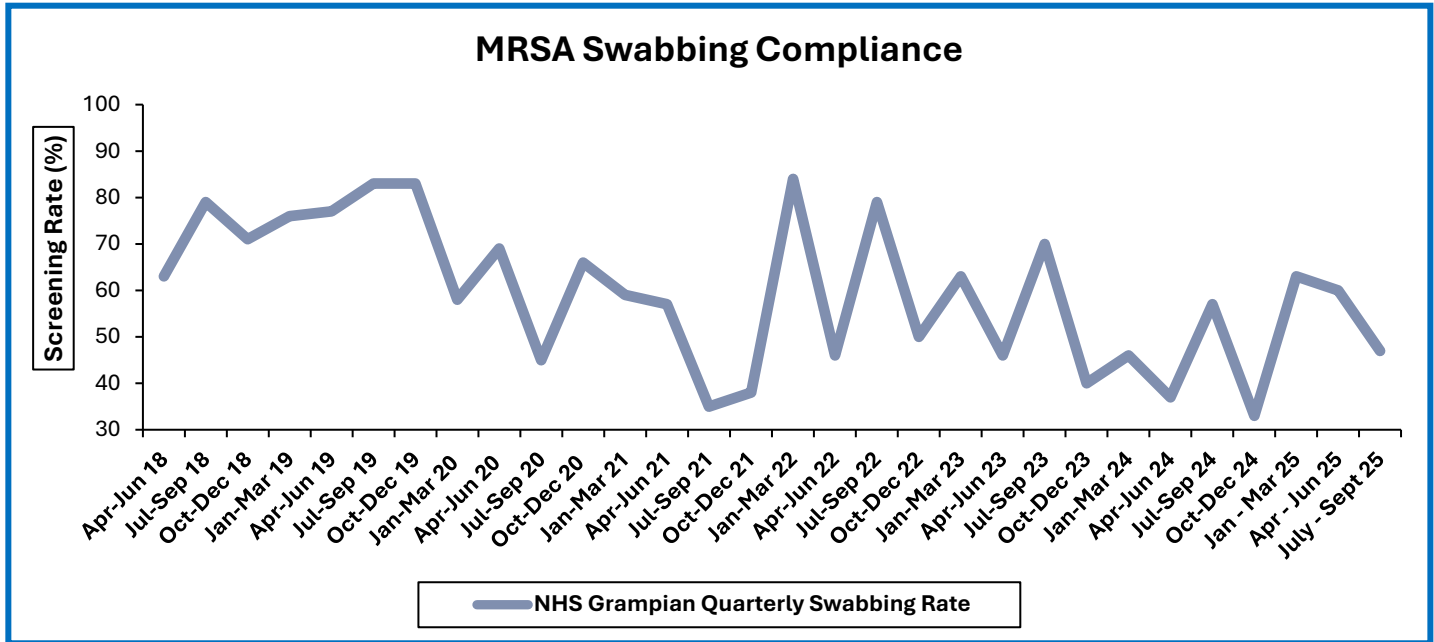
For a definition of this organism and details about surveillance, please see Appendix 1.

NHS Grampian's MRSA CRA screening compliance for July to September 2025 was 64%. This marks a decrease from the previous quarter (67%) but remains below the national (84.8%) and the national target (90%).



MRSA CRA screening figures are regularly presented at NHS Grampian Acute HAI Group meetings to raise awareness and prompt action where needed. Compliance continues to be discussed at governance meetings and with nursing leadership teams to identify and implement interventions that improve adherence.

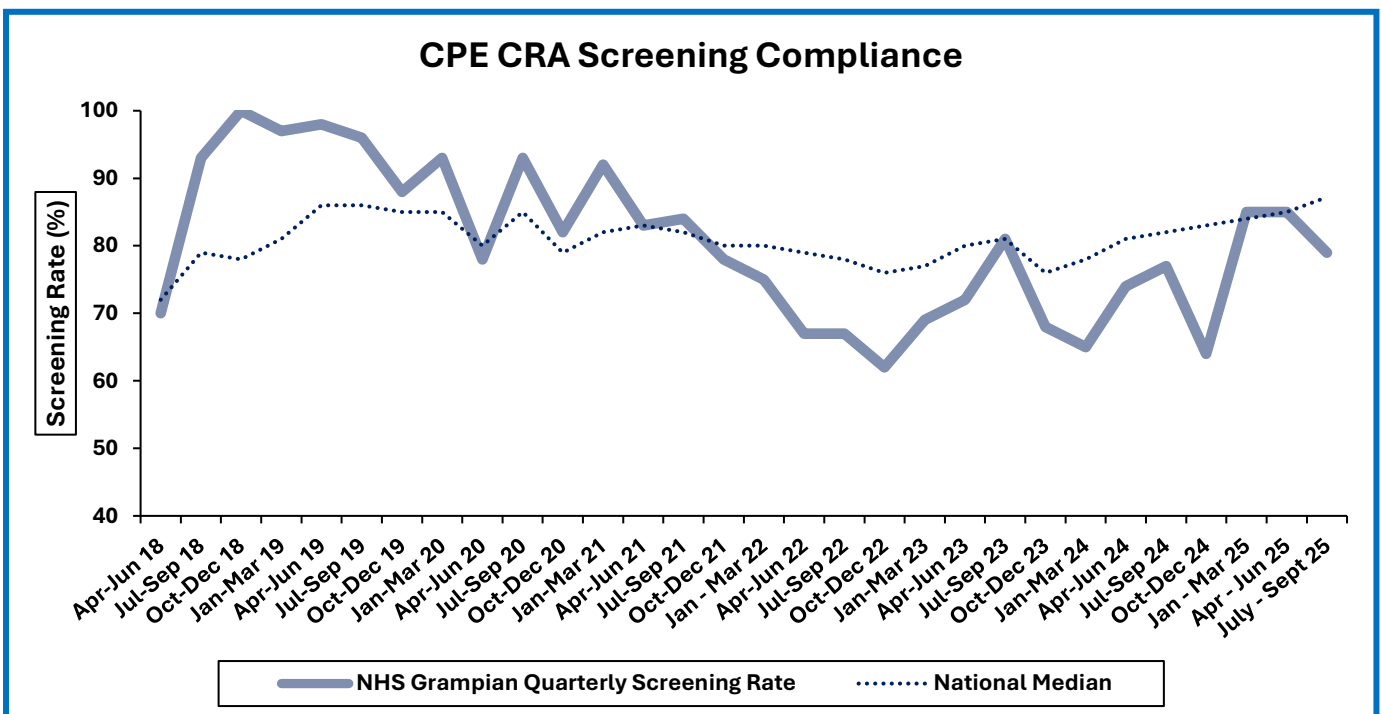
NHS Grampian’s MRSA swabbing compliance from July to September 2025 was 47%, a decrease from 60% in the previous quarter.



2.6 Carbapenemase Producing Enterobacteriaceae (CPE) Screening

For a definition of this organism and details about surveillance, please see Appendix 1.

NHS Grampian’s CPE Clinical Risk Assessment (CRA) screening compliance for July to September 2025 was 79%, representing a decrease from 85% in the previous quarter. This performance is also below the national median of 87.2%.

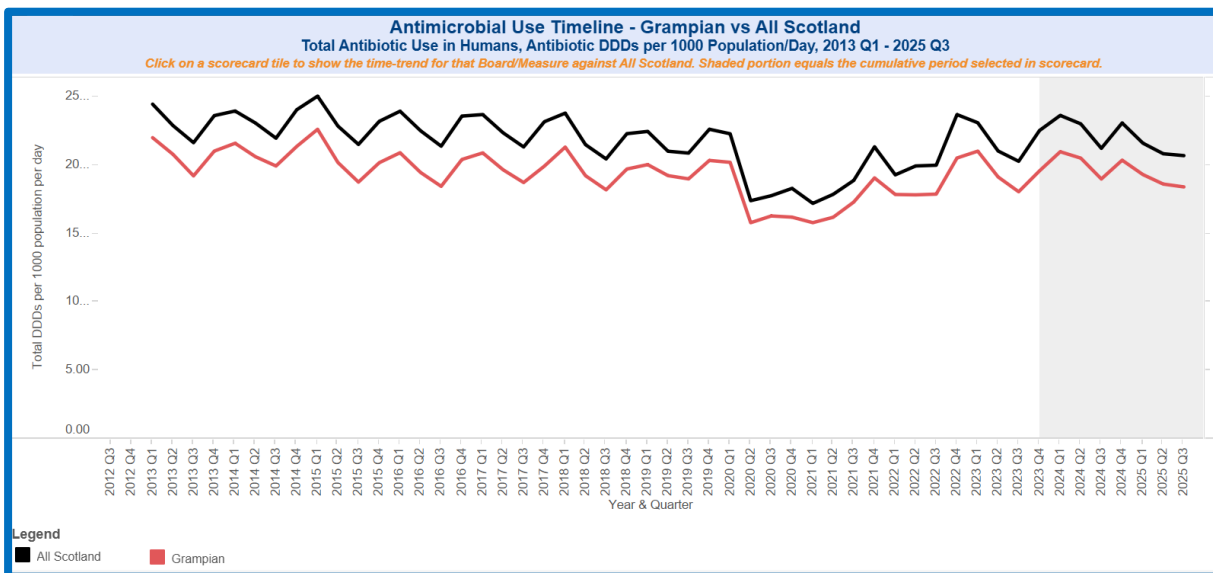


The CPE CRA screening figures are tabled at the Acute HAI Group meetings, for awareness and so that actions can be taken, where necessary, to improve compliance. It continues to be raised at NHS Grampian governance meetings, and meetings with nursing leadership teams to identify interventions to improve adherence.

2.7 Antibiotic Use Indicators for Scotland (Data source NSS Discovery)

Following the publication of UK 5-year action plan for antimicrobial resistance 2024 to 2029 in May 2024 the key UK human health targets relating to antibiotics are targets 4a and 4b below. In December 2025 the new Scottish antimicrobial prescribing indicators agreed by the Scottish Antimicrobial Prescribing Group (SAPG) and approved by the Scottish Government were published in [DL\(2025\)05](#).

2.7.1 Target 4a: by 2029, we aim to reduce total antibiotic use in human populations by 5% from the 2019 baseline.



Antibiotic prescribing increased during a surge in Group A streptococcal infections in late 2022/early 2023 and high pertussis and mycoplasma pneumonia levels in 2024. However, data for the first 3 quarters of 2025 shows a steady decrease with levels trending below the same quarters for 2019, demonstrating good progress towards the target.

	2019	2025
Quarter 1	20.0	19.3
Quarter 2	19.2	18.6
Quarter 3	19.0	18.4

2.7.2 Target 4b: by 2029 we aim to achieve 70% of total use of antibiotics from the Access category (new UK category) across the human healthcare system.

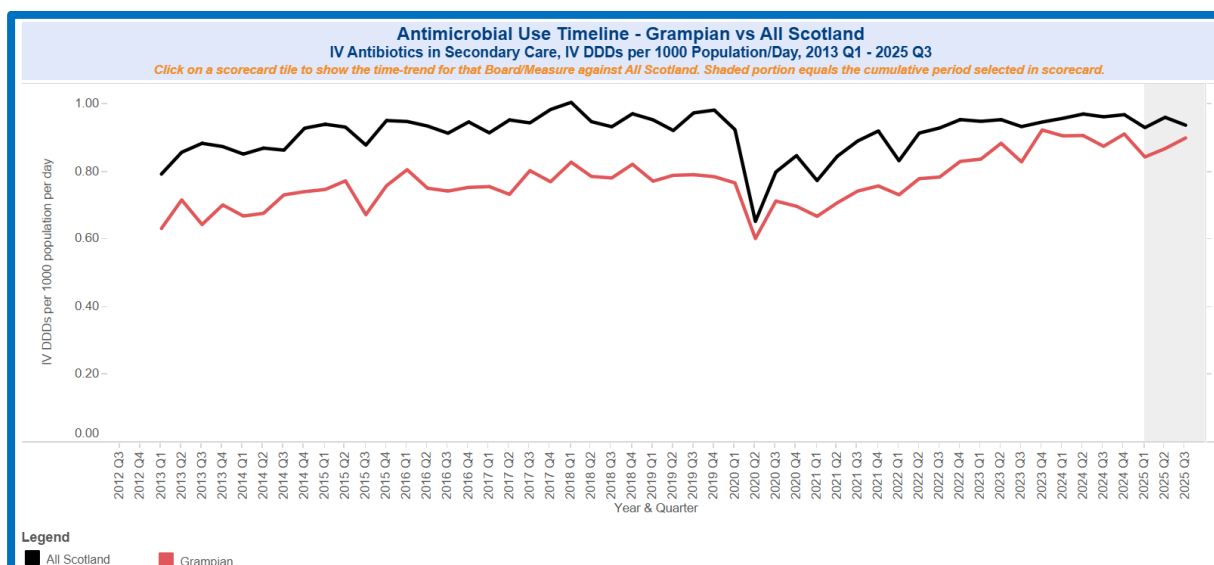
Meeting this target will be challenging. Data from Jan–Sept 2025 shows that the acute sector used 66.6% and primary care 63% of antibiotics from the Access category. Increases in co-amoxiclav prescribing in the last 2 years have reduced the percentage of access category antibiotics for primary care. An increase in the prescribing of methenamine, an antiseptic agent used to prevent recurrent urinary tract infections, which is categorised as ‘Other’ is also likely to have had an impact. Work is ongoing nationally to determine whether methenamine should be excluded from this indicator. The acute sector has also seen a reduction in the percentage of access category antibiotics used. More prescriptions for shorter course lengths for access antibiotics (as recommended) will also reduce the percentage of access antibiotic DDDs.

Actions taken

- The NHS Grampian Antimicrobial Management Team (AMT) attended GP quality cluster meetings during 2025 to present on the [UK national action plan for Confronting Antimicrobial Resistance](#), anticipated Scottish supporting antibiotic prescribing targets and actions GP practices can take to help achieve these.
- Scriptswitch messaging was deployed between October 2024 and June 2025 to discourage prescribing of 4C antibiotics (including co-amoxiclav), but reports did not show this to be effective in changing prescribing behaviour.
- ScriptSwitch messaging has been deployed from June 2025 for amoxicillin and doxycycline to encourage prescribers to use 5 day courses, where appropriate, for respiratory tract infections. Data for the first quarter was encouraging, showing 1,172 prescriptions were switched to a shorter 5 day course following the prompt.

2.7.3 Scottish Supporting Antibiotic Prescribing Targets – Secondary Care

The new Scottish prescribing indicator is: **By 2029, IV antibiotic prescribing will be 10% lower than the 2019 baseline**, but this will have a different denominator (DDDs per 1000 acute occupied bed days) to the previous indicator (shown below), and this data is not yet available on NSS Discovery.



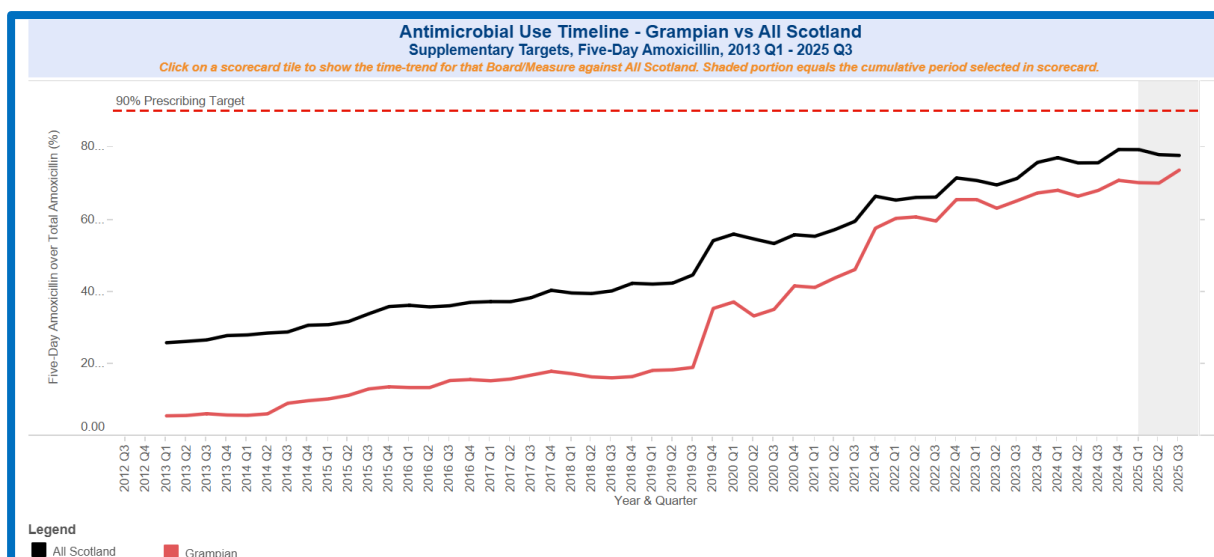
Actions taken

- AMT have identified some areas of the empiric guidance for update which have potential to reduce use of IV antibiotics and are engaging with appropriate specialities to progress these updates.
- AMT plan to progress a quality improvement project in general surgery to reduce use of IV metronidazole.

The second supporting indicator for secondary care is: **By 2029, 95% of antimicrobial prescriptions will have an indication recorded.** There is currently no automated way to collect this data and therefore no assurance can be provided for the board. A pilot project to audit compliance is underway, with the AMT exploring options to gain support for this to become a mandated audit across ward areas. Mandatory recording of indication in HEPMA is not supported by the current version available in Grampian. A pilot of mandatory indications is currently underway in NHS GGC which will inform future developments. We have no timeline for the HEPMA upgrade in our board area.

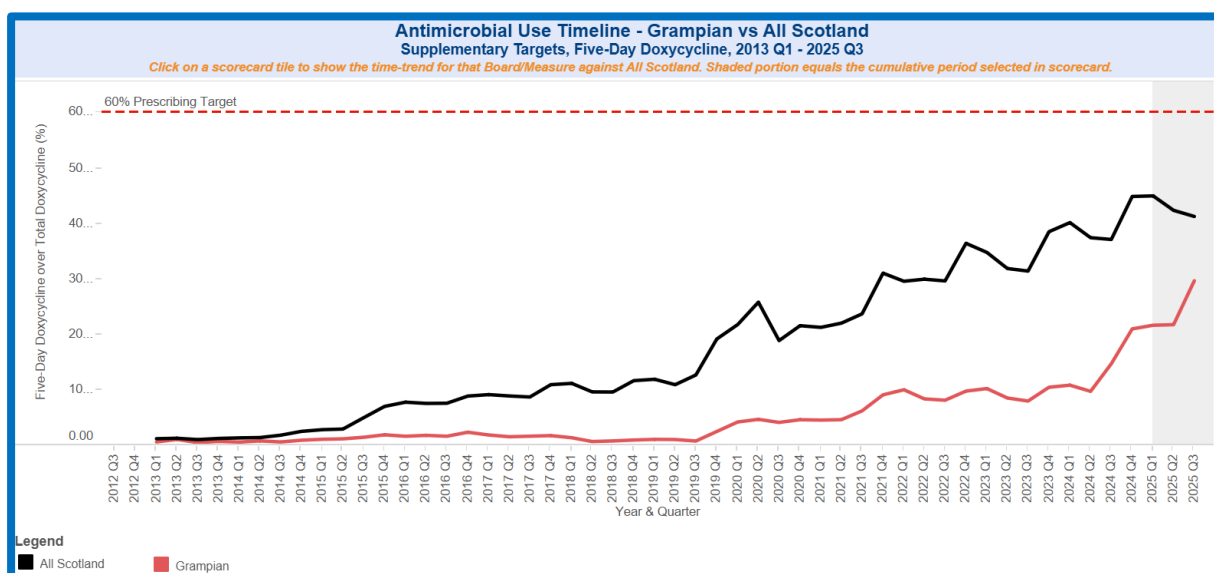
2.7.4 Supporting Antibiotic Prescribing Targets – Primary Care

By 2029, 90% of prescriptions of amoxicillin in primary care will be for a 5-day course



NHS Grampian continues to make good progress with the percentage of prescriptions for amoxicillin in primary care that are for a 5 day duration consistently increasing since updates to local guidance in November 2019. The last data point for quarter 3 2025 sits at 73.8%.

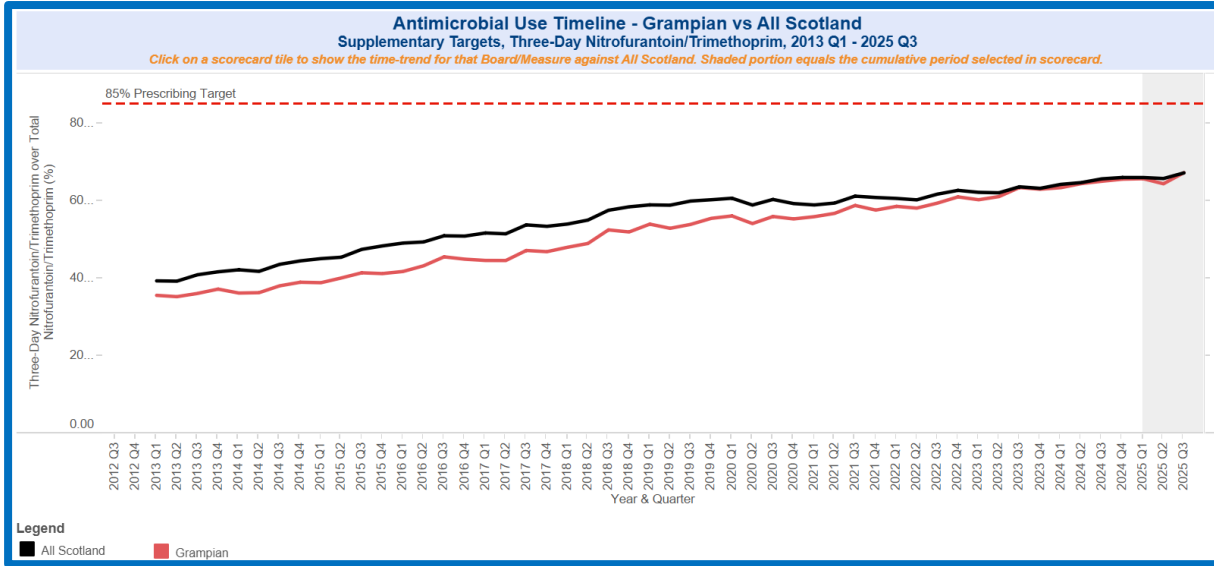
By 2029, 60% of prescriptions for doxycycline in primary care will be for a 5-day course



The percentage of prescriptions for doxycycline in primary care that are for a 5 day duration is well below the national average but has seen some improvement in the most recent available data. We await more up to date data to assess the impact of primary care engagement and ScriptSwitch messaging. The 60% target line on the graph is one of the new anticipated Scottish prescribing indicators.

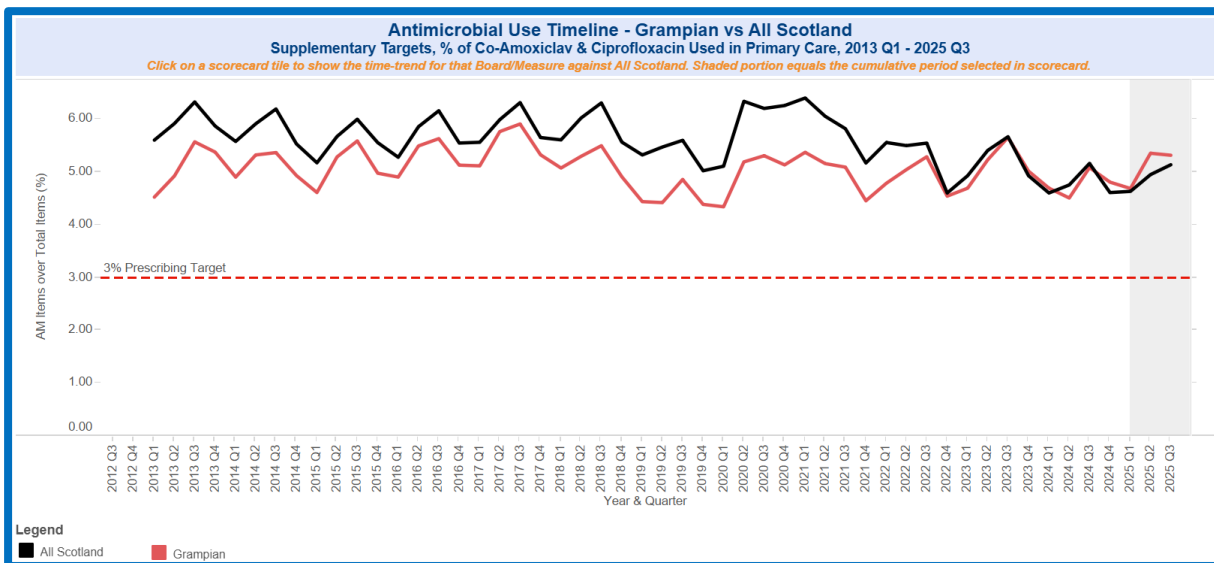
The targets for 5 day prescribing for respiratory tract infections in primary care are also aligned with [Scottish Government Medicines – achieving value and sustainability in prescribing guidance](#).

By 2029, 85% of prescriptions of trimethoprim and nitrofurantoin for women in primary care will be for 3 days



This data is newly available to the AMT. The percentage of prescriptions for a 3 day course has been steadily increasing with NHS Grampian now in line with the national average. The AMT hope to be able to go ahead with ScriptSwitch messaging similar to that used for the 5 day courses for amoxicillin and doxycycline but this has been delayed due to software issues.

By 2029, less than 3% of all antibiotics in primary care will be for co-amoxiclav and ciprofloxacin combined



Use of quinolones (data includes ciprofloxacin) continues to fall in NHS Grampian. Co-amoxiclav use has increased in recent years, which has been the case across the country, and NHS Grampian is no longer below the national average. The AMT will continue their efforts to engage with primary care clinicians around the increased prescribing of co-amoxiclav.

Actions taken

- Data at cluster and HSCP levels has been shared at meetings with primary care prescribers during 2025, to highlight increased co-amoxiclav prescribing and encourage audits in this area.
- Scriptswitch messaging to discourage prescribing of 4C antibiotics (including co-amoxiclav) was implemented from October 2024 to June 2025, but reports did not show this to be effective in changing prescribing behaviour.

Dental Prescribing Targets

- By 2029, total antibiotic use in dental prescribing will be 5% lower than the 2019 baseline.
- By 2029, penicillin will be prescribed more frequently than amoxicillin in general dental practice and will account for at least 60% of total antibiotic prescribing

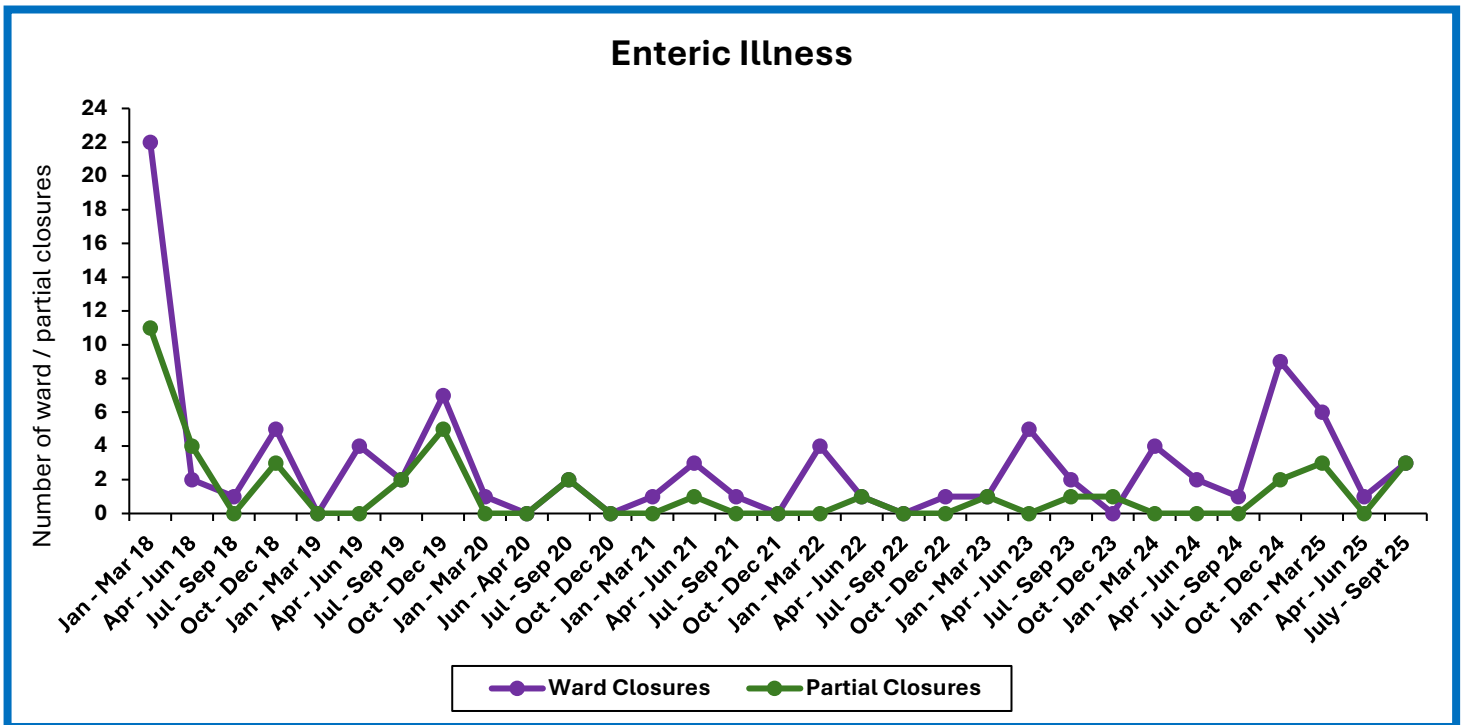
The data on dental prescribing targets should be made available later this year.

2.8 Incidents and Outbreaks

For information on incidents and outbreaks, please see Appendix 1.

2.8.1 Enteric Illness

For the period July to September 2025 there were 3 ward closures and 3 partial closures in NHS Grampian due to enteric illness. During the previous quarter there was 1 ward closure and 0 partial closures due to enteric illness.

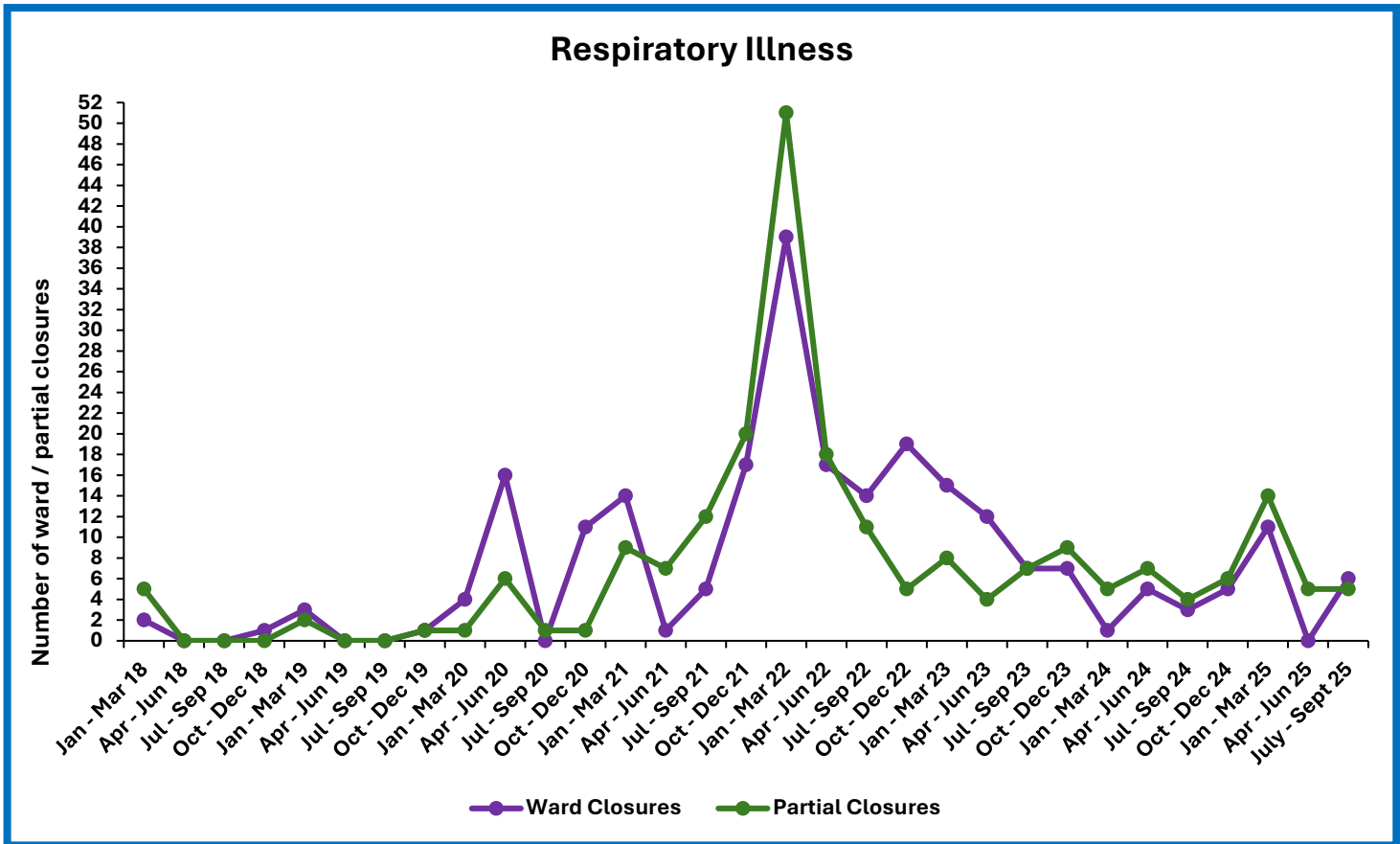


Adding together ward closures and partial closures will illustrate the overall impact.

2.8.2 Respiratory Illness

For information on incidents and outbreaks, please see Appendix 1.

For the period July and September 2025 there were 6 ward closures and 5 partial closures in NHS Grampian due to respiratory illness. During the previous quarter there were 0 ward closures and 5 partial closures due to respiratory illness.



Partial and ward closures figures are combined in the summary page to illustrate the overall impact.

2.9 Preliminary Assessment Group (PAG) and Incident Management Team (IMT) Meetings

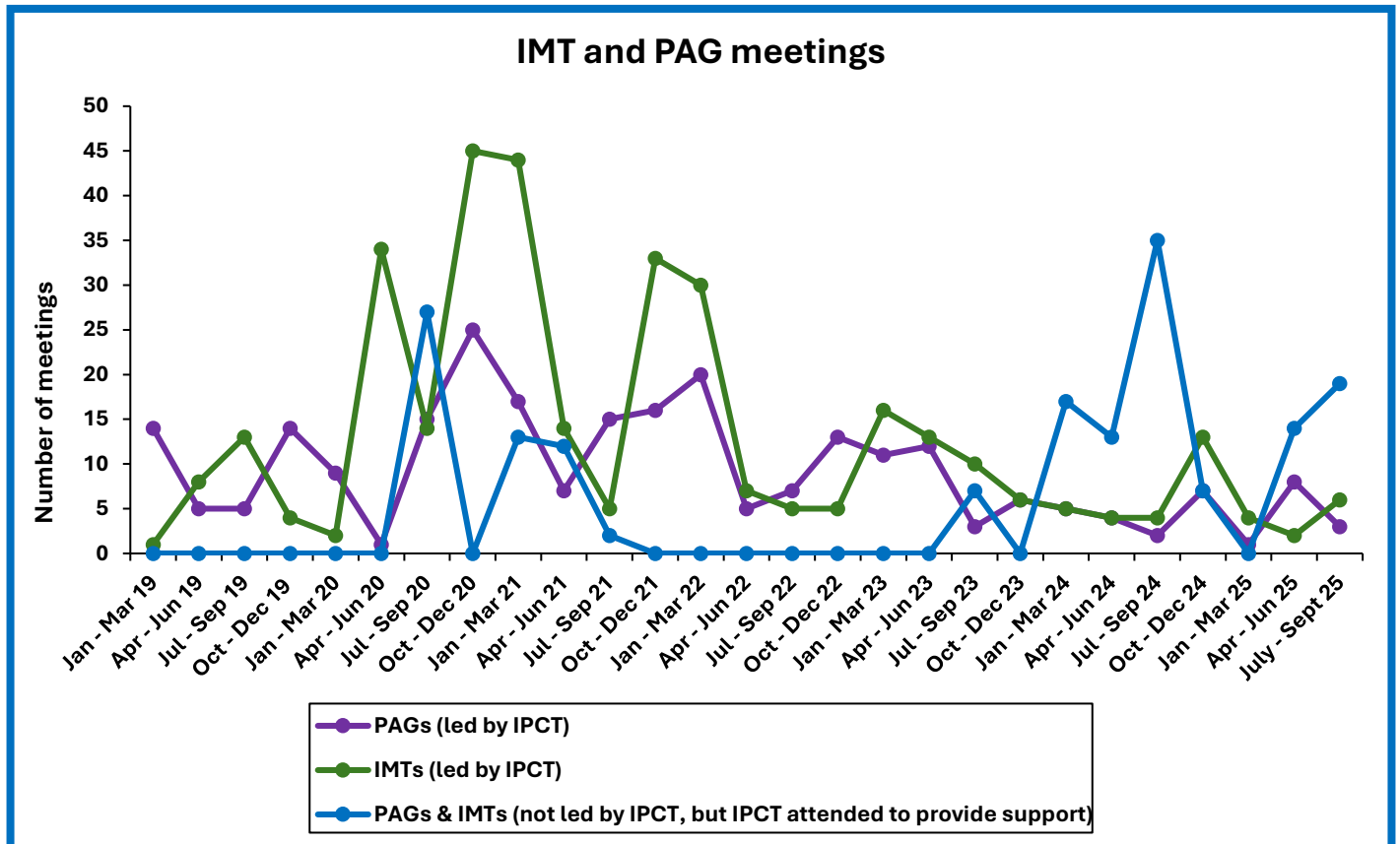
For information on PAG and IMT meetings, please see Appendix 1.

2.9.1 IPC-Led Meetings (July – September 2025)

Meeting Type	Number of Meetings	Reason(s)
PAG	3	Pseudomonas, SABs, Retained Tissue follow up PAG
IMT	6	6 x Pseudomonas

Table 1: Reason for IPC-Led PAG and IMT Meetings

Between July and September 2025, the Infection Prevention & Control (IPC) Team led three Preliminary Assessment Group (PAG) meeting and six Incident Management Team (IMT) meetings within NHS Grampian. During the same period, the IPC Team also provided support for 19 PAG or IMT meetings led by other teams.



2.10 Cleaning and the Healthcare Environment

For information on the monitoring of cleaning and the healthcare environment, please see Appendix 1.

Between July and Sept 2025, NHS Grampian was, overall, compliant with the required cleanliness standards, as monitored by the Facilities Monitoring Tool. NHS Grampian was, overall, also compliant during the previous quarter.

	July 2025 Domestic	July 2025 Estates	August 2025 Domestic	August 2025 Estates	September 2025 Domestic	September 2025 Estates	July – September (Q3) 2025 Domestic	July – September (Q3) 2025 Estates
NHS Grampian Overall	93.55	93.70	93.40	93.20	93.10	92.95	93.35	93.28
Aberdeen Maternity Hospital, RACH & Outlying Areas	93.45	95.10	92.10	94.15	92.20	92.65	92.58	94.96
Aberdeen Royal Infirmary	93.60	95.45	93.30	95.50	93.50	93.85	93.45	94.93
Aberdeenshire North & Moray Community	95.30	91.85	94.30	88.65	95.25	91.35	94.95	90.61
Aberdeenshire South & Aberdeen City	92.35	92.05	93.65	91.65	92.90	89.95	93.30	91.21
Dr Gray's Hospital	92.75	91.45	95.10	92.25	92.70	92.90	93.51	92.20
Royal Cornhill Hospital	93.65	91.75	92.85	93.10	92.25	93.95	92.91	92.93
Woodend Hospital	92.80	92.35	92.90	93.20	90.80	92.65	92.16	92.73

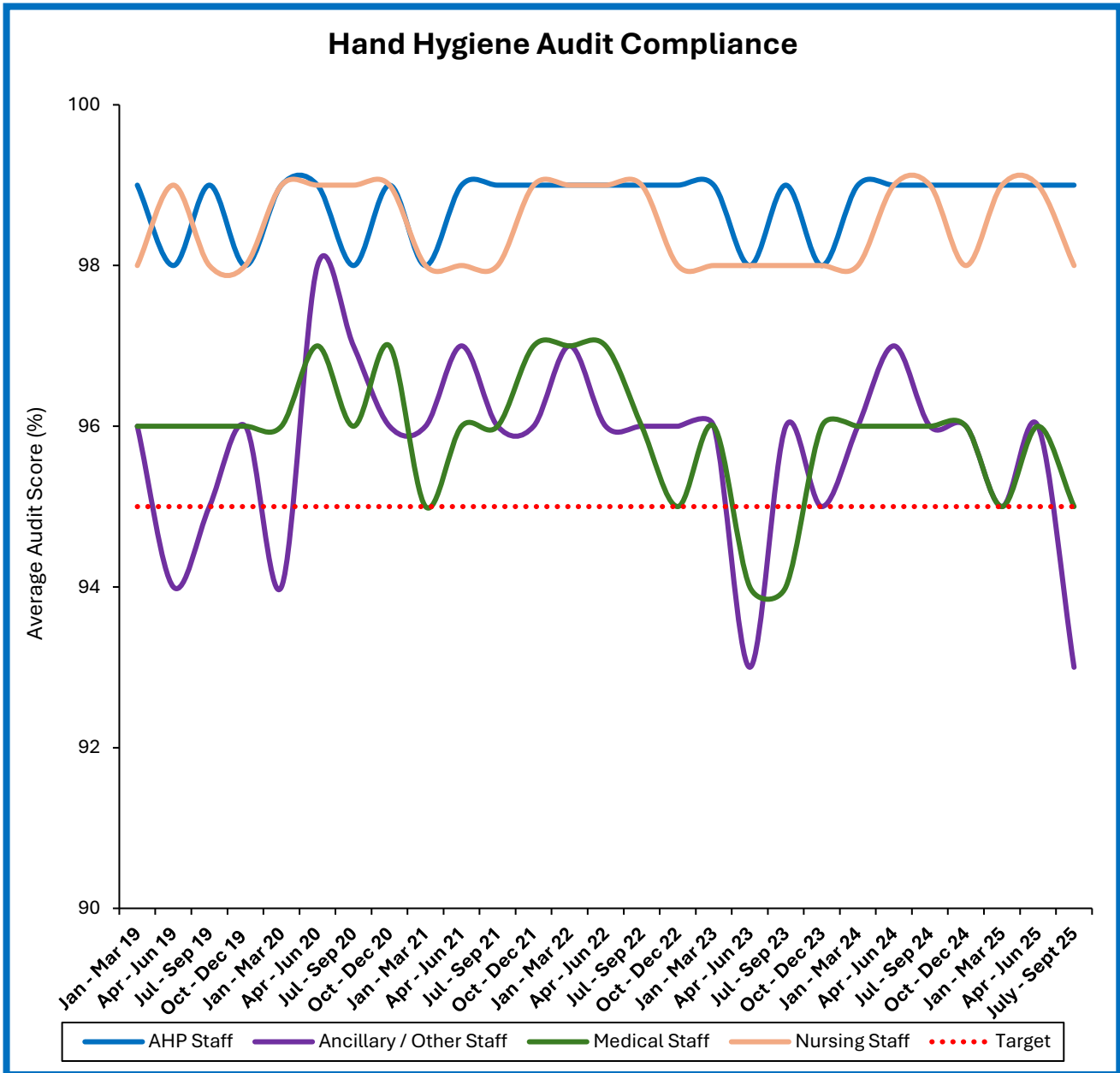
Table 2: shows the cleanliness standards, as monitored by the Facilities Monitoring Tool.

2.11 Hand Hygiene Compliance

For information on hand hygiene audit compliance, please see Appendix 1.

During the period July to September 2025, hand hygiene audit compliance scores across NHS Grampian staff groups were as follows:

- **Allied Health Professionals (AHPs): 99% (unchanged from previous quarter)**
- **Nursing staff: 98% (down from 99%)**
- **Medical staff: 95% (down from 96%)**
- **Ancillary / Other staff: 93% (down from 96%)**



3. References

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Appendix 1

Organism definitions, surveillance information, and information on processes

Clostridioides (formerly Clostridium) difficile Infection (CDI) Surveillance

Clostridioides difficile (*C.diff*) is a spore forming bacterium occurring naturally and harmlessly in the bowel in up to 5% of the population. It can become harmful when gut flora is disrupted, often due to antibiotics or other medications. Age is also a risk factor as most cases can be found in people over 65 years of age. The main symptom is diarrhoea, which can range from mild to severe. *C.diff* can be easily spread by released spores landing on surrounding surface.

It is important to realise that *C.diff* can develop in the community as well as in hospital.

C.diff data for patients aged 15 and above is collected for the mandatory Scottish *Clostridioides difficile* Surveillance programme, and reported to ARHAI Scotland, following a robust investigation of every possible case by the NHS Grampian Infection Prevention and Control Team.

Further information on CDI surveillance can be found at:

<https://www.nss.nhs.scot/publications/protocol-for-the-scottish-surveillance-programme-for-clostridioides-difficile-infection-user-manual/>

Escherichia coli Bacteraemia (ECB) Surveillance

Escherichia coli (*E.coli*) is a Gram Negative bacterium that forms part of the normal flora in the human gastrointestinal tract and is a common cause of urinary tract and hepatobiliary infections. Serious disease may occur if *E. coli* breaches the body's defence mechanisms and enters the bloodstream (bacteraemia).

It is important to be aware that *E.coli* Bacteraemia can occur in the community as well as in hospital.

In Scotland, mandatory surveillance for ECB commenced in 2016. Each case is robustly investigated by the microbiology and Infection Prevention and Control team. The origin of each positive blood culture is classified as either Healthcare or Community associated, and the source established according to ARHAI Scotland protocols.

Information on the national surveillance programme for *Escherichia coli* infection can be found at:

<https://www.nss.nhs.scot/antimicrobial-resistance-and-healthcare-associated-infection/data-and-intelligence/escherichia-coli-bacteraemia/>

Enhanced *Staphylococcus aureus* Bacteraemia (SAB) Surveillance

Staphylococcus aureus (*S. aureus*) is a Gram-positive bacterium that colonises the nasal cavity and/or groin in approximately a third of the population.

In Scotland, mandatory enhanced surveillance for *Staphylococcus aureus* bacteraemia (SABs) commenced in 2014. The origin of each positive blood culture is classified as either Healthcare or Community associated, and the entry point, any deep sources, and whether the cause has been

potentially preventable or not, is established at a multi-disciplinary team meeting, according to ARHAI Scotland protocols.

If a healthcare associated case is deemed to have been potentially preventable, it is Datixed by the NHS Grampian surveillance team in order to provide governance and establish a culture of lessons learned, to increase patient safety. All SABs are also fed back to clinical teams by way of an SBAR, monthly reports and statistical process control charts for each area and hospital.

More information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<https://www.nss.nhs.scot/publications/protocol-for-national-enhanced-surveillance-of-bacteraemia/>

Surgical Site Infection (SSI) Surveillance

A Surgical Site Infection (SSI) is an infection that occurs in the 30 days following surgery, and may be superficial, deep or organ/space. It is one of the most common types of HAI in Scotland.

In Scotland, the mandatory Surgical Site Infection (SSI) surveillance programme commenced in 2002, the aim being to monitor trends and outbreaks, and reduce SSI rates by collaboration with surgical colleagues.

The mandatory procedures included in the surveillance are:

- Caesarean Section
- Hip arthroplasty
- Large bowel surgery (planned only)
- Vascular surgery (planned only)

The data is measured against other health boards in Scotland by ARHAI Scotland. Local monthly data is fed back to clinical teams.

Mandatory SSI surveillance was paused in April 2020, due to the COVID-19 pandemic, and has not restarted at the present time. This is currently under review by ARHAI Scotland.

Information on the national surveillance programme for Surgical Site Infection can be found at: <https://www.nss.nhs.scot/antimicrobial-resistance-and-healthcare-associated-infection/data-and-intelligence/surgical-site-infection/>

Voluntary SSI surveillance for caesarean sections recommenced in NHS Grampian in September 2023. This was following a request from the obstetric team in Aberdeen Maternity Hospital (AMH), as they required some baseline data for caesarean sections performed in AMH, so that they can compare data when they move to the new Baird Family Hospital once building is complete. Please note that Dr Gray's Hospital stopped performing caesarean sections in August 2018, so has not been included in any SSI surveillance for caesarean sections since that time.

This voluntary data is for local use only and is not sent to ARHAI Scotland.

Meticillin-Resistant *Staphylococcus Aureus* (MRSA) Screening

MRSA is a *Staphylococcus aureus* (*S. aureus*) that is resistant to commonly used antibiotics e.g. flucloxacillin. This makes MRSA infections more difficult and costly to treat, hence every effort must be made to prevent spread³. Both MRSA and *S. aureus* are transmitted in the same way and cause the same range of infections. The majority of MRSA positive individuals are colonised. This occurs when an organism lives harmlessly on the body, e.g. skin, with no signs or symptoms of infection. Infection is characterised by inflammation including redness, heat, swelling, pain, loss of function and/or if the organism gains entry or penetrates tissue or sterile sites and causes further disease processes.

More information on the national surveillance programme for MRSA screening can be found at: <https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-cra-mrsa-screening-national-rollout-in-scotland/>

Carbapenemase Producing Enterobacteriaceae (CPE) Screening

CPEs are highly resistant bacteria with limited treatment options. Although case numbers in Scotland remain low, there was a 50% increase from 73 cases in 2016 to 108 in 2017. Most cases were acquired abroad and declined during the COVID-19 pandemic.

Individuals may be colonised (e.g. in the gut) without needing treatment, but CPE can also cause serious infections with high morbidity and mortality.

CPE screening and data collection began on 1 April 2018, as directed by the Scottish Government. All NHS Boards must carry out clinical risk assessment (CRA)-based screening in line with DL (2017) 25. NHS Grampian's compliance target for CRA-based screening is 90%.

More information on CPE screening can be found at: <https://www.hps.scot.nhs.uk/resourcedocument.aspx?id=6990>

Incidents and Outbreaks

Any ward closures (complete ward closures as well as only partial ward closures) in NHS Grampian due to enteric illness (including confirmed or suspected Norovirus) and due to respiratory illness (including confirmed or suspected Influenza, and confirmed or suspected COVID-19) are included in outbreak reports sent by the Infection Prevention & Control Team to ARHAIS each week day.

For the purpose of this report, if any ward has a partial closure immediately before or after a complete closure (for the same incident), then it has only been included once (as a complete closure).

For the purpose of this report, if a ward has a complete or partial closure that continues into the following quarter, then it has only been included once (in the quarter that the incident began).

Preliminary Assessment Group (PAG) and Incident Management Team (IMT) Meetings

The Infection Prevention and Control Team in NHS Grampian monitors for potential or actual healthcare-associated infections or outbreaks. Using national guidance (NIPCM Chapter 3 and HIIAT), they assess and escalate risks appropriately.

- PAG (Preliminary Assessment Group): A multi-disciplinary meeting to assess infection risks and decide if an IMT is needed. It may also review data exceedances like poor hand hygiene compliance.
- IMT (Incident Management Team): A multi-agency group responsible for managing and investigating infection incidents.

Both meetings help implement and monitor safety measures for patients and staff, supported by Health Protection and ARHAIS.

Cleaning and the Healthcare Environment

Information on the domestics and estates audits which are carried out in NHS Grampian hospitals on a monthly basis can be found within the National Facilities Monitoring Framework Manual: <https://www.nss.nhs.scot/publications/national-facilities-monitoring-framework-manual-shfn-01-01/> <https://www.nss.nhs.scot/publications/national-facilities-monitoring-framework-manual-shfn-01-01/>

Hand Hygiene

All wards and departments in NHS Grampian conduct monthly hand hygiene audits, observing 20 instances of staff performing the “5 Moments of Hand Hygiene” as outlined by the WHO.

Compliance requires both the correct timing and technique.

Hand hygiene is critical to preventing healthcare-associated infections (HAIs), and NHS Grampian maintains a zero-tolerance approach, with a target compliance rate of 95%.

Audit observations are categorised into four staff groups:

- Medical
- Nursing
- Allied Health Professionals
- Ancillary / Other

Quarterly averages are rounded to the nearest whole number. Full auditing guidance is available in the NHS Grampian Staff Protocol for Hand Hygiene Auditing:

<https://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/Documents/NHS%20Grampian%20Staff%20Protocol%20for%20Hand%20Hygiene%20Auditing%20v3%20August%202022.pdf>