NHS Grampian

Healthcare Associated Infection (HAI) Reporting Template (HAIRT)

(Quarter 1 Report: January – March 2026)

July 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 Q1 2026 (January -March 2026).

Key findings are summarised below:

1. **The ARHAIS (Antimicrobial Resistance and Healthcare Associated Infection Scotland) Quarterly Epidemiological Data Report (Jan – March 2026),** published on 1st July 2026, showed the following for NHS Grampian when comparing **Q4 2025 (Oct – Dec 2025) to Q1 2026 (Jan – Mar 2026):**

a. ***Clostridioides difficile* Infection (CDI)**

- **Healthcare-associated CDI**:
  NHS Grampian recorded a rate of **7.9 per 100,000 total occupied bed days**, down from **9.9** in the previous quarter and below the Scotland quarterly rate of **13.9.**
- **Community-associated CDI**:
  The rate was **6.9 per 100,000 population**, up from **5.4** in the previous quarter and above the Scotland quarterly rate of **5.3**.

b. ***Escherichia coli* Bacteraemia (ECB)**

- **Healthcare-associated ECB**:
  NHS Grampian reported a rate of **31.0 per 100,000 total occupied bed days**, down from **38.4** in the previous quarter and below the Scotland quarterly rate of **39.5.**
- **Community-associated ECB**:
  The rate was **29.5 per 100,000 population**, up from **18.1** in the previous quarter but remained below the Scotland quarterly rate of **33.8**.

c. ***Staphylococcus aureus* Bacteraemia (SAB)**

- **Healthcare-associated SAB**:
  NHS Grampian recorded a rate of **20.9 per 100,000 Total occupied bed days**, up from **17.0** in the previous quarter and above the Scotland quarterly rate of **18.9**
- **Community-associated SAB**:
  The rate was **11.6 per 100,000 population**, up from **8.0** in the previous quarter and above the Scotland quarterly rate of **10.0**.

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

2. **Meticillin-Resistant *Staphylococcus aureus* (MRSA) and Carbapenemase Producing *Enterobacteriaceae* (CPE) screening uptake and swabbing**

- **MRSA CRA screening: 86.0%,** improved from **78.0%** in the previous quarter above national median **81.7 %** but remains below the national target **90%**
- **MRSA swabbing: 55%, down from 67% in the previous quarter.**
- **CPE CRA screening: 95.0%, improved from 88.0% in the previous quarter (above national median 86.9%).**

3. **Hand Hygiene Compliance Among Staff Groups**

Hand hygiene audit compliance by staff group: AHPs **99%** (unchanged), Nursing **98%** (up from 97%), Medical **95%** (up from 94%), and Ancillary/Other **95%** (down from 96%).

4. **Estates and Cleaning Monitoring Compliance**

Estates and Cleaning monitoring remained above the 90% HFS benchmark: Estates 93% (unchanged) and Cleaning 93.5% (up from 93%).

5. **Ward Closures Due to Enteric and Respiratory Incidents/Outbreaks**

Ward closures this quarter: Enteric outbreaks (3 full, 6 partial) and respiratory outbreaks (6 full, 9 partial).

Table of Contents

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 January – March 2026, the rate of healthcare-associated CDI in NHS Grampian was 7.9 per 100,000 Total occupied bed days. In the previous quarter the rate in NHS Grampian was 9.9 per 100,000 Total occupied bed days NB: This does not indicate statistically significant change.

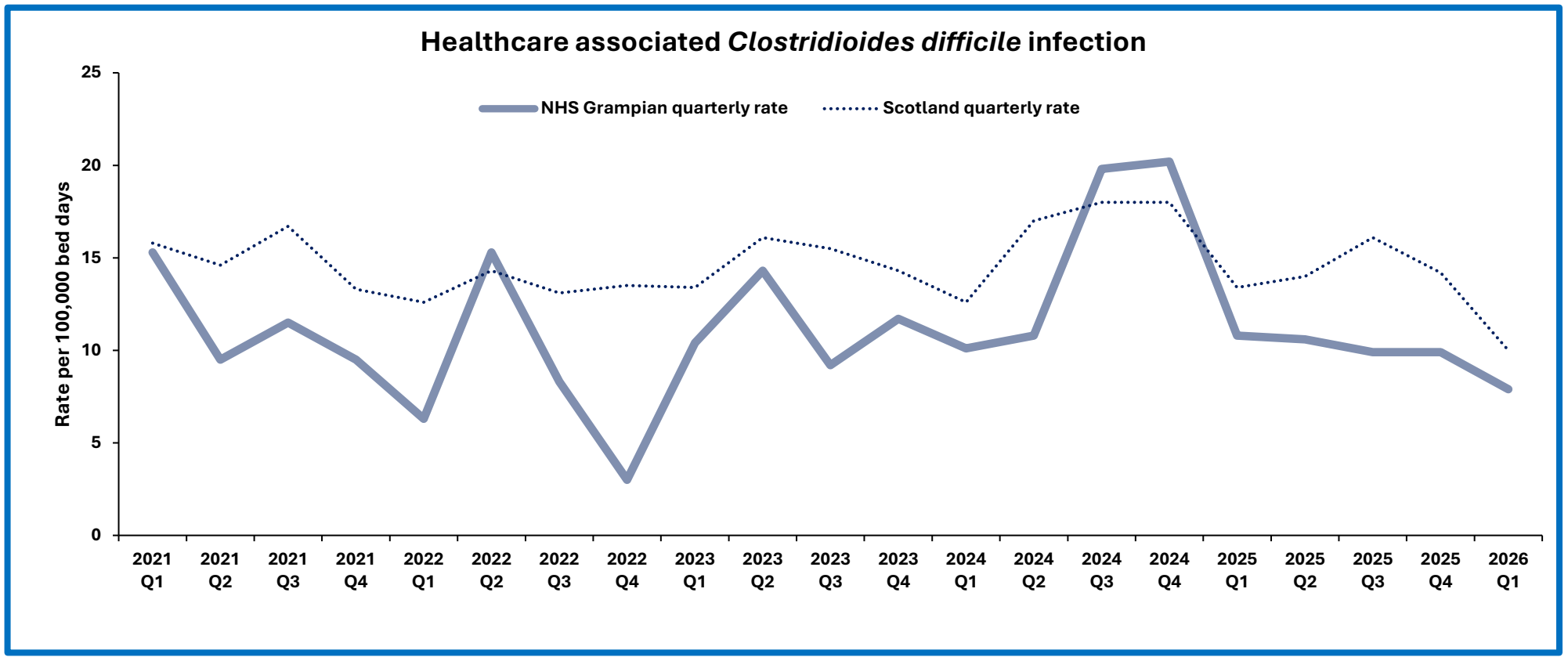


Figure 1a shows trends in healthcare-associated Clostridioides difficile infection in NHS Grampian (thick blue line) compared to Scotland (dotted blue line) over the past five years. In the latest data for January – March 2026 (Quarter 1), NHS Grampian's rates are below the Scottish quarterly rate, falling within expected statistical variation.

2.1.2 Community-associated cases of CDI

For the period January – March 2026 the rate of community-associated cases of CDI in NHS Grampian was 6.9 per 100,000 population. In the previous quarter, the rate for NHS Grampian was 5.4 per 100,000 population. NB: This does not indicate statistically significant change.

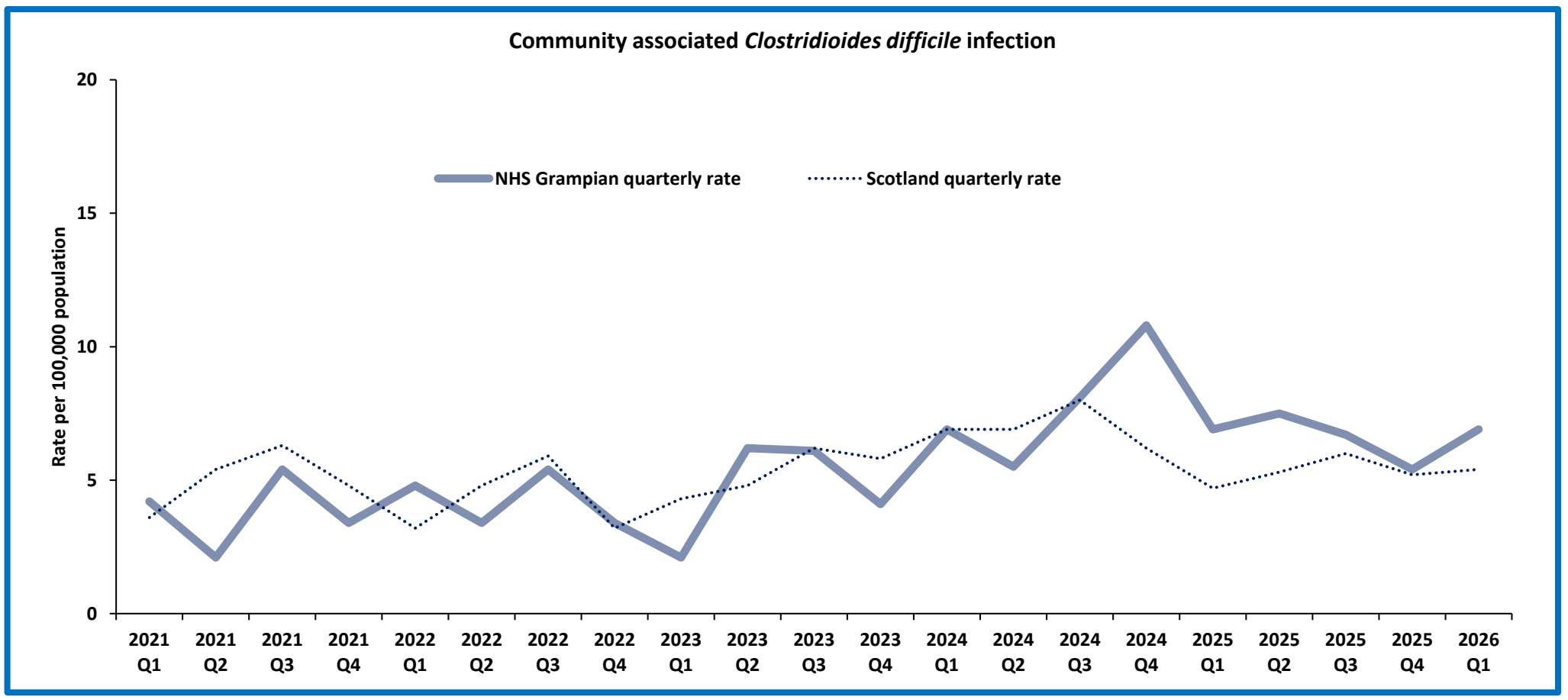


Figure (1b) shows trends in community associated C. difficile infection in NHS Grampian (thick blue line) compared to Scotland (dotted blue line) over the last five years. In the latest data for January – March 2026 (Quarter 1), NHS Grampian rates are elevated i.e. above the Scottish quarterly rate (within 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 January – March 2026 was 31.0 per 100,000 Total occupied bed days. In the previous quarter the rate in NHS Grampian was 38.4 per 100,000 occupied bed days. NB: This does not indicate statistically significant change.

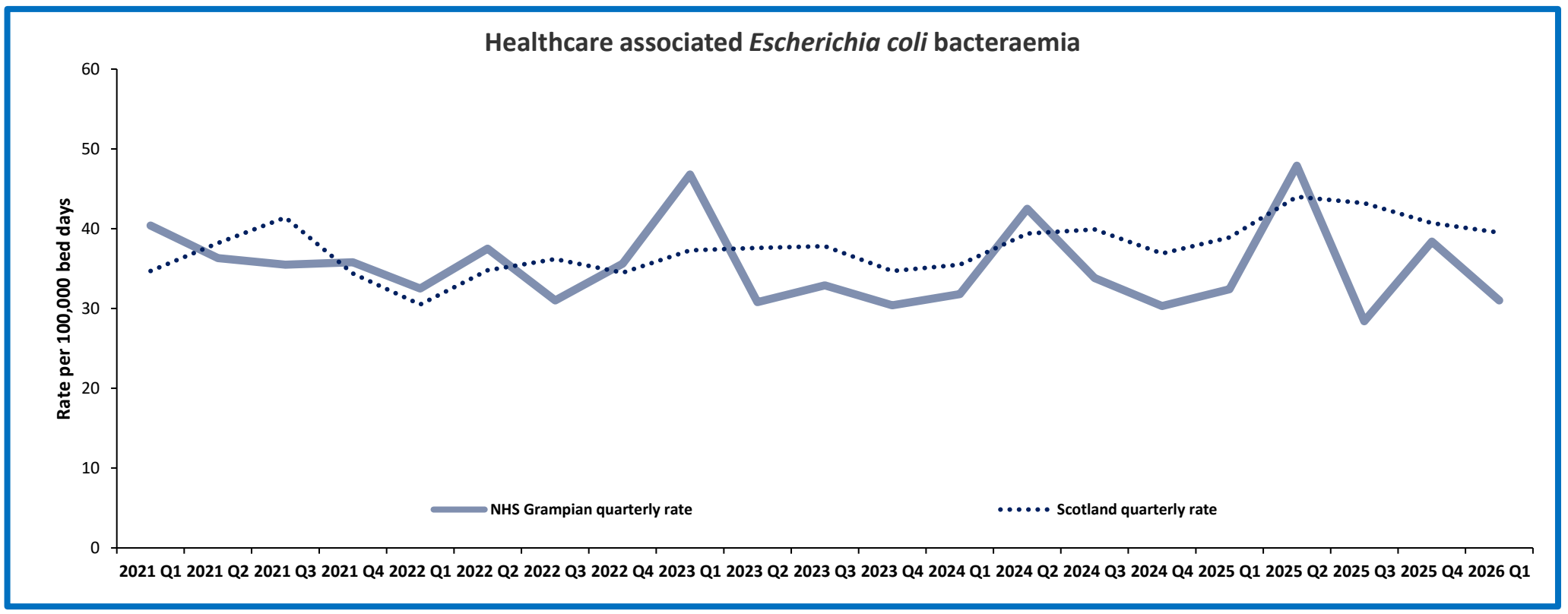


Figure (2a) shows trends in healthcare-associated E. coli bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for January – March 2026 (Quarter 1), NHS Grampian rates of healthcare-associated E. coli bacteraemia are below the Scottish 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 January – March 2026 was 29.5 per 100,000 population. In the previous quarter the rate in NHS Grampian was 18.1 per 100,000 population. NB: This does not indicate statistically significant change.

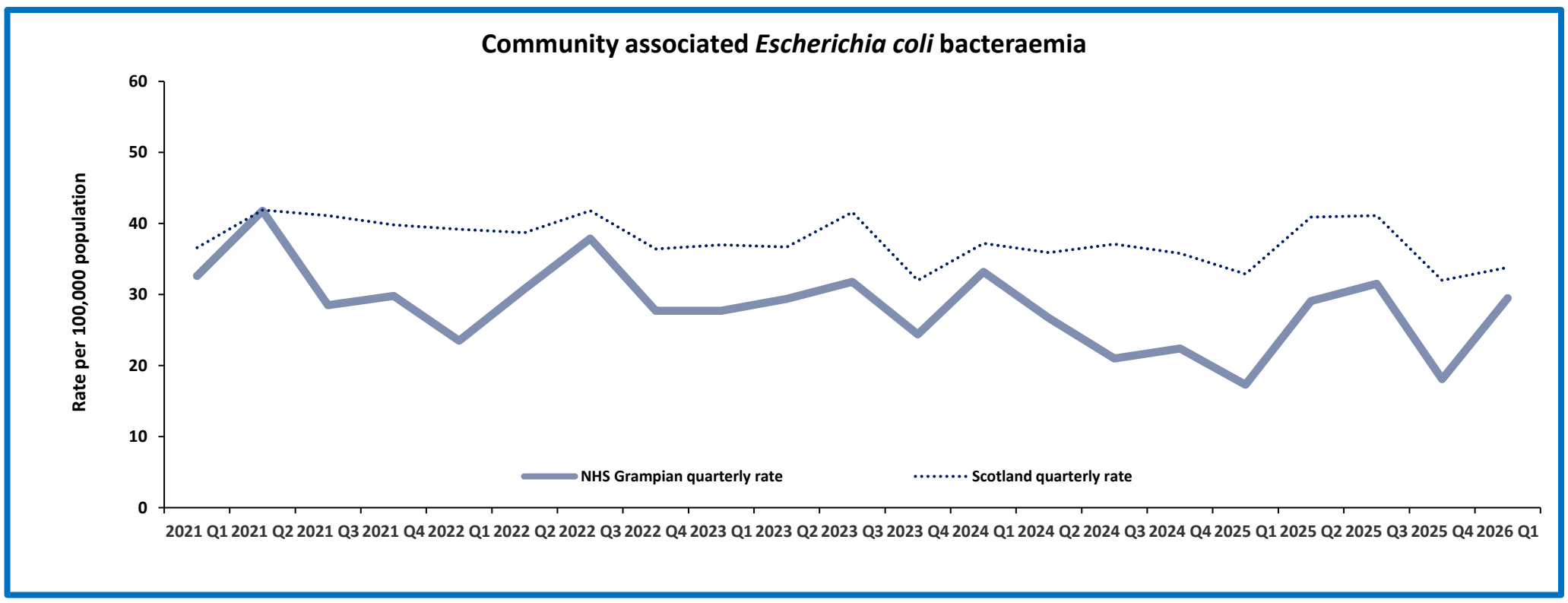


Figure (2b) shows trends in community associated E. coli bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for January – March 2026 (Quarter 1), NHS Grampian rates of community associated E. coli bacteraemia are below the Scottish 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 January – March 2026, the rate of healthcare-associated cases of Staphylococcus aureus bacteraemia (SAB) in NHS Grampian was 20.9 per 100,000 Total occupied bed days. In the previous quarter, the rate was 17.0 per 100,000 Total occupied bed days. NB: This does not indicate statistically significant change.

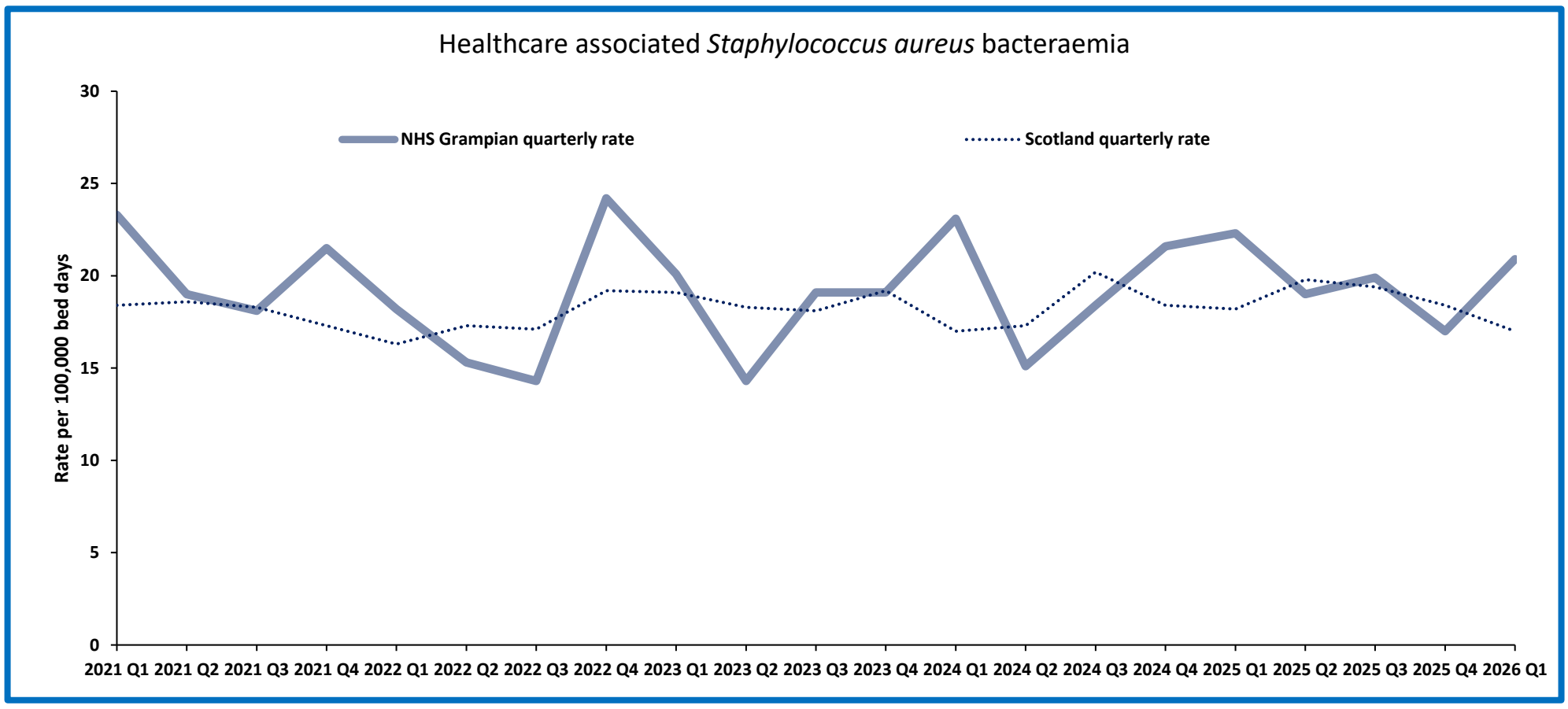


Figure (3a) shows trends in healthcare-associated S. aureus bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for January – March 2026 (Quarter 1), NHS Grampian rates of healthcare-associated S. aureus bacteraemia are above the Scottish quarterly rate (within the statistical limits of variation) compared to the rest of Scotland.

2.3.2 Community-associated cases of SAB

Between January – March 2026, the rate of community-associated cases of SAB in NHS Grampian was 11.6 per 100,000 population. In the previous quarter, the rate was 8.0 per 100,000 population. NB: This does not indicate statistically significant change.

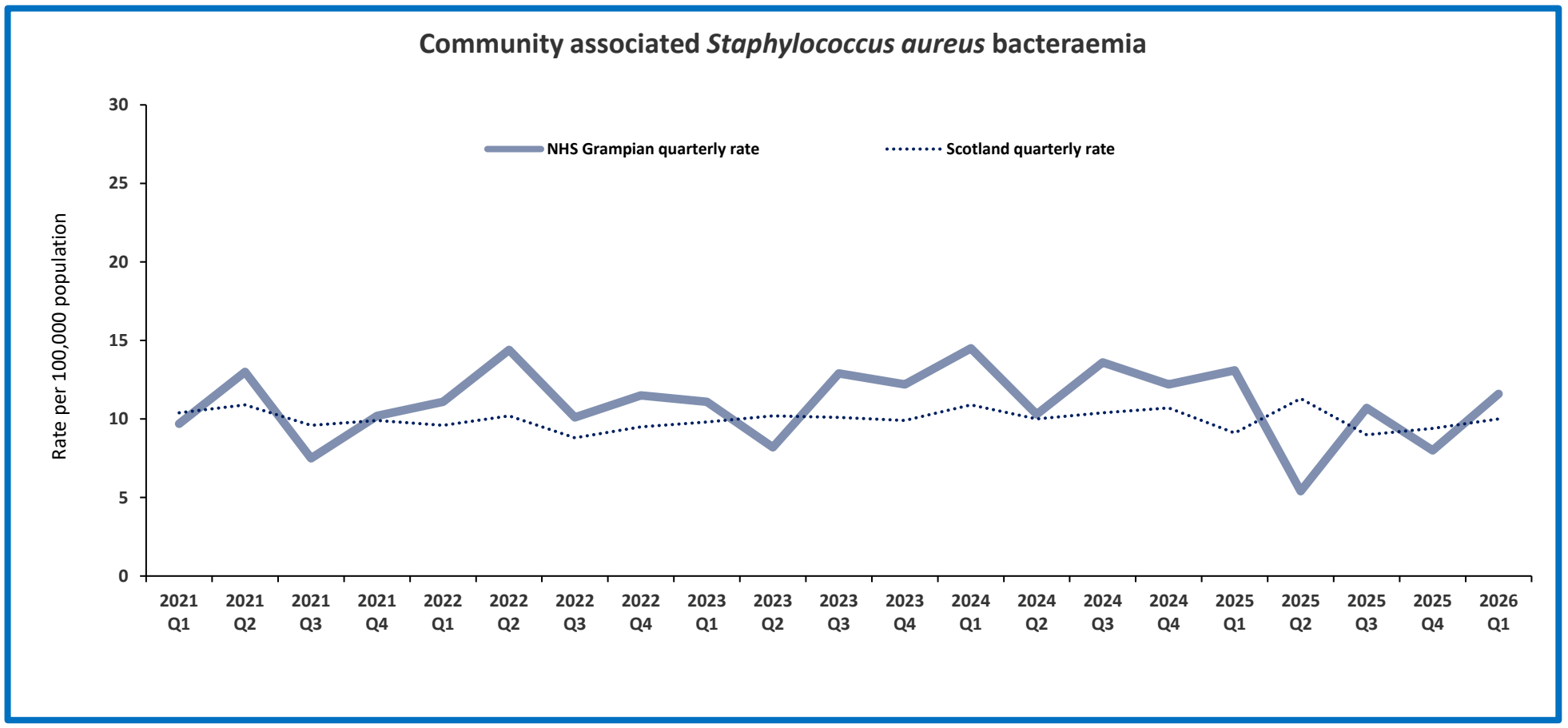


Figure (3b) shows trends in community-associated S. aureus bacteraemia infection in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last five years. In the latest data for January – March 2026 (Quarter 1), NHS Grampian rates of community-associated S. aureus bacteraemia are above the Scottish quarterly rate (within the statistical limits of variation) compared to the rest of Scotland.

2.4. Surgical Site Infection (SSI) Surveillance *

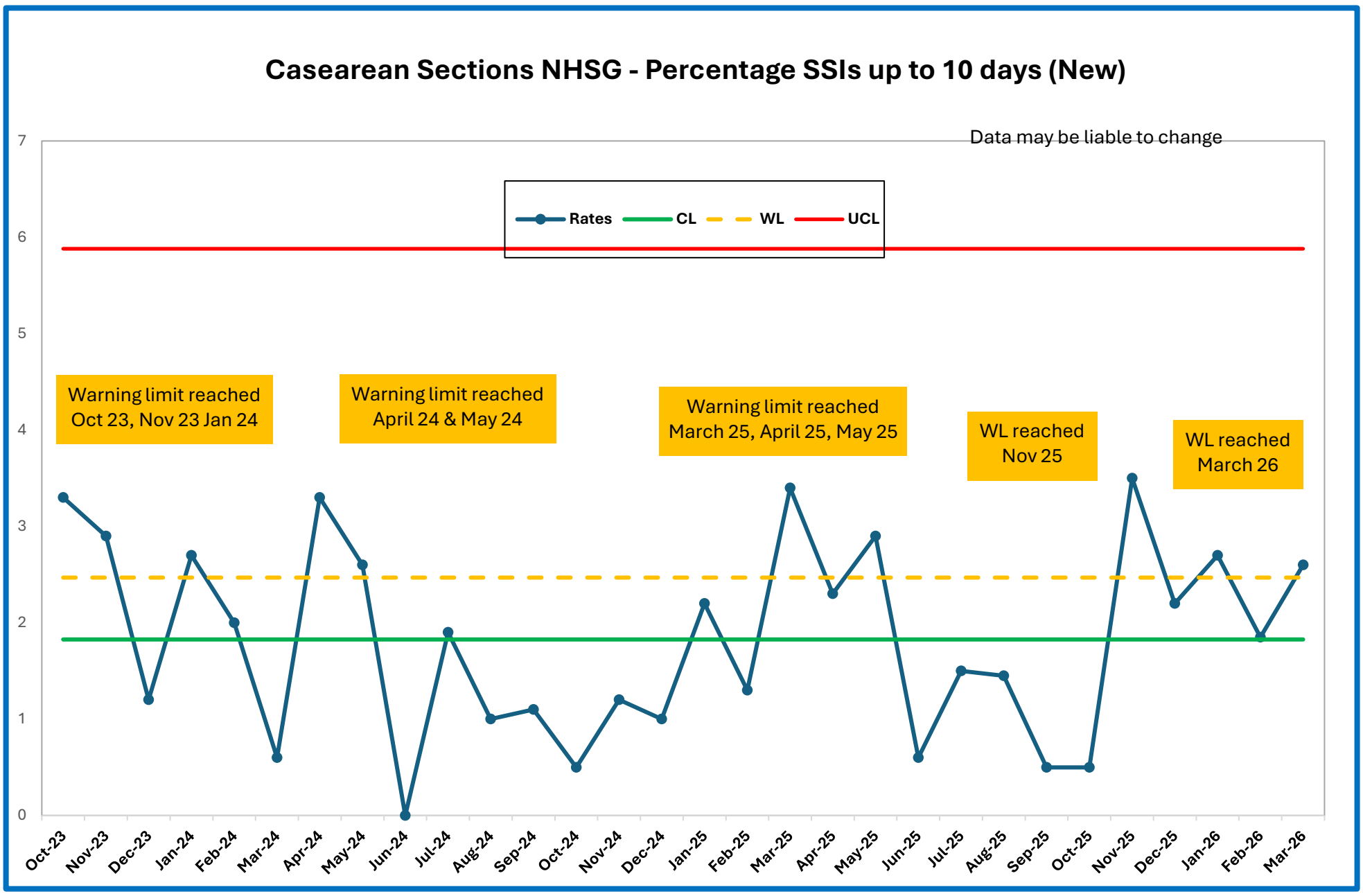
For a definition of this SSI and details about surveillance, please see Appendix 1.

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**
- **Quarter 4: 0.5% for October 2025, 3.5% for November 2025, and 2.2% for December 2025**
- **Quarter 1: 2.7% for January 2026, 1.85% for February 2026, and 2.6% for March 2026**

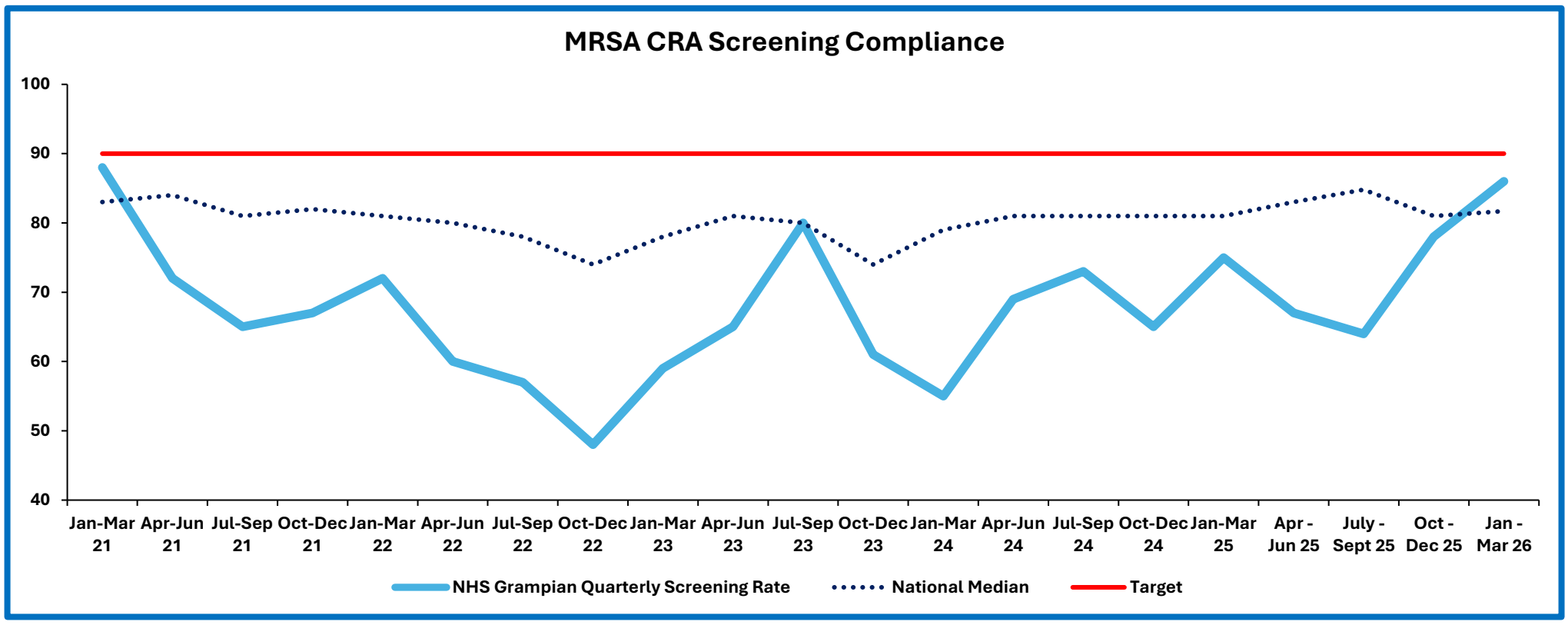


National surveillance was paused to support the COVID-19 response and has not yet resumed. This is currently under review by ARHAIS.

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

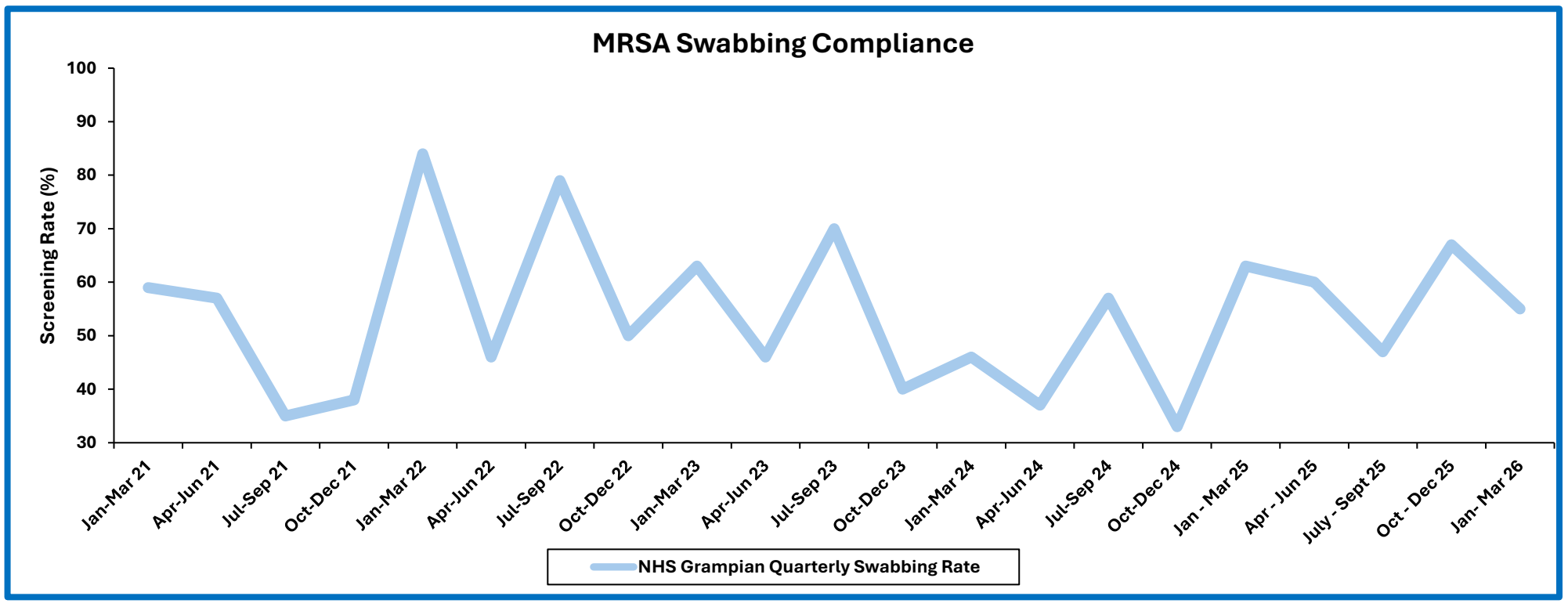
For a definition of this organism and details about surveillance, please see Appendix 1.

NHS Grampian's MRSA CRA screening compliance for January – March 2026 was 86.0%. This marks an improvement from the previous quarter (78%). This performance is also above the national median (81.7%) below 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.

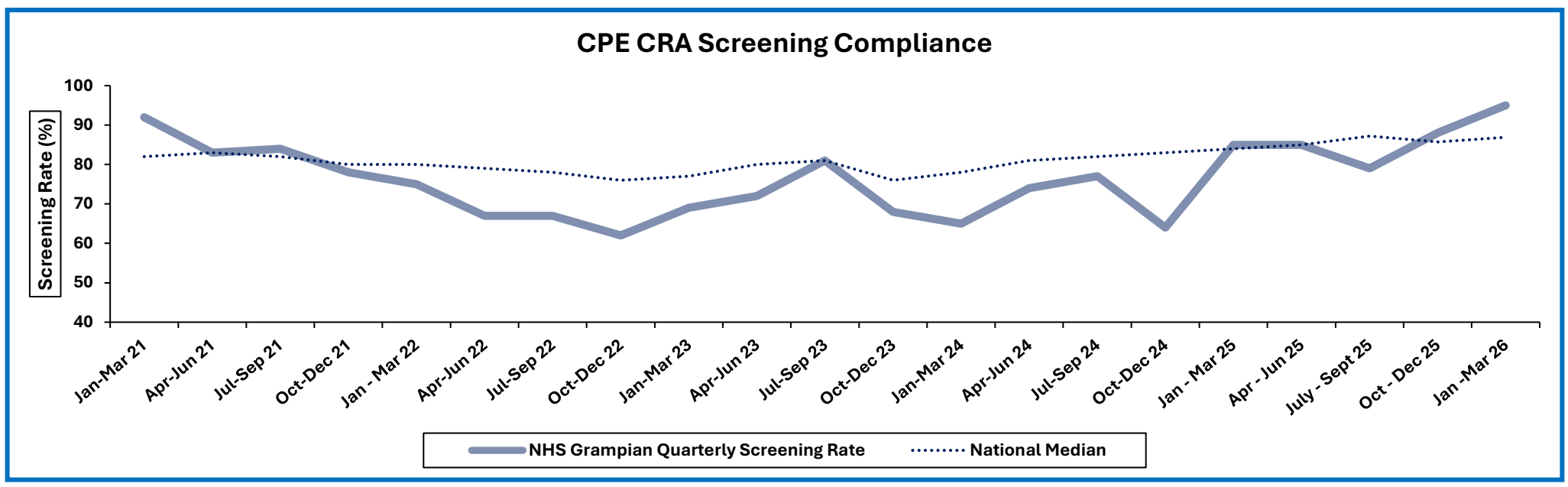
NHS Grampian's MRSA swabbing compliance from January – March 2026 was 55%, down from 67% in the previous quarter.



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 January - March 2026 was 95%, representing an improvement from 88% in the previous quarter. This performance is also above the national median of 86.9%.



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)

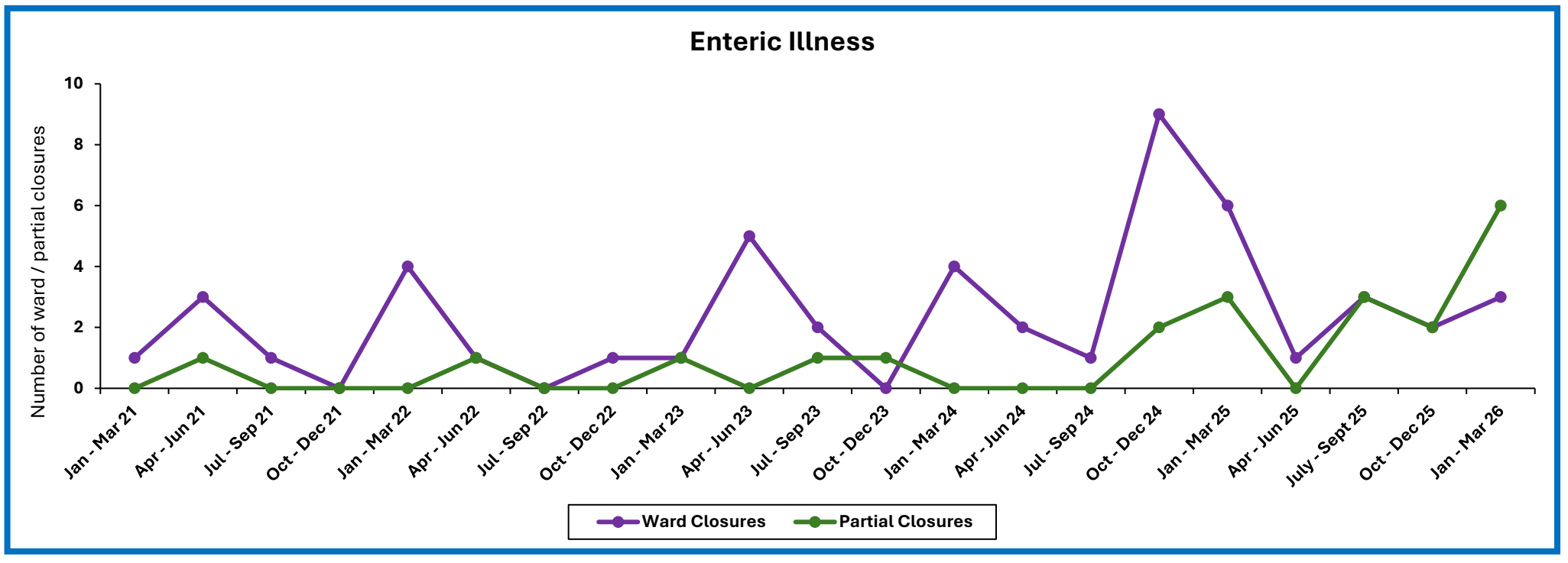
No updated data is currently available from NSS Discovery.

2.8 Incidents and Outbreaks

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

2.8.1 Enteric Illness

For the period January – March 2026 there were 3 ward closures and 6 partial closures in NHS Grampian due to enteric illness. During the previous quarter there were 2 ward closures and 2 partial closures due to enteric illness.

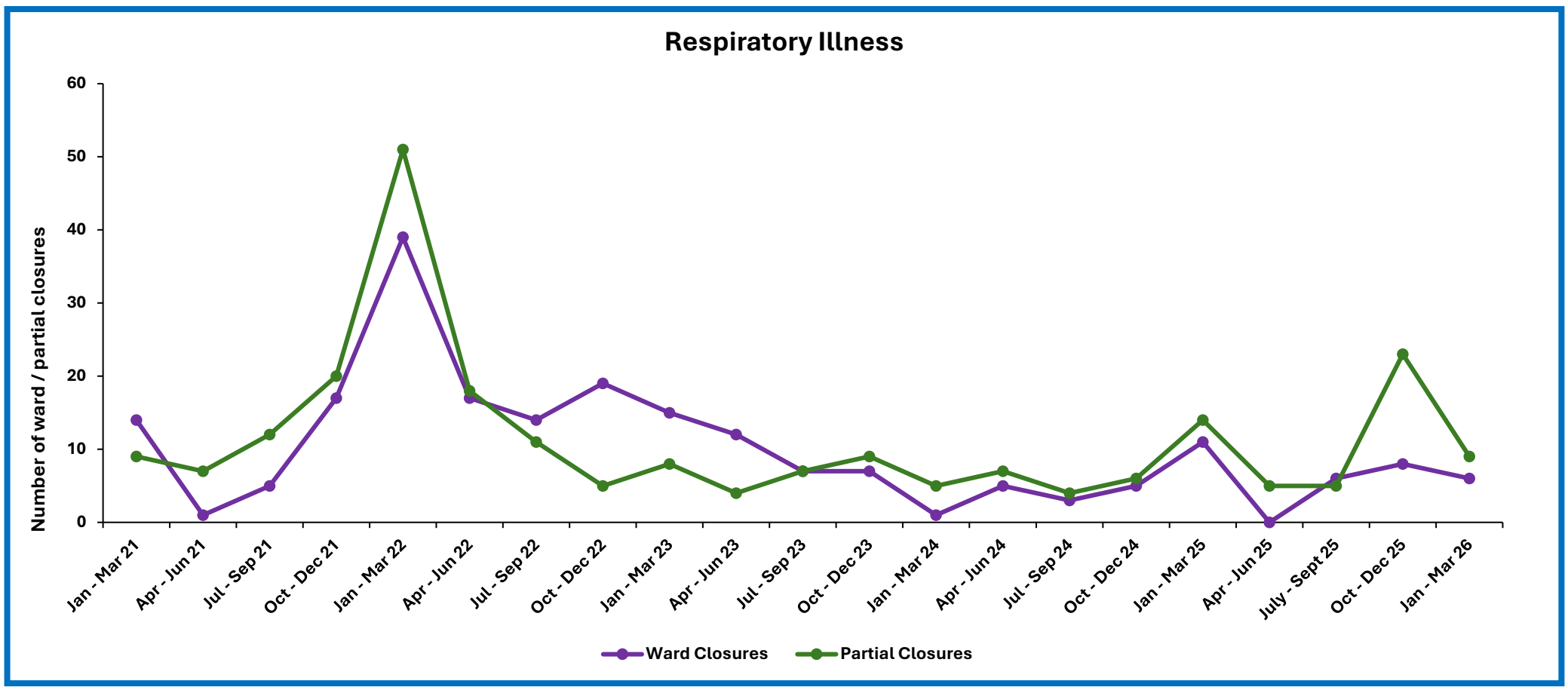


Adding together ward closures and partial closures will illustrate the overall impact.

2.8.2 Respiratory Illness

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

For the period January - March 2026 there were 6 ward closures and 9 partial closures in NHS Grampian due to respiratory illness. During the previous quarter there were 8 ward closures and 23 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

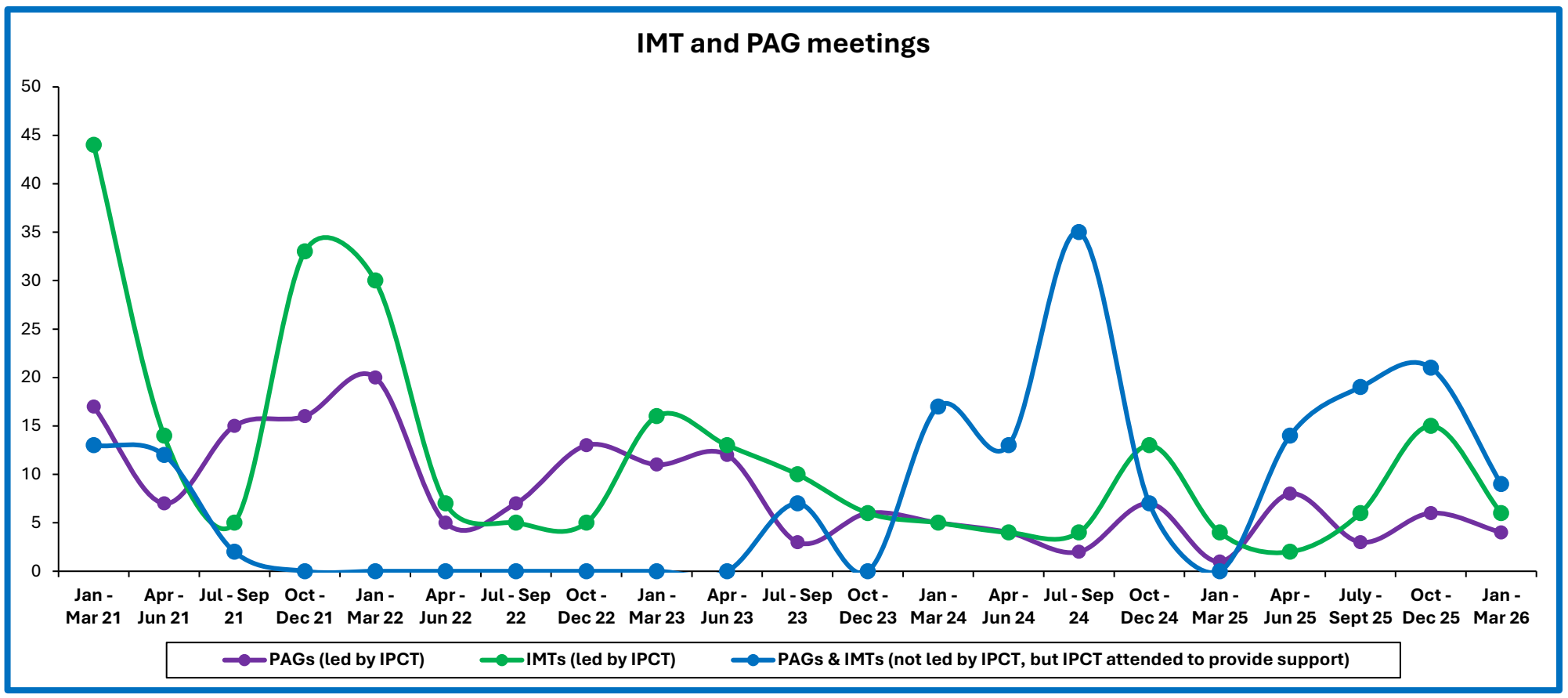
For information on PAG and IMT meetings, please see Appendix 1.

2.9.1 IPC-Led Meetings (January – March 2026)

Meeting Type	Number of Meetings	Reason(s)
PAG	4	2 x Cdiff, CPE, RSV
IMT	6	3 X Environment, 2X ESBL, CDU shutdown due to oil contamination

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

Between January and March 2026, the Infection Prevention & Control (IPC) Team led 4 Preliminary Assessment Group (PAG) meetings and 6 Incident Management Team (IMT) meetings within NHS Grampian. During the same period, the IPC Team also provided support for 9 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 January - March 2026, 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.

	January 2026 Domestic	January 2026 Estates	February 2026 Domestic	February 2026 Estates	March 2026 Domestic	March 2026 Estates	Jan – March (Q1) 2026 Domestic	Jan – March (Q1) 2026 Estates
NHS Grampian Overall	**93.50**	**93.70**	**93.30**	**93.45**	**93.30**	**93.25**	**93.35**	**93.50**
Aberdeen Maternity Hospital, RACH & Outlying Areas	92.90	93.60	92.95	94.45	93.20	93.40	**93.30**	**94.00**
Aberdeen Royal Infirmary	93.60	95.05	93.75	94.70	93.50	94.65	**93.45**	**95.00**
Aberdeenshire North & Moray Community	95.75	92.70	93.25	91.85	95.35	91.15	**95.20**	**92.00**
Aberdeenshire South & Aberdeen City	92.70	**87.45**	92.30	90.20	93.45	90.80	**92.82**	**90.15**
Dr Gray's Hospital	94.75	92.50	94.40	92.55	91.10	94.60	**93.42**	**93.25**
Royal Cornhill Hospital	93.65	92.15	93.75	**88.85**	91.55	93.30	**93.00**	**91.50**
Woodend Hospital	90.10	91.75	90.05	94.00	92.20	93.25	**90.10**	**93.00**

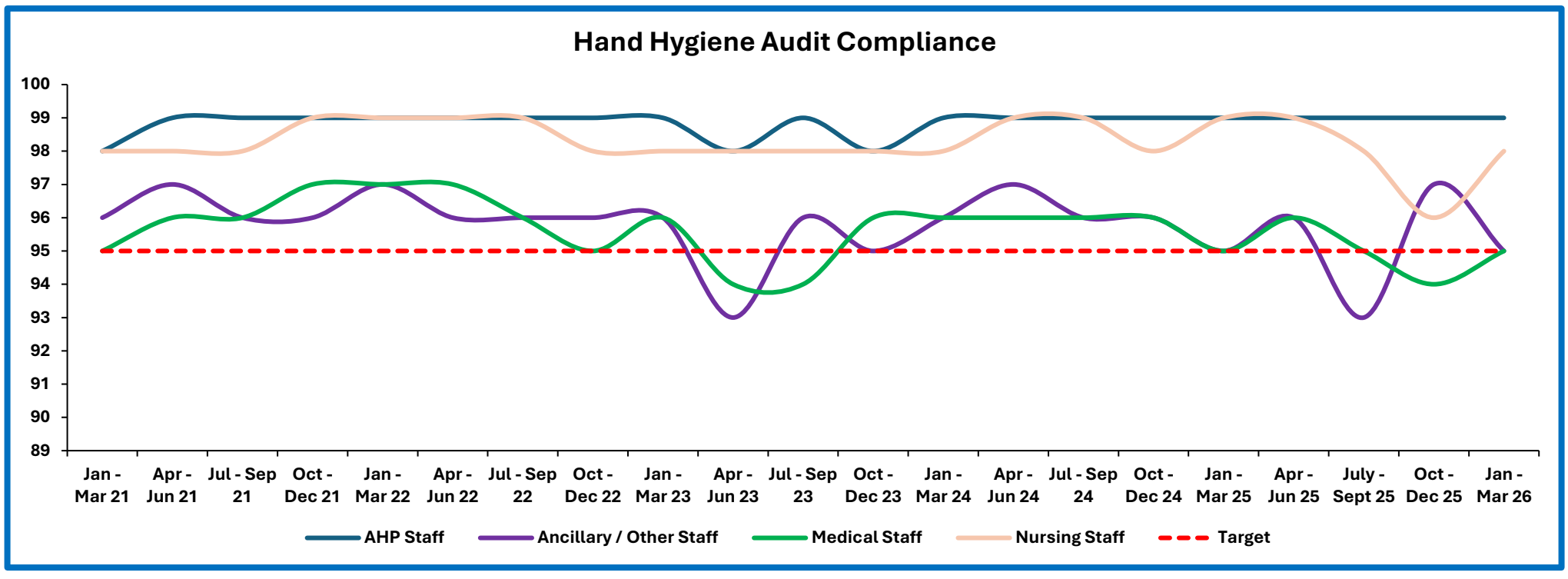
***Table 2**: shows the cleanliness standards, as monitored by the Facilities Monitoring Tool.*

2.11 Hand Hygiene Compliance

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

During the period January – March 2026, 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% (up from 97%)**
- **Medical staff: 95% (up from 94%)**
- **Ancillary / Other staff: 95% (down from 96%)**



3 Reference

1. *Scottish Healthcare Associated Infection Strategy 2023 – 2025. Available at: https://www.gov.scot/publications/scottish-healthcare-associated-infection-hcai-strategy-2023-2025/documents/*

2. *Director's letter from the Scottish Government regarding Healthcare Associated Infection (HCAI) and Indicators on Antibiotic Use. Available at: https://www.publications.scot.nhs.uk/files/dl-2023-06.pdf*

3. *NHS Grampian Staff Protocol for the Screening and Placement of Patients with Meticillin-Resistant Staphylococcus aureus (MRSA) within NHS Healthcare Settings (Excluding Care Homes) – Version 5, September 2022. Available at: http://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/Documents/NHSG%20Staff%20Protocol%20for%20the%20Screening%20and%20Placement%20of%20Patients%20with%20MRSA%20within%20NHS%20Healthcare%20Settings%20September%202022.pdf*

4. *ARHAIS Data & Intelligence for Multi-drug-resistant organism admission screening (2021). Available at: https://www.nss.nhs.scot/antimicrobial-resistance-and-healthcare-associated-infection/data-and-intelligence/multi-drug-resistant-organism-admission-screening/*

5. *Director's letter from the Scottish Government regarding policy requirement for Carbapenemase Producing Enterobacteriaceae (CPE) Screening in NHS Boards (2017). Available at: https://www.sehd.scot.nhs.uk/dl/DL(2017)02.pdf*

6. *Health Protection Scotland (2019) National Infection prevention and Control Manual – Chapter 3. Available at: http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/*

7. *Health Protection Scotland (2022) Healthcare Infection Incident Assessment Tool. Available at: http://www.nipcm.hps.scot.nhs.uk/appendices/appendix-14-mandatory-nipcm-healthcare-infection-incident-assessment-tool-hiiat/*

8. *Management of Public Health Incidents: Guidance on the Role and Responsibilities of NHS Led Incident Management Teams. Available at: https://publichealthscotland.scot/media/3210/1_shpn-12-management-public-health-incidents.pdf*

9. *World Health Organisation – Hand Hygiene Technical Manual (2009). Available at: https://www.who.int/publications/i/item/9789241598606*

10. *CEL 5 (2009) – Zero Tolerance to Non-Hand Hygiene Compliance. Available at: https://www.publications.scot.nhs.uk/publication/2848*

Appendix

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 surfaces.

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 (*SAB*s) 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* bacteraemia's 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 spread[3]. 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