

# NHS Shetland

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| <b>Meeting:</b>                             | <b>Shetland NHS Board</b>   |
| <b>Meeting date:</b>                        | <b>29 April 2025</b>  |
| <b>Title:</b>                               | <b>Healthcare Associated Infection (HAI) Report</b>                         |
| <b>Responsible Executive/Non-Executive:</b> | <b>Prof Kathleen Carolan, Director of Nursing &amp; Acute Services</b>      |
| <b>Report Author:</b>                       | <b>Carol Colligan, Infection Control Manager &amp; Decontamination Lead</b> |

## 1 Purpose

**This is presented to the Board/Committee for:**

- Awareness

**This report relates to:**

- Government policy/directive
- Legal requirement
- Local policy

**This aligns to the following NHSScotland quality ambition(s):**

The HAI governance arrangements are most closely aligned to our corporate objectives to improve and protect the health of the people of Shetland and to provide high quality, effective and safe services.

## 2 Report summary

### 2.1 Situation

The Board is asked to – receive the attached HAI report and note the Board's position and performance in relation to:

- Clostridium Difficile
- Staphylococcus Aureus Bacteraemias
- E Coli Bacteraemias
- Hand Hygiene compliance
- Monitoring of cleaning services

## 2.2 Background

It is a statutory requirement that NHS Boards receive an update on HAI standards and performance at every Board meeting. This report includes the national, mandatory reporting requirements and an update on key programmes of work locally that are being taken forward.

## 2.3 Assessment

The summary below sets out the report headlines for January to March 2025 (our most recent reporting period).

There are no exceptions to report in respect of HAI and Infection Control compliance to the Board as highlighted in this performance report.

### January to March 2025

- NHS Shetland had six cases of Staphylococcus Aureus Bacteraemia
- NHS Shetland had one reportable cases of Clostridioides Difficile Infection
- NHS Shetland had seven cases of E Coli Bacteraemia
- NHS Shetland had no cases of Pseudomonas Bacteraemia
- NHS Shetland had one case of Klebsiella Bacteraemia
- Hand Hygiene audit compliance figures for January to March was 100%
- Cleaning standards compliance for the Board for January to March was 96.2%
- Estates standards compliance for the Board for January to March was 99.5%

### 2.3.1 Quality/ Patient Care

The HAI agenda focuses on reducing avoidable patient harm. Reporting HAI performance is part of the clinical governance arrangements for the Board and the focus is on meeting quality standards.

### 2.3.2 Workforce

Training in infection control and outbreak management is a key priority in our HAI governance arrangements.

### 2.3.3 Financial

HAI governance arrangements are part of the standard budgeting process and are funding via our general financial allocation.

### 2.3.4 Risk Assessment/Management

The HAI agenda focuses on reducing risks associated with the spread of infection (in the environment and through Public Health measures). The adverse event policy also applies to HAI related events.

### 2.3.5 Equality and Diversity, including health inequalities

EQIA is not required.

### **2.3.6 Other impacts**

The HAI governance arrangements are underpinned by the national Standard Infection Control Precautions (SICPS).

### **2.3.7 Communication, involvement, engagement and consultation**

Not applicable

### **2.3.8 Route to the Meeting**

This report would usually be considered by the Control of Infection Committee (CoIC) and/or the Infection Control Team (ICT) prior to submission to the Board.

Considered at ICT on 22/04/25

## **2.4 Recommendation**

Awareness – for Board members

## **3 List of appendices**

The following appendices are included with this report:

Appendix No1 HAIRT Report January to March 2025

## NHS Shetland

### Healthcare Associated Infection Reporting Template (HAIRT)

Improved collaboration with the other UK nations has made comparisons and standardisation across the UK a high priority for all four nations' governments/health departments. The changes introduced in the Scottish HAI surveillance, described within this report facilitate benchmarking of the Scottish data against those of the rest of the UK.

#### Revisions to the surveillance

| Description of Revision  | Report section(s) revision applies to   | Rational for revision  |
|--|---|--|
| Addition of healthcare/community case assignment   | Clostridioides Difficile Infection/ Staphylococcus Aureus Bacteraemia (CDI/SAB) | An increasing awareness of those infections occurring in community settings has warranted measurement of incidence rates by healthcare setting (healthcare settings vs. community settings) to enable interventions to be targeted to the relevant settings.   |
| Use of standardised denominator data for Clostridioides Difficile Infection/ Escherichia Coli Bacteraemia/ Staphylococcus Aureus Bacteraemia (CDI/ECB/SAB) | CDI/SAB   | The 'total occupied bed days' data will be extracted from the ISD(S)1 data collection which contains aggregated information on acute and non-acute bed days including geriatric medicine and long-term stays in real-time.<br>The standardisation of denominator data across the three surveillance programmes could result in slightly less accurate denominators due to inclusion of persons in the denominator who are at slightly less risk of infection. However, in surveillance programmes developed for the purpose of preventing infection and driving quality improvement in care, consistency of the denominators over time tend to be more important than getting a very precise estimate of the population at risk, as the primary aim is to reduce infection to a lower incidence relative to what it was at the initial time of benchmarking. |
| Reporting of CDI cases aged 15 years and above only  | CDI   | Current Scottish Government Local Delivery Plan Standards are based on the incidence rate in cases aged 15 years and above, therefore the report has been aligned to reflect this. HPS will continue to monitor CDI incidence rates in the separate age groups (15-64 years and 65 years and above) internally.  |
| Reporting of total SAB cases only (i.e. Removal of MRSA sub-analysis)  | SAB   | MRSA numbers are becoming too small to carry out statistical analysis. HPS will continue to monitor internally.  |

## Section 1 – Board Wide Issues

### Key Healthcare Associated Infection Headlines

January – March 2025

- NHS Shetland had six cases of Staphylococcus Aureus Bacteraemia
- NHS Shetland had one reportable cases of Clostridioides Difficile Infection
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- NHS Shetland had one case of Klebsiella Bacteraemia
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#### **Staphylococcus Aureus (including MRSA)**

*Staphylococcus aureus* is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

*Staphylococcus aureus* :

[http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=346](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346)

MRSA: [http://www.nhs24.com/content/default.asp?page=s5\\_4&articleID=252](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252)

Staphylococcus Aureus Bacteraemia (SAB) include bacteraemia (blood infections) caused by both Meticillin Resistant Staphylococcus Aureus (MRSA) and Meticillin Sensitive Staphylococcus Aureus (MSSA). NHS Boards will now report the total of SAB cases rather than reporting these as individual cases of MRSA and MSSA.

**The denominator for Healthcare Associated Infections (HCAI) has been changed to cases per 100,000 Total Occupied Bed Days (TOBD) and for Community Associated (CA) cases per 100,000 of the population.**

The table on Page 5 shows the incidence of SABs within NHS Shetland on a monthly basis. There was one SAB in January which was an HCAI and was a HAI. This was related to a PICC line infection. There was one SAB in February which was a HCAI and was also a HAI due to a cannula associated sepsis. The safety bundle had been completed. The ICT provided additional training for staff. There were four SABs in March. One case was a HCAI following an invasive surgical procedure in ARI. Two cases were CA, one had endocarditis following a dental abscess caused by drug abuse and the other case was related to IVDA. The fourth case was not admitted to hospital. The surveillance form for this case hasn't been returned by the GP yet. There have been eleven cases in the last twelve months.

The latest quarterly update from ARHAI for the SAB rate is for **October to December 2024**. There were two CA cases giving a rate of 34.6/100,000 of the population. In the last twelve months five cases were HCAI and five cases were CA.

#### **Clostridioides difficile**

**Clostridioides difficile** is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at: <http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

The incidence of CDI is monitored at a national level through laboratory reporting and also at a local level through reporting of both clinically 'suspected' cases and laboratory reports. The table on Page 5 shows the incidence of reportable CDI in NHS Shetland. There was one CA case of Clostridioides Difficile infection in January 2025 associated with antibiotic use for a dental abscess.

There have been ten cases of reportable CDI in the last 12 months but a number of these have been recurrences of infection in the same patients.

The latest quarterly update from ARHAI is for **October to December 2024**. There were two cases which were HCAI giving a rate of 77.8/100,000 TOBD and three cases which were CA giving a rate of 51.9/ 100,000 of the population. In the last twelve months there have been eight cases which were HCAI and four that were CA.

Continued surveillance, prevention and management of CDI are ongoing with **good antimicrobial stewardship** continuing to be a key factor.

### **Enhanced National Light Surveillance of *E. Coli* Bacteraemia**

*E. coli* bacteraemia is an emerging threat. *E. coli* is one of the most frequently isolated organisms associated with Gram negative bacteraemia and these have increased continuously since 2009 in Scotland with a burden of infection now larger than that caused by CDI and SAB. The incidence rates are higher in Scotland than in the rest of the UK. Several researchers have suggested that *E. coli* bacteraemia is not adequately controlled using current infection prevention and control strategies. It is crucially important to address the risks associated with primary *E. coli* infections occurring in both hospital and community settings.

There were three *E. Coli* Bacteraemia in January 2025. One case was an HCAI and an HAI but the source was unknown. The second case was also a HCAI and related to urinary retention in a patient who also had a UTI. The third case was CA related to hepatobiliary sepsis. There were two cases of *E.coli* Bacteraemia in February. One case was CA due to urinary sepsis and also had a UTI. The second case was a HCAI due to hepatobiliary sepsis. There were two CA cases in March, one case was due to hepatobiliary sepsis and the other was due to urinary sepsis in a patient who also had UTI. There have been twenty cases in the last twelve months.

The latest quarterly update from ARHAI is for **October to December 2024**. For this quarter there was one case which was HCAI giving a rate of 38.9/100,000 TOBD and three CA cases giving a rate of 51.9/ 100,000 of the population. In the last twelve months there have been twelve cases for HCAI and five cases for CA Infections.

**Surveillance for two additional groups of Bacteraemia have been added from June 2020 as part of a pilot project by ARHAI, these are for Klebsiella and Pseudomonas.** There was one CA case of Klebsiella bacteraemia in March due to urinary sepsis in a patient with a UTI.

### **Surgical Site Infections (SSIs)**

Surgical site infection (SSI) is one of the most common healthcare associated infections (HAI), estimated to account for 18.6% of inpatient HAI within NHSScotland. Excess morbidity and mortality arise from these SSIs and are estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. These infections have serious consequences for patients as they can result in pain, suffering and in some cases require additional surgical intervention. SSI rates are an important surgical outcome measure and the two key aims of SSI surveillance are to provide participating hospitals

with robust SSI rates for comparison and to use this data to improve the quality of patient care. Evidence suggests that actively feeding back data to clinicians contributes to reductions in rates of infection and that SSI is the most preventable of all HAI. **Nationally Surgical Site Surveillance was stopped during the COVID pandemic and has not yet been restarted.**

## Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

Audits are now undertaken on a quarterly basis to monitor compliance with hand hygiene opportunities. If however compliance levels for hand hygiene fall, monthly audits will be reinstated immediately. The table on Page 6 shows local compliance with hand hygiene opportunities as monitored through audits for different staff groups. Compliance levels were 100 % for **January to March 2025**. NHS Shetland has generally demonstrated good compliance over the last year. In line with the Cabinet Secretary's approach to hand hygiene, we have adopted zero tolerance to poor hand hygiene, so every occasion when a member of staff fails to comply is dealt with immediately and additional training continues to be offered as necessary.

## Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target of above 90% required, to maintain compliance to standards. Compliance is monitored at a local level and reported nationally on a quarterly basis. The tables on Page 6 show compliance for the local audits for 2024 - 2025. The latest compliance data is for the quarter from **January to March 2025** and was 96.2%. The latest compliance data for Estates Monitoring Standards is for **January to March 2025** and was 99.5 %.

## Outbreaks

There was one outbreak of RSV reported in February which affected four patients. This was managed well and there was no further spread to other patients in the Ward.

There was an Influenza A outbreak in Ward One and Ward Three in March 2025. There were six cases and a significant number of contacts identified who mostly all then developed flu. The index case refused to remain in isolation so this explains why the initial number of cases was high. In total there were 15 cases.

## Other HAI Related Activity

In this reporting period we have:

- Continued to safely and effectively manage the provision of healthcare services
- Continued to monitor performance against current HAI standards on the wards
- Continued to work on the Infection Prevention Workforce Strategic Plan
- Continued to provide educational sessions for all NHS Shetland staff
- Provided sessions on frailty and the importance of good hydration in reducing the incidence of E coli bacteraemia

- Provided educational sessions on Personal Protective Equipment for the management of HCID
- Continued screening and reporting on the audit programme for MRSA and Carbapenemase-Producing Enterobacteriaceae (CPE)
- Continued to update Infection Prevention and Control policies, procedures and guidelines especially for the management of HCID
- Continued to monitor compliance with the Catheter Associated Urinary Tract Infections (CAUTI) bundle across the Gilbert Bain Hospital and to work on the improvement project related to this
- Continued to monitor and assure compliance to national cleaning specifications
- Continued to raise awareness of seasonal illnesses such as RSV, Norovirus and Influenza
- Raised awareness on the diagnosis and management of suspected urinary tract infection (UTI) in people aged sixty five years and over
- Provided advice and support to all Wards, Care Homes, Health centres and other Support Units for outbreak management
- Supported the Water Safety Group to assess compliance to the requirements of Chapter 4 in the National Infection Prevention & Control Manual
- Developed a staff training package for water safety, use of sinks and splash risks

## Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of ‘Report Cards’ that provide information on the number of cases of *Staphylococcus aureus* blood stream infections, *Clostridioides difficile* infections and *E. Coli Bacteraemias* as well as hand hygiene and cleaning compliance broken down by month. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by ARHAI/NSS. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on activity at local level than is possible to provide through the national statistics.

### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through Cleaning and Estates compliance audits.

### Staphylococcus Aureus Bacteraemia Monthly Case Numbers

|       | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 |
|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| HCAI  | 0        | 0        | 0        | 0        | 0        | 2"       | 0        | 0        | 0        | 1"       | 1"       | 1        |
| CA    | 0        | 1        | 0        | 0        | 0        | 0        | 0        | 2        | 0        | 0        | 0        | 2        |
| Total | 0        | 1        | 0        | 0        | 0        | 2        | 0        | 2        | 0        | 1        | 1        | 4*       |

"HAI/ ^ case removed by ARHAI/ \* 1 surveillance form not returned yet

### Clostridioides Difficile Infection Monthly Case Numbers

|      | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 |
|------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| HCAI | 0        | 0        | 0        | 0        | 1!       | 1        | 1"       | 0        | 1        | 0        | 0        | 0        |
| CA   | 0        | 1        | 1        | 0        | 0        | 0        | 1        | 0        | 2        | 1        | 0        | 0        |

|              |   |   |   |   |   |   |   |   |   |   |   |   |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|
| <b>Total</b> | 0 | 1 | 1 | 0 | 1 | 1 | 2 | 0 | 3 | 1 | 0 | 0 |
|--------------|---|---|---|---|---|---|---|---|---|---|---|---|

/ Source of infection unknown/ "HAI

**E Coli Bacteraemia Monthly Case Numbers**

|              | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 |
|--------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>HCAI</b>  | 1        | 2        | 1        | 2(1")    | 0        | 2        | 0        | 0        | 1        | 2(1")    | 1        | 0        |
| <b>CA</b>    | 0        | 0        | 0        | 0        | 1^       | 1        | 0        | 2        | 1        | 1        | 1        | 2        |
| <b>Total</b> | 1        | 2        | 1        | 2        | 0        | 3        | 0        | 2        | 2        | 3        | 2        | 2        |

"HAI /^ case removed by ARHAI

**Hand Hygiene Monitoring Compliance (%)**

|                    | Apr – Jun 23 | Jul – Sept 23 | Oct – Dec 23 | Jan – Mar 24 | Apr – Jun 24 | Jul – Sep 24 | Oct-Dec 24 | Jan - Mar 25 |
|--------------------|--------------|---------------|--------------|--------------|--------------|--------------|------------|--------------|
| <b>AHP</b>         | 97.5         | 100           | 100%         | 100%         | 95.0%        | 100%         | 100%       | 100%         |
| <b>Ancillary</b>   | 100          | 93.6          | 100%         | 100%         | 100.0%       | 97.6%        | 97.2%      | 100%         |
| <b>Medical</b>     | 100          | 97.4          | 100%         | 100%         | 96.4%        | 96.4%        | 94.1%      | 100%         |
| <b>Nurse</b>       | 100          | 97.7          | 98.8%        | 100%         | 100.0%       | 100%         | 100%       | 100%         |
| <b>Board Total</b> | 99.5         | 97.3          | 99.5%        | 100%         | 98.9%        | 98.9%        | 98.3%      | 100%         |

**Board Cleaning Compliance (%)**

|                    | Apr – Jun 23 | Jul – Sept 23 | Oct – Dec 23 | Jan – Mar 24 | Apr – Jun 24 | Jul – Sep 24 | Oct - Dec 24 | Jan - Mar 25 |
|--------------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Board Total</b> | 95.7         | 95.2          | 96.8         | 95.2         | 96.2         | 97.1         | 97.4         | 96.2         |

**Estates Monitoring Compliance (%)**

|                    | Apr – Jun 23 | Jul – Sept 23 | Oct – Dec 23 | Jan – Mar 24 | Apr – Jun 24 | Jul – Sep 24 | Oct - Dec 24 | Jan - Mar 25 |
|--------------------|--------------|---------------|--------------|--------------|--------------|--------------|--------------|--------------|
| <b>Board Total</b> | 99.7         | 99.8          | 99.3         | 99.1         | 99.7         | 99.3         | 99.7         | 99.5         |

**GBH Cleaning Compliance (%)**

|                  | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>GBH Total</b> | 95.6     | 98.3     | 96.0     | 96.9     | 97.5     | 97.3     | 97.9     | 97.9     | 97.2     | 95.4     | 97.9     | 96.1     |

**GBH Estates Monitoring Compliance (%)**

|                  | Apr 2024 | May 2024 | Jun 2024 | Jul 2024 | Aug 2024 | Sep 2024 | Oct 2024 | Nov 2024 | Dec 2024 | Jan 2025 | Feb 2025 | Mar 2025 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| <b>GBH Total</b> | 99.7     | 99.9     | 100      | 99.1     | 99.1     | 99.9     | 99.6     | 99.6     | 99.8     | 99.9     | 99.8     | 99.1     |