

NHS Shetland

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| Meeting: | Shetland NHS Board |
| Meeting date: | 10 February 2026 |
| Title: | Healthcare Associated Infection (HAI) Report |
| Agenda reference: | Board Paper 2025/26/59 |
| Responsible Executive/Non-Executive: | Kathleen Carolan, Director of Nursing & Acute Services |
| Report Author: | Carol Colligan, Infection Control Manager & Decontamination Lead |

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 October to December 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.

October to December 2025

- NHS Shetland had one case of Staphylococcus Aureus Bacteraemia
- NHS Shetland had two reportable case of Clostridioides Difficile Infection
- NHS Shetland had three cases of E Coli Bacteraemia
- NHS Shetland had no cases of Pseudomonas Bacteraemia
- NHS Shetland had no cases of Klebsiella Bacteraemia
- Hand Hygiene audit compliance figures for October to December was 99.4 %
- Cleaning standards compliance for the Board for October to December was 96.8 %
- Estates standards compliance for the Board for October to December was 99.7 %

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 03/02/26

2.4 Recommendation

Awareness – for Board members

3 List of appendices

The following appendices are included with this report:

Appendix No1 HAIRT Report October to December 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. 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

Oct - Dec 2025

- NHS Shetland had one case of Staphylococcus Aureus Bacteraemia
- NHS Shetland had two reportable case of Clostridioides Difficile Infection
- NHS Shetland had three cases of E Coli Bacteraemia
- NHS Shetland had no cases of Pseudomonas Bacteraemia
- NHS Shetland had no cases 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

MRSA: 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 6 shows the incidence of SABs within NHS Shetland on a monthly basis. There was one HCAI in October associated with an arm laceration following a fall. The case was classed as a HCAI as the infection was within thirty days from hospital discharge. There were also a number of existing co-morbidities. There have been twelve cases in the last twelve months.

The latest quarterly update from ARHAI for the SAB rate is for **July to September 2025**. There was one HCAI case giving a rate of 34.9/100,000 TOBD. There were no CA cases giving a rate of 0.0/100,000 of the population. In the last twelve months seven cases were HCAI and six 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. The table on Page 6 shows the incidence of reportable CDI in NHS Shetland. There was one HCAI in October. The case had previously been prescribed one of the 4 C antibiotics for a finger injury. There was also one CA case. This case also had salmonella at the same time due to eating out of date food whilst abroad on holiday. There have been seven cases of reportable CDI in the last 12 months.

The latest quarterly update from ARHAI is for **July to September 2025**. There was one case which was HCAI giving a rate of 34.9/ 100,000 TOBD. There was one CA case giving a rate of 17.1/100,000 of the population. In the last twelve months there have been five cases which were HCAI and five 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 two CA ECB in October, one was due to urinary sepsis and the other case had abdominal sepsis. There was one HCAI admitted from a care home in December due to urinary sepsis. The case had a recent history of repeated *E. coli* UTI's which had been treated in the community. There have been twenty four cases in the last twelve months.

The latest quarterly update from ARHAI is for **July to September 2025**. For this quarter there were four cases which were HCAI giving a rate of 139.6/100,000 TOBD and one CA case giving a rate of 17.1/ 100,000 of the population. In the last twelve months there have been fourteen cases for HCAI and eleven 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 were no cases from October to December 2025.

Further Update on Standards on Healthcare Associated Infections

In February 2023, DL (2023)06 was issued informing Health Boards that the previous healthcare associated infection (HCAI) standards and antibiotic use indicators originally due to expire in 2022, were extended to 2024. Since this letter, an objective to review the HCAI standards and indicators was included in the current two-year HCAI Strategy 2023 - 2025. Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland were commissioned and in their response, outlined a range of options based on the analysis of the current targets and trends, as well as stakeholder engagement. The Cabinet Secretary for Health and Social Care considered the recommendations and approved that the standard should be no increase in the incidence (number of cases) of HCAI for *Clostridioides difficile* infection (CDI), *Escherichia coli* bacteraemia (ECB), and *Staphylococcus aureus* bacteraemia (SAB) by March 2026 from the 2023/2024 baseline.

ARHAI Scotland provided Boards with the 2023/2024 baseline number of HCAI of CDI, ECB and SAB cases to enable local monitoring.

The national HCAI surveillance programme in Scotland is under review with the recommendations due to Scottish Government by November 2025 (a deliverable within the HCAI Strategy). The surveillance review will consider new standards once the direction of the national mandatory HCAI surveillance programme has been set. Further communications on the surveillance programme will be shared at a later date.

LDP Target Standards Healthcare Associated Care Numbers of CDI, ECB and SAB for NHS Shetland

| | LDP Target for 2025/2026 | April – December 2025 |
|------------|---------------------------------|------------------------------|
| CDI | 8 | 3 |
| ECB | 6 | 11 |
| SAB | 8 | 4 |

The target set for 2025/2026 for HCAI ECB by ARHAI was six cases. Reduction of case numbers for the rest of the year needs to be a high priority for NHS Shetland.

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 99.4 % for **October to December 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 7 show compliance for the local audits for 2024 - 2025. The latest compliance data is for the quarter from **October to December 2025** and was 96.8 %. The latest compliance data for Estates Monitoring Standards is from **October to December 2025** and was 99.7 %.

Outbreaks

There was a Covid outbreak on Ward Three in November which affected five patients. The index patient developed symptoms two days after admission to the ward. The four identified bay contacts when tested were also positive. Some of these identified contacts had however had Covid recently so it was difficult to determine whether this was due to a new infection or not. There were high levels of Covid circulating in the community at this time. The ward staff managed this outbreak extremely well with no further transmission to other patients or staff.

There was a Flu A outbreak in the Renal Unit in November. The index patient had come in from home unwell. Six contacts were identified and three of these developed Flu. The outbreak was managed well by renal staff with support from the IPCT.

There was a RSV outbreak on Ward 3 in December which affected four patients.

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 Covid, 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

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

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

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Clostridioides Difficile Infection Monthly Case Numbers

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

E Coli Bacteraemia Monthly Case Numbers

| | Jan 2025 | Feb 2025 | Mar 2025 | Apr 2025 | May 2025 | Jun 2025 | Jul 2025 | Aug 2025 | Sep 2025 | Oct 2025 | Nov 2025 | Dec 2025 |
|-------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| HCAI | 2(1") | 1 | 0 | 3 | 2 | 1 | 2 | 0 | 2 | 0 | 0 | 1 |
| CA | 1 | 1 | 2 | 1 | 1 | 1 | 0 | 1 | 0 | 2 | 0 | 0 |
| Total | 3 | 2 | 2 | 4 | 3 | 2 | 2 | 1 | 2 | 2 | 0 | 1 |

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Hand Hygiene Monitoring Compliance (%)

| | Jan – Mar 24 | Apr – Jun 24 | Jul – Sep 24 | Oct- Dec 24 | Jan - Mar 25 | Apr – Jun 25 | Jul – Sept 25 | Oct – Dec 25 |
|-------------|--------------|--------------|--------------|-------------|--------------|--------------|---------------|--------------|
| AHP | 100% | 95.0% | 100% | 100% | 100% | 100% | 100.0% | 100.0% |
| Ancillary | 100% | 100.0% | 97.6% | 97.2% | 100% | 100% | 100.0% | 100.0% |
| Medical | 100% | 96.4% | 96.4% | 94.1% | 100% | 100% | 97.3% | 96.0 % |
| Nurse | 100% | 100.0% | 100% | 100% | 100% | 100% | 100.0% | 100.0% |
| Board Total | 100% | 98.9% | 98.9% | 98.3% | 100% | 100% | 99.4% | 99.4 % |

Board Cleaning Compliance (%)

| | Jan – Mar 24 | Apr – Jun 24 | Jul – Sep 24 | Oct - Dec 24 | Jan - Mar 25 | Apr – Jun 25 | Jul – Sept 25 | Oct – Dec 25 |
|--------------------|--------------|--------------|--------------|--------------|--------------|--------------|---------------|--------------|
| Board Total | 95.2 | 96.2 | 97.1 | 97.4 | 96.2 | 95.1 | 95.2 | 96.8 |

Estates Monitoring Compliance (%)

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

GBH Cleaning Compliance (%)

| | Jan 2025 | Feb 2025 | Mar 2025 | Apr 2025 | May 2025 | Jun 2025 | Jul 2025 | Aug 2025 | Sep 2025 | Oct 2025 | Nov 2025 | Dec 2025 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| GBH Total | 95.4 | 97.9 | 96.1 | 94.8 | 94.4 | 95.2 | 95.1 | 96.4 | 94.7 | 96.1 | 97.7 | 97.0 |

GBH Estates Monitoring Compliance (%)

| | Jan 2025 | Feb 2025 | Mar 2025 | Apr 2025 | May 2025 | Jun 2025 | Jul 2025 | Aug 2025 | Sep 2025 | Oct 2025 | Nov 2025 | Dec 2025 |
|------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|
| GBH Total | 99.9 | 99.8 | 99.1 | 100.0 | 99.7 | 99.9 | 99.3 | 99.9 | 100.0 | 99.4 | 99.8 | 100.0 |