

Healthcare Associated Infection Reporting Template (HAIRT)

Section 1 – Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for August/September 2022

- 1 SAB in this reporting period – reported as a healthcare associated infection
- 1 CDI in this reporting period – reported as a community associated infection
- Local Hand Hygiene quality assurance audits were completed

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 Methicillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Methicillin 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

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

- MRSA remains a top priority. The MRSA CRA compliance is monitored and reported at operational and management level.

***Clostridioides difficile* Infection (CDI)** – A novel genus *Clostridioides* has been proposed for *Clostridium difficile* which will now be known as *Clostridioides difficile*. There are no implications with regards the natural history of infection, infection prevention & control, or clinical treatment.

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>

NHS Boards carry out surveillance of *Clostridioides difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Clostridioides difficile* infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

- **Identified in this reporting period: 1 case of CDI**

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/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

NHS Western Isles continues to monitor hand hygiene compliance through the current method of self-audit in clinical areas with quality assurance from a programme of Hand Hygiene audits performed by the IPCT following the methodology of the National Hand Hygiene audits.

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 to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqis/6710.140.1366.html>

Cleaning compliance rates remain high with overall compliance for August and September over 96%

This section should give details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none have taken place. Where there has been an outbreak then for most organisms as a minimum this section should state when it was declared, number of patients affected, number of deaths (if any), actions being taken to bring the outbreak under control and whether this was reported to the Scottish Government. For outbreaks of Norovirus a more general outline of the outbreak may be more appropriate.

Outbreaks: 0

Other HAI Related Activity: Nothing to report

Surgical Site Infection Surveillance

National Mandatory Surveillance

Procedures in July and August 2022

Category of procedure	Operations	Infections	SSI rate (%)
Caesarean section	7	0	0.00
Hip arthroplasty	21	0	0.00
Knee arthroplasty	12	0	0.00
Reduction of long bone fracture	4	0	0.00
Repair of neck of femur	3	0	0.00
Total	47	0	0

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Section 2 – Healthcare Associated Infection Report Cards

The following section is a series of 'Report Cards' that provide information, for each acute hospital and key community hospitals in the Board, on the number of cases of *Staphylococcus aureus* blood stream infections (also broken down into MSSA and MRSA) and *Clostridioides difficile* infections, as well as hand hygiene and cleaning compliance. In addition, there is a single report card which covers all community hospitals [which do not have individual cards], and a report which covers infections identified as having been contracted from out with hospital. The information in the report cards is provisional local data, and may differ from the national surveillance reports carried out by Health Protection Scotland and Health Facilities Scotland. 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 HAI activities at local level than is possible to provide through the national statistics.

Understanding the Report Cards – Infection Case Numbers

Clostridioides difficile infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA). More information on these organisms can be found on the NHS24 website:

Clostridioides difficile : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

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§ionID=1

For each hospital the total number of cases for each month is those which have been reported as positive from a laboratory report on samples taken more than 48 hours after admission. For the purposes of these reports, positive samples taken from patients within 48 hours of admission will be considered to be confirmation that the infection was contracted prior to hospital admission and will be shown in the "out of hospital" report card.

Targets

There are national targets associated with reductions in CDI and SABs. More information on these can be found on the Scotland Performs website:

<http://www.scotland.gov.uk/About/Performance/scotPerforms/partnerstories/NHSScotlandperformance>

Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staffs 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. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Understanding the Report Cards – 'Out of Hospital Infections'

Clostridioides difficile infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers 'Out of Hospital Infections' and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.

NHS WESTERN ISLES BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	2	2	1	0	0	0	1	3	1	0	0	1
Total SABS	2	2	1	0	0	0	1	3	1	0	0	1

Clostridioides difficile infection monthly case numbers

	Oct 2021	Nov 2021	Dec 2022	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Ages 15-64	1	0	0	0	0	0	0	0	0	0	0	1
Ages 65 plus	0	0	0	0	3	1	0	0	1	0	0	0
Ages 15 plus	1	0	0	0	3	1	0	0	1	0	0	1

Hand Hygiene Monitoring Compliance (%)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
AHP	100	100	100	100	100	100	100	92	100	100	100	100
Ancillary	100	100	100	100	100	100	100	100	100	100	100	100
Medical	100	100	89	100	100	93.8	100	88	60	100	100	100
Nurse	100	94	97	100	97.6	100	100	100	89	97	93.8	96.6
Board Total	100	98.5	96.5	100	99.4	98.5	100	95	87	99	98.5	99.2

Cleaning Compliance (%)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Board Total	97.2	97.2	96.7	97.1	96.4	96.4	95.9	96.6	96.5	96.5	97	95.7

Estates Monitoring Compliance (%)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Board Total	99.8	98.9	98.7	99	98.9	99.2	96.9	98.3	98.7	97.9	98.3	98

WESTERN ISLES HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	2	2	1	0	0	0	1	3	1	0	0	1
Total SABS	2	2	1	0	0	0	1	3	1	0	0	1

Clostridioides difficile infection monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	1	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	1	0	0	0	0	0	0	0

Cleaning Compliance (%)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Board Total	96.9	96.4	96.8	97.2	94.9	96.2	97.4	96.9	96.4	95.4	96.2	95.5

Estates Monitoring Compliance (%)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Board Total	99.9	99.3	99.8	99.4	99.6	99.5	99.5	99.9	99.8	99.4	99	98.2

UIST & BARRA HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0	0

Clostridioides difficile infection monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	0	0

Cleaning Compliance (%)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Board Total	97.5	97.9	96.6	97.1	97.9	96.6	94.5	96.3	96.5	97.5	97.8	96

Estates Monitoring Compliance (%)

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Board Total	99.6	98.6	97.6	98.6	98.1	98.8	94.3	96.7	97.6	96.4	97.7	97.9

NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- St Brendan's Hospital

Staphylococcus aureus bacteraemia monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0	0

Clostridioides difficile infection monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	0	0	0	0	0	0	0	0	0
Ages 15 plus	0	0	0	0	0	0	0	0	0	0	0	0

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
Total SABS	0	0	0	0	0	0	0	0	0	0	0	0

Clostridioides difficile infection monthly case numbers

	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	April 2022	May 2022	June 2022	July 2022	Aug 2022	Sept 2022
Ages 15-64	1	0	0	0	0	0	0	0	0	0	0	1
Ages 65 plus	0	0	0	0	2	1	0	0	1	0	0	0
Ages 15 plus	1	0	0	0	2	1	0	0	1	0	0	1