

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 April/May 2026

- 2 SAB in this reporting period – x 1 reported as a Community infection and x 1 reported as a Healthcare associated infection
- 3 ECB in this reporting period – x 3 Healthcare associated infections
- 1 CDI in this reporting period – reported as an Unknown CDI.
This is a CDI case who was discharged from a hospital 4–12 weeks before the onset of symptoms. Unknown CDI cases are cases for which the origin of infection is indeterminate. For the purposes of national reporting and benchmarking, 'Unknown' CDI cases are aggregated with HCAI cases
- Local Hand Hygiene quality assurance audits were completed.

Staphylococcus aureus (including MRSA)

Staphylococcus aureus is an organism which is responsible for many 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:

[National Infection Prevention and Control Manual: A-Z Pathogens \(scot.nhs.uk\)](https://scot.nhs.uk/national-infection-prevention-and-control-manual/a-z-pathogens)

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemia. 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* bacteraemia can be found at:

[Protocol for National Enhanced Surveillance of Bacteraemia | National Services Scotland \(nhs.scot\)](https://nhs.uk/protocol-for-national-enhanced-surveillance-of-bacteraemia)

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

***Escherichia coli* bacteraemia (ECB)**

Escherichia coli is an organism which is responsible for many healthcare associated infections, More information on these organisms can be found at:

[National Infection Prevention and Control Manual: A-Z Pathogens \(scot.nhs.uk\)](http://scot.nhs.uk)

NHS Boards carry out surveillance of *Escherichia coli* blood stream infections, known as bacteraemia. These are a serious form of infection and there is a national target to reduce them. The number of patients with *Escherichia coli* bacteraemia 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 *Escherichia coli* bacteraemia can be found at:

[Protocol for National Enhanced Surveillance of Bacteraemia | National Services Scotland \(nhs.scot\)](http://nhs.scot)

***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 many 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:

[Protocol for the Scottish Surveillance Programme for Clostridioides difficile infection: user manual | National Services Scotland \(nhs.scot\)](http://nhs.scot)

- **Identified in this reporting period: 1**

Hand Hygiene

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

[National Infection Prevention and Control Manual: Chapter 1 - Standard Infection Control Precautions \(SICPs\) \(scot.nhs.uk\)](http://scot.nhs.uk)

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.

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 Healthcare Improvement Scotland. More details can be found at:

[Healthcare Improvement Scotland](#)

Cleaning compliance rates remain high with overall compliance for April and May 2026 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:

April: None

May: None

Other HAI Related Activity:

April:

- Non-compliance in Erisort wards cleaning schedules – Observational audits completed by both the IPC Team and Medical ward 2 Staff for reassurance

May:

- Non-compliance in Erisort wards cleaning schedules – Observational audits completed by both the IPC Team and Medical ward 2 Staff for reassurance

Surgical Site Infection Surveillance

National Mandatory Surveillance - Procedures in March and April 2026

Category of procedure	Operations	Infections	SSI rate (%)
Caesarean section	7	0	0.00
Knee arthroplasty	15	1	6.67
Hip arthroplasty	12	0	0.00
Reduction of long bone fracture	2	0	0.00
Repair of neck of femur	3	0	0.00
Total	39	1	2.56

Healthcare Associated Infection Reporting Template (HAIRT)

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), *Staphylococcus aureus* bacteraemia (SAB) and *Escherichia coli* bacteraemia (ECB) 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 ARHAI website:

Clostridioides difficile : [Clostridioides difficile infection | National Services Scotland \(nhs.scot\)](#)

Staphylococcus aureus : [Staphylococcus aureus bacteraemia | National Services Scotland \(nhs.scot\)](#)

Escherichia coli : [Escherichia coli bacteraemia | National Services Scotland \(nhs.scot\)](#)

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, SABs and ECBs. More information on these can be found on the Scottish Government website:

[NHS Scotland performance against LDP standards - gov.scot \(www.gov.scot\)](#)

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, *Staphylococcus aureus* (including MRSA) and *Escherichia coli* 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 e.g., GP surgeries, Care Homes. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB, ECB 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

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	1	0	0	0	0	1	1	0	0	2
Total SABs	0	0	1	0	0	0	0	1	1	0	0	2

Escherichia coli bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	3	0	2	2	1	0	1	2	1	2	2	0
Community associated infection	1	1	0	2	0	0	1	0	0	0	0	1
Total ECBs	4	1	2	4	1	0	2	2	1	2	2	1

Clostridioides difficile infection monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	1	0	0	0	0	0	1
Community associated infection	1	1	0	0	1	0	0	0	1	0	0	0
Total CDIs	1	1	0	0	1	1	0	0	1	0	0	1

Hand Hygiene Monitoring Compliance (%)

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
AHP	100	None on ward during audits	88.9	100	100	100	100	100	100	100	100	93.3
Ancillary	100	100	88.9	100	100	100	100	100	100	100	100	100
Medical	100	100	100	100	100	94.1	100	100	100	92.3	100	87.5
Nurse	96.9	97.4	100	93.9	96.6	100	100	92	96.9	96.4	96.4	94.4
Board Total	99.2	99.1	94.5	98.5	99.2	98.5	100	97.3	99.2	97.2	99.1	93.3

NHS WESTERN ISLES BOARD REPORT CARD

Cleaning Compliance (%)

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Board Total	95.9	95.8	96.2	95.2	96.3	97.2	96.5	97.2	95.8	95.8	96	96.6

Estates Monitoring Compliance (%)

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Board Total	99.6	99.6	99.1	99.4	99.9	99.9	99.3	98.9	99.5	99.5	99.2	99.1

WESTERN ISLES HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	1	0	0	0	0	1	1	0	0	2
Total SABs	0	0	1	0	0	0	0	1	1	0	0	2

Escherichia coli bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2026	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	3	0	2	2	1	0	1	2	1	1	2	1
Community associated infection	1	1	0	2	0	0	1	0	0	0	0	0
Total ECBs	4	1	2	4	1	0	2	2	1	1	2	1

Clostridioides difficile infection monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	1	0	0	0	0	0	1
Community associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Total CDIs	0	0	0	0	0	1	0	0	0	0	0	1

Cleaning Compliance (%)

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Board Total	95.6	94.8	95.9	94.6	96.3	95.5	95.6	96.6	95.8	95.8	96	96.2

Estates Monitoring Compliance (%)

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Board Total	99.6	99.7	99.8	99.3	99.9	99.9	99.7	99.3	99.4	99.4	99.2	98.9

UIST & BARRA HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
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

Escherichia coli bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	0	0	0	0	1	0	0
Community associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Total ECBs	0	0	0	0	0	0	0	0	0	1	0	0

Clostridioides difficile infection monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Community associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Total CDIs	0	0	0	0	0	0	0	0	0	0	0	0

Cleaning Monitoring Compliance (%)

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Board Total	96.2	96.8	96.4	95.8	*	98.9	97.4	97.7	95.7	95.8	96	97.1

*Not submitted

Estates Monitoring Compliance (%)

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Board Total	99.7	99.5	98.4	99.4	*	99.9	98.8	98.6	99.6	99.6	99.2	99.4

*Not submitted

NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- St Brendan's Hospital

Staphylococcus aureus bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
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

Escherichia coli bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Community associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Total ECBs	0	0	0	0	0	0	0	0	0	0	0	0

Clostridioides difficile infection monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Community associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Total CDIs	0	0	0	0	0	0	0	0	0	0	0	0

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
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

Escherichia coli bacteraemia monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Community associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Total ECBs	0	0	0	0	0	0	0	0	0	0	0	0

Clostridioides difficile infection monthly case numbers

	June 2025	July 2025	Aug 2025	Sept 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026	Feb 2026	March 2026	April 2026	May 2026
Healthcare associated infection	0	0	0	0	0	0	0	0	0	0	0	0
Community associated infection	1	1	0	0	1	0	0	0	1	0	0	0
Total CDIs	1	1	0	0	1	0	0	0	1	0	0	0