NHS GRAMPIAN

Healthcare Associated Infection (HAI) Quarterly Report – January 2022

The following is a summary of the ARHAIS (Antimicrobial Resistance and Healthcare Associated Infection Scotland) Quarterly Epidemiological Data Report (July to September 2021) published on 18th January 2022.

Executive Summary

July - September 2021

Clostridioides difficile Infection (CDI)

- Total number of cases of CDIs in NHS Grampian: **22**
  - 14 healthcare associated cases
  - 8 community associated cases
  - An **increase** of 8 compared to the previous quarter (14)
  - 6.6% of the total across Scotland (332)

Escherichia coli bacteraemia (ECB)

- Total number of cases of ECBs in NHS Grampian: **85**
  - 43 healthcare associated cases
  - 42 community associated cases
  - A **decrease** of 18 compared to the previous quarter (103)
  - 7.3% of the total across Scotland (1169)

Staphylococcus aureus bacteraemia (SAB)

- Total cases of SABs in NHS Grampian: **33**
  - 22 healthcare associated cases
  - 11 community associated cases
  - A **decrease** of 8 compared to the previous quarter (41)
  - 8.3% of the total across Scotland (399)

Surgical Site Infection (SSI)

- Surgical Site Infection (SSI) data is not included in this report due to the pausing of surveillance to support the COVID-19 response.

The following is a summary of local data for the period July 2021 – September 2021.

Executive Summary

July - September 2021

Above Target

- Cleaning compliance (**93%**)
  - This is the **same** as the previous quarter (93%)
- Estates monitoring compliance (**94%**)
  - This is the **same** as the previous quarter (94%)
- Hand hygiene compliance amongst Allied Health Professionals (**99%**)
  - This is the **same** as the previous quarter (99%)
- Hand hygiene compliance amongst ancillary staff (**96%**)
  - This is a **decrease** compared to the previous quarter (97%)
- Hand hygiene compliance amongst medical staff (**96%**)
  - This is the **same** as the previous quarter (96%)
- Hand hygiene compliance amongst nursing staff (**98%**)
  - This is the **same** as the previous quarter (98%)

Below Target

- Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Clinical Risk Assessment (CRA) screening compliance (**65%**)
  - This is a **decrease** compared to the previous quarter (72%)
- Carbapenemase Producing Enterobacteriaceae (CPE) Clinical Risk Assessment (CRA) screening compliance (**84%**)
  - This is an **increase** compared to the previous quarter (83%)

Additional Information

- Wards closed due to enteric illness: **0**
  - This is the **same** as the previous quarter (0)
- Preliminary Assessment Group (PAG) meetings: **17**
  - This is an **increase** compared to the previous quarter (7)
- Incident Management Team (IMT) meetings: **5**
  - This is a **decrease** compared to the previous quarter (14)

1. Actions Recommended

The Board is requested to note the content of this quarterly Healthcare Associated Infection (HAI) Report, as directed by the HAI Policy Unit, Scottish Government Health Directorates (SGHD).

2. Strategic Context

- Updated Healthcare Associated Infections (HCAI) Standards for Scotland
- Updated Antibiotic Use Indicators for Scotland
- National Key Performance Indicators for MRSA Clinical Risk Assessment (CRA) screening
- National Key Performance Indicators for CPE Clinical Risk Assessment (CRA) screening
- National Health Facilities Scotland (HFS) Environmental Cleaning Target
- National Health Facilities Scotland (HFS) Estates Monitoring Target
- National Hand Hygiene Compliance Target

3. Risk Mitigation

By noting the contents of this report, the Board will fulfil its requirement to seek assurance that appropriate surveillance of healthcare associated infection is taking place and that this surveillance is having a positive impact on reducing the risk of avoidable harm to the patients of NHS Grampian (NHSG).

4. Responsible Executive Director and contact for further information

If you require any further information in advance of the Board meeting please contact:

Responsible Executive Director:
June Brown
Executive Nurse Director
june.brown@nhs.scot

Contact for further information:
Grace Johnston
Interim Infection Prevention & Control Manager
grace.johnston@nhs.scot

Key matters relevant to recommendation

Issue	Group	Target	Period & source	Rate		RAG× Status
				NHS Scot	NHS G	
CDIs	Healthcare Associated Infection	Reduction of 10%* *(set by SGHD)*	Jul - Sep 2021, HPS	16.7^	11.5^	Green
	Community Associated Infection	-		6.5^^	5.4^^	Green
ECBs	Healthcare Associated Infection	Reduction of 25%** *(set by SGHD)*	Jul - Sep 2021, HPS	41.4^	35.5^	Green
	Community Associated Infection	-		41.1^^	28.5^^	Green
SABs	Healthcare Associated Infection	Reduction of 10%* *(set by SGHD)*	Jul - Sep 2021, HPS	18.3^	18.1^	Green
	Community Associated Infection	-		9.6^^	7.5^^	Green
SSIs	Caesarean Section	-	Jul - Sep 2021, HPS	***	***	-
	Hip Arthroplasty	-	Jul - Sep 2021, HPS	***	***	-

* *Reduction of 10% from 2019 to 2022, with 2018/19 used as the baseline for reduction*

** *An initial reduction of 25% by 2021/22, with 2018/19 used as the baseline for reduction. Reduction of 50% by 2023/24*

*** *Surveillance paused to support the COVID-19 response*

^ *Cases per 100,000 total occupied bed days*

^^ *Cases per 100,000 population*

× *Red / Amber / Green Status:*
Above upper control limit **= *Red***
Below upper control limit but above National average = ***Amber***
Below National average = ***Green***
Below lower control limit = ***Green***

Key matters relevant to recommendation

Issue	Group	Target	Period & source	Rate		RAG× Status
				NHS Scot	NHS G	
MRSA (CRA) screening	-	90% *(set by ARHAIS)*	Jul – Sep 2021, HPS	81%	65%	Red
CPE (CRA) screening	-	90% *(set by NHSG)*	Jul – Sep 2021, HPS	82%	84%	Amber
Cleaning	All clinical areas	90% *(set by HFS)*	Jul – Sep 2021, NHSG	-	93%	Green
Estates		90% *(set by HFS)*	Jul – Sep 2021, NHSG	-	94%	Green
Hand Hygiene	Allied Health Professionals	90% *(set by SGHD)*	Jul – Sep 2021, NHSG	-	99%	Green
	Ancillary staff	90% *(set by SGHD)*	Jul – Sep 2021, NHSG	-	96%	Green
	Medical staff	90% *(set by SGHD)*	Jul – Sep 2021, NHSG	-	96%	Green
	Nursing staff	90% *(set by SGHD)*	Jul – Sep 2021, NHSG	-	98%	Green

× *Red / Amber / Green Status:*
Below target and below National average = ***Red***
Below target but above National average = ***Amber***
Above target but below National average = ***Green***
Above target and above National average = ***Green***

Clostridioides (formerly Clostridium) difficile Infection (CDI) Surveillance

C. difficile is a spore forming bacterium that may be found in the intestine as a harmless commensal with up to 5% of the population harbouring toxigenic strains. CDI is an important cause of infectious diarrhoea and often associated with antimicrobial therapy. Clinical disease comprises a range of toxin mediated signs and symptoms from mild diarrhoea to severe life threatening infections such as pseudomembranous colitis and toxic megacolon. In Scotland, mandatory surveillance commenced in October 2006, with enhanced surveillance commencing in 2009.

Every single NHS Grampian laboratory confirmed *C. difficile* toxin positive result is investigated by the Infection Prevention & Control Team to determine if it fulfils the national CDI case definition (see below). CDI cases reported to ARHAIS exclude asymptomatic individuals and those experiencing diarrhoea due to another cause. Investigation of each case in NHS Grampian enables monitoring of inappropriate samples and antibiotic treatments and the identification of possible severe cases together with referral of samples for additional testing e.g. typing. Real time surveillance of the areas where healthcare associated infections occur allows potential outbreaks to be promptly identified and control measures reducing transmission to be initiated.

Each CDI case in patients aged 15 years and over is defined as either healthcare associated or community associated and the surveillance fed back to the organisation in an effort to improve patient safety and outcomes.

ARHAIS case definition of CDI infection: *"a case of CDI is someone in whose stool C. difficile toxin has been identified at the same time as they have experienced diarrhoea not attributable to any other cause or from whose stool C. difficile has been cultured at the same time as they have been diagnosed with pseudomembranous colitis".*

Further information on CDI surveillance can be found at:

https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-the-scottish-surveillance-programme-for-clostridium-difficile-infection-user-manual/

For the period July – September 2021 there were 14 healthcare associated cases of CDI in NHS Grampian, which was a rate of 11.5 cases per 100,000 total occupied bed days. In the previous quarter, NHS Grampian had 11 healthcare associated cases of CDI, which was a rate of 9.5 cases per 100,000 total occupied bed days.

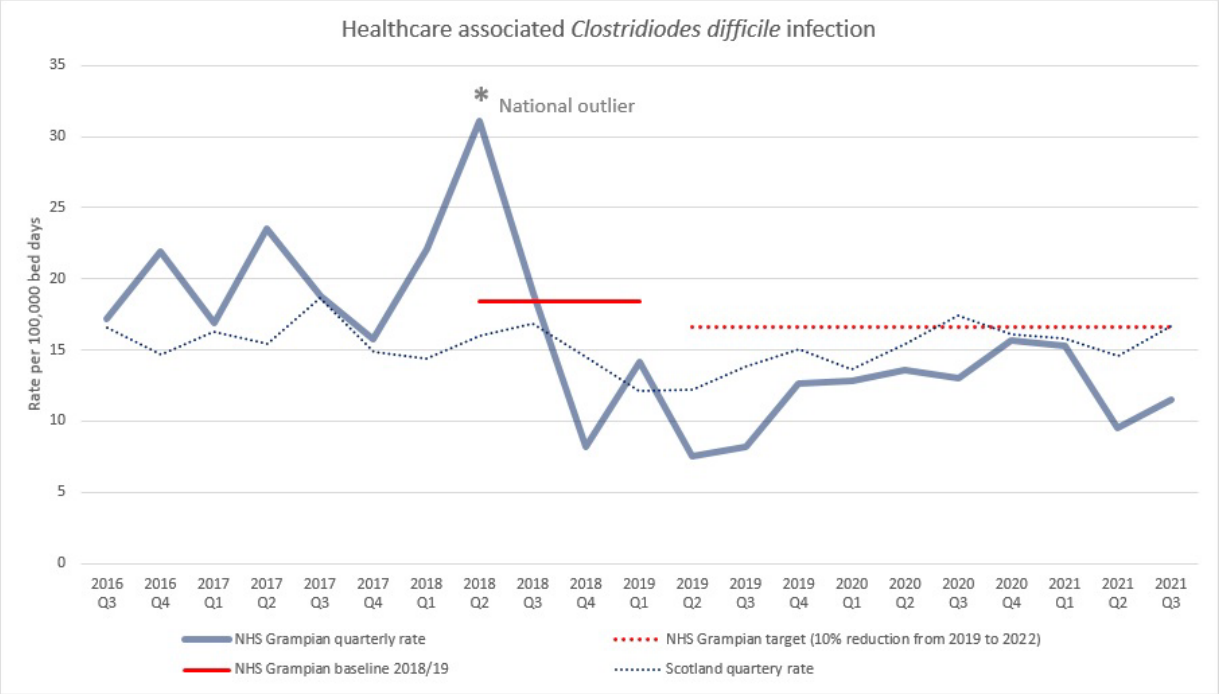


Figure (1a) shows trends in healthcare associated *C. difficile* infection in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last 5 years. In the latest quarterly data (2021 Q3) **NHS Grampian rates of healthcare associated *C. difficile* infection are stable** i.e. average / below average (within the statistical limits of variation) compared to the rest of Scotland.
The COVID-19 pandemic has impacted other areas of healthcare and caution is advised interpreting data from 2020 Q2 onwards.
Locally, NHS Grampian is forecast to meet the Scottish Government target for reducing *C. difficile* infection.

For the period July – September 2021 there were 8 community associated cases of CDI in NHS Grampian, which was a rate of 5.4 cases per 100,000 population. In the previous quarter, NHS Grampian had 3 community associated cases of CDI, which was a rate of 2.1 cases per 100,000 population.

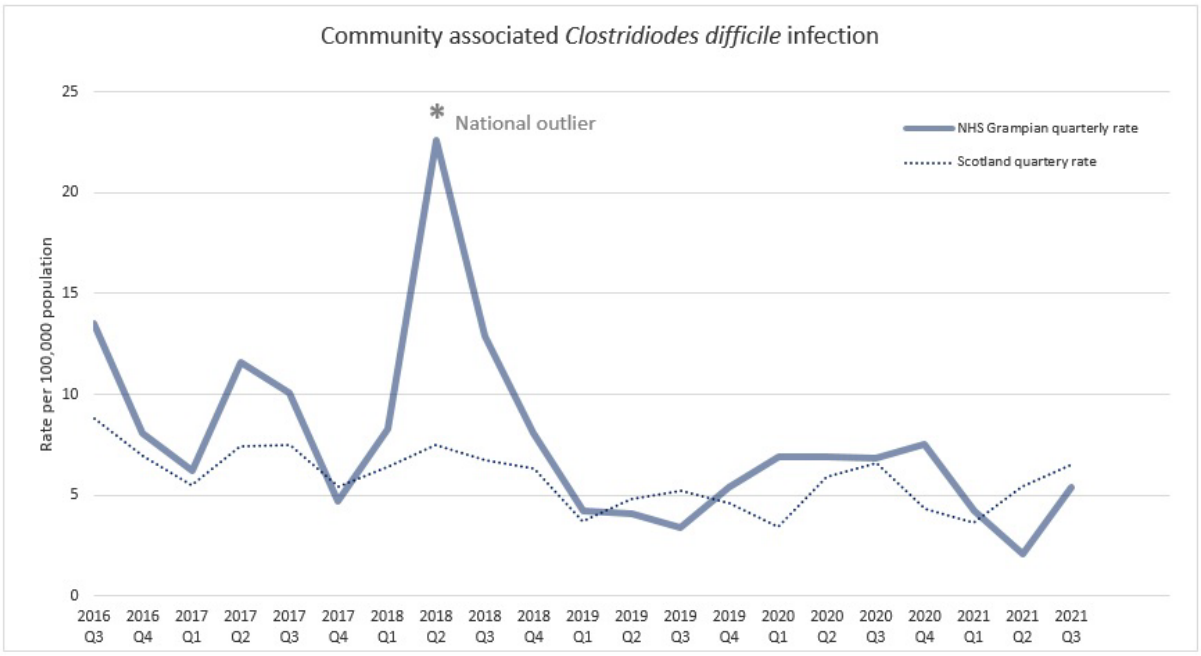


Figure (1b) shows trends in community associated *C. difficile* infection in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last 5 years. In the latest quarterly data (2021 Q3) **NHS Grampian rates of community associated *C. difficile* infection are stable** i.e. average / below average (within the statistical limits of variation) compared to the rest of Scotland.
The COVID-19 pandemic has impacted other areas of healthcare and caution is advised interpreting data from 2020 Q2 onwards.

National *Escherichia coli* Bacteraemia Surveillance Programme

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 infections. Serious disease including septic shock may occur if *E. coli* breaches the body's deference mechanisms and enters the bloodstream (bacteraemia). *E.coli* bacteraemia (ECB) usually develops as a complication of other infections (including urinary tract infection and hepatobiliary infection), surgery, and use of medical devices e.g. urinary catheters.

E. coli is the most frequent cause of Gram Negative bacteraemia in Scotland and an important cause of infection worldwide.

In Scotland, mandatory surveillance for ECB commenced in 2016. The origin of each positive blood culture is classified as either Healthcare associated or Community associated according to ARHAIS protocols.

In NHS Grampian, there were 43 healthcare associated cases of ECB between July and September 2021, which was a rate of 35.5 cases per 100,000 total occupied bed days. In the previous quarter there were 42 cases of healthcare associated ECB in NHS Grampian, which was a rate of 36.3 cases per 100,000 total occupied bed days.

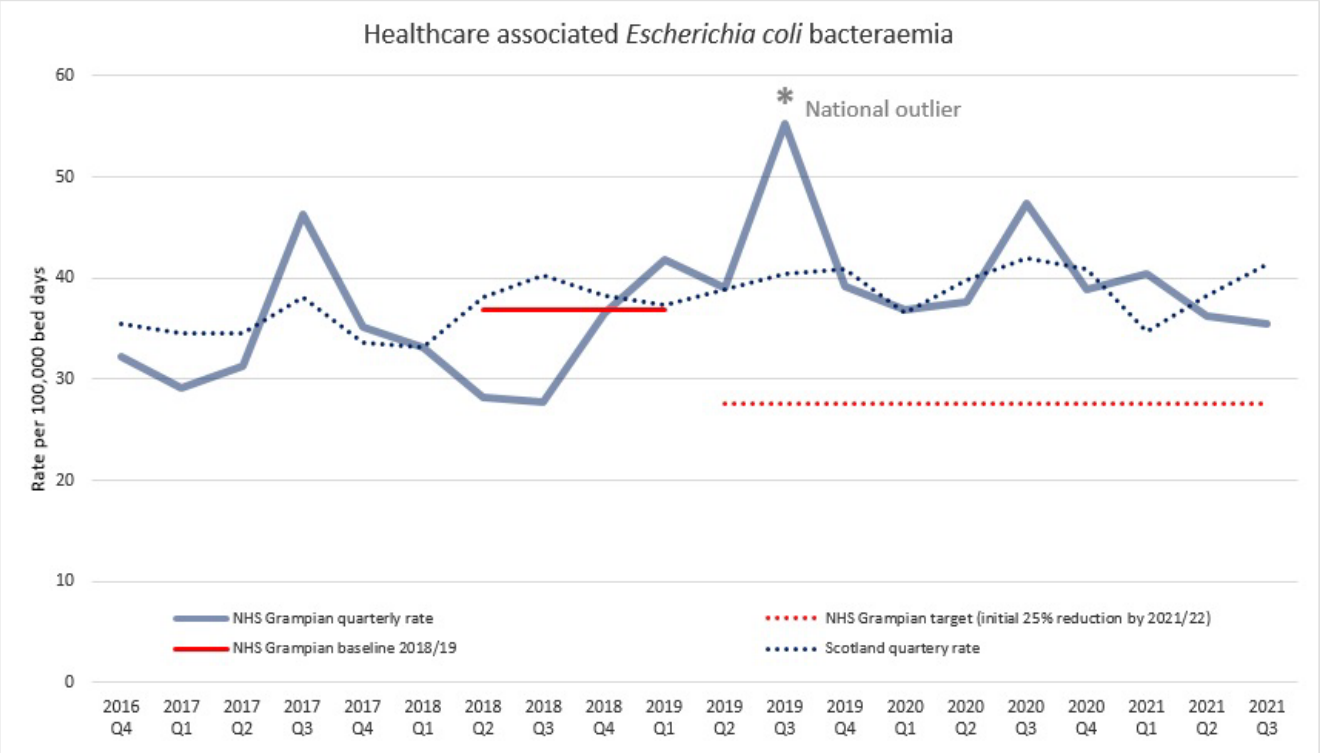


Figure (2a) shows trends in healthcare associated *E. coli* bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last 5 years. In the latest quarterly data (2021 Q3) **NHS Grampian rates of healthcare associated *E. coli* bacteraemia are stable** i.e. average / below average (within the statistical limits of variation) compared to the rest of Scotland. The COVID-19 pandemic has impacted other areas of healthcare and caution is advised interpreting data from 2020 Q2 onwards.
Locally, NHS Grampian like other Health Boards, is not on track to meet the Scottish Government target for reducing *E. coli* bacteraemia. Nationally, discussions are ongoing whether this target will be deferred or modified.

In NHS Grampian, there were 42 community associated cases of ECB between July and September 2021, which was a rate of 28.5 cases per 100,000 population. In the previous quarter there were 61 community associated cases of ECB in NHS Grampian, which was a rate of 41.8 per 100,000 population.

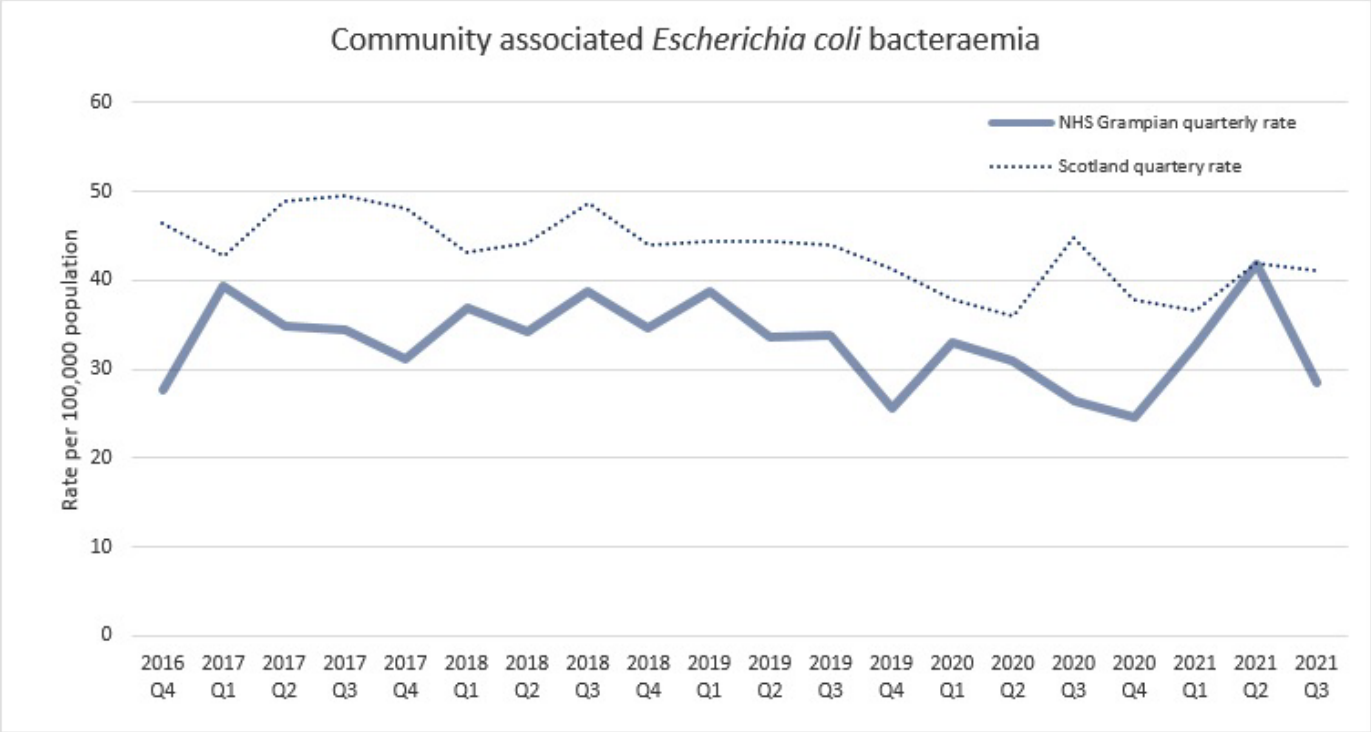


Figure (2b) shows trends in community associated *E. coli* bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the past 5 years. In the latest quarterly data (2021 Q3) **NHS Grampian rates of community associated *E. coli* bacteraemia are stable** i.e. average / below average (within the statistical limits of variation) compared to the rest of Scotland.
The COVID-19 pandemic has impacted other areas of healthcare and caution is advised interpreting data from 2020 Q2 onwards.

Information on the national surveillance programme for *Escherichia coli* infection can be found at:

https://www.hps.scot.nhs.uk/web-resources-container/quarterly-epidemiological-commentary-for-the-surveillance-of-healthcare-associated-infections-in-scotland-methods-caveats/

Enhanced *Staphylococcus aureus* Bacteraemia (SAB) Surveillance

Staphylococcus aureus (S. aureus) is a Gram-positive bacterium that colonises inside the nasal cavity and/or groin in up to a third of the population. Although colonisation is harmless, *S. aureus* is also an important cause of a wide variety of clinical diseases such as skin and soft tissue infections. Serious infection occurs if *S. aureus* breaches the body's defence systems and enters the bloodstream causing a bacteraemia and potentially disseminating to other body sites e.g. causing infections in the bone (osteomyelitis) or heart valves (infective endocarditis).

In Scotland mandatory enhanced surveillance for *Staphylococcus aureus* bacteraemia (SABs) commenced in 2014. The origin of each positive blood culture is classified as either Healthcare associated or Community associated according to ARHAIS protocols.

Enhanced SAB surveillance is carried out in all Health Boards using protocols from ARHAIS. Each new case is discussed at a weekly multidisciplinary team meeting involving Infection Prevention and Control Doctors, Infection Prevention and Control Nurses, Surveillance Nurses and an Infection Unit Nurse. The offer of attendance at speciality case review meetings from the Infection Prevention and Control Team is extended should further discussion be required. Note, enhanced SAB surveillance is currently paused during the Covid-19 pandemic.

Between July and September 2021, there were 22 healthcare associated cases of SABs in NHS Grampian, which was a rate of 18.1 cases per 100,000 total occupied bed days. In the previous quarter, NHS Grampian also had 22 healthcare associated cases of SABs, however, this was a rate of 19.0 cases per 100,000 total occupied bed days.

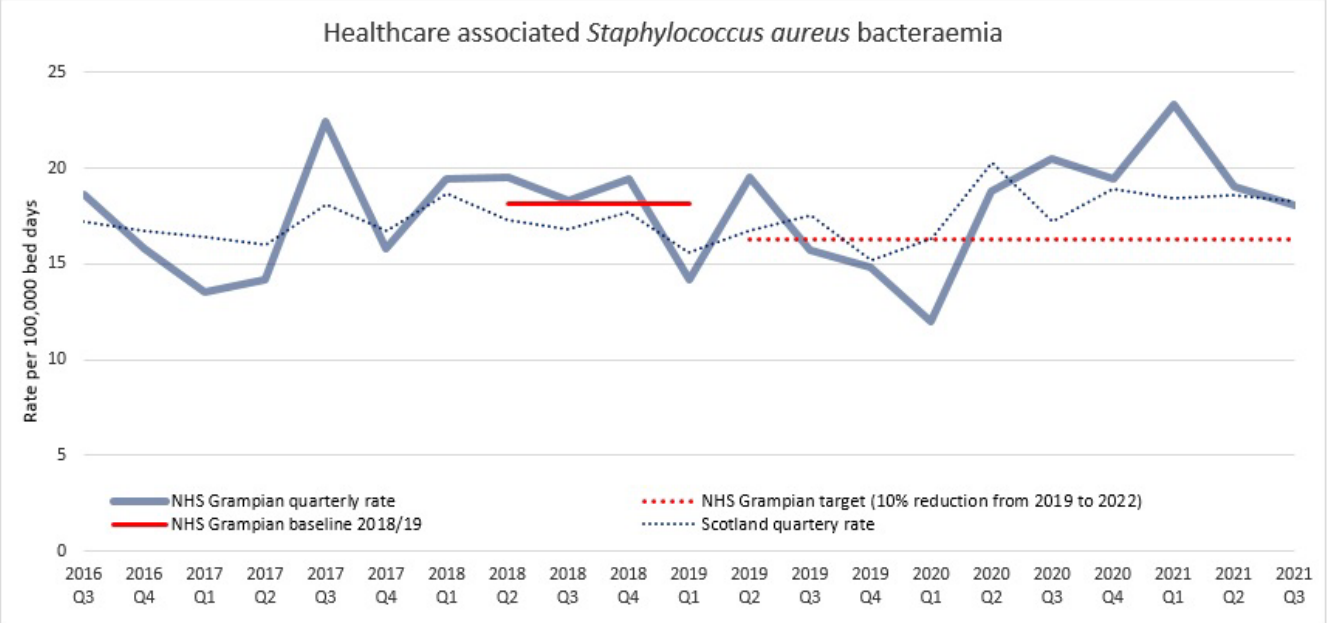


Figure (3a) shows trends in healthcare associated *S. aureus* bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last 5 years. In the latest quarterly data (2021 Q3) **NHS Grampian rates of healthcare associated *S. aureus* bacteraemia are stable** i.e. average / below average (within the statistical limits of variation) compared to the rest of Scotland. The COVID-19 pandemic has impacted other areas of healthcare and caution is advised interpreting data from 2020 Q2 onwards. Locally, NHS Grampian is not on track to meet the Scottish Government target for reducing *S. aureus* bacteraemia. Nationally, discussions are ongoing whether this target will be deferred or modified.

Between July and September 2021, there were 11 community associated cases of SABs in NHS Grampian, which was a rate of 7.5 cases per 100,000 population. In the previous quarter, NHS Grampian had 19 healthcare associated cases of SABs, which was a rate of 13.0 cases per 100,000 population.

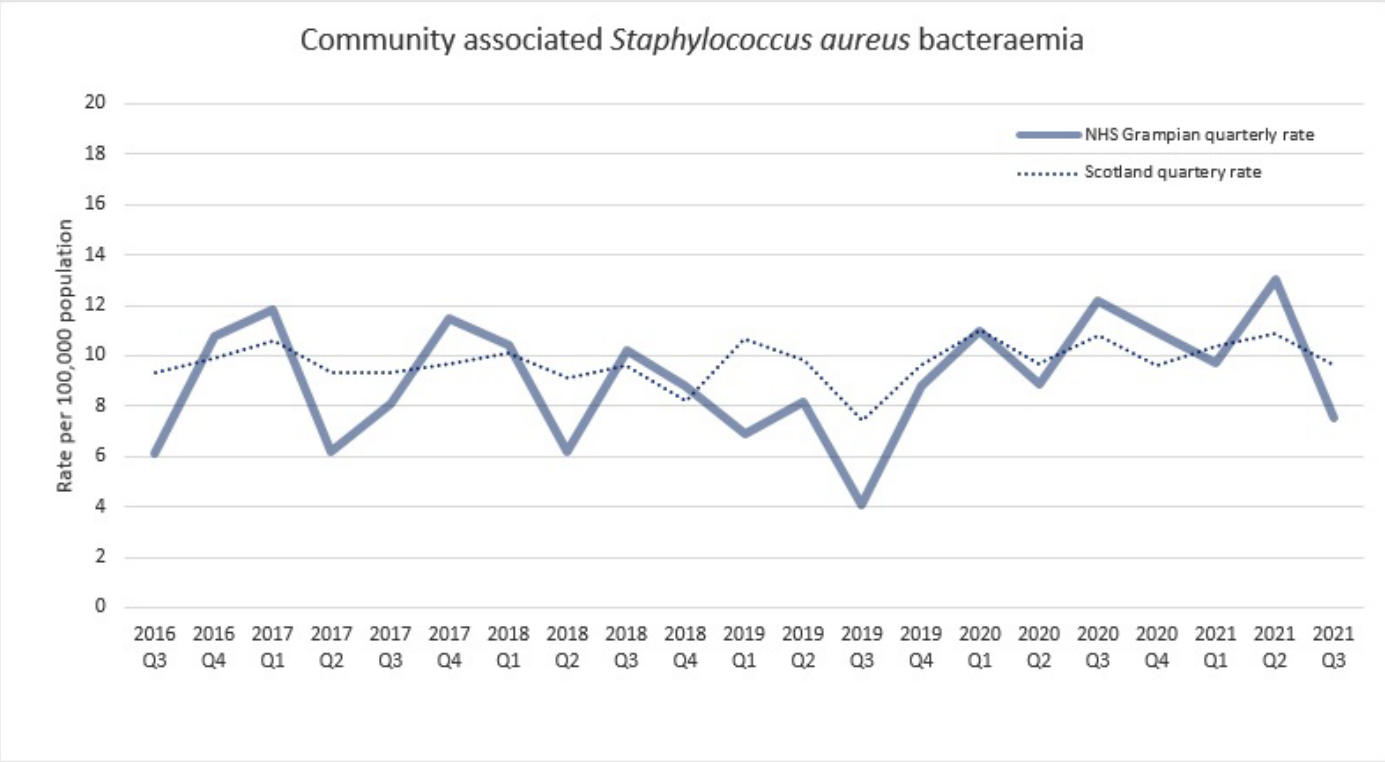


Figure (3b) shows trends in community associated *S. aureus* bacteraemia in NHS Grampian (thick blue line) and Scotland (dotted blue line) over the last 5 years. In the latest quarterly data (2021 Q3) **NHS Grampian rates of community associated *S. aureus* bacteraemia are stable** i.e. average / below average (within the statistical limits of variation) compared to the rest of Scotland.
The COVID-19 pandemic has impacted other areas of healthcare and caution is advised interpreting data from 2020 Q2 onwards.

More information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

https://hpspubsrepo.blob.core.windows.net/hps-website/nss/2931/documents/1_protocol-national-enhanced-surveillance-bacteraemia.pdf

Surgical Site Infection (SSI) Surveillance *

A Surgical Site Infection (SSI) is an infection that occurs after surgery in the part of the body where the surgery took place. SSI may be superficial infections involving the skin only while other SSI is more serious and can involve tissues under the skin, organs or implanted material. SSI is one of the most common types of HAI in Scotland.

In Scotland the mandatory Surgical Site Infection (SSI) surveillance programme commenced in 2002. All NHS boards are required to undertake surveillance for hip arthroplasty (includes hemiarthroplasty) and caesarean section procedures as per the mandatory requirements of HDL (2006) 38 and CEL (11) 2009.

Post-operative surveillance is carried out as follows:

- Caesarean section surveillance is carried out during admission, post discharge up to 10 days and readmission up to 30 days
- Hip arthroplasty (includes hemiarthroplasty) surveillance is carried out during admission, readmission up to 30 days and readmission up to 90 days if there is an implant

Information on the national surveillance programme for Surgical Site Infection can be found at:

https://www.hps.scot.nhs.uk/web-resources-container/surgical-site-infection-surveillance-protocol-and-resource-pack-edition-71/

** Surveillance paused to support the COVID-19 response*

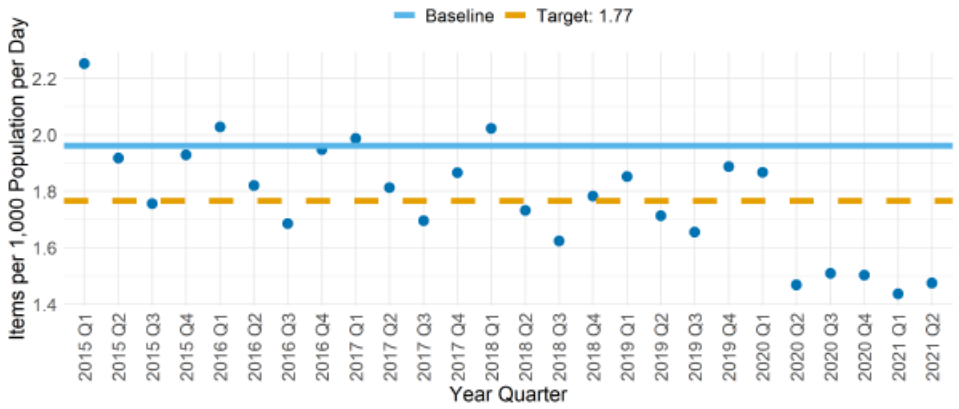
Antibiotic Use Indicators for Scotland

The national indicators, agreed by the Scottish Antimicrobial Prescribing Group (SAPG), and approved by the Scottish Government in October 2019 are detailed below:

1. A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015 / 2016 data as a baseline (items/1000/day)

NHS Grampian Report (24 November 2021)

Indicator 1: A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015 data as the baseline
NHS Grampian



	Items/1,000/Day	Target	Percentage Difference Baseline	Percentage Difference Target
Previous 4 Quarters	1.481	1.766	-24.51%	-16.13%

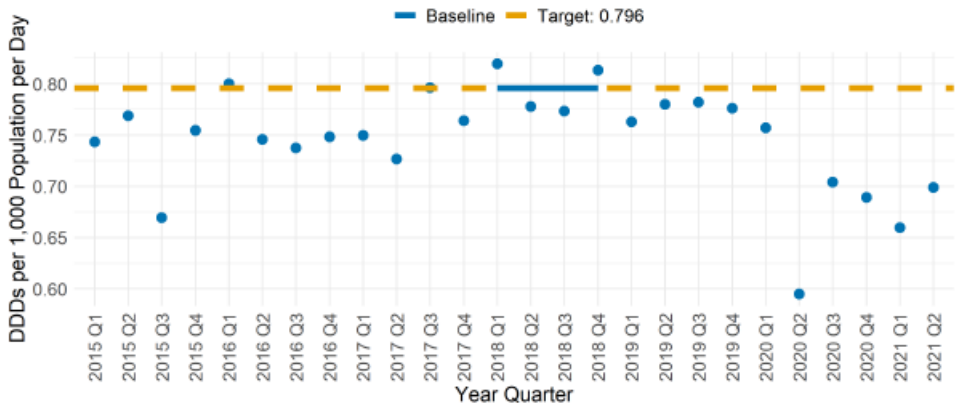
	Items/1,000/Day	Target	Percentage Difference Baseline	Percentage Difference Target
2016	1.870	1.766	-4.68%	5.91%
2017	1.840	1.766	-6.24%	4.18%
2018	1.789	1.766	-8.83%	1.30%
2019	1.777	1.766	-9.44%	0.62%
2020	1.586	1.766	-19.14%	-10.16%

Source: Prescribing Information System, NHS National Services Scotland and Public Health Scotland

The data above, taken from a report supplied by Public Health Scotland, demonstrates a year on year reduction in antibiotic use in primary care within NHS Grampian. Fluctuations are expected due to seasonal variation in prescribing but these figures demonstrate a continued overall reduction. Prescribing since Quarter 2 in 2020 demonstrates the large reduction in antibiotic use since the start of the COVID-19 pandemic. This reduction results in NHS Grampian (at the current time) meeting the 10% reduction target with the prescribing at the time of the above report at 24.51% below the baseline. The most recent data point on NSS Discovery for 2021 Q3 is 1.47.

2. Use of intravenous antibiotics in secondary care defined as DDD/1000population/day will be no higher in 2022 than it was in 2018

Indicator 2: Use of intravenous antibiotics in secondary care will be no higher in 2022 than it was in 2018
NHS Grampian



	DDDs/1,000/Day	Target	Percentage Difference
Previous 4 Quarters	0.688	0.796	-13.55%

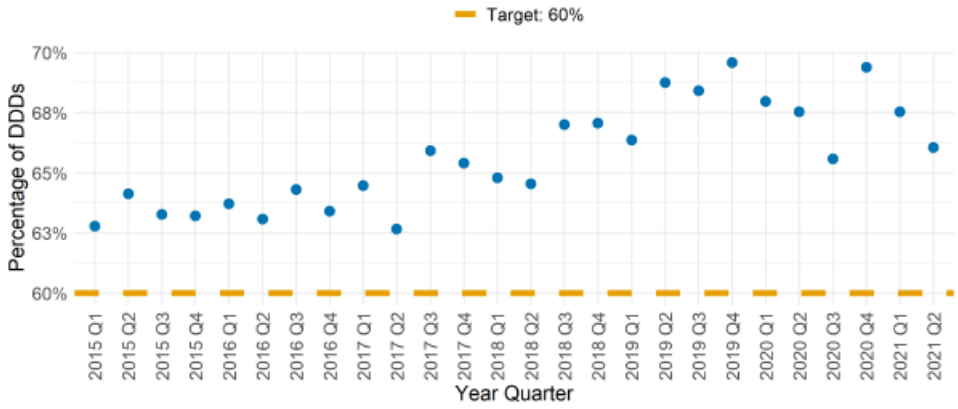
	DDDs/1,000/Day	Target	Percentage Difference
2019	0.775	0.796	-2.60%
2020	0.686	0.796	-13.78%

Source: Hospital Medicines Utilisation Database, NHS National Services Scotland and Public Health Scotland

The data above, taken from a report supplied by Public Health Scotland, demonstrates that NHS Grampian have been below the target throughout 2019 and 2020. Data for 2020 and 2021 will be impacted by the change of hospital activity during the COVID-19 pandemic. The most recent data points on NSS Discovery for quarters 1 and 2 of 2021 are 0.66 and 0.7 respectively demonstrating that NHS Grampian continues to meet the target. To maintain and improve work on this target, the AMT launched an updated IV to oral switch (IVOST) guideline during antibiotic awareness week in November 2020. Implementation of the Hospital Antibiotic Review Programme (HARP) resource from SAPG will be taken forward when capacity within the AMT allows.

3. Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in acute hospitals by 2022

Indicator 3: Use of WHO Access antibiotics greateror equal to 60% of total antibiotic use in Acuteby 2022
NHS Grampian



	Access Percentage	Target	Percentage Difference
Previous 4 Quarters	67.12%	60%	11.87%

	Access Percentage	Target	Percentage Difference
2015	63.34%	60%	5.56%
2016	63.62%	60%	6.04%
2017	64.63%	60%	7.72%
2018	65.84%	60%	9.74%
2019	68.32%	60%	13.86%
2020	67.65%	60%	12.74%

Source: Hospital Medicines Utilisation Database, NHS National Services Scotland and Public Health Scotland

The data above, taken from a report supplied by Public Health Scotland, demonstrates that NHS Grampian is consistently meeting this target with 67.12% of total antibiotic use in acute hospitals from the WHO Access list over the last 4 quarters.

Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Screening

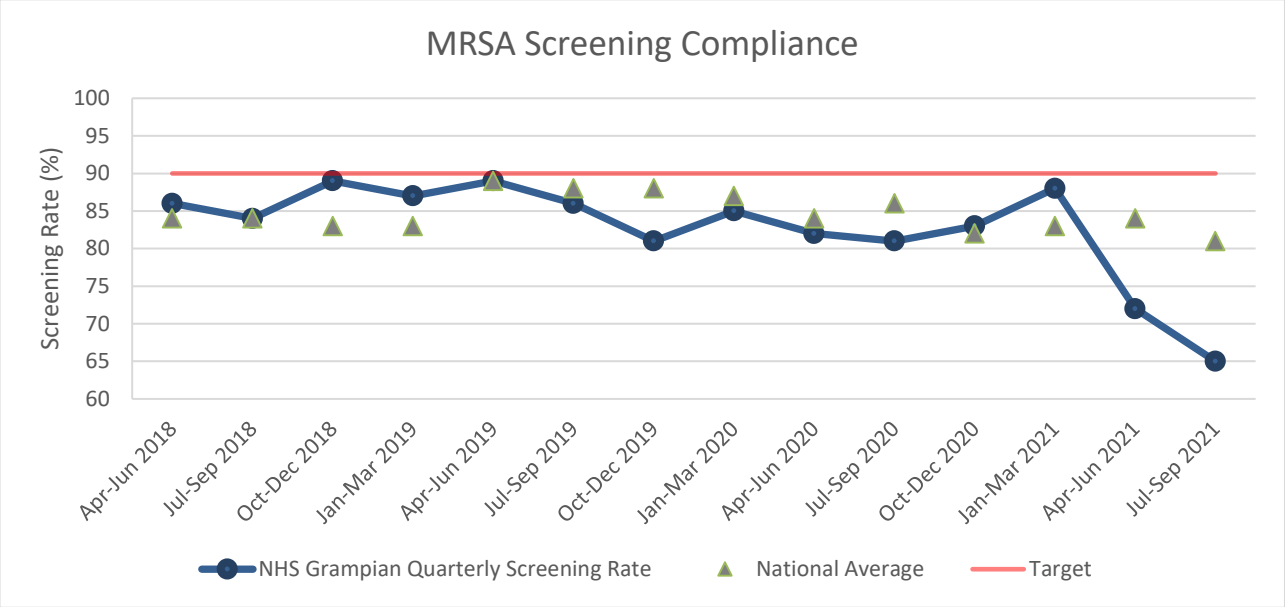
MRSA is a *Staphylococcus aureus (S. aureus)* that is resistant to commonly used antibiotics e.g. flucloxacillin. This makes MRSA infections more difficult and costly to treat, hence every effort must be made to prevent spread[1]. Both MRSA and *S. aureus* are transmitted in the same way and cause the 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.

Early detection of high-risk patients – using a clinical risk assessment (CRA) based approach – allows early isolation while microbiological samples are tested. This reduces the opportunity for transmission if a patient is colonised or infected. To ensure that CRA based-screening is as effective as universal screening, a minimum of 90% compliance with application of the CRA is required for MRSA Screening[2], as per the mandatory requirements of DL (2019) 23[3].

NHS Grampian's MRSA CRA screening compliance for July – September 2021 was 65%. This is below the target of 90%, below the national average (81%), and below NHS Grampian's compliance from the previous quarter (72%).

The MRSA CRA screening figures are tabled at the NHS Grampian Acute HAI Group meetings, for awareness and so that actions can be taken, where necessary, to improve compliance.

	Jul – Sep 2020	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sep 2021
Grampian	81%	83%	88%	72%	**65%**
Scotland	86%	82%	83%	84%	81%



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 very few (if any) antimicrobial treatment options. The number of CPE cases in Scotland remains low, however, there has been a 50% increase in cases between 2016 (73) and 2017 (108). The majority of cases were acquired abroad and consequently reduced during the Covid-19 pandemic.

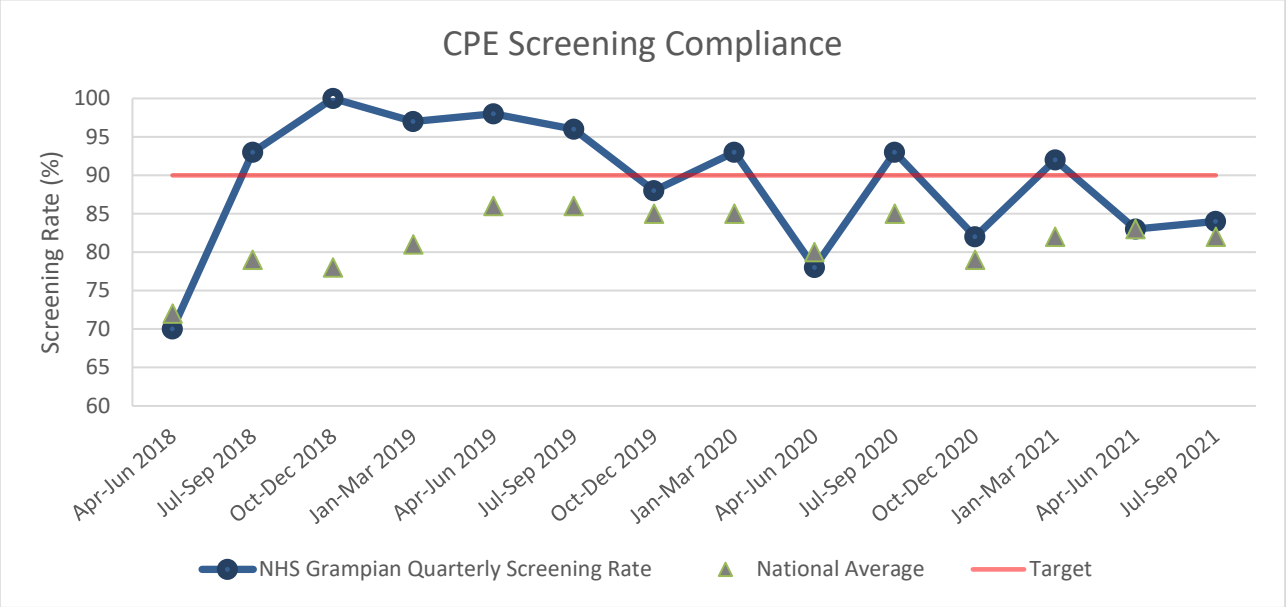
Individuals may be colonised e.g. in the gut requiring no treatment. On the other hand, CPE may cause a range of clinical infections associated with high rates of morbidity and mortality.

CPE screening and data collection commenced on 1st April 2018 at the request of the Scottish Government. All NHS Boards are required to undertake CRA based-screening as per the mandatory requirements of DL (2017) 2[4].

NHS Grampian's CPE Clinical Risk Assessment (CRA) screening compliance for July – September 2021 was 84%. This is above the national average (82%) and an increase from the previous month's compliance (83%), but below NHS Grampian's target of 90%.

The CPE CRA screening figures are tabled at the NHS Grampian Acute HAI Group meetings, for awareness and so that actions can be taken, where necessary, to improve compliance.

	Jul – Sep 2020	Oct – Dec 2020	Jan – Mar 2021	Apr – Jun 2021	Jul – Sep 2021
Grampian	93%	82%	92%	83%	**84%**
Scotland	85%	79%	82%	83%	82%



More information on CPE screening can be found at:

https://www.hps.scot.nhs.uk/resourcedocument.aspx?id=6990

Enteric Incidents and Outbreaks

The following table provides information for complete and partial ward closures in NHS Grampian due to enteric outbreaks.

	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021
Ward Closures	0	0	0	0	0	0	0	0	0	**0**	**0**	**0**
Bay Closures	0	0	0	0	0	0	0	0	0	**0**	**0**	**0**

For the period July – September 2021 there were no ward closures in NHS Grampian due to enteric illness (including confirmed or suspected Norovirus).

Monday Point Prevalence Surveillance figures are reported to ARHAIS. These capture the significant outbreaks of Norovirus in NHS Grampian and the prevalence of Norovirus activity in close to real time. They are not and should not be interpreted as data for benchmarking or comparison. The data can be used for the assessment of risk and Norovirus outbreak preparedness only.

Data on the numbers of wards closed across NHS Scotland due to confirmed or suspected Norovirus are available from ARHAIS at:

https://www.hps.scot.nhs.uk/a-to-z-of-topics/norovirus/#data
(Do not use Internet Explorer to open this hyperlink; use Google Chrome instead)

Preliminary Assessment Group (PAG) and Incident Management Team (IMT) Meetings

In NHS Grampian the Infection Prevention and Control Team (IPCT) are continually alert for an actual or potential healthcare incident, infection and outbreak or data exceedance. We apply Chapter 3 of the National Infection Prevention and Control Manual[5]. The Healthcare Infection Incident Assessment Tool (HIIAT)[6] guides assessment, communication and escalation of risk within the Health Board, ARHAIS and Scottish Government. Multi-disciplinary meetings to address the infection risk are called Preliminary* Assessment Group (PAG) and Incident Management Team (IMT) meetings.

A PAG may be convened to assess and determine if an IMT is required or whether there has been a greater than expected data exceedance, such as non-compliant hand hygiene audits.

An IMT is defined as a multi-disciplinary, multi-agency group with responsibility for investigating and managing an incident[7].

PAG and IMT meetings establish and monitor risk control measures for patient and staff safety, and can be supported by NHS Grampian's Health Protection Team (HPT) and ARHAIS.

In NHS Grampian, between July and September 2021, the IPCT chaired a total of 17 PAG meetings and 5 IMT meetings. Compared to the previous quarter (April – June 2021), the total number of PAG meetings has increased (from 7 to 17) and the total number of IMT meetings has decreased (from 14 to 5).

PAG meetings July - September 2021	
Reason for PAG meeting	**Number of PAG meetings**
COVID-19	**7**
Hand Hygiene	**5**
Water Safety	**3**
Pseudomonas	**1**
Ventilation	**1**

IMT meetings July - September 2021	
Reason for IMT meeting	**Number of IMT meetings**
Cluster of atypical infections	**2**
Legionella	**2**
Pseudomonas	**1**

Cleaning and the Healthcare Environment

Information on how hospitals carry out the cleaning and estates audits can be found at:

http://www.hfs.scot.nhs.uk/publications-/guidance-publications/?keywords=monitoring+framework&section=&category=&month=&year=&show=10

Between July and September 2021, NHS Grampian was compliant with the required cleanliness standards, as monitored by the Facilities Monitoring Tool.

	Jul 2021 Domestic	Jul 2021 Estates	Aug 2021 Domestic	Aug 2021 Estates	Sep 2021 Domestic	Sep 2021 Estates	Jul-Sep 2021 Domestic	Jul-Sep 2021 Estates
NHS Grampian Overall	93.10	94.10	93.15	93.90	93.65	94.70	**93.30**	**94.23**
Aberdeen Maternity Hospital, RACH & Outlying Areas	92.65	93.95	93.40	96.10	93.33	94.50	93.12	94.23
Aberdeen Royal Infirmary	92.60	94.40	92.75	95.15	93.70	95.20	93.01	94.91
Aberdeenshire North & Moray Community	95.75	94.40	95.65	93.50	96.50	95.35	95.96	94.41
Aberdeenshire South & Aberdeen City	95.95	96.45	91.01	93.55	93.95	95.05	93.63	95.01
Dr Gray's Hospital	93.25	93.30	94.15	92.50	94.30	93.85	93.90	93.21
Royal Cornhill Hospital	94.65	94.30	94.65	92.45	95.10	94.25	94.80	93.66
Woodend Hospital	90.40	91.60	91.45	92.50	90.00	95.90	90.61	93.33

References

1: NHS Grampian Staff Protocol for the Screening and Management of Patients with Methicillin-Resistant Staphylococcus aureus (MRSA) within NHS Healthcare Settings (Excluding Care Homes) – Version 4, March 2017. Available at**:** http://nhsgintranet.grampian.scot.nhs.uk/depts/InfectionPreventionAndControlManual/Documents/NHSG%20Staff%20Protocol%20for%20the%20Treatment%20of%20Patients%20with%20MRSA%20in%20Healthcare%20Settings%20March%202017.pdf

2: 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/

3: Department letter from the Scottish Government regarding Healthcare Associated Infection (HCAI) and Antimicrobial Resistance (AMR) Policy Requirements (2019). Available at: https://www.sehd.scot.nhs.uk/dl/DL(2019)23.pdf

4: Department 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

5: 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/

6: Health Protection Scotland (2019) 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/

7: Management of Public Health Incidents: Guidance on the Role and Responsibilities of NHS Led Incident Management Teams. Available at: https://hpspubsrepo.blob.core.windows.net/hps-website/nss/1673/documents/1_shpn-12-mphi-21062017.pdf