

Healthcare Associated Infection Reporting Template (HAIRT)

Recommendation: - For noting.

Purpose of Paper: - Update on NHSGGC performance against HEAT and other HAI Targets and performance measures.

Key Issues to be considered:-

Validated HPS/ISD data : Quarter 4 (October – December) 2015			
HEAT Targets	GGC	National	HEAT target
SAB rate per 100,000 AOB	36.6 (127cases)	32.6	24.0
CDI rate per 100,000 OCB	38.8 (139 cases)	38.0	32.0

Table 1. Progress against National HAI HEAT targets, 01/10/2015 – 31/12/2015

- *Staphylococcus aureus* Bacteraemia (SAB) increase in Q4-2015 and remedial actions undertaken in Q1-2016 to decrease SABs by 17% with 106 locally reported cases for the quarter.
- There was a noted increase in CDI cases between October – December 2015. Direct action undertaken to reduce CDI in Q1-2016 with 94 locally reported cases. This is a reduction of 32%.
- For the last available quarter (October – December 2015), the Surgical Site Infection rate for hip arthroplasty and repair of neck of femur procedure categories was marginally above the national average and above 95% confidence intervals of the national dataset SSI rate. Local improvement actions within Orthopaedic procedures at two hospitals included in the national SSI programme have been included in previous reports and surveillance is ongoing.
- SSI rates for Caesarean section procedure category are above the national average for the last available quarter but within national 95% confidence intervals, however it should be noted that the majority of SSIs were superficial
- The Cleanliness Champions Programme is part of the Scottish Government's Action Plan to combat Healthcare Associated Infection (HAI) within NHS Scotland. To date NHSGGC have supported **3302** members of staff who are now registered Cleanliness Champions.

Any Patient Safety /Patient Experience Issues: - Yes, increase in SAB and CDI in Q4-2015. NHSGGC are taking relevant actions to remedy the situation.

Any Financial Implications from this Paper: - No

Any Staffing Implications from this Paper: - No

Any Equality Implications from this Paper: - No

Any Health Inequalities Implications from this Paper: - No

Has a Risk Assessment been carried out for this issue? If yes, please detail the outcome: - No

Highlight the Corporate Plan priorities to which your paper relates: - Improving quality, efficiency and effectiveness.

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Draft

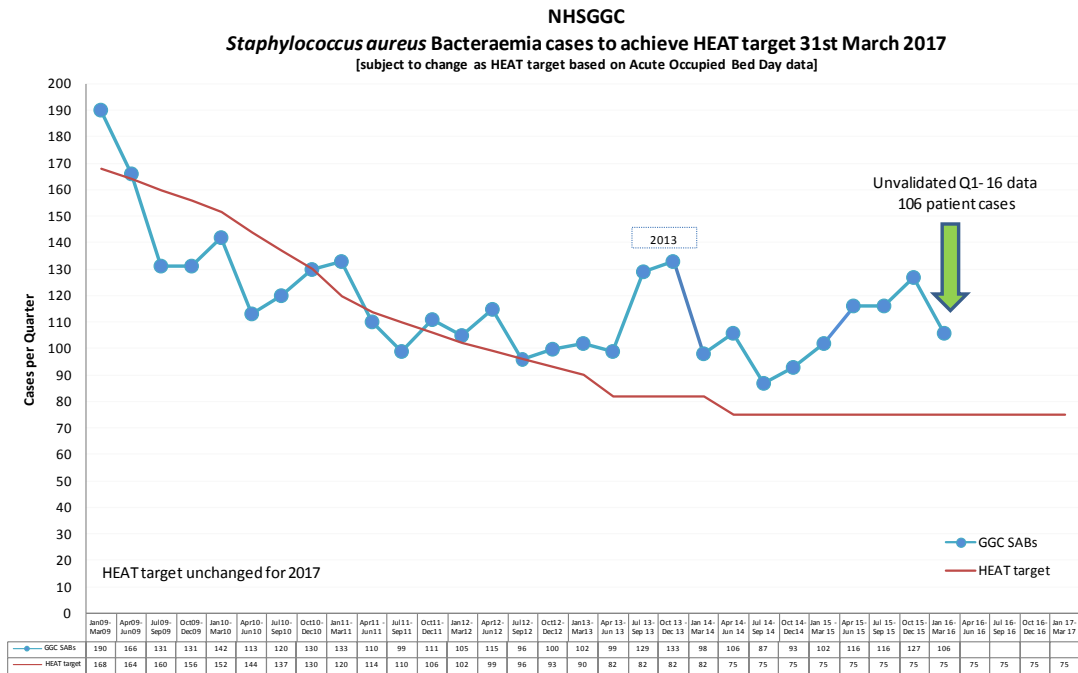
Healthcare Associated Infection Reporting Template (HAIRT)

Section 1– Board Wide Issues

This is the bi-monthly publication of the reporting template for submission to the NHS Board as required by the national HAI Action Plan.

Staphylococcus aureus (including MRSA)

Staphylococcus aureus Bacteraemia Surveillance



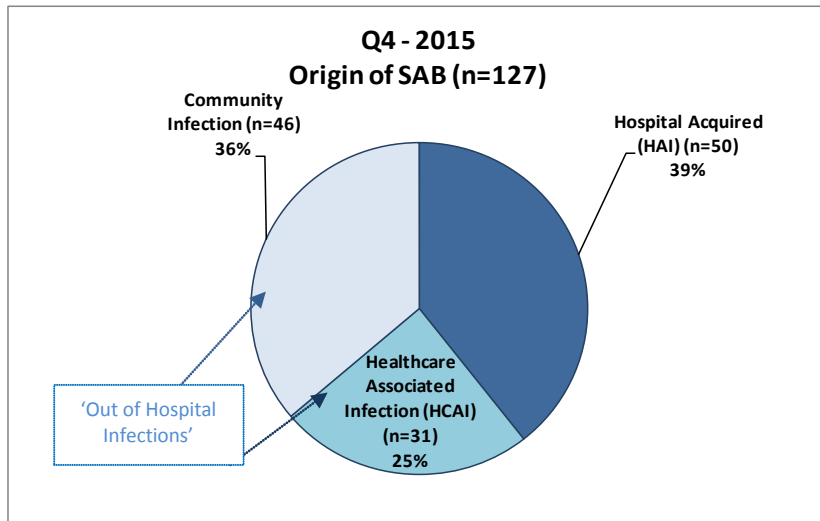
The graph above demonstrates a gradual decrease in *Staphylococcus aureus* bacteraemia (SAB) cases from 2009 to the second half of 2013, when there was a noted increase. A series of measures were implemented mainly surrounding intravenous access device care and maintenance. These measures remain ongoing to reduce the amount of avoidable hospital acquired cases.

Quarter 4, 2015 (October – December) NHSGGC surveillance and actions

For the last available reporting quarter (October - December 2015), NHSGGC reported **36.6** SAB cases per 100,000 AOBs (127 patient cases). This is higher than the same quarter in 2014 where 93 cases were reported.

The Q4 rate is above the NHS Scotland reported national SAB rate of **32.6** per 100,000 AOBs (407 patient cases). The existing National HEAT target which requires all Boards in Scotland to achieve a rate of **24** cases per 100,000 AOBs or lower was extended to 31st March 2017. This equates to 75 patient cases or less per reporting Quarter.

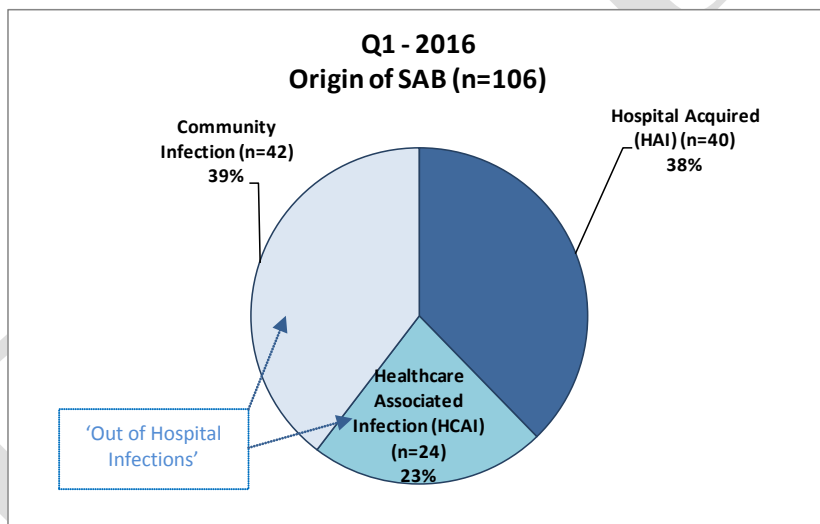
The pie chart below shows the breakdown of origin of SAB i.e. whether it was acquired in hospital (HAI) or whether it was an out of hospital infection (Healthcare associated and/or Community).



Of the 61% of Out of Hospital infections, a high proportion of these are of community onset. These are less amenable to interventions within the Acute Healthcare setting.

Fifty patients developed a HAI SAB during their in-patient stay and the highest proportion (40%; n=20) of these were caused by an IV access device.

Quarter 1 (January – March 2016) local surveillance status



Data from the first quarter of 2016 will be published by Health Protection Scotland in early July, however local surveillance indicates **106** SAB cases reported at 31/03/2016. This is a 17% decrease upon the last reporting quarter, however this would not meet HEAT target requirements. It should also be noted that the proportions of 'Hospital Acquired' and 'Out of Hospital' infections have remained static.

Forty cases were hospital acquired and the highest proportion of these were directly related to either a peripheral **venous catheter (PVC)** or a **central venous catheter (CVC)**. **This equates to 53% of hospital acquired Staphylococcus aureus bloodstream infections being caused by intravenous access devices.** Continued Board wide commitment are required to focus reduction on IV access device related cases.

62% of cases this quarter are out of hospital SABs and focussed quality improvement work is underway within Health & Social Care Partnerships to identify patient pathway interaction within community addiction teams and patients with chronic infection known to community services.

A Board wide SAB reduction action plan was initiated in late 2015 and this is updated each month with progress against actions and is presented at both the Acute and Board Infection Control Committee for review and discussion.

NHSGGC MRSA Screening Project

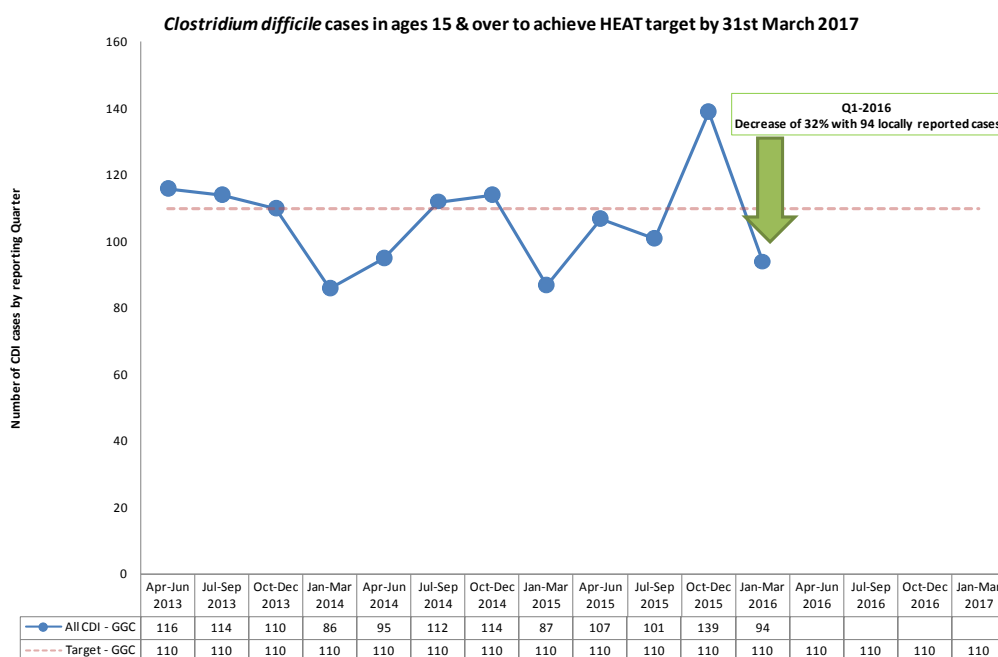
In early 2011, the Scottish Government announced new national minimum MRSA screening recommendations. Targeted MRSA screening by specialty (implemented in Jan 2010) has now been replaced by a Clinical Risk Assessment (CRA) followed by screening (if the patient answers yes to any of the questions within the CRA). NHSGGC met the deadline for implementation of the new programme by March 31st 2012. National Key Performance Indicators (KPIs) have now been implemented with boards required to achieve 90% compliance with CRA completion. CRA compliance for Q4 (January - March) 2015/16 within GGC was **87%**. IPCT continue to encourage clinical areas to complete the CRA and going forward this assessment will be included in the electronic patient record. The audit is a sample of wards and this can lead to variability. Results on specific ward compliance rates are now being returned to the sectors/directorates in order to identify areas that require support/education in relation to this screening initiative. Although this is below the KPI requirement, NHSGGC have been above the National average in the last two published reporting Quarters (Table 3)

	2015_16 Q1	2015_16 Q2	2015_16 Q3	2015_16 Q4
Greater Glasgow & Clyde	93%	82%	81%	87%
Scotland	83%	78%	83%	80%

Table 3. Quarterly screening compliance

National Data Source: HPS MRSA Screening Team May 2016

Clostridium difficile



The graph above displays variable performance activity with CDI cases in ages 15 & over. An increase was noted locally early in the last quarter of 2015 and remedial actions were implemented to reduce cases to lower levels

Quarter 4, 2015 (October – December) NHSGGC surveillance and actions

For the last available reporting quarter (October - December 2015), NHSGGC reported **38.8** CDI cases per 100,000 AOBs (139 patient cases). This was the highest reporting quarter since the same period in 2010 where 140 cases were reported.

This is above the NHS Scotland reported national CDI rate of **38.0** per 100,000 AOBs (483 patient cases). The existing National HEAT target in ages 15 and over which requires all Boards in Scotland to achieve a rate of **32** cases per 100,000 AOBs or lower was extended to 31st March 2017. This equates to 110 patient cases or less per reporting Quarter.

Quarter 1 (January – March 2016) local surveillance status

Local surveillance data for Q1-2016 demonstrates a 32% reduction in CDI with 94 cases reported. Targeted actions have lowered cases down to normal levels.

Cleaning and the Healthcare Environment

All areas within NHSGGC scored **green (>90%)** in the most recent report on the National Cleaning Specification. It should be noted that data has been combined for Gartnavel General, Beatson Oncology and Homeopathic Hospital for the Gartnavel General report card.

Phased migration of wards and services from Victoria Infirmary, Western Infirmary, old Southern General Hospital and some Gartnavel General Hospital specialities to the new Queen Elizabeth University Hospital, commenced April 2015. As of May 2015, previous Southern General Hospital areas, including Maternity Unit, Institute of Neurosciences, Langlands Unit and WestMARC will be reported under the new Queen Elizabeth University Hospital.

All HEI reports for NHS Greater Glasgow and Clyde can be viewed by clicking on the following link:

http://www.healthcareimprovementscotland.org/programmes/inspecting_and_regulating_care/environment_inspectorate_hei/hei_reports.aspx

Outbreaks/Exceptions

Norovirus

Norovirus activity was reported in 3 hospitals with 3 wards closed in March 2016 and in 2 hospitals with 6 wards closed in February 2016.

Month	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16
Ward Closures	4	2	6	14	7	5	5	0	0	1	3	2	2	2	3	6
Bed Days Lost	10	10	55	270	98	65	42	0	0	0	19	14	16	15	45	155

Data on the numbers of wards closed due to confirmed or suspected Norovirus is available from HPS on a weekly basis: <http://www.hps.scot.nhs.uk/giz/norovirusurveillance.aspx>

Other HAI Related Activity

Statistical Process Control Charts

All Hospital Level Statistical Process Control Charts remain within normal control limits.

Charts for Queen Elizabeth University Hospital and Royal Hospital for Children are not statistically significant due to having less than 25 data points.

Surgical Site Infection (SSI) Surveillance

NHSGGC participates in the Surgical Site Infection (SSI) surveillance programme that is mandatory in all NHS boards in Scotland. All NHS boards are required to undertake surveillance for hip arthroplasty and caesarean section procedures as per the mandatory requirements of HDL (2006) 38 and CEL (11) 2009. Post discharge surveillance until day 10 post operation is also carried out for all caesarean sections performed, with the assistance of our Community Midwifery colleagues.

HPS last available quarter (October – December 2015)

Category of procedure	Operations	Infections	NHSGGC SSI rate (%)	NHSGGC 95% CI	National dataset SSI rate (%)	National 95% CI
Caesarean section	1341	21	1.6	1.0-2.4	1.3	1.0-1.7
Hip arthroplasty	407	5	1.2	0.5-2.8	0.6	0.4-1.1
Knee arthroplasty	432	0	0.0	0.0-0.9	0.1	0.0-0.3
Repair of neck of femur	404	6	1.5	0.7-3.2	0.7	0.3-1.4

The table above shows the SSI rates for Caesarean section (inpatient and PDS to day 10), Hip arthroplasty (inpatient and readmission to day 30), Knee arthroplasty (inpatient) and Repair of neck of femur (inpatient) procedures within NHS Greater Glasgow & Clyde, 01/10/2015 – 31/12/2015.

For the last available reporting quarter (October – December 2015), the Surgical Site Infection rate for hip arthroplasty and repair of neck of femur procedure categories was marginally above the national average and above 95% confidence intervals of the national dataset SSI rate. It should be noted that overall infection numbers are low and were within local confidence intervals.

A collaborative local review of these cases has been undertaken and a local improvement action plan has been instigated and is ongoing.

SSI rates for Caesarean section procedure category are slightly above the national average, but remain within national and local confidence intervals, however it should be noted that the majority of SSIs were superficial and were detected by community midwives following the patient's discharge home.

Midwifery staff have been encouraged to undertake a LearnPro module entitled "Recognising Surgical Site Infections" to ensure that accurate identification of wound infection post surgery is maintained.

<http://www.nes.scot.nhs.uk/education-and-training/by-theme-initiative/healthcare-associated-infections/training-resources/recognising-surgical-site-infections.aspx>

Q1-2016 Local surveillance Status

Quarter 1 (January – March 2016)				
Category of procedure	Operations	Infections	National Reporting NHSGGC SSI rate (%)	NHSGGC 95% CI
Caesarean section	1265	12	0.9	(0.5,1.7)
Hip arthroplasty	365	2	0.5	(0.1,2.2)
Knee arthroplasty	371	0	0.0	(0,1.3)
Repair of neck of femur	403	3	0.7	(0.2,2.3)

The table above shows the SSI rates for Caesarean section (inpatient and PDS to day 10), Hip arthroplasty (inpatient and readmission to day 30), Knee arthroplasty (inpatient) and Repair of neck of femur (inpatient) procedures within NHS Greater Glasgow & Clyde, 01/01/2016 – 31/03/2016.

Surveillance is now complete for the Quarter, and there has been a reduction in SSI cases in all procedure categories under surveillance. National data for comparison will be available in early July 2016

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 *Clostridium 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

Clostridium 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 HPS website:

Clostridium difficile:

<http://www.hps.scot.nhs.uk/haic/sshairp/clostridiumdifficile.aspx?subjectid=79>

Staphylococcus aureus Bacteraemia:

<http://www.hps.scot.nhs.uk/haic/sshairp/mrsabacteraemiasurveillance.aspx?subjectid=D>

For each hospital the total number of cases for each month are 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 C.diff 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 staff are complying with hand hygiene. The Board 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'

Clostridium 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 GREATER GLASGOW & CLYDE REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	3	2	3	6	4	1	1	1	3	2	4	2
MSSA	43	32	33	35	35	47	39	38	32	41	24	46
Total SABS	46	34	36	41	39	48	40	39	35	43	28	48

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	12	9	15	14	15	17	22	18	12	9	14	13
Ages 65 plus	27	25	18	19	20	19	39	24	11	22	26	22
Ages 15 plus	39	34	33	33	35	36	61	42	23	31	40	35

Hand Hygiene Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
AHP	97	98	98	96	98	98	97	98	98	97	97	97
Ancillary	92	95	94	93	93	91	94	95	94	94	93	93
Medical	96	96	95	94	95	96	95	96	95	94	96	96
Nurse	99	99	99	99	98	98	99	99	99	99	99	99
Board Total	98	98	98	97	97	97	98	98	98	97	98	98

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	95.4	95.9	95.6	95.7	96.1	96.0	95.9	95.9	95.6	96.2	95.8	95.6

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	97.3	98.4	97.9	96.3	96.8	97.1	96.0	97.4	95.6	96.1	97.7	97.5

GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	0	1	1	0	0	0	0	0	0	0	1	0
MSSA	3	3	1	1	5	5	6	6	3	6	2	6
Total SABS	3	4	2	1	5	5	6	6	3	6	3	6

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	0	1	1	1	1	3	2	5	3	0	2	1
Ages 65 plus	5	2	4	4	3	2	5	2	4	4	6	6
Ages 15 plus	5	3	5	5	4	5	7	7	7	4	8	7

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	95.9	95.6	95.7	95.8	95.8	95.6	96.1	95.9	95.7	96.0	96.0	95.9

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	99.1	98.8	99.3	99.1	98.9	99.0	98.9	99.4	98.9	99.5	99.6	99.5

ROYAL ALEXANDRA HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	0	0	0	0	0	0	0	0	0	0	1	0
MSSA	3	0	1	3	5	4	2	2	1	3	1	2
Total SABS	3	0	1	3	5	4	2	2	1	3	2	2

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	0	0	0	1	0	0	1	0	0	0	0	0
Ages 65 plus	3	0	2	1	2	1	3	5	0	0	2	1
Ages 15 plus	3	0	2	2	2	1	4	5	0	0	2	1

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	96.5	96.5	97.0	97.0	96.1	97.2	96.5	96.7	96.5	96.8	96.2	96.5

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	98.7	97.2	99.2	97.9	96.9	98.2	99.3	98.5	98.9	99.0	98.5	99.2

INVERCLYDE ROYAL HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	2	0	1	0	3	0	1	0	1	1	1	0
Total SABS	2	0	1	0	3	0	1	0	1	1	1	0

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	1	0	0	1	0	0	0	0	0	2	0	0
Ages 65 plus	1	0	1	2	0	0	0	0	1	0	2	1
Ages 15 plus	2	0	1	3	0	0	0	0	1	2	2	1

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	95.3	96.0	95.9	96.0	96.2	96.4	96.3	95.3	95.6	97.2	95.2	96.0

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	96.8	98.3	98.0	97.0	98.4	98.0	98.6	96.6	97.7	98.5	97.3	97.3

VALE OF LEVEN HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	1	0	1	0	0	1	0
Total SABS	0	0	0	0	0	1	0	1	0	0	1	0

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	1	0	0	0	1	0	2	0	0	0	0	0
Ages 15 plus	1	0	0	0	1	0	2	0	0	0	0	0

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	97.0	96.8	96.6	97.3	97.4	96.8	97.0	96.8	96.5	96.9	97.0	97.2

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	98.6	98.3	98.6	97.7	99.0	99.5	99.7	99.4	99.3	99.4	99.3	99.6

GARTNAVEL GENERAL HOSPITAL REPORT CARD

Figures combined for Gartnavel General Hospital, The Beatson WoSCC and Homeopathic Hospital.

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	1	0	0	0	0	0	0	0	0	1	0	0
MSSA	2	0	0	0	0	1	0	2	0	1	0	3
Total SABS	3	0	0	0	0	1	0	2	0	2	0	3

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	0	1	2	1	0	1	0	0	0	0	1	0
Ages 65 plus	2	2	1	0	1	0	2	1	1	2	1	1
Ages 15 plus	2	3	3	1	1	1	2	1	1	2	2	1

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	95.4	95.9	95.5	96.3	97.1	97.3	97.2	97.1	97.0	96.8	96.6	96.3

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	98.7	98.6	98.7	97.7	98.1	98.9	98.1	98.4	98.6	99.1	98.2	99.0

QUEEN ELIZABETH UNIVERSITY HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	2	0	1	2	1	0	0	1	0	0	0	0
MSSA	5	7	7	6	1	3	1	6	4	2	2	7
Total SABS	7	7	8	8	2	3	1	7	4	2	2	7

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	2	1	0	2	3	4	2	2	0	1	0	2
Ages 65 plus	2	1	1	2	3	2	7	1	0	1	3	3
Ages 15 plus	4	2	1	4	6	6	9	3	0	2	3	5

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	93.0	94.8	94.3	94.1	95.0	95.9	94.8	95.2	93.9	94.3	95.0	94.0

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	99.3	99.8	99.9	99.8	99.9	99.9	99.9	99.9	99.8	99.5	99.9	99.8

N.B. Phased migration of wards and services from Victoria Infirmary, Western Infirmary, old Southern General Hospital and some Gartnavel General Hospital specialities to the new Queen Elizabeth University Hospital, commenced April 2015. As of May 2015, previous Southern General Hospital areas, including Maternity Unit, Institute of Neurosciences, Langlands Unit and WestMARC will be reported under the new Queen Elizabeth University Hospital.

NEW ROYAL HOSPITAL FOR CHILDREN REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	-	0	0	0	1	0	0	0	0	0	0	0
MSSA	-	1	1	5	4	2	1	2	1	2	0	3
Total SABS	-	1	1	5	5	2	1	2	1	2	0	3

Clostridium difficile infection monthly case numbers (in ages 15 & over only)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	-	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
Ages 15 plus	-	0	0	0	0	0	0	0	0	0	0	0

Cleaning Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	-	-	94.9	95.5	96.5	96.7	96.8	96.2	96.4	96.6	95.8	96.5

Estates Monitoring Compliance (%)

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Board Total	-	-	99.6	99.9	99.3	99.7	99.6	99.8	99.8	99.8	99.7	99.6

N.B. Phased migration of wards and services from Yorkhill RHSC to the new Royal Hospital for Children and Maternity Unit at the Queen Elizabeth University Hospital campus, completed in June 2015.

NHS GREATER GLASGOW & CLYDE COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Lightburn Hospital
- Drumchapel Hospital
- Dykebar Hospital
- Gartnavel Royal Hospital
- Leverndale Hospital
- MacKinnon House
- Mearnskirk House
- New Victoria Hospital
- Parkhead Hospital
- Ravenscraig Hospital
- Stobhill Hospital

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	0	0	0	0	0	0	0	0	0	0	1	0
MSSA	4	3	4	0	2	1	2	0	1	2	1	1
Total SABS	4	3	4	0	2	1	2	0	1	2	2	1

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	1	2	1	0	1	1	0	0	0	1	1	0
Ages 15 plus	1	2	1	0	1	1	0	0	0	1	1	0

NHS GREATER GLASGOW & CLYDE OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
MRSA	0	1	1	4	2	1	1	0	3	1	1	2
MSSA	22	18	18	20	15	30	26	19	21	24	16	24
Total SABS	22	19	19	24	17	31	27	19	24	25	17	26

Clostridium difficile infection monthly case numbers

	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016
Ages 15-64	10	6	12	8	11	9	17	11	9	6	11	10
Ages 65 plus	9	18	8	10	9	13	21	15	5	14	11	10
Ages 15 plus (Total)	19	24	20	18	20	22	38	26	14	20	22	20

Data for *Clostridium difficile* Infection (CDI) cases in ages 15 plus:

58% of all CDI cases reported in NHSGGC between January and December 2015 are attributed as *Out of Hospital* infections.

Data for *Staphylococcus aureus* bacteraemia (SAB) cases:

Out of Hospital MSSA bacteraemia account for 54% of all cases between January and December 2015. *Out of Hospital* MRSA bacteraemia make up 47% of all cases for the same timeframe.

This equates to 54% of all *Staphylococcus aureus* Bacteraemia cases being *Out of Hospital* infections.

GLOSSARY

ACDP	Advisory Committee on Dangerous Pathogens
AMT	Antimicrobial Management Team
AOCD	Acute Occupied Bed Day
Alert organism alert condition	Any of a number of organisms or infections that could indicate, or cause, outbreaks of infection in the hospital or community.
Bacteraemia	Infection in the blood. Also known as Blood Stream Infection (BSI).
BICC	Board Infection Control Committee
CDI	<i>Clostridium difficile</i> Infection
CEL	Chief Executive Letter issued by Scottish Government Health Directorates (SGHD)
CMO	Chief Medical Officer
CVC	Central Vascular Catheter
<i>C. difficile</i>	<i>Clostridium difficile</i> also referred to as <i>C. diff</i> is a Gram-positive spore-forming anaerobic bacteria. <i>C. difficile</i> is the commonest cause of gastro-intestinal infection in hospitals. It causes two conditions; antibiotic associated diarrhoea and the more severe and occasionally life-threatening pseudomembranous colitis. Control of the organism can be problematic due to the formation of spores and difficulty in removing them. Patients who have had antibiotics within the last eight weeks are most at risk of acquisition of the organism.
Cleanliness Champion	Cleanliness Champion A Ministerial led initiative to offer a specific education programme to HCWs. http://www.scotland.gov.uk/Topics/Health/NHS-Scotland/19529/19322
Code of Practice	Code of Practice The NHS Scotland Code of Practice for the Local Management of Hygiene and Healthcare Associated Infection issued 2004 contains the components that must be complied with by all NHS HCWs in Scotland. http://www.scotland.gov.uk/Publications/2004/05/19315/36624
GRO	General Registers Office
HAI	Originally used to mean hospital acquired infection, the official 'Scottish Government' term is now Healthcare Associated Infection . These are considered to be infections that were not incubating prior to contact with a healthcare facility or undergoing a healthcare intervention. It must be noted that HAI infection is not always an avoidable infection. Please note that for S.aureus Bacteraemia surveillance – HAI refers to 'hospital acquired cases as per HPS National reporting requirements. See http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/s-aureus/esab-protocol-v2-2014-11.pdf
HAI SCRIBE &HBN 30	Scottish Health Facilities Note 30: version 3. Infection Control in Built Environment: Design and Planning.
HCW	Healthcare Worker
HDL	Health Department Letter
HEAT Target	Health Efficiency and Access to Treatment . Targets set by the Scottish Government.
HH	Hand Hygiene
HIS	Health Improvement Scotland
HPS	Health Protection Scotland
ICN/T/O/D/M	Infection Control Nurse / Team / Officer / Doctor / Manager
ICP	Infection Control Programme
KPI	Key Performance Indicator
LHBC	Local Health Board Co-ordinator (Hand Hygiene)
MRSA	Meticillin resistant <i>Staphylococcus aureus</i> . A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as a hospital acquired organism.
MSSA	Meticillin Sensitive <i>Staphylococcus aureus</i>
NCIC	Nurse Consultant Infection Control
PCAT	Primary Care Audit Tool
PFPI	Public Focus Patient Involvement
PHPU	Public Health Protection Unit
PPI	Public Partners Involvement
PVC	Peripheral Vascular Catheter
SAB	<i>Staphylococcus aureus</i> Bacteraemia
SIRN	Scottish Infection Research Network
SOP	Standard Operating Procedure
SPC	Statistical Process Control Charts
SPSP	Scottish Patient Safety Programme
SSI	Surgical Site Infection
VRE	Vancomycin resistant enterococcus - an alert organism A common organism that can be inherently resistant to Vancomycin but can also acquire (and transfer resistance) to other organisms. Has caused outbreaks reported in the literature in a variety of high-risk settings, e.g. renal or bone marrow transplant units.