

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 1 (January-March) 2016			
HEAT Targets	GGC	National	HEAT target
SAB rate per 100,000 AOB	29.4 (106 cases)	32.6	24.0
CDI rate per 100,000 OCB	25.8 (92 cases)	26.8	32.0

Table 1. Progress against National HAI HEAT targets, 01/01/2016 – 31/03/2016

- *Staphylococcus aureus* Bacteraemia (SAB) decreased by 17% in Q1-2016 with 106 locally reported cases for the quarter however increased by 5% in Q2-2016 with 111 cases reported locally.
- There was a noted decrease in CDI cases between Q1-2016 92 cases and Q2-2016 with 87 cases reported locally for Q2. The remedial work undertaken from Q4-2015 has proved effective in reducing the number of CDI as we have seen a reduction of 37% from Q4-2015 to Q2-2016.
- For the last available quarter (January – March 2016), the Surgical Site Infection rate for hip arthroplasty was marginally above the national average however was within the 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 (January – March 2016) was lower than the national SSI rate and also below the national SSI 95% confidence intervals. Of all the SSI infections in this procedure category, 92% were superficial. Local surveillance for April – June captured an increase in SSI cases within the caesarean section procedure category at two obstetric sites. Local prospective review of all cases was undertaken and local action plans were commenced.

Any Patient Safety /Patient Experience Issues: -

Yes, further increase in SAB in Q2-2016. NHSGGC continue to undertake the implementation of a comprehensive action plan to improve NHSGGC performance to achieve this target.

Increase in SSI in Maternity. Clinical review group meeting to discuss any issues identified and any improvements that could be made to reduce the rates of SSI in this group. A review of the actions agreed, will be reviewed at the next meeting of the group which is due to be held in August.

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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Date: 16/08/2016

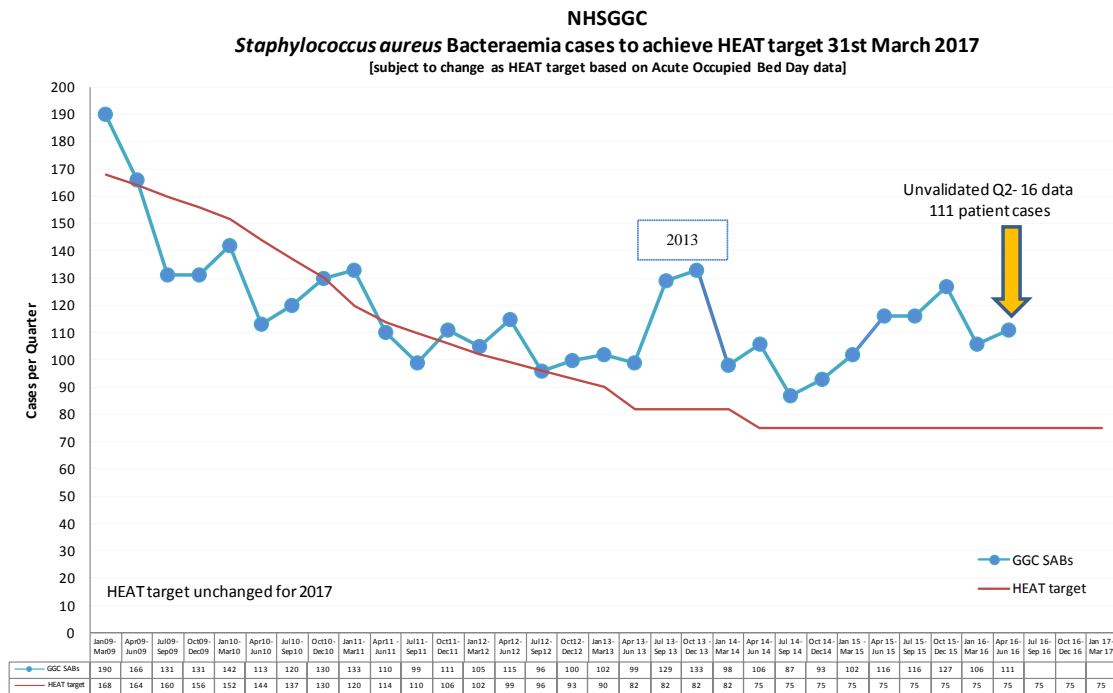
Healthcare Associated Infection Reporting Template (HAIRT)

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



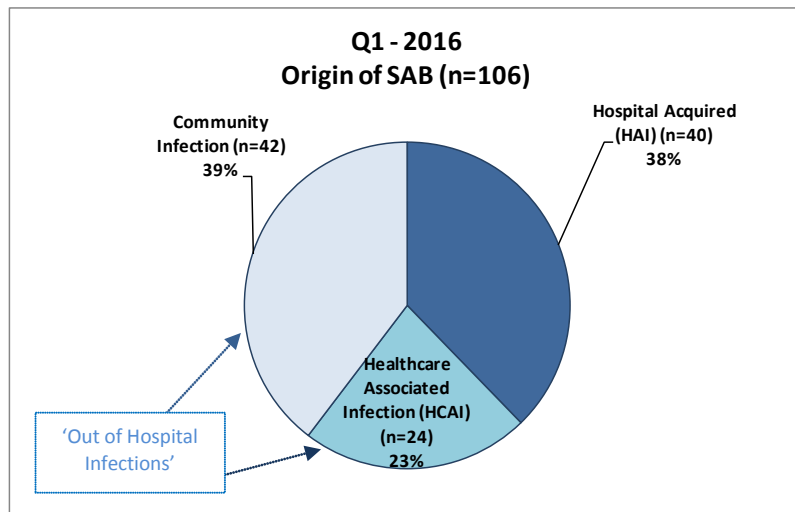
The graph above demonstrates a gradual decrease in *Staphylococcus aureus* bacteraemia (SAB) cases from 2009 to the second half of 2013 when a peak in cases occurred. Since this peak a series of measures have been implemented, mainly around the insertion and maintenance of intravenous access devices. These actions appear to be having a slow impact in reducing the number of avoidable SAB cases, however, this work continues through a series of education and audit initiatives, supported by a Quality Improvement facilitator who is currently applying improvement methodology to test and improve how we manage these devices. In addition, sub groups have been established in Paediatrics and Community to review current guidelines and practices and to identify any areas for improvement.

Quarter 1, 2016 (January – March 2016) NHSGGC surveillance and actions

For the last available reporting quarter (January - March 2016), NHSGGC reported **29.4** SAB cases per 100,000 AOBs (106 patient cases). This is slightly higher than the same quarter in 2014 where 102 cases were reported, however, this is a 17% decrease from the previous quarter (October – December 2015).

The Q1 rate is below 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 in NHSGGC.

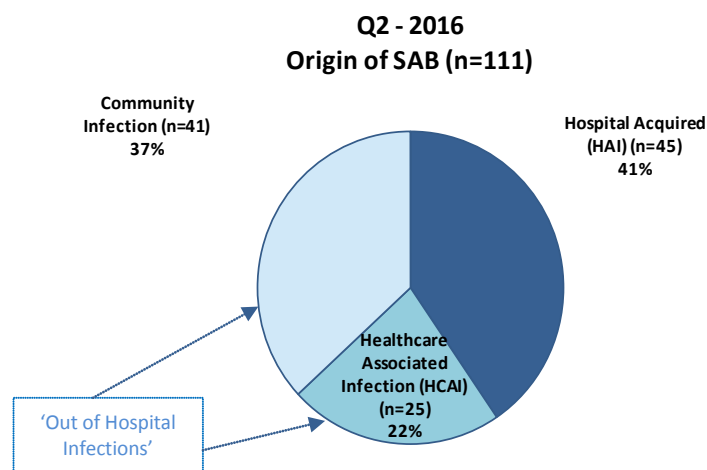
The pie chart below shows the breakdown of origin of SAB i.e. whether it was acquired in hospital (HAI) or whether it was an out of hospital infection (Healthcare associated and/or Community).



Of the 62% of Out of Hospital infections, a high proportion of these are of community acquired infections. These are less amenable to interventions within the Acute Healthcare setting. The community SAB sub group are currently trying to establish patient risk factors which may allow us to target specific groups of patients with information on prevention, e.g. diabetics.

Forty patients developed a HAI SAB during their in-patient stay and the highest proportion (52.5%; n=21) of these were caused by an IV access device.

Quarter 2 (April – June 2016) local surveillance status



Data from the second quarter of 2016 will be published by Health Protection Scotland in early October 2016 however local surveillance indicates 111 SAB cases reported at 30/06/2016. This is a 5% increase upon the last reporting quarter. It should also be noted that the proportions of 'Hospital Acquired' and 'Out of Hospital' infections have remained relatively static and demonstrate a very similar split to the last reporting quarter.

Forty five 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 (60%, n=27) of hospital acquired *Staphylococcus aureus* bloodstream infections being caused by intravenous access devices.

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. National Key Performance Indicators (KPIs) have now been implemented with NHS Boards required to achieve 90% compliance with Clinical Risk Assessment (CRA) of patients to identify MRSA colonisation. CRA compliance for Q1 (April - June) 2016 in GGC was **79%**. NHSGGC IPCT continue to encourage clinical areas to complete the CRA and education for clinical teams on how to screen and why this is required is available. Results on specific ward compliance rates are now returned monthly to the sector/directorate Senior Management Teams in order to identify areas that require support/education in relation to this screening initiative.

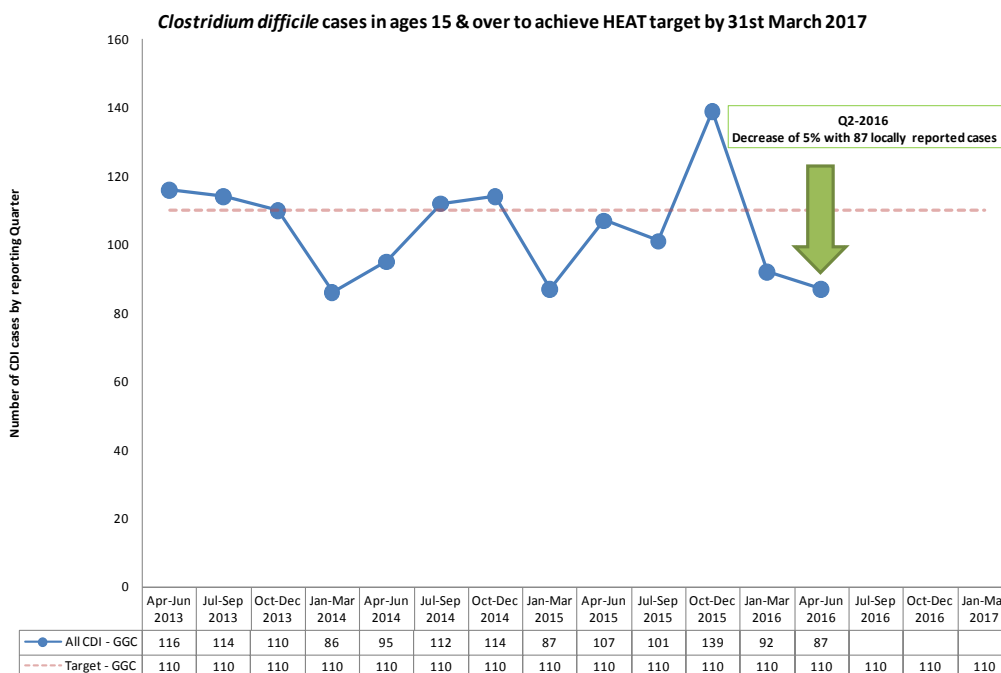
Although this is below the KPI requirement, NHSGGC have been above the National average in the last two published reporting Quarters (Table 3)

	2015_16 Q2	2015_16 Q3	2015_16 Q4	2016_17 Q1 (April- June 2016)
Greater Glasgow & Clyde	82%	81%	87%	79%
Scotland	78%	83%	80%	tbc

Table 3. Quarterly screening compliance
MRSA Screening Team May 2016

National Data Source: HPS

Clostridium difficile



The graph above displays changeable number of CDI cases in ages 15 & over.

Trends are continuously being monitored and an increase was noted in October and November of 2015. An immediate additional targeted review of cases was undertaken in November. This review concluded that no single site, hospital or ward was considered to be an outlier; it appeared to be a general increase across all healthcare sectors. In addition to this review, in November all available specimens from NHSGGC were sent to the National Reference Laboratory for typing. Of the 29 specimen submitted 16 different types were identified. This supports the theory of a general increase in numbers across all care sectors and not cross infection in hospital. Antibiotics can cause CDI, so additional educational sessions were delivered by the Antimicrobial Management Team within NHSGGC.

Quarter 1, 2016 (January – March) NHSGGC surveillance and actions

For the last available reporting quarter (January - March 2016), NHSGGC reported **25.8** CDI cases per 100,000 AOBs (92 patient cases). This is a 34% reduction in the number of cases since the last quarter of 2015. This is below the NHS Scotland reported national CDI rate of **26.8** per 100,000 and also below the 2017 HEAT requirements. The National HEAT target in ages 15 and over is **32** cases per 100,000 AOBs

Quarter 2 (April – June 2016) local surveillance status

Local surveillance data for Q2-2016 demonstrates a 5.4% reduction in CDI with 87 cases reported. Targeted actions continue.

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 rates in 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/he_i_reports.aspx

Outbreaks/Exceptions

There have been two incidents/outbreaks classified as AMBER using the Health Protection Scotland (HPS) Hospital Infection Incident Assessment Tool (HIIAT) during this reporting period.

May 2016, Lightburn Hospital, Outbreak of Influenza B

10 patients were diagnosed with Influenza B between the 24th and the 30th May. One patient unfortunately died and Influenza was listed as a primary cause of death. This outbreak was escalated to HPS and SGHD as per the HIIAT. No change to practice or procedures were required as a result of this outbreak.

May 2016, Glasgow Royal Infirmary, Four wards closed due to Norovirus.

Four wards were closed due to Norovirus and because of the impact on services this outbreak was HIIAT assessed as AMBER by the outbreak control team (OCT). This was escalated to HPS via the National Norovirus Reporting System. No change to practice or procedures were required as a result of this outbreak.

Norovirus

Norovirus activity was reported in 7 hospitals with 13 wards closed in May 2016 and in 3 hospitals with 3 wards closed in June 2016.

Month	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	May-16	Jun-16
Ward Closures	6	14	7	5	5	0	0	1	3	2	2	2	3	6	13	3
Bed Days Lost	55	270	98	65	42	0	0	0	19	14	16	15	45	155	250	76

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 (January-March 2016)

Category of procedure	Operations	Infections	NHSGGC SSI rate (%)	NHSGGC 95% CI	National dataset SSI rate (%)	National 95% CI
Caesarean section	1265	12	0.9	(0.5, 1.6)	1.4	(1.1, 1.8)
Hip arthroplasty	365	2	0.5	(0.1, 1.9)	0.3	(0.1, 0.6)

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

For the last available reporting quarter (January – March 2016), the Surgical Site Infection rate for hip arthroplasty was marginally above the national average. It should be noted that overall infection numbers are very low and are within local and national 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 in this procedure category were superficial and were detected by community midwives following the patient's discharge home.

Q2-2016 Local surveillance Status Provisional data as of 01/08/2016*

Quarter 2 (April – June 2016)					
Category of procedure		Operations	Infections*	National Reporting NHSGGC SSI rate (%)	NHSGGC 95% CI
Mandatory	Caesarean section	1424	22	1.5	(1.0, 2.3)
	Hip arthroplasty	426	4	0.9	(0.4, 2.4)
Recommended	Knee arthroplasty (in-patient SSI only)	379	1	0.3	(0.1, 1.5)
	Repair of neck of femur (in-patient SSI only)	404	7	1.7	(0.9, 3.6)

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, 01/04/2016 – 30/06/2016.

Surveillance is now complete for the Quarter, and in April 2016 there was an increase in SSI cases within the caesarean section procedure category in two obstetric sites. Local prospective review of all cases was undertaken and local action plans were commenced. There was also a slight increase in cases in the repair of neck of femur procedure category. It should be noted that many patients requiring this type of surgery have other existing co-morbidities at time of surgery. National data for comparison in the two mandatory procedure categories will be available in early October 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/sshap/clostridiumdifficile.aspx?subjectid=79>

Staphylococcus aureus Bacteraemia:

<http://www.hps.scot.nhs.uk/haic/sshap/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

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
MRSA	3	6	4	1	1	1	3	2	4	2	6	1
MSSA	33	35	35	47	39	38	32	41	24	46	37	19
Total SABS	36	41	39	48	40	39	35	43	28	48	43	20

Clostridium difficile infection monthly case numbers

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Ages 15-64	15	14	15	17	22	18	12	9	14	13	11	10
Ages 65 plus	18	19	20	19	39	24	11	22	26	22	21	10
Ages 15 plus	33	33	35	36	61	42	23	31	40	35	32	20

Hand Hygiene Monitoring Compliance (%)

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	97.9	96.3	96.8	97.1	96.0	97.4	95.6	96.1	97.7	97.5	97.1	97.6

GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY

REPORT CARD

***Staphylococcus aureus* bacteraemia monthly case numbers**

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

***Clostridium difficile* infection monthly case numbers**

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

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

**ROYAL ALEXANDRA HOSPITAL
REPORT CARD**

***Staphylococcus aureus* bacteraemia monthly case numbers**

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

***Clostridium difficile* infection monthly case numbers**

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

Cleaning Compliance (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	97.0	97.0	96.1	97.2	96.5	96.7	96.5	96.8	96.2	96.5	96.7	96.0

Estates Monitoring Compliance (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	99.2	97.9	96.9	98.2	99.3	98.5	98.9	99.0	98.5	99.2	98.9	97.7

**INVERCLYDE ROYAL HOSPITAL
REPORT CARD**

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	95.9	96.0	96.2	96.4	96.3	95.3	95.6	97.2	95.2	96.0	96.7	95.4

Estates Monitoring Compliance (%)

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

**VALE OF LEVEN HOSPITAL
REPORT CARD**

***Staphylococcus aureus* bacteraemia monthly case numbers**

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

***Clostridium difficile* infection monthly case numbers**

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	98.6	97.7	99.0	99.5	99.7	99.4	99.3	99.4	99.3	99.6	99.3	99.2

**GARTNAVEL GENERAL HOSPITAL
REPORT CARD**

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

***Staphylococcus aureus* bacteraemia monthly case numbers**

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

***Clostridium difficile* infection monthly case numbers**

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

Cleaning Compliance (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	95.5	96.3	97.1	97.3	97.2	97.1	97.0	96.8	96.6	96.3	96.1	96.6

Estates Monitoring Compliance (%)

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

QUEEN ELIZABETH UNIVERSITY HOSPITAL

REPORT CARD

***Staphylococcus aureus* bacteraemia monthly case numbers**

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

***Clostridium difficile* infection monthly case numbers**

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Ages 15-64	0	2	3	4	2	2	0	1	0	2	2	3
Ages 65 plus	1	2	3	2	7	1	0	1	3	3	6	1
Ages 15 plus	1	4	6	6	9	3	0	2	3	5	8	4

Cleaning Compliance (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	94.3	94.1	95.0	95.9	94.8	95.2	93.9	94.3	95.0	94.0	95.0	95.3

Estates Monitoring Compliance (%)

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

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

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

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
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 (%)

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Board Total	94.9	95.5	96.5	96.7	96.8	96.2	96.4	96.6	95.8	96.5	96.8	96.0

Estates Monitoring Compliance (%)

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

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**

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

***Clostridium difficile* infection monthly case numbers**

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

**NHS GREATER GLASGOW & CLYDE
OUT OF HOSPITAL REPORT CARD**

***Staphylococcus aureus* bacteraemia monthly case numbers**

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
MRSA	1	4	2	1	1	0	3	1	1	2	5	1
MSSA	18	20	15	30	26	19	21	24	16	24	24	10
Total SABS	19	24	17	31	27	19	24	25	17	26	29	11

***Clostridium difficile* infection monthly case numbers**

	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016
Ages 15-64	12	8	11	9	17	11	9	6	11	10	6	4
Ages 65 plus	8	10	9	13	21	15	5	14	11	10	9	6
Ages 15 plus (Total)	20	18	20	22	38	26	14	20	22	20	15	10

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

58% of all CDI cases reported in NHSGGC between July 2015 and June 2016 are attributed as *Out of Hospital* infections.

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

Out of Hospital MSSA bacteraemia account for 58% of all cases between July 2015 and June 2016. *Out of Hospital* MRSA bacteraemia make up 65% of all cases for the same timeframe.

This equates to 59% 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.