

NHS Greater Glasgow &amp; Clyde

NHS Board Meeting

Medical Director

15 August 2017



Paper No: 17/45

## 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) 2017			
HEAT Targets	GGC	National	HEAT target
<b>SAB rate per 100,000 AOB</b>	32.9 (114 cases)	32.9	24.0
<b>CDI rate per 100,000 AOB</b>	28.1 (93 cases)	26.4	32.0

**Table 1.** Progress against National HAI HEAT targets 01/01/2017 – 31/03/2017

- **114** *Staphylococcus aureus* Bacteraemia (SAB) cases were reported for January to March 2017 with a rate of **32.9** cases per 100,000 AOB. NHSGGC is the same as the national rate of 32.9 cases per 100,000 AOB. Of our reported cases, 26% (n=30) were of community onset and are less amenable to improvement measures within our acute hospitals.
- **93** *Clostridium difficile* (CDI) cases were reported for January to March 2017 with a rate of **28.1** cases per 100,000 AOB. Local surveillance indicated that 63% (n=59) of these were not hospital acquired infections (HAI). Locally we reported 103 patient cases between April to June 2017 and we anticipate this will remain under HEAT target requirements when validated data is published.
- The published surgical site infection (SSI) rate for hip arthroplasty for January to March 2017 was 0.8%. This is above the national SSI rate of 0.4%. The SSI rate for our Board is marginally above the national 95% confidence intervals (0.2 – 0.7%).
- The published SSI rate for Caesarean sections for January to March 2017 was 1.5%. This is above the national SSI rate of 1.4%. These rates are low and are well within the national 95% confidence intervals (1.0 – 1.8%). The local SSI rate was 0.9% for April - June 2017 which is a decrease from the previous quarter.

**Any Patient Safety /Patient Experience Issues:**

Local surveillance shows that NHSGGC are still above the National SAB HEAT target of 75 patient cases for Q2 2017. NHSGGC are continuing to monitor this to ensure remedial actions are implemented to improve performance and reduce avoidable SAB cases and meet HEAT target requirements.

**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:** 8/08/2017

## 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 Meticillin resistant *Staphylococcus aureus* (MRSA))

#### **Staphylococcus aureus Bacteraemia Surveillance and Actions**

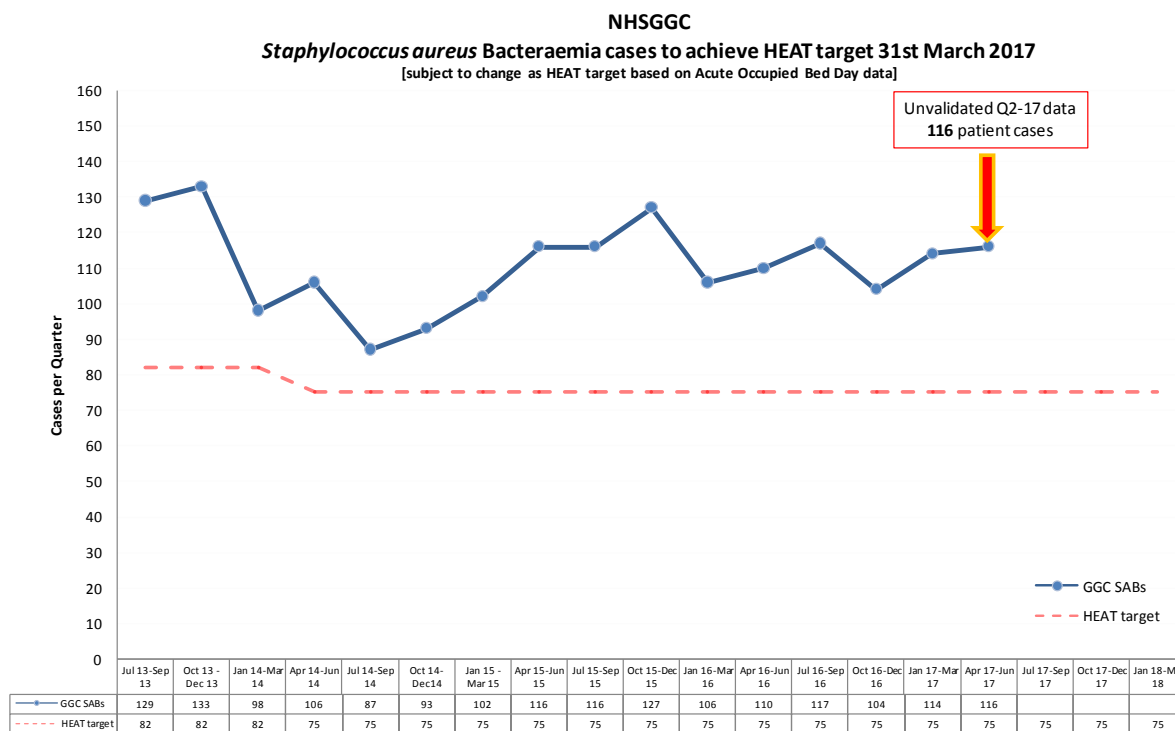


Figure 1: SAB patient cases by quarter

### Summary

For the first quarter of 2017 there have been 114 validated cases, which is an increase of 8.8% from the previous quarter (104 cases). Between April to June 2017 we have reported 116 patient cases (figure 1) which is an increase of 1.8% from Q1 (January to March 2017). MSSA bacteraemia rates have continued with little change and the most recent data published by HPS in April 2017 has indicated that SAB rates in Scotland continue to plateau. Despite this, NHSGGC continue in 2017 to support the implementation of optimum practice across all acute sectors through a series of education and audit initiatives. An action plan is submitted bi monthly to the Acute Infection Control Committee which has oversight of progress against this plan. One example of recent education initiative can be viewed by clicking on the link below:  
<http://www.nhsggc.org.uk/your-health/infection-prevention-and-control/education-training/pvc-insertion-good-practice-video/>

### Quarter 1: 2017 (January - March) Surveillance

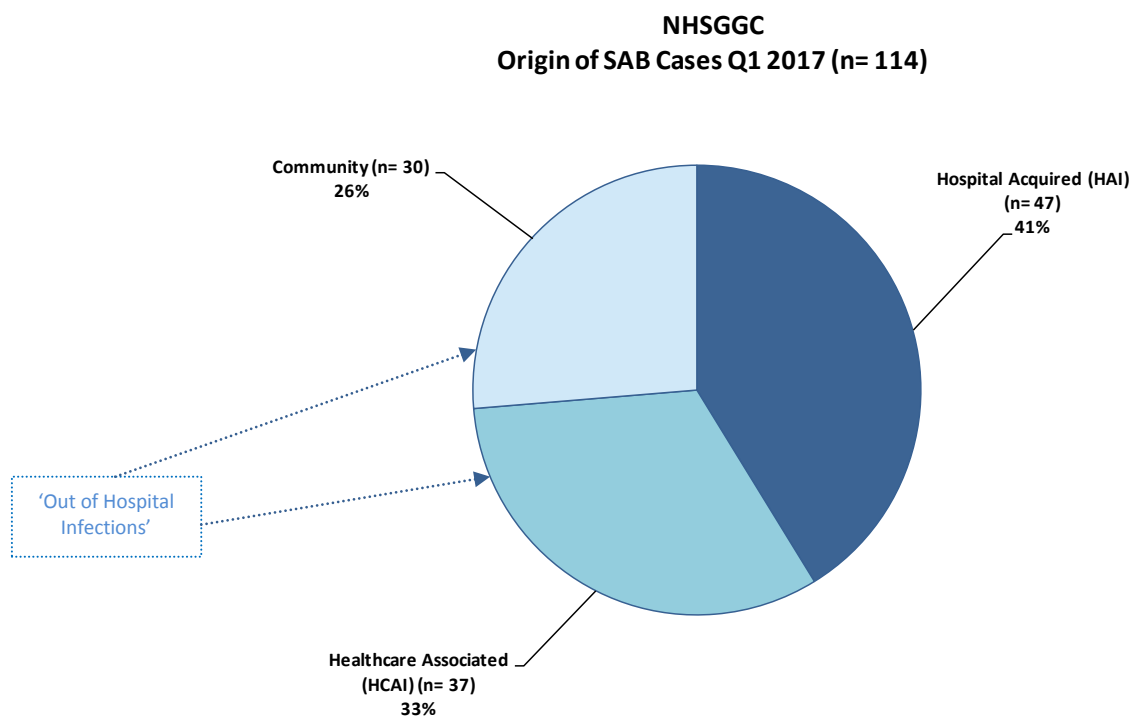
For the last published quarter (January – March 2017) NHSGGC reported 32.9 SAB cases per 100,000 AOBs (114 cases).

Table 2 below includes SAB rates per 100,000 AOBs across different health boards in Scotland however given the diversity in the size of the other health boards this data should be viewed with caution for benchmarking purposes. It is our intention to visit Ayrshire and Arran and determine if there are any lessons we can learn from them and if possible replicate in NHS GGC. IPCT will report on progress with this in the next HAIRT.

Health Board	Q1: SAB rate (per 100,000 AOBs)	95% CI
Ayrshire & Arran	23.6	(14.9, 35.3)
Forth Valley	47.5	(31.5, 68.6)
Grampian	31.3	(22.0, 43.1)
<b>Greater Glasgow &amp; Clyde</b>	<b>32.9</b>	<b>(27.1, 39.5)</b>
Lanarkshire	44.1	(32.5, 58.2)
Lothian	29.4	(22.2, 38.0)
Tayside	31.6	(20.4, 46.5)

**Table 2:** SAB rates (01/01/17 – 31/03/17)

Further analysis of Q1 data shows 41% (n=47) patients developed a SAB after admission to an NHS GGC hospital; 33% patients were confirmed to have a healthcare associated infection (HCAI) and the remaining 26% were community acquired cases (Figure 2.)



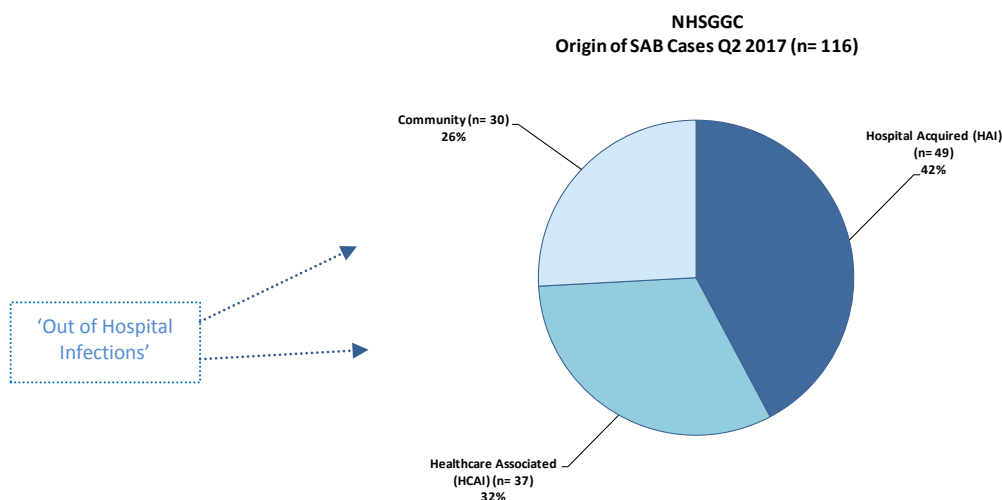
**Figure 2** Origin of SAB between 01/01/17 – 31/03/17

Intravenous (IV) access devices are one of the most commonly used devices within acute healthcare and the recent National Point Prevalence Study<sup>j</sup> confirmed this, reporting that on a typical day 1437 (40%) of patients in NHS GGC had an IV device *in situ*. These devices pose little problem to most patients, however 47% of all hospital acquired cases (n=22/47) for this reporting period were directly attributed to an intravenous access device. SAB is a life threatening infection and the IPCT and broader clinical teams continue to work to reduce this number as far as possible.

**Quarter 2: 2017 (April - June) NHSGGC Surveillance**

Local surveillance for the quarter is now complete. Figure 1 shows the locally reported figures known at the time of reporting (116 cases). Validated data will be published by HPS in early October 2017. Figure 3 demonstrates the breakdown of the origin of the SABs in this quarter.

The number of confirmed SAB cases has increased by 1.8% upon the previous quarter. The antimicrobial management team (AMT) issued additional guidance regarding the prompt identification of SABs and the importance of the correct duration of antimicrobial therapy in May 2017. The AMT and IPCT will continue to support the implementation of this guidance and continue to monitor any impact.



**Figure 3** Origin of SAB between 01/04/17 – 30/06/17

**Hospital acquired SABs in 2017**

For 2017 to date there have been 96 hospital acquired cases and 48 of these have been caused by an IV access device. This amounts to 50% of hospital acquired cases in total.

**NHSGGC MRSA Screening Project**

CRA compliance for Q1 (April – June 2017) in GGC was **92%** and **met the Scottish Government recommendation**. NHSGGC IPCT continues to encourage clinical areas to complete the CRA and education for clinical teams on how to screen and why this is required is available and promoted. Results on specific ward compliance rates are now returned to the Sector / Directorate Senior Management Teams in order to identify areas that require support / education in relation to this screening initiative.

A comparison is provided in **Table 3** which shows a variable CRA compliance rate over the past four quarters.

**Please note that reporting quarters for this project are different to those used for CDI, SAB and SSI**

	2016-17 Q2 (Jul-Sep)	2016-17 Q3 (Oct-Dec)	2016-17 Q4 (Jan-Mar)	2017-18 Q1 (Apr-Jun)
<b>Greater Glasgow &amp; Clyde</b>	89%	88%	81%	<b>92%</b>
<b>Scotland</b>	84%	82%	79%	85%

*Table 3. Quarterly screening compliance  
National Data Source: HPS MRSA Screening Team June 2017*

## Clostridium difficile

### Surveillance and Actions

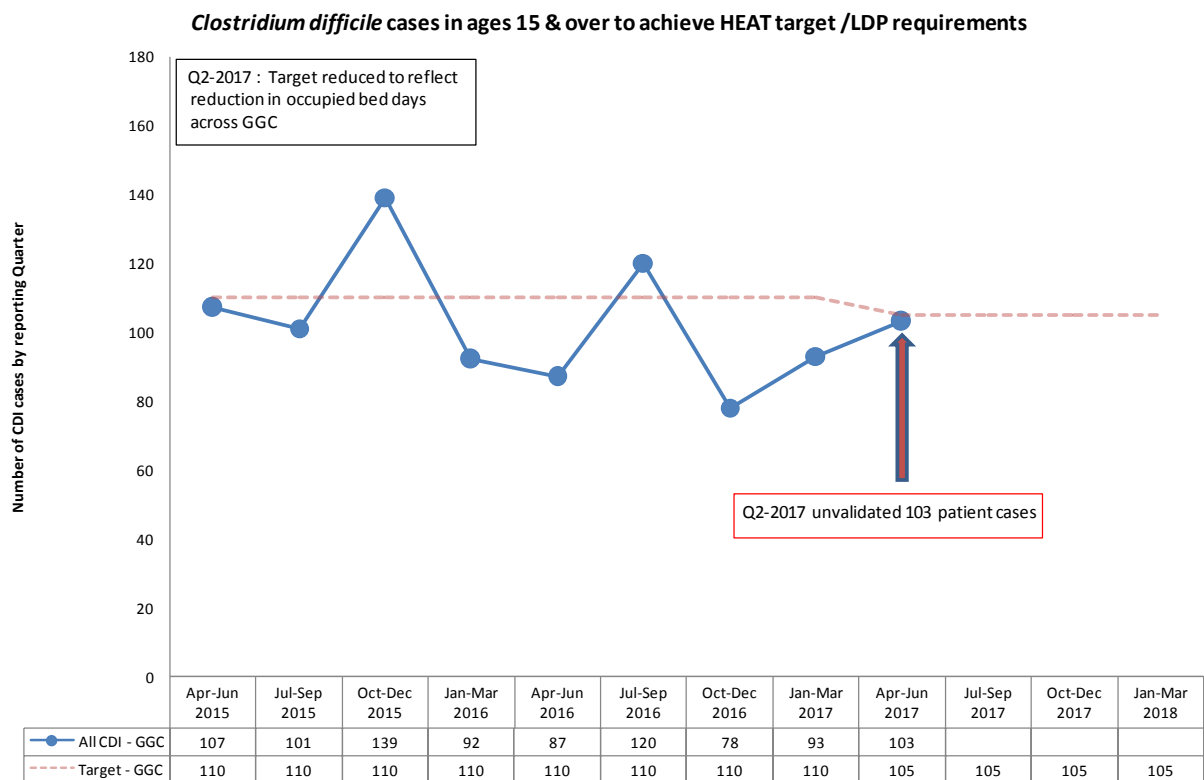


Figure 4: CDI patient cases by quarter

### Summary

Figure 4 above shows quarterly variation of all CDI cases from April 2015 to June 2017. NB due to a continuing downward trend over time, the local GGC target has been reduced to 105 cases per quarter, this is consistent with quality improvement methodology.

#### Quarter 1: 2017 (January - March) Surveillance

In the last published reporting Quarter (January – March 2017) NHSGGC reported **28.1** CDI cases per 100,000 AOB (93 patient cases). This is **above** the NHS Scotland reported national CDI rate of **26.4** per 100,000 AOB, however this is **below** the 2017 HEAT requirements.

#### Quarter 2: 2017 (April - June) Local Surveillance Status

Local surveillance for Q2 2017 has identified an increase upon the previous quarter in the total number CDI cases with **103** reported cases.(Figure 4).

81 cases were identified from patients who were inpatients or who had recent contact with NHSGGC hospitals i.e. all cases excluding true community (Figure 5).

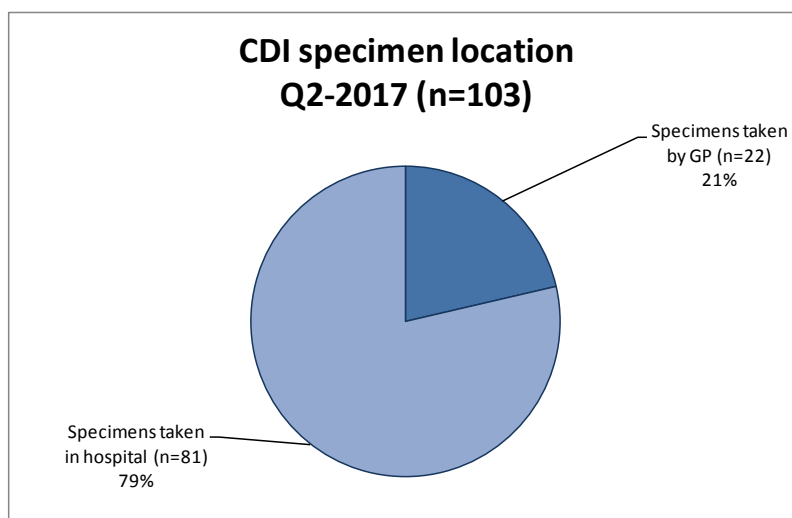


Figure 5. Proportion of CDI specimens taken in GP practices compared to those taken in hospital in-patients

In patients who had CDI detected in hospital over half (n=44; 55%) had received Proton Pump Inhibitor (PPI) medication which reduces stomach acid production and may be associated with an increased risk of CDI acquisition. Three quarters of patients cases within this group (n=61) had also received antimicrobial therapy in the previous four weeks to positive stool specimen.

CDI Cases (Q2 April - June) Origin	Number of Cases
Hospital Acquired	46
Healthcare Associated	15
Indeterminate	14
Community Associated	28
<b>Total</b>	<b>103</b>

Table 4. Origin of CDI (note: some GP specimens may be healthcare associated or indeterminate)

From October 2016 the definition applied by the IPCT for CDI patients changed to the following:

#### Local Enhanced CDI Surveillance in NHSGGC: Definition of Origin

**Hospital acquired CDI** is defined as when a CDI patient has had onset of symptoms at least 48 hours following admission to a hospital.

**Healthcare associated CDI** is defined as when a CDI patient has had onset of symptoms up to four weeks after discharge from a hospital.

**Indeterminate cases of CDI** is defined as a CDI patient who was discharged from a hospital 4-12 weeks before the onset of symptoms.

**Community associated CDI** is defined as a CDI patient with onset of symptoms while outside a hospital and without discharge from a hospital within the previous 12 weeks; or with onset of symptoms within 48 hours following admission to a hospital without stay in a hospital within the previous 12 weeks.

## OUTBREAKS / EXCEPTIONS

There have been two incidents / outbreaks classified as AMBER or RED using the Health Protection Scotland (HPS) Hospital Infection Incident Assessment Tool (HIIAT) between May and June 2017.

### May 2017: Royal Hospital for Children – Chickenpox

28/05/17 - VZV (chickenpox) transmission from patient to member of staff. Assessed as HIIAT **AMBER** on Sunday 28/05/17. HPS informed. Problem Assessment Group (PAG) meeting held on 29/05/17 and at that time the HIIAT was again assessed as AMBER. No further cases were identified.

### May 2017: Glasgow Royal Infirmary – Respiratory

04/04/2017 - Patient diagnosed with Multi Drug Resistant Tuberculosis (MDRTB) and transferred to GRI to a negatively pressured room for treatment. TB reference laboratory reported a high suspicion that this patient had Extensively Drug Resistant TB (XDRTB) on 05/05/17. IMT held 05/05/17. XDRTB is considered an exceptional infection. HIIAT completed and assessed as **RED**. Patient is still considered to be positive but a multidisciplinary team including representatives from public health, infectious diseases, respiratory medicine and TB liaison met and agreed a plan for this patient that included his care in the community with treatment delivered in the outpatient setting. This patient was discharged home. HIIAT downgraded to GREEN.

### Norovirus

Norovirus activity was reported in 1 hospital with 2 wards closed in May 2017 and no wards were closed in June 2017.

Month	Jun-16	Jul -16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan -17	Feb -17	Mar-17	Apr-17	May-17	Jun-17
Ward Closures	3	1	3	2	6	5	11	3	6	4	5	2	0
Bed Days Lost	76	6	5	49	179	115	136	38	61	160	121	53	39

**Table 5:** NHSGGC Ward closures due to suspected/confirmed Norovirus.

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>

### Healthcare Environment Inspectorate (HEI)

There has been one unannounced HEI / HAI inspection since the last published HAIRT. The Princess Royal Maternity Hospital was inspected on the 20 & 21 June 2017. The report from this inspection will be published on the 6 September 2017.

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



## Other HAI Related Activity

### Surgical Site Infection (SSI) Surveillance

All NHS Boards are required to undertake in-patient and 30-day re-admission surveillance as per HDL (2006) 38 and CEL (11) 2009.

Health Protection Scotland last available quarter (January – March 2017)

Category of Procedure	Operations	Infections	NHSGGC SSI rate (%)	NHSGGC 95% CI	National Dataset SSI rate (%)	National 95% CI
Caesarean section	1349	20	1.5	(0.9, 2.2)	1.4	(1.0, 1.8)
Hip arthroplasty	382	3	0.8	(0.2, 2.2)	0.4	(0.2, 0.7)

**Table 6.** SSI rates for Caesarean section (in-patient and PDS to day 10), Hip arthroplasty (in-patient and re-admission to day-30) procedures within NHS Greater Glasgow & Clyde, 01/01/2017 - 31/03/2017.

For the last available reporting quarter (January - March 2017) the SSI rate (0.8%) for hip arthroplasty was above the national average SSI rate (0.4%) but within NHSGGC confidence intervals (0.2-2.2).

Caesarean section procedures also had a slightly higher SSI rate than the national average (table 6 above) but again well within NHSGGC confidence intervals (0.9-2.2).

### Q2 (April – June 2017) Local SSI Surveillance Status

Surveillance to 30 day post operatively is not yet complete for the quarter and local data, at time of publication, for April - June 2017 is displayed in **Table 7** below.

### **Surveillance of the following procedures commenced in July 2016 (in-patient and 30-day re-admission)**

- Large Bowel surgery (GGC wide)
- Major Vascular surgery (QEUH)
- Craniotomy, Craniectomy and Cranioplasty (Institute of Neurological Sciences, QEUH campus)
- Spinal surgery (Institute of Neurological Sciences)

It should be noted that the above surgical procedures will not be included in the national reporting figures or published by Health Protection Scotland therefore **caution should be taken** when interpreting local SSI rates in future publications to enable local baseline data to be established.

These are new categories of surveillance therefore comparative data is awaited however NHSGGC rates are below those in the published literature.

Quarter 2-17 (April - June) : Local SSI Surveillance Status (correct at time of reporting)				
	Category of Procedure	Operations	Infections	NHSGGC SSI Rate (%)
<b>Voluntary</b>	Knee arthroplasty	377	2	0.5
	Repair of neck of femur	383	7	1.8
	Large Bowel Surgery	203	7	3.5
	Major Vascular Surgery	225	2	0.9
<b>Additional INS, QEUEH only</b>	Cranial Surgery	166	2	1.2
	Spinal Surgery	159	6	3.8

*Table 7. Local SSI Surveillance 01/04/17 - 30/06/17(In-patient and 30 day readmission)*

### **Statistical Process Control Charts**

All Hospital Level Statistical Process Control Charts (SPCs) continue to remain within normal control limits.

### **Cleaning and the Healthcare Environment**

All areas within NHSGGC scored **GREEN (>90%)** in the most recent report on the National Cleaning Specification.

## 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 outwith 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 (HPS) and Health Facilities Scotland (HFS). 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. 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/sshaip/clostridiumdifficile.aspx?subjectid=79>

*Staphylococcus aureus* Bacteraemia:

<http://www.hps.scot.nhs.uk/haic/sshaip/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 HFS website: <http://www.hfs.scot.nhs.uk/online-services/publications/ha/>

#### Understanding the Report Cards – ‘Out of Hospital Infections’

CDI and SAB cases (including MRSA) 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. 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 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	1	2	2	1	1	0	3	0	3	1	2	1
<b>MSSA</b>	33	37	42	33	39	30	33	30	45	42	27	43
<b>Total SABS</b>	<b>34</b>	<b>39</b>	<b>44</b>	<b>34</b>	<b>40</b>	<b>30</b>	<b>36</b>	<b>30</b>	<b>48</b>	<b>43</b>	<b>29</b>	<b>44</b>

### *Clostridium difficile* infection monthly case numbers

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15-64</b>	16	9	16	10	6	5	7	11	18	13	13	10
<b>Ages 65 plus</b>	28	29	22	19	23	15	20	26	11	16	27	24
<b>Total Ages 15 plus</b>	<b>44</b>	<b>38</b>	<b>38</b>	<b>29</b>	<b>29</b>	<b>20</b>	<b>27</b>	<b>37</b>	<b>29</b>	<b>29</b>	<b>40</b>	<b>34</b>

### Hand Hygiene Monitoring Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017*	Feb 2017*	Mar 2017*	Apr 2017*	May 2017*	Jun 2017*
<b>AHP</b>	99	98	98	99	99	98	-	-	-	-	-	-
<b>Ancillary</b>	91	95	92	92	93	92	-	-	-	-	-	-
<b>Medical</b>	95	95	96	96	96	97	-	-	-	-	-	-
<b>Nurse</b>	99	99	99	99	98	99	-	-	-	-	-	-
<b>Board Total</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>98</b>	<b>97</b>	<b>97</b>	<b>91</b>	<b>81</b>

\*Staff group breakdown data is unavailable for 2017

### Cleaning Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	95.7	95.9	95.9	96.1	95.7	96.0	95.4	95.5	95.7	95.5	95.6	95.4

### Estates Monitoring Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	98.4	98.5	98.4	99.0	98.8	98.9	99.3	99.2	99.0	99.0	99.1	99.3

**GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY**

**REPORT CARD**

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	1	1	0
<b>MSSA</b>	2	2	3	2	5	1	5	3	9	2	8	4
<b>Total SABS</b>	2	2	3	2	5	1	5	3	9	3	9	4

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15-64</b>	3	0	5	1	1	0	0	2	0	2	5	1
<b>Ages 65 plus</b>	3	3	2	2	3	4	3	0	0	5	2	5
<b>Ages 15 plus</b>	6	3	7	3	4	4	3	2	0	7	7	6

**Cleaning Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	95.6	95.8	95.5	95.7	95.7	95.8	95.8	96.0	96.0	96.0	96.0	96.0

**Estates Monitoring Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	99.7	99.6	99.6	99.7	99.7	99.8	99.7	99.7	99.6	99.8	99.6	99.7

**ROYAL ALEXANDRA HOSPITAL**

**REPORT CARD**

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	1	0	0	0	0	0	0	0	1	0	1	0
<b>MSSA</b>	2	1	3	2	0	2	3	0	2	0	0	2
<b>Total SABS</b>	3	1	3	2	0	2	3	0	3	0	1	2

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15-64</b>	0	0	1	1	1	1	0	0	1	0	0	2
<b>Ages 65 plus</b>	3	0	1	2	3	2	3	1	1	1	0	1
<b>Ages 15 plus</b>	3	0	2	3	4	3	3	1	2	1	0	3

**Cleaning Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	96.8	96.6	95.9	96.3	96.4	96.2	96.3	96.5	95.3	96.2	96.2	95.1

**Estates Monitoring Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	98.9	97.3	98.7	98.1	97.8	96.4	98.3	99.0	97.4	98.2	99.1	98.5

# INVERCLYDE ROYAL HOSPITAL

## REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	0	0	0	1	1	2	1	1	0	0	2
<b>Total SABS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>

### *Clostridium difficile* infection monthly case numbers

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
Ages 15-64	0	0	0	0	0	0	0	1	0	0	0	0
Ages 65 plus	0	0	3	0	2	2	1	1	0	0	2	1
<b>Ages 15 plus</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>

### Cleaning Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	<b>95.8</b>	<b>95.9</b>	<b>95.5</b>	<b>95.8</b>	<b>96.5</b>	<b>95.6</b>	<b>94.9</b>	<b>95.3</b>	<b>95.4</b>	<b>95.0</b>	<b>94.5</b>	<b>95.8</b>

### Estates Monitoring Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	<b>97.1</b>	<b>97.5</b>	<b>97.2</b>	<b>97.2</b>	<b>97.9</b>	<b>96.8</b>	<b>97.1</b>	<b>96.5</b>	<b>97.4</b>	<b>96.7</b>	<b>95.8</b>	<b>97.5</b>

## VALE OF LEVEN HOSPITAL

### REPORT CARD

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	0	0	0	0	0	0	0	0	1	0	0
<b>Total SABS</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65 plus	1	0	0	2	0	1	0	0	0	0	0	0
<b>Ages 15 plus</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### Cleaning Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	<b>97.3</b>	<b>97.0</b>	<b>97.4</b>	<b>97.4</b>	<b>97.5</b>	<b>97.7</b>	<b>97.2</b>	<b>97.4</b>	<b>97.2</b>	<b>97.6</b>	<b>97.6</b>	<b>97.3</b>

#### Estates Monitoring Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	<b>99.1</b>	<b>99.5</b>	<b>99.5</b>	<b>99.5</b>	<b>99.5</b>	<b>99.8</b>	<b>99.6</b>	<b>99.4</b>	<b>99.7</b>	<b>99.6</b>	<b>99.6</b>	<b>99.6</b>



## GARTNAVEL GENERAL HOSPITAL

### REPORT CARD

Figures combined for

Gartnavel General Hospital, The Beatson WoSCC and Homeopathic Hospital

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	2	0	1	2	1	0	1	0	0	0	0	3
<b>Total SABS</b>	2	0	1	2	1	0	1	0	0	0	0	3

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15-64</b>	0	0	1	0	0	0	1	0	0	2	0	0
<b>Ages 65 plus</b>	3	0	0	1	0	1	1	2	1	1	2	2
<b>Ages 15 plus</b>	3	0	1	1	0	1	2	2	1	3	2	2

#### Cleaning Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	97.3	97.0	96.7	96.5	95.9	96.7	96.1	96.9	97.1	96.5	96.9	96.9

#### Estates Monitoring Compliance (%)

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	98.7	99.1	99.2	99.0	99.2	99.5	99.5	99.6	99.5	99.2	99.4	99.5

**QUEEN ELIZABETH UNIVERSITY HOSPITAL**

**REPORT CARD**

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	0	0	0	1	0	0	0	0	0	0	0	0
<b>MSSA</b>	4	7	11	4	6	6	4	4	6	6	2	6
<b>Total SABS</b>	4	7	11	5	6	6	4	4	6	6	2	6

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15-64</b>	2	2	1	1	1	1	1	0	4	0	1	0
<b>Ages 65 plus</b>	2	3	3	5	4	2	2	4	2	2	6	1
<b>Ages 15 plus</b>	4	5	4	6	5	3	3	4	6	2	7	1

**Cleaning Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	95.5	95.9	95.1	95.9	94.5	95.3	94.0	92.9	94.7	93.2	93.8	91.8

**Estates Monitoring Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	99.9	99.8	99.8	99.7	99.2	99.6	99.9	99.8	99.9	99.7	99.2	99.9

**ROYAL HOSPITAL FOR CHILDREN**

**REPORT CARD**

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	1	0	1	0	2	1	0	1	1	3	0	4
<b>Total SABS</b>	1	0	1	0	2	1	0	1	1	3	0	4

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15 plus</b>	0	0	1	0	0	0	0	0	0	0	0	0

**Cleaning Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	96.9	96.5	95.8	97.0	96.3	96.0	95.1	96.5	94.4	94.9	93.6	95.1

**Estates Monitoring Compliance (%)**

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Board Total</b>	99.8	99.5	99.6	99.8	99.9	99.4	99.5	99.0	99.5	99.5	99.7	98.5

**NHS GREATER GLASGOW & CLYDE  
COMMUNITY HOSPITALS REPORT CARD**

**The community hospitals covered in this report card include:**

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

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	2	1	1	2	0	3	0	0	2	0	1
<b>Total SABS</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15-64</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Ages 65 plus</b>	0	0	0	0	0	1	0	1	1	0	1	1
<b>Ages 15 plus</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>

**NHS GREATER GLASGOW & CLYDE**

**OUT OF HOSPITAL REPORT CARD**

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>MRSA</b>	0	2	2	0	1	0	3	0	2	0	0	1
<b>MSSA</b>	20	25	22	22	22	19	15	21	26	28	17	21
<b>Total SABS</b>	<b>20</b>	<b>27</b>	<b>24</b>	<b>22</b>	<b>23</b>	<b>19</b>	<b>18</b>	<b>21</b>	<b>28</b>	<b>28</b>	<b>17</b>	<b>22</b>

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

	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017
<b>Ages 15-64</b>	11	7	7	7	3	3	5	8	13	9	7	7
<b>Ages 65 plus</b>	16	23	13	7	11	2	10	17	6	7	14	13
<b>Ages 15 plus (Total)</b>	<b>27</b>	<b>30</b>	<b>20</b>	<b>14</b>	<b>14</b>	<b>5</b>	<b>15</b>	<b>25</b>	<b>19</b>	<b>16</b>	<b>21</b>	<b>20</b>

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

57% of all CDI cases reported in NHSGGC between July 2016 and June 2017 are attributed as *Out of Hospital* infections.

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

60% of all *Staphylococcus aureus* Bacteraemia cases reported in NHSGGC between July 2016 and June 2017 are attributed as *Out of Hospital* infections.

## GLOSSARY

AMT	<b>Antimicrobial Management Team</b>
AOBD	<b>Acute Occupied Bed Days</b>
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).
CDI	<b><i>Clostridium difficile</i></b> Infection. Also referred to as <b><i>C. diff</i></b> is a Gram-positive spore-forming anaerobic bacterium. <i>C. difficile</i> is the most common 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.
CEL	<b>Chief Executive Letter</b> issued by Scottish Government Health Directorates (SGHD)
CRA	<b>Clinical Risk Assessment</b>
CVC	<b>Central Vascular Catheter</b>
Code of Practice	<b>Code of Practice</b> - 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. <a href="http://www.scotland.gov.uk/Publications/2004/05/19315/36624">http://www.scotland.gov.uk/Publications/2004/05/19315/36624</a>
GRO	<b>General Registers Office</b>
HAI	Originally used to mean hospital acquired infection, the official 'Scottish Government' term is now <b>Healthcare Associated Infection</b> . 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. <b>Please note</b> that for <i>S.aureus</i> Bacteraemia surveillance – HAI refers to 'hospital acquired cases as per HPS National reporting requirements. See <a href="http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/s-aureus/esab-protocol-v2-2014-11.pdf">http://www.documents.hps.scot.nhs.uk/hai/sshaip/guidelines/s-aureus/esab-protocol-v2-2014-11.pdf</a>
HCAI	<b>Healthcare Associated Infection (for CDI and SAB classification)</b>
HCW	<b>Healthcare Worker</b>
HDL	<b>Health Department Letter</b>
HDU	<b>High Dependency Unit</b>
HEAT Target	<b>Health Efficiency and Access to Treatment</b> . Targets set by the Scottish Government.
HFS	<b>Health Facilities Scotland</b>
HH	<b>Hand Hygiene</b>
HIIAT	<b>Hospital Infection Incident Assessment Tool</b>
HIIORT	<b>Healthcare Infection Incident and Outbreak Reporting Template</b>
HIS	<b>Health Improvement Scotland</b>
HPS	<b>Health Protection Scotland</b>
ICN / T / D / M	<b>Infection Control Nurse / Team / Doctor / Manager</b>
ICP	<b>Infection Control Programme</b>
ICU	<b>Intensive Care Unit</b>
ISD	<b>Information Services Division</b> A division of National Services Scotland, part of NHS Scotland. ISD provides health information, health intelligence, statistical services and advice that support the NHS in progressing quality improvement in health and care, and facilitates robust planning and decision making.
KPI	<b>Key Performance Indicator</b>
MRSA	<b>Meticillin resistant <i>Staphylococcus aureus</i></b> . A <i>Staphylococcus aureus</i> resistant to first line antibiotics; most commonly known as a hospital acquired organism.
MSSA	<b>Meticillin Sensitive <i>Staphylococcus aureus</i></b>
OPAT	<b>Outpatient Parenteral Antibiotic Therapy</b>
PDS	<b>Post Discharge Surveillance (Caesarean Section procedures only)</b>
PFPI	<b>Public Focus Patient Involvement</b>
PHPU	<b>Public Health Protection Unit</b>
PPI	<b>Proton Pump Inhibitors</b> . A group of medications used to decrease gastric acid production.
PVC	<b>Peripheral Vascular Catheter</b>
QIF	<b>Quality Improvement Facilitator</b>
RRT	<b>Renal Replacement Therapy</b>
RSV	<b>Respiratory Syncytial Virus</b> . A contagious respiratory infection.
SAB	<b><i>Staphylococcus aureus</i> Bacteraemia</b>
SCN / M	<b>Senior Charge Nurse / Midwife</b>
SICP	<b>Standard Infection Control Precautions</b>
SGHD	<b>Scottish Government Health Directorate</b>
SOP	<b>Standard Operating Procedure</b>
SPC	<b>Statistical Process Control (Charts)</b>
SSI	<b>Surgical Site Infection</b>
TOBD	<b>Total Occupied Bed Days</b>
VRE	<b>Vancomycin resistant enterococcus</b> - 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.

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<sup>i</sup> <http://www.hps.scot.nhs.uk/pubs/detail.aspx?id=3236>