

NHS Greater Glasgow & Clyde



NHS Board Meeting

17 October 2017

Medical Director

Paper No: 17/58

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
SAB rate per 100,000 AOB	32.9 (114 cases)	32.9	24.0
CDI rate per 100,000 AOB	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. This is the same as the national rate.
- **93** *Clostridium difficile* (CDI) cases were reported for January to March 2017 with a rate of **28.1** cases per 100,000 AOB. This is below HEAT target requirements.

Any Patient Safety /Patient Experience Issues:

Local surveillance shows that NHSGGC are still above the National SAB HEAT target with 116 patient cases reported locally for Q2 2017.

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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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

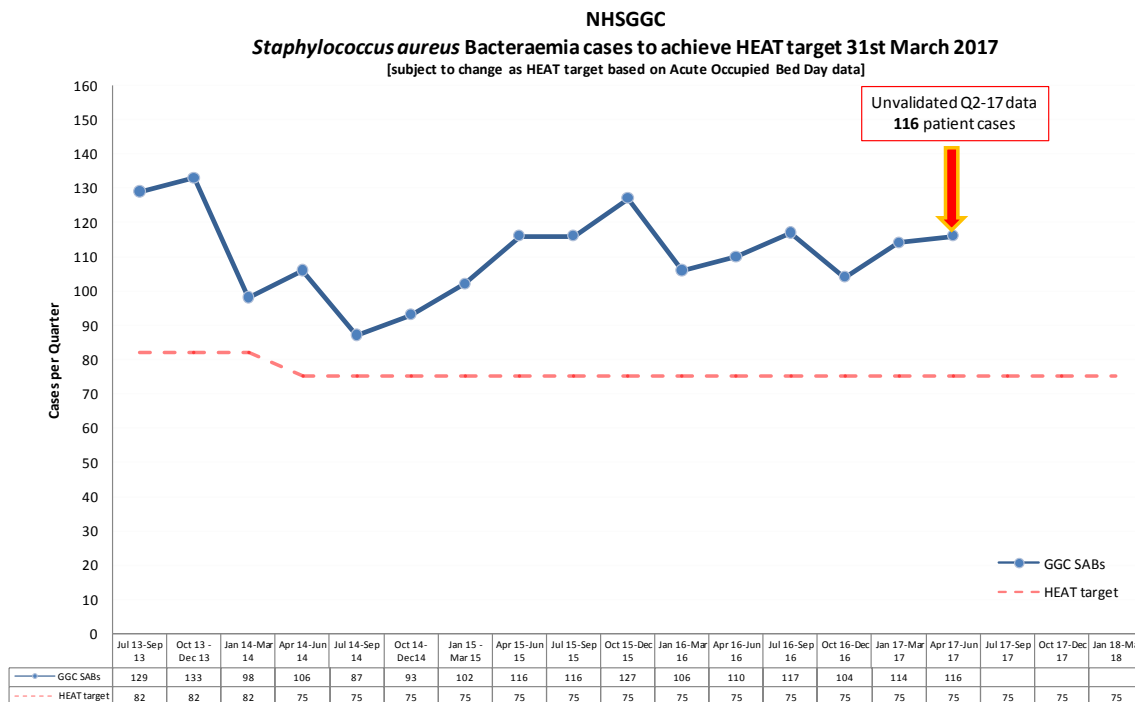


Figure 1: SAB patient cases by quarter

Summary

In Q1 of 2017 (Jan-March), there have been 114 validated cases. Between April to June 2017 we have reported 116 patient cases (figure 1). MSSA bacteraemia rates in both NHS GGC and Scotland as a whole (published by HPS April 2017), have indicated that SAB rates continue to plateau. NHSGGC continue to support improvement in clinical practice across all acute sectors through ongoing education and audit initiatives. The Acute Infection Control Committee, receives progress reports bi-monthly on the SAB Action 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>

The IPCT are currently collecting data for analysis by the antimicrobial management team on duration of IV antibiotic treatment for SABs. It is possible that prescribing may be contributing to the number of community or healthcare associated cases. Recommendations from this will be included in future reports.

The Nurse Consultant for IPC has arranged a meeting in October with the IPCT in Ayrshire and Arran who have met their SAB HEAT target (table 2) to benchmark our processes with theirs to identify any other areas of good practice that NHSGGC might adopt. Progress on this will be reported in future reports.

Quarter 1: 2017 (January - March) Surveillance

In Q1 (Jan – 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. .

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)
Greater Glasgow & Clyde	32.9	(27.1, 39.5)
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)

41% (n=47) patients developed a SAB after admission to an NHSGGC hospital; 33% patients were confirmed to have a healthcare associated infection (HCAI) and the remaining 26% were community acquired cases (Figure 2.)

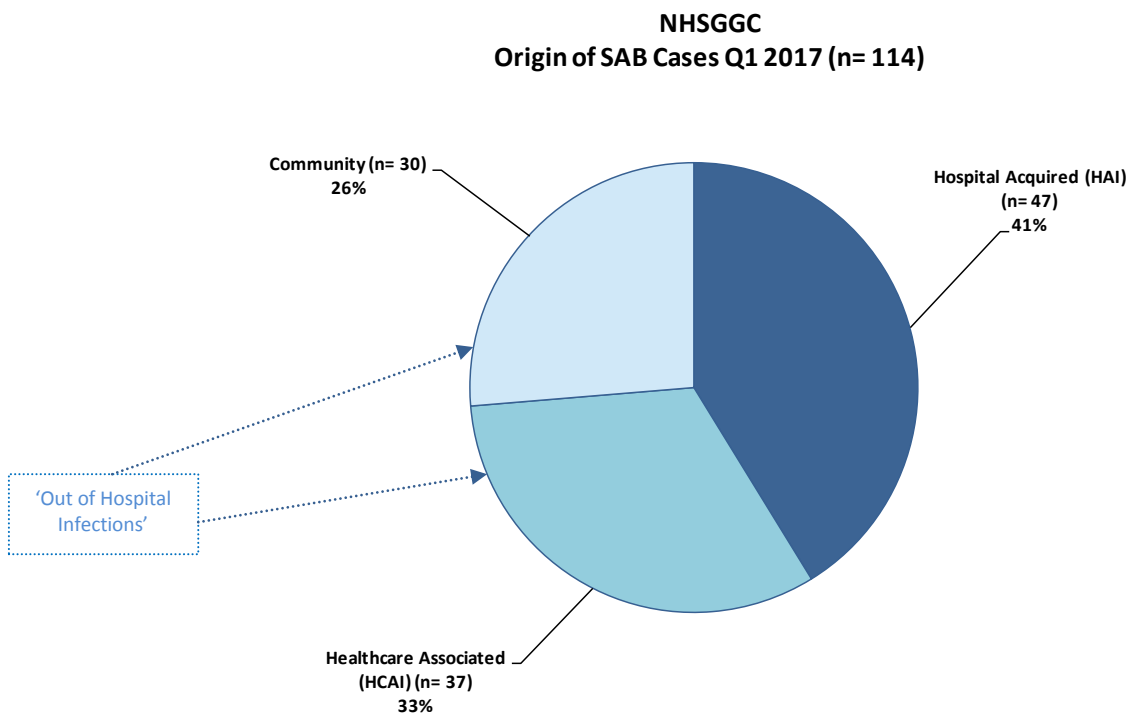


Figure 2 Origin of SAB between 01/01/17 – 31/03/17

Quarter 2: 2017 (April - June) NHSGGC Surveillance

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

Confirmed SAB cases have increased on 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.

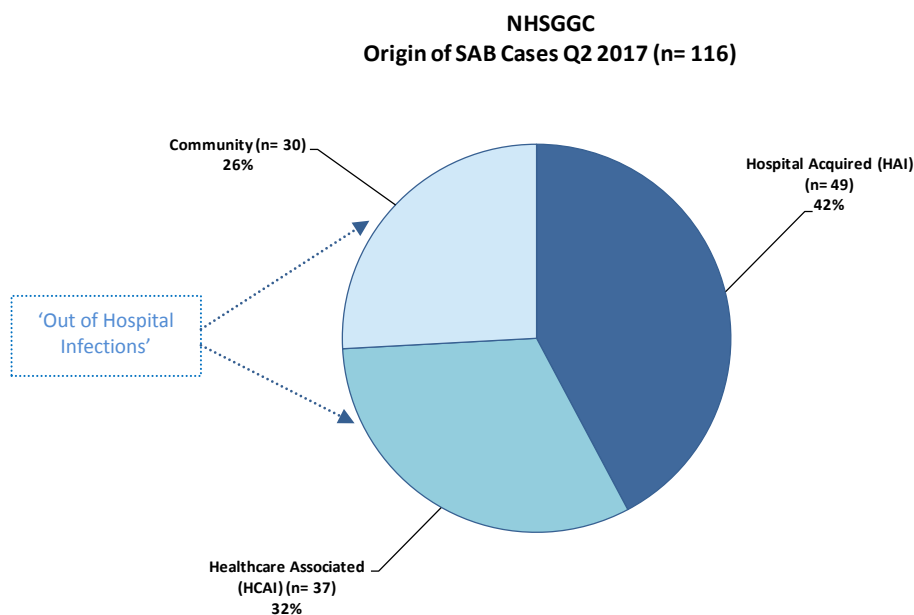


Figure 3 Origin of SAB between 01/04/17 – 30/06/17

NHSGGC MRSA Screening Project

CRA compliance for Q2 (July - September 2017) in GGC was 89%. Ward compliance rates are returned to the Sector / Directorate Senior Management Teams to identify areas that require support / education in relation to improved screening.

Table 3 shows the 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 Q3 (Oct-Dec)	2016-17 Q4 (Jan-Mar)	2017-18 Q1 (Apr-Jun)	2017-18 Q2 (Jul-Sep)
Greater Glasgow & Clyde	88%	81%	92%	89%
Scotland	82%	79%	85%	<i>tbc</i>

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

Clostridium difficile

Surveillance and Actions

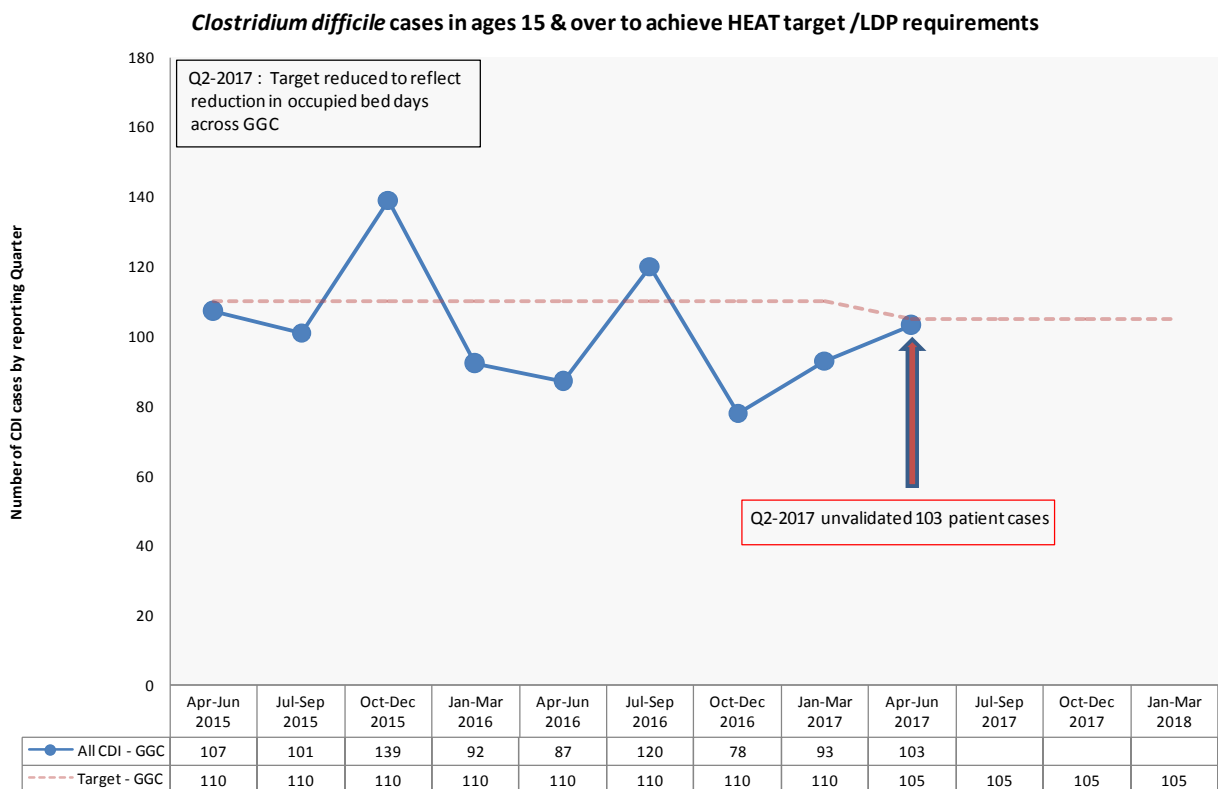


Figure 4: CDI patient cases by quarter

Summary

Figure 4 above shows quarterly variation of all CDI cases from April 2015 to June 2017.

Quarter 1: 2017 (January - March) Surveillance

In the last published report NHSGGC reported **28.1** CDI cases per 100,000 AOB (93 cases). This is above the NHS Scotland national CDI rate of **26.4**, but **below** the 2017 HEAT requirements.

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

Local surveillance has identified an increase on the previous quarter of 103 cases. (Figure 4).

81 cases were identified from patients who were inpatients or who had recent contact with NHSGGC hospitals. (Figure 5).

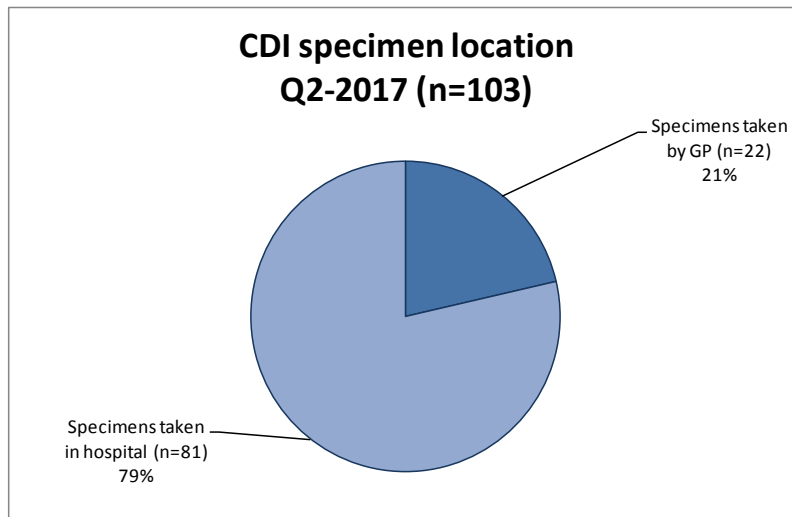


Figure 5. Proportion of CDI specimens taken in GP practices versus hospital in-patients

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

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

CDI July – Health Protection Scotland Analysis

In July in response to an increase in number of cases with no obvious links to individual clinical areas, the IPCT sent all the isolates of CDI available to HPS for typing. HPS completed their analysis in August and the only issue they raised, was the identification of four patients with CDI Ribotype 005 across RAH and IRH, that could potentially be linked. A further review of the four cases was undertaken on the advice of HPS and it was confirmed that they did not have contact with each other in wards in RAH or IRH. The patients were also not from a single post code area. None were hospital acquired. A report has been returned to HPS.

In August we reported 41 cases of CDI this was a reduction from July where we had reported 46 cases.

OUTBREAKS / EXCEPTIONS

Women’s and Children’s Directorate – Royal Hospital for Children Ward 2a (Haematology/Oncology)

Two cases of *Stenotrophomonas maltophilia* bacteraemia were identified over an 8-day period in July. A Problem Assessment Group (PAG) was held on the 26.07.17. HPS were notified and a Healthcare Incident Infection and Outbreak Reporting Template (HIIORT) was completed. No further cases were identified and the two cases were later confirmed to be different types.

Norovirus

There was no Norovirus activity reported in any hospitals in July 2017 and August 2017.

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

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

*Both wards closed in May and remained closed in to the start of June

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.

Queen Elizabeth University Hospitals

QEUH was inspected on the 1 & 2 August 2017. The report from this inspection was published on the 10 October 2017. This was a follow up inspection to review compliance against previously made recommendations in December, January 2017. The inspections resulted in 10 requirements and three recommendations. Of the 10 requirements made at the previous inspections in December 2016 and January 2017, the NHS board has met nine requirements, and partially met one requirement.

Requirement

NHS Greater Glasgow and Clyde must ensure medical staff in the emergency department remove and dispose of gloves at the point of use or at the earliest opportunity and perform hand hygiene in line with Health Protection Scotland's *National Infection Prevention and Control Manual*.

NHSGGC Response

Medical staff are reminded at the twice daily handovers about HEI adherence specifically around hand hygiene and PPE. They are challenged by senior medical and nursing staff in the clinical areas when non compliance observed.

Princess Royal Maternity

The Princess Royal Maternity (PRM) Hospital was inspected on the 20 & 21 June 2017. The report from this inspection was published on the 6 September 2017. This was a combined inspection in that it was a follow up from the previous inspection to PRM in October 2016 and the first unannounced inspection of the obstetric and gynaecology theatres. The report was therefore split into two sections:

Of the seven requirements made at the previous inspection in October 2016, the NHS board met all seven requirements.

Obstetric and Gynaecology Theatres

This inspection resulted in three requirements and one recommendation.

Requirements

NHS Greater Glasgow and Clyde must ensure that all staff follow the NHS board's education strategy to ensure they are provided with the necessary knowledge and skills in infection prevention and control

NHSGGC Response

Database within Labour Ward has now been updated and all Labour Ward and Obstetric Theatre Staff are trained in mandatory infection control training via Learn Pro.

NHS Greater Glasgow and Clyde must ensure that all equipment is safe and clean, minimising the risk of cross-infection. Equipment must be free from damage, tape and tape residue and can be effectively cleaned

NHSGGC Response

Alcohol wipes are currently being used to clean off the residue. New product is being procured.

NHS Greater Glasgow and Clyde must ensure that theatre footwear is clean and stored appropriately after use

NHSGGC Response

A new cleaning process for theatre footwear has been implemented within Obstetric Theatre including placing footwear in bags once cleaned. Signage has been put in place Compliance for cleaning footwear is being audited.

Recommendation

NHS Greater Glasgow and Clyde should review the storage of sterile instrument trays in line with Health Facilities Scotland's Management of reusable surgical instruments during transportation, storage and after clinical use

NHSGGC Response

Sterile trays are now stored in a system which does not result in them being stacked.

What the hospital did well

We found good infection prevention and control leadership in the theatre department.

We found a good standard of environmental cleanliness in all areas of the theatre department.

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

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.

Quarter 1 (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), NHS GG&C

Between January - March 2017, the SSI rate (0.8%) for hip arthroplasty was above the national average of 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.

Large bowel and major vascular surgery became a mandatory requirement for SSI surveillance in April 2017 and as these are new categories of surveillance 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 (%)
Mandatory	Caesarean section	971	10	1.0
	Hip arthroplasty	443	7	1.6
	Large Bowel Surgery	203	6	3.0
	Major Vascular Surgery	225	2	0.9
Voluntary	Knee arthroplasty	377	1	0.3
	Repair of neck of femur	383	4	1.0
Additional INS, QEUH only	Cranial Surgery	166	3	1.8
	Spinal Surgery	159	7	4.4

Table 7. Local SSI Surveillance 01/04/17 - 30/06/17(In-patient and 30 day readmission; C-section in-patient and PDS to day 10)

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**

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
MRSA	2	1	1	0	3	0	3	1	2	1	0	1
MSSA	42	33	39	30	33	30	45	42	27	43	32	31
Total SABS	44	34	40	30	36	30	48	43	29	44	32	32

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

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Ages 15-64	16	10	6	5	7	11	18	12	13	10	19	16
Ages 65 plus	22	19	23	15	20	26	11	16	28	24	27	25
Total Ages 15 plus	38	29	29	20	27	37	29	28	41	34	46	41

Hand Hygiene Monitoring Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	98	98	98	98	98	98	97	97	97	97	97	97

Cleaning Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	95.9	96.1	95.7	96.0	95.4	95.5	95.7	95.5	95.6	95.4	95.2	95.2

Estates Monitoring Compliance (%)

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

GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY

REPORT CARD

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

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

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

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

Cleaning Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	95.5	95.7	95.7	95.8	95.8	96.0	96.0	96.0	96.0	96.0	95.9	95.6

Estates Monitoring Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	99.6	99.7	99.7	99.8	99.7	99.7	99.6	99.8	99.6	99.7	99.0	99.7

ROYAL ALEXANDRA HOSPITAL

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	95.9	96.3	96.4	96.2	96.3	96.5	95.3	96.2	96.2	95.1	96.2	96.2

Estates Monitoring Compliance (%)

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

INVERCLYDE ROYAL HOSPITAL

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	95.5	95.8	96.5	95.6	94.9	95.3	95.4	95.0	94.5	95.8	95.2	96.3

Estates Monitoring Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	97.2	97.2	97.9	96.8	97.1	96.5	97.4	96.7	95.8	97.5	99.0	98.3

VALE OF LEVEN HOSPITAL

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	99.5	99.5	99.5	99.8	99.6	99.4	99.7	99.6	99.6	99.6	99.0	99.7

GARTNAVEL GENERAL HOSPITAL

REPORT CARD

Figures combined for

Gartnavel General Hospital, The Beatson WoSCC and Homeopathic Hospital

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Ages 15-64	1	0	0	0	1	0	0	2	0	0	3	0
Ages 65 plus	0	1	0	1	1	2	1	1	2	2	2	0
Ages 15 plus	1	1	0	1	2	2	1	3	2	2	5	0

Cleaning Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	96.7	96.5	95.9	96.7	96.1	96.9	97.1	96.5	96.9	96.9	96.2	96.4

Estates Monitoring Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	99.2	99.0	99.2	99.5	99.5	99.6	99.5	99.2	99.4	99.5	99.0	99.6

QUEEN ELIZABETH UNIVERSITY HOSPITAL

REPORT CARD

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

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
MRSA	0	1	0	0	0	0	0	0	0	0	0	1
MSSA	11	4	6	6	4	4	6	6	2	6	6	3
Total SABS	11	5	6	6	4	4	6	6	2	6	6	4

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

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

Cleaning Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	95.1	95.9	94.5	95.3	94.0	92.9	94.7	93.2	93.8	91.8	92.0	91.1

Estates Monitoring Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	99.8	99.7	99.2	99.6	99.9	99.8	99.9	99.7	99.2	99.9	99.0	99.6

ROYAL HOSPITAL FOR CHILDREN

REPORT CARD

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

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

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

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

Cleaning Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	95.8	97.0	96.3	96.0	95.1	96.5	94.4	94.9	93.6	94.3	93.9	95.2

Estates Monitoring Compliance (%)

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Board Total	99.6	99.8	99.9	99.4	99.5	99.0	99.5	99.5	99.7	98.8	99.0	99.5

**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
- Mearnskirk House
- New Victoria Hospital
- Parkhead Hospital
- Ravenscraig Hospital
- Stobhill Hospital

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

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

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

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

NHS GREATER GLASGOW & CLYDE

OUT OF HOSPITAL REPORT CARD

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

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

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

	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017
Ages 15-64	7	7	3	3	5	8	13	8	7	7	13	13
Ages 65 plus	13	7	11	2	10	17	6	7	15	13	16	14
Ages 15 plus (Total)	20	14	14	5	15	25	19	15	22	20	29	27

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

59% of all *Staphylococcus aureus* Bacteraemia cases reported in NHSGGC between September 2016 and August 2017 are attributed as *Out of Hospital* infections.

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

56% of all CDI cases reported in NHSGGC between September 2016 and August 2017 are attributed as *Out of Hospital* infections.

GLOSSARY

AMT	Antimicrobial Management Team
AOBD	Acute Occupied Bed Days
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	<i>Clostridium difficile</i> Infection. Also referred to as <i>C. diff</i> 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	Chief Executive Letter issued by Scottish Government Health Directorates (SGHD)
CRA	Clinical Risk Assessment
CVC	Central Vascular Catheter
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 <i>S.aureus</i> 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
HCAI	Healthcare Associated Infection (for CDI and SAB classification)
HCW	Healthcare Worker
HDL	Health Department Letter
HDU	High Dependency Unit
HEAT Target	Health Efficiency and Access to Treatment . Targets set by the Scottish Government.
HFS	Health Facilities Scotland
HH	Hand Hygiene
HIIAT	Hospital Infection Incident Assessment Tool
HIIORT	Healthcare Infection Incident and Outbreak Reporting Template
HIS	Health Improvement Scotland
HPS	Health Protection Scotland
ICN / T / D / M	Infection Control Nurse / Team / Doctor / Manager
ICP	Infection Control Programme
ICU	Intensive Care Unit
ISD	Information Services Division 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	Key Performance Indicator
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>
OPAT	Outpatient Parenteral Antibiotic Therapy
PDS	Post Discharge Surveillance (Caesarean Section procedures only)
PFPI	Public Focus Patient Involvement
PHPU	Public Health Protection Unit
PPI	Proton Pump Inhibitors . A group of medications used to decrease gastric acid production.
PVC	Peripheral Vascular Catheter
QIF	Quality Improvement Facilitator
RRT	Renal Replacement Therapy
RSV	Respiratory Syncytial Virus . A contagious respiratory infection.
SAB	<i>Staphylococcus aureus</i> Bacteraemia
SCN / M	Senior Charge Nurse / Midwife
SICP	Standard Infection Control Precautions
SGHD	Scottish Government Health Directorate
SOP	Standard Operating Procedure
SPC	Statistical Process Control (Charts)
SSI	Surgical Site Infection
TOBD	Total Occupied Bed Days
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.