

NHS Greater Glasgow & Clyde

NHS Board Meeting

20 February 2018



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Medical Director

Paper No: 18/06

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 3 (July - September) 2017			
HEAT Targets	GGC	National	HEAT/LDP target
SAB rate per 100,000 AOB	31.8	34.2	24.0
CDI cases in ages 15-64 rate per 100,000 AOB	44.3	38.6	32.0
CDI cases in age 65+ rate per 100,000 non acute OBD	38.7	29.3	

Table 1. Progress against National HAI HEAT/LDP targets 01/07/2017 – 30/09/2017

- **106** validated *Staphylococcus aureus* Bacteraemia (SAB) cases were reported for July to September 2017 with a rate of **31.8** cases per 100,000 AOB. This is **below** the national rate.
- **132** validated *Clostridium difficile* (CDI) cases were reported for July to September 2017 (quarter 3) with a rate of **44.3** cases per 100,000 AOB in ages 15-64 and a rate of **38.7** cases per 100,000 non-acute bed days for ages 65+. This is above the national rate and HEAT/LDP requirements. It should be noted that there was an increase in the proportion of infections that occurred out of hospital in this quarter i.e. 68% of all cases. Local analysis has confirmed that the number of cases has reduced in quarter 4 to 95, 43% of which occurred out of hospital. Interventions to prevent CDI in the community are challenging.

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

Local surveillance for Q4 2017 shows that NHSGGC has reported a slightly higher number of SAB cases with 116 local cases.

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

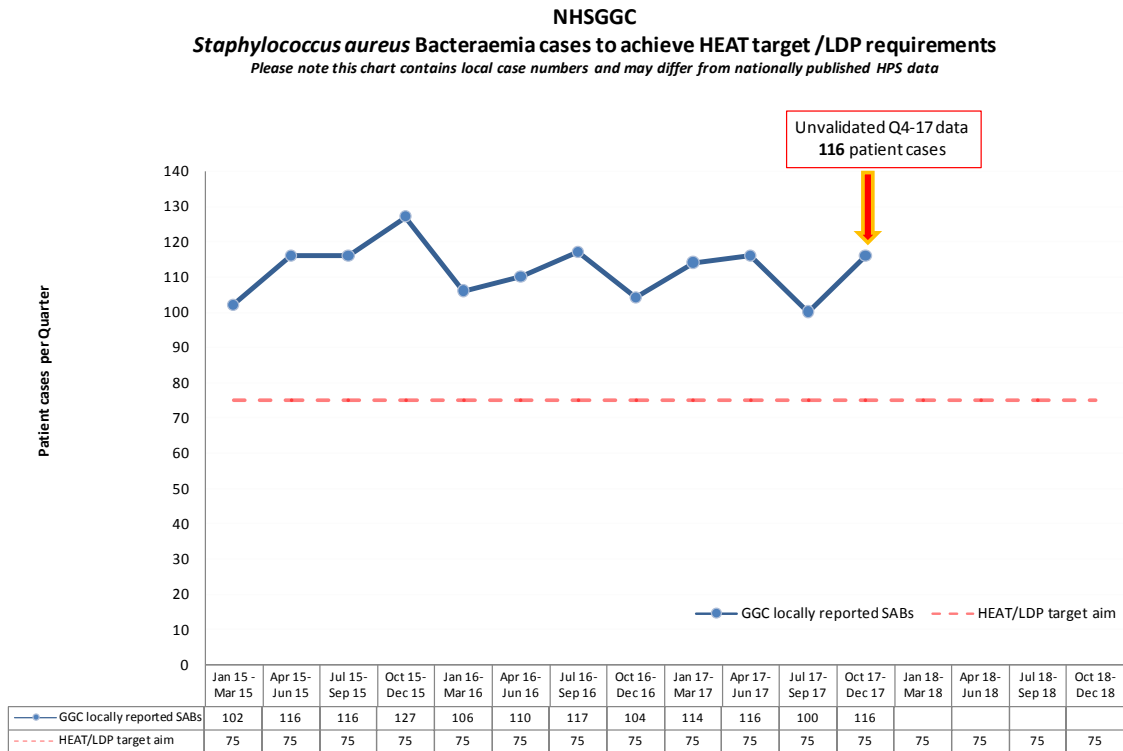


Figure 1: SAB patient cases by quarter

Summary

In Q3 of 2017 (July - September), there were 106 validated cases reported by HPS for NHSGGC. Six cases were assigned to us from other Scottish health boards therefore this differs from our locally held records and reporting.

In the period October to December 2017 there has been 116 patient cases (figure 1) which is an increase from the previous quarter, however, it should be noted since Jan 2015 cases have remained relatively stable with a mean of 112 cases per quarter. MSSA bacteraemia rates in both NHSGGC and Scotland as a whole (published by HPS January 2018), have indicated that SAB rates continue to plateau.

The Board Medical Director has initiated a meeting with senior clinical staff and IPCT to discuss any new initiatives from the published literature which we would be able to adopt to reduce the number of SABs. The output from this will be included in the SAB action plan which is reviewed by the Acute Infection Control Committee.

Quarter 3: 2017 (July - September) Surveillance

In Q3 NHSGGC reported 31.8 SAB cases per 100,000 AOBs (**106 validated cases**).

As reported in the previous HAIRT, Health Protection Scotland published a change to the presentation format of the data in the Q2 report across three metrics (SAB, CDI and *E.coli* Bacteraemia). This separated cases into 'Healthcare Associated' and 'Community Associated' and used different denominators to previously published data contained within the HAIRT. NHSGGC and other NHS Boards will continue to report both SAB and CDI in the established format required by the SGHD until the national reports are harmonised along with HAI Standards. This is anticipated to be mid 2018.

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	Q3: SAB rate (per 100,000 AOBs)
Ayrshire & Arran	33.2
Forth Valley	45.5
Grampian	38.9
Greater Glasgow & Clyde	31.8
Lanarkshire	40.7
Lothian	27.8
Tayside	40.7
Scotland	34.2

Table 2: nationally published SAB rates (01/07/17 – 30/09/17)

From our locally collected data just over half (n=52) patients developed a SAB after admission to an NHSGGC hospital; 24% patients were confirmed to have a healthcare associated infection (HCAI) and the remaining 24% were community acquired cases (Figure 2.)

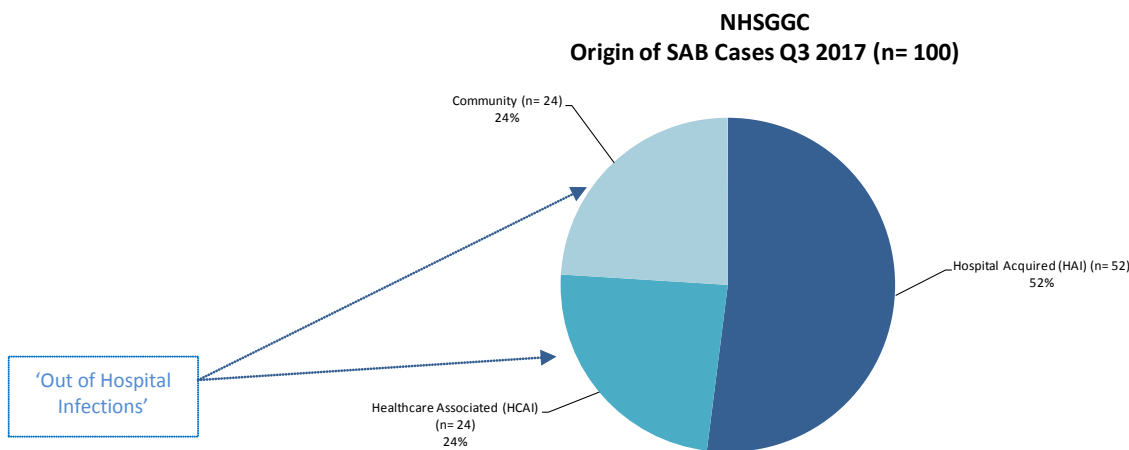


Figure 2 Origin of local SAB cases between 01/07/17 – 30/09/17

Quarter 4: 2017 (October - December) NHSGGC Surveillance

Figure 1 highlighted the locally reported figures known at the time of reporting (116 cases). Validated data will be published by HPS in April 2018 and there may be a variation to the final total of reported cases due to the change in HPS reporting processes.

Figure 3 demonstrates the origin of the SABs in this quarter. There was a **reduction** in the proportion of hospital acquired cases in comparison to the previous quarter (44% in Q4 vs. 52% in Q3)

A review of all cases for this quarter showed 100% compliance with the correct antimicrobial route of administration and duration in those patients who remained hospitalised for at least 14 days after identification of SAB.

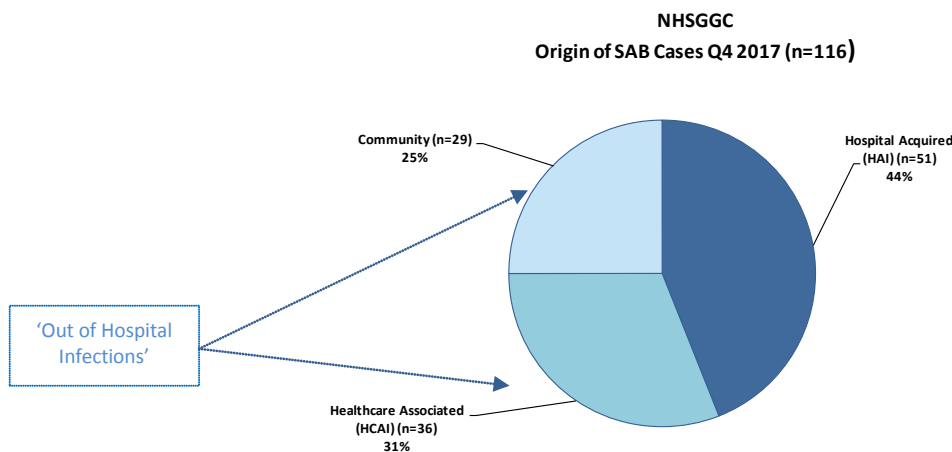


Figure 3 Origin of SAB between 01/10/17 – 31/12/17

NHSGGC MRSA Screening Project

CRA compliance for Q3 (October - December 2017) in GGC remained at 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 HPS reporting quarters for this project are different to those used for CDI, SAB and SSI.

	2016-17 Q4 (Jan-Mar)	2017-18 Q1 (Apr-Jun)	2017-18 Q2 (Jul-Sep)	2017-18 Q3 (Oct-Dec)
Greater Glasgow & Clyde	81%	92%	89%	89%
Scotland	79%	85%	90%	88%

Table 3. Quarterly screening compliance
National Data Source: HPS MRSA Screening Team January 2018

Clostridium difficile

Surveillance and Actions

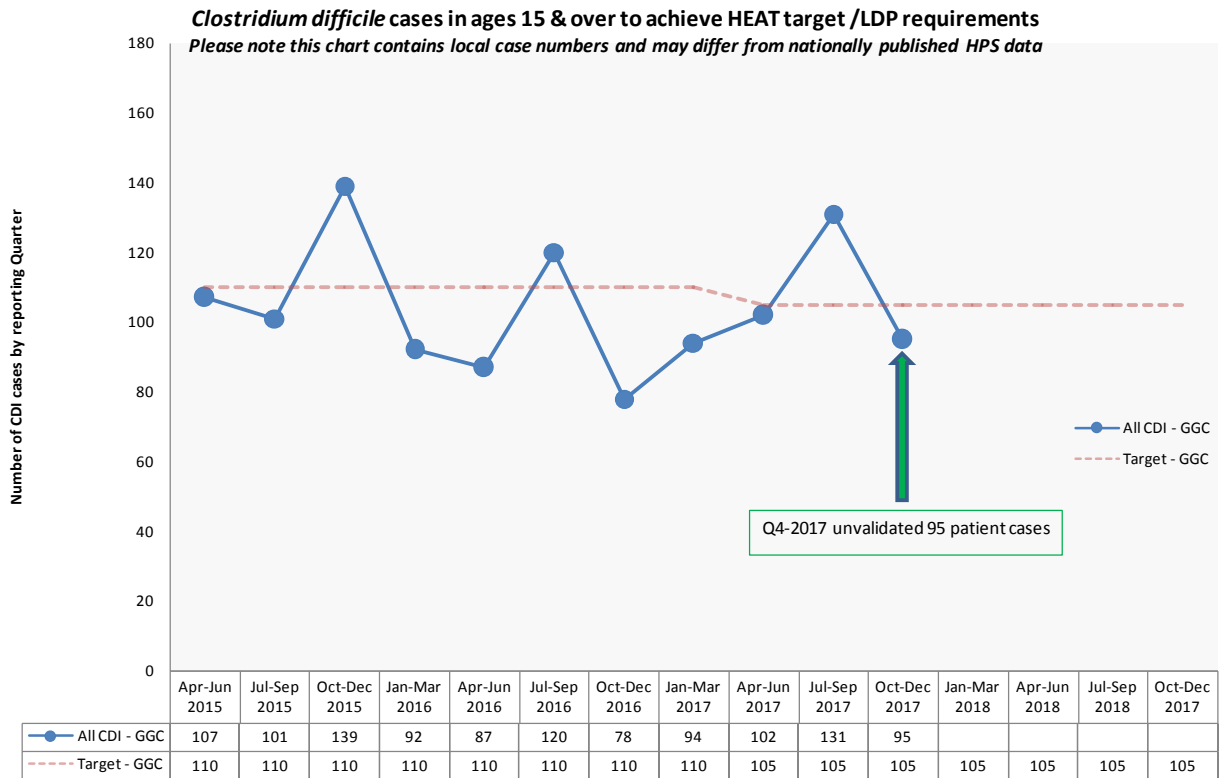


Figure 4: CDI patient cases by quarter

Summary

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

Quarter 3: 2017 (July – September) Surveillance

132 validated *Clostridium difficile* (CDI) cases were reported for July to September 2017 with a rate of **44.3** cases per 100,000 AOB in ages 15-64 and a rate of **38.7** cases per 100,000 non-acute bed days for ages 65+. This is above the national rate and HEAT/LDP requirements. Please note that one extra case was assigned to NHSGGC from another Scottish health board as part of the revised HPS reporting process.

This increase was noted and investigated early in Q3 and it was confirmed that although there was an increase in cases identified there were no outbreaks or links in time place or person in our acute hospitals. As an additional measure in July 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 at any time 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 on our follow up has been returned to HPS.

It should be noted this there was an increase in the proportion of infections that occurred out of hospital in this quarter i.e. 68% of all cases. This proportion was higher than the previous quarter when 55% of cases occurred out of hospital.

In Q4 95 cases were reported which was a 27% decrease from the previous quarter.

In the Q3 HPS epidemiological commentary published on 4th January 2018, indicate that NHSGGC have been highlighted as an exception with regards to community associated CDI. Senior team members from IPC and Public Health will be meeting with HPS in early February to discuss this increase and determine what if any measures may have an impact on reduction in community associated cases. This will also be highlighted with our HSCP and antimicrobial management team colleagues.

Quarter 4: 2017 (October - December) Local Surveillance Status

Local surveillance has identified a **27% decrease** on the previous quarter with 95 reported cases. (Figure 4).

75 cases were identified from patients who were inpatients, although it should be noted that just over a fifth of CDI cases were from specimens obtained from GP practices. (Figure 5).

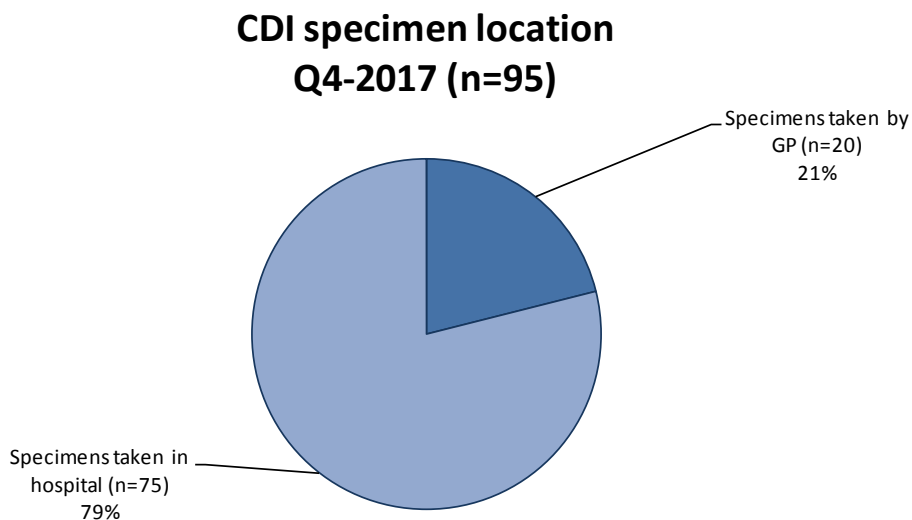


Figure 5. Proportion of CDI specimens taken in GP practices versus hospital in-patients

CDI Cases (Q4 October-December) Origin	Number of Cases
Hospital acquired (HAI)	32
Healthcare associated (HCAI)	20
Community associated	25
Indeterminate	18
Total	95

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

OUTBREAKS / EXCEPTIONS

(Reported are those that are assessed as AMBER or RED using the HPS HIIAT tool)

November 2017

QEUH – Orthopaedics, Possible Carbapenemase Resistant *Pseudomonas aeruginosa* Transmission. 3 patients with resistant *Pseudomonas aeruginosa* isolated from wounds. IMT held 03/11/17. HIIAT Red in the first instance due to the possibility of cross transmission of a resistant organism, however, following a review of the isolates they were confirmed as distinct, therefore the incident was downgraded to HIIAT Green.

December 2017

QEUH - IMT held on 22/12/17 for 3 medicine for the elderly wards closed or partially closed concurrently on the same hospital site (Ward 54 closed with suspected norovirus and confirmed Influenza A, Ward 53 closed with confirmed Influenza A and Ward 55 Bed Bay closed with Influenza A). Appropriate SICPs and TBPs were in place. HIIAT assessment was Green. Further IMT held 24/12/18. HIIAT assessment undertaken was reassessed as Amber due to impact of service and severity of illness. Ward 8a also closed on 26/12/17. Due to unprecedented pressures on clinical services, a decision taken to make ward 8a an Influenza cohort ward with a bed bay and single rooms in Ward 55 as influenza beds / bays.

Influenza

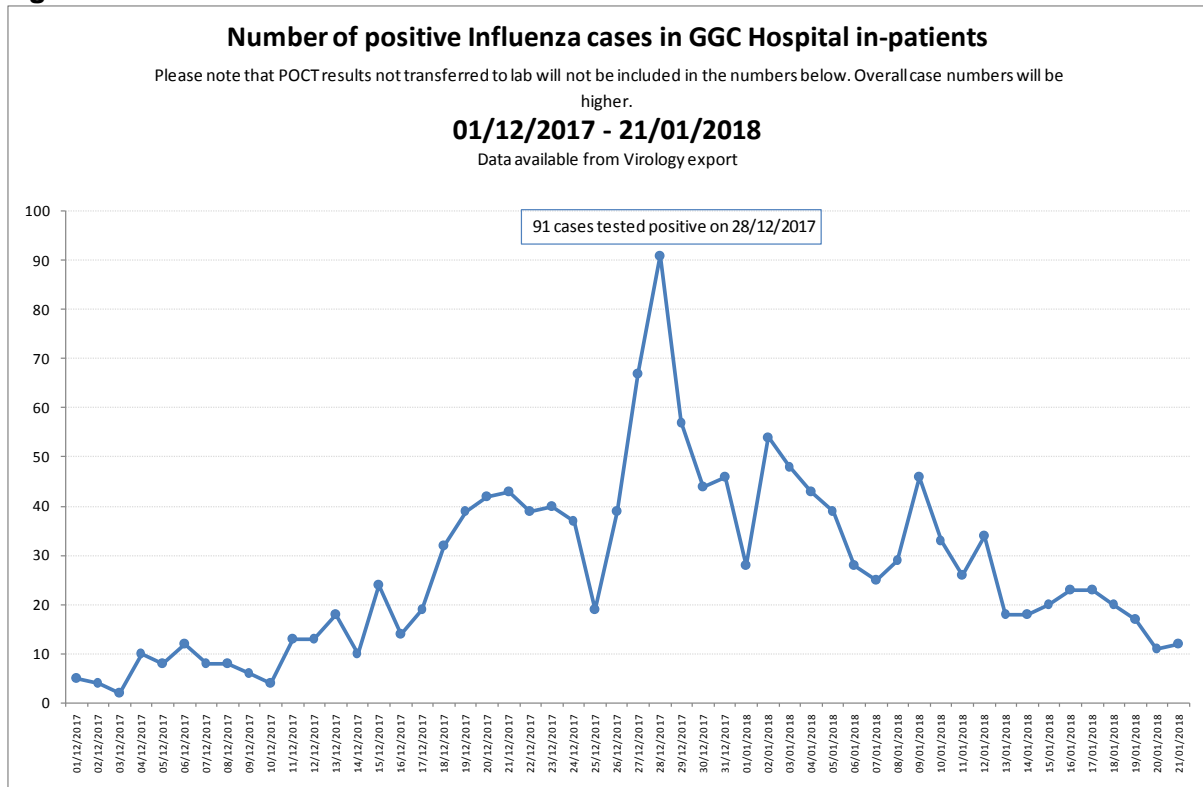
Influenza activity was significant and reported in 3 hospitals in November 2017 where 3 wards were closed and in 5 hospitals in December 2017 where 12 wards were closed (3 of which stayed closed into January 2018). Figure 6 below demonstrates the number of positive cases per day from the 1st of December until the 21st of January.

Of all the positive influenza cases in hospital in-patients, reported through NHSGGC virology laboratory to date (n=1410) 16% of cases were hospital acquired (HAI) (n=224). It should be noted that all infections are defined using the national Health Protection Scotland definition of HAI, i.e. if the patient is first symptomatic 48 hours after admission but the incubation period for influenza is 1-4 days so the numbers of HAI are in all probability an overestimate. In some cases there may be a delay in the diagnostic test being performed.

Occasionally Influenza can present atypically e.g. GI upset. Any test sent 48 hours after admission will by definition be a HAI.

NHSGGC is in the process of rolling out rapid point of care testing for Influenza in high risk areas. This enables rapid isolation, cohorting, and implementation of transmission based precautions (TBPs). We are still in Influenza season so we have not yet evaluated this test but the aim of it is to reduce further cross transmission. It is particularly useful in hospitals such as GRI which do not have all single side rooms.

Figure 6



Organism	Hospital cases
Influenza A & B virus	5
Influenza A	1192
Influenza B	213
Grand Total	1410

Norovirus

Norovirus activity was reported in 4 hospitals in November 2017 where 4 wards were closed and in 3 hospitals in December 2017 where 6 wards were closed.

Month	Jan -17	Feb -17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug -17	Sep-17	Oct-17	Nov-17	Dec-17
Ward Closures	3	6	4	5	2	2*	0	0	2	2	4**	6
Bed Days Lost	38	61	160	121	53	39	0	0	10	49	34	210

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

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

**One ward closed in November and remained closed in to the start of December

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 no unannounced HEI / HAI inspection since the last published HAIRT.

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 4 (July- September 2017)

Category of Procedure	Operations	Infections	NHSGGC SSI rate (%)	NHSGGC 95% CI	National Dataset SSI rate (%)	National 95% CI
Caesarean section	1360	11	0.8	0.4,1.4	1.2	0.9,1.6
Hip arthroplasty	343	2	0.6	0.1,2.1	0.4	0.2,0.8

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 July- September 2017, the SSI rate of 0.6% for hip arthroplasty was above the national average of 0.4%, but within national confidence intervals.

Caesarean section procedures this quarter had a **lower** SSI rate than the national average (table 6 above) and were also under national confidence intervals (0.9-1.6).

Q4 (October - December 2017) Local SSI Surveillance Status

Surveillance to 30 day post operatively is still ongoing at time of report compilation for the quarter and local data, at time of publication, for October to December 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 exercised** 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 4-17 (October - December) : Local SSI Surveillance Status (correct at time of reporting)				
	Category of Procedure	Operations	Infections	NHSGGC SSI Rate (%)
Mandatory (reported to HPS)	Caesarean section	1306	17	1.3
	Hip arthroplasty	397	6	1.5
	Large Bowel Surgery	204	6	2.9
	Major Vascular Surgery	175	5	2.9
Voluntary	Knee arthroplasty	336	2	0.6
	Repair of neck of femur	405	1	0.2
Additional INS, QEUH only	Cranial Surgery	188	3	1.6
	Spinal Surgery	194	3	1.5

Table 7. Local SSI Surveillance 01/10/17 - 31/12/17(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/hai/>

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**

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
MRSA	3	0	3	1	2	1	0	1	1	3	1	3
MSSA	33	30	45	42	27	43	32	31	35	36	32	41
Total SABS	36	30	48	43	29	44	32	32	36	39	33	44

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

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Ages 15-64	7	11	18	12	13	10	18	16	15	15	13	9
Ages 65 plus	20	26	11	16	28	24	27	25	30	17	23	18
Total Ages 15 plus	27	37	29	28	41	34	45	41	45	32	36	27

Hand Hygiene Monitoring Compliance (%)

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

Cleaning Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	95.4	95.5	95.7	95.5	95.6	95.4	95.2	95.2	95.3	95.2	95.4	95.8

Estates Monitoring Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	99.3	99.2	99.0	99.0	99.1	99.3	99.0	99.2	98.9	98.9	99.1	99.5

GLASGOW ROYAL INFIRMARY / PRINCESS ROYAL MATERNITY

REPORT CARD

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

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

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

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

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

ROYAL ALEXANDRA HOSPITAL

REPORT CARD

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

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

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

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

Cleaning Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	96.3	96.5	95.3	96.2	96.2	95.1	96.2	96.2	95.4	95.9	95.8	95.5

Estates Monitoring Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	98.3	99.0	97.4	98.2	99.1	98.5	99.0	98.5	96.7	98.4	98.3	99.1

INVERCLYDE ROYAL HOSPITAL

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	94.9	95.3	95.4	95.0	94.5	95.8	95.2	96.3	94.7	95.6	95.8	95.0

Estates Monitoring Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	97.1	96.5	97.4	96.7	95.8	97.5	99.0	98.3	97.8	97.8	98.4	98.5

VALE OF LEVEN HOSPITAL

REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
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 (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	97.2	97.4	97.2	97.6	97.6	97.3	97.5	97.5	97.7	97.7	97.8	97.7

Estates Monitoring Compliance (%)

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

GARTNAVEL GENERAL HOSPITAL

REPORT CARD

Figures combined for

Gartnavel General Hospital, Beatson WoSCC and Homeopathic Hospital

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	96.1	96.9	97.1	96.5	96.9	96.9	96.2	96.4	97.1	96.2	96.3	96.9

Estates Monitoring Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	99.5	99.6	99.5	99.2	99.4	99.5	99.0	99.6	99.4	99.6	99.6	99.7

QUEEN ELIZABETH UNIVERSITY HOSPITAL

REPORT CARD

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

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
MRSA	0	0	0	0	0	0	0	1	1	1	1	0
MSSA	4	4	6	6	2	6	6	3	10	4	6	8
Total SABS	4	4	6	6	2	6	6	4	11	5	7	8

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

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

Cleaning Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	94.0	92.9	94.7	93.2	93.8	91.8	92.0	91.1	93.3	91.4	92.1	94.4

Estates Monitoring Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	99.9	99.8	99.9	99.7	99.2	99.9	99.0	99.6	99.7	99.5	99.7	99.9

ROYAL HOSPITAL FOR CHILDREN

REPORT CARD

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

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

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

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

Cleaning Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	95.1	96.5	94.4	94.9	93.6	94.3	93.9	95.2	93.3	94.1	92.1	94.4

Estates Monitoring Compliance (%)

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Board Total	99.5	99.0	99.5	99.5	99.7	98.8	99.0	99.5	99.5	99.1	99.7	99.9

**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
- Orchard View (Inverclyde Royal Hospital campus)
- Stobhill Hospital

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

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

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

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

NHS GREATER GLASGOW & CLYDE

OUT OF HOSPITAL REPORT CARD

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

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
MRSA	3	0	2	0	0	1	0	0	0	2	0	2
MSSA	15	21	26	28	17	21	19	21	8	22	17	22
Total SABS	18	21	28	28	17	22	19	21	8	24	17	24

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

	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
Ages 15-64	5	8	13	8	7	7	12	13	13	12	10	8
Ages 65 plus	10	17	6	7	15	13	16	14	21	10	16	7
Ages 15 plus (Total)	15	25	19	15	22	20	28	27	34	22	26	15

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

55% of all *Staphylococcus aureus* Bacteraemia cases reported in NHSGGC between January 2017 and December 2017 are attributed as *Out of Hospital* infections.

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

64% of all CDI cases reported in NHSGGC between January 2017 and December 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
HSCP	Health & Social Care Partnerships
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.