

## NHS GRAMPIAN

### Healthcare Associated Infection (HAI) Bimonthly Report – July 2017

#### 1. Actions Recommended

The Board is requested to note the content of this summary bimonthly HAI Report, as directed by the HAI Policy Unit, Scottish Government Health Directorates.

#### 2. Strategic Context

- Local Delivery Plan Standards for 2016/17
  - *Staphylococcus aureus* bacteraemia (SAB) cases are 24 or less per 100,000 acute occupied bed days (AOCD)
  - *Clostridium difficile* infections (CDI) in patients aged 15 and over is 25 cases or less per 100,000 total occupied bed days (TOBD)
- National Key Performance Indicators for MRSA screening
- National Hand Hygiene Compliance Target
- National Health Facilities Scotland (HFS) Environmental Cleaning Target
- National Health Facilities Scotland (HFS) Estates Monitoring Target
- National Scottish Antimicrobial Prescribing Group (SAPG) *Clostridium difficile* Local Delivery Plan Standards

#### 3. Key matters relevant to recommendation

Issue	Group	Target	Period & source	NHS Scot	NHS G	RAG
SABs	All ages	<b>Local Delivery Plan Standards</b> 24 cases per 100,000 AOBD	Jan-Mar 2017, HPS	32.9	31.3	Amber
CDIs	Patients aged 15 and over	<b>Local Delivery Plan Standards</b> 32 cases per 100,000 TOBD	Jan-Mar 2017, HPS	26.4	30	Green
<i>E coli</i> Bacteraemia	Healthcare associated	<b>No target</b> (rate per 100,000 bed days)	Jan-Mar 2017, HPS	34.6	29.5	Green
	Community acquired	<b>No target</b> (annualised rate per 100,000 population)		42.8	39.3	Green
MRSA (CRA) screening		<b>HPS</b> 90%	Apr-Jun 2017, HPS	85%	82%	Red
Hand Hygiene	All clinical areas	<b>SGHD</b> 90%	Apr-May 2017, NHSG	N/A	98%	Green
Cleaning		<b>HFS</b> 90%	Apr-Jun 2017	N/A	95%	Green

Issue	Group	Target	Period & source	NHS Scot	NHS G	RAG	
Estates		<b>HFS</b> 90%	Apr-Jun 2017	N/A	96%	Green	
Antimicrobial prescribing	Hospital downstream medical wards (ARI,105, 111, DG 7)	<b>SAPG</b> 95%- doses admin	Jun - July 2017, NHSG	96%	100%	Green	
		<b>SAPG</b> 95%- Indication documented		96%	100%	Green	
		<b>SAPG</b> 95%- duration/review documented		71%	100%	Green	
		<b>SAPG</b> 95%- policy compliant		94%	90%	Amber	
	Hospital downstream surgical wards (ARI Gen Surg, DG 5)	<b>SAPG</b> 95%- doses admin	Jan - Feb 2017, NHSG	94%	Data not yet entered		
		<b>SAPG</b> 95%- Indication documented		94%			
		<b>SAPG</b> 95%- duration/review documented		57%			
		<b>SAPG</b> 95%- policy compliant		91%			
	Surgical Antibiotic prophylaxis	<b>SAPG</b> 95% - single dose		N/A	Data not collected	Green	
		<b>SAPG</b> 95% - policy compliant					
	Total antibiotic prescribing (primary care)	<b>SAPG</b> 50% GP practices at or moved towards target	Jan-Mar 2017, PRISMS	N/A	82%	Green	
	Surgical Site Infections (SSIs)	Caesarean Section	n/a	Jan-Mar 2017, HPS	1.4%	1.5%	Amber
		Hip Arthroplasty	n/a	Jan-Mar 2017, HPS	0.4%	0.4%	Green

#### **4. Risk Mitigation**

By noting the contents of this report, the Board will fulfil its requirement to seek assurance that appropriate surveillance of healthcare associated infection is taking place and that this surveillance is having a positive impact on reducing the risk of avoidable harm to the patients of NHS Grampian.

#### **5. Responsible Executive Director and contact for further information**

If you require any further information in advance of the Board meeting please contact:

**Responsible Executive Director**

Amanda Croft

Director of Nursing

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**Contact for further information**

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## **Staphylococcus aureus (including MRSA) Bacteraemia**

### **Enhanced Staphylococcus aureus Bacteraemia (SAB) Surveillance**

Enhanced SAB surveillance is carried out in all Health Boards using standardised data definitions. Each new case continues to be discussed at a weekly multidisciplinary team meeting involving Infection Prevention and Control Doctors, Infection Prevention and Control Nurses, Surveillance Nurse, Antimicrobial Pharmacist, Infection Unit Nurse and a microbiology registrar. The offer of attendance at speciality case review meetings from the IPCT is extended should further discussion be required.

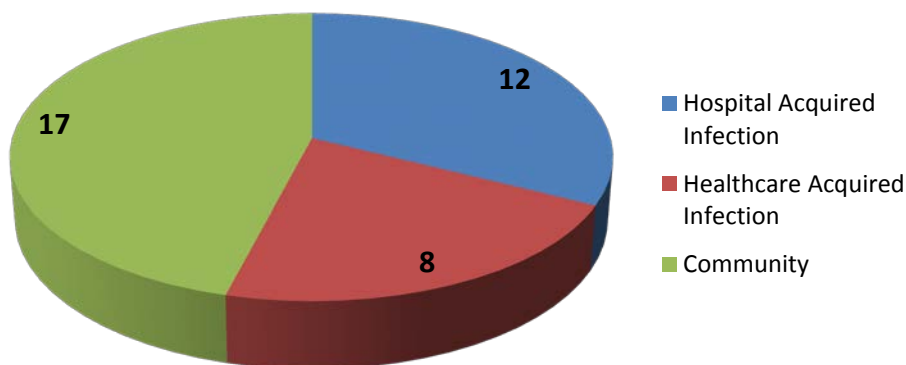
Cases are defined as:

- Hospital Acquired
- Healthcare Associated
- Community Associated
- Not Known

The most recent collated results for NHS Scotland demonstrate that during quarter 1, 2017 (January to March), within NHS Grampian. There were 37 cases of Staphylococcus aureus Bacteraemia.

Less than half of the 37 SAB cases were hospital acquired.

#### **Origin of SAB cases Q1 (n=37)**



Of the 12 hospital acquired cases of SAB, 8 patients had the source of their SAB identified as a medical device, including PVC and CVC.

<b>Source</b>	<b>Number</b>
Peripheral Venous Catheter (PVC)	2
Central Venous Catheter (CVC)	3
Peripherally inserted central catheter (PICC) / Midline	1
Percutaneous Endoscopic Gastrostomy (PEG)	2
Surgical Site Infection (SSI)	1
Not known	3

Of the 8 healthcare acquired cases of SAB, 1 patient had the source of their SAB identified as a medical device a CVC.

<b>Source</b>	<b>Number</b>
Central Venous Catheter (CVC)	1
Not known	3
Respiratory	2
Skin Soft Tissue (cellulitis, skin condition)	2

Of the 17 community acquired cases of SAB, 13 patients had the source of their SAB identified as either respiratory infection or skin soft tissue conditions.

<b>Source</b>	<b>Number</b>
IV Drug User injection site	2
Not known	3
Respiratory	7
Skin Soft Tissue (cellulitis, skin condition, ulcers)	5

## National *Staphylococcus aureus* bacteraemia surveillance programme

Health Protection Scotland published their quarterly reports on the surveillance of *Staphylococcus aureus* bacteraemia (SAB) in Scotland, January to March 2017.

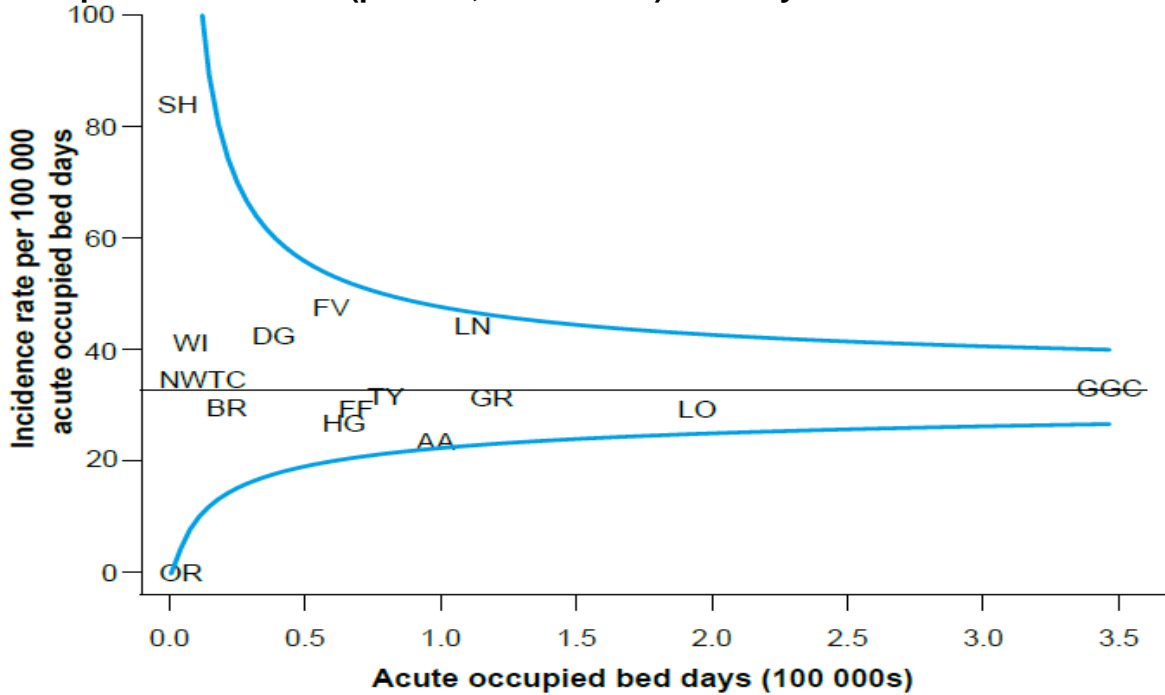
The following table and graphs demonstrate NHS Grampian's rate of SABs compared with all other Boards in Scotland.

The rate of SABs in NHS Grampian in this quarter is the seventh lowest in Scotland and similar to that in NHS Highlands.

### SAB cases and incidence rates (per 100,000 AOBs) January to March 2017

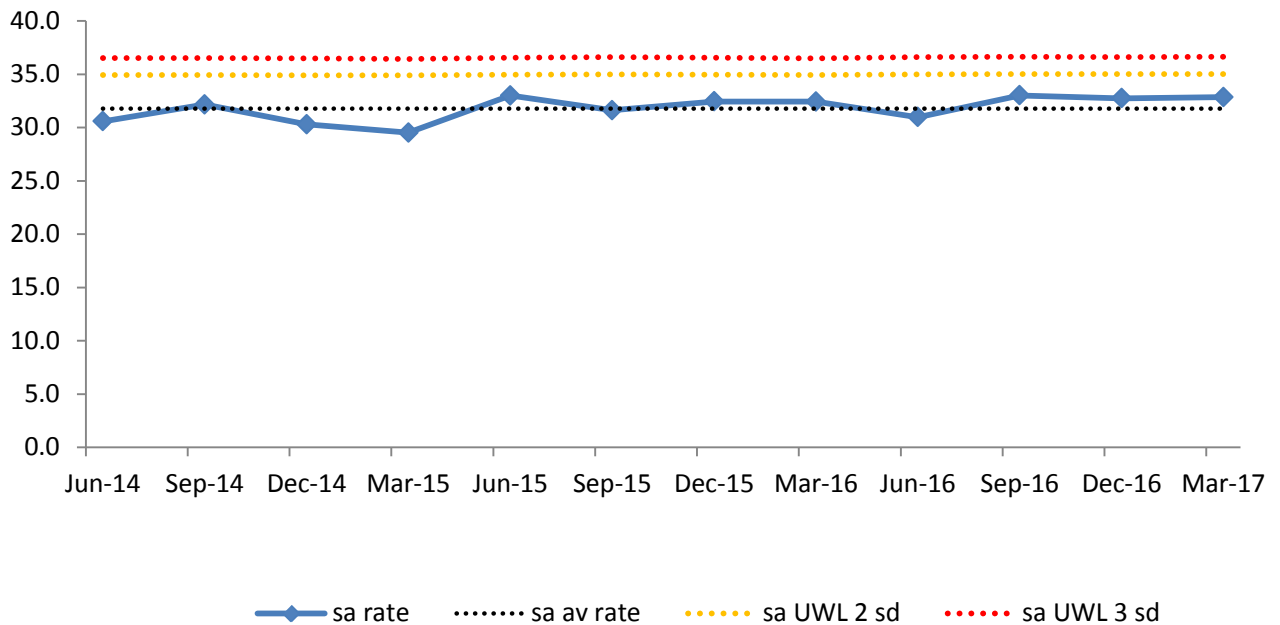
NHS board	MRSA Cases	MSSA Cases	SAB Cases	Bed days	MRSA Rate	MSSA Rate	SAB Rate
AA	3	20	23	97 642	3.1	20.5	23.6
BR	1	5	6	20 418	4.9	24.5	29.4
DG	1	15	16	37 816	2.6	39.7	42.3
FF	0	20	20	68 219	0.0	29.3	29.3
FV	3	25	28	58 935	5.1	42.4	47.5
GR	1	36	37	118 219	0.8	30.5	31.3
GGC	6	108	114	346 199	1.7	31.2	32.9
HG	1	16	17	63 747	1.6	25.1	26.7
LN	2	47	49	111 220	1.8	42.3	44.1
LO	6	51	57	194 093	3.1	26.3	29.4
NWTC	0	4	4	11 569	0.0	34.6	34.6
OR	0	0	0	3608	0.0	0.0	0.0
SH	0	2	2	2383	0.0	83.9	83.9
TY	0	25	25	79 237	0.0	31.6	31.6
WI	1	2	3	7285	13.7	27.5	41.2
Scotland	25	376	401	1 220 590	2.0	30.8	32.9

Funnel plot of SAB rates (per 100,000 AOBs) January to March 2017.



A graph showing NHS Grampian Surveillance data from December 2013 demonstrates little change in the rate of SABs.

Quarterly rates of SAB per 100 000 acute bed days



The following measures have been put in place:

- A new system for providing feedback to clinical teams has demonstrated positive results so far.
- Clinical teams who are responsible for potentially preventable SABs are advised to report via DATIX.
- There is standardised paperwork for recording insertion and maintenance of peripheral vascular catheters (PVCs) across NHS Grampian.

Other HAI initiatives which influence our SAB rate include:

- Hand Hygiene monitoring
- Compliance with National Housekeeping Specifications
- Audit of the environment and practices via biannual environmental audits and frequent independent audit inspections.
- Participation in National Enhanced SAB Surveillance
- MRSA screening at pre-assessment clinics and on admission

More information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/publicationsdetail.aspx?id=30248>

## MRSA Screening

In early 2011, the Scottish Government announced new national minimum MRSA screening recommendations. Targeted MRSA screening by specialty (implemented in January 2010) has now been replaced by a Clinical Risk Assessment (CRA) followed by a nose and perineal swab (if the patient answers yes to any of the CRA questions). National Key Performance Indicators (KPIs) have now been implemented with Boards being required to achieve 90% compliance with CRA completion.

CRA compliance for Quarter 1 (January – March 2017) within NHS Grampian was 82%.

Health Board	2016_17 Q2	2016_17 Q3	2016_17 Q4	2017_18 Q1
Grampian	82%	87%	91%	<b>82%</b>
Scotland	84%	82%	79%	85%



## ***Clostridium difficile* Infection**

### ***Clostridium difficile* Infection Surveillance**

As with *S aureus* bacteraemias, each new case is discussed at a weekly multidisciplinary team meeting involving Infection Prevention and Control Doctor(s), Infection Prevention and Control Nurses, Surveillance Nurse, Antimicrobial Pharmacist, and a microbiology registrar – the Infection Unit Nurse is not present for the CDI case discussions. By close investigation of each case and typing of the organisms – when indicated – the Infection Prevention and Control Team is assured that there have not been any outbreaks of CDI.

Local enhanced surveillance data can be provided in a more timely fashion as this is not part of a national enhanced surveillance programme.

During quarter 1 (January to March 2017):

**50%** cases were classified as “healthcare associated”

**50%** cases were classified as “out of hospital”

### **National *Clostridium difficile* infection surveillance programme**

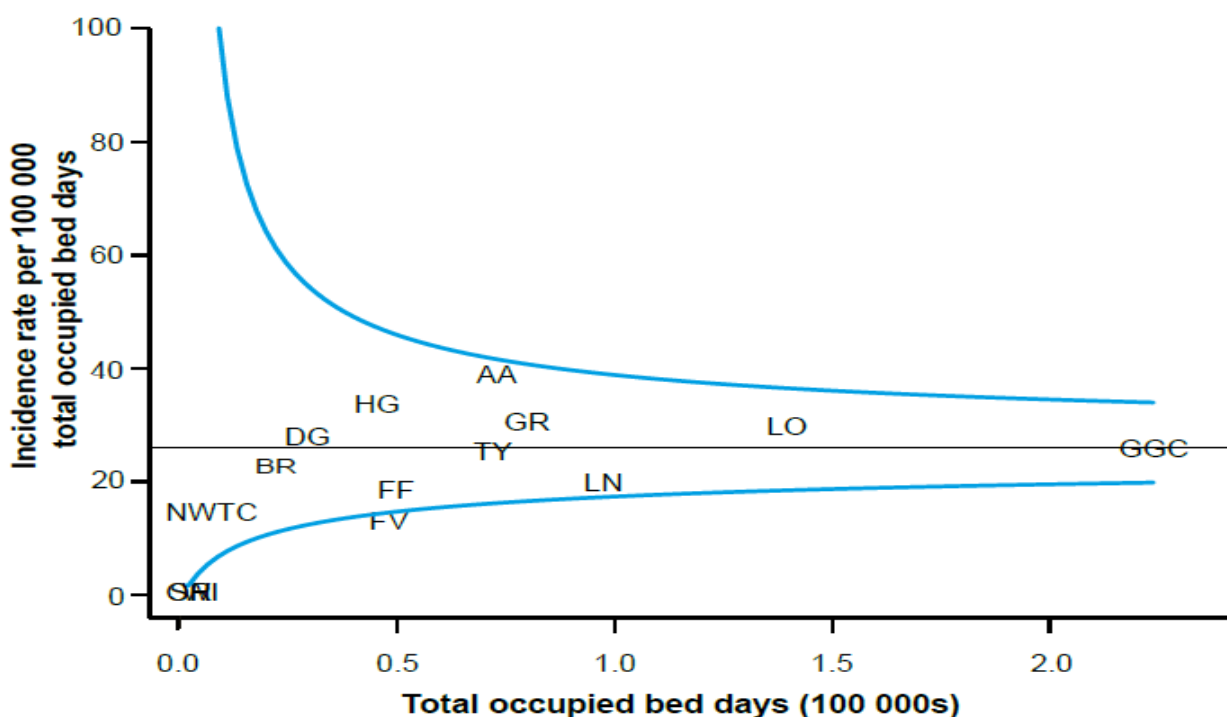
Health Protection Scotland published their quarterly reports on the surveillance of *Clostridium difficile* infections (CDIs) in Scotland, Q1 2017, January to March.

The following tables and graphs demonstrate NHS Grampian’s rate of CDI compared with all other Boards in Scotland, with data broken down for age groups  $\geq 65$  years and 15-64 years old.

### **CDI cases and incidence rates (per 100,000 TOBDs) in patients aged 65 years and above: Q4 2016 (October to December 2016) compared to Q1 2017 (January to March 2017)**

NHS board	Q4 2016 (October to December)			Q1 2017 (January to March)		
	Cases	Bed days	Rate	Cases	Bed days	Rate
AA	16	71 888	22.3	28	72 856	38.4
BR	4	22 169	18.0	5	22 115	22.6
DG	9	28 111	32.0	8	29 214	27.4
FF	14	50 152	27.9	9	49 709	18.1
FV	8	49 412	16.2	6	47 974	12.5
GR	29	77 479	37.4	24	79 807	30.1
GGC	57	216 896	26.3	57	224 041	25.4
HG	20	43 336	46.2	15	45 259	33.1
LN	31	91 312	33.9	19	97 423	19.5
LO	22	132 572	16.6	41	139 635	29.4
NWTC	0	7410	0.0	1	7100	14.1
OR	1	2819	35.5	0	1965	0.0
SH	0	1963	0.0	0	2259	0.0
TY	12	74 061	16.2	18	71 992	25.0
WI	1	7176	13.9	0	4661	0.0
Scotland	224	876 756	25.5	231	896 010	25.8

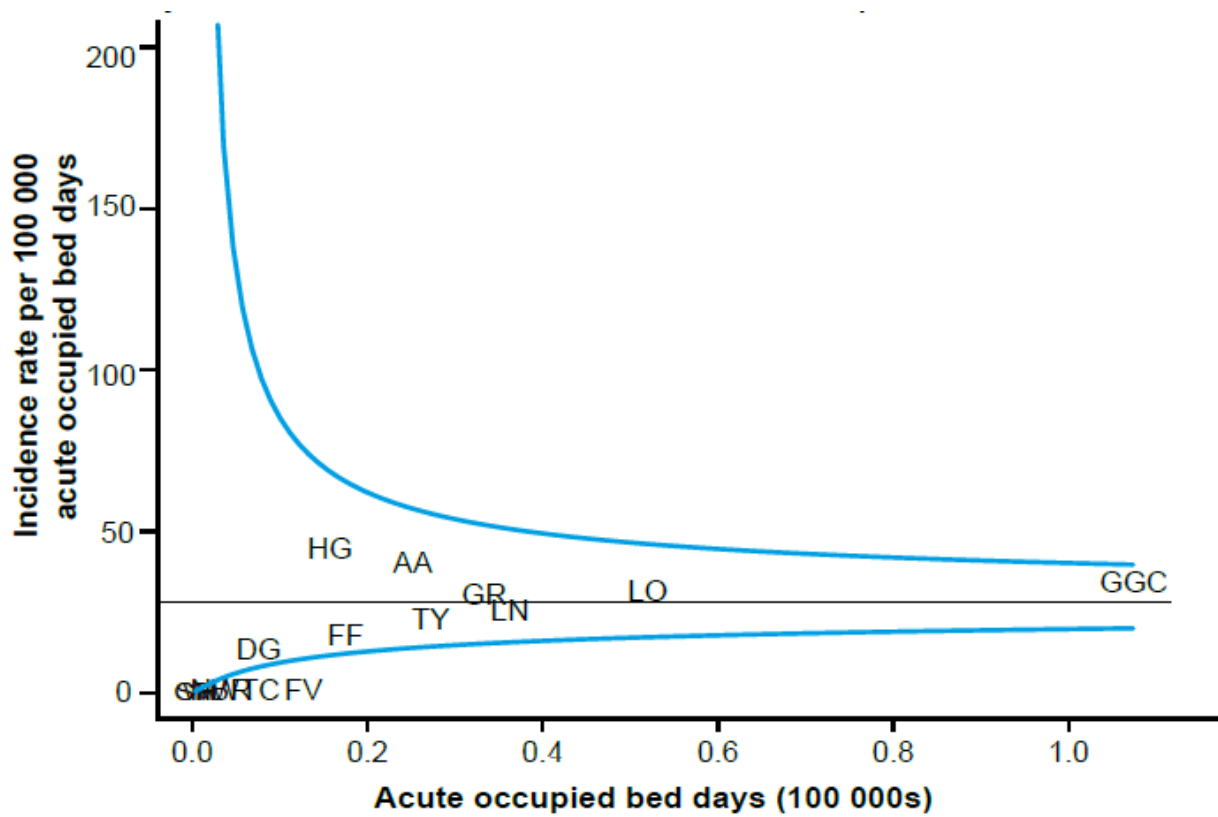
**Funnel plot of CDI incidence rates (per 100,000 TOBDs) in patients aged 65 years old and above for all NHS Boards in Scotland, January to March 2017.**



**CDI cases and incidence rates (per 100,000 TOBDs) in patients aged 15-64: Q4 2016 (October to December 2016) compared to Q1 2017 (January to March 2017).**

NHS board	Q4 2016 (October to December)			Q1 2017 (January to March)		
	Cases	Bed days	Rate	Cases	Bed days	Rate
AA	7	23 711	29.5	10	25 380	39.4
BR	2	4280	46.7	0	4682	0.0
DG	4	8603	46.5	1	7851	12.7
FF	8	15 617	51.2	3	17 729	16.9
FV	3	12 710	23.6	0	12 945	0.0
GR	15	32 265	46.5	10	33 495	29.9
GGC	21	110 154	19.1	36	107 281	33.6
HG	4	15 794	25.3	7	15 938	43.9
LN	8	34 199	23.4	9	36 411	24.7
LO	19	55 166	34.4	16	52 072	30.7
NWTC	0	5672	0.0	0	5085	0.0
OR	0	463	0.0	0	720	0.0
SH	0	739	0.0	0	708	0.0
TY	11	27 427	40.1	6	27 412	21.9
WI	1	1827	54.7	0	1284	0.0
Scotland	103	23 711	29.5	98	348 993	28.1

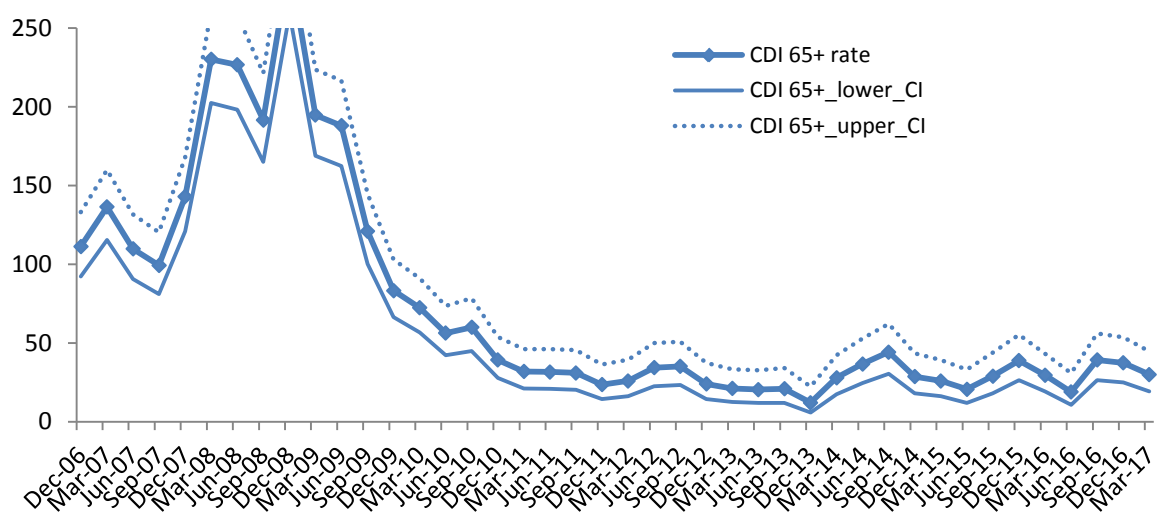
**Funnel plot of CDI incidence rates (per 100,000 TOBDs) in patients aged 15-64 and above for all NHS Boards in Scotland, January to March 2017.**



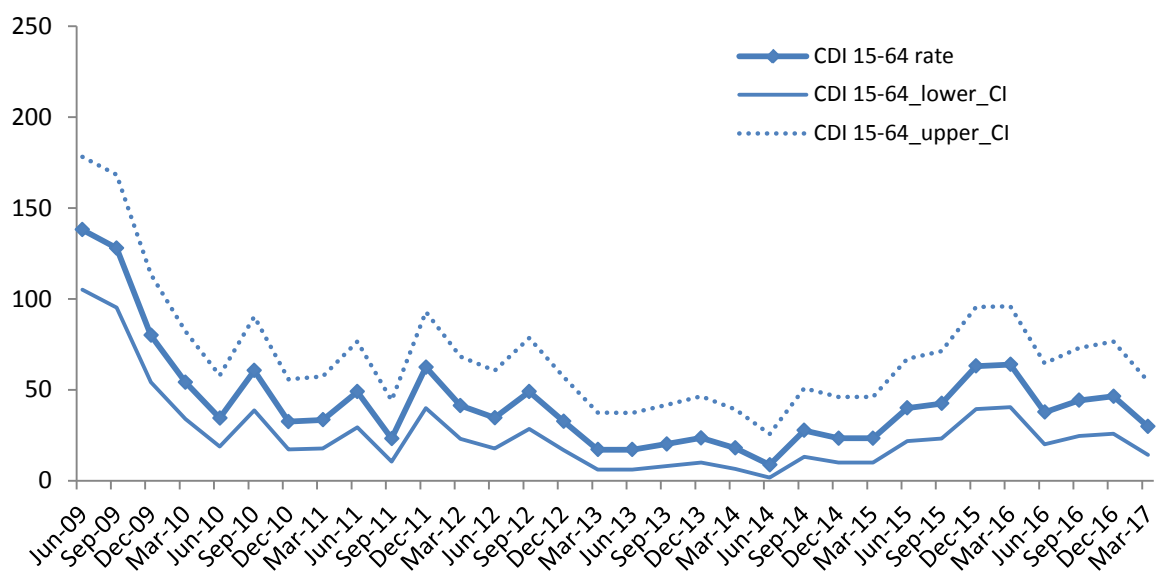
- |     |                         |      |                               |
|-----|-------------------------|------|-------------------------------|
| AA  | Ayrshire & Arran        | HG   | Highland                      |
| BR  | Borders                 | LO   | Lothian                       |
| DG  | Dumfries & Galloway     | LN   | Lanarkshire                   |
| FF  | Fife                    | NWTC | National Waiting Times Centre |
| FV  | Forth Valley            | OR   | Orkney                        |
| GGC | Greater Glasgow & Clyde | SH   | Shetland                      |
| GR  | Grampian                | TY   | Tayside                       |
|     |                         | WI   | Western Isles                 |

Graphs showing NHS Grampian surveillance data from 2006 (patients over 65 years old) and 2009 (15-64 years old) demonstrate the downward trend in CDI rates over time for patients aged 65 and above but with a recent gradual rise in the 15-64 year old age group.

Quarterly rates of Clostridium difficile in ages 65+ per 100 000 total bed days



Quarterly rates of Clostridium difficile in ages 15-64 per 100 000 acute bed days



Information on the national surveillance programme for Clostridium difficile infections can be found at:

<http://www.hps.scot.nhs.uk/haic/sshaip/ssdetail.aspx?id=277>

## National *Escherichia coli* bacteraemia surveillance programme

Data collection for this programme commenced in 2016 and we are now able to provide some feedback.

*Escherichia coli* continue to be the most frequent cause of Gram-negative bacteraemia in Scotland and is a frequent cause of infection worldwide.

Healthcare associated (HCAI) *E coli* infections are measured as a rate per 100, 000 occupied bed days. However, community acquired infections are measured as a rate per population.

In Quarter 1 the rate of HCAI *E coli* infections in NHS Grampian was 29.5 cases per 100,000 occupied bed days compared with cases 34.6 per 100,000 occupied bed days across NHS Scotland. The community *E coli* bacteraemia rate in NHS Grampian was 39.3 cases per 100,000 population compared with 42.8 cases per 100,000 population across NHS Scotland.

### E Coli bacteraemia rates in NHS Scotland Q1 (January to March 2017)

	Healthcare associated Ecoli infection				Community Ecoli infection			
	Cases	Total occupied bed days	Rate per 100 000 bed days	95% CI	Cases	Population	Rate per 100 000 Population	95% CI
Mar-17	547	1582972	34.6	(31.7 ,37.5)	571	5404700	42.8	(41.1 ,44.6)

### E Coli bacteraemia rates in NHS Grampian Q1 (January to March 2017)

	Healthcare associated Ecoli infection				Community Ecoli infection			
	Cases	Total occupied bed days	Rate per 100 000 bed days	95% CI	Cases	Population	Rate per 100 000 Population	95% CI
Mar-17	43	145994	29.5	(21.3 ,39.6)	57	588100	39.3	(34.4 ,44.7)

## Cleaning and the Healthcare Environment

### Health Facilities Scotland National Cleaning Specification Reports

NHS Grampian continues to achieve the required cleanliness standards across all locations as monitored by the Facilities Monitoring Tool.

1st Quarter - April - June 2017	<a href="#">April Domestic</a>	<a href="#">April Estates</a>	<a href="#">May Domestic</a>	<a href="#">May Estates</a>	<a href="#">June Domestic</a>	<a href="#">June Estates</a>	<a href="#">Quarter 1 Domestic</a>	<a href="#">Quarter 1 Estates</a>
NHS Grampian Overall	94.75	95.70	94.25	95.75	94.80	96.00	94.60	95.81
Aberdeen Maternity Hospital, RACH & Outlying Areas	94.80	94.75	94.30	94.75	94.60	93.65	94.56	94.38
Aberdeen Royal Infirmary	93.55	95.95	92.25	94.95	94.25	95.75	93.35	95.55
Aberdeenshire North & Moray Community	98.05	97.75	96.95	96.80	97.80	94.40	97.60	96.31
Aberdeenshire South & Aberdeen City	96.35	94.25	95.35	98.05	95.85	98.50	95.85	96.93
Dr Grays Hospital	94.35	95.45	93.95	96.45	93.65	96.05	93.98	95.98
Royal Cornhill Hospital	95.90	94.60	94.00	92.80	93.50	94.95	94.46	94.11
Woodend Hospital	93.95	95.85	94.60	95.45	94.16	96.10	94.23	95.80

## Incidents and Outbreaks

### Norovirus Prevalence

Monday Point Prevalence Surveillance figures are reported to Health Protection Scotland. These capture the significant outbreaks of Norovirus in NHS Grampian and the prevalence of norovirus activity in close to real time. They are not, and should not be interpreted as data for benchmarking or judgement. The data can be used for the assessment of risk and norovirus outbreak preparedness only.

During April and May 2017 there were no wards closed due to Norovirus during Monday Point Prevalence.

Data on the numbers of wards closed due to confirmed or suspected norovirus are available from HPS on a weekly basis at:

<http://www.hps.scot.nhs.uk/haic/ic/noroviruspointprev.aspx>

### Surgical Site Infection (SSI) Surveillance

NHS Grampian participates in the Surgical Site Infection (SSI) surveillance programme that is mandatory in all NHS boards in Scotland. All NHS boards are required to undertake surveillance for hip arthroplasty and caesarean section procedures as per the mandatory requirements of HDL (2006) 38 and CEL (11) 2009.

Readmission surveillance is carried out using prospective readmission data on orthopaedic procedure categories under inpatient and re-admission surveillance up to 30 days post operatively. Post discharge surveillance until day 10 post operation is also carried out for all caesarean sections performed.

Last available quarter (January to March 2017)

<b>Category of Procedure</b>	<b>Number of operations</b>	<b>Number of Infections</b>	<b>NHS Grampian SSI rate (%)</b>	<b>National dataset SSI rate (%)</b>
<b>Caesarean section</b>	406	6	1.5%	1.4%
<b>Hip arthroplasty</b>	264	1	0.4%	0.4%

## **Other HAI Related Activity**

### **Antimicrobial Prescribing**

#### ***Acute sector***

Results for Ward 105 ARI have significantly improved although there is only data on 10 patients. General surgery wards at ARI have engaged with data collection in preparation for a pilot of antimicrobial stewardship ward rounds during June; this data has yet to be uploaded.

From July 2017 data will be collected on new quantitative and qualitative hospital prescribing indicators for the acute sector as directed by the Scottish Antimicrobial Prescribing Group. Data collection via the Antimicrobial Companion app is still being finalised at a national level.

#### ***Primary Care***

Q1 data (Jan-Mar17) shows 61/74 practices have either met the target or achieved an acceptable shift within this time period compared to Jan-Mar14 and NHS Grampian has therefore exceeded the reduction in total antibiotic prescribing required to meet the national quality indicator for primary care. There were 4 outliers (including 1 extreme outlier).

Data for the same time period shows that 51% (37/74) of practices have either met the target or achieved an acceptable shift towards it for prescribing of 4C antibiotics (quinolones, cephalosporins, co-amoxiclav and clindamycin). There were 5 outliers (2 of which were extreme outliers).

Outlier practices were discussed at the Community/Primary Care Antibiotic Group.

## 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 and Health Facilities Scotland. The national reports are official statistics which undergo rigorous validation, which means final national figures may differ from those reported here. However, these reports aim to provide more detailed and up to date information on HAI activities at local level than is possible to provide through the national statistics.

#### Understanding the Report Cards – Infection Case Numbers

*Clostridium difficile* infections (CDI) and *Staphylococcus aureus* bacteraemia (SAB) cases are presented for each hospital, broken down by month. *Staphylococcus aureus* bacteraemia (SAB) cases are further broken down into Meticillin Sensitive *Staphylococcus aureus* (MSSA) and Meticillin Resistant *Staphylococcus aureus* (MRSA).

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/NHSScotland/performance>

#### Understanding the Report Cards – Hand Hygiene Compliance

Hospitals carry out regular audits of how well their staff are complying with hand hygiene. Each hospital report card presents the combined percentage of hand hygiene compliance with both opportunity taken and technique used broken down by staff group.

#### Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning and estates compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

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

*Clostridium difficile* infections and *Staphylococcus aureus* (including MRSA) bacteraemia cases are all associated with being treated in hospitals. However, this is not the only place a patient may contract an infection. This total will also include infection from community sources such as GP surgeries and care homes and. The final Report Card report in this section covers ‘Out of Hospital Infections’ and reports on SAB and CDI cases reported to a Health Board which are not attributable to a hospital.



## NHS BOARD REPORT CARD – NHS Grampian

### Staphylococcus aureus bacteraemia monthly case numbers

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>MRSA</b>	0	0	2	2	1	2	1	1	0	0	0	2
<b>MSSA</b>	9	11	11	9	12	11	12	8	17	11	10	8
<b>Total SABS</b>	9	11	13	11	13	13	13	9	17	11	10	10

### Clostridium difficile infection monthly case numbers

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>Ages 15-64</b>	2	2	7	6	7	6	2	3	7	1	6	8
<b>Ages 65+</b>	7	11	10	9	6	11	12	9	8	6	14	11
<b>Ages 15+</b>	9	13	17	15	13	17	14	12	15	7	20	19

### Hand Hygiene Monitoring Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>AHP</b>	97	99	99	100	99	100	99	99	97	99	99	99
<b>Ancillary</b>	97	95	94	97	97	95	97	99	99	95	98	98
<b>Medical</b>	95	95	95	95	96	95	96	96	97	95	96	97
<b>Nurse</b>	98	98	97	97	99	99	98	99	99	99	99	99
<b>Total</b>	97	98	97	97	98	97	98	98	98	97	98	98

### Cleaning Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>Board Total</b>	95	94	94	94	94	95	95	95	95	95	95	94

### Estates Monitoring Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>Board Total</b>	96	96	96	96	95	95	96	96	96	96	96	96

## NHS HOSPITAL A REPORT CARD – Aberdeen Royal Infirmary

### Staphylococcus aureus bacteraemia monthly case numbers

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

### Clostridium difficile infection monthly case numbers

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>Ages 15-64</b>	0	1	1	0	2	3	1	0	3	1	0	5
<b>Ages 65+</b>	1	4	1	3	2	1	6	6	2	2	3	5
<b>Ages 15+</b>	1	5	2	3	4	4	7	6	5	3	3	10

### Cleaning Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>ARI Total</b>	94	97	94	94	93	94	95	94	94	94	94	92

### Estates Monitoring Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>ARI Total</b>	98	96	96	96	97	96	96	96	96	97	96	95

## NHS HOSPITAL B REPORT CARD – Dr Gray’s Hospital

### Staphylococcus aureus bacteraemia monthly case numbers

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

### Clostridium difficile infection monthly case numbers

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

### Cleaning Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>DGH Total</b>	94	94	93	93	95	93	93	94	94	94	94	94

### Estates Monitoring Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>DGH Total</b>	95	94	95	96	95	95	95	97	97	96	95	94

## NHS HOSPITAL C REPORT CARD – Woodend Hospital

### Staphylococcus aureus bacteraemia monthly case numbers

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

### Clostridium difficile infection monthly case numbers

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

### Cleaning Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>WE Total</b>	95	94	94	94	95	94	95	95	96	94	94	95

### Estates Monitoring Compliance (%)

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>WE Total</b>	93	94	94	94	93	89	90	96	98	96	96	95

## OTHER NHS HOSPITALS REPORT CARD

The other hospitals covered in this report card include:

Aberdeen Maternity Hospital  
 Royal Cornhill Hospital  
 Royal Aberdeen Children's Hospital  
 Roxburgh House  
 All Community Hospitals

### *Staphylococcus aureus* bacteraemia monthly case numbers

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

### *Clostridium difficile* infection monthly case numbers

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

## NHS OUT OF HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>MRSA</b>	0	0	2	1	1	0	0	1	0	0	0	1
<b>MSSA</b>	5	7	6	6	10	9	7	3	16	8	8	6
<b>Total SABS</b>	5	7	8	2	11	9	7	4	16	8	8	7

### *Clostridium difficile* infection monthly case numbers

	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016	Dec 2016	Jan 2017	Feb 2017	Mar 2017	Apr 2017	May 2017
<b>Ages 15-64</b>	2	1	5	5	5	3	2	3	4	0	5	3
<b>Ages 65+</b>	4	6	7	5	4	8	1	2	5	3	10	5
<b>Ages 15+</b>	6	7	12	10	9	11	3	5	9	3	15	8