

## Healthcare Associated Infection (HAI) Quarterly Local Report – April 2021

The following report contains local data for the period January 2021 – March 2021.

### Executive Summary

#### Above Target

- Cleaning compliance **94%** Target >90% (HFS) \*\*\*
  - This is an **increase** from the previous quarter (93%)
- Estates monitoring compliance **95%** Target >90% (HFS) \*\*\*
  - This is the **same** as the previous quarter (95%)
- Hand hygiene compliance amongst Allied Health Professionals **98%** Target 90% SGHD \*\*\*
  - This is a **decrease** from the previous quarter (99%)
- Hand hygiene compliance amongst ancillary staff **96%** Target 90% SGHD \*\*\*
  - This is the **same** as the previous quarter (96%)
- Hand hygiene compliance amongst medical staff **95%** Target 90% SGHD \*\*\*
  - This is a **decrease** from the previous quarter (97%)
- Hand hygiene compliance amongst nursing staff **98%** Target 90% SGHD \*\*\*
  - This is a **decrease** from the previous quarter (99%)
- Carbapenemase Producing Enterobacteriaceae (CPE) Clinical Risk Assessment (CRA) screening compliance **92%** National Target 90%
  - This is an **increase** from the previous quarter (82%)

#### Below Target

- Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Clinical Risk Assessment (CRA) screening compliance **88%** National Target >90%
  - This is an **increase** from the previous quarter (83%)

#### Additional Information

- Wards closed due to enteric illness: **0**
  - This is the **same** as the previous quarter (0)
- Preliminary Assessment Group (PAG) meetings: **17**
  - This is a **decrease** from the previous quarter (25)
- Incident Management Team (IMT) meetings: **44**
  - This is a **decrease** from the previous quarter (45)

\*\*\* No national average available

## 1. Actions Recommended

The Board is requested to note the content of this quarterly HAI Report, as directed by the HAI Policy Unit, Scottish Government Health Directorates (SGHD).

## 2. Strategic Context

- Updated Antibiotic Use Indicators for Scotland
- National Key Performance Indicators for MRSA screening
- National Key Performance Indicators for CPE screening
- National Health Facilities Scotland (HFS) Environmental Cleaning Target
- National Health Facilities Scotland (HFS) Estates Monitoring Target
- National Hand Hygiene Compliance Target

## 3. 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 (NHSG).

## 4. 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:**

June Brown  
Interim Executive Nurse Director  
[june.brown@nhs.scot](mailto:june.brown@nhs.scot)

**Contact for further information:**

Grace Johnston  
Interim Infection Prevention & Control Manager  
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## Key matters relevant to recommendation

Issue	Group	Target	Period & source	NHS Scotland	NHS Grampian	RAG*
MRSA (CRA) screening	-	ARHAIS^ 90%	Jan – Mar 2021, HPS	83	88	Amber
CPE (CRA) screening	-	NHSG 90%	Jan – Mar 2021, HPS	82	92	Green
Cleaning	All clinical areas	HFS 90%	Jan – Mar 2021, NHSG	-	94	Green
Estates		HFS 90%	Jan – Mar 2021, NHSG	-	95	Green
Hand Hygiene	Nursing staff	SGHD 90%	Jan – Mar 2021, NHSG	-	98	Green
	Medical staff	SGHD 90%	Jan – Mar 2021, NHSG	-	95	Green
	Allied Health Professionals	SGHD 90%	Jan – Mar 2021, NHSG	-	98	Green
	Ancillary staff	SGHD 90%	Jan – Mar 2021, NHSG	-	96	Green

### \*RAG (Red / Amber / Green) Status

Above upper control limit = **Red**  
Below National average = **Green**

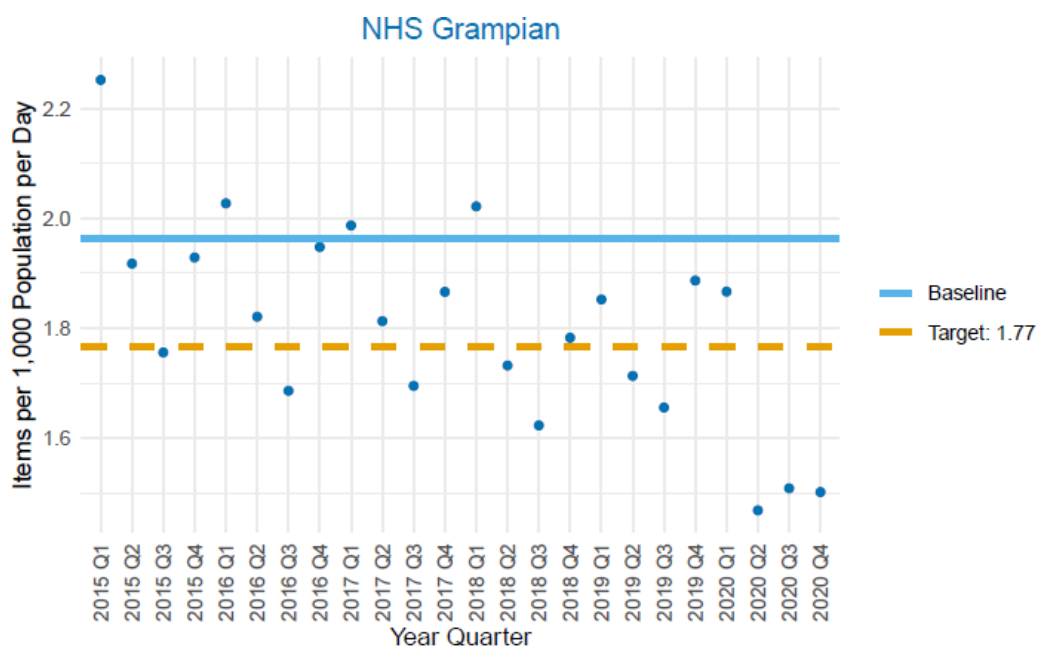
Below upper control limit but above National average = **Amber**  
Below lower control limit = **Green**

<sup>^</sup> ARHAIS = Antimicrobial Resistance and Healthcare Associated Infection Scotland, previously Health Protection Scotland

## Antibiotic Use Indicators for Scotland

The national indicators, agreed by the Scottish Antimicrobial Prescribing Group (SAPG), and approved by the Scottish Government in October 2019 are detailed below:

### 1. A 10% reduction of antibiotic use in Primary Care (excluding dental) by 2022, using 2015 / 2016 data as a baseline (items/1000/day)



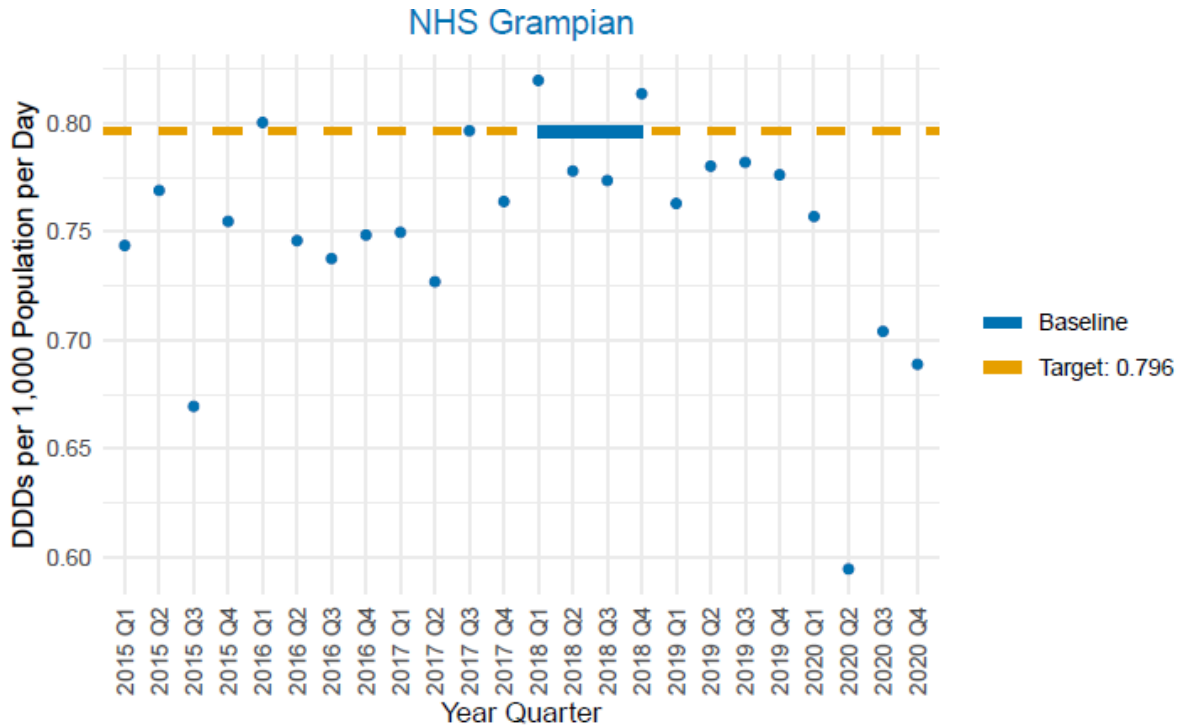
	Items/1,000/Day	Target	Percentage Difference Baseline	Percentage Difference Target
Previous 4 Quarters	1.59	1.77	-19.17%	-10.18%

	Items/1,000/Day	Target	Percentage Difference Baseline	Percentage Difference Target
2016	1.87	1.77	-4.68%	5.91%
2017	1.84	1.77	-6.24%	4.18%
2018	1.79	1.77	-8.83%	1.3%
2019	1.78	1.77	-9.44%	0.62%
2020	1.59	1.77	-19.17%	-10.18%

Source: Prescribing Information System, NHS National Services Scotland and Public Health Scotland

The data above, taken from a report supplied by Public Health Scotland, demonstrates a year on year reduction in antibiotic use in primary care within NHS Grampian with use in 2019 just above the target. Prescribing since Quarter 2 in 2020 demonstrates the large reduction in antibiotic use since the start of the COVID-19 pandemic. This trend has been seen across Scotland with the reduction notable for amoxicillin, doxycycline and clarithromycin. This reduction results in NHS Grampian (at the current time) meeting the 10% reduction target with the prescribing in the last 4 quarters at 19.17% below the baseline.

2 Use of intravenous antibiotics in secondary care defined as DDD/1000population/day will be no higher in 2022 than it was in 2018



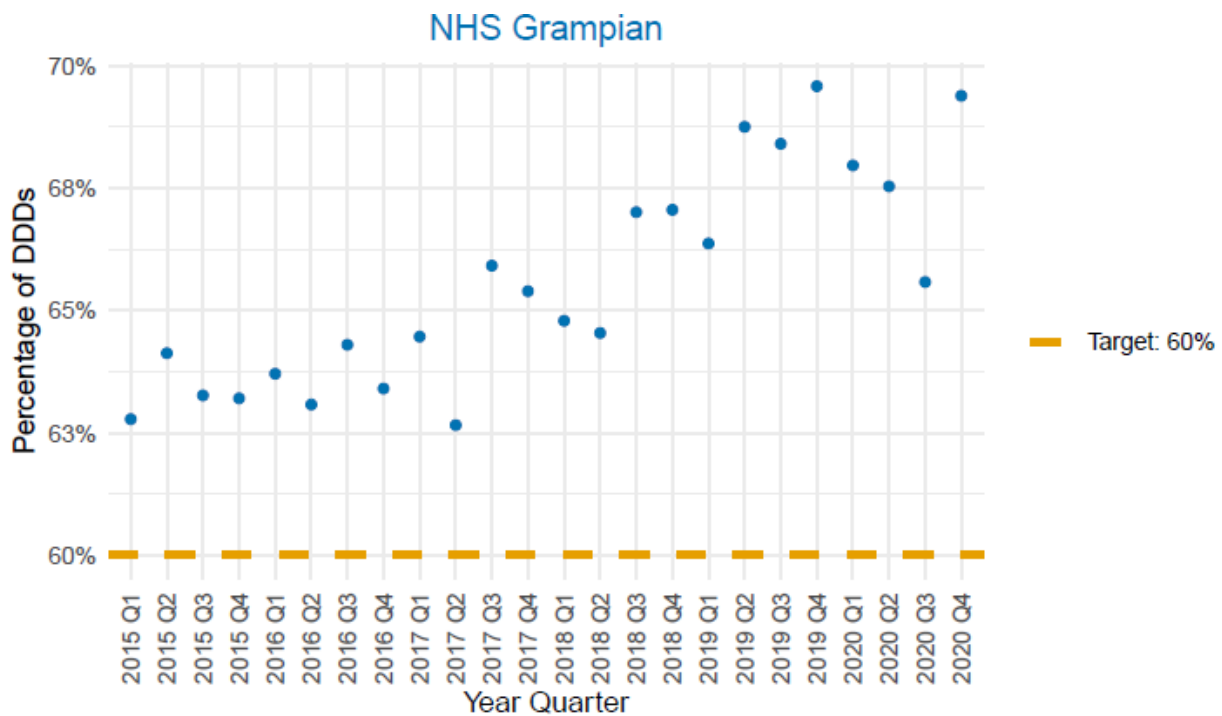
	DDDs/1,000/Day	Target	Percentage Difference
Previous 4 Quarters	0.686	0.796	-13.8%

Year	DDDs/1,000/Day	Target	Percentage Difference
2019	0.775	0.796	-2.6%
2020	0.686	0.796	-13.8%

Source: Hospital Medicines Utilisation Database, NHS National Services Scotland and Public Health Scotland

The data above, taken from a report supplied by Public Health Scotland, demonstrates that NHS Grampian have been below the target throughout 2019 and 2020. Data for 2020 will be impacted by the change of hospital activity during the COVID-19 pandemic. To maintain and improve work on this target, the AMT launched an updated IV to oral switch (IVOST) guideline during antibiotic awareness week in November 2020. Implementation of the Hospital Antibiotic Review Programme (HARP) resource from SAPG will be taken forward when capacity within the AMT allows.

### 3. Use of WHO Access antibiotics (NHSE list) ≥60% of total antibiotic use in acute hospitals by 2022



Year	Access Percentage	Target	Percentage Difference
Previous 4 Quarters	67.6%	60%	12.74%

Year	Access Percentage	Target	Percentage Difference
2015	63.3%	60%	5.56%
2016	63.6%	60%	6.04%
2017	64.6%	60%	7.72%
2018	65.8%	60%	9.74%
2019	68.3%	60%	13.86%
2020	67.6%	60%	12.74%

Source: Hospital Medicines Utilisation Database, NHS National Services Scotland and Public Health Scotland

The data above, taken from a report supplied by Public Health Scotland, demonstrates that NHS Grampian is consistently meeting this target with 67.6% of total antibiotic use in acute hospitals from the WHO Access list over the last 4 quarters.

## Meticillin-Resistant *Staphylococcus Aureus* (MRSA) Screening

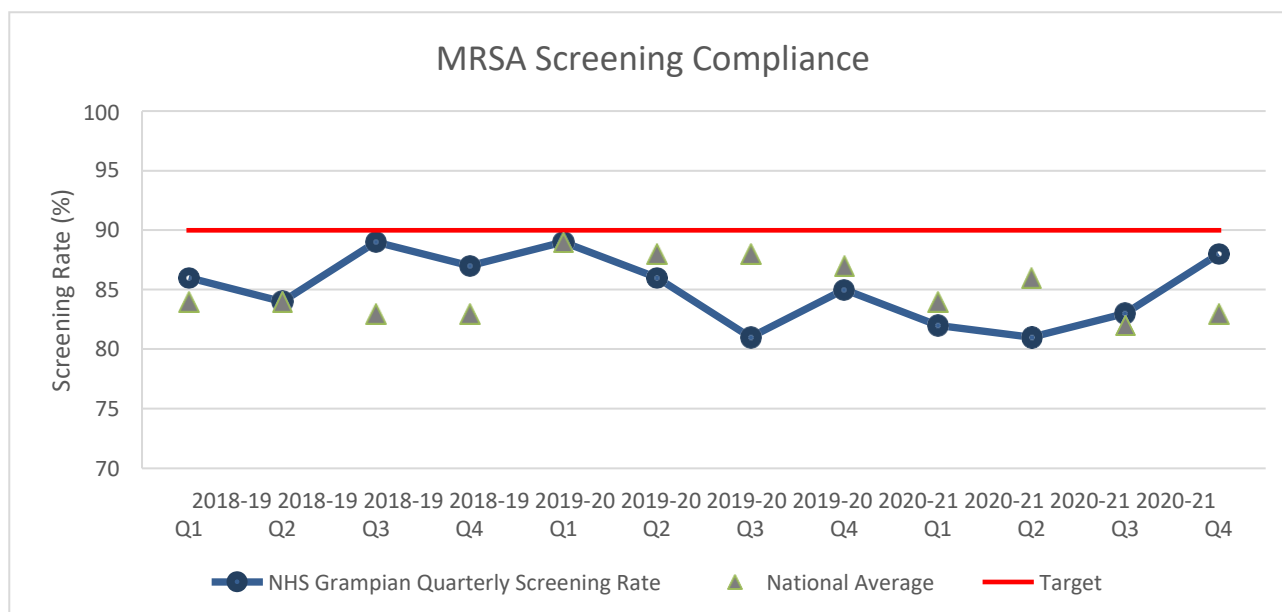
The majority of individuals affected by MRSA are colonised. This is when an organism lives harmlessly on the body with no ill effects. Infection is when the organism gains entry or penetrates tissue or sterile sites and causes disease process. MRSA is a form of *Staphylococcus aureus* (*S. aureus*). It is transmitted in the same way and causes the same range of infection but is resistant to commonly used antibiotics. This makes MRSA infections more difficult and costly to treat, hence every effort must be made to prevent spread<sup>1</sup>.

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.

**MRSA CRA screening compliance for Quarter 4 (January – March 2021) within NHS Grampian was 88%. This is below the target of 90%, but above the national average (83%), and above NHS Grampian’s compliance from the previous quarter (83%).**

The MRSA CRA screening figures are tabled at the Acute HAI Group meetings, for awareness and so that actions can be taken, where necessary, to improve compliance.

	2019-20 Q4	2020-21 Q1	2020-21 Q2	2020-21 Q3	2020-21 Q4
Grampian	85%	82%	81%	83%	<b>88%</b>
Scotland	87%	84%	86%	82%	83%



More information on the national surveillance programme for MRSA screening can be found at:

<https://www.hps.scot.nhs.uk/web-resources-container/protocol-for-cra-mrsa-screening-national-rollout-in-scotland/>

## Carbapenemase Producing Enterobacteriaceae (CPE) Screening

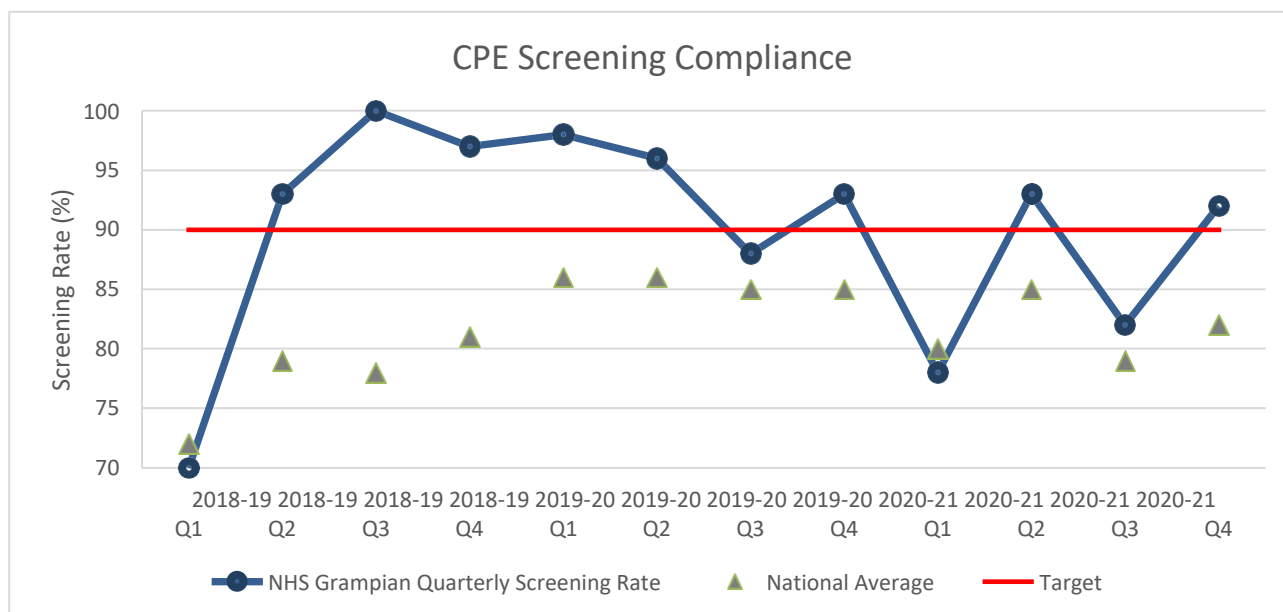
Infections caused by CPE are associated with high rates of morbidity and mortality and can have severe clinical consequences. Treatment of these infections is increasingly difficult as these organisms are often resistant to many and sometimes all available antibiotics. The number of CPE cases in Scotland remains low however we have seen a 50% increase in cases between 2016 (73) and 2017 (108) across Scotland.

Screening and data collection for CPE commenced 1<sup>st</sup> April 2018 at the request of the Scottish Government. All NHS Boards are required to undertake screening compliance as per the mandatory requirements of DL (2017) 2.

**CPE Clinical Risk Assessment (CRA) screening compliance for Quarter 4 (January – March 2021) within NHS Grampian was 92%. This is above both the national average (82%), and NHS Grampian’s target of 90%, and is an increase from the previous month’s compliance (82%).**

The CPE CRA screening figures are tabled at the Acute HAI Group meetings, for awareness and so that actions can be taken, where necessary, to improve compliance.

	2019-20 Q4	2020-21 Q1	2020-21 Q2	2020-21 Q3	2020-21 Q4
Grampian	93%	78%	93%	82%	<b>92%</b>
Scotland	85%	80%	85%	79%	82%



More information on CPE screening can be found at:

<https://www.hps.scot.nhs.uk/resourcedocument.aspx?id=6990>



## Enteric Incidents and Outbreaks

The following table provides information for complete and partial ward closures in NHS Grampian due to enteric outbreaks.

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
Ward Closures	0	0	0	0	0	0	0	0	0	0	0	0
Bay Closures	0	0	0	0	0	0	0	0	0	0	0	0

**For the period January – March 2021 there were no ward closures in NHS Grampian due to enteric illness (including confirmed or suspected Norovirus).**

Monday Point Prevalence Surveillance figures are reported to ARHAIS. 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 comparison. The data can be used for the assessment of risk and Norovirus outbreak preparedness only.

Data on the numbers of wards closed across NHS Scotland due to confirmed or suspected Norovirus are available from ARHAIS at:

<https://www.hps.scot.nhs.uk/a-to-z-of-topics/norovirus/#data>

(Do not use Internet Explorer to open this hyperlink; use Google Chrome instead)

## Preliminary\* Assessment Group (PAG) and Incident Management Team (IMT) Meetings

In NHS Grampian the Infection Prevention and Control Team (IPCT) are continually alert for an actual or potential healthcare incident, infection and outbreak or data exceedance. We apply Chapter 3 of the National Infection Prevention and Control Manual<sup>2</sup>. The Healthcare Infection Incident Assessment Tool (HIIAT)<sup>3</sup> guides assessment, communication and escalation of risk within the Health Board, ARHAIS and Scottish Government. Multi-disciplinary meetings to address the infection risk are called Preliminary\* Assessment Group (PAG) and Incident Management Team (IMT) meetings.

A PAG may be convened to assess and determine if an IMT is required or whether there has been a greater than expected data exceedance such as non-compliant hand hygiene audits.

An IMT is defined as a multi-disciplinary, multi-agency group with responsibility for investigating and managing an incident<sup>4</sup>.

PAG and IMT meetings establish and monitor risk control measures for patient and staff safety, and can be supported by NHS Grampian's Health Protection Team (HPT) and ARHAIS.

**In NHS Grampian, between January and March 2021, the IPCT chaired a total of 17 PAG meetings and 44 IMT meetings. This is a decrease from the previous quarter (October – December 2020), where the total number of PAG meetings was 25 and the total number of IMT meetings was 45.**

Additionally, between January and March 2021, NHS Grampian's IPCT provided support for the following PAGs and IMTs:

Area	Reason	Date	PAG / IMT	Chair
Keith, Moray	Listeriosis	January 2021	PAG x 1	HPT
Ward 110, ARI	COVID-19 Variant of Concern	February / March 2021	PAGs x 6 IMTs x 6	Public Health Scotland

*\*Preliminary Assessment Group (PAG) meetings were previously referred to as Problem Assessment Group (PAG) meetings. In November 2019, following feedback from clinical staff, the NHS Grampian Infection Prevention & Control Team, on behalf of the NHS Grampian HAI Executive, changed the name from 'Problem' to 'Preliminary'. It is hoped that the change in name will make the PAG process less intimidating for clinical staff.*

PAG meetings January – March 2021			
Date	Area	Reason	HIAT assessment*
03.01.21	Ward 112, ARI	COVID-19	N / A
07.01.21	Ward 9, WGH	COVID-19	Green
08.01.21	Garthdee Medical Practice, Aberdeen	COVID-19	N / A
13.01.21	Jesmond Medical Practice, Aberdeen	COVID-19	Amber
19.01.21	Ward 209, ARI	COVID-19	Amber
19.01.21	Huntly Ward, RCH	COVID-19	Green
25.01.21	Ward 105, ARI	COVID-19	Green
26.01.21	Links Unit, WGH	COVID-19	N / A
27.01.21	Ward 205, ARI	COVID-19	N / A
29.01.21	Rothieden Ward, Jubilee Hospital, Huntly	COVID-19	Amber
04.02.21	Ward 110, ARI	COVID-19	Green
09.02.21	Ward 7, DGH	CPE	Green
18.02.21	Ward 105, ARI	Hand Hygiene	N / A
12.03.21			N / A
24.02.21	Ward 208, ARI	Hand Hygiene	N / A
12.03.21	Ward 5, DGH	ESBL <i>E.Coli</i> and Hand Hygiene	Green
29.03.21	Ward 304, ARI	HAI <i>E.Coli</i>	Green

**\*HIAT assessment (dynamic assessment accurate at the time of reporting)**

All Minor = **Green**

3 Minor and 1 Moderate = **Green**

No Major and 2-4 Moderate = **Amber**

Any Major = **Red**

IMT meetings January – March 2021			
Date	Area	Reason	HIIAT assessment*
04.01.21	Ward 5, DGH	COVID-19	Amber
07.01.21			Amber
04.01.21	Ward 112, ARI	COVID-19	Amber
07.01.21			Amber
11.01.21			Amber
05.01.21	Brodie Ward, RCH	COVID-19	Red
06.01.21			Amber
08.01.21			Green
13.01.21			Green
05.01.21	Donbank Ward, Inverurie	COVID-19	Amber
07.01.21			Red
13.01.21			Green
21.01.21			Red
25.01.21			Unknown
06.01.21	Sexual Health, Aberdeen Health Village	COVID-19	Green
06.01.21	Turriff Hospital	COVID-19	Amber
12.01.21			Green
07.01.21	Ward 110, ARI	COVID-19	Green
11.01.21	Ward 304, ARI	COVID-19	Amber
20.01.21			Red
27.01.21			Green
11.01.21	Ward 214, ARI	COVID-19	Amber
12.01.21	Laundry, ARI	COVID-19	Amber

**IMT meetings (continued)**  
**January – March 2021**

Date	Area	Reason	HIIAT assessment*
13.01.21	Ward 16, WGH	COVID-19	Red
14.01.21			Red
18.01.21			Red
21.01.21			Red
26.01.21			Red
02.02.21			Red
08.02.21			Amber
14.01.21	Jesmond Medical Practice, Aberdeen	COVID-19	Amber
19.01.21			Amber
21.01.21			Green
26.01.21			Green
15.01.21	Ward 9, WGH (inc. Ward 309, ARI)	COVID-19	Green
29.01.21	Links Unit, WGH	COVID-19	Red
03.02.21			Red
11.02.21			Green
18.02.21			Green
04.02.21	Inverurie Community Maternity Unit	Water Safety	Green
25.02.21	Ward 305, ARI	COVID-19	Red
04.03.21			Green
17.03.21	Catering, ARI	COVID-19	Green
30.03.21	Theatres, ARI	Disinfection of Probes	Green

**\*HIIAT assessment (dynamic assessment accurate at the time of reporting)**

All Minor = **Green**

3 Minor and 1 Moderate = **Green**

No Major and 2-4 Moderate = **Amber**

Any Major = **Red**

## Cleaning and the Healthcare Environment

Information on how hospitals carry out the cleaning and estates audits can be found at:

<http://www.hfs.scot.nhs.uk/publications-/guidance-publications/?keywords=monitoring+framework&section=&category=&month=&year=&show=10>

**Between January and March 2021, all areas in NHS Grampian were, overall, compliant with the required cleanliness standards, as monitored by the Facilities Monitoring Tool.**

	January 2021 Domestic	January 2021 Estates	February 2021 Domestic	February 2021 Estates	March 2021 Domestic	March 2021 Estates	Quarter 4 Domestic	Quarter 4 Estates
NHS Grampian Overall	94.00	95.05	94.20	94.95	93.95	95.05	94.05	95.00
Aberdeen Maternity Hospital, RACH & Outlying Areas	94.60	95.25	92.75	95.15	92.75	94.05	93.36	94.80
Aberdeen Royal Infirmary	93.50	96.70	93.45	94.90	93.55	95.45	93.50	95.68
Aberdeenshire North & Moray Community	94.60	97.35	96.25	94.80	96.90	93.95	95.91	95.36
Aberdeenshire South & Aberdeen City	96.00	98.90	97.35	98.80	93.40	96.60	95.58	98.10
Dr Gray's Hospital	93.90	91.35	95.30	95.10	95.25	95.90	94.81	94.11
Royal Cornhill Hospital	91.30	89.60	95.60	93.95	94.50	88.10	93.80	90.55
Woodend Hospital	96.85	98.35	93.50	95.35	92.75	94.95	94.36	96.21

## 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 *Clostridioides* (formerly *Clostridium*) *difficile* infections, as well as cleaning compliance and hand hygiene. 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 ARHAIS and 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

*Clostridioides* (formerly *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

The national targets associated with reductions in CDIs and SABs are currently under review. More information on these can be found on the Scotland Performs website:

<http://www.gov.scot/About/Performance/scotPerforms/NHSScotlandperformance>

#### 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/publications-/guidance-publications/?keywords=monitoring+framework&section=&category=&month=&year=&show=10>

## 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 – ‘Out of Hospital Infections’

*Clostridioides* (formerly *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. 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

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>MRSA</b>	0	2	1	0	0	0	1	1	1	1	0	0
<b>MSSA</b>	6	10	12	9	16	14	14	9	10	10	12	17
<b>Total SABS</b>	6	12	13	9	16	14	15	10	11	11	12	17

### Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Total CDIs (Ages 15+)</b>	9	9	5	10	7	7	9	10	9	8	10	5

### Cleaning Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Board Total</b>	95	95	93	93	93	93	92	93	94	94	94	94

### Estates Monitoring Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Board Total</b>	97	95	94	95	95	95	95	94	95	95	95	95

### Hand Hygiene Monitoring Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>AHP</b>	98	99	100	98	98	99	99	99	99	99	99	97
<b>Ancillary</b>	100	97	97	98	97	97	96	97	95	94	95	99
<b>Medical</b>	97	98	95	97	95	96	97	97	97	95	96	95
<b>Nurse</b>	99	99	99	99	99	99	99	99	99	98	99	98

## NHS HOSPITAL A REPORT CARD – Aberdeen Royal Infirmary

### Staphylococcus aureus bacteraemia - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>MRSA</b>	0	1	0	0	0	0	0	0	1	1	0	0
<b>MSSA</b>	0	3	7	2	5	5	4	2	3	3	5	7
<b>Total SABS</b>	0	4	7	2	5	5	4	2	4	4	5	7

### Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Total CDIs (Ages 15+)</b>	3	1	0	7	3	1	5	3	4	5	5	1

### Cleaning Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>ARI Total</b>	N/A *	93	93	93	93	92	91	93	93	94	93	94

### Estates Monitoring Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>ARI Total</b>	N/A *	94	95	95	96	95	95	95	96	97	95	95

\* Auditing paused to support the COVID-19 response

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

### Staphylococcus aureus bacteraemia - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	0	0	1	0	0	0	0	0	0	0	1
<b>Total SABS</b>	0	0	0	1	0	0	0	0	0	0	0	1

### Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Total CDIs (Ages 15+)</b>	0	1	0	0	3	0	1	0	1	1	0	0

### Cleaning Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>DGH Total</b>	94	94	95	94	94	94	94	93	95	94	95	95

### Estates Monitoring Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>DGH Total</b>	94	96	95	94	95	95	94	92	94	91	95	96

## NHS HOSPITAL C REPORT CARD – Woodend Hospital

### Staphylococcus aureus bacteraemia - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	1	0	0	1	0	1	0	0	0	0	0
<b>Total SABS</b>	0	1	0	0	1	0	1	0	0	0	0	0

### Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Total CDIs (Ages 15+)</b>	0	0	0	0	0	0	0	0	0	0	0	0

### Cleaning Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>WGH Total</b>	96	95	94	93	95	94	95	90	95	97	94	93

### Estates Monitoring Compliance (%)

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>WGH Total</b>	97	96	97	98	97	97	98	93	97	98	95	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

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	0	0	0	0	0	2	0	0	0	0	0
<b>Total SABS</b>	0	0	0	0	0	0	2	0	0	0	0	0

### *Clostridioides* (formerly *Clostridium*) *difficile* infections - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Total CDIs (Ages 15+)</b>	1	0	0	0	0	0	0	1	0	0	0	0

## NHS OUT OF HOSPITAL REPORT CARD

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

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>MRSA</b>	0	1	1	0	0	0	1	1	0	0	0	0
<b>MSSA</b>	6	6	5	6	10	9	7	7	7	7	7	9
<b>Total SABS</b>	6	7	6	6	10	9	8	8	7	7	7	9

### *Clostridioides* (formerly *Clostridium*) *difficile* infections - monthly case numbers

	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021
<b>Total CDIs (Ages 15+)</b>	5	7	5	3	1	6	3	6	4	2	5	4

## References

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- 2: Health Protection Scotland (2019) National Infection prevention and Control Manual – Chapter 3. Available at:  
<http://www.nipcm.hps.scot.nhs.uk/chapter-3-healthcare-infection-incidents-outbreaks-and-data-exceedance/>
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