

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

The following report contains local data for the period April 2021 – June 2021.

### Executive Summary

#### Above Target

- Cleaning compliance (**93%**)
  - This is a **decrease** from the previous quarter (94%)
- Estates monitoring compliance (**94%**)
  - This is a **decrease** from the previous quarter (95%)
- Hand hygiene compliance amongst Allied Health Professionals (**99%**)
  - This is an **increase** from the previous quarter (98%)
- Hand hygiene compliance amongst ancillary staff (**97%**)
  - This is an **increase** from the previous quarter (96%)
- Hand hygiene compliance amongst medical staff (**96%**)
  - This is an **increase** from the previous quarter (95%)
- Hand hygiene compliance amongst nursing staff (**98%**)
  - This is the **same** as the previous quarter (98%)

#### Below Target

- Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Clinical Risk Assessment (CRA) screening compliance (**72%**)
  - This is a **decrease** from the previous quarter (88%)
- Carbapenemase Producing Enterobacteriaceae (CPE) Clinical Risk Assessment (CRA) screening compliance (**83%**)
  - This is a **decrease** from the previous quarter (92%)

#### Additional Information

- Wards closed due to enteric illness: **0**
  - This is the **same** as the previous quarter (0)
- Preliminary Assessment Group (PAG) meetings: **7**
  - This is a **decrease** from the previous quarter (17)
- Incident Management Team (IMT) meetings: **14**
  - This is a **decrease** from the previous quarter (44)

## 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  
Executive Nurse Director  
[june.brown@nhs.scot](mailto:june.brown@nhs.scot)

**Contact for further information:**

Grace Johnston  
Interim Infection Prevention & Control Manager  
[grace.johnston@nhs.scot](mailto:grace.johnston@nhs.scot)

## Key matters relevant to recommendation

Issue	Group	Target	Period & source	NHS Scotland	NHS Grampian	RAG*
MRSA (CRA) screening	-	ARHAIS <sup>^</sup> 90%	Apr – Jun 2021, HPS	84	72	Amber
CPE (CRA) screening	-	NHSG 90%	Apr – Jun 2021, HPS	83	83	Amber
Cleaning	All clinical areas	HFS 90%	Apr – Jun 2021, NHSG	-	93	Green
Estates		HFS 90%	Apr – Jun 2021, NHSG	-	94	Green
Hand Hygiene	Nursing staff	SGHD 90%	Apr – Jun 2021, NHSG	-	98	Green
	Medical staff	SGHD 90%	Apr – Jun 2021, NHSG	-	96	Green
	Allied Health Professionals	SGHD 90%	Apr – Jun 2021, NHSG	-	99	Green
	Ancillary staff	SGHD 90%	Apr – Jun 2021, NHSG	-	97	Green

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

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

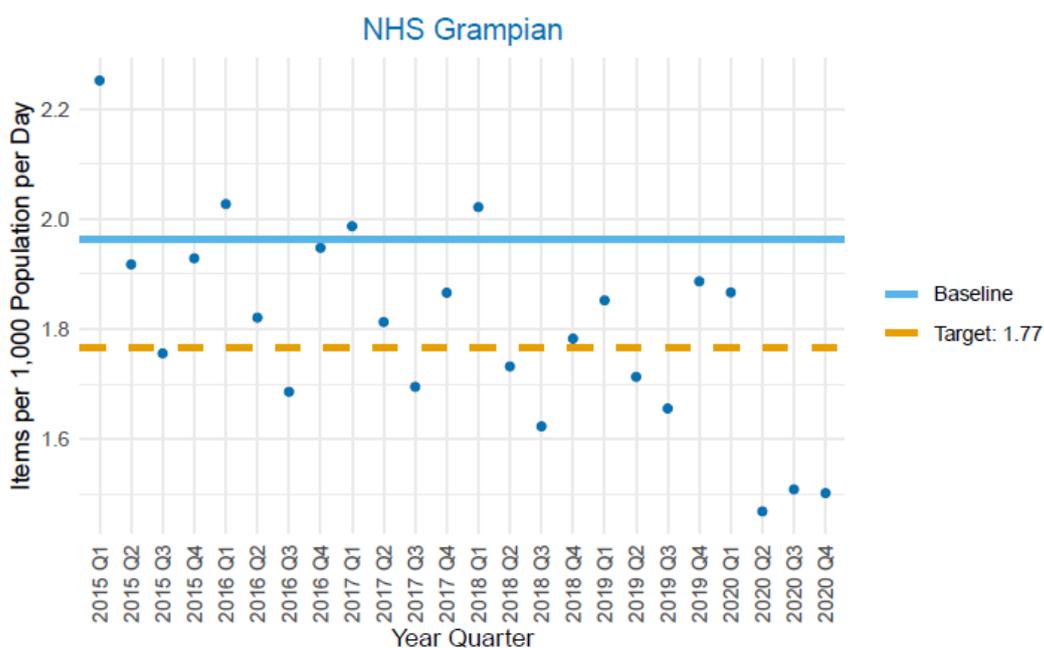
Below upper control limit but above National average = **Amber**  
Below lower control limit = **Green**

<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)



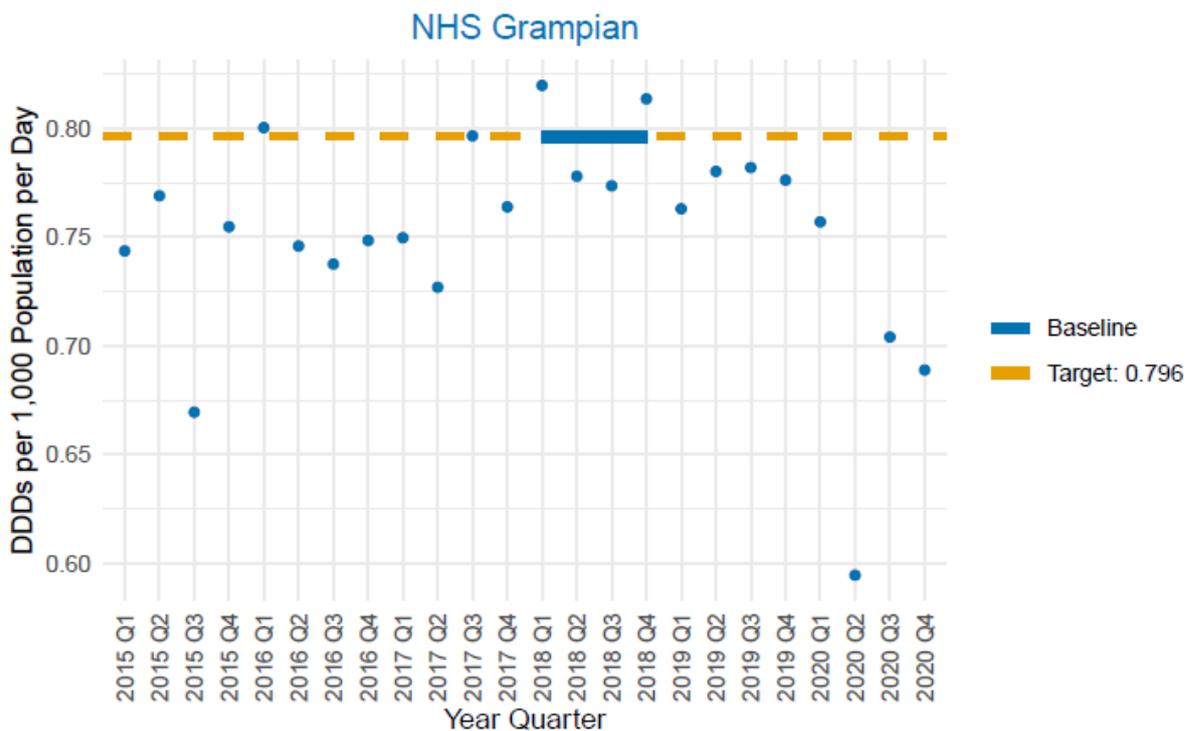
	Items/1,000/Day	Target	Percentage Difference Baseline	Percentage Difference Target
Previous 4 Quarters	1.59	1.77	-19.17%	-10.18%

	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



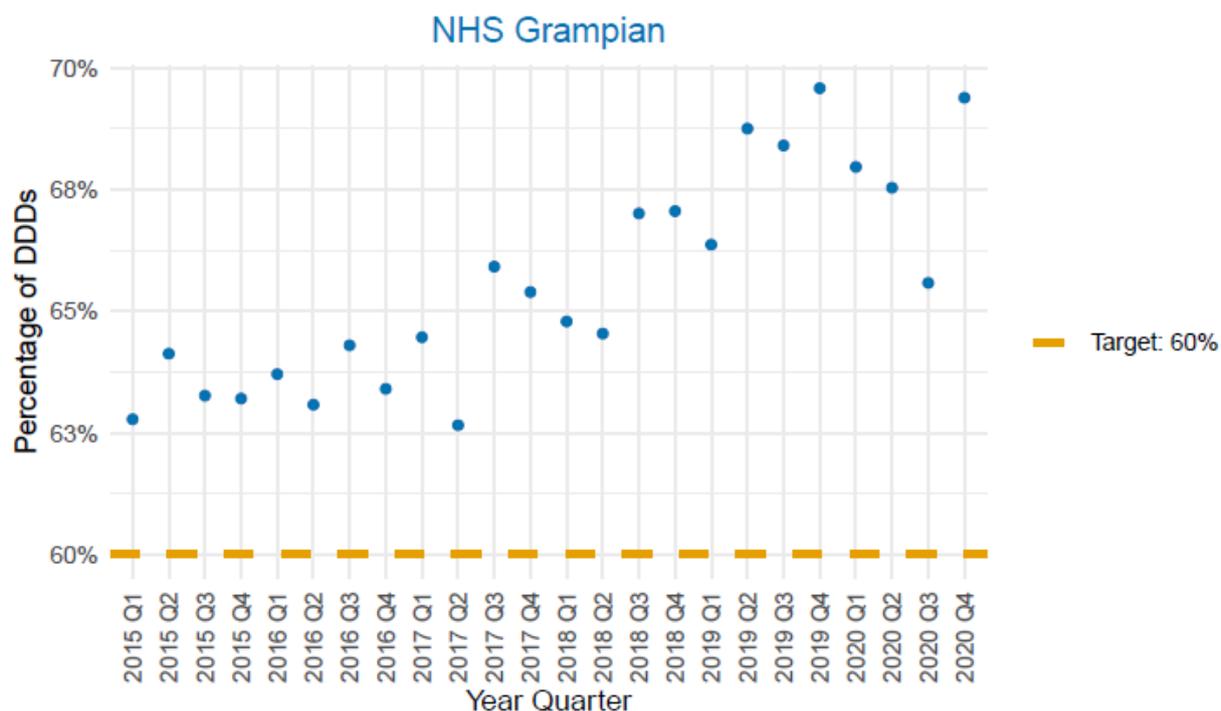
	DDDs/1,000/Day	Target	Percentage Difference
Previous 4 Quarters	0.686	0.796	-13.8%

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

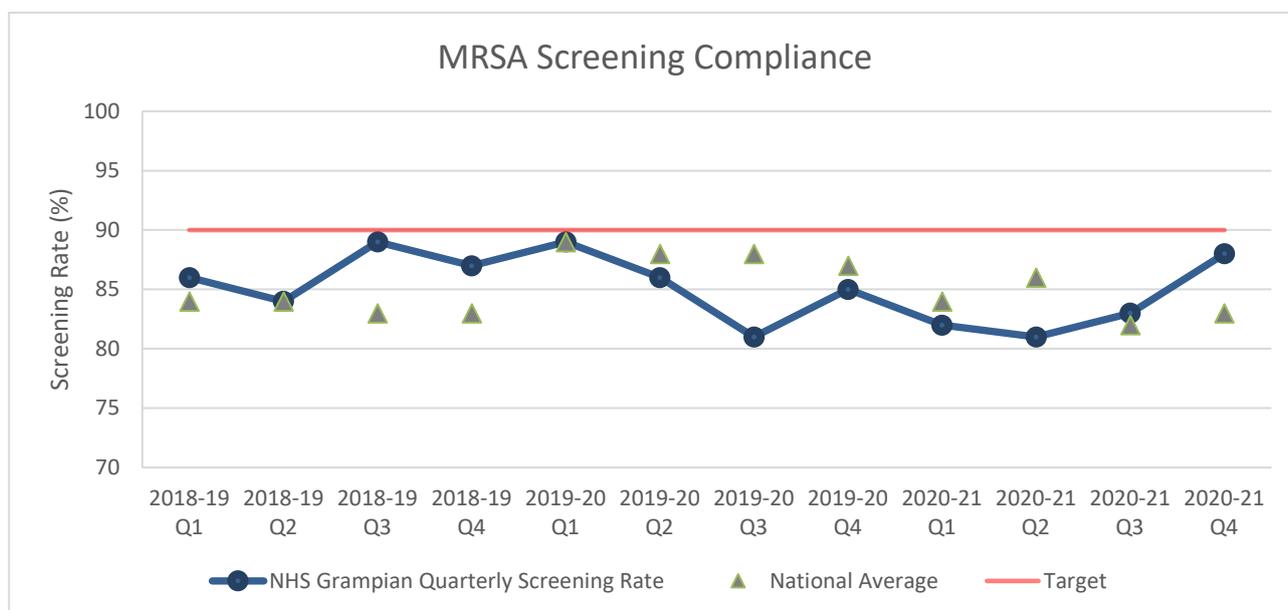
The majority of individuals affected by MRSA are colonised. This is when an organism lives harmlessly on the body with no ill effects. Infection is when the organism gains entry or penetrates tissue or sterile sites and causes disease process. MRSA is a form of *Staphylococcus aureus* (*S. aureus*). 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 1 (April – June 2021) within NHS Grampian was 72%. This is below the target of 90%, and below the national average (84%), and below NHS Grampian’s compliance from the previous quarter (88%).**

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.

	2020-21 Q1	2020-21 Q2	2020-21 Q3	2020-21 Q4	2021-2022 Q1
Grampian	82%	81%	83%	88%	72%
Scotland	84%	86%	82%	83%	84%



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

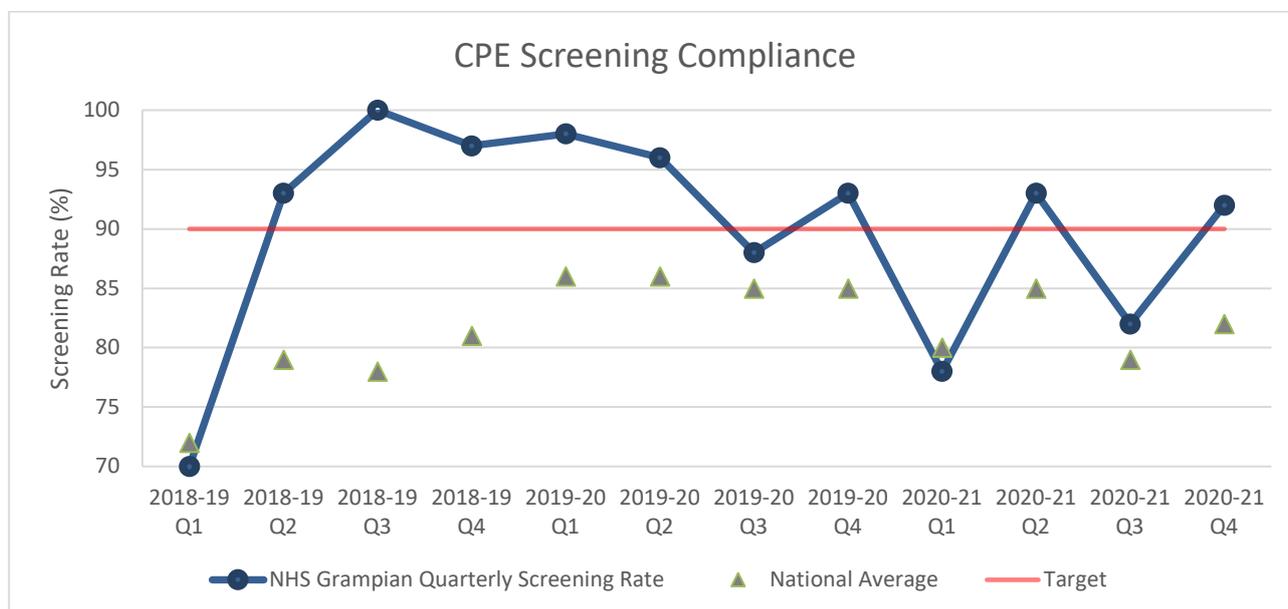
Infections caused by CPE are associated with high rates of morbidity and mortality and can have severe clinical consequences. Treatment of these infections is increasingly difficult as these organisms are often resistant to many and sometimes all available antibiotics. The number of CPE cases in Scotland 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 1 (April – June 2021) within NHS Grampian was 83%. This is the same as the national average (83%), but below NHS Grampian’s target of 90%, and is a decrease from the previous month’s compliance (92%).**

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.

	2020-21 Q1	2020-21 Q2	2020-21 Q3	2020-21 Q4	2021-2022 Q1
Grampian	78%	93%	82%	92%	83%
Scotland	80%	85%	79%	82%	83%



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.

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	June 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 April – June 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 April and June 2021, the IPCT chaired a total of 7 PAG meetings and 14 IMT meetings. This is a decrease from the previous quarter (January – March 2020), where the total number of PAG meetings was 17 and the total number of IMT meetings was 44.**

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

Area	Reason	Date	PAG / IMT	Chair
Moray	COVID-19	May 2021	IMTs x 6	HPT
West End Dental Practice, Aberdeen	COVID-19	May / June 2021	IMTs x 6	HPT

*\*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 April - June 2021			
Date	Area	Reason	HIIAT assessment*
07.04.21	Ward 112, ARI	Possible HAI invasive fungal infection	Red
14.04.21	RACH	Increased incidence of fungal infections	N/A
12.05.21	Ward 114, ARI	Potential diarrhoea illness	Amber
26.05.21	Ward 7, DGH	Legionella	Red
08.06.21	Ward 5, DGH	Hand hygiene	N/A
21.06.21	Ward 106B, ARI	COVID-19	Green
29.06.21	Little Acorns Nursery, RCH	COVID-19	N/A

**\*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**

### RACH Subgroup meetings

RACH subgroup meetings were held to further investigate and support the service as listed in the following table:

Subgroup	Dates of Meetings				
Epidemiology	19.05.21	25.05.21	01.06.21	10.06.21	28.06.21
Operational	17.05.21	20.05.21	27.05.21	03.06.21	10.06.21
	17.06.21	24.06.21			
Technical	21.05.21	28.05.21	04.06.21	11.06.21	18.06.21
	25.06.21				

IMT meetings April - June 2021			
Date	Area	Reason	HIIAT assessment*
22.04.21	Ward 112, ARI	Possible HAI invasive fungal infection	Green
19.05.21			Green
13.05.21	Ward 114, ARI	Potential diarrhoea illness	Green
13.05.21	RACH	Mucormycosis and Mycobacterial infection	Red
17.05.21		Cluster of atypical infections	Red
26.05.21			Amber
02.06.21			Green
16.06.21			Amber
27.05.21			Ward 7, DGH
28.05.21	Green		
03.06.21	Green		
07.06.21	Green		
21.06.21	Green		
30.06.21	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 April and June 2021, NHS Grampian was, overall, compliant with the required cleanliness standards, as monitored by the Facilities Monitoring Tool.

Woodend Hospital, however, was slightly below the 90% target for Estates Monitoring compliance for Quarter 1 (89.2%).

	April 2021 Domestic	April 2021 Estates	May 2021 Domestic	May 2021 Estates	June 2021 Domestic	June 2021 Estates	Quarter 1 Domestic	Quarter 1 Estates
NHS Grampian Overall	93.70	94.55	93.00	94.60	92.79	93.50	93.16	94.21
Aberdeen Maternity Hospital, RACH & Outlying Areas	94.10	93.70	94.45	95.30	91.80	93.25	93.45	94.08
Aberdeen Royal Infirmary	93.25	94.55	91.65	94.20	91.45	94.85	92.11	94.53
Aberdeenshire North & Moray Community	99.05	97.40	97.60	96.00	96.20	93.50	97.61	95.63
Aberdeenshire South & Aberdeen City	94.35	98.85	89.35	93.95	92.55	94.60	92.08	96.13
Dr Gray's Hospital	94.70	95.35	94.15	94.85	94.40	95.00	94.41	95.06
Royal Cornhill Hospital	94.75	91.35	94.65	90.50	92.30	92.05	93.9	91.30
Woodend Hospital	91.25	93.60	93.75	87.80	86.00	86.10	90.33	89.16

## 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

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

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

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
<b>Total CDIs (Ages 15+)</b>	10	7	7	9	10	9	8	10	5	2	8	4

### Cleaning Compliance (%)

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

### Estates Monitoring Compliance (%)

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

### Hand Hygiene Monitoring Compliance (%)

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

## NHS HOSPITAL A REPORT CARD – Aberdeen Royal Infirmary

### Staphylococcus aureus bacteraemia - monthly case numbers

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
<b>MRSA</b>	0	0	0	0	0	1	1	0	0	0	1	1
<b>MSSA</b>	2	5	5	4	2	3	3	5	7	4	4	5
<b>Total SABS</b>	2	5	5	4	2	4	4	5	7	4	5	6

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

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
<b>Total CDIs (Ages 15+)</b>	7	3	1	5	3	4	5	5	1	1	2	0

### Cleaning Compliance (%)

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

### Estates Monitoring Compliance (%)

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

\* Auditing paused to support the COVID-19 response

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

### Staphylococcus aureus bacteraemia - monthly case numbers

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

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

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

### Cleaning Compliance (%)

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

### Estates Monitoring Compliance (%)

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

## NHS HOSPITAL C REPORT CARD – Woodend Hospital

### Staphylococcus aureus bacteraemia - monthly case numbers

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

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

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

### Cleaning Compliance (%)

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
<b>WGH Total</b>	93	95	94	95	90	95	97	94	93	91	94	86

### Estates Monitoring Compliance (%)

	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020	Jan 2021	Feb 2021	Mar 2021	Apr 2021	May 2021	Jun 2021
<b>WGH Total</b>	98	97	97	98	93	97	98	95	95	94	88	86

## 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

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

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

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

## NHS OUT OF HOSPITAL REPORT CARD

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

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

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

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

## References

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