

## NHS GRAMPIAN

### Healthcare Associated Infection (HAI) Bimonthly Report – January 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	Jul-Sep 2016, HPS	33.2	30.0	Amber
CDIs	Patients aged 15 and over	<b>Local Delivery Plan Standards</b> 32 cases per 100,000 TOBD	Jul-Sep 2016, HPS	32.6	41.8	Red
<i>E coli</i> Bacteraemia	Healthcare associated	<b>No target</b> (rate per 100,000 bed days)	Jul-Sep 2016, HPS	37	32.8	Green
	Community acquired	<b>No target</b> (annualised rate per 100,000 population)		53.3	37.9	Green
MRSA (CRA) screening		<b>HPS</b> 90%	Apr-Jun 2016, HPS	84%	82%	Amber
Hand Hygiene	All clinical areas	<b>SGHD</b> 90%	Oct-Nov 2016, NHSG	Not available	98%	Green
Cleaning		<b>HFS</b> 90%	No new national data		94.6%	Green

Issue	Group	Target	Period & source	NHS Scot	NHS G	RAG
Estates		<b>HFS</b> 90%	No new national data		95.5%	Green
Antimicrobial prescribing	Hospital downstream medical wards (ARI, 105, 111, DG 7)	<b>SAPG</b> 95%- doses admin	Nov-Dec 2016, NHSG	95%	95%	Green
		<b>SAPG</b> 95%- Indication documented		96%	85%	Yellow
		<b>SAPG</b> 95%- duration/review documented		69%	83%	Yellow
		<b>SAPG</b> 95%- policy compliant		94%	100%	Green
	Hospital downstream surgical wards (ARI Gen Surg, DG 5)	<b>SAPG</b> 95%- doses admin	Nov-Dec 2016, NHSG	94%	95%	Green
		<b>SAPG</b> 95%- Indication documented		93%	90%	Yellow
		<b>SAPG</b> 95%- duration/review documented		54%	72%	Red
		<b>SAPG</b> 95%- policy compliant		90%	97%	Yellow
	Surgical Antibiotic prophylaxis	<b>SAPG</b> 95% - single dose	Sep-Oct 2016, NHSG	NA	No data collected	Grey
		<b>SAPG</b> 95% - policy compliant				Grey
	Total antibiotic prescribing (primary care)	<b>SAPG</b> 50% GP practices at or moved towards target	Jul-Sep 2016, PRISMS	NA	97%	Green
	Surgical Site Infections (SSIs)	Caesarean Section	n/a	Jul-Sep 2016, HPS	1.6%	1%
Hip Arthroplasty		n/a	Jul-Sep 2016, HPS	0.6%	0.3%	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.

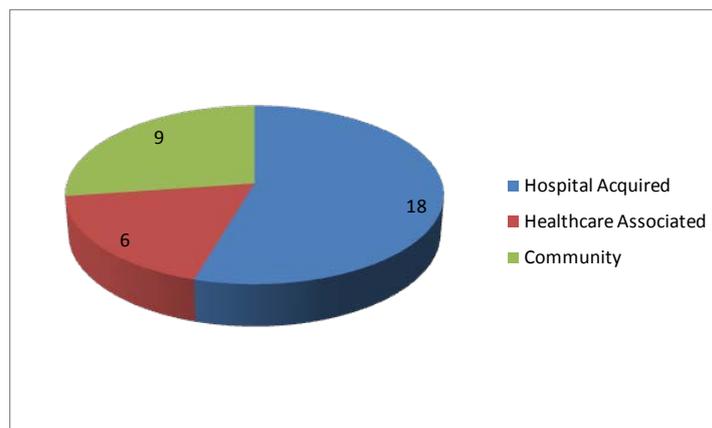
Cases are defined as:

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

The most recent collated results for NHS Scotland demonstrate that during quarter 2, 2016 (April to June), within NHS Grampian only one case of MRSA bloodstream infection was reported.

Over half of the 33 SAB cases were hospital acquired.

#### **Origin of SAB cases Q2 (n=33)**



Of the 18 hospital acquired cases of SAB, 13 patients had the source of their SAB identified as a medical device, including PVC, CVC, other vascular device or urinary catheter.

<b>Source</b>	<b>Number</b>
Peripheral Venous Catheter (PVC)	5
Central Venous Catheter	5
Renal stents	1
Dialysis line - fistula	1
Skin/soft tissue	1
Mucositis	1
Not known	2
Contaminant	2

## National *Staphylococcus aureus* bacteraemia surveillance programme

Health Protection Scotland published their quarterly reports on the surveillance of *Staphylococcus aureus* bacteraemia (SAB) in Scotland, July to September 2016 on 10 January 2017.

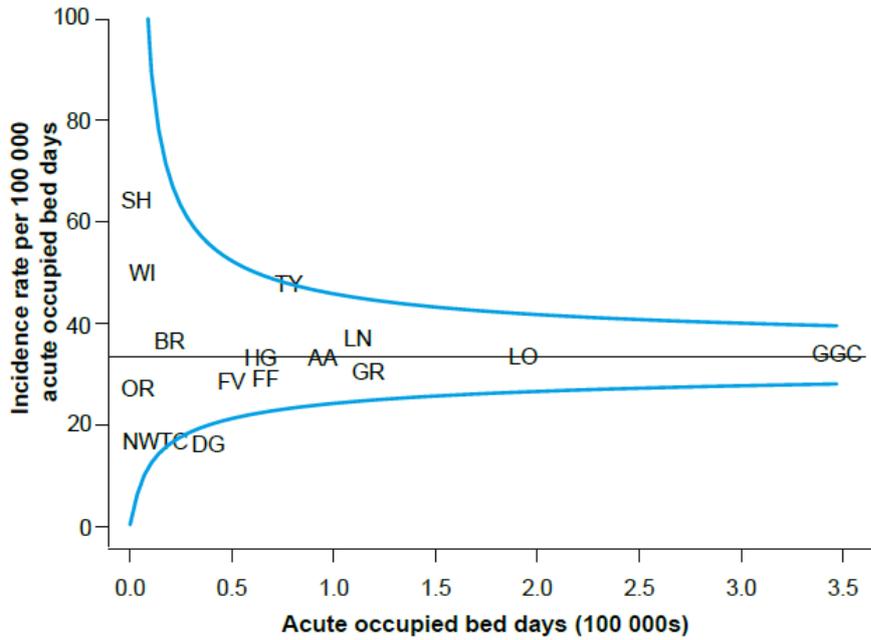
The following table and graphs demonstrate NHS Grampian's rate of SABs compared with all other Boards in Scotland.

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

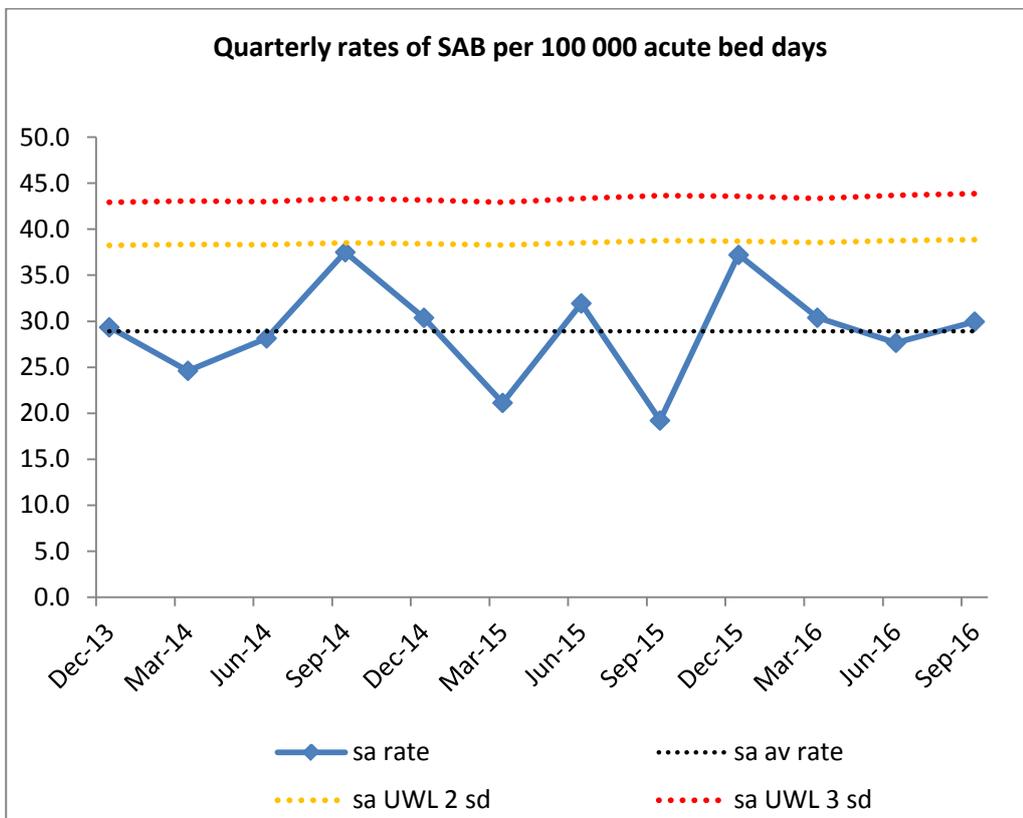
### SAB cases and incidence rates (per 100,000 AOBs) July to September 2016

NHS board	MRSA Cases	MSSA Cases	SAB Cases	Bed days	MRSA Rate	MSSA Rate	SAB Rate
AA	2	29	31	94 481	2.1	30.7	32.8
BR	0	7	7	19 338	0.0	36.2	36.2
DG	0	6	6	38 399	0.0	15.6	15.6
FF	1	18	19	66 551	1.5	27.0	28.5
FV	1	13	14	49 694	2.0	26.2	28.2
GR	4	31	35	116 817	3.4	26.5	30.0
GGC	5	112	117	346 973	1.4	32.3	33.7
HG	0	21	21	64 001	0.0	32.8	32.8
LN	2	39	41	111 844	1.8	34.9	36.7
LO	3	61	64	192 956	1.6	31.6	33.2
NWTC	0	2	2	12 380	0.0	16.2	16.2
OR	0	1	1	3741	0.0	26.7	26.7
SH	0	2	2	3129	0.0	63.9	63.9
TY	0	37	37	77 896	0.0	47.5	47.5
WI	0	3	3	6039	0.0	49.7	49.7
Scotland	18	382	400	1 204 239	1.5	31.7	33.2

**Funnel plot of SAB rates (per 100,000 AOBs) July to September 2016**



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



The following measures have been put in place:

- A new system for providing feedback to clinical teams has demonstrated positive results so far.
- Potentially preventable SABs are being reported 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 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 2 (April – June 2016) within NHS Grampian was 82%.

Health Board	2015_16 Q3	2015_16 Q4	2016_17 Q1	2016_17 Q2
Grampian	88%	74%	91%	<b>82%</b>
Scotland	83%	80%	82%	84%

## ***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 4 (October to December 2016):

**46%** cases were classified as “healthcare associated”

**54%** cases were classified as “out of hospital”

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

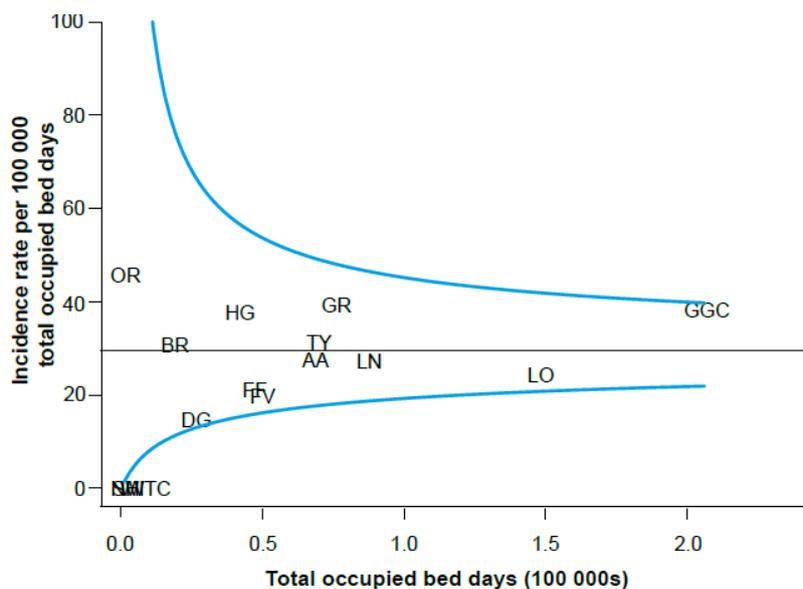
Health Protection Scotland also published their quarterly reports on the surveillance of *Clostridium difficile* infections (CDIs) in Scotland, July to September 2016.

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

### **CDI cases and incidence rates (per 100,000 TOBDs) in patients aged 65 years and above: Q2 2016 (April to June 2016) compared to Q3 2016 (July to September 2016)**

NHS board	Q2 2016 (April to June)			Q3 2016 (July to September)		
	Cases	Bed days	Rate	Cases	Bed days	Rate
AA	22	72 081	30.5	19	69 082	27.5
BR	2	21 517	9.3	6	19 603	30.6
DG	9	27 799	32.4	4	27 097	14.8
FF	9	49 932	18.0	10	47 691	21.0
FV	10	47 432	21.1	10	50 473	19.8
GR	16	84 310	19.0	30	76 321	39.3
GGC	52	232 889	22.3	79	206 241	38.3
HG	9	43 682	20.6	16	42 439	37.7
LN	22	91 535	24.0	24	87 927	27.3
LO	44	150 550	29.2	36	148 176	24.3
NWTC	0	6566	0.0	0	7091	0.0
OR	1	2401	41.6	1	2194	45.6
SH	0	2590	0.0	0	2257	0.0
TY	24	72 783	33.0	22	70 267	31.3
WI	1	4870	20.5	0	4632	0.0
<b>Scotland</b>	<b>221</b>	<b>910 937</b>	<b>24.3</b>	<b>257</b>	<b>861 491</b>	<b>29.8 ↑</b>

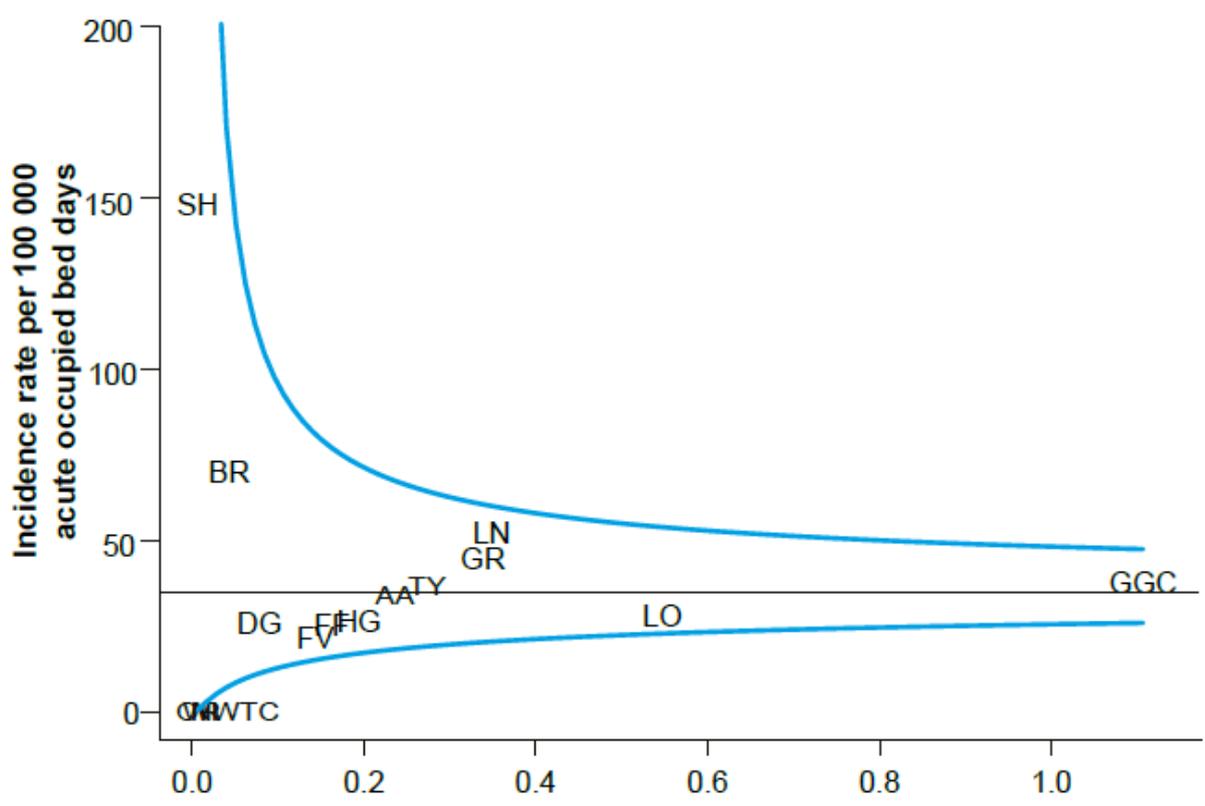
**Funnel plot of CDI incidence rates (per 100,000 TOBDs) in patients aged 65 years and above for all NHS Boards in Scotland July to September 2016.**



**CDI cases and incidence rates (per 100,000 TOBDs) in patients aged 15-64: Q2 2016 (April To June 2016) compared to Q3 2016 (July to September 2016).**

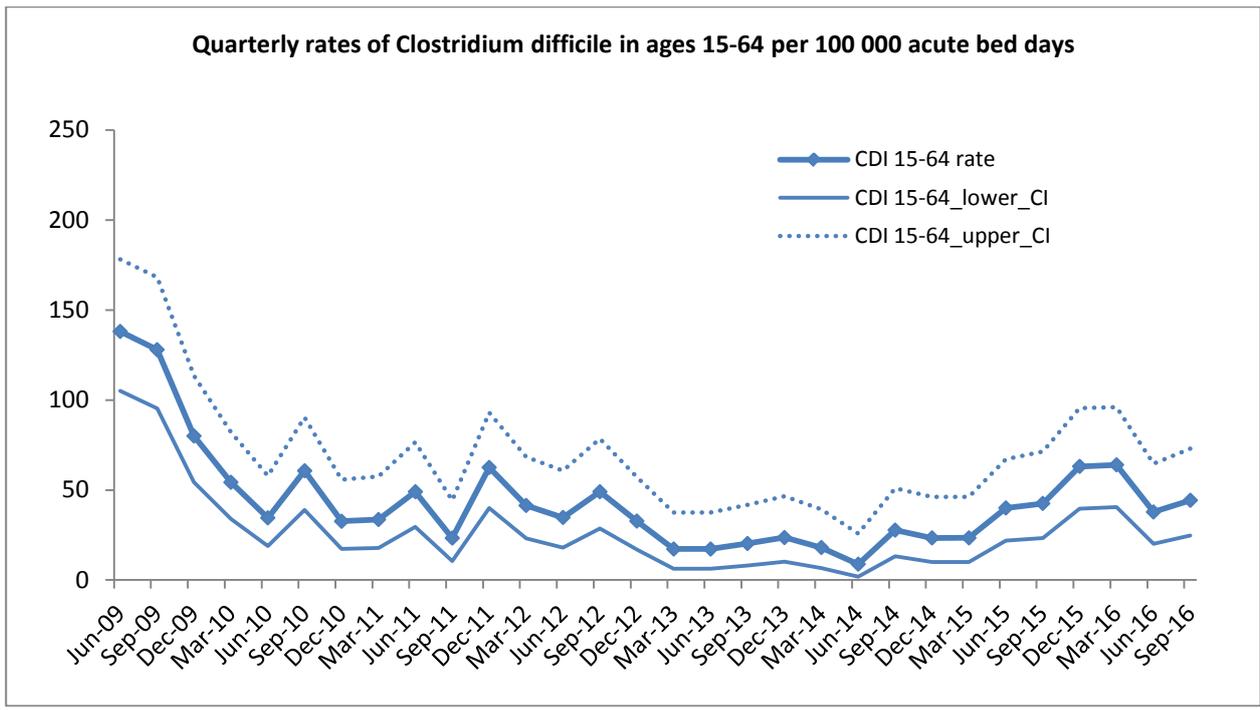
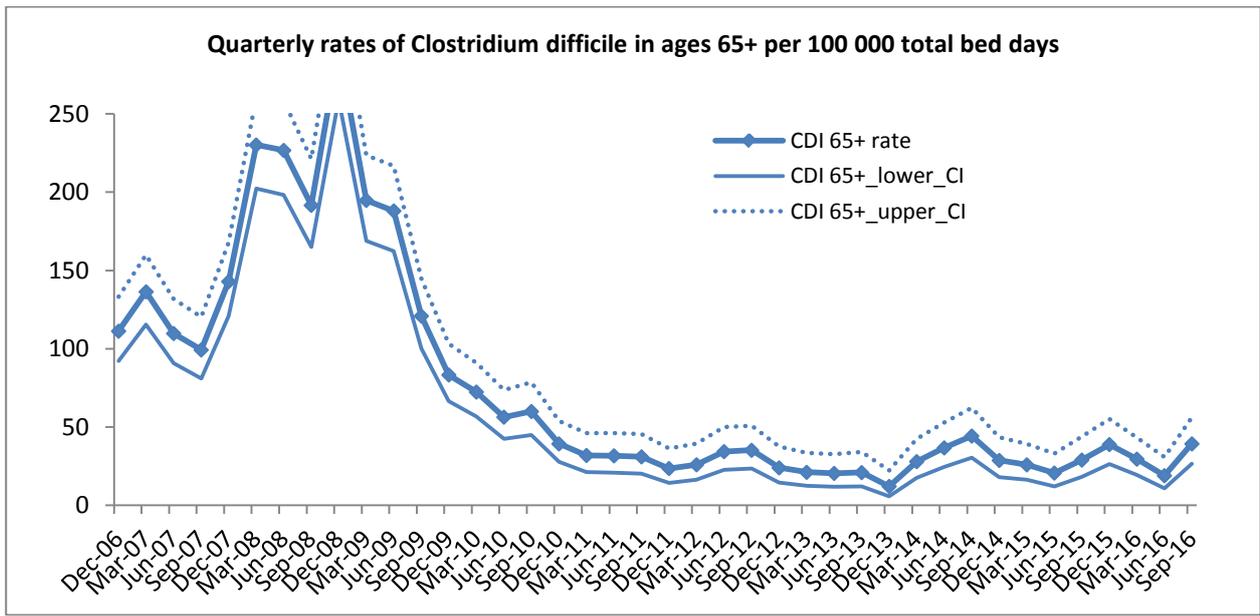
NHS board	Q2 2016 (April to June)			Q3 2016 (July to September)		
	Cases	Bed days	Rate	Cases	Bed days	Rate
AA	4	22 837	17.5	8	23 624	33.9
BR	0	4 758	0.0	3	4 318	69.5
DG	2	7 510	26.6	2	7 855	25.5
FF	7	15 653	44.7	4	16 262	24.6
FV	3	14 442	20.8	3	14 345	20.9
GR	13	34 389	37.8	15	33 855	44.3
GGC	35	111 298	31.4	41	110 662	37.0
HG	2	16 812	11.9	5	19 385	25.8
LN	11	34 128	32.2	18	34 848	51.7
LO	29	55 064	52.7	15	54 719	27.4
NWTC	0	5 443	0.0	0	4 989	0.0
OR	1	532	188.0	0	720	0.0
SH	0	745	0.0	1	678	147.5
TY	12	27 429	43.7	10	27 339	36.6
WI	1	846	118.2	0	974	0.0
Scotland	120	351 886	34.1	125	354 573	35.3

**Funnel plot of CDI incidence rates (per 100,000 TOBDs) in patients aged 15-64 and above for all NHS Boards in Scotland July to September 2016.**



- |     |                         |      |                               |
|-----|-------------------------|------|-------------------------------|
| 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.



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

<http://www.hps.scot.nhs.uk/haiic/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 3 the rate of HCAI *E coli* infections in NHS Grampian was 32.8 cases per 100,000 occupied bed days compared with 37 cases per 100,000 occupied bed days across NHS Scotland. The community *E coli* bacteraemia rate in NHS Grampian was 37.9 cases per 100,000 population compared with 53.3 cases per 100,000 population across NHS Scotland.

### E Coli bacteraemia rates in NHS Scotland Q3 (July-September 2017)

	Healthcare associated (HCAI) Ecoli infection				Community Ecoli infection			
	Cases	Total occupied bed days	Rate per 100 000 bed days	95% CI	Cases	Population	Annualised Rate per 100 000 Population	95% CI
Sep-16	582	1574277	37.0	(34 ,40)	720	5373000	53.3	(51.3 ,55.2)

### E Coli bacteraemia rates in NHS Grampian Q3 (July-September 2017)

	Healthcare associated (HCAI) Ecoli infection				Community Ecoli infection			
	Cases	Total occupied bed days	Rate per 100 000 bed days	95% CI	Cases	Population	Annualised Rate per 100 000 Population	95% CI
Sep-16	47	143480	32.8	(24 ,43.5)	56	587820	37.9	(33 ,43.2)

## 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.

3rd Quarter - October - Dec 2016	October Domestic	October Estates	November Domestic	November Estates	December Domestic	December Estates	Quarter 3 Domestic	Quarter 3 Estates
NHS Grampian Overall	94.45	95.45	94.65	94.95	94.70	96.10	94.60	95.50
Aberdeen Maternity Hospital, RACH & Outlying Areas	94.95	93.15	94.35	94.20	93.80	95.05	94.36	94.13
Aberdeen Royal Infirmary	93.45	96.95	93.85	95.80	94.55	96.40	93.95	96.38
Aberdeenshire North & Moray Community	98.30	97.05	96.55	96.45	97.65	98.40	97.50	97.30
Aberdeenshire South & Aberdeen City	92.70	96.95	96.00	97.00	96.00	97.70	94.90	97.21
Dr Grays Hospital	94.65	94.50	93.40	95.00	92.50	95.20	93.35	94.90
Royal Cornhill Hospital	95.80	96.05	96.25	94.75	95.75	98.15	95.99	96.31
Woodend Hospital	94.80	93.05	94.20	89.40	94.95	89.15	94.65	90.53

## 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 October and November 2016 the following wards were closed due to Norovirus during Monday Point Prevalence:

On Monday 28 November, 1 hospital had 1 ward closed with 7 patients affected

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 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 ( July to September 2016)

Category of Procedure	Number of operations	Number of Infections	NHS Grampian SSI rate (%)	National dataset SSI rate (%)
Caesarean section	490	5	1%	1.6%
Hip arthroplasty	286	1	0.3%	0.6%

## **Other HAI Related Activity**

### **Antimicrobial Prescribing**

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

Data collection for the SAPG audits recommenced in November and General Surgery started data collection in December. NHS Grampian is below the national average for documentation of indication, but above average for documentation of duration/review date. Improvements with documentation of indication and duration/review date are still required. NB If no indication is documented, compliance cannot be assessed.

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

Q2 data (Jul-Sept) shows 73/75 practices have either met the target or achieved an acceptable shift within this time period but as achievement of target is assessed in Q4 (Jan-Mar 17), the Q2 data does not necessarily predict the likelihood of meeting the target in Q4.

## 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

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>MRSA</b>	0	0	0	0	1	0	0	0	2	2	1	2
<b>MSSA</b>	16	11	16	11	12	11	9	11	11	9	13	11
<b>Total SABS</b>	16	11	16	11	13	11	9	11	13	11	14	13

### Clostridium difficile infection monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>Ages 15-64</b>	7	7	9	6	2	8	2	2	7	6	7	6
<b>Ages 65+</b>	11	14	7	7	6	4	7	11	10	9	6	11
<b>Ages 15+</b>	18	21	16	13	8	12	9	13	17	15	13	17

### Hand Hygiene Monitoring Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>AHP</b>	98	96	98	99	98	99	97	99	99	100	99	100
<b>Ancillary</b>	93	96	92	91	95	92	97	95	94	97	97	95
<b>Medical</b>	95	94	95	97	94	95	95	95	95	95	96	95
<b>Nurse</b>	97	97	97	97	97	98	98	98	97	97	99	99
<b>Total</b>	96	97	96	97	96	97	97	98	97	97	98	97

### Cleaning Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>Board Total</b>	95	95	94	94	94	94	95	94	94	94	94	95

### Estates Monitoring Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>Board Total</b>	97	97	96	96	96	96	96	96	96	96	95	95

## NHS HOSPITAL A REPORT CARD – Aberdeen Royal Infirmary

### Staphylococcus aureus bacteraemia monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	1	0	2
<b>MSSA</b>	6	4	6	5	5	3	3	4	5	3	0	2
<b>Total SABS</b>	6	4	6	5	5	3	3	4	5	4	0	4

### Clostridium difficile infection monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>Ages 15-64</b>	3	1	2	2	1	3	0	0	1	0	2	3
<b>Ages 65+</b>	2	5	2	4	3	1	1	5	1	3	2	1
<b>Ages 15+</b>	5	6	4	6	4	4	1	5	2	3	4	4

### Cleaning Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>ARI Total</b>	95	94	94	94	94	94	94	97	94	94	93	94

### Estates Monitoring Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>ARI Total</b>	97	98	98	97	96	97	98	96	96	96	97	96

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

### Staphylococcus aureus bacteraemia monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	0	0	0	3	0	0	0	0	0	1	0
<b>Total SABS</b>	0	0	0	0	3	0	0	0	0	0	1	0

### Clostridium difficile infection monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>Ages 15-64</b>	0	1	0	0	1	0	0	0	1	0	0	0
<b>Ages 65+</b>	0	1	0	0	0	0	0	0	0	0	0	0
<b>Ages 15+</b>	0	2	0	0	1	0	0	0	1	0	0	0

### Cleaning Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>DGH Total</b>	94	94	94	94	95	94	94	94	93	93	95	93

### Estates Monitoring Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>DGH Total</b>	96	96	95	95	95	94	95	94	95	96	95	95

## NHS HOSPITAL B REPORT CARD – Woodend Hospital

### Staphylococcus aureus bacteraemia monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>MRSA</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>MSSA</b>	0	0	1	0	0	0	0	0	0	0	1	0
<b>Total SABS</b>	0	0	1	0	0	0	0	0	0	0	1	0

### Clostridium difficile infection monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>Ages 15-64</b>	0	0	0	0	0	0	0	0	0	0	0	0
<b>Ages 65+</b>	2	0	0	0	0	0	0	0	1	0	0	1
<b>Ages 15+</b>	2	0	0	0	0	0	0	0	1	0	0	1

### Cleaning Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>WE Total</b>	95	94	95	95	95	94	95	94	94	94	95	94

### Estates Monitoring Compliance (%)

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
<b>WE Total</b>	95	99	96	95	96	94	93	94	94	94	93	89

## 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

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	1	0	0	0	0	0
<b>Total SABS</b>	0	0	0	0	0	0	1	0	0	0	0	0

### *Clostridium difficile* infection monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
Ages 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65+	1	1	0	0	0	0	0	1	1	0	0	1
Ages 15+	1	1	0	0	0	0	0	1	1	0	0	1

## NHS OUT OF HOSPITAL REPORT CARD

### *Staphylococcus aureus* bacteraemia monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
MRSA	0	0	0	0	1	0	0	0	2	1	1	0
MSSA	10	7	9	6	4	8	5	7	6	6	11	9
<b>Total SABS</b>	10	7	9	6	5	8	5	7	8	2	12	9

### *Clostridium difficile* infection monthly case numbers

	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016	Oct 2016	Nov 2016
Ages 15-64	3	5	7	4	0	5	2	1	5	5	5	3
Ages 65+	4	5	5	3	3	2	4	6	7	6	4	8
Ages 15+	7	10	12	7	3	7	6	7	12	11	9	11