

NHS GRAMPIAN

Healthcare Associated Infection (HAI) Bimonthly Report – November 2016

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	Local Delivery Plan Standards 24 cases per 100,000 AOBD	Apr-Jun 2016, HPS	31.1	27.6	Amber
CDIs	Patients aged 15 and over	Local Delivery Plan Standards 32 cases per 100,000 TOBD	Apr-Jun 2016, HPS	29.4	28.4	Green
MRSA (CRA) screening		HPS 90%	No new data			Green
Hand Hygiene	All clinical areas	SGHD 90%	Aug-Sep 2016, NHSG	Not available	97%	Green
Cleaning		HFS 90%	Aug-Sep 2016, HFS	95%	94%	Green
Estates		HFS 90%	Aug-Sep 2016, HFS	97%	96%	Green

Issue	Group	Target	Period & source	NHS Scot	NHS G	RAG
Antimicrobial prescribing	Hospital downstream medical wards (ARI,110, 111,)	SAPG 95%- doses admin	Sept-Oct 2016, NHSG	NA	Data collection suspended while National PPS being carried out	
		SAPG 95%- Indication documented		NA		
		SAPG 95%- duration/review documented		NA		
		SAPG 95%- policy compliant		NA		
	Hospital downstream surgical wards (ARI 205)	SAPG 95%- doses admin	Sept-Oct 2016, NHSG	NA		
		SAPG 95%- Indication documented		NA		
		SAPG 95%- duration/review documented		NA		
		SAPG 95%- policy compliant		NA		
	Surgical Antibiotic prophylaxis (Neurosurgery)	SAPG 95% - single dose	Sept-Oct 2016, NHSG	NA		
		SAPG 95% - policy compliant				
	Total antibiotic prescribing (primary care)	SAPG 50% GP practices at or moved towards target	Jul-Sept 2016, PRISMS	Data not yet available		
	Surgical Site Infections (SSIs)	Caesarean Section	n/a	No new published national data		Green (status as last report)
Hip Arthroplasty		n/a	No new published national data		Green (status as last report)	

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

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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.

Since the last HAI report, no new collated results for NHS Scotland have been published.

National *Staphylococcus aureus* bacteraemia surveillance programme

Health Protection Scotland published their quarterly reports on the surveillance of *Staphylococcus aureus* bacteraemia (SAB) in Scotland, April to June 2016 on 4 October 2016.

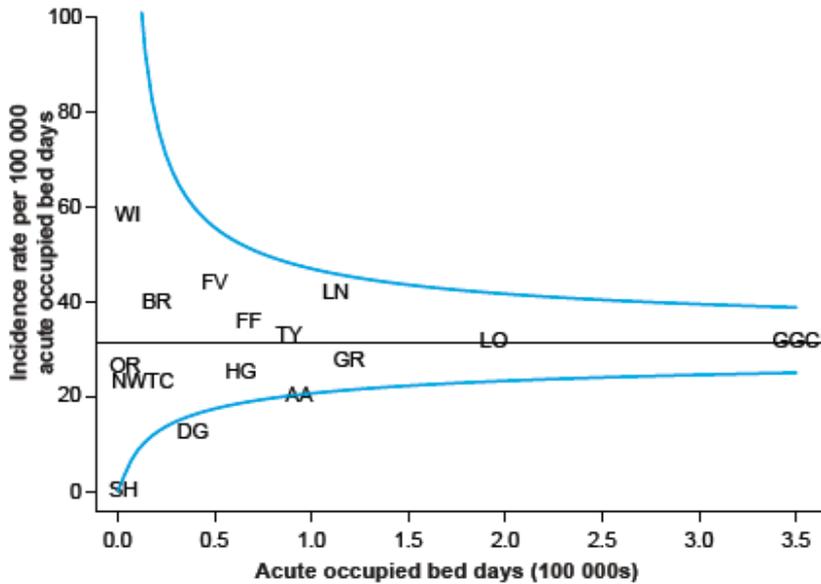
The following table and graphs demonstrate NHS Grampian's rate of SABs compared with all other Boards in Scotland.

The rate of SABs in NHS Grampian in this quarter is the eighth highest in Scotland and similar to that in NHS Orkney and NHS Highland.

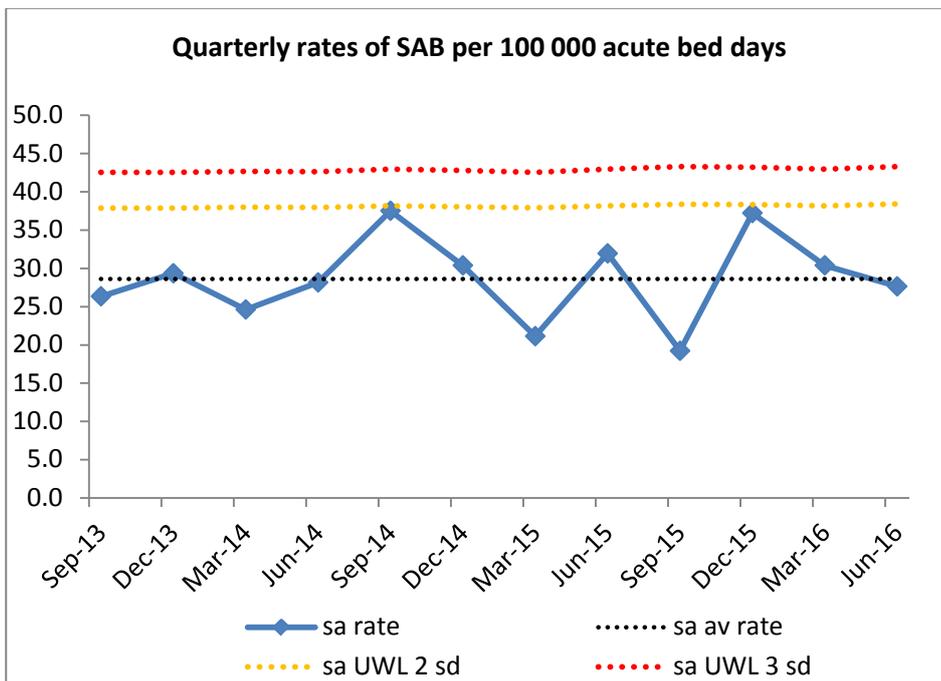
SAB cases and incidence rates (per 100,000 AOBs) April to June 2016

NHS board	MRSA Cases	MSSA Cases	SAB cases	Bed days	MRSA Rate	MSSA Rate	SAB Rate
AA	2	17	19	93 747	2.1	18.1	20.3
BR	0	8	8	20 141	0.0	39.7	39.7
DG	0	5	5	38 734	0.0	12.9	12.9
FF	2	22	24	67 703	3.0	32.5	35.4
FV	0	22	22	50 004	0.0	44.0	44.0
GR	1	32	33	119 394	0.8	26.8	27.6
GGC	9	101	110	350 114	2.6	28.8	31.4
HG	1	15	16	63 592	1.6	23.6	25.2
LN	0	47	47	112 477	0.0	41.8	41.8
LO	8	53	61	194 076	4.1	27.3	31.4
NWTC	0	3	3	13 158	0.0	22.8	22.8
OR	0	1	1	3801	0.0	26.3	26.3
SH	0	0	0	2970	0.0	0.0	0.0
TY	1	28	29	88 508	1.1	31.6	32.8
WI	1	2	3	5176	19.3	38.6	58.0
Scotland	25	356	381	1 223 595	2.0	29.1	31.1

Funnel plot of SAB rates (per 100,000 AOBDs) April to June 2016



A graph showing NHS Grampian surveillance data from September 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.

No new data have been published since the last report. CRA compliance for Quarter 1 (January-March 2016) within NHS Grampian was 91%. This is the first time NHS Grampian has achieved compliance with the KPI.

Health Board	2015_16 Q2	2015_16 Q3	2015_16 Q4	2016_17 Q1
Grampian	79%	88%	74%	91%
Scotland	78%	83%	80%	82%

***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.

National *Clostridium difficile* infection surveillance programme

Health Protection Scotland also published their quarterly reports on the surveillance of *Clostridium difficile* infections (CDIs) in Scotland, April to June on 4 October 2016.

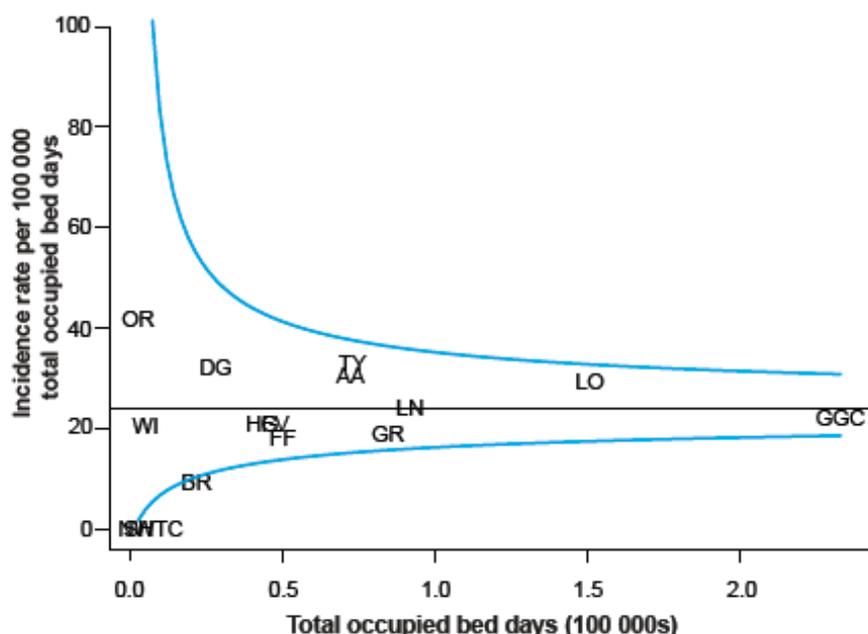
The following tables and graphs demonstrate NHS Grampian's rates of CDI compared with all other Boards in Scotland, with data broken down for age groups ≥ 65 years and 15-64 years.

In patients aged over 65 years, NHS Grampian's rate of CDI is below the Scottish average for this quarter and considerably lower in the Q" compared with Q1.

CDI cases and incidence rates (per 100,000 TOBDs) in patients aged 65 years and above: Q1 2016 (January to March 2016) compared to Q2 2016 (April to June 2016)

NHS board	Q1 2016 (January to March 2016)			Q2 2016 (April to June 2016)		
	Cases	Bed days	Rate	Cases	Bed days	Rate
AA	28	73 280	38.2	22	72 081	30.5
BR	2	23 521	8.5	2	21 517	9.3
DG	9	29 306	30.7	9	27 799	32.4
FF	6	55 573	10.8	9	49 932	18.0
FV	5	53 074	9.4	10	47 432	21.1
GR	26	87 915	29.6	16	84 310	19.0
GGC	58	247 719	23.4	52	232 889	22.3
HG	7	44 690	15.7	9	42 944	21.0
LN	31	96 723	32.1	22	91 535	24.0
LO	39	147 696	26.4	44	150 550	29.2
NWTC	0	6922	0.0	0	6566	0.0
OR	1	2909	34.4	1	2401	41.6
SH	0	2793	0.0	0	2590	0.0
TY	21	76 148	27.6	24	72 783	33.0
WI	0	8655	0.0	1	4870	20.5
Scotland	233	956 924	24.3	221	910 199	24.3

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

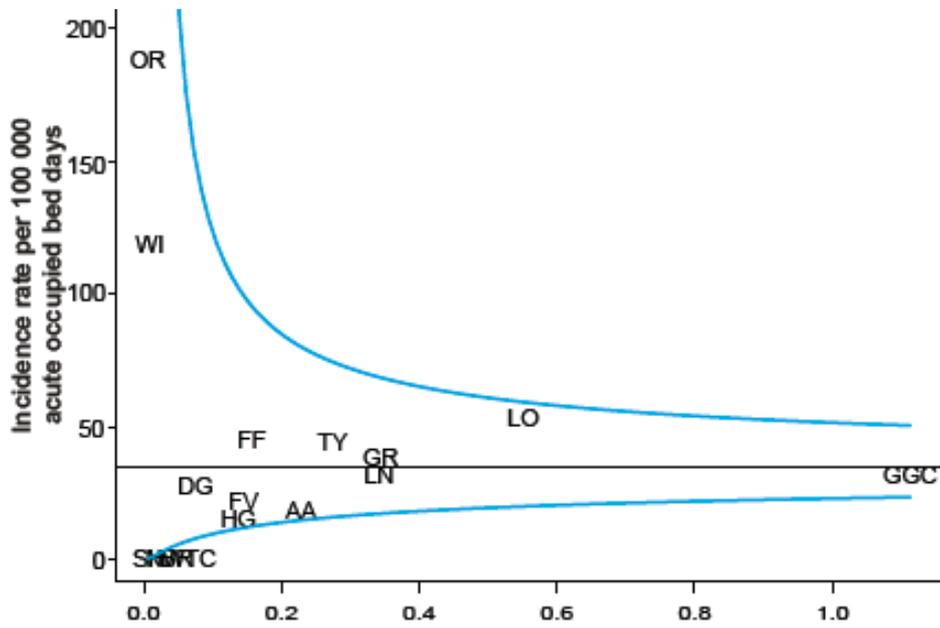


NHS Grampian saw a dramatic reduction in the rate of CDI in patients aged 15-64 during Q2 compared with Q1, bringing the rate much closer to the national average.

CDI cases and incidence rates (per 100,000 TOBDs) in patients aged 15-64: Q1 2016 (January to March 2016) compared to Q2 2016 (April to June 2016)

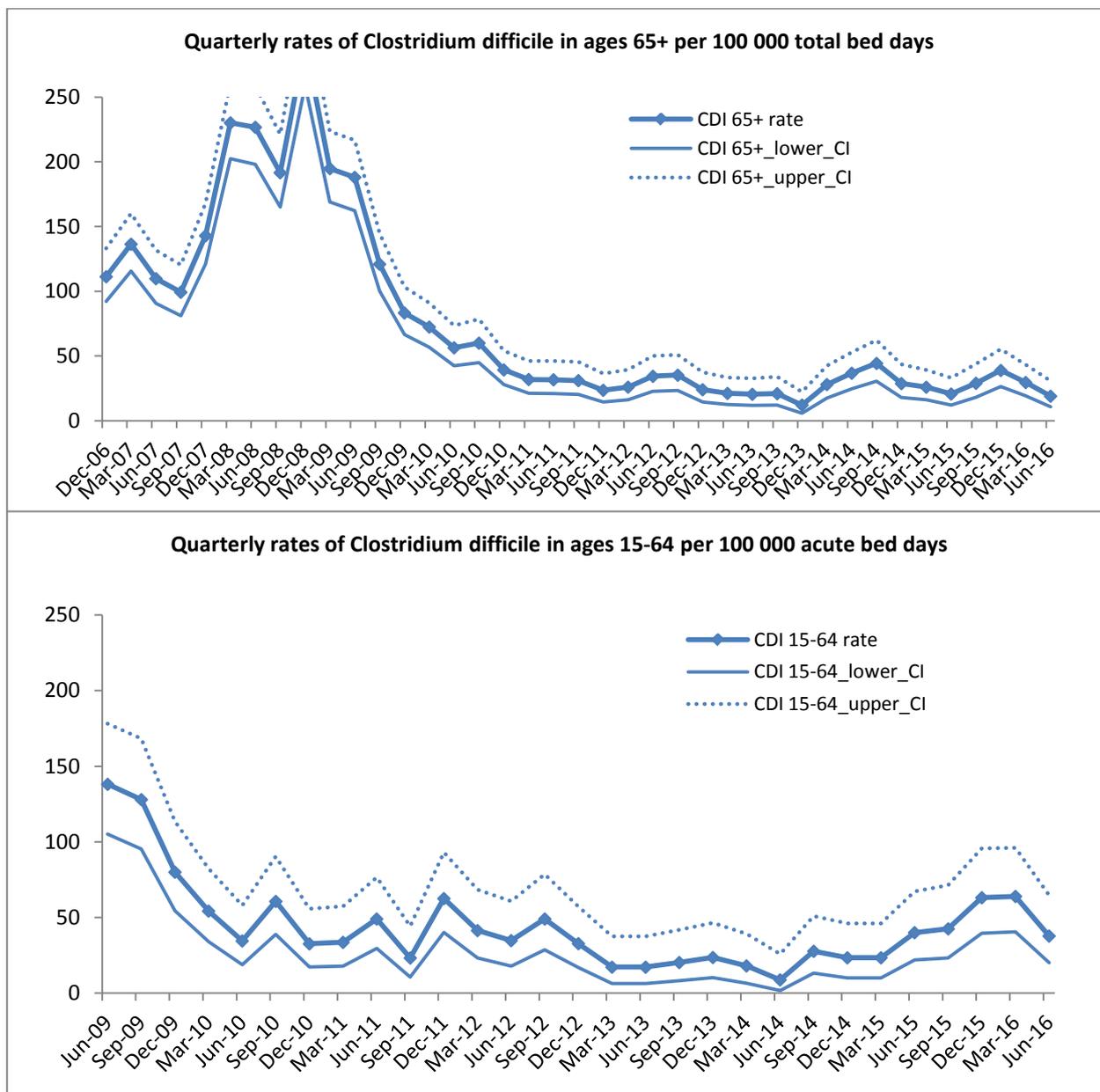
NHS board	Q1 2016 (January to March 2016)			Q2 2016 (April to June 2016)		
	Cases	Bed days	Rate	Cases	Bed days	Rate
AA	11	23 520	46.8	4	22 837	17.5
BR	0	4826	0.0	0	4758	0.0
DG	1	7948	12.6	2	7510	26.6
FF	4	17 114	23.4	7	15 653	44.7
FV	1	15 119	6.6	3	14 442	20.8
GR	23	35 939	64.0	13	34 389	37.8
GGC	34	108 972	31.2	35	111 298	31.4
HG	3	13 207	22.7	2	13 714	14.6
LN	9	33 400	26.9	11	34 128	32.2
LO	22	52 704	41.7	29	55 064	52.7
NWTC	0	5731	0.0	0	5443	0.0
OR	0	792	0.0	1	532	188.0
SH	0	736	0.0	0	745	0.0
TY	8	25 794	31.0	12	27 429	43.7
WI	0	868	0.0	1	846	118.2
Scotland	116	346 670	33.5	120	348 788	34.4

Funnel plot of CDI incidence rates (per 100,000 TOBDs) in patients aged 15-64 and above for all NHS Boards in Scotland April to June 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/haic/sshaip/ssdetail.aspx?id=277>

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.

2nd Quarter - July - Sept - 2016	July Domestic	July Estates	August Domestic	August Estates	September Domestic	September Estates	Quarter 2 Domestic	Quarter 2 Estates
NHS Grampian Overall	94.40	95.90	94.20	96.00	94.20	96.10	97.60	96.00
Aberdeen Maternity Hospital, RACH & Outlying Areas	94.70	94.25	94.95	95.50	94.30	96.25	94.66	95.33
Aberdeen Royal Infirmary	97.40	95.75	94.05	96.35	93.80	96.20	95.08	96.10
Aberdeenshire North & Moray Community	98.00	97.85	96.30	97.05	96.80	97.26	97.03	97.38
Aberdeenshire South & Aberdeen City	92.80	96.40	93.10	96.55	94.50	97.60	93.46	96.85
Dr Grays Hospital	94.10	94.30	92.60	95.05	92.65	95.70	93.11	95.01
Royal Cornhill Hospital	93.90	96.15	94.90	95.90	92.45	94.25	93.75	95.43
Woodend Hospital	93.50	94.20	94.20	94.40	93.50	93.50	93.73	94.03

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 August and September 2016 the following wards or bays were closed due to Norovirus during Monday Point Prevalence:

On Monday 15 August, 1 hospital had 1 ward closed with 12 patients affected

On Monday 19 September, 1 hospital had 1 ward closed with 5 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>

Public Health Incidents

The Health Protection team have declared two Public Health incidents relating to healthcare premises since the last report.

Colonisation of the water system in Forres Health Centre by a strain of legionella bacteria has caused high levels of legionella in water samples taken from various locations within the building. No associated cases of legionella infection have been identified and the current risk to patients and staff is assessed as being low. An incident management team led by a Consultant in Public Health Medicine is taking forward action to address the causes of the colonisation.

An unannounced inspection of Aberdeen Royal Infirmary kitchen identified a number of concerns relating to food hygiene practice and equipment. This resulted in a Risk Mediation Notice being served by Aberdeen City Council Environmental Health service. The Environmental Health service is working closely with hospital catering management to ensure the food hygiene concerns are being addressed effectively. The possibility that food hygiene issues within the kitchen may have been associated with food borne illness is being assessed by an incident management team led by a Consultant in Public Health Medicine.

Other HAI Related Activity

Antimicrobial Prescribing

Acute sector

Local empirical audits on hospital downstream medical and surgical wards was suspended while the National HAI and Antibiotic Point Prevalence Survey was being undertaken in Sept/Oct as per advice from the Scottish Antimicrobial Prescribing Group. Data collection will recommence in November.

Primary Care

Q2 data (Jul-Sept) not yet available, however as achievement of target is measured in Q4 (Jan-Mar 17), the Q2 data does not predict the likelihood of meeting the target in Q4.

Local Annual Surgical Antibiotic Point Prevalence Survey (PPS)

The annual antibiotic PPS on all surgical wards in ARI and Woodend was carried out in February 2016 and the report is now available (delay due to resource prioritisation by data analyst). Comparison with data from five previous years shows that there has been improvement in documentation of indication (91%) in the medical notes and /or drug kardex although this does not yet meet the audit criteria of $\geq 95\%$.

Documentation of the duration/stop or review date (60%), and documentation of an antibiotic review in the previous 48 hours (61%) fall well below the target of $\geq 80\%$ and are the main areas requiring improvement.

It was judged that for 74% of indications the antibiotic prescribing was appropriate; inadequate documentation can contribute to prescribing being deemed inappropriate due to lack of information to justify non-empirical choices.

This data will be fed back to the clinical teams with offer of suggestions and support to make improvements.

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

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

Clostridium difficile infection monthly case numbers

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

Hand Hygiene Monitoring Compliance (%)

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
Board Total	96	96	97	97	96	96	96	96	96	96	96	96

NHS HOSPITAL A REPORT CARD – Aberdeen Royal Infirmary

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
ARI Total	94	95	95	94	94	94	94	94	94	97	94	94

Estates Monitoring Compliance (%)

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

NHS HOSPITAL B REPORT CARD – Dr Gray’s Hospital

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

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

NHS HOSPITAL B REPORT CARD – Woodend Hospital

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

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

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

	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Mar 2016	Apr 2016	May 2016	Jun 2016	Jul 2016	Aug 2016	Sep 2016
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	2	0	0	0	0	0	0	1	0	0	0
Total SABS	0	2	0	0	0	0	0	0	1	0	0	0

Clostridium difficile infection monthly case numbers

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

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

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

Clostridium difficile infection monthly case numbers

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