

Healthcare Associated Infection (HAI) Quarterly Local Report – January 2021

The following report contains local data for the period October 2020 – December 2020.

Executive Summary

Above Target

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

Below Target

- Methicillin-Resistant *Staphylococcus Aureus* (MRSA) Clinical Risk Assessment (CRA) screening compliance (**83%**)
 - This is an **increase** from the previous quarter (81%)
- Carbapenemase Producing Enterobacteriaceae (CPE) Clinical Risk Assessment (CRA) screening compliance (**82%**)
 - This is a **decrease** from the previous quarter (93%)

Additional Information

- Wards closed due to enteric illness: **0**
 - This is the **same** as the previous quarter (0)
- Incident Management Team (IMT) meetings: **45**
 - This is an **increase** from the previous quarter (14)
- Preliminary Assessment Group (PAG) meetings: **25**
 - This is an **increase** from the previous quarter (15)

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:

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Contact for further information:

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Key matters relevant to recommendation

Issue	Group	Target	Period & source	NHS Scotland	NHS Grampian	RAG*
MRSA (CRA) screening	-	ARHAIS [^] 90%	Oct – Dec 2020, HPS	82	83	Amber
CPE (CRA) screening	-	NHSG 90%	Oct – Dec 2020, HPS	79	82	Amber
Cleaning	All clinical areas	HFS 90%	Oct – Dec 2020, NHSG	-	93	Green
Estates		HFS 90%	Oct – Dec 2020, NHSG	-	95	Green
Hand Hygiene	Nursing staff	SGHD 90%	Oct – Dec 2020, NHSG	-	99	Green
	Medical staff	SGHD 90%	Oct – Dec 2020, NHSG	-	97	Green
	Allied Health Professionals	SGHD 90%	Oct – Dec 2020, NHSG	-	99	Green
	Ancillary staff	SGHD 90%	Oct – Dec 2020, NHSG	-	96	Green

*RAG (Red / Amber / Green) Status

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

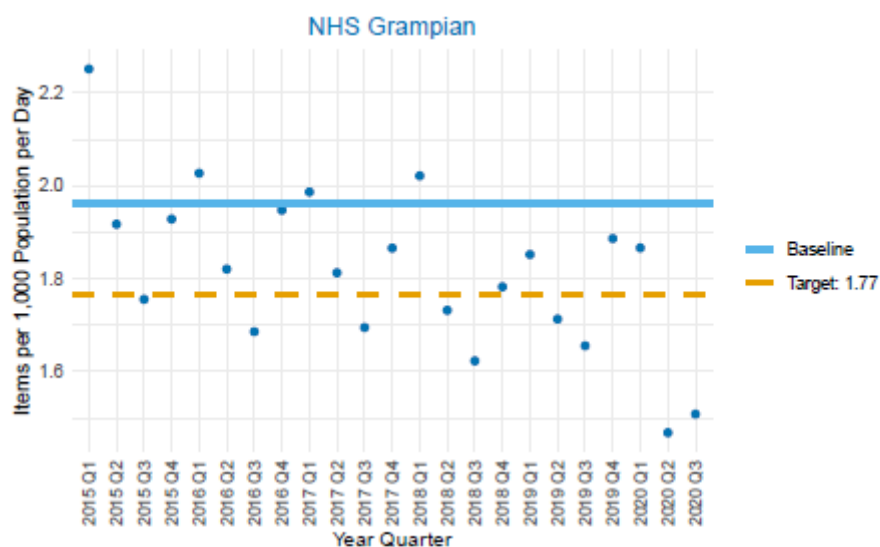
Below upper control limit but above National average = **Amber**
Below lower control limit = **Green**

[^] 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)



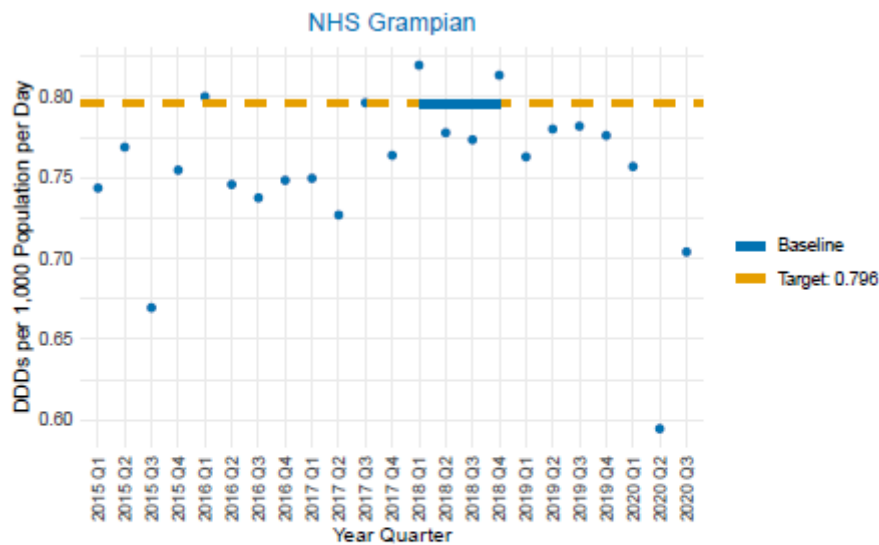
	Target	Items/1,000/Day	Percentage Difference Baseline	Percentage Difference Target
Previous 4 Quarters	1.77	1.68	-14.23%	-4.71%

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

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 in quarters 2 and 3 in 2020 demonstrate 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 14.23% 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

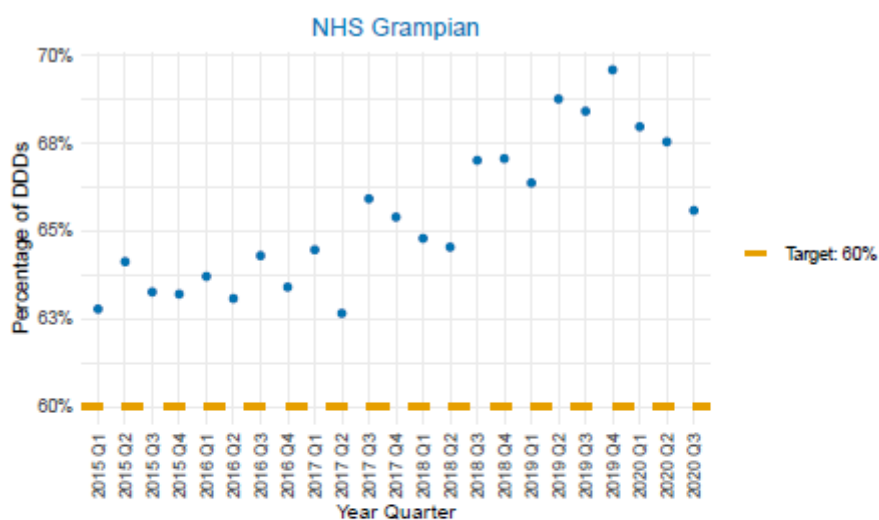


	Target	DDDs/1,000/Day	Percentage Difference
Previous 4 Quarters	0.796	0.708	-11.04%

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

The data above, taken from a report supplied by Public Health Scotland, demonstrates that NHS Grampian have been below the target throughout 2019 and up to quarter 3 in 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 Antimicrobial Management Team (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 the Scottish Antimicrobial Prescribing Group (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	67.9%	60%	13.11%

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%

The data above, taken from a report supplied by Public Health Scotland, demonstrates that NHS Grampian is consistently meeting this target, with 67.9% of total antibiotic use in acute hospitals from the WHO Access list over the last 4 quarters.

The Scottish Antimicrobial Prescribing Group (SAPG) issued updated versions of their documents on antibiotic management / antimicrobial stewardship in the context of the COVID-19 pandemic in October 2020. These documents entitled '*Updated advice on hospital antibiotic management and antimicrobial stewardship in the context of the COVID-19 pandemic*' and '*Advice on management of people with respiratory infections presenting in the community during the COVID-19 pandemic*' were adapted for local use and published in October 2020.

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 spread¹.

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 3 (October – December 2020) within NHS Grampian was 83%. This is below the target of 90%, but above the national average (82%), and above NHS Grampian’s compliance from the previous quarter (81%).

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

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 1st 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 3 (October - December 2020) within NHS Grampian was 82%. Although this was above the national average (79%), it is a decrease from the previous month's compliance (93%).

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 Q3	2019-20 Q4	2020-21 Q1	2020-21 Q2	2020-21 Q3
Grampian	88%	93%	78%	93%	82%
Scotland	85%	85%	80%	85%	79%

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.

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Ward Closures	1	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 October – December 2020 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)

Incident Management Team (IMT) and Preliminary* Assessment Group (PAG) 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 Manual². The Healthcare Infection Incident Assessment Tool (HIIAT)³ 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 incident⁴.

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 October and December 2020, there was a total of 45 IMT meetings and 25 PAG meetings. This is an increase from the previous quarter (July – September 2020), where the total number of IMT meetings was 14 and the total number of PAG meetings was 15.

**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.*

IMT meetings October – December 2020			
Date	Area	Reason	HIIAT assessment*
07.10.20	Eye OPD, ARI	Endophthalmitis	Amber
09.10.20	Ward 212, ARI	COVID-19	Amber
12.10.20			Amber
15.10.20			Amber
20.10.20			Red
22.10.20			Red
26.10.20			Red
27.10.20	Ward 104, ARI	COVID-19	Amber
30.10.20			Amber
02.11.20			Amber
05.11.20			Amber
02.11.20	Ward 109, ARI (inc. Wards 216 & 201, ARI)	COVID-19	Amber
06.11.20			Amber
10.11.20			Red
13.11.20			Red
17.11.20			Red
11.11.20	Ward 17 and Links Unit, Woodend	COVID-19	Amber
16.11.20			Amber
23.11.20			Red
27.11.20			Amber
03.12.20			Amber
07.12.20			Green

IMT meetings
October – December 2020

Date	Area	Reason	HIIAT assessment*
12.11.20	Torry Medical Practice, Aberdeen	COVID-19	Amber
16.11.20			Green
19.11.20	Inverurie Community Maternity Unit	Water Safety	Amber
23.11.20	Ward 110, ARI	COVID-19	Amber
30.11.20			Green
16.11.20			Amber
22.12.20			Amber
25.11.20	Stroke West, Woodend	COVID-19	Green
30.11.20	Arduthie Ward, Kincardine Hospital in Stonehaven	COVID-19	Amber
03.12.20			Amber
07.12.20			Amber
09.12.20			Amber
16.12.20			Red
21.12.20			Red
01.12.20	Theatres, ARI	Disinfection of Probes	Green
15.12.20			Green
11.12.20	Turriff Hospital	COVID-19	Amber
15.12.20			Amber
17.12.20			Amber
22.12.20			Amber
14.12.20	Sexual Health, Aberdeen Health Village	COVID-19	Amber
17.12.20			Amber
21.12.20			Amber

PAG meetings October – December 2020			
Date	Area	Reason	HIIAT assessment*
08.10.20	Quality Improvement Team, Summerfield House	COVID-19	Green
08.10.20	Ward 212, ARI	COVID-19	Amber
20.10.20	Stroke East & West, Woodend	COVID-19	Green
21.10.20	Neonatal Unit, AMH	Water Safety	Green
24.10.20	Ward 104, ARI	COVID-19	Green
28.10.20	Mintlaw Group Practice, Aberdeenshire	COVID-19	Green
03.11.20	ICU, ARI (inc. Ward 106b, ARI)	IPC Pathway Implementation	N/A
05.11.20	Theatres, ARI	Disinfection of Probes	Green
10.11.20	Cardiac ICU, ARI	COVID-19	Amber
11.11.20	Stroke West, Woodend	COVID-19	Green
17.11.20	Ward 101, ARI	COVID-19	Unknown
17.11.20	Ward 110, ARI	COVID-19	Green
18.11.20	Short Stay Theatres, ARI	COVID-19	Green
27.11.20	Intensive Psychiatric Care Unit, RCH	COVID-19	N/A
27.11.20	Aberdeenshire	COVID-19	Green
09.12.20	Turriff Hospital	COVID-19	Amber
10.12.20	Sexual Health, Aberdeen Health Village	COVID-19	Amber
16.12.20	Porters / Mailroom, ARI	COVID-19	Amber
22.12.20	Ward 101, ARI	COVID-19	Amber
23.12.20	Ward 208, ARI	COVID-19	Green
24.12.20	Radiography, ARI	COVID-19	N/A
24.12.20	Links Medical Practice, Aberdeen	COVID-19	N/A
24.12.20	Radiotherapy, ARI	COVID-19	N/A
24.12.20	Neuro Rehab Unit, Woodend	COVID-19	Green
29.12.20	Ward 5, DGH	COVID-19	Red

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

All Minor = **Green**

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

3 Minor and 1 Moderate = **Green**

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§ion=&category=&month=&year=&show=10>

Between October and December 2020, all areas in NHS Grampian were compliant with the required cleanliness standards, as monitored by the Facilities Monitoring Tool.

	October 2020 Domestic	October 2020 Estates	November 2020 Domestic	November 2020 Estates	December 2020 Domestic	December 2020 Estates	Quarter 3 Domestic	Quarter 3 Estates
NHS Grampian Overall	92.35	95.10	92.95	94.15	94.35	95.45	93.21	94.90
Aberdeen Maternity Hospital, RACH & Outlying Areas	93.35	95.00	92.60	94.65	94.05	95.00	93.33	94.88
Aberdeen Royal Infirmary	90.70	95.35	92.75	94.95	93.10	95.70	92.18	95.33
Aberdeenshire North & Moray Community	97.50	93.40	96.50	91.85	97.35	94.90	97.11	93.38
Aberdeenshire South & Aberdeen City	90.70	96.80	95.70	98.20	94.55	96.80	93.65	97.26
Dr Gray's Hospital	94.25	93.95	92.80	92.40	94.95	94.15	94.00	93.50
Royal Cornhill Hospital	92.20	91.95	94.25	93.35	93.60	94.10	93.35	93.13
Woodend Hospital	95.30	98.40	90.30	93.40	95.05	97.10	93.55	96.30

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§ion=&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

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

Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

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

Cleaning Compliance (%)

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Board Total	93	93	93	95	95	93	93	93	93	92	93	94

Estates Monitoring Compliance (%)

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
Board Total	95	95	94	97	95	94	95	95	95	95	94	95

Hand Hygiene Monitoring Compliance (%)

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
AHP	98	99	99	98	99	100	98	98	99	99	99	99
Ancillary	92	93	97	100	97	97	98	97	97	96	97	95
Medical	95	95	97	97	98	95	97	95	96	97	97	97
Nurse	98	99	99	99	99	99	99	99	99	99	99	99

NHS HOSPITAL A REPORT CARD – Aberdeen Royal Infirmary

Staphylococcus aureus bacteraemia - monthly case numbers

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

Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

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

Cleaning Compliance (%)

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

Estates Monitoring Compliance (%)

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

* Auditing paused to support the COVID-19 response

NHS HOSPITAL B REPORT CARD – Dr Gray’s Hospital

Staphylococcus aureus bacteraemia - monthly case numbers

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
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
Total SABS	0	0	0	0	0	0	1	0	0	0	0	0

Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

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

Cleaning Compliance (%)

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
DGH Total	94	93	94	94	94	95	94	94	94	94	93	95

Estates Monitoring Compliance (%)

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
DGH Total	95	95	95	94	96	95	94	95	95	94	92	94

NHS HOSPITAL C REPORT CARD – Woodend Hospital

Staphylococcus aureus bacteraemia - monthly case numbers

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	1	0	0	1	0	0	1	0	1	0	0
Total SABS	1	1	0	0	1	0	0	1	0	1	0	0

Clostridioides (formerly Clostridium) difficile infections - monthly case numbers

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

Cleaning Compliance (%)

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
WGH Total	93	94	94	96	95	94	93	95	94	95	90	95

Estates Monitoring Compliance (%)

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

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

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

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

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

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia - monthly case numbers

	Jan 2020	Feb 2020	Mar 2020	Apr 2020	May 2020	Jun 2020	Jul 2020	Aug 2020	Sep 2020	Oct 2020	Nov 2020	Dec 2020
MRSA	0	1	0	0	1	1	0	0	0	1	1	0
MSSA	8	12	6	6	6	5	6	10	9	7	7	7
Total SABS	8	13	6	6	7	6	6	10	9	8	8	7

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

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

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