Meeting of Lanarkshire NHS Board: 29 May 2019

Lanarkshire NHS Board
Kirklands
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SUBJECT: Healthcare Associated Infection (HCAI) Reporting Template

1. PURPOSE

This paper is coming to the NHS Lanarkshire (NHSL) Board:

For approval	☐	For endorsement	☒	To note	☐

The purpose of this paper is to update NHSL Board members on the current position against the Healthcare Association Infection (HAI) Standards 2015 with particular reference to NHSL Board performance against the Annual Operating Plan (AOP) Targets.

2. ROUTE TO THE BOARD

This paper has been:

Prepared	☒	Reviewed	☐	Endorsed	☒

By the Head of Infection Prevention and Control (IPC) and approved by the Lanarkshire Infection Control Committee (LICC).

3. SUMMARY OF KEY ISSUES

The key performance headlines and improvement activity are noted on pages 5-7. Please note that the data contained within the report is only validated locally as it has not been validated nationally by Health Protection Scotland (HPS). The verified data is scheduled for release from HPS week beginning 1 July 2019. Following the NHS Board meeting, the IPCT will provide NHS Board members with any updates as appropriate following HPS verified data.

4. STRATEGIC CONTEXT

This paper links to the following:

Corporate Objectives	☒	Annual Operating Plan	☒	Government Policy	☐
Government Directive	☒	Statutory Requirement	☒	AHF/Local Policy	☐
Urgent Operational Issue	☐	Other	☐		

There is a national mandatory requirement for a report relating to IPC to be presented to the NHS Board using the Scottish Government Reporting Template (in Appendix 1).

5. CONTRIBUTION TO QUALITY

This paper aligns to the following elements of safety and quality improvement:

Three Quality Ambitions:

Safe	☒	Effective	☒	Person Centred	☒

Six Quality Outcomes:

Everyone has the best start in life and is able to live longer healthier lives; (Effective)	☐
People are able to live well at home or in the community; (Person Centred)	☒
Everyone has a positive experience of healthcare; (Person Centred)	☒
Staff feel supported and engaged; (Effective)	☒
Healthcare is safe for every person, every time; (Safe)	☒
Best use is made of available resources. (Effective)	☒

6. MEASURES FOR IMPROVEMENT

- Annual Operating Plan (AOP) target for *Staphylococcus aureus* bacteraemias (SABs)
- AOP target for *Clostridium difficile* Infections (CDIs)
- Key Performance Indicators (KPI) for Methicillin Resistant *Staphylococcus Aureus* (MRSA) Screening, Carbapenamase Producing Enterobacteriaceae (CPE) Screening Programmes and Hand Hygiene Compliance.

7. FINANCIAL IMPLICATIONS

The organisation incurs financial implications in the management of an HCAI depending on the length of stay of a patient, the associated treatment required and throughput of patients from a bed management perspective. Health Protection Scotland (HPS) make reference to a study[1] carried out in 2013 that estimated the inpatient costs of a Healthcare Associated Infection (HCAI) in an NHS acute care hospital to be £137 million excluding the costs of those infections occurring outside hospital and highlights that the prevention of an HCAI in all healthcare settings is of paramount importance.

8. RISK ASSESSMENT/MANAGEMENT IMPLICATIONS

- NHSL is working to achieve the AOP for SABs and CDIs; and the KPIs for Hand Hygiene, MRSA & CPE screening as follows;
  - SAB: no more than 24 SAB cases per 100,000 Acute Occupied Bed Days (AOBD)
  - CDI: no more than 32 CDI cases per 100,000 Acute Occupied Bed Days (AOBD)
  - Hand Hygiene: To achieve 95% of above for taking the appropriate opportunity to decontaminate hands against the 5 Hand Hygiene Key Moments
  - MRSA Screening: To achieve 90% or above.
  - CPE Screening: To achieve 90% or above.
- There has been no change to the SAB and CDI AOP Targets 2017/2018 and therefore the organisation will continue to work to achieve the current targets in place.

9. FIT WITH BEST VALUE CRITERIA

This paper aligns to the following best value criteria:

Vision & leadership	☐	Effective partnerships	☐	Governance & accountability	☒
Use of resources	☒	Performance management	☐	Equality	
Sustainability	☐				

10. EQUALITY AND DIVERSITY IMPACT ASSESSMENT

An Equality and Diversity Impact Assessment (EDIA) has been completed

Yes ☐ *Please say where a copy can be obtained* No ☒ *Please say why not*

There has been no requirement to date to complete an EDIA.

[1] http://www.hps.scot.nhs.uk/haiic/sshaip/haiprevalencestudy.aspx

11. CONSULTATION AND ENGAGEMENT

Consultation and contributions have been devised from the following departments/personnel across acute and partnership services:

- Infection Prevention and Control Team (IPCT)
- Property and Support Services Division (PSSD)
- Antimicrobial Management Team (AMT)
- Healthcare Quality Assurance Improvement Committee (HQAIC)
- Lanarkshire Infection Control Committee (LICC) and Sub-groups

12. ACTIONS FOR THE BOARD

The NHS Board is asked to:

Approval	☐	Endorsement	☐	Identify further actions	☐
Note	☒	Accept the risk identified	☐		

The NHS Board is asked to note this report and highlight any areas where further clarification or assurance is required.

The NHS Board is also asked to confirm whether the report provides sufficient assurance around the NHSL performance on HCAI, and the arrangements in place for managing and monitoring HCAI.

13. FURTHER INFORMATION

For further more detailed information or clarification of any issues in this paper please contact:

- Irene Barkby, Executive Director of Nursing, Midwifery and Allied Health Professionals (NMAHPs) (Telephone number: 01698 858089)
- Emer Shepherd, Head of Infection Prevention and Control (Telephone number: 01698 366309)

Presented by Irene Barkby, Executive Director of NMAHPs
Prepared by Emer Shepherd, Head of Infection Prevention and Control

20 May 2019

NHS LANARKSHIRE PERFORMANCE – JANUARY TO MARCH 2019

Health Protection Scotland (HPS) Validated Data

Please note national validated data is provided 3 months in arrears from HPS which results in delays in the reporting timescales due to the alignment of reporting schedules.

Staphylococcus aureus Bacteraemia (SABs)

AOP Target:

- No more than 24 SAB cases per 100,000 (AOBD) by 31 March 2019.
- AOP target trajectory equates to no more than 104 cases per annum/26 cases per quarter.

NHSL Performance (Jan-Mar19):

- 47 SAB cases compared to 34 cases last quarter.
- A total of 155 cases (2018-19) against the annual target of no more than 104 cases.
- The annual AOP target therefore has **not** been met.

Clostridium difficile infection (CDI)

AOP Target:

- No more than 32 CDI cases per 100,000 (AOBD) in the aged 15 and over age group by 31 March 2019.
- AOP target trajectory equates to no more than 159 cases per annum/39 cases per quarter.

- **NHSL Performance (Jan-Mar19):**
- 24 CDI cases compared to 33 cases last quarter.
- A total of 119 cases (2018-19) against the annual target of no more than 159 cases.
- The CDI AOP has been achieved.

MRSA & CPE Screening

Key Performance Indicator (KPI): To achieve 90% or above for both screening programmes.

NHSL Performance (Jan-Mar19):

- 84% compliance for MRSA acute inpatient admission screening (the same compliance rate as last quarter).
- 70% compliance for CPE acute inpatient admission screening (a reduction of 8% from the previous quarter).
- For this reporting period, both KPIs have **not** been met.

Hand Hygiene

Key Performance Indicator (KPI): To achieve 95% or above for taking the appropriate opportunity to decontaminate hands against the 5 Hand Hygiene Key Moments.

NHSL Performance (Jan-Mar19):

- 92% achieved. This is a 4% increase from the last quarter.
- For this reporting period the KPI has **not** been met.

Outbreak Incidence

NHSL Performance (Jan-Mar19):

- Total of 15 outbreaks
- 2 ward closures (2 North H&SCP)
- 13 restrictions (6 UHW; 6 UHM; 1 UHH)
- 8 Diarrhoea & Vomiting; 1 Vomiting; 1 Diarrhoea; 5 Influenza A
- 31 patients; 9 staff affected

Escherichia coli Bacteraemia (ECB)

NHSL Performance (Jan-Mar19):

- 132 cases.
- This is a reduction of 20 ECB cases from last quarter.

Surgical Site Infection

Please note due to 30 day post operative surveillance, Jan-Mar 19 validated data will be reported at the NHS Board in August 2019.

NHSL Performance (Oct-Dec 18):

- 10 C-Section SSIs from 387 procedures (infection rate of 2.58%). This is a reduction of 9 SSIs from last quarter (infection rate of 5% previous quarter).
- 2 Hip Arthroplasty SSIs from 131 procedures (infection rate of 1.53%). This is an increase of 2 from last quarter which reported 0 SSIs.
- 7 Colorectal SSIs from 63 procedures (infection rate of 11.11%). This is a reduction of 1 SSI from last quarter (infection rate of 7.41% previous quarter).
- 6 Vascular SSIs from 67 procedures (infection rate of 8.96%). This is an increase of 3 SSIs from last quarter (infection rate of 4.41% previous quarter).

Performance against the Annual Operating Plan (AOP)

Staphylococcus auerus bacteraemias (SABs)

- During January to March 2019, there were 47 SAB cases exceeding the trajectory level of 26 per quarter.
- This is an increase of 13 SABs from the previous quarter and in increase of 6 SABs compared to the same time period for the previous year (Jan-Mar 2018).
- The Infection Prevention and Control Team (IPCT) are focusing on the number of SAB cases assessed as Healthcare Associated Infections (HCAIs) which are reviewed as part of the IPCT improvement programmes. Of the 47 SAB cases reviewed in quarter 4; 26 cases were HCAIs.

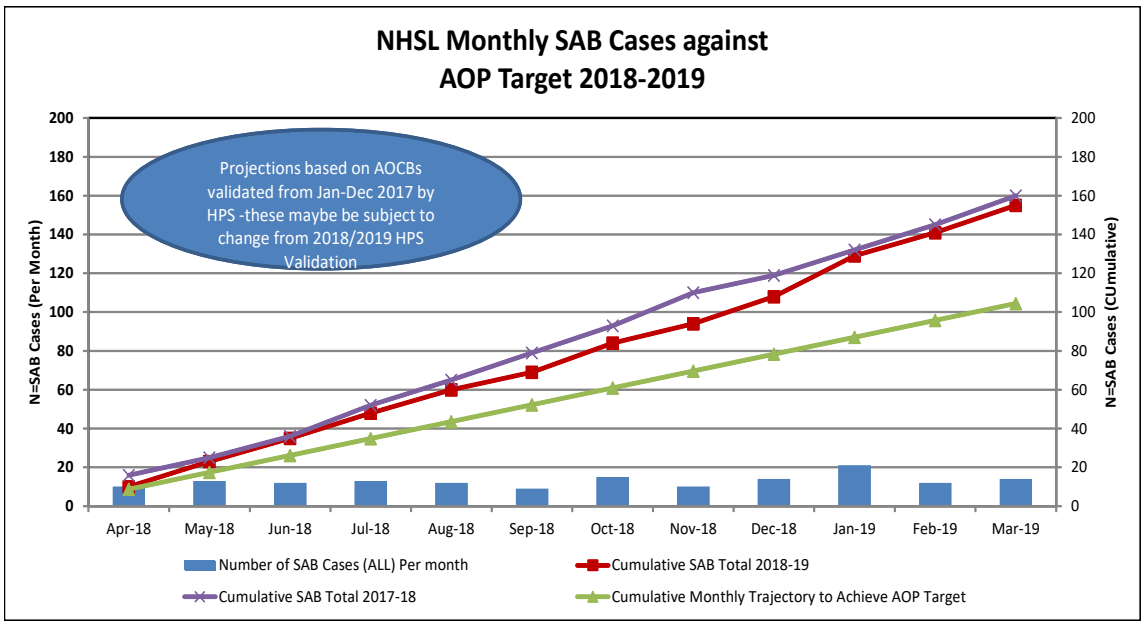


Chart 1 – AOP SAB Peformance (April 2018 to March 2019)

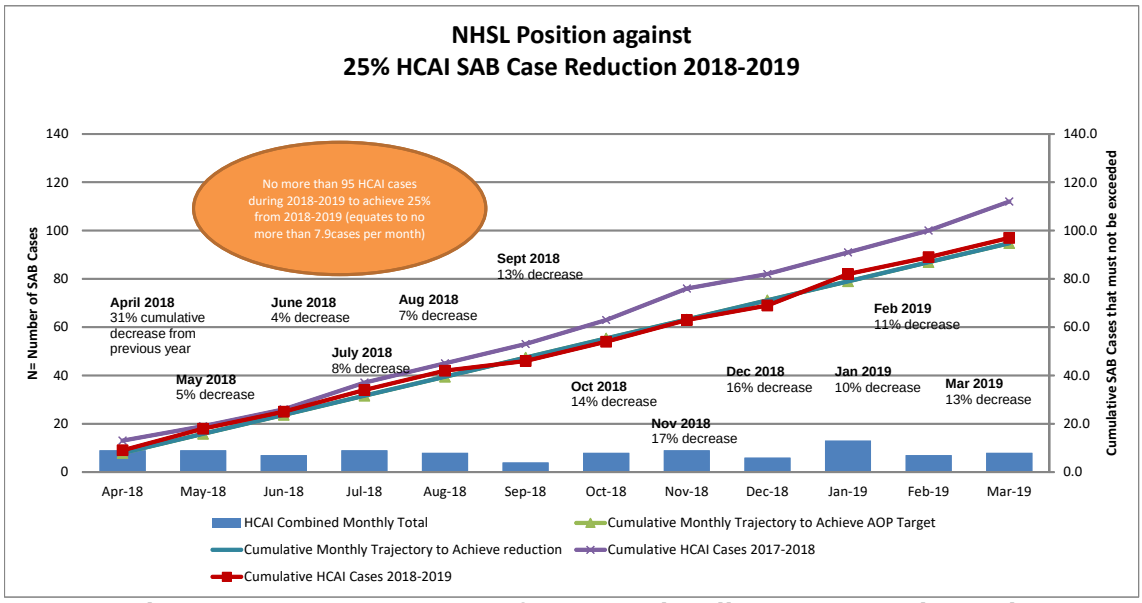


Chart 2 – AOP SAB HCAI Peformance (April 2018 to March 2019)

Performance against the Annual Operating Plan (AOP)

Clostridium difficile infections (CDIs)

- During January to March 2019, there were 24 CDI cases which is within the trajectory level of 39 per quarter.
- Whilst the performance remains within trajectory to meet the target at the end of year, there has been a slight increase in the number of CDI cases reported from 2017/18 to 2018/19 by 1 case (118 to 119 cases).
- Of the 24 CDI cases reviewed in this activity quarter, 11 were HCAIs; 12 were community associated infections (CAIs); and 1 was unknown.

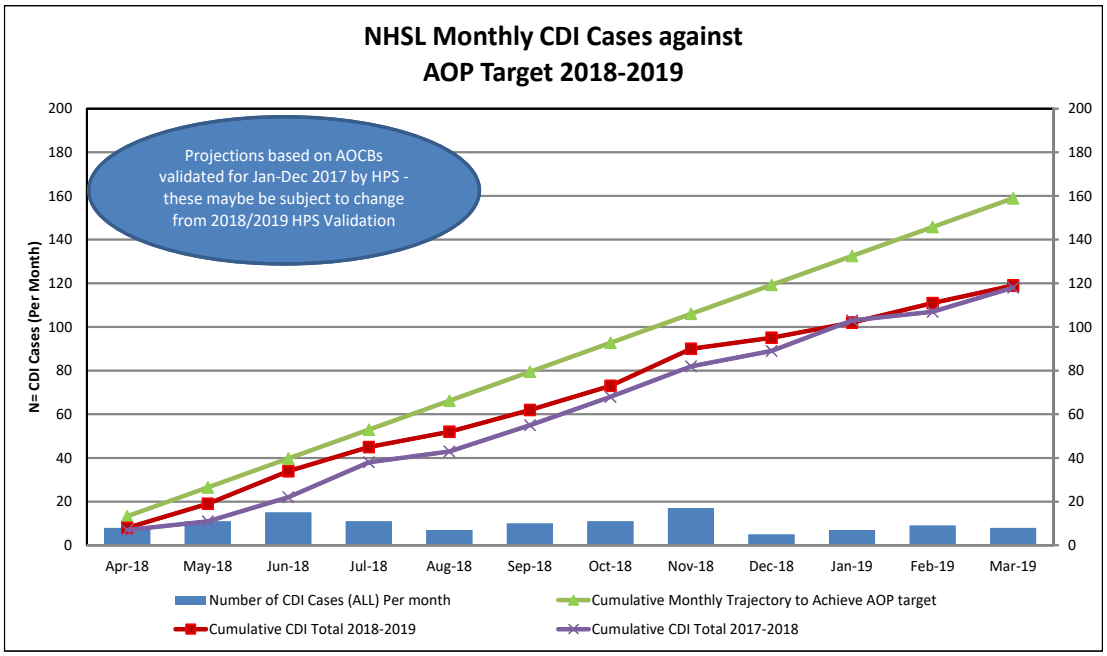


Chart 3 – AOP CDI Performance (April 2018 to March 2019)

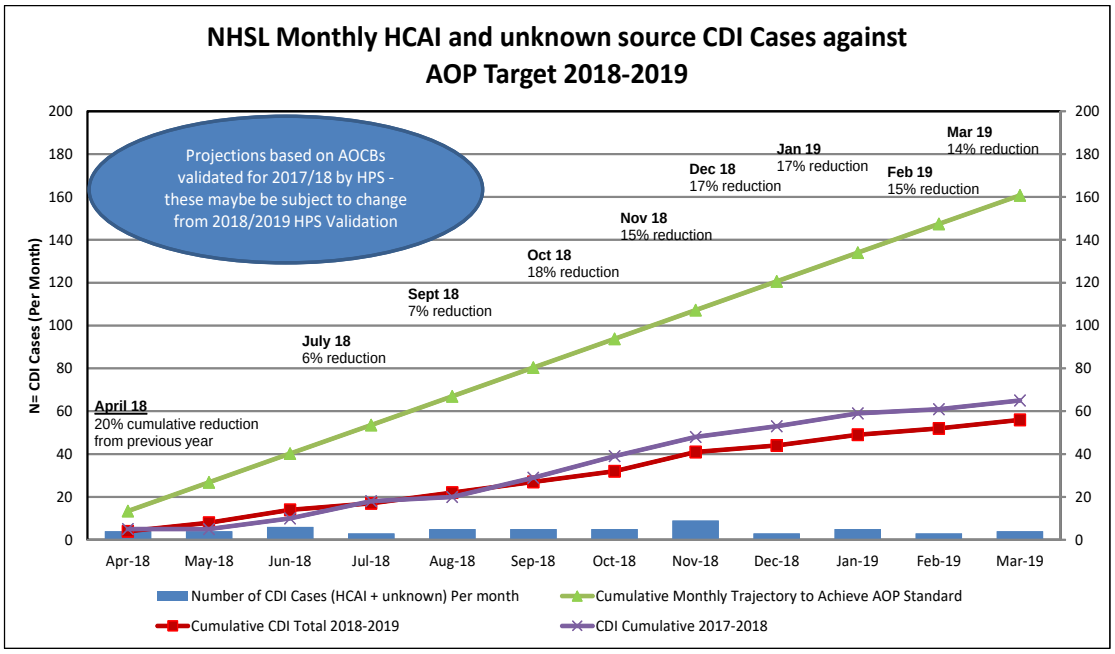


Chart 4 – AOP CDI HCAI / Unknown Performance (April 2018 to March 2019)

Performance against Key Performance Indicators

Methicillin resistant staphylococcus auerus (MRSA) National Inpatient Admission Screening

- There is a national requirement for NHS Boards to ensure that all acute inpatient admissions have a clinical risk assessment (CRA) completed.
- NHSL are required to review a minimum of 80 patient records to ascertain whether a CRA has been completed on admission or as part of the pre-operative assessment route.
- The national target is to achieve 90% or above. During January to March 2019, NHSL reached 84% compliance.

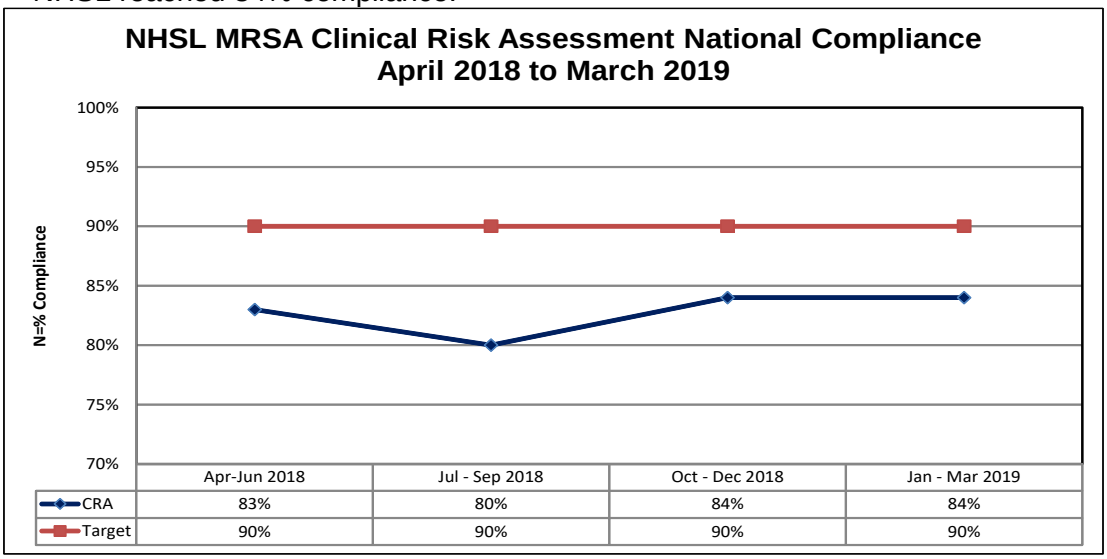


Chart 5 - MRSA Screening (April 2018 to March 2019)

Hand Hygiene

- There is a national requirement for NHS Boards to ensure that the completion of hand hygiene audits aim to achieve a compliance level of 95% or above. The organisation reached 92% which is an increase of 4% from last quarter.
- The IPCT have a rolling audit programme that is carried out on a monthly basis in areas across both the acute and health and social care partnership locations.
- Due to winter pressures the IPCT do not routinely complete Hand Hygiene Audits in January in line with the IPCT Winter Plan.

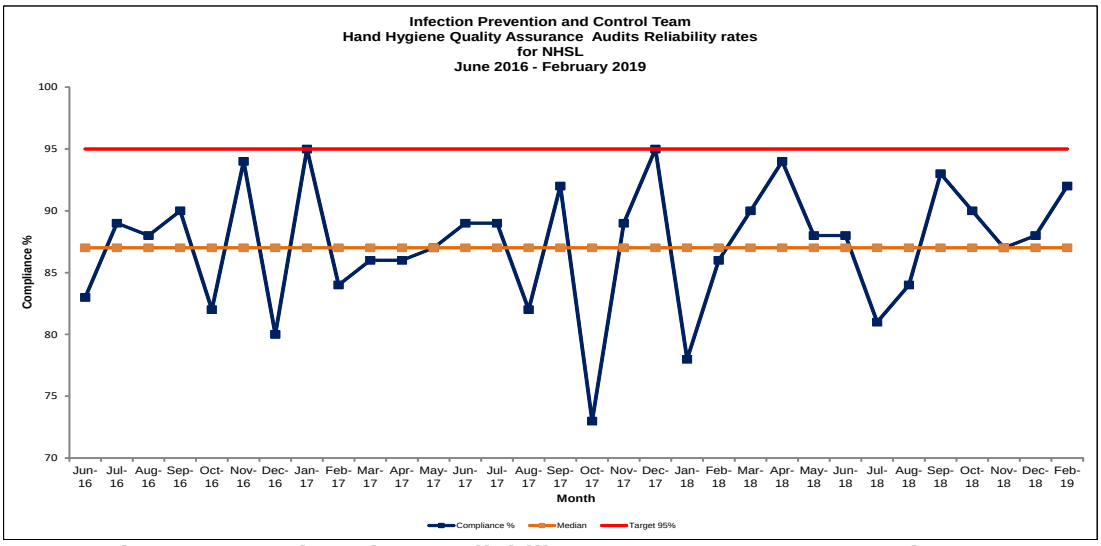


Chart 6 – Hand Hygiene Reliability Rate June 2016 to March 2019

Staphylococcus aureus bacteraemia (SAB)

When Staphylococcus aureus (S. Aureus) breaches the body's defence mechanisms, it can cause a wide range of illness from minor skin infections to serious infections such as bacteraemia or bloodstream infection.

Performance against Annual Operating Plan (AOP) Target:

- All Scottish NHS Boards are required to achieve the SAB AOP Target of 24 cases or less per 100,000 acute occupied bed days (AOBD) by 31 March 2019. For NHSL this equates to no more than 104 SAB cases per annum (26 per quarter). The SAB AOP target has not been met for this reporting period.
- There were a total of 47 SAB cases during January to March 2019. Of the number of SABs, 26 were HCAIs and 21 were CAIs.
- The organisation has exceeded the AOP target in this quarter with a total of 155 SAB cases April 18 - March 2019.

Quality improvement and interventions in place to reduce SABs:

- Work continues to progress on the NHSL Safety Manual for Infection Prevention and Control following a consultation process during this activity period.
- University Hospital Monklands (UHM) Renal Department carry out a clinical review of all SAB cases and complete an SBAR for discussion with the Senior Nurse. The findings of the reviews are also shared with staff through the safety brief and at the SAB Improvement meetings.
- University Hospital Wishaw (UHW) Neonatal Unit carry out weekly reviews of PVC/CVC insertion & maintenance bundle documentation. Staff are progressing with the review of this work with the support of the Improvement Midwife.

Risk Management:

- There were three SAB death review meetings during this activity quarter. The patients' died within 30 days of *Staphylococcus aureus* being isolated from the blood sample and a SAB was recorded on the patients' death certificate.
- As per local policy, a multi-disciplinary review was held to discuss the management of each patient's case and ensure learning points and action plans are disseminated across the organisation as appropriate. The 3 reviews noted above have identified learning points for the local teams and organisation. These are currently in progress and actions should be completed and provided at the next NHS Board.

Clostridium difficile Infection (CDI)

CDI is an important HCAI, which usually causes diarrhoea and contributes to a significant burden of morbidity and mortality. Prevention of CDI is therefore essential and an important patient safety issue.

Performance against Annual Operating Plan (AOP) Target:

- All Scottish NHS Boards are required to achieve the CDI AOP target of 32 cases or less per 100,000 AOBD in the aged 15 and over age group by 31 March 2019. For NHSL this equates to no more than 159 CDI cases per annum (39 per quarter).
- The CDI AOP target has been achieved this year with 119 CDI cases reported from April 2018 – March 2019 (validation from HPS still to be provided in June 2019.
- There were a total of 24 CDI cases during January - March 2019. Of these CDI cases, 11 were HCAIs; 12 were CAIs and there was 1 Unknown.

Quality improvement and interventions in place to reduce CDIs:

- Prompt recognition of diarrhoeal patients and isolation.
- Antimicrobial stewardship continues to be a priority in the management of CDI patients.

Risk Management:

- There were two cases of severe CDI during the activity quarter.
- As per local policy, a multi-disciplinary review will be held to discuss the management of each patient's case and ensure learning points and action plans are disseminated across the organisation as appropriate. The 2 reviews noted above are ongoing and learning from the reviews will be provided in the next report to the NHS Board.

Surgical Site Infection (SSI)

SSI is one of the most common HCAIs and can cause increased morbidity and mortality. It is estimated on average to double the cost of treatment, mainly due to the resultant increase in length of stay. SSI can have a serious consequence for patients affected as they can result in increased pain, suffering and in some cases require additional surgical intervention. The data below illustrates activity from October to December 2018. Please note that due to 30 day post operative surveillance for SSI January – March 2019 validated data will be reported in July 2019.

Quarterly exception reports are issued to boards by HPS where the incidence of SSI is higher than expected based on the national data; NHSL has not received an exception report for this time period.

Caesarean Section
387 Procedures carried out
10 SSIs following procedure
2.6% Infection Rate

Hip Arthroplasty
131 Procedures carried out
2 SSIs following procedure
1.5% Infection Rate

Vascular
67 Procedures carried out
6 SSIs following procedure
9% Infection Rate

Please note that national mandatory data collection began in April 2017.

Colorectal
63 Procedures carried out
7 SSIs following procedure
11.1% Infection Rate

Please note that national mandatory data collection began in April 2017.

Risk Management:

C-Section
Mandatory SSI surveillance of caesarean section procedures is undertaken for 10 days post operation and voluntary readmission to 30 days. From April 2017, NHSL extended the surveillance period to 30 days post operation resulting in more SSIs being detected from day 11 onwards.

Vascular
Risk factor analysis is undertaken for every patient who develops an SSI based on the presence of three major risk factors at the time of the operation this comprises:

- American Society of Anaesthesiologists ASA ≥ 3
- Wound Class of Contaminated or Dirty
- Length of operation

The presence of any of the aforementioned risk factors is indicative of increased risk of SSI development.

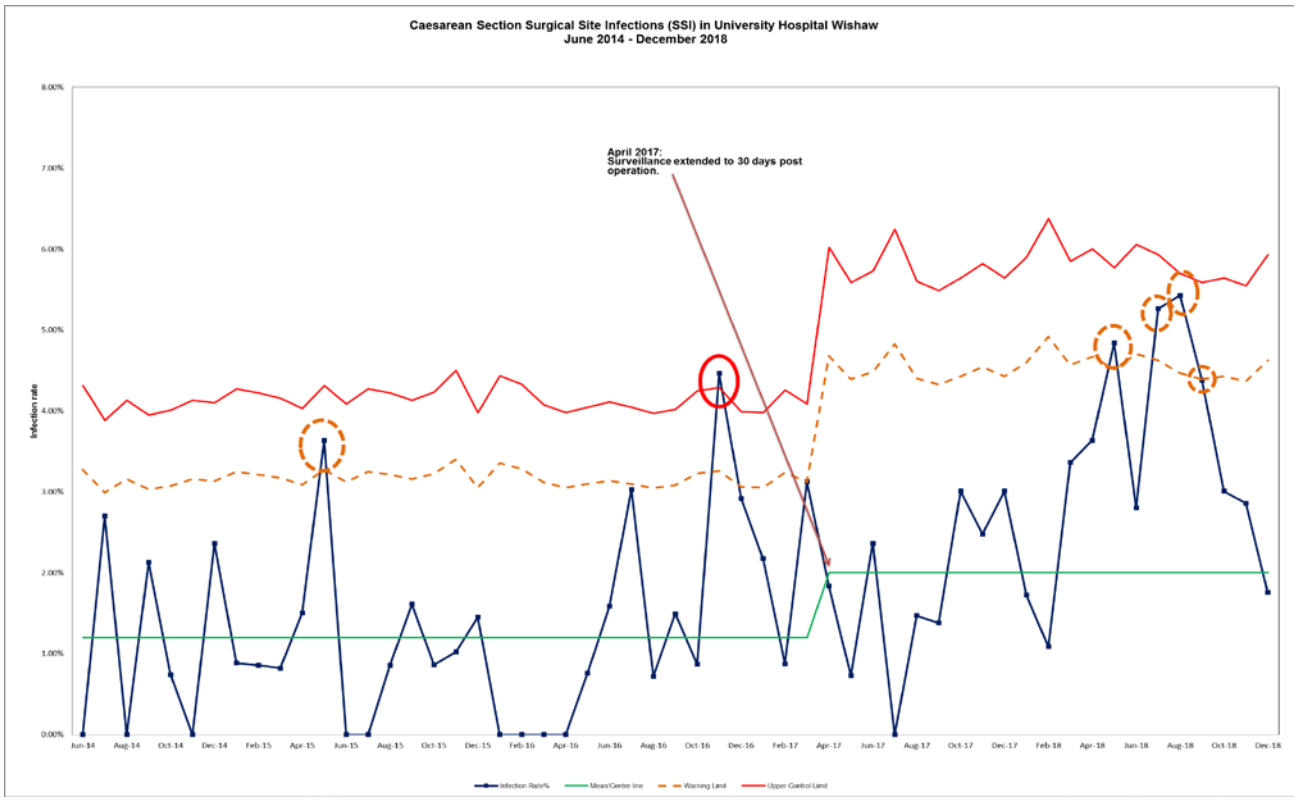


Chart 7 – C-Section Surgical Site Infection (June 2014 to December 2019)

This chart is in statistical control. The chart has been changed to a more sensitive 'p' chart which takes account of the denominator, i.e. the number of operations, therefore the warning and upper control limits vary. The Centre Line has been recalculated as the surveillance system changed in April 2017 (monitoring is now to day 30 - not day 10). There are just 21 results at the new Centre Line - 25 results are required to denote the true natural variation.

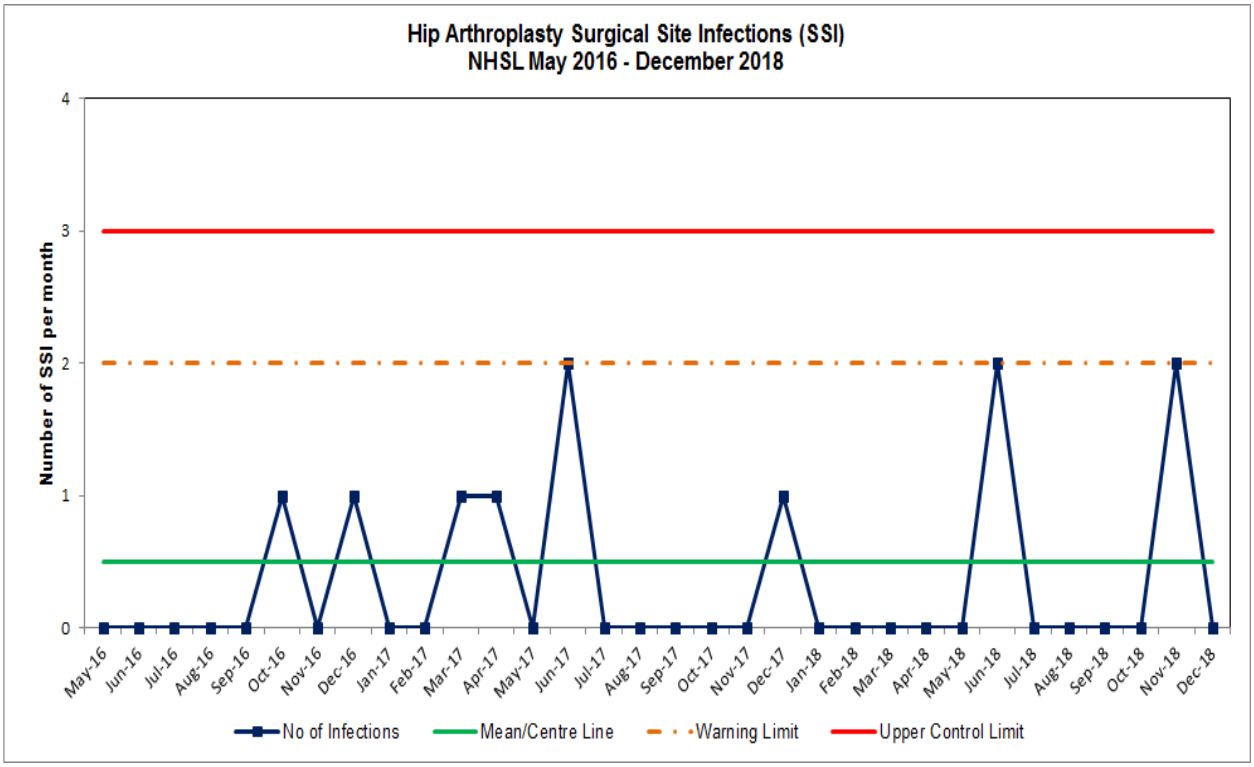


Chart 8 – Hip Arthroplasty SSI (May 2016 to December 2019)

This chart is stable and in statistical control.

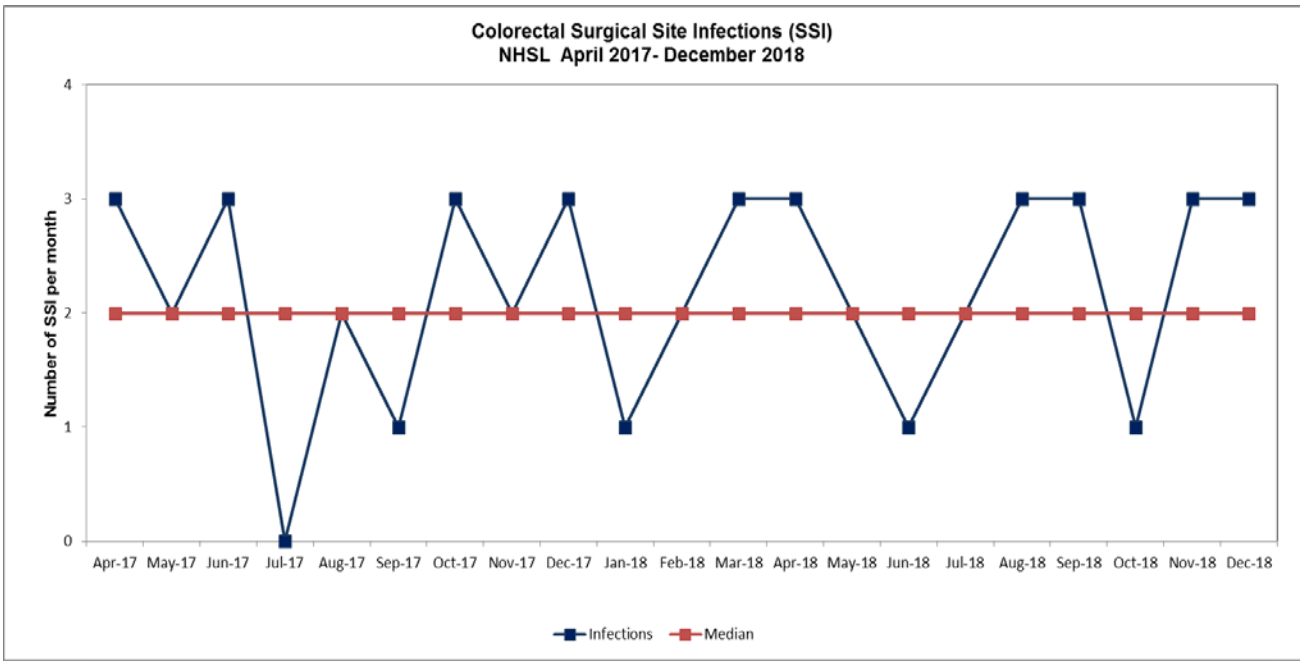


Chart 9 – Colorectal SSI (April 2017 to December 2019)

This is the twenty-first month of collating mandatory national data. Currently there are still too few data points to assess against the statistical control methodology (25 points required). There were 6 SSIs October-December 2018 compared to 8 last quarter.

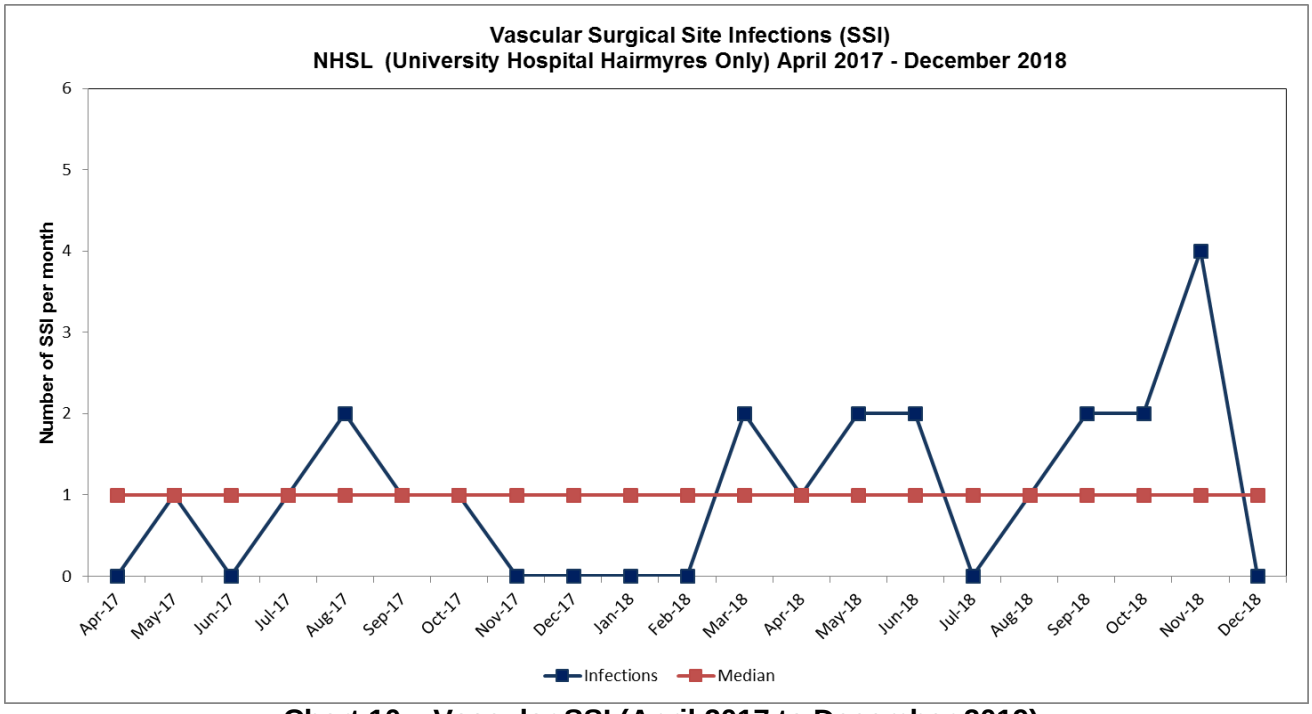
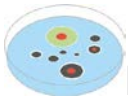


Chart 10 – Vascular SSI (April 2017 to December 2019)

This is the twenty-first month of collating national mandatory data. Currently there are still too few data points to assess against the statistical control methodology (25 points required). There were 6 SSIs October-December 2018 compared to 3 last quarter.

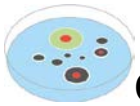


MRSA Acute Inpatient Admission Screening

A clinical risk assessment (CRA) is required to be completed for all acute inpatient admissions. This method of screening allows high risk patients to be pre-emptively isolated whilst the results of the test are awaited, this reduces the number of patients who require to be laboratory tested for MRSA.

Key Performance Indicator:

- Overall compliance was 84% against a national requirement of 90% or above.
- The organisation did not meet the AOP target for the activity quarter, however maintained the same level of compliance as last month.
- See Chart 5 (page 7) for the performance chart.



Carbapenemase-producing enterobacteriaceae (CPE) Inpatient Admission Screening

Enterobacteriaceae are a family of gram negative bacteria (sometime called coliforms) which are part of the normal bacterial gut and are a type of antibiotic resistant bacteria. These organisms are some of the most common causes of many infections such as UTIs, intra-abdominal infections and bloodstream infections. A CRA is required to be completed for all acute inpatient admissions.

Key Performance Indicator:

- NHSL did not meet the compliance of 90% or above.
- The organisation reached a 70% compliance level during this activity quarter. This is a reduction of 8% from the previous quarter.
- This is the fourth quarter of collating data against this KPI. Table 1 shows compliance to date.

Performance against Target of 90%	Apr – Jun 18 (n=%)	Jul - Sept 18 (n=%)	Oct – Dec 18 (n=%)	Jan – Mar 19 (n=%)
University Hospital Hairmyres	10	43	70	71
University Hospital Monklands	73	72	89	59
University Hospital Wishaw	30	79	74	77
Overall Compliance	**38**	**65**	**78**	**70**

Table 1- CPE Inpatient Admission Screening Compliance (April 2018 to March 2019)

Hand Hygiene

Hand Hygiene is a term used to describe the decontamination of hands by various methods including routine hand washing and/or hand disinfection which includes the use of alcohol gels and rubs.

Hand Hygiene is recognised as being the single most important indicator of safety and quality of care in healthcare settings.

Key Performance Indicator:

- Overall compliance was 92% against a national requirement of 95% or above.
- For this quarter, NHSL has not met the KPI.

Staff Group Compliance:

A breakdown of the staff group compliance levels from IPCT audits completed during January to March 2019 are:

- **Nursing**: 170 nursing staff compliant from 190 observations (89%)
- **Doctors**: 56 medical staff compliant from 60 observations (93%)
- **Ancillary/Other**: 32 ancillary/other staff compliant from 36 observations (89%)
- **Allied Health Professionals (AHPs)**: 28 AHPs compliant from 32 observations (88%)

Please note that the performance above is a cumulative quarterly compliance. The information contained within Appendix 2 provides a breakdown of the quarterly data above by month as a percentage as this is a national mandatory reporting requirement.

Outbreak Management

1 University Hospital Hairmyres

2 University Hospital Monklands

3 University Hospital Wishaw

2 North H&SCPs
- Kilsyth Hospital
- Wester Moffat Hospital

0 South H&SCPs

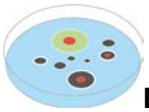
34 beds closures due to restrictions or ward closures

31 patients affected

9 staff affected

2 Wards Closed to new admissions
(Range: closed from 4 days to 9 days)

13 Room Restrictions
(Range: restrictions from 1 day to 7 days)



Reasons for Closures

- 8 Diarrhoea and vomiting
- 1 Vomiting
- 1 Diarrhoea
- 5 Influenza A

Interventions to support outbreak management:

- As part of the Surveillance, Engagement, Education and Device (SEED) Programme information to support the prompt management of suspected norovirus and influenza cases was circulated to all clinical areas.
- Increased Surveillance Prevention Update Daily (SPUD) as per IPC Winter Plan.

Appendix 1 - National Mandatory Reporting Requirement

It is a national mandatory requirement to include this HAI reporting template in NHS Board reports by the Scottish Government.

NHS Lanarkshire Board Report

This report includes all CDI episodes including GP samples with no other exclusions and SAB episodes with no exclusions.

SAB monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
MRSA	1	0	1	0	0	0	1	0	0	0	2	1
MSSA	9	13	11	13	12	9	14	10	14	21	10	13
TOTAL	10	13	12	13	12	9	15	10	14	21	12	14

CDI monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Age 15-64	2	3	7	2	1	3	5	2	1	2	5	5
Ages 65+	6	8	8	9	6	7	6	15	4	5	4	3
Ages 15+	8	11	15	11	7	10	11	17	5	7	9	8

Hand Hygiene Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
AHP	100	100	100	86	100	100	100	84	89	-	86	88
Ancillary	100	79	100	100	100	36	88	88	87	-	91	88
Medical	78	86	80	67	78	63	82	80	88	-	97	89
Nurse	89	91	86	80	84	93	87	86	89	-	89	91

Cleaning compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	96	96	96	97	97	97	96	96	96	96	96	96

Estates Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	99	99	99	99	99	99	99	99	99	99	99	98

University Hospital Hairmyres Report Card

This report identifies all healthcare associated and unknown CDI episodes for University Hospital Hairmyres and all hospital associated SAB episodes

SABs monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	1	1	2	3	2	1	4	1	0	2	2	2
TOTAL	1	1	2	3	2	1	4	1	0	1	0	2

CDI monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Age 15-64	0	1	0	0	0	1	1	0	0	1	0	1
Ages 65+	3	1	1	2	0	2	0	0	1	1	0	0
Ages 15+	3	2	1	2	0	3	0	0	1	2	0	1

Hand Hygiene Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
AHP	-	100	-	100	100	100	100	80	100	-	100	-
Ancillary	100	60	100	78	100	88	100	75	78	-	100	0
Medical	100	-	82	100	60	100	100	100	90	-	92	71
Nurse	94	88	80	84	88	93	68	75	90	-	81	100

Cleaning compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	95	96	96	96	96	95	95	95	95	95	95	95

Estates Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	99	99	99	99	99	99	99	99	100	99	99	95

University Hospital Monklands Report Card

This report identifies all healthcare associated and unknown CDI episodes for University Hospital Monklands and all hospital associated SAB episodes

SABs monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
MRSA	1	0	1	0	0	0	0	0	0	0	0	0
MSSA	3	5	2	4	4	3	2	5	3	7	3	2
TOTAL	4	5	3	4	4	3	2	5	3	7	3	2

CDI monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Age 15-64	0	0	1	0	0	0	1	1	0	1	1	1
Ages 65+	0	0	0	0	0	0	1	2	1	1	0	0
Ages 15+	0	0	1	0	0	0	2	3	1	2	1	1

Hand Hygiene Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
AHP	-	-	100	92	90	100	100	-	60	-	86	-
Ancillary	-	80	100	100	100	50	-	86	-	-	94	100
Medical	50	80	100	60	100	60	40	82	67	-	100	100
Nurse	100	90	96	81	100	94	91	94	81	-	90	76

Cleaning compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	95	96	95	96	96	96	96	96	97	95	95	95

Estates Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	97	96	97	98	98	98	98	97	97	98	97	97

University Hospital Wishaw Report Card

This report identifies all healthcare associated and unknown CDI episodes for University Hospital Wishaw and all hospital associated SAB episodes

SABs monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
MRSA	0	0	0	0	0	0	1	0	0	0	1	0
MSSA	5	3	2	1	1	0	0	3	3	3	1	2
TOTAL	5	3	2	1	1	0	1	3	3	3	2	2

CDI monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Age 15-64	0	2	1	0	1	1	1	1	0	0	2	1
Ages 65+	1	0	3	3	5	2	2	4	1	1	0	1
Ages 15+	1	2	4	3	6	3	3	5	1	1	0	2

Hand Hygiene Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
AHP	100	100	100	100	-	-	100	100	100	-	50	88
Ancillary	100	100	100	100	-	100	83	100	80	-	80	100
Medical	100	100	50	50	67	100	80	100	100	-	100	100
Nurse	95	96	79	78	88	100	93	87	94	-	100	100

Cleaning compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	96	97	97	97	97	97	97	97	97	96	96	97

Estates Monitoring Compliance (n= %)

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Board	99	99	99	99	99	99	100	100	100	100	100	99

Out of Hospital Report Card

This report identifies all community associated CDI episodes including GP samples and all SAB episodes associated with the community such as nursing homes and community sources such as GP surgeries.

SAB monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	4	5	4	4	5	7	1	8	0	0	0
TOTAL	0	4	5	4	4	5	7	1	8	0	0	0

CDI monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Age 15-64	2	1	5	2	0	1	2	1	1	0	0	0
Ages 65+	2	6	4	4	1	3	4	7	1	0	0	0
Ages 15+	4	7	9	6	1	4	6	8	2	0	0	0

Community Hospital Report Card

This report identifies all healthcare associated CDI episodes and all SAB episodes associated to the community hospitals listed below:

- Cleland
- Coathill
- Kello
- Kilsyth
- Kirklands
- Udston
- Wester Moffat

SAB monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
MRSA	0	0	0	0	0	0	0	0	0	0	0	0
MSSA	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

CDI monthly case numbers

	Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sept 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19
Age 15-64	0	0	0	0	0	0	0	0	0	0	0	0
Ages 65+	0	0	0	0	0	0	0	0	0	0	0	0
Ages 15+	0	0	0	0	0	0	0	0	0	0	0	0