

Borders NHS Board



HEALTHCARE ASSOCIATED INFECTION – PREVENTION AND CONTROL REPORT
MARCH 2015

Aim

The purpose of this paper is to update Board members of the current status of Healthcare Associated Infections (HAI) and infection control measures in NHS Borders.

Background

The NHS Scotland HAI Action Plan 2008 requires an HAI report be presented to the Board on a two monthly basis.

Summary

This report provides an overview for Borders NHS Board of Infection Prevention and Control with particular reference to the incidence of Healthcare Associated Infections (HAI) against Scottish Government HEAT targets, together with results from cleanliness monitoring and hand hygiene audit results.

Recommendation

The Board is asked to **note** this report.

Policy/Strategy Implications	This report is in line with the NHS Scotland HAI Action Plan.
Consultation	There is no requirement to consult as this is a bi-monthly update report as required by SGHD.
Consultation with Professional Committees	This is a regular bi-monthly update as required by SGHD. As with all Board papers, this update will be shared with the Area Clinical Forum for information.
Risk Assessment	This is a bi-monthly update report with all risks highlighted within the paper.
Compliance with Board Policy requirements on Equality and Diversity	Compliant
Resource/Staffing Implications	This assessment has not identified any resource/staffing implications

Approved by

Name	Designation	Name	Designation
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Evelyn Rodger	Director of Nursing and Midwifery, Interim Director of Acute Services		
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Healthcare Associated Infection Reporting Template (HAIRT)

Section 1– Board Wide Issues

This section of the HAIRT covers Board wide infection prevention and control activity and actions. For reports on individual hospitals, please refer to the 'Healthcare Associated Infection Report Cards' in Section 2.

A report card summarising Board wide statistics can be found at the end of section 1

Key Healthcare Associated Infection Headlines for March 2015

- NHS Borders is not currently on target to achieve the *Staphylococcus aureus* Bacteraemia (SAB) March 2015 HEAT target rate of 24.0 cases or less per 100,000 acute occupied bed days.
- NHS Borders is on target to achieve the *Clostridium difficile* infection (CDI) 2015 HEAT target rate of 32.0 cases or less per 100,000 total occupied bed days (patients aged 15 and over).
- In accordance with one of the recommendations in the Vale of Leven report, this and future updates will include information relation to Antimicrobial Stewardship. The most recent data shows good compliance with antimicrobial policies in a surgical ward but a reduction in policy compliance in a medical ward. The Antimicrobial Management Team continues to work with clinicians to improve antimicrobial stewardship.

***Staphylococcus aureus* (including MRSA)**

Staphylococcus aureus is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. The most common form of this is Meticillin Sensitive *Staphylococcus Aureus* (MSSA), but the more well known is MRSA (Meticillin Resistant *Staphylococcus Aureus*), which is a specific type of the organism which is resistant to certain antibiotics and is therefore more difficult to treat. More information on these organisms can be found at:

Staphylococcus aureus : http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA: http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252

NHS Boards carry out surveillance of *Staphylococcus aureus* blood stream infections, known as bacteraemias. These are a serious form of infection and there is a national target to reduce them. The number of patients with MSSA and MRSA bacteraemias for the Board can be found at the end of section 1 and for each hospital in section 2. Information on the national surveillance programme for *Staphylococcus aureus* bacteraemias can be found at:

<http://www.hps.scot.nhs.uk/haic/sshap/publicationsdetail.aspx?id=30248>

***Staphylococcus aureus* Bacteraemia (SAB)**

As Figure 1 shows, since April 2014, there have been 34 SAB cases of which 50% were either Hospital or Healthcare associated and these represent the greatest opportunity for intervention to reduce numbers.

NHS Borders
Total *Staphylococcus aureus* bacteraemia (SAB) by year and location

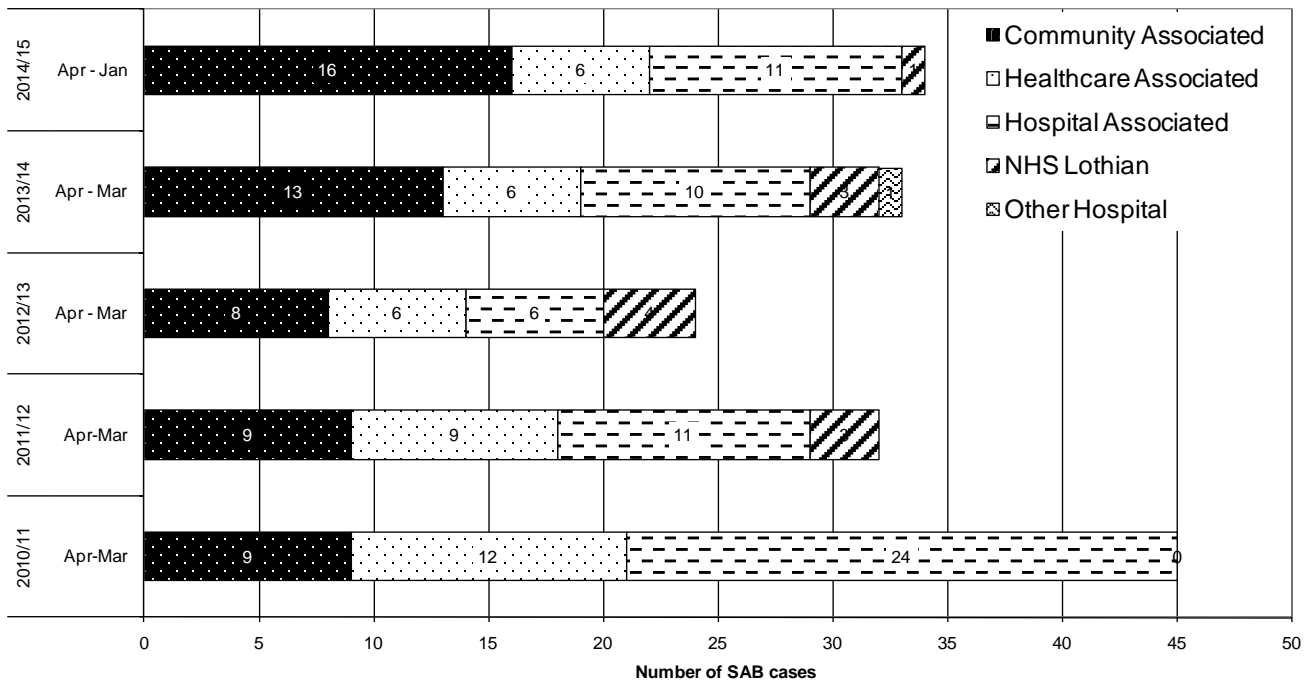


Figure 1: NHS Borders total staphylococcus aureus bacteraemia (SAB) by year and location

NHS Borders is not currently on target to achieve the *Staphylococcus aureus* Bacteraemia (SAB) March 2015 HEAT target rate of 24.0 cases or less per 100,000 acute occupied bed days (AOCB).

Achieving the HEAT target remains a significant challenge due to the combination of a significant reduction in NHS Borders bed days (denominator) and 50% of SAB cases developing in the community (with no recent healthcare interaction) or following treatment out with NHS Borders.

Figure 2, shows a Statistical Process Control (SPC) chart showing the number of days between each SAB case. The reason for displaying the data in this type of chart is due to SAB cases being rare events with low numbers each month.

Traditional charts which show the number of cases per month can make it more difficult to spot either improvement or deterioration. These charts highlight any statistically significant events which are not part of the natural variation within our health system. The graph does not show any statistically significant events since January 2013.

Figure 2 includes an estimate of the HEAT target expressed as days between infections. It is important to note that the HEAT target is estimated to provide an indication of performance but this should be interpreted with caution. This is because NHS Borders case numbers are small and the occupied bed days denominator fluctuates. These factors will be significant in the final assessment of how NHS Borders has performed against this target.

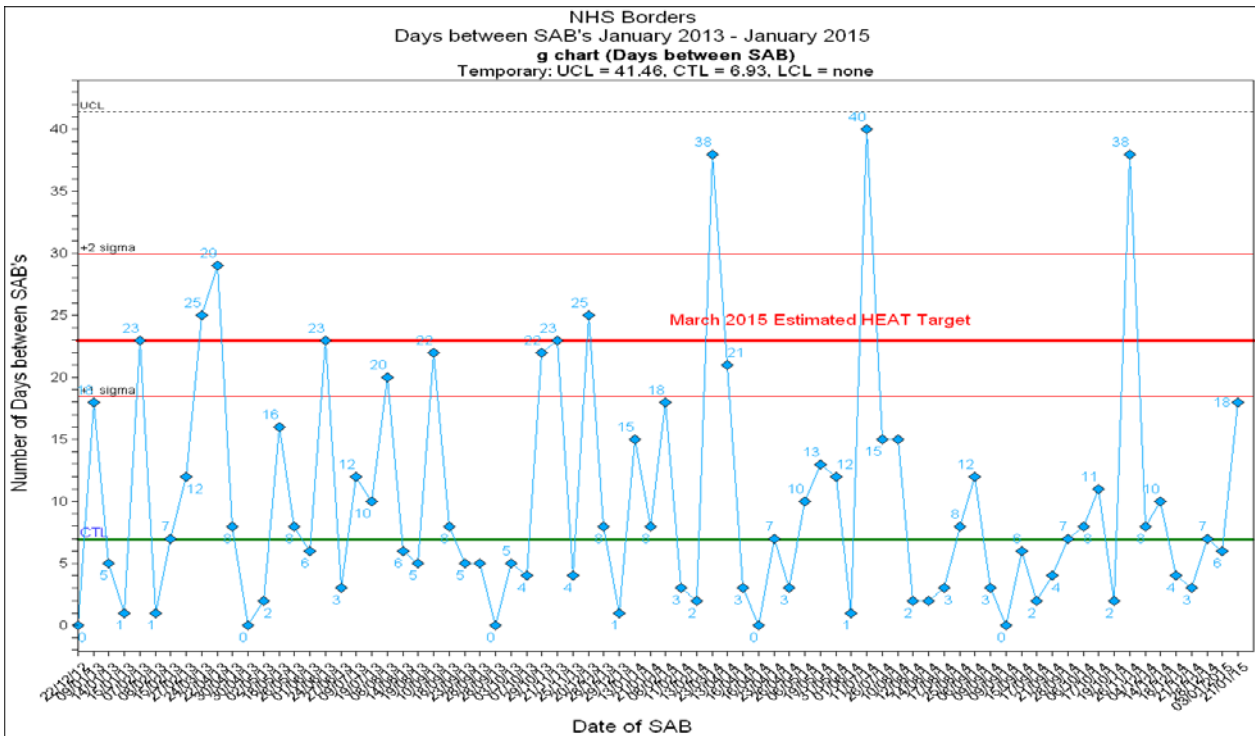


Figure 2: NHS Borders, days between SAB cases against indicative HEAT target

In interpreting Figure 2, it is important to remember that as this graph shows the number of days between infections, we are trying to achieve performance above the HEAT target line.

Figure 3 shows the split between MRSA and MSSA bacteraemia cases in NHS Borders over the last 4 years and shows a reduction in the number of MRSA cases since 2010.

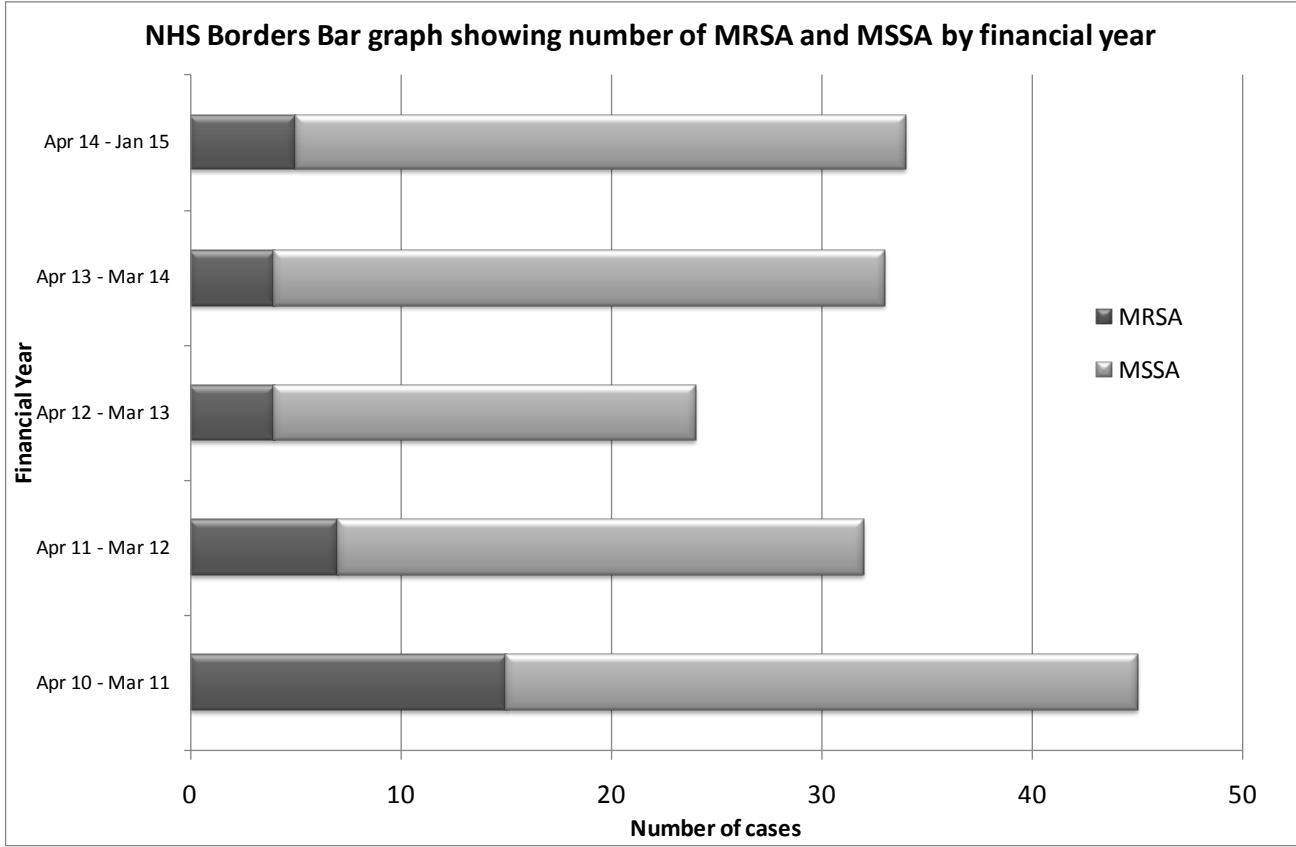


Figure 3: NHS Borders total staphylococcus aureus bacteraemia (SAB) by year and type

Although there has been little change in the total number of SAB cases over the last few years, Figure 1 does show movement in the location where they occur with an increase over the last couple of years in community associated cases.

There has also been a significant change in the cause of SABs. In 2009/10 the biggest known cause of SAB was linked to central (CVC) and peripheral venous catheters (PVC).

A range of targeted interventions have been implemented over the last few years to reduce the risk of surgical site infections, improve practice in relation to CVC and PVC devices, as well as practical education sessions with doctors on taking blood cultures to reduce the risk of contaminated samples.

	Apr 2009 - Mar 2010	Apr 2014 - Jan 2015
Central venous catheter (CVC)	19%	0%
Peripheral venous catheter (PVC)	13%	0%
Skin & soft tissue	10%	26%
Contaminated sample	6%	0%
Bone & Joint	6%	3%
Long-term urinary catheter	0%	15%
Pneumonia	0%	15%
Urosepsis	0%	15%

Table 1: Top known causes of SABs as a proportion of all SABs, 2009/10 Vs Apr 2014 - Jan 2015

Table 1 shows the most frequent known causes of SABs (as a proportion of all SABs) in the period April 2009 to March 2010 compared with the period April 2014 to January 2015. Since April 2014, there have been no SABs associated with peripheral venous catheters, central lines or contaminated samples.

Every SAB case and *Clostridium difficile* infection (CDI) case is subject to a rigorous review which includes a feedback process to the clinicians caring for the patient. Any learning is translated into specific actions which are added to the Infection Control Work Plan. Progress is critically reviewed by the Healthcare Associated Infection Strategic Oversight Group (HAI SOG) chaired by the HAI Executive Lead (Director of Nursing & Midwifery). This group also provides support and guidance to instil a Borders wide collaborative approach to achieve the HEAT targets.

Clostridium difficile infections (CDI)

Clostridium difficile is an organism which is responsible for a large number of healthcare associated infections, although it can also cause infections in people who have not had any recent contact with the healthcare system. More information can be found at:

<http://www.nhs.uk/conditions/Clostridium-difficile/Pages/Introduction.aspx>

NHS Boards carry out surveillance of *Clostridium difficile* infections (CDI), and there is a national target to reduce these. The number of patients with CDI for the Board can be found at the end of section 1 and for each hospital in section 2. 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>

NHS Borders is on target to achieve the *Clostridium difficile* infection (CDI) 2015 HEAT target rate of 32.0 cases or less per 100,000 total occupied bed days.

Figure 5, shows a Statistical Process Control (SPC) chart showing the number of days between each CDI case. As with SAB cases, the reason for displaying the data in this type of chart are due to CDI cases being rare events with low numbers each month.

The graph shows that there have been no statistically significant events since the last Board update.

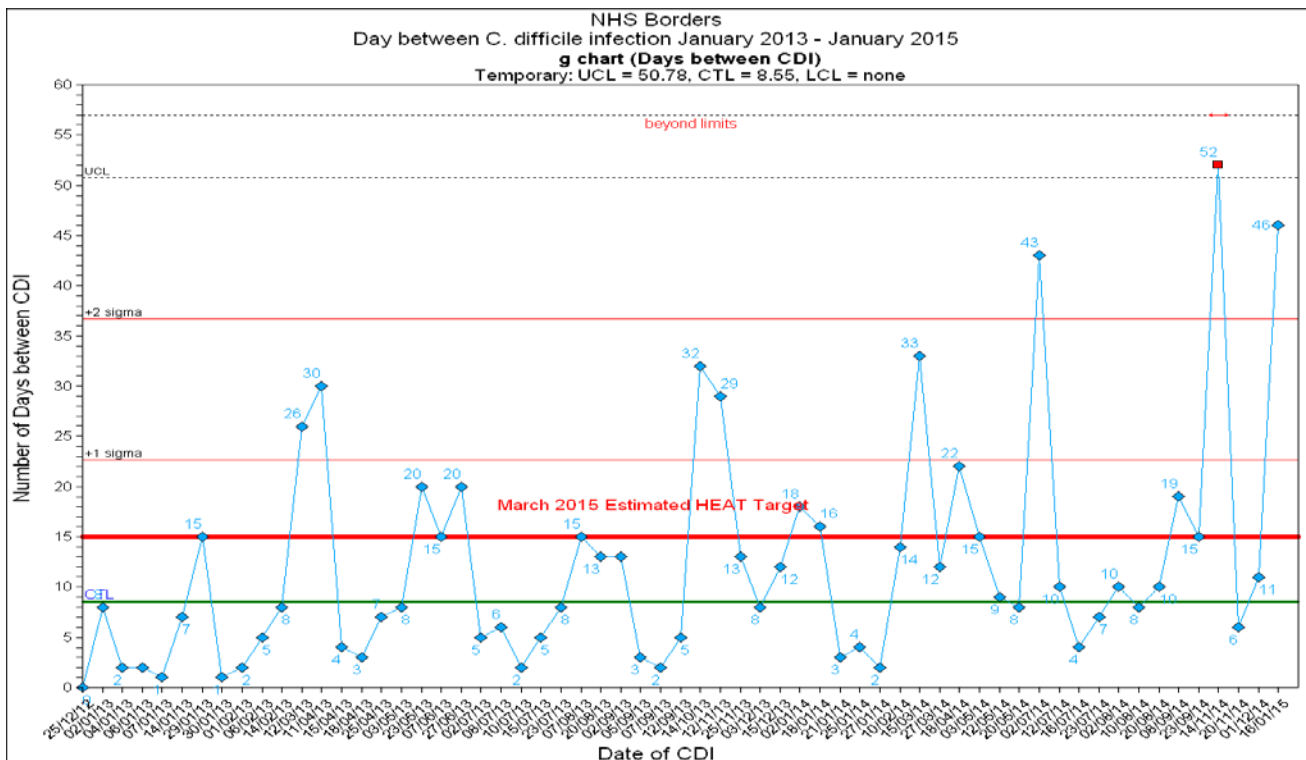


Figure 4: NHS Borders, days between CDI cases against indicative HEAT target

To date, there has been no evidence of cross transmission of *Clostridium difficile* infection (CDI) in NHS Borders.

Hand Hygiene

Good hand hygiene by staff, patients and visitors is a key way to prevent the spread of infections. More information on the importance of good hand hygiene can be found at:

<http://www.washyourhandsofthem.com/>

NHS Boards monitor hand hygiene and ensure a zero tolerance approach to non compliance. The hand hygiene compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national hand hygiene monitoring can be found at:

<http://www.hps.scot.nhs.uk/haic/ic/nationalhandhygienecampaign.aspx>

The hand hygiene data tables contained within the NHS Borders Report Card (Section 2 p.12) are generated from wards conducting self-audits.

The Infection Prevention and Control Team conduct additional audits in any area which either fail to submit their own audit results or which fall below 90% for two consecutive months. Hand hygiene is also incorporated into the annual infection control audit plan of compliance with the Standard Infection Control Precautions (SICPs) for 2014/15.

Cleaning and the Healthcare Environment

Keeping the healthcare environment clean is essential to prevent the spread of infections. NHS Boards monitor the cleanliness of hospitals and there is a national target to maintain compliance with standards above 90%. The cleaning compliance score for the Board can be found at the end of section 1 and for each hospital in section 2. Information on national cleanliness compliance monitoring can be found at:

<http://www.hfs.scot.nhs.uk/online-services/publications/hai/>

Healthcare environment standards are also independently inspected by the Healthcare Environment Inspectorate. More details can be found at:

<http://www.nhshealthquality.org/nhsqjs/6710.140.1366.html>

NHS Borders cleaning compliance has remained consistently higher than the national average over recent years (Figure 8 below). The data presented within the NHS Borders Report Card (Section 2 p.12) is an average figure across the sites using the national cleaning and estates monitoring tool that was implemented in April 2012.

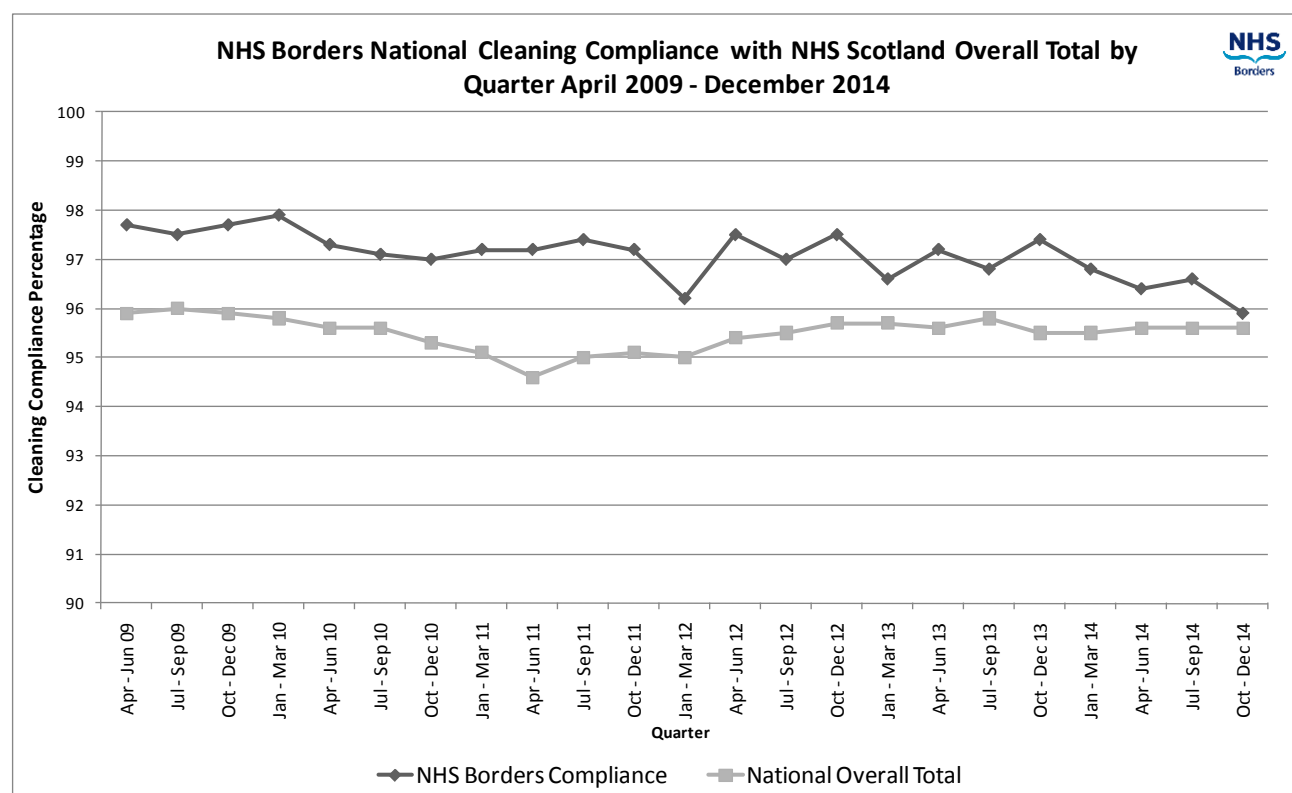


Figure 5: NHS Borders national cleaning compliance versus NHS Scotland's overall performance

As reported to Board in February 2015, the Domestic Services Manager and Infection Control Manager are working together to improve the rigour and consistency in cleanliness

monitoring. This work will have contributed to the apparent reduced compliance reported in the recent quarters as shown on Figure 5. Work is ongoing to improve cleanliness standards across NHS Borders.

Other Healthcare Associated Infections (HAI) Related Activity

NHS Borders Surgical Site Infection (SSI) Surveillance

- NHS Borders participates in a national infection surveillance programme relating to specific surgical procedures. This is coordinated by Health Protection Scotland and uses national definitions and methodology which enable comparison with overall NHS Scotland infection rates.

The Surgical Site Infection (SSI) surveillance is conducted on the following range of procedures:-

- Caesarean section
- Hip Arthroplasty
- Colorectal Surgery

In addition, local infection surveillance is conducted on Knee Arthroplasty procedures.

Table 2 (page 10) displays the results of the surgical site infection (SSI) surveillance data for each procedure since surveillance started. Please note that the data from September 2014 onwards is provisional as surveillance is maintained for 30 days post operatively and there is a subsequent data validation process coordinated by Health Protection Scotland.

Patients Not Isolated

- Certain infections (known or suspected) such as influenza, and patients with certain alert organisms such as MRSA should be isolated in single room accommodation. However, NHS Borders currently has limited availability of single rooms and there are many other demands for their use including end of life/palliative care, neutropaenic/protective isolation, disruptive patients, patients with complex care needs. During January 2015, only 11% of patients with MRSA who should have been isolated were. The Infection Prevention and Control Team will continue monitoring performance on isolation and reasons for not isolating patients on a monthly basis.

2014/15 Infection Control Work Plan

- At the time of writing this report, the Infection Control 2014/15 Work Plan had seven actions that were not completed within the specified timeframe. Work towards completing these actions has been progressing so the risk associated with the delay in completing these actions is low.

Outbreaks

- There have been no infection outbreaks since the last Board update.

Surgical Site Infection (SSI) Surveillance Data

Data using Health Protection Scotland (HPS) SSI definitions		No. of Procedures	No. of SSI's	SSI Rate %	95% C.I.	National SSI Rate %	National SSI Rate 95% C.I.
C-Section	2009 Jan-Dec	222	1	0.45	0.1 to 2.5	2.6	2.3 to 2.8
	2010 Jan-Dec	255	3	1.18	0.4 to 3.4	2.6	2.4 to 2.9
	2011 Jan-Dec	222	1	0.45	0.1 to 2.5	1.4	1.1 to 1.8
	2012 Jan-Dec	224	1	0.45	0.1 to 2.5	2.0	1.8 to 2.2
	2013 Jan - Dec	258	0	0.00	0.0 to 5.7	1.7	0.9 to 1.8
	2014 Jan - Dec	255	3	1.18	0.2 to 7.1	1.2	0.9 to 1.6
	2015 Jan	22	0	0.00	0.2 to 7.1	1.2	0.9 to 1.6
Hip Arthroplasty	2009 Jan-Dec	230	2	0.87	0.2 to 3.1	1.2	1.0 to 1.4
	2010 Jan-Dec	235	1	0.43	0 to 1.8	0.8	0.7 to 1.1
	2011 Jan-Dec	222	0	0.00	0 to 3.3	1.4	1.1 to 1.8
	2012 Jan-Dec	281	8	2.85	1.4 to 5.5	0.8	0.6 to 0.9
	2013 Jan - Dec	295	5	1.69	0.6 to 7.7	1.0	0.6 to 1.7
	2014 Jan - Dec	267	5	1.87	1.1 to 13.2	0.8	0.5 to 1.2
	2015 Jan	24	0	0.00	1.1 to 13.2	0.8	0.5 to 1.2
Colorectal Surgery	2012 large bowel April - Dec	80	2	2.50	0.7 to 8.7	15.0	11.4 to 19.5
	2012 small bowel April - Dec	4	0	0.00	0 to 49.0	0	0 to 49.0
	2013 large bowel Jan - Dec	109	4	3.67	1.4 to 9.1	14.7	11.8 to 18.0
	2013 small bowel Jan - Dec	7	0	0.00	0 to 35.4	11.5	4.0 to 29.0
	2014 large bowel Jan - Dec	111	2	1.80	0.0 to 10.7	11.2	6.8 to 17.9
	2014 small bowel Jan - Dec	16	0	0.00	0.0 to 49.0	0	0.0 to 35.4
	2015 large bowel Jan	5	0	0.00	0.0 to 10.7	11.2	6.8 to 17.9
	2015 small bowel Jan	0	0	0.00	0.0 to 49.0	0	0.0 to 35.4

Data using local		No. of Procedures	No. of SSI's	SSI Rate %
Knee Arthroplasty	2011 Jan-Dec	154	1	0.65
	2012 Jan-Dec	136	1	0.74
	2013 Jan - Dec	194	4	2.06
	2014 Jan - Dec	192	5	2.60
	2015 Jan	5	0	0.00

NHS Borders participates in the national knee arthroplasty SSI surveillance coordinated by Health Protection Scotland (HPS). The HPS definition for a knee SSI does not include hospital readmission data.

The Infection Prevention and Control Team consider that a more helpful definition to apply to knee SSI surveillance is the same criteria used for the national hip SSI surveillance which includes hospital readmission data within 30 days of the operation. This local definition has therefore been used in the data table opposite and for this reason the data is not comparable to NHS Scotland.

Table 2: results of the SSI surveillance for each procedure since surveillance started

Infection Control Audits

- Maintaining compliance with best practice for Peripheral Venous Cannulae (PVCs) is important. The Infection Prevention and Control Team have recently completed a review of compliance with PVC best practice across BGH. Overall compliance with the PVC insertion bundle was 36% and compliance with the maintenance bundle was 74%. The Patient Safety Team and Infection Control Team are meeting on the 5th March 2015 to develop a plan to improve practice.

The Infection Prevention and Control Team will commence testing a new alert system for patients with urinary catheters. If successful, this will provide an ongoing process to monitor catheter associated urinary tract infections (CAUTI). The Infection Prevention and Control Team are also working jointly with the Patient Safety Team to promote the urinary catheter passport which is a patient held record to support best practice and reduce the risk of related infections. A point prevalence survey of Catheter Associated Urinary Tract Infection (CAUTI) is due to commence 11th March 2015 across BGH and community hospitals.

Since the last Board update, an audit of compliance with Standard Infection Control Precautions (SICP) has been completed in DME and Ward 9 in BGH. Both areas achieved a “green” status with compliance over 90%. The table below defines the re-audit timescales based on initial audit findings.

Colour rating	% compliance	Re-monitoring timescale
RED	0% - 75%	3 months
AMBER	76% - 84%	6 months
GREEN	85% - 100%	12 months

HAI Standards

- In February 2015, Healthcare Improvement Scotland published new Healthcare Associated Infection (HAI) Standards which supersede all previous related standards for NHS Scotland. The Healthcare Environment Inspectorate is currently developing a self assessment template which Boards will be required to complete. NHS Borders is currently undertaking a gap analysis against the new standards. The gap analysis will be completed by 31st March 2015.

Antimicrobial Stewardship

- The Vale of Leven public inquiry report recommended that Health Boards ensure that the key principles of prudent antibiotic prescribing are adhered to and that implementation of policy is rigorously monitored. For this reason, this and all future Board updates will include an update on antimicrobial stewardship.

The Scottish Antimicrobial Prescribing Group (SAPG) and Scottish Government have agreed some antimicrobial prescribing indicators to underpin the CDI HEAT Target. NHS Borders maintains routine monitoring of these indicators which include

compliance with antimicrobial prescribing policy in a surgical ward and a medical ward (Figure 7 and Figure 8).

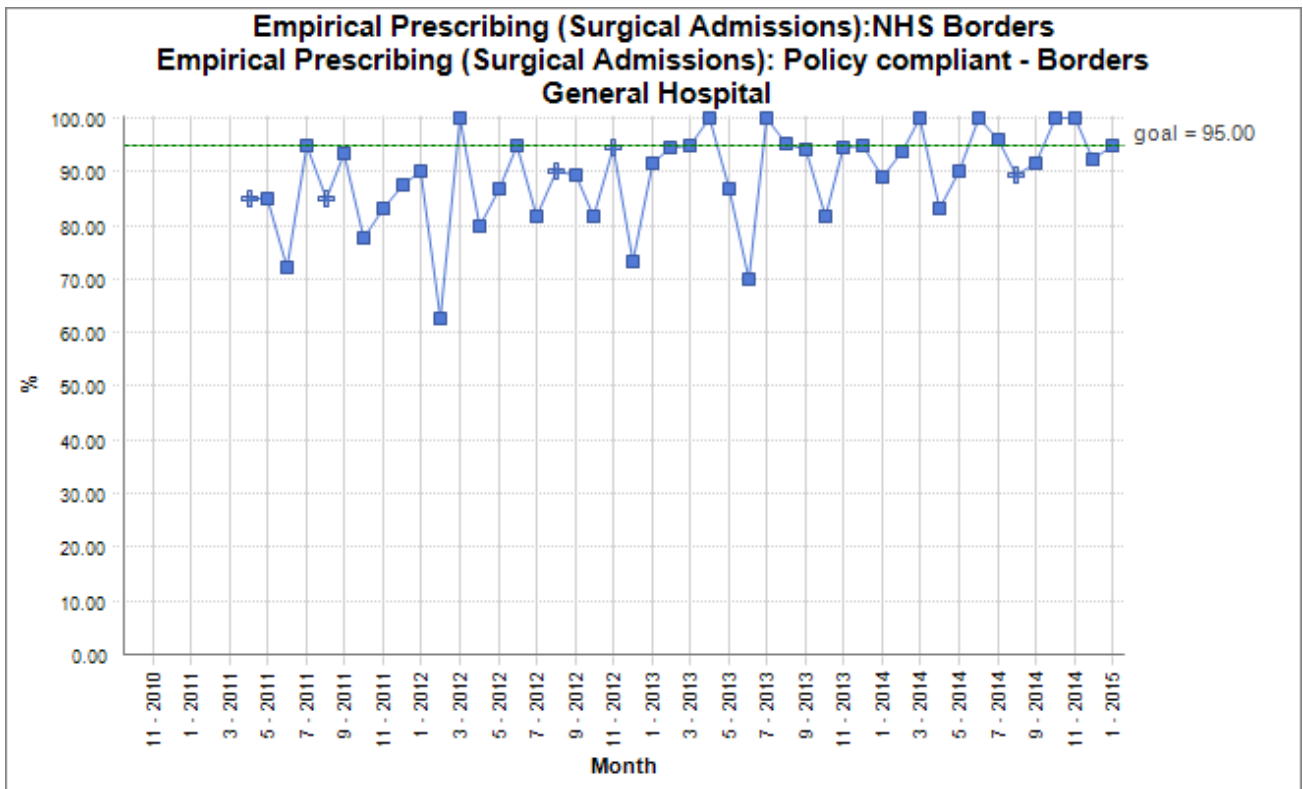


Figure 6: BGH Surgical Ward – Antimicrobial policy compliance

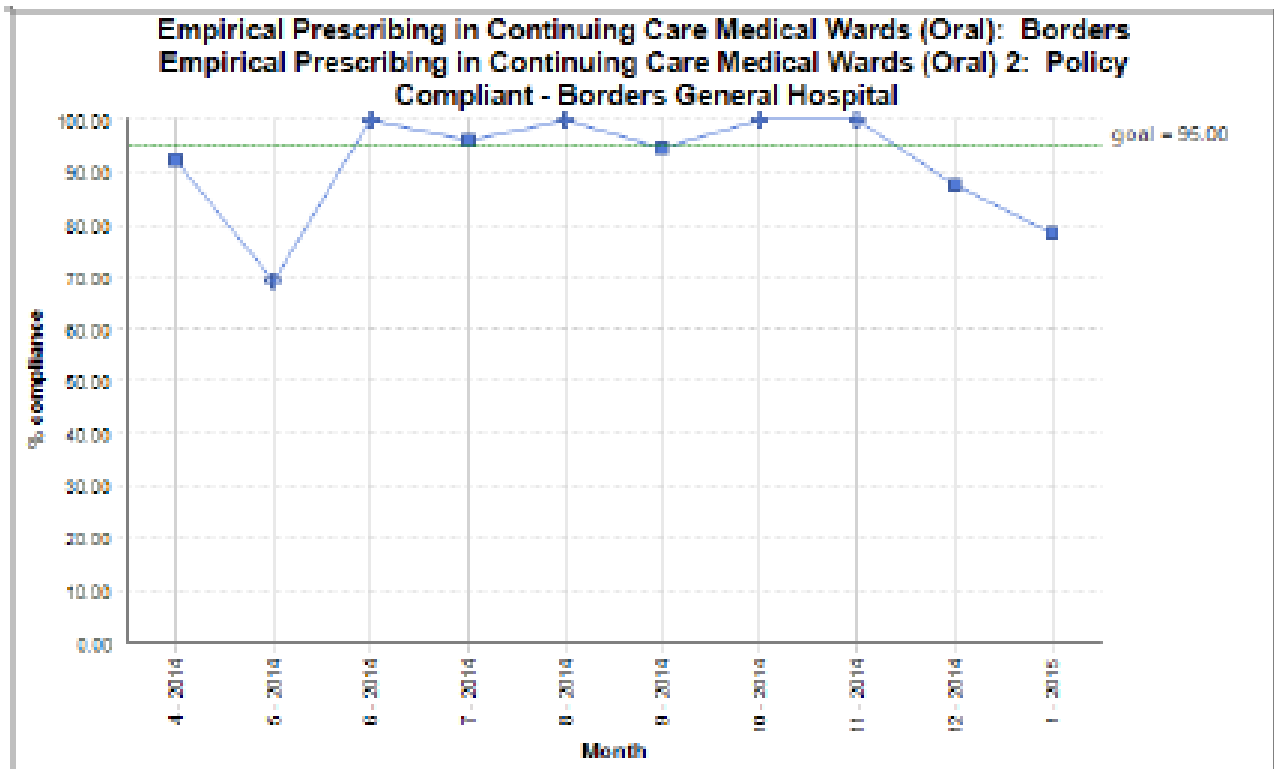


Figure 7: BGH Medical Ward – Antimicrobial policy compliance

The Antimicrobial Management Team continues to support compliance through established feedback to clinicians, SAB and CDI case reviews, and regular antibiotic ward rounds by the Consultant Microbiologist.

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 out with 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). More information on these organisms can be found on the NHS24 website:

Clostridium difficile :http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139§ionID=1

Staphylococcus aureus :http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346

MRSA:http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252§ionID=1

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/NHSScotlandperformance>

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 BORDERS BOARD REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
MRSA	1	0	0	0	0	0	1	1	1	0	1	1
MSSA	2	1	5	3	1	2	4	6	2	1	4	1
Total SABS	3	1	5	3	1	2	5	7	3	1	5	2

Clostridium difficile infection monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Ages 15-64	0	1	1	0	0	1	2	0	0	1	1	0
Ages 65 plus	1	1	0	3	0	3	1	2	0	1	0	1
Ages 15 plus	1	2	1	3	0	4	3	2	0	2	1	1

Hand Hygiene Monitoring Compliance (%)

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
AHP	96.6	96.7	100	97.1	100	100	98.4	98.6	100	100	100	100
Ancillary	93.4	93.2	100	92.9	90.2	97.2	98.0	92.9	89.3	88.1	100	97
Medical	96.1	95.5	98.0	95.7	98.3	96.5	97.1	94.5	94.3	95.5	96.4	96
Nurse	99.4	98.3	99.7	98.4	99.2	99.0	99.4	97.5	98.6	99.8	99.8	98
Board Total	97.6	97.0	99.5	97.2	98.5	98.4	98.8	96.7	97.1	98.3	99.3	97.8

Cleaning Compliance (%)

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Board Total	96.5	96.7	97.2	96.2	96.0	96.8	96.6	96.5	98.0	95.8	96.3	94.8

Estates Monitoring Compliance (%)

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Board Total	96.5	96.7	97.2	96.2	96.0	96.8	96.6	96.5	98.0	99.4	98.8	97.9

BORDERS GENERAL HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
MRSA	1	0	0	0	0	0	1	0	1	0	0	0
MSSA	0	0	1	0	1	0	1	1	1	0	1	0
Total SABS	1	0	1	0	1	0	2	1	2	0	1	0

Clostridium difficile infection monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Ages 15-64	0	1	0	0	0	0	1	0	0	0	0	0
Ages 65 plus	1	1	0	1	0	0	1	1	0	1	0	0
Ages 15 plus	1	2	0	1	0	0	2	1	0	1	0	0

Cleaning Compliance (%)

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Board Total	97.0	96.7	97.3	97.3	95.8	96.9	96.6	96.1	98.3	95.8	95.4	94.9

Estates Monitoring Compliance (%)

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Board Total	99.2	99.4	99.2	99.1	99.0	98.5	98.5	95.7	98.1	99.4	98.5	98.2

NHS COMMUNITY HOSPITALS REPORT CARD

The community hospitals covered in this report card include:

- Haylodge Community Hospital
- Hawick Community Hospital
- Kelso Community Hospital
- Knoll Community Hospital
- Melburn Lodge

Staphylococcus aureus bacteraemia monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
MRSA	0	0	0	0	0	0	0	0	0	0	1	0
MSSA	1	1	1	1	0	0	0	0	0	0	0	0
Total SABS	1	1	1	1	0	0	0	0	0	0	1	0

Clostridium difficile infection monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Ages 15-64	0	0	1	0	0	0	0	0	0	0	0	0
Ages 65 plus	0	0	0	1	0	1	0	0	0	0	0	0
Ages 15 plus	0	0	1	1	0	1	0	0	0	0	0	0

NHS OUT OF HOSPITAL REPORT CARD

Staphylococcus aureus bacteraemia monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
MRSA	0	0	0	0	0	0	0	1	0	0	0	1
MSSA	1	0	3	2	0	2	3	5	1	1	3	1
Total SABS	1	0	3	2	0	2	3	6	1	1	3	2

Clostridium difficile infection monthly case numbers

	Feb 2014	Mar 2014	Apr 2014	May 2014	June 2014	July 2014	Aug 2014	Sep 2014	Oct 2014	Nov 2014	Dec 2014	Jan 2015
Ages 15-64	0	0	0	0	0	1	1	0	0	1	1	0
Ages 65 plus	0	0	0	1	0	2	0	1	0	0	0	1
Ages 15 plus	0	0	0	1	0	3	1	1	0	1	1	1