Medical Director’s Report
to the
Acute Services Divisional Committee

30th August 2013

Dr Gordon Birnie MD, FRCP
Medical Director – Acute Services Division, NHS Fife

1. Medical Staffing

Appointments

An Appointments Committee was held on 25th July 2013 for two Consultants in Oral & Maxillofacial Surgery. A recommendation was made to appoint Ms Victoria Cook and Mr Marcus Sinanan. Start dates are to be confirmed.

An Appointments Committee was held on 6th August 2013 for the post of Consultant Neurologist. There were no suitable candidates; an interview date is to be arranged for a late applicant.

The Anaesthetics Appointments Committee was cancelled as the only shortlisted candidate withdrew.

An Appointments Committee was held on 4th September 2013 for two Consultant Pathologists. A recommendation was made to appoint Dr Fiona Robertson and Dr Aarti Patel. Dr Patel commences maternity leave in October 2013 and it was recommended she commence post in July 2014 following maternity leave. Dr Robertson’s start date has still to be confirmed.

An Appointments Committee for four Consultants in Emergency Medicine was held on 22nd August 2013. A recommendation was made to appoint Dr Nilesh Champaneria and Dr Kate Searle. Dr Searle is to commence in February 2014 and Dr Champaneria’s start date has still to be confirmed.

An Appointments Committee was held on 10th July 2013 for two Consultant Paediatricians. A recommendation was made to appoint Dr Jamie Cruden. Dr Cruden’s start date has still to be confirmed.

Resignations

Dr John Wilson, part time Consultant Gastroenterologist intends to leave at the end of this year – date still to be confirmed.

Dr Colin Dewar, Consultant in Emergency medicine has still to confirm his leaving date.
Clinical Recruitment

The current position on consultant recruitment is summarised in the table below:

<table>
<thead>
<tr>
<th>NO</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total established Consultant workforce</td>
<td>*178.85</td>
</tr>
<tr>
<td>Known vacancies (actively recruiting at present)</td>
<td>1 x Neurologist</td>
</tr>
<tr>
<td>Known resignations (not actively recruiting at present)</td>
<td>1 x Radiologist</td>
</tr>
<tr>
<td>Known retirements (not actively recruiting at present)</td>
<td>N/A</td>
</tr>
<tr>
<td>Actively recruiting to ‘new’ posts</td>
<td>1 x Physician (Surge post) 1 x Ophthalmologist (0.7 wte)</td>
</tr>
<tr>
<td>Vacancies/new posts (not actively recruiting at present for various reasons)</td>
<td>1 x Nephrologist 4 x Radiologist 2 x Anaesthetists 2.7 x A&amp;E 1 x Paediatrician</td>
</tr>
</tbody>
</table>

* Establishment under review

2. Healthcare Associated Infection

The HAIRT report (appendix 1) shows the current position on Healthcare Associated Infections.

There has been a fifth case of a rare strain of C difficile (332), this has been reported through HPS. A problem assessment continues to meet to ascertain any linkages to the previous cases

Work continues with HPS to understand the relatively high rates of SABs reporting in NHS Fife.

Further information is awaited from Scottish Government on the proposal to change to a population based figure for reporting SABs.

3. Emergency Access Target

The performance against the 98% treated within 4 hours in the Emergency department has been challenging in July and August, with a worse performance than in 2012.
The major challenge is the number of patients awaiting social services assessment and placement.

*Figure 3 Patients in health service beds awaiting social services (Edison numbers excluding Mental Health and Learning Disability)*
A local unscheduled care action plan has been submitted to Scottish Government, this details the actions that will be taken by NHS Fife to deal with the pressures of winter 2013/14.

The main components of this plan are

1. The consolidation into the base establishment of the current surge capacity within ward 6 (22 beds).
2. The development of a further surge capacity (28 beds) within ward 13
3. The development of a discharge hub to coordinate and support the early discharge of all those patients who are identified as fit for discharge
4. Opening of the 10th level 3 critical care bed.
5. Opening 8-10 intermediate care beds
6. Opening 10 community beds.

There remains significant uncertainty about the staffing and medical cover for the additional beds in the acute sector

4. HSMR

The HSMR data to March 2013 shows NHS Fife with an HSMR of 1.02 compared to Scotland at 0.92. (Figure 4)

**Figure 4** HSMR in NHS Fife to 31/3/13

![Figure 4 HSMR in NHS Fife to 31/3/13](image)

**Figure 5** Crude Mortality rate in NHS Fife to 31/3/13

![Figure 5 Crude Mortality rate in NHS Fife to 31/3/13](image)
The crude mortality rate for NHS Fife has failed to follow the national trend since mid 2009 and has tended to be higher. These data do not necessarily reflect issues with the quality of care and may also result from the shift of activity into the community with a relative worsening of the case mix seen in the hospital sector.

Since 1st July 2013 there has been a review in place for all patients dying in the Victoria Hospital. The case records are screened using the IHI Global Trigger Tool and those that have a positive trigger are then reviewed by two clinicians who were independent of the care of the patient.

The aims of this process are to

- Increase the awareness of HSMR with the frontline clinicians by involving them in the review process.
- Identify further themes for improvement.

The initial reviews have identified several themes for improvement including

- Delays in the rescue of deteriorating patients
- Lack of anticipatory care planning
- Variability in the quality of documentation.

5. Significant Event Analysis

Significant event reviews have been conducted into a number of events including.

- Sulphonylurea induced hypoglycaemia
- A patient suffering two separate falls both resulting in fractures to the neck of femur

Dr Gordon Birnie
30/8/2013
NHS Fife

Report to Fife NHS Board on 27 August 2013

NHS Scotland
Healthcare Associated Infection Reporting Template (HAIRT)

1. PURPOSE OF PAPER

This mandatory bimonthly report on Healthcare Associated Infection (HAI) trends and infection prevention initiatives in NHS Fife is compiled and collated for the Board by the Infection Control Manager (ICM) as required by HDL (2005) 08. It is presented to the Board by the Chief Executive.

2. INTRODUCTION/BACKGROUND

Scottish Government Health & Social Care Directorates (SGHSCD) require this national template to be tabled for every Board meeting.

The report updates the Board on:

- a) Current HAI rates for NHS Fife, and progress against national targets
- b) Progress against Hand Hygiene targets
- c) NHS Scotland Cleaning Services Specification results
- d) Significant HAI incidents / outbreaks, emerging threats.

It has been prepared and approved by the Infection Control Committee (ICC) and approved by the Strategic Management Team (SMT). It will be submitted to the Clinical Governance Committee (CGC) at their next meeting.

3. GOVERNANCE REQUIREMENTS

Addressed in the report

4. EQUALITY & DIVERSITY

No impact

5. SERVICE USER AND PUBLIC INVOLVEMENT

The ICC and its subgroups include public representation.

6. RISK MANAGEMENT

Risks are highlighted where appropriate in the report.
7. RECOMMENDATION

The Board is asked to:

- **note** the assessment of NHS Fife’s position as regards HAI and
- **note** the initiatives underway to reduce the incidence of HAI

JOHN WILSON  
Chief Executive

GORDON BIRNIE  
Medical Director, Acute Services Division  
Chair, NHS Fife ICC

DAVID A LIVINGSTONE  
Infection Control Manager

27 August 2013
Section 1 – Board Wide Issues

1. Summary

1.1 Achievements

*Clostridium difficile* Infection (CDI) case numbers remain low and Fife surpassed the March 2013 HEAT target and is on track for the 2015 target.

National CDI data for Jan - Mar 2013 shows NHS Fife 40% below the Scottish average.

1.2 Challenges

The fourth quarter of 2012-13 saw NHS Fife SAB cases above the Scottish average (in contrast to the previous three months where Fife was below the average) and Fife missed the March 2013 HEAT target. Since then, case numbers have fallen by a third, however further reduction is still needed.

Work is underway with support from Health Protection Scotland to identify new initiatives to reduce these further.
2. **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](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](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 (SAB) can be found at: [http://www.hps.scot.nhs.uk/haic/sshap/publicationsdetail.aspx?id=30248](http://www.hps.scot.nhs.uk/haic/sshap/publicationsdetail.aspx?id=30248)

### 2.1 Trends

- **National SAB data** has been published for Jan - Mar 2013. This shows NHS Fife cases above the Scottish average (in contrast to the previous three months where Fife was below the national average).

- **Fife missed the March 2013 HEAT target**, with 53 cases per 100,000 AOBD against a target of 26. Since March, case numbers have fallen by a third, however further reduction is still needed and the March 2015 target of 24 cases per 100,000 AOBD will be even more challenging.

### 2.2 National MRSA screening programme

- With the national MRSA screening programme fully in place, work is focusing on ensuring that processes are well embedded and performance is reported quarterly to SGHSCD.
  - The Key Performance Indicator (KPI) is for 90% of acute in-patients to be clinically risk assessed within 24hrs of admission. Performance will be reported nationally by Health Protection Scotland (HPS).
  - NHS Fife has submitted the first quarter’s data to HPS and is on track to meet this target.
  - MRSA bloodstream infections have been reduced by 80% in Fife since 2006.

### 2.3 Current initiatives

- **NHS Fife is working with a team from HPS to take forward a joint SAB Reduction Action Plan.** This includes:
  - Renewed focus on reducing SABs linked to invasive devices such as canulae
  - New initiatives to reduce infections associated with urinary catheters
  - Detailed analysis of all SAB cases to identify potential further areas for action (eg support for IV drug users). The NHS Fife surveillance approach is now being rolled out nationally.

- **Because of national variation in acute bed numbers between Boards, the current method of calculating SAB rates penalises NHS Fife.** SGHSCD has indicated that they are prepared to look at this and a paper has been submitted to them.
3. Clostridium difficile

*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:

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:

www.hps.scot.nhs.uk/haiic/sshaip/ssdetail.aspx?id=277

3.1 Trends

- CDI in Fife has remained at a consistently low level for over two years. This picture is mirrored in both acute hospitals, with virtually no cases in community hospitals. Around 50% of cases arise in the community rather than in hospital.
- National CDI data has been published for Jan - Mar 2013. This shows NHS Fife cases below the Scottish average with 14 cases per 100,000 Occupied Bed Days (OBD) against a national average of 24.
- Fife achieved the March 2013 HEAT target, and since March, case numbers have remained low.
- The new March 2015 target of 24 cases per 100,000 OBD will be based on numbers for all patients 15 and upward, as against the 2013 target which focused on those over 65. CDI in the 15-64 age group is not common, and NHS Fife is on track to achieve this new target.

3.2 Current initiatives

- Enhanced surveillance/case reviews continue for *C difficile* cases both in hospital and the community.

4. 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:


4.1 Trends

National Hand Hygiene Audit data published in July showed Fife compliance rate maintained at 96%. This is level with the national average of 96%.

4.2 Current initiatives

Work on integration of the National Hand Hygiene campaign & audits, with the hand hygiene elements of the Scottish Patient Safety Programme (SPSP), is progressing.
5. 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/nhsqis/6710.140.1366.html

5.1 Trends

All hospitals and health centres throughout NHS Fife have participated in the National Monitoring Framework for NHS Scotland National Cleaning Services Specification. Since April 2006 all wards and departments have been regularly monitored with quarterly reports being produced through Health Facilities Scotland (HFS).

- The National Cleaning Services Specification – quarterly compliance report result for April - June 2013 (quarter 1) shows NHS Fife achieving GREEN status with 97.1%. Fife remained ahead of the Scottish average of 95.7%.

- Implementation of the Health Facilities Scotland (HFS) Estates Monitoring tool continues and for Jan - Mar 2013 (quarter 4) NHS Fife maintained GREEN status with 96.9% which matched the Scottish average

5.2 Current initiatives

- Areas with results below 90% for all Hospital & Healthcare facilities have been identified to relevant managers for action.

- Synbiotix (the manufacturer) and HFS are still working on issues with the data collection devices.

6. Outbreaks

This section should give details on any outbreaks that have taken place in the Board since the last report, or a brief note confirming that none have taken place. Where there has been an outbreak then for most organisms as a minimum this section should state when it was declared, number of patients affected, number of deaths (if any), actions being taken to bring the outbreak under control and whether this was reported to the Scottish Government. For outbreaks of norovirus a more general outline of the outbreak may be more appropriate.

6.1 No outbreaks or ward closures have occurred since the last report.
7. Other HAI Related Activity

- Nothing to report

8. Assessment

- The fourth quarter of 2012-13 produced higher than normal SAB numbers and NHS Fife missed the 2013 target. The March 2015 target will be even more challenging however work is underway to meet it.
- NHS Fife is working with a team from HPS to take forward a joint SAB Reduction Action Plan.
- Sustained low levels of *C difficile* indicate that the initiatives in place to reduce infection rates are working long-term; however staff remain vigilant to ensure potential cases are identified quickly. The March 2013 HEAT target has been surpassed and Fife is on track to meet the March 2015 target
- No norovirus or other ward closures have occurred since April; however occasional norovirus outbreaks continue across Scotland and vigilance is being maintained.
Board Report Card

For C difficile, NHS Fife continues to maintain a low rate. Numbers across Fife have remained at a sustained low level for over two years.

For Staph aureus bacteraemia, numbers had been holding at a low level since April 2011. Following a significant rise in April/May 2012, rates fell back to previous levels. With Oct-Dec 2012 the lowest quarter ever recorded. Numbers for Jan-Mar 2013 showed an expected seasonal rise.

In the latest published hand hygiene audit NHS Fife compliance was maintained at 96% (vs 96% for Scotland overall). (Bimonthly national audits are shown in red, local audits in intervening months are in black.) The quarterly National Cleaning Services Specification compliance was 97.1% with NHS Fife again achieving GREEN status and on track to exceed the national average once again. The Estates Monitoring element of the Cleaning Services monitor was introduced during 2011 and is now reported here too.

Hand Hygiene Monitoring Compliance (%)

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<th>Oct-12</th>
<th>Nov-12</th>
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Cleaning Compliance (%)

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<td>96.1</td>
<td>96.9</td>
<td>96.9</td>
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Estates Monitoring Compliance (%)

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<th>Oct-12</th>
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Clostridium difficile Cases (ages 15 and over)

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<th>Oct-12</th>
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<th>Feb-13</th>
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<th>Apr-13</th>
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<tbody>
<tr>
<td>Cases</td>
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<td>7</td>
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<td>9</td>
<td>7</td>
<td>1</td>
<td>4</td>
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<td>7</td>
<td>3</td>
<td>8</td>
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</table>

Total Staphylococcus aureus Bacteraemia Cases (all ages)

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<th>Month</th>
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<th>Oct-12</th>
<th>Nov-12</th>
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MRSA Bacteraemia Cases (all ages)

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MSSA Bacteraemia Cases (all ages)

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</tr>
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<tbody>
<tr>
<td>Cases</td>
<td>11</td>
<td>8</td>
<td>2</td>
<td>6</td>
<td>6</td>
<td>12</td>
<td>12</td>
<td>10</td>
<td>9</td>
<td>5</td>
<td>12</td>
</tr>
</tbody>
</table>
**Clostridium difficile** Infection (age 15 and over) HEAT Target Progress - Local management data

Up to March 2013 the target is for all cases aged over 65
From April 2013 the target is for all cases aged over 15

**Staphylococcus aureas** bacteraemia (including MRSA) HEAT rates - Local management data
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 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). Data are presented as both a graph and a table giving case numbers. 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&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=2139&sectionID=1)

Staphylococcus aureus: [http://www.nhs24.com/content/default.asp?page=s5_4&articleID=346](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&sectionID=1](http://www.nhs24.com/content/default.asp?page=s5_4&articleID=252&sectionID=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.

Understanding the Report Cards – Hand Hygiene Compliance

Good hand hygiene is crucial for infection prevention and control. More information can be found from the Health Protection Scotland’s national hand hygiene campaign website:


Hospitals carry out regular audits of how well their staff are complying with hand hygiene. The first page of each hospital report card presents the percentage of hand hygiene compliance for all staff in both graph and table form.

Understanding the Report Cards – Cleaning Compliance

Hospitals strive to keep the care environment as clean as possible. This is monitored through cleaning compliance audits. More information on how hospitals carry out these audits can be found on the Health Facilities Scotland website:


The first page of each hospital Report Card gives the hospitals cleaning compliance percentage in both graph and table form.

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. Given the complex variety of sources for these infections it is not possible to break this data down in any more detail.

National comparative data does not form part of the template and has been added at Annexe A for the NHS Fife report
Board-wide trends are mirrored in VHK, with C difficile case numbers maintained at a low level for over a year. For SABs similarly, numbers have been very low for the last year, reflecting the effort being put into controlling risk factors, particularly Vascular Access Devices (VAD). The rise seen in April and May 2012 has not happened this year. Monthly Hand Hygiene audits are conducted in all wards in line with CEL 5 (2009).

![Hand Hygiene Monitoring Compliance (%)](image)

![Cleaning Compliance (%)](image)

![Estates Monitoring Compliance (%)](image)

![Clostridium difficile Cases (ages 15 and over)](image)

![MSSA Bacteraemia Cases (all ages)](image)

![Total Staphylococcus aureus Bacteraemia Cases (all ages)](image)

![MRSA Bacteraemia Cases (all ages)](image)

![MSSA Bacteraemia Cases (all ages)](image)
The Board-wide trends are mirrored in QMH, with C difficile case numbers continuing at a low level. For SABs, the decline seen in these since March 2010, particularly with MRSA SABs was maintained, reflecting the significant effort being put into controlling risk factors, especially Vascular Access Devices (VAD). Monthly Hand Hygiene audits are conducted in all wards in line with CEL 5 (2009).

### Queen Margaret Hospital

**Total Staphylococcus aureus Bacteraemia Cases (all ages)**

<table>
<thead>
<tr>
<th>Month</th>
<th>Aug-12</th>
<th>Sep-12</th>
<th>Oct-12</th>
<th>Nov-12</th>
<th>Dec-12</th>
<th>Jan-13</th>
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### Hand Hygiene Monitoring Compliance (%)

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### Cleaning Compliance (%)

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### Estates Monitoring Compliance (%)

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### Clostridium difficile Cases (ages 15 and over)

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### MSSA Bacteraemia Cases (all ages)

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### MRSA Bacteraemia Cases (all ages)

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### C difficile Cases (ages 15 and over)

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Page 17 of 20
Community Hospitals

Community hospital data includes
- QMH - Queen Margaret Hospital wards 1-4
- LH - Lynebank Hospital
- WBH - Whyteeman’s Brae Hospital
- RWH - Randolph Wemyss Hospital
- CH - Cameron Hospital
- GH - Glenrothes Hospital
- SH - Stratheden Hospital
- AH - Adamson Hospital
- SAC - St Andrews Community Hospital
- QH - QMH Ward 16 Hospice
- VH - Victoria Hospital Hospice

Total *Staphylococcus aureus* Bacteraemia Cases (all ages)

<table>
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MRSA Bacteraemia Cases (all ages)

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*Clostridium difficile* Cases (ages 15 and over)

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For *C. difficile*, these are infections which have arisen in the community, but may have been treated in the community or in hospital. Rapid Event Investigation (REI) is taking place for cases treated in the community in the same way it is conducted for hospital associated cases.

For bacteraemias (SABs) these are infections which have arisen in the community but will have been identified and treated when the patient was admitted to hospital. These may be related to previous healthcare interventions, or may be community acquired. Enhanced Surveillance follow-up is conducted for every case to identify, where possible, the likely cause so that community initiatives can be developed to reduce these.
National Statistics

National surveillance data for *C. difficile* and for SABs (including data for MRSA) has been published by Health Protection Scotland (HPS) for the period up to March 2013.

For *C. difficile*, the NHS Fife quarterly rate fell to 14 cases per 100,000 Occupied Bed Days (OBD) –below the Scottish average of 24.

For MSSA SABs the NHS Fife quarterly rate rose to 51 cases per 100,000 Acute Occupied Bed Days (AOBD) –above the Scottish average of 27.

For MRSA SABs, NHS Fife quarterly rate fell to 5 per 100,000 AOBD – slightly above the Scottish average of 3.

MSSA bacteraemia Jan – Mar 13

NHS Fife is shown as FF (well above the centre line).

MRSA bacteraemia Jan-Mar 13

NHS Fife is shown as FF (just above the centre line).