**Ref: GJF/2018/05/06**

# GJF Logo

**Board Meeting:** 10 May2018

**Subject:** Healthcare Associated Infection Reporting Template (HAIRT) February 2018 data.

**Recommendation:** Board members are asked to note and approve publication of the HAIRT report (February 2018 data)

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**1** **Background**

**HAIRT Report**

This paper is presented as advised by the Scottish Government HAI Task Force and informs the NHS National Waiting Times Centre Board of activity around key Infection Control issues including bacteraemia, healthcare acquired Meticillin Resistant Staphylococcus aureus (MRSA), Clostridium difficile Infection (CDI) and Surgical Site Infection (SSI) rates.

The organisation has systems in place to monitor key delivery areas and to give early indication if problems should arise. The Prevention and Control of Infection Team (PCIT) provides key data to each unit monthly, detailing bacteraemia, HAI MRSA, SSI and Clostridium difficile rates.

1. **Key Issues**

**Surgical Site Infection (SSI)**

Cardiac SSI rates breached upper control limits in February, with no commonalities in surgeon, theatre or organism noted. The tissue viability lead is meeting with key stakeholders to optimise cardiac wound management moving forward.

**Hand Hygiene compliance**

The Clinical Governance and Risk Management Group (CGRMG) has requested a review of the escalation within the zero tolerance algorithm. This is being coordinated by Clinical Governance and Human Resources.

Although 90% of medical staff are compliant with the Hand Hygiene elements of Standard Infection Control Precautions, this remains below the national target of 95%. In order to optimise and sustain levels of hand hygiene compliance, the Acting Medical Director met with the Nurse Director and Senior Infection Prevention and Control Team to discuss additional improvement measures.

The following direct measures have been agreed, to be implemented as a matter of urgency:

* **Re-emphasising the collective responsibility that infection control remains “everyone’s business“.**
* **Hand Hygiene compliance must  be included as a separate agenda item in the next consultant meetings.**
* **A message to reinforce Hand Hygiene Policy will be issued to all medical staff at key meetings.**
* **Medical Director and Nurse Director will meet with Medical Director of Education to explore ways to help progress the HAI  Education Strategy  for Medical staff.**
* **The importance of immediate escalation for non compliance will be highlighted as appropriate.**
* **Full compliance by medical staff with Zero tolerance policy relating to all elements of Hand Hygiene.**
* **Infection Control Team to meet with Medical Director and Nurse Director monthly to discuss the impact of the above measures and any ongoing challenges.**

1. **Recommendations**

The Prevention and Control of Infection Team welcomes any feedback on the content of this report, or any additional information to consider for inclusion.

Board members are asked to note this report and be informed of our current position. On approval the HAIRT report should be made available to the public via the Board website.

**Anne Marie Cavanagh**

**Nurse Director**

**4 May 2018**

**(Heather Gourlay, Senior Manager, Prevention and Control of Infection)**