

WELSH HEALTH CIRCULAR

Issue Date: 31 March 2017



Llywodraeth Cymru
Welsh Government

STATUS: ACTION & INFORMATION
CATEGORY: QUALITY AND SAFETY

Title: HCAI REDUCTIONS BY MARCH 2018: C.DIFFICILE, S.AUREUS BACTERAE MIAS AND E.COLI BACTERAE MIAS

Date of Expiry/Review: 31 March 2018

For action:

Health Boards/Trusts:

Chief Executives
Medical Directors
Nurse Executive Directors
Infection Control Doctors & Nurses
Directors of Public Health
Hospital Chief Pharmacists

PHW:

HCAI & AMR Programme Leads
CCDCs
Health Protection Teams

NWSSP:

For distribution to GP practices, dental practices and community pharmacists

For information;

Welsh Government:

DG/Chief Executive NHS Wales
Deputy Chief Exec NHS Wales
Professional & Policy Leads
DHSS Operations Team
DHSS Comms Team
DHSS Digital Team

NHS Wales:

Chairs
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Enclosure(s): None

1. Healthcare associated infections (HCAIs) cause avoidable harm and remain a key patient safety issue and result in significant financial cost to NHS Wales. Since April 2014, the Welsh Government has been committed to halving the population rate of *C.difficile* and *MRSA* bacteraemias and expectations against the 2012-13 baselines.
2. The *C.difficile* reduction expectation for Wales between October 2016 and March 2017 was a rate of no more than 28/100,000 population (26/100,000 population for Cwm Taf UHB). The provisional all Wales rate for October 2016 to February 2017 is 31.36/100,000 and indicates that:
 - Aneurin Bevan and Cwm Taf UHBs are on trajectory to deliver; and
 - Betsi Cadwaladr and Cardiff & Vale UHB are very close to delivering.

Although not all Health Boards will have met the target for 2016-17, progress at the all Wales level has been made as compared to the same period in the previous years there were about 9% fewer cases.

3. The *S.aureus* bacteraemias reduction expectation for Wales between October 2016 and March 2017 was a rate of no more than 20/100,000 population (15/100,000 population for Aneurin Bevan UHB). The provisional all Wales rate for October 2016 to February 2017 is 29.64/100,000 and indicates that none of the six major health boards is on trajectory to deliver. Compared to same period in 2015-16 there was an increase of about 14% in cases across Wales. However, for the period April 2016 to February 2017, a small reduction was achieved.
4. We recognise the continuing challenges for health boards in tackling healthcare associated infections but we cannot afford to be complacent. Effective infection prevention and control measures must be embedded and practised in all aspects of patient care provided to patients in primary, community and secondary settings. This is especially important as we are seeing a year on year increase in *E.coli* and other gram negative bacteraemias; multi drug-resistant organisms and antimicrobial resistance.
5. Achieving the reductions in these HCAIs will only occur if health boards ensure that primary care and secondary care work closely on prevention initiatives and in improving antimicrobial prescribing. We therefore expect health board executive leads to provide strong leadership to ensure joint working between primary care and secondary care and with social care partners deliver the reduction by end March 2018. We want to see that progress is consistent throughout Wales.
6. Efforts to improve prescribing need to focus particularly on upper and lower respiratory tract infections, urinary tract infections, otitis media and sinusitis.

7. For 2017-18, we are requiring health boards to continue to drive down all preventable HCAs and for:
 - **C.difficile**, a new all Wales rate of 26/100,000 population is to be delivered by end March 2018.
 - **S.aureus bacteraemias**, a new rate is not being set but we expect health boards to achieve an all Wales rate of 20/100,000 population by end March 2018.

and we will determine an appropriate rate for each infection with health boards currently at, or close to, the new target rates.

8. We also require health boards to strengthen efforts to tackle **E.coli bacteraemias** - the most common organism found in blood samples in Wales. As well as allowing bacteria to spread round the body causing infections away from the original source, bacteraemias can also result in sepsis, septic shock and death. Improvements in care are needed to prevent bacteraemias in patients with incontinence and catheter usage – including compliance with Aseptic Non Touch Technique (ANTT practice and procedures).
9. For the first time, we are therefore setting a reduction expectation rate of 67/100,000 population for each of the major health boards to deliver by end March 2018. At the all Wales level, this would equate to a 10% reduction on the 2015-16 rate of 76/100,000 population and result in 244 fewer cases. Reduction numbers in the table below are based on 2015 population estimates and subject to change when the 2016 population estimates are available later this year.

HB	2015-16 rate/100,000 population	% reduction to achieve reduction	2015-16 number of cases	Maximum number of cases to deliver expectation	Minimum number reduction to deliver expectation
ABM	80	-17%	423	352	-71
AB	68	-1%	394	389	-5*
BC	77	-13%	533	465	-68
C & V	67	0%	323	324	0*
CT	88	-24%	261	198	-63
HD	96	-30%	369	256	-113
All Wales	75	-10%	2,320	2,076	-244

* We will determine an appropriate rate with those HBs that are already at or close to meeting this target.

10. This expectation will also work towards delivering the commitment to halve gram negative bacteraemias (now by March 2021) in response to the O'Neill Review recommendation.
11. Public Health Wales will include *E.coli* bacteraemias in its enhanced surveillance arrangements and will work with health boards to help achieve

the reduction expectations. It will continue to provide regular data to ensure health boards are well informed as to their ongoing position in relation to the reduction expectations; assist with investigations into periods of increased incidence; act as a critical friend; and support the roll out of interventions tried and tested elsewhere.