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Dear Colleague

Healthcare Associated Infection (HAI) and Antimicrobial Resistance (AMR) Priorities 2013-15

The purpose of this letter is to detail the HAI and AMR priorities going forward. HAI and AMR remain key priorities for the Scottish Government. The aim of the *Healthcare Quality Strategy for NHS Scotland* is to deliver the highest quality safe, effective and person-centred healthcare services to the people of Scotland and to ensure that NHS Scotland is recognised by the people of Scotland as being among the best in the world.

HEAT Targets

HEAT targets for 2013-14 include a new *Staphylococcus aureus* bacteraemia (SAB) and *C difficile* target:

further reduce healthcare associated infections so that by March 2015 NHS Boards' *Staphylococcus aureus* bacteraemia (including MRSA) cases are 0.24 or less per 1000 acute occupied bed days; and the rate of *Clostridium difficile* infections in patients aged 15 and over is 0.25 cases or less per 1000 total occupied bed days.

The target reflects the advice from the HAI Task Force (HAITF) National Advisory Group (NAG) that the HAI target for 2013-15 should remain focused on SAB and *C difficile* because there remains potential for further improvements to be made. However, we acknowledge that some Boards have concerns that the denominator chosen may not be appropriate at a local level and may make it unduly difficult for them to achieve the target. Boards in this position may, if they wish, formally write to the Scottish Government with evidence that the denominator rather than lack of success in reducing SABs has impacted on delivery. Otherwise, since the target for 2015 has now been set, our collective focus and ownership should be on reducing SABs and that each Board should work towards a continuing downward trend.

From Chief Nursing Officer
Chief Medical Officer

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Sir Harry Burns MPH
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1 May 2013

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Addresses

For action
NHS Board HAI Executive Leads

For information
HAI Task Force
Health Facilities Scotland
Health Improvement Scotland
Health Protection Scotland
John Connaghan
NHS Board Chief Executives
NHS Board Infection Control Managers
NHS Board Infection Control Doctors
NHS Education for Scotland
Scottish Antimicrobial Prescribing Group

Further Enquiries

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More generally, whilst huge improvements have been made to secure reductions in both MRSA and C difficile, you will be aware that there has been a recent slowing of the previous downward trend in C difficile (CNO's letter of 21 December 2012 refers) and that reductions in MSSA bacteraemia have been hard to secure. Whilst not all MSSA bacteraemias are healthcare associated, a substantial proportion continue to be and we must intensify our efforts to minimise the patient harm due to this.

We have asked Health Protection Scotland (HPS), Healthcare Improvement Scotland (HIS) and NHS Education for Scotland (NES) to work with Boards in supporting sustainable implementation of best practice towards minimising preventable infections. We have also asked HAITF NAG for advice to improve understanding of the epidemiology and effective interventions needed to prevent MSSA to best inform what further support and policy might best be provided at national level.

On 21 May 2013 we are holding a HAI symposium to share best practice across NHS Boards in Scotland in order to support NHS Boards in the reduction of HAI.

New HAI Priority Organism: E coli

NAG also advised that there should be an increasing focus on Gram negative organisms, especially Enterobacteriaceae, with the aim that resistance should not significantly increase, and there should be a focus on E coli (targeting prevention and management of UTI, catheter associated UTIs, SSI and BSI). This focus is informed by the findings of the 2011/12 PPS and directly links into the work up of the Scottish Patient Safety Indicator (SPSI). It is envisaged that targeted work will be commencing soon to identify, measure, then systematically prevent CAUTIs as part of the improvement work around the SPSI harm prevention work.

Key Level 3 indicators

Level 3 indicators of the Quality Outcomes Framework are additional national or local indicators/measures required for quality improvement and performance management and reporting. The priority Level 3 indicators proposed for HAI in 2013-14 are attached in Annex A.

Additionally, we will be working closely with Scottish Government and HIS colleagues to determine how best we can integrate some measures and learning accrued by the HAI Task Force within the Scottish Patient Safety Indicator. We will provide more detail on this in due course.

With best wishes.

Yours sincerely

Ros Moore

Harry Burns

ROS MOORE
Chief Nursing Officer

SIR HARRY BURNS
Chief Medical Officer

Key HAI Level 3 indicators 2013-14

- MRSA screening KPI. HPS has worked with Boards to define the KPI: CNO wrote to Boards on 24 April 2013 (CNO(2013)1) confirming these and the requirement for Boards to monitor locally and HPS reporting annually against the minimum 90% compliance with MRSA screening policy.
- Surgical Site Infections. The HAITF surveillance working group will provide further advice during 2013-14.
- Antibiotic prescribing supporting indicators. These will be advised by the Scottish Antimicrobial Prescribing Group including a primary care target of reduction in total antibiotic prescribing to replace the current seasonal variation in quinolone use target.
- Compliance with the National Infection Control Manual (SICPs and future chapters). These are monitored locally at Board level with independent assurance provided by the Healthcare Environment Inspectorate.
- Hand hygiene compliance. We have reviewed proposals to replace the current bi-monthly publication of hand hygiene data by HPS and will write to Boards in more detail shortly.
- Compliance standards of both the environmental cleanliness and the standards of furnishings and fittings within healthcare settings. The compliance standards are set out within the National Cleaning Specification and HFS will continue to publish quarterly the national cleaning compliance report using data collected via the Facilities Management Tool.