



## DEBATE PACK

Number CDP-2018-0116, 14 May 2018

# Raising standards of infection prevention and control in the NHS

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## Summary

This House of Commons Library Debate Pack briefing has been prepared for a debate entitled “Raising standards of infection prevention and control in the NHS”. This debate will be led by Jim Shannon MP and will take place in Westminster Hall on Tuesday 15<sup>th</sup> May 2018, starting at 9.30am.

This debate was proposed by Jim Shannon MP in the Backbench Business Committee meeting held on [Tuesday 24 April 2018](#). When proposing standards of infection prevention and control in the NHS as a topic for discussion, he said the following:

UK healthcare-associated infections cost lives and money. Some 300,000 healthcare-associated infections every year cost the NHS in excess of £1 billion annually... If we could encourage Government to roll out their strategy to reduce hospital infections and to publish their staff hand hygiene indicator, that would give us a methodology whereby we could do that. We look forward to the Government’s response on that.

This Debate Pack provides background information, parliamentary material, press articles and notices, and further reading suggestions which Members may find useful when preparing for this debate.

Healthcare-associated infections can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. [NICE has estimated](#) that 300,000 patients a year in England acquire a healthcare-associated infection as a result of care within the NHS and that the prevalence of healthcare-associated infections in hospitals in England in 2011 was 6.4%. This briefing provides further information on current rates of infection throughout the UK, as well as the different standards to prevent and control these infections in NHS settings in England, Scotland, Wales, and Northern Ireland.

The House of Commons Library prepares a briefing in hard copy and/or online for most non-legislative debates in the Chamber and Westminster Hall other than half-hour debates. Debate Packs are produced quickly after the announcement of parliamentary business. They are intended to provide a summary or overview of the issue being debated and identify relevant briefings and useful documents, including press and parliamentary material. More detailed briefing can be prepared for Members on request to the Library.

## Contents

<b>1.</b>	<b>Background</b>	<b>2</b>
1.1	Healthcare-associated infections	2
1.2	Infection rates	2
1.3	Standards of infection prevention and control in the NHS in England	4
	Guidance and legal requirements	4
	Evidence-based guidelines and standards	5
	Management of HCAI in England	7
1.4	Government policies to reduce infections	8
	Antimicrobial resistance	9
1.5	Infection prevention and control in Scotland	10
1.6	Infection prevention and control in Wales	11
1.7	Infection prevention and control in Northern Ireland	12
<b>2.</b>	<b>Parliamentary material</b>	<b>14</b>
2.1	Written Parliamentary Questions	14
2.2	Oral Parliamentary Questions	19
<b>3.</b>	<b>Press articles and notices</b>	<b>20</b>
<b>4.</b>	<b>Further reading</b>	<b>22</b>
4.1	Commons Library publications	22
4.2	Reports and guidance	22

# 1. Background

## 1.1 Healthcare-associated infections

Healthcare-associated infections (HCAs) can develop either as a direct result of healthcare interventions such as medical or surgical treatment, or from being in contact with a healthcare setting. According to 2012 Health Protection Agency operations guidance and standards:

The term HCAI covers a wide range of infections. The most well-known include those caused by meticillin-resistant *Staphylococcus aureus* (MRSA), meticillin-sensitive *Staphylococcus aureus* (MSSA), *Clostridium difficile* (C.diff) and *Escherichia coli* (*E. coli*). HCAs cover any infection contracted:

- as a direct result of treatment in, or contact with, a health or social care setting
- as a direct result of healthcare delivery in the community
- as a result of an infection originally acquired outside a healthcare setting (for example, in the community) and brought into a healthcare setting by patients, staff or visitors and transmitted to others within that setting (for example, norovirus).

HCAs pose a serious risk to patients, clients, staff and visitors to health and social care premises. They can incur significant costs for the NHS and others, and cause significant morbidity and mortality for those infected.<sup>1</sup>

## 1.2 Infection rates

### England

According to the National Institute for Health and Care Excellence (NICE) Quality Standard (QS61):

It is estimated that 300,000 patients a year in England acquire a healthcare-associated infection as a result of care within the NHS. The prevalence of healthcare-associated infections in hospitals in England in 2011 was 6.4%. The most common types of healthcare-associated infection are respiratory infections (including pneumonia and infections of the lower respiratory tract) (22.8%), urinary tract infections (17.2%) and surgical site infections (15.7%). Each one of these infections means additional use of NHS resources, greater patient discomfort and a decrease in patient safety.<sup>2</sup>

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<sup>1</sup> Health Protection Agency, [Health Care Associated Infection Operational Guidance and Standards for Health Protection Units](#), July 2012, p4

<sup>2</sup> NICE, [Infection prevention and control Quality Standard \[QS61\]](#), April 2014, Introduction

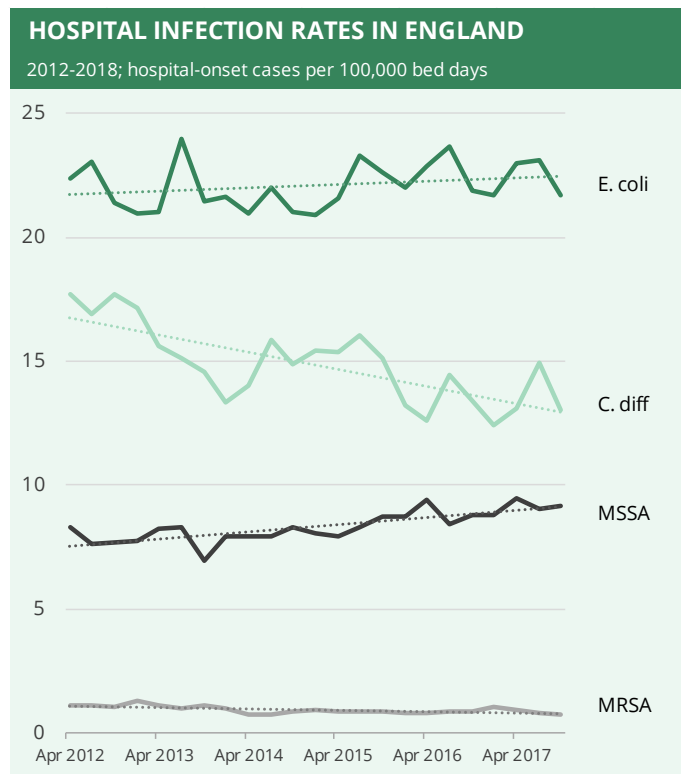
The following chart shows trends in MRSA, MSSA, C. diff and E. coli infections in England's NHS hospitals. In particular, it shows the number of hospital-onset cases of these infections per 100,000 bed days.<sup>3</sup>

In the last year there were 309 hospital-onset cases of MRSA. MRSA infection rates have fallen by around 25% in the past five years.

In the last year there were 3,174 hospital-onset cases of MSSA. Infection rates have risen by around 17% in the past five years.

In the last year there were 4,650 hospital-onset cases of clostridium difficile (c. diff). Infection rates have fallen by 22% in the past five years.

In the last year there were 7,783 hospital-onset cases of E.coli. Infection rates have risen by around 1.5% in the past five years.



### Northern Ireland

Northern Ireland publishes data on the number of deaths involving C. difficile and MRSA. The table below shows trends over the past decade. While there was a spike in deaths in 2008, numbers have generally fallen since then.<sup>4</sup>

MRSA AND C.DIFF DEATHS IN NORTHERN IRELAND, 2006-2015										
Measure	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
C. diff mentioned on death certificate	63	77	191	124	91	81	74	80	64	67
C. diff was the cause of death	41	34	64	39	30	31	23	41	28	30
MRSA mentioned on death certificate	56	59	84	50	29	30	18	10	12	18
MRSA was the cause of death	19	20	32	16	8	12	4	2	5	9

### Scotland

Scotland's Healthcare Associated Infection annual report 2017 states the following:

- MRSA incidence fell by 17% between 2013 and 2017
- C. Difficile incidence fell by 6.8% between 2013 and 2017
- The MSSA incidence rate has not changed over this period
- E. coli incidence rose by 1.5% between 2013 and 2017

Data on levels of incidence is not comparable with the measures reported for England (above).<sup>5</sup>

<sup>3</sup> Public Health England, [MRSA, MSSA, Gram-negative bacteraemia and CDI: quarterly report](#)

<sup>4</sup> NISRA, [Healthcare-Associated Infection](#)

<sup>5</sup> Health Protection Scotland, [Healthcare Associated Infection Annual Report 2017](#)

## Wales

Data on healthcare-associated infections in Wales is measured through a 'point prevalence' survey which measures how common infections are at a given point in time, rather than measuring incidence.<sup>6</sup>

The 2017 survey found that 5.5% of patients in the acute hospital sector had a healthcare-associated infection, up from 4.3% in 2011. In the non-acute sector prevalence was 6%, up from 3.2% in 2011.

The most common infections were pneumonia, urinary tract infections, and surgical site infections.

## 1.3 Standards of infection prevention and control in the NHS in England

### Guidance and legal requirements

Regulation 12 (1) of the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014](#) stipulates that "Care and treatment must be provided in a safe way for service users", and outlines certain criteria a registered provider must fulfil in order to comply with this, including "assessing the risk of, and preventing, detecting and controlling the spread of, infections, including those that are health care associated".

[Section 21](#) of the *Health and Social Care Act 2008* legislates for a Code of Practice to help prevent or control health care associated infections. This Code of Practice applies to all registered providers of healthcare and adult social care in England and was last updated in July 2015. Part 2 of the Code stipulates 10 criteria against which the Care Quality Commission (CQC), which regulates healthcare provision in England, will judge a provider on how it complies with the infection prevention requirements. The latest iteration of the [Code of Practice](#) takes into account the new role of infection prevention in optimising antimicrobial use and reducing antimicrobial resistance.

The ten criteria outlined by the Code are:

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3. Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further support or nursing/ medical care in a timely fashion.

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<sup>6</sup> NHS Wales, [Healthcare-associated infection point prevalence survey](#)

5. Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7. Provide or secure adequate isolation facilities.
8. Secure adequate access to laboratory support as appropriate.
9. Have and adhere to policies, designed for the individual's care and provider organisations that will help to prevent and control infections.
10. Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.<sup>7</sup>

According to the 2014 Regulations, the CQC must take the Code into account when making decisions about registration against its infection prevention requirements, and that providers must have regard to the Code when deciding how they comply with registration requirements. The Code is not mandatory, however, and it is possible for registered healthcare providers to demonstrate that they meet the regulations in a different way.

In addition, [CQC guidance](#), published in March 2015, says that in order to comply with this regulation, “providers should consider the link between infection prevention and control, antimicrobial stewardship, how medicines are managed and cleanliness”.<sup>8</sup>

The NHS has a website – [Infection Prevention Control](#) – which is designed to act as a “one-stop-shop” to help health and social care providers in England meet CQC requirements.

### Evidence-based guidelines and standards

[National evidence-based guidelines](#) for prevention healthcare-associated infections in NHS hospitals in England were developed during 1998-2000 and published in 2001, and updated subsequently in 2007. These were and are designed to describe “clinically effective measures that are used by healthcare workers for prevention infections in hospital and other acute healthcare settings”.

In 2013, the Department of Health commissioned a review of new evidence, and the evidence base for making infection prevention and control recommendations was updated subsequently. These are comprised three sets of guidelines which are:

- 1 Standard infection control principles;
- 2 Guidelines for preventing infections associated with the use of short-term indwelling urethral catheters; and

<sup>7</sup> Department of Health, [The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance](#), July 2015, p12

<sup>8</sup> Care Quality Commission, [Guidance for providers on meeting the regulations](#), March 2015, p43

3 Guidelines for preventing infections associated with the use of intravascular access devices.<sup>9</sup>

By way of example, the first of these – standard infection control precaution recommendations – are divided into five interventions:

- Hospital environmental hygiene;
- Hand hygiene;
- Use of personal protective equipment (PPE);
- Safe use and disposal of sharps; and
- Principles of asepsis.<sup>10</sup>

As mentioned above, NICE published their Quality Standard for '[Infection prevention and control](#)' in April 2014 (which was last reviewed in 2017). This is a standard for prevention and controlling infection in adults, young people and children receiving healthcare in primary, community and secondary settings. It provides six quality statements which are:

[Statement 1](#). People are prescribed antibiotics in accordance with local antibiotic formularies as part of antimicrobial stewardship.

[Statement 2](#). Organisations that provide healthcare have a strategy for continuous improvement in infection prevention and control, including accountable leadership, multi-agency working and the use of surveillance systems.

[Statement 3](#). People receive healthcare from healthcare workers who decontaminate their hands immediately before and after every episode of direct contact or care.

[Statement 4](#). People who need a urinary catheter have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the catheter and its removal as soon as it is no longer needed.

[Statement 5](#). People who need a vascular access device have their risk of infection minimised by the completion of specified procedures necessary for the safe insertion and maintenance of the device and its removal as soon as it is no longer needed.

[Statement 6](#). People with a urinary catheter, vascular access device or enteral feeding tube, and their family members or carers (as appropriate), are educated about the safe management of the device or equipment, including techniques to prevent infection.<sup>11</sup>

NICE has also produced a [Quality Standard \[QS113\]](#) for preventing and controlling infections in hospitals and other secondary care settings, published in February 2016. This provides five quality statements which are:

[Statement 1](#). Hospitals monitor healthcare-associated infections and other infections of local relevance to drive continuous quality improvement.

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<sup>9</sup> H.P. Loveday et al., '[National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England](#)', *Journal of Hospital Infection* 86S1 (2014), S11

<sup>10</sup> *Ibid.*, S3

<sup>11</sup> NICE, [Infection prevention and control Quality Standard 61](#), April 2014, p9

[Statement 2](#). Hospitals work with local health and social care organisations to assess and manage the risk of infections in hospitals from community outbreaks and incidents.

[Statement 3](#). Hospital staff have individual objectives and appraisals on infection prevention and control linked to board-level objectives and strategies.

[Statement 4](#). Hospitals involve infection prevention and control teams in the building, refurbishment and maintenance of hospital facilities.

[Statement 5](#). People admitted to, discharged from, or transferred between or within hospitals have information about any infections and associated treatments shared with health and social care staff to inform their care.<sup>12</sup>

## Management of HCAI in England

Public Health England (PHE) monitors the numbers of certain infections which occur in healthcare settings through a variety of routine surveillance programmes, and advises healthcare providers on how to prevent and control infection. PHE also monitors the spread of antibiotic resistant infections and advises healthcare professionals about controlling antimicrobial resistance.

[Current PHE guidance for health protection teams](#) (formerly Health Protection Units) and other PHE staff, published in July 2012 by the then Health Protection Agency, describes actions that they need to undertake to help reduce the risks of HCAs in local health and social care settings. Their core responsibilities are described as:

- Prevention of HCAs through proactive encouragement and promotion of best practice in Infection Prevention and Control (IPC) by providers and commissioners.
- Surveillance and timely feedback of HCAI-related risk assessments and information to support actions to reduce HCAs and their consequences
- Support, coordination and leadership of HCAI related outbreaks and other situations.<sup>13</sup>

It also outlines the PHE governance framework required to underpin these responsibilities in partnership with local health and social care providers, commissioners, regulators, and performance managers.

The various national surveillance programmes run by PHE to collect data on HCAI cover:

- [Bacteraemia](#)
- [Gram-negative bacteria](#)
- [Clostridium difficile infection](#)
- [Escherichia coli](#)
- [Pseudomonas aeruginosa](#)
- [Klebsiella species](#)

<sup>12</sup> NICE, [Healthcare-associated infections Quality Standard 113](#), February 2016, p12

<sup>13</sup> Health Protection Agency, [Health Care Associated Infection Operational Guidance and Standards for Health Protection Units](#), July 2012, p7

- [Staphylococcus aureus \(meticillin resistant Staphylococcus aureus or MRSA and meticillin sensitive Staphylococcus aureus or MSSA\)](#)
- [Surgical site infection](#)

## 1.4 Government policies to reduce infections

The Department of Health have reported that E.coli infections killed more than 5,500 NHS patients in 2015 and are estimated to cost the NHS £2.3 billion by 2018. Drug resistant Gram-negative bacteria (described as such because the bacteria's cell envelope does not retain staining dye) such as E.coli are a particular problem in the UK. Gram-negative bacterial infections are increasing, and PHE have reported that E.coli blood stream infections have increased by 6.1% between 2015 and 2016, and it is very difficult to develop new treatments to target them.<sup>14</sup>

In November 2016, the Secretary of State for Health, Jeremy Hunt, announced a new target of reducing gram-negative bloodstream infections by 2020. The plans included the following actions:

- more money for hospitals making the most progress in reducing infection rates with a new £45 million quality premium
- independent Care Quality Commission (CQC) inspections focusing on infection prevention based on E. coli rates in hospitals and in the community, and taking action against poor performers
- the NHS publishing staff hand hygiene indicators for the first time
- displaying E. coli rates on wards, making them visible to patients and visitors in the same way that MRSA and C. difficile are currently
- improving training and information sharing so NHS staff can learn from the best in cutting infection rates
- appointing a new national infection lead, Dr Ruth May<sup>15</sup>

The Department reported at the same time that action in infection control since 2010 has resulted in a 57% reduction in MRSA and a 45% reduction in C.difficile infections.<sup>16</sup>

In March of that year, NHS Improvement [announced](#) an ambition to halve healthcare associated Gram-negative blood stream infections by March 2021. In May 2017, NHS Improvement published its resource: [Preventing healthcare associated Gram-negative bacterial bloodstream infections](#). This includes suggested actions across the whole of the healthcare sector, including for NHS Clinical Commissioning Groups (CCGs) in providing leadership to deliver a "Quality Premium" which is in place from April 2017 for two years to reduce all E.coli bloodstream infections by 10% in Year 1.<sup>17</sup>

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<sup>14</sup> Commons Library briefing CBP-8141, [Antimicrobial resistance](#), November 2017

<sup>15</sup> Department of Health, [News story: Reducing infections in the NHS](#), 10 November 2016

<sup>16</sup> *Ibid.*

<sup>17</sup> Public Health England and NHS Improvement, [Preventing healthcare associated Gram-negative bacterial bloodstream infections](#), May 2017, p9



In November 2017, PHE published its professional guidance for the whole health and social care system to help achieve these aims: [Health matters: prevention infections and reducing antimicrobial resistance](#). This reports that there is also a Government target to reduce “inappropriate antimicrobial prescribing by 50% by 2021.”<sup>18</sup>

## Antimicrobial resistance

Antimicrobial resistance (AMR) is a significant and increasing threat to public health globally. It is estimated that in the US and Europe alone, antimicrobial-resistant infections currently cause at least 50,000 deaths per year with hundreds of thousands more dying in other areas of the world.<sup>19</sup>

The UK Government has played a significant role in the ongoing international work on antimicrobial resistance. This has included initiating the AMR review, which reported in May 2016 and made 10 recommendations on tackling AMR globally.<sup>20</sup>

In September 2013 the Government launched its [5 Year Antimicrobial Resistance Strategy](#). This set out actions to tackle antimicrobial resistance, following the case for action in the 2013 Chief Medical officer report. The Strategy identified antibiotic resistance as the greatest concern but aimed to slow the spread and development of AMR as a whole through three strategic aims:

- Improved knowledge and understanding of AMR;
- Ensuring existing treatments stay effective; and
- New therapies.

The Strategy takes a ‘one health’ approach: addressing AMR in humans, animals and the environment. A number of Government departments and agencies are involved in the strategy, which is led by PHE, the Department of Health and the Department for Environment, Food and Rural Affairs (Defra).

A high level steering group that includes NHS England, NICE, and the Medicines and Healthcare Products Regulatory Agency (MHRA) is responsible for leading on the strategy. In addition, [the Advisory Committee on Antimicrobial Prescribing, Resistance and Healthcare Associated Infection \(ARHAI\)](#) provides scientific advice to support delivery of the AMR strategy.

The Strategy proposes to achieve its aims via seven key areas for future action:

- 1 Improve infection prevention and control practices in human and animal health
- 2 Optimise prescribing practices
- 3 Improve professional education, training, and public engagement

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<sup>18</sup> Public Health England, [Health matters: prevention infections and reducing antimicrobial resistance](#), November 2016

<sup>19</sup> World Health Organisation, [Factsheet: Antimicrobial resistance](#), updated November 2017

<sup>20</sup> Review on antimicrobial resistance, [Infection prevention control and surveillance: limiting the development and spread of drug resistance](#), May 2016

- 4 Develop new drugs, treatments and diagnostics
- 5 Better access to and use of surveillance data 6 Better identification and prioritisation of AMR research needs
- 6 Strengthen international collaboration<sup>21</sup>

Further information on the strategy is available on the [Antimicrobial Resistance \(AMR\) Collection webpage](#). For more information on the topic in general, see the Commons Library paper, [Antimicrobial resistance](#), published in November 2017.

## 1.5 Infection prevention and control in Scotland

The NHS Scotland National Infection Prevention and Control Manual (NIPCM) was first published on 13 January 2012, by the Chief Nursing Officer, and updated on 17 May 2012.

The NIPCM provides guidance to all those involved in care provision and should be adopted for infection prevention and control practices and procedures. The national manual is mandatory for NHS Scotland, and in all other care settings it is considered “best practice”.

The manual aims to:

- Make it easy for care staff to apply effective infection prevention and control precautions.

- Reduce variation and optimise infection prevention and control practices throughout Scotland.

- Help reduce the risk of Healthcare Associated Infection.

- Help align practice, monitoring, quality improvement and scrutiny.<sup>22</sup>

In 2016 the Scottish Government developed and published a [5 Year Strategic Framework \(2016-2021\)](#), commissioned by the Scottish Antimicrobial and Healthcare Associated Infection (SARHAI) Strategy to realise the “2021 Vision”: “To prevent avoidable Healthcare Associated Infection; To stop spread; To contain Antimicrobial Resistance”.<sup>23</sup> This is in addition to the Scottish Government’s [Scottish Management of Antimicrobial Resistance Action Plan 2014-18](#), published July 2014 which listed a number of actions for health services in Scotland to take forward in the light of emerging issues around antimicrobial resistance.<sup>24</sup>

The Scottish Government’s [Local Delivery Plan \(LDP\) Standard for HAIs](#) provide professional and clinical guidance in reducing HAIs in hospitals and other care settings in order to ensure safe and effective care. The standard is to maintain an infection rate of *staphylococcus aureus bacteraemia* (SAB), including MRSA, of 0.24 or less per 1,000 acute occupied bed days across all Scottish NHS Boards. In the reporting year ending December 2017, this rate was reported to have been 0.33 per 1,000 acute occupied bed days.

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<sup>21</sup> Department of Health and Department for Environment Food and Rural Affairs, [UK five year antimicrobial resistance strategy 2013 to 2018](#), September 2013

<sup>22</sup> NHS National Services Scotland, [National Infection Prevention and Control Manual](#), 2016

<sup>23</sup> Scottish Government, [AMR/HAIs 5 Year Strategic Framework \(2016-2021\)](#), October 2016

<sup>24</sup> Scottish Government, [Scottish Management of Antimicrobial Resistance Action Plan 2014-18](#), July 2014

## 1.6 Infection prevention and control in Wales

Public Health Wales (PHW) is responsible for establishing and producing national policy and guidance on preventing and controlling HAIs across the NHS in Wales.

In 2012, PHW published their [Standard Infection Prevention and Control Precautions](#), which are intended for use by all staff in all care settings in Wales. Further guidance can be found on [this PHW webpage](#).<sup>25</sup>

The Welsh NHS Governance E-Manual provides the following information on this Standard ([13: Infection Prevention and Control and Decontamination](#)):

Organisations and services comply with legislation and guidance on IPC and decontamination, in order to:

- a) Eliminate or minimise the risk of healthcare associated and community acquired infections;
- b) Emphasise high standards of hygiene and reflect best practice;
- c) Support, encourage and enable patients, service users, carers, visitors and staff to achieve and maintain high standards of hygiene;
- d) Segregate, handle, transport and dispose of waste so as to minimise risks to patients, service users, carers, staff, the public and environment; and
- e) Handle human tissue and subsequently dispose of it appropriately and sensitively.<sup>26</sup>

In May 2014, the Welsh Government published its [Code of Practice](#) setting out the minimum necessary infection prevention and control arrangements for all NHS healthcare providers in Wales. It contains nine standards, all of which healthcare organisations are expected to meet in full. The publication of the Code marked a reinforcement and codification of “existing expectations” of NHS healthcare organisations in Wales, rather than an introduction of new standards.

The nine standards are:

Standard 1: Appropriate organisational structures and management systems for IPC must be in place.

Standard 2: The physical environment should be maintained and cleaned to a standard that facilitates IPC and minimises the risk of infection.

Standard 3: Suitable and accurate information on infections must be made available to service users, their visitors and the public.

Standard 4: Suitable, timely and accurate information on infections must be provided to any person concerned with providing further support or nursing/medical care when a service user is moved from one organisation to another or within the same organisation.

<sup>25</sup> Public Health Wales, [Standard Infection Control Precautions Policy](#), 2012

<sup>26</sup> NHS Wales, [Governance E-Manual, Standard 13: Infection Prevention and Control and Decontamination](#)

Standard 5: All staff employed to provide care in all settings are fully engaged in the process of IPC.

Standard 6: Adequate isolation facilities are provided to support effective IPC.

Standard 7: Policies on IPC must be in place and made readily accessible to all staff.

Standard 8: So far as is reasonably practicable, staff are free of and is protected from exposure to infections that can be acquired or transmitted at work.

Standard 9: All staff are suitably trained and educated in IPC associated with the provision of healthcare.<sup>27</sup>

## 1.7 Infection prevention and control in Northern Ireland

The Public Health Agency is responsible for infection prevention and control in Northern Ireland. It first produced a Regional Infection Prevention and Control Manual for Northern Ireland in 2008. This was reviewed subsequently in 2015 and it is [now available as an online manual](#).

It is designed to act as an evidence-based resource for healthcare workers in all professional groups and should be used in all healthcare settings. It is intended to complement existing infection and control policies in individual Health & Social care Trusts in Northern Ireland so as to achieve standardisation:

It is important that all members of staff have a clear understanding of their role in preventing the spread of infection. Staff should be familiar with the policies/guidelines and procedures that are in place to prevent and control infection and receive appropriate training and supervision. Records of Infection prevention & control training should be kept and used for updating and refresher courses should be considered. Courses should be mandatory and all staff, including nursing and medical staff, should attend.<sup>28</sup>

In January 2010, the then Department of Health, Social Service, and Public Safety (DHSSPS) published a strategic action plan for the prevention and control of HAIs in Northern Ireland: [Changing the Culture 2010](#). This built on a previous strategy published in 2006 and had a core aim:

Eliminate the occurrence of preventable healthcare-associated infections in all health and social care settings, and promote, strengthen and maintain public confidence and understanding.

This, in turn, was to be supported by five objectives:

1. Ensure that all health and social care settings provide a safe environment.
2. Ensure that effective HCAI surveillance programmes and systems to investigate clusters and adverse incidents and to share learning are in place.

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<sup>27</sup> Welsh Government, [Code of Practice for the Prevention and Control of Healthcare Associated Infections](#), May 2014

<sup>28</sup> Public Health Agency, [The Northern Ireland Regional Infection Prevention and Control Manual](#), 2015, Introduction, pp5-6

3. Renew the focus on antimicrobial resistance and antibiotic prescribing
4. Promote public knowledge, engagement and feedback; strengthen accountability to the public.
5. Use and undertake rigorous research to inform improvements in infection prevention and control.<sup>29</sup>

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<sup>29</sup> Northern Ireland Department of Health, Social Services and Public Safety, [Changing the Culture 2010](#), January 2010

## 2. Parliamentary material

### 2.1 Written Parliamentary Questions

- [NHS Trusts: Hygiene](#)

**Asked by:** Onwurah, Chi | **Party:** Labour Party

To ask the Secretary of State for Health and Social Care, for what reasons the deadline of the end of 2017 for Public Health England to publish data on hand gel usage in NHS trusts has not been met.

**Answering member:** Caroline Dinéage | **Party:** Conservative Party |  
**Department:** Department of Health and Social Care

We recognise the importance of this ambition. Public Health England (PHE) has carried out some initial analysis with available data, however, currently the data is incomplete and would not give a true reflection of usage of hand gel.

The Department is continuing to work with PHE and NHS Improvement to determine methods to obtain hand gel data and produce a hand hygiene indicator underlying the critical link between hygiene and infection prevention.

Preventing infections is a priority for the Secretary of State and the Department published a revised code of practice setting good practice on hand hygiene compliance and strengthened the Infection Prevention and Control and antimicrobial stewardship framework for healthcare providers. The Department is also working with our partners across the health and social care system, including the Care Quality Commission, to ensure that consideration of best practice in hand hygiene policies remains a focus of inspections in acute trusts.

19 Mar 2018 | Written questions | Answered | House of Commons | 132466

**Date tabled:** 14 Mar 2018 | **Date for answer:** 19 Mar 2018 | **Date answered:** 19 Mar 2018

- [Antibiotics: Drug Resistance](#)

**Asked by:** Hollinrake, Kevin | **Party:** Conservative Party

To ask the Secretary of State for Health and Social Care, when his Department plans to publish a new five year AMR Strategy, and whether that strategy will include best practice on infection prevention and control, including hand hygiene compliance.

**Answering member:** Steve Brine | **Party:** Conservative Party | **Department:** Department of Health and Social Care

The current five year United Kingdom Antimicrobial Resistance (AMR) strategy was published at the end of 2013. Work is underway to consider the priorities and focus for a refreshed strategy and national action plan for publication at the end of 2018. The refreshed strategy will continue to focus on preventing infections as one of its key pillars.

The current AMR programme has an ambition to halve healthcare associated Gram-negative blood stream infections by 2020/2021. NHS Improvement leads this work and has included hand hygiene in its work programme for 2018/19 in support of the ambition. As part of our work on the refreshed strategy, we will consider how to make best use of evidence-based and cost-effective technology.

We are working with our partners across the health and social care system, including the Care Quality Commission, to ensure that consideration of best practice in hand hygiene policies remains a focus of inspections in acute trusts.

16 Mar 2018 | Written questions | Answered | House of Commons | 132264

- [Hospitals: Hygiene](#)

**Asked by:** Jenkyns, Andrea | **Party:** Conservative Party

To ask the Secretary of State for Health, what progress his Department has made on implementing his Department's policy to publish a hand hygiene indicator for NHS Trusts; and whether he plans to include publication of such an indicator in the forthcoming draft Patient Safety Bill.

**Answering member:** Steve Brine | **Party:** Conservative Party | **Department:** Department of Health

The Department is working with NHS Improvement and Public Health England on progressing this policy as part of the programme to improve infection prevention and control and to halve healthcare-associated Gram-negative bloodstream infections by 2021.

Details of the draft Patient Safety Bill will be published later this year.

20 Jul 2017 | Written questions | Answered | House of Commons | 5240

**Date tabled:** 17 Jul 2017 | **Date for answer:** 19 Jul 2017 | **Date answered:** 20 Jul 2017

- [Hospitals: Hygiene](#)

**Asked by:** Shannon, Jim | **Party:** Democratic Unionist Party

To ask the Secretary of State for Health, what steps the NHS is taking to disseminate guidance on the benefits to hygiene of people in hospitals washing their hands.

**Answering member:** Mr Philip Dunne | **Party:** Conservative Party | **Department:** Department of Health

Hand hygiene policies are a local responsibility, however, guidance and central support are available. For example, The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance, which all providers in England must take account of, covers hand hygiene. The Code is available at:

<https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance>

In addition, the National Institute for Health and Care Excellence quality standard on Infection Prevention and Control, which is endorsed by NHS England, the Royal Colleges and other professional bodies, includes a quality statement on hand decontamination. The statement is available at:

<https://www.nice.org.uk/guidance/qs61/chapter/Quality-statement-3-Hand-decontamination>

10 Feb 2017 | Written questions | Answered | House of Commons | 63423

**Date tabled:** 07 Feb 2017 | **Date for answer:** 09 Feb 2017 | **Date answered:** 10 Feb 2017

- [Hospitals: Infectious Diseases](#)

**Asked by:** Sheerman, Mr Barry | **Party:** Labour Party · Cooperative Party

To ask the Secretary of State for Health, what steps his Department is taking to educate people on the importance of hand-sanitising products in the prevention of infection in hospitals.

**Answering member:** Mr Philip Dunne | **Party:** Conservative Party | **Department:** Department of Health

The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance sets 10 compliance criteria to manage healthcare associated infections. This includes one covering infection prevention and control which refers to hand hygiene and recommends that providers undertake hand hygiene audits. The Care Quality Commission will monitor a registered provider on how it complies with these requirements.

NHS England Sign up to Safety is a national initiative to help National Health Service organisations and their staff achieve their patient safety aspirations, and care for their patients in the safest way possible. The World Health Organization leads the 'Save Lives: Clean Your Hands' campaign on 5 May each year. This is a global campaign which serves as a call to action for healthcare workers to improve hand hygiene. To coincide with this, on 5 May 2016, NHS England Sign up to Safety ran a promotion to remind staff of the important role of hand hygiene at the point of care:

<https://www.england.nhs.uk/signuptosafety/2016/05/05/claire-kilpatrick-julie-storr/>

Public Health England operates a free health education resource called e-Bug, which aims to reduce antibiotic resistance by helping children and young people understand infections and antibiotic use. Hand hygiene is included in this teaching tool:

<http://www.e-bug.eu/>

17 Oct 2016 | Written questions | Answered | House of Commons | 47067

**Date tabled:** 07 Oct 2016 | **Date for answer:** 11 Oct 2016 | **Date answered:** 17 Oct 2016

- [MSSA](#)

**Asked by:** Mills, Nigel | **Party:** Conservative Party



To ask the Secretary of State for Health, what assessment his Department has made of potential links between hand hygiene compliance levels across the NHS and rates of MSSA bacteraemia in 2015.

**Answering member:** Ben Gummer | **Party:** Conservative Party |

**Department:** Department of Health

Tackling healthcare associated infections is complex and requires a strong patient safety system that integrates cleanliness, infection prevention and control and antibiotic use. Hand hygiene is an important component and we continuously review and enhance national measures, systems and guidance. For example hand hygiene references in *The Health and Social Care Act 2008 Code of Practice for prevention and control of infections and related guidance*, were strengthened when it was revised in 2015. It will also form part of forthcoming guidance on reducing Gram negative infections such as E. coli.

Auditing of hand hygiene is a local responsibility and information on hand hygiene compliance is not collected centrally. Therefore, no national assessment has been made of the potential links between hand hygiene compliance levels and the above infections.

09 Jun 2016 | Written questions | Answered | House of Commons | 38735

**Date tabled:** 26 May 2016 | **Date for answer:** 06 Jun 2016 | **Date answered:** 09 Jun 2016

- [Hospitals: Hygiene](#)

**Asked by:** Jenkyns, Andrea | **Party:** Conservative Party

To ask the Secretary of State for Health, with reference to page 23 of the final report of the Review on Antimicrobial Resistance, published in May 2016, what steps his Department is taking to address the substantial evidence gaps relating to effectiveness and cost-effectiveness of new technologies for improving hygiene.

**Answering member:** Ben Gummer | **Party:** Conservative Party |

**Department:** Department of Health

Auditing to improve hand hygiene and ensuring appropriate use of technology are important local responsibilities which contribute to improving the quality of care. However, tackling healthcare associated infections is complex and requires a strong patient safety system that integrates cleanliness, infection prevention and control and antibiotic use and addresses them all.

To help the National Health Service improve infection prevention and control we continuously review and enhance national measures, systems and guidance. For example, reducing infections is part of the Guidance for the NHS on Sustainability and Transformation Plans. Antimicrobial resistance was added to Public Health England's (PHE) Fingertips data system in April to enable easier monitoring and benchmarking against other organisations. PHE's Rapid Review Panel assesses new products and technologies aiming to reduce infections and in addition the Department's National Institute for Health Research (NIHR) welcomes funding

applications for research into any aspect of human health, including hygiene.

The NIHR also supports research infrastructure in the NHS including Diagnostic Evidence Co-operatives which generate evidence on diagnostic medical devices that have the potential to lead to improvements in healthcare services and the quality of life of NHS patients. Two of these, based at Imperial and Newcastle, focus part of their work on clinical areas relevant to infection.

06 Jun 2016 | Written questions | Answered | House of Commons | 38543

**Date tabled:** 25 May 2016 | **Date for answer:** 06 Jun 2016 | **Date answered:** 06 Jun 2016

- [E. coli](#)

**Asked by:** Madders, Justin | **Party:** Labour Party

To ask the Secretary of State for Health, what steps his Department is taking to address increases in the rate of E.coli infection.

**Answering member:** Ben Gummer | **Party:** Conservative Party | **Department:** Department of Health

There is no simple solution to reducing infections in hospitals or the wider health economy. Thus as part of implementation of the UK 5 Year Antimicrobial Resistance Strategy 2013 – 2018, a wide ranging programme of work is already underway to reduce the incidence of infections. The Strategy is available at:

<https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018>

Plans are in hand to strengthen local leadership and reporting to support the drive to reduce healthcare associated infections. There are national evidence based guidelines for preventing healthcare associated infections and local and national surveillance to help us identify areas where more focused attention and effort is needed are part of this programme. Our expert scientific advisory committee is currently evaluating relevant data to identify interventions that can be used to reduce infections such as *Escherichia coli* blood stream infections.

In addition a new indicator will bring together data into one website to help the National Health Service understand that cleanliness, infection prevention and control and antibiotic usage are linked issues which require urgent coherent action. This will support our aim of ensuring local delivery and more information will be in the second Strategy progress report due to be published in the spring.

05 Feb 2016 | Written questions | Answered | House of Commons | 25408

**Date tabled:** 02 Feb 2016 | **Date for answer:** 05 Feb 2016 | **Date answered:** 05 Feb 2016

## 2.2 Oral Parliamentary Questions

- [Engagements](#)

**Asked by:** Andrea Jenkyns (Morley and Outwood) (Con) | **Party:** Conservative Party

Last Tuesday, I attended an infection prevention and control summit that highlighted the great work done by the Department of Health, the NHS and other organisations dramatically to decrease MRSA infection rates, yet also raised the growing threat of E. coli and sepsis. Will my right hon. Friend join me in commending such events and outline the Government's strategy for combatting superbugs?

**Answered by:** The Prime Minister | **Party:** Conservative Party | **Department:** Prime Minister

I absolutely join my hon. Friend, who raises a very important issue, in commending such events. It true that the DOH, Public Health England and the NHS are doing vital work to decrease infection rates. We have already seen some very good results—a 57% reduction in MRSA bloodstream infections since 2010 and a 47% reduction in C. diff infections—but of course there is more to do, which is why we are setting bold objectives to halve gram-negative blood infections by 2020, and why last week we announced a new national infection lead to champion and oversee this effort. This is an important issue and I am grateful to my hon. Friend for raising it.

16 Nov 2016 | Prime Minister's questions - Supplementary | Answered | House of Commons | House of Commons chamber | 617 c233

**Date answered:** 16 Nov 2016

## 2.3 Parliamentary Debates

- [Hand Hygiene: NHS](#) (HC Deb 13 January 2016 cc395-412WH)

### 3. Press articles and notices

[New RCN guidance calls on nurses to consider when use of gloves is appropriate](#)

**Nursing Times, 26 April 2018**

[RCN introduces new infection prevention course](#)

**Nursing Notes, 8 April 2018**

[Infection-cutting surgical suture and catheter fixer to be fast-tracked for NHS use](#)

**Nursing Times, 9 April 2018**

[Wards closed at two Welsh hospitals because of bug outbreak](#)

**Wales Online, 3 April 2018**

[Visiting at Inverness hospital suspended after norovirus outbreak](#)

**The Scotsman, 28 March 2018**

[Concerns as Northern Ireland ambulance bosses face hygiene sanctions](#)

**The Belfast Telegraph, 22 March 2018**

[Number of beds lost due to norovirus this winter highest for five years, warns RCN](#)

**Nursing Times, 8 March 2018**

[Prevention and control of influenza in an acute healthcare trust](#)

**Nursing Times, 5 February 2018**

[Reports on the infection prevention and control measures put in place by Nottingham University Hospitals in anticipation of the winter influenza virus]

[NHS Lanarkshire staff star in mini 'soap operas' encouraging good hygiene](#)

**Daily Record, 10 November 2017**

[Jeremy Hunt: Good infection control is a touchstone issue for the public](#)

**Nursing Times, 14 November 2017**

[Concern at rise in cases of deadly infection across Dumfries and Galloway](#)

**Daily Record, 10 October 2017**

[Prevention and control of the fungal pathogen Candida auris](#)

**Nursing Times, 9 October 2017**

[Welsh hospitals must tackle safety concerns, warns watchdog](#)

**BBC News, 27 September 2017**

[Reporting on Health Inspectorate Wales annual report]

[Reducing drug resistance through antimicrobial stewardship strategies](#)

**Nursing Times, 21 August, 2017**

[Drug-resistant 'Japanese fungus' infecting hospitals across the UK](#)

**Sky News, 15 August 2017**

[Japanese fungus spreading in UK hospitals](#)

**BBC News, 15 August 2017**

[Nurses too busy to receive training in hand hygiene](#)

**The Times Scotland, 10 August 2017**

[Report on claims made by senior charge nurses at Woodend Hospital in Aberdeen]

[Altnagelvin Hospital hit by sickness bug and staff shortages](#)

**BBC News, 27 July 2017**

[Specialist nurses warn of cuts to infection prevention services](#)

**Nursing Times, 2 June 2017**

[NHS Supply Chain creates new infection control frameworks](#)

**National Health Executive, 20 January 2017**

[Jeremy Hunt gives NHS hospitals extra cash to fight superbugs such as E.coli](#)

**Sky News, 6 November 2016**

## 4. Further reading

### 4.1 Commons Library publications

- Commons Library briefing CBP08141, [Antimicrobial resistance](#), November 2017
- Commons Library debate pack briefing CDP-2016-0004, [Hand hygiene in the NHS](#), 12 January 2016

### 4.2 Reports and guidance

- Health Protection Agency, [Health Care Associated Infection Operational Guidance and Standards for Health Protection Units](#), July 2012
- NICE, [Infection prevention and control Quality Standard \[QS61\]](#), April 2014
- Department of Health, [The Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance](#), July 2015
- Care Quality Commission, [Guidance for providers on meeting the regulations](#), March 2015
- H.P. Loveday et al., '[National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England](#)', *Journal of Hospital Infection* 86S1 (2014)
- Review on antimicrobial resistance, [Infection prevention control and surveillance: limiting the development and spread of drug resistance](#), May 2016
- NHS National Services Scotland, [National Infection Prevention and Control Manual](#), 2016
- Welsh Government, [Code of Practice for the Prevention and Control of Healthcare Associated Infections](#), May 2014
- Public Health Agency, [The Northern Ireland Regional Infection Prevention and Control Manual](#), 2015

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