NICE National Institute for Health and Care Excellence

# Appendix A: Summary of evidence from surveillance

## 2019 surveillance of healthcare-associated infections: prevention and control (2011) PH36

## Summary of evidence from surveillance

A mapping exercise was undertaken to determine whether PH36 could be stood down or not. The search initially began by looking for guidelines in this area, from which, 2 were identified: NICE guideline CG139 – HCAI: prevention and control in primary and community care and the EPIC 3 guidance, however a number of the statements could not be fully met by these products alone. A google search for key words found 10 further policy documents and legislation developed by PHE, UK government and DH covering various aspects of HCAI from board input to specific guidance on how to build with IPC in mind.

The mapping exercise examined the 93 evidence of achievements from the 11 QIS's in PH36 and aimed to find alternative guidance, policy or legislation that covered these areas. The individual 'evidence of achievement' statements for each quality improvement statement have been examined and where possible mapped to the following additional documents:

**Guidance**

- NICE guidance:
  - NICE guideline CG139 – HCAI: prevention and control in primary and community care (2012, reviewed 2017)
  - NICE guideline NG125 – surgical site infections: prevention and treatment (2019)
  - NICE guideline NG15 – antimicrobial stewardship: systems and processes for effective antimicrobial medicine use (2015, reviewed 2018)
  - NICE quality standard QS49 – surgical site infection (2013, updated 2019)
- EPIC 3 guidance (2014) DH commissioned, produced by University of West London
- Health matters: preventing antimicrobial resistance document (2017) PHE guidance
- Infection control in building projects guidance – HFN 30 (2002). Gov guidance

**Legislation**

- The Health and Social Care Act (2008) – IPC code of practice - DH
- The Health Protection (Notification) Regulations (2010) – government legislation

- Health protection unit operation guidance (2012), health protection notification regulations 2010

**Policy**

- Reducing healthcare-associated infections: from trust Board to Ward (2008)- DH best practice summary
- Clean, safe care (2007)– DH
- The national specifications for cleanliness in the NHS (2007) – NHS
- Patient-led assessments of the care environment (PLACE assessments) (reviewed 2019)– NHS digital
- Mandatory healthcare associated infection (HCAI) surveillance: data quality statement (updated 2018) PHE

Feedback from topic experts who advised us on the approach to this surveillance review, was considered to reach a view on the need to update each section of the guide.

# Quality improvement statement (QIS) 1: Board-level leadership to prevent HCAIs

## Statement

Trust boards demonstrate leadership in infection prevention and control to ensure a culture of continuous quality improvement and to minimise risk to patients.

## Surveillance proposal

This quality improvement statement should be retained.

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## 2019 surveillance summary

**Summary of mapping exercise**

The 13 evidence of achievement statements in QIS 1 have been mapped to the following documents:

- Board to Ward
  - This best practice summary details board level objectives such as 'implement and monitor a trust wide HCAI improvement strategy', which supports evidence of achievement statements 1, 4, 8 and 11-13. It outlines the responsibilities of a trust's board specifically in relation to the monitoring and prevention of HCAI, including communication, performance management, staff training and external engagement.

- Clean, safe care
  - Evidence of achievement statements 2, 3, 5, 6, 7, 9, 10, and 12 are supported by the clean, safe care guidance, which highlights the need for board led systems to be in place to ensure IPC is well managed. It also encourages boards to ensure there is a safe system of reporting available to staff regarding IPC but also for sharing local good practice. It also states that it is the responsibility of leaders in NHS organisations to ensure all staff are aware of their accountability and responsibility.
- Health and Social Care Act 2008
  - This legislation encourages regular presentations from the director of infection prevention and control (DIPC)/IPC team to the trust board to include antimicrobial resistance, prescribing and audit compliance.

### Intelligence gathering

Topic experts highlighted that more guidance on antimicrobial stewardship could be added to this QIS. Antimicrobial stewardship is covered by Antimicrobial stewardship: changing risk-related behaviours in the general population, NICE guideline NG63 and Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use NICE guideline NG15. Additionally, guidance on specific infections such as Carbapenemase Producing Enterobacteriaceae are outside the scope of this guide.

### Impact statement

Each of the 13 statements in QIS 1 are well supported by the above external documents, all of which were published prior to PH36, except for the Health and Social Care Act which was updated in 2015. However, some detailed areas such as the requirement for input from the DIPC and trust contributions to external learning were not fully covered by alternative sources of information. As such there is value in retaining QIS 1.

## Quality improvement statement 2: Be a learning organisation

### Statement

Trusts use information from a range of sources to inform and drive continuous quality improvement to minimise risk from infection.

### Surveillance proposal

This quality improvement statement should be retained.

## 2019 surveillance summary

**Summary of mapping exercise**

The 8 evidence of achievement statements in QIS 2 have been mapped to the following guidance:

- Board to Ward
  - This guidance supports EoA statements 1 and 2, highlighting the need for trust wide HCAI and environmental cleanliness data across all clinical settings, infection control team responsibilities including training and board responsibilities such as signing off monthly compliance reports and ensuring heads of departments are responsible for ward based HCAI performance.
- Clean, safe care
  - Partially covers information on staff competency training, HR support and innovation awards for HCAI research as covered by EoA 4 regarding trust promotion of a learning culture for IPC.
- Health and Social Care Act 2008 This partially covers hand hygiene audits, training and risk assessments as noted in evidence of achievement statements 2, 3, 4 and 6.
- Healthcare associated infection: operational guidance and standards for health protection units
  - This guidance supports statements 3, 5 and 7, encouraging learning from outbreak situations, importance of providers' internal surveillance systems and ensuring local systems are available to capture learning and significant incidents.
- EPIC 3 guidance
  - This guidance supports EoA's 2, 3, 4 and 6, including guidance on quality improvement systems, hand hygiene promotion, resources and adherence, training and risk assessments, and hand hygiene audit.

## Intelligence gathering

One topic expert suggested emphasising the use of hand hygiene audits in the evidence of achievement statements, however this is already covered by part of QIS 2 – practical examples which shows ways that the EoA statements can be met.

Other areas highlighted by topic experts include device minimisation strategies and audit of ongoing care for people with indwelling devices, however these are largely covered by Healthcare-associated infections: prevention and control in primary and community care, NICE guideline CG139, which is linked in the HCAI pathway.

## Impact statement

QIS 2 is well supported by external documents. Information was found to support all of the statements, however some were not comprehensively covered, such as the need for external learning for infection prevention and actions relating to outbreak incidents. As such there is value in retaining QIS 2.

# Quality improvement statement 3: HCAI surveillance

### Statement

Trusts have a surveillance system in place to routinely gather data and to carry out mandatory monitoring of HCAIs and other infections of local relevance to inform the local response to HCAIs.

### Surveillance proposal

This quality improvement statement should be retained.

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## 2019 surveillance summary

**Summary of mapping exercise**

The 14 evidence of achievement statements in QIS 3 have been mapped to the following guidance:

- Board to Ward
  - The Board to Ward guidance supports EoA 2 – evidence of clearly defined responsibilities for communication of surveillance outputs, advising that it is the boards responsibility to ensure HCAI data is signed off monthly.
- Clean, safe care
  - Guidance from clean, safe care was found to support EoA 1, detailing the importance of HCAI rates for informing decision making and action plans.
- Health and Social Care Act 2008
  - Data collection, as stated in EoA 4 and 5 was highlighted by the Health and Social Care Act 2008, which states a timely feedback mechanism should be in place with records of actions taken kept including post-discharge surveillance of surgical site infections. Dissemination of information (EoA 7), assurance frameworks (EoA 8) and trust actions (EoA9) are also consistent with guidance from the Health and Social Care Act 2008.
- Healthcare associated infection: operational guidance and standards for health protection units

- Evidence of surveillance systems that capture surgical site infections is included in this guidance, outbreaks can be identified from the surgical site infection surveillance scheme, and a checklist is in place for acute foundation trust surveillance systems.

- EPIC 3 guidelines for preventing healthcare-associated infections
  - This guidance provides information for EoA 13 – evidence of surveillance outputs being fed back to staff and stakeholders by giving a practical example, hand hygiene, and detailing the requirements such as healthcare worker adherence to policy and recommended audit intervals.

- Health Protection (Notification) Regulations 2010
  - This document also supports QIS 3 as it encourages collaborative working between medical, clinical and other directorates in order to ensure a joined up approach to HCAI.

### Intelligence gathering

Topic experts suggested adding surveillance of specific Gram-negative organisms as an example of organisms that are subject to mandatory reporting, however specific infections are outside the scope of this guide and are well covered by topic specific PHE toolkits.

### Impact statement

QIS 3 is supported by a large amount of external policy, legislation and guidance, with information found for 12 of the 14 statements. This includes information that was published before PH36 and guidance that was published or updated after. No information could be found to support EoA 3 or 11. If QIS 3 was to be stood down, guidance on arrangements for regular review of surveillance programmes, meeting trusts quality improvement targets, processes for surveillance to be included in accountability frameworks and using audit priorities to set quality improvement objectives for HCAI would not be covered elsewhere. As such there is value in retaining QIS 3.

## Quality improvement statement 4: Workforce capacity and capability

### Statement

Trusts prioritise the need for a skilled, knowledgeable and healthy workforce that delivers continuous quality improvement to minimise the risk from infections. This includes support staff, volunteers, agency/locum staff and those employed by contractors.

### Surveillance proposal

This quality improvement statement should be retained.

## 2019 surveillance summary

**Summary of mapping exercise**

The 11 evidence of achievement statements in QIS 4 have been mapped to the following guidance:

- Health and Social Care Act 2008
  - The majority of the guidance in QIS 4 is consistent with that of the Health and Social Care Act 2008. Areas covered include staff responsibilities, principles and practices of IPC, appropriate and ongoing staff education, documentation of IPC responsibilities (in job description or personal development plan) and the provision of occupational health services, specifically in respect of blood borne viruses.
- EPIC 3 guidelines
  - This guidance supports EoA 3, documenting the need for hand hygiene adherence and highlighting the steps to good hand hygiene.
- Health matters: preventing infections and reducing antimicrobial resistance
  - The PHE Health Matters document provides guidance to support EoA 2 on safe staffing levels, workload and capacity in relation to IPC, particularly for blood stream infections.

## Intelligence gathering

One topic expert suggested adding seasonal influenza vaccination to the practical examples section, however infection specific information is outside the scope of this guide. Staff vaccination is likely to be covered by trust occupational health and safety teams, as documented in EoA 11. Topic experts also suggested broadening the description of staff to include contractors and facilities staff, rather than suggesting it is only applicable to clinical staff, the statement currently includes all staff working in clinical areas, which would include any domestic or estates staff who are required to be in these areas.

## Impact statement

QIS 4 is heavily supported by the Health and Social Care Act 2008, however detailed guidance regarding workforce planning informed by HCAI outcomes could not be found outside of NICE quality improvement guide PH36. As such there is value in retaining QIS 4.

# Quality improvement statement 5: Environmental cleanliness

### Statement

Trusts ensure standards of environmental cleanliness are maintained and improved beyond current national guidance.

## Surveillance proposal

This quality improvement statement should be retained.

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## 2019 surveillance summary

**Summary of mapping exercise**

The 8 evidence of achievement statements in QIS 5 have been mapped to the following guidance:

- Health and Social Care Act 2008
  - The decontamination policy detailed in this legislation supports the QIS 5 statements for environmental cleanliness, accessible local policies and regular, appropriate decontamination training.
- The National Specifications for Cleanliness in the NHS
  - This policy is consistent with the majority of EoA statements in QIS 5. This includes broadly covering trust standards of cleanliness that is beyond current national guidance, enhanced quality systems, clear objectives for improvement and evidence of clear local policies for environmental decontamination. It also details specifications for audit and monitoring, timeframes, cleaning critical areas, frequency of cleaning, compliance with IPC policies, good personal hygiene and adherence to decontamination policies.
- EPIC 3 guidelines for preventing healthcare-associated infections
  - Additionally, QIS 5 is supported by the Epic 3 guidance covering evidence of regular training, hand hygiene resources and adherence.
- PLACE assessments – NHS digital
  - EoA 8 is also supported by the use of patient-led assessments of the care environment which aim to encourage environmental cleanliness.

## Intelligence gathering

Several topic experts felt that some of the EoA statements could be further developed to provide more detailed information such as including local ownership of clean environments, defining ward and department managers roles, colour coding of cleaning materials, and encouraging regular review of new cleaning technologies (such as HPV/UV). Defining roles, responsibilities and accountability for clearly defined cleaning policies is already included in QIS 5 – practical examples, which lists ways to meet the EoA statements. New and emerging technologies are covered by QIS 11. One topic expert also highlighted the importance of reporting the results of surveillance outputs which is currently referenced in QIS 1 and 2.

## Impact statement

This QIS is well supported by the above guidance, documents and legislation, with information found for all statement's. Some of the EoA's could only be partially covered by the above information, and as such if this QIS was to be stood down, guidance would not be easily available for local monitoring of cleanliness during an outbreak investigation and outbreak feedback to domestic staff. As such there is benefit in retaining this QIS.

# Quality improvement statement 6: Multi-agency working to reduce HCAIs

### Statement

Trusts work proactively in multi-agency collaborations with other local health and social care providers to reduce risk from infection.

### Surveillance proposal

This quality improvement statement should be retained.

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## 2019 surveillance summary

**Summary of mapping exercise**

The 8 evidence of achievement statements in QIS 6 have been mapped to the following guidance:

- Clean, safe care
  - This guidance supports EoA 1 and 2, which encourages leaders in NHS organisations to take responsibility and be accountable for HCAI prevention and management. It also emphasises that leaders in primary care trusts should not only be responsible for their own trust's outcomes, but also lead on HCAI prevention in their area, such as coordinating best practice and supporting commissioners.
- Health and Social Care Act 2008
  - The Health and Social Care Act supports EoA 3, 5 and 7, giving information on dissemination of information, facilitating optimal management of infections including in the wider community, appropriate management and monitoring arrangements, ensuring sufficient resources for HCAI prevention and movement of service users in relation to their infection status.
- Healthcare associated infection: operational guidance and standards for health protection units (HPU's)

- EoA 3 and 8 mapped to the HPU operational guidance, which provided information on standards for best practice, understanding of mandatory surveillance data, proactive investigation support and case-based surveillance systems. Evidence could not be found for EoA 4 or 6, which detail timely sharing of risk assessments, strategic efforts to minimise harm from infection, working with other agencies and support for joint local HCAI prevention strategies.

### Intelligence gathering

Topic experts suggested that clearer actions for residential homes could be included, however this is outside the scope of PH36. One topic expert also suggested the guidance on cross sector working should be strengthened, particularly in relation to reducing Gram-negative infections, however this is out of scope for PH36 and largely covered by the PHE Carbapenemase Producing Enterobacteriaceae toolkit.

### Impact statement

This QIS is well supported by 2 documents that were published before PH36, but also the HPU guidance which was published in 2012. However, no alternative source of information could be found to support EoA 4 or 6. If this QIS was to be stood down, there would be gaps relating to implementation of local strategy for HCAI, achieving shared targets and timely sharing of information and strategic efforts to minimise harm from infection. As such there is value in retaining QIS 6.

## Quality improvement statement 7: Communication

### Statement

Trusts ensure there is clear communication with all staff, patients and carers throughout the care pathway about HCAIs, infection risks and how to prevent HCAIs, to reduce harm from infection.

### Surveillance proposal

This quality improvement statement should be retained.

### Editorial amendments

Add the following text to evidence of achievement 1:

Evidence of mechanisms to ensure transparent communication of all relevant surveillance outputs to staff and patients in line with duty of candour requirements.

## 2019 surveillance summary

**Summary of mapping exercise**

The 8 evidence of achievement statements in QIS 7 have been mapped to the following guidance:

- Board to Ward
  - The Board to Ward guidance highlights the importance of infection control data and to use the data to inform action plans, which is supportive of EoA 1 regarding mechanisms for transparent communication.
- Clean, safe care
  - Section 3 contains information on reducing infection along the patient journey, this is complimentary to EoA 8 which gives advice on ensuring an open dialogue with patients and carers regarding the risk of HCAI and how to prevent them.
- Healthcare associated infection: operational guidance and standards for health protection units
  - Provides information on the importance of internal surveillance systems, and the support provided by health protection teams, which is complementary to EoA 1
- EPIC 3 guidelines for preventing healthcare-associated infections
  - This guidance highlights the importance of local education programmes, patient and relative information and opportunities for patient hand hygiene as covered by EoA's 3-6.
- NICE guidance
  - A number of existing NICE guidelines support the EoA statements in this QIS, such as guidance on surgical site infections (NICE guideline NG125), antimicrobial stewardship (NICE guideline NG15) and HCAI in primary and community care (CG139).
  - These guidelines provide information on ensuring consistent patient and carer information is provided (EoA 2), hand hygiene information for patients and carers (EoA 5), use of personal protective equipment, long-term use of urinary catheters and indwelling devices, wound care and how to recognise a surgical site infection (EoA 4-6). These guidelines all contribute to the education and provision of information for patients and carers to ensure they are able to make informed decisions about their care and know how and when to seek help following discharge from hospital.

## Intelligence gathering

One topic expert suggested that the duty of candour requirements be added to QIS 7 which will actioned as an editorial amendment to EoA 1.

## Impact statement

QIS 7 was well supported by both external information and additional NICE guidance, with several publications covering each EoA statement. Despite this, some areas were found to only be covered by PH36, if PH36 or QIS 7 were to be stood down, guidance on feeding back information to patients including the need for transparent communication would not be found elsewhere. As such there is value in retaining QIS 7.

# Quality improvement statement 8: Admission, discharge and transfer

### Statement

Trusts have a multi-agency patient admission, discharge and transfer policy which gives clear, relevant guidance to local health and social care providers on the critical steps to take to minimise harm from infection.

### Surveillance proposal

This quality improvement statement should be retained.

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## 2019 surveillance summary

**Summary of mapping exercise**

The 5 evidence of achievement statements in QIS 8 have been mapped to the following guidance:

- Board to Ward
  - The Board to Ward guidance together with NICE guideline NG25 and Epic 3 provide detailed information on ensuring advice given to patients on antimicrobial use and their ongoing care is clear, easily understood, and the risks of both antibiotic use and HCAI's are explained fully, which supports EoA 4
- Healthcare associated infection: operational guidance and standards for health protection units
  - The HPU operational guidance provides a large amount of information relating to EoA 2 and 3. This includes timely feedback of surveillance data, early detection of HCAI related infections, effectiveness of HCAI prevention interventions, importance of internal surveillance systems and the purpose of mandatory HCAI surveillance systems.
- EPIC 3 guidelines for preventing healthcare-associated infections

  - Epic 3 provides guidance on admission, discharge and transfer policies for patients with an infection, this is also described in the PHE Carbapenemase Producing Enterobacteriaceae toolkit, however this cannot be included in this review as individual infections are outside the scope of PH36. Epic 3 also details the requirements for patient discharge when an indwelling device is present and describes expectations for environmental hygiene such as terminal room cleaning, supporting EoA 1, 4 and 5.

- Mandatory healthcare associated infection (HCAI) surveillance
  - The PHE HCAI statement contains information that supports EoA 2 and 3, such as details about the requirements for mandatory surveillance of HCAI's, the use of data outputs to support and monitor progress and to inform patient choice via the NHS choices website.

- NICE guidance
  - NICE guideline NG15 (antimicrobial stewardship) supports EoA 4 – evidence of advice being given to patients on antimicrobial prescribing for their ongoing care. NG15 has 13 recommendations regarding antimicrobial prescribing and also details the requirement for discussing prescribing decisions with the patient
  - NICE guideline CG139 also details requirements for intravascular access devices, which complements EoA 5.

### Intelligence gathering

Topic experts highlighted that QIS 8 was the most appropriate place to highlight board compliance with the Carbapenemase-producing Enterobacteriaceae (CPE) toolkit, however as a specific infection this is outside the scope of the quality improvement guide. A topic expert also highlighted the importance having information in once place for the prevention of HCAI.

### Impact statement

The information found at this review supports this QIS. Information was found from a number of sources for all EoA's and no gaps in the evidence were identified. This QIS should be retained as it brings together all relevant information about admission, discharge and transfer approaches to minimise HCAI in one accessible place. As such there is value in retaining QIS 8.

## Quality improvement statement 9: Patient and public involvement

### Statement

Trusts use input from local patient and public experience for continuous quality improvement to minimise harm from HCAIs.

## Surveillance proposal

This quality improvement statement should be retained.

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## 2019 surveillance summary

**Summary of mapping exercise**

The 6 evidence of achievement statements in QIS 9 have been mapped to the following guidance:

- Board to Ward
  - The Board to Ward document details trust objectives such as ensuring robust communication, increasing internal staff awareness and public confidence of infection control measures within the trust, supporting EoA 6.
- Clean, safe care
  - The clean, safe care guidance details NHS accountability and hospital environmental cleanliness. It also provides guidance on patient and public involvement in quality improvement and perception of IPC in the hospital setting, such as regular updates from the trust board, supporting EoA 2.
- Health and Social Care Act 2008
  - The Health and Social Care Act details information and education required for service users and their visitors and encourages the reporting of concerns and adherence to IPC policies. This supports EoA 3 in that the Health and Social Care Act promotes using a variety of information sources and participation methods such as for the management of outbreaks and incidents in order to prevent reoccurrence.
- EPIC 3 guidelines for preventing healthcare-associated infections
  - Epic 3 provides detailed guidance on hand hygiene for patients and relatives, opportunities for hand hygiene and patient education for urinary catheters, which could support EoA 2 – involve patients in continuous quality improvement for infection control as it details a number of ways to promote infection control matters to patients.
- NICE guidance
  - NICE guideline CG139 provides guidance on patient and carer education for both hand decontamination and storage and handling of healthcare waste which supports EoA 2.

In addition to this, the Health and Social Care Act 2008 also describes how a registered provider should act in terms of communication of accurate information and provision of optimum care.

### Intelligence gathering

One topic expert suggested that in addition to the recommendation that a member of the trust board be involved with patient and public involvement, that the IPC team should also be required to engage in this process, however this is broadly covered by QIS 1 and 2.

### Impact statement

QIS 9 is well supported by a range of policy, legislation and guidance. These support the 4 of the 6 EoA statements, however no alternative source of information could be found for EoA 1 or 4 which relate to group demographics and board involvement in patient and public involvement activities for infection control. As such there is value in retaining QIS 9.

## Quality improvement statement 10: Trust estate management

### Statement

Trusts consider infection prevention and control when procuring, commissioning, planning, designing and completing new and refurbished hospital services and facilities (and during subsequent routine maintenance).

### Surveillance proposal

This quality improvement statement should be retained.

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### 2019 surveillance summary

**Summary of mapping exercise**

The 8 evidence of achievement statements in QIS 10 have been mapped to the following guidance:

- Board to Ward
  - Board to Ward detailed responsibilities for all staff levels from the trust board, infection control teams, and clinical directors to domestic staff, largely regarding training and adherence to local policy, supporting EoA 1.
- Clean, safe care
  - Supports EoA 5 with detailed information regarding the design of the hospital estate, this includes ensuring the environment is well designed to be easier to clean and maintain.
- Health and Social Care Act 2008

- This legislation supports EoA 6 by detailing the need for infection prevention involvement in estate management and ensuring that an estates staff representative is included in HCAI prevention teams.

- EPIC 3 guidelines for preventing healthcare-associated infections
  - Epic 3 provided a small amount of guidance that supported EoA 7 as it states that there must be regular training for healthcare workers in IPC

- HFN 30: Infection control in the built environment
  - HFN30 details considerations for infection control from the initial planning stages to construction, which supports EoA's 4 and 8. It includes planned preventative maintenance being in line with HCAI policies and ensuring understanding of HCAI is included in planning stages.

### Intelligence gathering

Topic experts raised several issues around this QIS. Further information for maintaining water systems and convening water safety groups was suggested, with a written action log to be available from the water safety group to ensure a plan was in place for any issues. Records of risk assessments for water storage tanks are included in QIS 10 – practical examples. Further information on water safety groups was found to be individualised in local trust policy rather than NICE guidance, most of which was based around the government Water management and water efficiency (HTM 07-04) guidance.

Other suggestions from topic experts included more detail around impact assessments for cleaning of clinical areas during a refurbishment, however this is broadly covered by other guidance listed above.

### Impact statement

This QIS has a large number of supporting guidance from various sources, published before and after the publication date of PH36. However, the guidance given in EoA 2 and 3 could not be found in any of the above documentation, as such gaps were found for evidence of infection control being considered during commissioning and installation of equipment and the training of non-clinical staff (such as estates staff or contractors) in infection control principles. As such there is value in retaining QIS 10.

## Quality improvement statement 11: New technology and innovation

### Statement

Trusts regularly review evidence-based assessments of new technology and other innovations to minimise harm from HCAIs and antimicrobial resistance.

## Surveillance proposal

This quality improvement statement should be retained.

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## 2019 surveillance summary

**Summary of mapping exercise**

The 4 evidence of achievement statements in QIS 11 have been mapped to the following guidance:

- Clean, safe care
  - This document supports EoA 1 and 3, it details information on innovations and highlights the available channels for identifying new and emerging technologies and ensuring the NHS can access new technologies without unnecessary delay.
- EPIC 3 guidelines for preventing healthcare-associated infections
  - This guidance supports EoA 1 and by providing information on hospital hygiene and emerging technology, it lists examples such as the use of hydrogen peroxide vapour for terminal room contamination following a confirmed case of Carbapenemase Producing Enterobacteriaceae. Further detail is available in the PHE Carbapenemase Producing Enterobacteriaceae toolkit, however specific infections are outside the scope of PH36.

## Intelligence gathering

Topic experts felt that QIS 11 focused on new technologies rather than research as a whole, and that more emphasis on IPC teams being involved in research could be added. This appears to be largely covered by EoA 4- examples of research funding and evidence of local arrangements to help individuals conduct relevant research.

## Impact statement

This QIS was well supported in some areas by other existing guidance, however, no alternative guidance could be found to cover EoA 2, which details the importance of dissemination of information and appropriate evaluation of new technologies, this was largely stated as 'refer to local policies'. There was also a lack of additional guidance to promote research into HCAI prevention, which is recommended by EoA 4. There is value in retaining QIS 11.