UK Health Security Agency

Healthcare associated infection- system approach and working in partnership

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Roles and responsibilities

- Healthcare associated infections (HCAIs) remain a preventable risk across health and care settings, arising from the spread of microorganisms in environments where patients are potentially vulnerable.
- Tackling HCAIs requires coordinated action across national, regional and local systems.
- While national bodies provide leadership and standards, local partners have to translate this into practical action through surveillance, provider support and targeted improvement work
- NHS England provides national leadership by setting infection prevention and control (IPC) standards, monitoring provider performance and analysing surveillance data supplied through UKHSA's mandatory reporting systems
- Integrated Care Boards (ICBs) hold system level responsibility for ensuring commissioned services meet statutory IPC requirements, improving provider performance, supporting outbreak response and embedding antimicrobial stewardship

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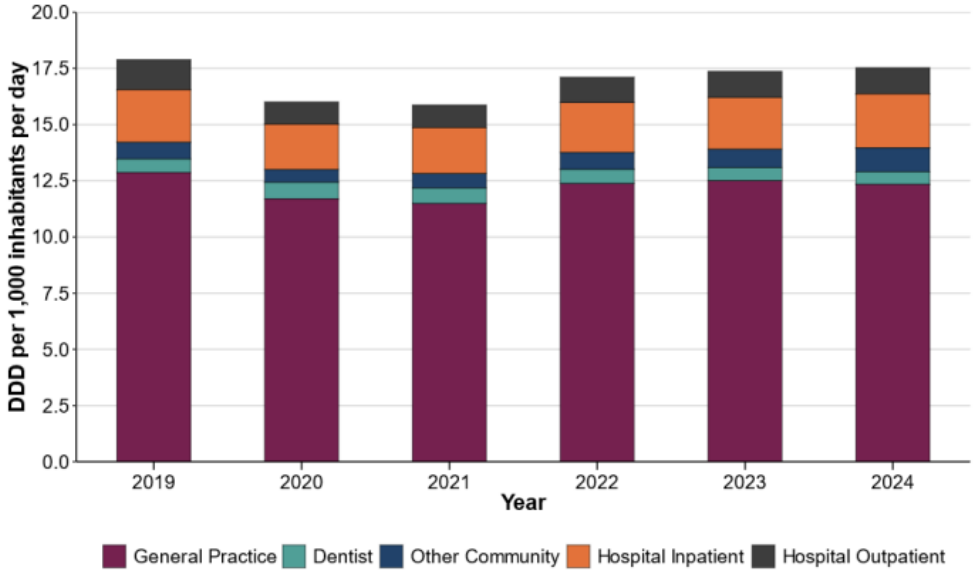
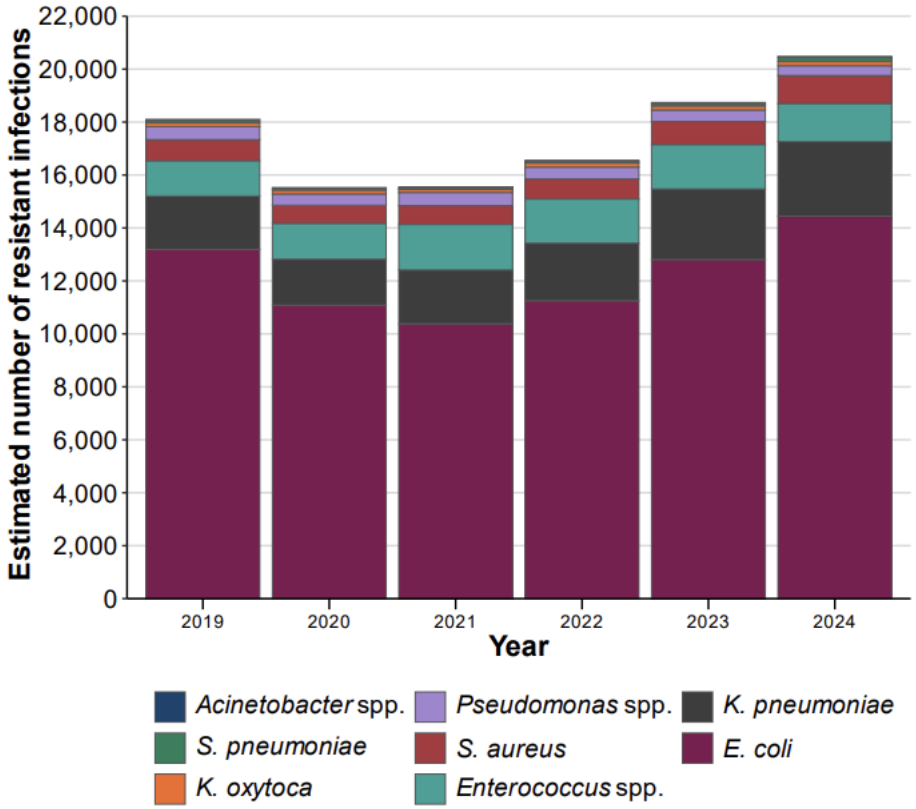
UKHSA roles and responsibilities

- UKHSA undertakes comprehensive national surveillance, collecting and analysing data on key organisms such as Clostridioides difficile, E. coli, Klebsiella, Pseudomonas aeruginosa and Staphylococcus aureus through mandatory reporting systems
- This information provides insight into where infections are occurring, how incidence is changing over time and the factors influencing these trends
- At a local level, healthcare organisations use this data to respond effectively to increased infection pressures and implement appropriate control measures
- Local health protection teams provide the link between local healthcare organisations and national experts where required
- UKHSA works with NHS England to produce evidence-based guidance for preventing and managing HCAIs in hospitals, social care settings and community services
- The agency also monitors antimicrobial resistance trends and supports responsible antibiotic use, recognising antimicrobial resistance as a significant and growing risk to effective healthcare.
- UKHSA also advances scientific understanding of infection transmission through research into environmental and behavioural factors that influence the spread of pathogens

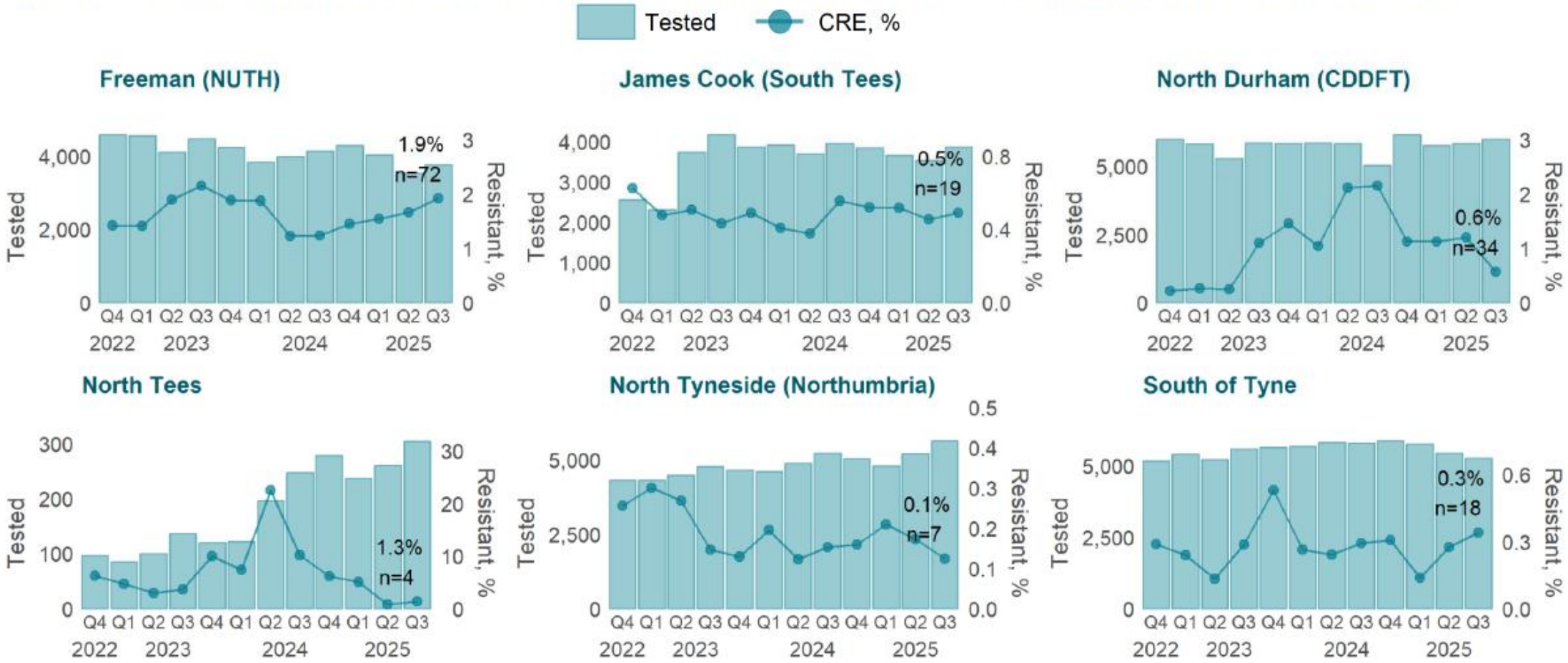
ESPAUR Report: total NHS antibiotic consumption and increasing burden of antibiotic resistant bacteraemia nationally





Antimicrobial resistance data: CPE

Figure 1: Number of Enterobacterales cases reported and proportion suspected by NHS laboratory and quarter, October 2022 to September 2025



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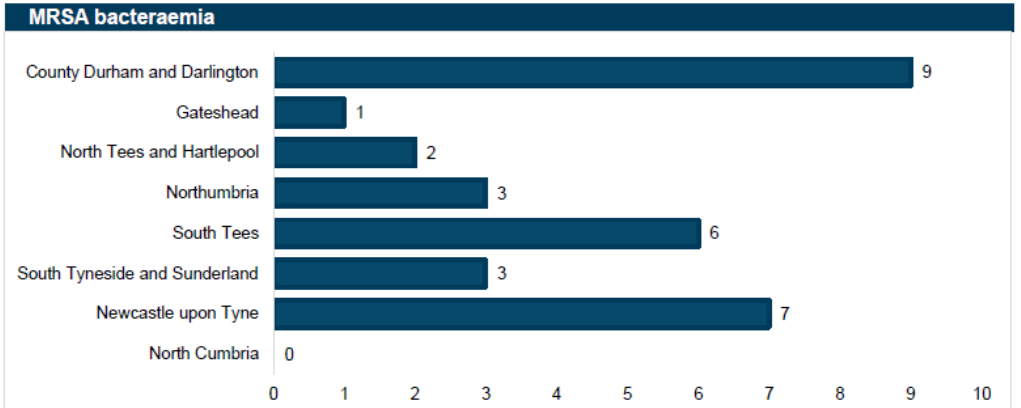
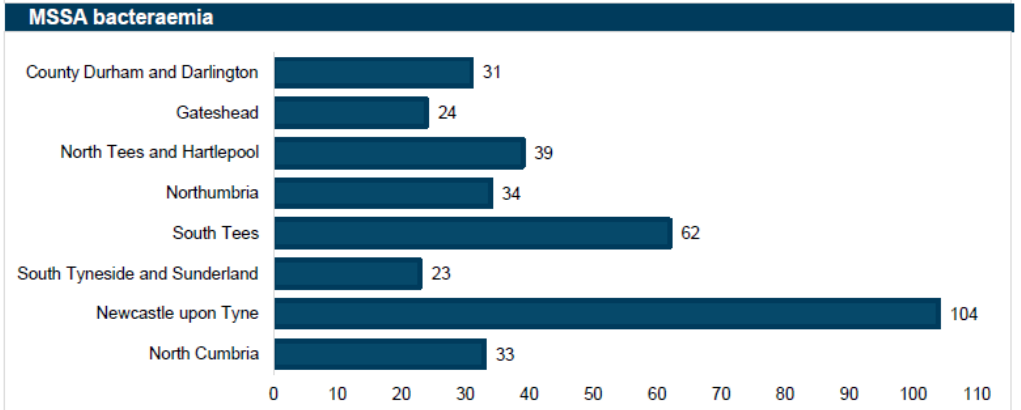
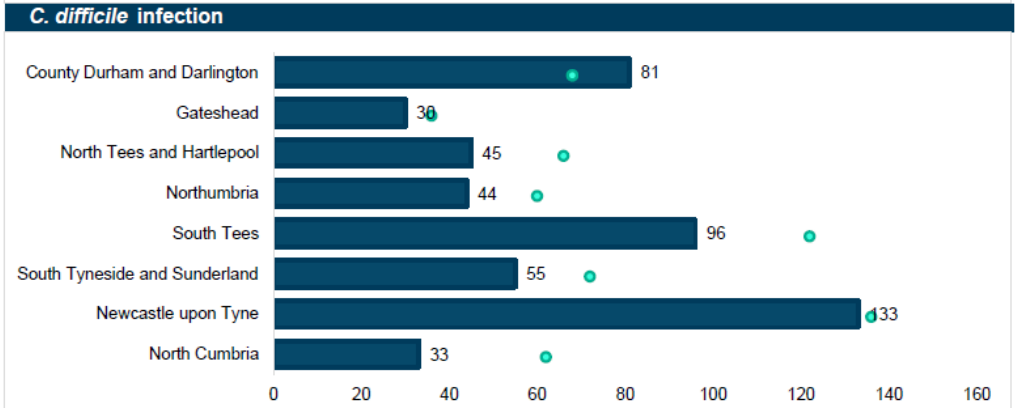
Surveillance data: MRSA, MSSA and C.difficile infection- 2025/26 to date







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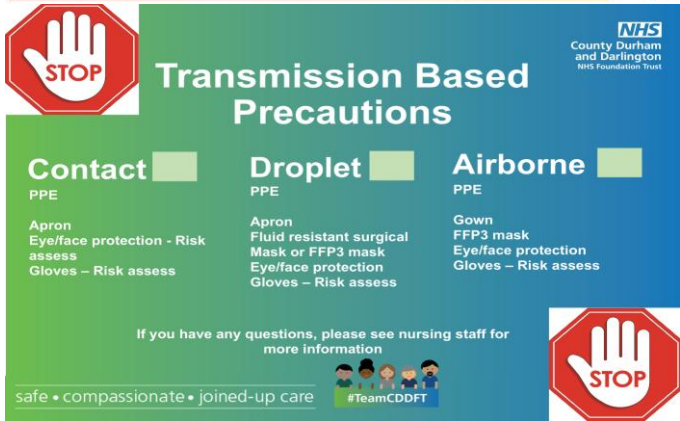
County Durham and Darlington NHS Foundation Trust, Healthcare Associated Infection Reduction Actions:

- The Trust undertakes systematic reviews of national frameworks and guidelines to ensure incorporated into Trust policy.
- Reducing healthcare-associated infections (HCAIs) remains a key Trust priority, with acknowledgement of ongoing improvement initiatives.
- An IV Working Group has been established to support implementation of best practice and will transition into the HCAI Reduction Meeting to strengthen senior leadership engagement.
- An executive-led HCAI Reduction Meeting has been introduced, involving Care Group triumvirate leads, to enhance engagement, accountability, and ownership of infection prevention and control (IPC) practice.
- Executive-led patient infection reviews have been implemented for all HCAI MRSA bloodstream infections (BSI) and Clostridioides difficile infections (CDI). Learning and outcomes from these reviews are escalated through Care Group governance meetings to ensure oversight and monitoring of agreed actions, with thematic learning
- The Trust governance framework includes routine reporting of HCAI performance to the Quality Committee and the Trust Board.
- A refreshed 2026 HCAI Reduction Action Plan has been developed, encompassing clinical practice, estates, and environmental cleanliness.
- The Infection Prevention and Control Team (IPCT) has proactively implemented a range of nursing-led initiatives, including Building Relations with Infection Control & Clinical Staff (BRICCs)



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Carbapenemase Producing Enterobacterales (CPE) e.g. of collaborate working :

Previous Trust position with ongoing outbreaks	Current Trust position – no outbreaks
73 collaborative CPE outbreak meetings with CDDFT / ICB / local authority / UKHSA	Monthly collaborative CPE assurance meetings
Broader expert support from other experts, including from NHS New Hospital Programme	Continued patient testing and surveillance – monitoring of CPE prevalence & escalation process
Extended patient testing and surveillance – monitoring of CPE prevalence	Monitoring of compliance to IPC practices with monthly audit programme
Support for external auditing, for compliance with IPC clinical practices	Review of actions implemented in outbreaks
Development of patient information, including engagement with move to water light outbreak management approach	Moved from water light bathing to risk assessment approach to enable patient showering
If patient detected with CPE, this is included in discharge summary for partnership working with community teams	Decant facilities to enable ward refresh programmes and periodic environmental deep cleaning is included in HCAI reduction action plan

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Antimicrobial Stewardship Actions

Rolling program of audit compliance and intravenous route

Antibiotics

Education