

HEALTH OVERVIEW AND SCRUTINY COMMITTEE

NHS WEST KENT WRITTEN SUBMISSION FOR MEETING 6TH FEBRUARY 2009

1. Introduction

NHS West Kent is committed to preventing and controlling Healthcare Associated Infections (HCAs) and to a zero tolerance approach to all preventable infections, both as a commissioner and provider of services.

This report provides an update on the PCTs current compliance against core standards C4a, C4c and C21; and the Hygiene Code for 2008/09. In addition, an outline of key actions being taken to ensure continued improvements in health care associated infections across West Kent.

2. Core Standards Compliance

For 2008/9 the PCT will make 2 declarations of compliance with core standards. One in respect of it's commissioning function and responsibilities and the other for its provider services.

The current status for the two declarations is:

Standard	2006/07	2007/08	2008/09
C04a – infection control	Compliant	Compliant	Compliant
C04c – decontamination	Not Met	Not Met	Evidence under review – action plan for 2007/08 completed (see appendix 1)
C21 –clean, well designed environment	Compliant	Compliant	Compliant

Full summaries for these core standards can be seen in appendix 1.

In order to prepare for the core standards declarations, due for submission in April 09, and to provide the PCT Board with assurance regarding both the declaration, and process for preparation of the declaration, a number of actions have been completed or planned, including:

- focussed discussion of progress against core standards / indicators included within the internal business and performance review process
- evidence collation to demonstrate compliance by lead directors and teams in progress
- Core standards challenge sessions, led by the PCT Performance and Governance Managers, are in progress and include review of evidence against the Healthcare Commission inspection guides and latest criteria for assessing core standards. All core standards will be reviewed by mid February 09. These sessions include discussion with leads on the current level of compliance and evidence available; and will culminate in the production of a feedback report including the identification of gaps in evidence. Leads will then be asked to

ensure that any gaps in evidence are addressed or to review assessment of compliance.

3. HCAI monitoring

The Healthcare Associated Infections performance framework for PCTs for the next three years will be determined by the trajectories set in the Operational Plans agreed with the Strategic Health Authority (SHA) and Department of Health (DH). MRSA and C-diff are two of the top priorities, designated as 'National Requirements' in the Vital Signs indicator set.

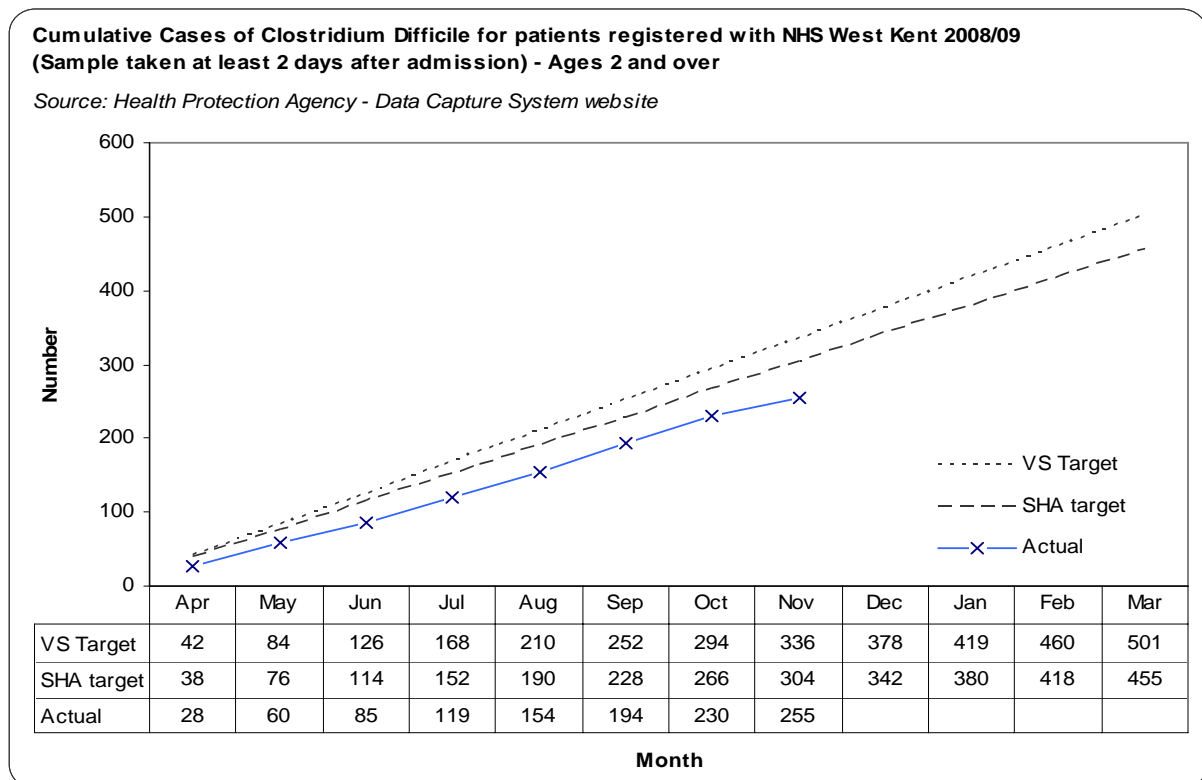
At the time of writing this report, trajectories for MRSA have not yet been requested by DH. Interim guidance from DH and South East Coast SHA is to aim to maintain or reduce recent levels, with the local target for West Kent set at 35 bacteraemias for 2008/09. The SHA has agreed with the NHS across SEC to set a stretch improvement of zero avoidable hospital-acquired MRSA bacteraemias by 2011.

In this report, the definition of hospital acquired infections for both MRSA and Clostridium Difficile is all confirmed cases of infection where the sample was taken 48 hours after the date of admission to hospital. All other confirmed cases will be considered to be acquired in the community.

Clostridium Difficile Infection (CDI)

The numbers of CDIs for the period of April 08 – to end Nov 08 are as follows:

Chart 1



SEC SHA has adjusted the yearly targets and suggested a monthly trajectory which allows for higher number of cases during winter. PCTs are in the process of signing them off and future reports will reflect the agreed new trajectories.

MRSA Bacteraemia

The numbers of MRSA bacteraemias for the period of April 08 – to end Nov 08 are as follows:

Chart 2

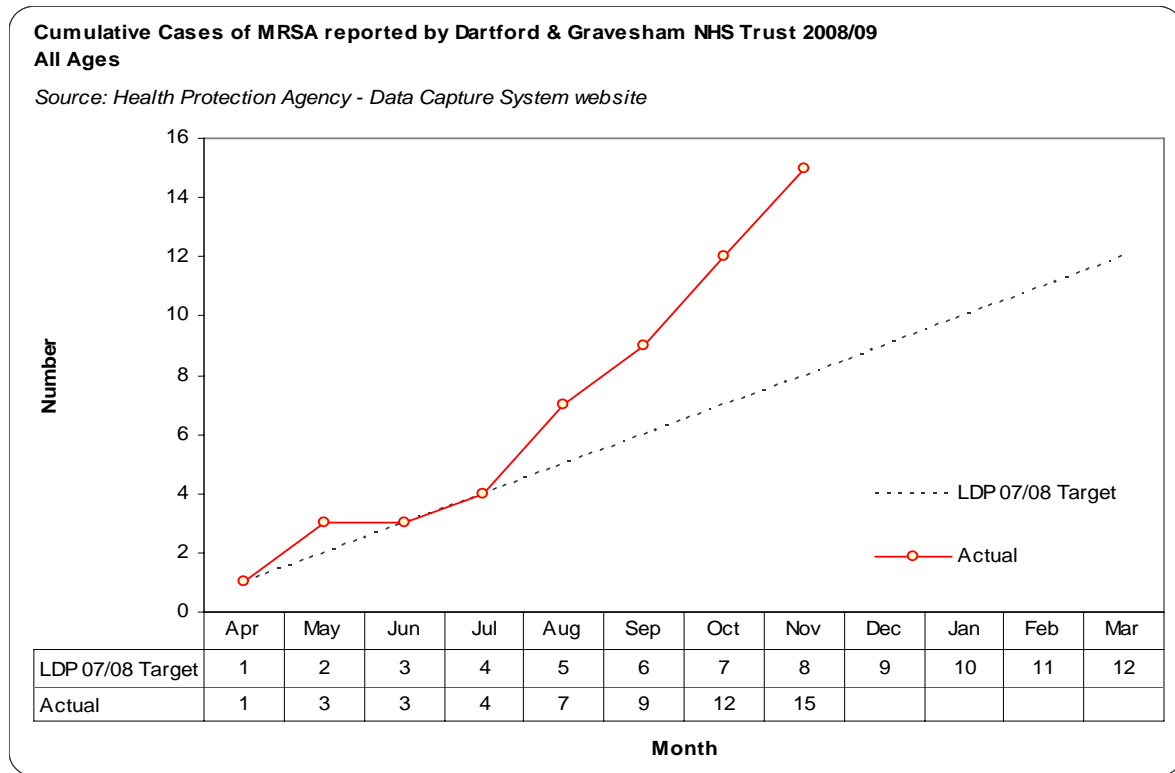
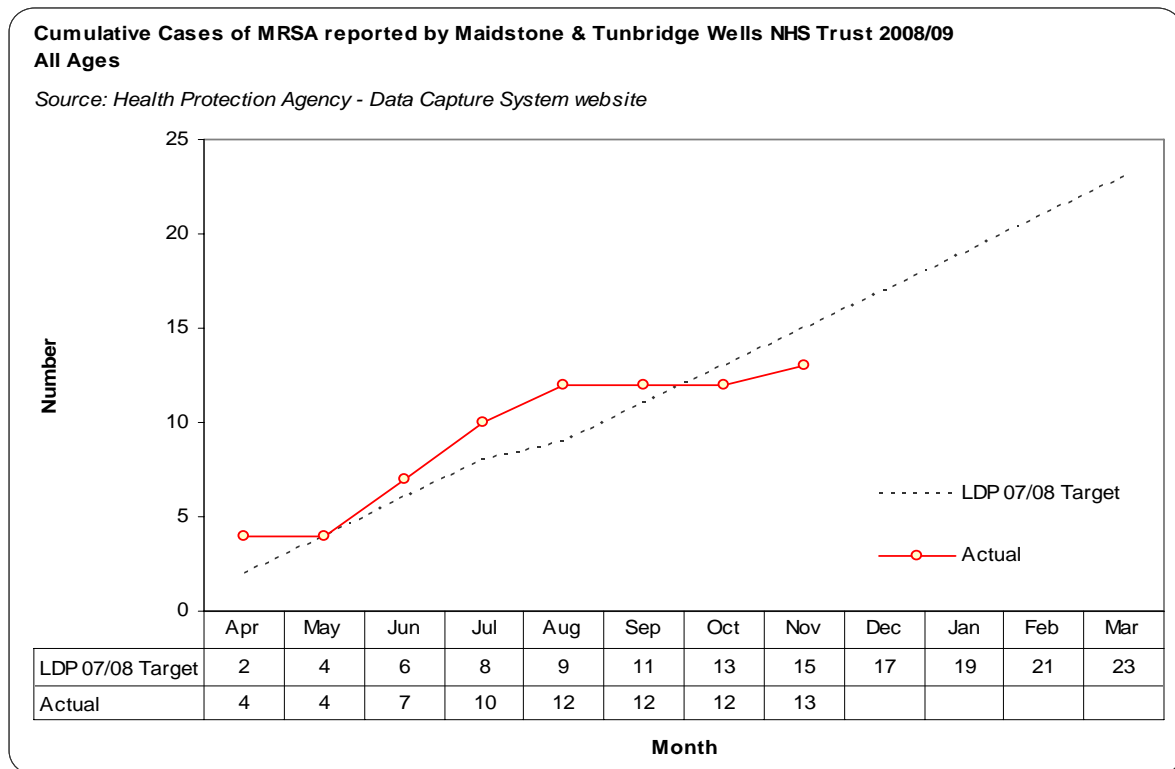


Chart 3



The PCT and SHA are working closely with Dartford and Gravesham (D&G) NHS Trust to address the MRSA bacteraemia numbers, which are currently over trajectory.

Areas for actions include:

- Increased compliance auditing and reporting data to D&G Board and PCT DIPC
- Cross organisational approach to chronic wound management
- Accelerated Infection prevention and Control (IPC) training programme for all new and existing staff
- Delegation of IPC responsibilities e.g. auditing to matrons, enabling the IPC Team to focus on more complex issues
- Encouraging greater public and visitor awareness and participation in hand hygiene on entering the hospital and wards

4. Registering with the Care Quality Commission in relation to HCAI

- The Government is introducing a system of HCAI registration – one year ahead of a new general system of registration that will apply equally to all providers of health or adult social care.
- As the new regulator, the Care Quality Commission (CQC) will run the system.
- From April 2009, trusts that provide patients with care will be legally required to register with the CQC (subject to parliamentary approval) and, as a legal requirement of their registration, must operate in a way that protects patients, workers and others from identifiable risks of acquiring and HCAI.
- The new Act and regulations build on the existing duties for NHS providers to prevent and control HCAI under the Health Act 2006 and elements of the core standards in *Standards for Better Health* that specifically focus on dealing with infections.
- What is different is that trusts must, by law, comply with one overarching regulation about HCAI. Trusts must publically state, in their application form, whether they comply (and will continue to do so). Any unregistered trust that continues to provide healthcare would be committing a criminal offence and may be prosecuted.
- Trusts will not be required to pay a fee for HCAI registration in 2009/10
- Further information is available at http://www.cqc.org.uk/policies_reports/hcai_registration_system.aspx
- An update report of NHS West Kent Compliance with Hygiene Code can be seen at Appendix 4.

5. Root Cause Analysis (RCA) Report: *Clostridium difficile* infection

A cluster of three cases of *Clostridium difficile* infection (CDI) occurred at Livingstone Community Hospital in August 2008. Sadly, one of these affected patients subsequently died following transfer to Darent Valley Hospital.

A second cluster of patients who had been in the Livingstone Hospital were diagnosed with CDI in September 2008. Two of these patients died of causes not related to CDI.

In line with Department of Health requirements, a Root Cause Analysis was undertaken of the events surrounding the CDI-related patient death. Root Cause Analysis (RCA) investigations are a well recognised way of learning lessons, offering

a framework for reviewing patient safety incidents (and claims and complaints). Investigations can identify what, how, and why patient safety incidents have happened. Analysis can then be used to identify areas for change, develop recommendations and look for new solutions.

The Review did not identify any practice or omission that would have impacted on the death of the patient with CDI associated complications. However, it did identify areas from which the PCT could learn and improve patient care. In public Board meetings in September and November 2008, the PCT expressed its condolences to the family concerned.

The RCA investigation considered the emerging issues and root causes as follows:

- Sensitivity of laboratory testing resulted in reporting of “weak” or “mild” positive results. This caused confusion as to infection status of patients
- Staff not fully conversant with environmental cleaning requirements during outbreak situation, such as dilution of bleach products and use of disposable cloths
- Lack of clarity of responsibilities during outbreak situation

Recommendations emerging from the investigation relate to:

- Change in procedure relating to laboratory reporting of CDI testing. Advice from Microbiologist to include patient’s symptoms and condition as well as microbiology tests.
- Additional support for Medical Officers managing patients with CDI in Community Hospitals through specific training and to proactively seek advice from Microbiologist
- Additional training for cleaning staff
- Formalisation of reporting arrangements on identification and during an outbreak of infection
- Review of data collection sheet for follow-up of reportable infections
- Development and availability of CDI information leaflet for patients, visitors and staff
- Implementation of initiatives to promote appropriate antibiotic prescribing in the community

Areas of good practice identified include:

- Prompt cohorting of patients following CDI diagnosis
- Prompt closure to admissions of Hospital following identification of two or more related cases (outbreak)
- Close joint working between PCT staff, DVH Infection Control Team and Health Protection Unit
- The RCA Review Team expressed a wish to commend the staff at the Livingstone Hospital for their hard work, dedication to patient care and professionalism during the outbreak situation.

Actions taken to address the recommendations include:

- Laboratory no longer reports “weak”/ “mild” CDI. Advice relating to management

of CDI positive patients is based on laboratory results plus patient's symptoms and request repeat sample

- A protocol for the medical management of patients with *c. difficile* is in place at Livingstone Hospital
- Best practice cleaning procedures were discussed and confirmed at the Kent and Medway Directors of IPC meeting in November 2008
- Cleaning information is available at each Community Hospital.
- Additional cleaning equipment purchased for Community Hospitals eg steam cleaners
- Cleaning training has been provided by Hotel Service Supervisor and ongoing cleaning programme being delivered by IPC Team.

6. Diarrhoea and Vomiting at Livingstone Hospital

In December 2008, a small number of patients and staff were affected with diarrhoea and/ or vomiting. Although no causative organism was identified from specimens, it is likely that symptoms were caused by norovirus (Winter Vomiting Virus).

The hospital was closed to admissions, all infection control measures were put in place and the PCT worked closely with the Health Protection Unit. The hospital was reopened following when patients and staff had been asymptomatic for 48 hours and a deep clean of the hospital had taken place.

Prior to the first affected patient developing symptoms, a visitor was reported to have had an episode of vomiting at the hospital. This demonstrates the importance of the PCT continuing to promote the message to the public that they should not visit patients in hospital if they are unwell.

7. "Essential Steps to Safe, Clean Care"

"Essential Steps" is a Department of Health initiative designed to support care-providers in non-acute areas, including Primary Care, Care Homes and General Practices Surgeries and in moving towards the goal of no avoidable infections.

The PCT is adopting the programme and to avoid duplication, is using the tools in conjunction with other programmes, such as Essence of Care, where possible. An initial baseline self- assessment has been undertaken by the PCT. Gaps in compliance and remedial actions are as follows:

- Full recruitment to IPC Team: subject to Human Resources processes, four staff in post, additional staff member expected to be in post by end Feb 09
- IPC input into processes for procurement and estates: IPC Lead Nurse will attend Estates Operational meetings
- Decontamination lead for PCT: IPC Lead Nurse is Decontamination Lead and has been in post since Oct 08. Interim cover was provide by the Assistant Director of Clinical Quality, who is a qualified IPC Nurse.

8. Deep Clean Programme

In October 2008, the Department of Health published "From deep clean to keep clean: Learning from the deep clean programme", available on

This document included a collection of good practice examples outlining activities undertaken as part of the 2007/08 deep clean initiative. It reiterated that the deep clean programme was not a one-off exercise and placed an expectation on Trusts to examine the ongoing sustainability of their cleaning programmes and ensure that deep cleaning is an important component in their cleaning arrangements.

NHS West Kent had pre-empted the Department of Health's expectations. The 08/09 programme has been completed with all six PCT Community Hospitals having undergone a deep clean. The PCT has introduced emergency cleaning boxes and purchased extra steam cleaning machines. In addition to the planned cleans, these resources will support additional and targeted cleans, as and when required.

9. Training

Opportunity for funding to support HCAI improvements out of hospital

South East Coast (SEC) Strategic Health Authority has secured a non-recurrent total sum of £480K for HCAI improvements across the local health economy with a particular focus on the care home sector and primary care. This has been divided based on weighted capitation statistics (07/08). The funding allocated for NHS West Kent is £75,000, which must be used by the end of March 2009.

The PCT has successfully bid for non-recurring monies to support local out of hospital HCAI improvements. This is centred on training and education events for care homes and GP practices to improve awareness and look to embed best practice.

PCT HCAI Training

The PCT has made HCAI awareness training mandatory for all staff, and programmes tailored to the needs of differing staff groups, and provided in a variety of ways, are being prepared. It is planned that 95% of staff will have completed this training by 31st March 2009.

To date 1720 (78%) of the PCT's 2200 staff members have either received or booked on HCAI awareness training between April 2008 and end March 2009.

The Infection Prevention and Control Team are developing further strategies (such as e-learning opportunities) to work toward the 95% target.

10. Public Roadshows

In May 08 the PCT commenced a series of Roadshows in high streets in major population centres in West Kent. These events include handing out and explaining leaflets (an example is included in Appendix x) and other reminders which reinforce the importance of handwashing and reiterating avoidance of hospital visiting when unwell.

A fifth Roadshow was held in Gravesend in December 08. These have been very well received by the public (with over 1700 people speaking to the nurses at the stands) and supported by the local media.

In addition, the PCT launched a cartoon character called Moxy Malone in December 2008 to help raise awareness of the correct way to tackle all infections which aims to tackle the over reliance on antibiotics, which can lead to the growth in the number of superbugs like MRSA. (see Appendix 3).

11. South East Coast Ambulance (SECAMB) NHS Trust

Audit

SECAMB report that “Bare Below the Elbows” and bi-monthly hand hygiene audits are undertaken. These have identified areas to target education and training.

The Trust has also introduced the use of an audit tool to measure the implementation of policies and procedures relating to Infection Prevention and Control. The tool builds on previous work undertaken with the Kent Health Protection Unit and provides a standardised method for monitoring both clinical practice and the environment.

Training

Key skill training has been suspended due to commitment for operational pressures. The latest figure was 72% of clinical staff having received annual up-date training and a programme for non-clinical staff was being worked on by the Education Department. The Trust will advise as soon as normal day-day working for the Infection Prevention and Control Team is resumed.

SECAMB Hygiene Code: Update

An update report of compliance with the Hygiene Code describes full or partial compliance with each standard. Action plans are being implemented for each standard which is not fully met.

Core standard C4a infection control

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that the risk of healthcare acquired infection to patients is reduced, with particular emphasis on high standards of hygiene and cleanliness, achieving year on year reductions in Methicillin-Resistant Staphylococcus Aureus (MRSA).

<p>Element 1: The healthcare organisation has systems to ensure the risk of healthcare associated infection is reduced in accordance with <i>The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections</i> (Department of Health, 2006)</p>	
<p>Healthcare Commission Line of Enquiry</p> <p>(a) The Hygiene Code requires healthcare organisations to have in place appropriate management systems for infection prevention and control which must include the following:</p> <ul style="list-style-type: none"> • a board level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks (Duty 2 a) • the designation of an individual as director of infection prevention and control (DIPC) with the role as defined in the Code and accountable directly to the board and, from January 2008 directly to the Chief Executive. (Duty 2b, Annex 1) 	<p>PCT Assurance includes:</p> <ul style="list-style-type: none"> • Healthcare Associated Infection Report presented to every formal Board • PCT Hygiene Code Statement of Compliance update reports presented to Board in August 08 and January 09. • PCT’s Patient Safety Strategy 2008 – 2010 includes a statement as to the Board’s responsibility for patient safety, including Infection Prevention and Control • Board has signed up to national Patient Safety First Campaign (see Appendix 1) <p>PCT has designated DIPC who discharges his responsibilities through:</p> <ul style="list-style-type: none"> • Reports to every PCT Board and to Clinical Leadership Board • Accountable to CEO • Monthly meetings between CEO and DIPC. • Chairs monthly WKIPC Group meeting • Attends Kent and Medway DIPC meetings • Regular meetings with health economy DIPCs • Regular meetings/ discussions with DIPCs at Maidstone and

<ul style="list-style-type: none"> the mechanisms by which the board intends to ensure that adequate resources are available to secure effective prevention and control of HCAI. These should include implementing an infection control programme and infection control infrastructure (Duty 2c) a policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between healthcare facilities (Duty 2f) 	<p>Tunbridge Wells (MTW) and Dartford and Gravesham (D&G) Trusts</p> <ul style="list-style-type: none"> Bi-monthly meetings with Kent DIPCs and Health Protection Unit (HPU) Regular events with DIPCs across SECSHA PCT's Infection Prevention and Control (IPC) Team resources of 1 Lead Nurse, 3 IPC Nurses and Administrative support Modern Matrons, including Community Hospital Matrons in West Kent Community Health have IPC and cleanliness responsibilities defined in job descriptions PCT implementing national "Cleanyourhands" campaign. This includes promoting hand hygiene through training of staff, nomination of "Champions", posting of screen savers on computers and displaying posters at Community Hospitals Annual Infection Prevention and Control Report PCT IPC Group reports to Board via Clinical and Corporate Governance Committee HealthCare Associated Infection (HCAI) report received at each formal Board meeting Annual IPC audits, including IPC environmental, Essence of Care, Patient Environment and Action Team audits (PEAT) Programme of IPC Public Roadshows, including issue to the public of merchandise eg mugs, pens, trolley coins to promote hand cleaning Information leaflet for public issued and available PCT website (see Attached) PCT has adopted Health Protection Agency guidelines which include such guidance. PCT has Community Hospital Admission criteria Transfer/ discharge documentation
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<p>(b) The healthcare organisation should have in place appropriate management systems for infection prevention and control, including the following:</p> <ul style="list-style-type: none"> • An appropriate assurance framework (Duty 2c); • Ensuring that relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection (Duty 2d); • A programme of audit to ensure that key policies and practices are being implemented appropriately (Duty 2e). 	<ul style="list-style-type: none"> • IPC is included in PCT assurance framework and risk register <p>PCT IPC training programme includes:</p> <ul style="list-style-type: none"> • Specialist training for IPC nurses • Induction Training for all new staff (clinical and non-clinical) • 2008/09 target to deliver IPC awareness training to 95% of all PCT staff – clinical and non-clinical (78% compliance as at end Dec 08) • Annual audit programme of Community Services • Essence of Care audit programme of Community Services • Audit support available to independent contractors and care homes • Community Hospital Cleaning Audits • Patient Environmental Action Team (PEAT) results
<p>(c) The healthcare organisation assesses the risk of acquiring HCAI and takes action to reduce or control such risks. In doing so they must have:</p> <ul style="list-style-type: none"> • made a suitable and sufficient assessment of the risks to patients in receipt of health care with respect to HCAI (Duty 3a) • identified the steps that need to be taken to reduce or control those risks (Duty 3b) • recorded its findings in relation to duties 3a and 3b (Duty 3c) 	<ul style="list-style-type: none"> • PCT IPC guidelines include risk assessment • Patient care documentation includes risk assessments • Community Services Admission criteria • Risk register and Board Assurance Framework include IPC risks • Incident reporting procedures • Root Cause Analysis (RCA) of Serious Untoward Incidents (SUI) ensure investigation of action taken, lessons learned and remedial action to be taken • Clinical and Corporate Governance Committee and Board

<ul style="list-style-type: none"> • implemented the steps identified (Duty 3d) • appropriate methods in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAI (Duty 3e) 	<ul style="list-style-type: none"> • receive SUI and RCA reports • Discussion of risks at WKIPC Group and Clinical and Corporate Governance Committee • Liaison with health community as described above (eg DIPC's responsibilities (a))
<p>Independent Contractors The PCT should take reasonable steps to ensure that the services provided by independent contractors are meeting the relevant aspects of this element. The following groups of independent contractors should be considered for this element:</p>	
<p style="text-align: center;">PCT Assurance</p>	
<p>General practitioners</p>	<ul style="list-style-type: none"> • Section 41 of the undated <i>Standard General Medical Services Contract</i> states that 'the contractor shall ensure that it has appropriate arrangements for infection control • Antibiotic formulary issued and monitored by PCT Medicines Management Team eg to promote appropriate use of antibiotics. • Moxy Malone campaign launched to remind about appropriate use of antibiotics (see Appendix 2) • PCT IPC Team available for advice and audit. • PCT investigates complaints or reported incidents relating to concerns, including those related to IPC • PCT employs 6 Practice Nurse Advisers to provide advice and mentorship to Practice Nurses
<p>General dental practitioners</p>	<ul style="list-style-type: none"> • PCT Clinical Governance visits include reviews of IPC • PCT employs Dental Advisers to provide advice and undertake reviews • PCT investigates complaints or reported incidents relating to concerns, including those related to IPC
<p>Community optometrists</p>	<ul style="list-style-type: none"> • PCT employs Optometric Adviser to provide advice and undertake reviews • PCT investigates complaints or reported incidents relating to concerns, including those related to IPC

Commissioned Services

The PCT has appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services **with regard to the overall standard**

- Performance meetings/ reports
- WKIPC Group membership includes commissioned services ie West Kent Community Health, SEC Ambulance Trust, MTW and D&G Trusts representatives. Reports from each organisation received at each meeting
- PCT receives weekly reports from acute trusts re MRSA and C. difficile figures

- The PCT, SHA and Department of Health are working closely with Dartford and Gravesham (D&G) NHS Trust to address the MRSA bacteraemia numbers, which are currently over trajectory.

- Areas for actions include:
 - Increased compliance auditing and reporting data to D&G Board
 - Cross organisational approach to chronic wound management
 - Accelerated Infection prevention and Control (IPC) training programme for all new and existing staff
 - Delegation of IPC responsibilities eg auditing to matrons, enabling the IPC Team to focus on more complex issues
 - Encouraging greater public and visitor awareness and participation in hand hygiene on entering the hospital and wards

Core standard C4c decontamination

Healthcare organisations keep patients, staff and visitors safe by having systems to ensure that all reusable medical devices are properly decontaminated prior to use and that the risks associated with decontamination facilities and processes are well managed.

Element 1: Reusable medical devices are properly decontaminated in appropriate facilities, in accordance with the relevant requirements of <i>The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections</i> (Department of Health, 2006)	
(a) The Healthcare organisation has designated a lead manager for decontamination of reusable medical devices used for treatment. (See Hygiene Code Duty 4b).	<ul style="list-style-type: none">• Lead IPCN lead for decontamination
(b) The healthcare organisation must, with a view to minimising the risk of HCAI, ensure that there are effective arrangements, including a decontamination programme, for the appropriate decontamination of reusable medical devices (see Hygiene Code Duty 4f).	<ul style="list-style-type: none">• Written guidance, procedures and protocols• Review of instrument decontamination being undertaken in response to changes in services within Kent and Medway ie relocation of acute trust decontamination to 2 purpose built Central Services in Kent• Programme to transfer to use of disposable instruments by podiatry services as opposed to use of bench top sterilisers by 1/2/ 09• Audit programme, including specific audit of use of bench top autoclaves by podiatrists• Annual PEAT inspections• Annual “Deep Clean” programme, which includes dedicated team of cleaners• The PCT has a Service Level Agreement with facilities service to include the maintenance of medical and clinical equipment such as bench top sterilisers
(c) The healthcare organisation should ensure that decontamination services are provided by an agency that accords with (MDD) 93/42 and that are registered with an MHRA approved notified body.	<ul style="list-style-type: none">• PCT uses Central Sterile Services Departments (CSSD) that are registered with MHRA approved notified bodies.

<p>(d) When commissioning services, the healthcare organisation should satisfy itself that contractors have appropriate systems in place to keep patients, staff and visitors safe from healthcare associated infection, so far as reasonably practicable. This may, for example, be through meetings with the external agent to identify any risks, or through having appropriate service level agreements in place that are monitored effectively</p>	<ul style="list-style-type: none"> • Formal written agreements in place with acute trusts to provide information relating to HCAs • WKIPC Group includes standing agenda item for reporting of decontamination issues/ progress
<p>(e) Re-usable medical devices (apart from flexible endoscopes) should be decontaminated in a suitable sterile services environment.</p>	<ul style="list-style-type: none"> • Use of registered CSSD service or disposable instruments • Guidelines in place and compliance audited • Podiatry service main users of bench top autoclaves: <ul style="list-style-type: none"> ○ Maintenance contract for sterilisers in place ○ Audit of use of sterilisers ○ Partial transfer to use of disposable instruments with plan to remove bench top sterilisers by 1/2/09
<p>(f) Flexible endoscopes should have their own dedicated area for decontamination as outlined in medical devices agency bulletin DB 2002 (05)</p>	<ul style="list-style-type: none"> • Only 2 flexible naso-endoscopes used in PCT Outpatient Departments • Decontamination protocol in place • Logging system used to evidence decontamination process
<p>(g) If the healthcare organisation provides decontamination services for other organisations they should comply with (MDD) 93/42 and be registered with an MHRA approved notified body.</p>	<p>Organisation does not provide decontamination services for other organisations</p>
<p>Independent Contractors</p>	
<p>The PCT should take reasonable steps to ensure that the services provided by independent contractors are meeting the relevant aspects of this element. The following groups of independent contractors should be considered for this element:</p>	
<p>PCT Assurance</p>	
<p>General practitioners</p>	<ul style="list-style-type: none"> • GPs in West Kent use a mixture of CSSD from registered body, disposable instruments and bench top sterilisers • Section 41 of the undated <i>Standard General Medical Services Contract</i> states that ‘the

	<p>contractor shall ensure that it has appropriate arrangements for decontamination</p> <ul style="list-style-type: none"> • Quality and Outcome Framework requires that “the arrangements for instrument sterilisation comply with national guidelines as applicable to primary care” • Guidelines available for GPs • PCT IPC Team available for advice and audit. • PCT investigates complaints or reported incidents relating to concerns, including those related to IPC • PCT employs Practice Nurse Advisers to provide advice and mentorship to Practice Nurses • PCT reviewing CSSD provision in light of changes to service Kent-wide
General dental practitioners	<ul style="list-style-type: none"> • PCT Clinical Governance visits include reviews of decontamination • PCT employs Dental Advisers to provide advice and undertake reviews • PCT investigates complaints or reported incidents relating to concerns, including any relating to decontamination
Community optometrists	<ul style="list-style-type: none"> • PCT employs Dental Advisers to provide advice and undertake reviews • PCT investigates complaints or reported incidents relating to concerns, including any relating to decontamination
Community pharmacists	<ul style="list-style-type: none"> • The PCT undertakes Community Pharmacy Contract Monitoring visits which include review of decontamination, as appropriate
<p>Commissioned Services</p> <p>The PCT has appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the overall standard</p>	
<ul style="list-style-type: none"> • Performance meetings/ reports • WKIPC Group membership includes commissioned services representatives. Reports from each organisation received at each meeting • PCT receives weekly reports from acute trusts re MRSA and C. difficile figures • PCT representative attends SHA Decontamination meetings and receives feedback about acute trust compliance with decontamination standards • PCT IPC Team available for advice and to undertake audits for other commissioned services eg Care Homes • IPC issues are reported to the Clinical Performance meeting with Se Coast Ambulance Trust. Meeting held bi-monthly and Chaired by PCT Director of Nursing/ DIPC 	

Decontamination Action Plan

Following the Healthcare Commission's (HCC) review of PCT's decontamination, the 2007/08 statement of compliance with this standard was qualified. The HCC HC concluded that there was insufficient evidence for the full year but adequate evidence to demonstrate assurance of compliance by 31st March 08 for the following reasons:

- A lead staff member for decontamination was only appointed in the second half of the year
- There was no evidence for the first half of the year against element 1(f). The protocol for Decontamination of Naso-Laryngoscope and Endoscopes was undated.

Remedial action taken is as follows:

- The PCT has ensured that a lead member of staff is clearly identified i.e. a qualified IPC nurse via the Health Protection Agency prior to recruiting to the PCT Lead IPC nurse post.
- Lead IPC Nurse job description includes decontamination lead role (job description reviewed April 08) – lead appointed and commenced October 2008
- Evidence relating to decontamination of endoscopes is available for full year and protocol is dated

Core standard C21:

Healthcare services are provided in environments, which promote effective care and optimise health outcomes by being well designed and well maintained, with cleanliness levels in clinical and non-clinical areas that meet the national specification for clean NHS premises.

Element 1: The PCT has taken steps to provide care in well designed and well maintained environments including in accordance with Building Notes and Health Technical Memorandum, the Disability Discrimination Act 1995, the Disability Discrimination Act 2005 and associated code of practice *N/A*	
Healthcare Commission Line of Enquiry	PCT Assurance includes:
a) The healthcare organisation should have taken steps to provide care in environments that are well designed and well maintained. This should include acting in accordance with	<ul style="list-style-type: none"> • 3 year rolling programme of backlog maintenance, which is incorporated into the annual capital programme • Capital programme is approved by Board and monitored by

<p>Health Building Notes and Health Technical Memoranda (see point of information 1).</p>	<p>Capital Planning Group</p> <ul style="list-style-type: none"> • Estates contract with Kent & Medway facilities makes specific reference to ensuring all new and redeveloped properties meet all relevant regulations and standards
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<p>b) The healthcare organisation should have made 'reasonable adjustments' to tackle physical features that act as a barrier to disabled people from accessing their services. This may mean to remove, alter or provide a reasonable means of avoiding physical features of a building, which make access impossible or unreasonably difficult.</p> <p>The health care environment should have been considered as part of the trusts disability equality scheme. Where the healthcare organisation has identified areas for action in relation to its environment the organisation should have started implementing the required changes (see point of information 2).</p>	<ul style="list-style-type: none"> • DDA assessments form an integral part of the maintenance review with works undertaken as and where required (e.g. new automatic doors at Tonbridge Cottage Hospital) • The Disability Equality Scheme (2007-10) specifically details access to buildings as one of the 8 core objectives
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Independent Contractors
The PCT should take reasonable steps to ensure that the services provided by independent contractors are meeting the relevant aspects of this element. The following groups of independent contractors should be considered for this element:

PCT Assurance	
General practitioners	<ul style="list-style-type: none"> • Within Strategic Services Development Plan (SSDP), the issue of DDA compliance was specifically highlighted and 5 premises identified as requiring attention. An action plan has been drawn up to identify precise work required and associated costs. • Business cases for new GP premises include a specific section on adherence to design guidance and advice from Department of Health
Community Pharmacists	<ul style="list-style-type: none"> • PCT processes for gaining assurance as to compliance by community pharmacists includes quality assessment visits, monitoring of complaints and PALS eg the PCT's Fire, Health and Safety Group reviews a report of all related reported incidents
General dental practitioners	<ul style="list-style-type: none"> • PCT processes for gaining assurance as to compliance by general dental practitioners includes quality assessment visits, monitoring of complaints and PALS eg the PCT's Fire, Health and Safety Group reviews a report of all related reported incidents

Community optometrists	<ul style="list-style-type: none"> PCT processes for gaining assurance as to compliance by community optometrists includes quality assessment visits, monitoring of complaints and PALS eg the PCT's Fire, Health and Safety Group reviews a report of all related reported incidents
<p>Commissioned Services The PCT has appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the overall standard</p>	
<ul style="list-style-type: none"> Performance meetings/ reports Regular performance management meetings with Commissioned services Both D&G and MTW also have DES that make specific reference to physical access to buildings with associated action plans 	

<p>Element 2: Care is provided in clean environments, in accordance with the National specification for cleanliness in the NHS (National Patient Safety Agency 2007) and the relevant requirements of The Health Act 2006 Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health, 2006) *N/A*</p>	
<p>Healthcare Commission Line of Enquiry</p> <p>a) The healthcare organisation ensures that all premises in which it provides health care are kept clean in accordance with the relevant aspects of duty four of the Health Act 2006: Code of Practice for the Prevention and Control of Healthcare Associated Infections and the National Specifications of Cleanliness</p> <p>Healthcare organisations should have:</p> <ul style="list-style-type: none"> A board approved strategic cleaning plan, including roles and responsibilities and provision for sufficient resources An operational cleaning plan, which detail the standards of cleanliness required in each part of its premises, clear allocation of responsibility for cleaning all areas, and cleaning schedules and frequencies (where cleaning services are provided by an external contractor, these specifications should be written into 	<p>PCT Assurance includes:</p> <ul style="list-style-type: none"> Deep cleaning programme approved by PCT Board Equipment purchased by PCT to carry out Deep Cleans to agreed schedules and ah-hoc if required Monthly Infection Control meetings Action Plan to ensure compliance with Hygiene Code, monitored by PCT Board PCT working towards registration with care Quality Commission Deputy Director for Community Services is named lead manager for Cleaning PCT follows national specifications for cleanliness in the NHS`

<p>the contract)</p> <ul style="list-style-type: none"> • Consulted with the infection control team on the development of cleaning plans for both internal and contracted cleaning services (see points of information 1 to 3). 	
<p>b. Healthcare organisations should:</p> <ul style="list-style-type: none"> • undertake cleanliness audits (where cleaning services are provided by an external contractor, audit arrangements should be written into the contract) • have evidence to demonstrate that any issues raised as a result of audits have been acted on (see point of information 4) 	<ul style="list-style-type: none"> • Weekly cleaning audits by Hospital Matrons with action plans as required • Regular audit of cleaning by PFI partner at Gravesham Community Hospital which forms part of the service contract and is subject to failure points and financial penalties • Cleanliness forms part of regular PEAT inspections
<p>Independent Contractors The PCT should take reasonable steps to ensure that the services provided by independent contractors are meeting the relevant aspects of this element. The following groups of independent contractors should be considered for this element:</p>	
	<p>PCT Assurance</p>
<p>General practitioners</p>	<ul style="list-style-type: none"> • PCT processes for gaining assurance as to compliance by General practitioners includes quality assessment visits, monitoring of complaints and PALS eg the PCT's Fire, Health and Safety Group reviews a report of all related reported incidents
<p>General dental practitioners</p>	<ul style="list-style-type: none"> • PCT processes for gaining assurance as to compliance by General dental practitioners includes quality assessment visits, monitoring of complaints and PALS eg the PCT's Fire, Health and Safety Group reviews a report of all related reported incidents
<p>Commissioned Services The PCT has appropriate mechanisms through which they could identify and, where appropriate, respond to any significant concerns arising from their commissioned services with regard to the overall standard</p>	
<ul style="list-style-type: none"> • Performance meetings/ reports <ul style="list-style-type: none"> • All Trusts that provide healthcare to patients are legally required to register with CQC from April 2009 • NHS WK (PCT) hosts monthly Infection Control meetings which includes delegates from MTW, D&G and SECAM • 	

Patient Safety First Campaign

1. Background

1.1 The Chief Medical Officer's report, Safety First (Department of Health, 2006), set out a number of actions to improve patient safety and increase healthcare quality across England. A key recommendation was to develop and implement a high-profile campaign to ensure that all staff responsible for patient care understand that patient safety must become their first priority.

1.2 This campaign is supported by the NHS Institute for Innovation and Improvement, the National Patient safety Agency (NPSA), and The Health foundation.

2. Campaign

The campaign cause is:

“To make the Safety of patients everyone's highest priority”.

The campaign aim is:

“No avoidable death and no avoidable harm”.

2.1 Although the majority of the key interventions are acute focussed the campaigns cause and aim are applicable to the whole of the NHS. Leadership intervention and the reduction of harm from high risk medications are non acute trust focused.

2.2 By signing up to the campaign the PCT will agree to:

- To make a commitment to staff in writing that safety is our highest priority
- To implement the campaign leadership intervention, and at least one clinical intervention if possible, following the registration to the campaign
- To register to the campaign in September 2008
- To post our information/results as part of the campaign

2.3 An example of a commitment to staff is as follows:

The Patient Safety First campaign for England begins this summer. The campaign “cause” is to make the safety of patients everyone's highest priority, with the aim of achieving “no avoidable death, and no avoidable harm” across the NHS in England.

The Board have joined the Patient Safety First Campaign for England and confirms to staff that it regards the safety of patients as the highest priority. Whilst it is still important to meet national targets and to remain in financial balance, this must **not** be achieved at the expense of the safety of our patients. It is important that staff raise issues with their line manager or Director if they feel that the safety of patients is being compromised.

31st December 2008

NHS West Kent recruits cartoon character in battle against MRSA

NHS West Kent today launched a cartoon character called Moxy Malone to help raise awareness of the correct way to tackle all infections including colds, coughs and sore throats and tackle the over reliance on antibiotics, which can lead to the growth in the number of superbugs like MRSA.

Antibiotics do not work against viruses that cause colds, most coughs and sore throats – although they are needed for some other infections.

The correct treatment can be very straight forward and Moxy Malone will be appearing on leaflets and posters across West Kent in the weeks ahead to help explain what you should do.

Dr Fiona Johnston, NHS West Kent's Prescribing Lead, explained: "We wanted to use a new character that would be easily recognisable and could help take a serious message to a wide audience.

"Colds, coughs and sore throats are extremely common at this time of year and in most cases they can be dealt with easily without antibiotics because they are caused by viruses.

"We need to keep antibiotics for those infections that respond. By being careful about use we can prevent the spread of superbugs.

"The reality is that the more people use antibiotics the more likely antibiotic-resistant superbugs such as MRSA, Clostridium difficile or resistant E.Coli will surface."

For most sore throats, lozenges and throat pastilles help. A blocked nose can be eased by steam inhalation. Taking cough medicine for dry, tickly or chesty coughs should help reduce coughing; and headaches, pains or a high temperature can often be reduced by taking paracetamol – although you must always check if any other medicines you are taking already contain paracetamol.



NHS West Kent Local Health Economy Healthcare Associated Infections Statement of Compliance with the Hygiene Code: December 2008

NHS West Kent is committed to preventing and controlling Healthcare Associated Infections (HCAIs) and to a zero tolerance approach to all preventable infections, both as a commissioner and provider of services.

As a commissioner of health services, NHS West Kent seeks assurance that all providers are compliant with the relevant sections of the Health Act 2006 Code of Practice for the Prevention and Control of Healthcare Associated Infections, to ensure that patients are cared for in a safe environment and minimise the risk of HCAIs.

This action plan has been designed to incorporate the key policy components set out in the Health Act 2006 - the Code of Practice for the Prevention and Control of Healthcare Associated Infections (Annex 1: Management, Organisation and the Environment).

Performance against the action plan is monitored by NHS West Kent Infection Prevention and Control Group and reported directly to the Clinical Leadership Board and Trust Board.



STATUTORY DUTY	REQUIREMENTS	ASSURANCE	NAMED LEAD
1. General duty to protect patients, staff and others from HCAs	Patients, staff and the public are protected against the risk of acquiring HCAs through the provision of appropriate care in a suitable environment consistent with good practice	<ul style="list-style-type: none"> • Regular surveillance and significant issues reported to the Board • Annual reports produced by Trusts • Monthly reports received by WKIPC Group from trusts • Proactive work by IPCNs 	DIPC
	Patients presenting with an infection or who acquire an infection during treatment are identified promptly and managed according to good clinical practice, for the purposes of treatment and to reduce the risk of transmission	<ul style="list-style-type: none"> • IPC policies • Reporting of infections via the incident and SUI reporting process 	Dir. Community Services/ DIPC
2. Duty to have in place appropriate management systems for infection prevention and control	A board level agreement outlining its collective responsibility for minimising the risks of infection and the general means by which it prevents and controls such risks	<ul style="list-style-type: none"> • Hygiene Code Statement of Compliance • Patient Safety Strategy 2008 - 2010 	DIPC
	The designation of an individual as director of infection prevention and control (DIPC) accountable directly to the CEO and board	<ul style="list-style-type: none"> • Reports to PCT Board and Clinical leadership Board • Accountable to CEO • One-to-one meetings between CEO and DIPC. • Chairs monthly WKIPC Group meeting • Attends Kent and Medway DIPC meetings • Regular meetings with health economy DIPCs 	DIPC
	Mechanisms by which the board intends to ensure that adequate resources are available to secure effective prevention and control of HCAI. These should include implementing an infection control	<ul style="list-style-type: none"> • DIPC in place • Resources for PCT IPC Team of 1 WTE Lead IPC Nurse, 3 WTE IPC Nurses and 0.5 administrator. Recruitment to 3rd IPCN post to be completed by end Jan. 09, resulting in full recruitment to team. 	DIPC

STATUTORY DUTY	REQUIREMENTS	ASSURANCE	NAMED LEAD
	programme and infection control infrastructure	Agency cover in place to cover vacancy.	
	A policy addressing, where relevant, admission, transfer, discharge and movement of patients between departments, and within and between healthcare facilities	<ul style="list-style-type: none"> • Community Services Admission criteria (Step-up and step-down) • HPU Community and Mental Health Hospitals Infection Control Manual (section 4 page 3; section 13 page 6 & 7; section 21 page 4 & 5) 	Dir Community Services
	An appropriate assurance framework , infection control programme and infection control infrastructure	<ul style="list-style-type: none"> • Reports to PCT Board, Clinical Leadership Board and Clinical & Corporate Governance Committee • One-to-one meetings between CEO and DIPC. • Alert organism surveillance reports to Board and WKIPC Group • RCA of outbreaks • Annual audit programme • Patient Safety Strategy • PCT IPC Team of Lead Nurse, 3 IPCNs, administrator • 24 hour access to IPC advice available via HPU 	<ul style="list-style-type: none"> • DIPC • DIPC • DIPC • Lead manager • Dir. Community Services • AD Clinical Quality • HPU
	Relevant staff, contractors and other persons whose normal duties are directly or indirectly concerned with patient care receive suitable and sufficient training, information and supervision on the measures required to prevent and control risks of infection	<ul style="list-style-type: none"> • Induction Training • Programme of relevant training for all PCT staff 	AD Clinical Quality
	A programme of audit to ensure that key policies and practices are being implemented appropriately	<ul style="list-style-type: none"> • Annual audit programme of Community Services • Essence of Care audit programme of Community services • Audit support available to independent contractors 	Dir. Community Services AD Clinical Quality

STATUTORY DUTY	REQUIREMENTS	ASSURANCE	NAMED LEAD
<p>3. Duty to assess the risk of acquiring HCAI and takes action to reduce or control such risks.</p>	<ul style="list-style-type: none"> • Suitable and sufficient assessment of the risks to patients in receipt of health care with respect to HCAI • Identify the steps that need to be taken to reduce or control those risks , record these findings and implement the steps identified • Appropriate methods in place to monitor the risks of infection such that it is able to determine whether further steps need to be taken to reduce or control HCAI 	<p>and care homes</p> <ul style="list-style-type: none"> • HPU policies adopted by PCT and other NHS organisations, as relevant • Community Services Admission criteria • Risk assessments on risk register • Incident reporting procedures • RCA of SUIs, including PCT involvement in acute trust RCAs 	<ul style="list-style-type: none"> • HPU • Dir Community Services • Lead IPCN
<p>4. Duty to provide and maintain a clean and appropriate environment for healthcare</p>	<ul style="list-style-type: none"> • Named lead manager for cleaning and decontamination • Liaison between facilities and IPC team • Premises suitable and clean and maintained • Cleaning arrangements detail standards and schedule of cleaning available to public 	<ul style="list-style-type: none"> • Dep. Dir Community services lead for cleaning • Lead IPCN lead for decontamination • Facilities representative attends PCT IPC Group • Audits of premises via PEAT inspections are satisfactory. • National specifications for cleanliness in the NHS • 08/09 Deep Clean programme for Community Hospital to be completed by end Dec 08 	<ul style="list-style-type: none"> • Deputy Dir. Community Services • Lead IPCN • Shared Services • Deputy Dir. Community Services
	<p>Adequate provision of suitable hand washing facilities</p>	<ul style="list-style-type: none"> • Audit programme • Cleanyourhands campaign being implemented – formal launch Oct 08 • Audit of hand wash facilities being undertaken 	<ul style="list-style-type: none"> • Dir. Community services • AD Clinical Quality

STATUTORY DUTY	REQUIREMENTS	ASSURANCE	NAMED LEAD
	Effective arrangement for decontamination of instruments and other equipment	<ul style="list-style-type: none"> • Review of instrument decontamination being undertaken in response to changes in services within Kent and Medway • Programme to remove podiatry use of benchtop sterilisers by 1/2/ 09 • Audit programme • HPU policies • Annual PEAT inspections 	<ul style="list-style-type: none"> • Lead IPCN • Lead IPCN for instruments • Dir Community Services. • Deputy Dir. Community Services for other equipment
	Supply and provision of laundry reflects HSG (95) 18 "Hospital Laundry Arrangements for Used and Infected Linen"	<ul style="list-style-type: none"> • Contract with NHS supplier • PEAT inspections • Use of disposable curtains in Community Hospitals 	<ul style="list-style-type: none"> • Dir. Community services
	Uniform policy ensures that clothing is clean and fit for purpose	<ul style="list-style-type: none"> • Department of Health Uniforms and Workwear principles have been adopted by the PCT • Updated Uniform and Dress code policy to go to Staff Partnership Forum Jan 09 and then for final approval to Clinical and Corporate Governance Committee 	<ul style="list-style-type: none"> • Dir. Community services
5. Duty to provide information on HCAs to patients and the public	Information available to patients and the public about the organisation's general systems and arrangements for preventing and controlling HCAs;	<ul style="list-style-type: none"> • Board Reports • Annual IPC Report • Leaflets detailing PCT approach to HCAs developed. Information on specific infections available on website. • Infection Control Public awareness Roadshows commenced in May 2008 and ongoing 	DIPC
	Information available to patients concerning:	<ul style="list-style-type: none"> • Leaflets detailing PCT approach to HCAs developed. 	<ul style="list-style-type: none"> • Lead IPCN

STATUTORY DUTY	REQUIREMENTS	ASSURANCE	NAMED LEAD
	<ul style="list-style-type: none"> any particular considerations regarding the risks and nature of any HCAI relevant to their care; and any preventive measures relating to HCAs that a patient ought to take after discharge. 	<ul style="list-style-type: none"> Information on specific infections available on website Hand washing facilities (including hand rub) available for public and patient use at clinical areas 	<ul style="list-style-type: none"> Lead IPCN Dir. Community Services
6. Duty to provide information when a patient moves from the care of one healthcare body to another	<p>Ensure provision of suitable and sufficient information on a patient's infection status whenever it arranges for that patient to be moved from the care of one organisation to another, so that any risks to the patient and others from infection may be minimised.</p>	<ul style="list-style-type: none"> Community Services Admission criteria Transfer of patient information includes infection status 	<p>Dir. Community Services</p>
7. Duty to ensure co-operation	<p>Ensure staff, contractors and others involved in the provision of healthcare co-operate with it, and with each other, so far as is necessary to enable the body to meet its obligations under this Code</p>	<ul style="list-style-type: none"> IPC report to each PCT Board meeting to provide Board assurance Reports from commissioned services at WKIPC Group meetings Clinical Metrics in SLAs include IPC Care home and domiciliary care provider staff have access to advice, training and audit support to facilitate meeting Hygiene Code standards. Programme of audit of care homes and training sessions for independent contractors, care home staff and home care staff being developed Annual IPC audit programme 	<ul style="list-style-type: none"> DIPC Lead IPCN
8. Duty to provide adequate isolation facilities	<p>Ensure provision of, or secure the provision of, adequate isolation facilities for patients sufficient to prevent or minimise the spread of</p>	<ul style="list-style-type: none"> PCT follows HPU policies on the management of specific infected conditions 	<p>Dir. Community Services</p>

STATUTORY DUTY	REQUIREMENTS	ASSURANCE	NAMED LEAD
	HCAIs.		
9. Duty to ensure adequate laboratory support	Ensure that microbiology laboratory services have in place appropriate protocols and that they operate according to the standards required for accreditation by Clinical Pathology Accreditation (UK) Ltd.	<ul style="list-style-type: none"> PCT uses Dartford and Gravesham and Maidstone and Tunbridge Wells microbiology laboratories, which are CPA Accredited 	Lead IPCN
10. Duty to adhere to policies and protocols applicable to infection prevention and control		<ul style="list-style-type: none"> Comprehensive clinical guidelines produced by the HPU for all areas of PCT and primary care; and adopted by the PCT Compliance audited as part of PCT audit programme 	Lead IPCN
11. Duty to ensure that healthcare workers are free of and are protected from exposure to communicable infections during the course of their work, and that staff are suitably educated in the prevention and control of HCAIs		<ul style="list-style-type: none"> All new staff members require Occupational Health assessment prior to commencement of work Occupational Health Department provides advice to staff and manager, as appropriate Occupational health department provides inoculation injury service/ advice 	Dir. Humans Resources

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How you can help

- Wash your hands and use alcohol gel provided by the hospital before and after visiting
- Wash your hands carefully at home too, especially before eating or preparing food
- Make sure any health professional examining you or your relative washes their hands first - remind them to do so if necessary
- Don't visit anyone in hospital if you have been sick or had diarrhoea in the previous 48 hours
- Always follow your doctor's instructions on taking antibiotics and finish the course

Other enquiries

If you would like a copy of this leaflet in a different format or language, have any concerns about our services or want to make a complaint, suggestion or pass on a compliment, please contact our freephone number:

**0800 0
850 850**

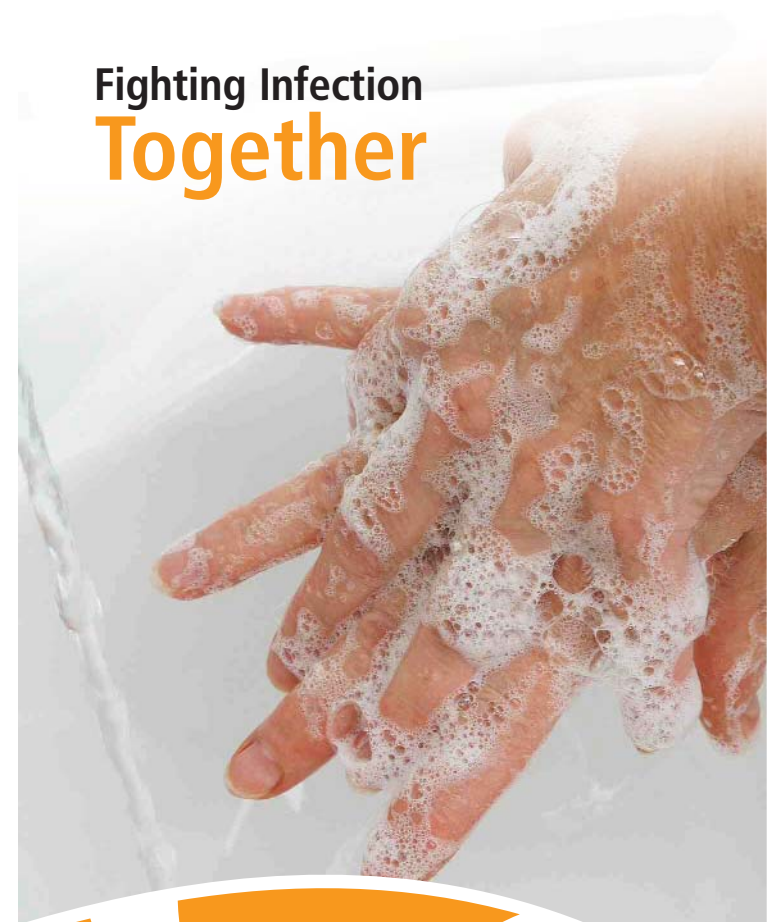
West Kent NHS Helpline

West Kent's NHS Information Gateway

Email: customerservices@wkpct.nhs.uk

Write to:
NHS West Kent Customer Services Team
Gravesham Community Hospital
Bath Street
Gravesend
DA11 0DG

**Fighting Infection
Together**



What are healthcare associated infections?

Healthcare associated infections are infections that people occasionally pick up while being treated for something else.

The most common ones are MRSA (Methicillin-Resistant Staphylococcus Aureus) and C. diff (Clostridium difficile). Healthy people are very unlikely to catch them.

By hard work, the NHS is succeeding in bringing down the number of cases.

The best approach is prevention and everyone has a vital part to play: patients, families and friends as well as doctors, nurses and other health service staff.

What we are doing

NHS West Kent, along with the rest of the NHS, is working hard to combat healthcare associated infections

We have invested in a new infection prevention and control team to:

- Improve training for our staff and other health professionals
- Run roadshows for the public on fighting infection
- Visit care homes, GP surgeries and other community services to give expert advice

We are also

- Increasing investment in infection prevention and control services in acute hospitals

We need your help to do even better

