

**Final Topline - 26.9.2003**  
**The Management and Control of Hospital**  
**Acquired Infection**  
**Part 2 – Infection Control Team**

- 165 postal questionnaires returned from 176 Acute NHS Trusts
- Fieldwork carried out between 7 July and 9 September
- Where figures do not add up to 100%, this is due to computer rounding or multiple responses
- Base: All, unless otherwise stated
- Numeric and job title questions are yet to be coded
- Blank questions are not to be coded

**This part of the questionnaire should be completed by the  
Infection Control Team**

**Part 2**

**THE MANAGEMENT AND CONTROL OF  
HOSPITAL ACQUIRED INFECTION**

**S1. Please provide the following details about the Infection Control Team:**

Please indicate number using leading zeros eg '8' should be written: 

0	0	8
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Base: All supplying data (in parentheses below)

	Mean number
<b>a. How many beds does the Infection Control Team cover? (Please include all beds which you cover in the Trust, for example acute, elderly care etc.) (165)</b>	882
<b>b. How many WTE infection control nurses (ICN) does the Trust have in post as at 1<sup>st</sup> June 2003? (165)</b>	2.8
<b>c. If you are carrying any ICN vacancies, please state how many WTE vacancies you have at 1<sup>st</sup> June 2003. (144)</b>	0.3
<b>d. How many designated medical consultant sessions per week are there for infection control as at 1<sup>st</sup> June 2003? (157)</b>	3.5
<b>e. If the above number is different from your planned coverage based on complement, please state the number of consultant sessions for infection control that should be provided as at 1<sup>st</sup> June 2003. (83)</b>	4.2
<b>f. How many WTE clerical or support staff for infection control do you have in post as at 1<sup>st</sup> June 2003? (159)</b>	0.9
<b>g. If you are carrying any vacancies for clerical or support staff, please state how many WTE vacancies you have at 1<sup>st</sup> June 2003. (136)</b>	0.2

- S2. Given that the infection control team may have responsibilities for patients outside of the acute Trust, what is your estimate of the ratio of Infection Control Nurse resources (excluding link nurses) to beds in the acute Trust (for example in our earlier report, the average was 1 infection control nurse to 535 beds)?**

*Please write number using leading zeros.*

*Eg. 1 to 535 should be written 1 to*

0	5	3	5
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Base: All supplying data (125)

Mean number: 1 to 347

- S3. If your staffing complement has changed since March 2000, please provide brief details:**

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- S4a. Does the Trust have infection control link nurses?**

*Please tick one box only*

	%
Yes	82
No	16
Blank	1

- S4b. If 'yes' how many link nurses are employed in the Trust?**

*Please write in numbers using leading zeros – eg '8' should be written:*

0	0	8
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Base: All with infection control link nurses (136)

	%
None	1
1-10	6
11-20	13
21-30	12
31-40	16
41-50	4
51-60	10
61-70	7
71-80	4
81-90	4
91-100	4
101+	10
Blank	7

**At times, this questionnaire includes filters to ensure that you only answer questions of relevance to you. Please take care to read all instructions carefully.**

## **Strategy and Programmes**

**Q1a. Does the Trust have an agreed and documented strategy for infection control (covering 3 years or more)?**

*Please tick one box only*

	%
Yes	40
No	59
Blank	1

**Q1b. If 'yes', what are the top 3 key objectives of your current infection control strategy?**

*Please describe briefly:*

1.
2.
3.

**Q2. Who has final approval of the infection control strategy and programme?**

*Please tick one box only*

Base: All with infection control strategy and programme (67)

	%
The Trust Board	55
The Infection Control Committee	20
The Chief Executive Officer	14
The Corporate Governance Committee	8
Other (please specify)	3
Blank	2

**Q3. How is the Infection Control Team's performance monitored?**

*Please give brief details*

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**Q4. Has the control of infection been incorporated into the Trust's wider risk management and clinical governance programmes?**

*Please tick one box for each*

	Yes (%)
a. Risk management programme	93
b. Clinical governance programme	87

**Q5. Does infection control appear on the Trust's Risk Register?**

*Please tick one box only*

	%
Yes	82
No	14
Blank	4

**Q6a. Have the Clinical Negligence Scheme for Trusts (CNST) or Willis reviewed this risk?**

*Please tick one box only*

	%
Yes	89
No	5
Don't know	4
Blank	2

**Q6b. If 'yes', please indicate which level was awarded for 2002/03:**

*Please tick one box only*

Base: All where risk has been reviewed (147)

	%
Level 0	9
Level 1	63
Level 2	24
Level 3	2
Blank	1

### **Changes to the Management & Control of Hospital Acquired Infection**

**Q7. Has your Trust implemented any changes in the management or the control of hospital acquired infection since March 2000?**

*Please tick one box only*

	%
Yes	95
No	4
Blank	1

**IF 'NO' TO Q7, PLEASE GO TO Q9a**

**Q8. If 'yes', please say for each activity below (8a-8f) whether your input has increased, decreased or stayed the same.**

*Please tick one box for each*

Base: All implementing changes (157)

	Increased (%)	Decreased (%)	Stayed the same (%)	Blank (%)
a. Surveillance activities	74	6	20	1
b. Clinical audit	56	4	38	3
c. Environmental audit	69	8	22	1
d. Monitoring cleaning in clinical areas	70	4	25	1
e. Hand hygiene compliance	78	1	21	0
f. Staff training	85	2	11	1

**Q8g. Please provide brief details of any changes in the management or the control of hospital acquired infection:**

**ALL TO ANSWER Q9a**

**Q9a. Have you submitted a business case to secure additional resources for infection control?**

*Please tick one box only*

	%
Yes	79
No	20
Blank	1

**IF 'NO' TO Q9a, PLEASE GO TO Q10**

**Q9b. How successful was the business case – would you say very, fairly, not very or not at all successful?**

*Please tick one box only*

Base: All who have submitted a business case to secure additional resources for infection control (130)

	%
Very	28
Fairly	35
Not very	12
Not at all	24
Blank	1

**Q9c. Please give brief details of the reasons for your answer to Q9b**

**ALL TO ANSWER Q10**

**Our original study reported the findings of a research project carried out by the London School of Hygiene and Tropical Medicine (LSHTM). The annual cost of hospital acquired infection in one 579 bedded district general hospital was estimated to be £3.6 million.**

**Q10 Have (a) similar calculations been performed for your Trust, or (b) any other economic evaluation been performed to support the Trust's business case?**

*Please tick one box for each*

	Yes (%)
a. LSHTM method based on extended length of stay	11
b. Other economic evaluation	16

**Q10c. If 'yes' to either 'a' or 'b', please provide details of your calculations (attach separate documentation if necessary):**

i. LSHTM method based on extended length of stay
ii. Other economic evaluation

**Q11a. Does the Infection Control Team have a separate non-pay budget for infection control?**

*Please tick one box only*

	%
Yes	55
No	44
Blank	1

**Q11b. If 'yes', what was the annual budget for 2002/03?**

*Please write in number*

Base: All with a separate non-pay budget for infection and giving data (88)

£	%
1-2000	20
2001-4000	12
4001-6000	22
6001-8000	13
8001-10000	5
10001-12000	7
12001-14000	5
14001-16000	1
16001-18000	1
18001-20000	2
20001+	8
Blank	3

**Q12. In your opinion, has the Trust non-pay budget for infection control increased, decreased or stayed the same in real terms (i.e. not including any inflationary increases) between a) 2000/01 - 2001/02 and b) 2001/02 - 2002/3?**

*Please tick one box for each*

Base: All with a separate non-pay budget for infection (91)

	Increased (%)	Decreased (%)	Stayed the same (%)	Blank (%)
a. 2000/01 – 2001/02	8	19	71	2
b. 2001/02 – 2002/03	12	24	63	1

**Q13. To what extent is your access to IT facilities (including access to information management systems) sufficient to meet the needs of the Infection Control Team?**  
*Please tick one box only*

	%
A great amount	19
A fair amount	54
A small amount	24
Not at all	2
Blank	1

### **Surveillance**

**Q14a. During the last 3 years (April 2000 to March 2003), has any surveillance been done within the Trust that allowed rates of infection to be calculated to give the *incidence* of infection, (not including the compulsory MRSA bacteraemia surveillance)?**  
*Please tick one box only*

	%
Yes	88
No	18
Don't know	0
Blank	1

**Q14b. Over the same time period, has any surveillance been done within the Trust to calculate the *prevalence* of infection?**  
*Please tick one box only*

	%
Yes	44
No	53
Don't know	1
Blank	2

**IF 'YES' TO BOTH Q14a AND Q14b, PLEASE GO TO Q15. OTHERS PLEASE ANSWER Q14c**

**Q14c. How do you monitor your infection rates, if incidence or prevalence surveillance is not carried out?**  
*Please give brief details*

**IF 'NO' OR 'DON'T KNOW' TO BOTH Q14a AND Q14b, PLEASE NOW GO TO Q19**

**Q15. If 'yes' to either Q14a or Q14b, which of the following systems of surveillance was employed by the Trust in the year 2002- 2003?**

*Please tick all boxes that apply*

Base: All doing surveillance to allowing calculation on incidence or prevalence of infection (142)

	%
Trust's own programme	59
Noscomial Infection National Surveillance	46
Service (NINSS) for Surgical Site Infection Clinical Audit	39
Surgeon's own programme	13
National Specialty based audit (e.g. Orthopaedics/CABG, other)	11
Other e.g. Quality Indicator Project (QIP) (Please give details)	16
Blank	2

**Q16. Is the data from surveillance activities fed back to the following types of staff?**

*Please tick one box for each*

Base: All doing surveillance to allowing calculation on incidence or prevalence of infection (142)

	Nursing staff (%)	Medical staff (%)
Yes	89	93
No	10	6
Don't know	0	1
Blank	1	1

**Q17. Who in your Trust is responsible for co-ordinating and managing surveillance activities?**

Base: All doing surveillance to allowing calculation on incidence or prevalence of infection (142)

	%
Infection control nurse	34
Infection control doctor	25
Infection Control Team	20
Consultant microbiologist	10
Other nurse	8
Head of Infection Control Team	5
Infection control assistant/officer	3
Other director	2
Other doctor	1
Other	5
Blank	6

**Q18. Who in your Trust is responsible for collecting surveillance data?**

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**ALL TO ANSWER Q19**

**Q19. If applicable, please list the clinical practices or environmental factors that have been reviewed and/or changed as a result of either surveillance or audit activities:**

a. Pre-operative microbiological screening	
b. Antibiotic prophylaxis	
c. Other pre-operative care	
d. Intra-operative theatre discipline	
e. Intra-operative asepsis	
f. Theatre environment (e.g. ventilation, building, fabric etc)	
g. Post-operative care	

**Q20a. Has your Trust performed any economic evaluation of any of the changes described above?**

*Please tick one box only*

	%
Yes	4
No	79
Don't know	2
No changes made	13
Blank	2

**Q20b. If 'yes', please provide details of the Trust's calculations (attach separate documentation if necessary):**

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**Q21. What effect, if any, do you feel the mandatory reporting of MRSA bacteraemia has had on the management of patients within your Trust?**

*Please tick all boxes that apply*

	%
Increased senior management awareness of infection control issues	70
Led to review of clinical practice e.g. IV line insertion and management	39
Increased awareness of infection control issues by clinical staff	32
Led to improved cleaning of clinical areas	12
Other (please describe briefly)	8
No obvious effect	27
Blank	1

**Q22a. Has your Trust carried out any post-discharge surveillance in the last 3 years?**

*Please tick one box only*

	%
Yes	21
No	70
Don't know	2
Blank	6

**IF 'NO' OR 'DON'T KNOW', PLEASE GO TO QUESTION 25a**

**Q22b. If 'yes', which, if any, of the following methods were employed?**

*Please tick all boxes that apply*

Base: All carrying out post-discharge surveillance (35)

	%
Telephone follow-up of patients	40
Re-admission monitoring	26
Patient completed questionnaire	20
General Practice reporting	23
Outpatient follow-up	23
Other, please specify below:	29
Blank	3

**Q23. Please state (a) which categories of surgery have been subject to post-discharge surveillance, and (b) the timeframe for each survey.**

*Please write in*

Base: All carrying out post-discharge surveillance (35)

	%
Breast Surgery	6
Routine Orthopaedic Surgery	3
Abdominal hysterectomy	11
Hip replacement	17
Knee replacement	14
Unspecified orthopaedic surgery	9
Neurosurgery	3
Cardiac surgery	3
Caesarean surgery	23
Intervascular surgery	3
Prostatectomy	3
General surgery	6
Day surgery	3
Blank	14

**Q23b – SEE TABLES – TOO COMPLEX FOR TOPLINES**

**Q24. What were your findings, and how has this affected clinical practice?**

*Please describe briefly*

**ALL TO ANSWER Q25a**

**Q25a. Is there a system (manual or electronic) within the Trust that allows the Infection Control Team to identify patients that have been readmitted?**

*Please tick one box only*

	%
Yes	43
No	56
Blank	1

**Q25b. If 'yes', does the Trust use the information to identify patients that have been re-admitted due to an infection?**

*Please tick one box only*

Base: All with a system in place to identify patients that have been readmitted (71)

	%
Yes	34
No	63
Blank	3

**Training and Education in Infection Control**

**Q26. Please complete the table overleaf with the following information for each category of staff:**

- a. What percentage of staff have received induction training on infection control?
- b. How many hours' induction training on infection control is given to each individual, where applicable?
- c. What percentage of staff are given annual update training on infection control?
- d. How many hours' annual update training are given to each individual, where applicable?

SEE TABLES – TOO COMPLEX FOR TOPLINES

Category of staff	a. % have received induction training	b. Hours of induction training	c. % receive annual updates	d. Hours of annual updates
	<i>Approximate % of staff</i>	<i>Approximate hours per individual</i>	<i>Approximate % of staff</i>	<i>Approximate hours per individual</i>
1. Consultant doctors				
2. Junior doctors				
3. Medical students				
4. Nurses/midwives				
5. Link nurse/clinician				
6. Professions allied to medicine				
7. Paramedics				
8. Health care assistants				
9. Cleaners				
10. Porters				
11. Waste disposal staff				
12. Facilities staff (e.g. maintenance/engineers)				
13. Food handling staff				
14. Hospital Volunteers				
15. Others (please specify)				

### **Hospital Hygiene**

**Q27a. In your opinion, in what proportion of clinical areas in your Trust has the standard of cleanliness improved over the past two years?**

*Please tick one box only*

	%
100%	3
75% to 99%	14
50% to 74%	19
25% to 49%	18
Less than 25%	28
None	10
Don't know	8

**IF 'NONE' OR 'DON'T KNOW' TO Q27a, PLEASE GO TO Q28a**

**Q27b. To what extent, if at all, do you think that the Patient Environment Action Team (PEAT) inspections have contributed to the improved cleanliness?**

*Please tick one box only*

Base: All where the standard of cleanliness has improved in a proportion of clinical areas (139)

	%
A great deal	20
A fair amount	41
Not very much	29
Not at all	9
Don't know	1

**Q27c. Please briefly explain your answer to Q27b:**

**ALL TO ANSWER Q28a**

The issue of guidance HSC 2001/10 “Implementing the NHS Plan – Modern Matrons: Strengthening the role of ward sisters and introducing senior sisters” has led to the appointment of a number of Modern Matrons, in order to help improve standards of care, nutrition and cleanliness on hospital wards.

**Q28a. To what extent have the Modern Matrons in your Trust, been pro-active in relation to infection control?**

*Please tick one box only*

	%
A great amount	8
A fair amount	32
Not very much	32
Not at all	25
Don't know	3

**Q28b. Please provide brief details for your answer to Q28a:**

**Q29. To what extent has the appointment of Modern Matrons contributed to the following in your Trust?**

*Please tick one box for each*

	a. Improved standards of cleanliness in clinical areas (%)	b. Improved compliance with infection control policies and protocols (%)
A great amount	4	4
A fair amount	29	26
Not very much	34	33
Not at all	26	31
Don't know	7	6

**Clinical Issues**

**Q30. In your view, to what extent, if any, has your Trust adopted the standard principles for infection control from the EPIC guidelines?**

*Please tick one box for each*

Intervention	≤ 25%	26% - 50%	51%- 75%	≥75%	Not adopted	Blank
<i>Standard principles for preventing hospital-acquired infection</i>	(%)	(%)	(%)	(%)	(%)	(%)
a. Intervention 1: Hospital environmental hygiene	5	10	27	41	12	5
b. Intervention 2: Hand hygiene	1	5	17	68	6	2
c. Intervention 3: The use of personal protective clothing	2	7	21	61	7	2
d. Intervention 4: The safe use and disposal of sharps	2	4	15	70	7	2
e. Guidelines for preventing infections associated with the use of short-term indwelling urethral catheters in acute care.	4	16	24	37	17	2
f. Guidelines for preventing infections associated with the insertion and maintenance of central venous catheters.	4	11	27	42	13	2

**Q30g. If you have ticked 'not adopted' or '≤ 25%' or '26%-50%' for any of the above (Q30a-f), please give reasons for your response:**

**Q31a. Where there is compliance with the EPIC guidelines, do you believe that this has led to improvements in practice?**

*Please tick one box only*

Base: All where there is compliance with at least one EPIC guideline (155)

	%
Yes	57
No	11
Don't know	31
Blank	1

**Q31b. Please briefly give reasons for your answer:**

**Q32a. Is there a written antibiotic policy for the Trust?**

*Please tick one box only*

	%
Yes	94
No	5
Blank	1

**Q32b. If 'yes', does this include the prophylactic use of antibiotics?**

*Please tick one box only*

Base: All with a written antibiotic policy for the Trust (155)

	%
Yes	88
No	12

**IF 'NO' TO BOTH Q32a AND Q32b, PLEASE GO TO Q34a**

**Q33a. Who is responsible for *developing* the antibiotic policy?**

*Please tick all boxes that apply*

Base: All where written antibiotic policy for the Trust includes prophylactic use (137)

	%
Microbiologists	99
Clinicians	79
Pharmacists	82
Other,	7

**Q33b. And who is responsible for *monitoring* compliance with the antibiotic policy?**

*Please tick all boxes that apply*

Base: All where written antibiotic policy for the Trust includes prophylactic use (137)

	%
Microbiologists	72
Clinicians	27
Pharmacists	85
Other	7

**ALL TO ANSWER Q34a**

**Q34a. Have your antibiotic policies changed in the last 3 years?**

*Please tick one box only*

	%
Yes	79
No	16
Blank	5

**Q34b. Please give reasons for your answer to Q34a:**

**Consultation**

**Q35. How often, if ever, is the Trust Infection Control Team consulted on the following matters (continued overleaf)?**

*Please tick one box for each*

	Always (%)	Generally (%)	Sometimes (%)	Never (%)	Blank (%)
a. Provision of infection control services in Service Level Agreements with Primary Care Trusts	19	14	18	43	6
b. Reviewing contracts for catering services	15	19	21	38	7
c. Reviewing contracts for laundry services	26	30	18	21	5
d. Reviewing contracts for domestic and cleaning services	27	31	20	16	6
e. Reviewing plans for alterations and additions to the clinical buildings	21	56	22	0	1
f. Reviewing private finance initiative building plans	17	23	12	27	21
g. Disinfections and sterilisation of equipment	29	56	13	0	2
h. Theatre ventilation and other air conditioning/air pressure control systems	32	50	16	1	1
i. Bed management	13	33	48	4	2

**Q35j. Please give specific details of the above answers:**

**Clinical Audit**

**Q36. Do clinical audits in your Trust cover the following activities?**

*Please tick one box for each, and give details if 'yes'*

Audit activity	Yes (%)	No (%)	Blank (%)	If 'yes' please give brief description:
a. Compliance with infection control policies	82	16	2	
b. Compliance with antibiotic policy	60	36	4	
c. Compliance with isolation arrangements	57	39	4	



### **Management and Prevention of Out-breaks**

**Q37. Please give details of any outbreaks the Trust has had over the last three years (continued overleaf):-**

Year	Type and number of outbreaks	Continuous/prolonged outbreaks (give type, no. wks/mths)
2000/01	a.	d.
2001/02	b.	e.
2002/03	c.	f.

**Q38a. Have any wards been closed for the purpose of outbreak control at any time during the years 2000-2003?**

*Please tick one box for each*

	Yes (%)
2000/01	64
2001/02	70
2002/03	81

**Q38b. Have any bays on wards been closed for the purpose of outbreak control at any time during the years 2000-2003?**

*Please tick one box for each*

	Yes (%)
2000/01	72
2001/02	78
2002/03	82

**Q38c. Has the whole hospital been closed for the purpose of outbreak control at any time during the years 2000-2003?**

*Please tick one box for each*

	Yes (%)
2000/01	1
2001/02	0
2002/03	1

**Q39. Has a recommendation by the Infection Control Team to close a ward or the hospital to admissions for the purpose of outbreak control been refused/discouraged by either of the following?**

*Please tick one box for each*

	Yes (%)
a. Chief executive	12
b. The Strategic Health Authority	2

**Q39c. If 'yes' to either of above (Q39a or Q39b), please provide brief details:**

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**Q40. How often was the CCDC informed of the outbreak(s) the Trust has had over the last three years?**

*Please tick one box only*

	%
All	60
Most cases	26
Some cases	7
Never	3
Blank	4

**Q41. To whom are reports of outbreaks normally sent?**

*Please tick all boxes that apply*

	%
Infection Control Committee	90
Director of Nursing	86
CCDC	78
Chief Executive	73
Medical Director	72
Quality/Risk Manager	57
Operations Director	55
Other, please specify	34
Blank	2

**Q42a. Have there been any changes to policies or procedures as a result of any of the reports on outbreaks of infection over the last year?**

*Please tick one box only*

	%
Yes	57
No	40
Blank	3

**Q42b. If 'yes' to Q42a, please describe briefly:**

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**Q43. What impact, if any, do you envisage the Chief Medical Officer's announcement on the 9<sup>th</sup> June 2003 to 'step up the fight on hospital infections' will have on the work carried out by the Infection Control Team?**

*Please describe briefly*

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### **Isolation Facilities**

**Q44. Has a risk assessment of the number and quality of isolation facilities available for infectious in-patients been carried out within the past three years?**

*Please tick one box only*

	%
Yes	56
No	42
Blank	1

**IF 'NO' TO Q44, PLEASE GO TO Q46**

**Q45. If 'yes', please answer the following:**

*Please tick one box for each*

Base: All Carrying out a risk assessment of the number and quality of isolation facilities available for infectious in-patients (86)

	Yes (%)
a. Did the risk assessment identify the number of isolation facilities that are needed?	82
b. Have the required facilities been provided?	25
c. Are plans in place to ensure provision within a specified time frame?	39

**Q45d. Please provide brief details on your responses to Q47a-c:**

**ALL TO ANSWER Q46a**

**Q46a Do your facilities include full negative pressure isolation rooms (ie. Ante-chamber and HEPA filtration extractors)?**

*Please tick one box only*

	%
Yes	36
No	61
Blank	4

**Q46b If 'yes', how many rooms are available for the following?**

*Please write in numbers using leading zeros – eg '8' should be written:*

Base: All with full negative pressure isolation rooms for adult (57) and for paediatric patients (23)

Adult                      Mean number: 6.5

Paediatric                Mean Number: 2.2

**Q46c If 'no', are plans in place to provide these facilities?**

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**Impacts**

**Q47a. Has the Infection Control Team any examples of infection control activities that have been successful in reducing infection rates in your Trust?**

*(Some examples from the scoping exercise included revision of antibiotic guidelines, enforced screening of relevant patients for MRSA, and feedback of SSI surveillance data to surgeons contributing to a reduction in SSI rates)*

*Please tick one box only*

	%
Yes	58
No	39
Blank	2

**IF 'NO' TO Q47a, PLEASE GO TO Q48**

**Q47b. If 'yes', please outline:**

- the infection control activities that were carried out;
- the impact of these activities on reducing rates; and
- how and where this information has been disseminated, both internally and externally *(please include separate documentation if relevant/necessary)*.

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**ALL TO ANSWER Q48**

**In our original study, we estimated, based on a bed weighted average, that the rates of hospital acquired infection could be reduced by 15%.**

**Q48. Do you know by how much you have been able to reduce your rates since March 2000?**

*Please tick one box only*

	%
Yes	5
No	94
Blank	1

**IF 'NO' TO Q48, PLEASE GO TO Q50**

**Q49** If 'yes' to Q48, please give the following details of rate reduction:

Please write in percentages using leading zeros – eg '8' should be written: 

0	0	8
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Base: All knowing how by much they have been able to reduce infection rates (8)

a. Reduction from:            Mean Number:            9.8

b. To:                            Mean Number:            6.0

c. Overall reduction:        Mean Number:            6.3

**Q49d.** Please give brief details on change in rate:

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**ALL TO ANSWER Q50**

**Q50.** Overall, how do you feel that the management and control of hospital acquired infection in your Trust has improved, worsened or stayed the same over the last three years?

*Please tick one box only*

	%
Improved	69
Worsened	5
Stayed the same	23
Blank	2

**Q51.** Finally, if there are any further issues that you would like to raise, please give details below:

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**Thank you for completing the questionnaire. Please ensure that any additional information required as indicated in the questionnaire is included**