

Britain: Declining hygiene standards lead to 90 deaths at three hospitals from *C. difficile*

Marcus Morgan
8 November 2007

A report by the government-funded Healthcare Commission has revealed that 90 people died from an outbreak of the infection *Clostridium difficile* (*C. difficile*) in three hospitals in the southeast of the country between 2004 and 2006.

The annual health check also revealed that one in four National Health Service (NHS) Trusts, government-appointed bodies tasked with managing hospitals, failed to meet basic standards of infection and hygiene control across England. The report concludes that the hospitals with the worst outbreaks were mismanaged by the local trust.

C. difficile is the most significant cause of pseudomembranous colitis, an infection of the colon.

The commission also found that 20 hospital trusts across the country had even higher rates of infection. Failures especially highlighted were dirty equipment and wards, with nurses too rushed to wash hands and patients left to lie in their own excrement. There were also concerns of misprescribing antibiotics to patients with high risk of *C. difficile* infection, which often results from the eradication of the normal microorganisms in the digestive tract due to the use of antibiotics. The Health and Safety Executive (HSE) and Kent Police are investigating the Tunbridge Wells and Maidstone NHS Trusts for possible criminal negligence.

After the chairman of the NHS Trust in the area resigned over the crisis, a new case of infection, this time a norovirus outbreak (the major cause of gastroenteritis), was reported at a Maidstone hospital criticised in the report. A ward was isolated after 16 patients showed symptoms of the virus. A nurse told reporters that cleaners at the hospital did not “have the time, the manpower, even the morale.” Healthcare campaigners told reporters they knew of another four trusts in the UK that had had norovirus outbreaks in the previous fortnight.

According to a front page story in the local press, one nurse who was admitted to the Kent & Sussex Hospital described her shock at the appalling conditions: “I couldn’t believe the conditions were so terrible, there were faeces on the floor beside my bed for two days, the facilities for hand washing were terrible, rubbish bins containing contaminated towels would be taken across the ward.” After leaving the hospital, she became ill again soon afterwards, but refused to go back because the conditions were so bad.

Another report gave an account of a patient’s experience of flooding in a ward with a defective shower. When he asked why maintenance was not brought in, he was told, “there were so many levels of management, to get something done took ages.”

A son and daughter of a mother admitted for surgery in 2004 spoke to the press when they heard about the latest outbreak. “Our first reaction to the hospital was that it was like going back to the 1950s, but without the cleanliness,” they said. “We wanted our mother out of there and home as quickly as possible.”

The author of this article also attended the Kent & Sussex Hospital for a two-day stay after an accident in 2003. One of the wards was in isolation due to an infection at the time, and I was asked to leave as soon as I could walk so as to minimise the risk of the infection spreading.

Karen Jennings, head of the health workers’ union Unison, complained: “Responsibility is being diverted away from parliament and we are losing any sense of collective responsibility or equity in the NHS. The superbug phenomenon can be attributed to the contracting-out process—hospitals had 50 percent more cleaners in 1982 than in 2007.”

The report notes constant pressure to meet targets in relation to an outbreak of *C. difficile* in 2006: “[M]any staff told us that senior managers were still reluctant to implement major infection control measures, such as closing wards or using buffer beds to separate infected patients from others on a ward. They said this was because of the shortage of beds and the need to meet targets.”

The report also revealed that “The vast majority of nurses and other clinical staff interviewed considered that poor care was in large part due to having inadequate staffing levels.”

Despite the seriousness of the findings, and the explicit criticism of the NHS Trust, only the board chairman has resigned. The former chief executive of the trust left the board days before the report was released, with a severance deal believed to be worth between £250,000 and £400,000.

After this deal came to light in the press, the health secretary suspended the pay-out, but this could well be reversed. Although the government has the power to remove or discipline individuals under Section 66 of the NHS Service Act, so far

they have been content with the single resignation and some reshuffling of the trust leadership.

In an attempt to deflect attention from impossible financial targets and understaffing imposed by the government, the health minister, Lord Darzi, told MPs that the problem was “a leadership issue.” But however culpable are individuals within the Trust, the real responsibility lies with the policy makers in the government.

James Lee, the former chairman of the Trust, made a report to the health secretary that called for a “root and branch review of all aspects of nursing” in an attempt to limit the damage of public confidence in the Trust and deflect it on to healthcare workers. But in his resignation letter, Lee pointed to financial constraints as a major contributing factor to the outbreak: “We had to be concerned about finance because this trust has been struggling with a state that is pretty close to bankruptcy....When I took over five years ago I felt it would be a wonderful experience because of all the money the Government was pouring in. Instead it’s been five years of sheer hell. It has just been a question of cutting costs.”

The Trust’s position as bureaucratic intermediary between government officials and health workers leaves it unable to satisfy either side, as Lee’s complaints reveal. On the one hand, the government, far from pouring money in, is determined to push ahead with plans to cut costs, inevitably leading to more privatisation of key services such as cleaning. On the other, health workers are being pushed to fulfill targets that cannot be reached with diminishing resources.

The principle of socialised healthcare—free and universal regardless of status—has already been seriously undermined by the emergence of a two-tier health system in Britain. Through instruments such as the PFI initiatives, a higher level of service through private healthcare is only available to the few who can afford it, while socialised healthcare is being steadily eroded. The majority are left with healthcare that is being deprived of essential resources needed to continue providing a decent level of service. In addition, servicing the debt to private investors has become one of the major drains on hospital finances.

Prime Minister Gordon Brown promised *C. difficile* and the “superbug” MRSA, which affects particularly people with open wounds and weakened immune systems, would be tackled by “a deep clean of hospitals and the creation of new isolation wards.” These measures, even if enacted, will have negligible effect in the long term, and simply provide a temporary cover for a deepening crisis brought on by the Labour Party.

The *C. difficile* outbreak, whilst very serious in itself, is just the latest in a series of similar cases that have broken out with increasing regularity. The constant pressure to cut costs and force workers to cover for inadequate staffing levels is ultimately responsible for these new deaths.

Across the country, there have been reports of poor cleaning and lapses in basic hygiene, overcrowded wards, and practices likely to increase infection rates, such as “hot-bedding,” where

beds are immediately occupied again soon after being vacated.

The scale of the problem cannot be sufficiently explained by isolated oversights of basic hygiene procedures, leadership problems, or the emergence of new and especially virulent superbugs. Rather, these outbreaks are symptomatic of a much wider systemic problem that cannot be understood without a clear appraisal of the political role played by successive governments in relation to the NHS.

The privatisation by stealth first initiated by the Conservative government during the 1980s has continued under the Labour government, anxious to press ahead behind the backs of a public hostile to the process. This has involved harassing hospitals with ever tighter controls and targets, introducing more bureaucratic levers to carry through these measures with multi-tiered management levels (most of which are divorced from a working knowledge of medical practice), and the establishment of PFI hospitals and “independent sector treatment centres”.

PFI hospitals are developed by private firms and then leased out to the NHS, whilst core professionals are retained in the public sector. They have been a means of transferring public services (such as housing, roads and schools) into private ownership and control to enrich a favoured elite. PFI was the brainchild of the Conservative government in 1992, but has since been taken up and extended by Labour in its determination to continue the slashing of social expenditure. Detailed information on the trend of PFI investment is difficult to obtain. The deals are exempt from the Freedom of Information Act due to “commercial confidentiality.”

This month, the government announced that the largest US healthcare corporation, UnitedHealth, along with other corporations that preside over the private US health service, one of the most inequitable in the world, will be introduced into Britain in an “advisory” capacity. This is to set them up for management positions and lucrative outsourcing of those illnesses and treatments that can guarantee high profit returns.

The *Guardian* revealed this month that Tony Blair’s former advisor, Simon Stevens, along with other Labour health secretaries, has taken up a lucrative position in the European department of UnitedHealth. No doubt, these Labourites will be working in an “advisory” capacity on the future of the NHS.



To contact the WSWS and the
Socialist Equality Party visit:

wsws.org/contact