



**Herts Care Providers Association
Tackling TB Together in Adult Social Care**

Welcome

Tackling TB together in Adult Social Care

Date: 23rd April 2026

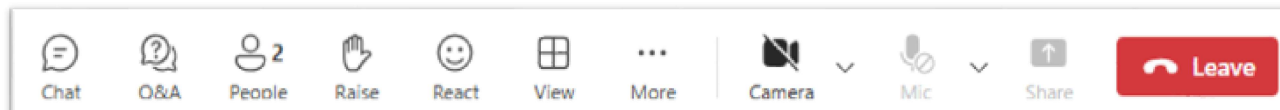
This Session will begin shortly

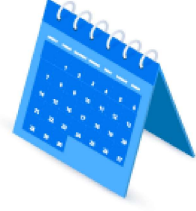




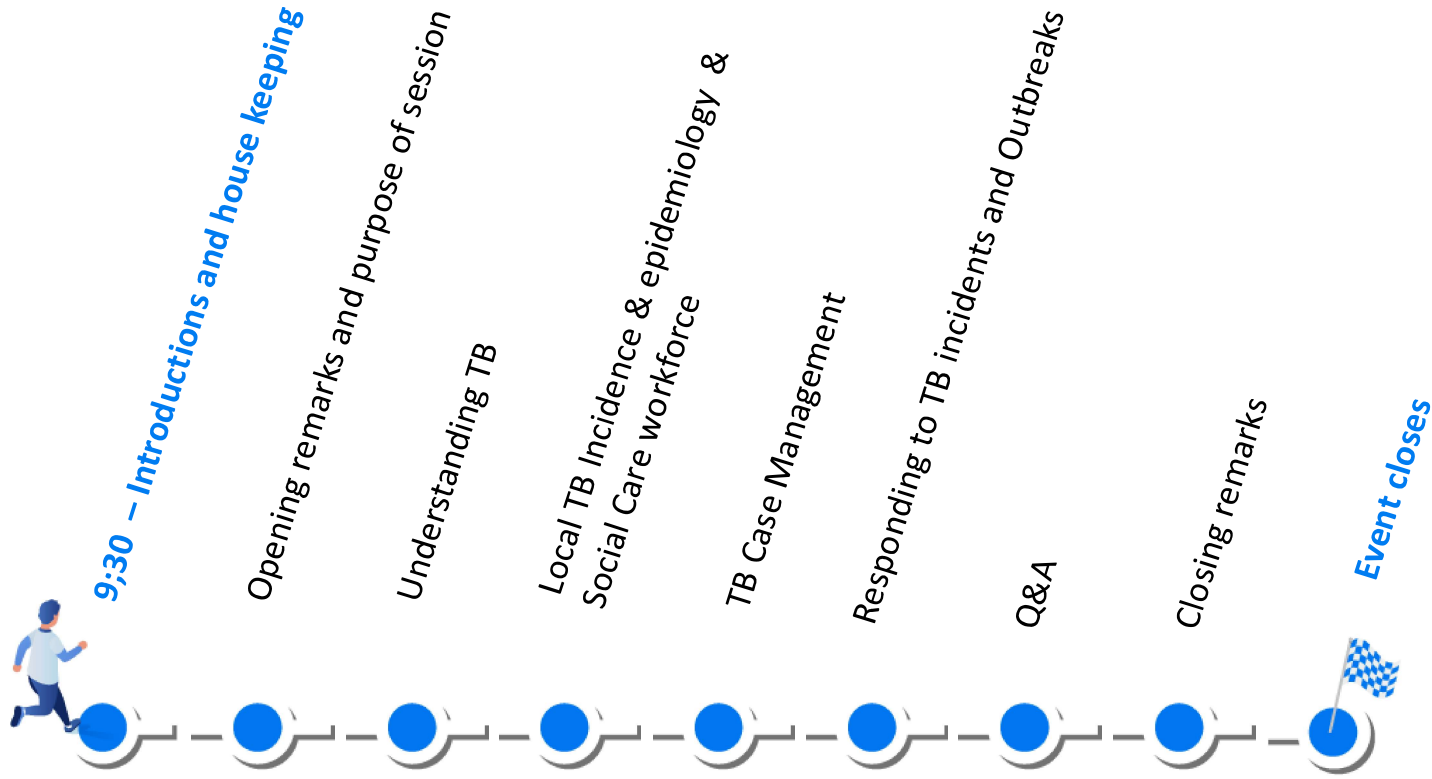
Webinar Housekeeping

- This webinar is being recorded and may be used to create a video resource for our website.
- We have switched off your microphones. Please use the Q&A box to ask a question and we will switch your microphones on at appropriate times if we need you to elaborate. You will also need to unmute yourself once enabled.
- We have enabled your cameras. If you do not wish to feature in the recording, please leave your camera off.
- If you are in the wrong breakout room, please click Leave and select Leave Breakout room and you will be taken back to the main event to be reassigned.
- You will be issued a CPD Certificate for attendance at this event. Certificates will be uploaded to your Care Professional Academy.





Agenda





Tackling Tuberculosis(TB) Together in Adult Social Care

Geraldine Bruce Principal Health Protection Specialist

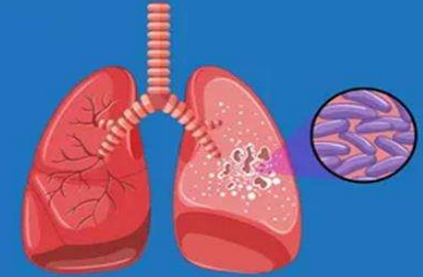
Tanya Brady Senior IPC Nurse

Welcome

- Today brings together adult social care providers and partners to strengthen awareness, understanding, and confidence in responding to TB within the workforce and the people you support.
- The session will explore TB from a social care perspective, focusing on early recognition and effective responses to individual cases or wider incidents.
- Aim to support you as providers to meet your responsibilities around infection prevention, safeguarding, and workforce wellbeing.

What the session will cover

TUBERCULOSIS (TB)



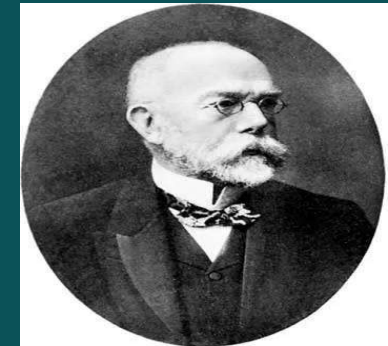
- Overview of tuberculosis (TB) to increase awareness and understanding
- Local TB incidence and epidemiology
- TB case management in social care setting
- Responding to TB incidents and outbreaks in social care
- Roles, responsibilities, and partnership working to reduce risk and support safe care delivery

World TB Day 24 March



World TB Day commemorates

- The date in 1882 when Dr Robert Koch a German physician & Microbiologist announced his discovery of Mycobacterium tuberculosis the bacteria that cause TB which opened the way towards diagnosing and curing this disease.
- Aim is to raise awareness of the disease and step up efforts to end TB

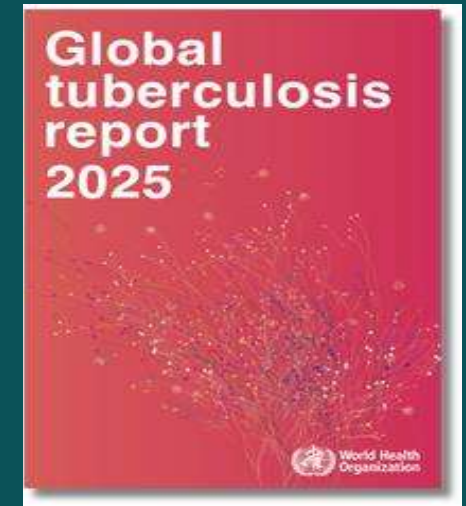


Why TB Matters?

TB is the world's leading infectious disease killer

- In 2024, an estimated **10.7 million** people fell ill with TB
- TB caused an estimated **1.23 million deaths** from the disease worldwide

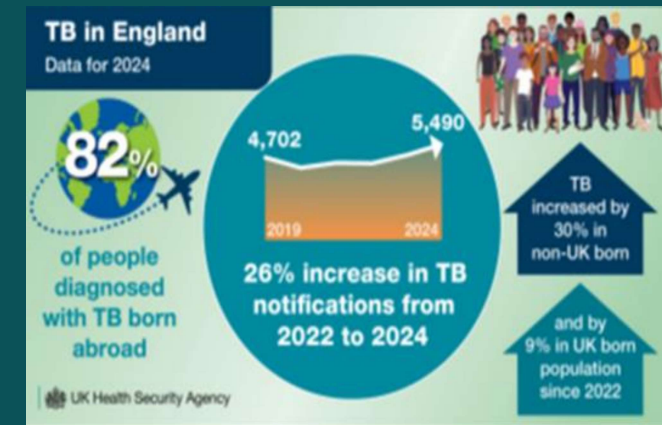
(World Health Organisation 2025)



Rising TB rates in England

TB case rates have risen in England

- UKHSA report a 13 % rise in TB cases in 2024 compared to 2023 with 5,490 cases in England [Tuberculosis in England, 2025 report - GOV.UK](#)
- The incidence rate for new cases has been increasing since 2021 reversing years of decline
- Locally, in Hertfordshire there have been several cases of active TB disease reported in social care workforce and service users across adult social care settings.



Key Challenges in Adult Social Care

High risk population

People receiving social care are more likely to have factors that increase TB risk:

- Older age
- Frailty
- Malnutrition
- Long term conditions
- Weakened immune system



Challenges in Adult Social Care

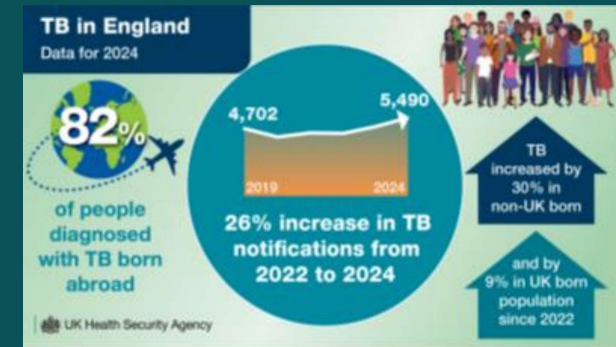
Delayed TB identification and Diagnosis

- Older adults often present with atypical symptoms - mistaken for other chronic conditions.
- Delayed diagnosis – greater risk of transmission, complications and outbreaks within care settings.
- Increased risk of transmission in high - risk settings such as care homes, supported living, extra care housing due to close contact, shared living space , prolonged exposure.

TB in Adult Social Care

Workforce issues

- Social care staff may be exposed to TB and could be at risk – particularly if recently moved from a country where TB is more common (82% of TB notifications in England in people born outside the UK) [Tuberculosis in England, 2025 report - GOV.UK](#)
- High staff turnover – lack of TB awareness training, language and cultural barriers affecting understanding of TB risk, staff reluctant to report symptoms due to financial pressure
- Stigma, fear and anxiety – fear of isolation, anxiety about catching TB



TB in Adult Social Care



TB is a serious public health issue

- TB if left undetected and untreated may be potentially fatal.
- TB is preventable and curable
- Early diagnosis and prompt treatment leads to improved disease outcomes for the person and reduces onward transmission.
- Social care providers play a vital role in early detection and management of TB



Hertfordshire



TB – what do I need to know?

Dr Jayaratnam, TB Lead, West Hertfordshire Teaching Hospitals NHS Trust

Audrey Marau, Senior TB Specialist Nurse

23rd April 2026



Overview

- What is TB?
- Who is at risk?
- What is latent TB?
- How do we identify individuals with latent TB?
- How to treat latent TB?
- Drug resistant TB
- Common myths and misconceptions



What is TB?

Tuberculosis (TB) is an infectious disease which is spread via cough droplets

It is caused by a bacteria called Mycobacterium tuberculosis

It can affect any organ in the body

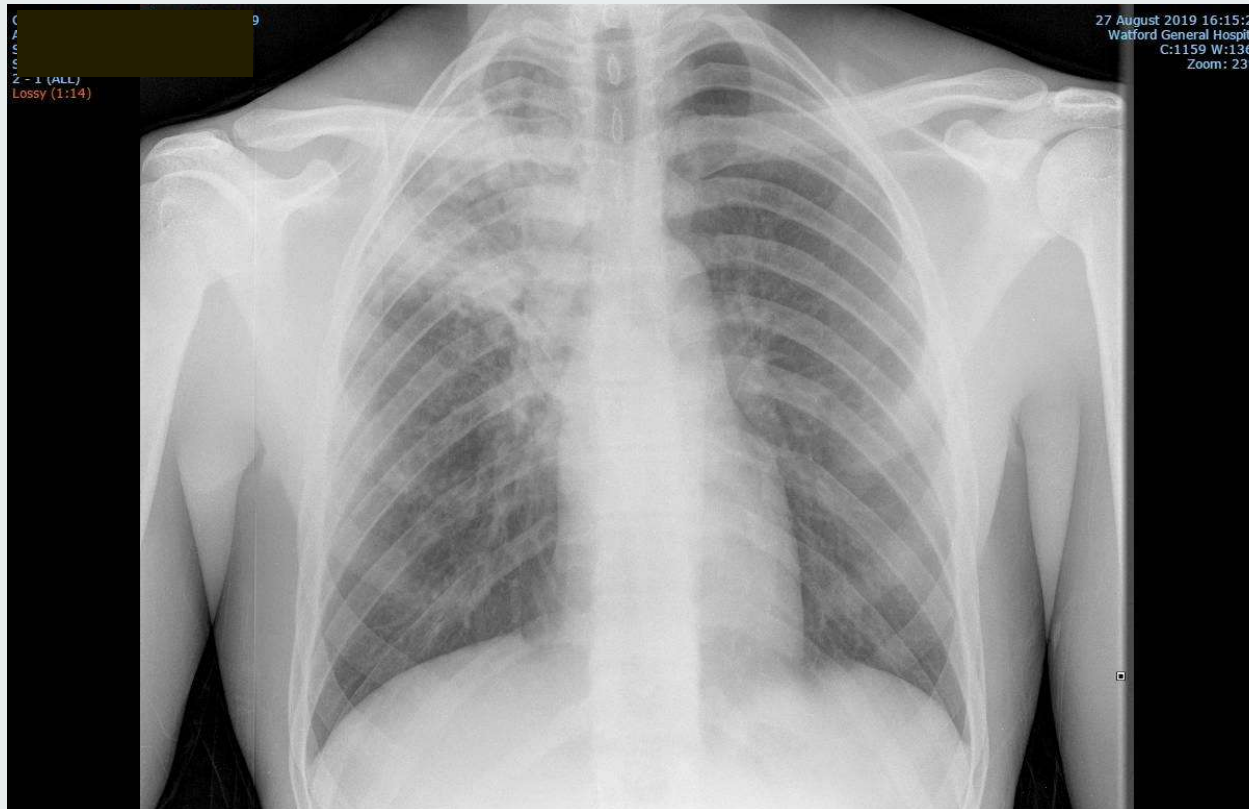
It is curable with drugs

Untreated TB can result in significant morbidity and mortality

In the UK, it is a notifiable disease



Sites of Infection – commonest is lungs





Other sites of TB

Pleural TB

Lymph node TB

Spinal TB

Abdominal TB

Pericardial TB

Ophthalmic TB

TB meningitis

Cutaneous TB



How is TB spread?

Coughing and sneezing

Droplets

Close contact

Sharing accommodation

Prolonged periods of contact - 8 hours

Mask if risk of possible exposure



Who is at risk?

High incidence countries (>40/100,000 population)

Contacts of TB patients

Drug and Alcohol misuse

HIV

Immunosuppressed

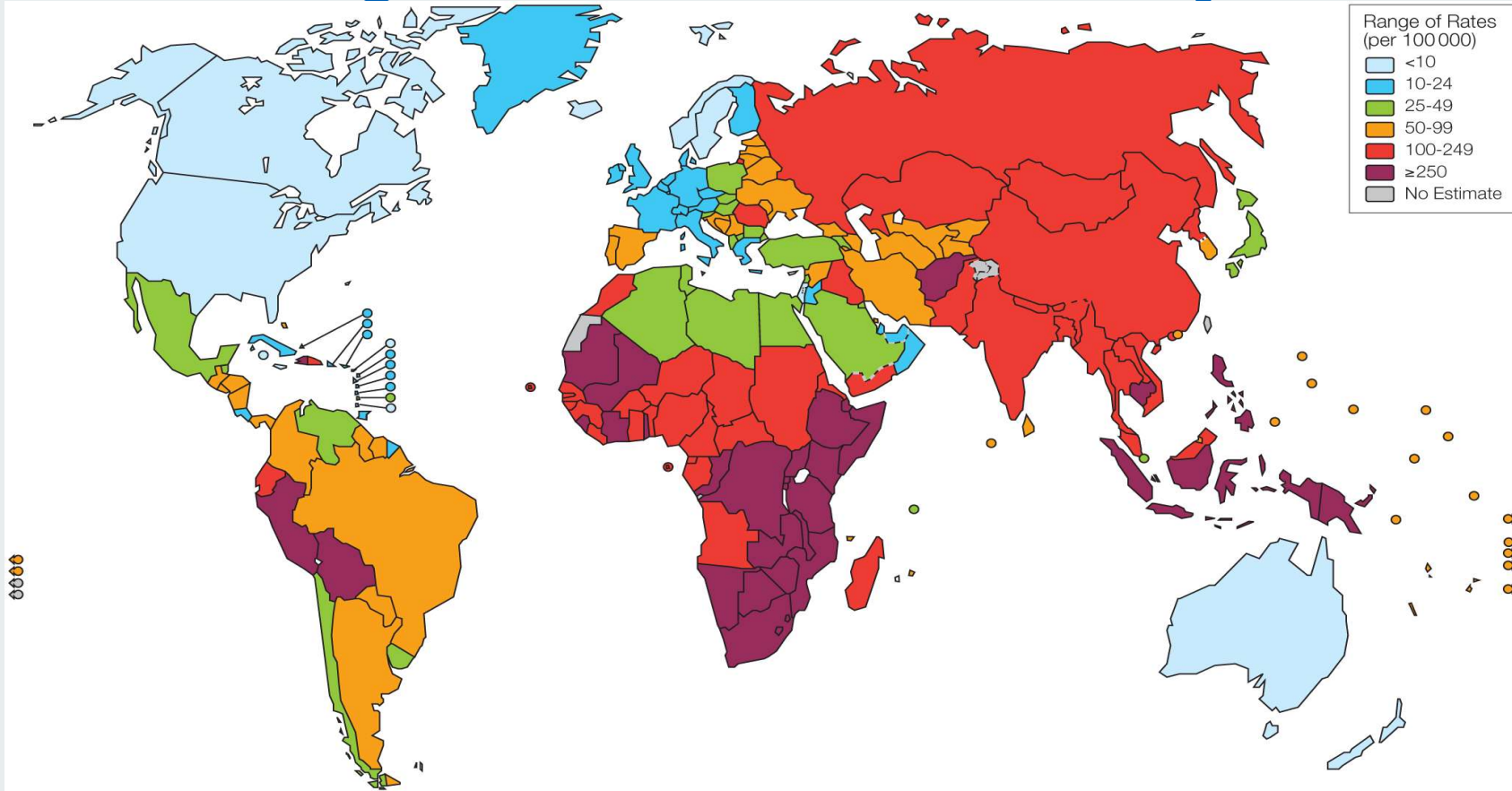
Severely malnourished

Homelessness

Very young or very old



What is a high incidence TB country?





What is Latent TB?

In most healthy people, our immune systems kill the TB organism.

Sometimes the immune system does not kill the bacteria but prevents it from spreading in the body and causing disease.

The bug lies dormant in the body – this is **LATENT TB**.

Latent TB does not cause symptoms

Individuals with latent TB are not infectious

1 in 10 individuals with latent TB develop active TB



TB screening

Migrants who enter the UK via unofficial routes will not have undergone pre-entry TB screening.

These individuals may have increased risk of TB if they are from high incidence country and/or other risk factors.

UKHSA recommends that these individuals undergo screening as soon as possible after arrival.



Who to screen for active TB?

Children over 11 and all (non-pregnant) adults – symptom screen, CXR and if appropriate sputum

Children under 11 – symptom screen

Pregnant women – symptom screen and sputum if appropriate



Contacts of newly-diagnosed TB

Close contacts of newly-diagnosed TB are traced and contacted

They are offered screening by the local TB service

Subsequent treatment for active TB or latent TB is offered if appropriate



OH Guidance TB screening

Employees new to the NHS who will be working with patients or clinical specimens should not start work until they have completed a TB screen or health check, or documentary evidence is provided of such screening having taken place within the preceding 12 months. **[2006]**

Employees new to the NHS who will not have contact with patients or clinical specimens should not start work if they have signs or symptoms of TB. **[2006]**



Other groups to screen

Clinical students, agency and locum staff and contract ancillary workers who have contact with patients or clinical materials for TB

Care Home Staff

Clinical staff at independent health care provider organisations

HIV patients

Patients with certain chronic conditions who are to be started on immune suppressant drugs (eg rheumatoid arthritis, psoriasis, inflammatory bowel disease)



How do we screen for TB?

- Symptom questionnaire
- Blood test for TB exposure (IGRA/Quantiferon/T spot) (**65 yrs and Below**)
- CXR
- Any identified symptomatic cases are discussed & admitted

- For children:
 - Symptom questionnaire
 - Blood test for TB exposure (IGRA/Quantiferon)
 - Refer to paediatric services if positive



Treatment for latent TB

- Drugs - 2 TB drugs – rifampicin and isoniazid for 3 months
- Blood test monitoring
- Medications are free for all patients
- Provided by TB team

Common myths and misconceptions

“Do I have to isolate from all my friends and family for the duration of treatment?”

“I don’t feel sick so why should I have treatment?”

“I don’t mix with high risk individuals so I can’t have TB”

“I am worried for my family and friends – they will have caught TB from me”

“Can I hug my children/grand-children?”

“I could die from TB”

“How do I tell my family/work colleagues?”

TB can be caught from touching patients

TB is a disease of the under-privileged

Latent TB is infectious



Is there stigma around TB?

Prevention is key

Think

Think TB in anyone from a high-risk group with persistent cough, coughing of blood, night sweats or weight loss.

Educate

Educate individuals of symptoms associated with TB so that they can self-report and seek prompt medical advice.

Contact

If any suspicion of TB, please contact TB service as soon as possible and we can advise next steps.



Thank you

Any Questions?



UK Health
Security
Agency

Local TB epidemiology and Social care workforce

Lucy Reeve, Senior Scientist

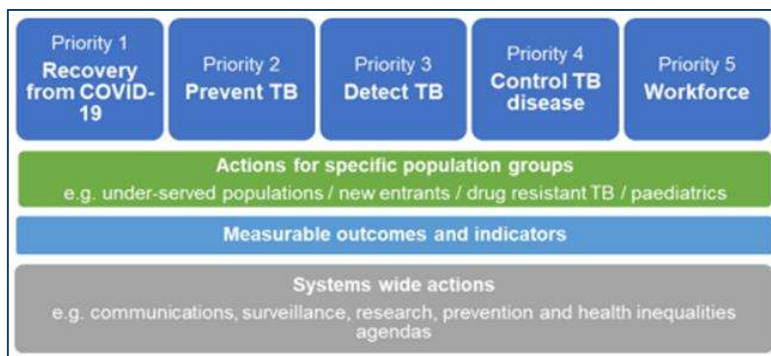
Jackie Gilbey, TB & AMR Programme Manager

23 April 2026

UKHSA and the TB Action Plan

Policy paper

Tuberculosis (TB): action plan for England, 2021 to 2026



Respond – Save lives and reduce harm through effective health security response

Strategic priority 3: Reduce the impact of infectious diseases and antimicrobial resistance

- **reduced health inequalities associated with blood-borne viruses and TB** through improved identification of and reach to undiagnosed and under-engaged populations, drawing on our surveillance data and behavioural science expertise to inform NHS testing and treatment initiatives
- **sustained progress towards the WHO elimination targets for TB**, delivering UKHSA contributions to the control of TB, working closely with the NHS

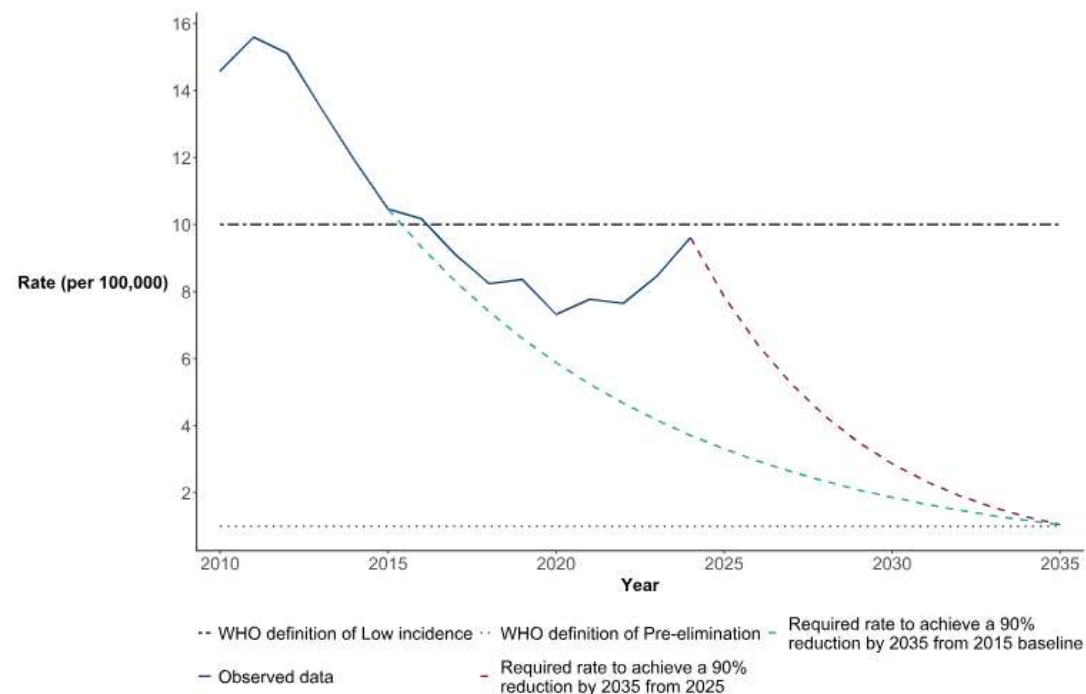
Key roles

- Chairing TB Control Board
- Advice and support in the management of individual cases (where public health action is needed) and incidents and outbreaks
- Assisting in the management of screening as required
- Attending and supporting with TB cohort review and associated data management and key performance indicators
- Attending relevant TB meetings with stakeholders
- Providing TB disease surveillance and associated reports
- Reporting on and oversight of clusters linked by Whole Genome Sequencing

World Health Organisation End TB goal

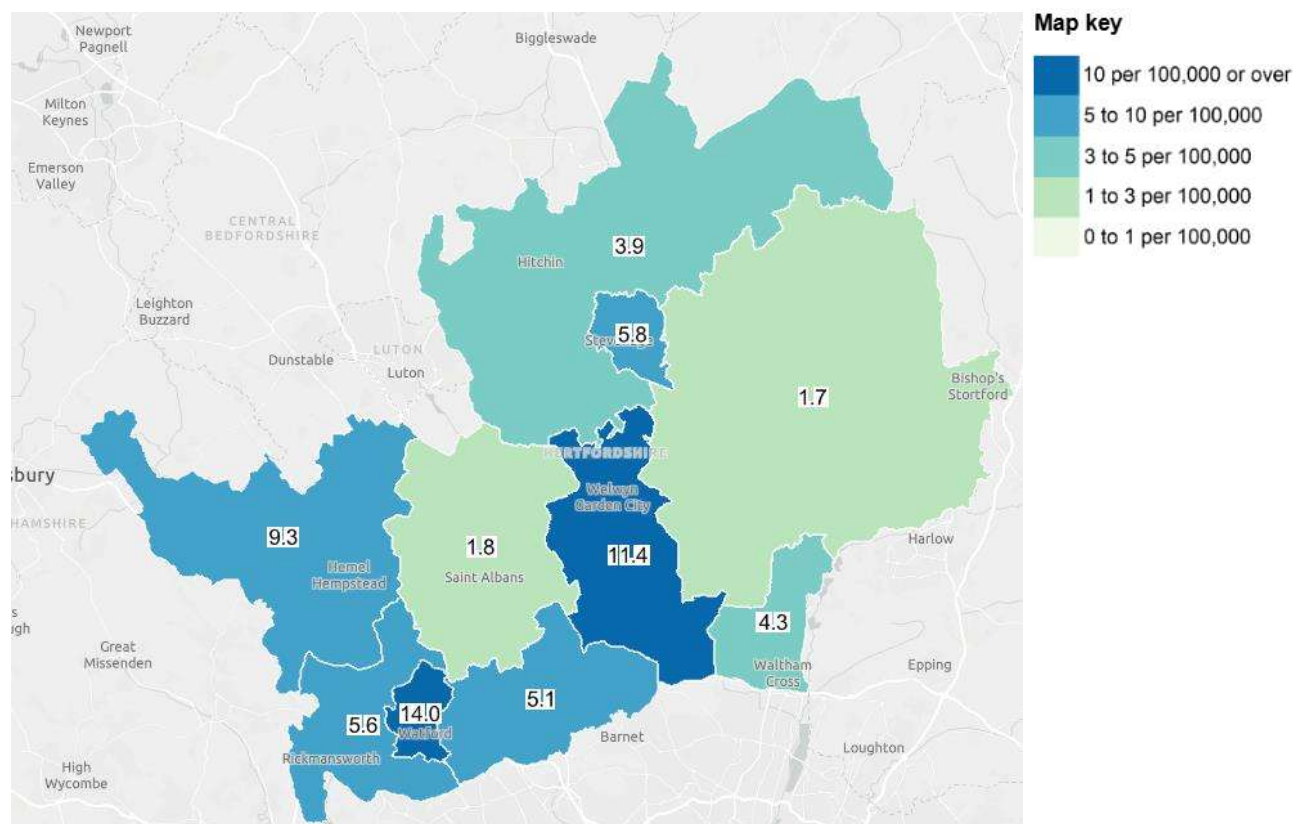
- WHO aim for global TB elimination.
- Target for England to reduce TB rate by 90% between 2015 and 2035
- TB rate has increased in recent years, approaching 10 cases per 100,000 population

Figure 1. Rate of TB in England compared with required rate of decrease to achieve the WHO 'End TB' goal



TB in our area

Figure 2. Three-year average rate of TB in Hertfordshire, 2023-2025



TB among Social Care workers

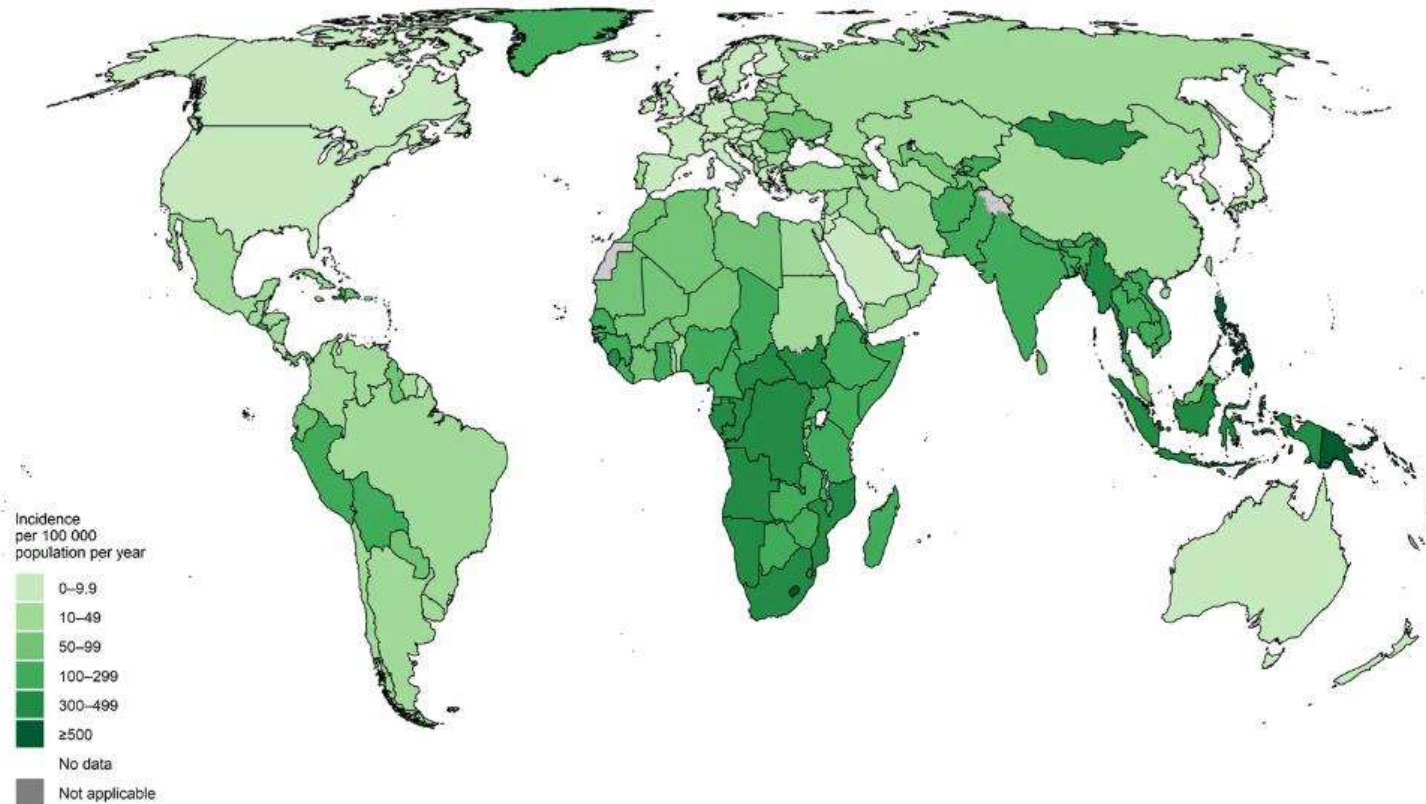
In Hertfordshire
between 2023 and
2025

226 cases of active
TB

8 of which were in
social or community
care workers (3.5%)

Exposure to TB much higher in other countries

Figure 3. WHO estimated global TB rates, 2024

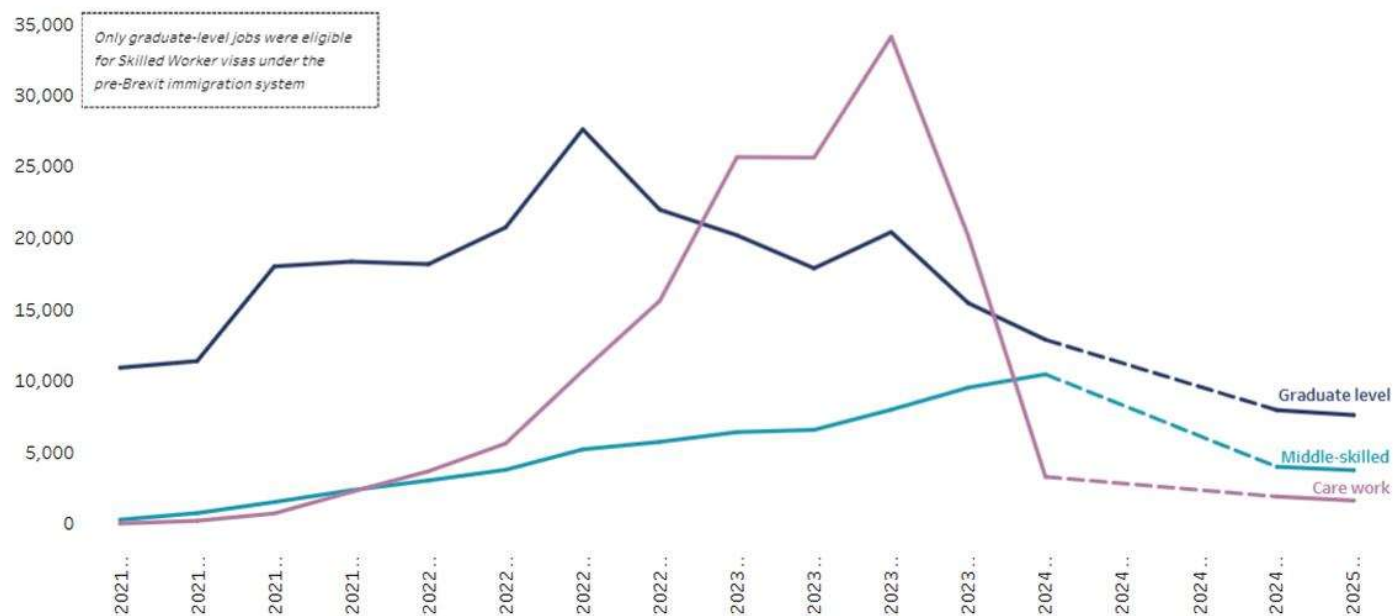


8 countries accounted for two thirds of global TB cases:

1. India
2. Indonesia
3. The Philippines
4. China
5. Pakistan
6. Nigeria
7. Democratic Republic of Congo
8. Bangladesh

Immigration of care workers from high TB incidence countries

Quarterly grants of Skilled Worker visas, by occupation skill level
2021 Q1 to 2025 Q1



Source: Migration Observatory analysis of Home Office Immigration Statistics, Table Occ_D02.

Note: Figures include both EU and non-EU citizens and refer to main applicants only. Industry is self-assigned by sponsors and may not align with the primary reason for sponsorship. Middle-skill jobs require RQF level 3 to 5 skills, and graduate jobs require RQF level 6 or PhD-level skills. Occupations were recategorised in 2024 Q2.



Top countries of citizenship (2022)

India (33%)

Zimbabwe (16%)

Nigeria (15%)

The Philippines (11%)

Pre-entry TB screening (Active TB)



Home Office

- Purpose: to detect the presence of lung or laryngeal TB
- Compulsory to those who apply for a visa to UK for >6 months stay and who reside in a high TB incidence area (40 cases per 100,000 population)
- Screening includes a chest x-ray and symptom assessment and can include a sputum examination
- Individuals identified with active TB of the lungs must complete treatment before visa is granted
- TB certificate issued – valid for 6 months
- **DOES NOT test for Latent TB or extra pulmonary disease**

www.gov.uk/government/publications/tuberculosis-tb-screening-for-the-uk-leaflet

Latent TB screening

- Evidence that LTBI screening for those arriving from areas with a TB incidence or more than 150 per 100,000 is cost effective
- Testing should be offered to all migrants:
 - 16 to 35 years old
 - arrived in England in the last 5 years (including entry via other countries)
 - born or lived for more than 6 months in countries where the TB incidence is more than 150 per 100,000 population and Sub Saharan Africa
 - no previous history of TB or LTBI
 - not previously screened for LTBI in the UK
- National NHS LTBI screening programme is currently only available in highest TB incidence areas of England (as per 2015)
- Where National programme is not implemented, LTBI screening is still recommended – dependent on local agreement / commissioning

Countries of origin eligible for LTBI testing and treatment¹

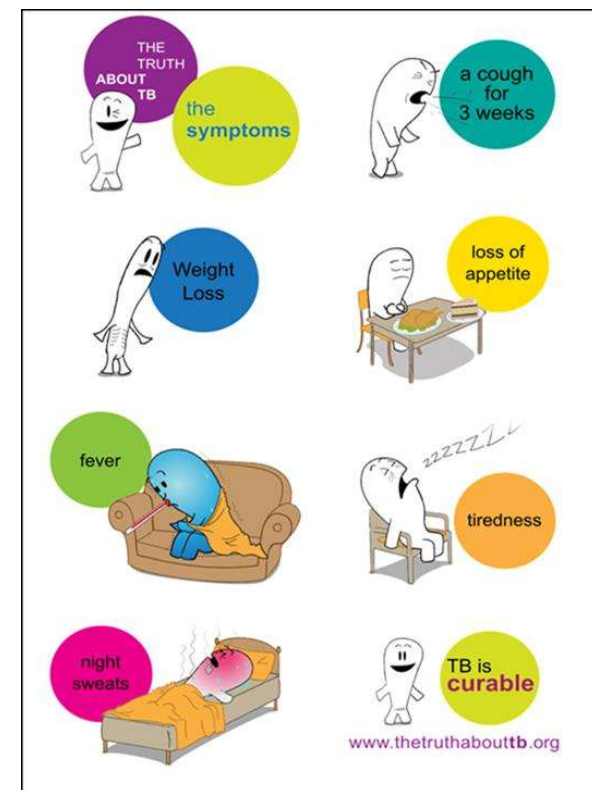


www.gov.uk/guidance/tuberculosis-tb-migrant-health-guide

<https://data.who.int/countries>

What can you do?

- Be aware of signs and symptoms of active TB
- LTBI testing if eligible and available in your area
- Educate family and friends



Case Study

Background: 23 yr M from India, UK entry 2020

Occupation: Care worker in Domiciliary Care Agency

Patient journey:

- Symptom onset Feb 2024
- Walk in centre May 2024, referred to ED due to chest pain
- Diagnosed June 2024

Following risk assessment:

- 17 staff identified for screening
- 70 service users – 6 for screening, 64 Warn & Inform letters
- 7 hospital contacts for screening

Met criteria for new entrant screening?

- Yes, but did not live in an area where new entrant screening is commissioned



TB management – what do I need to know?

Dr Jayaratnam, TB Lead, West Hertfordshire Teaching Hospitals NHS
Trust

Audrey Marau, Senior TB nurse, Central London Community Health

23rd April 2026

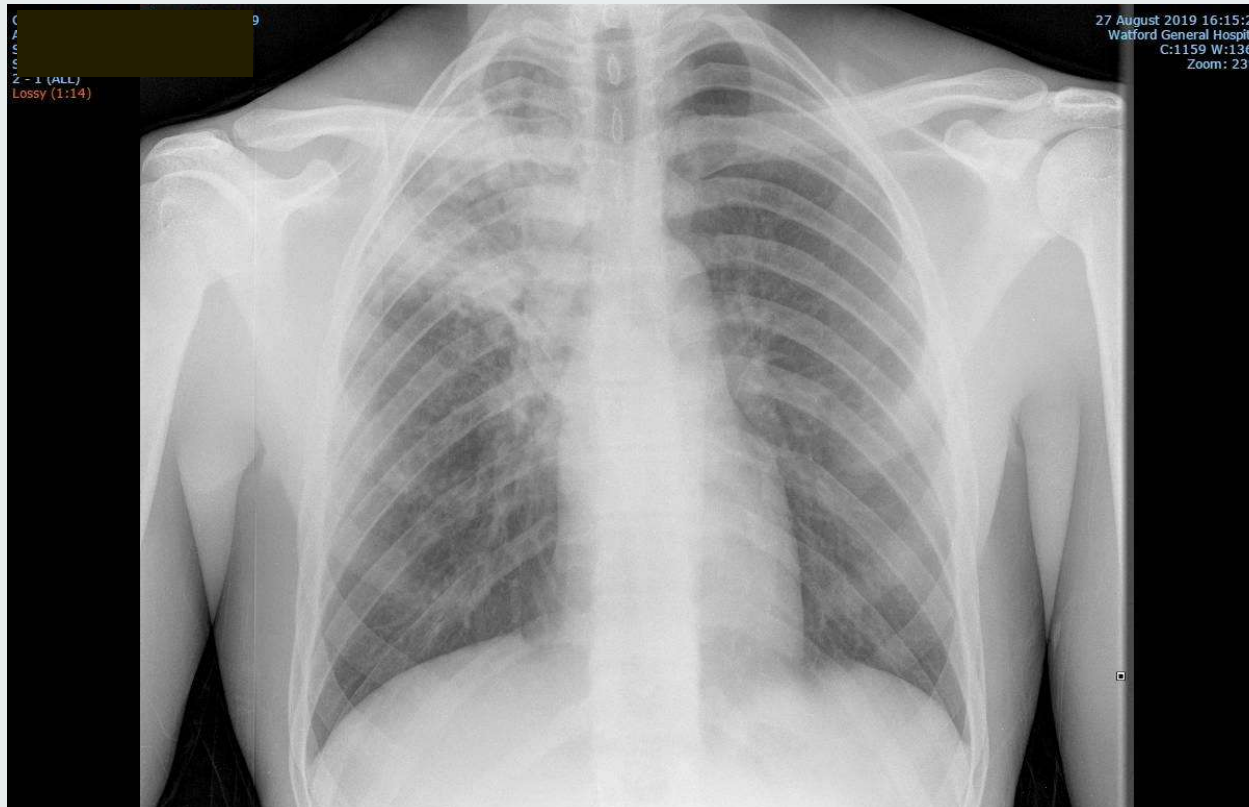


Overview

- What to look for and when to refer?
- How is TB treated?
- Drug resistant TB
- How to refer?
- What should patients expect at clinic?
- How do we monitor and support?
- Advice to care home staff
- Contact screening
- Infection control advice
- What happens at the end of clinic?
- Referral details



Sites of Infection – commonest is lungs





Pulmonary TB

- Cough – chronic
 - Haemoptysis – coughing of blood
 - Unintentional weight loss
 - Fevers, night sweats
-
- Early identification is important - reduces risk of infection, early treatment, better patient outcome



Lymph node TB

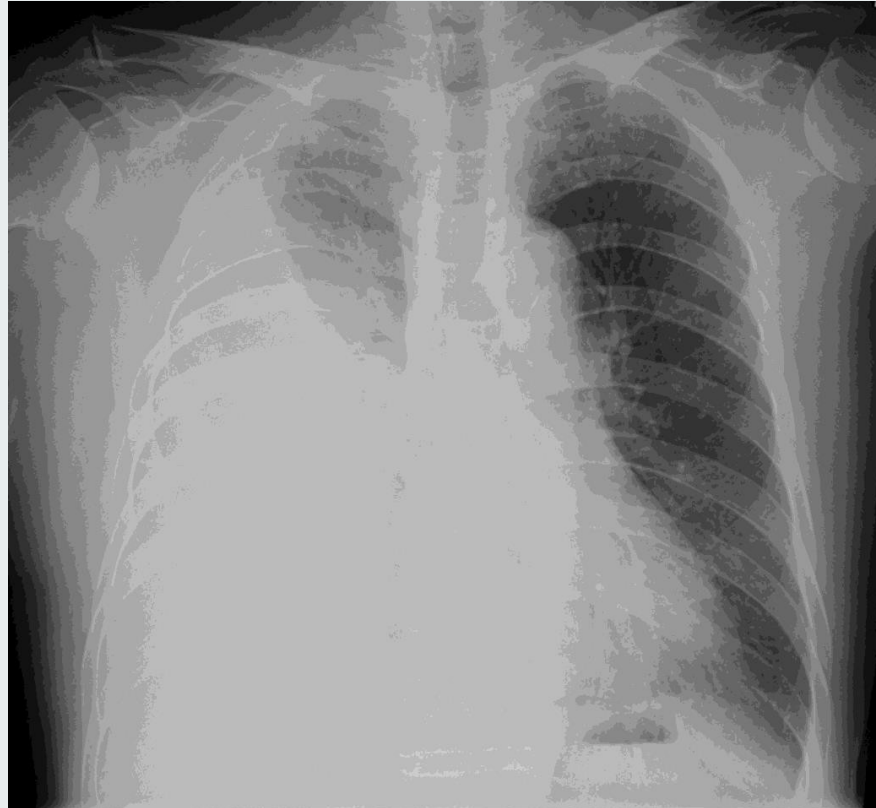
TB Lymphadenitis

- Lymph nodes are most commonly affected
- Cervical
- Mediastinal
- Axillary
- Inguinal
- Nodes are usually mobile and painless but become matted with time





Pleural TB





Other sites of TB

- Spinal TB – chronic back pain, weakness of legs
- Abdominal TB – abdominal pain, weight loss
- Pericardial TB – breathlessness
- Ophthalmic TB – blurred vision, sight loss
- TB meningitis – chronic headache, neurological problems, vomiting



When to seek advice from GP?

- Cough – not resolving
- Weight loss – unexplained
- Coughing of blood
- Fevers/night sweats
- History of previous TB or known TB contact
- Recent travel from high incidence country
- Addiction problems
- Prison history



How to refer

- Seek GP advice
- If clinical suspicion is high or from high risk group, consider refer to TB nurses who can advise next best step



What should patients expect in TB clinic?

- Aim to see patients with suspected active TB within 5 working days
- Appointment with doctor
- Initial tests – blood tests, sputum specimens, chest Xray, HIV test, hepatitis screening
- If clinical suspicion is high, may start treatment at 1st appointment
- If diagnosis not clear, to await further tests and review in clinic
- Further tests may include bronchoscopy and/or biopsies



Treatment

- Oral medications for 6 months
- TB drugs are free in UK due to public health risk
- Side effects monitored by nurses; pre-treatment counselling
- Directly observed therapy – monitoring of treatment to ensure compliance
- Lack of compliance – treatment failure, spread of TB, drug-resistant TB



Drug resistant TB

- Most forms of TB are sensitive to 1st line medications
- Small percentage of patients have a form of TB that is drug resistant
- Different drugs used – different side effects
- Extended treatment period 9 -12 months
- Close monitoring for side effects
- Monitoring for compliance



Ongoing monitoring and support

- TB drugs free on NHS
- All drugs supplied by TB team
- Regular clinic appointments with doctors
- Blood test monitoring
- Investigations to show improvement – CT, sputum
- TB nurse helpline for advice Monday – Friday 9am to 5pm
- DOT – supervised treatment by nurses
- Home visits



Advice to care home staff

- Seek medical advice for symptomatic clients
- Communication with TB Service/UKSHA
- Minimise exposure to others
- Patients with suspected TB who are coughing may need admission to prevent the spread disease transmission
- Once on treatment for 2 weeks, no longer considered infectious
- No masks needed in care home **once established on treatment for 2 weeks** TB team guidance.
- TB Nurses support with clients on treatment until completion.



Infection control advice

- FFP3 Masks – fit testing suspected Pulmonary TB cases
- Local IPC guidance
- Once patient has been on treatment for 2 weeks, isolation not needed with TB team guidance.



Contact tracing

- 8 hours continuous or accumulative contact
- Close contacts of Index case household members, shared accommodation, work colleagues, friends
- Always guided by UKHSA for Workplace , Care homes - resident& staff.
- New UK Entrants- GP led scheme LTBI Programme dependant on area
- Seek advice for symptoms with any contact



33 year old man

- Inmate at local prison
- Congolese; resident in UK since age 3
- Previous cocaine, cannabis use; whilst in prison admits illicit use of “Hooch”
- Initial contact with healthcare - Liver doctors review March 2022
- **CHRONIC HEPATITIS B**
- Monitoring with blood tests



Acute admission November 2022

- Chest pain
- Abnormal CT
- Diagnosis – pericarditis
- Respiratory advice – all related to viral pericarditis
- Suggest repeat CT in 1 month and further outpatient respiratory review – continued abnormalities on CT
- Planned for bronchoscopy to take samples



Bronchoscopy confirmed TB

- TB treatment started 23/6/23
- Discharged to prison with DOT and regular liver blood tests



Subsequent Management

- Drug-induced liver injury
- Interruptions of TB followed by gradual introductions of treatment



Prevention and early diagnosis is key

- Think TB in anyone from a high-risk group with persistent cough, coughing of blood, night sweats or weight loss.
- If any suspicion of TB, please contact TB service as soon as possible and we can advise next steps.



TB contact details

- TB Nurses Contact for advice :

Audrey: 07896674502 ,

Shefali :07789270194

(Monday to Friday 9am -5pm) Not bank holidays



Thank you

Any Questions?



UK Health
Security
Agency

Responding to TB incidents and outbreaks in social care settings

**Dr Victoria Kirkby, Consultant in Health Protection
Wendy Leung, Senior Health Protection Practitioner**

23 April 2026

Objectives

- Purpose of TB contact tracing investigations
- Principles of Risk Assessment in TB contact tracing investigations

Contact tracing

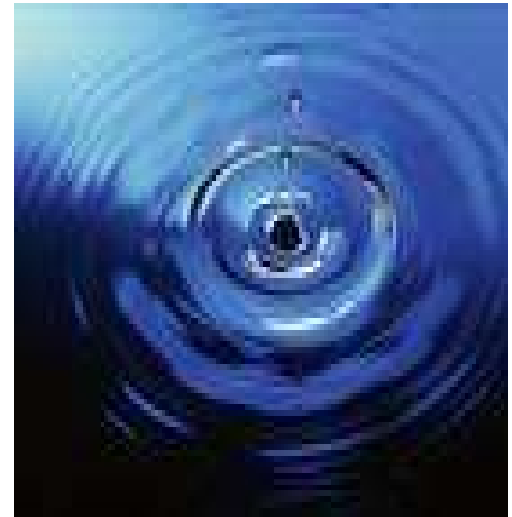
AIM: Interrupt TB transmission by early identification and treatment of both active and latent disease

HOW?

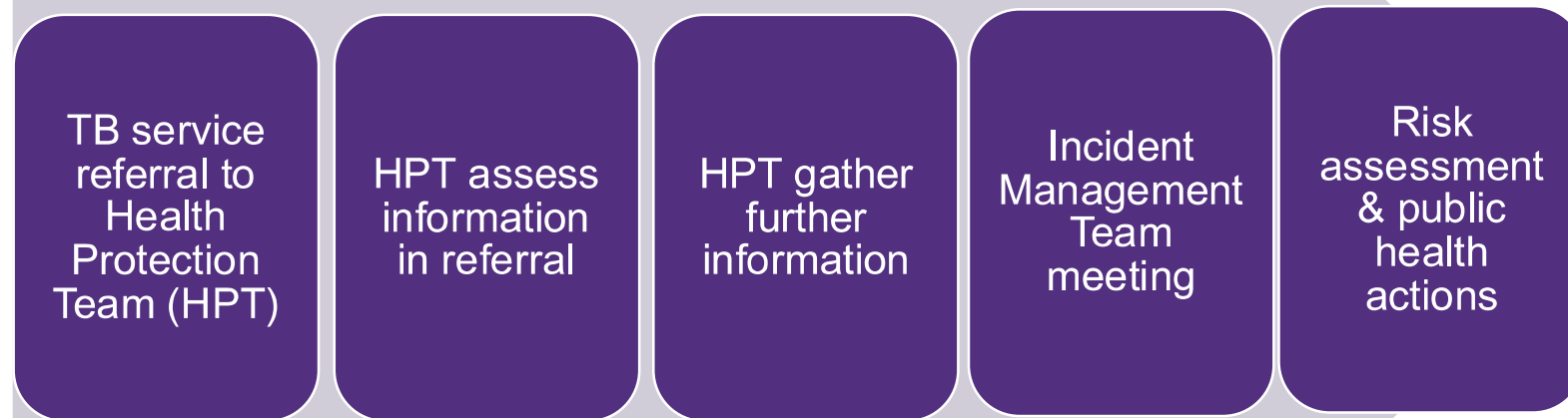
- Use “stone in the pond” approach to contact investigation
 - Identify contacts
 - Screen those who are closest and most prolonged contact
 - Widen screening if high level of transmission

WHO?

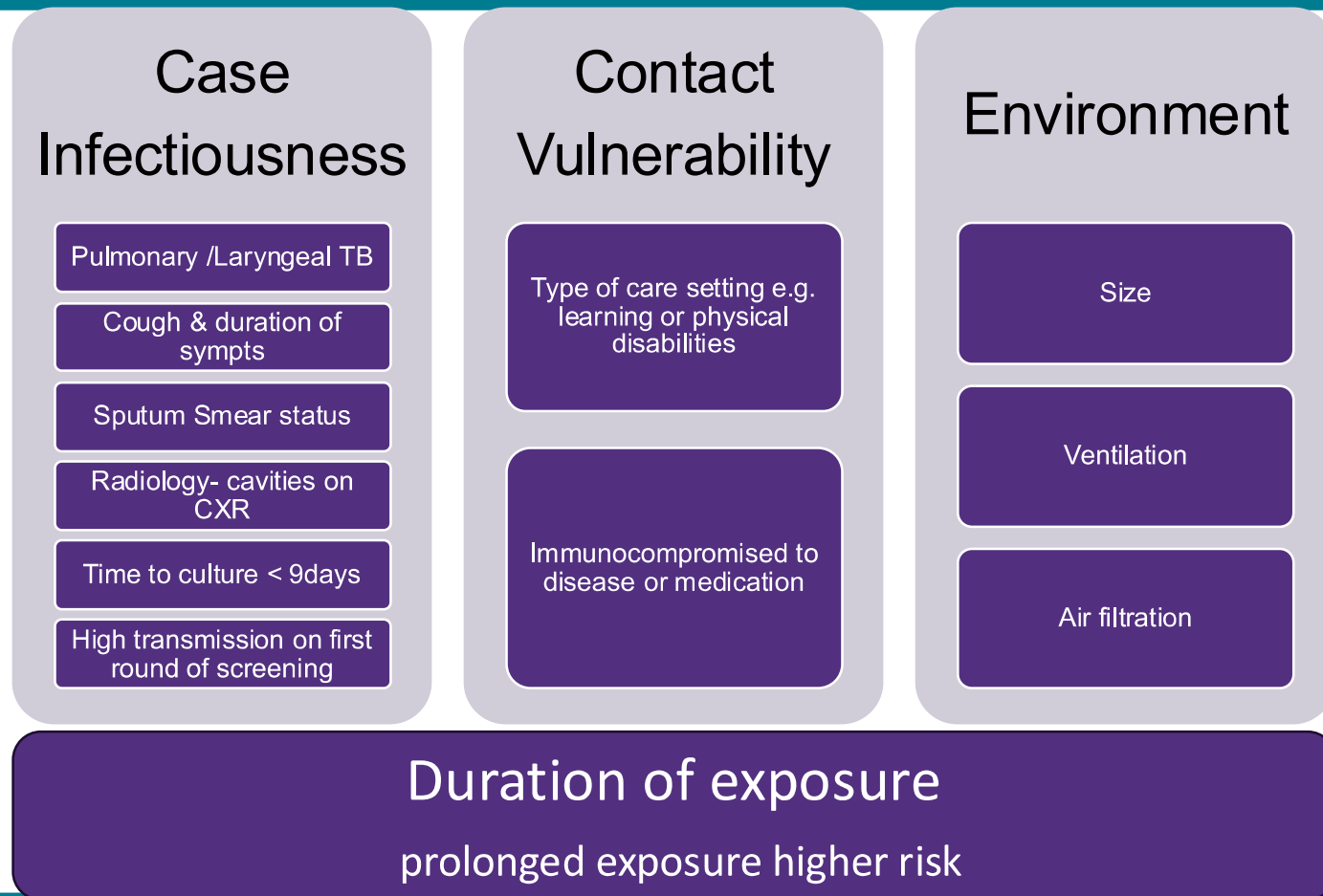
- TB team undertake initial household close contact screening
- Health Protection Team undertakes public health risk assessment and action if a wider setting is involved, e.g. workplace



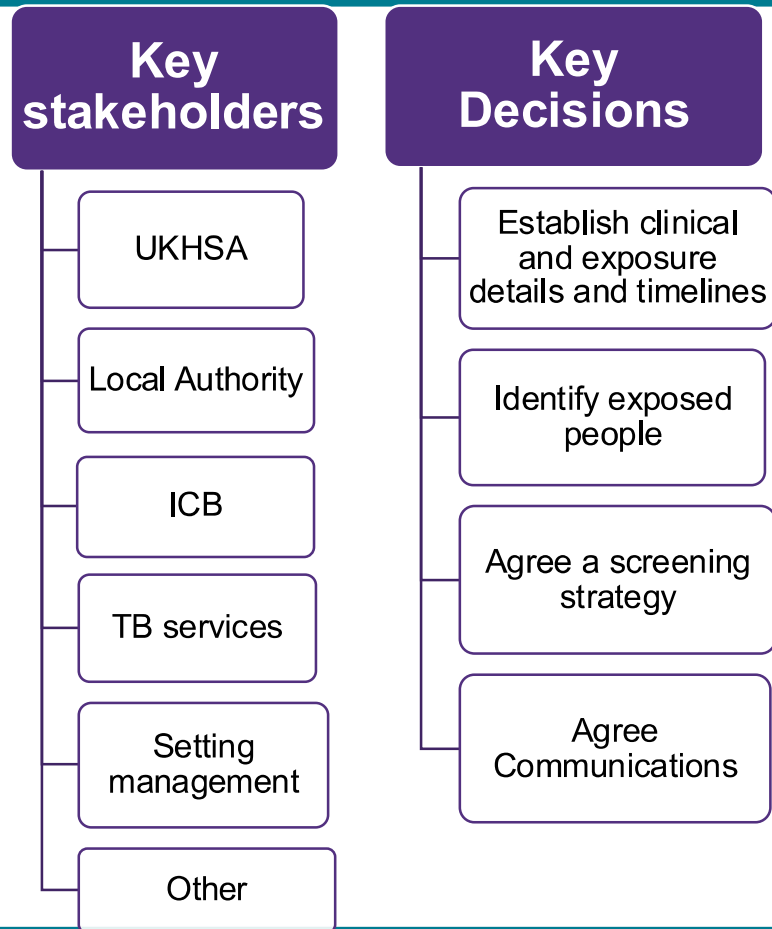
Public Health Risk Assessment: process



Risk assessment: factors considered



Incident Management Team (IMT): what to expect



Possible public health actions

Who?

Staff/Residents
>8hrs
>4 hours

What?

Do nothing
Warn and Inform
Screen

When?

Immediately
Now and repeat in 8-12
weeks?
Wait and screen 8-12 weeks
after exposure?

How?

IGRA
TST (Mantoux)
CXR
TB service or external provider

Where?

On site
Local TB clinic
Refer to other clinics

Confidentiality

- In accordance with the General Data Protection Regulation (Regulation (EU) 2016/679) and the Data Protection Act 2018
- Caldicott Principles for the management of all health-related information
- Treat any information HPT provides with strictest confidence
- Any personal information provided will be stored securely by the HPT and will only be shared with the TB services

Case study example – Domiciliary Care

Referral received from the local TB nurse reporting a case of Pulmonary TB for workplace risk assessment.

Step 1: information gathering

Clinical information – from the local TB team: (any sample/investigation results/ onset date of symptoms/ household & close contact screening results/ country of origin)

Workplace information – from the manager: (working pattern – full/part time/ hours/ shift pattern/ roles & responsibilities/ lone working or working with another staff member/ any in person training/ team meeting/ anyone known to be unwell with new/ ongoing cough from the setting/ any media interest)

Case study example cont.

- **Clinical information:**

Fully sensitive Pulmonary TB case. Sputum sample smear positive/ PCR positive/ culture positive/ Chest x ray consolidation seen.

Household screening x 1 partner screened IGRA positive

- **Workplace information:**

Full time community support staff. Mostly lone working in the community.

Roles include cleaning, shopping and cooking but no personal care.

No training or in person staff meeting during lookback period.

Provided support to 4 clients – all reported to be well. Age range 70 – 75.

10 double up shifts with the same staff member, each visit around 1 hour.

Case study example cont.

Step 2 – basic risk assessment with information gathered:

Establish case infectiousness

Identify workplace contact(s) – any client or colleague exposed?

Contact definition – 8 hours of accumulative contact during lookback period (for healthy individual)/ 4 hours of accumulative contact (for those considered vulnerable to TB exposure)

Case study example cont:

Step 3 – Hold IMT

IMT held with ICB, Local Authority, Domiciliary care agency manager, UKHSA HPT, UKHSA Comms

Discuss risk assessment/ agree on public health actions – if screening indicated, agree on screening strategy/ funding/ feasibility so clinic or on site.

Public health actions agreed:

- Clients x 4 for inform and advice. Screening only on symptoms.
- Staff x 1 total of 10 hours double up shift. Clinic screening invitation.

Step 4 – Review outcomes of screening

Further resources

Communicable disease outbreak management guidance - GOV.UK

The Truth About TB - TB Alert

The screenshot shows the TB Alert website. The header includes the TB Alert logo, social media icons, the phone number 0300 102 2403, and navigation links for TB ACTION, GET IN TOUCH, and DONATE. The main content area is titled "What is TB?" and explains that Tuberculosis (TB) is caused by the airborne bacteria 'Mycobacterium tuberculosis'. It distinguishes between TB infection (latent TB) and TB disease (active TB). Two call-to-action boxes are present: a green one for "If you have TB disease:" and a blue one for "If you have a TB infection:". A purple box on the right explains that the language used about TB is changing and provides contact information: Phone: 0330 102 2403 and Email: contact@tbalert.org. A dark blue box at the bottom right states: "REMEMBER: TB testing and treatment are free and confidential for everyone living in the UK."

Questions?



Kelly-Ann Clark

hertshelp

hertshelp
call - email - text -online

HertsHelp is a phone, email, text and online service that helps the residents of Hertfordshire find the support they need to help with the challenges they are facing.

We are here to listen and assist you in finding independent support, advice and information to make the most of your life.

We're here:

Monday-Tuesday, **9am - 5pm**
Wednesday, **9am - 7pm**
Thursday-Friday, **9am - 5pm**
Saturday-Sunday, **10am - 4pm**



0300 123 4044



hertshelp to 60060



info@hertshelp.net



Fill in our online form

hertshelp
call - email - text -online

Resources

[Tuberculosis \(TB\) – NHS](#)

[Overview | Tuberculosis | Guidance | NICE](#)

[Tuberculosis \(TB\): diagnosis, screening, management and data - GOV.UK](#)

[Tuberculosis \(TB\): action plan for England, 2021 to 2026 - GOV.UK](#)

[Tuberculosis in England, 2025 report - GOV.UK](#)

[The Truth About TB - TB Alert](#)

[What is TB and what are we doing to combat it? – UK Health Security](#)

[Agency](#)

[TB-Resource-Mar-26-V2.pdf](#)

Closing remarks

Key Messages for Adult Social Care Providers

- Consider the risk of TB in staff who have recently arrived in the UK and ensure screening for those from high-incidence countries as part of visa requirements.
- Suspect active TB in any person at high risk of developing TB and has symptoms.
- Be alert to TB symptoms and encourage early reporting
- Early diagnosis and treatment of TB, particularly infectious TB reduces the risk of TB spreading to others and improves outcomes for the person.
- Social care workers are advised to report symptoms promptly to Occupational Health/ GP to reduce transmission risk.
- Promote a culture of awareness and reduce stigma - and clarify that treatment is free for everyone in the UK.



Hertfordshire

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