

Committee / Meeting Title:	Quality Committee
Date of Meeting:	16 July 2019
Agenda Number:	As per Agenda. Click here to edit
Agenda Item Title:	Infection Prevention and Control Annual Report
Presenting Officer:	Lisa White –AD Infection Prevention and Control

Action - this paper is for:	Decision	<input type="checkbox"/>	Information	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>
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Report Summary

This is the Annual summary of Infection Prevention and Control activity between March 1st 2018 and March 31st 2019.

- There were no MRSA bacteraemias attributed to KCHFT in this year
- There was one case of *Clostridium difficile* infection, against an objective of no more than 4. Following the route cause analysis the case was deemed unavoidable and due to antimicrobial prescribing in the Acute sector following a diagnosis of sepsis, and identified no lapses in care.
- 100% of podiatric surgery patients, and 90% of inpatients were screened according to policy in this timeframe. All patients were subsequently screened and found to be MRSA negative. There were no cases of acquisition of MRSA infection in our hospitals.
- Full surveillance of all gram negative bacteraemias has continues in this year. 14 were identified as having developed in our community hospitals, and full RCA's were undertaken on each. The main source of these infections remains urinary tract infections, so actions to reduce these infections continues.
- KCHFT are part of the Kent and Medway strategic group that is part of a National Pilot reviewing system wide working and learning to reduce Healthcare associated infections and improve antimicrobial stewardship. The AD of IPC chairs the Kent and Medway HCAI reduction collaborative, leading the Countywide projects to reduce infections, in a system wide approach. Reduction of UTI's is also the focus of this group.
- In 2018/19 there was no reduction in attributable urinary tract infections (uti's), and a 2% reduction in Catheter associated uti's compared to the previous year. Focus on reducing this continues, and since 2012 the Trust has seen a reduction of over 40% in our rates of these infections.
- In 2018/19 there were a total of 15 outbreaks of infectious illness, 4 respiratory viral outbreaks, 5 confirmed norovirus and 6 Diarrhoea / vomiting of unknown cause.
- In 2018/19 56% of patient facing staff received their flu vaccine
- There were 2 incidents of 'failure to decontaminate' instruments associated with the Trust contracted central sterilisation service. An audit of compliance was undertaken, and full compliance found. Subsequent quality issues relating to the service have been identified, and KCHFT and the contracted service currently have an action plan in place to address these.
- Cleaning audit results evidence ongoing compliance with cleaning against the national

standards in all hospitals, with Sevenoaks experiencing slightly lower than expected standards on 2 occasions – relating to recruitment issues, which have now been resolved.

- The PLACE results were much improved on the previous year. Actions were identified from the PLACE assessments, and these are currently being completed
- The Trust Water Quality and Safety group continued to meet to monitor adherence to national guidance in our estate, with no major issues identified.
- The annual IPC audit of the inpatient departments identified all hospitals achieved >93% compliance, with actions identified relating to documentation of catheter care and evidence of equipment cleaning completion.
- The antimicrobial stewardship group continued to meet and the annual audit of antimicrobial prescribing identified significant improvement in compliance compared to the previous year
- In March 2019 Trust Compliance with hand hygiene training was reported as 92%, and mandatory training as 97% in March. Compliance amongst clinical staff was 91.6% for hand hygiene, and 96.8% for mandatory training. The Trust has over 200 IPC link workers trained in the organisation
- IPC awareness campaigns, including bare below the elbow, and HOUDINI were implemented in this year

Proposals and /or Recommendations

Report for assurance

Relevant Legislation and Source Documents

The Hygiene Code - updated 2015

Has an Equality Analysis (EA) been completed?

No ☒

High level position described and no decisions required. The paper will have no impact on people with any of the nine protected characteristics

Yes ☐

NOTE: An Equality Analysis is required for **ALL** policies, protocols, strategies, significant service changes and new care models, to assess the impact on both patients/families and employees/volunteers with protected characteristics, but it is **not** required for assurance reports and papers for information. **Protected characteristics:** Age, Disability, Gender Reassignment, Marriage and Civil Partnership, Pregnancy and Maternity, Race, Religion and Belief, Sex, Sexual Orientation.

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Infection Prevention and Control Annual Report 2018-19

Dr Mercia Spare Interim Chief Nurse / Director of Infection Prevention and Control
Lisa White Assistant Director of Infection Prevention and Control

Executive Summary

Over the last year the Infection and Prevention team have supported the operational teams to deliver further improvements in infection prevention and control. This annual report provides a full account of this activity. In addition, new guidance and evidence has been reviewed and incorporated into policies, practice, education and guidance.

1.1 Director of Infection Prevention and Control assurance

The DIPC gives the following assurances on behalf of Kent Community Health NHS Foundation Trust:

- The Trust is compliant with the Hygiene Code.
- 100% of patients presenting for elective surgery are MRSA screened at pre-assessment.
- Every case of *Clostridium difficile* infection is investigated and a Root Cause Analysis completed, to ensure lessons are learned and actions taken for non-compliance
- The Trust participate in the Post Infection Review process for all MRSA bacteraemia's as part of the whole system approach to healthcare
- The Trust undertakes full surveillance on all gram negative bacteraemias
- The Infection Prevention and Control Team carry out an annual programme of audit as required by the Hygiene Code
- The Trust use National cleaning specifications to determine cleaning frequencies and methodology within the healthcare environment and audit against these
- The Trust undertake decontamination audits which report through the Infection Prevention and Control Sub committee.
- The Trust sources Occupational Health provision from an external provider. Screening is carried out on all staff at pre-employment checks and further surveillance and screening is carried out at agreed intervals and as necessary
- The Trust has the required infection prevention and control arrangements in place.

2.0 Healthcare Associated Infection Surveillance

Indicator Description	Aim	Year Total
MRSA bacteraemia	0	0
MRSA screens for podiatric surgery % compliance	100	100
MRSA screens in Community Hospitals % compliance	100	90
<i>Clostridium difficile</i> infections	≤ 4 cases, 0 Level 3 lapses in Care	1 case, no level 3 lapse in care

Hospital acquired UTI's (rate per 100,000 OBD's)	<174	174
Hospital acquired CAUTI's (rate per 100,000 OBD's)	<32.5	31.8 (2% decrease)
Total E-coli bacteraemia's in Kent and Medway	Reduce by 10%	2017/18 - 1481 2018/19 – 1433 (3% decrease)
Gram negative bacteraemias developed whilst inpatients in KCHFT hospitals	Not previously recorded	14

2.2 *Clostridium difficile* 2018/19

The Trust achieved its target of no more than 4 cases of *Clostridium difficile* and no level 3 lapses in care, by reporting 1 attributable cases, with no level 3 lapse in care. A full Root Cause analysis was undertaken and the case was deemed unavoidable, and due to appropriate antimicrobial prescribing in the Acute setting following sepsis.

2.3 Meticillin Resistant *Staphylococcus aureus* (MRSA) Bacteraemias

There were no MRSA blood stream infections attributed to the Trust in 2018/19, although 4 cases where KCHFT staff provided care were investigated. All were reviewed by a PIR panel, and in 2 cases no learning was identified for KCHFT, in 1 case renal patient pathways were reviewed to provide more rapid access to podiatry services, and in one case specimen result access has been improved.

2.4 MRSA Screening

KCHFT continue to screen high risk patients admitted to our inpatient units, and all patients undergoing podiatric surgery. 100% of patients undergoing podiatric surgery were screened, but only 90% of high risk patients in our inpatient units were screened as per policy. All were subsequently screened and found to be MRSA negative. When investigating the missed screens, it was identified that staff misunderstood the policy requirements, and subsequently the policy has been reviewed to provide clarity – since the change 100% of patients meeting the high risk category have been screened.

2.4 Gram negative bacteraemia surveillance KCHFT.

KCHFT continue to investigate all gram negative blood stream infections across Kent and Medway to identify any learning for KCHFT. 14 cases developed in our community hospitals this year –all were investigated for learning, and identified that all patients deteriorated rapidly, with no early signs of infection prior to deterioration – however the Trust identified requirements for training for frontline staff in recognition of deteriorating patients as a focus. Community cases continue to be investigated for learning, and the main cause of sepsis in our community remains urinary tract infections, however most have not had healthcare interactions with our staff. The main focus of care for our community patients remains Urinary catheters and Wound care. The Trust has a CAUTI/UTI reduction working group, and the Wound medicine clinics and wound matrix provide a high level of information for identifying potential infections, and reducing risks of these developing further.

2.5 E-coli surveillance –Kent and Medway

The Trust are participating in the Kent and Medway national pilot lead by NHSI and NHSE to review system wide infection prevention and control and antimicrobial stewardship to reduce

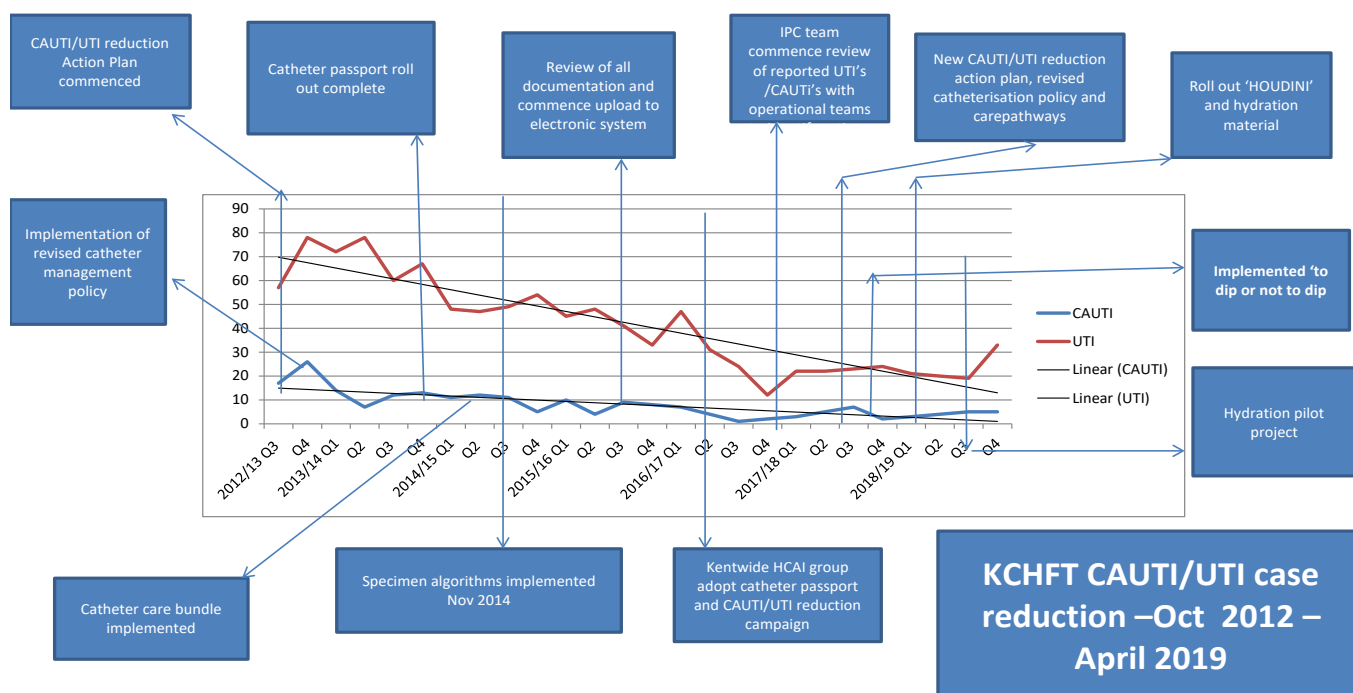
healthcare associated infections (HCAI's), and antimicrobial resistance. The AD of IPC in the Trust leads the Kent and Medway wide operational collaborative to reduce HCAI's, and currently there are 3 projects underway, reviewing processes for investigating *Clostridium difficile* infections, sharing of learning and expertise in infection prevention and control (IPC) and urinary tract infection (UTI) prevention through hydration and hygiene. Between 2017/18 and 2018/19 Kent and Medway had a 3% decrease in E-coli Blood stream infections, and with the continued focus on Urinary tract care (Urinary tract infections were deemed to be the source of 53% of all gram negative bacteraemias in Kent) it is hoped the rates will continue to reduce.

Kent Community Health have also amalgamated the Trust infection prevention and control committee and antimicrobial stewardship group to reflect the national focus, and a strategy for both will reflect the regional strategy.

3.0 Hospital Acquired Catheter Associated Urinary Tract infections (CAUTIs) and Urinary Tract Infections (UTIs)

The target for 2018/2019 was to reduce CAUTI's and UTI's by 10%, in which the Trust was unsuccessful, with no change in UTI rates (per 100,000 OBD's) and a 2% decrease in rates per 100,000 OBD's in CAUTI's. Focus on reducing these infections continues, with the implementation of national resources, HOUDINI protocols (to remove catheters) specimen collection and treatment regimes.

Over the preceding 5 years the Trust had succeeded in reducing CAUTI's and UTI's by over 40% and the Trust have spoken at national conference about the Trust's success in reducing these infections.



4.0 Outbreaks

In 2018/19 there were a total of 15 outbreaks of infectious illness, 4 respiratory viral outbreaks, 5 confirmed norovirus and 6 Diarrhoea / vomiting of unknown cause. All wards remained opened to admissions throughout, with only affected bays closed under isolation precautions. This is the first time the Trust has managed outbreaks in this way –and there was no impact on the length of the outbreak, or the number of affected patients compared to previous years.

5.0 Seasonal Flu Campaign

During 2018/19 flu season staff were given the opportunity to be vaccinated against influenza in line with the Department of Health Staff flu programme. An in house vaccination programme was run, and 57% of all staff and 56% of patient facing staff were vaccinated, which is a 1% reduction on last year. The plan for the next years campaign is already underway.

6.0 Decontamination of medical devices.

Kent Community Health NHS Foundation Trust recognises the risks to patients, staff and others created by the use of medical devices. There is an operational system in place which manages the procurement, usage, maintenance and disposal of medical equipment, to meet the requirements of national legislation and NHS guidance and to make sure that equipment is used safely, competently and effectively for the care of our patients.

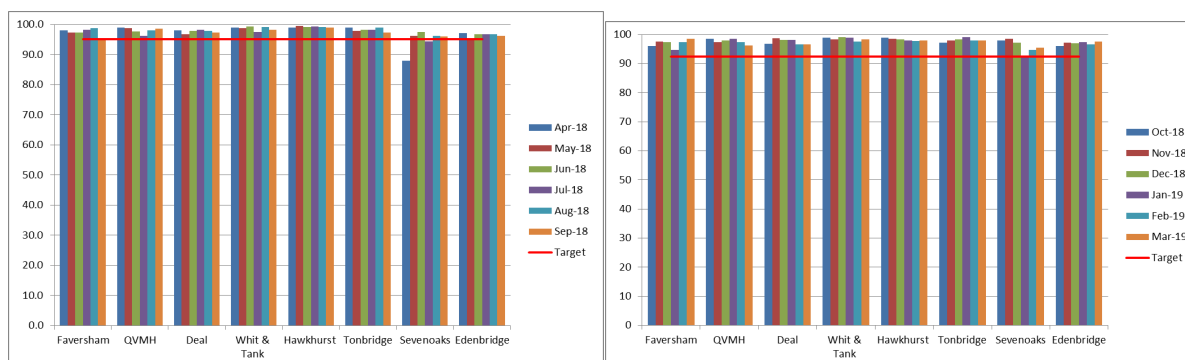
Decontamination processes are jointly managed and reported through KCHFT. The Infection Prevention and Control Sub committee receive exception reports, and provide assurance for the Trust on all aspects of decontamination. The Infection prevention and control team undertake audits in areas that utilise re-usable instruments, and in all outpatient departments and Dental services found full compliance with decontamination processes.

There were 2 incidents reported of failure to decontaminate devices in this year relating to our contracted Central sterilisation service. The Trust Independent Authorised Engineer for Decontamination and AD of IPC undertook an inspection and audit of premises at Aylesford and Aylesham on February 6th 2019. Whilst compliance to decontamination requirements was found, concerns were raised regarding other systems and processes relating to quality. The Trust Medical Devices manager is now managing actions for both KCHFT and the contractor to improve these services, and has gained assurance that the planned sale of the company will not affect service to KCHFT.

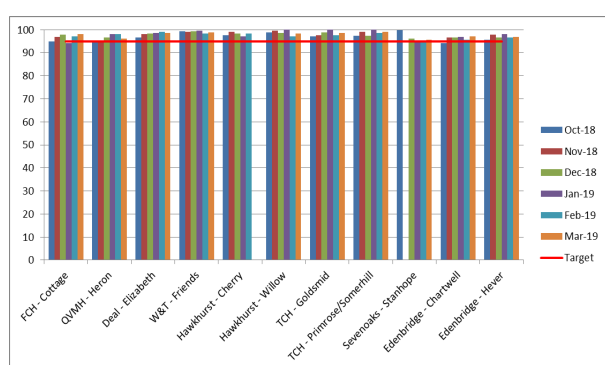
7.0 Cleaning Services

All KCHFT sites are monitoring for cleanliness against NHS Standards of cleanliness 2007. The in-patient sites are in the high risk category with a compliance target for monitoring of 95%. Performance reports are provided to IPC monthly.

The charts below show cleanliness monitoring results for the inpatient sites between April 2018 and March 2019.



The scores per ward are shown in the below chart for October 2018 – March 2019.



Cleaning scores continue to be presented 6 times a year to the IPC committee. At the end of the last financial year Sittingbourne and Sheppey hospitals outpatient area cleaning transferred to NHSPS as the landlord and are no longer monitored by the Soft FM team.

In the last year a full review of the Soft FM service has been undertaken with the roles of Domestic and Porter merged into a new Facilities Operative. This has enabled greater flexibility in covering the high risk areas and prioritising tasks. With this change rotas have been reviewed to increase the number of staff working weekends to provide consistency across the week on inpatient units. Supervision numbers and pay bands have been increased to allow greater authority in staff management.

KCHFT have a loyal and hardworking Facilities team and although some of the above changes have had an impact on staff morale this has not impacted the standards. Part of the review enabled the recruitment of two roles; a Quality Compliance Officer and a Catering Compliance Officer, both of which are heavily involved in the independent auditing of the cleanliness of the areas FM are responsible for cleaning.

The biggest challenge has been recruitment of staff. The focus has been on identifying new ways to recruit staff and engagement with external organisations has been successful and also increased diversity in our workforce.

Site Review

Throughout 2018/19 most sites continue to achieve an excellent standard of cleaning performance.

Sevenoaks Hospital continues to have challenges with recruitment with long term absence also an issue. Prioritisation of High Risk areas continues and existing staff are working additional hours to support the unfulfilled vacancies.

As an organisation we are looking at new ways of recruiting and are contacting external organisations directly to encourage diversity in the workforce and fill the roles with capable staff members that would previously not have had access to work opportunities.

Plans for 2019 include the following

- Ongoing review of cleaning equipment and chemicals to ensure value for money with a focus on sustainability.
- Trust wide consistency of services provided by the Soft FM teams
- Amended version of National Standards of Cleanliness is expected – review of impact to cleaning frequencies and auditing will be required.
- Continued review of cleaning equipment on the market with trials where appropriate.
- Review of waste streams with a focus on reducing the incinerated waste and increasing the offensive waste stream which is treated and recycled, again with a focus on sustainability

7.1 Patient Led Assessment of the Care Environment (PLACE) 2018

	Cleanliness	Food & Hydration	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
National	98.4%	89.7%	83.7%	94.0%	76.7%	82.6%
Community	98.47%	90.17%	84.16%	94.33%	78.89%	84.19%
KCHFT	99.39%	92.60%	81.83%	89.87%	72.30%	80.69%
Edenbridge	100%	92.72%	84.38%	90.3%	66.79%	75.04%
Hawkhurst	100.00%	94.94%	91.46%	98.00%	92.27%	93.92%
Sevenoaks	98.97%	93.18%	86.67%	86.16%	61.20%	67.66%
Tonbridge	99.33%	91.74%	70.42%	87.93%	60.75%	72.16%
Deal	100.00%	93.72%	72.92%	93.41%	72.49%	82.04%
Faversham	99.73%	90.93%	88.24%	89.62%	76.45%	84.67%
QVMH	98.28%	92.33%	78.68%	87.23%	72.08%	81.83%
Whit & Tank	98.75%	87.73%	77.98%	84.59%	64.66%	74.36%

The results from 2018 were much improved on the previous year. An action plan has been created to record progress for any areas that fell short of the expected standard.

There were a total of 495 actions to be addressed at the end of the PLACE assessments 2018 across the KCHFT estate. This number is considerably less than the 738 actions for 2017.

Of the actions 119 are the responsibility of the landlord NHSPS for general maintenance queries.

174 actions are being managed by the KCHFT project team although they relate to actions that are landlord responsibility; these include redecoration of areas to include the dementia friendly contrasting of paint and flooring. There are also projects underway to replace grab and handrails to ensure the correct standard and colouring is in place.

There are 102 actions across the community hospitals for cleaning and catering. Those that could be rectified immediately were completed. Many of the remaining actions will be picked up with the

review of the spring/summer 2019 menu where consideration will be given to ensuring the menu is in a clear readable format with pictures for those that are unable to understand the text.

The clinical teams have been informed of 84 actions where they can review some areas of storage and tidiness in some areas.

Preparation for 2019

There is some uncertainty about PLACE for 2019. In October 2018 NHS Digital wrote to trusts advising of the plan to review the PLACE programme to ensure the collection remains fit for purpose. The review was expected to run until March 2019.

A Central Steering Group with membership from key stakeholders has been established to lead the national review. Individual working groups have been established to look at the process, the questions, the design, dementia, patient experience and also communications.

As a result of the PLACE review, the 2019 collection will run later in the year and is expected to launch around September. With the timetable confirmed, the Trust will establish the working group again to oversee trust preparations. This will follow the same format as last year which was well received. A multi department group will be established with patient representation to oversee preparations and ensure readiness for the next assessment.

8.0 Estates

The IPC team continue to work closely with the trust Estates and facilities team in order to ensure the environment is conducive to the prevention and control of infections. This year has seen a number of joint working arrangements leading to improvements to our environment.

Working relationships are excellent and IPCT continue to be involved at an early planning stage in refurbishments, new builds and projects which involve patient areas. This year has seen the biggest investment in the community estate in over ten years. Interaction between teams has been key to the success of this programme.

Incident management processes have also been significantly improved and developed throughout the year and opportunities for training from the IPCT team have been utilised. The IPCT team are one of the key advisors in our protocol's for managing the estate. Estates project managers and operational estates managers continue to seek professional advice from infection prevention and control colleagues. We are now moving towards improvement of the retained estate to further improve our office and clinical environments.

The risk assessment of any maintenance or construction activity continues to ensure the presence of construction workers does not pose a risk to the patients within the adjoining areas – including the removal of waste, reduction of dust within the environment and avoidance of contamination of the air supply and extract systems.

KCHFT's compliance data within clinical areas has remained above the 95% threshold required by the trust. The newly outsourced private provider has been challenging this year from a financial perspective, but compliance remains static and continues to be undertaken in a controlled manner.

The Trust Water Quality and Safety Committee (WQSC) have been working with all partners to ensure the assurance is received by the Trust, in a timely manner, to enable any issues to be identified and rectified. An audit of the WQSC is currently underway. The group has attendance from all partners and have made good progress this year, with regular reporting to CCG's and the IPCC on water safety issues. More work needs to be undertaken this year with NHS PS's teams to ensure clarity and sight of data on a regular basis.

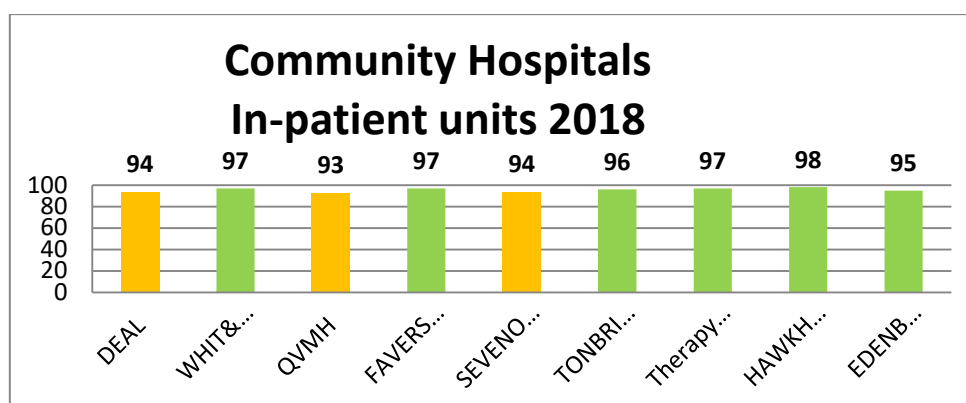
We have also recently undertaken the purchase of a new cleaning audit system module within MiCad which is our primary asset system. This is being integrated to enable more bespoke reporting on cleaning and water. Further improving our data collection and KPI's. The IPCT team will be involved in the further development of the system once all data migration has taken place.

Overall, this has been another successful year with significant progress being made to our environment and patient safety.

9.0 Audit and Monitoring

The Essential Steps programme of self-assessment is in use in all Community Hospitals and appropriate clinical teams. This monitoring tool incorporates hand hygiene, urinary catheter care, IV devices care and enteral feeding. Results of this monitoring are managed and stored locally, and the results are reported to the Infection prevention and control subcommittee twice annually and compliance is found to be good.

During 2018 the Infection Prevention and Control team audited 8 Community Hospitals against standards of infection prevention and control, laid out in the hygiene code.



5 hospitals received a GREEN rating: 95 - 100% compliance. (Tonbridge is counted as 2 audits – Goldsmid ward and the therapy unit)

3 hospitals received an AMBER rating: 89-94% compliance.

There were no hospitals receiving a RED rating: <85% compliance.

Whilst it is not possible to directly compare to the preceding year report, owing to a change in questions, there was one more site receiving a green rating this.

The 3 main areas for improvement this year were :

- The 'HOUDINI' criteria was not fully implemented to assess a patients initial and

- ongoing requirement for a urinary catheter .
- Staff were unaware of the requirement to complete a medical devices decontamination form prior to sending equipment for repair or maintenance
- Temporary closure mechanisms on sharps bins were not being fully utilised

All services received a full report regarding their audit, and produced action plans for any highlighted non compliances.

10.0 Antimicrobial Stewardship

The Antimicrobial Stewardship Group (ASG) met quarterly to review the progress of actions from the KCHFT Antimicrobial Stewardship Strategy, review national and local guidelines including NICE guidance, and also review antimicrobial prescribing in KCHFT. This strategy was closed off at the end of 2018 with the majority of actions having been completed. The ASG delivered events to mark European and national antibiotic awareness week. The focus was directed towards mothers attending health visiting clinics to provide education over antibiotic usage in children.

The ASG meeting has merged with the Infection Prevention and Control meeting to become the Infection Prevention and Control and Antimicrobial Stewardship (IPCAS) meeting.

The findings from the Antibiotic audit of inpatient units conducted in January 2019 showed that there had been significant improvement in prescribing according to guidance or formulary from 58% to 90%.

Antibiotic audits of outpatient services showed increasing compliance with Patient Group directions (PGD's) compared with previous years and whilst there is still room for improvement this is an encouraging indicator that the message about antibiotic stewardships is being understood.

There has been uptake of the antimicrobial stewardship e-learning package, and more promotion of this training will occur in the coming year.

A mini-guide to antibiotic prescribing has been printed and distributed to staff as an aide memoire.

11.0 Waste.

The waste and environmental management service is provided to KCHFT by NHS Property Services. As part of the service, NHSPS provide contract management, audits, training, technical advice and policy writing to KCHFT and its staff.. The Trust hosts a 'waste' group, and minutes and exceptions are reported through the Infection Prevention and Control Subcommittee.

12.0 Infection Prevention and Control Training and Education

Infection Prevention and Control training is mandatory for all staff and compliance is monitored centrally and reported to the Board. In March 2019 Trust Compliance with hand hygiene training was reported as 92%, and mandatory training as 97% in March. Compliance amongst clinical staff was 91.6% for hand hygiene, and 96.8% for mandatory training. Bespoke training is provided for services at their request, and external organisations have also contracted KCHFT to undertake training in different settings, such as Police service headquarters in Maidstone and KCC.

13.0 Link Workers Education

Kent Community Health NHS Foundation Trust continues to support and facilitate an education programme for Infection Prevention and Control Link Workers.

These staff are given time within their service to complete the aspects of their role that improve patient services, and are released to attend educational updates and meetings with the Infection Prevention and Control Team twice a year. This is an extension to their existing role and provides their colleagues with a point of contact for additional advice on infection prevention. Over 200 Link Workers are in post across the Trust and in 2018/19 the team put on 24 Link worker meetings, which provide continued professional education, audit assurance and sharing of innovations and ideas.

14.0 Campaigns

Throughout the year the ICP have launched and continued to implement a number of campaigns designed to raise awareness of specific issues, these include 'bare below the elbow in clinical areas, SEPSIS awareness, HOUDINI (urinary catheter assessment tool) and a Hand hygiene campaign. All have been well received, and act as an effective reminder of good infection prevention and control practices.

15.0 Review and update of policies, procedures and guidance

The review and update of the IPC policies has continued throughout 2018/19. All policies and protocols are based on National guidance and are updated as new evidence is available and all Infection Prevention and Control policies are up to date. The National IPC policies are now being reviewed and implemented, and KCHFT staff are part of the team reviewing these, representing the region.

16.0 Staff Health

Kent Community Health NHS Foundation Trust provides an occupational health (OH) service for Staff via a contract with PAM Occupational Health department. This contract has been in place since June 2016, and is managed by the HR team. All sharps injuries are presented at the Infection prevention and control Sub committee, to identify any potential themes and trends, and potential actions

At the beginning of December 2018 there were 808 staff whose immunisation status was either unknown or who were overdue a vaccination update. Weekly meetings have taken place to address the issue and now all staff are up to date apart from 4 who have appointments for vaccination. BCG vaccination guidance changed this year and after a review of this guidance by both the Medical Director and the Chief Nurse it was determined that BCG vaccinations would be given to Dental staff working in Prisons, clinicians within Sexual Health services and TB nurses. In addition staff can now call the incident line for general communicable diseases advice.

17.0 Conclusion

The actions put in place to reduce the incidence of Health care associated infection on the whole have been effective in 2018/19. However, the failure to achieve the planned reduction in UTI's and CAUTI's was disappointing, but the actions implemented appear to be having the desired impact.

The successful collaborative approach to reduction of Healthcare associated infections has been central to the work of the IPC team, and local implementation of the national and regional work has clearly shown a great reduction in *Clostridium difficile* infections and the first Kentwide reduction in Gram negative bacteraemias. The IPC team continue to work tirelessly to keep Infection prevention and control a priority within the organisation, and support operational teams to provide the best and safest care they can.

Going forward the focus on collaborative working is essential in order to achieve the national target for reduction in Gram negative bacteraemias. CCG's and providers are all enthusiastic and fully engaged in this, and the ongoing collaborative work will produce improved care for patients.

IPC Team Structure

