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Although the 5 general theatres all met the required ventilation standard, the air handling units have well exceeded their usual life expectancy, and the Authorising Engineer has advised a replacement programme

### **15 INFECTION PREVENTION AND CONTROL PLAN AND AMBITIONS FOR 2017/18**

Infection Prevention and Control remains a high priority in the Trust and we are committed to sustaining the reductions we have made in healthcare associated infection over recent years and ensuring the highest standards of infection control practice are delivered throughout the hospital.

Key ambitions for 2017 / 2018 include:-

- Zero tolerance for MRSA Blood stream infections.
- Sustain the recent reductions achieved in the number of avoidable *Clostridium difficile* cases and achieve the *Clostridium difficile* objective of no more than 12 hospital apportioned cases in the year.
- Reducing avoidable MSSA infections and achieving an internal target of no more than 12 cases
- Work with our community partners, to reduce the number of patients admitted with an E Coli bloodstream infection and achieve a 10% reduction across Somerset
- Continue central vascular line associated / related bloodstream infection surveillance in the HOPE directorate.
- Continue work to reduce the prevalence of indwelling urinary catheters in the Trust and develop a catheter passport for patients discharged with catheters
- Review the Trust's Carbapenemase Producing Enterobacteriaceae (CPE) screening policy, with a view to widening screening to include all admissions to ITU and HDU
- Continue to monitor the number of surgical site infections in total knee and hip replacements and spinal surgery and continue to work with clinical teams to sustain and where possible make further reductions in the incidence of infection.
- Continuing to promote and monitor excellent hand hygiene.
- Continuing to deliver a comprehensive programme of surveillance, IP&C audit, education and policy review and development.

The IP&C annual programme of work for 2017 / 18 was agreed by the Infection Prevention & Control Committee in March 2017 and submitted to the Governance Committee. Progress against the plan will be monitored by the IP&CC and an annual report submitted to the Quality and Assurance Committee.

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