NHS
Somerset
NHS Foundation Trust

INFECTION PREVENTION AND CONTROL

DIRECTOR OF INFECTION PREVENTION AND CONTROL

ANNUAL REPORT

April 2023 - March 2024

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September 2024

Kindness, Respect, Teamwork
Everyone, Every day

DIPC Annual Report 2023 / 2024

CONTENTS

EXECUTIVE SUMMARY

- There were 3 Trust attributed Methicillin Resistant *Staphylococcus aureus* (MRSA) bloodstream infections compared with 1 the previous year.
- There were 66 Trust attributed Methicillin Sensitive *Staphylococcus aureus* (MSSA) bloodstream infections compared with 71 the previous year. This is a slight decrease in case numbers however, the Trust has noted an increasing trend since 2021.
- There were 94 Trust apportioned cases of *Clostridioides difficile* infection compared to 64 in the previous year. This is a significant increase in case numbers which is also being seen regionally and nationally. The drivers for this national increase are not clear. The Trust still has one of the lowest *Clostridioides difficile* infection rates in the region.
- There were 131 Trust attributed E. coli bloodstream infections, case numbers are stable in comparison to the previous year.
- There were 53 Trust attributed *Klebsiella species* bloodstream infections, compared with 48 the previous year.
- There were 18 Trust attributed *Pseudomonas aeruginosa* bloodstream infections, compared with 16 the previous year.
- There were 2196 inpatients with confirmed COVID-19 and 136 outbreaks. Overall inpatient numbers of COVID-19 were less than the previous year and slightly less outbreaks occurred.
- There were 465 inpatients with influenza in the Trust this winter and 13 outbreaks.
- There were 453 inpatients with Respiratory Syncytial Virus in the Trust this winter, 51% were under the age of 5 years
- Three categories of surgical site infection surveillance were included in the 2023/24 programme: total knee replacement, total hip replacement and spinal surgery.
- Hand hygiene Trust wide compliance remained good at 95%
- The full programme of work for 2023/24 was approved by the Infection Prevention and Control Committee in March 2023. Due to ongoing pressures with respiratory viruses, not all aspects of the annual programme of work were completed. These tasks will be carried forward to the next year. All exceptions to the programme have been reviewed at the Infection Prevention and Control Committee and alteration of the plan considered and agreed where applicable.

Key Achievements

- Successful merger of the legacy trusts two Infection Control teams into a single team working to a single annual programme of work.
- Alignment of Surgical Site Surveillance across both acute hospital sites with the implementation of continuous surveillance on the Yeovil Hospital site
- Support of the Trust maintaining bed capacity and patient flow during various infection linked outbreaks.
- Reduction in Peripheral vascular cannula associated staphylococcus aureus bloodstream infections following a work programme to implement changed products and ongoing care aimed at reducing the risk of infections linked to vascular access devices.
- Reduction in urinary catheter associated gram-negative bloodstream infections following a work programme to standardise products, training and ongoing care of urinary catheter devices.

1 INTRODUCTION

The new Somerset NHS Foundation Trust was established in April 2023 following merger of the two legacy Trusts. This has brought together services across two acute hospital sites (Yeovil District Hospital and Musgrove Park Hospital Taunton), community, mental health and learning disability services under a single organisation.

The Infection Prevention and Control Team merged at the same time, and this is the first annual report following the organisational and team merger. The purpose of this report is to inform the public, staff, the Trust Board, and Commissioners of:

- Infection Prevention and Control management arrangements within the Trust
- Incidents of Health Care Associated Infection (HCAI) within the Trust in 2023/24 and progress against performance targets
- Infection Prevention and Control activities undertaken in 2023/24 and plans for the coming year.

2 INFECTION PREVENTION AND CONTROL ARRANGEMENTS

2.1 Infection Prevention and Control (IPC) team

The IPC team provide specialist advice on matters relating to the identification, prevention, and management of infection within the Trust. The team works to an agreed annual programme of work. In line with the Trust merger

The current structure of the team is set out below. The Deputy Chief Nurse is the Director of Infection Prevention and Control (DIPC) and reports directly to the Chief Executive for this part of their role.

Current substantive Infection Prevention and Control team structure (integrated team for Acute, Community and Mental Health services):

– Director of Infection Prevention and Control (Deputy Chief Nurse)	
– Infection Control Doctor	3.0 sessions
– Lead Nurse IPC	1.0 wte
– Deputy-Lead Nurses IPC	2.0 wte
– Senior Infection Control Nurses (Band 7)	3.93 wte
– Infection Control Nurses (Band 6)	6.95 wte
– Administration Officers (Band 4)	2.6 wte
– Surgical Site Infection Surveillance Support worker (Band 3)	0.6 wte
– Clerical Support (Band 2)	1.0 wte

In addition to the Infection Control Doctor sessions, the other Consultant Medical Microbiologists provide an out of hours infection control advice service via the microbiology on call arrangements.

2.2 Infection Control Committee (ICC)

Ahead of the planned merger between Somerset Foundation Trust and Yeovil District Hospital, the Infection Control Committees for each Trust joined from July 2022 as an Infection Control Committee in common. From April 2023 following the merger, this formally became a single committee. The Infection Control Committee meets monthly. Membership of the committee includes:

- Director of Infection Prevention and Control / Deputy Chief Nurse (Chair)
- Deputy Chief Medical Officer
- Infection Control Doctor
- Lead Nurse, Infection Prevention and Control
- Infection Control Nurses
- Director of Integrated Governance
- Associate Directors of Patient Care (or deputy) for each Directorate
- Director of Estates and Facilities or deputy
- Decontamination Lead
- Lead Antimicrobial Pharmacist
- Topic Leads for Water Safety, Decontamination, Environmental Cleanliness and Ventilation. Attendance twice yearly to deliver 6-monthly assurance reports.

The key purpose of this group is to:

- Monitor the infection prevention and control arrangements, healthcare associated infection rates and incidents within the Trust, including compliance with the Health Act 2008, Code of Practice for the Prevention and Control of Healthcare Associated Infections.
- Ensure appropriate action plans are in place to address areas of concern and monitor progress.
- Provide assurance to Trust Board and highlight any serious risks, problems or hazards relating to Infection Prevention and Control.
- Monitor the work of short-term working groups set up to address specific infection control challenges.
- Take assurance from other trust groups including Water Safety, Decontamination, Ventilation and Cleaning and inform the Trust Quality Assurance Group.

2.3 Infection Prevention and Control Representation at Relevant Groups

The Infection Prevention and control team are also members of the following Trust / System wide groups: These include:

- Antimicrobial Stewardship Group
- Cleaning Standards Group
- Clinical Skills Strategy Group

- Decontamination of Equipment and Medical Devices Group (sub-group of Infection control committee)
- Environmental Action Group
- Sharps Safety Group
- Trust Waste Group
- Ventilation Safety Group
- Water Safety Group
- Somerset Integrated Care Board Infection Prevention and Control Assurance Committee

2.4 Governance arrangements

The Director of Infection Prevention and Control (DIPC) is accountable directly to the Chief Executive and can report directly to the trust board. Infection control reports are submitted monthly to the Board as part of the Trust Performance Assurance Report. This report details performance against MRSA, MSSA, Gram-negative organisms (E. coli, *Klebsiella* species, *Pseudomonas aeruginosa), Clostridioides difficile* objectives and actions taken in response to healthcare associated infections or related incidents in the Trust.

In 2023/24 an annual assurance report on Infection Prevention and Control was submitted to the Integrated Quality Assurance Board.

The Infection Control Committee meets monthly and monitors progress against the Infection control programme of work, incidents, and the management of healthcare associated infections in the Trust (including outbreaks). The Infection Control Committee also receives regular progress reports from relevant sub-groups, including the Decontamination of Equipment & Medical Devices and Water Safety.

2.5 IPC Annual Programme of Work

In consultation with the Director of Infection and Prevention and Control the annual programme of work is prepared by the Lead IPC Nurse, approved by the Infection Control Committee, and submitted to the Integrated Quality Assurance Board. Progress against the annual programme is monitored at the Infection Control Committee.

3 HEALTH CARE ASSOCIATED INFECTIONS STATISTICS AND SURVEILLANCE

3.1 Annual Healthcare Associated Infection (HCAI) Surveillance Programme

The Infection Prevention and Control team completed an annual programme of HCAI surveillance. This includes daily ‘alert organism’ surveillance, with follow up of individual patients to ensure safe and appropriate infection control precautions are in place. The data is also used to monitor the number of cases over time and identify clusters / outbreaks of infection and ensure appropriate action is taken.

It is a mandatory requirement for English NHS Acute Trusts to report Methicillin Resistant *Staphylococcus aureus* (MRSA), Methicillin Sensitive *Staphylococcus aureus*, *Escherichia coli* (E. coli), *Klebsiella, Pseudomonas aeruginosa* bloodstream infections and *Clostridioides difficile* Infections (CDIs) to the Department of Health via the HCAI Data Capture system, hosted by UK Health Security Agency. Thresholds for the mandatory reportable HCAIs are set for each Trust by NHS England. These were released at the end of May 2023.

3.2 Post Infection Review

Post infection reviews are undertaken on trust attributed cases, but a shortened process remains in place which has begun to take on the principles of the national Patient Safety Incident Response Framework (PSIRF). For the Infection Control team this means a more rapid review of any infection or incidents to monitor key trends and any new learning. Primarily, resources have been redirected away from detailed investigations towards improvement.

3.3 *Staphylococcus aureus* Blood Stream Infections

Staphylococcus aureus (*S. aureus*) is a bacterium that commonly colonises human skin and mucosa without causing any problems. However, if the bacterium enters the body, for example via a break in the skin or a medical procedure, it can cause disease, including blood stream infections (BSIs). Most strains of *S. aureus* are sensitive to the more commonly used antibiotics and infections can be effectively treated. These are termed Methicillin Sensitive *Staphylococcus aureus* (MSSA). Other strains are resistant to many antibiotics and treatment may be harder; these are termed Methicillin Resistant *Staphylococcus aureus* (MRSA).

A Trust attributed BSI is one where the blood culture was taken on the 3rd day or later following the admission date which is counted as day one.

3.3.1 Methicillin Resistant *Staphylococcus aureus (MRSA)* bloodstream infections

There were 3 trust attributed MRSA bloodstream infections in 2023/24, compared to 1 case in the previous year. All cases occurred on the Musgrove Park Hospital site. The Trust rate of MRSA BSIs is 0.65 cases per 100,000 occupied bed days which is lower than the national rate (1.12) and the regional rate (1.16).

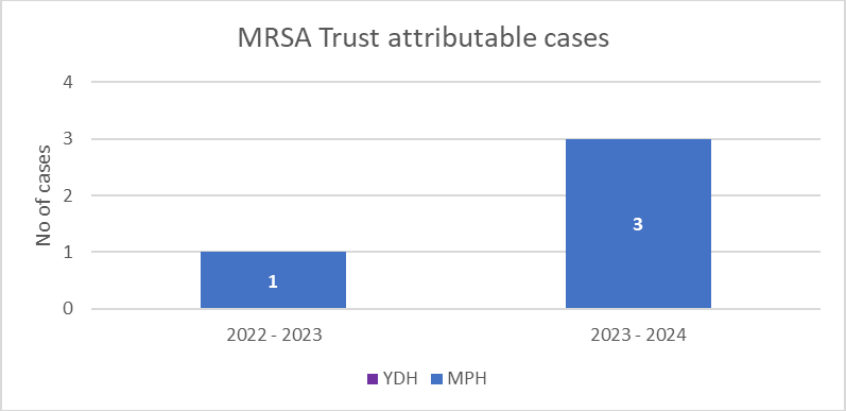


Figure 1 – Annual comparison of Trust attributable MRSA BSIs

3.3.2 Methicillin Sensitive *Staphylococcus aureus* (MSSA) bloodstream Infections

There were 66 trust attributed MSSA bloodstream infections in 2023/24, 52 occurred on the Musgrove Park Hospital site and 14 on the Yeovil District Hospital site. The Trust rate of MSSA bloodstream infections is 14.38 cases per 100,000 occupied bed days which is slightly higher than the national rate (13.24) but lower than the regional rate (16.25).

In comparison to the previous year case numbers have slightly reduced however, since 2021 overall case numbers and rates have significantly increased. This pattern is also being seen regionally and nationally. In the Trust, work continued during the period of this report to understand the sources of the infections and identify areas of improvement.

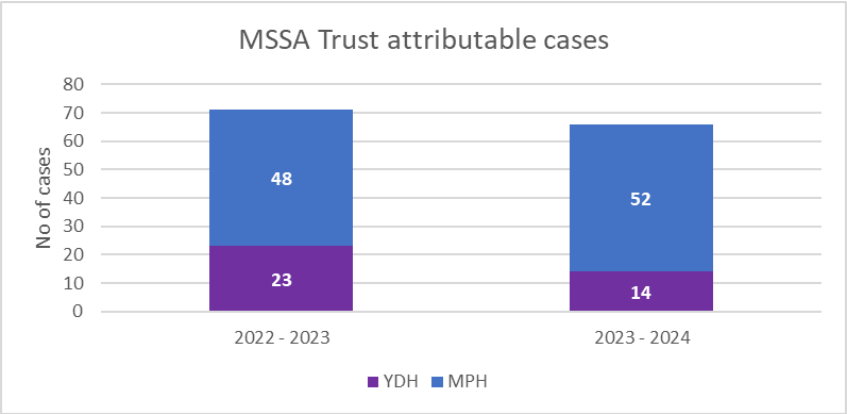


Figure 2 – Annual comparison - Trust attributable MSSA BSIs

The sources of the infections remain diverse, but the two most common sources were vascular devices (mainly peripheral vascular cannulae) and skin / soft tissue. Vascular devices remain one of the main causes of healthcare associated infections including bloodstream infections. During the period of this report improvement work continued to focus on reducing the number of *S. aureus* bloodstream infections associated with peripheral vascular cannulae. Two key interventions were implemented:

- New non-ported peripheral vascular cannula
- Targeted reduction in the use of the ante-cubital fossa (inner elbow) to site cannula

Non-ported peripheral vascular cannulae are associated with lower infection rates both at the site of the cannula and systemically including bloodstream infections. Their design ensures they are more easily secured. Therefore, less movement occurs within the vein which reduces irritation of the internal vein wall (phlebitis) and consequently reduces the risk of infection.

The second intervention aimed to reduce the use of the ante-cubital fossa as a placement site for cannulae where clinically appropriate. The ante-cubital fossa is often chosen by clinicians for cannulae insertion as veins are often larger and more accessible in this area on the body. Use of this site can be essential for some clinical care and therefore its use cannot be eliminated. However, this site is associated with higher rates of infection, mainly because movement at the elbow causes movement of the cannula within the vein. Work was undertaken jointly between infection control and clinical teams to reduce routine use of this site for cannulae unless clinically essential.

Overall, there was a slight reduction in the number of *S. aureus* bloodstream infections associated with peripheral vascular cannulae from 29% in 2022/23 to 23% during the period of this report. This could be some of the reasons for the slight decrease in Trust cases this year.

3.4 *Clostridioides difficile* Infection

Clostridioides difficile Infection (CDI) is a disease that can cause diarrhoea and colitis and can be life threatening. CDI is mainly a complication of antibiotic therapy, particularly affecting the frail and elderly who have been prescribed broad spectrum antibiotics. CDI has been linked to serious outbreaks in hospital.

A CDI case is defined as those detected by a combination of two tests: a glutamate dehydrogenase (GDH) test and a toxin enzyme immunoassay test. There were 94 trust attributed cases of *Clostridioides difficile* infection in 2023/24.

In 2023/24 the Trust had 94 trust apportioned cases. Case numbers have significantly increased in comparison to last year however, the Trust rate is 20.48 cases per 100,000

occupied bed days which is lower than the national rate of 24.5. When compared to the regional rate (31.16) we still have one of the lowest rates in the region.

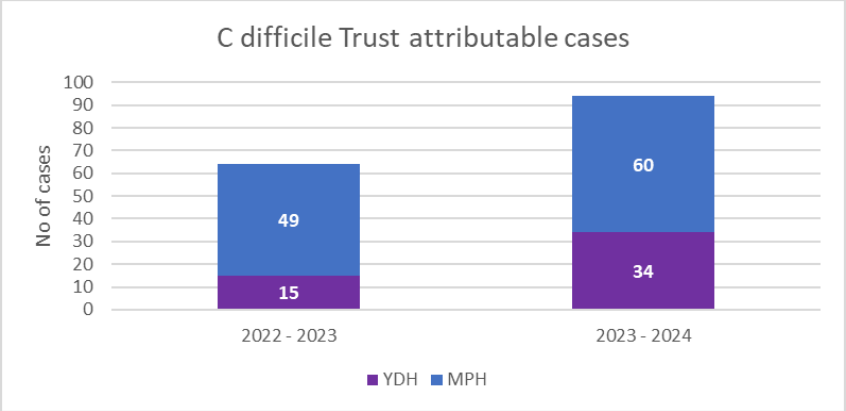


Figure 3 – Annual comparison of Trust attributable C difficile cases

Antibiotics continue to be the main driver for CDI cases across the trust and nationally. However, the Trust has one of the lowest antibiotic usage levels in the region, therefore it is not clear exactly why case numbers continue to rise. National and regional work is still investigating why there is an overall increasing trend. The infection control team has been involved in the regional group that is trying to identify reasons for the increases. No new areas of improvement have been identified to date from this group that are not already in place in the Trust.

3.4.1 Period of Increased Incidence of CDI

A Period of Increased Incidence (PII) is defined as two or more Trust attributed CDI cases where the specimen was taken on the same ward within a 28-day period (Dept. of Health 2008). When this occurs a standard set of actions are put in place including environmental and isolation practice audits, together with weekly antimicrobial review of all patients on the ward.

During the period covered by this report there were six PIIs in the Trust. As there are many different strains of *Clostridioides difficile*, enhanced testing is carried out to identify the specific strain and determine whether there had been cross transmission between patients. Enhanced testing confirmed no cross transmission. In five of the PIIs the cases were all due to different strains of *Clostridioides difficile* therefore were not linked and transmission had not occurred. The remaining PII occurred in August 2023. Two cases were identified in the same ward with the same ribotype (015), this is a relatively common ribotype therefore subtyping by the reference lab was undertaken that demonstrated they were linked cases. Several actions were taken at ward level in response to this outbreak including an environmental audit, a deep clean and enhanced focus on cleaning of equipment. No further cases have occurred.

3.5 Gram-Negative Bloodstream Infections

Gram negative organisms are commonly found in the gut and whilst most of these are harmless, pathogenic strains can cause a range of infections including urinary tract, intestinal and blood stream infection. The most common gram-negative organisms that result in bloodstream infections are *Escherichia coli, Klebsiella* species, and *Pseudomonas aeruginosa.*

3.5.1 *Escherichia coli* (E. coli) Bloodstream Infections

E. coli accounts for around 55% of the gram-negative bloodstream infections with the majority occurring in the community. In 2023/24 there were a total of 443 E. coli bloodstream infections. Of these, 312 patients were admitted with the infection (occurred in the community) and 131 were trust attributable. A total of 78 cases were identified at the Musgrove Park Hospital Site

and 53 on the Yeovil District Hospital site. In comparison to the previous year both sites saw a slight increase in case numbers however, the burden of disease continues to be in the community rather than hospitalised patients.

The Trust rate is 28.76 cases per 100,000 occupied bed days which is lower than both the national rate (33.37) and the regional rate (37.18). National and regional levels are also increasing.

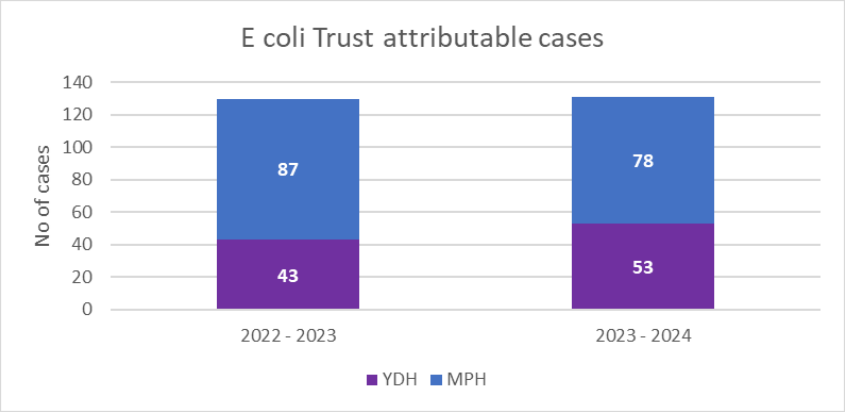


Figure 4 – Annual comparison Trust Attributable E coli cases

The most common source of the Trust apportioned cases remains the urinary tract and a portion of these were related to indwelling urinary catheters. A Trustwide improvement group was established with an overall aim to reduce the number of gram-negative bloodstream infections associated with urinary catheters from 32% to 20% by March 2024. The key improvement interventions were:

- Standardisation of training for insertion and care of urinary catheters
- Timely removal of short-term urinary catheters
- Improve communication between healthcare providers for patients with long-term urinary catheters

During the period of this report, the number of trust attributed gram-negative bloodstream infections associated with urinary catheters reduced from 32% to 14.5%.

3.5.2 *Klebsiella species* Bloodstream Infections

In 2023/24 there were a total of 146 *Klebsiella species* infections. Of these, 93 patients were admitted with the infection (occurred in the community) and 53 were Trust attributable. A total of 38 cases were identified on the Musgrove Park Hospital site and 15 on the Yeovil District Hospital site. In comparison with the previous year, case numbers have slightly increased however the burden of disease continues to be community rather than hospitalised patients.

The Trust rate is 15.45 cases per 100,000 occupied bed days which is lower than both the national rate (14.11) and regional rate (14.11).

The two most common sources of these infections are urinary tract infections and hepatobiliary.

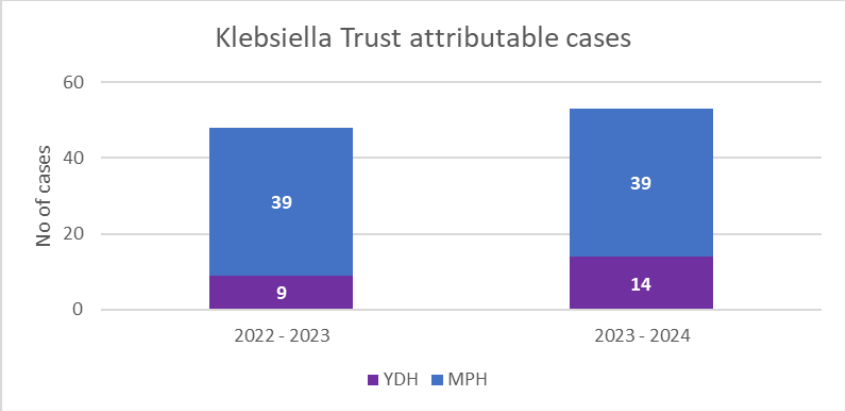


Figure 5 – Annual comparison Trust Attributable Klebsiella cases

3.5.3 *Pseudomonas aeruginosa* (*P*. aeruginosa) Bloodstream Infections

In 2023/24 there were a total of 18 *Pseudomonas aeruginosa* bloodstream infections. Case numbers remain stable in comparison to the previous year. The Trust rate is 3.92 cases per 100,000 occupied bed days which is below the national rate (5.97) and the regional rate (5.61).

Despite having some of the lowest rates of *Pseudomonas aeruginosa* in the region during the period of this report a cluster of 4 cases was identified between April and August 2023. All the cases had undergone a cystoscopy prior to developing a *pseudomonas aeruginosa* bloodstream infection. The investigation excluded issues with the procedure itself but identified problems with the decontamination process of the scopes. Immediate actions were implemented including the introduction of disposable cystoscopes. No further cases were identified but work continued throughout the period of this report to improve decontamination procedures.

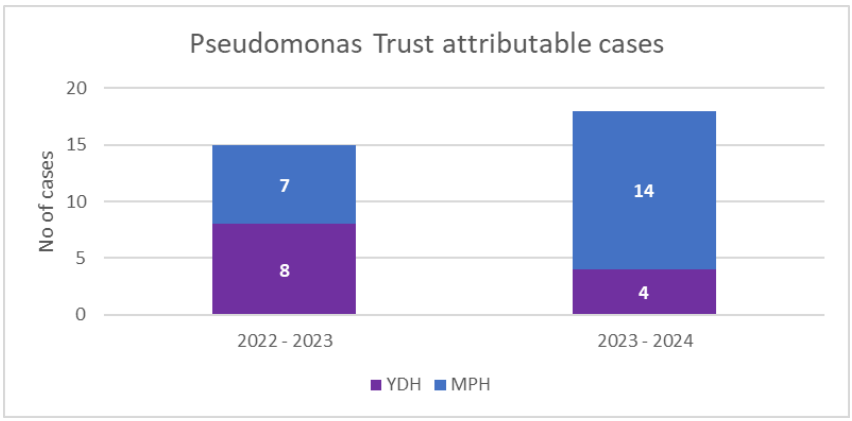


Figure 6 – Annual comparison Trust Attributable Pseudomonas cases

3.6 Multi Resistant Gram-Negative Organisms Including Carbapenemase-Producing Organisms (CPO)

Gram-negative organisms are bacteria often found living naturally in the human gut, and can sometimes cause disease, including urine, chest, wound, and bloodstream infections. These bacteria can develop resistance to several antibiotics and infections due to antibiotic resistant strains, which can be difficult to treat, and are becoming increasingly common.

Multi-Resistant Gram-Negative Organisms (MRGNOs) are graded within the Trust according to their antimicrobial resistance, with Grade A* organisms being the most resistant and Grade C the least. Wherever possible isolation precautions are implemented for patients identified

with an MRGNO. If there are insufficient side rooms available, those with higher levels of antimicrobial level of resistance are given priority for isolation.

Carbapenemase Producing Organisms (CPO) are gram-negative organisms that are resistant to nearly all antibiotics including carbapenems, a powerful group of antibiotics used to treat severe infections which cannot be treated with more conventional antibiotics. This resistance makes infections with these organisms extremely difficult to treat. Outbreaks with these organisms have occurred in several countries and some areas of the UK, including hospitals in London, Northwest England and the Midlands.

In line with PHE guidance, the Trust has a policy in place to identify and screen patients who may be at an increased risk of CPO, including all patients admitted to the Intensive Therapy and High Dependency (Critical Care) unit. During the period of this report, this screening programme has been extended to adult haematology and oncology wards.

In 2023/24 a total of 55 cases of CPO were identified from specimens taken in the trust, 43 were identified as part of the screening programme and 12 were identified in clinical specimens and were incidental findings.

3.6.1 Carbapenemase-Producing Organisms (CPO) outbreak

There has been a significant outbreak of carbapenemase-producing organisms (CPO) affecting the Yeovil District Hospital site. This outbreak began in January 2022 and up to the end of March 2024 has affected a total 37 patients. The source of the outbreak was identified as environmental with a reservoir of bacteria in the drains, primarily sinks and showers. The Trust has received support from UKHSA in managing the outbreak. The initial strategy was to try to eradicate the source. Actions including a change in the process of grey water disposal, targeted deep cleaning of inpatient wards and chemical disinfection of the drainage system. This was successful and the outbreak was closed in November 2023 as no new cases had occurred since August. However, the outbreak was subsequently opened again in January 2024 when new cases were identified. The conclusion was that bacteria had repopulated the drainage system and contamination of the environment was occurring. Chemical disinfection has been restarted alongside deep cleaning.

There is limited published guidance to direct trusts managing outbreaks of these organisms therefore an external review was commissioned of the Yeovil site in February 2023 from a Nurse Consultant in the Built environment and Infection Control. The report confirmed the likely source and supported the existing management strategies that were implemented.

UKHSA have continued to support the Trust including reviewing strategies employed by other organisations nationwide during similar outbreaks. Learning from these outbreaks has been sought and some amendments were made to planned actions. However, they have not made any recommendations that the Trust has not already implemented and have given assurance that the Trust continues to take the right remedial actions. At the end of the period covered by this report, the CPO outbreak on the Yeovil District Hospital site remains open.

3.7 Surgical Site Infection Surveillance (SSIS)

There is good evidence that prospective surgical site infection surveillance, together with timely feedback to clinicians will reduce infection rates. It is a mandatory requirement for NHS Trusts in England to complete orthopaedic surgical site infection surveillance for a minimum of a three-month period each year, using the National Surgical Site Infection Surveillance Service (NSSIS). This service is co-ordinated by the Communicable Disease Surveillance Centre at UK Health Safety Agency in Colindale.

The Infection Prevention & Control team undertakes a continuous surveillance programme of SSI (rather than just a 3-month period) as this gives a more accurate infection rate. For the Musgrove Park Hospital site this has been in place since 2009 and includes surveillance across three categories, hip replacements, knee replacements and spinal surgery. For the Yeovil District Hospital site, continuous surveillance for hip replacement has been in place since April 2022 and surveillance for knee replacement was commenced in January 2024. Spinal surgery is not undertaken on the Yeovil Hospital site.

Results of the surveillance are disseminated to Clinical Leads, Surgeons, and service group management teams each month, who take appropriate actions where required.

a) Knee Replacements

Musgrove Park Hospital

In the period covered by this report a total of 188 operations were undertaken. Of these only one infection was identified giving an infection rate of 0.53%. The national SSI incidence reported to UKHSA between April 2018 and March 2023 was 0.4%. Whilst this is a different period to the trust rolling year rate and is therefore not directly comparable, it indicates that rates are in line with the national level.

Yeovil District Hospital

Continuous surveillance was commenced for knee replacements on the Yeovil Hospital site in January 2024. In the period January to March 2024 a total of 89 operations were undertaken and no infections identified.

b) Hip Replacements

Musgrove Park Hospital

In the period covered by this report a total of 328 operations were undertaken and no infections identified.

Yeovil District Hospital

In the period covered by this report a total of 340 operations were undertaken. Of these 5 infections were identified giving an infection rate of 1.47%. The national SSI incidence reported to UKHSA between April 2018 and March 2023 was 0.5%. Whilst this is a different period to the Trust rolling year rate and is not directly comparable it indicates that our rates are higher than the national level. Work is in progress with the Surgical teams to reduce these levels.

c) Spinal Surgery

Musgrove Park Hospital

In the period covered by this report a total of 338 operations were undertaken. Of these, four infections were identified giving an infection rate of 1.18%. The national SSI incidence reported to UKHSA between April 2018 and March 2023 was 1.2%. Whilst this is a different period to the trust rolling year and therefore is not directly comparable, it indicates that our rates remain in line with national levels.

4 RESPIRATORY VIRUSES INCLUDING OUTBREAKS

4.1 Respiratory viruses have continued to challenge the Trust over the period of this report. Over the winter period in line with the whole of NHS England, the Trust managed patients with COVID-19, Influenza and Respiratory Syncytial Virus.

4.2 Influenza

There were 465 inpatient cases of influenza identified during the period of this report, the majority were influenza A (438 cases) and mainly occurred between January and March. There were 13 outbreaks of influenza during November and December.

4.3 Respiratory Syncytial Virus (RSV)

There were 453 inpatient cases of Respiratory Syncytial Virus (RSV) identified during the period of this report. Around 51% of these were children 5 years or younger. About a third of cases were elderly, over 65 years.

4.4 COVID-19

Coronavirus disease (COVID-19) cases are apportioned to trusts depending on the time frame between the first positive specimen and admission date:

- **Community** onset, positive specimen date ≤ 2 days after admission or hospital attendance (CO)
- Hospital-onset, **Indeterminate** healthcare-associated, positive specimen date 3-7 days after admission (HOIHA)
- Hospital-onset, **Probable** healthcare-associated, positive specimen 8-14 days after admission (HOPHA)
- Hospital-onset, **Definite** healthcare-associated, positive specimen 15 days or more after admission (HODHA)

Between April 2023 and March 2024 there were a total of 2196 inpatients with confirmed COVID-19 across the Trust. This was a slight decrease on the previous year where the Trust cared for 2386 inpatients. The majority were community or indeterminate cases (63%). The virus has not yet settled into a seasonal pattern and cases were seen all through the summer months, peaking in September. However, the main burden coincided with influenza and RSV over the winter period January to March.

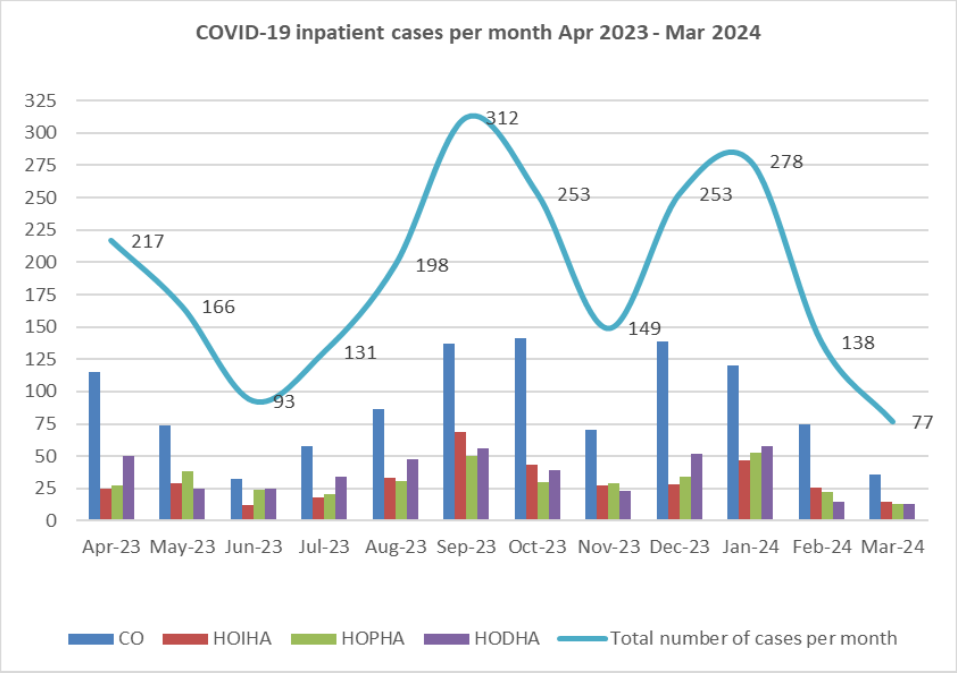


Figure 7 – COVID-19 Inpatient Cases per month April 23 – Mar 24

4.4.1 COVID-19 Outbreaks

Between April 2023 and March 2024, there were 136 inpatient ward closures due to COVID (figure 8). Most of the outbreaks occurred in September 2023 which matched the peak of inpatient cases seen in the Trust. Outbreaks were managed in line with the Trust Management of COVID-19, standard operating procedure, and the Southwest Regional Healthcare Setting Outbreak Framework. Key controls included isolation of all confirmed cases either in side-rooms or cohorted in bays and closing affected areas to new admissions. There were slightly less outbreaks during this financial year in comparison to last. Restrictions were in place for a total of 11,160 days with 1,418 bed days lost. Despite less outbreaks and cases, the impact of COVID-19 on the Trust remained significant.

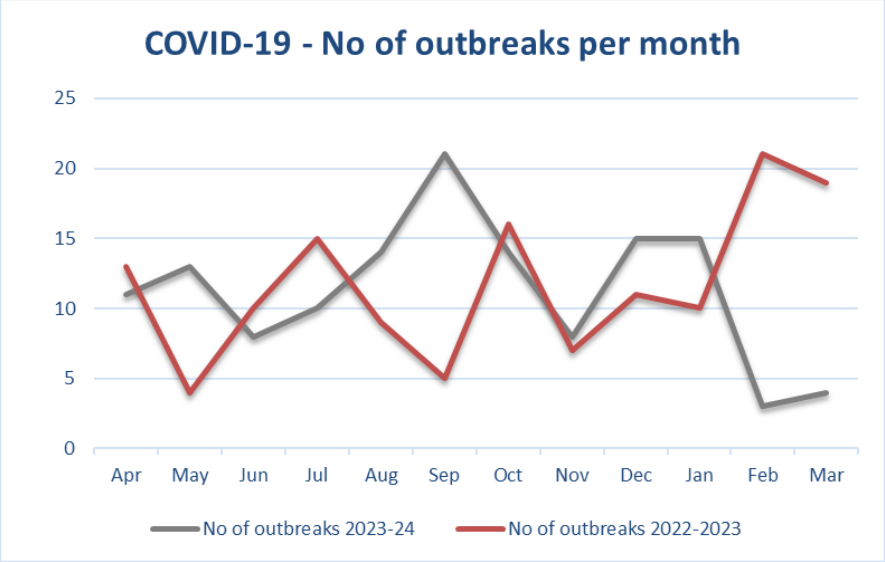


Figure 8 – COVID-19 Outbreaks per month

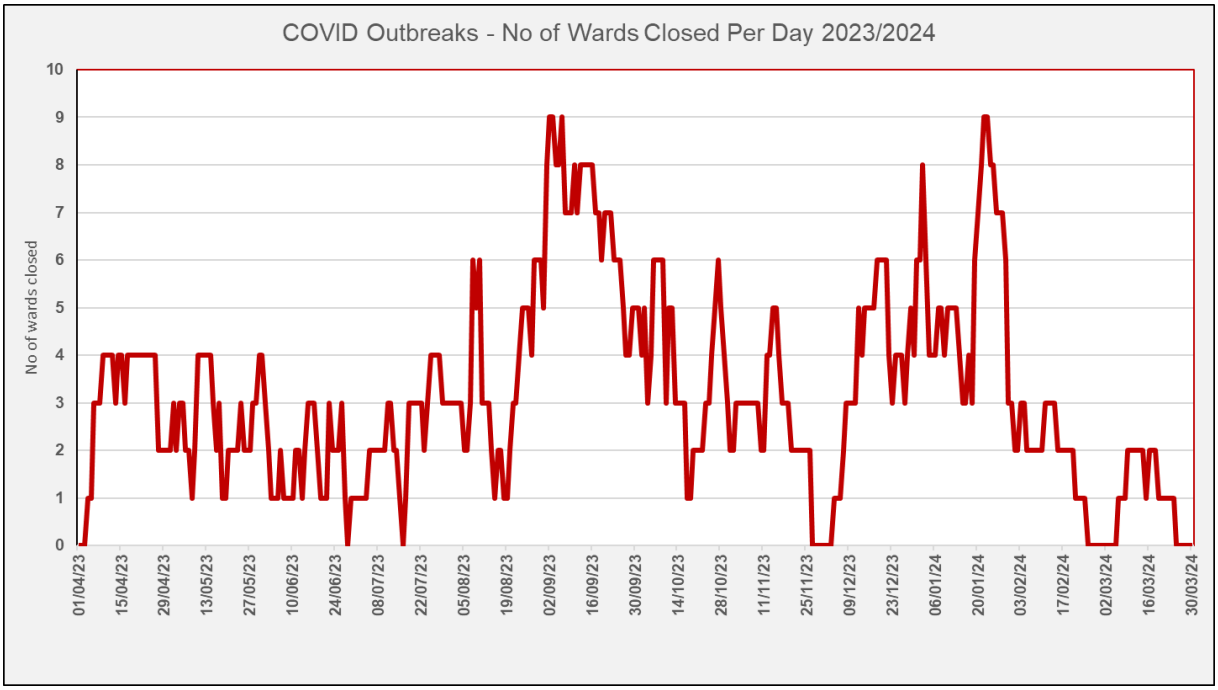


Figure 9 – Number of wards closed per day

5 NOROVIRUS

5.1 Norovirus, also called the winter vomiting bug, is highly contagious and is the most common cause of hospital outbreaks of viral gastroenteritis. To control outbreaks, wards are usually closed to new admissions until the outbreak is brought under control, and this can cause major operational disruption to the hospital.

In 2023/24 there were 34 confirmed norovirus outbreaks in the Trust (defined as 2 or more cases on a ward in a 48-hour period). Restrictions were in place for a total of 296 days and a total of 715 bed days were lost due to closures. Almost half the outbreaks occurred during the period December to March however, several outbreaks were reported during the summer months. Although norovirus outbreaks are known to occur at any time of the year, there is rarely a significant number during the summer period. The outbreaks identified out of season are likely to be an effect of the COVID-19 pandemic which has skewed the seasonality of this infection.

6 HAND HYGIENE

6.1 Hand Hygiene

Hand hygiene (HH) is an important intervention for preventing the transmission of infection. All wards and clinical departments carry out a monthly audit of HH compliance in their area against the World Health Organisation's 5 moments for hand hygiene. The overall annual Trust compliance rate remains satisfactory at 93%.

7 ANTI-MICROBIAL STEWARDSHIP (AMS)

7.1 Anti-microbial stewardship (AMS) activity is managed and monitored via the Somerset Antimicrobial Stewardship Committee (SASC), which reports to the Medicines Governance Committee.

7.2 SASC oversees the development and implementation of the annual antimicrobial stewardship programme of work and is the panel for approval of all antimicrobial related guidelines and documents.

7.3 There is also AMS representation on the Infection Control Committee to ensure oversight of this topic in relation to its impact on key infections.

7.4 Antibiotic Consumption

The NHS acute contract for 2023/24 stipulated a 10% reduction in broad spectrum ("watch and reserve") antimicrobials against a 2017 baseline. The Trust had an exceptionally low baseline in 2017 (the 3rd lowest overall in England and the lowest of comparable trusts). Therefore, this reduction has been challenging. During the period of this report a 6% reduction was achieved. NHS England are currently reviewing the contract stipulations applied to trusts with very low baselines.

7.5 Antimicrobial Guidelines

During the period of this report several guidelines have been updated and new guidelines published these include:

- Urinary tract infections
- Management of recurrent urinary tract infections
- Protozoal infections
- Infection of the eyes

- Diabetic foot infections
- Surgical prophylaxis for ambulatory joint replacements
- Surgical prophylaxis for carotid endarterectomy

7.6 Antimicrobial Sensitivity Monitoring

As part of the guideline reviews, collation of sensitivity and resistance data for gram-negative organisms, skin and soft tissue infections due to group A streptococcus and staphylococcus aureus and key respiratory infections due to streptococcus pneumoniae and haemophilus influenzae has begun. Going forward this information will be collated and reported biannually to monitor local resistance rates.

7.7 Ward focused antimicrobial team

Regular antimicrobial stewardship rounds are undertaken at both the Musgrove Park Hospital and Yeovil District Hospital sites each week. These rounds have been successful in stopping unnecessary antibiotics and changing antibiotics from intravenous to oral which reduces the risk of infection from vascular devices.

The team has been working closely with the Infection Prevention and Control team analysing the antimicrobial usage in cases of *Clostridioides difficile*. The purpose of this review is to identify new learning and trends that may help inform future improvement work.

7.8 Outpatient Parenteral Antibiotic Therapy (OPAT) / Hospital at Home

A new role was approved and appointed to within the AMS team, 0.8 WTE Hospital at Home pharmacist. This role has supported the design and implementation of a referral pathway for OPAT and supported getting the right patients on the right antibiotics in the service. Since this role began 60 patients have been supported through OPAT via Hospital at Home saving more than 1200 bed days. The role has prevented a number of inappropriate referrals for intravenous antibiotics in the community with many suitable for oral antibiotics.

7.9 System-wide Antimicrobial Stewardship

There continues to be system-wide antimicrobial stewardship with the Consultant Pharmacist working closely with the NHS Somerset medicine management pharmacist on primary care AMS and prescribing guidelines. Review of off-formulary prescribing has resulted in change to guidance and formulary for better enablement. The Integrated Care Board have taken up the recurrent UTI guidelines with stakeholder engagement from GPs and urology. A Southwest Infection Management strategy is being developed with the consultant pharmacist as a major contributor. Regular meetings with the ICB quality team identify areas for improvement across the county.

7.10 Key Risks

Multiple antibiotic guidelines remain out of date. They have been reviewed for safety and prioritised based on clinical need and current evidence. Action plan to get all key documents in date within 12 months and all reviewed within 24 months.

8 INFECTION PREVENTION & CONTROL POLICIES

The IPC team have a programme of at least 3 yearly reviews of Infection Prevention and Control policies and guidelines to ensure they are up to date and based on latest evidence. In the period covered by this report, seven IP&C policies / guidelines were reviewed and updated.

The Trust's IPC policies and guidelines are available to staff via the Trust intranet and on the IPC website. Compliance with policies is audited as part of the IPC team annual work programme.

9 INFECTION PREVENTION & CONTROL AUDIT PROGRAMME

The IPC Annual Programme of work sets out the Trust's IPC audit plan for the year, to ensure key policies and practices are being monitored and implemented appropriately. This programme includes both Directorate Led and IPC Team led audits.

9.1 Audits carried out monthly for the period covered by this report included:

- Hand Hygiene audits
- Environmental Cleanliness audits
- Decontamination of Equipment audits
- MRSA Screening Compliance
- Carbapenemase-producing organism screening compliance

Monthly IPC performance reports detailing infection rates and audit results are compiled by the IPC Team for each of the service groups; exceptions and remedial actions are monitored via the governance structures and reported to the Infection Control Committee.

10 EDUCATION AND TRAINING

Education and training continue to be an important part of the work of the IPC team. It is a mandatory requirement that all staff receive an infection control update every 3 years, service groups receive regular compliance reports and are responsible for addressing individual areas of non-compliance.

Clinical staff undertake their mandatory update via the Trust's online Infection Prevention and Control update training programme. The overall compliance rate with mandatory infection control update training as of March 2024 was 93%.

11 DECONTAMINATION

Effective decontamination of hospital equipment and reusable medical devices is critical in reducing the risk of hospital associated infections. The Decontamination Group is a sub-group of the Infection Control Committee. The Decontamination Group is responsible for ensuring decontamination processes are in place to meet the statutory and regulatory requirements. The Trust has one Decontamination Lead, a role currently undertaken by the Lead nurse for Infection Control.

11.1 Audit and Monitoring Arrangements

Compliance requirements are governed by several pieces of guidance or directives including:

- Medical Devices Directive
- HTM 01-01 – Decontamination of Surgical Instruments
- HTM 01-06 – Management & Decontamination of Flexible Endoscopes
- HTM 01-05 – Decontamination in primary care dental practices
- ISO 13485: 2016 Quality Management Systems

The Trust has two Authorising Engineers for Decontamination (AED) one covering the Musgrove Park Hospital, Community and Mental Health units and one covering the Yeovil

District Hospital site. These roles are fulfilled by independent and external individuals who verify compliance against national standards and provide specialist advice.

11.2 Facilities

a) Sterile Services Department

The Trust has two dedicated Sterile Services Departments (SSD), sited at Musgrove Park Hospital Site and Yeovil District Hospital. Each provide centralised decontamination services including steam sterilisation, low temperature sterilisation and ultrasonic systems for the DaVinci robotic instruments. Both departments have service contracts in place for equipment including annual and quarterly validation of performance with no issues identified.

b) Endoscopy

On the Yeovil Hospital site endoscope decontamination is undertaken within the sterile services department. Joint advisory group (JAG) accreditation is in place.

On the Musgrove Park Hospital site there are two endoscopy units, one on the main hospital site and a satellite unit in Bridgwater Community Hospital. Decontamination of scopes occurs in both units. Both units are manned by the same decontamination team.

Contracts are in place for annual and quarterly validation of equipment performance which are reviewed for assurance by the relevant Authorising Engineer for Decontamination.

c) Local Decontamination

Across the Trust there are some medical devices that cannot be centrally decontaminated either because they are not suitable for Steam Sterilisation, Low Temperature Sterilisation or because limited numbers of equipment mean rapid turnaround times are required to meet patient capacity. There are three pieces of equipment where local decontamination methods have been reviewed and currently agreed via the Decontamination Group:

- **Transoesophageal Echocardiographic (TOE) probes** – Due to limited numbers of TOE probes in the system, decontamination is undertaken within the Cardiology department on each acute hospital site.

  Musgrove Park Hospital - This is delivered via an Ultraviolet decontamination machine which has been fully operational since the summer of 2019. This enables rapid, high-level disinfection via an automated process. This process is subject to external annual validation and therefore fully meets compliance with HTM 01-06. Contracts are in place to undertake the monitoring which has been completed and no issues identified with performance of the equipment.

  Yeovil District Hospital – There is a single TOE probe on this site, used approximately once a month. Decontamination is via the Tristel three-stage wipe system which achieves high-level disinfection.

- **Nasendoscopes** – This equipment is used in several sites across the Trust. Due to geographical location of some of the scopes it is not yet possible to have a fully automated service across the whole Trust. Therefore, for some sites local decontamination using manual, high-level disinfection systems, in line with basic requirements of HTM 01-06 is in place. The main users of nasendoscopes are the Outpatient Department on the acute site at Musgrove Park Hospital. Due to high numbers of nasendoscope procedures in the department, decontamination is

undertaken within the outpatient department. This is delivered via an ultraviolet decontamination machine. This enables rapid, high-level disinfection via an automated process. This process is subject to external annual validation and therefore fully meets compliance with HTM 01-06.

- **Transvaginal (TV) probes** – There are insufficient numbers of TV probes to meet capacity demands therefore currently they are locally decontaminated using a manual high-level disinfection process, in line with the basic requirements of HTM 01-06.

d) Other Hospital Equipment

Each ward and clinical department are responsible for the cleaning and decontamination of other non-critical medical equipment. Monthly auditing is undertaken at Ward level, overall compliance in 2023/24 was 94%.

12 CLEANING SERVICES

12.1 Management Arrangements

Trustwide responsibility for cleaning services is held by the Head of Facilities with local management arrangements for the Musgrove Park Hospital site, Yeovil District Hospital site and the Community / Mental health sites.

12.2 Monitoring Arrangements

The Trust has a Cleaning Standards group, this group provides an assurance report six-monthly to the Infection Control committee. The group is responsible for ensuring the Trust meets the required standards of environmental cleanliness.

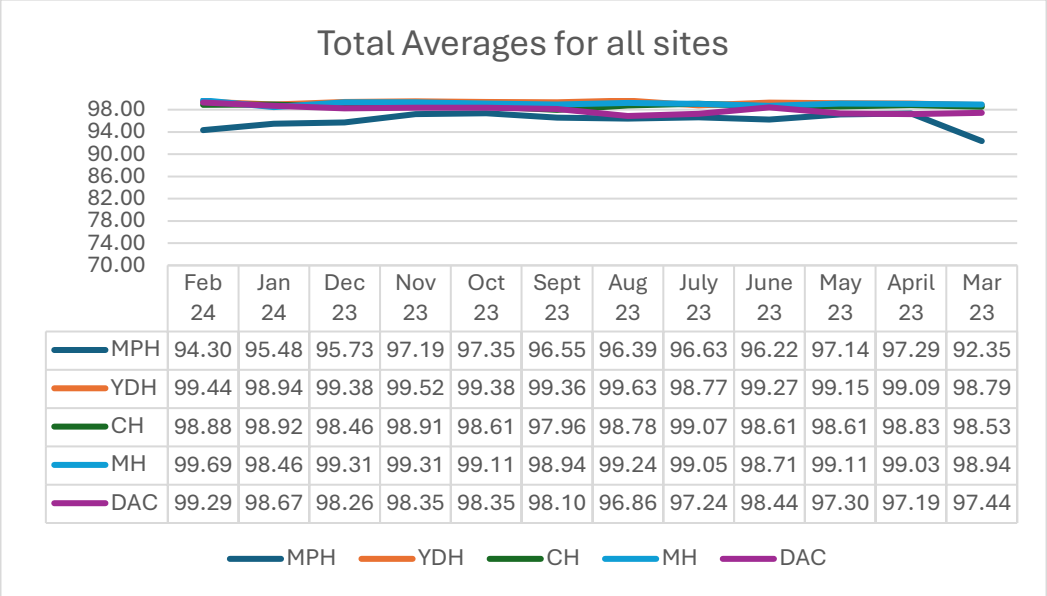
Audits are carried out monthly across the Trust. The Trust is moving to a single dashboard using the stars rating system in compliance with the National Cleaning Standards 2021. This will now align reporting across all sites of the merged organisations.

A new audit system Synbiotix has been purchased. This system was originally in place on the Yeovil Hospital site and is being implemented across all sites of the merged organisation.

12.3 Cleanliness – Summary

All scoreboards have remained consistently compliant during the period of this report. The Musgrove Park Site scores have incrementally improved. This is believed to be due to the introduction in October 2023 of a 10-person, mobile team who support the wards with remedial, periodic and deep cleaning requirements.

Environmental issues due to the increased damage and fabrication of some of the older areas of the Musgrove Park Hospital site has impacted on some of the cleaning results. However, over the period of this report the Estates team has already and continues to address a number of these items.



	Feb 24	Jan 24	Dec 23	Nov 23	Oct 23	Sept 23	Aug 23	July 23	June 23	May 23	April 23	Mar 23
MPH	94.30	95.48	95.73	97.19	97.35	96.55	96.39	96.63	96.22	97.14	97.29	92.35
YDH	99.44	98.94	99.38	99.52	99.38	99.36	99.63	98.77	99.27	99.15	99.09	98.79
CH	98.88	98.92	98.46	98.91	98.61	97.96	98.78	99.07	98.61	98.61	98.83	98.53
MH	99.69	98.46	99.31	99.31	99.11	98.94	99.24	99.05	98.71	99.11	99.03	98.94
DAC	99.29	98.67	98.26	98.35	98.35	98.10	96.86	97.24	98.44	97.30	97.19	97.44

Figure 10 Average Cleaning Scores All Sites

12.4 Key Challenges on the Service

a) Sickness

Significant levels of short, and long-term sickness absence have continued to be experienced across all teams, creating additional, operational pressures.

b) Carbapenemase-producing organism outbreak

The cleaning teams on the Yeovil Hospital site have continued to support the additional cleaning required to manage the CPO outbreak, including the used of the chemical disinfection of the drainage system.

c) Ward reconfiguration

There have been several ward swaps over the period of this report on the Musgrove Park Hospital site which have increased the workload for cleaning teams.

d) Recruitment

Recruitment continues to be a challenge in both recruiting new staff to replace leavers, as well as plans to cover flexible working requests whereby more staff are reducing hours. Some days of the week are more difficult to cover with part-time colleagues. On the Yeovil site, the use of Agency staff has been replaced with an internal staff bank.

12.5 Key achievements

a) Equipment

On the Musgrove Park Hospital site there is a process in place to replace all the cleaning trollies to a new lockable and more robust design. This brings the Trust in line with safety and COSHH regulations to keep chemicals in a safe, lockable trolly.

On the Yeovil Hospital site, central funding was secured to purchase two hydrogen peroxide vapour machines. This standardised the automated cleaning options across the two acute hospital sites and is particularly required for *Clostridioides difficile* and the CPO outbreak management.

b) Alignment of cleaning products

The Yeovil Hospital site has changed to a new cleaning product – Tristel fuse for surfaces. This is a sporicidal cleaning product already in place in other sites of the Trust. A change to this product standardises cleaning products across the Trust.

c) Deep Clean Programme

The annual deep clean programme of inpatient wards was completed on both acute hospital sites.

13 WATER SAFETY

The most significant infectious risks from the water supply are infections caused by legionella pneumophilia or pseudomonas aeruginosa bacteria. Both can cause serious respiratory infections, with immunocompromised and ventilated patients being particularly at risk.

Legionella is most likely to proliferate in water systems where the temperature is between 20 to 50 degrees centigrade. Pseudomonas is found in water and moist environments and may proliferate in sink and shower traps.

13.1 Water Safety Groups / Management Arrangements

The Associate Director of Estates & Facilities has discharged the operational maintenance management for water safety to the Head of Acute Estates and Infrastructure (based on the Musgrove Park Hospital Site). Due to the newly formed merged trust, the responsibility for the development and implementation of Legionella and Pseudomonas aeruginosa prevention and control procedures, to comply with all appropriate legislation, regulations, and standards rests with the respective sites Heads of Estates.

Currently there are three water safety groups, one for each acute site and one covering community and mental health sites. Each group meets a minimum of quarterly. The function of the groups includes monitoring the performance of the water systems in the Trust and progress against the Water Safety plan. Remedial actions taken in response to any positive testing results are also reviewed, to ensure appropriate actions are taken. The Infection Control Committee receives a 6-monthly assurance report from each WSG.

At the acute Musgrove Park Hospital site, a Water Safety risk audit is undertaken quarterly including an annual report by an external independent water safety consultant (AE-Water). Our current assurance report from the AE has been reported as improving and good assurance.

On the Yeovil Hospital site, Water Safety audit by an external independent water safety consultant was carried out on the 15th January 2024, the action plan has indicated there are no high risk items, Legionella risk assessment (completed 17th March 2023) discussed with AE and bids for funding via backlog has been submitted. Pseudomonas risk assessment (completed 10th October 2023), discussed with AE, mostly Housekeeping to be tidied up i.e. wash bowels, soap dispensers over sinks etc.

For the community and mental health sites the Water Safety audit was undertaken in March 2024. This highlighted improvements in record keeping for the Mental health sites. Recommendations were made for some routine maintenance and descaling.

13.2 Control Procedures and Testing

The primary method of controlling legionella in the Trust is to monitor and keep domestic cold-water temperatures below 20 degrees centigrade and domestic hot water temperatures above 55 degrees centigrade. These temperatures should be achieved within two minutes when drawing water from the cold and one minute of drawing water from the hot outlets. The incoming cold-water supply from the water supply company can exceed 20 degrees centigrade during extremely hot weather in the summer months the requirement is to ensure that the cold water delivered to outlets is not greater than 2 degrees centigrade above the water company supplied temperature.

To help reduce the risk of pseudomonas, controls are in place in high-risk areas to ensure that dirty water is not disposed of down hand wash sinks, and sinks are cleaned in such a way as to avoid contaminating taps from the sink traps (top-down approach). In addition, all underused outlets are flushed regularly to ensure a sufficient water flow through the system.

Water outlets in augmented areas (Intensive Therapy Unit, High Dependency Units, Neonatal Unit, Haematology and Oncology wards) and in areas where temperature monitoring indicates the controls are out of range, are routinely tested for legionella. In addition, all outlets in augmented care areas are tested for pseudomonas every 6 months

If legionella or pseudomonas is detected, appropriate remedial actions are undertaken in line with Trust policy. This includes installation of a point of use HEPA filter or taking the outlet out of use; a review of the installation including identification of any potential dead legs and flexible hoses; and cleaning and disinfecting the system until two negative results are achieved.

13.3 Areas of Concern - Musgrove Park Hospital Site

a) Planned Preventative Maintenance

Extra investment in the estates maintenance team has enabled some improvements in compliance with planned routine maintenance schedules of water systems. However, there are current challenges around recruitment and retention including the ability to recruit skilled and experienced staff who can perform this role.

b) Water Safety Management within the Beacon Centre

The Private Finance Initiative (PFI) provider is responsible for ensuring the efficacy of the water within the facility. The Trust had not received sufficient assurance that water safety measures within the facility were suitable and adequate. Therefore, initially the Trust carried out routine legionella sampling of outlets resulting in sporadic positives. Points of use (POU) HEPA filters currently in place on all water outlets to protect the end-user. The PFI provider requested chlorination of the building which was completed. Sampling is still identifying legionella therefore point of use filters remain in place.

c) Jubilee Building – Loss of control of the Water Temperature

Following the use of Jubilee Building as a COVID area and recognition of poor temperature control of the hot water services sampling was carried out. A significant number of positive legionella results were identified therefore point of use filters were put in place and a review of engineering design and infrastructure undertaken.

Investigations indicated that several thermostatic control valves have failed. An engineering solution has been developed to reduce the quantity of thermostatic control valves and regain thermal control; however, due to patient pressures and the release of a block of beds to undertake works, this has not progressed. Meanwhile POU filters are still being deployed and regular sampling is taking place to ensure the safety of the end user.

To help mitigate the risk the Acute site is at the later stage of mobilising a project to introduce a water treatment plant to the Musgrove Park Hospital Site. The unit which uses ionisation (Copper and Silver) to treat the water will help us control water quality on the site. In March 2024, the new water treatment plant was installed, commissioned, and is now actively dosing the water system. The system will take time to reach an optimal dose rate and the Estates Maintenance Management Team will be closely monitoring the system to realise the benefits.

d) Strategic Development – Sub-optimal quality of water systems

One of the main areas of concern is the ongoing site development and the challenges with safe water quality being achieved during refurbishing existing or delivering new buildings. The Acute Authorising Engineer has yet to sign off any water system as safe for the past four years. In many cases as an interim measure point of use filters are deployed until safe water systems are achieved. The trust has a significant backlog of project defects which is slowly being addressed by the Strategic Project Team. Another area of concern is derogations, as per Water Safety Policy, derogations need to be agreed by the Water Safety Group. At present, the Water Safety Group are not informed of derogations and often must manage derogations post project.

Another concern is post-project defect process, the Estates Department continues to follow the process of recording defects via the Client Defect Form process. To date, although a significant number of defects have been reported, the Estates Department has not received any feedback on the status of these reported defects.

13.4 Significant Achievements

a) Musgrove Park Hospital Site

During the reporting period three new water treatment plants (Copper Silver ionisation CuAg) have been installed on the Musgrove Park Hospital site. One plant serving the Jubilee Building covering the hot and cold water, one plant serving the wellington road central cold-water tank which treats the hot and cold water for the old building and one plant serving the maternity building hot and cold water. The plant will take a few months to reach optimised dosing rate and to realise the overall benefits. This form of secondary water treatment is welcomed by the Water Safety Group, and we are excited to see an improvement in our water quality.

Another achievement is we have a member of the estates team on a development opportunity to manage day to day water safety maintenance responsibilities. The successful applicant who has now been in post for 4 months has really grasped the role and improvements are already notable.

There are two achievements resulting in best value and improvements with best practice. The first is trust has historically contracted water safety risk assessments to take place on a periodic basis. Following a production of a suitable and sufficient assessment of the risk, the water safety group has approved that new risk assessments are not required and that we will follow the direction of many other trusts where risk assessments are reviewed annually and only risk assessed if there has been a significant change. The second is the trust has historically maintained the residential settings to the same maintenance regime applied to clinical and non-clinical buildings. Following a suitable and sufficient assessment of the risk, the water safety group has approved an approach to bring the residences maintenance regime in line with common private landlord property legislation. This revision will allow a less intensive programme of maintenance.

b) Yeovil Hospital Site

- The water safety policy has been updated as has SOP's for water flushing of little used outlets.
- Legionella sampling for 2023 achieved an overall pass rate of 92% with 5 months all clear
- The last Pseudomonas sampling came with only 1 low level fail, outlet changed, retested and now all clear.
- An updated Water Safety Plan, as agreed with Authorising engineer for Water is currently being developed
- Training has been completed for 23 members of staff for Legionella Awareness.
- There is Legionella Awareness Lite for general staff is on the LEAP platform available as non-mandated
- We have engaged the services of an AE (W), who will provide advice when required, attend the Water Safety Council meetings (where possible) and carry out an annual audit

c) Community and Mental Health Sites

During the reporting period continued improvement has been made to the performance of external contractors (Geoff Betty Ltd) employed to manage water safety on the Mental Health estates in the West of the County. Robust procedures, record keeping and monitoring has been implemented and audited by the AE – Water resulting in an improved control of water safety matters.

Flushing compliance continues to be monitored by IP&C on a quarterly basis with 100% compliance.

14 VENTILATION

Ventilation is used extensively in all types of healthcare premises to provide a safe and comfortable environment for patients and staff and to control odours. More specialised ventilation is provided to help reduce airborne infection risks in areas such as operating departments, critical care facilities, isolation rooms and primary patient treatment areas.

The Trust is required to comply with Health Technical Memorandum 03-01: Specialised Ventilation for Healthcare Premises (2021). Compliance requires annual inspection and validation to ensure the system is performing to the required standard.

Following the merger of the Trust, a single Ventilation Safety Group was established in November 2023 to bring together all the ventilation management systems across all sites together. This group is in its infancy.

Annual inspection and validation programmes are in place across both acute hospital sites. The ventilation systems across the Trust on each site vary in age and condition.

15 INFECTION PREVENTION AND CONTROL PLAN AND AMBITIONS FOR 2024/25

Infection Prevention and Control remains a high priority in the Trust, and we are committed to reducing healthcare associated infections and ensuring the highest standards of infection control practice are delivered throughout the hospital.

Key ambitions for 2024/25:

- To complete alignment of Infection Control policies and guidance from the legacy Trusts.
- To support Trust wide improvement work related to peripheral vascular cannulae and urinary catheters, to reduce related bloodstream infections.
- To focus on achieving more sustainability and reducing unnecessary waste related to personal protective equipment.
- Implement a comprehensive winter awareness campaign to include recognition and infection control management of patients with respiratory viruses and norovirus.
- Continue to monitor the number of surgical site infections in total knee and hip replacements across both sites and spinal surgery for the Musgrove Park Hospital Site
- Continuing to deliver a comprehensive programme of surveillance, IPC audit, education and policy review and development.
- To complete the upgrading of the Clinical Surveillance Platform for infection control (ICNet NG).

The IP&C annual programme of work for the new Somerset Foundation Trust 2024/2025 was agreed by the Infection Prevention & Control Committee in April 2024. Progress against the plan will be monitored by the ICC and an annual report submitted to the Quality and Governance Committee.

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