



**Moorfields
Eye Hospital**
NHS Foundation Trust



Infection Control Annual Report

April 2023 – March 2024



Version 1.0
Status: FINAL
Authors: Catherine Wagland & Amita Sharma
Approved: July 2024

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Executive Summary

Moorfields Eye Hospital NHS Foundation Trust (MEH) is committed to ensuring that effective prevention and control of healthcare associated infections (HCAIs) is embedded into everyday practice. Keeping patients safe from avoidable healthcare associated infections remains a high priority for the Trust.

This report demonstrates the continued commitment of the Trust to Infection Prevention and Control (IPC) and provides evidence through delivery of the Trust wide IPC compliance standards for the period from the 1st April 2023 to the 31st March 2024.

The Infection Prevention and Control Nurses (IPCN) provide leadership, advice, and support to ensure compliance with the Health and Social Care Act (2008). The team facilitates learning across the Trust through providing education, training, audits and through lessons learnt from incidents.

A requirement of the Health and Social Care Act (2008) is for the Board of Directors to receive an annual report from the Director of Infection Prevention and Control (DIPC). The report provides assurance to the Trust Board that appropriate infection control measures are in place and are being followed to maintain the safety of patients, visitors and staff.

The publication of this report is to demonstrate good governance, adherence to Trust values and public accountability in line with the Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infection and related guidance 10 compliance criteria.

Table 1: Health and Social Care Act 2008: code of practice on the prevention and control of infections compliance criteria

Compliance Criteria	What the registered provider will need to demonstrate
1	Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2	The provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.
3	Appropriate antimicrobial use and stewardship to optimise outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4	The provision of suitable accurate information on infections to service users, their visitors and any person concerned with providing further social care support or nursing/medical care in a timely fashion.
5	That there is a policy for ensuring that people who have or are at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.
6	Systems are in place to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7	The provision or ability to secure adequate isolation facilities.

8	The ability to secure adequate access to laboratory support as appropriate.
9	That they have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.
10	That they have a system or process in place to manage staff health and wellbeing, and organisational obligation to manage infection, prevention and control.

The key achievements for 2023/24

There have been a number of key achievements by the Infection Prevention and Control Team (IPCT) this year and these will be covered in more detail in the report. The rates of infection for the trust overall have remained low in key areas.

- There have been no cases of bacteraemia or Clostridioides difficile for the trust to report and no nosocomial cases of Covid-19.
- Endophthalmitis rates of infection for all benchmarked categories, this includes cataracts, vitrectomy, acute glaucoma, intravitreal injections, and corneal grafts have been below the trust best practice benchmarks.
- The IPCT have developed a new Trust benchmark for Ozurdez Implants, leading globally with standards of performance.
- The IPCT ran the first one day Infection Prevention and Control Conference in Ophthalmology nationally.
- The IPC Matron and Deputy DIPC was awarded the Silver Award by the British Journal of Nursing for 'Infection Prevention Nurse of the year 2023.
- The trust achieved 40.6% compliance with the Covid-19 vaccination coming the third highest in the London region. For flu, the trust achieved 48.9% compliance coming the fourth highest in the London region.
- The IPC Matron and the IPC lead presented at the 8th Annual Infection Control Sterilization and Decontamination in Healthcare Conference held in London in March 2024.

Introduction

Healthcare associated infections (HCAI) can cause harm to patients compromising their safety and leading to a suboptimal patient experience; therefore, prevention of healthcare associated infections remains a key priority for the trust. The Infection Prevention and Control Team at MEH strives to promote and embed evidence based best practice with regards to the prevention and control of infection and maintain patient safety. The Infection Prevention and Control Nurses do recognise that infection control is everyone's responsibility and must remain a high priority for all staff to ensure that patients are safe from acquiring a preventable HCAI.

During the year, the IPCNs have worked with staff across all sites to enable effective infection prevention and control and safe reliable services. The delivery of this assurance may not always be within the remit of the infection prevention and control team, but clear responsibilities, competence, guidance, and timely reporting of information is fundamental to achieving this.

The author acknowledges the valuable contribution of other colleagues to this report.

Delivery of Service

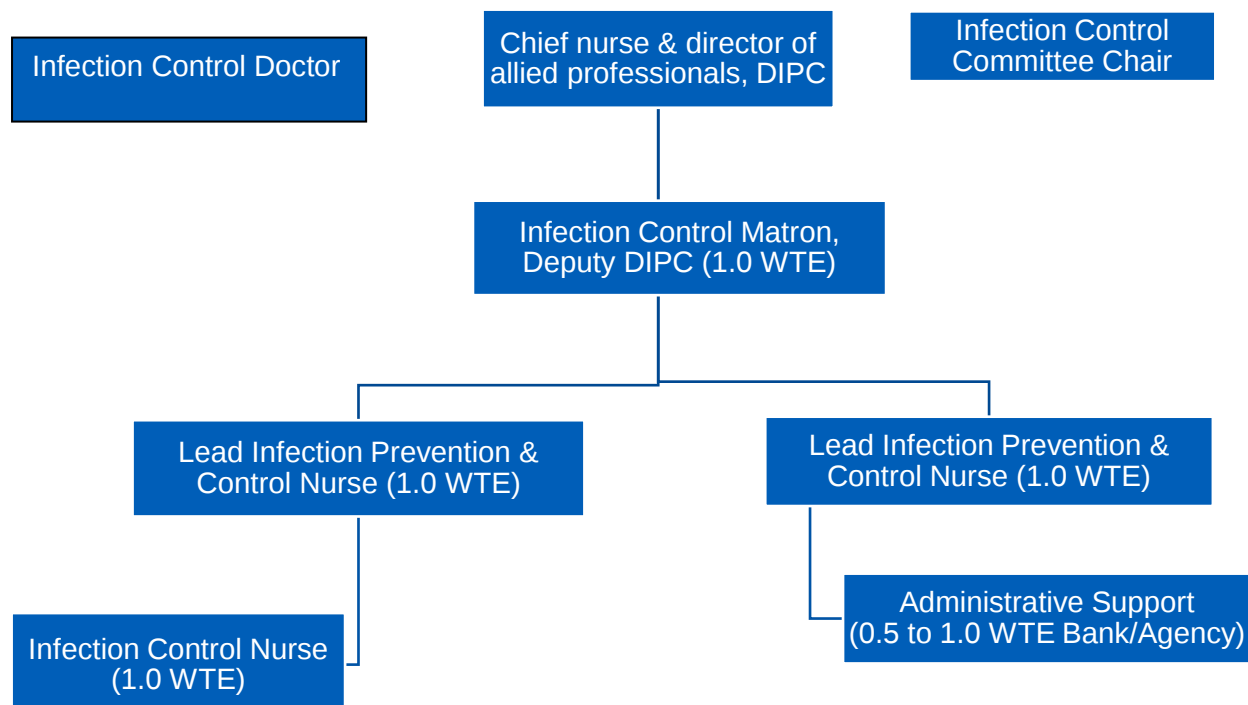
Throughout the reporting period, the IPCT have continued to respond to the Covid -19 pandemic which has continued to have an impact on the normal delivery of the infection control service. However, the IPCT have adopted a strategy of priorities and continued to provide advice and lead on the implementation of the infection control work plan and audit programme, as the pandemic has allowed. As rates recede it has become possible to return to a more normal pattern and focus on infection control

Infection Prevention and Control Team

Director of Infection Prevention and Control

The Director of Infection Prevention and Control holds board level responsibility for all matters relating to the safe delivery of IPC care and practice.

Table 2 shows the organisational structure for the IPC team.



Secondment positions within the IPC Team

During this year the IPCT were offered secondment positions both externally and internally to the trust and IPC team. These opportunities included working on the major government project - The New Hospital Programme and trust strategic objective of project Oriel. On the 1st September 2023 the secondment positions concluded and the IPC team was restored.

A key member of the team, the IPC Administrative Support Officer was seconded to work with the Executive Team and the position was subsequently covered by bank/agency staff.

The Trust also has a:

- Consultant Ophthalmologist who is the chairperson of the Infection Control Committee
- Infection Control Doctor as part of a service level agreement with Guys and St Thomas' NHS Foundation Trust
- A Lead Antimicrobial Pharmacist (WTE).
- The main microbiology and virology laboratory services are provided by an off-site independent company called The Doctors Laboratory this is part of a Service Level Agreement that includes a Microbiologist.
- Additional support is provided by Moorfields Estates and Facilities Teams, Heads of Nursing and Matrons, Infection Prevention and Control Link Practitioners and Sterile Services Department. The Occupational Health service is provided by TP Health on a contracted basis which was taken over by North London Partners Shared Services (NLPSS) from the 1st April 2024.
- The Infection Prevention and Control Team report directly to the DIPC, who is the Trust's Chief Nurse and Director of Allied Professions and the Decontamination Lead. The DIPC is directly accountable to the Chief Executive and has an overarching responsibility for the strategy, policies, implementation and performance relating to infection prevention and control. The DIPC attends the Trust Board and other meetings as planned or required, including the monthly infection control team meetings and quarterly infection control committees.

Infection Prevention & Control Governance Reporting & Accountability Structure

The IPCT have governance arrangements in place to provide assurance to other committees and Trust Board of compliance with IPC practices, (**see Appendix 1**).

Infection Control Committee

- The Trust Infection Control Committee (ICC) is a multidisciplinary committee which meets quarterly. The committee ensures that there are effective systems in place to reduce the risk of infection and where infection does occur, actions to minimise its impact on patients, visitors and staff are implemented.
- The committee is chaired by the Dr Carlos Pavesio, Ophthalmology Consultant in the Medical Retina (MR) Service.

Membership of the ICC includes representation from key service areas:

Facilities, Estates, Pharmacy, Theatre, Surgical Services Department, Heads of Nursing, Eye

Bank, Infection Control Nurses, DIPC, Infection Control Doctor & Deputy DIPC from GSTT, Occupational Health, Risk and Safety, NE and NCL HPT, Consultant Ophthalmologist.

Director of Infection Prevent and Control (DIPC) Role

The DIPC attends the Clinical Governance Committee (CGC) and Quality and Safety Committee (QSC) which meet every two months. Minutes from the ICC are sent to CGC and any items for escalation.

Infection Control representation at Committees.

Infection Control has representation on the Risk and Safety Committee, Clinical Audit and Effectiveness Committee and Medical Devices Committee.

Programme of Work

The Infection Prevention and Control team is responsible for ensuring that a coordinated programme of work is agreed at committee and implemented annually.

IC Links

The IPCNs have continued to deliver infection control link practitioner workshops virtually every 3 months and in addition the link practitioners had the opportunity to attend the annual conference provided by Guy's and St Thomas' infection control team virtually.

Education and Training

- The IPCNs provide education and training throughout the organisation, undertake a programme of audits, policy formulation and updating, alert organism surveillance with associated epidemiology of cases and provide infection control support as required to staff both internal and external to the trust. The matron attends the North Central London DIPC forums virtually. This provides a platform for sharing trust policies and procedures.

Infection Control Programme of Work

IC Programme

- The IPCNs work to an annual programme of work (POW) that is produced to assist in providing assurance and monitoring the trusts compliance with requirements of the Health & Social Care Act (2008) Code of Practice for the prevention and control of infections. The POW is set out against the criteria of the Code of Practice and is reviewed and updated annually.
- Progress against the programme of work is discussed at the quarterly ICC and the monthly infection prevention and control team meetings.

Trust Surveillance of Possible Healthcare Associated Infections

The Infection Control Committee has agreed the following alert incidents for continuous surveillance within the trust to ensure that healthcare associated infections relevant to ophthalmology patients are promptly recognised, investigated, and managed.

In addition to the work related to the pandemic, the surveillance of infections and alert organisms has continued.

Performance Data

The table below shows the Endophthalmitis rate of infection per 1,000 cases for each procedure.

	2022/2023	Target	2023/2024 Q1	Q2	Q3	Q4	YTD
C.diff infection	0	0	0	0	0	0	0
*Bacteraemia	0	0	0	0	0	0	0
MRSA Screening	100%	100%	100%	100%	100%	100%	100%
Endophthalmitis post cataract	0.12	0.40	0.00	0.00	0.32	0.00	0.08
Endophthalmitis post intravitreal injection ¹	0.09	0.30	0.07	0.07	0.07	0.15	0.09
Endophthalmitis post vitrectomy - simple	0.33	0.80	0.00	2.67	0.00	0.00	0.68
Endophthalmitis post vitrectomy - combined	0.00	2.5	0.00	3.55	0.00	0.00	0.85
Endophthalmitis post acute glaucoma	0.38	1.0	0.00	0.00	1.55	0.00	0.36
Endophthalmitis post Graft-EK	0.00	3.60	0.00	10.10	0.00	0.00	2.67
Endophthalmitis post Graft-PK	0.00	1.60	0.00	0.00	0.00	0.00	0.00
Adenovirus possible hospital acquisition	0.9%	N/A	0.00	0.00	2.25	0.00	0.60

*Bacteraemia includes MRSA, MSSA, E coli, Pseudomonas aeruginosa & Klebsiella Spp.

The trust submits data to the national HCAI Data Capture System monthly as required.

Endophthalmitis

Endophthalmitis at Moorfields Eye Hospital (MEH) is defined as an inflammation or infection of the intraocular space diagnosed within 6 weeks of surgery or of any invasive procedure (e.g. suture removal or intraocular injection) or within 16 weeks of surgery where the pathogen is fungal in nature and vitreous and aqueous fluid specimen and treatment with intravitreal antimicrobial therapy has been required. All infections identified beyond the 16 weeks' timescale will be investigated for up to one year to check whether the infection is linked to the original ophthalmic procedure.

- MEH incidence data is based on clinical criteria and not only on those cases which yield a positive microbiology culture.
- The trust reports on infections following all procedures MEH and has in preceding years established two specific benchmarks for cataracts and intravitreal injections.
- All cases of endophthalmitis are reported either as benchmarked or exception reported cases.

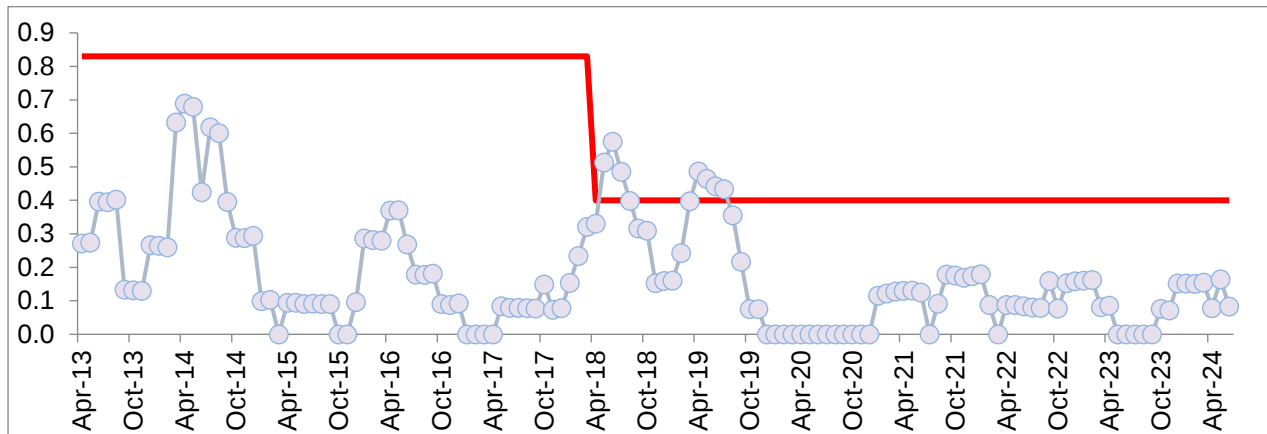
Benchmarked Endophthalmitis

The trust reports on infections following all procedures and has specific benchmarks for: Cataracts, Intravitreal Injections, External Diseases (PK and EK procedures), Glaucoma (acute cases) and Vitreoretinal procedures (both combined Vitrectomy).

The IPCT undertook a review of published studies for endophthalmitis rates following Ozurdex implants and reviewed the Trust endophthalmitis rate from 2014 to 2023 and based on the findings, in collaboration with the Service Lead, a benchmark of 1.0 (1:1000 procedures) was set for Ozurdex implants. This procedure will be reported as a benchmarked procedure from 1st April 2024.

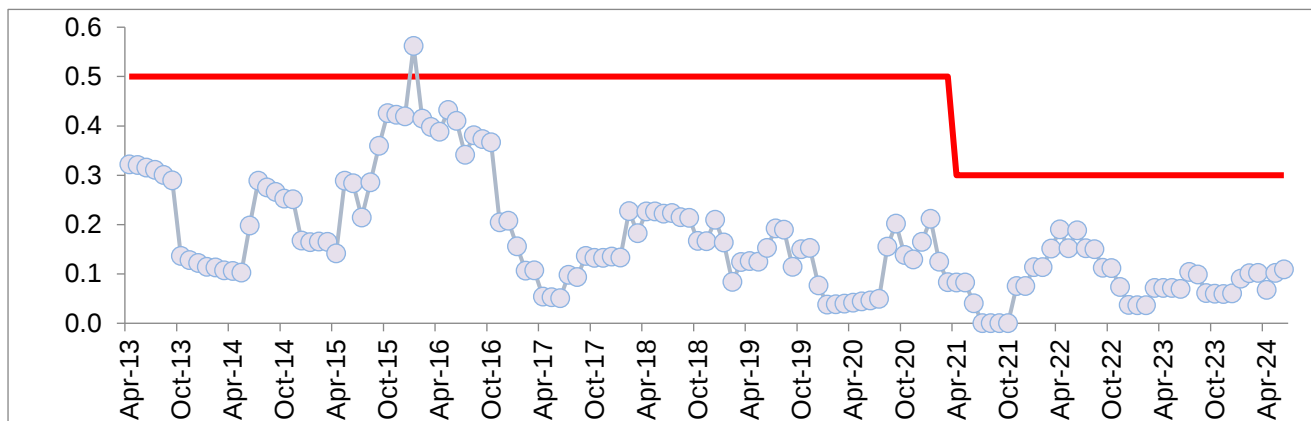
The graphs below show the rates of post-operative endophthalmitis for the benchmarked procedures.

Cataract Endophthalmitis 6 month rolling average



The expected rate of infection is 1 in 2400 cataract procedures (target 0.4).

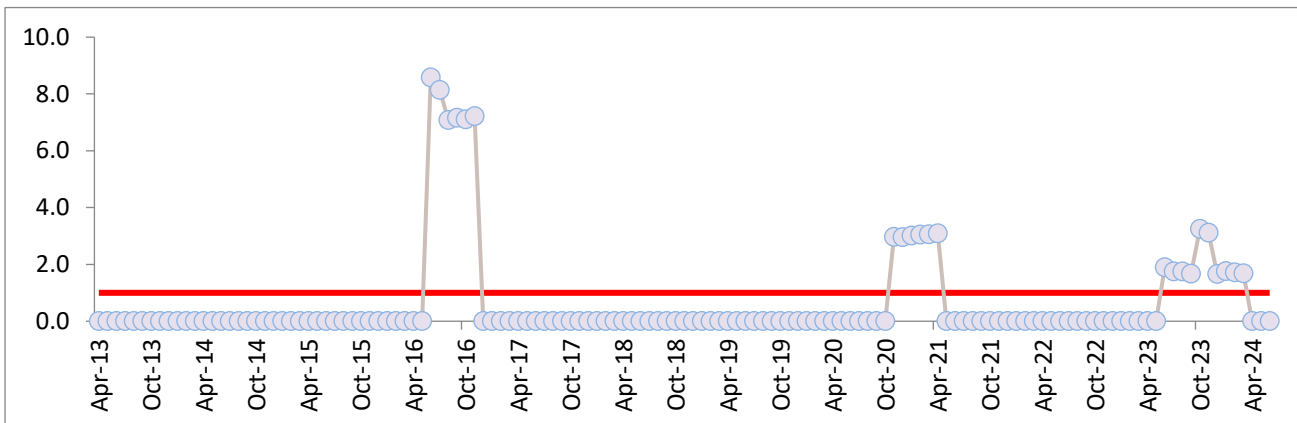
Intravitreal Injection Endophthalmitis 6 months rolling average



The expected rate of infection is 1:3333 intravitreal injections (0.3 per 1,000 injections).

Intravitreal injections that consist of medicines such as Lucentis, Avastin, Eylea or Vabysmo, Ozurdex and Triamcinolone injections are reported separately.

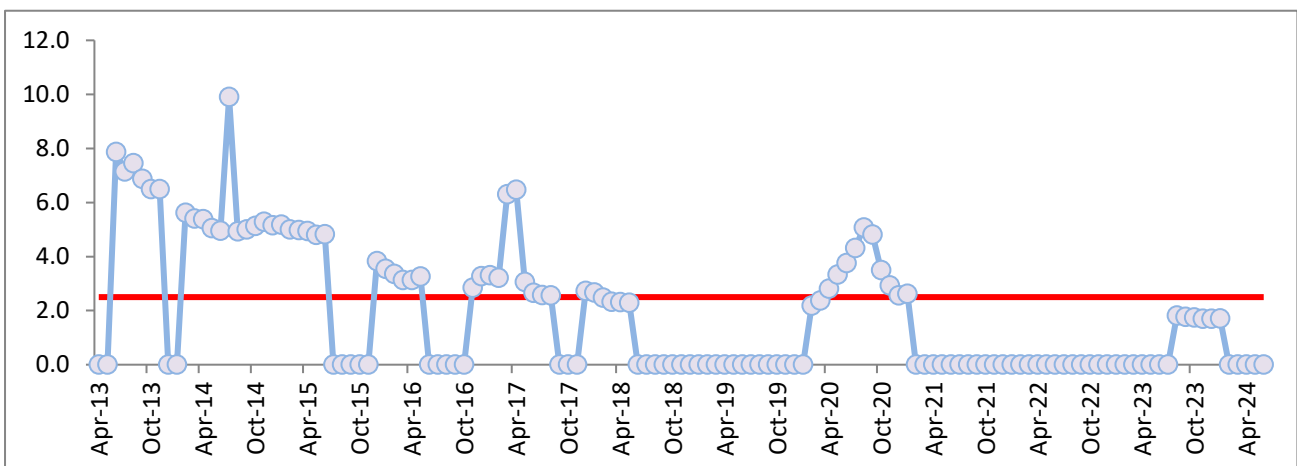
Vitrectomy Endophthalmitis– Simple 6 month rolling average



The expected rate of infection is 0.8:1,000 vitrectomies (1 per 1250 procedures)

* Rates should be viewed over a longer time frame due to the low number of procedures - 12 mth rolling rate = 0.66

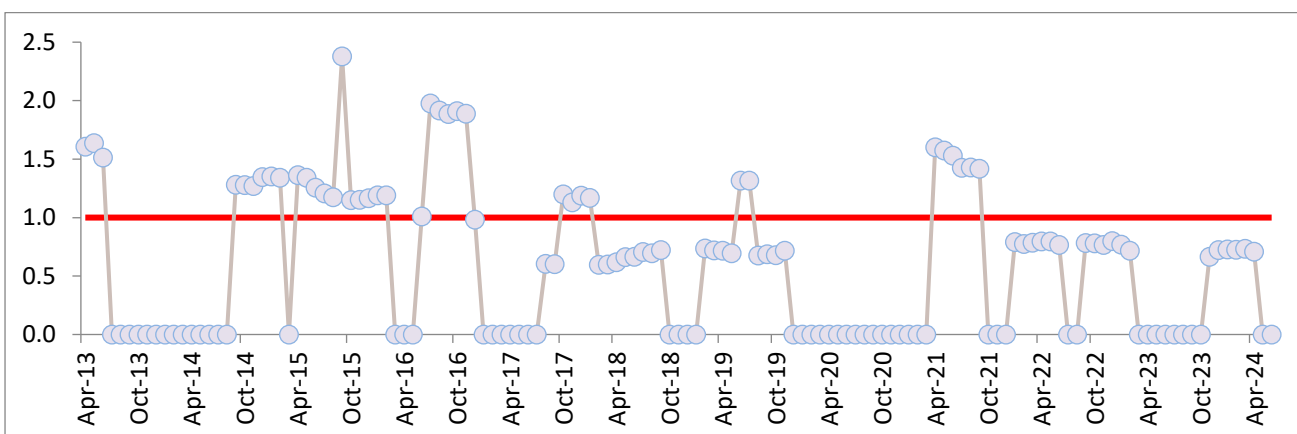
Vitrectomy Endophthalmitis – Combined 6 month rolling average



The expected rate of infection is 2.5:1,000 vitrectomies (1:400)

*Rates should be viewed over a longer time frame due to the low number of procedures - 12 mth rolling rate = 0.78

Endophthalmitis Post-acute Glaucoma 6 month rolling average

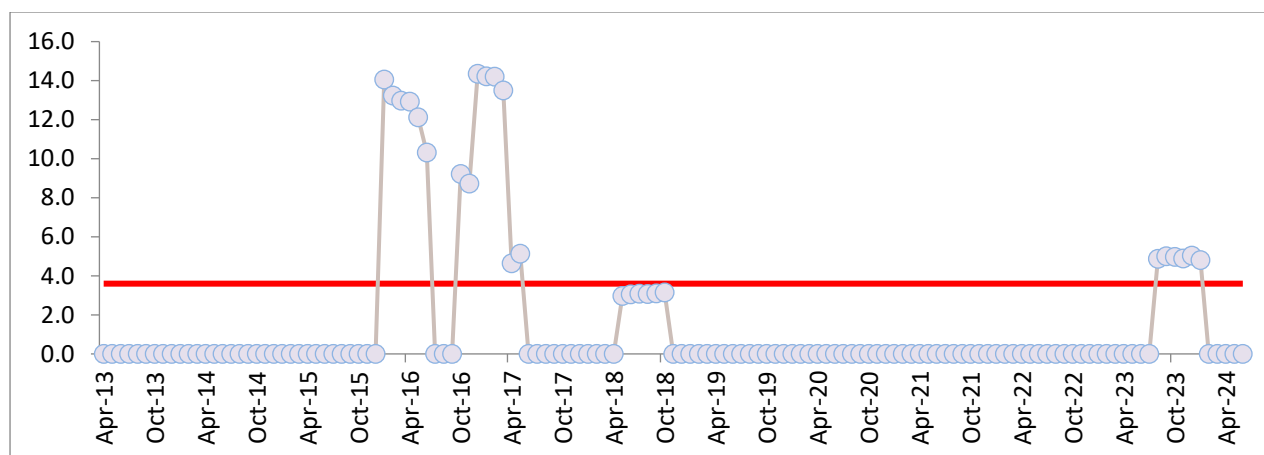


The expected rate of infection is 1:1,000 acute glaucoma procedures.

*Rates should be viewed over a longer time frame due to the low number of procedures-12 mth. rolling rate = 0.35

NB: figures only include cases that are diagnosed within six weeks of surgical procedure that are done in the clinic are not included as the denominator therefore is not captured in the data published.

Endophthalmitis Post Graft-Endothelial Keratoplasty (EK) 6 month rolling average



The expected rate of infection is 0.36:1,000 procedures (3.6:1,000)

*Rates should be viewed over a longer time frame due to the low number of procedures - 12 mth rolling rate = 2.49

Penetrating Keratoplasty

There were no cases of endophthalmitis reported following Penetrating Keratoplasty

The expected rate of infection is 0.16:1,000 procedures (1.6:1000)

Non-Benchmarked Endophthalmitis

There were six endophthalmitis cases reported outside the benchmarked procedures. These included four Vabysmo injections, one in April, one in July 2023 and two in January 2024 and two Ozurdex implants in June and October 2023.

A root cause analysis (RCA) was undertaken for each case by the clinical team supported by the IPCT. The aim of a RCA is to undertake a thorough investigation of the case and identify any lessons that can be learnt to prevent further cases.

Adenovirus – possible hospital acquisition

Adenovirus is an infection that can cause severe viral conjunctivitis commonly involving the cornea. It is caused by different adenovirus serotypes which may be transmitted from person to person in a number of different ways, for example, contact with contaminated surfaces/equipment or contact with an infected persons tear fluid. The trust has identified one case of possible hospital acquisition.

Routine Screening

Methicillin Resistant *Staphylococcus Aureus* (MRSA)

At the trust, all patients previously identified as colonised or infected with MRSA are screened for MRSA carriage.

- The DOH requires the trust to report 100% compliance with screening all patients who meet the national criteria for screening.

MRSA screening trust data

No. Patients Screened	No. Patients MRSA positive	% Patients Positive	% Compliance for Screening Cohort
246	40	15.6%	100%

Carbapenemase-producing *Enterobacteriaceae* (CPE)

- All patients at the trust are risk assessed for the likelihood of CPE carriage and any patients identified at risk of carriage are managed in accordance with the trust CPE policy.
- The numbers of all suspected or confirmed cases of CPE are monitored by the IPCN's. The numbers of cases for each quarter are included in the surveillance report that is presented at ICC.
- The following is the trust data for CPE YTD 2023/24.

Number of Patients Suspected of Carriage having met risk group criteria	Number of Patients with Confirmed Carriage of CPE
16	0

Antimicrobial Stewardship

Antimicrobial Stewardship is an organisational or healthcare system wide approach to promote and monitor the judicious use of antimicrobials in order to preserve their future effectiveness (NICE guideline, NG15). It is an ongoing responsibility of every staff member and pharmacy in particular plays an active role in ensuring they are good antimicrobial guardians.

At MEH our three pillar-approach to AMS (antimicrobial stewardship) includes:

- Optimising the use of antimicrobials through ensuring our guidelines are up-to-date, antimicrobial consumption is closely monitored and wise usage is promoted through effective face-to-face communication with prescribers, education and training for patients as well as clinical and non-clinical staff.
- Encouraging all staff including pharmacy staff to follow good infection control practices that will help prevent the transmission of drug resistant organisms. These include following good hand

hygiene practices and cleaning equipment between each patient use in line with the Trust's Infection Control Policies available on the intranet.

- Continuous surveillance of environmental decontamination including using disinfectants – think slit lamps, telephones, desk space!

Antimicrobial prescribing and guidelines

The Trust has an adult antimicrobial guideline which is available online on the intranet and via the MicroGuide app. This is an evidence-based document which all healthcare professionals are required to use when using antimicrobials at the Trust. The Trust is also currently in the process of finalising the Trust's first paediatric antimicrobial guideline. This will be presented at the paediatric service meeting as well as the Drugs & Therapeutics & Medicines Management Committee (DTMMC). Once approved it will then be added onto the MicroGuide app and made live.

A new monograph was created by pharmacy and A&E team on 'Gonorrhoea and Administration of intramuscular ceftriaxone.' This project was created after feedback from staff that a quick easy guide is required to prompt staff when managing cases. Since the work, positive feedback has been received from clinical areas.

Intravitreal Ceftazidime dilution instructions were also created combining paediatric and adult dosing information into one to allow ease of prescribing for endophthalmitis. This is available on the pharmacy intranet page.

Pharmacy has also contributed on numerous guidelines and patient information leaflets at the Trust:

- Adult toxoplasmosis
- Ocular syphilis
- A&E adult emergency endophthalmitis guidelines
- Paediatric emergency endophthalmitis guidelines
- Patient Information Letters - Herpes Zoster Ophthalmicus (HZO) and Herpes Simplex Virus Keratitis (HSVK)
- Pharmacy SOP- Supplying Oral Voriconazole

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued a drug safety update on 22nd January 2024 regarding systemic fluoroquinolones. This is following a review into the effectiveness of current measures employed to reduce the risk of disabling and potentially long-lasting or irreversible side effects of fluoroquinolones. In light of the drug safety update, a formal review of the antimicrobial guideline took place alongside the infection control microbiologist, Consultant Microbiologist from UCL and chair of infection control committee. The review concluded that no changes are recommended in the current guidance. The indications at MEH are classed as an emergency and sight threatening for which fluoroquinolones are an appropriate choice. There are limited number of antimicrobials for these indications and these agents have good ocular penetration. This has been shared with relevant stakeholders.

MEH pharmacy also engaged with North Central London (NCL) to reflect MEH's position statement regarding fluoroquinolones. MEH's position does fall within the current NCL Safe prescribing of fluoroquinolones recommendation. A patient letter has also been created to summarise key counselling of fluoroquinolones and what to do should certain side effects arise. This is issued to patients when fluoroquinolones are supplied.

Audit work

The pharmacy has carried out an audit **To investigate whether the prescribing of systemic fluoroquinolones adheres to the Trust's antimicrobial guidelines.** Fluoroquinolone prescriptions were reviewed covering the period of 1/11/23 to 31/01/24 from Moorfields at St George's Hospital and Moorfields at City Road – Daycare, Dispensary and Paediatrics.

Overall, there is good compliance with the use of fluoroquinolones in line with the Trust's antimicrobial guidelines especially for the indication. This is assuring as the NCL joint statement also emphasised fluoroquinolones must be prescribed in line with Trust's guidelines. However, there are at times discrepancies with duration of treatment which is being highlighted to relevant personnel.

Table 1: Summary of results regarding fluoroquinolones audit.

Standard	Standard expected	Standard achieved
Indication of fluoroquinolone prescribed is in line with indication according to the Trust's guidelines	100%	96.43%
Dose of fluoroquinolone is in accordance with Trust's guidelines	100%	96.43%
Duration of treatment is in accordance with Trust's guidelines	100%	75%

The pharmacy also carried out an audit to investigate compliance to the MEH antibiotic prescribing protocol at Moorfields Private Eye Clinic (MPEC) previously known as London Claremont Clinic. The audit demonstrated good compliance with antimicrobial guidelines.

Table 2: Summary of results regarding antimicrobial compliance audit at MPEC.

Standard	Standard expected	Standard achieved
The antimicrobial medicine prescribed is appropriate	100%	100%
A treatment plan letter has been produced	100%	98%

Involvement and contribution

As a member of the infection control committee (ICC), pharmacy monitors the usage of oral antimicrobials across the Trust on a quarterly basis. These are analysed closely to identify trends in antimicrobial usage including those antimicrobials categorised as 'restricted'. Pharmacy also contributed to the development of specific Trust related infection control policies as part of ICC.

Additionally, regular reviewal of incidents concerning antimicrobials has continued to take place and specific action plans are created to reduce recurrence.

Implementation of active advice from MHRA and UK Health Security Agency (UKHSA) in relation to antimicrobials occurred. For example, managing National patient Safety Alert (NPSA) issued on 7 December 2023 with regards to carbomer-containing ocular lubricants and the risk of contamination with *Burkholderia cenocepacia*. All carbomer containing lubricants were

quarantined and clinicians advised to use an alternative ocular lubricant. As of 21 March 2024, UKHSA and MHRA are satisfied that the risk associated with this outbreak has now reduced and use of carbomer containing lubricants has resumed.

Pharmacy is also involved in the management of stock shortages of antimicrobials to ensure stock is reserved for true infectious cases which require this. As well as supporting clinicians by recommending alternatives to support continuity of patient care. For example, during the national shortage of Azithromycin 1.5% eye drops (Azyter®), the Trust reserved the medication for true infectious cases rather than blepharitis (a non-infectious condition).

Pharmacy regularly presents at medical inductions of new starters and uses the platform for education and training. The purpose of the interactive sessions includes promoting principles of responsible antimicrobial prescribing. As well as signposting medical prescribers to a range of resources to ensure evidence-based use of antimicrobials.

Over the course of 1 week pharmacy department across the Trust including network sites celebrated World Antimicrobial Awareness Week (WAAW) from 18 - 24 November 2023. The pharmacy team worked tirelessly to organise this week to raise awareness amongst patients and staff. There were numerous activities on offer during the week.

- There were posters, leaflets and Antimicrobial stickers displayed to spread the message.
- All pharmacy staff members wore blue on Friday 24th November 2023 as part of going **Blue** for Antimicrobial Resistance (AMR).
- A communication piece was showcased on the Trust intranet and staff were encouraged to use the WAAW banner in their email signatures.
- Special webinars hosted by NHS England were on offer to get a glimpse of the work which revolves around antimicrobial stewardship in England.
- A special **stand** was organised in the canteen to promote the week within the hospital for both patients and staff.

Decontamination

The Trust has outsourced its Sterile Services Department (SSD) at the City Road site, to external company Steris at the Royal London for providing decontamination services of reusable medical devices from November 2023.

Management

The trust has employed two managers during this time to assist with the continued running of services whilst transition to an external provider was concluded.

Accreditation Status:

The department has always maintained its compliance and certification to an international standard ISO 13485:2016 Medical devices — Quality management systems — Requirements for regulatory purposes.

The current certification is valid until September 2025 and will remain valid subject to annual satisfactory surveillance audits.

The certification to this standard indicates the testament and commitment in place which demonstrates the ability to process reusable medical devices and related services that consistently meet customer and applicable regulatory requirements.

All resources used in the department meet are assessed to meet all applicable regulatory requirements and standards.

All equipment utilised in the department are subject to a strict periodic preventive maintenance schedule to maintain their good condition, reliable performance and prevent future unexpected failures.

Monitoring and Test Results

The trust has received assurance that monitoring of the SSD environment on a quarterly basis to ascertain the cleanliness of the IOS Class – 5SSD Clean Room is fit for purpose before instruments are packed and labelled. Further to this environmental monitoring was undertaken in July 2023 and all air particulate pressure differentials passed. In addition to this the microbiological sample results passed the acceptance criteria.

PPM Reports

The ICC received assurance that all machinery and equipment were routinely tested daily, weekly, quarterly and 6 monthly as applicable to standards. Several PPM tests were performed repeatedly over the course of the year of all equipment utilised in the SSD to meet applicable regulatory/standard requirements.

All tests met specifications required and any non-conformities with the results and recommendations are assessed and a corrective action and a preventive action plan is put in place to prevent re-occurrence and for improvement.

Staff Training

All staff working in the Sterile Services Department will be fully trained to perform their roles and responsibilities safely and to meet customer requirements and are subject to an annual competency assessment.

The SSD is committed to meet all customer and regulatory requirement and continually aims to improve services to achieve best practice.

Infection Control Policy

Policy

During this year the IPCNs have continued to review and update policies, guidelines and standard operating procedures to ensure staff are provided with the most up to date information to enable best evidence-based practice to be delivered to patients.

The IPCNs have worked hard to catch up with the policies due for review and have completed all except three policies that will be reviewed and updated in early 2024/25.

Infection Control Audit

Compliance with key infection control policies is monitored through policy and practice audits which provide evidence of staff performance and knowledge. These audits are mainly undertaken by link practitioners who have received training on the audit process and the standards required.

The scoring system used to score the level of compliance is red, amber or green. This scoring system is used for all infection control audits.

Overall Score	Compliance Level	Rag Rating
85% or above	Compliant	Green
76% - 84%	Partial compliance	Amber
75% or below	Minimal compliance	Red

Policy Audit

A total of eleven policy audits were completed.

All practice audits achieved an overall compliance score of **Green = >85%**. A report from each audit is shared with the heads of departments, heads of nursing, matrons and link practitioners with the outcomes and recommendations. In addition, key findings from audits are discussed at the ICC.

Hand Hygiene and Cleaning audits

Hand hygiene and environmental cleanliness audits are carried out monthly by the infection control link practitioners. Auditing staff compliance with “Bare below the elbow” is included in the hand hygiene audit. The audit scores are shared and discussed at the ICC, cleanliness monitoring meetings and are shared with divisional leads and link practitioners.

The trust target for both audits is **90%**.

Hand Hygiene Average score for YTD	Cleanliness Average score for YTD
98.2%	97.3%

Environment Audits

Environmental audits are undertaken by the IPCN's annually unless otherwise indicated.

All environmental audits of high-risk areas have been completed which has included intravitreal injection rooms and operating theatres across all sites. There are four ward areas that scored green compliance in the preceding year that have been prioritised for completion in early 2024/25.

Number of Audits undertaken for the reporting period:

- Seven operating theatre sites containing seventeen operating facilities.
- Ten intravitreal injection sites comprising of eighteen individual intravitreal injection rooms.
- Two Minor ops Rooms

In addition, audits were undertaken of Cumberledge Ward and the Adult Accident & Emergency Department.

All operating theatre audits, Cumberledge Ward and the adult Accident & Emergency Department achieved an overall compliance score of Green (compliant).

Two intravitreal injection sites achieved an overall compliance score of Amber (Partial Compliance). One intravitreal injection site has been re-audited since and achieved a compliance score of green (compliant) and one intravitreal injection site will be re-audited within the six months due in 2024/25.

Patient Information Leaflets

All patient information leaflets were updated and published.

Infection Control Risk Register

The IPC risk register highlights risks to the trust in relation to IPC. There is one item on the IC risk register which is that Occupational Health (OH) Provider have an incomplete history of staff immunisation status to the MMR vaccine. The OH provider has changed from Optima Health to a new provider NLPSS from the 1st April 2024 and as there has been a delay in transfer of staff data this has caused a delay in the recommencement of the MMR backlog catch up programme.

The IPCT review and update the risk register regularly.

Outbreaks and Incidents

Anthrax

The IPCT were involved in investigating a suspected case of Anthrax at the Trust in March 2023. The IPCT became aware of this patient after the patient had already had a surgical procedure. An After Action Review (AAR) was undertaken with key stakeholders to discuss how the case was managed and whether there was any key learning from this case. One key learning point was that the IPCT should be informed of all suspected infectious cases even if the infectious condition has not been confirmed. This will ensure that the IPCT provide advice and support to staff on the management of cases with regards to the appropriate personal protective equipment required and the safe collection and handling of specimens. This case was confirmed negative to anthrax.

Measles

There was an incident of measles exposure at the trust in January 2024. The incident involved a patient who attended the paediatric A&E department. The IPCT were informed of the measles diagnosis by UK Health Security Agency (UKHSA) in addition to further information about rising numbers nationally. A risk assessment was undertaken, by the ICPN in collaboration with the clinical staff and contact tracing was done for exposed patients. Staff who had been exposed to the case were advised to contact Occupational Health. No secondary cases were identified.

IPC Guidance updates and Documents

Coronavirus (Covid-19) pandemic

The IPCT have continued to review UKHSA guidance for updates or changes in the management of Covid-19. As the pandemic evolved and national guidance was updated, the IPCT advised on changes to Covid-19 testing and isolation requirements for patients and staff, provided data for Covid-19 infections to the trust and to the Infection Prevention and Control Operational Group, updated online information with the communications team and confirmed with Human Resources and Risk and Safety that new starters no longer require a Covid-19 risk assessment. In addition the IPCT assisted the trust in

returning to pre-pandemic IPC practices, specifically regarding the level of Personal Protective Equipment required by staff. This was done through training sessions, during walkabouts and communication messages.

IPC Board Assurance Framework

The Infection Prevention and Control Board Assurance Framework (BAF) is a live document. The aim of the framework is to help providers self-assess compliance with measures set out in the National Infection Prevention and Control Manual, the Health and Social Care Act 2008: code of practice on the prevention and control of infections, and other related disease-specific infection prevention and control guidance issued by UKHSA.

The latest version (0.1) of the BAF has been reviewed and updated by the IPCT and shared with members of the IPCOG, ICC and Quality & Safety Committee.

The compliance for each element has been RAG rated as either Compliant (Green), Partial Compliant (Amber), non-compliant (Red) or not applicable. There are no elements rated as non-compliant, all elements have been rated as either compliant or partial compliant. The BAF will be reviewed and updated regularly with a view to continually improving compliance.

IPC Meetings

Infection Prevention and Control Operational Group (IPCOG)

The IPCOG has been established as a sub-group of the infection control committee that meets twice quarterly to review performance reports and actions to ensure safe running of services and optimum patient outcomes within the trust. The group is chaired by the Chief Nurse/DIPC or a deputy. The membership for this group was reviewed and revised in March 2024. The membership includes IPCT, Matrons/Sisters from each division, leads of departments, communications manager and a consultant Ophthalmologist. Items for escalation and assurances from this group are shared at ICC.

Matters of the Estates

Water Safety and Ventilation Group

The Trust has a local Water Safety and Ventilation Group which meets quarterly to discuss issues relating to the operational management of water and ventilation systems and assure compliance with the Trust Water Safety Plan and Ventilation Policy. The group identifies risks and mitigating those risks through testing, action and adherence to Statutory Regulations, HTM's and other respective guidance.

This group reports quarterly via the estates department to the Infection Control Committee any exceptions to water and ventilation management.

Water Safety

Statutory water testing at the trust is undertaken by an independent company and the Estates Team is notified of the findings including details of control measures required. The estates team inform the IPCT of routine samples that detected legionella. The IPCNs liaise with the clinical staff in the area(s) as required and provide advice on any additional measures that need to be implemented until the remedial work has been undertaken and resampling has been done.

Theatre Ventilation

All theatres are required to have an annual ventilation inspection undertaken by independent companies to ensure that the theatre facilities meet the required minimum standards as per the Health Technical Memorandum (HTM) 03-01: Specialised ventilation for healthcare premises Part B: and are safe for use. The estates team receive all such inspection reports including host sites. Reports are reviewed by estates, infection prevention and control nurses and the infection control doctor and any remedial work required is followed up by the estates team. If the ventilation report indicates that the theatre is not performing to the acceptable standard, then the appropriate action is taken and if deemed necessary the theatre is taken out of use until the required work has been undertaken and there is evidence that the theatre is safe to be used.

The membership for the group has been developed to include independent authorising engineers (AE) for ventilation and for water.

Facilities – Cleaning

A clean and safe healthcare environment is crucial for maintaining patient safety and promotes patient confidence in the organisation.

On the 29th July 2023 Medirest took over the facilities contract from ISS as the provider for cleaning, security and catering at City Road, Brent Cross, Hoxton and Stratford. Following the takeover by Medirest, the National Standards of Healthcare Cleanliness 2021 was implemented. All functional areas have been categorised according to the functional risk categories and standards of cleaning are monitored through the audit process. The frequency of audits is determined through the functional risk category assigned in accordance with the national standards. Any issues with cleaning identified during the audits are fed back to the Medirest front line managers to address and audit reports are shared with the clinical leads. In addition, cleanliness is monitored through monthly cleaning audits undertaken by link practitioners, annual environmental audits undertaken by the IPCNs and bi-monthly walkabouts undertaken by facilities, estates, IPCNs, Medirest and matrons at City Road. These walkabouts are undertaken at some network sites with the matron and domestic service provider supervisor. Key concerns related to cleaning, waste or linen are included in the quarterly cleanliness monitoring meeting reports.

Three cleanliness monitoring meetings were held for the reporting period, May & September 2023 and February 2024. This meeting is chaired by the Facilities Manager and key stakeholders that attend are representatives from infection control, estates, Medirest, SSD, eye back and the matrons. A summary report from the meeting highlighting any areas that require escalation is submitted to the quarterly ICC.

A deep clean programme was scheduled for the year, and any additional deep cleans or enhanced cleans were requested via the Domestic Service Provider as required.

Patient-Led Assessment of the Care Environment (PLACE)

The aim of PLACE assessments is to provide a snapshot of how an organisation is performing against a range of non-clinical activities which impact on the patient experience of care, which include cleanliness, the condition, appearance and maintenance of healthcare premises, the extent to which the environment supports the delivery of care with privacy and dignity, how well the needs of patients with dementia are

met, how well the needs of patients with a disability are met and the quality and availability of food and beverages. These assessments are undertaken by teams made up of staff and members of the public.

The IPCN's were key contributors to the annual PLACE assessment undertaken at the trust in October and November 2023. Three sites were inspected including City Road, Stratford and St Georges Hospital.

Overall scores for each category were:

Category	Score
Cleanliness	97.84%
Food-Ward	89.58%
Privacy, Dignity & Well being	86.44%
Condition and Appearance	98.09%
Dementia	86.76%
Disability	85.04%

An action plan has been developed to address the issues identified from the assessment.

Refurbishments and New Builds

The IPCT remain committed to assisting the Estates department and the Divisions in the development of safe and regulatory standards approved projects.

Projects that the IPCT have been involved with and have provided IPC advice for are:

- New Moorfields Stratford Site
- Bedford Hospital
- Brent Cross
- Re-designs/refurbishments of areas at City Road which have included new ultrasound rooms, counselling rooms, eye bank and a number of clinics.

The IPCNs developed an evaluation document of Capital Planning projects to enable future learning and improved working practices. This was shared with the DIPC and Head of Nursing for the North Division and the aim is for the document to be shared with other key stakeholders.

Oriel IPC Support

The IPC Matron was seconded into assist the Oriel project team for one year on a part time basis to ensure that an in-depth analysis of the design development at Stage 4 RIBA meets the statutory and regulatory obligations of infection prevention and control for the built environment.

In addition to design consultation, the IPC Matron liaised with multiple stakeholders at the build site and external contractors in relation to *Aspergillus* testing and precautions during the demolition phases of the build. Further to communication with UKHSA and Hospital Infection Society working group co-ordinators, a consultation on scoping for national *Aspergillus* guidelines has been undertaken. Moorfields IPCT has

provided feedback for this.

A key achievement by the IPC Matron during this time has been the setting up of the Oriel Water and Ventilation Safety Groups with the addition of the trust Infection Control Doctor to ensure expert guidance on all.

Reports were produced for COOG and ICC with updates on IPC elements of the Oriel build.

A key piece of work included reviewing the ventilation provision to all rooms in Oriel and assisting the engineers at ARUP to understand the intended clinical use of specific rooms. The IPC Matron continues to support the Oriel project.

Other Projects

The IPCNs have been providing advice and/or leading on the following projects:

- Providing expertise advice for the outsourcing and transition of the Surgical Services Department to Steris, a facility based at the Royal London Hospital.
- Working in collaboration with the Facilities Manager to risk categorise cleaning standards for functional area and cleaning responsibilities in line with the National Standards of Healthcare Cleanliness 2021.
- Assisting the North-East Division to implement SurgiCube units (a modular system alternative to an operating room) that can be used for ophthalmic surgery.

New Technology

The IPCT have assisted the trust with developing robust risk assessment processes and criteria for new technologies for trials. The IPCNs assisted the clinical team with the risk assessment for the Toul (Mobile Sterile Air Unit) that was trialled at City Road for undertaking intravitreal injections in the anaesthetic room.

Education and Training

Infection Control Mandatory Training

All IPC mandatory training is available via e-learning. There are 2 levels, level 1 & level 2 training packages one for clinical staff and one for non-clinical staff. Both packages are designed to meet the relevant learning outcomes in the UK Core Skills Training Framework.

Clinical staff are required to complete the training annually and non-clinical every 3 yearly. Assurance mechanisms within the Trust include monitoring of IC mandatory training compliance and this is presented at ICC.

During the year, the IPCNs have delivered focused face to face training at a number of network sites. The training has included hand hygiene standards, the appropriate wearing of gloves and decontamination of patient equipment.

The trust overall average compliance for clinical staff was **89%** and **95%** for non-clinical staff achieving above the trust target of **80%**.

Infection Control Link Practitioners

The trust has link practitioners in clinical areas across all sites. Link practitioners are a key resource for disseminating infection control information. Three virtual half day link practitioner workshops were held in the year.

Topics covered included:

- Measles Awareness
- The correct use of Personal Protective Equipment
- Management of a patient with suspected or confirmed Whooping Cough
- Decontamination of Equipment
- Update on new IPC national IPC guidelines

Infection Control One Day Conference

The IPCNs organised and delivered the first infection prevention and control in Ophthalmology conference in June 2023. Presentations were delivered by internal and external speakers. Topics covered included:

- Surveillance in Ophthalmology
- Safe handling of Specimens
- Infection Prevention and Control in the New Build
- Antimicrobial Stewardship
- Hand Hygiene- 'Gloves Off'
- The role of the Integrated Care Board

The day provided an opportunity for staff to network with colleagues from other departments and external staff.



Sharps Safety Awareness Sessions

The IPCNs delivered a programme of **sharps safety awareness sessions** throughout August and September 2023 for all staff. Sessions were held virtually and face to face at various times including early mornings, evenings and weekends to make them accessible for all staff.

Measles awareness sessions

In response to the high number of measles cases reported in London, in March 2024, the IPCNs delivered measles awareness sessions both virtually and face to face for staff in the Accident & Emergency Department, Urgent Care Centres and Paediatrics at City Road and at some network sites. Measles posters were disseminated to all sites for patients, staff and visitors' information and awareness.

World Hand Hygiene Day May 2023

To celebrate world hand hygiene day, the IPCNs held an awareness day promoting best hand hygiene practices, including bare below the elbow guidance, facilitated staff with the opportunity to use the glo-box and reminded staff how this one action can help reduce antimicrobial resistance.

To encourage staff engagement, IPCNs ran a hand hygiene poster competition.

Posters and other promotional materials were shared with all departments and network sites.



Presentation at an external conference.

The IPC Matron and the IPC lead presented at the 8th Annual Infection Control Sterilization and Decontamination in Healthcare Congress in March 2024. The IPCNs delivered a session on 'Do we know the risks related to hospital redevelopment? This provided a platform for the IPCNs to share examples of experiences and challenges with new builds and refurbishments and it also provided an opportunity for networking and sharing IPC experience from an ophthalmic specialist field.

The Monthly Bug Brief

This infection control newsletter has covered a variety of information this year, examples include:

- ❖ updates on Covid-19 guidance, nationally and locally- for example measles
- ❖ compliance scores for audits and key findings with recommendations for improvement in practice
- ❖ new Trust policies and standard operating procedures published on the intranet
- ❖ changes in practices at the Trust
- ❖ promoting the seasonal vaccinations

IPCT Professional Development

The band 6 IPCN has been supported in undertaking the PG Dip in Infection Control at Essex University in February 2023 and is expected to complete the programme by October 2024.

The IPCNs were able to secure three years funding for professional membership with the Infection Prevention Society and Healthcare Infection Society, accessing regular journals and working groups.

British Journal Nursing Award

The IPC Matron and Deputy DIPC was recognised for the work undertaken as part of the trust's planning and control response to monkeypox by the British Journal of Nursing and was awarded the Silver Award in April 2023. This award recognises the vital contribution made to infection prevention in healthcare through innovation, evidence-based care and vigilance in the workplace.



Seasonal Vaccination Programme

The IPC Matron trained as a peer vaccinator for the seasonal vaccination programme, assisted with the programme planning and delivery, advising on key messages for staff and sharing national and regional data and initiatives rates of Covid-19 and flu for the Trust and regional rating.

The trust achieved **40.6%** compliance with the Covid-19 vaccination. This was the third highest in the London region performing trusts. For flu, the trust achieved **48.9%** compliance, which was fourth highest in the London region performing trusts.

Conclusion

Overall, the IPC Annual Report for 2023/24 has demonstrated achievements and areas of improvement. It has been a year of change for both the IPC nursing team, offering new opportunities for development and representing the trust internally and externally at national level.

The surveillance has met all performance standards and the audits have also been meeting high standards. Many programmes raising awareness of key issues have been undertaken by the wider IPC members, including antimicrobial awareness, sharps safety, hand hygiene, measles alerts and seasonal vaccinations.

Looking forward to 2024/25 the IPCT will continue to strive to maintain high standards within IPC and will continue to work in collaboration with staff, patients and other service users to help ensure care is delivered in a clean, safe environment.

References

The Health & Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (2015). [Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/362811/Health_and_Social_Care_Act_2008_code_of_practice_on_the_prevention_and_control_of_infections_and_related_guidance.pdf)

NHS England (2022) National Infection, Prevention and Control Manual for England [NHS England » National infection prevention and control manual \(NIPCM\) for England](https://www.nhs.uk/publications/nipcm/)

Appendix 1

Infection Prevention & Control Governance Reporting & Accountability Structure

