Item 6

Moorfields Eye Hospital NHS
NHS Foundation Trust

Report to Trust Board – Date:26/07/17	
Report Title	Infection Control Annual Report April 2016 – March 2017
Report from	Director of Infection Prevention and Control
Prepared by	Amita Sharma and Catherine Wagland
Previously discussed at	Infection Control Committee – 20.7.17
Attachments	None

1. Brief Summary of Report

The report provides an overview of infection prevention and control activity at Moorfields' trust for the reporting period of 1st of April 2016 to the 31st of March 2017 and demonstrates compliance with the Health and Social Care Act (2008).

It is a comprehensive account of the infection control teams' delivery of the agreed programme of work for the year, including surveillance of alert organisms, audit of practices and environments, teaching and policy development.

In addition to the Infection prevention and control team, this report includes contributions from the pharmacy department regarding antimicrobial stewardship compliance and the sterile services department for statutory regulation compliance.

Further to the programme of work, the Annual Report includes information about Incidents and Outbreaks, external inspections, matters of the estate and campaigns undertaken by the infection control team.

2. Action Required/Recommendation

No actions or recommendations to make.
The Infection Prevention and Control Programme of Work for 2017/18 has been approved at the Infection Control Committee and is underway.

For assurance	√	**For decision**		**For discussion**		**To note**	

INFECTION CONTROL ANNUAL REPORT
April 2016 – March 2017

The Code of Practice for the Prevention and Control of Healthcare Associated Infection (contained in the Health and Social Care Act 2008) requires that an annual report is presented to the Trust Board by the Director of Infection Prevention and Control.

Version: 2.0
Author: Amita Sharma and Catherine Wagland
Status: Final
Date approved by ICC: 20.7.17

1.0 Contents

2.0 Executive Summary

The purpose of this report is to inform and provide assurance to the trust Board, patients, public and staff of the processes in place at Moorfields Eye Hospital NHS Foundation Trust (MEH) to prevent and control healthcare associated infections (HCAI). The trust has a statutory responsibility to comply with the Health and Social Care Act: Code of Practice for the prevention and control of Healthcare-Associated Infection (2010). A requirement of this Act is for the Board of Directors to receive an annual report from the Director of Infection Prevention and Control. This report provides an overview of infection prevention and control activity at MEH for the reporting period from 1st April 2016 to 31st March 2017 and demonstrates compliance with the Health and Social Care Act 2008 (Reviewed 2010): Code of Practice for the NHS on the prevention and control of healthcare related guidance.

The key findings of the report are:

- The rates of infection for the trust overall have remained low with no cases of bacteraemia nor *Clostridium difficile* to report.

- Endophthalmitis rates of infection for both cataract and intravitreal injections continue to be reported below the trust benchmark with an end of year rate for cataracts at 0.05 per 1000 procedures and 0.24 per 1000 injections for intravitreal injections.

- A rare event of increased incidence of corneal graft related infections was identified in November with cases occurring between June and September 2016. A total of 7 patients were affected. The rate of graft related infections at the Trust prior to this had been extremely low, at 0% since 2013-14. The trust immediately instigated control measures and undertook a series of comprehensive investigations with external experts, including infection control, to assist in identifying potential causes. Over a period of 4 months the Infection Control Nurses (ICN's) provided in-depth case studies, undertook a lengthy review of all patients receiving grafts, extracted and analysed data from many sources and worked with experts to interpret risk factors. Whilst no cause has been identified to date, no further cases have been identified. Subsequently, the ICN's have worked with the eye bank and corneal service to strengthen service level agreements, refine clinical practice and establish two new graft related benchmarks in collaboration with the corneal service.

- An announced Care Quality Commission inspection was undertaken at the trust in May 2016 and found that there was a good standard of cleanliness across the trust. Staff complied with hand hygiene practices and there were effective infection control systems in place to minimise risk to patients including reporting and learning from incidents.

- High standards of hand hygiene compliance have been maintained throughout the trust with an average compliance score of 98%.

- The ICN's launched the Synbiotix infection control electronic audit data system throughout the trust in December 2016, enabling individual department performance to be recorded.

- Infection Control training of all trust staff has remained above the 80% target figure throughout the year with the additional facility of a tailor-made infection control online training package for both clinical and non-clinical staff developed by the ICN's.

- The ICN's were instrumental in assisting the trust to successfully vaccinate 75.7% of front line staff against influenza, enabling the trust to achieve its CQUIN.

- MicroGuide, an antimicrobial guidelines mobile app, was launched in November 2016. MicroGuide enables the Moorfields' antimicrobial guidelines to be accessed by prescribers on their smartphones. This is quicker, easier and potentially more up to date than using paper/intranet versions.

- A Water Safety and Ventilation Management Group was convened in February 2016. The group aims to discuss issues relating to the operational management of water and ventilation systems and provide assurance that the water system and theatre ventilation in the trust is safe and poses no risk to the health of patients, public and staff. The ICN's are key stakeholders in these meetings.

3.0 Introduction

Healthcare associated infections (HCAI) can cause harm to patients compromising their safety and leading to a suboptimal patient experience, therefore prevention of a healthcare associated infections remains a key priority for the trust. The Infection 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 Control Nurses (ICN's) 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 ICN's 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 control team, but clear responsibilities, competence and timely reporting of information is fundamental to achieving this.

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

4.0 Delivery of Service

The infection control team has continued to lead on the implementation of the infection control work plan and audit programme and provide advice about the prevention and control of infection.

4.1 The infection control service is delivered and facilitated by an infection control team which consists of:

- One 0.8 Infection Control Matron
- Two 1.0 WTE Infection Control Nurses
- An Infection Control doctor as part of a service level agreement with Guys and St Thomas' NHS Foundation Trust

- A designated Director of Infection Prevention and Control
- A Consultant Ophthalmologist who is the chair of the Infection Control Committee.

A temporary administrative assistant joined the Infection Control Team in February 2016 through the bank for 16 hours a week.

The trust also has a 1.0 WTE antimicrobial pharmacist.

The microbiology and virology laboratory services are provided by an off-site independent company called The Doctors Laboratory who the trust have arranged Service Level Agreement with. Infection control support and advice is provided by Guys and St Thomas' NHS Trust infection control team. Additional support is provided by Moorfields Estates and Facilities Teams, matrons, infection control link practitioners and sterile services department. The Occupational Health service is provided by Team Prevent on a contracted basis.

4.2 The Director of Infection Prevention and Control (DIPC)
The Infection Control Team reports directly to the DIPC, who is the trust Director of Nursing and Allied Health 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.

4.3 The trust Infection Control Committee (ICC) is a multidisciplinary trust 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 to minimise its impact on patients, visitors and staff.

The committee is chaired by the Chairman of the Committee and 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
- Eye Bank
- Infection Control Nurses
- DIPC
- Infection Control Doctor & Deputy DIPC from GSTT
- Occupational Health
- Risk and Safety
- Representation from Public Health England and the Commissioning Support Unit.

Other trust staff may be invited to attend as required.

4.4 Governance Structure

The DIPC co-chairs the Clinical Governance Committee (CGC) with the Medical Director which meets every two months. Minutes from the ICC are sent to CGC and there is also infection control representation at CGC.

4.5 Infection Control Representation at Committees

Infection Control has representation on the Risk and Safety Committee and Medical Devices Committee.

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

4.7 Infection control link-staff meet every 6 months for training updates and infection control news and in addition attend annual study days and an annual conference which is provided by Guy's and St Thomas' infection control team.

4.8 The Infection Control Nurses (ICNs) provide education and training throughout the organization, undertake a programme of audits, policy formulation, 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 and lead ICN attend the quarterly London region DIPC forum to share trust experience and current infection issues.

5.0 Infection Control Programme of Work

5.1 IC Programme

The infection control annual programme of work is prepared and delivered by the ICN's and approved at ICC. The programme is mapped to the duties of the Code of Practice. Progress against the programme of work is discussed at the quarterly ICC and the monthly infection control team meetings.

This year the ICN's have completed the programme of work for 2016/17 despite significant challenges throughout the year to accommodate additional work in preparation, during and following the CQC visit, followed by the investigation into the increased incidence of graft infections.
The programme is provided in Appendix 1.

6.0 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 is promptly recognised, investigated and managed.

6.1 Reportable Healthcare Associated Infections

There were no identifiable cases of MRSA, MSSA or E.coli bacteraemia for the year.
Clostridium difficile was also monitored and no cases were reported for the trust.

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

6.2 Endophthalmitis

The trust definition for endophthalmitis was reviewed and amended in April 2017.

Endophthalmitis at Moorfields Eye Hospital (MEH) is defined as an inflammation or infection of 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 at Moorfields Eye Hospital and has in preceding years established two specific benchmarks for cataracts and intravitreal injections. This year, benchmarks for corneal graft surgery and vitrectomy have been agreed. Further to this, the Glaucoma Service is expected to define their first benchmark.

All cases of endophthalmitis are reported either as benchmarked, non-benchmarked or exception reported cases.

6.2.1 Benchmarked Endophthalmitis

These include two of the most commonly performed procedures in the trust, cataract operations and intravitreal injections.

6.2.1A Cataract Endophthalmitis

For 2016/17 the total number of cataract related cases of endophthalmitis was 1. This is a reduction in number for the third year running and an improved rate of infection for the year. The trust's rate of endophthalmitis following cataract procedures is **0.05 per 1000 procedures** which remains below the benchmark of 0.83.

Fig.1A: Rate of Endophthalmitis post Cataract Surgery

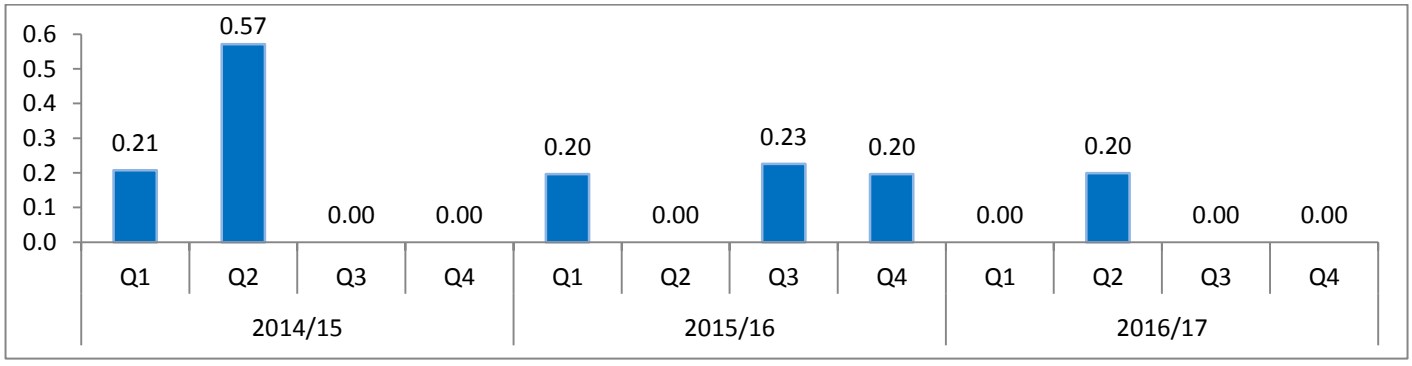


Table 1A: Quarterly surveillance of cataract Endophthalmitis

Endophthalmitis - quarterly	2014/15				2015/16				2016/17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Post Cataract	1	3	0	0	1	0	1	1	0	1	0	0
Cataract procedure (HRG)	4824	5253	4756	4854	5080	4874	4424	5083	4914	5028	4759	5081
Rate post cataract per 1000	0.21	0.57	0.00	0.00	0.20	0.00	0.23	0.20	0.00	0.20	0.00	0.00

Fig 1B: Rate of Endophthalmitis post Cataract Surgery – 6month rolling average

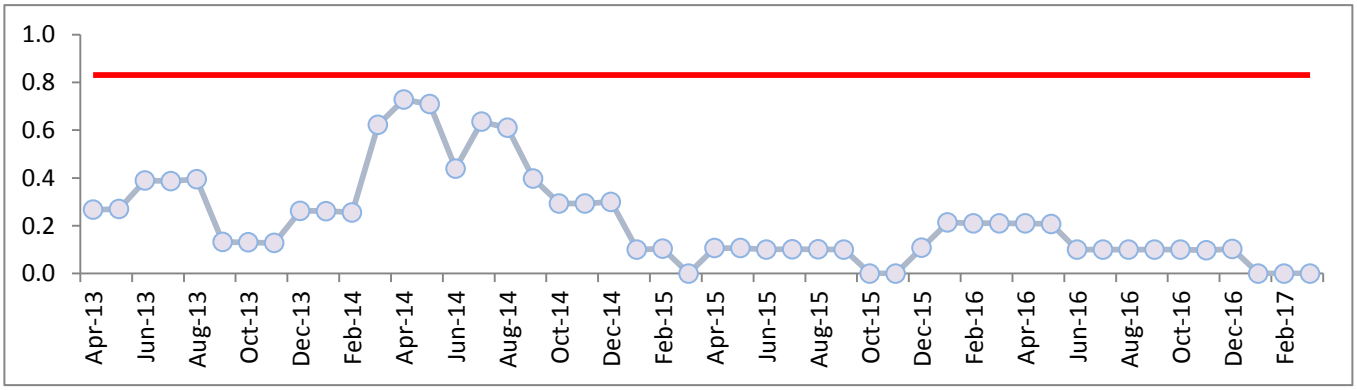


Figure 1B shows that the trust rolling 6 month average is below the expected trajectory target.

6.2.1B Intravitreal Injection Endophthalmitis

The intravitreal injection endophthalmitis data is based on injections administered for the treatment of conditions such as age-related macular degeneration (AMD) or diabetic macular oedema (DMO). The injections consist of medicines such as Lucentis, Avastin or Eylea. This data does not include injections of Ozurdex or Triamcinolone. These injections are reported separately due to the increased complexity of Ozurdex injections and, for Triamcinolone injections, to prevent cases of sterile endophthalmitis, resulting from drug irritation, being inappropriately included in reports.

The total number of endophthalmitis cases following intravitreal injections reported for 2016/17 was 8 including 1 private patient. This is a decrease in number by 1 from last year even though the number of procedures has increased.

This equates to a rate of infection of **0.24 per 1000 procedures**, below the trust benchmark of 0.5 per 1000.

Fig 2A: Rate of Endophthalmitis Post Intravitreal Injection

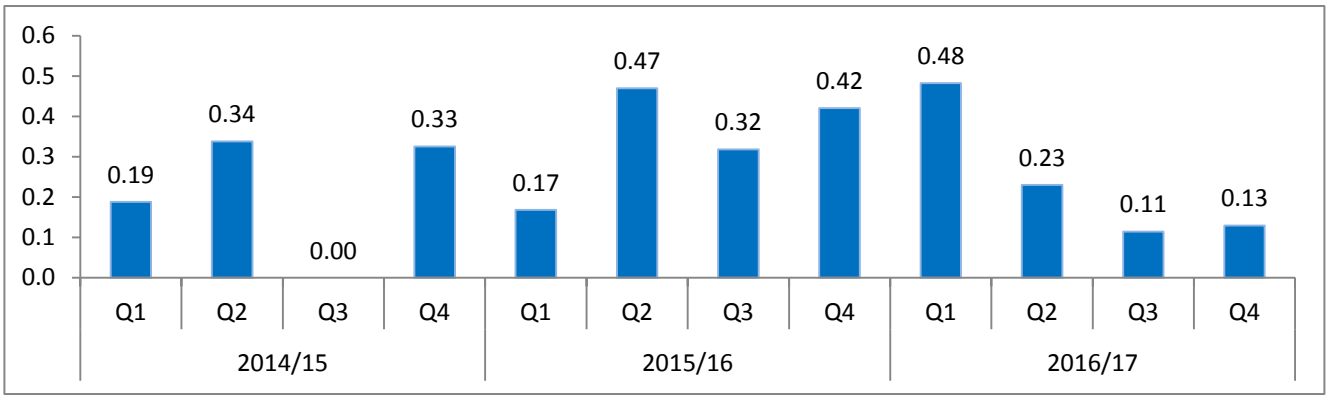
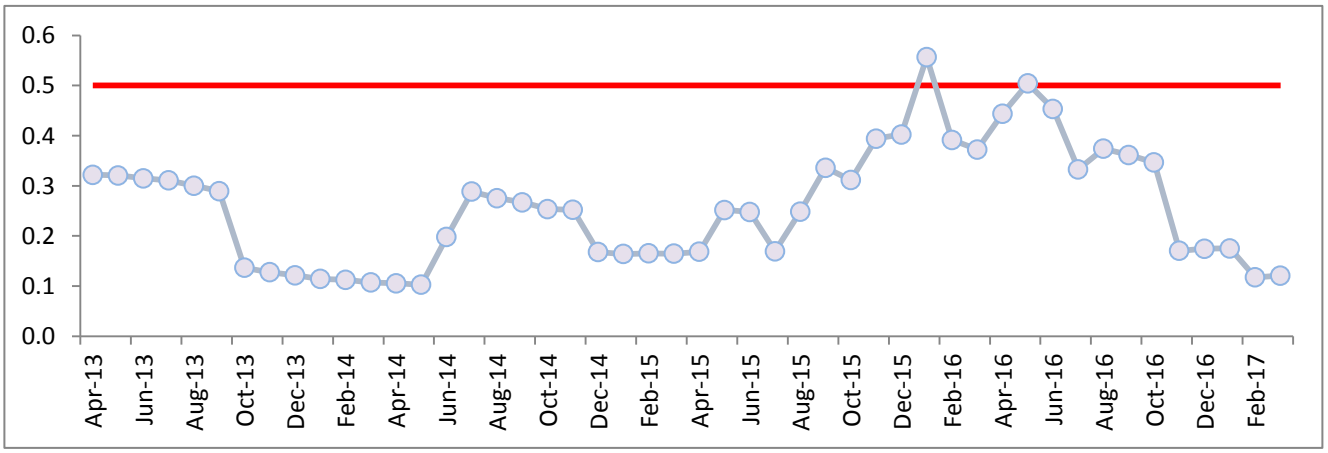


Table 2A: Quarterly surveillance of intravitreal Injection

Endophthalmitis - quarterly	2014/15				2015/16				2016/17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Post Intravitreal	1	2	0	2	1	3	2	3	4	2	1	1
Intravitreal procedure	5313	5920	5981	6150	5949	6394	6293	7138	8295	8700	8759	7751
Rate post injection per 1000	0.19	0.34	0.00	0.33	0.17	0.47	0.32	0.42	0.48	0.23	0.11	0.13

Fig.2B: Rate of Endophthalmitis post Intravitreal Procedure- 6 month rolling average



The expected rate of infection is 1:2,000 intravitreal injections or 0.5:1,000 injections.

6.2.1C Site Specific Endophthalmitis for Cataract and Intravitreal Injection

Fig. 3A: Cataract Endophthalmitis

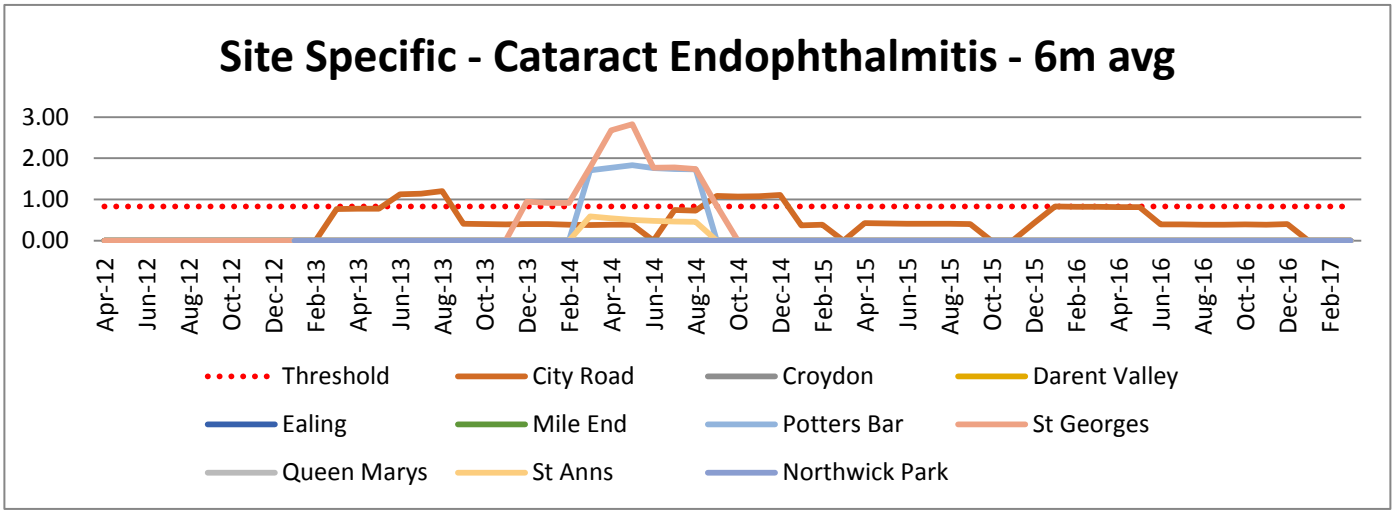
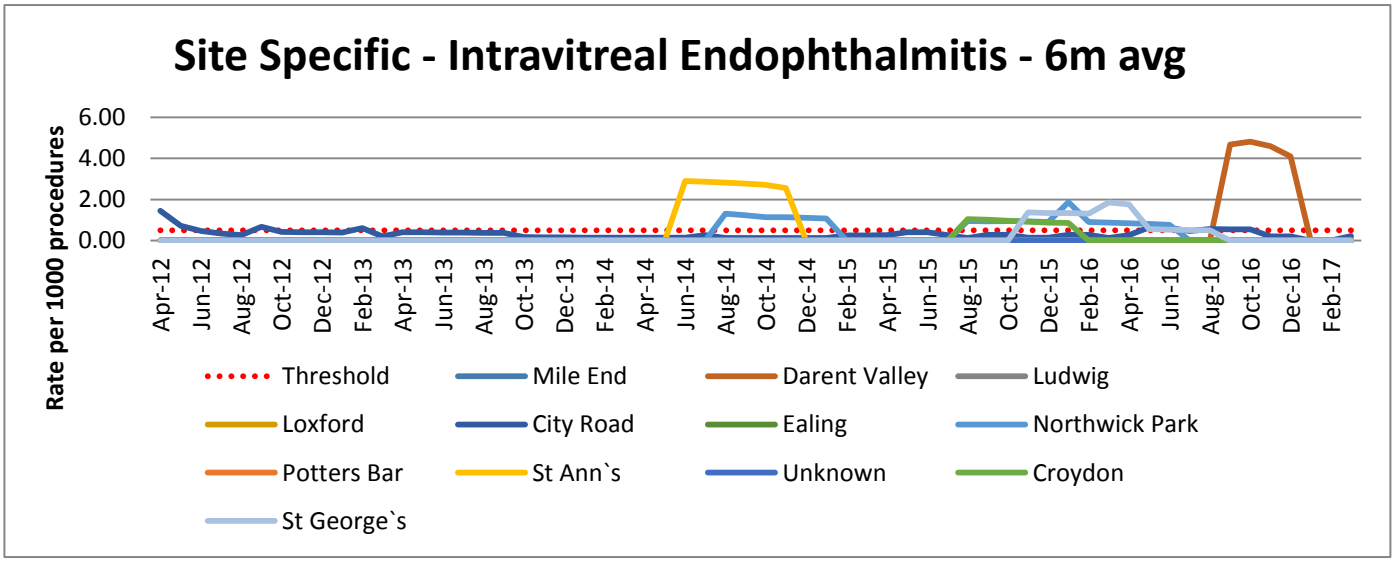


Fig. 3B: Intravitreal Injection Endophthalmitis



The graphs above show site specific rates of endophthalmitis for cataract surgery and Intravitreal Injection across all relevant sites within the trust.

No sites breached the trust benchmark of 0.83 from cataract procedures.

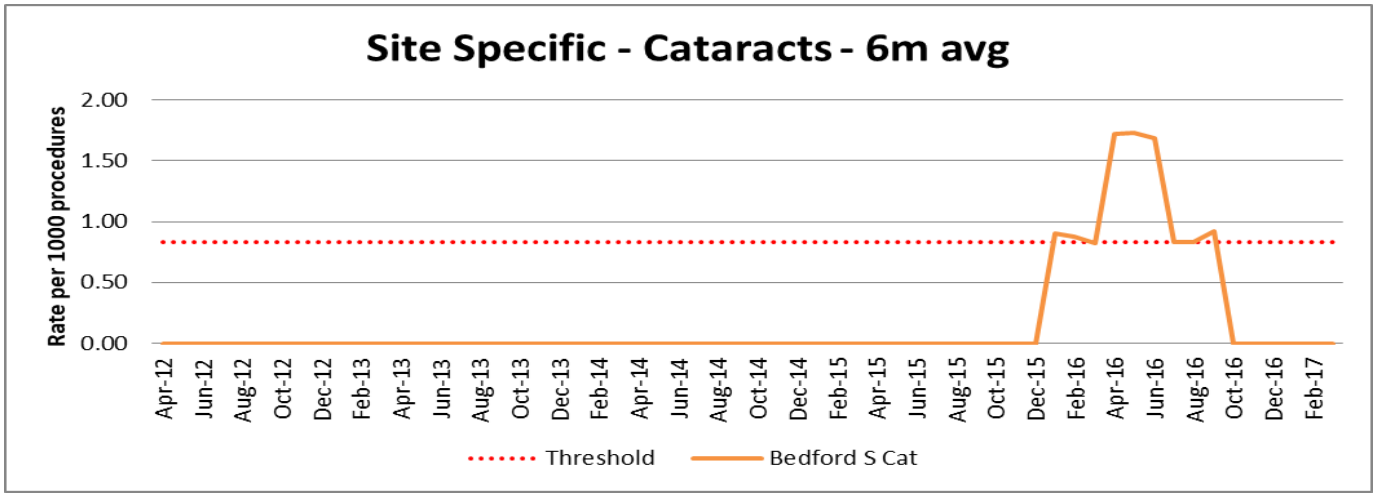
Darent Valley had one case of endophthalmitis from an intravitreal injection therefore breached the trust benchmark of 0.05 per 1000 procedures. The EMA probability tool was

used to assess whether it was safe for service to continue and scored a green indicating service provision continuation.

6.2.1D Bedford Endophthalmitis

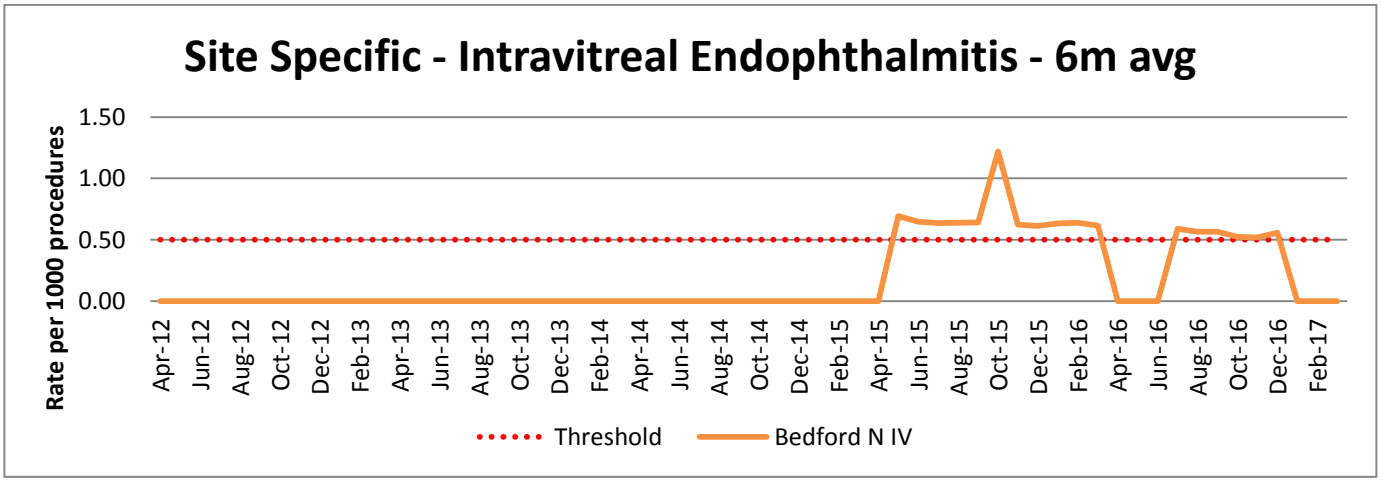
Bedford cases of endophthalmitis are currently exception reported for MEH as they are Bedford patients that are also reported under the datex system for Bedford Trust. It was agreed at the Infection Control Committee in January that future reporting for Bedford would be incorporated into the trust overall figures as systems are enabled. There are two sites, Bedford North that provides an out-patient clinic and Intravitreal injection service and Bedford South that provides surgical procedures in theatre and out-patient clinics.

Fig. 4A: Bedford South Cataract Endophthalmitis



The above graph shows 1 case of endophthalmitis during 2016/17. This case was in April. As the benchmark of 0.83 was breached a probability assessment was undertaken which identified that the observed case was within the acceptable range with a score of Green for continued service provision. The annual rate of cataract related endophthalmitis was **0.48 per 1000 procedures.**

Fig. 4C: Bedford North Intravitreal Injection Endophthalmitis



The graph above shows 1 case of endophthalmitis during 2016/17. This case was in July. As the benchmark of 0.05 was breached a probability assessment was undertaken which identified that the observed case was within the acceptable range with a score of green for continued service provision. The annual rate of intravitreal injection related endophthalmitis was **0.27 per 1000 procedures.**

6.2.2 Procedures resulting in Endophthalmitis 2016/17

Table 3A: All Endophthalmitis by Procedure

Procedure	2016/17
Cataract	1
Intravitreal Injection	8
Vitrectomy	3
Shunt Insertion	1
Injection of Provisc	1
Corneal graft related infections	7
Ozurdex implant injection	1
Bedford – cataract and injection	2

The table above outlines the total number of endophthalmitis reported for the trust including 2 exception cases from Bedford and 1 exception Ozurdex implant. For 2016/17 the total number was 24, this is seven more than the preceding year, 2015/16. However, this year the trust identified 7 corneal graft related infections between June and September 2016 which has contributed to this increase.

6.3 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.

It is generally a community acquired infection causing epidemics that result in variable numbers of patients attending Moorfields Eye Hospital (MEH) from quarter to quarter and year to year. When uninfected patients attend the hospital they may become infected through proximity to an infected patient, contaminated ophthalmic instruments, clinical staff with contaminated hands or from contact with surfaces in public areas e.g. door handles.

Adenovirus diagnosis and treatment is based on clinical presentation confirmed by molecular diagnosis. Adenovirus keratoconjunctivitis may cause prolonged morbidity with discomfort and reduced vision lasting from several weeks to several years. The treatment includes anti-inflammatory medication and occasionally antibiotics for secondary bacterial infection.

The trust definition of a possible nosocomial case is a patient who has presented with an adenoviral positive swab result from day 5 to 21 days post visiting MEH for a non-infective eye condition.

Over the past year, the trust has identified 13 cases of possible hospital acquisition. This is an increase from the preceding year, where there were 7 cases making the rate of infection 1.8% as opposed to 0.82% as in 2015/16.

Fig. 5A: Adenovirus Percentage of possible hospital exposure amongst all positive cases

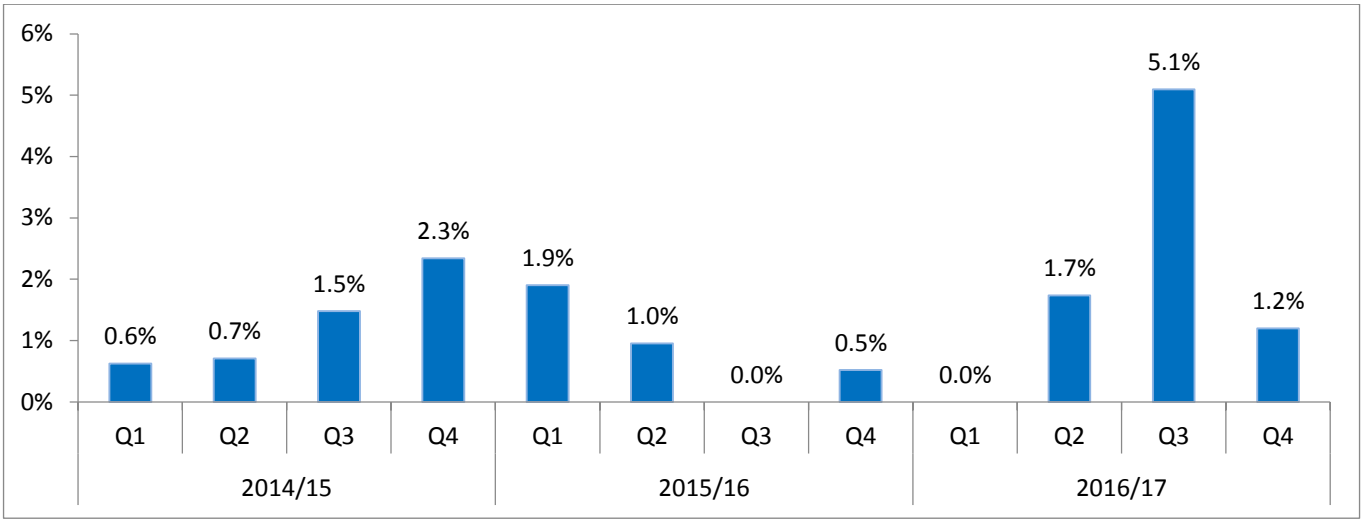
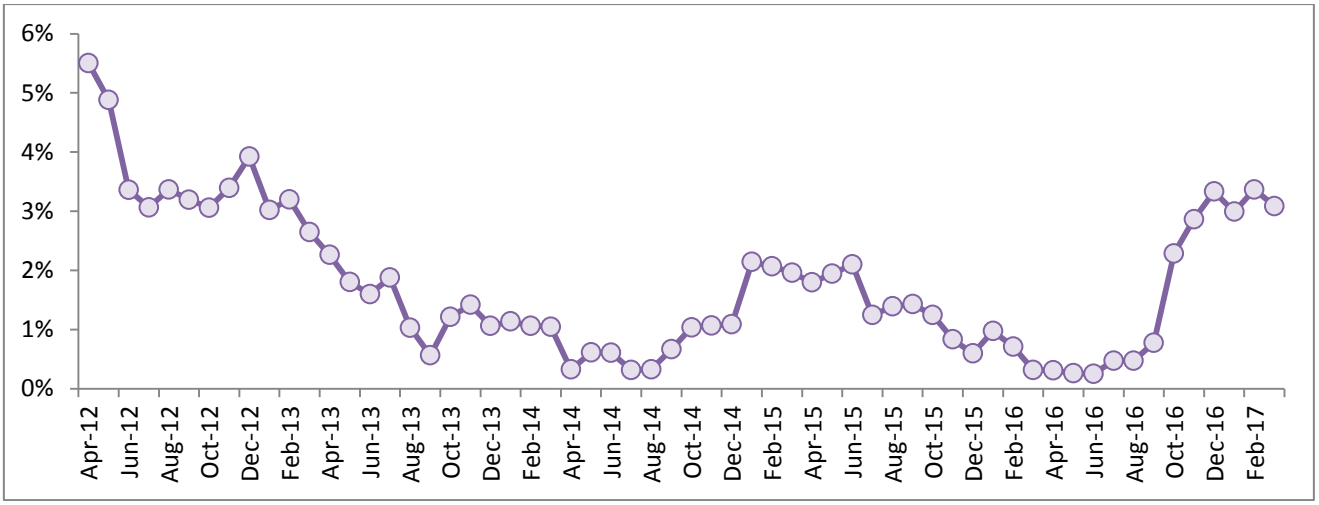


Table 5A: Quarterly surveillance of Adenovirus

Adenovirus - quarterly	2014/15				2015/16				2016/17			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
positive cases	160	141	135	171	210	210	126	191	213	173	157	167
Possible MEH acquired	1	1	2	4	4	2	0	1	0	3	8	2
%possible MEH acquired	0.6%	0.7%	1.5%	2.3%	1.9%	1.0%	0.0%	0.5%	0.0%	1.7%	5.1%	1.2%

Fig.5B: Percentage of possible hospital exposure amongst the positive cases – 6 month rolling average



An increase in possible hospital acquired cases of adenovirus was seen in quarter 3. Six of the eight cases were seen in the same department. This was shared with staff in the department and good infection control practices were reinforced. A decrease in the number of cases was subsequently seen in quarter 4.

6.4 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. This is in adherence with the Department of Health (DOH) MRSA screening guidance 2014. The rationale for screening this cohort of patients is to identify MRSA carriers, enabling application of topical MRSA decolonisation treatment before a surgical intervention.

6.4.1 MRSA – the DOH requires the trust to report 100% compliance with screening all patients who meet the national criteria for screening.

No. Patients Screened	No. Patients MRSA positive	% Patients Positive	% Compliance for Screening Cohort
349	13	3.7%	100%

6.4.2 Carbapenemase-producing Enterobacteriaceae (CPE)

Carbapenemase producing enterobacteriaceae (CPE) are bacteria that are resistant to broad spectrum carbapenem antibiotics like meropenem and imipenem. CPE are usually also resistant to a wide range of other antibiotics and typically may only be sensitive to one or two second/third line antimicrobials therefore infections caused by CPE are more difficult to treat and are associated with a higher mortality rate and with potential transmission and clusters of infection.

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 and advice from the ICN's.

The numbers of all suspected or confirmed cases of CPE are monitored by the ICN's. Staff inform the ICN's of patients who meet the risk group for carriage following assessment of the patient(s). The ICN's provide staff with advice on the safe management of these patients in accordance with the trust policy to reduce the risk of transmission to other patients, visitors and staff. The numbers of cases for each quarter are included in the ICN's report that is presented at ICC.
The following is the trust data for CPE YTD 2016/17.

Number of Patients Suspected of Carriage having met risk group criteria	Number of Patients with Confirmed Carriage of CPE
34	1 confirmed case notified by other NHS trust.

7.0 Infection Incident

7.1 Increased incidence of graft related infections

In November, a number of graft related endophthalmitis cases were identified in the trust. A total of seven patients developed endophthalmitis post elective graft surgery; five patients had fungal infections, 1 patient had a mould infection and 1 patient had a bacterial infection.

The trust identified that all grafts were from one provider and immediately upon identification suspended the use of grafts from this source.

An investigation group was convened and the trust instigated a number of control measures:

- Weekly meetings were held which included representation from Public Health England (PHE)
- External authorities, including the Human Tissue Authority and Royal College of Ophthalmologists were informed of the situation.
- The provider eye bank was informed and participated in reviewing practices with input from the Centres for Disease Control and Prevention.
- The infection control doctor reviewed the graft pathway with an inspection of the Eye Bank, reviewed all cases and available microbiology. The theatre ventilation for operating rooms where patient procedures were undertaken was also examined.
- An extensive review was undertaken by PHE which involved reviewing the graft pathway from receipt of sample to implantation into the eye, disinfection and sterilisation process of instruments, observing theatre practices and interviewing staff.
- The increased incidence was reported as a serious incident for the trust
- Patients who had corneal graft surgery with graft material from the same overseas provider from June to November were contacted and advised to attend for a clinical review. Letters were also sent to patients informing them of the increase in graft infections and advising them to seek medical advice if they experienced any problems. A helpline was made available at MEH that patients with any concerns could call.
- The seven affected patients were seen and given appropriate treatment.
- The trust put in place enhanced infection surveillance for six months to monitor corneal graft surgery.
- The incident was shared with all UK corneal centres and all corneal surgeons as part of the investigation process.
- A root cause analysis was undertaken for each case in accordance with ICT practice.

For this investigation the ICN's undertook the following:

- Trust outbreak meetings, PHE meetings weekly, Expert Panel discussions.
- Provided an excel spreadsheet of cases and key information, defined the case definition.
- Provided review, comparison and analysis of surgery for NHS and Private Patients.
- Completed a comprehensive review of 761 patients who underwent graft procedures from January to November 2016. No further cases were identified.

- Undertook a review of the SLA written with the Eye Bank and the provider. External experts were consulted and a revised ocular tissue SLA with specific quality controls was developed.
- Refined data accuracy with Performance and the Eye Bank to obtain a denominator figure for corneal grafts and subsequent rate of endophthalmitis for the trust.
- The ICN's pursued the establishment of 2 separate benchmarks for graft endophthalmitis with the Corneal Service
  - *Penetrating Keratoplasty 0.18 per 1000*
  - *Endothelial Keratoplasty 0.36 per 1000*
- As a learning outcome from the graft incident, the ICN's defined an endophthalmitis trigger threshold with the Corneal Service and with agreement from the Infection Control Doctor, this was approved at Infection Control Committee in April 2017.

  Triggers for infection
  1 case of graft related infection (bacterial or fungal) – notify all clinicians within corneal/external services, eye bank and infection control and request notification of any further cases identified.
  2 cases of graft related infection within 1 quarter (bacterial or fungal – they may be different pathogens) –stop all graft surgery until an investigation is completed regarding future risks for graft surgery.

Despite an extensive investigation the exact cause of the infections could not be identified.
There have been no further cases since the September 2016.

Following this incident the trust has reviewed current practices and procedures to implement changes in clinical practice as appropriate that may assist in preventing future post elective corneal graft surgery infections. This includes setting a benchmark for graft related endophthalmitis to assist with earlier identification of an increase in cases.

Fig. 4a: Rate of Endophthalmitis post corneal graft surgery- 6 month rolling average

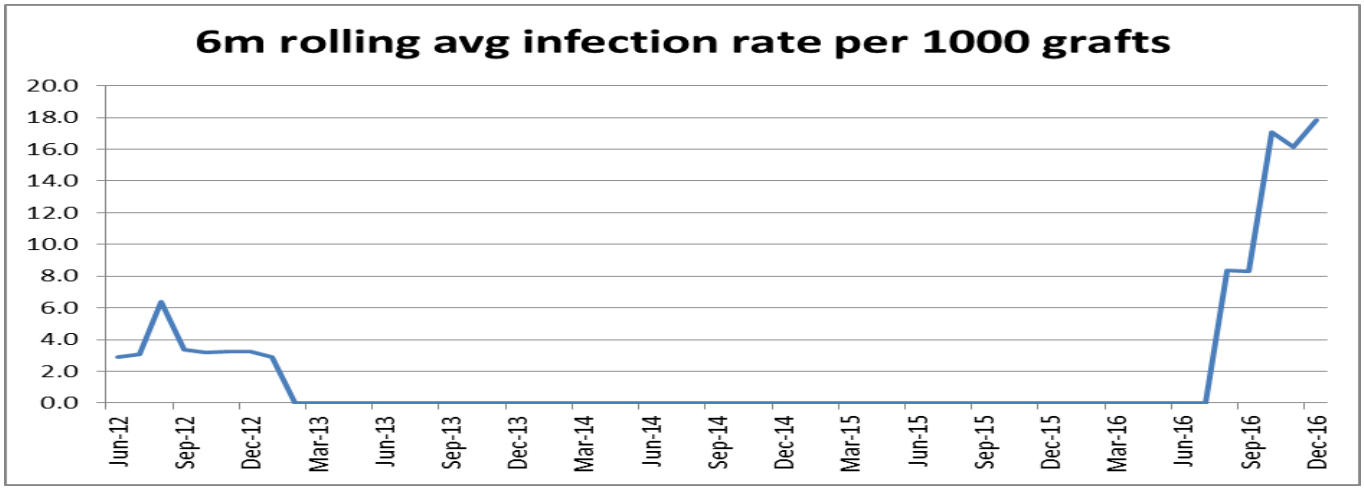


Table 4b: Rate of infection post corneal graft surgery

Year Jan-Dec	Number of corneal graft procedures	Number of Endophthalmitis cases	Rate of Infection/per 1000 procedures
2012	652	1	0.31% or 3 in 1000 procedures
2013	746	0	0%
2014	840	0	0%
2015	837	0	0%
2016	844	7	0.83% or 8 per 1000 procedures

There were no further incidents for the year.

8.0 External Inspections

8.1 The Care Quality Commission Inspection

An announced inspection was undertaken by the Care Quality Commission (CQC) from 9th to 13th May 2016. The inspections took place at nine of the trust's sites: Barking, Bedford, City Road, Croydon, Ealing, Mile End, Purley, Queen Mary's Roehampton and St George's. An unannounced inspection also took place at Northwick Park. The final report was published in January 2017 and the trust achieved an overall rating of Good. The report highlighted the following good infection control practices observed by the inspectors:

> *"Wards and other patient areas were clean and staff were seen to be adhering to hand hygiene policies and protocols. Audit results for cleanliness and infection prevention control demonstrated to minimise risk to patients including reporting and learning from incidents. Staff adhered to infection prevention and control policies and the areas we visited were clean and free from clutter, although storage space was limited. We observed good infection prevention and control practices.*
> *Antibacterial hand gel was available in waiting areas, clinic rooms, entrances and exits".*

There was one infection control related issue the inspectors commented on involving pen marks and make-up residue on a slit lamp at a satellite site. This was addressed by the matron immediately and included in the department action plan for future assurance. The ICN's also assisted the clinical team with developing local monitoring processes.

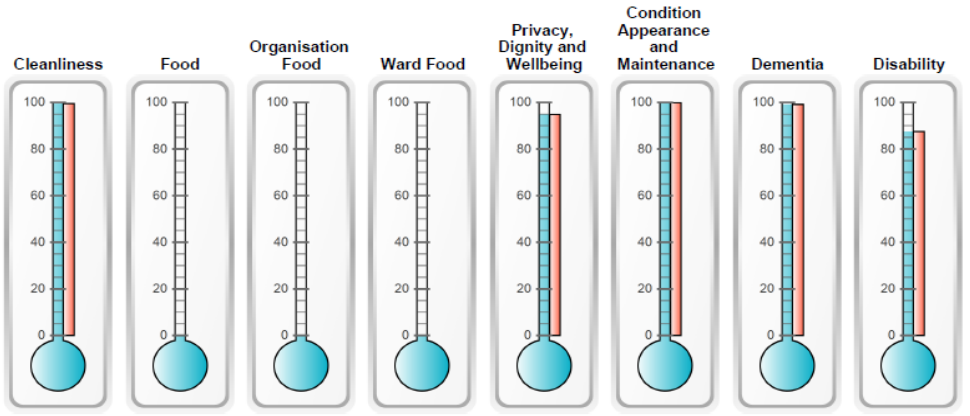
The trust was also requested to finalise SLA's with host sites and address aspects of the estate that required quality improvements, such as theatre plants and outlay of patient environments.

In preparation for the CQC inspection, the ICN's undertook mock inspections at all sites across the trust. The inspections included observing staff practices, questioning staff on infection control policies and procedures such as cleaning of shared equipment, sharps safety, identifying expired stock and non-compliant equipment and observing whether clinical staff were complying with good hand hygiene practices including complying with 'Bare below the Elbow'. Findings were fed back to staff during the inspection followed with a written report with recommended actions. The ICN's revisited key sites for assurance that actions required had been implemented and fed back to the clinical leads and quality partners.

These inspections proved to be valuable for both staff and the ICN's and were acknowledged at ICC as an important practice to reinforce infection control standards across all sites. The ICC members commended the ICN's on a good CQC report.

8.2 Patient Led Assessments of the Care Environment (PLACE)

The ICN's were key contributors to the annual PLACE assessment undertaken at the trust in May 2016. The domains that were assessed achieved pleasing scores and showed improvements in scores from 2015 for cleanliness, privacy, dignity and wellbeing, condition, appearance and maintenance and dementia. The new scoring section this year included 'disability' which was assessed as part of the assessment however food was not assessed this year.



	Cleanliness	Food	Organisation Food	Ward Food	Privacy, Dignity and Wellbeing	Condition Appearance and Maintenance	Dementia	Disability
Achieved Score (Actual)	1339.0000	0.0000	0.0000	0.0000	157.5000	701.0000	454.0000	266.0000
Available Score (Actual)	1346.0000	0.0000	0.0000	0.0000	166.0000	702.0000	458.0000	304.0000
Site Score	99.48%				94.88%	99.86%	99.13%	87.50%
Organisation Average	99.48%	0.00%	0.00%	0.00%	94.88%	99.86%	99.13%	87.50%

The results from the assessment are collated by the Facilities Department and fed back to relevant staff and teams and actioned through the responsible departments in the trust. These actions are monitored through the Cleanliness Monitoring Meetings for the trust and any concerns are escalated to the ICC.

9.0 Antimicrobial Stewardship

9.1 Antimicrobial Stewardship Increased Resource

During 2016/7 extra resource was dedicated to antimicrobial stewardship.

MicroGuide, an antimicrobial guidelines mobile app, was launched in November 2016 by pharmacy. MicroGuide enables the Moorfields' antimicrobial guidelines to be accessed by prescribers on their smartphones. This is quicker, easier and potentially more up-to-date than

using paper/intranet versions. No national guidelines exist for the majority of infections in the Moorfields antimicrobial guidelines which are the most comprehensive of any UK hospital for ophthalmology. The Moorfields antimicrobial guidelines have been downloaded by 456 users.
MicroGuide has been accessed by users from around the world including the president of Royal Australian and New Zealand College of Ophthalmologists.

The antimicrobial pharmacist role was increased from 0.5 WTE band 7 to 1.0 WTE band 8a. The new antimicrobial pharmacist post was filled in October 2016. The post holder was tasked with improving antimicrobial prescribing at Moorfields which would enhance patient outcomes, decrease risk and ensure cost effective use of antimicrobials.

9.2 Commissioning for Quality and Innovation (CQUIN)

The objective of the 2016/7 national antimicrobial resistance (AMR) CQUIN was to reduce consumption of specific antimicrobials (carbapenems and piperacillin / tazobactam). As these antimicrobials were not used at Moorfields the national CQUIN was not relevant to the trust. The pharmacy team worked with NHS Islington CCG to develop a bespoke CQUIN specifically for Moorfields. The CQUIN had three components:

1. Conduct four large multi-site audits, reviewing approximately 800 patients.
2. For above audits, achieve pre-defined audit standards. Results to be compared to previous audits.
3. Demonstrate Moorfields compliance with NICE antimicrobial stewardship clinical guideline (NG15).

All audits were completed within the agreed timeframe, allowing 100% of part 1 to be achieved. The audit standards obtained allowed for 75% of part 2 to be achieved. Moorfields was able to demonstrate compliance with NICE antimicrobial stewardship guidance, therefore 100% of part 3 was achieved.

87.5% of the CQUIN was obtained, the equivalent of £266,179.

9.2.1 Policy

The antimicrobial guidelines had minor updates in November 2016. The updated guidelines have been widely circulated and promoted.

9.2.3 Audit

Pharmacy carried out four large audits at City Road and satellite locations as part of the AMR CQUIN:

1. Use of oral moxifloxacin (all moxifloxacin prescriptions in 2016-17).
   Previous SI's and audit had prompted action on the prescribing of oral moxifloxacin. Following extensive trust wide discussion and refining of antimicrobial guidelines, this year's audit showed significant improvements with excellent compliance for all standards noted.

2. The Use of Prophylactic Antibiotics in Adnexal Procedures: An Audit on Prescribing Compliance.
   This year's audit showed a small improvement in compliance. There were no serious patient safety issues identified, however, an action plan to boost compliance for re-audit has been

developed. This involves working with the senior adnexal team to review guidelines and increase awareness of updated guidelines.

3. Compliance to antimicrobial prescribing guidelines in the External Eye Disease service.

This audit demonstrated very good compliance to antimicrobial guidelines.

4. Antimicrobial prescribing in high usage areas - A&E/urgent care.
This audit confirmed very good compliance to antimicrobial guidelines in the trust.

All audits were conducted with approval of the Clinical Audit and Effectiveness Committee. Audit teams were multi-disciplinary, comprising of pharmacists and doctors. Results were presented back to prescribers at service meetings as well as being discussed at the Drugs and Therapeutics Committee and Infection Control Committee.

10.0 Decontamination

10.1 Sterile Services Department

External auditors undertake yearly surveillance audits. A three day external recertification audit and inspection was undertaken in March 2017 by the external audit firm SGS for the following Certification Standards:

- ISO 13485:2003 – Medical Device Certification
- ISO 9001: 2008 – Quality Management System Certification
- Directive 93/42/EEC – Medical Device Directive

The department was successful with the application for recertification. The audit team concluded that the department has demonstrated the effective implementation and maintenance/ improvement of its quality management system to meet its quality objectives and regulatory compliance.

10.2 Environmental Monitoring and Microbiological Standards

Quarterly environmental and microbiological monitoring (ISO14698) are carried out and reviewed yearly for the clean room (clean room classification standard - ISO 14644 Class 8). Annual revalidation of the clean room is done and reviewed in accordance with HTM 03 and ISO standards.

10.3 Benchtop Sterilisers (BTS)

The trust maintains two BTS in the theatre department at City Road, these sterilisers are for the sole purpose of sterilising radioactive plaques during the surgical procedure of brachytherapy.

The Sterile Services department manager reports full compliance with service and maintenance requirements. Daily and weekly tests are recorded in the log books, yearly audits are undertaken by the theatre department and training of all staff to ensure competence is assured is undertaken with local record keeping.

The Infection Control doctor reviewed the department process for BTS use at City Road and was satisfied with local arrangements.

11.0 Infection Control Policy

11.1 Policy

The ICN's ambition is to ensure policies and Standard Operating Procedures are providing staff with the most up to date information to enable best evidence based practice to be delivered to patients. For this year 16 policies and eight patient leaflets were reviewed and updated. All of the revised infection control policies and guidelines were disseminated to relevant staff and published on the trust intranet site.

12.0 Infection Control Audit

12.1 Audit

Compliance with key infection control policies is monitored through policy and practice audits which provide evidence of staff performance.

It is also a requirement of the Health and Social Care Act Code of Practice (2010) for all NHS organisations to have an audit programme to monitor and measure adherence with key practices and policies. At Moorfields, the ICNs programme of work (attached appendix 1) includes all the practice and policy audits that are undertaken. This is to provide assurance that staff practices are in accordance with the trust policies.

12.2 Policy Audit

This year the ICN's reviewed the audit programme and developed two new audits to reflect on the implementation of a new policy and compliance with an existing Patient Group Directive (PGD).

These are:

- Surgical site infection audit for all operating theatre departments to audit practices with the trust Surgical Site Infection Policy and national guidelines.
  and
- Audit of PGD for administration of Mupirocin (Bactroban nasal ointment).

The trust performance of policy audit compliance is as follows:

Green Compliance	Amber Compliance	Red Compliance
12	1 (Isolation Precautions)	1 (Mupirocin PGD)

Isolation precautions was re-audited in June and scored green 95% and the Mupirocin PGD audit was a small audit that was poorly answered due to a problem with terminology. The follow-up audit is due and expected to be much improved.

In addition to this, department monthly audits of hand hygiene and cleanliness trust overall figures were green and slit-lamp trustwide compliance for both 6 month audits were green.

Below is the scoring system used to score the level of compliance as 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

The ICN's also extended two practice audits: bathroom and toilet facilities and linen, curtains and blind audit, to include all the satellite sites.

12.3 Environment Audit

Department audits are undertaken by the ICN's annually unless otherwise indicated.

Green Compliance	Amber Compliance	Red Compliance
26	1 (Mile End Theatre)	0

This year 27 clinical areas including 11 theatre sites containing 21 operating facilities, ten injection sites comprising of 18 individual injection rooms and one minor ops suite. The audits demonstrated 26 green compliant departments and one amber, from which actions were taken and the subsequent audit has scored green compliance. These results can be viewed in Appendix 1.

The results from all audits are discussed at the ICC including any required actions. If an area achieves a rag rating of amber or red, the ICN's provide additional support, e.g. training for staff in the area(s). Policy and practice audits are repeated after six months to monitor improvements and Departments are asked to complete action plans to demonstrate improvements.

12.4 Synbiotix

Synbiotix, an infection control audit system was implemented in the trust in December 2016 to replace ICAMS.

The benefits of the synbiotix system are:

- All infection control audits will be submitted electronically.
- Staff can retrieve compliance scores for their area(s) unlike previously where there was one overall compliance score for the trust.
- Managers have access to a dashboard therefore can monitor compliance scores and submissions for their area(s).

All IC audits are available on Synbiotix with the exception of the annual infection control environmental audit however the plan for the future is for this audit to be included.

Since the implementation of Synbiotix there have been changes to the frequency of the hand hygiene and cleanliness audits, having reduced from weekly to monthly however the number of observations required has increased from ten to 20. The frequency of the cleanliness audits has reduced from bi-weekly to monthly. This is reflective of audit frequency at other London trusts. Currently, the auditors print the audit forms, complete the audit and then input the data into the synbiotix system. The ICN's recommendation is for the trust to provide staff with hand held palm tops so that the audits can be a single entry process, improving the ease of use and likely completion.

13.0 Staff Health

13.1 Flu Campaign

This year's flu campaign was an overwhelming success with a significant increase in the uptake of the flu vaccine. A total of 75.7 % of front line staff had received the flu vaccine by the end of the campaign. Subsequently, the trust achieved its target of 75% compliance for frontline staff and the CQUIN 1c Improving the uptake of flu vaccinations for frontline clinical staff £300,000 as agreed with the CCG. The trust was also acknowledged by NHS England as having the greatest uptake of flu vaccine between December 2016 and February 2017 at 24%.

The ICN's were instrumental in the planning, management and delivery of this year's flu campaign.

ICN Nadine Grant-McKenzie Peer Vaccinator


The ICN's

14.0 Matters of the Estate

14.1 Water Safety and Ventilation Management Group

It is a requirement of the Health and Social Care Act (2008), Criterion 1, for all trusts to have an established water safety group and an operational water safety plan. In response to this, the trust convened a water safety and ventilation management group in February 2017 with delegated authority to oversee the operational management of water and ventilation systems within the trust and develop appropriate policies.

This multi-disciplinary group aims to discuss issues relating to the operational management of water and ventilation systems, providing an oversight of the trusts estate and its objective to deliver a safe environment for patients, public and staff.

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

14.2 Water Safety

The most concerning infectious risks from water supplies are infections caused by legionella species. To minimise risks of legionella at the trust identified low usage water outlets are flushed regularly to ensure that there are no outlets with stagnant water. Additional measures include monitoring temperatures to ensure that they are within the required range, hot water >60°c and no less than 50°c at outlets and cold water less than 20°c and routine chlorination of water. 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. During the year, the infection control team were notified of routine samples that detected legionella, on one occasion PHE were notified, however all the recommended control measures were instituted by the estates departments and subsequent follow-up tests proved clear.

14.3 Theatre Ventilation

All theatres at the trust have an annual ventilation inspection undertaken by independent companies to ensure that the theatre facilities meet the required minimum standards per HTM guidance and are safe for use. The estates team receive all such inspection reports including host sites. Reports are reviewed by estates, Infection Control Nurses and the Infection Control doctor and any remedial work required is followed up by the estates team.

The ICN's produce a summary of these reports to the ICC quarterly and any areas for discussion are raised within the agenda, see appendix 5.

14.4 Refurbishment/Capital Planning

The ICN's have continued to provide advice on refurbishment and building projects. This is to ensure infection control requirements are included in the design stage and furnishings comply with infection control guidelines. The ICN's also provide advice on the control measures that need to be followed by the building contractors. When the work is completed the ICN's visit the area to ensure that the work is completed to an acceptable infection control standard prior to clinical service commencing.

This year the ICN's have been involved with providing infection control advice in the development and creation of facilities and services in the John Saunders private patient's suite and refurbishment of the patient kitchen on Duke Elder Ward at St Georges Hospital.

15.0 Education and Training

15.1 Mandatory Training

Infection Control training is an essential requirement in preventing infections by keeping staff informed of the required infection control standards in order to improve compliance with infection control practices.

The ICN's have delivered face to face training sessions to all staff groups at corporate induction and as part of the mandatory training programme. In addition to face to face training both clinical and non-clinical staff have the facility to do the training online using e-learning packages that have been developed by the ICN's. The training includes key principles of infection prevention and control aligned with the National Core Skills Framework such as hand hygiene, cleaning of the equipment and sharps management. Any new national guidance or changes to current practices are included in the training sessions.

The ICN's have continued to provide bespoke training for staff groups and departments as requested.

This year, both Level 1 and Level 2 compliance figures for infection control have been obtained.

	Q1			Q2			Q3			Q4			2016/17 Avg
Level 1	85%	87%	87%	87%	88%	88%	88%	89%	89%	88%	89%	90%	**88%**
Level 2	77%	83%	82%	79%	75%	75%	76%	80%	82%	81%	82%	82%	**80%**

Taken from Mandatory Compliance Report July 2017

Trust overall compliance at end of year was: green 80% for clinical staff level 2.

15.2 Infection Control Link Practitioners

The purpose of the link practitioner workshops is to promote communication and ownership of infection control. Two workshops were held last year and were well attended by staff from different departments across the trust.

Amongst topics presented, the infection control in theatres session was enthusiastically received by link practitioners. Following the study day, ICN's received enquiries from practitioners about the safe management of sharps bins in theatres and were able to disseminate best practice with their departments and assist in standardising practice across the trust.

The ICN's also use this opportunity to provide an update on any new published national guidelines or changes to current practices and procedures in the trust.

The workshops have proved to be a valuable forum for staff to network and share ideas and resources.

15.3 The Monthly Bug Brief

This popular infection control newsletter has covered a variety of information this year including compliance scores and key findings from audits, new and revised policies, upcoming infection control study days, conferences and any new national guidelines.

These briefs have been placed on display in some departments to share with colleagues and are available on the IC department page of the Intranet. This was recognised by the CQC inspectors as a positive aid for staff and reflected in the CQC report.

15.4 Infection Control Web Page

The trust IC web page is updated at ICN requests. IC information available on this page includes:

- All IC leaflets
- IC newsletter
- Information on management of sharps/splash injury
- Any new IC information
- Link to all IC policies

16.0 Conclusion

Reducing avoidable healthcare associated infections requires commitment to deliver the best infection prevention and control service throughout the trust by all staff. This report demonstrates that the overall number of HCAI's at the trust has remained low and that a robust programme of work has ensured standards of care are high and maintained.

The completion of the ICT Programme of Work including policy updates, audit, teaching and alert organism surveillance is a proven method of achieving high standards across the trust and it is the ICN's implementation of this that ensures assurance processes are focused on patient, visitor and staff safety as a priority.

The CQC report highlighted the good standards of hygiene achieved across all sites with respect to facilities and staff practice. The ICT considers this to be partly a reflection of the work undertaken by the ICN's in preparation for the inspection and whilst this required significant additional time, the benefits for all were evident.

The ICT were disappointed to be reporting on the rare event of increased graft infection for the trust, however, this process has assisted the ICN's in defining benchmarks for ophthalmic services to improve future care.

Other areas that have seen progress are the establishment of the trust Water and Ventilation meeting, the development of new audits and the implementation of an audit system that for the first time enables departments to monitor their audit data and compare with others. The launch of the trust online e-learning programme tailored to the needs of the trust developed by the ICN's over many months, has assisted staff across sites to achieve their ICT mandatory compliance.

Lastly, the ICT were pleased to be able to assist the trust in achieving 75% flu vaccine compliance amongst staff for the first time. As one of five London trusts who met this objective we are proud of the work undertaken to assist meeting the CQUIN.

To conclude, the Infection Control Team believes this annual report accurately reflects the commitment and achievements of the infection prevention and control service in the trust.

Appendix 1: Infection Control Programme of Work 2016/17

This document details the Moorfields Eye Hospital NHS Foundation Trust Infection Prevention and Control Programme of work for the year April 2016 – March 2017. The Infection Control Team takes the lead in developing the Programme trust wide but requires department leads and IC link practitioners to execute parts of the programme, such as audits and reporting on surveillance screens. It is important to remember that the ICT can advise, monitor and educate, but it is the responsibility of each and every member of trust staff to put infection prevention and control into practice, particularly those involved in direct patient care.

The IC Programme describes the infection prevention and control activities that the trust will focus on this year:

- ✓ surveillance of key alert organisms reported monthly and quarterly
- ✓ a planned programme of training and education
- ✓ a core group of audits including policies and practices
- ✓ ICN audits of high risk areas throughout the trust
- ✓ Selection of Policies/Protocols requiring update or review
- ✓ Identified campaigns and projects for ICT Action

The trust seeks to be compliant with the Health and Social Care Act (2008) and registration with the Care Quality Commission (CQC) under Outcome 8 of the registration standards. Any issues or actions required to achieve the aforementioned objectives will inform the IC Programme.

Surveillance

Mandatory Alert Organism Reporting				
Receiving Body	**Alert Organism**	**Frequency**	**Responsible Person/s**	**Timescale**
Public Health England, Trust Board, Islington CCG, Infection Control Committee, Clinical Governance Committee	MRSA Bacteraemia	Monthly Quarterly	Infection Control Nurses	Ongoing
	MSSA Bacteraemia	Monthly		
	E.coli Bacteraemia	Monthly		
	Clostridium difficile > 2yr	Monthly Quarterly		
	Glycopeptide Resistant Enterococci Bacteraemia	Quarterly		
	MRSA and CPE Screening Surveillance	Monthly Quarterly		

*Voluntary reporting of Carbapenemase Producing Enterobacteriaceae (CRE) identified patients with suspected or confirmed carriage quarterly.

Ophthalmic Infection Reporting				
Receiving Body	**Infection**	**Frequency**	**Responsible Person/s**	**Timescale**
Trust Board, Islington CCG, Infection Control Committee, Clinical Governance Committee, Leads of Departments	Post-procedure Endophthalmitis	Monthly Quarterly	Infection Control Nurses	Ongoing
Trust Board, Control of Infection Committee, Clinical Governance Committee,	Possible HCAI Adenovirus	Monthly Quarterly	Infection Control Nurses	Ongoing

- SSI – ophthalmic microbial keratitis, GAS infections

Training and Education

Training is provided by online e-learning packages for Level 2 (clinical staff annually) and Level 1 (non-clinical staff every 3 years from April) and face to face training dates and locations.

Programme	**Frequency**	**Duration**	**Responsible Person/s**
Trust Induction	Twice monthly	60 minutes	Infection control nurses
Awareness Training	Twice monthly	60 minutes	Infection control nurses
Doctor's Induction	Three times per year	45 minutes	Infection control nurses
Domestic training	Annually – as required	60 minutes	Infection control nurses ISS training
Theatres and SSD training	Annually and as requested	60 – 90 minutes	Infection control nurses
Catering staff training	Annually or as requested	60 minutes	Infection Control Nurses
HCA's	Annually or as requested	60 minutes	Infection Control Nurses
Porters and Estates Personnel	Annually	60 minutes	Infection Control Nurses
Department training i.e. Dr's, Orthoptists, Optometrists, EDD	Annually or as requested	60 minutes	Infection Control Nurses
Link Practitioners' Workshop	Bi-annually	Half day	Infection control nurses

Audit

The traffic light rating of audits is based on IPS standards.

		Policy Audits					
Policy	**Frequency**	**Responsible Person/s**	**Timescale**	**Outcome 2014/15**	**2015/16**	**2016/17**	**2017/18**
Standard Precautions	Annually	Link Practitioners	**August**	98.6%	97%	98%	November
Sharps Management	Annually	Link Practitioners	**November March**	73%	83%	89% 93%	March
Isolation Precautions	Annually	Link Practitioners	**November**	85%	95%	82% November	95% June
Surgical Site Infection	Annually	Link Practitioners	**TBC**	X	X	93%	September
Antimicrobial prescribing policy + Antibiotic sensitivity data	Annually	Antimicrobial pharmacist		√Sensitivities and Specificities of Antimicrobial Agents against Microbial	√April – Use of Prophylactic antibiotics in Adnexal procedures √October –	TBC by Pharmacy	

				Keratitis	Comparing Antimicrobial prescriptions to the trusts antimicrobial guidelines √ January – surveillance of antimicrobial prescribing towards guidelines in high usage areas (A+E)		

		Practice Audits					
Practices	**Frequency**	**Responsible Person/s**	**Timescale**	**Outcome 2014/15**	**2015/16**	**2016/17**	**2017/18**
Hand hygiene	Monthly	Link practitioners	ongoing	98%	97%	98.9%	monthly
Cleanliness	Monthly	Link practitioners	ongoing	98%	98%	98%	monthly
Slit Lamps	6 monthly	Link practitioners	**September**	84%	93%	92% June 91% Nov	July December
Hand Hygiene facilities	Annually	Link Practitioners	**October**	93%	96%	97%	October
Decontamination	Annually	Link Practitioners	**March**	70%	94%	88%	March
Venflon Insertion Technique	Annually	Link Practitioners	**August**	91%	√89%	93%	August
Linen, Curtain/Blind audit	Annually	ICN's/Domestic Managers	**March**	√	√Feb 16	95%	March
Laundry audit*	Annually	ICN's	**Feb**	√	√ Feb 16	95% March17	February
Sharps Bins	Annually	Daniels	**November**	98%	97.47%	98%	November
Toilets and Bathrooms*	Annually	ICN's	**Feb 16**	89%	94% Jan 16	90%	February
MRSA Decolonisation PGD[1]	Annually	Link Practitioners	**2017**	X	X	64% October	July

Linen & Curtains and Blinds Audit combined into one Audit Tool

Department audits will be focussing on very high risk areas; the ICN's will complete all theatres and aim to inspect all intravitreal injection rooms and wards throughout the trust and the emergency department.

ICN audits are an indication of standards observed at a single point in time and do not reflect continual performance. The recommendations from audit findings are provided to achieve improvements in quality of service and to guide staff towards best practice.

It is expected that departmental staff will lead on infection prevention in their day to day work, highlighting areas of concern to members of the ICT and working to sustain high standards of patient care at all times. (Board to Ward, 2008)

Department Audits					
Location	**2013/14**	**2014/15**	**2015/16**	**2016/17**	**2017/18**
City road theatres	May 2014 completed	**May**	**84% July**	**91% September**	**September**
Ealing theatres	April 2013	**92% August**	**97% September**	**96% September**	**September**
Bedford theatres	Not completed	**86.5% August**	**91% August**	**94% August**	**August**
St Ann's Theatre*	Not completed	**77% June**	**78% June**	**89% July**	**July**
St George's theatres	April 2014	**90% April**	**84% July**	**89% August**	**August**
Mile End theatres	March 2014	**86% March**	**84% June**	**84% June**	**96%**
Potters Bar theatres	14/11/12	**82% June**	**90% July**	**97% August**	**August**
Northwick Park theatres	01/10/13	**95% September**	**98% October**	**95% November**	**November**
QMR theatres	X	**95% October**	**90% February**	**95% February**	**February**
CUH theatres	X	**93% Jan 2015**	**93% January**	**88% February**	**January**
Darent Valley theatre	X	**93% Feb 2015**	**93% February**	**93%**	**February**
RTU – LGF injection suite	Not completed	**90% July**	**85% July**	**89% July**	**July**
Clinic 11 injection room	X	**84% July**	**95% July**	**N/A- Moved to RTU**	**N/A**
4th Floor injection room	Not completed	**85% July**	**95% July**	**95% July**	**July**
Bedford North Wing IV suite	July and Sep 2013 March 2014	**85% June**	**100% August**	**100% August**	**August**
Stratford injection room	√**89.5% October**	**89% October**	**89% November**	**95% November**	**November**
Croydon injection room	X	**89%Feb 2015**	**89% February**	**88% February**	**January**
St George's injection room x 2	X	**90% July**	**95% July**	**95% August**	**August**
Ealing injection rooms	X	**100% August**	**95% September**	**95% September**	**September**
Darent Valley injection room	X	X	**90% July**	**89% July**	**July**
Northwick Park injection rooms x 2	X	X	**95% August**	**91% November**	**November**
Loxford Injection room	X	X	**100% November**	**100% November**	**November**
Theatre 9 City Road – Minor Ops room only	√	May 2014	**80% July**	**92% September**	**September**
Mackellar Ward		**X**	**X**	**95% October**	**October**
Sedgwick Ward		**X**	**X**	**93% November**	**November**
Observation Bay		**X**	**X**	**96% November**	**December**
Cumberlege Ward		**X**	**X**	**98% November**	**November**
Duke Elder Ward		**X**	**X**	**94% December**	**December**
A+E City Road		**X**	**X**	**95% January**	**January**

*St Ann's Theatre rooms are also used for the injection service when surgery is not taking place

Policy Review

Policy	Month
Aseptic Technique	August 2017

Blood and Body Fluid Spillages	August 2017
Clostridium difficile	August 2017
Closure of Wards and Departments for Suspected or Confirmed Infection Outbreaks	August 2017
Glove Usage	August 2017
Isolation Precautions	May 2017
Legionella	August 2017
Major Outbreak	August 2017
Masks	August 2017
Measles Vaccination	August 2017
MRSA Management	August 2017
Notifiable Infectious Diseases and Notification	November 2017
Tuberculosis	August 2017
Varicella Zoster (Chicken Pox)	November 2017
Endophthalmitis	
SOP/Protocol	
Adenovirus (A&E) Protocol	November 2017
Leaflets	
MRSA Screening	September 2016
Infection Prevention & Control - MEH	April 2017
Clostridium difficile	September 2017
MRSA Decolonisation	September 2017
Sharps Injury Management	September 2017
Sharps Injury- Patient Information	September 2017
Visiting Personal Information	October 2017
Endopthalmitis	April 2018

Projects/Campaigns

Project	Timescale	Responsible Person/s
Staff Flu Campaign 2016/17 - ICN's will assist with advising on the campaign -	September - February	DIPC Emergency Planning Lead Occupational Health Provider – Team Prevent ICN's
Essential ICT Roadshow – - Site visit presentation of audit and surveillance performance for trust - Site visit demo of safer sharps devices - Site visit **practical** hand hygiene training and reflection	July and August	**ICN's**
Synbiotix audit system – - Annual Infection Control Audits via Synbiotix	September	**ICN's/Synbiotix/ Link Practitioners**

A Sharma March 2017

Appendix 2: The Infection Control Team at MEH

- Director of Infection Prevention and Control: Tracy Luckett
- Chairman of the Control of Infection Committee: Mr Carlos Pavesio
- Infection Control Matron: Catherine Wagland 0.8 WTE
- Lead Infection Control Nurse: Amita Sharma 1.0 WTE
- Infection Control Nurse: Nadine Grant-McKenzie 1.0 WTE
- Infection Control Doctor: Simon Goldenberg (Guys and St Thomas' Hospital)
- Deputy DIPC Guys and St Thomas' Hospital: Neil Wigglesworth

Appendix 3: Explanation of terms used

- Healthcare-associated infection - Infections resulting from medical care or treatment in hospital (in or out-patient), nursing homes, or even the patient's own home. Previously known as 'hospital acquired infection' or 'nosocomial infection' the current term reflects the fact that a great deal of healthcare is now performed outside the hospital setting. Healthcare associated infection (HCAI) can affect any part of the body, including the urinary system (urinary tract infection), the lungs (pneumonia or respiratory tract infection), the skin, surgical wounds (surgical site infection), the digestive (gastrointestinal) system and even the bloodstream (bacteraemia).

- MRSA- MRSA is a type of bacterial infection that is resistant to a number of widely used antibiotics. This means it can be more difficult to treat than other bacterial infections. The full name of MRSA is meticillin-resistant staphylococcus aureus.

- CPE - carbapenemase-producing enterobacteriaceae (CPE) are gram-negative bacteria that are resistant to the carbapenem class of antibiotics, considered the drugs of last resort for such infections.

- DMO - diabetic macular oedema is where blood vessels leak fluid into the retina.

- AMD - Age related Macular degeneration is the leading cause of severe vision loss in people over age 60. It occurs when the small central portion of the retina, known as the macula, deteriorates. The retina is the light-sensing nerve tissue at the back of the eye.

- Surveillance - Refers to the collection of data on healthcare associated infections occurring in a defined subgroup, such as those on a particular ward, those undergoing a particular procedure or those acquiring a particular infection.

- Clostridium difficile Infection (CDI): diarrhoea or colitis cause by infection with the Bacterium Clostridium difficile and detected by a positive test for Clostridium difficile Toxin.

- Bacteraemia- The presence of bacteria in the blood. The term 'fungaemia' is used if the micro-organisms in the blood are fungi (e.g. yeasts) rather than bacteria

- Bloodstream infection - The presence of micro-organisms in the blood with signs of infection. This can be 'primary' i.e. inoculated directly into the bloodstream e.g. via an IV line or 'secondary' spread to the bloodstream from an original focus somewhere in the body e.g. urinary tract, etc.

- MRSA Bacteraemia The presence of Meticillin resistance Staphylococcus aureus bacteria in the blood stream.

- MSSA Bacteraemia The presence of Meticillin sensitive Staphylococcus aureus bacteria in the blood stream.

- E.coli Bacteraemia The presence of E.coli bacteria in the blood stream.

- Intravitreal is a route of administration of a drug or other substance, in which the substance is delivered into the eye. "Intravitreal" literally means "inside the eye".

- Screening - Process through which carriers of a trait may be identified within a population.

- Rate - amount in relation to standard figure: the amount, frequency of something expressed as a proportion of a larger figure or in relation to a whole.

- Coliforms - describes rod-shaped bacteria that are normally found in the colons of humans and animals and become a serious contaminant when found in the food or water supply.

- *Pseudomonas aeruginosa* - is a common bacterium that can cause disease in animals, including humans. It is citrate, catalase, and oxidase positive. It is found in soil, water, skin flora, and most man-made environments throughout the world.

Appendix 4: Supporting References

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Appendix 5: Theatre Ventilation Summary – Trust wide 2016/17

Summary of Theatres at Moorfields NHS Trust 2016/17

Moorfields Eye Hospital is a large trust and has used 20 theatres on 11 sites. The age of these facilities vary and the volume of theatre work also varies greatly by both procedure type and numbers of procedures.

The Infection Control Team requests annual validation reports from MEH estates team. MEH Estates department arranges validation tests for City Road, St Ann's and Northwick Park. At satellite sites, host estates teams are requested by MEH Estates to share reports and they distribute these to the ICT and clinical leads for that site/department once received.

The below is a summary of the last reported theatres ventilation tests.

Theatre Site	Air Validation Test date and findings	ICN audit report
City Road 8 theatres	Rolling programme of validation reports for Theatres 1 – 8. **Validation dates:** • **Theatre 1+2 4th September 2016** • **Theatre 3+4 9th October 2016** • **Theatre 5+6 16th October 2016** • **Theatre 7+8 11th December 2016** **All validation reports were reviewed by the Infection Control Doctor (ICD) & Deputy DIPC GSTT** **Theatre 1 & 2 26th February-** Validation was re done following rebalancing as the report in September showed lower than expected air changes in main theatre	ICN audit of Theatres City Road was undertaken in September with a score of 91% compliant. Completed action plan was received July 2017
St Ann's 2 theatres	Theatre Validation undertaken by MAT 19th December 2016 (**Validation report received and reviewed by ICD & Deputy DIPC GSTT)** Air Handling Unit – at end of useful life Theatre fabric – poor	ICN audit undertaken in July scored 89% Compliant Action Plan received: September 2016
Northwick Park 1 theatre	Validation undertaken by AirisQ 29th December 2016. (**Validation report received and reviewed by ICD & Deputy DIPC GSTT)** Air changes satisfactory, Areas noted – air and debris bypassing filters, seal recommended between filtration and access door, filters look to need replacing.	ICN audit undertaken in November scored 95% Compliant Action Plan received: November 2016
Mile End 1 theatre Shared use	Theatre Validation undertaken by Camfil on 3/3/17- first report received on 22/3/17- few minor issues highlighted which require repair work:	ICN Audit June scored 84% - Partial Compliance

	• Extract airflows are not sufficient to provide air change rates that are at least within 75% duty permitted by HTM03-01 • Extract air volume in anaesthetic rooms needs to be increased • Regular cleaning and maintenance (filter replacement, glass trap cleaning and replenishment etc.) of the AHU is required to comply with HTM03-01. Following filter replacements and completion of repair work a theatre verification will be undertaken for assurance that the extract rates have increased. (Awaiting report).	Action Plan received: July 2016
Ealing 1 theatre	Theatre validation undertaken on 5th November 2016 by Omicron Projects **(Received and reviewed by ICD & Deputy DIPC- No significant concerns)**	ICN audit undertaken in September scored 96% - Compliant Action Plan received: October 2016
Croydon Th 4 1 theatre Proposal to move to Th 10	Theatre Validation done in March 2017 **(Validation report received and reviewed by ICD & Deputy DIPC- No significant concerns)** **NC –** theatre doors damaged and maintenance to AHU recommended Assurance from CUH estates about AHU maintenance and door repairs required	ICN audit undertaken in February 2017 scored 88% - Compliant Action Plan received: April 2017
Bedford South 1 theatre Shared use	Aires Q undertook Validation in 25th **June 2016** NB: Bedford Estates have written an SOP on theatre maintenance that has been reviewed and agreed with MEH ICT (SG/CW) **NC –** cleaning for frost coil and fresh air inlet, sluice door not closing properly **A -** Reviewed with ICD as satisfactory report as long as areas above actioned. Email from Bedford estates Oct 2016 confirm doors have been maintained and other maintenance completed.	ICN audit undertaken in August scored 94% - Compliant Action Plan received: October 2016
Potters Bar 1 theatre Shared use	Ductclean undertook the Validation in **May 2016** reported to be compliant with HTM 0301 standards. **NC –** Air changes in sluice were still quite high (117) and noise levels above that expected. **A –** NW recommendations that identified maintenance is confirmed as completed	ICN audit undertaken in August scored 96% - Compliant Action Plan received: August 2016
St George's 2 theatres Shared use	Validation undertaken in July 2016 – Final report received and reviewed by ICD & Deputy DIPC – satisfactory Reported Air changes satisfactory and bacterial and fungal plating.	ICN audit undertaken in August scored 89% - Compliant Action Plan received: August 2016

Queen Mary Roehampton 1 theatre Shared use	IOM undertook Validation of Theatre on 10th and 11th **August 2016,** HTM standards were met. Reviewed SG at GSTT. **NC** – One microbiology sample from OR grew 30cfu p/m³, HTM standard is 10cfu. **A –** Repeat microbiology testing requested from Clinical team locally (21/09/16).	ICN audit undertaken in February 2017 scored 95% - Compliant Action Plan received: April 2017
Darent Valley 1 theatre UCV Shared use	Camfil undertook the Validation of Theatre 3 on 18th **April 2016** at Darent Valley. Report shows compliance with HTM 03-01 performance. Reviewed by NW at GSTT with minor maintenance issues and no significant concerns. **NC –** Anaesthetic room extract air changes slightly lower than HTM at 12.3p/hr, standard is 15. 27/4/17 -Mark Maynard -did get a response from the facilities manager at DVH confirming that the actions required in the alert were being carried out. The alert was closed.	ICN audit undertaken in March 2017 scored 99% - Compliant Action Plan received: Outstanding repeat request from ICN's sent

In addition to the Theatres ventilation reports, Moorfields trust monitors air quality in the Sterile Services Department and Eye Bank at City Road.

The following is a review of these validation reports:

Department	Air Validation Test date and findings	Non – Conformity (NC) and Action (A)
Sterile Services Department	Clean Air Technologies undertook the Validation test 2nd **May 2016** Reviewed by SG at GSTT.	NC -None identified
Eye Bank	Clean Air Technologies undertook the Validation test on the 18th and 19th of **May 2016** Reviewed by SG at GSTT	KS (Eye Bank Manager) confirmed the Freeze drying room for any tissue processing. This room is cleaned each week and a weekly monitoring of the air quality performed. This is just to ensure that the quality of the air is not compromised in this room. However the room is not used for any tissue processing and therefore does not pose an infection control risk to the rest of the facility or any other tissues being processed. (email 4/07/16)

Summary:

Ventilation reports due or outstanding on these sites:

Repeat Microbiology testing required from QMR.

Sites where Air Handling Units are > 20years old or stated as End of Useful Life:

Croydon
St Ann's
Mile End
Bedford South

Lead Nurse (AA) at ICC (14/07/16) confirmed contingency plans in place for all three theatres and long term plans for Mile End and St Ann's have been undertaken within the trust. For Bedford South, where MEH provides clinical support to Bedford patients in Bedford facilities, the actions to future provide for theatre ventilation sit with Bedford Management.

Infection Control Nurses
13/04/17

Appendix 6: Infection Control Committee TOR

The purpose of the Infection Control Committee is outlined as the following within the Terms of Reference (2016):

Infection Prevention and Control Committee

Terms of Reference

Purpose

The Board of Directors approved the establishment of the Infection Prevention and Control Committee (known as the Infection Control Committee or the Committee in these terms of reference) for the purpose of:

a) Strengthening the performance management of Health Care Associated Infections (HCAI's) and cleanliness across the whole trust and to provide assurance to the board that policy, process and operational delivery of infection prevention and control results in improved patient outcomes.

b) Making recommendations as appropriate on infection prevention and control matters to the Board of Directors.

c) To identify and assess risks within infection prevention portfolio and escalate this as appropriate.

The Committee reports to the Clinical Governance Committee and is accountable to the trust board.

Objectives

Moorfields Eye Hospital NHS Foundation trust is committed to delivering clean safe care to all patients trust wide through demonstrating compliance with The Health & Social Care Act, Code of Practice for the Prevention and Control of Health Care Associated Infections 2008 (2010)

a) which outlines 10 compulsory duties to prevent and manage healthcare-associated infections.

b) To advise the Chief Executive and trust board on all aspects of infection prevention and control, securing appropriate arrangements for the control of hospital infection and ensuring senior management and board level commitment

c) The committee will provide assurance, raise concerns (if appropriate) and make recommendations to the Board of Directors in respect of:

- The Annual DIPC report to the trust board.

- The quarterly infection prevention and control reports for the Quality and Safety Reports for the trust board.

- Undertaking scrutiny and assurance on behalf of the trust board in relation to infection prevention and control.

- Monitoring exceptions in the infection prevention and control Programme of work and agreeing how this should be addressed.

- To monitor and review compliance with CQC Outcome 8 Cleanliness and Infection Control; escalating any areas of non-compliance.

- Receive information about national strategy and discuss how this will impact on the trust and be operationalised.

- Derive assurance that infection prevention and control performance is being delivered.

- Formally review risks related to infection prevention and control and ensure risks are addressed and monitored and outcomes provide corporate assurance.

- Review and monitor alert organism surveillance.

- Work co-operatively with Public Health England to prevent and control infection risks across the whole healthcare economy through antimicrobial stewardship, performance reviews of patients with HCAI infections and contact tracing infectious risks post known exposure.

- Receive and review reports from relevant departments within the trust including, infection prevention and control nurses, theatres and SSD, Estates and Facilities, Pharmacy, Eye Bank and Occupational Health.

- Ensuring a safe clinical environment through high standards of hygiene and general cleanliness of the hospital environment, confirming appropriate contracts are in place and monitored and that the Infection Control Team is consulted on service specifications, building works and purchasing of equipment.

- Monitor and optimize antimicrobial prescribing by promoting optimal prescribing to contain and control antimicrobial resistance.

- Deliver a robust assurance Programme of Work that holds departments to account and provides feedback to the trust board.

- Work with the trust Management to assess and advise on the infection prevention aspects of the Risk Management Strategy.

Membership

The committee will include the following members:

- Chairman of the Committee – Consultant Ophthalmologist
- Director of Infection Prevention and Control /DON and AHP's/Decontamination Lead
- Deputy Chairman
- Infection Control Matron
- Infection Control Nurses
- Antimicrobial Pharmacist
- Pharmacy Manager
- Public Health England, NE and NC London HPU
- Commissioning Support Unit Lead Infection Control Nurse
- Microbiology Consultant/Infection Control Doctor (GSTT)
- Deputy DIPC, Lead ICN (GSTT)
- Theatre Manager
- Lead Nurse for Satellite Theatres and SSD
- Estates Manager
- Facilities Manager
- Eye Bank Manager
- Occupational Health Advisor
- Risk and Safety Manager

The Committee may also extend invitations to other personnel with relevant expertise as necessary, or request representation from departments with regard to specific issues.

Responsibility of Committee Members

Members of the Committee have a responsibility to:

- Attend at least 75% of meetings, having read all papers beforehand.
- Act as infection prevention champions, disseminating information and good practice as appropriate.
- Identify agenda items for the committee to review.
- Prepare and submit papers for the meeting, share best practice documents or national guidelines of relevance.
- If unable to attend, send their apologies to the Chair and secretary prior to the meeting, and if appropriate, send a deputy to attend the meeting on their behalf.
- Actively contribute to the committee in a collaborative and respectful manner, with the shared objective of resolving issues and maintaining patient and staff safety as a priority.
- The Director of Infection Prevention and Control has corporate responsibility for reporting directly to the trust board matters of infection prevention and control and alerting the committee to board decisions and reports that have significance for the committee.

Quorum

The committee quorum shall be at least 25% of membership, which must include the Chair, Deputy Chair or Director of Infection Prevention and Control. Membership is made up from 18 members; therefore at least 5 should be in attendance including one of the key representatives above.

Frequency of Meetings

The committee will meet quarterly in January, April, July and October. Additional meetings may be called by the Chairman if required.

Authority of the Committee

The committee is authorised by the trust board:

a) To investigate any activity relating to the prevention and control of infection within the trust.

b) To approve policies and protocols for which it has responsibility.

c) To take decisions regarding the control of infection within the trust and satellite sites.

d) To receive and request reports on any incidents of infection within the trust and satellite sites.

e) To review and establish a Risk Register for infection prevention and control

f) To review and monitor progress with the annual Programme of work undertaken by the ICN's.

g) To review and approve the Annual Report from the DIPC.

h) The committee will provide advice and guidance to MEH at Dubai based on a receipt of assurance regarding safety.

Decision Making

Wherever possible members of the Committee will seek to make decisions and recommendations based on consensus.

Where this is not possible then the Chairman of the meeting will ask for members to vote using a show of hands.
In the event that the vote is tied the Chairman will have the deciding vote.
Only members of the Committee present at the meeting will be eligible to vote. Members not present, will not be permitted to vote, nor will proxy voting be permitted. The outcome of the vote,

including the details of those members who voted in favour or against the motion and those who abstained, shall be recorded in the minutes of the meeting.

Reporting

The Committee will have the following reporting responsibilities:

- To ensure that the minutes of its meetings are formally recorded and submitted to the Clinical Governance Committee.
- To produce the assurance and performance reports listed in the annual programme of work.
- To provide quarterly reports for the trust board and an Annual Report detailing progress with the programme of work and any incidents or investigations relating to infection prevention and control.

Administration Arrangements

The DIPC has responsibility for identifying a staff member to undertake the role of committee secretary.

The delivery of these duties will incorporate minute taking and circulating minutes and reports for members prior to meetings.

Review of these duties will be undertaken by the ICN Matron.

Review

Terms of Reference will be reviewed 2 yearly, with recommendations on changes submitted to the board for approval.

Date of Approval:	October 2016
Version Number:	1.0
Review Date:	2018
To be Reviewed by:	Infection Prevention and Control Committee
To be Approved by:	Trust Board
Executive Responsibility:	Director of Nursing and DIPC

Terms of Reference were agreed at ICC in October 2016.