

# **Infection control annual report April 2017 – March 2018**

**Version: 3.0**

**Authors: Amita Sharma & Catherine Wagland**

**Status: Final**

**Date approved by ICC: 27<sup>th</sup> April 2018**

## 1.0 Contents

Section		Page
<b>2.0</b>	<b>Executive Summary</b>	<b>3</b>
<b>3.0</b>	<b>Introduction</b>	<b>3</b>
<b>4.0</b>	<b>Delivery of service</b>	<b>4-5</b>
	4.1 Duties	
	4.2 Delivery of service	
	4.3 Director of Infection Prevention and Control (DIPC) role	
	4.4 Infection Control Committee	
	4.5 Plan of work	
	4.6 IC Links	
	4.7 Education and Training	
<b>5.0</b>	<b>Infection Control Programme of Work</b>	<b>6</b>
<b>6.0</b>	<b>Trust surveillance of possible healthcare associated infection</b>	<b>6-10</b>
	6.1 Mandatory Reporting	
	6.2 Endophthalmitis	
	6.21 Benchmarked Endophthalmitis	
	6.21A Cataract Endophthalmitis	
	6.21B Intravitreal Injection Endophthalmitis	
	6.21C Bedford Endophthalmitis	
	6.22 Procedures resulting in Endophthalmitis 2017/18	
	6.3 Adenovirus – possible hospital acquisition	
	6.4 Routine Screening – MRSA – CPE	
<b>7.0</b>	<b>Infection Incident</b>	<b>10</b>
	7.1 Intravitreal injection Endophthalmitis	
<b>8.0</b>	<b>External Inspections</b>	<b>10</b>
	8.1 PLACE Assessment	
<b>9.0</b>	<b>Antimicrobial Stewardship</b>	<b>11-12</b>
	9.1 Increased Resource	

	9.2 CQUIN 9.3 Policy 9.4 Audit 9.5 Reporting Function	
<b>10.0</b>	<b>Decontamination</b> 10.1 Sterile Services Department 10.2 Benchtop Sterilisers	<b>12</b>
<b>11.0</b>	<b>Infection Control Policy</b> 11.1 Policy	<b>13</b>
<b>12.0</b>	<b>Infection Control Audit</b> 12.1 Audit 12.2 Policy Audit 12.3 Environmental Audit	<b>13</b>
<b>13.0</b>	<b>Infection Control Risk Register</b> 13.1 Risk Register	<b>13-14</b>
<b>14.0</b>	<b>Staff Health</b> 14.1 Flu Campaign	<b>14</b>
<b>15.0</b>	<b>Matters of Estate</b> 15.1 Water Safety and Ventilation Management Group 15.2 Water Safety 15.3 Theatre Ventilation 15.4 Refurbishment/Capital Planning	<b>14-15</b>
<b>16.0</b>	<b>Education and Training</b> 16.1 Mandatory Training 16.2 Link Practitioners 16.3 Monthly Bug Brief 16.4 C Intranet Page	<b>15</b>
<b>17.0</b>	<b>Conclusion</b>	<b>16</b>
<b>Appendix 1</b>	<b>Explanation of commonly used terms</b>	<b>17-18</b>
<b>Appendix 2</b>	<b>Infection Control Committee Terms of Reference</b>	<b>19-23</b>

## 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 2008 (DH 2015). 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 1<sup>st</sup> April 2017 to 31<sup>st</sup> March 2018 and demonstrates compliance with the Health and Social Care Act (2008): 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 0.22 per 1000 procedures and 0.15 per 1000 injections for intravitreal injections.
- High standards of hand hygiene compliance have been maintained throughout the trust with an average compliance score of 98.5%.
- Infection control training of all trust staff has remained above the 80% target figure throughout the year.
- There was significant input from the Infection Control Nurses (ICNs) to this year's influenza campaign with an increase in the number of peer vaccinators to facilitate vaccination of staff. The trust was able to meet the target set by NHS England to vaccinate 70% of frontline staff against influenza. This enabled the trust to achieve the maximum CQUIN.
- The infection control audit programme for this year has been completed

## 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 authors acknowledge 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, 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, Consultant Ophthalmologist who is the chair of the Infection Control Committee and One 1.0 WTE Administrator. The administrator post is shared with the Resuscitation Team.

The trust also has a 1.0 WTE antimicrobial pharmacist.

The main microbiology and virology laboratory services are provided by an off-site independent company called The Doctors Laboratory who the trust has arranged a Service Level Agreement with although there are other providers. 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 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. All elements of the programme are 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 audit programme of work for 2017/18



ICT Programme of  
Work 2017-18.docx

## 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 Performance Data

	Target	2017/18 Q1	Q2	Q3	Q4	YTD	2016/17
<b>C.diff infection</b>	0	0	0	0	0	0	0
<b>*Bacteraemia</b>	0	0	0	0	0	0	0
<b>MRSA Screening</b>	100%	100%	100%	100%	100%	100%	100%
<b>Endophthalmitis post cataract per 1000 procedures</b>	0.83	0.17	0.0	0.18	0.55	0.22	0.05
<b>Endophthalmitis post intravitreal injection per 1000 procedures</b>	0.50	0.00	0.20	0.00	0.41	0.15	0.24
<b>Adenovirus possible hospital acquisition</b>	N/A	1.9%	0.0%	3.9%	0.0%	1.5%	1.8%

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

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

### 6.2 Endophthalmitis

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 MEH and has in preceding years established two specific benchmarks for cataracts and intravitreal injections.

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.

This year benchmarks have been agreed by the infection control team and service leads for four further ophthalmic procedures. These include External Disease (PK and EK procedures), Glaucoma (acute cases) and Vitreoretinal (Vitreotomy). Reporting on the rates of infection against the benchmarks will commence from 1<sup>st</sup> April 2018.

### 6.2.1A Cataract Endophthalmitis

For 2017/18 the total number of cataract related cases of endophthalmitis was 5. This is an increase in number from 2016/17 where there was 1 case of cataract related endophthalmitis.

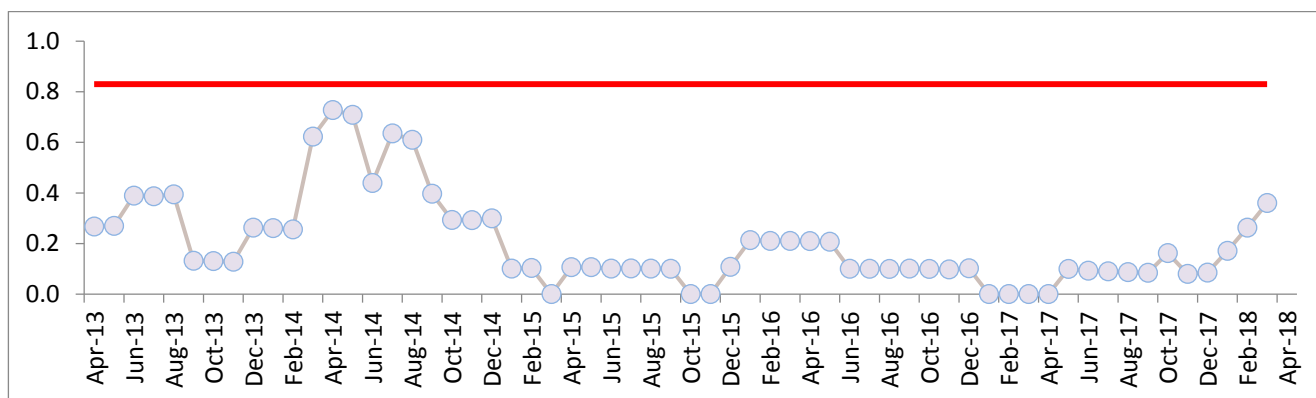
The trust's rate of endophthalmitis following cataract procedures is **0.22 per 1000 procedures** which remains below the benchmark of **0.83**.

As the infection rate post cataract surgery has remained below the benchmark since 2015/16, the ICT have reviewed the current benchmark with the cataract service lead and it has been agreed to lower the benchmark to 0.4 or 1 in 2200 cataract procedures.

**Table 1A: Quarterly surveillance of cataract Endophthalmitis**

Endophthalmitis - quarterly	2017/18					2016/17	2015/16
	Q1	Q2	Q3	Q4	Year	YTD	YTD
Post Cataract	1	0	1	3	5	1	3
Cataract procedure (HRG)	5733	6117	5640	5456	22946	19782	19461
Rate post cataract per 1000	0.17	0.00	0.18	0.55	0.22	0.05	0.15

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



### 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



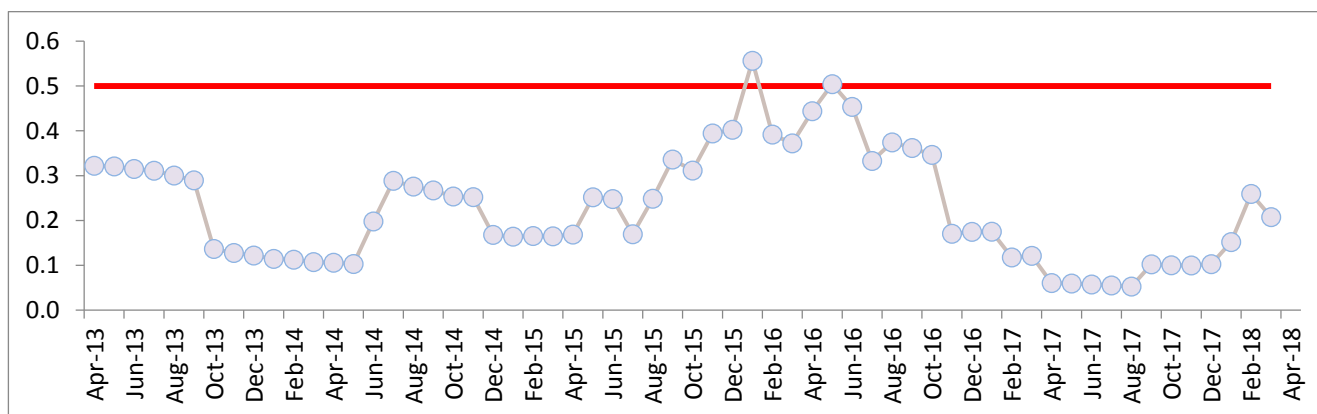
macular oedema (DMO). The injections consist of medicines such as Lucentis, Avastin or Eylea. This data does not include injections of Ozurdex or Triamcinolone. These injections are reported separately due to the increased complexity of Ozurdex injections and, for Triamcinolone injections, to prevent cases of sterile endophthalmitis, resulting from drug irritation, being inappropriately included in reports.

The total number of endophthalmitis cases following intravitreal injections reported for 2017/18 was 6. This is a decrease in number by 2 from last year even though the number of procedures has increased. This equates to a rate of infection of **0.15 per 1000 procedures**, below the trust benchmark of 0.5 per 1000.

**Table 2A: Quarterly surveillance of intravitreal Injection**

Endophthalmitis - quarterly	2017/18					2016/17	2015/16
	Q1	Q2	Q3	Q4	YTD	YTD	YTD
Post Intravitreal	0	2	0	4	6	8	9
Intravitreal procedure	9656	9920	9575	9705	38856	33505	25774
Rate post injection per 1000	0.00	0.20	0.00	0.41	0.15	0.24	0.35

**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.

## 6.2.2 Procedures resulting in Endophthalmitis 2017/18

**Table 3A: All Endophthalmitis by Procedure**

Procedure	2017/18
Cataract	5
Intravitreal Injection including injection of Eylea at Bedford	6
Vitreotomy	2
Right Lens Implant Exchange	1
Trabeculectomy & MMC	2
Injection of Avastin	1
Needling at Slit Lamp	1
Removal of corneal suture	1

The table above outlines the total number of endophthalmitis reported for the trust. For 2017/18 the total number was 19, this is 5 less than the preceding year, 2016/17 where there were a total of 24 cases of endophthalmitis.

### 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.

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 7 cases of possible hospital acquisition. This is an decrease from the preceding year, where there were 13 cases making the rate of infection 1.5% as opposed to 1.8% as in 2016/17.

**Table 5A: Quarterly surveillance of Adenovirus**

Adenovirus - quarterly	2017/18					2016/17	2015/16
	Q1	Q2	Q3	Q4	YTD	YTD	YTD
Positive cases	156	91	103	115	465	710	737
Possible MEH acquired	3	0	4	0	7	13	7
%possible MEH acquired	1.9%	0.0%	3.9%	0.0%	1.5%	1.80%	0.90%

Although there were 4 cases reported in quarter 3 all the cases were seen on different days in different locations. No further cases were 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.

- 6.4.1 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
233	5	2.15%	100%

### 6.4.2 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 ICN's. 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 2017/18.

Number of Patients Suspected of Carriage having met risk group criteria	Number of Patients with Confirmed Carriage of CPE
21	0

## 7.0 Infection Incident

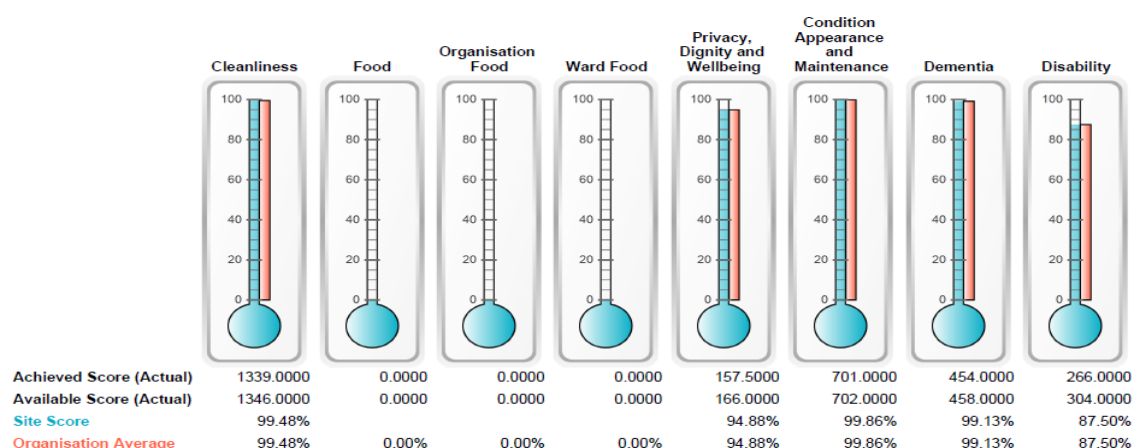
### 7.1 Endophthalmitis following intravitreal injections of Eylea

There were 4 cases of endophthalmitis following intravitreal injections of Eylea in quarter 4. Three of the cases were from the Retinal Therapy Unit (City Road) and one from Northwick Park Hospital. A full investigation was undertaken and the only commonality that could be identified between the 3 cases in the Retinal Therapy Unit was the room. Following the third case the room was decommissioned, a deep clean was undertaken followed by microbiological plating. The results were reviewed by the ICT and the room was reopened.

## 8.0 External Inspections

### 8.1 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 2017. The domains that were assessed achieved pleasing scores and showed improvements in scores from 2016 for cleanliness, privacy, dignity and wellbeing, condition, appearance and maintenance and dementia.



## 9.0 Antimicrobial Stewardship

### 9.1 Antimicrobial Stewardship Increased Resource

A new antimicrobial pharmacist joined MEH in November 2017.

MicroGuide app V 3.2 was launched in December 2017 & includes the following additions:

TDM monitoring for Voriconazole –set up in December 2017 and outlined in the ‘Antifungal Therapy Monitoring’ section; Penicillin allergy traffic light system; MRSA colonisation reduction protocol; Useful Contact Numbers; Summary of Changes section.

App V3.3 - due for publishing in May 2018 & to include: safety of antimicrobials specific to MEH in pregnancy & lactation; Valganciclovir renal dose adjustments; Sepsis treatment algorithm; Blepharitis treatment review; Toxoplasmosis treatment review

Microguide app downloads data:

Month & Year	Downloads	No. of times app was opened
Nov-16		
Dec-16	105	221
Mar-17	456	1142
Jun-17	577	1513
Sep-17	709	2009
Dec-17	916	2692

### 9.2 Commissioning for Quality and Innovation (CQUIN)

The national CQUIN 18/9 is specific to sepsis (parts 2a and 2b) and reducing impact of serious infections (parts 2c and 2d) – not applicable to MEH’s activity. There is no bespoke CQUIN for Moorfields specific to antimicrobial use agreed with NHS Islington CCG for 2018/9. The aim for 2018/9 is to overview the performance from 2016/7 CQUIN and complete all outstanding work, such as improving the post-operative prescribing (see section 9.4).

### 9.3 Antimicrobial Policy / Guidelines

Antimicrobial guidelines are being updated (intranet version) and will be published in Q2 of 2018. Paediatric antimicrobial guidelines are being developed and these will be published in Q3-Q4 of 2018.

### 9.4 Audit

Outstanding actions for ‘**The Use of Prophylactic Antibiotics in Adnexal Procedures: An Audit on Prescribing Compliance**’ - Compliance was poor. Results of the audit were presented to the adnexal team at the Clinical Governance day in February 2018. Work on improving the post-operative prescribing is ongoing and will require review of the empiric antimicrobial choices.

## 9.5 **Antimicrobial Stewardship – Reporting Function**

AMS literacy is poor; AMR is a seemingly simple problem and thus reduced to inappropriate measures of success such as DDD/1,000 admissions usage. These consumption measures are not applicable to Moorfields due to the high usage of topical antimicrobial agents. Therefore work needs to be done on further standardisation of reporting produced for the quarterly AMS activity. A programme for ongoing bespoke antimicrobial stewardship for MEH is being developed. Antimicrobial pharmacist is also looking to benchmark the ‘adherence to policy’ results against other Trusts within the NCL.

## 10.0 **Decontamination**

**10.1** The Department has yearly surveillance audits from External auditors. For this year, a 3 day surveillance audit and inspection will be done in March 2018 by the external audit firm SGS for the following Scope of Certification Standards.

ISO 13485:2016 – Medical Device Certification

ISO 9001: 2008 – Quality Management System Certification

Directive 93/42/EEC – Medical Device Directive

The Department is now fully compliant with HTM 01-01 .One of this new guidance is Protein testing which addresses the management and decontamination of used surgical instruments.

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 - 01 and ISO Standards (ISO 14644)

## 10.2 **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.

## 11.0 Infection Control Policy

### 11.1 Policy

The ICN's aim to ensure policies and standard operating procedures provide staff with the most up to date information to enable best evidence based practice to be delivered to patients.

## 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.

### 12.2 Policy Audit

The trust performance of policy audit compliance is as follows:

Green Compliance	Amber Compliance	Red Compliance
14	0	0

In addition to this, the trust overall compliance scores for departmental monthly audits of hand hygiene and cleanliness 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

### 12.3 Environment Audits

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

Green Compliance	Amber Compliance	Red Compliance
24	1 (St Georges Theatres)	0

This year 25 clinical areas including 11 theatre sites containing 20 operating facilities, 9 injection sites comprising of 17 individual injection rooms and 1 minor ops suite.

Theatres at St Georges Hospital were audited in November 2017 prior to the theatre facility being moved to St Anthony's Hospital, Cheam for major refurbishment works to take place of the theatres at St Georges Hospital.

## 13.0 Infection Control Risk Register

13.1 The ICC reviewed the risk register items of concern twice during the year. Areas that were identified for actioning included the trust acquisition of a Microbiologist for clinical, ICT and

pathology support and the improving access to disparate pathology services. The trust has appointed a Clinical Director for Support Services who has taken steps to complete these actions. The risks identified included the reporting of antimicrobial stewardship issues at Board level, review and completion of occupational health staff historical records and acknowledged non-compliance with PHE guidance on the use of FFP3 respiratory masks.

## **14.0 Staff Health**

### **14.1 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 70.9 % front line staff had received the vaccine by the end of the campaign. Subsequently, the trust achieved its target of 70% compliance for frontline staff and the CQUIN.

There was significant input from the ICNs to this year's flu campaign with an increase in the number of peer vaccinators.

## **15.0 Matters of the Estate**

### **15.1 Water Safety and Ventilation Management Group**

A water safety and ventilation management group meet quarterly to discuss issues relating to the operational management of water and ventilation systems.

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

### **15.2 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 infection control team of routine samples that detected legionella.

### **15.3 Theatre Ventilation**

All theatres 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.

St Ann's and Mile End Theatres were both identified as not performing to the necessary standards for ophthalmic surgery. Alternative theatre practice measures were advised by the trust infection control doctor, whilst further estates and executive team actions were taken.

The infection control committee also escalated requests for outstanding validations and are still requiring these from Ealing, Croydon and the revised validation for St Anthony's Hospitals.

#### **15.4 Refurbishment/Capital Planning**

This year the ICN's have been involved with providing infection control advice on refurbishment and new builds of theatres and Duke Elder Ward at St Georges Hospital, two theatres for private patients at City Road, conversion of the Clinical Teaching Centre to an Observation ward and refurbishment and development of facilities of Cumberledge Wing including the club lounge.

### **16.0 Education and Training**

#### **16.1 Mandatory Training**

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.

The trust overall compliance for clinical staff was **87%** and **92%** for non-clinical staff achieving above the trust target of 80%.

#### **16.2 Infection Control Link Practitioners**

Two workshops were held during year and were well attended by staff from different departments across the trust. Topical issues in infection control were covered. The ICN's also used this opportunity to provide an update on any new published national guidelines or changes to current practices and procedures in the trust.

#### **16.3 The Monthly Bug Brief**

This 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.

#### **16.4 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



## 17.0 Conclusion

This report demonstrates the systems and processes in place to ensure that the trust meets the requirements of the Health and Social Care Act (2008): Code of Practice for the NHS on the prevention and control of healthcare related guidance.

The completion of the ICT audit programme, 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.

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.

Looking forward to 2018/19, prevention of healthcare associated infections will remain a priority for the infection control team at MEH. The ICNs will continue to work to a robust annual programme of work to help ensure that a high standard of infection control service continues at the trust. An expansion of benchmarks for four further ophthalmic procedures will mean that there will be increased surveillance and reporting which will assist the trust in monitoring performance in individual services.

## Appendix 1: Explanation of commonly used terms

- 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 methicillin-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 Methicillin resistance Staphylococcus aureus bacteria in the blood stream.
- MSSA Bacteraemia The presence of Methicillin 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 2: Infection Control Committee TOR

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

### 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:	October 2018
To be Reviewed by:	Infection Prevention and Control Committee
To be Approved by:	Trust Board
Executive Responsibility:	Director of Nursing and DIPC