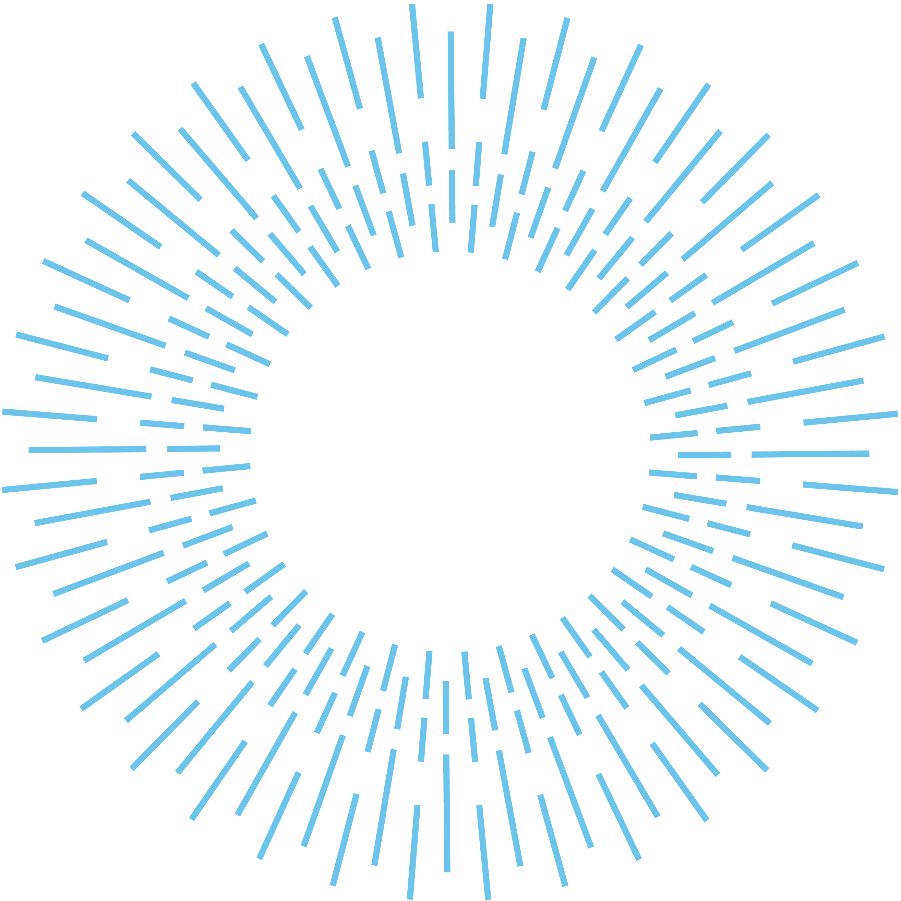


Infection Control Annual Report

**April 2020 – March 2021**



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# Executive Summary

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

The trust has a statutory responsibility to be compliant with The Health and Social Care Act 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 (DIPC).

The purpose of this report is to provide assurance to the trust board of the progress made in the prevention and control of healthcare associated infections (HCAI) for the reporting period from 1st April 2020 to 31st March 2021. In addition the report provides assurance that appropriate measures are being followed to maintain the safety of patients, visitors and staff.

Whilst the last year has been dominated by the global Covid-19 pandemic, there have been a number of key achievements which are listed below and will be covered in more detail in the report.

**The key achievements for 2020/21**

During the past year the trust has delivered the following achievements:

* The rates of infection for the trust overall have remained low with no cases of bacteraemia or *Clostridium difficile* to report and no nosocomial cases of Covid-19.
* Endophthalmitis rates of infection for cataracts, intravitreal injections, acute glaucoma and corneal grafts have been reported below the trust benchmarks.
* High standards of hand hygiene compliance have been maintained throughout the trust with an average compliance score of 99%.
* Infection control training of all trust staff has remained above the 80% target figure throughout the year.
* The trust was successful in achieving the national flu target for staff influenza immunisations with a compliance score of 77.4%.
* Three small Covid-19 outbreaks related to staff were identified promptly, managed well and contained with all staff recovered and able to return to work within a few weeks.
* Maintained essential patient services throughout the pandemic with covid secure arrangements and IPC support to staff throughout.

The most significant challenge for the ICT during the year was supporting the trusts’ response to the evolving global Covid-19 pandemic. This was most acute at the beginning of the pandemic when there were rapid and frequent changes in national guidance, the national capability to test and trace was limited and knowledge about the virus was still being gathered. The ICT continued to assist the trust to ensure safe service delivery for patients, visitors and staff.

# Introduction

Healthcare associated infections (HCAI) can cause harm to patients compromising their safety and leading to a suboptimal patient experience, therefore the implementation of evidence based best practice is a key priority for the Infection Control Team in preventing avoidable healthcare associated infections to patients and staff. Equally, the Infection Control Nurses (ICN’s) recognise that infection prevention and control is everyone’s responsibility and must remain a high priority for all staff to ensure the best outcome for patients.

In response to the Covid-19 pandemic, the ICT have supported the trust to prepare for and manage the pandemic in line with national guidance and local risk assessments. The ICN’s have worked with staff across all sites and represented the trust within the NCL region providing support and guidance to enable effective infection prevention and control and safe services.

At the time of writing this report, in light of the low prevalence of Covid-19, the ICNs are focusing on resuming the lower risk areas of infection control activity that were suspended due to the pandemic. However the ICT will continue to monitor the prevalence of the virus and will respond if an increase in cases is reported.

The authors acknowledge the valuable contribution of other colleagues to this report.

# Delivery of Service

This year has been dominated by the emergence of the Covid -19 pandemic which has had a significant impact on the normal delivery of the infection control service. However, the ICT have adopted a strategy of priorities and continued to provide advice and lead on the implementation of the infection control work plan and audit programme, as the pandemic has allowed.

**Duties**

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

* One 1.0 WTE 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, an executive DIPC and a Consultant Ophthalmologist who is the chair of the Infection Control Committee.
* A 1.0 WTE Administrator who is shared with the Resuscitation Team joined the team in November 2020.
* In November 2020 a 1.0 WTE Infection Control Practitioner Nurse joined the ICT on a six month secondment.
* The trust also has a 1.0 WTE antimicrobial pharmacist, currently seconded in to position.
* The main microbiology and virology laboratory services are provided by an off-site independent company called The Doctors Laboratory this is part of a Service Level Agreement that includes a Microbiologist.
* Additional support is provided by Moorfields Estates and Facilities Teams, Heads of Nursing and Matrons, infection control link practitioners and sterile services department. The Occupational Health service is provided by Team Prevent on a contracted basis.
* The Infection Control Team report directly to the DIPC, who is the Trust’s Chief Nurse and Director of 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.

Delivery of Service

* The trust Infection Control Committee (ICC) is a multidisciplinary committee which meets quarterly. The committee ensures that there are effective systems in place to reduce the risk of infection and where infection does occur actions to minimise its impact on patients, visitors and staff are implemented.
* The committee is chaired by the 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 NCL Commissioning Support Unit.

Director of Infection Prevent and Control (DIPC) Role

* Governance Structure

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

**Infection Control representation at Committees**.

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

Programme of Work

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

IC Links

* 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.
* This year face to face Link practitioner workshops were cancelled due to covid-19

Education and Training

* The ICNs provide education and training throughout the organisation, 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.
* This year all face to face training was replaced with on-line e-learning training packages and the ICT joined the NCL DIPC forums virtually.

# Infection Control Programme of Work

**IC Programme**

* The ICNs work to an annual programme of work (POW) that is produced to assist in providing assurance and monitoring the trusts compliance with the Code of Practice. The POW is set out against the criteria 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 ICT were required to focus on the national priority of meeting the Covid-19 IPC requirements. The assurance for this is in the Trust IPC BAF document.
* The ICT POW for 2021/22 will address outstanding objectives from this year’s POW.

# 

# Trust Surveillance of Possible Healthcare Associated Infections

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

Throughout the pandemic, the surveillance of infections and alert organisms has continued.

In addition this year the ICNs have been monitoring the prevalence of Covid-19 in patients and staff on the Green pathway who are tested weekly.

Performance Data

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | 2019/2020 | Target | 2020/2021  Q1 | Q2 | Q3 | Q4 | YTD |
| C.diff infection | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| \*Bacteraemia | **0** | **0** | **0** | **0** | **0** | **0** | **0** |
| MRSA Screening | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** | **100%** |
| Endophthalmitis post cataract | **0.12** | **0.40** | **0.00** | **0.00** | **0.00** | **0.45** | **0.09** |
| Endophthalmitis post intravitreal injection¹ | **0.08** | **0.50** | **0.13** | **0.27** | **0.08** | **0.08** | **0.14** |
| Endophthalmitis post vitrectomy | **0.68** | **0.60** | **0.00** | **1.27** | **2.16** | **0.00** | **1.08** |
| Endophthalmitis post-acute glaucoma | **0.30** | **1.0** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |
| Endophthalmitis post Graft-EK | **0.00** | **3.60** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |
| Endophthalmitis post Graft-PK | **0.00** | **1.60** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00** |
| Adenovirus possible hospital acquisition | **1.2%** | **N/A** | **0.00** | **0.00** | **0.00** | **0.00** | **0.00%** |

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

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

Endophthalmitis

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

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

**Benchmarked Endophthalmitis**

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

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

In light of the Covid-19 pandemic- and lockdown restrictions this year, clinical activity was either reduced or stopped at some sites across the trust. Therefore this has had an impact on the number of surgical procedures undertaken this year which have been significantly lower than previous years. The following three areas that have reported endophthalmitis cases will be shared in more detail: cataract, intravitreal injections and vitrectomy. The External Diseases and Glaucoma services did not have any cases for the year.

**Cataract Endophthalmitis**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Cataract (All Admissions with Primary procedures of 'C712' or 'C751')** | | | | | | | | | | | | | | |
| Endophthalmitis - quarterly | 2018/19 | | | | 2019/20 | | | | 2020/21 | | | |  | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Year |
| Post Cataract | 4 | 0 | 2 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| Cataract procedure | 6207 | 6435 | 6115 | 6457 | 6391 | 6524 | 6383 | 5487 | 76 | 3073 | 5301 | 2200 | 10650 |
| Rate post cataract per 1000 | 0.64 | 0.00 | 0.33 | 0.46 | 0.47 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 | 0.45 | 0.09 |

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

In March 2021 a case of endophthalmitis following cataract surgery has been reported at Moorfields Dubai.

**Intravitreal Injection** **Endophthalmitis**

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Intravitreal (Source: OpenEyes Injection Module and MediSoft)** | | | | | | | | | | | | | | | | |  | |
| Endophthalmitis - quarterly | 2018/19 | | | | 2019/20 | | | | | 2020/21 | | | | |  | |  | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | | Q2 | Q3 | Q4 | Year | |  | |
| Post Intravitreal | 1 | 4 | 1 | 2 | 2 | 1 | 1 | 0 | 1 | | 3 | 1 | 1 | 6 | |  | |
| Intravitreal procedure | 11496 | 11863 | 11934 | 12281 | 12250 | 13183 | 12963 | 12310 | 7505 | | 10949 | 12071 | 11935 | 42460 | |  | |
| Rate post injection per 1000 | 0.09 | 0.34 | 0.08 | 0.16 | 0.16 | 0.08 | 0.08 | 0.00 | 0.13 | | 0.27 | 0.08 | 0.08 | 0.14 | |  | |

**The expected rate of infection is 1:2,000 intravitreal injections (i.e. 0.5:1,000 injections)** The intravitreal injection service has demonstrated a sustained good performance below the expected benchmark of 0.5 per 1000 procedures. Subsequently it has been agreed that the benchmark will lower to 0.3 from April 2021.

**Vitrectomy** **Endophthalmitis**

**Vitrectomy (All Admissions with Primary procedure of 'C792')**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Vitrectomy (All Admissions with Primary procedure of 'C792')** | | | | | | | | | | | | | | |
| Endophthalmitis - quarterly | 2018/19 | | | | 2019/20 | | | | 2020/21 | | | |  | |
| Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Year |
| Post Vitrectomy | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 2 | 0 | 3 |
| Vitrectomy procedure | 1107 | 1118 | 1112 | 1122 | 1135 | 1192 | 1102 | 982 | 456 | 785 | 924 | 610 | 2775 |
| Rate post Vitrectomy per 1000 | 0.90 | 0.00 | 0.00 | 0.00 | 0.88 | 0.84 | 0.00 | 1.02 | 0.00 | 1.27 | 2.16 | 0.0 | 1.08 |

**The expected rate of infection is 0.6:1,000 vitrectomies (1:1667)**

This year 3 cases of endophthalmitis were reported therefore the trust benchmark of 0.6 per 1,000 procedures was breached. The EMA probability tool was used to assess whether it was safe for service to continue and scored a Green indicating service provision continuation. Root cause analysis was undertaken for each case, no commonalities or lapses in care were identified. One procedure was a combined vitrectomy procedure; further work to set separate benchmarking for combined and simple vitrectomy procedures is to be undertaken with continued monitoring.

**Endophthalmitis by Procedure 2020/21**

|  |  |
| --- | --- |
| **Procedure** | **2020/21** |
| Cataract | **1** |
| Intravitreal Injection | **6** |
| Vitrectomy | **3** |
| Ozurdex Implant | **3** |
| Suture Removal | **1** |

The table above outlines the total number of trust apportioned endophthalmitis cases for the year.

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

Adenovirus – possible hospital acquisition

* Adenovirus is an infection that can cause severe viral conjunctivitis commonly involving the cornea. It is caused by different adenovirus serotypes which may be transmitted from person to person in a number of different ways, for example, contact with contaminated surfaces/equipment or contact with an infected persons tear fluid. The trust has identified **0** cases of possible hospital acquisition.

Routine Screening

**Methicillin Resistant Staphylococcus Aureus (MRSA)**

* At the trust, all patients previously identified as colonised or infected with MRSA are screened for MRSA carriage.
* The DOH requires the trust to report 100% compliance with screening all patients who meet the national criteria for screening.

MRSA screening trust data

|  |  |  |  |
| --- | --- | --- | --- |
| **No. Patients Screened** | **No. Patients MRSA positive** | **% Patients Positive** | **% Compliance for Screening Cohort** |
| 20 | 2 | 10% | 100% |

**Carbapenemase-producing Enterobacteriaceae (CPE)**

* All patients at the trust are risk assessed for the likelihood of CPE carriage and any patients identified at risk of carriage are managed in accordance with the trust CPE policy.
* The numbers of all suspected or confirmed cases of CPE are monitored by the 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 2020/21.

|  |  |
| --- | --- |
| **Number of Patients Suspected of Carriage having met risk group criteria** | **Number of Patients with Confirmed Carriage of CPE** |
| 3 | 0 |

# 

# Patient and Staff testing-Covid-19 Prevalence from August 2020 to March 2021

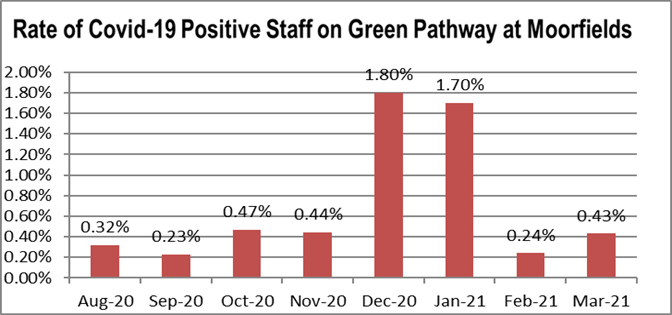
Patients are tested for Covid-19 in accordance with government guidelines and Pan London guidance for elective and emergency admissions for healthcare. The rate does not reflect all patients seen at the trust as many were identified pre-admission and requested to isolate for the recommended timespan. The highest point of patient prevalence for Covid-19 was identified in December 2020 and January 2021.

Testing was not available at the start of the pandemic when the first peak of Covid -19 pandemic occurred.

**Patient Data**

**Staff Data**

All staff working on the Low/Green pathway at the trust are required to have a weekly Covid-19 test. The data does not account for all staff that have tested positive within the trust.



This data has been obtained from the Covid Prevalence SQL Server Reporting System

# Antimicrobial Stewardship

**Antimicrobial stewardship**

Antimicrobial stewardship is an ongoing responsibility of every staff member and pharmacy in particular plays an active role in ensuring they are good antimicrobial guardians. The steps taken towards this is ensuring prescribed antibiotics are in line with trust guidelines, appropriate counselling is given to patients and awareness about antimicrobial usage is promoted during education and development opportunities.

**Antimicrobial prescribing and guidelines**

The newly updated adult antimicrobial guidelines were published in December 2020 and are available online and via the micro guide app .The Paediatric Antimicrobial Guidelines are still being finalised with the paediatric service awaiting review and approval.

**Audit work**

Due to the COVID-19 pandemic no formal audits were carried out by pharmacy due to prioritisation of work flow, re-deployment of staff and adjustment of working under new pressure. Audit work should recommence in the coming months in anticipation of improvement of the current situation.

**Involvement and contribution**

The pharmacy department have initiated measures to help address the adherence of Therapeutic Drug Monitoring (TDM) of oral voriconazole by including a screening checklist and also a warning label on dispensed items. The process will then be reviewed imminently; note the use of oral voriconazole is infrequent.

In absence of an antimicrobial audit an informal report was generated to review use of oral antibiotics to monitor the usage and to ensure the pandemic did not have significant impact on other infections. We found from this report there was no significant increases and the usage was lower than the previous year as patient numbers had decreased.

# Decontamination

**Monitoring and Test Results**

* The Sterile Services department is accredited to government regulatory standards and holds an ISO 13485 (2016) & a Medical Device Directive (MDD 93/42 EU ECC) accreditation.
* As part of this accreditation status, the department has to undergo several monitoring processes and tests which include: periodic protein testing of instruments compliant with the HTM01:01, Bioburden monitoring, Environmental monitoring to ISO Class 8 standards, compliant with ISO 14644-1 & ISO 14698, annual revalidation of the Clean room compliant with HTM 03 -01 & ISO 14644-1.
* All machinery (Washer disinfectors, sterilisers etc.) have regulatory daily, weekly, quarterly and annual testing, and the steam used for the machines also undergoes periodic steam quality and condensate tests.

**SSD Productivity & Theatre Non-Conformance summary**

* The department produces (reprocesses) about 75,000 – 76,000 supplementary instruments annually.
* These supplementary instruments are usually a single instrument or a pack of instruments usually less than five instruments in a double see-through steam compliant pouch.
* The department produces (reprocesses) about 1,152,000 – 1,200,000 instruments trays annually. These are a pack of various instruments in a dedicated container, therefore referred to as a ‘Tray’.
* Monthly theatre non-conformance is 0.05% - 0.5%. This represents a considerable level of quality control and theatre acceptance of the quality of the products from the department. The department is always seeking to achieve continuous improvement of processes and monitoring.

# Infection Control Policy

**Policy**

In response to the Covid-19 pandemic the ICNs developed a number of new policies, guidelines and standard operating procedures based on national guidance to ensure staff were provided with the most up to date information to enable the delivery of safe care to patients.

Some existing trust policies, guidelines and standard operating procedures have required extension dates for updating, however, the ICNs have continued to monitor for any changes in practices or updates in national guidance that need to be shared with trust staff.

During 2021/22, updating existing policies, guidelines and standard operating procedures will be one of the priorities for the ICT.

# Infection Control Audit

Audit

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

Policy Audit

A total of six policy audits were completed for the reporting period, this was a reduced number due to the impact of the Covid-19 pandemic whereby some sites were closed for periods of time and the trust experienced higher levels of staff absences and re-deployment of staff.

All six audits achieved an overall compliance score of **Green = >85%**.

**Personal Protective Equipment Audit**

This audit was introduced in August 2020 in response to the pandemic. The aim of the audit was to monitor compliance with the wearing and management of PPE in line with national and local guidance. Two audit tools were developed by the ICNs, one for areas where AGPs are undertaken and one for non-AGP areas. The audit is undertaken weekly by link practitioners in clinical and non-clinical areas. The non-clinical areas include offices and break rooms.

Weekly compliance scores and any key issues from the audits are discussed at the weekly Infection Control Bronze meetings and shared with Divisional Leads and Link Practitioners.

**Hand Hygiene and Cleaning audits**

The hand hygiene and cleaning audits were carried out by the infection control link practitioners on a monthly basis. Auditing staff compliance with “Bare below the elbow” is included in the hand hygiene audit.

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

This year both audits achieved an overall compliance score of **99%- Green.**

Environment Audits

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

Due to the COVID-19 pandemic and lockdown restrictions including travel restrictions and closure of some satellite sites, the routine environmental programme was suspended. However, although the audits were not completed, the ICT continued to review the theatre ventilation reports and infection rates as indicators of practices in these areas.

The ICNs have re-commenced the audit programme and dates have been arranged for audits at all sites as a priority.

Audits of intravitreal injection rooms and two minor procedure rooms at City Road have been completed.

# Infection Control Risk Register

All risk register items pertaining to the Covid-19 pandemic were discussed at the Infection Control Bronze meetings and taken to Silver Command as required by the DIPC. Departmental leads were required to put all risks identified relevant to their departments on department risk registers. The infection control risk register is reviewed at the Infection Control Committee regularly for assurance. There are three current risks identified: infection control sign-off in capital planning projects, Occupational Health completion of measles immunity records for staff and endophthalmitis reporting from HSL.



**Coronavirus (Covid-19) pandemic**

Following declaration of a global pandemic by the World Health Organisation on 11th March 2020, the ICT have been responding to the rapidly changing and evolving climate of the pandemic. Throughout the year, the ICT have been supporting the trust in meeting national guidelines for safe service delivery for patients, visitors and staff.

This has included:

* Acting upon new information and changes in practice in accordance with published national guidance which included Public Heath England Infection Prevention and Control guidance, NICE (NG179) guidance and Pan London guidance in a timely fashion and communicating this throughout the trust
* Producing action cards for all departments on the management of suspected/confirmed cases and making them available on the trust intranet
* Leading on all trust training in essential PPE in a fast and responsive manner
* Advising Chief Surgeon, Medical Director and the Royal College of Ophthalmology on infection prevention and control (IPC) risks related to COVID -19
* Providing areas with advice and updated posters with the affected countries in line with national guidance
* Organising and delivering vital stock to departments for staff protection and to sustain services
* Arranging and facilitating fit testing for staff and fit test trainer competency
* Delivering training sessions for staff on the procedure for collecting Covid-19 swabs
* Developing new Policies, Guidelines and Standard Operating Procedures for staff to have access to the most up to date information
* Attending trust meetings to provide expert infection control advice, such as Patient and Staff Testing group, Workforce Bronze and Silver
* Delivered an on-call service
* Ensuring symptomatic staff were supported with clear guidance on actions to take as a first point of contact
* Assisting Divisional Leads to incorporate key IPC measures for service recommencement
* Being present onsite at City Road throughout the pandemic and visiting satellite sites
* Advising divisional leads on different patient pathways
* Leading on managing Covid-19 outbreaks in accordance with the trust Outbreak Policy.

**Infection Control Bronze**

The Infection Control Bronze (ICB) meetings were commenced in response to the pandemic and held weekly. These meetings were chaired by the DIPC or Senior ICN’s and included an agenda, minutes and action log. Key stakeholders invited to attend included Heads of Nursing, Risk & Safety, Communications, Emergency Planning and Medical staff. The purpose of these meetings was to discuss infection control guidance and practices within the trust in response to Covid-19. The ICT provided updates on any changes in national guidance, options for changes to local guidance e.g. pre-elective isolation period, shared SOPs for approval, provided feedback from the NCL DIPC forum, reviewed essential PPE stock, PPE compliance audits and Covid-19 prevalence rates at the trust. All ICB accepted documents and proposed decisions were forwarded to Silver Command by the DIPC for approval.

**IPC Board Assurance Framework**

NHS England has developed the IPC Board Assurance Framework for providers to assess themselves against Public Health England and other COVID-19 related guidance. The framework is intended to demonstrate that the trust is compliant with the relevant COVID-19 guidance and also that other key regulatory activities have continued, for example mandatory surveillance of healthcare associated infections.

The framework is structured around the ten criteria of the code of practice on the prevention and control of infections (Hygiene Code) which links to Regulation 12 of the Health and Social Care Act 2008.

The ICT have completed the IPC Board Assurance Framework and updated in accordance with each new version issued. The framework is submitted to the Quality and Safety Committee and the Infection Control Committee quarterly to provide internal assurance that quality standards are being maintained and highlight any gaps with mitigating actions.



# Outbreaks

There were 3 Covid-19 outbreaks. All 3 outbreaks were related to staff, (see table below).

|  |  |  |  |
| --- | --- | --- | --- |
| **Date of outbreak confirmed** | **Site/Department** | **Number of staff affected** | **Likely Cause(s)** |
| **First Outbreak**  Confirmed: 21st October 2020 | Administration Office – Private Patients Unit – City Road | Two admin staff from same office tested positive  2 staff identified as exposed contacts were required to self-isolate | Staff were not wearing face masks when within a 2m distance in the office |
| **Second outbreak**  Confirmed:  28th October 2020 | Duke Elder Ward- SGH | Three clinical staff tested positive  An additional 2 clinical staff confirmed as exposed contacts were required to self-isolate. | Staff were not wearing face masks within a 2m distance in the staff break room |
| **Third outbreak**  Confirmed: 14th November 2020 | Potters Bar, St Ann’s & Barking | One clinical staff member tested positive who had shared a taxi with 4 other staff for a return journey. All staff were required to self –isolate  Two further staff of which one was an exposed contact to the positive staff member tested positive | Staff sharing one taxi  Staff not maintaining 2m distancing whilst not wearing a face mask |

All 3 outbreaks were managed well in accordance with the trust Outbreak Policy and PHE guidance. Outbreak meetings were held with representation from CCG. Messages reinforcing good infection prevention and control practices were shared with all staff through communication bulletins and CEO briefs. The outbreaks were reported via the PHE portal and to the NCL DIPC group.



# Matters of the Estates

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.

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. The ICNs liaise with the clinical staff in the area(s) as required and provide advice on any additional measures that need to be implemented.

Theatre Ventilation

All theatres are required to have an annual ventilation inspection undertaken by independent companies to ensure that the theatre facilities meet the required minimum standards 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.

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# Facilities – Cleaning

* A clean environment is crucial for maintaining patient safety. A cleanliness monitoring meeting is held quarterly to discuss issues relating to cleanliness, waste and linen at the trust.
* The meeting is chaired by the Facilities Manager and key stakeholders that attend are representatives from infection control, estates, ISS, SSD and matrons. A summary report is provided by each department of their activity for the quarter and any concern/questions are discussed at the meeting.
* Cleanliness at MEH is monitored through monthly cleaning audits undertaken by link practitioners, environmental audits undertaken by the ICNs and monthly walkabouts by facilities, estates, ICNs and matrons. However this year due to the impact of the pandemic the monthly walkabouts were suspended.
* A summary from this meeting highlighting any areas that require escalation is presented at the quarterly Infection Control Committee.
* Enhanced cleaning was implemented in line with PHE IPC guidance and staff training facilitated by the ICN’s to ensure correct PPE and safe practices were undertaken.

# Refurbishments and new builds

**Creation of Patient Pathways**

In response to the pandemic, the ICT have been working in collaboration with the operational teams and providing advice on the development of segregated patient pathways in the theatre departments and outpatient areas. This has involved reconfiguration of some areas such as building of partitions and creation of separate entrances and exits. This was to ensure that the crossover of patients and staff in the different pathways is kept to a minimum to reduce risks of transmission of the virus. This was at City Road and satellite sites.

**Oriel**

Oriel is the proposal to plan, design, build and operate a new integrated eye care, research and education facility. All services from Moorfields Eye Hospital on City Road and the UCL Institute of Ophthalmology on Bath Street will relocate to the new facility.

The Infection Control Matron has been involved in reviewing designs, specifications, undertaking site visits and attending meetings to provide infection control advice and requirements for the new facility.

**Covid-19 Vaccination Hubs in NCL**

The ICT have been involved in advising on infection control requirements for proposed mass vaccination hubs for delivery of the Covid-19 vaccine. The IC matron undertook a number of site visits to review whether the facilities met the infection control required standards. The IC matron attended regular meetings and provided infection control advice for additional proposed sites.

# Education and Training

**Mandatory Training**

* This year all IC training for both clinical and non-clinical staff has been online using e‑learning packages.
* A link to the most up to date Infection Prevention and Control Covid-19 guidance has been included in the online training package for clinical staff.

The trust overall compliance for clinical staff was **98%** and **88%** for non-clinical staff achieving above the trust target of 80%.

**Infection Control Link Practitioners**

The trust has link practitioners in clinical areas across all sites. Link practitioners are a key resource for disseminating infection control information.

This year a virtual workshop was held on the 17th March 2021.

**Topics covered included**:

* COVID-19 updates including risk assessments
* Fit testing for FFP3 masks
* Key points from the weekly Personal Protective Equipment Audit
* Correct Waste management
* Decontamination of patient equipment

Further dates for virtual workshops have been arranged for 2021/22.

**The Monthly Bug Brief**

This infection control newsletter has covered a variety of information this year including updates and new information on the Covid-19 pandemic, compliance scores for audits and key findings, new Policies and Standard Operating Procedures and new national guidelines.

**IPC Strategy**

The ICT recognise that the pandemic has delayed implementation of the infection control strategy that was developed for 2020 to 2023. Subsequently, a revised strategy will be developed as the pandemic subsides.

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# Conclusion

Overall the IPC Annual Report for 2020/21 has demonstrated achievements and areas of improvement, but it has also been a challenging year for many. The infection prevention and control service is proud to have helped steer the trust through the pandemic, providing immediate and sustained focus on the needs of services within a safe environment for patients, visitors and staff.

In meeting the national priority as evidenced in the IPC BAF document, the infection prevention and control team believe they have met the requirements of the Health and Social Care Act, 2008, Code of Practice. The collaborative working of key stakeholders throughout the trust has enabled the ICT to fulfil this objective.

Looking forward to 2021/22, prevention of healthcare associated infections will remain a priority for the infection control team and completion of the annual programme of work will ensure that high standards of infection prevention and control are maintained.