

Director of Infection Prevention & Control Report

April 2024 - March 2025



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1.0 Executive Summary

SpaMedica 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 Company. This report demonstrates the continued commitment to Infection Prevention and Control (IPC) and provides evidence through delivery of the company wide IPC compliance standards for the period from the 1st April 2024 to the 31st March 2025.

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

2.0 Key Achievements for 2024/25

There have been a number of key achievements for 2024/25 in respect to Infection Prevention & Control. The rates of infection across the company remain extremely low.

Key Achievements

- There have been no cases of bacteraemia or Clostridioides difficile to report
- There have been no outbreaks of COVID – 19
- There have been no outbreaks of Norovirus
- 39% of SpaMedica employees have had flu vaccinations in comparison to NHS Trusts of 37.9%
- Endophthalmitis infection rates in all categories including cataract and vitreoretinal procedures are below the national average

The IPC Team have supported the:

- Development of the training videos and competencies
- Provision of new scrubs and the new national laundry service
- The safe introduction of glaucoma service
- Delivery of flu vaccinations
- Introduction of PSIRF methods, processes, and quality improvement plans.
- Change of soap/gel product
- Introduction of tiger waste, improvements in recycling and reduction in costs associated with waste
- Review of infection prevention building environment for 9 new hospitals and 1 spoke. Advised on facilities, storage and provided assurance that these hospitals were fit for purpose from an infection prevention perspective.

There has been an active audit programme for IPC:

- Weekly cleaning audits of theatre suite undertaken by Hospital employees
- Quarterly audit of cleaning and building issues from Regional Facilities Manager
- Annual IPC audits from IPC Practitioners at hospital sites
- Annual cleaning efficacy audits undertaken by IP Champions
- Monthly hand hygiene audits undertaken by hospitals
- Quarterly infection prevention audits undertaken by hospitals

3.0 Infection Prevention & Control Team

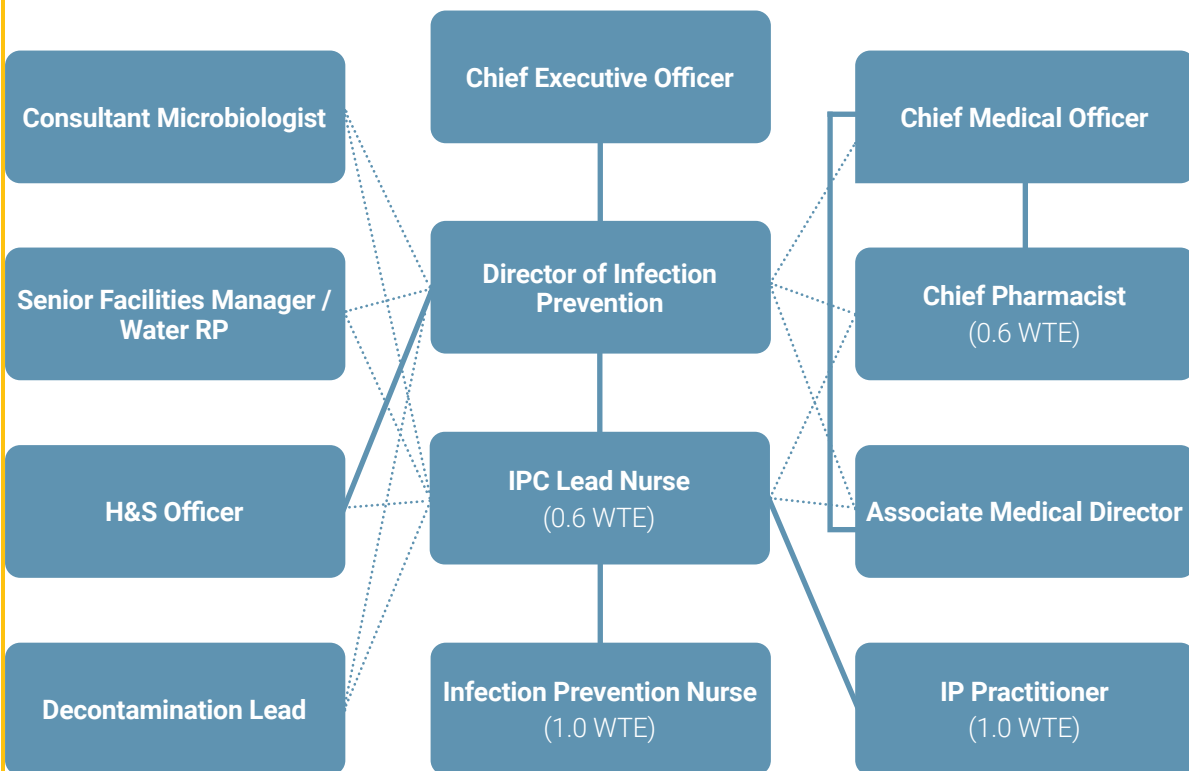
SpaMedica has an appropriately constituted IP&C Team supported by timely and effective UKAS accredited microbiological laboratory services with advice available on a 24-hourly basis.

The Chief Executive Officer holds overall responsibility for infection prevention and control within the Company but day to day management is delegated to the Director of Infection Prevention and Control who is also the Director of Clinical Services and a Registered Nurse.

Infection prevention support is provided by a Consultant Microbiologist via a Service level Agreement who attends the Infection Prevention Committees, Water Safety Group, Medical Advisory Committee and is available for advice and support to the IPC Team and the wider Company.

There are Infection Prevention Champions in each hospital.

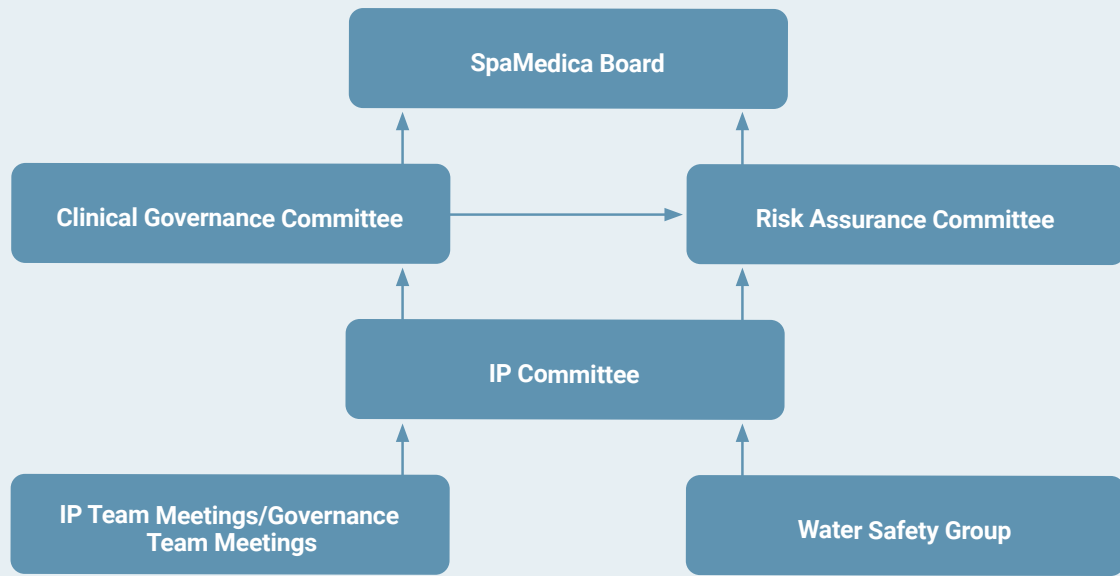
Infection Prevention Team Structure as at March 31st 2025



Direct Report ————— Significant Working Relationship - - - - -

April to September 2024 the Infection Prevention Nurse worked 0.5WTE. The Infection Prevention Practitioner joined the Company in November 2024. Our Chief Pharmacist joined us in November 2024.

4.0 Infection Prevention & Control Governance Structure



The DIPC reports directly to the Chief Operating Officer, the Board and Risk Assurance Committee on all IPC matters. The Board Assurance Framework has been reviewed regularly throughout the year by the DIPC and assurance reported to the Board.

The DIPC is chair of the quarterly Infection Prevention Committee (IPC), Water Safety Group (WSG) and Clinical Governance Committee. Membership of IPC includes the IPC Team, Hospital Directors, Area Managers, Consultant Microbiologist, Hospital Managers, Property Team, Director of Optometry, Principal Ophthalmic Nurse, Training Manager, Governance Leads, Quality Leads, Facilities Manager, Health & Safety Manager, Pharmacist.

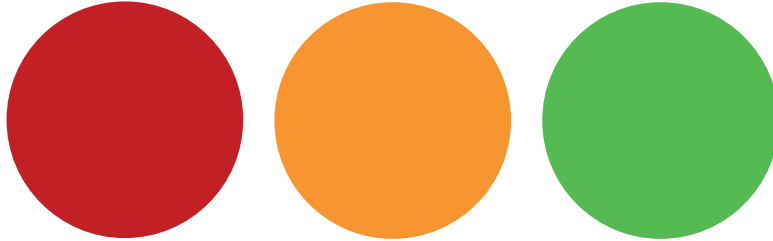
The Infection Prevention Committee exists to maintain an overview of infection control priorities within the Company, and to link this into the clinical governance and risk management processes. It will ensure that infection prevention and control issues are appropriately managed

within the hospitals. It will provide assurance to the Board of Directors that policy, process and operational delivery of infection prevention and control results in a high standard of patient outcomes.

Infection Prevention has representation at Risk Assurance Committee, Clinical Effectiveness, Medical Advisory Committee, Clinical Governance Committee, Policy Committee, Health & Safety Committee, Hospital Manager Meeting, LFPSE Review Group, RN Lead Forum, monthly cleaning review meeting.

The IPC Board Assurance Framework is also presented to IPC. IPC agreed the 2024/25 Annual IPC Work Plan and monitors progress against plan. This oversight ensures Trust IPC priorities are agreed, implemented with any IPC issues identified early and escalated as needed.

The Water Safety Group (WSG) is attended by all members of IPC and the Authorising Engineer (Water) and it reports into IPC.



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5.0 IPC Board Assurance Framework (BAF)

The Infection Prevention and Control Board Assurance Framework is a live document.

The aim of the document is to help providers self-assess compliance with measures set out in the National Infection Prevention Manual, the Health & Social Care Act 2008; code of practice on the prevention and control of infections, and other related disease-specific infection prevention and control guidance issued by the UKHSA.

The BAF has been reviewed and updated by the Infection Prevention Lead Nurse and presented to members of the IPC. The compliance for each element is RAG rated as either Compliant (green), Partially Compliant (amber) non-compliant (red) or not applicable. All elements are rated as compliant.

The BAF is reviewed regularly with a view to maintaining high standards.

6.0 Surgical Site Surveillance – Endophthalmitis Rates

Endophthalmitis at SpaMedica is defined as an inflammation or infection of the intraocular space diagnosed within 6 weeks of surgery or any invasive procedure.

Infective endophthalmitis at SpaMedica is with an identified pathogen (after testing aqueous and/or vitreous samples at a UKAS accredited laboratory) or with negative pathology on clinical confirmation. For fungal infections this may be identified beyond the 6 weeks post procedure.

All infections are investigated for up to one year post procedure in case the infection is linked to the original ophthalmic procedure.

SpaMedica Endophthalmitis Cases

Speciality	Number of cases of infection	Attendances	Percentage of presumed infection	Per 6,000 cases	National average rate
IVOM	4	25,410	0.016%	0.9 cases*	0.8 cases /6,000 injections (NOD March 25)
Cataract/VR Surgery	18	186,401	0.009%	N/A	0.02% (NOD May 25)

* 3 IVOM cases identified as being due to the use of the Precevia device and this was suspended in July 24 with no further cases since.

7.0 Infection Prevention Policies

The IPC Team review infection prevention policies and SOPs at least 3 yearly (or if changes to national guidance) to ensure that they are up to date and based on the latest evidence

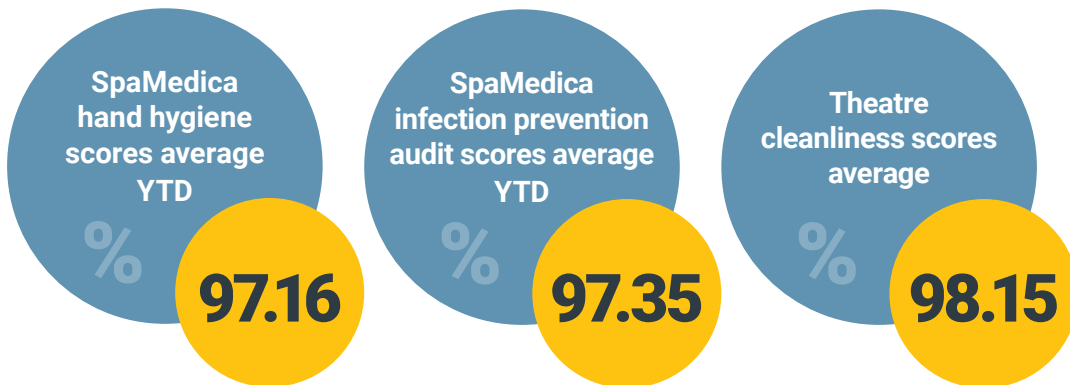
SpaMedica policies and SOPs are available to employees via Net Consent (Policy Management System). Compliance with policies is audited as part of the audit programme.

8.0 Infection Prevention Audit Programme

The IPC audits are carried out for each hospital to ensure that key policies and practices are being monitored and implemented appropriately. Audit results, themes and trends are reviewed and monitored by IPC and Clinical Governance Committee.

Audits carried out include:

- Hand hygiene audit undertaken by hospitals monthly
- Infection Prevention audits undertaken by hospitals quarterly
- IPC audits undertaken by IP Practitioners annually
- Weekly cleaning audits of theatre suite undertaken by Hospital employees
- Quarterly audit of cleaning and building issues from Regional Facilities Manager
- Annual IPC audits from IPC Practitioners
- Annual cleaning efficacy audits undertaken by IP Champions



Hand hygiene audits include auditing compliance with bare below the elbow and the 5 moments of hand hygiene. Any audits scoring less than 95% have an action plan for improvement and are repeated the following month. The audit tool and assessment criteria have been reviewed and updated in 2025 to reflect previous outcomes and ensure audits assess any identified themes effectively.

9.0 Facilities & Estates

9.1 Cleaning

SpaMedica uses an external cleaning company (Clinico) for cleaning across all sites (apart from SpaMedica Wirral that is housed in an NHS Primary Care Centre and uses their in-house cleaning company). There are dedicated cleaning teams in each hospital that are responsible for ensuring the cleanliness of the site.

SpaMedica aligns to the National Standards of Healthcare Cleanliness 2021 as its formal cleaning framework. In September 2024 SpaMedica requested an external Infection Prevention Nurse from Buckinghamshire, Oxfordshire, and Berkshire NHS ICB to independently assess practice and standards. The reviewer, reviewed SpaMedica's cleaning policy, SOP, and audits against the National Cleaning Standards. She highlighted that they were very comprehensive and practical and that there was a robust system in place to review the cleanliness across the organisation.

Cleanliness data is reported to, and monitored by Facilities and IPC Team, Infection Prevention Committee and Clinical Governance Committee. Any issues are escalated immediately via the Facilities Helpdesk (Expansive) and dealt with. These are discussed monthly in the cleaning review meeting, which is attended by Facilities Manager, Regional Facilities Managers, Infection Prevention Nurse, Area Managers, Clinico Managing Director and supervisors.

As part of the waste review the contract with Initial was reviewed. They provided clinical hazardous waste collection, soap/gel product, toilet provisions and entrance mats. The liquid products for hand hygiene were reviewed and changed, improving the quality of the products provided.



9.2 Water

The Water Safety Group (WSG) meets quarterly and is chaired by the DIPC. Its membership includes the IPC Team, Consultant Microbiologist, external Authorising Engineer (Water) Hospital Directors, Area Managers, Property Team, Director of Optometry, Principle Ophthalmic Nurse, Training Manager, Governance Leads, Quality Leads, Facilities Manager, Health & Safety Manager, Pharmacist.

The purpose of the group is to provide assurance to SpaMedica Infection Prevention & Control Committee which in turn reports to the Board of Directors, that there are appropriate risk management infrastructure and controls in place to minimise the risk of harm and infection from water used by patients, employees and visitors associated with waterborne pathogens.

The WSG provides a forum for those individuals with delegated roles and responsibilities to take collective ownership for ensuring it identifies water-related hazards, assesses risks, identifies, and monitors control measures and develops incident protocols.

The group shall also be responsible for ensuring it identifies microbiological hazards, assess risks, identifies, and monitors control measures and develops incident protocols. It also provides clear guidance on how to maintain safe water within SpaMedica premises and the processes to be adopted and monitored.

An external company (AquaTrust)

is employed to undertake all PPMs, annual water testing and water risk assessments. Remote water temperature monitoring devices are fitted to outlets to provide regular temperature checks, and compliance with water flushing checks.

All hospitals have an up-to-date water risk assessment in place which is reviewed at least annually.

During 24/25 there were necessary actions identified within SpaMedica Skelmersdale due to the identification of *Pseudomonas aeruginosa* in the water system. Risks to patients were mitigated by the use of antimicrobial soaps and the use of gel after social hand washing. Despite all efforts it has been impossible to eradicate using normal methods of control within the water system due to other floors within the landlord controlled building lying fallow. Point of use filters have been fitted on all taps to ensure water quality for hand washing. These are changed on a monthly basis.

Pseudomonas aeruginosa was identified within SpaMedica Doncaster site which was eradicated following disinfection of the system.

An annual water audit is undertaken with the Facilities Team, Authorising Engineer (Water) and the Infection Prevention Nurses. This took place in Hull in June 2024. Lessons learnt are added to the annual work plan and cascaded to all hospitals.

9.3 Ventilation

Ventilation standards and monitoring are a standard agenda item on the IPC Committee. The group identifies risks and mitigates those risks through testing, action, and adherence to regulations, HTMs and other respective guidance.

Over the past few years during periods of hot weather, there have been concerns with humidity within our theatres which has caused disruption to some theatre schedules. A large project has been undertaken to retrofit humidity control modules to all our air handling units and in all the new ones from 2024 supported by a standard operating procedure and guidance for hospital sites. This has been very successful in controlling the humidity and prevention of disruptions to theatre.

9.4 Laundry

Prior to April 2024 laundry was processed locally to each hospital. There has been a project undertaken early in 2024 to move to a national laundry provider. This provider also provides standardised logo embroidered scrub uniforms.

From April 2024 Johnsons Laundry undertake laundry of all of the theatre scrubs and microfibre cleaning products. Johnsons Laundry meets HTM 01-04 Decontamination of linen standards. This project was managed by the Facilities Team and supported by the Infection Prevention Nurses.

9.5 Waste

There has been a large project during 2024 to review the waste contracts and the waste policy. A large recycling stream, tiger waste, medicinal waste bio bins for our used minims and a food waste stream has been installed. It has been cascaded to all employees via the Hospital Managers, Infection Prevention Champions, Regional Facilities Managers and the Infection Prevention Practitioners.

The compliance to the policy is being monitored by regular audit by the Hospital Managers, Infection Prevention Champions, Regional Facilities Managers and the Infection Prevention Practitioners.

9.6 Property, Refurbishments and New Builds

The Infection Prevention Team are an integral part of the team that review the plans for new builds and are part of the clinical team that reviews clinical layout's part way through the build. There is always an infection prevention audit prior to

The Infection Prevention Team work closely with the Facilities Team to review the need for refurbishment on existing sites.

The Team have been proactive in responding to the different challenges posed by Spokes (smaller units for pre and post operative assessment, YAG laser sited within buildings that may not be used for healthcare) and the Diagnostic & Treatment Centre which has limitations on utility services and storage. Solutions for cleaning (mobile cleaners), waste removal (specified times for pick up), water safety (liaison and advice with the Landlord for Spokes) and storage (more frequent deliveries and the use of reverse osmosis machines) have been sought.



HERE'S TO A
CLEARER,
BRIGHTER FUTURE



SpaMedica

SpaMedica

SpaMedica

SpaMedica

- NHS cancer surgery
- Short waiting times
- Free to use, parking and refreshments



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10.0 Decontamination

All decontamination of instruments is outsourced to 5 external companies (Steris, North Tees hospital Trust, Royal Cornwall Hospital Trust, Swansea Bay Healthcare and Royal Ulster Hospital (Belfast)). These companies have appropriate standards in place and meet HTM 01-01.



The contracts with the external contractors have been reviewed by Infection Prevention Lead Nurse, Decontamination Lead, and Instrument Coordinators.



The annual audits and external 3 yearly audit reports are presented to the Infection Prevention Committee.



There are 3 instrument coordinators within the company who ensure that sites have adequate supplies and liaise with the external contractor.

11.0 Antimicrobial Stewardship

SpaMedica recognise the importance of good antimicrobial stewardship in line with NICE NG15:

The SpaMedica formulary defines a limited number of antimicrobials. Antimicrobials are principally used for the treatment of endophthalmitis, the rates of which of extremely low. Endophthalmitis rates are monitored and audited including treatment regimens.

The post cataract drug regimen does not include antibiotics. Standard discharge regimen is for either steroid only or steroid plus non-steroidal, anti-inflammatory drugs. It is acknowledged that the current medicines formulary and the auditing around antimicrobial prescribing and usage are both currently under review.

Patients are followed up very closely following an infection by a Consultant Ophthalmologist and outcomes monitored and treatment adjusted appropriately. This is reviewed as part of the SWARM process for every individual suspected endophthalmitis case by the LFPSE Team including the Associate Medical Director. SpaMedica employed a Chief Pharmacist who started in post in November 24.

12.0 Infectious Disease/ Outbreaks

All patients are screened for illness prior to attendance at site. Patients and visitors are screened again at the door and appropriate advice given.

Processes are in place to be able to assess patients for colonisation or infection and provide appropriate care/isolation to reduce the risk of transmission. This is documented in the Infection Prevention and Multi Resistant Organism policies.

The Infection Prevention Nurses provide guidance and support to Hospital Managers and the wider company about potential infectious illness with employees. There is also written guidance within the Infection Prevention Policy on management of infectious disease.

13.0 Occupational Health

Occupational Health is provided by an external company and hospital managers can refer employees to this service.

Employees who are at high risk of complications (e.g. medical conditions, pregnancy) have an individual risk assessment completed by Hospital Manager with input from employee's and experts such as H&S Officer, IPC Nurse.

All clinical employees have required immunisations checked on employment screening for role, annual checks of skin surveillance are completed for all clinical employees. Return to work health checks are completed by Hospital Manager.

There are no exposure prone procedures undertaken at SpaMedica.

13.1 Seasonal Influenza Vaccination Programme

The IPC Nurses supported the People Team in the Influenza vaccination programme with assistance in the programme planning advising on key messages for employees and sharing data. The IP Nurses provided the training and governance required for existing vaccinators and our new vaccinators. SpaMedica achieved a 35% compliance with influenza vaccination which was just under the national rate of 37.9%

SpaMedica
influenza vaccination
compliance

%

35

National rate
influenza vaccination
compliance

%

37.9



13.2 Inoculation and Contamination Injuries

The Sharps Management Policy outlines the steps Managers and Employees need to take in order to minimise the risks to employees of acquiring blood borne viruses through contamination injuries.

In 2024/25 there were 41 instances of inoculation or contamination injuries, which is a slight decrease on the numbers from the previous year. InPhase incident reports were raised and investigated. Trends that appeared were that employees were handing instruments between scrub and surgeon; instruments were not being put into the trays properly resulting in protruding instruments and employees were clearing trolleys and sharps had not been cleared off. Actions have been undertaken to reinforce training, highlight the safe space for instruments and posters created highlighting how to correctly pack the instrument tray reinforced by observational supervision of the IPC team and Theatre Quality Leads.

There has been one instance of a Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations (RIDDOR) reportable event during 2024/25

14.0 Education & Training

Employees undertake their mandatory training including infection prevention training via SpaMedica Eye Learn platform, which is monitored and part of the appraisal process

Clinical employees undertake level one and level two NHS England e-learning for health modules and have a face-to-face infection prevention training every 3 years. The Infection Prevention Practitioners have been an integral part of the team that have reviewed all competencies during 2024/25 and where necessary videos have been developed to aid learning.

All clinical employees undertake training in the donning and doffing of personal protective equipment which is reviewed annually. All employees who undertake procedures that require additional clinical skills such as Intravitreal injectors undertake a process of training, education, and assessment before being deemed competent to undertake the procedure independently. This includes education on infection prevention and aseptic non touch technique.

15.0 Infection Prevention Champions

There is at least one link Infection Prevention Champion at each hospital site. There is an active Teams chat group to allow the Champions to ask questions and learn from each other and share good practice.

To celebrate world hand hygiene day in May 2024 the Champions engaged employees in 1:1 training using the glo torch and remind employees on best hand hygiene practice including bare below the elbow, and the risks of unnecessary use of gloves. They had stands in hospitals to engage patients in best practice to prevent infections.

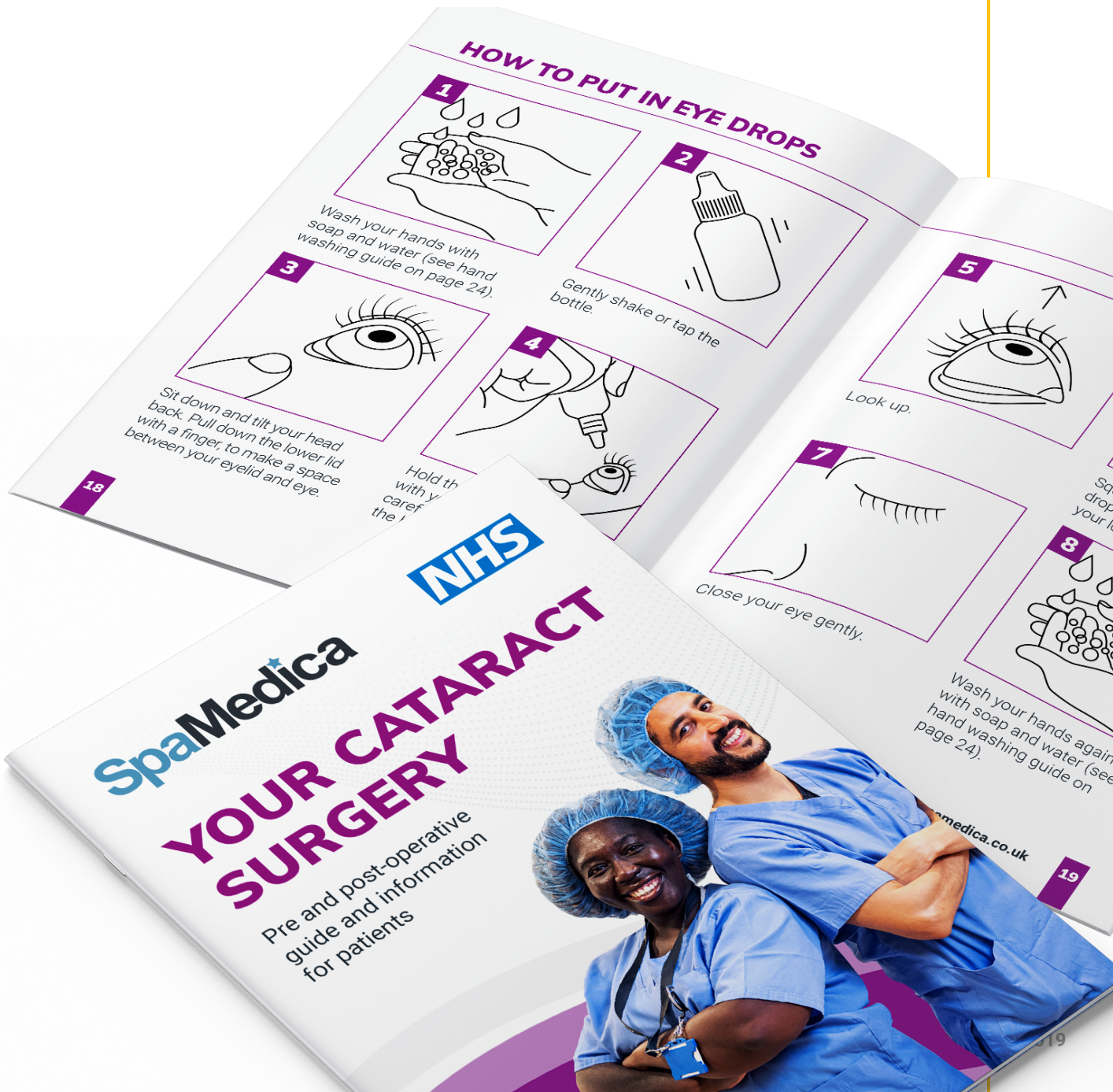
The Infection Prevention Nurses deliver quarterly workshops.

During 2024/25 topics have included:

- Champions Role
- Hand hygiene – including the gloves off campaign
- Skin Surveillance
- Theatre Cleanliness
- Ventilation changes
- Water testing
- Efficacy audit
- Recycling waste stream
- Tiger waste stream
- Medication waste stream and the use of bio bins

16.0 Patient information Booklets

Patient information booklets were updated and include information on hand hygiene, including 6 step technique and the correct way to instil eyedrops.



17.0 Patient Safety Incident Response Framework (PSIRF) / Learn from Patient Safety Events (LFPSE)

Root Cause Analysis were undertaken on all endophthalmitis cases prior to the introduction of PSIRF. From September 2024 staff use swarms (review of incidents in order to conduct a rapid assessment, identify what happened and determine necessary actions to mitigate risks) are now undertaken as soon as possible following the identification of the case involving the clinical team. The IP Practitioners are part of the multi-disciplinary LFPSE review group.

Learnings from swarms have been:

- On call/contact centre training regarding red flag symptoms/pain markers
- Additional training around immunocompromised patients
- Ensuring patients fully understand the risks of infection post-surgery- informed consent
- HMs understanding of endophthalmitis – sampling, lab results, process
- Additional training required for on call employees regarding treating an endophthalmitis patient to alleviate stress.
- Identification of higher risks to patients from wounds, indwelling devices, stomas, etc.



18.0 Infection Prevention Team plan/aims for 2025/26

The main focus and IPC priorities for 25/26 are:

- Review of hand hygiene compliance
- Review of incidents and feedback in order to learn lessons and mitigate risks
- Review of practice to reduce risks of inoculation injuries
- Work more closely with IP Champions
- Improve glove usage awareness
- To support the no exclusions project and closely monitor practice.
- To focus on improving sustainability and reducing unnecessary waste relating to infection prevention practice
- To continue to deliver to comprehensive programme of surveillance, audit, education, and policy review/development.
- To continue to support the opening of new hospitals/spokes
- To support the new services to ensure they meet high standards of infection prevention
- To review the current hand hygiene and infection prevention hospitals audits and support the changes to all other audits, review the I-auditor tool, trial, and rollout to all hospitals.
- To support the review of the current medicines formulary and develop robust processes to support the audit of antimicrobial prescribing and usage.

19.0 Personal Development of the IPC Team/CPD activities

- Water audit with Authorising Engineer (water)
- Review of liquid products standards and products
- Review of HTM 03-01 and Surgicube/Toul including discussions with design engineer and external IPN peers
- Review of ANTT standards and management of peripheral venous cannulae
- IHPN IPC forum online
- IHPN IPC Forum face to face
- SWARM training including SEIPS methodology
- IPC Route to Net Zero conference
- IPS NW meeting
- Work within NHS Ophthalmology clinic for 2 days per week for 5 months
- Mandatory training including Health & Safety, Data Security, GDPR/Information Governance, Moving & Handling, Preventing Radicalisation, Resuscitation, Fire Safety, Countering Fraud, Bribery and Corruption, bullying & Harassment, Equality & Diversity, Infection Prevention, Conflict Resolution, Safeguarding, Medicines Management Awareness, Autism Awareness, Freedom to Listen/Speak Up.