



## Jenner House Surgery

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## Infection Control Annual Statement – Period 2024/ 2025

### Completed April 2025

#### Purpose

This annual statement is generated at the beginning of each year, in accordance with the requirements of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance*. It summarises:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our Significant Event procedure)
- Details of any infection control audits undertaken and actions undertaken
- Details of any risk assessments undertaken for prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures and guidelines

#### Infection Prevention and Control (IPC) Lead

Clinical Lead GP: Dr F. Kayani  
Lead IPC GP: Dr Gargi Tewari  
Lead IPC Nurse: June Richards  
IPC Champion: Nitu Gurung  
IPC Champion: Tanecha Myers

The Lead for Infection Prevention and Control at Jenner House Surgery is June Richards, Practice Nurse. The Surgery Lead Nurse, Nitu Gurung will be sharing this role from March 2025.

The IPC Lead is supported by the: Infection Prevention and Control Team – email: [frimleyicb.ipcteam@nhs.net](mailto:frimleyicb.ipcteam@nhs.net)

For any outbreaks we have been advised to contact - UK Health Securities Agency in and out of hours (0344 225 3861).

June has attended the regular IPC training courses done by the IPC Team NHS Frimley ICB and keeps updated on infection prevention practice. Nitu Gurung has been booked onto an IPC training course in her additional supportive role.

## Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed monthly in our, Clinical Team meetings and learning is cascaded to all relevant staff.

In the past year there has been one significant event raised (January 2025) that relates to Infection Control. In one incident a urine bottle was left in the sluice with no lid secured. As a result of this the following learning has occurred: -

- Discussed in our Monthly Clinical Meeting:
  - 1) the correct disposal of body fluids
  - 2) use of personal protection equipment
  - 3) importance of hand hygiene
  - 4) completion of significant event paperwork
- Reported on teams, reminding staff on the correct disposal of urine, using PPE and the risk of contamination if a sample is not disposed of correctly (04/2025).

## Infection Prevention Audit and Actions

The Annual Infection Prevention and Control audit was completed by Vanessa Seeboruth (Infection Prevention and Control Practitioner-Frimley ICB) on Monday 29<sup>th</sup> July 2024.

Vanessa Seeboruth did commend Jenner House Surgery for implementing many of the advice that has been taught during the IPC training days.

As a result of the Audit, the following has been recommended at Jenner House Surgery:-

- Scan Guidance – ensure everyone knows how to use this service
- Antibiotic Stewardship – All surgery members (GP/PN/HCA/Admin) to do Antibiotic guardian course – YEARLY
- Educate Clinical Staff – Consider Clostridium Difficile test if a younger age group have profuse diarrhoea. Frimley IPC team have observed this reportable disease in a younger population. Advised if caught earlier it promotes quicker diagnosis and treatment.
- On DXS we are to use the Notifiable diseases form to report notifiable diseases as this populates onto the patient records.
- IPC look at how to do searches. For patients with potential tuberculosis have a pathway to offer a chest x-ray.
- Venepuncture – 2 yearly Face to Face Assessments need to be done on each other and recorded
- Sinks – awaiting new build (risk assessment in place)
- FFP3 masks in our PPE cupboard if needed. However staff require to be FIT tested.

We do not do minor operations at Jenner House Surgery.

The procedure that is done in our surgery is Coil Fittings which are done by our Advanced Nurse Practitioner – Mrs Nilha Herkanaidu. During the 12 months from January 2024 to January 2025, 26 coil fittings were done.

PLAN over the next period:-

- Coil Audit
- A Cleaning Log Book – post procedure has been implemented

Jenner House Surgery has done the following Audits in 2024/2025:-

- Annual Infection Prevention and Control audit – 29<sup>th</sup> July 2024
- Cold Chain Audits (6 monthly)
- Waste Audit
- Hand hygiene audit
- Bare Below the Elbows Audit
- Personal Protective Equipment Audit
- Safe Management of Care Equipment Audit
- Sharps Bins Audit

Learning from the Audits done over 2024/25 are as follows: These are to be Implemented in the year 2025/2026

- Hand hygiene audits will now be done Monthly
- Personal protective equipment audits will be done Monthly
- Safe Management of care equipment to be done Monthly
- Safe Management of Care environment will be done Annually
- Aseptic technique competency will be done Annually
- National Standards of Healthcare Cleanliness Cleaning Audit Score Sheet – will be implemented
- National Standards of Healthcare Cleanliness Efficacy Checklist will be done Annually
- National standards of Healthcare Cleanliness External Audit will be done Annually
- Cleaning Logbook has been started in Reception

## Risk assessments

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessments were carried out / reviewed:

Legionella (Water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.

Cross infection from water used to clean floors in the Clinical Rooms – Risk Assessment

Non-Compliant Clinical room sinks Risk Assessment

Action Plan: - Health Building note 00-09 requirements Risk Assessment.

Risk assessment for an Isolation Room if this is required to assess MMR or Mpox

Immunisations:

As a practice we ensure that all our staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu).

Due to the current risk of Measles, Mumps and Rubella we have checked all staff are up to date with their vaccination.

We take part in the National Immunisations campaigns for patients and offer vaccinations in house and via home visits to our patient population.

Curtains: The NHS Cleaning Specifications state the curtains should be replaced every 6 months. To this effect we use disposable curtains and ensure they are changed every 6 months. The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular vacuuming to prevent build-up of dust and this is carried out by our cleaning company. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled.

Toys: NHS Cleaning Specifications recommend that all toys are cleaned regularly. We do not provide toys in our waiting areas.

Cleaning specifications, frequencies and cleanliness: We have added a cleaning specification and frequency policy poster in the waiting room to inform our patients of what they can expect in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged.

Hand washing sinks: The practice has hand washing sinks in every room for staff to use. Some of our sinks do not meet the latest standards for sinks but we have removed plugs, covered overflows and reminded staff to turn off taps that are not 'hands free' with paper towels to keep patients safe. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness.

## Training

All our staff receive annual training in infection prevention and control.

All staff including clinical and non-clinical, do annual mandatory training using their own Team Net account via e-learning and this is Logged each year. In our monthly Clinical Meetings infection control is discussed and recorded in the meeting notes.

Nida Herkanaidu – Advanced Nurse Practitioner has specialist training in Coil Fitting

June Richards – IPC Lead Practice nurse has taken regular training in Infection Prevention and Control

Nitu Gurung – IPC additional role will be doing training in this to support her new role.

Stacey Shergold (HCA) and Pardeep Kumar (HCA) have done new training roles in Wound care/ Aseptic Technique.

There is regular Target Training provided by Frimley Training Hub. Some of this training will include Infection Control updates.

There is Monthly Lead Nurse Forum Training. The Lead nurse will have Infection Control updates at some of these training sessions and feed back the information to the team.

There are Monthly Clinical MDT meetings where Infection Control is discussed at every meeting / update or new relevant information.

## Policies

All Infection Prevention and Control related policies are in date for this year 2024/2025.

We have adapted and updated our policies from 'NHS Infection Prevention Control'. These are regularly updated on this websites online platform. There are a total of 27 policies for General Practice. The website link is shown below.

<https://www.infectionpreventioncontrol.co.uk/wp-content/uploads/2023/12/GP-00-Contents-November-2023-Version-3.00.pdf>

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually, and all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies held on our surgery hard drive available to all staff for reading, for reference and discussed at meetings on an annual basis.

## Responsibility

It is the responsibility of each individual to be familiar with this Statement and their roles and responsibilities under this.

The Infection Prevention and Control Lead, The Practice Manager and the Practice IPC GP Lead are responsible for reviewing and producing the Annual Statement.

Review date done:

09<sup>th</sup> April 2025

Review date due:

09<sup>th</sup> April 2026

## Responsibility for Review

The Infection Prevention and Control Lead and the Practice Manager and General Practitioner Partner (as shown on this document) are responsible for reviewing and producing the Annual Statement.

June Richards

Lead Infection Prevention Champion

Baljita Libra-Dhillon (Libby)

Practice Manager

Gargi Tewari

General Practice Partner

For and on behalf of: Jenner House Surgery