Jenner House Surgery
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Infection Control Annual Statement – Period 2025/ 2026

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*. Its summaries:

- 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

Lead IPC GP: Dr Gargi Tewari
IPC Champion: Nitu Gurung (Lead Practice nurse)
IPC Champion: Tanecha Myers (Practice Nurse)

The IPC Lead is supported by the Infection prevention and control team for Hampshire and IOW Integrated care board. Monday to Friday 9am-4 pm 08703156601, email: hiowicb-his.infectionprevention@nhs.net

For any outbreaks we have been advised to contact - UK Health Securities Agency in and out of hours

(0344 225 3861).

Nitu and Tanecha have been attending the regular IPC training courses done by the IPC Team NHS Frimley ICB and keep updated on infection prevention practice. The Frimley ICB has now merged to Hampshire and IOW ICB.

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 with all relevant staff. Significant events are also logged internally, alongside external LFPSE (Learning from patient safety event- NHS England) when indicated.

Infection Prevention Audit and Actions

The Annual Infection Prevention and Control (IPC) Audit was completed on 19 November 2025 by Vanessa Seeboruth and Josephine Arthur Amoah, IPC Practitioners from Frimley ICB. The IPC team supported IPC Champions Nitu and Tanecha, and Operations Manager Rajni, during the audit. Jenner House Surgery (JHS) passed the annual audit with an overall score of 88%, exceeding the required benchmark of 85%. Areas assessed included communal areas, toilets, treatment rooms, antibiotic stewardship, policy compliance, cold chain management, PPE, and waste/sharps management.

The following improvements were identified and actions taken:

- Cleaners' Room: Clutter was removed, and the room has been incorporated into the ongoing renovation program to create a larger space. A temporary cleaner's room is currently in use on the top floor and will be relocated once the renovation works are completed.
- Antibiotic Stewardship: Antimicrobial resistance and antibiotic prescribing were discussed at clinical meetings. Staff were encouraged to complete the Antibiotic Guardian pledge, and prescribers were asked to update their AMR training.
- Timely Information Sharing: Clinicians were reminded in monthly clinical meetings to review and adjust antibiotic treatment based on laboratory culture and sensitivity results.
- Specimen Handling: The specimen box was moved to the locked sluice room. Urine dipstick bottles were removed from each room, and urine testing is now undertaken using the Klinitek machine in the sluice room.
- Identification of Infection Risks: Following IPC advice, all clinical rooms can should be used as isolation rooms when required rather than a designated isolation room. A risk assessment is in place.

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 (ANP) – Mrs Nilah Herkanaidu. A cleaning log is done by the ANP each time Coil fitting is done to ensure compliance with IPC.

Jenner House Surgery has done the following Audits in 2025/2026

- Annual Infection Prevention and Control audit
- Hand hygiene audit
- Environmental audit
- Bare Below the Elbows Audit
- Personal Protective Equipment Audit
- Sharps Bins and waste Audit
- Duty of care sell-waste audit
- Cold Chain Audits
- Legionella audit
- Aseptic technique competency assessment-nursing procedures

Following audits needs to be done in 2026:

- Coil audit
- Joint injection audit
- Aseptic technique competency assessment-coil and joint injection

- Cleaning logbook for 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
- Cross infection from water used to clean floors in the Clinical Rooms risk assessment
- Risk assessment for Isolation Room if this is required to assess MMR or Mpox or other infectious diseases.

Immunisation: a practice we ensure that all our staff are up to date with occupational health vaccinations applicable to their role (i.e. MMR, hepatitis B, Seasonal Flu). Due to measles risk, we have checked all staff are up to date with their vaccination. We take part in 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.

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. We have also displayed notices throughout the practice advising patients to speak with the Operations Manager, Rajni Pathak, if they have any concerns regarding the cleanliness of any areas within our GP practice.

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 of 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. Non-Compliant Clinical room sinks Risk Assessment has been done.

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.

There is regular Target Training provided by Hampshire and IOW ICB. Some of these training will include Infection Control updates.

Policies

All Infection Prevention and Control related policies are up to date for this year 2025/2026. Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated annually in teams net

and available in hard drive. The policies are reviewed and updated annually and are amended on an ongoing basis as current advice, guidance and legislation changes.

Responsibility

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

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

Reviewed by:

Nitu Gurung: IPC champion Nurse

Tanecha Myers: IPC champion Nurse

Rajni Pathak: operations manager

Approved by:

Dr. Gargi Tewari: IPC lead GP

Baljita Libra Dhillon: Practice manager

Date: June 2026

Next review due: June 2027