



Annual Infection Prevention and Control Statement

Purpose

This annual statement will be generated each year in September in accordance with the requirements of Health and Social Care ACT 2008 Code of Practice on the prevention and controls of infections and related guidance. Our report will be published on the Practice website and will include the following.

1. Any infection transmission incidents and any action taken. These will be reported in line with our significant event polic. (Learning logs)
2. Details of any infection control audits and action plans with actions undertaken.
3. Details of any risk assessments carried out.
4. Details of staff training.
5. Details of any updated policies, procedures, and guidance.

Infection Prevention and Control Leads

- Sue Belton (Healthcare Team Manager)
- Jacq Moon (Deputy Healthcare Team Manager)
- Sarah Poole (Deputy Healthcare Team Manager)

Infection prevention and control incidents

Significant events involve examples of good practice as well as challenging events.

Incidents are reported to Sue Belton via our Practice Manager (Hayley Wilkinson). They are then reviewed at our clinical meetings or senior management meetings. Any shared learning will be shared with the Practice staff.

In the past year, there have been no significant events relating to infection control. There have been no complaints made regarding cleanliness or infection control. We have had no outbreaks of infections.



Infection prevention audit and actions

Our last practice audit was carried out by Sue Bagshaw from the Infection Prevention & Control Team on 4th August 2022 which resulted in us being scored at 96.25% and the list of actions is below:

1. Repainting required to damaged walls
2. Sharps bin temporary mechanism not in place in some sharps bins
3. Some dust to high rails above couch curtains, and ventilation grill.
4. One box of dressings found to be out of date
5. Baby changing mat stained
6. Debris in mop bucket

All of the above actions have all been completed. **We aim to carry out another audit 2024.**

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:

1. Legionella (Water) Risk Assessment: The University of Nottingham conducts its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff. Water testing is currently undertaken monthly by a member of the university team.
2. Sharps Management for clinical staff – Safe handling of sharps bins, spot checks carried out 17/08/23. Next due August 2024. These will be carried out by the IPC lead.
3. Anenta carry out annual audit of clinical waste procedures. We have passed this inspection. Finding was that waste bins not labelled. This has since been actioned.
4. University Cleaning company standard of cleaning – Quarterly spot checks carried out by IPC Management and University cleaning company. Last carried out 20/05/24
5. Cleaning schedules completed daily/weekly by cleaning staff, clinical staff and non-clinical staff.
6. All new members of staff have an induction upon starting and conduct IPC training before seeing patients. Recently we have had 2 new members of staff join the healthcare team. They have been updated on infection control policies and assessed on infection control in relation to aseptic technique when dealing with patients that have wounds. This is documented in their competency booklets.
7. Protective equipment is also checked on a weekly basis to ensure that all rooms have handwashing equipment, aprons, and gloves.



In the next year the following risk assessments will be reviewed

1. Hand hygiene audit – Audit to be carried out by IPC leads Sue Belton, Sarah Poole, Jacq Moon
2. External cleaning company standards of cleaning – Audit to be carried out by Management and the University Cleaning Company
3. Clinical waste audit, correct of clinical waste bags and sharps bins – Audit will be carried out by IPC leads Sue Belton, Sarah Poole, Jacq Moon
4. Audit of IPC training for all staff – Audit to be carried out by Sarah Poole

Staff training

1. Each staff member is required to complete Infection control training for Clinical/Non-Clinical depending on their role. This is via Teamnet and it is part of our mandatory training. 100% of the healthcare team have completed their online Teamnet training.
2. Practical hand washing training using glo and tell equipment is performed every two years
3. IPC training is also available online from the Primary Care Development Centre

Policies and procedures

- All Infection Prevent and Control related policies are in date for this year. Infection prevention policies next due for review February 2025.
- IPC guidance NHS cleaning standards 2021 - B0271-national-standards-of-healthcare-cleanliness-2021.pdf (england.nhs.uk)
- 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 are circulated amongst staff for reading.
- IPC Handbook with Practice Index-Next due for review February 2025 or sooner if new guidance comes in.

Antibiotic Monitoring

At Cripps Health Centre, all clinicians play a key role in reducing antibiotic resistance by practicing antibiotic stewardship. This means not prescribing antibiotics for patients who are unlikely to suffer from bacterial infection, while ensuring the patients who do require antibiotic treatment receive the appropriate antibiotics, at the correct dose and for the proper duration. All clinicians follow guidance from the Nottingham Area Prescribing Committee.

We have raised the standard of clinical assessment, safety netting of patients by clinical education.

We monitor our prescribing of antibiotics figures regularly internally, as does the Nottingham prescribing team.



**University of
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Health Service

The last antibiotic prescribing audit was carried out in February 2024 and demonstrated that clinicians were prescribing the correct length and appropriate antibiotic.

Responsibility

It is the responsibility of all staff members who work at Cripps Health Centre to be familiar with this statement and their roles and responsibilities.

Review

The IPC lead and Registered Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before September 2024.