Waterfront and Solent
SURGERY

IPC annual statement report

Waterfront and Solent Surgery

24/06/2025

Purpose

This annual statement will be generated each year in June 2025, 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. The report will be published on the organisation's website and will include the following summary:

- 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 carried out and actions undertaken
- Details of any risk assessments undertaken for the prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures and guidelines

Infection Prevention and Control (IPC) Lead

The Lead for infection prevention and control at Waterfront and Solent Surgery is Joanne Bowles Lead Practice Nurse. The IPC Lead is supported by Vicky Etheridge (Practice Manager, Rhoda Steward (Practice Nurse) and Dr Andrew Hoyle (GP).

a. Infection transmission incidents (significant events)

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

Positive events are discussed at meetings to allow all staff to be appraised in areas of best practice.

Negative events are managed by the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event Analysis (SEA) form which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All significant events are reviewed and discussed at several meetings each month. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year, there have been no significant events raised which related to infection control. There have also been no complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

The **Annual Infection Prevention and Control audit** was completed by Joanne Bowles in June 2025

As a result of the audit, the following things have been changed in Waterfront and Solent Surgery:

To continue to keep the environment tidy and uncluttered by continuing with 'room of the month', which will consist of one consultation room per month having a declutter, clean and stock checked for expiry dates. This will be performed by one of the nursing team.

To continue with general repairs to some furniture and the rooms, including repairing skirting board to Room1 and Room 2.

Replacing clinical equipment that is damaged, worn or difficult to clean effectively, such as the manual blood pressure cuff in Room 3.

The **Waste audit** was completed by Joanne Bowles and Vicky Etheridge in Dec 2024

This included ensuring all waste is correctly segregated in all consultation rooms, including domestic, clinical and sharps waste. The results of this audit were disseminated to all clinicians at a clinical meeting, and all clinicians were reminded of the importance of this. Posters are clearly displayed in consultation rooms to help with this.

The **Hand hygiene audit** was completed by Joanne Bowles in Jan 2025

This included ensuring all members of clinical staff were 'bare below the elbow', and which areas of hands were missed whilst using training lotion and UV light. The results of this audit were disseminated to all clinicians in a clinical meeting.

The Waterfront and Solent Surgery plan to undertake the following audits in 2025/6:

- Annual Infection Prevention and Control audit
- Domestic Cleaning audit
- Cold chain audit

An **external inspection** has been completed by the ICB in July 2024, **Clinical quality self-assurance check**, of which included cleanliness and IPC audits.

As a result of the audit, a hand hygiene audit has now been completed and disseminated to all clinical staff.

This also included ensuring there is an IPC lead, visual displays for hygiene steps, up to date IPC audit and cold chain audit.

c. Risk assessments

Risk assessments are carried out so that any risk is minimised and made to be as low as is reasonably practicable. Additionally, a risk assessment that can identify 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.

Sharps, use of sharps and safe disposal: As a practice all staff are trained in safe use and disposal of sharps. Posters are on display in the clinical rooms detailing the sharps protocol and how to deal with Sharps and Contamination incidents, including which sharps go into which bins and the relevant outside agencies to call in an emergency. All staff are aware of the Needlestick hotline number for advice should an incident occur. All Clinical staff are offered a course of Hep B injections, and a register is maintained.

Immunisation: 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). We take part in the National Immunisation 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 cleaned or if using disposable curtains, 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. 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, and we therefore provide only wipeable toys in waiting / consultation rooms.

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. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks: The practice has clinical 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.

d. Training

In addition to staff being involved in risk assessments and significant events, at Waterfront and Solent Surgery all staff and contractors receive IPC induction training on commencing their post in the form of e-learning which includes an assessment and allocated time with the IPC lead to complete an IPC checklist. Thereafter, all staff receive refresher training annually.

The infection control lead attends quarterly nurse forums sessions relating to infection control.

Various elements of IPC training in the previous year have been delivered at the following times:

The hand hygiene audit was carried out in Jan 2025 which involved all members of staff, clinical / nonclinical, using training lotion and UV light, ensuring the correct hand hygiene technique was used whilst highlighting areas of hands missed.

e. Policies and procedures

The infection prevention and control-related policies and procedures that have been written, updated or reviewed in the last year.

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

f. Responsibility

It is the responsibility of all staff members at Waterfront and Solent Surgery to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC Lead and Practice Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before July 2026

Signed by

Joanne Bowles Practice Nurse Lead and IPC lead.
For and on behalf of Waterfront and Solent Surgery