



**Annual statement on compliance with IPC practice (including cleanliness) for General Practice**

**Purpose of the ‘Annual statement’**

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities and should also be published on the General Practice website.

Below is a suggested template for the Annual statement. General Practices can (and should) adapt the template and add further details, but the six key headings below must be included. The Annual statement and related forward programme/quality improvement plan, should be reviewed and signed off by the relevant General Practice governance group.

**Introduction**

This Annual statement has been drawn up on **December 2024** in accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* for **ASHBOURNE MEDICAL PRACTICE**.

It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name: **Mairi McGilveray** Infection Prevent and Control (IPC) Lead

1. **Infection transmission incidents**

*Provide details of infection transmission incidents (which may involve examples of good practice as well as challenging events), how they were investigated, any lessons learnt and changes made as a result to facilitate future improvements.*

In June a member of the nursing team had a needle stick injury. We recognised that provision of occupational health was limited and so with the help of the Health Protection Team the member of staff was sent to A&E for appropriate risk assessment -- the IPC policy of sharps has been updated to ensure this happens in the future. In October new inoculation pathway posters were put in all the clinical rooms.

1. **IPC Audits and actions**

*Provide an overview of IPC audit programme as well as examples of good practice and actions taken to address suboptimal compliance.*

Action December 23 Audit – on the back of this audit a 3 monthly room clean in QUEST was set up – once every 3 months all the staff are asked in QUEST to give their rooms a thorough clean down, removing everything from the shelves, draws etc – generally decluttering; movable furniture is moved to ensure its cleaned underneath it; checking posters are up to date and laminated. This has improved our IPC standards and improved the standards of all our rooms.

MMR and Hep B Staff Vaccine Audit (Feb-May) – This ensured all staff were fully vaccinated as per Green Book Guidance (based on the risk assessments mentioned in the next section). The introduction on TeamNet in October meant our staff immunisation records are much more stringent and easier to access / setting up automatic review dates etc.

ANTT Audit (July) – An audit of all those staff undertaking ANTT procedures found a generally very good practice of the technique. Actions from audit included - cleanable trays to undertake ANTT were purchased, and training provided to these staff on their appropriate use. These were starting to be used during the audit period with good outcomes and remarks from the staff. Training and guidance on ensuring air conditioning is turned off and windows shut during ANTT procedures. All clinical rooms have now had carpets removed.

Hand Hygiene Audit (January + October)– Two audits undertaken watching clinicians in appointments and generally the outcome was positive, with good use of the 5 moments of hand hygiene, safe use of gloves and hand washing technique. Actions from the January audit were used to guide the training undertaken in May.

Cleaning audits – Our cleaning contractor (DCHS) undergo monthly compliance and efficiency audits which reassure we are keeping to the standards set to our commitment to cleanliness charter and within the FR2 category standards. The cleaning team have shown they will quickly rectify any soiled areas / requirement for deep cleans.

Urine Sample Audit (May) – An audit took place to see how urine samples dropped off at the practice were managed by the nursing team, including how we communicated treatments and concerns with patients. It suggested a need to change our system – see new policy in section 5.

Full External IPC Team Audit (September) - Overall 91% compliance achieved – the Community IPC Team members undergoing the meeting summarised their audit: "Overall a very good audit, discussed and shared advice at time of the visit".

1. **Risk Assessments**

*Provide details of IPC related risk assessments carried out and actions taken to prevent and control infection.*

Measles (Feb) – due to the rising cases of measles in the UK at the start of 2024 we had to ensure both our staff and patients were protected against this increasing risk. A risk assessment and action plan were drawn up which strengthened our triaging and treatment protocols.

Staff Immunisation (Feb) - Risk Assessment undertaken to understand the risk to different staff groups. All clinicians were prioritised and are vaccinated as per the Green Book. For all other staff groups MMR was prioritised as this was more time urgent due to local outbreaks. Staff not fully immunised with MMR were offered the vaccine. Hep B risk assessment - Several members of staff took up the offer of Hep B vaccinations and these schedules have been started by the indemnified ANP.

Masks (April) – Over the winter months clinicians had all be required to wear masks in consultations to reduce the risk of respiratory infection – this risk assessment advised this was no longer required but highlighted the continuing need for following our IPC policies, especially the Respiratory illnesses policy.

Dirty Utility (November) – The external IPC audit highlighted a need to reduce contamination of stored equipment and samples pots in our dirty utility – this risk assessment recognised the restrictions due to the building itself but some simple changes including removing old equipment, and putting consumables into lidded boxes that reduces this risk – these were actioned.

1. **Staff training**

*Provide details of IPC induction training, annual updates and any other IPC related training.*

When the new IPC policies were put into place a staff quiz took place in which many staff took part, overall was a good learning tool, breaking some common misconceptions.

QUEST April – A 2 hour full staff training session was included led by IPC lead going through all the new policies.

QUEST May - Hand Hygiene Day on 5th – So on 9th May Hand Hygiene QUEST training session (1 hour). Attended by approx 20 members of staff with good representation across the departments - interactive, gaining good feedback. Use of glow kit for visual understanding of hand hygiene technique.

New staff Induction checklist – the way new staff were inducted on our IPC policies changed at the start of the year – an hour with the IPC lead going through all the policies, including a signed checklist which is put in the staff HR file – new staff have reported this to be very thorough and useful.

1. **IPC Policies, procedures and guidance**

*Provide details of all policy reviews and updates, together with details of how changes have been implemented.*

All our IPC Policies were updated in January 2024 based on Community Infection Prevention and Control (https://www.infectionpreventioncontrol.co.uk/) policies.

The staff vaccination policy was re-written and put in the HR staff handbook.

A Urine Drop Off SOP was written off the back of the audit mentioned above ––The policy ensures patients are triaged first by a clinician. This has reduced the number of urine dips and MSUs sent which were not required under NICE guidance and improved our communication with our patients.

1. **Antimicrobial prescribing and stewardship**

*Provide details of all activities undertaken to promote and improve antimicrobial prescribing and stewardship.*

PCN Antibiotic Audit (May 24) – Reassuringly, AMP are currently below the national average for the proportion of Doxycycline and Amoxicillin prescriptions that are prescribed over 5 days. Clinicians showed good use of Arden's infection template when prescribing and when used, always resulted in the right prescription length being supplied. Clinicians encouraged to use the templates to aid prescribing.

Email sent in Feb 24 to try and set up TARGET training for our staff - Email received from Joanne Wright at the ICB stating that the Medicines Management Senior Pharmacist for Safety & Quality has received the target training, are looking at how best to utilise this moving forward – nothing heard from them this year.

**Forward plan/Quality improvement plan**

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| --- | --- | --- | --- | --- |
| **Issue** | **Actions** | **Date for completion** | **Person responsible** | **Progress** |
| **Improve our communication with the cleaning team**  | **Already in discussions to plan a meeting with the manager of the cleaning team.**  | **March 2024** | **DW/MM/cleaning team manager**  |  |
| **Undergo more regular room/hand hygiene audits**  | **Schedule these**  | **Dec 25**  | **MM** |  |