

**Annual Statement for Infection Prevention and Control (Primary Care) 2025**

It is a requirement of The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance that the Infection Prevention and Control Lead produces an annual statement regarding compliance with good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory authorities.

As best practice, the Annual Statement should be published on the Practice website.

The Annual Statement should provide a brief review of any:

• known infection transmission event and actions arising from this.

• audits undertaken and subsequent actions.

• risk assessments undertaken for prevention and control of infection.

• training received by staff; and

• review and update of policies, procedures, and guidance.

**Infection Control Annual Statement**

**Purpose**

This annual statement will be generated each year in July 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) Leads**

The Spa Medical Centre has two Infection Prevention and Control Leads:

* **Sarah Rumsby, Clinical Lead Nurse, GMS.**
* **Jodie Buckland, Nursing Associate, Surgical Services.**
* **GP Partner Dr Amy Gately supports the IPC Leads.**

The IPC leads are responsible for promoting good infection control practice within Spa Medical Centre. They are to ensure that:

* They provide timely advice to colleagues, service users and relatives (where applicable)
* Training is provided regarding the standard principles of infection prevention control, specifically training in hand decontamination, the use of PPE and the safe use of and disposal of sharps (this list is not exhaustive)
* Appropriate supplies of sharps containers, PPE and materials for hand decontamination are available
* Daily and Deep Cleaning Schedules are maintained

Staff at Spa Medical Centre are to support the IPC leads in maintaining high standards of infection prevention and cleanliness.

Promoting these high standards and then providing evidence of the organisation’s compliance is essential for reputational purposes coupled with the need to maintain high levels of both patient and staff safety.

Connie Timmins is the Lead Nurse for Infection Prevention and Control at NHS Bath and North East Somerset, Swindon, and Wiltshire Integrated Care Board. The organisation leads are to ensure that any specialist advice is sought as required.

**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 in the Quarterly Practice Development Meetings and learning is cascaded to all relevant staff.

In the past year there have been no significant events related to infection control.

**Infection Prevention Audit and Actions**

The Annual Infection Prevention and Control audit was completed by the IPC Lead in July 2025. Any issues that arose in 2024 have been addressed and a plan of action made for the next year.

* Waste bins are open baskets and not pedal-operated – costing to be done to discuss need for replacement.
* F23 is a carpeted consulting room – to be costed for vinyl replacement.
* Some rooms have vinyl flooring in a poor state which needs replacing, especially G11 – to be costed.
* Some staff chairs are fabric and not wipeable, and some non-fabric staff chairs have splits and cracks in the upholstery – to be costed for replacement.
* Many clinical rooms have a lot of clutter on desks and shelving, including plants and books, making it harder to clean effectively – staff reminded to keep workspaces clear.
* Many clinical rooms have messy drawers and cupboards, increasing the risk of out-of-date clinical items being missed – staff reminded to keep drawers and cupboards tidy.
* At the time of audit admin office areas and a back corridor downstairs had excessive amounts of notes stored, including on the floor in the back reception office. This will make it harder to clean effectively. These have since been removed for storage, so the area is now clear.

A Sharps audit was conducted in June 2025 and was good overall but demonstrated a need to ensure clinical rooms had more than one type of sharps bin.

A Cleaning audit is conducted monthly to ensure the contracted cleaning company (RapidClean) is performing well, no major issues were identified, and audit results are added to Teamnet.

**Spa Medical Centre plans to undertake the following audits in 2025/26:**

Clinical Room Audit – due July 2026

GMS-Infection Control Audits – due July 2026

Clinical Waste Bin Stream Audit – due July 2026

Sharps Bin Audit – due July 2026

Theatre IPC Audit encompassing all rooms in theatre suite – September 2025 (not yet done)

Handwashing Audit – to be done August/September 2025 as not yet done.

**Risk Assessments**

Risk assessments are conducted so that best practice can be established and then followed.

The following risk assessments were conducted / 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. This will be repeated in January 2026 (every two years).

We aim to ensure that all our clinical staff are up to date with their Hepatitis B immunisations and offer any occupational health vaccinations applicable to their role (i.e. MMR, seasonal flu, covid vaccine). We take part in the National Immunisation campaigns for eligible patients and offer vaccinations in house and in the community to our Care Home and housebound patients.

The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every 6 months. With that in mind, we use disposable curtains and ensure they are changed every 6 months. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded best clinical practice is to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed during the weekly room restocking visit and changed if visibly soiled.

**Window Blinds and Cleaning Specifications**

The vertical 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.

Cleaning specifications, frequencies and cleanliness: We have added a cleaning specification and frequency policy poster in the waiting room and all clinical rooms 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 contract cleaners follow. A cleaning audit is conducted by the cleaning contractor and areas for improvement addressed to maintain adequate cleaning standards.

**Chairs**

All chairs in clinical rooms and waiting rooms are wipeable. We are working towards replacement of worn chairs in consulting and treatment room as and when they are required.

**Training**

Annual Competency Check to ensure compliance with

* Clinical Waste Protocol
* Blood Spillage Protocol
* Sharps Bin Protocol
* Handwashing Protocol
* Daily and Deep Cleaning Protocols
* Laundry Protocols
* Donning and doffing of PPE

Mandatory- Agilio Teamnet Infection Control modules completed annually by all clinical staff.

**Networking**

Sarah Rumsby, IPC Lead for the practice, is an active member of the Southwest Primary Care Infection Prevention Network, a space to connect and collaborate with peers, share best practice and access the latest guidance.

**Policies**

Infection Prevention & Control Policy for both Surgical Services and GMS has been reviewed this year and is available for all staff to read on Agilio TeamNet

 It is reviewed on an annual basis and updated accordingly in line with current advice, guidance, and legislation changes.

It is the responsibility of every member of the practice team to be familiar with this Statement and their roles and responsibilities under this.

**Review date: July 2026**

Responsibility for Review: The Infection Prevention and Control Leads, and the Practice Manager are responsible for reviewing and producing the Annual Statement.

Clinical Lead Nurse - Sarah Rumsby

Practice Manager – Naomi Grist

**For and on behalf of the Spa Medical Centre**