

# Yorkley & Bream Surgery

## Annual Statement – Infection Protection & Control

Version	Edited by	Date issued	Next review date
1.1	Created by Lydia Buffrey	December 2025	December 2026

### Key personnel identified within this policy

Position	Named individual
Clinical Manager (Nursing)	Lydia Buffrey
IPC Lead	Stefanie Dobbs
Practice Manager	Gayle Sykes

### 1.0 Statement

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 (IPC) Lead produces an annual statement regarding compliance with good Practice on IPC.

This statement provides an overview of:

- Any infection transmission incidents and any actions taken (these will have been reported in accordance with the 'Significant Event Procedure')
- Details of infection control audits undertaken, and actions undertaken/planned
- Details of risk assessments undertaken for prevention and control of infection
- Details of staff training
- Review and update of policies, procedures and guidelines
- Future actions

### 2.0 Infection Control Leads

The main Practice clinical lead for infection control is Stefanie Dobbs (Practice Nurse), supported by Lydia Buffrey (Clinical Manager for nursing team), Gayle Sykes (Practice Manager). Both Nurses have attended a 2-day course and have up-to-date training in December 2025.

The infection control lead team have the following duties and responsibilities within the Practice:

- Keeping up to date with changes in Infection Control
- Ensuring use of appropriate personal protective equipment (PPE)
- Checking the surgery for cleanliness
- Performing infection control related audits
- Reporting any significant events or updates to the wider team
- Ensuring regular staff training on ICP

### 3.0 Infection Transmission Incidents (Significant Events)

Significant events (which may involve examples of near misses or good Practice as well as challenging events) are investigated in detail to see what can be learned and make changes that might lead to future improvements. All significant events are reviewed by the Practice Manager and learning is cascaded to all relevant staff.

In the past year there has been one significant event raised, that related to infection control.

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### 4.0 Infection Prevention Audit and Actions

The Practice carries out an IPC audit every 6 months; the last audit was completed in August 2025. This involved a comprehensive review of all aspects of infection prevention and control within the surgeries (both Yorkley and Bream sites). The audit demonstrated good IPC compliance throughout the Practice.

As a result of the audit, some minor actions and changes are planned for example:

- A reminder to staff to ensure posters on walls are laminated
- Mop heads to be changed more frequently
- Plugs to be removed from all sinks
- PPE posters in every clinical room
- General cleanliness and day to day cleaning - Following the IPC audit, which highlighted that general cleanliness, particularly at the Bream Surgery, was below the expected standard, the Practice reviewed its cleaning arrangements and appointed a new cleaner. Since their appointment, day-to-day cleaning standards have improved markedly, with clear cleaning schedules and regular monitoring now in place. These measures have addressed the concerns raised in the audit and support the ongoing maintenance of high cleanliness standards across all sites.
- Non lidded general waste bins were replaced in all clinical rooms with pedal operated lidded bins.

### 5.0 Risk Assessments

Risk assessments are carried out annually so that best Practice can be established and then followed. In the last 12 months the following risk assessments were carried out/reviewed:

- Legionella (Water) Risk Assessments: The Practice water safety risk assessment is outsourced and measures to ensure that the water supply does not pose a risk to patients, visitors or staff is carried out on a monthly rolling programme of interventions. The Practice remains accountable for ensuring that all required actions at Bream Surgery are completed and that compliance is maintained.
- Cleaning specifications, frequencies and cleanliness: Cleaning frequencies were developed in accordance with national guidance. Updated cleaning summaries are now in place.
- 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 and Covid vaccination). We take part in the National Immunisation campaigns for patients and offer vaccinations offsite, in house and home visits to our housebound patient population.
- Curtains: Disposable curtains are used in clinical rooms. All curtains are regularly reviewed and changed more frequently if damaged or soiled.
- Hand washing sinks: The Practice has clinical hand washing sinks in every room for staff to use. Some of the sinks do not meet the latest standards but we have mitigated this by removing plugs and reminding staff to turn off taps that are not 'hands free' with paper towels to minimise the risk of cross-contamination, clear signage above the sink as a visual reminder to staff is in place. All our soap/hand sanitiser dispensers although they are not wall mounted are clean and checked regularly.

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### 6.0 Audits

Yorkley and Bream Surgery undertake the following audits:

- Infection control audit of rooms and buildings (6 monthly) last completed: August 2025
- Handwashing audit for clinical and non-clinical staff (3 monthly): 7<sup>th</sup> October 2025
- Aseptic technique audit (nursing staff) (annually): 17<sup>th</sup> October 2025
- PPE audit (nursing staff) (annually): 17<sup>th</sup> October 2025
- Vaccine stock (monthly): 25<sup>th</sup> November 2025
- Vaccine storage audit (3 monthly): 25<sup>th</sup> November 2025
- Fridge temperature audits (weekly)

### 7.0 Training

- All our staff receive mandatory annual training in IPC via online learning on GP Teamnet as well as any relevant updates at PLT/nurse meetings. All training is logged on GP Teamnet and IPC is part of all new staff inductions.
- An IPC Audit carried out sixth monthly by our Lead IPC
- If any staff have a particular interest or area they wish to learn more on/develop knowledge in an effort will be made to accommodate this.
- Any training needs identified following SEA will be acted on accordingly.

### 8.0 Policies

All Infection Prevention Control related policies are in date and actively reviewed. Policies relating to Infection Control are available to all staff and are reviewed and updated as appropriate, all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are available for all staff to read.

### 9.0 Antimicrobial Prescribing and Stewardship

The Practice is committed to antibiotic stewardship and all clinicians are advised to prescribe in accordance with local guidance. All prescribers receive training in antimicrobial use and the principles of antimicrobial stewardship.

### 10.0 Future Actions

- To continue with regular audits
- Keep staff updated with any IPC changes
- Regular IPC meetings
- Follow all local guidelines to remain compliant

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### 11.0 Responsibility

It is the responsibility of staff at Yorkley and Bream Surgery to be familiar with this statement and their roles and responsibilities within this document.	
Review Date	December 2026
Reviewers	IPC Lead and Clinical Manager Stefanie Dobbs Lydia Buffrey
For information	Staff are encouraged to speak with Stefanie Dobbs or Lydia Buffrey for further information or if they have any queries relating to IPC