

Annual Statement Report

Acorn Surgery

Purpose

This annual statement will be generated each year in December 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 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 Acorn Surgery is Dr Mary Simpson, GP Partner

The IPC lead is supported by Victoria Pilkington, Practice Manager

Infection transmission incidents (significant learning events)

Significant learning events (which may involve examples of good practice as well as challenging events) are investigated in a detail to see what can be learnt and to indicate changes that might lead to future improvements.

All infection control related significant learning events are reviewed and discussed at weekly Practice Meetings. Any learning points and best practice is cascaded to all relevant staff, this may also include an action plan, including audits or policy review.

In the past year, there has been one significant learning events raised which related to infection control. Relating to a needle stick injury, as a result our reporting process was reviewed and learning shared with the team. Any concerns raised due to the cleanliness have been reported to the landlord and cleaning company. There have been no complaints made by patients or stakeholders regarding cleanliness or infection control.

Infection prevention audit and actions

The annual infection Prevention and control audit was completed by Dr Mary Simpson and Victoria Pilkington with support from the Lead Infection Control Nurse at Cambridge and Peterborough Integrated Care Board in November 2023.

As a result of the audit the following actions have been taken or scheduled

- All blinds no-longer complaint with IPC guidelines to be replaced with frosted window covers.
- Concerns with levels of cleaning and cleaning schedules raised with cleaning contractor and landlord.
- Changes planned to contracted cleaning to include store rooms.
- Non-compliant accessible toilet reported to the landlord.

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:

- General IPC risks: The
- Cleaning specifications, frequencies and cleanliness: We work with our cleaners to ensure that the surgery is kept as clean as possible. Regular assessments of cleaning processes are conducted with our cleaning contractors to identify areas for improvement
- Privacy curtains: Disposable curtains are used in clinical rooms and are changed every 6 months. All curtains are regularly reviewed and changed more frequently if damaged or soiled
- Immunisations. As a practice we risk assess to ensure that all our staff are up to date with their Hepatitis B immunisations and are 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 to our patient population.
- Legionella (Water safety) Assessment: Completed by the landlord reviews its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors or staff.
- Fridge: A annual audit of all clinical fridge's is completed to ensure there are no risk the patients and ensure a compliance with cold chain policy

In the next year, the following risk assessment will also be reviewed:

- Annual Infection Prevention Control Audit
- Hand Hygiene audit
- Weekly cleaning spot checks
- Monthly waste audit
- Monthly sharps bin audit
- Medical Fridge audit

Training

In addition to staff being involved in risk assessments and significant events, at Acorn Surgery all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually through TeamNet ilearn online or at PCN Mandatory training sessions.

IPC lead should attend regular IPC forums organised by Cambridge and Peterborough ICB

Policies and procedures

The infection prevention and control-related policies and procedures that have been written, updated, or reviewed in the last year include, but are not limited, to:

Infection Prevention Control Policy
Blood Borne virus including needle stick injury
Cold chain policy
Decontamination Policy
Environmental Policy Statement
Food storage Protocol
Hand Hygiene Policy
Hygiene / Infection Control Protocol for Clerical Areas
Infectious Diseases Notification Policy
PPE Policy

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. Changes to policy are shared with the team via our intranet

Responsibility

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

Review

The IPC lead and Victoria Pilkington, Practice Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before January 2025

Signed by



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Dr Mary Simpson
Senior GP Partner and IPC Clinical Lead