

# IPC annual statement report

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Wetmore Road Surgery

15/9/2025

## Purpose

This annual statement will be generated each year in September, 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 Wetmore Road Surgery is Practice Nurse Team Manager, Sarah Brooker.

The IPC Lead is supported by Nurse Associate, Sarah Ratcliffe.

### 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 0 significant events raised which related to infection control. There have also been 0 complaints made regarding cleanliness or infection control.

**b. Infection prevention audit and actions**

**Infection prevention and control external audit** - carried out on 14<sup>th</sup> July 2025

Issues highlighted from audit included general cleanliness, out of date posters for inoculation injury processes, sepsis training missing from mandatory matrix, IPC policy not reviewed.

**Actions implemented:**

Cleaning team contacted and provided 4 additional sessions to review and rectify highlighted issues – all addressed and complete.

Old posters removed and replaced with current details of process for inoculation injury and contact details for the occupational health team.

Sepsis modules added to the mandatory training matrix and staff informed to complete them.

Policy reviewed and updated.

**Repeat external audit** – carried out 3<sup>rd</sup> September 2025

Audit passed – 94% compliance rating.

**Waste management audit** - carried out August 2024

Low risk score achieved.

**Cleanliness audit** - carried out in April 2025

99% score achieved.

Cleaning company contacted to address cobwebs and soiled kitchen bin.

**Sharps audit** – Carried out 1<sup>st</sup> September 2025

3 sharps containers contained cotton wool – email sent to staff reminding them to only dispose of sharps waste in containers.

Planned audits for the next 12 months:

- Waste management audit
- Cleanliness audit
- Hand hygiene audit
- Sharps audit
- Infection prevention and control 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:

General IPC risk assessment – September 2025

Functional risk assessment in line with the National Standards of healthcare cleanliness – May 2024

COSHH risk assessment – June 2025

Sharps risk assessment – September 2025

Staff vaccinations – September 2025

Sharps – September 2025

Water safety – May 2025

Assistance dogs – April 2025

In the next year, all of the above risk assessments will also be reviewed

**d. Training**

In addition to staff being involved in risk assessments and significant events, at Wetmore Road Surgery all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually, either face to face or online.

**e. 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 Handbook which includes all relevant policies and procedures

Waste Management policy

Assistance dogs and other animals' policy

Safe water policy

Health and safety policy

First aid 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.

**f. Responsibility**

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

**g. Review**

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

This annual statement will be updated on or before September 15th 2026.

**Signed by**

*S J Brooker*

Sarah Brooker  
For and on behalf of Wetmore Road Surgery.