

HILLSIDE PRACTICE

Annual Infection Prevention and Control (IPC) Statement

Date of Statement: May 2025

Annual Audit Date: 14 April 2025

Auditors: Davida Bygate (Practice Nurse) and Valerie Kaczkowski (Health Care Assistant)

Follow-up Audit Date: 15 May 2025

Follow-up Auditor: Valerie Kaczkowski (Health Care Assistant)

Review Date: April 2026

Prepared by: Jenna Harris (Enhanced Service Administrator)

Purpose of the Statement

This annual statement outlines the infection prevention and control measures undertaken by Hillside Practice over the past year, in accordance with the Health and Social Care Act 2008: *Code of Practice on the Prevention and Control of Infections and Related Guidance*.

Hillside Practice is committed to delivering safe, effective, and high-quality care by proactively managing infection prevention and control. We continually review our policies and procedures, update training, and conduct audits to ensure compliance and safety for patients, staff, and visitors.

Scope of the Annual Statement

This document summarises:

- Infection control audits and resulting actions
 - Risk assessments and follow-up measures
 - Reviews and updates of relevant IPC policies
 - Reported infection incidents and outcomes
 - Staff IPC training and education
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Infection Control Leadership

IPC Leads:

- **Davida Bygate**, Practice Nurse
- **Valerie Kaczkowski**, Health Care Assistant
- Supported by **Jenna Harris**, Enhanced Service Administrator

Key Responsibilities:

- Promote infection prevention through staff training and education
- Disseminate IPC updates and ensure compliance
- Provide guidance and support across the practice
- Act as a point of contact for IPC-related concerns

Significant Events

Between April 2024 and April 2025, **one significant infection control incident** was reported:

A **Primary Care Network (PCN) staff member**, sustained a **cut from a scalpel during a family planning clinic**. This incident prompted a comprehensive review of related practice protocols and procedures. As a result, the following measures were implemented:

- A full review of **practice policies** related to minor procedures.
- Creation and implementation of **Safe Management of Sharps guidance**.
- Development of an **updated Sharps Policy**.
- Introduction of a dedicated **Family Planning Protocol**.
- Establishment of a **Pre-Procedure Protocol and Checklist**.
- Preparation of a **comprehensive reference file** containing all relevant documentation, to be stored in the clinical room for use during family planning sessions.

These actions have strengthened safety procedures, reduced the risk of recurrence, and reinforced compliance with infection prevention standards.

Governance and Oversight Framework

1. **Governance & Oversight**
 - Regular audits conducted
 - Policies reviewed in response to new guidance
 - Incident reporting system in active use
 2. **Staff Training & Competency**
 - All staff completed mandatory IPC training
 - Annual competency checks in place
 - IPC included in new staff induction
 3. **Environment & Safety Checks**
 - Routine facility and equipment maintenance
 - Risk assessments regularly updated
 - Fire drills conducted quarterly
 4. **Service User Feedback**
 - Annual surveys and complaints used for service improvement
 - Actions from feedback reviewed in team meetings
 5. **Continuous Improvement**
 - Quality Improvement Plan reviewed by leadership
 - Audit findings and lessons shared in meetings
 - Compliance monitored with CQC and other regulators
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Risk Assessments

Reviewed and/or carried out:

- **Legionella (Water Safety):** Monthly checks and weekly flushing
 - **Sharps & Needle Stick Injuries**
 - **Cleaning & Decontamination**
 - **PPE Use**
 - **Staff Immunisation:** Ongoing (e.g., Hepatitis B, flu)
 - **Curtains:** Cleaned twice annually
 - **Flooring:** Inspected biannually for damage/stains
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Policies and Procedures

All IPC-related policies are:

- **Up-to-date**, accessible via the shared drive
- **Regularly reviewed** based on latest legislation and guidance
- **Included in staff inductions**

Policies include:

- Infection Control Policy
 - Hand Hygiene Policy
 - Environmental Cleaning Policy
 - Waste Management
 - Outbreak and Communicable Disease Protocols
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Roles and Responsibilities

- **IPC Audit:**
Conducted by Davida Bygate and Valerie Kaczowski
 - **Annual Statement Review:**
Jenna Harris, Enhanced Service Administrator
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Key IPC Achievements (2024–2025)

- **Full compliance** with 10 audited sections
 - **Staff training completed** and documented
 - **PPE, hand hygiene, and waste systems** compliant
 - **Policies and records** accessible and current
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Audit Summary by Section

Section	Summary
1. Guidelines, Policies & Standards	Fully compliant; designated leads and up-to-date training

Section	Summary
2. Consultation rooms	Mostly compliant; minor building maintenance needed (chairs, blinds, etc.)
3. Clinical Areas	
4. PPE	Adequate supply and signage
5. Respiratory and Cough Hygiene	Training and annual updates completed
6. Sharps Management	Fully compliant
7. Specimen Handling	Compliant
8. Sluice /dirty room	Functional with minor repair (pipe cover)
9. Toilet areas	Compliant with minor repairs. New waste bins with foot pedals have been purchased to replace broken units.
10. Waste Management	Fully compliant

Outstanding Actions

To be led by **Assistant Practice Manager K. Warburton**:

- Repair of the broken sensor tap in the Minor Operations Room
- A schedule of replacement works has been created, which includes the following:
 - Replacement of non-wipeable or damaged chairs in Rooms 4, 9, 10, and 11
 - Progression of carpet replacement in clinical rooms
 - Addressing building maintenance issues, including painting, blinds, and light fixtures.

Monitoring and Next Steps

- IPC concerns are standing agenda items in staff meetings
- Weekly stock and cleanliness checks by Healthcare Assistants
- Ongoing targeted audits to track progress on actions
- Next full IPC audit and policy review scheduled for **April 2026**

Conclusion

Hillside Practice remains dedicated to the highest standards of infection prevention and control. We continuously monitor, assess, and improve our systems to ensure a safe, compliant, and welcoming healthcare environment.

Signed: *Valerie Kaczkowski* Health Care Assistant, *Davida Bygate* (Practice Nurse) and *Jenna Harris* (Enhanced Service Administrator)

Date: 15 May 2025