

Annex G –IPC annual statement report

Swan Lane Medical Centre

31/3/25

Purpose

This annual statement will be generated each year in August, 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 Swan Lane Medical Centre is Dr P Nixon.

The IPC Lead is supported by Practice Manager and Assistant Practice Manager.

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 no significant events raised which related to infection control. There have also been 2 complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

CQC inspection requirements following inspection – There were no actions from July 2023 review.

External Audit – Results= I have attached for your information your completed audit report in which the practice has scored 82% (amber rating) partial compliance, well done to you all.

There are a number of actions/improvements required as we discussed at the time of our visit evidently around the environmental area, you will find these listed throughout the audit report in the section highlighted 'remedial action to resolve problem'. Please use this information to develop your action plan. We have highlighted in red the action needed, this can be copied into your action plan

Internal Audit – Annual Infection Control Audit August 2024.

Action plan created to address all audit findings including general building maintenance, re-decoration requirements, Cleaner's actions.

As part of staff induction and on-going training via Bluesteam all employees at Swan Lane are involved in promotion of IPC.

Future Audit Review - Annual IC audit – Due August 2026

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: -

Hand Hygiene Audits	Jan-25
Infection Control Audit	Sep-24
Latex Rubber Allergy Assessment	Dec-24
Legionella Water Testing	Mar-25
Staff Infection Control Training Check	Dec-24
Body Fluid Spillage kits	Mar-25
House Keeping - Whole Premises	Feb-25
Clinical Waste Risk Assessment	Sep-24
Mechanical Ventilation (Room 0) Servicing	Mar-24
Patients who have fainted	Mar-25

d. Training

In addition to staff being involved in risk assessments and significant events, at Swan Lane Medical Centre all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training via our online training portal.

Various elements of IPC training in the previous year have been delivered via our on line training portal which is for clinical and non-clinical staff.

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: -

Blood Borne Virus Protocol
Contagious Illness Policy
Decontamination Policy
Hand Hygiene Policy
Waste Disposal Policy
Cytotoxic drug Protocol
Biological substances
Laundering of Uniforms and Materials Policy
Patient Isolation Protocol
Rubber Latex Policy
Urine sample Handling Protocol for urine dipstick
Building Maintenance Policy
Personal Protective Equipment (PPE) Policy

Policies relating to infection prevention and control are available to all staff and are reviewed and updated within NHS stated guidelines. 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 Swan Lane Medical Centre to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC Lead and Assistant Practice Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 31 August 2026.

Signed by

Dr P Nixon – Senior Partner
For and on behalf of Swan Lane Medical Centre