

Annual statement on compliance with IPC practice (including cleanliness) for General Practice Template

Purpose of the 'Annual statement'

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities and should also be published on the General Practice website.

Below is a suggested template for the Annual statement. General Practices can (and should) adapt the template and add further details, but the six key headings below must be included. The Annual statement and related forward programme/quality improvement plan, should be reviewed and signed off by the relevant General Practice governance group.

Introduction

This Annual statement has been drawn up on accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* for . It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name:

Infection Prevent and Control (IPC) Lead

1. Infection transmission incidents

Provide details of infection transmission incidents (which may involve examples of good practice as well as challenging events), how they were investigated, any lessons learnt and changes made as a result to facilitate future improvements.

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

2. IPC Audits and actions

All staff are aware of the importance of hand hygiene in reducing healthcare associated infections, annual audit of hand hygiene is in progress.

An aseptic technique audits are performed with all clinicians involved in this procedure with excellent results.

An infection Prevention Control Annual Audit was also carried out in May`25

A Pre-acceptance waste audit was carried out by Sister Helen Shaw on 09/04/24 for Anenta Waste Management Service, this expires 09/04/29

3. Risk Assessments

Provide details of IPC related risk assessments carried out and actions taken to prevent and control infection.

Risk assessments are carried out so that best practice can be established and then followed. In the last year the following risk assessment were carried out/reviewed.

Legionella (Water) Risk Assessment

TSS Facilities Ltd, carried out legionella risk assessment every 2 years and perform a legionella test twice a year. Julie Taylor (deputy practice manager) monitors the water temperature monthly

Cleaning specifications, frequencies and cleanliness: We work with our cleaners to ensure that the surgery is kept as clean as possible. Monthly assessments of cleaning processes are conducted with our cleaning contractors to identify areas for improvement

4. Staff training

Provide details of IPC induction training, annual updates and any other IPC related training.

All clinical staff receive annual training in infection control and prevention.

All non-clinical staff receive 3 yearly training in infection control and prevention.

5. IPC Policies, procedures and guidance

Provide details of all policy reviews and updates, together with details of how changes have been implemented.

All infection Prevention and Control related policies are in date for this year.

Policies relating to infection Prevention and Control are available to all staff and are

Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Non wipeable notice boards in waiting room	Discussed with management team and ordered	Pending	FJ	Pending
Reception cleaning checklist	Implemented and staff aware	On going	FJ	
No evidence of clinician staff cleaning medical equipment	To be added to end of each clinician's rota	On going	JT	

Forward plan/Quality improvement plan review date:

