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

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 **30th October 2026** in 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 **Waterfoot Medical Practice**. 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: Becky Stanfield, Advanced Clinical Practitioner
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.

Any infection transmission incidents are reported with our Significant Events Analysis. These are reviewed in our regular clinical meetings.

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

2. IPC Audits and actions

Provide an overview of IPC audit programme as well as examples of good practice and actions taken to address suboptimal compliance.

- No current measures/standards to meet in place from CQC
- No current out-standing audits or actions from external IPC agencies
- In-house audit completed by HCA Schofield 1/10/26. Plan to reaudit on a quarterly basis. Audit findings detailed below:
    1. Query re hand-mounted handrubs in treatment rooms – available on desks
    2. Query re visible clean shelves – query sent to practice manager to feedback to cleaner
    3. Privacy curtains checked and they are in-date for 2yearly review in May 2027

3. Risk Assessments

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

In the last year, the following risk assessments were carried out/reviewed:

Staff exposure risk assessment for Hep B and MMR in place. Relevant infection control policy and risk assessment in place and up to date. COSHH guidelines implemented.

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

- Cleaning standards

4. Staff training

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

All staff undergo Infection Prevention & Control training commensurate to their role. Audits are completed observing staff in practice/a learning opportunity or improvement to IPC management.

IPC is a regular item on the clinical meeting agenda.

5. IPC Policies, procedures and guidance

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

The infection prevention and control-related policies and procedures that have been written, updated or reviewed in the last year include:

- Implementation of the Infection Prevention Control Handbook

Policies relating to infection prevention and control are available to all staff and are reviewed and updated regularly. Additionally, all policies are amended on an ongoing basis as per current advice, guidance and legislation changes.

6. Antimicrobial prescribing and stewardship

Provide details of all activities undertaken to promote and improve antimicrobial prescribing and stewardship.

The practice promotes and improves antimicrobial prescribing and stewardship through a monthly review of data provided by the ICB medicines management team and regular practice based audits.

Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Improve our communication with NHSPS cleaning team	Regular meetings with domestics lead Sharing of cleaning standards schedule	March 2027	GB / KF & LA (domestics team manager)	Quarterly meetings established
Undergo more regular room/hand hygiene audits	Schedule these	Dec 26	BS / KS	

Forward plan/Quality improvement plan review date:

October 2027

IPC statement and Forward plan/Quality improvement plan for presentation to

Practice Clinical Team Meeting

On

November 2026