



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 20.8.26 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 HILLCREST SURGERY 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: Cathy Reynolds

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.

None known

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.

Cr has done audits on sharpes buckets, hand washing, and where small adjustments needed to be made, she has done staff training, and performed a reaudit, where the actions were passed.

3. Risk Assessments

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

Cathy is working with the national infection control team, to develop a risk assessment tool, which can be transferred to General Practice, with Guidance on tools to use, questions to ask, items to check, and work around solutions

4. Staff training

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

Staff updates about IPC are done at the quarterly staff meetings and the monthly nurse meetings. An Annual hand washing audit is performed.

5. IPC Policies, procedures and guidance

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

Policies are kept on teamnet, and are changed when new systems are implemented otherwise they are checked for any changes and updated annually.

6. Antimicrobial prescribing and stewardship

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

This is looked at by the local health authority, and we are contacted if we are prescribing too many antibiotics, or have outbreaks of Gastro intestinal outbreaks, due to overprescribing

Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Environment audit	Audit by CER	May 26	CER	
Curtains replaced	CER, AD, HH	August 26	CER	
Hand wash audit	Surgery Meeting	25.3.26	CER	

Forward plan/Quality improvement plan review date:

May 26

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

HH ongoing

On

ongoing