

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

Introduction

This Annual statement has been drawn up on 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 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.

Any infection transmission incidents are reported with our SEA. These are reviewed in our regular education meetings.

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.

Audits completed as NHS National Standards of Healthcare Cleanliness in General Practice.

Fridge Temperatures / Legionella Testing

3. Risk Assessments

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

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.

4. Staff training

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

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

5. IPC Policies, procedures and guidance

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

Saville policies all reviewed and updated regularly, using the National Infection Prevention and Control Manual for England guidelines. Clinical staff refer directly to UKHSA Health Protection Team with a notifiable infection concern.

6. Antimicrobial prescribing and stewardship

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

A Clinical member of staff as the antimicrobial lead, who liaises with the whole team.

Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
7 Saville Place – Listed Grade 2 Building	External and Internal Decoration and Repairs	2026	Caroline Morris + Contractors	Ongoing
Hand Gel	Dispensers added to clinical rooms and corridors at 7 Svaile Place	Oct 2025	Management	Complete

Forward plan/Quality improvement plan review date:

Ongoing

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

Infection Control Lead to arrange presentation to team.

On

2026

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control
www.infectionpreventioncontrol.co.uk March 2024