# SWAVESEY SURGERY

# IPC Annual Statement Report

Swavesey Surgery

12/9/2024

**Purpose**

This annual statement will be generated each year in September in accordance with the requirements of the [Health and Social Care Act 2008 Code of Practice](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) 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 Swavesey Surgery is Lorna Gardiner, Practice Manager

The IPC lead is supported by Nicole Fielder, HCA

**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 nil significant events raised which related to infection control. There have also been nil complaints made regarding cleanliness or infection control.

**b. Infection prevention audit and actions**

No requirements needed following the CQC inspection.

Full annual IPC audit completed on ICAT.

Quarterly cleaning audits completed

Staff handwashing annual audit completed

Practice incidents and significant events annual audit completed

**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:

* General IPC risks
* Staffing, new joiners and ongoing training
* COSHH
* Cleaning standards
* Privacy curtain changes
* Staff vaccinations
* Sharps
* Water safety

**d. Training**

In addition to staff being involved in risk assessments and significant events, at Swavesey Surgery all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually

**e. Policies and procedures**

Policies relating to infection prevention and control are available to all staff and are reviewed and updated annually. 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 Swavesey Surgery to be familiar with this statement and their roles and responsibilities under it.

**g. Review**

The IPC lead is responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before October 2025

**Signed by**

Lorna Gardiner

For and on behalf of Swavesey Surgery