

# IPC Annual Statement Report

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Chartfield Surgery

22<sup>nd</sup> August 2023

## Purpose

This annual statement will be generated each year in August, in accordance with the requirements of the [Health and Social Care Act 2008 Code of Practice](#) on the prevention and control of infections and related guidance. The report will be published on the practice 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 Chartfield Surgery is Nurse Mary Conroy.

The IPC lead is supported by Dr. Anamaria Vladoi (Operations Manager).

### 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 6 events raised which related to infection control, detailed in Appendix 1. There have also been 0 complaints made regarding cleanliness or infection control.

**b. Infection prevention audit and actions**

Chartfield Surgery is rated 'Good' by the Care and Quality Commission. The Surgery has Infection Control Policy and Procedures in place as a measure to ensure continued compliance with the [Health and Social Care Act 2008 Code of Practice](#). Annual audits of IPC measures are carried out by the responsible persons named above to ensure compliance and an Action Plan is generated following this audit.

An IPC Inspection by Public Health England is scheduled to be carried out on the 12<sup>th</sup> September 2023.

An IPC Audit was last carried out in June 2022. An audit is scheduled to be carried out on the 22<sup>nd</sup> August 2023. Audits involve a thorough review of the Surgery premises, a review of policy documents and procedures, and a Hand Hygiene Audit. Although it is the responsibility of all staff to ensure compliance with IPC procedures, the responsibility for carrying out the audit and acting on any points raised as a result lies with the named responsible persons above.

**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:

- IPC Audit
- Hand hygiene audit
- Practice premises and equipment updates
- Audit of training for new staff
- COSHH update
- Privacy curtain changes
- Staff vaccination audit
- Sharps safety audit
- Legionella risk assessment
- Assistance dogs policy

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

- Cold chain policy
- IPC Audit
- Hand hygiene audit
- Practice premises and equipment updates
- Staff training and refreshers

**d. Training**

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

**e. Policies and procedures**

The infection prevention and control-related policies and procedures that have been written, updated, or reviewed in the last year include, but are not limited, to:

- IPC Policy
- Waste Risk Assessment
- Minor Operations Policy
- Cleaning Policy
- IPC Action Plan

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 Chartfield Surgery to be familiar with this statement, and their roles and responsibilities under it.

**g. Review**

The IPC lead and Operations Manager are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before August 2024.

**Signed by**

Dr Anamaria Vladoi  
Management Team  
For and on behalf of Chartfield Surgery

## Appendix 1 - IPC Annual Statement – List of Actionable Items and Events

| Item                                                                                                                       | Date                                         | Action                                                                                                                                                |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| Non-clinical waste not collected by provider                                                                               | 15th Feb 2023                                | Waste removal provider was contacted to raise the issue and waste was subsequently collected                                                          |
| Audit of actionable items to do with facilities undertaken by Nurse Mary Conroy and Dr Anamaria Vladoi, Operations Manager | 2 <sup>nd</sup> June 2023                    | List of actions updated                                                                                                                               |
| Wall-mounted hand soap dispensers not fitted in bathrooms, clinical rooms, receptions, waiting hall upstairs, downstairs   | 20 <sup>th</sup> – 21 <sup>st</sup> May 2023 | Hand soap dispensers, hand sanitiser dispensers towel dispensers fitted                                                                               |
| Hand towel dispenser not fitted in upstairs bathroom                                                                       | 23 <sup>rd</sup> June 2023                   | Hand towel dispenser fitted                                                                                                                           |
| Non-clinical waste not collected by provider                                                                               | 16 <sup>th</sup> August 2023                 | Waste removal provider was contacted to raise the issue and waste was subsequently collected                                                          |
| Full IPC audit carried out and list of actionable items generated                                                          | 22 <sup>nd</sup> August 2023                 | Full infection control and prevention audit carried out by Nurse Mary Conroy and Sam Underwood (on behalf of Dr. Anamaria Vladoi, Operations Manager) |
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