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.

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 reviewed on 10.04.2026 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 Leatside 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:

Ruth Tomlinson
Infection Prevent and Control (IPC) Lead

1. Infection transmission incidents

There have been no known infection transmission incidents in the last 12 months. Regular communication to all staff reiterates the importance of solid IPC standards and practices: verbally at a whole surgery education event and via Teams electronically. These include hand hygiene, cough hygiene, surface and equipment cleaning and high touch points; especially at times of known outbreaks locally.

2. IPC Audits and actions

Annual audits of hand washing, personal protective equipment (PPE) donning and doffing and aseptic technique for all clinical staff. Room audits risk assessed cleaning was not of adequate standard. A new cleaning company has been employed- Dart FM. Dart FM have implemented cleaning staff training, supervision and change of cleaning products and equipment. Standards have risen and are now excellent. Regular audits ensure maintenance of these high standards. Reassessment of each space has been completed and adjustments made to cleaning schedules in line with 2025 guidance NHS England » National standards of healthcare cleanliness 2025 (NSHC, 2025). Management have implemented changes to the splash backs in clinical room to aid hand washing, redecorated facilities where needed and installed automatic lighting in frequently used areas to avoid high volume touch points and save electricity. These changes have improved standards of hygiene but continue to be monitored regularly.
Sharps bin audits are on a rolling rota.

3. Risk Assessments

Leatside follow national and local guidance regarding risk assessments and actions required to manage outbreaks.

4. Staff training

All staff have their training via 'e-learning for healthcare' on induction and either annually (clinical staff) or at an appropriate interval for their role. This is standardised training at different levels according to clinical responsibilities. The IPC lead has completed additional training in IPC and attends updates every 2 years. Cleaning staff have training provided by their employer in line with NSHC (2025)

5. IPC Policies, procedures and guidance

A new IPC Policy was introduced in January 2025 with updated guidance. Recommended changes in practice have been implemented, such as signage and changes in cleaning schedules in line with NHS England » National standards of healthcare cleanliness 2025.

6. Antimicrobial prescribing and stewardship

Antimicrobial prescribing and stewardship is discussed at clinical meetings. An audit and review of prescribing antibiotics for upper respiratory infections has resulted in a change of practice. Prescribers utilise clinical judgement. Prescribing decisions are made with referral to the South and West Devon Formulary and microbiology recommendations where appropriate.

Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
IPC Annual programme	**R.Tomlinson to continue to review and implement changes where any issue is identifies.**		**RT**	**Weekly time given to update**
Carpet in clinical rooms	**Risk assessment required and plan to replace**	**2 years**	**MR, SM and RT**	

Forward plan/Quality improvement plan review date:

April 2027

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

Martin Randall for discussion at the Leatside Patient Group (LPG) Patient Participation Group

On

By Oct 2026

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