# IPC Annual Statement Report

Horndean Surgery

13.02.2025

**Purpose**

This annual statement will be generated each year in February 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 Horndean Surgery is **Wendy Parkinson HCA.**

The IPC lead is supported by **Bernie Kelly Lead Nurse Jean Smees PM**.

**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 no significant events raised which related to infection control. There have also been no complaints made regarding cleanliness or infection control.

**b. Infection prevention audit and actions**

On the 08/06/2022 We had a visit/audit from the IPC . Charmaine Donnelly carried out an inspection and highlighted a few areas that needed to be addressed.

Cleaning schedules in each room- completed

Carpets deep cleaned on a regular basis-Minster cleaning has a schedule.

An annual infection audit to be made public- This document is to be added to the Horndean website yearly,

Update posters for needle stick injuries- in all rooms and laminated. Covered by Heals.

Some flaky paint in the staff room- repainted and plastic perspex applied to prevent future damage.

Some clutter in clinical rooms- been removed and clinically tidy.

All posters in the waiting room need to be laminated, some were not- All laminated now.

Needed a lidded bins in the staff room and toilet near treatment room 1- done

Dirty utility room had access PPE equipment- removed and clutter free.

Minster cleaning- required disposable mops and clothes, clean buckets- all supplied and staff made aware.

To remind patients that all samples need to be provided in the appropriate containers as this can pose a risk to staff- patients to be given a pot when sample is requested.

All sharps bin need to partially closed when not in use.-Staff informed

Orange bin needed for contaminated waste- purchased

All actions highlighted during this inspection has been completed

**Recent audit 2025 -Action required**

**Pedal bin in toilet needs replacing/fixing as the lid has come off. New bin purchased**

**The fridge in the staff room needs defrosting - Done**

**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:

Legionella Risk Assessment

Health and Safety Risk Assessments

IPC risk assessments including Privacy curtains

COSHH risk assessments

Cleaning Standards

Sharps

Staff Vaccinations

**d. Training**

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

Clinical IPC level 2 Annual training

Non-Clinical IPC level 1 Every three years

**e. Policies and procedures**

All infection Prevents and Control related policies are updated annually. All polices are currently in date.

Policies relating to infection prevention and control are available to all staff. 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 Horndean surgery to be familiar with this statement and their roles and responsibilities under it.

**g. Review**

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

This annual statement will be updated on or before12.02.2026

**Signed by**

Jean Smees

For and on behalf of Horndean Surgery