IPC Annual Statement Report

Hythe Medical Centre

Date: 27/02/2026

Purpose

This annual statement will be generated each year in January / February 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 undertaken, 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 Hythe Medical Centre is Vicky Brown.

The IPC lead is supported by Dr Mohsin Salahuddin.

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 of 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 that 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 clinical meetings. 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 [0] significant events raised that related to infection control. There have also been [0] complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

- Hand Hygiene Audit Feb 2026 – compliance was 100% with ‘bare below elbow’, washing techniques and disposal of hand towels.

- Curtains – replacement requirement updated to be 6 monthly for clinical procedure rooms. Replacement curtains will be due in August 2026 (or earlier if soiled)

c. Risk assessments

Risk assessments are carried out so that any risk is minimised to be as low as 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:

- Staffing, new joiners and ongoing training.
- COSHH – register updated, safety data sheets up to date with corresponding risk assessments in place.
- Staff vaccinations – all up to date, where appropriate risk assessments in place and 10-year boosters also given.

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

- IPC compliance.
- Infrastructure inspection for new build.

d. Training

In addition to staff being involved in risk assessments and significant events, at Hythe Medical Centre 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 have been reviewed.

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 Hythe Medical Centre to be familiar with this statement and their roles and responsibilities under it.

g. Review

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

This annual statement will be updated on or before 01/04/2027.

Signed by

Vicky Brown
For and on behalf of Hythe Medical Centre