Annual IPC Statement

The Hawthorns Surgery

May 2026

Purpose

This annual statement will be generated each year 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. It summarises:

- 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
- Antimicrobial prescribing and stewardship

The Health and Social Care Act 2008 Code of Practice Compliance Criterion

The Health and Social Care Act 2008 sets out 10 criteria to be met by providers in relation to infection prevention and control. These are:

1. Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptibility of service users and any risks that their environment and other users may pose to them.
2. Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections
3. Ensure appropriate antimicrobial use and stewardship to optimise service user outcomes and to reduce the risk of adverse events and antimicrobial resistance.
4. Provide suitable accurate information on infections to service users, their visitors and any person concerned with providing further health and social care support or nursing/ medical care in a timely fashion.
5. Ensure that people who have or at risk of developing an infection are identified promptly and receive the appropriate treatment and care to reduce the risk of transmission of infection to other people.
6. Systems to ensure that all care workers (including contractors and volunteers) are aware of and discharge their responsibilities in the process of preventing and controlling infection.
7. Provide or secure adequate isolation facilities
8. Secure adequate access to laboratory support as appropriate.

9. The service provider should have and adhere to policies designed for the individual's care, and provider organisations that will help to prevent and control infections.
10. The registered provider will have a system or process in place to manage health and care worker health and wellbeing and organisational obligation to manage infection, prevention and control

Infection Prevention and Control (IPC) lead

The lead for infection prevention and control at The Hawthorns is Jane Blakeston, Practice Nurse.

The IPC lead is supported by Dr Shwan Beck, GP Partner and Leanne Williams, Practice Manager.

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 in the monthly clinical and practice 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 which related to infection control. There have been 0 complaints made regarding cleanliness or infection control.

Infection prevention audit and actions

The annual infection control audit was carried out by Jane Blakeston on 1st April 2026. As a result of this, we have:

- Reviewed the cleaning practices that are conducted by our cleaning contractor.
- Reminded staff to sign the cleaning sheets for individual medical items
- Ensured handwashing sinks meet the current IPC standards, and that staff are using dedicated handwashing sinks for this purpose only.
- Requested maintenance team to install apron holders in treatment rooms.

All staff have been updated regarding the changes and any ongoing actions required by them during the monthly practice meetings.

Hand hygiene audits have been carried out at a minimum of 3 monthly intervals.

The annual waste audit was commenced May 2026

Cleaning audits are completed monthly by the cleaning contractor and IPC lead in line with the National Standards of Healthcare Cleanliness 2025 guideline for FR2 areas, and 3 monthly for FR4 areas.

An audit reviewing antibiotic prescribing for patients with a UTI has been conducted by the senior pharmacy technician.

Hawthorns Surgery plan to undertake the following audits in 2026:

Yearly Infection Prevention and Control Audit

3 monthly Handwashing Audits

Continues monthly/3 monthly cleaning audits

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:

- Ongoing training – a training matrix has been created to ensure mandatory training and updates are completed within the required timeframes
- COSHH – risk assessments have been updated accordingly
- Privacy curtain changes – risk assessment completed, and a spreadsheet has been created to ensure these are being changed every 6 months in line with infection control guidelines.
- Staff vaccinations - we have ensured all staff including new joiners are up to date with vaccinations appropriate for their role to protect both them and service users. All staff are offered influenza and Covid 19 vaccinations when appropriate.
- Legionella water testing is carried out monthly and an annual risk assessment.

These risk assessments will continue to be reviewed in the following year.

Training

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

Staff are kept informed of any changes or updates regarding infection control in monthly practice and clinical meetings, and these are recorded in the meeting minutes.

The IPC lead attends the Surrey Heartlands ICB quarterly IPC forum to stay updated with current information and guidelines and has completed Level 1 and 2 training in Infection Prevention and Control.

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:

- The Infection Control Policy – which now includes the following policies
- Cleaning policy

Policies relating to infection prevention and control are available to all staff on Team net and are reviewed and updated annually. Additionally, all policies are amended on an ongoing basis to reflect current advice, guidance and legislation changes.

Responsibility

It is the responsibility of all staff members at The Hawthorns Surgery to be familiar with this statement and their roles and responsibilities under it.

Review

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

This annual statement will be updated on or before May 2027

Signed by

Jane Blakeston

For and on behalf of The Hawthorns Surgery