

## **Annual Infection Prevention Control (IPC) Statement**

April 2025 – March 2026

### **Introduction**

The Annual Statement has been prepared in the accordance with the requirements of the Health and Social Care Act 2008 and associated regulations. It provides a comprehensive overview of the services delivered, governance arrangements, patient engagement and compliance with statutory duties. It is written at the close of each working year, at the end of March.

### **Regulatory Framework**

The Report is produced with reference to the following legislation and guidance:

- Health and Social Care Act 2008
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- Care Quality Commission (Registration) Regulations 2009
- Fundamental Standards (as set out by the Care Quality Commission)

These codes of practice give standards and guidelines on prevention and control of infection. The recommendations within these acts will apply to the registered providers of all health care in England and so the code will therefore be applied in a proportionate way, St Lukes Surgery.

### **Statement of Intent**

The Practice is committed to providing a safe, clean environment and minimising infection risks for the patients, staff and visitors. Effective IPC must be a part of everyday practice and be applied consistently by everyone. Here at St Luke's, we endeavour to ensure that good management and organisational processes are in place so that high standards of IPC are developed and maintained within the surgery.

The IPC statement can always be found on the Surgery website.

#### **1. Systems to Manage Infection**

a) IPC Training – All staff on commencement of their employment during the last year have received IPC induction training using an online provider (Team Net). They also have undergone in-house 'handwashing' and 'spill kit' training from the IPC Lead. This involves explaining firstly, the correct handwashing 12 steps and checking the effectiveness of the technique using an ultraviolet light within a hand inspection cabinet.

<https://www.england.nhs.uk/wp-content/uploads/2022/09/nipc-manual-appendix-1-handwashing.pdf>

UKHSA [handwashing advice](https://www.england.nhs.uk/wp-content/uploads/2022/09/nipc-manual-appendix-1-handwashing.pdf) – <https://www.england.nhs.uk/wp-content/uploads/2022/09/nipc-manual-appendix-1-handwashing.pdf>

Spill kit training encompasses the correct procedure for dealing with and the cleaning of any surfaces or equipment because of there being any contamination from either vomit or faeces/ urine or blood spills within the surgery.

It was our aim that all surgery staff during this last year completed:

- An e-learning IPC module
- An assessment on their hand-washing technique
- Receive 'spill kit' training.

This was overseen by the IPC lead.

The recommended training for the IPC Leads is that of completing skills for health infection prevention and control modules 1 and 2 accessed by the Surrey Training Hub. This has been completed by the IPC lead.

The IPC Lead has attended the quarterly forums run by the Surrey Heartlands Integrated Care Board (ICB) which have helped keep her updated in accordance with the National IPC Manal. They helped her professionally by developing her understanding of the importance of IPC so that she could seek to encourage and support her colleagues to comply with IPC standards.

There is a updated IPC Job Role description done in 2026 – to cover required competencies for this role.

**b) Risk Assessments** – are carried out so that any risk is minimised to be as low as reasonably practicable. Additionally, a risk assessment which can identify best practice can be established and then followed. In the last year the following Risk Assessments were carried out and reviewed:

- Flu 'drive through' day at the Guildford Cathedral site in October 2025
- COSHH – Care of Substances that are hazardous to health
- Water Safety – Legionella water temperature testing – done in-house monthly
- Water Safety - Legionella done externally yearly (January 2026)
- Assisted Dog Risk Assessment
- Blood Bourne Viruses
- Clinical waste
- Sharps containers

## 2. **Clean Environments**

a) The IPC audits for the last year were:

Two yearly In-House detailed IPC Audit (check list) – June 2025 and November 2025. Mid-Year IPC challenge was a staff quiz - April 2026.

The yearly audits were to provide a method with aid of a checklist so that the Practice can benchmark standards then identify areas in which they are not

being met and finally act on the results to improve policies, protocols and systems across the surgery.

The audit checklist was divided into sections under the following headings: -

- Staff education and Training
- Hand hygiene
- Consultation and treatment rooms
- Personal protective equipment
- Prevention, and management of needlestick and sharps injuries
- Specimen handling
- Medical devices
- Safe management of blood and body fluid spillages
- Waste handling and disposal

A mid-year IPC challenge was done in the form of a staff quiz given at a clinical meeting based on the national standards of healthcare cleanliness 2021.

The result of our yearly IPC audits are as follows: -

- i) 03 June 2025 – 95%
- ii) 11<sup>th</sup> November 2025 – 98%
- iii) April 2026 – IPC Quiz, teams of two staff had results between 39- 45/ 47
- iv)

The two IPC Audits done over the year resulted in action plans that have been followed through where needed.

The Waste management company called Anenta, has continued to be our waste disposal management company over this last year.

They complete an external Yearly Audit.

The Surgery continues to use Glencross cleaning company, that is responsible for keeping our premises clean. We continue to be in close liaison with this cleaning company, and monthly checks of the premises are done and recorded, reviewing that best practice standards are maintained.

Any reusable equipment has a policy in place so that it is correctly cleaned after use such as ear suction and irrigation equipment and the Spirometry, doppler and ECG machines for example.

- a) **Infection transmission incidents** (significant events) involve both examples of 'good' and 'poor' practice. Significant events are regularly discussed at one of our weekly multidisciplinary clinical meetings attended by GPs, Practice Nurses and management. For each significant event that may occur, a specific form is completed by the person(s) involved, it is then reflected upon and discussed at one of these regular meetings, so that areas of learning and improvement can be identified.

In the past year there has been one significant event relating to infection control, with a sharp's injury. All protocols were followed.



Learning from this event showed our clear policy and displayed posters resulted in the correct procedure being followed swiftly.

In the past year there has been zero complaints regarding cleanliness.

### **3. Antimicrobial Use**

It is important that those who prescribe within the surgery do not overuse antimicrobial medications. We have a policy regarding the appropriate and inappropriate use of antimicrobials which all GP's aim to work towards in their day-to-day practice. The Policy is to use the National Institute of Clinical Excellence (NICE), the British Formulary (BNF) and the Clinical Knowledge Summaries (CKS) antibiotic guidelines accessed via the Royal College of General Practitioners (RCGP) target toolkit found at this link [www.rcgp.org.uk/targetantibiotics](http://www.rcgp.org.uk/targetantibiotics).

All GP's can access the innovative resource online that is the Surrey Prescribing Advisory Database (PAD). This provides guidance and key information on medicines use within Surrey.

### **4. Information on Infections**

Over this last year, we have sought to provide suitable, accurate information on infections to patients. This was done in several ways: the sending of individual texts as appropriate, explaining information about the eligibility for pneumonia and shingles and the RSV (Respiratory Syncytial Virus) vaccinations in our regular Surgery newsletter and producing 'information flyers' available for patients to take in the patient corridors.

We have a policy for that is followed for notifiable diseases and there is an on call microbiologist who may be contacted for urgent advice on any day.

[When to contact Health Protection Team \(https://www.sussex.ics.nhs.uk/wp-content/uploads/sites/9/2023/09/pdf\)](https://www.sussex.ics.nhs.uk/wp-content/uploads/sites/9/2023/09/pdf) – we have a protocol when to contact the Health Protection Team (HPT) or UK Health Security Agency (UKHSA) HPT.

Measles rise – We have continued to clearly signpost that any patients arriving to the surgery with a rash are to wait in either their car or outside of the surgery and not enter the waiting room to prevent the possible spread of infection.

We have a Risk Assessment policy should a patient walk into the surgery unknowing, of the steps to then follow to prevent spread and follow up any patients in the waiting room.

Respiratory infections – Posters have continued to be displayed on the doors of the surgery suggesting that any patient with a respiratory infection consider wearing a mask.

### **5. Isolation Facilities**

To help limit the spread of infection within the surgery between patients, there is an Isolation Policy. The Isolation Room is situated on the lower ground floor and clearly labelled as such, can be directly accessed by the patient straight from the lower car park, on being called by the GP. This removes the possibility of the patient needing to enter a waiting room and being near to other patients.

## **6. Policies**

We have a comprehensive suite of IPC policies and protocols in place. Part of the IPC Lead's role is to annually review all the IPC related surgery policies and protocols as per current advice, guidance and legislation changes and this has been done.

The IPC related policies and procedures which have been written, have been updated or reviewed in the last year as required.

## **7. Occupational Health**

Heals Medical services has continued to be our Occupational Health provider over this last year.

We have ensured that all new members of staff are up to date with their routine immunisations and have adequate protection regarding occupational immunisations as per guidance from The Green Book, a resource that has the latest information on vaccines and vaccination procedures for all the vaccine preventable infectious diseases that may occur in the UK.

## **Responsibility**

### **Infection Prevention and Control (IPC) team**

Microbiologist for Surrey Heartlands – on call Microbiologist is used when required

IPC Lead for Surrey Heartlands – Sharon Edgell – [sharon.egdell5@nhs.net](mailto:sharon.egdell5@nhs.net)

IPC Lead for St Lukes Surgery – June Richards (Practice Nurse) and Suzanne Green (Lead Practice Nurse)

IPC Lead GP – Dr Elizabeth Charlwood (GP Partner) working with Rachael Dilley (Practice Manager).

Review:-

The IPC Lead is responsible for reviewing and producing this annual statement. It will be updated on or before April 2027 and can always be viewed on the surgery website.

Dr E. Charlwood – IPC GP Lead

Signed:.....

R. Dilley – Practice Manager

Signed: .....

J. Richards – IPC Lead

Signed:.....

S. Green – Lead Nurse/ IPC Champion

Planned Audits for 2026:-

1. Cleanliness and hygiene (environment and equipment)
2. Personal hygiene / below the elbows audit
3. PPE audit
4. Infection management audit

Risk Assessments to be updated:

1. Outbreak management/ infectious diseases