

KIRKBYMOORSIDE SURGERY IPC Annual Statement Report

Kirkbymoorside Surgery

30/11/2023

Purpose

This annual statement will be generated each year in December 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 Kirkbymoorside Surgery is Sue O'Vastar.

The IPC lead is supported by Sue O'Vastar, Practice Nurse.

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 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 that related to infection control. There have also been no complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

Kirkbymoorside Surgery aims to carry out cleanliness audits once a month for all treatment rooms and all other areas every three months. In the most recent audit carried out we identified that we needed to replace some of the clinical room chairs with impermeable materials. These will be replaced over the next 12 months and are currently on the premises maintenance log. It was also identified that some posters were not laminated. These were taken down and replaced. It has also been identified that the cleaning schedule which the cleaners follow requires updating and discussions are taking place with the cleaning company to ensure this is updated.

The cleaning company also carry out cleaning audits on our behalf on a quarterly basis. Any areas that are not up to standard are highlighted and rectified as soon as possible. One of the main areas to be highlighted were cobwebs in corners and ceilings and finger prints on windows.

A hand hygiene audit was carried out in November 2023 and no issues were identified. This audit will be carried out again in 12 months time.

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:

General Infection Prevention Control risks

Staffing, new joiners and ongoing training

Cleaning standards

Hand Hygiene

Legionella

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

Staffing, new joiners and ongoing training

Cleaning standards

Hand Hygiene

d. Training

In addition to staff being involved in risk assessments and significant events, at Kirkbymoorside Surgery 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 that have been written, updated, or reviewed in the last year include, but are not limited, to:

Infection Prevention and Control

Cleaning standards

Cleanliness Audit

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 Kirkbymoorside Surgery to be familiar with this statement and their roles and responsibilities under it.

g. Review

The IPC lead and Sue O'Vastar are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before December 2024.

Signed by

Alison Featherstone

For and on behalf of Kirkbymoorside Surgery