

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](#) 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 St Johns Medical Centre is Megan Knifton

The IPC lead is supported by Esther Bernstein

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 0 significant events raised which related to infection control. There have also been 0 complaints made regarding cleanliness or infection control.

b. Infection prevention audit and actions

Following a recent external IPC inspection, it was noted that general maintenance was required and improvements were needed within our cleaning cupboards to meet IPC requirements. Following this, the downstairs and upstairs waiting rooms, all patient and staff toilets and some clinical rooms were redecorated. We replaced patient chairs in clinical areas and the upstairs waiting room. A drip tray was purchased for the cleaning cupboards to allow mop buckets to drain, and all mop heads are now discarded after each use.

We had an annual flat roof inspection which identified that the roof needed replacing, this has now been completed and all remedial work due to leaks has been completed.

During the past year, audits have been completed on the clinical waste, hand hygiene and general cleanliness of all clinical and non-clinical areas. We have made changes to the cleaning company.

During one of the audits completed, it was noticed that there was an out-of-date sharps box. In action to this, we are now doing regular checks of all sharps boxes in the surgery and rotating those not used as frequently to ensure all sharps boxes are disposed of in the correct time period. This is recorded on teamnet.

Bi Monthly IPC emails are sent out to all staff on different IPC topics, these are sent out more frequently if there is any implantation needed following a audit.

We will continue to do regular audits; all audits are recorded on teamnet.

- Full building audit – Yearly, next due October 2024 and is published to the practice website.
- Annual Aneta Bin Audit – Yearly, Next due July 2024
- Hand Hygiene Audit – Yearly, Next due October 2024
- Bin Checks – Tri monthly
- Weekly IPC walk around – Weekly.

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.

All risk assessments are reviewed at regular intervals

d. Training

In addition to staff being involved in risk assessments and significant events, at St Johns Medical Centre all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually.

Regular IPC updates are sent out to staff, along with bimonthly hot topic emails around various elements of IPC

e. Policies and procedures

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

g. Review

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

This annual statement will be updated on or before 13/02/2025

Signed by

Megan Knifton
For and on behalf of St Johns Medical Centre
13/02/2024