

INFECTION PREVENTION AND CONTROL (IP&C)

IP&C Lead Annual Statement

Date 1st November 2023

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1. Introduction

The purpose of this report is to provide assurance that Axbridge and Wedmore practice name implements successful prevention and control of infection as a key factor in the delivery of high quality and safe care of our patients, and in the safety and wellbeing of our staff and visitors.

All practice staff members understand that good infection prevention and control is essential to ensure that we provide safe and effective care. This report evidences governance and accountability, and compliance with the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections and related guidance (DH 2015).

The Code of Practice states that a primary medical care organisation has

- evidence of appropriate action taken to prevent and manage infection;
- an audit programme to ensure that appropriate policies have been developed and implemented; and
- evidence that the annual statement from the Infection Prevention Lead has been reviewed and, where indicated, acted upon
- regular review of antimicrobial prescribing decisions

The Infection prevention including cleanliness programme should:

- set objectives that meet the needs of the organisation and ensure the safety of service users, health care workers and the public
- identify priorities for action;
- provide evidence that relevant policies have been implemented; and
- report progress against the objectives of the programme in the Infection Prevention Lead's annual statement".

The Code of Practice sets out the 10 criteria against which a registered provider will be judged on how it complies with the registration requirements related to infection prevention. The table below in Section 10 sets out the compliance criterion, systems and process in place and requirements for enhanced practice.

2. Overview of progress against previous years objectives

Staff completed infection control training. COVID-19 Due to the impact of COVID -19 pandemic there were no audits undertaken and objectives created.

3. Infection Prevention and Control Lead

The IPC lead at Axbridge and Wedmore Medical practice is Esther Howley, Lead Nurse with the assistance of Celia Townend, Practice Manager.

Esther Howley works Tuesday Wednesday and Thursday 8:15-16:45.

Celia Townend works Monday, Tuesday, Wednesday and Thursday 8:15-17:30.

4. Untoward incidents and outbreaks

All significant events are reported using Clarity TEAMNET and reviewed at bi-monthly at Management Team Meetings. No significant events were raised this year regarding IPC.

5. IP&C audit programme

The IPC audit was completed in November 2023. The practice scored well. Areas requiring action related to maintenance work to certain rooms, a works list has been compiled ready for maintenance works to be scheduled.

Risk assessments have been completed for areas where the practice does not meet the IPC standards outlined by this audit.

6. Infection & Prevention and Control Policies

The IPC policy has been reviewed in November 2023. All other policies relating to this have been reviewed and are up to date.

7. Education & Training

All staff are required to complete Infection control training at induction and annually, based on the level required for their post. All clinical staff complete a higher level of training due to the nature of their work. Hand hygiene and PPE donning and doffing technique posters are displayed in all clinical rooms.

8. Cleaning, Estates and Facilities

The cleaning contractors for Axbridge and Wedmore medical practice are Workplace Solutions and their performance is reviewed monthly and any concerns are raised using significant events or contacting IPC lead or Practice management.

Legionella testing and certification happens annually. Waste management audits have been completed and posters detailing waste segregation and appropriate disposal of sharps is displayed in each clinical room.

9. Priorities & objectives for the coming year

Objectives for the coming year are;
Implement national standards of healthcare cleanliness
Hand hygiene audit to be completed
Maintenance works to be completed in Axbridge surgery
Policies and Procedures reviewed as necessary

10. Current systems and processes in place

See below

Compliance criterion	Current systems and processes in place	Systems required with review & completion dates.	RAG rating
<p>Criterion 1 Systems to manage and monitor the prevention and control of infection. These systems use risk assessments and consider the susceptible of service users and any risks that their environment and other users may pose to them.</p>	<p>1. IPC Audit</p>	<p>Complete Audit November 2024</p>	
<p>Criterion 2 Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections</p>	<p>Cleaning schedule checklist</p>	<p>Completion of cleaning checklist</p> <p>Maintenance works</p> <p>National Standards of cleanliness policy</p>	

Compliance criterion	Current systems and processes in place	Systems required with review & completion dates.	RAG rating
<p>Criterion 3 Ensure appropriate antimicrobial use to optimise patient outcomes and to reduce the risk of adverse events and antimicrobial resistance.</p>	<p>Medication Management review with ICB held annually and monthly medicine management /CPD meetings in-house</p>	<p>Review Protocols Cascade information to prescribers</p>	
<p>Criterion 4 Ensure prompt identification of people who have or are at risk of developing an infection so that they receive timely and appropriate treatment to reduce the risk of transmitting infection to other people.</p>	<p>Isolation policy IPC policy – staff sickness and exclusion</p>	<p>Regular review</p>	

Compliance criterion	Current systems and processes in place	Systems required with review & completion dates.	RAG rating
Criterion 5 Systems to ensure that all staff are aware of and discharge their responsibilities in the process of preventing and controlling infections.	Infection control policy in place	Annual mandatory infection control training	
Criterion 6 Provide or secure adequate isolation facilities.	Isolation policy Isolation room	Annual review	
Criterion 7 Secure adequate access to laboratory support as appropriate.	ICE and TQUEST	Ongoing support	
Criterion 8 Have and adhere to policies, designed for the individual's care and provider organisations, that will help to prevent and control infections"	IPC policy Staff training	Annual review	
Criterion 9	IPC Policy Heals Occupation Health services	Review annually	



(GP Logo)

Compliance criterion	Current systems and processes in place	Systems required with review & completion dates.	RAG rating
Providers have a system in place to manage the occupational health needs and obligations of staff in relation to infection.			

Green	Amber	RED
Within 12 months / ongoing	Within 6 months	Within Next month

References

[The Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/274242/20150525_hsc_act_2008_code_of_practice_on_the_prevention_and_control_of_infections_and_related_guidance.pdf)