

IPC Annual Statement Report

April 2026

Purpose

This annual statement will be generated each year in April, 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 is Sister Lorna Element.

The IPC Lead is supported by Laura Scarborough (Managing Partner) and Nicola Hultum (Assistant Manager).

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

b. Infection prevention audit and actions

The following audits were completed during the reporting period:

- Full IPC audit

- Hand hygiene audits (quarterly)
- Cleaning standards audit (bi-annually)
- Clinical waste management audits
- Cleaning standards audit (monthly)

All actions raised as a result of audits were completed and closed.

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.

In the last year, the following risk assessments were carried out/reviewed:

- General IPC risks
- Staffing, new joiners and ongoing training
- COSHH
- Cleaning standards
- Sharps
- Legionella risk

Controls are in place so that risks remain low. Routine monitoring continues.

d. Training

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

Various elements of IPC training in the previous year have been delivered during practice meetings and at clinical meetings.

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 & Control Policy
- Hand Hygiene Policy
- Cleaning Standards and Schedule Policy
- Patient Placement and Assessment for Infection Risk Policy
- Personal Protective Equipment (PPE) Policy
- Respiratory and Cough Hygiene Policy
- Respiratory Illness Policy
- Waste Management Policy
- Safe Disposal of Waste (including Sharps) Policy
- Safe Management of Blood & Bodily Fluids Policy
- Safe Management of Care Equipment Policy
- Safe Management of Linen Policy

- Safe Management of Sharps and Inoculation Injuries Policy
- Safe Management of the Care Environment Policy

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

g. Review

The IPC Lead and Managing Partner are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before April 2027.

Signed by

Lorna Element

Sister Lorna Element
For and on behalf of St Fillans Medical Centre