

## Annual statement on compliance with IPC practice (including cleanliness) for General Practice

### Purpose of the 'Annual statement'

The *Health and Social Care Act 2008: code of practice on the prevention and control of infection and related guidance* requires the Infection Prevention and Control (IPC) Lead to produce an annual statement. This statement should be made available for anyone who wishes to see it, including patients and regulatory authorities and should also be published on the General Practice website.

### Introduction

This Annual statement has been drawn up on 4<sup>th</sup> March 2026 in accordance with the requirement of the *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance* for Jorvik Gillygate Practice.

It summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and any actions taken for prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name:

Infection Prevent and Control (IPC) Leads

### 1. Infection transmission incidents

*Provide details of infection transmission incidents (which may involve examples of good practice as well as challenging events), how they were investigated, any lessons learnt and changes made as a result to facilitate future improvements.*

Member of staff had a needle stick injury. Followed the protocol and referred to Occupational Health. Antibody test showed further Hep B booster was required but otherwise all clear. This was a random accident which was unlikely to be prevented. Duty Dr spoke to a patient with suspected measles, they notified the UK Health Security Agency (UKHSA) Health Protection Team (HPT). A GP had seen them the day before F2F, so they were informed and their immunisation status checked and they had been vaccinated.

### 2. IPC Audits and actions

*Provide an overview of IPC audit programme as well as examples of good practice and actions taken to address suboptimal compliance.*

A full IPC annual audit was carried out in Aug 25. Following on from the main annual audit there have been regular reviews with the most recent being carried out on 4th March 26. The IPC audit is shared in staff meetings.

The induction process for new clinical staff has been up updated to include IPC responsibilities and an IPC Agreement. Existing clinical staff are to be provided with the IPC documents and asked to sign the IPC agreement.

All staff are aware of the importance of hand hygiene in reducing healthcare associated infections. This has been included in our induction process.

An audit of Cdif and MRSA has been carried out by Helen Edwards to check that treatment was implemented and follow ups scheduled.

Following on from the last full audit in August 25, regular ongoing audits of hand hygiene are done throughout the year. The next hand hygiene audit is due to be carried out in March 26.

Monitoring of our aseptic technique is done throughout the year with the next audit scheduled for the 18<sup>th</sup> of March with the nursing team.

Annual waste audits were carried out by Alison Reed at all 3 sites in July 2025. These were done in line with NHS guidelines and submitted to Anenta Waste Management Service.

### 3. Risk Assessments

*Provide details of IPC related risk assessments carried out and actions taken to prevent and control infection.*

Risk assessments are carried out to identify infection hazards, evaluating risks, and implementing control measures to prevent infection.

Our cleaners at all 3 sites work hard to keep our surgeries as clean as possible following our IPC Cleaning Schedule. We make sure that they are kept up to date with any IPC developments or changes to the guidelines. They have been shown how to tie a swan neck on clinical waste bags and given updated training. In the coming year we plan to review our cleaning schedules.

The annual legionella risk assessments were done by Waterguard at all 3 sites and were completed on the 26<sup>th</sup> of Feb 26. All TMVs and expansion vessels cleaned and serviced and temperatures measured and set. The water tank at EP was cleaned and disinfected. Actions involved replacing the water heater in WH TR1. The plumber is booked to replace the service valves on the TMV for the staff WC sink at SB.

After treating a contaminated patient a risk assessment was carried out on Insect Infestation. The outcome of this was to document a procedure in how to handle such incidents and an Insect Infestation Kit was assembled with all the appropriate equipment necessary.

#### 4. Staff training

Provide details of IPC induction training, annual updates and any other IPC related training.

All clinical staff receive annual mandatory training in infection prevention and control.  
All non-clinical staff receive 3 yearly mandatory training in infection prevention and control.

#### 5. IPC Policies, procedures and guidance

Provide details of all policy reviews and updates, together with details of how changes have been implemented.

All Infection Prevention and Control related policies are up to date and will be reviewed in Feb 27, or sooner if necessary.

#### 6. Antimicrobial prescribing and stewardship

Provide details of all activities undertaken to promote and improve antimicrobial prescribing and stewardship.

We have implemented on SystmOne a "Jorvik Gillygate formulary" which defaults to the shortest length of antibiotic treatment, in accordance to NICE guidance and to prevent both waste and unnecessary antimicrobial prescribing.

Patients with previous C Diff infections have an alert on their records reminding clinicians to be careful when prescribing antimicrobials or PPI

#### Forward plan/Quality improvement plan

Issue	Actions	Date for completion	Person responsible	Progress
Cleaning Schedules and audits	Review and align with the new national cleaning standards	June 26	Helen Edwards and Alison Reed	Rooms have been assigned functional ratings.
Identify a method of keeping track when medical equipment has been last cleaned	Assess whether a dated sticker method would work. Or a log book with list of individual numbered items for each room.	June 26	Helen Edwards	Options under discussion. HE is in the process of identifying best practice.

#### Forward plan/Quality improvement plan review date:

May 2026

#### IPC statement and Forward plan/Quality improvement plan for presentation to

All clinicians at the next business meeting, then role out to all staff

On

26<sup>th</sup> March 26

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control  
[www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk) March 2024