The Surgery
Willingham-by-Stow

Annual Statement for Infection Prevention and Control (Primary Care)

It is a requirement of The Health and Social Care Act 2008 *Code of Practice on the prevention and control of infections and related guidance* that the Infection Prevention and Control Lead produces an annual statement regarding compliance with good practice on infection prevention and control and makes it available for anyone who wishes to see it, including patients and regulatory authorities.

As best practice, the Annual Statement should be published on the Practice website.

The Annual Statement should provide a short review of any:

- Known infection transmission event and actions arising from this.
- Audits undertaken and subsequent actions.
- Risk assessments undertaken for prevention and control of infection.
- Training received by staff; and
- Review and update of policies, procedures, and guidance.

Infection Control Annual Statement

Purpose

This annual statement will be generated each year in June 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.* It summarises:

- 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 prevention and control of infection
- Details of staff training
- Any review and update of policies, procedures, and guidelines

Infection Prevention and Control (ICP) Lead

Willingham by Stow Surgery's Infection Prevention and Control Lead is Leanne Otter and she is supported by Practice Nurse Natalie Mawer who each have their own designated role within IPC.

The IPC Lead has completed IPC training to ensure high standards are maintained across the premises.

Infection transmission incidents (Significant Events)

Significant events (which may involve examples of good practice as well as challenging events) are investigated in detail to see what can be learnt and to indicate changes that might lead to future improvements. All significant events are reviewed in the bi-weekly Clinical Meetings and learning/future preventative measures are cascaded to all relevant staff.
In the past year there has been two significant events related to infection control. Learning from these events included:

- Discussion at the clinical meeting to increase awareness of safe practice when using sharps.

Reviewed by NM 11/06/2026

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Infection Prevention Audit and Actions

The IPC Lead ensures that regular audits are conducted. Any issues arising from these audits have been addressed and the following actions taken.

- Laminated posters in each clinical room providing information on how to manage needle stick injuries.
- All sharps' bins to be signed, dated, and disposed of safely. Temporary closure of bins to be used to prevent sharps injuries.
- Daily cleaning schedule in each clinical room and dispensary to ensure high standards of cleanliness is maintained.
- Regular audits with cleaning contractors to highlight any issues and maintain continuity.
- Regular stock check in each clinical room including rotation of stock to prevent items expiring.
- Curtains changed every six months in all clinical rooms.
- Daily temperature checks on all fridges and full monthly download of temperature data to Practice Share.

Handwashing teaching is carried out annually for the Team. Particular attention is drawn to technique which was observed in all team members and bare below the elbow's guidelines.
Handwashing audit has been delegated to Pam Moran for all staff.

Willingham by Stow Surgery plan to undertake the following audits in 2026:

- Annual Infection Prevention and Control audit
- Regular Infection Control room audits
- Domestic cleaning audits
- Hand hygiene audit
- Updating the staff vaccination matrix
- Smear audit

Risk Assessments

Risk assessments are carried out so that best practice can be established and then followed. The following risk assessments were carried out/reviewed:

- Legionella (water) Risk Assessment: The practice has conducted/reviewed its water safety risk assessment to ensure that the water supply does not pose a risk to patients, visitors, or staff. Taps are run for two minutes every week and an inspection from an external agency is conducted monthly.
- Immunisation: As a practice we aim to ensure that all staff are up to date with their Hepatitis B immunisations and offered any occupational health vaccinations applicable to their role (i.e. MMR, Seasonal Flu, Covid Vaccine). We take part in the National Immunisation campaigns for patients and offer vaccinations in-house and via home visits to our patient population.
- Curtains: The NHS Cleaning Specifications state the curtains should be cleaned or if using disposable curtains, replaced every six months. In our practice we use disposable curtains and ensure they are changed every six months. The modesty curtains are handled only by clinicians

who should always remove gloves and clean hands after an examination and before touching the curtain. All curtains are reviewed and disposed of if visibly soiled.

- Window Blinds: The window blinds are very low risk and therefore do not require a specific cleaning regime. The blinds are set to be vacuumed on a regular basis to prevent dust build up.
- Cleaning specifications, frequencies, and cleanliness: We display posters outlining our commitment to cleanliness in the patient waiting area. Cleaning schedules are displayed in all clinical rooms and in the regularly used areas. These schedules are completed each day by clinicians and the healthcare cleaners (HCCs) once cleaning duties are completed.
- Hand washing sinks: Hand washing sinks are in all clinical rooms and dispensary. As not all the sinks meet the latest standards, certain precautions have been made such as the removal of plugs and remind staff to use paper towels to turn the tap off that are not handsfree. All liquid soap dispensers are wall mounted.
- Chairs: All chairs are wipeable.

Training

All staff receive infection prevention and control training via eLearning. Clinical staff undertake this training at tier 2 and non-clinical complete tier 1. This is repeated every three years.

Face to face updates in infection prevention and control are delivered on a regular basis and provided at the bi-weekly clinical meetings. These updates raise awareness and alert to latest guidance. IPC is on the monthly nurse meeting agenda.

Policies

All Infection Prevention and Control related policies are in date for this year.

Policies relating to Infection Prevention and Control are available to all staff and are reviewed and updated by practice management according to Practice Index.

Responsibility

It is the responsibility of everyone to be familiar with this Statement and their roles and responsibilities under this.

Review Date

June 2026

Responsibility for Review

The Infection Prevention and Control Lead and practice management are responsible for reviewing and producing the Annual Statement.

Louise Beevers - Assistant Practice Manager
Natalie Mawer – Practice Nurse

For and on behalf of Willingham by Stow Surgery

Reviewed by NM 11/06/2026