Lawrence Hill
HEALTH CENTRE

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Annual Statement for Infection Prevention and Control 2026-2027

This annual statement will be generated each year in July.

Purpose

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 (IPC) Lead produces an annual statement regarding compliance with good practice on IPC.

This statement provides an overview of:

- Any infection transmission incidents and any action taken (these will have been reported in accordance with our 'Significant/Learning Event procedure')
- Details of any infection control audits undertaken, and actions undertaken/planned
- Details of any risk assessments undertaken for prevention and control of infection.
- Details of any staff training
- Any review and update of policies, procedures, and guidelines

Infection transmission incidents (significant events) and complaints:

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 monthly staff meetings and learning is cascaded to all relevant staff.

In the past year there have been no (0) significant events relating to infection control. There has been one (1) complaint made regarding cleanliness or infection control. The complaint was fully investigated in accordance with the practice's complaints procedure and resulted in a review of the relevant infection

prevention and control policy. Following the review, the policy was updated where appropriate, and the findings were shared with relevant staff to reinforce good practice and support continuous quality improvement.

Infection Prevention Audit and Actions:

The Annual IPC Audit was completed in March 2026 by the IPC Lead and Practice Manager. As a result of the audit, some actions and changes are planned which are outlined below:

- A small number of maintenance issues were identified, including repairing or replacing damaged upholstery, furnishings and flooring.
- A review of storage arrangements in clinical rooms to reduce dust accumulation, and consideration of the replacement of shelving with smooth, wipeable alternatives as part of future refurbishment.

The following audits were also completed during the reporting period:

1. Monthly Cleaning Audits

Cleaning of the whole building is carried out by a cleaning company (GreenMachine)
Cleaning audits are completed monthly by the cleaning company supervisor and reported back to the Practice Manager and IPC lead. These audits are accessible to the management team via the company portal.

2. Annual hand hygiene audit for all clinical and non-clinical staff

Completed: Feb - March 2026
Results:

- Overall compliance **97.6%**
- Handwashing facilities fully compliant
- Alcohol gel available in all clinical areas

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Actions:

- To complete 'Key Moments' hand hygiene observations during clinical situations before next scheduled audit.
- Ensuring staff are up to date with IPC training.

3. Sharps bin audit

These audits are undertaken monthly. In the last audit a total of 19 clinical rooms (including the treatment room) were audited against four standards – % compliance in **bold**:

Bin correctly labelled

- Total number of clinical rooms compliant: 20 **(100%)**

Correctly mounted on wall bracket (or trolley)

- Total number of clinical rooms compliant: 20 **(100%)**

Fill Level <3/4 Full

- Total number of clinical rooms compliant: 19 **(95%)**

Temporary Closure Engaged

- Total number of clinical rooms compliant: 19 **(95%)**

The audit found that **19 of the 20 areas assessed (95%)** were fully compliant with all four audit standards, representing a significant improvement from the previous audit, where **15 areas (75%)** achieved full compliance.

Any areas of non-compliance are addressed promptly with the relevant individuals wherever possible, and progress is monitored through the monthly audit process. Findings from the audit are used to inform continuous quality improvement and to support compliance with infection prevention and control standards.

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4. Broad-Spectrum Antibiotic Prescribing Audit

The practice supports antimicrobial stewardship through:

- Adherence to national and local prescribing guidance
- Participation in prescribing audits
- Review of antibiotic prescribing data
- Patient education regarding appropriate antibiotic use

Audit completed June 2026, follow up audit scheduled September 2026.

Risk Assessments:

Risk assessments are undertaken annually, or more frequently where required, to ensure that infection prevention and control (IPC) risks are identified, managed and monitored in accordance with current legislation, national guidance and best practice. The findings of these assessments inform improvements to practice procedures and help ensure that effective IPC standards are established, maintained and consistently followed.

During this reporting period, the following IPC risk assessments were reviewed:

- Clinical environment and premises
- Cleaning specifications, frequencies and cleanliness (Monthly)
- Flooring, furniture and furnishings
- Legionella and water safety (Biannually)
- Sharps safety and management
- Blood and body fluid exposure
- Personal Protective Equipment (PPE)
- Curtains (Biannually)

- Waste management
- Specimen handling and transportation
- Vaccine storage and cold chain management
- Vaccination stock audits (Monthly)
- Respiratory infection management
- Hand hygiene facilities
- COSHH (Control of Substances Hazardous to Health)
- Staff immunisation

Staff Training:

All staff receive training in infection prevention and control appropriate to their job role, including hand hygiene, personal protective equipment (PPE), safe use and disposal of sharps and sepsis awareness via online learning as well as any relevant updates at nurse and/or practice meetings. All training is logged on Team Net and ICP is part of all new staff inductions.

The ICP Lead completed the Infection Prevention and Control (IPC) Leads Training in February 2026 and attends the online South West IPC group meetings.

Policies and Procedures:

Policies relating to Infection Control are available to all staff and are reviewed and updated as appropriate, all are amended on an on-going basis as current advice, guidance and legislation changes. Infection Control policies are available on Team Net for all staff to read.

The following policies were reviewed during the reporting year:

- Infection Prevention and Control Policy
- Venepuncture
- Safe disposal of waste, including sharps
- Safe management of blood and body fluid spillages
- Safe management of sharps and inoculation injuries
- Specimen collection

- Hand Hygiene Policy
- Blood and Body Fluid Exposure Policy

Responsibility:

It is the responsibility of staff at Lawrence Hill Health Centre to be familiar with this statement and their roles and responsibilities within this document.

Review date:

- July 2026
- Review complied by: Nicola Lawton (Infection Prevention and Control Lead)
- Next review due July 2027