|  |  |  |
| --- | --- | --- |
|  | The Leiston Surgery  Main St, Leiston, Suffolk, IP16 4ES  Tel 01728 830 526  [www.leistonsurgery.com](http://www.leistonsurgery.com)  [leiston.sec@nhs.net](mailto:leiston.sec@nhs.net) |  |
|  |
| Dr Nicola Maggs |
| Dr Imran Qureshi |
| Dr Michael Barstow  Dr Daniel Jones |
| Leiston Surgery.jpg |

**Leiston Surgery Annual Infection Prevention Control Statement**

**October 2025**

**Purpose**

This annual statement will be generated each year in October, in accordance with the requirements of the [Health and Social Care Act 2008 Code of Practice](https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance) on the prevention and control of infections and related guidance. The report will be published on the practice 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 at Leiston Surgery is Dr Nicola Maggs.

The IPC lead is supported by the Management Team.

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

**b. Infection prevention audit and actions**

Following our Infection Prevention Control Audit in June 2022, conducted by the ICB IPC Team, we have implemented the below changes –

* Introduced a designated waiting area for service users with communicable diseases
* Implemented a new environmental cleaning schedule for clinical rooms
* Implemented a daily 'Closing up Checklist' for all clinical rooms
* Replaced x3 examination couches
* Replaced x14 chairs to comply with IPC standards
* Added dispensers in clinics rooms for hand wash and aprons
* Replaced general waste bins in clinical rooms with new foot pedal operated bins

We had a further inspection in October 2023, which identified the following actions to be put in place over the next year –

* Clinical hand wash basins to be replaced
* Elbow operated taps to be installed in all clinical rooms
* Waterproof splashbacks to be fitted in clinic rooms
* Environmental cleaning check lists put in place by cleaning company

Our internal infection control audit was completed in March 2024, which identified the following actions –

* Replace sink in room 5 – this has now been completed as of Oct 24
* Replace clinical room flooring – this has now been completed as of Oct 24
* Remind all staff re info required on sharps bins – this has now been completed as of Oct 24

Internal infection control audit was completed in March 2025, which identified the following actions –

* Hand wash poster in nurses room – completed March 25
* Replace benches in waiting room – completed July 25
* Finish wall behind sink in Nurses Room - completed July 25

Audits are reviewed and completed annually at Leiston Surgery.

**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:

* Infection Prevention Control
* Health and Safety (Internal and external)
* Staffing, new starters and ongoing training
* COSHH
* Cleaning standards
* Privacy curtain changes
* Clinical Waste
* Sharps
* Water safety (Legionella)

In the next year, the following risk assessment will also be reviewed:

* Infection Prevention Control
* Health and Safety Audit (Internal and external)
* Staffing, new starters and ongoing training
* COSHH
* Cleaning standards
* Privacy curtain changes
* Clinical Waste
* Sharps
* Water safety (Legionella)

**d. Training**

In addition to staff being involved in risk assessments and significant events, at Leiston Surgery, all staff and contractors receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training every 3 years.

All staff also complete Hand Hygiene Training on an annual basis.

**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:

* Health and Safety Policy
* HIV and AIDS
* Needlestick Injuries
* Waste Management
* Health and Safety Handbook
* Infection Prevention Control (IPC) 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 at Leiston Surgery to be familiar with this statement, and their roles and responsibilities under it.

**g. Review**

The IPC lead and practice management are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 30/11/2025.

**Signed by**

Dr Nicola Maggs

For and on behalf of Leiston Surgery