

YORKSHIRE STREET SURGERY

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Annual Infection Prevention & Control Statement

Yorkshire Street Surgery

Date: 07 April 2026

Purpose

This annual statement is produced 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 statement is published annually and made available on the practice website. It provides a summary of:

- Any infection transmission incidents and actions taken
- Infection prevention and control (IPC) audits and resulting actions
- Risk assessments undertaken to support IPC
- Staff training and compliance
- Review and updates of IPC policies, procedures, and guidelines

The practice is committed to maintaining a clean, safe environment to protect patients, staff, and visitors from avoidable infection risks.

Infection Prevention and Control Lead

The IPC Lead at the practice is: **Kirsty Traynor, Practice Nurse**

The IPC Lead is supported by:

- **Sharon Harris, Healthcare Assistant**
- **Halima Bari, Practice Manager**

a. Infection Transmission Incidents (Significant Events)

Significant events include both examples of good practice and areas for improvement.

- All events are recorded through the practice's Significant Event Analysis (SEA) process.

- Events are reviewed monthly, and shared learning is disseminated to all relevant staff.
- Where required, action plans are developed which may include audit, training, or policy review.

In the reporting period (April 2025 – March 2026):

- **0 infection control-related significant events reported**
 - **0 complaints relating to cleanliness or infection control received**
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b. Infection Prevention Audits and Actions

The following audits have been completed:

- **Annual IPC Audit:** March 2026 – Score: **95% (Green)**
- **Hand Hygiene Audit:** March 2026

Actions Identified and Progress

- Recording of air conditioning servicing moved to electronic shared storage to improve accessibility.
- Replacement of missing vaccine fridge data loggers completed.
- Cleaning schedules reviewed with external contractor; enhancements to monitoring underway.
- Deep cleaning of carpeted office areas scheduled at minimum 6-monthly intervals.
- Staff immunisation records are being centralised electronically and reviewed.

All actions have been assigned to responsible staff and are monitored through quarterly IPC review meetings.

c. Risk Assessments

Risk assessments are undertaken to ensure infection risks are minimised to the lowest reasonably practicable level.

Assessments include (but are not limited to):

- Legionella risk assessment
- Sharps management and waste disposal
- Cleaning standards and environmental hygiene
- General health and safety risks relating to infection control

Risk assessments are conducted and reviewed by the practice's Health and Safety Risk Assessor, with oversight from the management team.

d. Staff Training

All staff receive IPC training as part of their induction and ongoing refresher training.

During the reporting period:

- **100% of staff completed IPC training**, including hand hygiene, waste management, and infection control principles
- Ongoing development includes ANTT training for relevant clinical staff

Training compliance is monitored and recorded to ensure continued adherence to national guidance.

e. Policies and Procedures

The following IPC-related policies and procedures have been reviewed or updated within the last year:

- Infection Prevention & Control Policy
- Annual IPC Audit Framework
- Hand Hygiene Guidance (including 5 Moments for Hand Hygiene)
- Reporting of Infectious Diseases
- Staff Immunisation Policy

All policies are accessible to staff and reviewed annually or as required.

f. Cleaning and Environmental Standards

Cleaning is delivered by an external contractor and monitored against agreed standards.

- Regular audits of cleaning performance are undertaken
 - Any issues identified are addressed promptly with the contractor
 - Environmental cleanliness remains a priority to support patient safety
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g. Staff Immunisation

The practice maintains oversight of staff immunisation status in line with national guidance, including Hepatitis B where appropriate.

Records are being securely maintained electronically and reviewed regularly.

h. Responsibility

All staff members are responsible for:

- Adhering to IPC policies and procedures
 - Maintaining high standards of hygiene and cleanliness
 - Reporting any concerns relating to infection prevention and control
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i. Review

This statement has been reviewed and approved by the IPC Lead and Practice Manager.

The practice remains committed to continuous improvement in infection prevention and control and will monitor progress against all identified actions.

This statement will be reviewed and updated on or before:

31 March 2027

Signed: Hbari

Halima Bari

Practice Manager

For and on behalf of Yorkshire Street Surgery