

Angel Hill Surgery

1 Angel Hill, Bury St Edmunds, Suffolk, IP33 1LU



INFECTION CONTROL ANNUAL STATEMENT

Date Published : 1st December 2025

Purpose

This annual statement will be generated each year in **November** and outlines the infection prevention and control activities undertaken at Angel Hill Surgery over the past year. It demonstrates our commitment to patient safety, staff wellbeing, and continuous improvement in line with *The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections*. It will summarise the following:

- 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 subsequent actions taken
- 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
- Antimicrobial prescribing and stewardship

Infection Prevention and Control (IPC) Leads

- Infection control Lead : Katie Hale, Practice Nurse
- Infection control Deputies : Ashley Fisher - HCSW, Chloe Walker - Nursing Associate
- Supporting team : All clinical and non-clinical staff

INFECTION CONTROL ACTIVITIES UNDERTAKEN

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 Quarterly Practice Meetings and learning is cascaded to all relevant staff.

In the past year there have been no significant events.

Infection Prevention Audits and Actions

The Annual Infection Prevention and Control audit was completed by **Paul Rayner**, Business Manager and **Jo Chandler**, Nurse Manager in November 2025 (IPC lead on Maternity Leave). A further follow up will be completed in January 2026.

As a result of the audit, the following changes have been implemented:

- Actions given to Cleaning Contractor
- Replacement general and confidential waste bins in clinical areas with foot pedal
- Maintenance of light fittings (room 2) and patient toilets (tap)
- Updated and additional signage in staff and public areas.
- Clinical room risk assessments updated/reviewed
- Blood Pressure cleaning procedure updated with poster to advised patients
- Daily clinical schedule added to each clinical room to ensure highest standards of cleanliness
- Regular stock check in each clinical room including rotation of stock to prevent items expiring.

Hand washing audits have been carried out by all IPC Lead and Deputies this year for all clinical staff and non-clinical staff.

Legionella Sampling was carried out on 17th November 2025. Report from samples is due in January 2026.

Angel Hill Surgery plan to undertake the following Audits in 2025/2026:

- Annual Infection Prevention and Control
- Domestic Cleaning
- Hand hygiene
- Regular Infection Control Room audit
- Stock rotation preventing expiry dates

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. This was completed 26th August 2025 and will be reviewed annually (August 2026).

Immunisation: As a practice we aim to ensure that all our staff are up to date with their Hepatitis B immunisations and ensure any occupational health vaccinations applicable to their role have been offered. 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 12 or 6 months, dependant on Risk Assessment. To this effect we use disposable curtains and ensure they are changed annually or every 6 months in line with the risk assessment. The modesty curtains although handled by clinicians are never handled by patients and clinicians have been reminded to always remove gloves and clean hands after an examination and before touching the curtains. All curtains are regularly reviewed and changed if visibly soiled

Window Blinds: The window blinds are very low risk and therefore do not require a particular cleaning regime other than regular wiping down or vacuuming to prevent build-up of dust.

Due to ongoing risk of infections, we are unable to provide toys and magazines for our waiting areas. Items would need to be cleaned regularly and thoroughly through the day which has been deemed unachievable in our very busy surgery. This would impose a risk to patients particularly those who are vulnerable.

Cleaning specifications, frequencies and cleanliness: We have added a cleaning specification and frequency policy poster in the waiting room and all clinical rooms to inform our patients of what they can expect in the way of cleanliness. We also have a cleaning specification and frequency policy which our cleaners and staff work to. An assessment of cleanliness is conducted by the cleaning team and logged. This includes all aspects in the surgery including cleanliness of equipment.

Hand washing sinks: The practice has hand washing sinks in every room for staff to use. Some of our sinks do not meet the latest standards for sinks but we have removed plugs and reminded staff to turn off taps that are not 'hands free' with paper towels to keep patients safe. We have also replaced our liquid soap with wall mounted soap dispensers to ensure cleanliness. If any sinks are to be replaced in the future, these will be sealed sinks with no overflow holes.

Chairs: All chairs in both patient waiting rooms are wipeable. We are working towards replacement of worn chairs in consulting and treatment room as and when they are required.

Staff Training

- All clinical staff completed annual mandatory IPC training to Level 2 via e-learning modules and in-person refreshers
- All non-clinical staff completed Level 1 e-learning and will update every 3 years.
- New starters received an induction training booklet which includes hand hygiene, PPE use and all the cleaning protocols.

Policies and Procedures

- IPC policies were reviewed and updated in November 2025
- Policies cover hand hygiene, PPE, environmental cleaning, waste disposal and outbreak management

Cleaning and Decontamination

- Daily cleaning schedules maintained for clinical and non-clinical areas.
- High touch surfaces disinfected in between patients and multiple times per day.
- Deep cleaning carried out quarterly and after any infectious outbreaks

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 annually, and are all amended on an on-going basis as current advice, guidance and legislation changes.
- Infection Control policies are circulated amongst staff for reading and discussed at meetings on an annual basis.

Responsibility

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

Continuous Improvement

- IPC Lead will keep up to date with best practice and share with the team,
- Feedback from patients and staff used to improve hygiene signage

- Plan for 2025/2026 include increasing the number of digital audit tools

Contact and Feedback

- Patient and staff are encouraged to raise concerns or suggestions related to Infection Control, therefore please contact the Practice Manager and IPC Lead through email or reception

Reviewed on

19/11/2025

Responsibility for Review

The **Infection Prevention and Control Lead** and Deputy are responsible for reviewing and producing the Annual Statement for and on behalf of Angel Hill Surgery during the month of November.

J Chandler
Nurse Manager

S Garrod
Senior Partner