# Drs. Thorniley-Walker & Lombard

The Medical Centre, Gibson Court, Boldon Colliery, Tyne & Wear. NE35 9AN
Telephone: (0191) 5193000 Email: gibson.court@nhs.net Website http://boldongp.nhs.uk/

## Infection Prevention and Control

### Purpose

This annual statement will be generated each year in July 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 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 undertaken 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 is Vicky Wadge
The IPC Lead is supported by Aidan Berry
We work with the Infection Prevention and Control Nurses at South Tyneside and Sunderland NHS Foundation Trust

### 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 of 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 that 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 in 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 that related to infection control.
There have also been 0 complaints made regarding cleanliness or infection control.

### Infection prevention audit and actions

Infection Prevention Control Audit Tool was completed in July 2025 and resulted in the following actions;

- Reviewed current waste streams and implemented the on hinge use of Sharps Box lids as per NHSE and Improvement Guidelines.
- Training and communication supported by infographics
- Reviewed and updated Cleaning Schedule
- All staff to undergo induction Infection Prevention Control training

The IPS Audit tool is due to be reviewed January 2026

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Duty of Care Waste Audit Notification was carried out in August 2025 and resulted in the following actions;

- Ensure that induction training is also provided to every new staff Member
- Ensure that you setup and maintain training records for all staff
- Ensure that your Clinical Waste Containers are labelled in accordance with the relevant regulatory requirements. Please refer to relevant guidelines such as the HTM 07-01 issued by the Department of Health
- Ensure that you have appropriate storage and disposal of general Waste in place for your practice.

**Risk Assessments**

Risk assessments are carried out so that any risk is minimised to be as low as reasonably practicable. Additionally, a risk assessment which can identify best practice can be established and then followed.
In the last year the following risk assessments were carried out/reviewed:

- Clinical Waste Streams
- COSHH (In progress)
- Legionella

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

- Water Safety
- General IPC Risks
- Staff Training

**Training**

In addition to staff being involved in risk assessments and significant events, at Dr Thorniley-Walker and partners all staff and contractors will receive IPC induction training on commencing their post. Thereafter, all staff receive refresher training annually the level of training is dependent on the staff members role and responsibilities.
Various elements of IPC training in the previous year have been delivered via online training supported by Bluestream, the ICB update training provided via Teams on Covid – 19 and regular Encircle events

**Policies and procedures**

The infection prevention and control related policies and procedures which have been written, updated or reviewed in the last year include, but are not limited, to:
Infection Prevention Control Policy V8.0
Hazardous/Clinical Waste Management Policy
Staff Immunisation 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.

**Responsibility**

It is the responsibility of all staff members at Dr Thorniley-Walker and partners Surgery to be familiar with this statement and their roles and responsibilities under it.

**Review**

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The IPC Lead and the Registered Manager are responsible for reviewing and producing the annual statement.
This annual statement will be updated on or before 30th August 2026

**Signed by**




