

## Norfolk Primary Care C.I.C. (NPC)

### Infection Prevention and Control (IP&C) Annual Statement

March 2026

#### Purpose

This annual statement will be generated each year in March, 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 complaints, significant event, accident and incident reporting procedures), where required
- 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 (IP&C) Leads & Deputies

	Lead	Deputy Lead
<b>Organisational</b>	Emma Smith Chief Clinical Officer	Simon Pitchers Health & Safety Manager
<b>Millwood Medical Practice</b>	Katie Leonard Lead Practice Nurse	Simon Pitchers Health & Safety Manager
<b>Norwich Health Centre</b>	Rebecca Watts Practice Nurse	Sam Burke Practice Nurse
<b>Walk-In Centre</b>	Min-Cho Sook Clinical Lead	Anna Kent Nurse Manager
<b>Vulnerable Adults Service</b>	Mickey Pitcher-Cooke Practice Nurse	Dr Ellie Cramer General Practitioner

Both the Organisational IP&C Lead and deputy have undertaken an enhanced qualification (NCFE CACHE Level 2 certificate in the principles of the prevention and control of infection in Healthcare Settings) to validate their positions in the organisation.

The practice leads and their deputies have completed additional training and education to effectively carry out and validate their responsibilities in line with their designated roles.

#### **a. Infection transmission Reports (incidents, significant events, and complaints)**

Significant events and incidents 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 and good practice.

Negative events are managed with the staff member who either identified or was advised of any potential shortcoming. This person will complete a Significant Event or Accident/Incident report which commences an investigation process to establish what can be learnt and to indicate changes that might lead to future improvements.

All incidents, significant events, and complaints are reviewed and discussed at the service meetings on a weekly basis, and at the Quality & Safety Committee meetings on a bi-monthly basis. Any learning points are cascaded to all relevant staff where an action plan, including audits or policy review, may follow.

In the past year (April 2025- March 2026) there were **no complaints** directly referring cleanliness within the clinical areas for which we are responsible in the services we deliver.

There were **2** incidents raised by NPC staff in relation to clinical areas where we deliver services, for which we are not directly responsible for the cleanliness of the environment (i.e. we are not contractually responsible for the cleaning services of the area). In response to the reported incidents, NPC undertook their own IP&C audit of the areas used by our clinical services to present to the organisation responsible for

the cleanliness of the areas in which we work. The incidents were passed on to the organisation which were responsible for the cleaning and infection control of the general and clinical environment, and they internally investigated and responded accordingly.

## **b. Infection prevention audit and actions**

NPC was last inspected by Care Quality Commission (CQC) in July 2021, and no issues were raised in relation to the organisational management of IP&C.

Audits relating to Infection Control within hub and practice premises have been undertaken within the organisation during the periods of 1<sup>st</sup> April 2025 – 31<sup>st</sup> March 2026, and daily IP&C checklists are complete in each of the clinical areas which NPC are commissioned to carry out. Action plans were produced and completed in response to the findings, where required.

IP&C audits are logged on the audit schedules, and actioned plans are developed where required.

## **c. Infection Control Risk assessments**

Risk assessments are carried out so that any risk is minimised to be as low as reasonably practicable. Additionally, a risk assessment that can identify best practice can be established and then followed.

In the last year, the risk assessments were carried out/reviewed in the main office building, and in / on behalf of host & NPC Practices (where required)

These complied of:

- General IP&C risks related to cleaning, PPE use, and hand hygiene audits
- Staffing, new joiners (as part of recruitment and induction) and ongoing training
- Cleaning standards, at the main office and in hubs where clinical services are being delivered
- Staff vaccinations

- Pregnant workers

In the next year, the above risk assessments will also be scheduled as an ongoing arrangement. These are all logged in the audit schedule and will be available for inspection.

#### **d. Training**

In addition to staff being involved in risk assessments and incident investigations, at NPC all staff and any contractors receive IP&C induction training on commencing their post. A record of this training is kept in the mandatory training schedule and is available for inspection. Thereafter, all staff receive refresher training annually.

#### **e. Policies and procedures**

The IP&C related policies and procedures that have been written, updated or reviewed in the last year include, but are not limited, to:

- CL03 & CL04 Hand Hygiene Policy
- CL05 Infection Control and Prevention Audit Checklist
- CL06 Infection Control and Prevention Policy
- CL12 Cold Chain Policy
- CL17 Phlebotomy and Specimen Handling Policy
- CL18 Sharps Injury Protocol

Policies relating to IP&C are available to all staff on Team Net (as of April 2023) 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 NPC to be familiar with this statement and their roles and responsibilities under it.

**g. Review**

The organisational IP&C lead and the IP&C Deputy are responsible for reviewing and producing the annual statement. This annual statement will be updated on or before 31<sup>st</sup> March 2027.

**Signed by**



Emma Smith, Chief Clinical Officer

For and on behalf of NPC