

05/02/2026

Infection Control Annual Statement 2025/2026

Purpose

The annual statement will be generated each year. It will summarise:

- Any learning connected to cases of *C. difficile* infection and *Methicillin-resistant Staphylococcus aureus* blood stream infections and action undertaken.
- The annual infection control audit summary and actions undertaken.
- Infection Control risk assessments and actions undertaken.
- Details of staff training (both as part of induction and annual training) with regards to infection prevention & control.
- Details of infection control advice to patients.
- Any review and update of policies, procedures, and guidelines.

Background

University Medical Group Reading Medical Practice/Surgery Lead for Infection Prevention /Control is Sarah Langley Practice Nurse Lead, who is supported by Louise Stoney, Nursing Associate.

This team keeps updated with infection prevention & control practices and share necessary information with staff and patients throughout the year.

Significant events:

Detailed post-infection reviews are carried out across the whole health economy for cases of *C. difficile* infection and *Methicillin Resistant Staphylococcus aureus* (MRSA) blood stream infections. This includes reviewing the care given by the GP and other primary care colleagues. Any learning is identified and fed back to the surgery for actioning.

This year the surgery has been involved in 1 *C. difficile* case reviews and 2 MRSA blood stream infection reviews.

Audits:

Detail what audits were undertaken and by whom and any key changes to practice implemented as a result.

Audit	Date	Auditor/s	Key changes
Infection Prevention Control and Efficacy	January 2026	Sarah Langley Practice Nurse Lead and Lorraine Watkinson, Practice Manager	All changes completed and implemented

Hand Hygiene	January 2026	Sarah Langley	Spot checks completed regularly, last one on by 22/01/26 by Sarah Langley
ANTT	January 2026	Sarah Langley	Spot checks regularly completed, last one on 22/01/26 by Sarah Langley
National Standards of Healthcare Cleanliness Technical	January 2025	Sarah Langley and Lorraine Watkinson	All changes completed and implemented

Infection Control Risk Assessments:

Regular Infection Control risk assessments are undertaken to minimise the risk of infection and to ensure the safety of patients and staff.

Staff training:

No. approximately 11 new staff joined this Medical Centre/Surgery in the past 12-months and received infection control, handwashing, and donning and doffing training within 4-months of employment.

92% of the practice patient-facing staff (clinical and reception staff) completed their annual infection prevention & control update training (specific whether this was in a formal training session or online).

100% of the practice non-patient-facing staff completed their 3-yearly/annual infection prevention & control update training.

The IPC nurse/practitioner attended training updates for their role. Training is provided by the BOB ICB Webinars.

Infection Control Advice to Patients:

Patients are encouraged to use the alcohol hand gel/sanitiser dispensers that are available throughout the Medical Centre/Surgery. Additional IPC measures on hands, face, space have been implemented since the COVID-19 Pandemic.

There are leaflets/posters available in the Medical Centre/Surgery -regarding:

MRSA	Chickenpox & shingles
COVID-19	Norovirus
Influenza	Recognising symptoms of TB
The importance of immunisations (e.g. in childhood and preparation for overseas travel)	

Policies, procedures, and guidelines.

Documents related to infection prevention & control are available to all and reviewed in line with national and local guidance changes and are updated 2-yearly (or sooner in the event on new guidance).

CQC policies are updated yearly and republished if changes are made