



## **PRIORY MEDICAL CENTRE**

PRIORY ROAD

WARWICK

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## **INFECTION PREVENTION CONTROL - ANNUAL STATEMENT 2025**

31/12/2025

### **Purpose**

This annual statement will be generated each year in December, 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 organisation's 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 carried out 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 at Priory Medical Centre is Robert Massey-Ellis (Executive Director).

The IPC Lead is supported by the Practice Nursing team.

#### **a. 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 in 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 which 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 at 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 which related to infection control. There have also been 0 complaints made regarding cleanliness or infection control.

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### **BRANCH SURGERY**

1 BRESE AVENUE, WOODLOES PARK, WARWICK, CV34 5TS

**b. Infection prevention audit and actions**

In 2025, there have been numerous IPC audits complete which are listed below:

- 31/01/2025 – Cleanse Medical Technical (Cleaning) Audit of Priory Medical Centre
- 20/03/2025 – IPC self audit of Brese Avenue Surgery
- 27/03/2025 – IPC self audit of Priory Medical Centre
- 11/04/2025 – Cleanse Medical Technical (Cleaning) Audit of Priory Medical Centre
- 02/05/2025 – self audit of Minor Surgery Room at Priory Medical Centre for the Minor Surgery Enhanced Specification sign up
- 20/06/2025 – IPC self audit of Priory Medical Centre
- 23/06/2025 – IPC self audit of Brese Avenue Surgery
- 01/08/2025 – Cleanse Medical Technical (Cleaning) Audit of Priory Medical Centre
- 22/10/2025 – IPC self audit of Brese Avenue Surgery
- 24/10/2025 – IPC self audit of Priory Medical Centre

Priory Medical Centre will continue to run quarterly IPC self audits of both Priory Medical Centre & Brese Avenue Surgery to ensure we are complying with IPC standards. Cleanse Medical will continue to run Technical Audits on their cleaning standards as NHS Cleanliness Standards.

**c. Risk assessments**

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

In the last year, the following risk assessments were carried out/reviewed:

- 30/08/2025 - COSHH Risk Assessment (Generic)
- 14/10/2025 - COSHH - Use of Medical Liquid Nitrogen Risk Assessment
- 24/10/2025 - Clinical Waste Risk Assessment
- 04/12/2025 - 4 in 1 Risk Assessment (Fire, H&S, Legionella, Disability)

A suggested list, but one that is not exhaustive, could contain the following:

- General IPC risks
- Staffing, new joiners and ongoing training
- COSHH
- Cleaning standards
- Privacy curtain cleaning or changes
- Staff vaccinations
- Infrastructure changes
- Sharps
- Water safety
- Toys
- Assistance dogs

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

- Staff Vaccinations
- Sharps

- 4 in 1 Risk Assessment (Fire, H&S, Legionella, Disability)
- Privacy Curtain Cleaning or Changes

**d. Training**

In addition to staff being involved in risk assessments and significant events, at Priory Medical Centre all staff and contractors receive IPC induction training on commencing their post. Thereafter, all clinical staff receive refresher training annually, with non clinical staff receiving refresher training every 3 years.

Various elements of IPC training in the previous year have been delivered at the following times:

- Annual Mandatory Training for Clinical staff – ongoing throughout 2025
- Refresher Mandatory Training for Non Clinical Staff – ongoing throughout 2025

**e. Policies and procedures**

The infection prevention and control-related policies and procedures that have been written, updated or reviewed in the last year include, but are not limited to:

- Hand Hygiene Policy – 25/05/2025
- Infection Prevention Control Handbook – 20/06/2025
- Waste Management Policy – 24/08/2025
- Safe Handling of Chemicals Policy – 24/08/2025

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.

**f. Responsibility**

It is the responsibility of all staff members at Priory Medical Centre to be familiar with this statement and their roles and responsibilities under it.

**g. Review**

The IPC Lead and either the Executive Director / Senior Partner are responsible for reviewing and producing the annual statement.

This annual statement will be updated on or before 31/12/2026.

**Signed by**

*R Massey-Ellis*

Robert Massey-Ellis  
Executive Director  
For and on behalf of Priory Medical Centre