

Annual Infection Prevention and Control Statement

January 2026

Purpose of this Annual Statement

This Annual Statement has been produced in accordance with the **Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections and Related Guidance**.

It is made publicly available to provide assurance to patients, staff and regulators regarding VeinCentre's arrangements for infection prevention and control (IPC).

Introduction

This Annual Statement has been drawn up on **January 2026** 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 for VeinCentre.

This statement summarises:

1. Infection transmission incidents and actions taken
2. IPC audits undertaken and subsequent actions implemented
3. Risk assessments undertaken and actions taken for the prevention and control of infection
4. Staff training
5. Review and update of IPC policies, procedures and guidelines
6. Antimicrobial prescribing and stewardship

This statement has been drawn up by:

Name: Helen Burndred

Role: Infection Prevention and Control (IPC) Lead

Supported by:

Name: Karleen Perry

Role: Quality and Governance Lead

1. Infection Transmission Incidents

VeinCentre operates a clear and robust Incident Reporting Framework to identify, review and learn from any incidents, including those related to infection prevention and control.

- All incidents are reviewed using a learning-focused approach.
- Incidents and any infection-related concerns are discussed at weekly Medical Management meetings and with the Medical Advisory Committee (MAC).
- Learning outcomes are shared with staff through governance updates and communications.
- Where required, actions may include policy review, audit follow-up, or additional staff training.

During the reporting period (January 2025 – December 2025), there were no infection transmission incidents identified.

There were also no patient complaints relating to cleanliness or infection prevention and control.

2. IPC Audits and Actions

VeinCentre maintains a planned programme of internal infection prevention and control audits to provide assurance and drive continuous improvement.

Audits undertaken during the reporting period included:

- Environmental cleanliness audits
- Clinical room and procedural area audits
- Hand hygiene compliance checks
- Equipment decontamination and cleaning processes
- Waste and sharps management audits

Audit findings are reviewed through established governance arrangements. Where improvements are identified, actions are implemented, monitored and re-audited to ensure sustained compliance.

VeinCentre also engages positively with external regulatory and assurance bodies, including CQC, HIW, HIS and RQIA, and responds promptly to any recommendations or actions arising from inspections.

3. Risk Assessments

VeinCentre manages infection prevention and control risks through a formal organisational risk register, rather than separate standalone risk assessment documents.

The risk register provides a structured and systematic approach to identifying, assessing and controlling risks, including those related to infection prevention and control. IPC risks are assessed in terms of likelihood, impact and existing controls, with actions identified where further mitigation is required.

IPC-related risks recorded and reviewed on the risk register during the reporting period include:

- General infection prevention and control risks
- COSHH-related risks
- Cleaning and environmental hygiene
- Sharps safety
- Water safety
- Waste management

The risk register is:

- Reviewed regularly through governance arrangements
- Updated in response to incidents, audit findings, service changes or emerging guidance
- Used to inform audit activity, policy review and quality improvement actions

Planned reviews in the coming year include:

- Infection prevention and control risks
- Waste management
- Medical emergencies arrangements

This approach ensures that IPC risks are actively managed and reduced to as low as reasonably practicable, in line with regulatory expectations.

4. Staff Training

VeinCentre recognises that effective IPC relies on a well-trained workforce.

- All staff and contractors receive IPC training as part of their induction
- IPC refresher training is completed at least every two years, or sooner if required

- Training is proportionate to role and clinical responsibilities
- IPC learning is reinforced through audits, governance discussions and local communication

Training compliance is monitored as part of the organisation's quality and governance framework.

5. IPC Policies, Procedures and Guidance

VeinCentre maintains a comprehensive suite of infection prevention and control policies and procedures, which are accessible to all staff.

Policies reviewed or updated during the reporting period include:

- Infection Prevention & Control Policy
- Sharps Management Policy

All IPC policies are:

- Reviewed at least annually
- Updated sooner where guidance or legislation changes
- Communicated to staff through governance and local communication channels

6. Antimicrobial Prescribing and Stewardship

VeinCentre is a specialist outpatient service and does not routinely prescribe or supply antimicrobials.

However, antimicrobial stewardship principles are embedded within clinical practice by:

- Avoiding unnecessary antibiotic use
- Following national guidance where antimicrobial treatment is required via external providers
- Emphasising infection prevention through aseptic technique, environmental cleanliness and robust IPC controls
- Escalating any concerns regarding infection appropriately and promptly

This approach supports national antimicrobial stewardship objectives and reduces the risk of antimicrobial resistance.

Review

VeinCentre is committed to maintaining high standards of infection prevention and control. Our IPC arrangements are regularly monitored through governance, audit, and our risk register, and are supported by ongoing staff training and clear policies.

This statement has been reviewed and approved by the **IPC Lead** and the **Quality and Governance Lead**. It will be reviewed and updated in **January 2027**, or sooner if required due to changes in guidance, regulation, or service delivery.