

**MINUTES OF THE  
INFECTION CONTROL COMMITTEE**

**Held at 1pm on 25<sup>th</sup> November 2025  
at St Bede's Conference Centre and via Zoom**

**Attendance**

(Dr JS) Dr J Stephenson, Consultant Microbiologist -ESTH, SSAH (Chair)	(SM) Sara Mosalam – Infection Control Lead
(AR) A Rudkin – Director of Quality and Governance	(PM) Peter Morris – Facilities Manager
(JC) J Cope – Quality Support (Minutes)	(Dr GT-R) Gabrielle Tamura-Rose – Consultant in Palliative Care

**Apologies**

(AD) A Durrant – IPU rep	(MS) M Sorrell – Community rep
(MP) M Prior – Clinical Nurse Specialist	(RT) R Trower – Clinical Director
(Dr NC) Dr N Collins – Palliative Care Consultant	(CF) C Foster - IPU IC Link RN
(FQ) Francis Quinon – Clinical Lead, IPU	(MF) M Flint – Palliative Care Educator

**ITEM 1: Welcome**

**Action**

Dr JS extended welcome to all present.

**ITEM 2: Apologies**

Apologies as listed above

**ITEM 3: Minutes of the last meeting held on 24 June 2025**

3.1 These were accepted as an accurate record.

**ITEM 4: Matters Arising**

4.1	FQ had raised the issue of the hospice obtaining safety needles for NovoRapid. Item to be pursued by SM with FM and update at the next meeting.	<b>SM</b>
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## ITEM 5: IPC training/education

- 5.1 **Fit Testing:** SM informed the meeting that 39 of 53 eligible staff have received the training thus far. The aim is for all staff to receive the training by January 2026. The Flu/COVID vaccines were offered to staff on 15<sup>th</sup> and 21<sup>st</sup> October 2025.
- 5.2 **Education :** SM informed the meeting that there will be Infection Control refresher training in January 2026. There is a monthly list which shows which staff need training. New staff are reminded that they need to schedule a date for their training. SM has asked the Community Team if they wished to be involved with the Fit Testing training routine. AR asked what the time frame is for the 14 staff who have not received training to complete it. SM replied that it depends on their schedule and that of the IPC link, but the broad time frame is December to January. SM has attended the IPC meetings for South West London and found it informative with regards to how Measles and the Flu can be combated.

## ITEM 6: IPC Incidents / Sharps Injuries / Body Fluid Exposures / Audit

- 6.1 On the topic of the infection control audits, quarterly graphical reporting produced by JC reflects the data. Set out below are the figures for the 2nd quarter (April - June) of 2025 with available figures for the 3rd quarter 2024 (July - September) 2025 also included. This is followed by a written summary specifically for the 3rd quarter of 2025.

IPC Criterion	Apr-Jun 2025	Jul-Sep 2025
Staff Hand Hygiene	<b>93%</b>	<b>86%</b>
St Bede's Environmental	<b>Na</b>	<b>Na</b>
Wellbeing Centre Environmental	<b>Na</b>	<b>Na</b>
Men's Den Environmental	<b>Na</b>	<b>Na</b>
IPU Environmental	<b>100%</b>	<b>99%</b>
IPU Staff Spot Check	<b>98%</b>	<b>97%</b>
Sharps	<b>98%</b>	<b>99%</b>
Urinary Catheter Insertion	<b>100%</b>	<b>100%</b>
Waste Management	<b>91%</b>	<b>100%</b>
Mattress Cover	<b>Na</b>	<b>100%</b>
Mattress	<b>Na</b>	<b>100%</b>

- 6.2.1 Overall compliance for staff hand hygiene is 86%. There is a substantial decrease in compliance with the standard that hands are cleaned before patient contact which decreased to 50% from 80%.
- 6.2.2 The Sharps Audit showed 99% compliance overall and the previous quarter showed 98% compliance overall.

**SM/FQ**

- 6.2.3 IPU staff spot checks showed a 97% compliance which is a very small decrease on the previous quarter.
- 6.2.4 The IPU Environmental Audit showed 99% compliance which is down very slightly from the perfect (100%) compliance on the previous audit because of a single instance of hand gel/ handwashing facilities not being available.
- 6.2.5 Waste Management showed 100% overall compliance which is an increase on the previous audit period. The areas which have shown improvement are the bin containers no longer being overfilled and the staff now being aware of waste streams.
- 6.2.6 The Urinary Catheter Insertion audit shows that compliance has maintained at 100%.
- 6.2.7 The Mattress and Mattress Cover audit shows perfect compliance.

## **ITEM 7 : Alert Organisms Surveillance**

- 7.1 Dr JS informed the meeting that the HCN-2 strain of Influenza A may potentially present challenges for the Flu vaccine. But the data is promising. The vaccine is more effective in children, giving 75% protection compared to only thirty odd percent for adults.

## **ITEM 8 : Water Assessment and testing update**

- 8.1 PM informed the meeting that a robust flushing routine implemented by Facilities is maintained. There have been no new outbreaks of legionella in the water. Water safety is a standing item at the H&S Committee. There is a monthly testing of the taps and the chemicals and the pumps. There is a flushing program in place and frequency has been reduced proportional to need. Currently each tap is flushed once a week for five minutes using hot and cold water which keeps disinfecting chemicals flowing through the system. PM flushes them on an ad hoc basis. HSL Compliance carries out monthly testing and there have been no new issues. Regarding repair work that is scheduled, the dosing pump has an airlock in it and is scheduled for repairs. The cold water storage tank will be cleaned in January 2026 and the hot water unit will be descaled or replaced in the new year.

## **ITEM 9 : Any Other Business**

- 9.1 SM informed the meeting that with use of the Mortuary space being discontinued and its conversion in to a family/spiritual area, room temperature adjustment and cooling blankets will be used while awaiting collection by the undertaker and she asked Dr JS if any further JS measures are needed over and above standard infection control precautions and use of appropriate PPE. JM said that there are likely to be further guidelines on this topic that relate to Infection Control and Health and Safety and that he will be in email contact with SM.

**ITEM 10 : Date of next ICC meeting**

Date	Event	Venue/Time
TBA	<b>IP&amp;C Meeting</b>	TBA