



# City of Doncaster Council

## Meeting Minutes

Meeting: Health Protection Assurance Group  
 Date/Time: Wednesday 19<sup>th</sup> April 2023  
 Venue: Microsoft Teams Virtual Meeting  
 Attendees: Dr Victor Joseph, City of Doncaster Council (Chair)  
 Alison Swift, RDaSH  
 Emma Gordon, City of Doncaster Council  
 Helen Conroy, City of Doncaster Council  
 June Chambers, UK Health Security Agency  
 Laurie Mott, City of Doncaster Council  
 Miriam Boyack, DBTH  
 Sarah Atkinson, City of Doncaster Council  
 Maisie Mattocks, City of Doncaster Council (Note Taker)

Items for Discussion		Lead
1	<b>Welcome and Apologies</b>	
	Apologies received from Dr Ken Agwuh, Carys Williams and Scott Forbes. The group were welcomed and introductions took place.	
2	<b>Declaration of Interest</b>	
	None were declared.	
3	<b>COVID</b>	
	<p><b>Incident Rates and Log</b></p> <p>Laurie raised that the two main sources of information which update the data tables are closing. The ONS prevalence service has been suspended and the hospital (DBTH) is no longer testing as they were previously, therefore no further data will be received from the hospital.</p> <p>Case rates are dropping increasingly fast across all ages, however the number of active COVID patients treated by DBTH slightly increased over the last few days. Miriam confirmed a total of 25 cases to date.</p>	
4	<b>Minutes of Last Meeting and Matters Arising</b>	
	No actions from the last meeting.	
5	<b>Health Protection Assurance and Monitoring Reports</b>	
	<p><b>Care Homes</b></p> <p>37 COVID outbreaks have been managed in Older People's (OP) care homes across Doncaster between January and March 2023 with a total of 88 COVID outbreaks since April 2022. In addition to COVID, 11 D and V outbreaks have been managed this quarter.</p> <p>Visibility of the Infection Prevention and Control (IPC) team has continued, 227 care homes visits have been completed between January and March 2023. 200 of these visits</p>	

were undertaken by an IPC nurse specialist or practitioner. All Learning Disability (LD) homes/groups have had an introductory visiting.

Environmental auditing for 2022/23, Older persons homes are 100% completed. In addition, x1 LD homes and x1 supported living home have had their audit completed this quarter.

The IPC team have completed 107 visits for PCRs/Abbotts within the community between January and March 2023, on new residents being admitted into care homes from the community (their own homes) or for respite care. These have all been completed by IPC health care assistants.

Education through monthly Question and Answer sessions provided to managers and link nurses of older people's homes. A guest speaker was in attendance in March 2023. All care homes have been invited to attend from April 2023. Education through link champions continues approx. every three months. Follow up of any Clostridium Difficile infection (CDI) patients from symptoms and treatment perspective who are discharged into the care homes from DBTH.

Proactively looked at one older person care home after 3 cases of MRSA were identified on admission to DBTH, including whole home screening and advice. IPC team completed 18 MRSA screens in a drive to lower the number of Community associated MRSA bacteraemia, by visiting a centre for the homeless in Doncaster and offered blind decolonisation to all.

Other achievements this quarter include supporting conversations regarding spring vaccines and offering advice and guidance to all care homes and extra care. Observations and check and challenge practices respectfully is ongoing. PPE/hand hygiene training has been completed in one LD home following outbreak support visit. UKHSA are liaised with regarding any non-COVID outbreaks, and they are kept informed of cases within the community.

#### **DBTH**

Across DBTH deep cleaning was required, a small number of areas have been deep cleaned but this work continues. Air scrubbers are in place and ventilation work is ongoing.

Surgical site infection (SSI) surveillance is ongoing with Orthopaedics, breast surgical site surveillance is also ongoing. Monitoring and surveillance of all alert organisms continues with weekly compliance audits on all cases by the IPC team.

Catheter passport work is ongoing across acute trust and care homes.

CPE (Carbapenemase producing Enterobacteriaceae)<sup>1</sup> screening has increased. Work is still required to increase CPE screening further.

---

<sup>1</sup> <https://publicdocuments.sth.nhs.uk/pil4338.pdf>

	<p>There have been 1 MRSA bacteraemia case within the acute trust in March 2023. There have been 20 cases of C. difficile between January and March 2023. This takes the total to 46 at year end, this time last year the total was 53 cases. DBTH have reported 92 E. coli bloodstream infections year to date, the total number of cases reported this time last year was 96.</p> <p>COVID numbers remain high, there have been 4 new COVID outbreaks between January and March 2023. There has been no new learning emerged.</p> <p>Proactive management and review of CDI cases is ongoing. DBTH reported 20 CDI cases January to March 2023. 14 HOHA and 6 COHA.</p> <p>There were 28 Hospital acquired cases of E. coli blood stream infections between January and March 2023. There has been 1 MRSA Colonisation between January and March 2023.</p> <p>Fit testing demand will continue to be high. The IPC team are not able to meet the demand. Fit testing resilience principles are now mandatory and are part of the EPRR core standards. This means that it is mandatory that all staff are fit tested on at least two masks and that they are fit tested every two years. This is being reviewed by execs.</p> <p><b>RDaSH</b></p> <p>No report submitted due to changes within the organisation. The reporting process is being reviewed, all reports going forward must be shared through an internal governance process for sign off. This quarters report is with the committee, the reporting gap for this meeting will be around 1 month's difference. If the meeting schedule was to be amended to accommodate this change it would need to be amended by 1 month ahead. If dates for meetings remain the same, reports will be shared a quarter behind for RDaSH.</p>	
6	<p><b>Infection, Prevention and Control</b></p> <p><b>Sexual Health Services</b></p> <p>Sexual health services in Doncaster are delivered by <i>Solutions4Health</i> for over's 18 and RDaSH for under 19's. The quality and performance of both services is monitoring via quarterly contract meetings. On 1<sup>st</sup> April 2022, Solutions4Health took over the contract for adult sexual health services. On 1<sup>st</sup> August 20222 the Young People's service launched with a new service model.</p> <p>Solutions4Health are up and running as a new provider in Doncaster, they are establishing partnerships and responding to challenges in a positive and innovative way. The under 19's service with RDaSH is fully mobilised and a new service model has launched, there's a clear pathway in place for young people who need to be referred to adult sexual health services for level 3 treatment including follow ups with the young person for any additional support from Zone 5-19. In addition, the drop-in clinic at The Flying Scotsman centre has been reinstated after being halted due to COVID restrictions.</p> <p>Public Health have been involved in a mapping exercise as part of the regional sexual</p>	

health community of improvers group to ensure a consistent and proactive approach to outbreak prevention and management of HIV and STIs across the region. Public Health have collated information in relation to governance systems, plans, reporting mechanisms, STI exceedance level monitoring and emergency planning. A report has been compiled which includes recommendations, this will be shared once it has been signed off. Post meeting note – see link [Doncaster: Engaging Sex Workers and Other Hard-to-reach Groups | Local Government Association](#)

The COVID pandemic and monkeypox outbreak continue to pose challenges for sexual health provision in Doncaster. Most of the service provision has resumed except for drop-in clinics. Triage is prioritising symptomatic patients or asymptomatic very high-risk categories. There is a potential to be missing infections in those who do not fall into the categories.

National cases of syphilis had been rising at an alarming rate and Doncaster was mirroring this national trend. Cases began to lower more recently however in December it was identified that there has been an increase in cases possibly connected to sex workers. Plans were quickly put in place to address this including a drop-in clinic for street commercial sex workers.

### **Substance Misuse**

The Harm Reduction Strategy Group overlooks the strategy for substance misuse. Robust processes are in place for substance misuse.

Drug users and particularly injectors are at risk of transmission of blood borne viruses. People on opiate substitution therapy need to ensure safe storage in the home, and there needs to be a mechanism to prevent diversion to those for whom the drugs are not prescribed. Public Health and Aspire have been focusing on prevention of transmission of Hepatitis B, C and HIV in injective drug users, access to treatment for those contracting blood borne viruses, safe storage in the home to prevent ingestion by minors and supervised consumption of opiate substitution therapy.

13 pharmacies and 1 specialist needle exchanges in operation, including specialist IPED clinic), however uptake of needle exchange by pharmacies is not directive it is voluntary. Pathways are in place between drug services and BBV treatment services. Via Aspire, all services users with children have been provided with safe storage boxes for methadone. A supervised consumption policy is in place for opiate substitution therapy however there is a risk around this. After a period of supervised consumption and when stable, some clients receive take home doses of opiate substitution therapy. There is a residual risk of diversion.

### **Suicide Prevention**

Suicide prevention is a public health and health protection issue. On 9<sup>th</sup> May 2019 a conference was held in Doncaster and the outcomes helped shaped how the funds from Doncaster IBC, as lead commissioner, were deployed. The local 3-year plan was due to be refreshed in 2021 but due to COVID it was agreed that a virtual event to refresh the

	<p>plan was not well suited to the level of engagement and work needed for full partnership ownership of a new plan. A planned refresh of the local action plan has been postponed pending national guidance being released.</p> <p>A review of suicides in 2022/23 is being prepared at this time and following a multi-agency thematic review of 7 deaths over December 22/January 23, it has been identified that an agreed pathway for escalation as an acute response to suicide attempts would be beneficial. Work is ongoing with the Director of Public Health to progress this.</p> <p><b>Surveillance</b></p> <p>COVID cases have lowered due to a reduction in testing. Streptococcal Infection and Scarlet Fever cases are lowering. Seasonal infections which would be expected at this time of year are not showing. Food borne infections are low. Expecting usual seasonal infection cases to rise as it becomes summer, when people start to take holidays, spend time outside and have barbeques. The next threat expected is measles, it was agreed we need to be more alert to measles and know how to recognise the infection.</p>	
<b>7</b>	<b>Standing Agenda Items</b>	
	No update.	
	<b>Key Updates from Meetings</b>	
	<b>TB Steering Group</b>	
	The TB Steering group continues to meet on a quarterly basis, the last meeting was held on 30 <sup>th</sup> March. DBTH FT reported at the steering group there had been many latent TB identified and lots of cases coming through occupational health. They were prioritising the active cases. Communication with the hospitals about cases of TB is good. Challenges in pathways of care between the community and the paediatric TB services is being addressed.	
<b>8</b>	Clinic times have increased to help get on top of the cases and monitoring. Double booked clinics were held on the last Wednesday of the month as the clinics are busy. The Adult TB services team were busy with the active cases and seeing around 35 to 40 cases in the last 12 months.	
	<b>TB Cohort Review</b>	
	The TB Cohort Review meeting has been changed to South Yorkshire Clinicians network meeting. The group no longer discuss individual cases now but look at data collection and number of cases. At the previous meeting KPIs were received and they were looking at the gaps.	
<b>9</b>	<b>Any Other Business</b>	
	None.	
<b>10</b>	<b>Dates and Times of Next Meeting</b>	
	Wednesday 19 <sup>th</sup> July, 2:00-3:30pm	