



City of Doncaster Council

Meeting Minutes

Meeting: Health Protection Assurance Group
Date/Time: Wednesday 18th October 2023
Venue: Microsoft Teams Virtual Meeting
Attendees: Dr Victor Joseph, City of Doncaster Council, Public Health (Chair)
 Sarah Atkinson, City of Doncaster Council, Public Health
 Mim Boyak, DBTH
 Rio Overton-Bullard, City of Doncaster Council, Public Health
 Rachel Rodgers, City of Doncaster Council, Public Health
 Emma Staples, RDaSH
 Emma Gordon, City of Doncaster Council, Environmental Health
 Nick Wellington, City of Doncaster Council, Environmental Health
 June Chambers, UK Health Security Agency
 Sally Gardiner, City of Doncaster Council (Note Taker)

| Items for Discussion | | Lead |
|----------------------|---|----------------|
| 1 | Welcome and Apologies | |
| | Apologies received from Helen Conroy, Sam Grundy, The group were welcomed and introductions took place. | |
| 2 | Declaration of Interest | |
| | None were declared. | |
| 3 | COVID | |
| | Incident Rates and Log Rates slightly increasing, recorded on death certs. Care Homes rates also rising. Hospital rates increasing too. Unit closed with positive staff at hospital. No reports from schools. Mainly care homes. Increases across organisations in general. | |
| 4 | Minutes of Last Meeting and Matters Arising | |
| | Gap analysis. June reported not had any feedback from Doncaster. Action: To resend document. Measles uptake. Action: CW/SN. SA will double-check with them Ethnicity data screening. Action: SG was looking into it. Access to flu vaccines for children through pharmacies. Noted may not be easy, systems not in place for community pharmacies, however, older people can access flu vaccine through their pharmacies. | SG SA SG |
| 5 | Health Protection Assurance and Monitoring Reports | |
| | Infection, Prevention and Control | |

DBTH Care Homes

Mim talked through the key points in the report.

Noted achievements had been:-

managed 4 covid outbreaks in care homes between July and September 2023, each receiving a visit within 48hrs of notification.

managed 4 Diarrhoea and Vomiting (D&V) outbreaks this quarter.

managed 1 scabies outbreak during this quarter. Following the outbreak IPC attended a lessons learnt session with ICB to discuss and debrief.

completed 213 care homes visits between July to September 2023, 123 of these undertaken by an IPC nurse specialist or practitioner and 90 of these completed by an IPC healthcare assistant.

All older persons homes have received a 4 – 6 weekly visit, all LD homes have received a quarterly visit and 51 out of 105, 48.6%, of supported living homes have received there Bi-yearly visit.

Environmental auditing for 2023/24 continues for older persons and learning disability homes, 13 older persons and 8 learning disability homes have had their audits completed in this quarter. An additional 6 supported living homes have had an environment audit completed.

Victor praised the audit achievements. Noted the Scrutiny Panel are interested in the audit numbers. Noted numbers for all quarters would be helpful. He asked if all homes will be audited by end of year? Mim confirmed 100% was done last year, SL homes achieve 10% as per the contract.

DBTH

Mim talked through the key points in the report.

Noted same objectives, Clostridium Difficile infection (CDI) trajectory was reduced this year to 42 from 48.

Noted achievements:-

Deep cleaning – Schedule and SOP now in place and deep clean in progress

Surgical Site Infections (SSI) surveillance is ongoing within Orthopaedics. Breast surgical site surveillance is ongoing.

19 *E. coli* bloodstream infections between April and June 2023. This time last year reported 23.

Noted challenges:-

2 MRSA Bacteraemia case within the acute trust in September 2023.

Nosocomial COVID – 90 (38 last quarter) cases between July and September 2023

16 cases of *C. difficile* between July and September.

15 Hospital acquired cases of *E. coli* blood stream infections between July and September 2023.

2 MRSA Colonisations - plans for 2 ICNs (Infection Control Nurses) to become non-medical prescribers in January 2024 when funding available.

GRE (Glycopeptide resistant Enterococcus) outbreak in Orthopaedics – 29 patients affected

Blood culture contamination rates 2.6% in July, 2.5% in August and 3.7% in September - analysis of cases over past year demonstrate nursing staff as having higher number of contaminants. Clinical educators and practice development colleagues are training and assessing in practice

Victor asked what the highest rates of blood culture contamination rates were? Mim confirmed hovering around 5-7%.

RDaSH

Emma provided an update, noted reporting is a quarter behind due to their reporting timescales as advised previously.

10 inpatient areas were audited against procedures within the Trust IPC Manual in Q1
No cases of Meticillin Resistant Staphylococcus aureus (MRSA), Meticillin Sensitive Staphylococcus aureus (MSSA) bacteraemia, Gram Negative bacteraemia, or Clostridioides difficile Infection (CDI) were identified during Quarter 1.

Training is on track.

Good set of link champions, do quarterly meetings with them online and an annual conference was held on 27/9/23. Had a good range of speakers and good feedback, there are costs associated though, payment for speakers, noted Rachel Leslie attended.

Risk assessments – done well, better than used to be.

Outbreak infections basically covid and settling down, but no rates for covid rising.

Sharps disposal containers have been standardised throughout. The Health & safety inspection raised 2 key points from last year, want to see more face to face learning; bare below elbows campaign, hand hygiene pledge. Noted video/song produced.

Noted water safety group and ventilation group purposes.

No sharps injuries in Q1.

Victor said very interesting, good range of work. Asked if the group tests water? Noted a company do testing for the trust. Mark is the expert on safety group, noted issue with hydro therapy pool.

Mim said DBTH follow same water testing action.

Action: ES to share video link with members.

Victor asked Nick if the Environmental Team get involved; Nick advised that they don't do that sort of testing, only private water supplies look into. Don't routinely do those now.

Emma advised there are changes in team coming, some part time and new faces as retirees. Changes also to management structure.

Surveillance Report

June updated, no report was available for the meeting.

Doncaster is no outlier in comparison to other areas.

Generally Measles didn't materialise in Doncaster, some reported cases but none actually confirmed.

IGAS (invasive Group A Streptococcal infection) cases continue to be high. 2 cases in 1 care home, noted details.

E-coli tend to be high across regions, higher than normal for this time of year, seeing significant rise in Necrotizing fasciitis. Couple of Group A strep, go for typing. Sheffield had 23 cases in same period last year was 5; Barnsley & Sheffield seeing rise in cases, not sure if Doncaster is seeing a rise in figures, due an update from Ken. Noted this may become a national incident as it is a severe illness, with people losing not only limbs but their lives.

Victor asked what type of people are affected? June confirmed no common person, used to be commonly seen in drug injection users, but not now.

ES

Victor raised issue of promotion of measles vaccine, noted work in asylum hotels progressing; there is group meeting on Monday which Rio organising.

Sexual Health

Sarah talked through the report in detail.

Noted report attached regarding the regional PrEP (pre-exposure prophylaxis) insight work in engaging hard to reach population groups.

Noted achievements:-

Noted embedding sexual health in community hubs to normalise as any other service.

Targeted outreach work with sex workers following on from a rise in syphilis cases continues with an established drop-in clinic being held every Tuesday afternoon.

Vouchers are still being used as incentives.

Following completion of the regional outbreak prevention and management work, we have worked with UKHSA colleagues to develop an STI exceedance monitoring tool.

Now in process of putting actions into practice. We are now in the process of understanding how we can use this tool and are awaiting regionally planned training.

Regional work around PrEP insight and engaging hard to reach population groups has been completed. We are looking at recommendations on a regional level through the sexual health community of improvers group.

Long-acting reversible contraception (LARC) audit and contraception confidence mapping questionnaire was sent round to all GP practices to help identify possible gaps in staff training, knowledge and awareness amongst staff. Once analysis is complete, we will work with the provider to design and deliver appropriate training for practice staff.

Noted a 35% response rate from GPs.

Noted challenges:-

Increasing cases of syphilis

In response to ongoing increases in syphilis cases in Casual Sex Workers (CSW) in Doncaster, UKHSA have worked with S4H to form case definitions to help provide a better understanding of the numbers of confirmed and possible cases within this population group. Looking at data from 1st July 2022, there have been a total of 10 cases of syphilis in CSWs or contacts, including 7 confirmed cases and 3 possible cases.

Outreach work continues and cases are being monitored closely.

National Chlamydia Screening Programme (NCSP)

The NCSP is changing its priority so that opportunistic asymptomatic screening (outside sexual health services) will focus on young women only. **Noted flagged up.** The rationale being untreated chlamydia causes harm to reproductive health, and women suffer most of this harm. We are currently working with our providers and partners of both young people and adult services to see what these changes mean in practice.

Headline clinical activity for Q1:

STI activity rose by 191 attendances

Contraception activity remains stable

Preventx activity (online self sampling) rose by 106 with a rise in the return rate by 3%, taking it to nearly 74%

Noted performance monitoring points.

Victor asked about business continuity with hot water in this current quarter.

Sarah advised relates to next reporting period, but essentially the water pump broke and S4H had to close clinics for a couple of days, however, plans/pathways were put in place to see patients; it didn't affect service too bad, they had space in Cavendish Court if required to see clients face-to-face, telecom sessions increased, worked closely with the Premier Inn hotel to use their toilets. They thought they'd have to close for 2 weeks but

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| | <p>was actually just over 1 week in the end.</p> <p>Victor asked about Syphilis cases, do we know if increasing? Sarah said not sure for last quarter. Action: SA to chase up figs.</p> <p>June confirmed a further meeting was needed to see if work required.</p> <p>Suicide Prevention and Substance Misuse</p> <p>Victor talked through key points, achievements and challenges in the reports, unfortunately Helen wasn't able to attend.</p> <p>Noted the link to the documents doesn't work in the SP document to open them. Action: SG to advise HC.</p> | <p>SA</p> <p>SG</p> |
| 6 | Standing Agenda Items | |
| | No update. | |
| | Key Updates from Meetings | |
| 7 | <p>TB Steering Group</p> <p>Noted there is a recording issue for TB services, outcomes not recorded for all cases, so outcomes performance appears below.</p> <p>There is a lot of work associated with contact tracing issue, so nurses are very busy. Hotel screening ongoing; 3 TB nurses in Doncaster,</p> <p>June said not about the number of cases it's the complexity of cases. Becoming more drug resistant and more TB that's difficult to treat; people moving on not continuing treatments, It's how we manage cases is key; asylum seekers try and keep them in Doncaster and stay on treatment, need to work with immigration .</p> <p>Challenges around keeping people in 1 place geographically not moving on.</p> <p>Rio asked - Vaccination in asylum seeker hotels strategy. Victor said BCG vaccination is targeted and not offered to everyone.</p> | |
| | Any Other Business | |
| 8 | Victor reminded group about the outbreak piece of work, how would we deal with it and how to fund it. Usually, we have managed things well; eg outbreak of TB or Hepatitis in schools. Need an MOU to ensure there is an understanding. There is a conversation going on with LAs, 3 organisations NHSE, ICB, LAs, to agreed and define who pays and mobilises staff. | |
| 10 | Dates and Times of Next Meeting | |
| | Wednesday 17 th January 2024 @ 2:00-3:30pm | |