



# City of Doncaster Council

## Meeting Minutes

**Meeting:** Health Protection Assurance Group  
**Date/Time:** Wednesday 17<sup>th</sup> January 2024  
**Venue:** Microsoft Teams Virtual Meeting  
**Attendees:** Dr Victor Joseph, City of Doncaster Council, Public Health (Chair)  
 Mim Boyak, DBTH  
 Dr Ken Agwuh, DBTH  
 Scott Forbes, City of Doncaster Council, Air Quality  
 Mathew Julien, City of Doncaster Council, Air Quality  
 Kathy Wakefield, NHS England North East and Yorkshire  
 Dr. Omotewa Kuforiji, NHS England North East and Yorkshire  
 Emma Gordon, City of Doncaster Council, Environmental Health  
 Alison Swift, RDaSH  
 Sally Gardiner (SG), City of Doncaster Council (Note Taker)

Items for Discussion		Lead
1	<b>Welcome and Apologies</b>	
	Apologies were received from Helen Conroy, Sarah Atkinson, Adam Fretwell and Sally Spridgeon-Davison. The group members were welcomed and introductions took place. Welcomed both Kathy and Omotewa replacing Sara Gill and Matthew supporting Scott.	
2	<b>Declaration of Interest</b>	
	None were declared.	
3	<b>COVID</b>	
	<b>Incident Rates and Log</b> Keep on the agenda but no national reporting updates available now. Aware of covid in care homes and wider public. Noted the process of covid reporting no longer happens. Mim noted cases of watch and wait in care homes; main issues have been Diarrhoea and Vomiting (D&V). Just a couple of care homes are in outbreak currently.	
4	<b>Minutes of Last Meeting and Matters Arising</b>	
	<b>Gap analysis:</b> Document was resent. <b>Measles uptake:</b> Victor advised action was completed by Carrie/Sarah. <b>Ethnicity data screening:</b> Kathy advised ethnicity data is not included in the data they collect; vaccinations use in 'ImmForm' by programme and age not demographic or ethnicity; she said it may be available through the MMR. Victor advised the work is being done with the traveller/gypsy network group looking into how we can get this information. Kathy advised it's just not collected and would be an additional ask for primary care to do and not straightforward as not recorded for everyone only started a couple of years ago. Not a robust data collection. She mentioned that child health may hold that information. Victor said he was under the impression it was collected. <b>Action: Kathy will ask Daniel Miller (NE PH Analyst) the question if for MMR not any other childhood programmes or other programmes.</b>	<b>KW</b>

	<p><b>Syphilis cases increasing:</b> Noted increase in cases since autumn; there have been 2 outbreak control meetings. Number of cases did increase from July to present day. After the last quarter there were 16 cases linked to commercial sex workers. 30 cases in total in Doncaster, which included those not linked to sex workers. Actions are in place to manage this through the outbreak control meetings and management actions have been agreed.</p> <p><b>Suicide Prevention Report:</b> Helen has updated report links. (post meeting note)</p>	
5	<p><b>Health Protection Assurance and Monitoring Reports</b></p> <p><b>Infection, Prevention and Control</b></p> <p><b>DBTH Care Homes</b> Mim talked through the report, noted:-</p> <p><b>Achievements were:-</b> 1 respiratory outbreak in care homes between October and December 2023, receiving a visit within 48hrs of notification. In addition to respiratory outbreaks, we have managed 3 D and V outbreaks this quarter. This includes daily contact with the home to offer support and update on cases. All 3 had a visit within 24hrs of notification. We supported and visited on numerous occasions, a scabies outbreak within the community. IPC attended meetings to support/advise the ICB with regards to dispensing of medication etc and to monitor the outbreak. Supported Asylum Seekers in relation to ongoing Scabies Outbreaks. Continued visibility of the IPC team, we have completed 190 care homes visits between October and December 2023, 153 of these undertaken by an IPC nurse specialist or practitioner and 37 of these completed by an IPC healthcare assistant. Continued to support 3 older people's homes more frequently than 4-6 weekly, following concerns. All older persons homes have received a 4 – 6 weekly visit, all LD homes have received a quarterly visit and 64 out of 105, 60%, of supported living homes have received their second Bi-yearly visit. Environmental auditing for 2023/24 continues for older persons and learning disability homes, 10 older persons and 9 learning disability homes have had their audits completed in this quarter. An additional 6 supported living homes have had an environment audit completed. Left to do is 8 older persons, 6 LD homes and 1 SL and on track to do these. Education through monthly Question and Answer sessions provided to managers and link nurses of all care homes. Prompts and reminders sent to homes who have had limited attendance to the Q&amp;A sessions. Social media is being used two to three times weekly to promote good practice, guidance updates, hydration project etc. Follow up of any Clostridium Difficile Infection (CDI) patients from symptoms and treatment perspective who are discharged into the care homes from DBTH. Additional hydration (drinking enough water) project work, encouraging hydration champions, getting staff to recognise the importance of hydration and being proactive. Audit on antibiotics, asking information from care homes. Was a sample sent before they started on antibiotics and able to intercept where noticed resistance. So good piece of work and will continue with. Have got 2 nurses on the prescribing course and looking to roll this out over next few years to get more through the prescribing course.</p> <p><b>Challenges were:-</b> Two new IPC specialist nurses appointed within the team, they're doing really well so not really a challenge. Changing guidance for isolation, mask wearing, testing etc. Managing a scabies outbreak – within a community setting which have been discussed before.</p>	



clarified the definition of blood contamination as any blood culture that is taken which doesn't correlate with an infection and likely to be a contamination.

### **RDaSH**

Alison talked through the Q2 report, noted the most key points:-  
Reporting process is being reviewed so can report to this group in a timelier manner and report on a more up to date report going forward.

The IPC team are increasing their visibility across the Trust and have successfully shadowed colleagues in Community Nursing during this reporting period. It has provided a focus on IPC within the community and has built supportive relationships with frontline services.

Audit programme almost complete.

Action plans in progress and being reviewed at clinical visits.

**Community Sharps Audits** -Recurring themes have been identified as being addressed in the sharps awareness training and colleagues are reminded and encouraged to attend the training.

**Training Compliance** - Level 1 eLearning is for non-clinical staff to complete on a 3 yearly cycle and Level 2 is annually for clinical staff. Compliance is monitored and shared monthly at Care Group Level. Trust wide compliance for Level 1 consistently achieving over 95% compliance. Level 2 has achieved above 90% compliance. This demonstrates that year to date compliance remains consistently high across the Trust.

**Sharps Awareness Training** – completed training sessions for now; from end of January this will be picked up by the Health and Safety teams.

**Quarter 2 Healthcare Associated Infection Risk Assessments** – good compliance at 92.02%

**Outbreaks of infections** - noted summer outcomes with 5 covid outbreaks, seeing covid in outpatient settings over recent months but no surprise.

### **Infection Prevention and Control Manual**

The IPC team are in the process of reviewing and cross referencing the Trust's IPC Manual and procedures against the recently published National Infection Prevention and Control Manual (NIPCM) and associated A-Z of pathogens which is due to be implemented by the end of March 2024. All Trust procedures which are due to be reviewed between now and the implementation date of the NIPCM have been extended and approved by CPRAG.

**Bare Below the Elbows Campaign** – continuing with campaign launched at IPC conference in September, some gaps identifying but an ongoing issue/challenge within any trust. Going generally well

**Water Safety Group** – meet quarterly and no concerns to note and same for Ventilation Group.

Victor said very comprehensive report; noticed audit done – can you explain the % IPC does this comply with the guidance? Alison confirmed it did.

### **Surveillance Report**

Victor advised that June Chambers has now retired; he had acknowledged and thanked her for all the good work that she'd done.

Emma Gordon said everything seems to be a bit topsy turvy – eg Campylobacter is much more than expected more than summer levels. There are no major incidences or concerns.

Victor advised Measles and Mumps figures were only suspected not confirmed cases, no confirmed cases have been noted. Scarlet fever remains a problem.

Kathy said regards to any vaccine programmes we do monitor based on these reports and link with health protection team confirming any ages and follow up vaccine procedures.

Victor said part of the challenge is how we can link up things.  
The group noted the report.

### **Screening and immunisation**

Dr. Omotewa Kuforiji and Kathy talked through their areas in the report, noted:-

**Abdominal Aortic Aneurysm (AAA) Screening Programme** – uptake was 72.2% (as of Oct 2023); there are no concerns regarding access to the programme; 2 people waiting on surgery currently; working with community groups and GP surgeries, bus work in communities to increase awareness to address inequalities. DBTH was successful at procurement and remains the provider of AAA service in SYB. No areas of concern to report.

**Ante-natal and Newborn** – noted Avoidable Repeats (ARR NB2) was breaching the threshold of 2% but was not peculiar to Doncaster. This has significantly improved in Q1 and Q2, and this is forecasted to be sustained in the coming quarters. However, there has been a rise in the recruitment of newly qualified midwives, which may trigger a slight breach, but actions are being put in place by ANNB Screening Co-ordinator in Doncaster to mitigate this. The ANNB Screening Co-ordinator is providing training to all new and existing midwives on all ANNB screening. There is ongoing work in Doncaster on the Health Equity Audit into reasoning behind DNAs for antenatal screening. Due to short staffing, this remains in progress. No issues to report at present.

### **Diabetic Eye Screening**

No real concerns with delivery, some workforce issues but managing them. The programme, in line with national policy successfully implemented extended screening intervals in October 2023 for patients with no detectable /referrable disease in their last two screens, extended intervals will continue to be rolled out through to October 2024. 22/23 uptake is excellent; main issue is SLB examinations and working with the provider to bring back into the diabetic eye screening arena, they've secured capital funding for a SLD camera and working with them around workforce training. Through the Health Equity Audit the DESP programme identified the need to offer some Saturday clinics to improve uptake in the working age population. With additional non recurrent funding from NHSE 2 'super Saturday' clinics were held, inviting 300 patients per clinic. The NHE PH team will continue to work with the programme to evaluate this and consider how to take this forward.

No concerns or issues to highlight within DESP, however HES capacity continues to impact on consultation times. The programme continues to work with the Ophthalmology lead regarding this.

### **Cervical screening**

There are three main components of the cervical programme, these include cervical screening activity in primary care, Gateshead cervical screening laboratory and Doncaster and Bassetlaw Colposcopy activity. Cervical screening is a priority. Doncaster Trust continues to offer a cervical screening clinic for staff to attend.

91.2% in Q1 receive their results within 14 days

Service is performing fairly well - 25-49 Years uptake is 70.1%; 50-64 Years uptake is 74.6%

91.2% in Q1 receive their results within 14 days

Funding has been provided for a pilot project offering cervical screening to individuals who may not routinely attend due to culture/ethnicity/fear/lack of understanding, commenced October 2023 and is ongoing.  
No issues to raise currently

### **Bowel cancer screening**

The Age Extension is a phased approach over a four-year period reducing the age of bowel cancer screening to 50-year-olds. The first phase, 56-year cohort, commenced successfully on the 4<sup>th</sup> of January 2022 and phase 2, for the 58-year-old cohort has now commenced on the 2<sup>nd</sup> of January 2023, phase 3 for 54 year old cohort commenced on the 2<sup>nd</sup> January 2024.

For South Yorkshire and Bassetlaw as a whole and for the Doncaster population, invitations are within the 6-week standard of sending out invites. Exceeded target of 60% achieving 68.3% in 22/23

There are no current areas of concern within the programme.

### **Breast screening service**

Across SY this is an area of concern due to covid impact. The uptake in 22/23 was 62.6%; and in 23/24 Q2 was 57.5% against a target of 'Acceptable >70% Achievable > 80 %'.

After review the fixed appointment model moved back to.

There is ongoing work to improve uptake such as liaising with the council on wider initiatives such as supermarket stands, delivering sessions to GP practices, developing promotional videos, use of behavioural science text messages to reduce DNAs.

Discussions continue between with the Public Health Programmes Team, Primary Care and DBTH to increase uptake in the learning disabilities cohort using a similar approach to bowel screening.

Noted uptake for breast screening is still low but improving and this is not peculiar to Doncaster, however ongoing support to improve uptake will be beneficial to the programme and population.

### **Seasonal flu**

Programme has not been without challenges as per usual and was extended to Year 11 children this year. Timeframes for the majority of patients to be vaccinated were end of November for adults (pregnant women to continue throughout) and 15<sup>th</sup> December for school aged children but due to late confirmation some school aged catch-up sessions were planned for early January.

This year had additional Priority groups all 2 and 3 year olds and pregnant women as uptake previously was low for these groups.

The adult programme was due to start in October but was brought forward to September due to new covid strain concerns circulating.

Noted uptake was down across all cohorts. Not unique to Doncaster reflected nationally. Noted comparison based on covid years so want to look back at 18/19 data pre-covid for better comparison.

SY introduced an initiative supported by Child Health Information Services to send text messages out at the beginning of September to parents/carers of 2 and 3 year olds highlighting eligibility for flu vaccine. Unfortunately Doncaster CHIS were unable to implement this due to lack of IT system capability, which may have contributed to the slightly lower uptake in Doncaster for this cohort.

Reasonable uptake across all schools was noted.

The NHSE PH team have again identified through PharmOutcomes (the secure data platforms utilised for vaccine data collection) incidents where the incorrect vaccine has been recorded as being administered to patients over 65 years. Community Pharmacies identified are notified to the SY ICB Primary Care Team for follow up to ensure these individuals are notified and offered revaccination with the correct vaccine and route

causes and lessons learned are identified. In the majority of cases, this has been confirmed as recording errors as opposed to actual administration errors.

### **Adult Immunisations**

#### **Shingles**

Made a good recovery; for Q1 2023/24 uptake is approximately 2% higher than the same period 2019/20. Data collection for the new cohort/programme (consisting of two doses) has not yet been published which started in September.

#### **Maternity:**

Prenatal pertussis vaccine – significant concerns; 10% drop  
Doncaster Maternity Unit have now implemented the offer/delivery of Pertussis vaccine to all women during their antenatal appointment across both DRI and Bassetlaw Hospital sites, data to demonstrate any impact is not currently available. This has proved extremely popular and has also had an impact on the increase in the flu vaccine uptake as women accepting of both vaccines. As this is not a call/recall programme in primary care, work will need to continue to ensure a robust offer from both GP and Maternity Service.

#### **Adolescent immunisations:**

Slow but steady recovery after covid, but low compared to pre-pandemic.  
Confusion with parents/children around to change to e-consent so work to improve that process is needed.

#### **Childhood Immunisations:**

Stable, not where want to be but steady.  
Looking at waiting lists and data looking at mapping with practices with high waiting lists.

National vaccination strategy was published last month and we are looking at how we implement that, there is a lot of work to do from that.

Victor said a very comprehensive report. He has noted areas of concern and improvement and will use this to inform the annual HPA report.

Kathy mentioned the Doncaster Migrants Health Group and also that the Y&H workshop was being held today and the need to make sure that we're linked in with that group on the immunisation agenda.

#### **Air Quality**

Scott introduced his colleague Mat and outlined the work he's done previously.

Noted:-

Now formed the Air Quality Action Plan Steering Group, which has been outstanding and was previously chaired by Rupert involving all teams across the organisation.

Outreach work being done with all the travellers, health bus onto the sites. Reaching out to the community, getting male population coming now regard to mental health issues.

He can update Victor on this if wanted although he is working with Natasha Mercier in Public Health on these issues.

Mathew updated, noted:-

Annual Status Report (ASR) showed majority increasing readings due to lack of covid restrictions then but comparing raw data this year it's looking like that most of the tubes have improved.

2 out of the 8 (Hickleton and Balby Rd) have had more specific measures put in place; the draft action plan has been submitted to DEFRA and has now been approved.

Extension to July so can allow consultation.

	<p>An air quality modelling exercise for Hickleton has been completed and indicates that between 4 and 5 properties are currently affected by high concentrations of NO2. Measures such as the introduction of a Clean Air Zone and 20mph speed limit in Hickleton have been modelled to show neither measure will significantly bring forward compliance with the Air Quality Standards.</p> <p>The Pollution Section is committed to continuing to undertake air monitoring, as evidenced by the active refurbishment /modernisation programme for the existing units. The programme is on schedule for completion by Spring 2024. This programme has suffered delays due to difficulties with the installation of electrical supplies. As previously reported, this will mean that at 6 sites the monitoring of PM2.5 will be added to the suite of determinants.</p> <p>Not received any specific complaints so not expanded monitoring.</p> <p>Victor invited Mathew/Scott to attend the Scrutiny meetings, next is in March.</p>	
<b>6</b>	<b>Standing Agenda Items</b>	
	No update.	
	<b>Key Updates from Meetings</b>	
<b>7</b>	<b>TB Steering Group</b>	
	Nothing further to add to what Mim had updated.	
	<b>Any Other Business</b>	
<b>8</b>	<p>HPA Annual Report. Victor remaindered group he will need updates. <b>Action: Victor to send an email request and collate responses for the report.</b></p> <p>ICB costs for Outbreaks is with DBTH for sign off.</p> <p>Ken – who takes over from June now? Victor advised that Dr Nachi from UKHSA will cover until they've appointed to her post.</p>	<b>VJ</b>
<b>10</b>	<b>Dates and Times of Next Meeting</b>	
	Wednesday 17 <sup>th</sup> April 2024 @ 2:00-3:30pm	