



Doncaster Council

To all Members of the

DONCASTER COVID-19 OVERSIGHT BOARD

AGENDA

Notice is given that a Meeting of the above Committee is to be held as follows:

VENUE Virtual Meeting via Microsoft Teams
DATE: Wednesday, 11th November, 2020
TIME: 3.00 pm

The meeting will be held remotely via Microsoft Teams. Members and Officers will be advised on the process to follow to attend the meeting. Any members of the public or Press wishing to attend the meeting by teleconference should contact Governance Services on 01302 737462/ 736712/ 736723 for further details.

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Damian Allen
Chief Executive

Issued on: Tuesday, 3rd November, 2020

Democratic Services Officer
for this meeting:

Rachel Wright
(01302) 737662

Items for Discussion:

Page No.

1. Welcome, Apologies for Absence and Introduction.
2. To consider the extent, if any, to which the Public and Press are to be excluded from the meeting.
3. Public Questions and Statements.
(A period not exceeding 15 minutes for questions and statements from members of the public to the Board. Questions/Statements should relate specifically to an item of business on the agenda and be limited to a maximum of 100 words. A question may only be asked if notice has been given by delivering it by e-mail to the Governance Team no later than 5.00 p.m. on Thursday, 5th November, 2020. Each question or statement must give the name and address of the person submitting it. Questions/Statements should be sent to the Governance Team via email to Democratic.Services@doncaster.gov.uk).
4. Declarations of Interest, if any.
5. Minutes of the Doncaster COVID-19 Oversight Board held on the 20th October, 2020. 1 - 4

A. Reports where the Public and Press may not be excluded.
6. COVID-19 National Overview (Verbal - Rupert Suckling).
7. What's The Data Telling Us (To be tabled - Jon Gleek).
8. COVID Health Protection Board Risks (Attached - Rupert Suckling). 5 - 6
9. Minutes of the COVID Control Board Meeting held on the 21st October, 2020 (Attached - Rupert Suckling). 7 - 18
10. Dates and Times for Future Meetings.

2020

- Wednesday, 9th December 2020, at 2.00 pm

2021

- Monday, 25th January 2021, at 2.00 pm
- Wednesday, 24th February 2021, at 2.00 pm
- Monday, 22nd March 2021, at 2.00 pm

Members of the Doncaster COVID-19 Oversight Board

Chair – Mayor Ros Jones

Councillors Nigel Ball, Jane Cox, Nuala Fennelly, Glyn Jones, Chris McGuinness,
Jane Nightingale and Andy Pickering

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Present: Vice-Chair Councillor Nigel Ball (NB), Dr. Rupert Suckling (RS), Councillor Jane Cox (JC) Deputy Mayor Councillor Glyn Jones (GJ), Councillor Chris McGuinness (CM), Councillor Jane Nightingale, Councillor Andy Pickering (AP), Paul O'Brien (Po'B) Adrian Platts (AP) and Fiona Campbell (FC).

Officers: Scott Fawcus (SF), Laurie Mott (LM), Carys Williams (CW) and Rachel Wright (note taker).

Apologies: Mayor Ros Jones (RJ) Councillor Nuala Fennelly (NF), Damian Allen (DA), Jackie Pederson (JP), Shayne Tottie (ST) and Daniel Fell (DF).

	Action
<p>1. Welcome, apologies and introduction – Vice-Chair – Nigel Ball</p> <p>Councillor Nigel Ball welcomed all those present at the meeting.</p>	
<p>2. Exclusion of the public and press – Vice-Chair – Nigel Ball</p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>	
<p>3. Public Statements and Questions – Vice-Chair – Nigel Ball</p> <p>Councillor Nigel Ball noted there were no questions received from members of the public.</p>	
<p>4. Declarations of interest – Vice-Chair – Nigel Ball</p> <p>There were no declarations of interest made at the meeting.</p>	
<p>5. Minutes of the last meeting held on 20th October 2020 – Vice-Chair – Nigel Ball</p> <p>It was agreed that the minutes of the Doncaster COVID-19 Oversight Board held on 23rd September 2020, be approved as a correct record.</p>	
<p>6. COVID-19 National Overview – Dr. Rupert Suckling</p> <p>RS gave a verbal overview of the significant changes made nationally since the last meeting held on 23rd September. There had been an increase in cases across the country primarily the north of England despite the rule of 6. There was an announcement that local authorities would be allocated into 3 tiers. Doncaster placed in tier 2 - high risk on the 14th October, with the added restrictions that the public could no longer meet other households inside homes unless part of a support bubble.</p> <p>Negotiations had taken place between central Government and Local Authorities about additional restrictions, with Liverpool and Lancashire placed in tier 3 very high risk, and discussions with Greater Manchester ongoing. Discussions with large parts of the north including Doncaster as part of South Yorkshire had also taken place about additional measures being required and the financial package of support.</p> <p>Members expressed concerned that the authority needed to go beyond the PHE national guidance in order to contain the spread locally. RS informed Members that as an authority we had scope to do so, the challenges however were trying to keep services running whilst taking appropriate action.</p> <p>Members were reminded that further restrictions may not be imposed on other organisations but there were possibilities within the authority to look at staff testing for those working out in the community, or at depots with hotspots, much like the staff in care homes to help prevent the spread of infection. How this could be done particularly in terms of workplace testing would be discussed with Gill Parker, Head of HR.</p> <p>Members were informed that currently the authority needed support from PHE to bring additional testing into Doncaster and that nationally, local authorities through the Department of Public Health would have access to extra track and trace and testing if moved into tier 3. RS informed the board that due to rising infection levels additional contact tracing was being implemented in Doncaster. This was at cost and risk to the authority as there was no additional funding under</p>	

<p>current tier 2 restrictions. RS advised the board that the authority would continue to lobby to bring in additional testing for Doncaster and for it be under local authority control.</p> <p>Members of the board raised concern about the situation in schools, increasing numbers of students were being diagnosed or isolating and staffing levels were being affected. They felt additional measures such as rotas, group sizes, alternative teaching spaces should be considered. RS recognised the situation in schools and that collectively the authority may want to consider alternative arrangements.</p> <p>RS reassured the board that the testing capacity had significantly improved at testing sights in Doncaster and informed them that the team were asked to map what testing may look like if testing stations were brought in to the 4 localities.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • further workplace testing opportunities within the authority be explored with HR. • consider alternative arrangements in schools with Riana Nelson and Leanne Hornsby. • the presentation be noted. 	<p>RS RS</p>
<p>7. What the data is telling us – Laurie Mott</p> <p>LM gave a verbal update on what we know currently using various data streams. To give Members a sense of the increase in Doncaster over the last month, they were informed there had been 4410 confirmed cases in total, of these 1713 in October and 613 in September. The 7-day rate per 100,000 was 244.6 cases, a month ago it was 21.6. LM advised the rate increases were largely driven by the 15-19 age group, but over the last week that had begun to change. 20-24 year olds and 50-54 year age group were now more likely to test positive. This showed evidence it was expanding into other age groups.</p> <p>LM informed the board that an equalities audit had been carried out, making sure testing was equally distributed across the most deprived communities and amongst ethnic minorities. The data had shown there were no equality issues in Doncaster, meaning those groups were accessing testing as frequently as other communities.</p> <p>LM advised that bed occupancy rate in hospital had increased with 115 beds occupied by COVID patients. Almost all of those patients were aged 75+, and there had been 12 deaths in the last week.</p> <p>LM explained there were 110 live incidents in Doncaster. 52 of those incidents in schools, 24 in adult social care settings and 19 within businesses. All of the figures were much higher than the previous month.</p> <p>Members sought clarity on how many people were in hospital because of COVID-19 as opposed to with COVID-19. LM advised the figures were not measured in that way, as the numbers were recorded in order to note whether hospitals would become overwhelmed.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • confirmation be sought on whether the numbers of people in hospital with COVID-19 could be broken down differently to show those with COVID-19 and those admitted because of COVID-19. • the presentation be noted. 	<p>LM</p>
<p>8. COVID Health Protection Board Risks - RS</p> <p>RS presented the Doncaster COVID Control Board Threat and Risk Assessment report and gave the board an overview of each of the 5 high-risk areas the COVID Control Board manages. RS informed Members that additional resources would be helpful to reduce the impacts further, the authority would not wait for additional resources available under tier 3 restrictions to be implemented, and that work had begun to put them in place.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> • the presentation be noted. 	
<p>9. COVID Control Assurance - RS</p> <p>RS presented to the board the COVID Control Assurance report and explained that as part of the</p>	

<p>regional response to COVID-19 each local authority were to produce a monthly report. This would be tabled at future meetings.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> the presentation be noted. 	
<p>10. Minutes of the COVID Control Board 7th October – RS</p> <p>RS presented the minutes of the COVID Control Board held on the 7th October. RS drew Members attention to the TCG Update, and explained the remit of the Tactical Coordination Group in an emergency planning situation. It was noted that previously the TCG was chaired by Dr Rupert Suckling. In order for the Director of Public Health and COVID Control Board to manage cases, clusters and outbreaks and the TCG to manage the broader remit, the TCG would be chaired by Gill Gillies, Assistant Director of Environment.</p> <p>Members questioned the composition of the group and whether it would be reviewed. RS explained that as the TCG was being established board membership would be reviewed along with the frequency of CCB meetings.</p> <p>It was agreed that:</p> <ul style="list-style-type: none"> updated Terms of Reference for COVID Control Board to be tabled at a future meeting. the presentation be noted 	RS
<p>11. Dates and Times of future meetings</p> <p>RS explained that the next meeting was scheduled in 3 weeks, this could be cancelled or as there were likely to many changes in the coming weeks it could be kept, with the view that it would be a relatively short meeting. Dates of future meetings are as follows:</p> <p><u>2020</u></p> <ul style="list-style-type: none"> Wednesday, 11th November 2020, at 3.00 pm Wednesday, 9th December 2020, at 2.00 pm <p><u>2021</u></p> <ul style="list-style-type: none"> Monday, 25th January 2021, at 2.00 pm Wednesday, 24th February 2021, at 2.00 pm Monday, 22nd March 2021, at 2.00 pm <p>It was agreed that:</p> <ul style="list-style-type: none"> the next meeting scheduled on Wednesday, 11th November 2020, at 3.00pm to go ahead as planned. the schedule of future meetings be noted 	

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Last Updated: 21st October 2020

Doncaster COVID Control Board Threat and Risk Assessment (last updated 211020)

Doncaster COVID Control Board is coordinating multiagency command and control to endeavour to save life and minimise the impact and spread of COVID-19 in Doncaster.

This document captures our Strategic Threat & Risk Assessment against which partners are requested to update by exception.

Current impact scale:	Very high	High	Medium	Low
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AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION</u> TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWED		21.10.20
HEALTH SERVICE (Direct COVID)	<ul style="list-style-type: none"> • Increased Covid related pressure on local health services. <ul style="list-style-type: none"> ○ Acute care pressures. ○ Community care pressures. ○ Mental Healthcare pressures. ○ Primary Care pressures. ○ Pharmacy pressures. ○ Palliative Care pressures. ○ PPE availability. • Management of outbreaks in health services and clinical settings 	HIGH
MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS	<ul style="list-style-type: none"> • Management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community • Development of Standard Operating Procedures for high-risk settings in development • Outbreak control plan in development 	VERY HIGH
PERSONAL PROTECTIVE EQUIPMENT (PPE)	<ul style="list-style-type: none"> • Increase in the demand for Personal Protective Equipment (PPE) from both frontline responding organisations and the public limiting supplies. • Insufficient PPE available for critical services – especially the NHS and the care sector – resulting in a reduction in critical service availability. • Donations of PPE from non-traditional sources may not be of sufficient quality to protect staff. 	MED
TESTING AND CONTACT TRACING (including engagement)	<ul style="list-style-type: none"> • Effectiveness of the national programme locally. • Doncaster Sheffield Airport Regional Testing Centre. • Satellite Testing. • Mobile Testing Units. • Home Testing. • Key Worker Testing. • Wider population testing in accordance with government guidelines. • Impact of the national Care Home Testing programme on the staffing capacity of Care Homes; need for integration with local authorities to ensure ongoing monitoring and support to Care Homes. • Increased contact tracing requirements – impact on local health protection teams and local resourcing • Data availability and sharing limitations • The potential for localised outbreaks being undetected • Public unwillingness to comply with test and trace programme i.e. sharing of contacts and self-isolating as per the guidelines. • Impact on effectiveness of test and trace process and outbreak/incident management. • Impact on public health 	VERY HIGH

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION TO THE COVID CONTROL BOARD</u>	Doncaster Current Impact Rating
DATE REVIEWIED		21.10.20
WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE	<ul style="list-style-type: none"> • Increased support required for those needing to self-isolate. Support may include the provision to home addresses of: <ul style="list-style-type: none"> ○ Food ○ Medication ○ Essential supplies • Social isolation, and resulting mental health issues. • Safeguarding: <ul style="list-style-type: none"> ○ Children ○ Vulnerable Adults ○ Domestic Violence • Resilience of the Community & Voluntary Sector. • Working with new voluntary sector partners. • Management of spontaneous volunteers. 	HIGH
INFECTION, PREVENTION AND CONTROL CAPACITY	<ul style="list-style-type: none"> • IPC resource is highly valued in managing outbreaks so need to ensure sufficient IPC capacity and resource in the system to react to outbreaks effectively. • There is a risk of lack of access to IPC resource if outbreak numbers increase. 	MED
RESOURCING OF CORE IMT	<ul style="list-style-type: none"> • IMT in place over next 12-18 months to manage local incidents/outbreaks across Doncaster which will require significant resourcing i.e. data and insight and communications. • Test and trace support grant used to provide core resource to IMT and ensure resilience and ability to deliver effectively over a long period. 	MED
SECOND WAVE	<ul style="list-style-type: none"> • Mechanisms in place to stand response activity up/adapt existing structures should a second wave occur. • Risk is implications of a second wave on resource and capacity for Doncaster Council and key partners • Impact on public health 	HIGH
OUTBREAKS ACROSS DONCASTER BORDER	<ul style="list-style-type: none"> • Impact in Doncaster should residents of neighbouring areas across the border contract the virus and enter Doncaster i.e. for social or school/work purposes or an out of area placement. 	MED



COVID Control Board Meeting Notes and Actions

Date Wednesday 21st October 2020
 Time 15:00
 Location MS Teams
 Chair Rupert Suckling

Attendees: Rupert Suckling, Victor Joseph, Kathryn Brentnall (College), Susan Hampshire, Catherine Needham, Steph Cunningham, Claire Scott, Lisa Devanney (DCCG), Tim Hazeltine, Paul O'Brien (GMB Trade Unions), Fiona Campbell (National Education Union), Kenneth Agwuh (DBTH), Kevin Drury, Andrew Russell (DCCG), Gill Gillies, Nick Wellington, Karen Johnson, Laurie Mott, Carys Williams, Debbie John-Lewis, Jon Gleek, Simon Noble, Andy Hibbitt (Doncaster Chamber), Peter Doherty, Kate Anderson-Bratt, Jim Board, Steve Waddington (St Leger Homes), Mark Whitehouse, Andrea Lee (Prison's), Daniel Viera, Michael Griffiths, Dawn Lawrence, Jakki Hardy, Scott Cardwell and Olivia Mitchell.

Apologies: Robert Ellis, Mary Leighton, Leanne Hornsby, Mark Wakefield, Sarah Sansoa, Damian Allen, Victoria Shackleton, June Chambers (PHE), Clare Henry, Paul Ruane, Louise Parker, Shannon Kennedy, Chris Marsh, Vanessa Powell-Hoyland, Emma Gordon.

No	Item	Key Decision / Action	Allocated to
1.	Welcome and Introductions	RS welcomed all to the meeting.	
2.	Apologies	RS noted apologies.	
3.	Purpose of Meeting	RS confirmed the key purposes of the meeting as follows: <ol style="list-style-type: none"> 1. Responsible for the development, exercising and testing of COVID Control Plan. 2. Provide assurance in terms of the managing of incidents and outbreaks through the daily IMT meetings. The purpose of IMT is to assess cases, clusters and outbreaks, ensure there are effective control measures in place and target preventative activity. 	
4.	Urgent Items for Attention	RS raised that South Yorkshire will move to Tier 3 from Saturday 24/10. SCU raised that comms has been working with other SY local authorities in light of the announcement – a message has gone out from Dan Jarvis (Mayor of SCR), Mayor Ros Jones will be on Look North this evening and comms team has updated website and FAQ's.	
5.	Data and Intelligence Update	JG provided the data and intelligence update: Doncaster's official 7 day rate (8 th -14 th October) per 100,000 is 262.6 (increased quickly last couple weeks). This is in-line with trajectories we are seeing across SY, apart from Sheffield whose rate has risen and now tapered off. When we calculate Doncaster's rate locally using data we have in system for same 7 day period it moves to 305.0. When we project forwards the rate moves above 330.0 (at a minimum). Number of cases are rising as are the rates.	



In terms of age demographics, the 15-19 cohort is less of an issue than before and seeing more cases across the board in general. JG noted we are seeing an increase in cases in the 60+ cohort and in the 50's.

Overview of system flow:

- Number of clinically extremely vulnerable stands at 17,551. This number continues to fluctuate each week, still has the same challenges as had in spring re new lists being sent through from various agencies.
- 111 and primary care aspects are settling after busy few weeks.
- Hospital numbers are increasing – across DBTH there are 154 occupants in hospital. 8 in ITU. Two peaks of hospital occupancy, higher position than have been previously – trying to ascertain what is driving higher numbers at present as risk profile of people in hospital is different. JG noted that back in April 50% hospital occupants were Doncaster care home residents and as it stands only 5-7 are care home residents currently.
- Other at risk institutions – 21 care homes with some exposure in staff or service user cohort, important to note majority of these are staff cases rather than service user. Re schools – seeing high number of education settings with confirmed or suspected cases (pupil or staff).
- Numbers of deaths where Covid is mentioned on Doncaster death certificate picked up late Sept into Oct, albeit not in same numbers we were at in previous peaks, but this may come at a time. Continue to monitor.

Questions/comments:

AR – in terms of hospital numbers, can we differentiate between those tested in hospital and admitted for other reasons or those admitted for Covid/symptoms? This information will help with health cell activity and help to understand what is happening in communities.

JG – cannot provide answer but aware there is differentiation between those who have caught virus in hospital and those who have caught the virus and then gone into hospital.

Action: Data team to work with hospital colleagues to understand hospital numbers in greater detail - can we differentiate between those tested in hospital and admitted for other reasons or those admitted for Covid/symptoms?

JG

KA noted vast majority cases in DBTH are in Doncaster hospital, only 11 in Bassetlaw. KA provided an overview of ongoing ward outbreaks and outcome of enhanced surveillance on wards. KA noted there have been some asymptomatic staff,



patients etc which has impacted spread and outbreaks, as well as visitors who have visited wards when symptomatic. KA added there is a lot of pressure in Emergency Department to admit people onto wards, everywhere occupied, do not want people on ED more than usual, impact on outbreaks.

RS queried clinical/non clinical staff wearing PPE and following safety procedures to minimise risk - has hospital looked at this?

KA – yes, one of first hospitals to do so, were promoting even before new wave started.

PO asked following questions of the data presented:

- 1) How up to date is the information JG presented as attended Covid Oversight Board yesterday and data presented is different to today's information. Meetings only 24 hours apart, info needs to be delivered accurately and not despairingly.

RS response – data is updated on daily basis and is likely that as Oversight Board met yesterday morning it reflected Monday's data (2 days different) which accounts for the lag.

JG response – our commitment is to present most recent and accurate data available, sometimes time of day makes a difference as we receive data flows through different times of day. PHE data sources often delayed/issues or take time for latest to come through. Commitment is to present most recent/accurate data.

KA – to reassure re disparity with data, in space of 4 hours we received 40 positive results at hospital - this is enough to make a difference to the data reported.

RS – very volatile. Good point for PO to make that we are using most up to date data.

- 2) Re schools – do we know of any patterns across school sites beneath the headline figures of total number staff/pupils confirmed or suspected? I.e. if there are the same schools with pupils infecting staff. We can then act on and help stabilise and contain.

RS noted this would be picked up under the schools update later in the meeting.

- 3) It was mentioned on the radio that Doncaster, Sheffield and other areas hospitals are at capacity?

AR response - re hospital capacity, fair to say they are busy with Covid and non-Covid activity. Limitations on capacity in hospital due to Covid restrictions, social distancing – context of this is trying to step up activity



		<p>for elective activity, routine care – whereas beginning first wave we suspended all services. Very detailed structures in place to manage flow and capacity across system, which feeds into Covid Board and TCG on weekly basis. Health and care cell meets weekly, underpinning with daily meetings and structures to support. Frequency/capacity of these meetings will change. CEO’s joining health cell today looking at plans in place to manage capacity. We have detailed surge plans and escalation framework. There is no suggestion people can’t take care in hospital if they attend – we are encouraging people to support alternatives to care if need be, but if need to go to hospital they will be seen and treated.</p> <p>RS – A&E open, ambulances not getting diverted away but means elective surgery will be looked at daily re if they have beds to get people in for priority procedures.</p> <p>AR confirmed this is correct – discussions and decisions being made on daily basis.</p> <p>FC raised a query on schools data - Trinity has significant number of cases and so does Hall Cross. Trinity is closed – why is Hall Cross not closed as well when they have even more cases than Trinity?</p> <p>RS response – decision to close a school is guided by public health advice and then decision made by the Head Teacher and Governors. Re Trinity school, the public health advice was that the school could have continued to be open and managed outbreak by excluding relevant pupils but the Head Teacher took decision to close school, whereas in Hall Cross they received the same public health advice to keep school open and exclude relevant pupils but they have decided to keep school open.</p>	
<p>6.</p>	<p>Daily Incident Management Team Update</p>	<p>CN offered the board an overall summary and included;</p> <p>IMT have cumulatively managed 497 incidents/outbreaks and closed 299 since 12th June.</p> <p>There are 139 current live cases (70 incidents, 15 clusters, 53 outbreaks). Today’s rolling 7 day average is 111.6, increase from last weeks reported figure of 85.3. Indicative of increasing number of cases seen.</p> <p>Breakdown of live cases by setting (main types):</p> <ul style="list-style-type: none"> • Schools – primary – 33 • Schools – secondary – 16 • Businesses – 23 • Care Homes OP – 15 • Smaller numbers across variety of other settings 	



		<p>96 of the live cases IMT are monitoring with expected end dates as long as there are no changes. Many of these end dates relate to schools return after half term (2nd November).</p> <p>In addition, IMT is investigating 58 TBC possible incidents (these are 1 or more individual reports of symptoms and awaiting test results).</p> <p>In last 7 days IMT has reviewed 67 new incidents managed through IMT (includes those confirmed positive as well as symptomatic). Main change is we are seeing more businesses coming through positive case of line list from PHE we are investigating further or continuing to monitor.</p> <p>Over the same 7 day period, IMT has closed 54 cases. Up to last week or so have either had higher / equal proportion of those with negative results, starting now to see actual closures resulting in positives and so monitoring through to end of individual outbreaks. Seeing a number possibly linked to previous outbreaks, so a suggestion to IMT will be further analysis based on repetitive / linked outbreaks or settings which may be reoccurring and so we may wish to be curious about.</p> <p>CN added that it might be possible to do a count of particular settings/establishments that have had multiple outbreaks, then look at the gap – i.e. are they in 28 day linked period and so would class as same outbreak or is it a longer period? Then we will be able to see what is in between.</p> <p>Action: CN to carry out further analysis based on repetitive/linked outbreaks or settings which may be reoccurring on the incident log - bring to IMT.</p>	<p>CN</p>
<p>7.</p>	<p>Key updates and exceptions from all members / Threat and Risk Assessment</p>	<p>Children and Young People – Schools</p> <p>RS referred back to the point PO raised – are we seeing any patterns in schools?</p> <p>KD response – there are 93 different provisions we are monitoring, an expansive list of providers. We are seeing increase number of schools closing (3 in total). Some do not have capacity to run school safely. Numbers of children isolating from school increasing. Schools appear to be adapting to situation even though number of cases are rising.</p> <p>FC – seeing same pattern. Increasing pressure on Head Teachers in terms of staffing. We are seeing pattern in staff, a lot of frustration as government not taking action and considering risks. Some risk assessments are being adhered to, some revised and some not being adhered to. Cases are growing and there is capacity for transfer from school to wider community. There are risks in children/young people travelling to and from school. As move into tier 3, growing frustration as not enough action being taken. Unions have looked at supporting industrial action if goes ahead – a last resort but people are feeling this is only option available to them. Re Hall</p>	



Cross school figures, wasn't aware they were so high. Trinity school has less cases than Hall Cross but they've taken different action, right one for them. Questions why some schools taking different decisions in similar situations.

RS – re liaison with schools, same issues coming up?

KD response – as weeks have gone on and numbers increased, Head Teacher under pressure to contact DfE and get advice from PHE. Schools doing as much as they can to keep as many pupils in school as possible. Still had no confirmation re 2 week possible half term. KD noted as we are moving to tier 3 and if there is only 1 week half term next week, it will be interesting to see how schools manage the increasing number children returning as many of those who have been isolating will be returning too. Welcome the week off break to rejuvenate. Leanne Hornsby is calling for cluster meeting straight after half term break – opportunity to hear concerns from schools and hear of their preparation etc.

FC – appreciate schools are trying the best but just not enough to stop spread in schools and across localities. There is correlation between 15-19 age group, rates increasing rapidly, schools transmission. People are not safe, needs to be dealt with.

KB added that from a College perspective, similarly it is challenge as college gets lumped in with schools as generic education – but includes adults too. Seeing more cases and doing best we can in terms of guidance and isolation. ESFA are still saying we should be open all the time for as many as we can allow in, if practice social distancing we have to have Min / Max model. KB raised GCSE resits going ahead w/c 2 Nov Mon-Thurs and on the Monday the following week – we will have excess 200 students taking GCSE Maths/English which is a significant number more than usual in November resits as grades recalculated in summer. Poses a huge challenge to offer this in safe environment. Would think there would be call for 2 week half term, although we cannot have this now as the week following half term is the resits. There are complications everywhere you turn. Tier 3 doesn't impact education as we are required to carry on, but we still have students and staff travelling across boundaries.

PO – we are trying to contain spread of virus – not helpful staff asked to operate across bubbles/phases as not containing virus. Schools remaining open means taking infection out into families and communities. PHE guidance weak and confusing at present. We have seen spike since schools / education settings reopened – we cannot contain properly whilst like this.

PO also raised in relation to school transport allowing pupils to mix and then go into separate bubbles in school. Shouldn't be happening but PHE guidance is allowing it.



	<p>RS – no doubt schools/education settings are major challenge. Even if we have best control measures in school, if individuals are mixing on way to and from school then it undermines efforts in schools. Also need to review with schools their risk assessments. RS notes schools are high risk – in terms of management of outbreaks in high risk settings on the threat and risk assessment this is now a very high risk.</p> <p>Action: Update management of outbreaks in high risk settings from high to VERY HIGH on threat and risk assessment.</p> <p>Action: RS to have further discussion with LH and to join cluster meeting with Head Teachers.</p> <p>Adults and Older People - Care Homes KAB noted there are 2 larger outbreaks in care homes we are currently dealing with in Doncaster, being managed through outbreak control meetings. Many other cases we are seeing are around staff particularly. 8 care homes currently with single cases where cases identified through whole home testing, 7 homes with multiple cases (staff and residents in some cases), 12 homes closed to admissions (due to current/previous outbreaks in last 28 day).</p> <p>Management continues to meet regularly with partners to support care homes. There is robust IPC support in place, staff tested weekly, residents tested monthly – in most cases this is what is identifying positives (less symptomatic and more positive results from whole home testing).</p> <p>AR – we have multi-agency response in place across health and social care. Meeting with care home reps as part of structure to respond and feed into health and care cell. Monitored weekly at strategic level and there are touchpoints daily. We are supporting route cause analysis so we can learn where we can. Have improved health care into care homes rapidly since first wave of Covid (remote monitoring etc).</p> <p>Prisons Data as of today across all prisons:</p> <p><u>Hatfield</u></p> <ul style="list-style-type: none"> • 7 positive staff (decrease of 3), 6 staff awaiting results, 6 positive prisoner cases (but none in any other SY prisons). • Sent couple of staff to support other site which is open and has an outbreak. Other part that has outbreak is locked down. Local operating procedures in place. <p><u>Moorland</u></p> <ul style="list-style-type: none"> • 3 positive staff cases, 4 staff awaiting results 	<p>OM</p> <p>RS</p>
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		<p><u>Lindholme</u></p> <ul style="list-style-type: none"> Supported Lindholme with additional catering staff as 1 member positive <p>AL noted there is no data to present for Doncaster prison.</p> <p>Businesses From environmental health perspective, NW updated that number cases increasing in workplaces. The team is contacting businesses, checking Covid secure, risk assessments, following up if contacts in businesses. NW noted there is nowhere with major issues. Re the move to tier 3, team is receiving fair number questions/queries from businesses, particularly hospitality industry.</p> <p>St Leger Homes SW raised that the main issue is homeless cohort in hotels and temp accommodation. We are seeing increase in presentations, placing more people over last weeks, concern for us is outbreaks in hotel setting. 1 hotel has 50 individuals in, an outbreak in this cohort has potential to be a significant outbreak from incident management perspective – we do not have capacity/ability to spread cohort out across accommodation. We are looking at how we move forward into winter, if so how we can pull together response so that we have equivalent of hot ward where those confirmed positive can create artificial bubble for homeless in temp accommodation.</p> <p>On the subject of high risk settings, RS noted that we need to review settings in terms of plans, management of outbreaks. What more can we do, are we pertaining spread as much as we could?</p> <p>RS referred to testing and contact tracing risk as being very high – we have capacity at regional testing site, less capacity at Dearne Valley than DSA. CW is developing proposal for local testing and as we move into Tier 3 likely we get access to other forms of testing, in particular more local testing.</p> <p>CW added we have had some areas scoped out already, will be meeting with locality bronze need week to drill locations down further using data available.</p> <p>RS raised in relation to the welfare of vulnerable people risk – there is guidance out re vulnerable population and there is an LRF call and further calls with MHCLG to go through what this means now Doncaster is in Tier 3.</p>	
8.	TCG Update (Gill Gillies)	<p>Following today's T3 announcement:</p> <ul style="list-style-type: none"> All cells focussing on impacts of latest T3 arrangements over the next few weeks & into the winter period & with EU Exit Transition coming in the New Year; also all reviewing impacts on essential service providers & supply chains 	



		<ul style="list-style-type: none"> • Health impacts on hospitals, social care & other health services including Mental Health; and rising levels of Domestic Abuse & vulnerable children referrals remain a concern • Financial impacts on businesses (pre & post-Christmas periods) & individuals (debt concerns) <p><u>Mass Gatherings & Events:</u></p> <ul style="list-style-type: none"> • Remembrance Day events - comms to go out to PCJCC & elected members; press release to be issued. • SYFRS are leading on safety campaign across the sub-region for Bonfire night & there are multi-agency plans in place to deal with any issues arising over the Halloween & Bonfire. <p><u>Compliance & Enforcement</u></p> <ul style="list-style-type: none"> • Complaints relating to Covid (social distancing/face coverings/Track and Trace) have increased • R&E continuing with a graduated approach to enforcement and we suspect we will be taking more action to secure compliance as we enter Tier 3 • Starting this weekend, we will have enforcement officers working Fri and Sat night, visiting/driving by premises about which we've received complaints to ensure they are complying with legal requirements - around no customers after 10pm - this will also cover premises that should now be closed • All information is shared through the police SPOC arrangement and weekly meeting allows for escalations to be agreed, will link into Locality Bronzes, & daily SY C&E cell tasking that are now being held 7 days/week. • Covid Marshalls <ul style="list-style-type: none"> ▪ The existing town centre officers and town centre ambassadors are currently filling the space of advising and encouraging compliance and wearing of face coverings. ▪ A pool of town centre ambassadors to be recruited to dedicate to town centre(s) and hotspot locations to cover specific requirements for compliance with guidance & directorates inc E&E looking to release capacity to fill these & other vital roles. 	
<p>9.</p>	<p>COVID Outbreak Planning Update</p> <ul style="list-style-type: none"> • Update on the action plan and the equality impact assessment related to the Outbreak Plan (Susan Hampshaw) 	<p>RS raised that as Doncaster is going into new alert level there is a need to update outbreak plans accordingly.</p> <p>SH provided an update on the equality impact assessment related to the Outbreak Plan:</p> <p>We aimed to:</p> <ul style="list-style-type: none"> • Consider the impact of our Outbreak Control Plan on our diverse populations, especially those prioritised by evidence related to COVID impact (e.g. older people, BAME communities), and respond appropriately to mitigate this. 	



<ul style="list-style-type: none"> Proposal for local testing site in Doncaster (Carys Williams) 	<ul style="list-style-type: none"> Embed equality, diversity, and inclusion (ED&I) into our own ways of working to implement and comply with the COVID Outbreak Control Plan, including review of equality impacts and opportunities in regular meetings of outbreak control bodies (IMT, etc.). Identify opportunities for our response to controlling COVID outbreaks to foster improved diversity and inclusion and provide tools to support this way of working e.g. toolkit. <p>SH noted there is a timescale attached to EQI and progress RAG rated. Outputs as follows:</p> <ul style="list-style-type: none"> SH noted the completion of agreeing a planned approach and then sharing this. We then wanted to work out how we could raise emerging themes in daily IMT, this is rated amber – SH noted the best example is work we do in epidemiology cell by having equality lens on those conversations, more to do in this area. We have done work around community conversations – took initial findings and asked questions of minority partnership group and have also done work with gypsy roman traveller group around outputs The team is working on the initial draft of report and recommendations - deadline by end of Oct/beginning Nov. This version will be easy read. Toolkit to influence TD’s approach – SH noted the toolkit has not yet been started. <p>SH then provided an update on the BAME action plan:</p> <p>BAME action plan developed which brought together</p> <ul style="list-style-type: none"> Audit of existing health needs assessment work Reviewed Fenton (2020) recommendation on addressing unequal COVID outcomes Endorsed by Minority Partnership Group (on-going monitoring and sounding board) <p>Business case to Track and Trace Monies for focussed resources</p> <ul style="list-style-type: none"> Grade 9 – Community Coordinator post (appointed) Grade 7 – Community link worker posts <p>Key focus over last few months has been work on PHE 5: Culturally competent COVID-19 education and prevention campaigns. Done a lot of work with communities’ team, DMBC and CCG comms to ensure we have resources in appropriate languages, simplify messages.</p> <p>Action: SH to present further update at next Covid Board meeting</p>	<p>SH</p>
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<p>10. Communications</p>		<p>SCu provided an update on current comms activity:</p> <ul style="list-style-type: none"> • Re tier 3 – RS written letters out to stakeholders (education, care homes, businesses, VCFS) tonight/tomorrow morning. • Re generic comms, SCu noted it is hard to plan messaging as we were in tier 2 for short time and tier 3 soon. There is a lot of on street and offline adverts to public (generic ‘face, hands and safe’ messages), bus backs (14 main routes around borough), wraparound edition in free press, French Gate centre digital screens, leaflet drops in areas we are seeing rising number cases specific to geographical areas, community teams have generic leaflets too, towards end of October we are deploying advert van which will deliver comms on key messages, (i.e. what tier 3 means, case studies of individuals living in Doncaster to drive message home) and an all borough leaflet launched from 9 November. • Comms cell working really well together across TD, all pushing out same messages. <p>KD – on localities, need to ensure info goes out to schools directly prior to going out publicly. Will this happen?</p> <p>SCu confirmed comms will help in anyway and noted that leaflets are to households not businesses or schools.</p> <p>As per an action from previous Board meeting, SCu is picking up engagement with young people. Regarding the development of a specific ‘Young Person’s Covid Guide’ this will be challenging with current pressures on comms.</p>	
<p>11. Chair Summary</p>		<p>RS offered a summary of discussions:</p> <ul style="list-style-type: none"> • Doncaster is now in Tier 3 • We are seeing increasing number of cases • Need to redouble effort in terms of containment strategy in high risk settings – ensure effective approaches in place. 	
<p>12. AOB</p>		<p>KA raised re swab results from nursing home – 15 swabs with no names on test tube. If someone can pass to correct people from care homes would be helpful.</p>	



		<p>KA also raised re RDASH colleagues, we are receiving many positive results and struggling to cope with numbers so they will receive text message with results and a call from PHE.</p> <p>MW – high number cases at North Bridge – any further information?</p> <p>RS response – spoken to Jill Parker this afternoon, she has looked at all information and we are not treating it as outbreak. There are cluster of cases, we will not be doing mass testing of staff, will be reiterating guidance for managers in terms of those with symptoms should not be coming to work, self-isolate and get test and if close contact then need to self-isolate.</p> <p>MW – re tier 3, once into place will have impact on service delivery?</p> <p>RS – shouldn't do – key thing about tier 3 compared to national lockdown in march is council services will still operate but in covid secure way.</p> <p>JB raised the need to be consistent in managements application of guidance across depots – had various reports form Cantley and North Bridge depots i.e. vans supposedly undergone deep clean which haven't don't appear to have been cleaned – JB will provide with photographs to RS.</p> <p>RS – in same way discussing high risk settings, need to ensure own work force protected. Any info JB has send on.</p> <p>MW – we put measures in place, yet seem to be falling short still.</p> <p>RS – starting point would be that we will be no different to other communities in that we have had measures in for significant period of time and may well have got fatigued. No excuse but will relook.</p> <p>Action: RS pick up with JP and attend next Union meeting</p>	<p>RS</p>
<p>13.</p>	<p>Date and Time of Next Meeting</p>	<p>RS noted that the Covid Control Board meetings are now out of sync with Covid Oversight Board.</p> <p>RS proposed the Covid Board would not meet next week and instead meet the first week in November which should bring meetings back into sync with Covid Oversight Board.</p> <p>Date and Time of Next Meeting – Wednesday 4th November 3-4:30pm.</p>	