



# 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** Microsoft Teams - Virtual Meeting  
**DATE:** Wednesday, 28th April, 2021  
**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.

#### **BROADCASTING NOTICE**

This meeting is being recorded for subsequent broadcast via the Council's web site.

The Council is a Data Controller under the Data Protection Act and images collected during this recording will be retained in accordance with the Council's published policy.

Please be aware that by entering the meeting, you accept that you may be recorded and the recording used for the purpose set out above.

---

**Damian Allen**  
**Chief Executive**

Issued on: Tuesday 20<sup>th</sup> April, 2021

Governance Officer  
for this meeting:

Rachel Wright  
(01302) 737662

## Items for Discussion:

## Page No.

1. Welcome, Apologies for Absence and Introductions.
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 22<sup>nd</sup> April, 2021. 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](mailto:Democratic.Services@doncaster.gov.uk)).**
4. Declarations of Interest, if any.
5. Minutes of the Doncaster COVID-19 Oversight Board Meeting held on the 22<sup>nd</sup> March, 2021. 1 - 4
- A. A. Reports where the Public and Press may not be excluded.**
6. COVID-19 National Overview (Verbal - Rupert Suckling).
7. What's the Date Telling Us (To be tabled - Jon Gleek/Laurie Mott).
8. COVID Health Protection Board Risks (Attached - Rupert Suckling). 5 - 6
9. Minutes of the COVID Control Board Meeting held on 14<sup>th</sup> April, 2021 (Attached - Rupert Suckling). 7 - 18

**Members of the Doncaster COVID-19 Oversight Board**

Chair – Mayor Ros Jones

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

This page is intentionally left blank

**Present:** Mayor Ros Jones (RJ) (Chair), Deputy Mayor Councillor Glyn Jones (GJ), Dr. Rupert Suckling (RS), Councillor Nigel Ball (NB), Councillor Jane Cox (JC), Councillor Chris McGuinness (CM), Councillor Jane Nightingale (JN), Councillor Andy Pickering (AP), Paul O'Brien (Po'B), Dolly Agoro (DAg), Fiona Campbell (FC) Anthony Fitzgerald (AF)

**Officers:** Laurie Mott (LM), Robert Gibbon (RG), Rachel Wright (note taker).

**Apologies:** Damian Allen (DA), Chief Superintendent Melanie Palin (MP), Daniel Fell (DF)

	<b>Action</b>
<p><b>1. Welcome, apologies and introduction – Mayor Ros Jones</b></p> <p>Mayor Ros Jones welcomed all those present to the meeting.</p>	
<p><b>2. Exclusion of the public and press – Mayor Ros Jones</b></p> <p>The Board agreed that there were no items on the agenda that the public and press should be excluded from.</p>	
<p><b>3. Public Statements and Questions – Mayor Ros Jones</b></p> <p>Mayor Ros Jones noted no questions received from members of the public.</p>	
<p><b>4. Declarations of interest – Mayor Ros Jones</b></p> <p>There were no declarations of interest made.</p>	
<p><b>5. Minutes of the last meeting held on 24<sup>th</sup> February 2021 – Mayor Ros Jones</b></p> <p>Minutes of the Doncaster COVID-19 Oversight Board held on 24<sup>th</sup> February 2021, approved.</p>	
<p><b>6. COVID-19 National Overview – RS</b></p> <p>A verbal update from RS was given to the board outlining significant national changes, since the meeting held in February 2021.</p> <p>RS reminded Members that step 1A of the national roadmap initiated with children returning to school on the 8<sup>th</sup> March and there would be a debate in Parliament during the coming week and a review to look at moving to step 1B.</p> <p>It was noted by RS, across the country since schools had returned, there was an increase in people testing positive. This in keeping with an expectation that once schools reopened there would be more cases, however there was a continued reduction of admissions into hospitals and deaths.</p> <p>RS stated the vaccination programme continued and groups 1-9 were invited for vaccination, and informed Members that the first three groups in phase 2 had been identified.</p> <p>RS advised that work was underway nationally to identify, investigate and break chains of transmission should there be new variants of concern, and a number of areas had done door to door surge testing for variants of concern. He also explained that Government had updated the Contain Framework, but there were no major changes in terms of our response.</p> <p>Across the country there had been a change in the areas seeing the highest infection rates, with Yorkshire and Humber having the highest rates.</p> <p>RS was not expecting the review of the roadmap to result to any deferring of the relaxing of restrictions.</p> <p><b>RESOLVED;</b></p>	

- That the presentation be noted.

## 7. What the data is telling us - LM

LM presented an update using data from Doncaster and began by stating that the 7 day rate had climbed steadily for almost a week, but explained that these rates were lower than the figures reported between waves two and three. LM also compared our rate to other locations in S Yorkshire, Yorkshire, Humberside and England.

LM stated the positivity rate is now 4.7% up from 4.4%, which was an indicator that the rates in Doncaster were beginning to climb. Doncaster had the 21<sup>st</sup> highest local authority rate in the country and Barnsley had the highest.

LM presented the age ranges of people testing positive to explain the increase in cases. It showed a rapid increase in 0-19 year olds school aged children and 20-39 year olds, young working adults. Whereas cases in the older age groups continued to fall. Rapid increase identified in school age children.

The hotspot areas of Hexthorpe and Balby were identified to Members, but LM emphasised that compared to hotspots that were seen at Christmas and new year the hotspot areas were much less concerning.

In terms of ethnicity, the largest portion of people with cases were white British.

LM advised of the situation within hospitals and noted that the total number of patients actively treated for COVID had fallen by more than 50% since March, and that the numbers of deaths with COVID mentioned on the death certificate had continued to fall.

AF gave a verbal update on the vaccine programme to the Board and began by noting it had progressed well, and 2<sup>nd</sup> doses were also being administered. Following the Astra Zeneca vaccine safety queries the key message from the NHS was that all vaccines were thoroughly tested for safety and effectiveness.

AF confirmed there would be less vaccine available in April, but reassured Members that after looking at their modelling they were confident 1<sup>st</sup> doses could be offered to the first 9 cohorts of people.

He noted that work was under way to target hard to reach groups to encourage them to take up the offer of a vaccine.

From an approach prospective the model used was to be altered to provide more pop up clinics following a trial of these at the Gurdwara over the previous weekend, and the lessons learned from this would be used to plan future clinics.

AF gave assurance that by 31<sup>st</sup> July every adult would be offered a 1<sup>st</sup> dose of the vaccine. He concluded that the vaccine programme continued to go well and credited it to staff and volunteers.

### RESOLVED;

- That the presentation be noted.

## 8. COVID Health Protection Board Risks – RS

RS highlighted six risk areas set out within in the report submitted to COVID Board that had been altered or remained high:

- **The health service and the direct impact on the health service.**  
Although it remained high it is moving towards medium.
- **Access to personal protection equipment**  
Rated from medium to low, as they had received reassurance there was sufficient levels of PPE.
- **Management Outbreaks in high-risk settings.**  
RS stated there were no outbreaks in prisons, and that prisons had an effective way of cohorting and isolating people testing positive.
- **Testing a contact tracing.**

This remained high, because access to PCR testing at the airport and Chapel Drive had reduced mornings. During afternoons the sites were offering a community collection service which was a temporary change, and was mitigated by the three other community testing venues. Another change from Wednesday was that contact tracing would be carried out by the authority, within an hour of a positive result.

- **Support to people who need to self isolate.**  
RS noted this was high risk as some people were still shielding until the end of the March, but RS was hopeful it would reduce over time.
- **Infection prevention control capacity.**  
Remained as high, but RS noted that recruitment for additional infection control capacity was under way.

**RESOLVED:**

- That the presentation be noted.

**9. COVID Minutes of the Control Board 6th January, 2021 – RS**

RS explained that over the last three weeks the COVID Control Board saw a shift in where cases, outbreaks and incidents were. Previously the majority were in prisons and care homes, however most were in work places and schools. He also commented that there were concerns about journeys to work and they were seeing evidence of car sharing.

RS informed Members work was carried out with schools to reinforce risk assessments, and that even though pupils were tested in secondary schools, there were significant numbers of cases in children and staff. He advised that calls were booked in with a number of schools to offer further help.

RS updated the board with regard to the Outbreak Management Plan and said an amended plan was submitted to the regional team for peer review. Once feedback was received the plan would be altered and the Doncaster COVID Oversight Board would sign off a final version.

**RESOLVED:**

- That the presentation be noted.

This page is intentionally left blank



Last Updated: 14<sup>th</sup> April 2021

## Doncaster COVID Control Board Threat and Risk Assessment (last updated 140421)

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.

<b>Current impact scale:</b>	<b>Very high</b>	<b>High</b>	<b>Medium</b>	<b>Low</b>
------------------------------	------------------	-------------	---------------	------------

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION</u> TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
<b>DATE REVIEWED</b>		<b>14.04.21</b>
<b>HEALTH SERVICE (Direct COVID)</b>	<ul style="list-style-type: none"> <li>• Increased Covid related pressure on local health services.                             <ul style="list-style-type: none"> <li>○ Acute care pressures.</li> <li>○ Community care pressures.</li> <li>○ Mental Healthcare pressures.</li> <li>○ Primary Care pressures.</li> <li>○ Pharmacy pressures.</li> <li>○ Palliative Care pressures.</li> <li>○ PPE availability.</li> </ul> </li> <li>• Management of outbreaks in health services and clinical settings</li> </ul>	<b>MED</b>
<b>MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS</b>	<ul style="list-style-type: none"> <li>• Management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community</li> <li>• Development of Standard Operating Procedures for high-risk settings in development</li> <li>• Outbreak control plan in development</li> </ul>	<b>HIGH</b>
<b>PERSONAL PROTECTIVE EQUIPMENT (PPE)</b>	<ul style="list-style-type: none"> <li>• Increase in the demand for Personal Protective Equipment (PPE) from both frontline responding organisations and the public limiting supplies.</li> <li>• Insufficient PPE available for critical services – especially the NHS and the care sector – resulting in a reduction in critical service availability.</li> <li>• Donations of PPE from non-traditional sources may not be of sufficient quality to protect staff.</li> </ul>	<b>LOW</b>
<b>TESTING AND CONTACT TRACING (including engagement)</b>	<ul style="list-style-type: none"> <li>• Effectiveness of the national programme locally.</li> <li>• Doncaster Sheffield Airport Regional Testing Centre.</li> <li>• Satellite Testing.</li> <li>• Mobile Testing Units.</li> <li>• Home Testing.</li> <li>• Key Worker Testing.</li> <li>• Wider population testing in accordance with government guidelines.</li> <li>• 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.</li> <li>• Increased contact tracing requirements – impact on local health protection teams and local resourcing</li> <li>• Data availability and sharing limitations</li> <li>• The potential for localised outbreaks being undetected</li> <li>• Public unwillingness to comply with test and trace programme i.e. sharing of contacts and self-isolating as per the guidelines.</li> <li>• Impact on effectiveness of test and trace process and outbreak/incident management.</li> <li>• Impact on public health</li> </ul>	<b>HIGH</b>

AREA (in alphabetical order)	RISKS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY <u>EXCEPTION TO THE COVID CONTROL BOARD</u>	Doncaster Current Impact Rating
<b>DATE REVIEWED</b>		<b>14.04.21</b>
<b>WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE</b>	<ul style="list-style-type: none"> <li>• Increased support required for those needing to self-isolate. Support may include the provision to home addresses of:               <ul style="list-style-type: none"> <li>○ Food</li> <li>○ Medication</li> <li>○ Essential supplies</li> </ul> </li> <li>• Social isolation, and resulting mental health issues.</li> <li>• Resilience of the Community &amp; Voluntary Sector.</li> <li>• Working with new voluntary sector partners.</li> <li>• Management of spontaneous volunteers.</li> </ul>	<b>LOW</b>
<b>INFECTION, PREVENTION AND CONTROL CAPACITY</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• There is a risk of lack of access to IPC resource if outbreak numbers increase.</li> </ul>	<b>MED</b>
<b>RESOURCING OF CORE IMT</b>	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Test and trace support grant used to provide core resource to IMT and ensure resilience and ability to deliver effectively over a long period.</li> </ul>	<b>MED</b>
<b>OUTBREAKS ACROSS DONCASTER BORDER</b>	<ul style="list-style-type: none"> <li>• 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.</li> </ul>	<b>LOW</b>
<b>FOURTH WAVE</b>	<ul style="list-style-type: none"> <li>• Mechanisms in place to stand response activity up/adapt existing structures should a fourth wave occur.</li> <li>• Risk is implications of a fourth wave on resource and capacity for Doncaster Council and key partners</li> <li>• Impact on public health</li> </ul>	<b>MED</b>



## COVID Control Board Meeting Notes and Actions

Date Wednesday 14<sup>th</sup> April 2021  
 Time 15:00  
 Location MS Teams  
 Chair Rupert Suckling

Attendees: Rupert Suckling, Victor Joseph, Clare Henry, Steph Cunningham, Kevin Drury, Olivia Mitchell, Sian Owen, Lisa Devanney (DCCG), Alex-Jade Delahunty, Simon Noble, Laurie Mott, Abu Chowdhury, Peter Doherty (College), Delano Johnson, Ken Agwuh (DBTH), Nasir Dad, Gill Scrimshaw, Nick Wellington, Victoria Shackleton, Fiona Campbell (National Education Union), Hayley Waller, Daniel Viera (Unison H&S).

Apologies: Carys Williams, Jonathan Preston (Unison H&S), Paul O'Brien (GMB Trade Unions), Gill Gillies, Natasha Mercier, Andrew Russell (DCCG), Daniel Weetman, Mark Whitehouse, Susan Hampshaw, Jon Gleek, Karen Johnson, Claire Scott, Kate Anderson-Bratt, Sarah Sansoa, June Chambers (PHE), Mark Wakefield, Debbie John-Lewis, Mary Leighton, Neil Thomas (SYP), Damian Allen, Paul Ruane, Vanessa Powell-Hoyland, Jim Board, Scott Cardwell, Emma Gordon, Tim Hazeltine, Kathryn Brentnall (College), Jonathan Ellis, Robert Jones.

No	Item	Key Decision / Action	Allocated to
1.	<b>Welcome and Introductions</b>	RS welcomed all to the meeting.	
2.	<b>Apologies</b>	RS noted apologies.	
3.	<b>Purpose of Meeting</b>	RS confirmed the key purposes of the meeting as follows: <ol style="list-style-type: none"> <li>1. Responsible for the development, exercising and testing of COVID Control Plan (now onto V9 of plan).</li> <li>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.</li> </ol>	
4.	<b>Urgent Items for Attention</b>	None.	
5.	<b>Data and Intelligence Update</b>	<p><b>7 day &amp; positivity rate (for the 7 day 1-7 April)</b></p> <ul style="list-style-type: none"> <li>• Doncaster's official 7 day rate per 100,000 is 77.3 (down from 82.1 yesterday). Last time Doncaster rate below 80 was end Sept 2020.</li> <li>• Barnsley's rate is 98.4, Rotherham's is 71.6, Sheffield's is 74.0, YH 62.4 and England's is 28.1. All seen falls in 7 day rates today.</li> <li>• LM presented a chart on screen which showed that Doncaster's rate has fallen fairly steeply last 7 weeks</li> <li>• Doncaster has 3.9% positivity rate (a fall from 4.3% yesterday which is quite a significant drop)</li> <li>• Expect 7 day rate to increase slightly over weekend (expect Thursday the rate will be 76, Friday 79/80 and Saturday 81/83). Causing this is three key age groups (15-19, 20-24, 30-34) – there is work underway to see what is causing this</li> </ul>	



increase. LM added that the 20-24 age group rate has doubled over the week which is concerning. However still very low numbers overall compared to previous months.

**Geographical Analysis**

- The data team identifies places in Doncaster with higher density of cases – currently there are 3 communities the team is looking at; Hexthorpe, Denaby Main and Edlington. LM noted that these are small hotspots with small number cases and none of them are particularly concerning at the moment. In all three areas seeing very few new cases – has been 1 in Denaby Main due to outbreak in Ardagh Glass.

**School age population**

- LM presented an example of some analysis that has been completed on 10-14 year olds in Households – the graph shows where age 10-14 are the first or equal first to be positive in a household containing other positive cases for February to March 21. The graph shows general case increase in households where this has been initiated by someone in 10-14 age group. Will continue to monitor and will look at the 15-19 year old in due course which is key concern at present

**Hospital activity**

- As at 14/04/21 DBHT has 30 total Covid patients, 13 patients’ currently receiving active care for Covid and 4 in ITU. These are very low numbers and illustrates that hospital pressures as a result of Covid are reducing considerably.

**Death**

- LM presented data which reflects ONS data on deaths which captures those who have died of Covid. It shows that there have been 897 death occurrences mentioning Covid in weeks 1 2020 to week 13 2021. Deaths have been falling dramatically the past few weeks.

Questions/comments:

KA updated on hospital activity – currently we have only 13 active cases, 4 of these are at Doncaster and 1 at Bassetlaw. In terms of outbreaks - only had one very difficult case on a ward on 23 March, otherwise all outbreaks would be closed. This recent ward outbreak, which spread within 48 hours, involved a number of staff members working together closely to help manage a patient with psychiatric issues – when sent for sequencing there were no virus of interest or concern picked up which is good - next week we will close down this outbreak.

RS – re geographical hotspots, towards the end of the last school term a number of geographies had hotspots due to school



		<p>outbreaks – of the three hotspots mentioned today, do these have any connections with schools?</p> <p>LM confirmed these do not seem to be connected to schools - cases seem to be primarily driven by younger working age category. LM added that hotspots are very small now – to put into context Denaby Main became a hotspot due to a family of 6 all becoming cases.</p>	
<p>6.</p>	<p><b>Daily Incident Management Team Update</b></p>	<p><b>AD offered the board an overall summary;</b></p> <ul style="list-style-type: none"> <li>• IMT is currently managing a total of 48 live cases (23 incidents, 2 clusters and 23 outbreaks). Currently 4 cases in total classed as TBC (symptomatic individuals)</li> <li>• IMT have closed 1099 since 12th June.</li> <li>• IMT has been at a plateau last 3-4 weeks and now finally seeing a decrease</li> <li>• Today's rolling 7 day average is 71.8 (decrease from last weeks reported figure 72.4) – shows a minor fall in the rate, however today IMT has closed off 10-15 school settings which will have an impact on the daily average (which is now 65.6). Expect by next board meeting the rolling average should fall further.</li> <li>• In terms of live settings to IMT by Community – Edlington (4- mainly due to known outbreak in a work setting and three schools open), Balby (3 – due to outbreaks in industrial estate) , Armthorpe (2), Kirk Sandall (2), Wheatley Hills (2), Bentley (2), Adwick le Street (2)</li> <li>• Live cases by locality – Central (12), East (8), North (15), South (12) and Out of Area (1)</li> <li>• Of the live cases – Primary Schools (16 – this was 30 at the previous board meeting), Secondary Schools (11), businesses (7 – a couple of these are known outbreaks in a setting and others usual business types that appear at IMT i.e. warehouses), Early Years (3) and Domiciliary Care (3).</li> <li>• In last 7 days IMT has opened 17 brand new notifications of symptomatic / positive individuals (these are either settings where never had outbreak previously or outside the 28 day period of previous outbreak ending) – primary schools (5), businesses (3), Care Home OP (3), Care Home LD (1), Domiciliary Care (2), Extra Care (1), Secondary Schools (1), Supported housing (1)</li> <li>• Over the last 7 days, IMT has closed 34 cases (an increase of 10 from previous week). Closed 14 in primary schools, 6 in business, 6 in early years, 2 in secondary schools, 2 in Care Homes OP, 1 in Care Home LD, 1 in Special School and 1 in Supported Living. AD noted that IMT is closing more cases than opening. Of the closed cases, 4 closed due to negative results, 16 came to end of monitoring period and 1 near miss.</li> </ul>	



Questions/Comments:

RS commented that IMT activity is consistent with Doncaster’s reported rates. However there are concerns around the return of majority of schools and step 2 easing of restrictions this week so we may expect small increase in case rate and incidents.

RS requested an update on schools -  
KD – re cases, there are currently 46 positive pupils, 5 teachers and 5 other staff – seeing a steady increase in cases. Staff cases in primary schools not secondary. KD added that we are not receiving all returns from schools so we are following this up.

KD added that we have concerns of young people gathering in groups of more than 6 in the community so we are putting comms out to families, as well as schools, to reinforce messages.

KD noted that there is a Head Teachers meeting tomorrow and we will be asking for updates on twice weekly home testing for young people and how this appears to be going.

Continue with outbreak meetings with schools – there is another meeting with Barnburgh tomorrow where we will discuss what they have addressed in terms of their systems and processes.

KD added that Hall Cross and Camps mount schools are part of a testing pilot going forwards.

RS commented the challenge is returning to school after 2 weeks off and ensuring people continue to comply. RS queried whether Union colleagues were picking up concerns from their members?

FC responded that concerns are about the pilot testing schemes and use of LFT’s – considering the accuracy rate of these tests and if we are relying on this it could cause issues in weeks to come. RS added that the pilots have been set up as a scientific trial to test whether it works – it is good that schools have volunteered to take part but we do not yet know whether it will be beneficial – if there are cases following the pilot and there are concerns around containing the outbreak then we would ask them to stop the trial and manage it differently.

RS asked if there were any updates from the College -  
PD – no particular challenges, the College was closed over Easter, we are now transitioning to home testing in addition to on site testing.



<p>7.</p>	<p><b>TCG Update</b> (Nasir Dad)</p>	<p>ND provided key updates from TCG: Key issue discussed was around the reopening of hospitality since 12 April -</p> <ul style="list-style-type: none"> <li>• At TCG we carried out a deep dive into the reopening of hospitality and non-essential retail and we know that there are some parts of town particularly busy</li> <li>• Done a lot of engagement, advice and guidance with licensed premises to help them operate safely and where they have needed alfresco licenses we have worked with businesses to support. This license has been extended to 2022.</li> <li>• Since the first day of easing (Monday) colleagues have been out on the ground covering premises in the Town Centre – there are currently 12 businesses to follow up with for various reasons relating to non-compliance.</li> <li>• Taking a graduated approach to advice and guidance with businesses - where they do not comply then this is escalated rapidly and if businesses consistently fail to comply we will review licenses and set a benchmark to other businesses.</li> <li>• In terms of this upcoming weekend, we are expecting a significant number people in the Town Centre so from Friday to Sunday we are deploying additional resources and the emergency control centre will be activated in the Civic Office. Council colleagues are partnering up with the Police on joint visits, providing friendly guidance but then escalating quickly in instances of non-compliance.</li> </ul> <p>Also discussed at TCG:</p> <ul style="list-style-type: none"> <li>• LRF has commissioned an external review to determine efficacy of the process – the review covers Covid and flooding response – cell leads that exist will be asked to feedback on the process, how they worked with regional LRF leads and how we can better the process and gather learning</li> <li>• All members were asked to review their threat and risks on the TCG threat and risk assessment and at next week’s meeting we will go through and understand where we are in line with the roadmap. ND referenced it was discussed that due to current hospital occupancy levels the health risk would reduce from very high to high.</li> <li>• Next week we will carry out a deep dive into education and skills – particularly in relation to those children not attending school and why (especially if they are CEV or in a family setting where a person is CEV)</li> <li>• Next week we will also be looking at localities and communities and work with vulnerable people – particularly in relation to isolation</li> <li>• Also discussed concurrent incidents; elections and also fires that had started over the weekend and have now been dealt with. ND added that there was also the potential for protecting in Nigel Gresley Square this weekend around</li> </ul>	
-----------	--	---	--



		<p>the Police and Crime Bill, however only 5 have expressed interest in this in Doncaster.</p> <ul style="list-style-type: none"> <li>• ND added regarding the Minster opening for people to pay respects to the Duke Of Edinburgh, this seems to be a low profile event and wish to keep it that way</li> </ul> <p><u>Questions/Comments:</u></p> <p>RS noted that as we have now moved into step 2 of the roadmap as of Monday this week there are some expected consequences we are seeing in relation to outdoor hospitality, non-essential retail and putting further plans in place to increase presence with police and partners over this weekend. It is useful to know that we have also been dealing with other emergency issues (i.e. the fires) and we ought to be aware that as people become more mobile we will see a return to more pre pandemic behaviours, issues and incidents.</p> <p>RS added, from a Covid Control Board perspective, we submitted an updated outbreak plan into the regional conveners and for national feedback – understand the feedback will be presented on 27 April through a webinar with chief executives, but we are not expecting detailed feedback on the plan in this forum. We have had a peer review on the plan from Rotherham and there are some areas we will be strengthening, and we will also be updating the plan given it has been 4 weeks since it was submitted.</p> <p>ND noted that TCG will continue to meet each week given we are only in week 1 of hospitality and non-essential retail reopening, the situation could worsen so want to be in a position to respond accordingly.</p> <p>RS – from a Covid risk perspective, aware that step 2 may increase the risk, although more concerned around the 17 May as there is further easing (i.e. household mixing indoors). RS added that anything we can do now to prepare businesses and people safely in the lead up to this date is good.</p> <p>ND added there are concerns around behaviours and noncompliance with social distancing when alcohol is consumed – we need to get on top of this now.</p>	
<p>8.</p>	<p><b>Outbreak Management</b> (Clare Henry/Victoria Shackleton)</p>	<p>CH provided an update on the outbreak plan:</p> <ul style="list-style-type: none"> <li>• Reacting to local peer feedback</li> <li>• Working on assurance for the frameworks to ensure these are up to date</li> <li>• Working on the public facing document to make it an easier read.</li> </ul> <p>CH provided an update on Testing; Rapid Asymptomatic – LFD's:</p> <ul style="list-style-type: none"> <li>• Universal testing – All people in England will be able to access twice-weekly rapid tests for coronavirus from 9 April. Part of the government's plan is to support</li> </ul>	





		<p>vaccinations and to keep people safe and get people into the habit of twice weekly testing.</p> <ul style="list-style-type: none"> <li>• Employer testing programme has now closed – if businesses are not registered the Council will support local employers to access testing</li> <li>• Testing is available:-             <ul style="list-style-type: none"> <li>○ Workplaces</li> <li>○ Community Testing Sites</li> <li>○ Test &amp; Trace Sites (Symptomatic sites) – this option will ease up as other opportunities open</li> <li>○ Pharmacy Collect – more than 77 pharmacies signed up to provide home testing kits and where there are gaps in accessing testing the Council will fill them</li> <li>○ Education – providing testing on site/at home and encouraging pupils to take tests</li> <li>○ LFD Direct – order home kits online</li> </ul> </li> <li>• Elections – All staff, agents, candidates etc will be asked to provide evidence of a negative Lateral Flow Test result before working or attending election activities. There is a local plan in place to provide the LFT’s – there is plenty capacity in asymptomatic sites and the mobile testing van to support all to access LFT’s.</li> <li>• Current position –             <ul style="list-style-type: none"> <li>○ Community testing sites have been running for 21 weeks, completed 30,047 tests and found 181 positives. CH added that the positivity rate is reducing which is expected as general positivity rate is coming down</li> <li>○ Busiest site is still Mary Woollett Centre. In general all sites are seeing less footfall, particularly Conisbrough. Over next few weeks we will be relooking at our model</li> <li>○ Agreement from central government to continue community testing sites to end June 21</li> <li>○ Increased the number of sites the mobile van is going to and using it to address gaps where access to testing is an issue. This will also link with pop up vaccination sites.</li> </ul> </li> <li>• Community Collect – CH presented a chart showing number of boxes from our Doncaster sites 15 March – 12 April. Shows that compared to the soft launch in week 1 there has been a huge increase last week and even busier this week. CH noted that we are seeing the impact of the communication from the government around where to collect testing kits.</li> </ul> <p><u>Questions/comments:</u>          RS – when we started community testing we were required to commit to completing a certain number of tests and schools were committing to testing twice weekly in education – given the move</p>	
--	--	--	--



		<p>to universal testing, are you getting a sense Doncaster will be given a target for number tests completed each week?</p> <p>CH responded the recommendation is twice a week on regular basis – but we haven’t been given a target. At the moment we are trying to understand the data. RS – sounds like reasonably good grip, need visibility of other testing across the borough. CH – underway, expect will be a few weeks.</p> <p>VS provided an update on Local Contact Tracing:</p> <ul style="list-style-type: none"> <li>• Doncaster now operates a “Local 0” approach. This means ALL positive cases come to local contact tracing by default as soon as they are created in the NHS Test and Trace (CTAS) system. This also means we can contact trace potentially in an hour of receiving test result.</li> <li>• Has been incredibly successful in Doncaster – the average completion rate is 92.5% of the 30 local authority’s that have adopted this same approach and in Doncaster we are averaging 95/96%.</li> <li>• In Doncaster we have consistently completed over the 90% target set by Department for Health and Social Care which we are performance monitored against.</li> <li>• Since taking on local 0, average weekly case volumes for contact tracing calls have increased by over 300%. Staff capacity is stretched to its maximum and some PH staff have expressed concerns over case volumes and managing this longer term if cases increase. To support capacity, up to 6 new full-time Health Protection Officers are being recruited so that PH staff can be released from contact tracing over the next 6 weeks</li> <li>• Benefits       <ul style="list-style-type: none"> <li>○ Data Quality has improved immensely</li> <li>○ The need for home visits due to failed call attempts has reduced</li> <li>○ The data the tracing team receive is live and often 24-48 hours ahead of line list data.</li> <li>○ We are now able to report daily on where new cases are increasing, clusters that are emerging and any concerns</li> <li>○ We are able to group cases that are in the same household so they can be traced in 1 call</li> <li>○ We allocate tracers a specific post code area for the day so they are familiar and can be more curious about names/places/activities that come up often.</li> </ul> </li> <li>• Challenges       <ul style="list-style-type: none"> <li>○ We still receive cases of Hauliers, Prisons, International Travel, Care Homes and Military cases which should go to PHE – this is having an impact as Local Core Co-ordinators are needing to deal with these cases as the PHE Tier 1 team has almost disbanded</li> </ul> </li> </ul>	
--	--	---	--



		<ul style="list-style-type: none"> <li>○ Limitations of CTAS system and differences in staff data entry quality mean occasionally some things are still missed from cases, but this has reduced significantly</li> </ul> <p>RS commented that there are ongoing changes to both testing and contact tracing - good performance well done all.</p>	
<p>9.</p>	<p><b>Threat and Risk Register and Key Updates from Organisations</b></p>	<p>RS took the board through the Covid Control threat and risk assessment:</p> <p><u>Impact on Health Services (Direct Covid)</u> – risk to reduce to MEDIUM. LD advise reducing risk to medium. RS agreed, given data updates provided today. <b>Action: Reduce to Medium.</b></p> <p><u>Management of outbreaks in high-risk settings</u> – risk to remain HIGH. RS – from IMT log we are not seeing lots of outbreaks in high risk settings. Additional support if do have outbreaks in workplaces. NW – we have referred a couple larger premises to HSE – if community numbers increase this will reflect in businesses, suggest leave as high. RS added that with the Kent variant, where there are outbreaks there are larger numbers staff impacted.</p> <p><u>Personal Protective Equipment</u> – risk to remain LOW.</p> <p><u>Testing and Contact Tracing</u> – risk to remain HIGH. RS noted there are constant changes with guidance – feels very volatile. VS – System changes coming up, recruiting into post. CH – testing is becoming simpler but not seeing all the data.</p> <p><u>Welfare of Vulnerable People Needing to Self-isolate</u> – risk to remain MEDIUM. RS noted shielding now ended. GS added there had not been a noticeable increase in requests for support reported through. <b>Action: Reduce to Low</b></p> <p><u>Infection, Prevention and Control Capacity</u> – risk to remain MEDIUM. VJ has been working with RDASH, CCG and Acute Hospital re IPC capacity – this risk was reduced last board meeting, VJ proposed keeping at medium to see how process embeds.</p> <p><u>Resourcing of core Incident Management Meeting</u> – risk to remain MEDIUM. RS noted that CH has been working with finance teams to sign off a return for last year, RS has suggested we relook at various Covid grants we have for 2021-22 and ensure we have spending plan against that – keep as medium until this is signed off.</p>	<p>OM</p> <p>OM</p>



		<p><u>Outbreaks across Doncaster border</u> – risk to remain LOW.</p> <p><u>Fourth Wave</u> – Risk to remain MEDIUM.</p> <p>RS noted that in the media last week the Chief Medical Officer is predicting that although there will be slight rise in cases as we go through easing of restrictions, we may see a further wave in September. Need to monitor this locally. RS assumes once we have completed all vaccines for current cohorts there will be a policy decision re winter planning.</p> <p>RS asked all if there were any other threats to be aware of – none raised. RS raised staff wellbeing and the need to ensure that this is picked up through TCG or through the general conversations Union members have with the Council. RS doesn't propose adding this to the Covid Board threat and risk assessment but is one to be aware of.</p> <p>RS summarised that despite rates higher in Doncaster than other areas of the country we are seeing fewer cases in IMT and some risk impacts have reduced.</p>	
<p>10.</p>	<p><b>Communications</b> (Steph Cunningham)</p>	<p>SC provided an update on comms activity:</p> <ul style="list-style-type: none"> <li>• Continue with behavioural science – tell people what they can do rather than what they can't do</li> <li>• If compliance is low and people not doing right things we will change our comms style – backed up with enforcement action and examples</li> <li>• Reinforcing messages this week 'new semi normal' – follow basic guidance, be mindful of new changes this week, be compliant</li> <li>• Ramping up comms towards weekend, encouraging people to do the right thing, whilst ensuring comms adopts appropriate style in light of Duke of Edinburgh funeral on Saturday</li> </ul> <p>RS commented that as we see reopening of certain sectors it is not just a communications job, we have teams out reinforcing norms and messages – if there is a change in comms strategy let us know.</p>	
<p>11.</p>	<p><b>Review of Actions</b></p>	<p>OM raised an action for an update: Compliance and Enforcement Cell to look into use of other teams for physical presence (i.e. door knocking) to enforce non-compliance.</p> <p><b>Action: OM to follow up with Nasir Dad for an update</b></p>	<p><b>OM</b></p>
<p>12.</p>	<p><b>AOB</b></p>	<p>None.</p>	
<p>13.</p>	<p><b>Chair Summary</b></p>	<p>RS offered a key summary of discussions from today's meeting:</p> <ul style="list-style-type: none"> <li>• Good progress with rates but we should not become complacent as SY and Humber are 7 - 10 days behind other areas of country.</li> <li>• Whilst supportive of step 2, time to ensure we re-install behaviours (schools, hospitality, non-essential retail)</li> </ul>	



		<ul style="list-style-type: none"> <li>• Good news regarding hospital activity and this is due to vaccination programme. LD confirmed in previous meeting over 200,000 first and second doses combined have been delivered in Doncaster – well done all. There is a vaccine meeting tomorrow to discuss how we might respond to revised JCVI guidance which not only increases age cohort but provides flexibility as to how we might use vaccine.</li> </ul>	
<p><b>14. Date and Time of Next Meeting</b></p>		<p>RS noted that the next meeting (scheduled Weds 28 April 3pm) clashes with the Covid Oversight Board – RS proposed that if things continue to move in the right direction and there is nothing to discuss we will stand Covid Board down on 28<sup>th</sup> April. However if the board does need to meet then Victor will chair.</p> <p>RS added that the Oversight board will find a regular slot in the diary so may be easier to coordinate going forwards.</p>	

This page is intentionally left blank