



**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>	
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		<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>	





vaccinations and to keep people safe and get people into the habit of twice weekly testing.

- Employer testing programme has now closed – if businesses are not registered the Council will support local employers to access testing
- Testing is available:-
  - Workplaces
  - Community Testing Sites
  - Test & Trace Sites (Symptomatic sites) – this option will ease up as other opportunities open
  - 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
  - Education – providing testing on site/at home and encouraging pupils to take tests
  - LFD Direct – order home kits online
- 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.
- Current position –
  - 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
  - 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
  - Agreement from central government to continue community testing sites to end June 21
  - 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.
- 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.

Questions/comments:

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>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>	
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<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.</b></p>	<p><b>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>	