

## Doncaster COVID Control Board Threat and Risk Assessment (last reviewed 27/10/21)

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 EXCEPTION TO THE COVID CONTROL BOARD	MITIGATIONS AGAINST WHICH IMPACT UPDATES ARE REQUIRED BY EXCEPTION TO THE COVID CONTROL BOARD	Doncaster Current Impact Rating
DATE REVIEWED			27.10.21
<b>MANAGEMENT OF OUTBREAKS IN HIGH-RISK SETTINGS</b>  Rupert Suckling	<ul style="list-style-type: none"> <li>Effective management of outbreaks in high-risk settings, including reducing transmissions within services, settings and the community</li> <li>Regular guidance and legislation changes</li> <li>Lack of legislation to enforce protective measures in some sectors</li> <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>	<ul style="list-style-type: none"> <li>Standard Operating Procedures for high-risk settings (inc. outbreak planning and response framework) in place</li> <li>Outbreak control plan and planning and response frameworks in place</li> <li>SPOC contacts and processes in place for notification of cross-border outbreaks.</li> <li>Reduced to Med (27.10.21) due to some reduction in cases and number of outbreaks in high-risk settings steady</li> </ul>	<b>MED</b>

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<p style="text-align: center;"><b>TESTING</b></p> <p style="text-align: center;">Clare Henry</p>	<ul style="list-style-type: none"> <li>• Effectiveness of the national programme locally. <ul style="list-style-type: none"> <li>○ Doncaster Sheffield Airport Regional Testing Centre.</li> <li>○ Satellite Testing.</li> <li>○ Mobile Testing Units.</li> <li>○ Local testing sites</li> <li>○ Home Testing.</li> <li>○ Key Worker Testing.</li> <li>○ Wider population testing in accordance with government guidelines.</li> </ul> </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>• Impact on public health</li> <li>• Surge Testing requirement</li> <li>• Access to testing data</li> <li>• P2 Lab capacity and result turnaround</li> <li>• Pillar 1 testing process and capacity</li> <li>• Lack of overarching national testing strategy for post-March 22</li> <li>• Lack of medium to long term national plan for targeted community testing (<i>inc. universal free supply under winter plan</i>)</li> <li>• Resident navigation of various testing approaches</li> <li>• PCR testing sites – pressure to return sites to previous use</li> <li>• Reduced testing by residents = lack of surveillance</li> </ul>	<ul style="list-style-type: none"> <li>• Contingency plans in place to utilise local lab capacity to support priority access to PCR testing if national capacity pressures</li> <li>• Plans for surge testing/enhanced response in place</li> <li>• Flexible &amp; agile local approach and resource for community testing in place until March 22.</li> </ul>	<b>HIGH</b>

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<b>CONTACT TRACING</b> Clare Henry	<ul style="list-style-type: none"> <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> <li>• Confusion over guidance changes and public understanding and willingness to comply</li> <li>• Quality of information due to postcode throttling</li> <li>• Cases still being sent to national team to trace</li> </ul>	<ul style="list-style-type: none"> <li>• Capacity increased for local contact tracing</li> <li>• Post-code throttling to prioritise cases for local follow up within capacity</li> </ul>	<b>HIGH</b>
<b>WELFARE OF VULNERABLE PEOPLE NEEDING TO SELF-ISOLATE</b>  Vanessa Powell-Hoyland	<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> </ul>	<ul style="list-style-type: none"> <li>• Plans in place coordinated through the Well Doncaster &amp; localities teams and local VCF partners</li> <li>• self-isolation grant available until Mar 22</li> <li>• No current shielding population list</li> </ul>	<b>LOW</b>

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<b>INFECTION, PREVENTION AND CONTROL CAPACITY</b> Victor Joseph / IPC and test cell	<ul style="list-style-type: none"> <li>• Management of spontaneous volunteers.</li> <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> <li>• Pressures of core work on members of IMT</li> <li>• Disparity of national guidance vs local approach</li> <li>• Providers/services activating on IPC advice and support</li> <li>• Medium and long term PPE supply</li> <li>• Long term capacity</li> <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> <li>• Availability &amp; quality of PPE to meet the needs of the population, care settings and key service areas</li> <li>• Long term supply (and demand forecasts)</li> <li>• DHSC decision awaited re. central supplies from the 31 Mar 22</li> </ul>	<ul style="list-style-type: none"> <li>• IPC cell established and operating to review guidance, agree local support and review resources and capacity</li> <li>• Currently have 16 weeks emergency stocks and are carrying 16 weeks in Stores</li> <li>• Still receiving free PPE from DHSC and distributing to certain sectors</li> </ul>	<p style="text-align: center;"><b>LOW</b></p>
	<b>RESOURCING OF CORE IMT</b>	<ul style="list-style-type: none"> <li>• IMT in place to manage local incidents/outbreaks across Doncaster</li> </ul>	

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<p><b>Rupert Suckling</b></p>	<p>which will require significant resourcing i.e. data and insight and communications.</p> <ul style="list-style-type: none"> <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> <li>• Funding post-March 22</li> </ul>		
<p><b>FUTURE WAVES &amp; VOC RESPONSE</b></p> <p><b>Clare Henry</b></p>	<ul style="list-style-type: none"> <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> <li>• Capacity to respond to new vocs</li> <li>• Deployment and logistical challenges for the various enhanced response activity e.g. testing &amp; contact tracing around locations/suitably skilled staff</li> <li>• Potential disparity between national and local approach</li> <li>• Constant change in national approach to enhanced response areas</li> <li>• Clarity of roles and responsibilities with HPT</li> <li>• Funding post-22</li> <li>• Potentially reduced capacity for teams to respond post-March 22.</li> </ul>	<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>• Mechanisms in place for voc response</li> </ul>	<p><b>HIGH</b></p>