

**COFNOD O BENDERFYNIAD WEDI'I DDIRPRWYO GAN SWYDDOG**  
**RECORD OF DELEGATED OFFICER DECISION**

**Penderfyniad Allweddol | Key Decision** ✓

**PWNC | SUBJECT:**

Cwm Taf Morgannwg Covid-19 Prevention & Response Plan 2021-22

**DIBEN YR ADRODDIAD | PURPOSE OF THE REPORT:**

The purpose of the report is to seek the Council's endorsement of the COVID-19 Prevention and Response Plan 2021-22 for the Cwm Taf Morgannwg Region.

**PENDERFYNIAD WEDI'I DDIRPRWYO | DELEGATED DECISION:**

1. The Cwm Taf Morgannwg COVID-19 Prevention & Response Plan 2021-22 is endorsed.
2. RCTCBC confirms the use of any necessary resources to implement emergency, surge testing in the community and authorises the Director - Public Health, Protection and Community Services to make necessary decisions in relation to venues and staff deployment as required, in consultation with the Leader and Chief Executive.



**Paul Mee**

**27.05.21**

**Llofnod y Prif Swyddog**  
Chief Officer Signature

**Enw (priflythrennau)**  
Name (Print Name)

**Dyddiad**  
Date

**Mae'r penderfyniad yn cael ei wneud yn unol ag Adran 15 o Ddeddf Llywodraeth Leol 2000 (Swyddogaethau'r Corff Gweithredol) ac yn y cylch gorchwyl sy wedi'i nodi yn Adran 5 o Ran 3 o Gyfansoddiad y Cyngor.**

The decision is taken in accordance with Section 15 of the Local Government Act, 2000 (Executive Functions) and in the terms set out in Section 5 of Part 3 of the Council's Constitution.

**YMGYNGHORI | CONSULTATION**

*A. Morgan*

**27.05.21**

**LLOFNOD YR AELOD YMGYNGHOROL O'R CABINET**  
CONSULTEE CABINET MEMBER SIGNATURE

**DYDDIAD | DATE**

\_\_\_\_\_  
**LLOFNOD SWYDDOG YMGYNGHOROL**  
CONSULTEE OFFICER SIGNATURE

\_\_\_\_\_  
**DYDDIAD | DATE**

**RHEOLAU'R WEITHDREFN GALW-I-MEWN | CALL IN PROCEDURE RULES.**

**A YW'R PENDERFYNIAD YN UN BRYN A HEB FOD YN DESTUN PROSES GALW-I-MEWN GAN Y PWYLLGOR TROSOLWG A CHRAFFU?:**  
**IS THE DECISION DEEMED URGENT AND NOT SUBJECT TO CALL-IN BY THE OVERVIEW AND SCRUTINY COMMITTEE:**

**YDY | YES      NAC YDY | NO√**

**Rheswm dros fod yn fater brys | Reason for Urgency:**

.....

**Os yw'n cael ei ystyried yn fater brys - llofnod y Llywydd, y Dirprwy Lywydd neu Bennaeth y Gwasanaeth Cyflogedig yn cadarnhau cytundeb fod y penderfyniad arfaethedig yn rhesymol yn yr holl amgylchiadau iddo gael ei drin fel mater brys, yn unol â rheol gweithdrefn trosolwg a chraffu 17.2:**

*If deemed urgent* - signature of Presiding Member or Deputy Presiding Member or Head of Paid Service confirming agreement that the proposed decision is reasonable in all the circumstances for it being treated as a matter of urgency, in accordance with the overview and scrutiny procedure rule 17.2:

.....  
**(Llywydd | Presiding Member)      (Dyddiad | Date)**

**DS - Os yw hwn yn benderfyniad sy'n cael ei ail-ystyried yna does dim modd galw'r penderfyniad i mewn a bydd y penderfyniad yn dod i rym o'r dyddiad mae'r penderfyniad wedi'i lofnodi.**

**NB - If this is a reconsidered decision then the decision Cannot be Called In and the decision will take effect from the date the decision is signed.**

**DYDDIADAU CYHOEDDI A GWEITHREDU | PUBLICATION & IMPLEMENTATION DATES**

**CYHOEDDI | PUBLICATION**

**Cyhoeddi ar Wefan y Cyngor | Publication on the Council's Website:-** 28.05.21

**DYDDIAD | DATE**

**GWEITHREDU'R PENDERFYNIAD | IMPLEMENTATION OF THE DECISION**

**Nodwch: Fydd y penderfyniad hwn ddim yn dod i rym nac yn cael ei weithredu'n llawn nes cyn pen 3 diwrnod gwaith ar ôl ei gyhoeddi. Nod hyn yw ei alluogi i gael ei "Alw i Mewn" yn unol â Rheol 17.1, Rheolau Gweithdrefn Trosolwg a Chraffu.**

**Note:** This decision will not come into force and may not be implemented until the expiry of 3 clear working days after its publication to enable it to be the subject to the Call-In Procedure in Rule 17.1 of the Overview and Scrutiny Procedure Rules.

**Yn amodol ar y drefn "Galw i Mewn", caiff y penderfyniad ei roi ar waith ar / Subject to Call In the implementation date will be**

04-06-21  
**DYDDIAD / DATE**

**WEDI'I GYMERADWYO I'W GYHOEDDI: ✓ | APPROVED FOR PUBLICATION :✓**

**Rhagor o wybodaeth | Further Information:**

Cyfadran   Directorate:	Public Health, Protection and Community Services
Enw'r Person Cyswllt   Contact Name:	Louise Davies
Swydd   Designation:	Director – Public Health, Protection & Community Services
Rhif Ffôn   Telephone Number:	01443 425513



## **RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

### **REPORT TO ACCOMPANY THE KEY OFFICER DECISION**

**26<sup>TH</sup> MAY 2021**

#### **CWM TAF MORGANNWG COVID-19 PREVENTION AND RESPONSE PLAN 2021-22**

**Author: Louise Davies, Director - Public Health, Protection and  
Community Services**

#### **1. PURPOSE OF THE REPORT**

- 1.1 The purpose of the report is to seek the Council's endorsement of the COVID-19 Prevention and Response Plan 2021-22 (Appendix 1) for the Cwm Taf Morgannwg Region.

#### **2. RECOMMENDATIONS**

It is recommended that:

- 2.1 The Cwm Taf Morgannwg COVID-19 Prevention and Response Plan 2021-22 is endorsed.
- 2.2 The Council's commitment to support emergency, surge testing for COVID-19 is confirmed, and decisions relating to the use of Council venues and re-deployment of staff as necessary are delegated to the Director of Public Health, Protection and Community Services, in consultation with the Leader of the Council and Chief Executive.

#### **3. REASONS FOR RECOMMENDATIONS**

- 3.1 As part of the ongoing response to the Pandemic and specifically the Test, Trace and Protect Strategy of Welsh Government, all Regions are required to have a comprehensive, up to date COVID-19 Prevention and Response Plan.
- 3.2 In a letter dated the 10th May 2021, the Chief Medical Officer, Dr Frank Atherton and Mr Reg Kilpatrick, Deputy Director in Welsh Government, outlined the requirement for all Regions to update their Prevention and Response Plans in line with updated Guidance and to submit these by June 2021 to Welsh Government.

- 3.3 In addition to the Strategic Plan, all Regions are also required to have a Community (Surge) Testing Procedure that can be implemented as required by an Incident Management Team and will be particularly important in response to any emerging variant of concern identified in the community. This approach is referenced in Testing Strategy at Appendix 6 of the Response Plan. Surge Testing will require the rapid deployment of Local Authority support to implement, potentially requiring the use of community venues and Council staff in order to be successful.

#### **4. BACKGROUND**

- 4.1 In August 2020, the three Councils and the Cwm Taf Morgannwg University Health Board endorsed the Region's original COVID-19 Prevention and Response Plan and this was submitted to Welsh Government. The detailed report outlining the scope and purpose of the Plan and the record of the decision by Rhondda Cynon Taf County Borough Council to endorse that Plan is available on the link below:

<https://www.rctcbc.gov.uk/EN/Council/CouncillorsCommitteesandMeetings/DelegatedDecisions/RelatedDocuments/Decisions/2019to2020/CwmTafMorgannwgCOVID19PreventionandResponsePlan.pdf>

- 4.2 The COVID-19 pandemic is a fast-moving situation which requires plans to be constantly iterated and updated. The updated Cwm Taf Morgannwg Plan 2021-22 was developed in February/March 2021 by the Test Trace Protect (TTP) programme's Regional Strategic Oversight Group (RSOG) and approved at the end of March 2021. This was reviewed in light of the Welsh Government Guidance issued in May 2021 and the Final Plan for 21-22 is set out in Appendix 1 of this report. The three Local Authorities and the Health Board are required to review and endorse the Plan.
- 4.3 The Cwm Taf Morgannwg Prevention and Response Plan 21-22 was considered by the RCTCBC Senior Leadership Team on the 19<sup>th</sup> May 2021.

#### **5. EQUALITY AND DIVERSITY IMPLICATIONS / SOCIO-ECONOMIC DUTY**

- 5.1 An Equality Impact Assessment has not been carried out in connection with the recommendations of this report as it concerns the endorsement of a regional plan that is applicable to the entire population of Cwm Taf Morgannwg rather than any change to existing services or Council policy. Where service changes or specific restrictions are introduced in response to COVID-19, these will be subject to an Equality Impact Assessment.

## **6. WELSH LANGUAGE IMPLICATIONS**

6.1 There are no welsh language implications arising from this report.

## **7. CONSULTATION / INVOLVEMENT**

7.1 The Cwm Taf Morgannwg COVID-19 Prevention and Response Plan 2021-22 has been developed in partnership between the UHB and three Local Authorities across the region as part of the continued response of public and third sector partners to the Pandemic.

## **8. FINANCIAL IMPLICATION(S)**

8.1 There are no new financial implications from the endorsement of the Plan. The wider financial implications of the Council's response to COVID-19 continue to be reported to Elected Members through established Scrutiny, Cabinet and Council procedures.

## **9. LEGAL IMPLICATIONS OR LEGISLATION CONSIDERED**

9.1 There are no legal implications arising from the recommendations in this report.

## **10. LINKS TO THE CORPORATE AND NATIONAL PRIORITIES AND THE WELL-BEING OF FUTURE GENERATIONS ACT**

10.1 This report is fundamentally concerned with protecting the health and well-being of our population in response to a serious threat to public health. As such, the plan contributes towards all the Council's corporate priorities and to the Well-being objectives set out in Our Cwm Taf.

## **11. CONCLUSION**

11.1 A robust Prevention and Response Plan is key to ensuring COVID-19 case rates are kept low and there is an effective strategy to monitor trends in incidents, hospital admission and mortality from this infectious disease, particularly as we emerge from levels of restriction in Wales. The emergence of variants of concern requires particular focus as Wales seeks to control such cases and prevent community transmission. The revised Cwm Taf Morgannwg Prevention and Response Plan 2021-22 provides a comprehensive plan for how the Region will continue to respond effectively in coming months to the continued threat of COVID-19.



**Other Information:-**

Appendix 1: Cwm Taf Morgannwg COVID-19 Prevention and Response Plan  
2021-22

**Relevant Scrutiny Committee**

Overview and Scrutiny Committee

**LOCAL GOVERNMENT ACT 1972**

**AS AMENDED BY**

**THE LOCAL GOVERNMENT (ACCESS TO INFORMATION) ACT 1985**

**RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL**

**REPORT TO ACCOMPANY THE DECISION OF THE CABINET MEMBER**

**26<sup>TH</sup> MAY 2021**

**CWM TAF MORGANNWG COVID-19 PREVENTION AND RESPONSE  
PLAN 2021-22**

**Background Papers**

None

**Officer to contact:**

Louise Davies, Director- Public Health, Protection & Community Services



# **CWM TAF MORGANNWG REGION TEST TRACE PROTECT**

## **COVID-19 PREVENTION AND RESPONSE PLAN 2021/2022**

### ***A PARTNERSHIP APPROACH***

**Addendum following receipt of  
Welsh Government guidance  
20<sup>th</sup> May 2021**



## CWM TAF MORGANNWG REGION TEST TRACE PROTECT

### COVID-19 PREVENTION AND RESPONSE PLAN 2021/2022

#### ADDENDUM FOLLOWING RECEIPT OF WELSH GOVERNMENT GUIDANCE

#### 1.0 PURPOSE

The purpose of this addendum is to set out some additional information made available since the approval of the Cwm Taf Morgannwg (CTM) COVID-19 Prevention and Response Plan in March 2021.

#### 2.0 CONTEXT

The COVID-19 pandemic is a fast-moving situation which requires plans to be constantly iterated and updated. The CTM plan was developed in February/March 2021 by the Test Trace Protect (TTP) programme's Regional Strategic Oversight Group (RSOG) and approved at the end of March 2021. This helped to inform Local Authority and Health Board organisational plans such as the Integrated Medium Term Plan for the forth-coming period.

#### 3.0 CHECKLIST

The plan has been reviewed against the guidance and checklist provided by the Welsh Government. **Annex 1** provides a summary of that assessment, together with a reference of which sections and appendices meet the requirements set out.

#### 4.0 LATEST RISK ASSESSMENT

The Plan was written and approved at a particular point in time and although only two months ago, there have been some significant changes since then. At the time of writing the plan, the risk assessment for CTM was set at 'amber', but this has most recently reduced to 'green'.

It is the latest assessment of RSOG and our Regional Incident Management team (RIMT) that international travel and the risk of introducing variants of concern is one of the greatest risks at present. The plan sets out our arrangements for ongoing surveillance and any required escalation in this respect, with further work currently underway to strengthen our response in this respect, including for example follow-up visits to an agreed proportion of travellers returning from countries on the 'amber' list to ensure compliance with requirements.

#### 5.0 SOUTH WALES LOCAL RESILIENCE FORUM: RECOVERY CO-ORDINATING GROUP

With infection rates falling, and testing and vaccination programmes well established, another important change is that the South Wales Local Resilience Forum Strategic Co-ordinating Group (SCG) has recently transitioned from SCG to a Recovery Co-ordinating Group (RCG). The function of the RCG is to set and provide strategic direction and



coordinate the ongoing multi-agency recovery from the COVID-19 emergency, which whilst in relative steady state, is still likely to be a protracted operation.

In the South Wales arrangement, three sub-regional Recovery Coordination Groups (SRCGs) are being established in Cardiff and the Vale, Cwm Taf Morgannwg and Swansea Bay) with oversight being provided by the RCG, providing support on escalatory basis. In the CTM Prevention and Recovery Plan therefore the governance arrangements in section 5.0 and appendix 2 should be read with the role of the RCG in place of the SCG.

## **6.0 IMPLEMENTATION, REVIEW AND LEARNING**

There will continue to be regular review of this plan via the Regional Strategic Oversight Group. This will help ensure effectiveness of implementation or the need for change. The plan will also be reviewed in response to any emerging regional and national issues and requirements.

**Professor Kelechi Nnoaham, Director of Public Health, CTM UHB/Chair and Senior Responsible Officer for the CTM Test Trace Protect Programme**

**&**

**Paul Mee, Group Director, Community and Children's Services/Vice-Chair for the CTM Test Trace Protect Programme**



# **CWM TAF MORGANNWG REGION TEST TRACE PROTECT**

## **COVID-19 PREVENTION AND RESPONSE PLAN 2021/2022**

### ***A PARTNERSHIP APPROACH***

**Approved by Regional Strategic Overview Group  
16<sup>th</sup> March 2021**

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## CWM TAF MORGANNWG TEST TRACE PROTECT

### COVID-19 PREVENTION AND CONTAINMENT PLAN 2021-2022

#### 1.0 PURPOSE

The Public Health Protection Response Plan developed by Public Health Wales (PHW) on behalf of Welsh Government contains three key elements:

1. Preventing the spread of Coronavirus Disease (COVID-19) through contact tracing and case management.
2. Sampling and testing different people in Wales.
3. Population surveillance.

Subsequent letters and guidance from Welsh Government and Public Health Wales set out that the effective implementation of an integrated national and local system should be based on six principles as follows:

- The primary responsibility is to make the public safe.
- Build on public health expertise and use a systems approach.
- Be open with data and insight so everyone can protect themselves and others.
- Build consensus between decision-makers to secure trust, confidence and consent.
- Follow well-established communicable disease control and emergency management principles.
- Consider equality, economic, social and health-related impacts of decisions.

This plan is the Cwm Taf Morgannwg COVID-19 Prevention and Response Plan for 2021-2022, which builds on the previous plan submitted to Public Health Wales and the Welsh Government in August 2020.

The 2020/2021 plan led to a number of significant deliverables, delivered in partnership and often within very short timescales, including:

- Establishment of a PCR testing and sampling service.
- Establishment of a contact tracing service.
- Enhanced enforcement services including a Joint Enforcement Team arrangement with South Wales Police.
- A Protect service supporting our communities who have to self-isolate, including a telephone helpline.
- A community pilot for LFD testing and subsequent community roll-out in March 2021 on a targeted basis.
- A COVID-19 vaccination strategy and delivery plan, well-on track to immunise priority groups.
- An underpinning surveillance system which has targets and triggers where required, for escalation and de-escalation purposes.
- A communication and community engagement framework supporting the whole programme in terms of both prevention and response to the current pandemic.

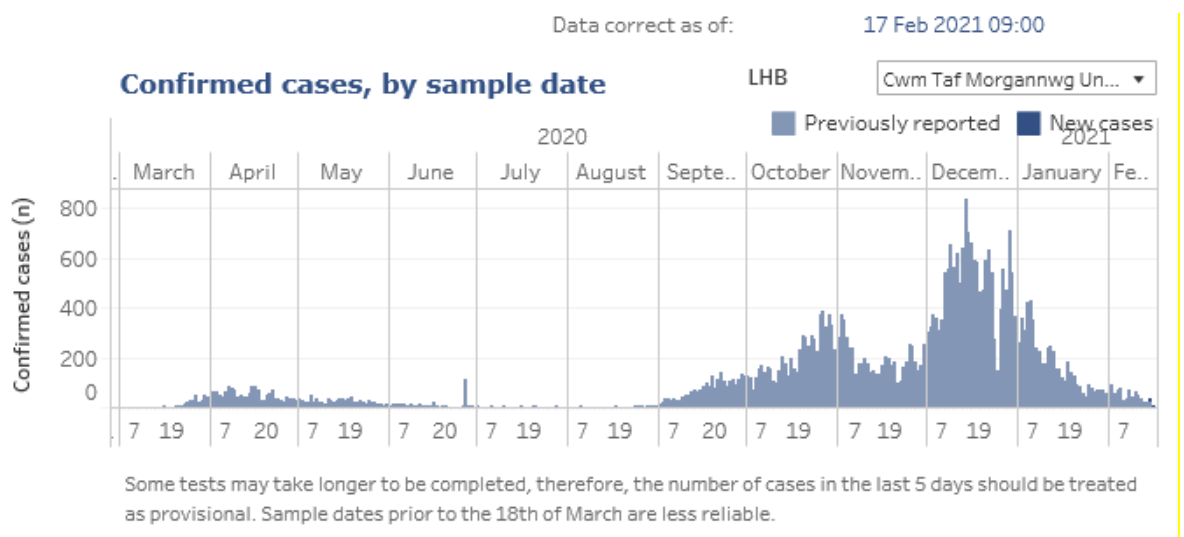
Further detail on work delivered in 2020/2021 can be found in **Appendix 1**.

## 2.0 CONTEXT

When setting the plan for 2021/2022, it is important to set this in the context of a look-back to events in 2020/2021 and lessons learned. The following section sets out some of the epidemiological back-drop, together with the current status of COVID-19 in CTM and potential scenarios we need to be ready to respond to, as we move into 2021/2022.

### 2.1 Look Back - 2020/2021

From February 2020 onwards, Wales saw a number of peaks and declines in the incidence and positivity rates of COVID-19. The first peak of the COVID-19 pandemic (March-July 2020) was considerably lower than the second peaks (September-November 2020) (November 2020- Feb 2021) as can be seen in the Public Health Wales Rapid COVID-19 Surveillance Report, although it should be noted that at this time, testing was much more limited and therefore the numbers were higher in all likelihood. The higher peaks from September could be attributed to seasonal change, restrictions in place, seeding of new infections from international travel and non-compliance with the guidance.



Source: Public Health Wales Rapid COVID-19 surveillance. Confirmed case data Feb 2021

Figure 1: Community and hospital acquired infections for the period March 2020 to January 2021

Data sourced from the CTM information team shows community and hospital acquired infections for the period March 2020 to January 2021. The highest number of admissions in the peaks over this period have been infections acquired in the community, with hospital acquired infections (HAI) following, with rising levels of community acquired infections (CAI) in the peaks from September 2020.

Infections acquired post hospital discharge were followed by a lower level of indeterminate<sup>i</sup> and probable<sup>ii</sup> hospital acquired infections (PHAI) in the first peak. Post discharge, indeterminate and PHAIs closely mirrored each other in the peaks from September and were slightly higher.

Trends in number of Covid-19 admissions by infection category in CTM hospitals

Produced by CTM PHT using data provided by CTM performance

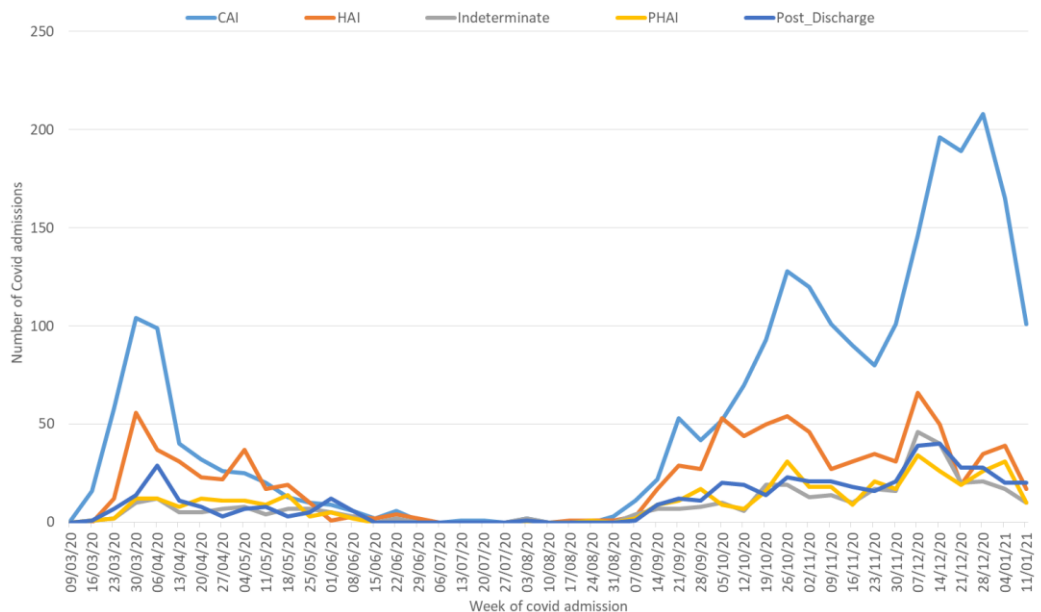
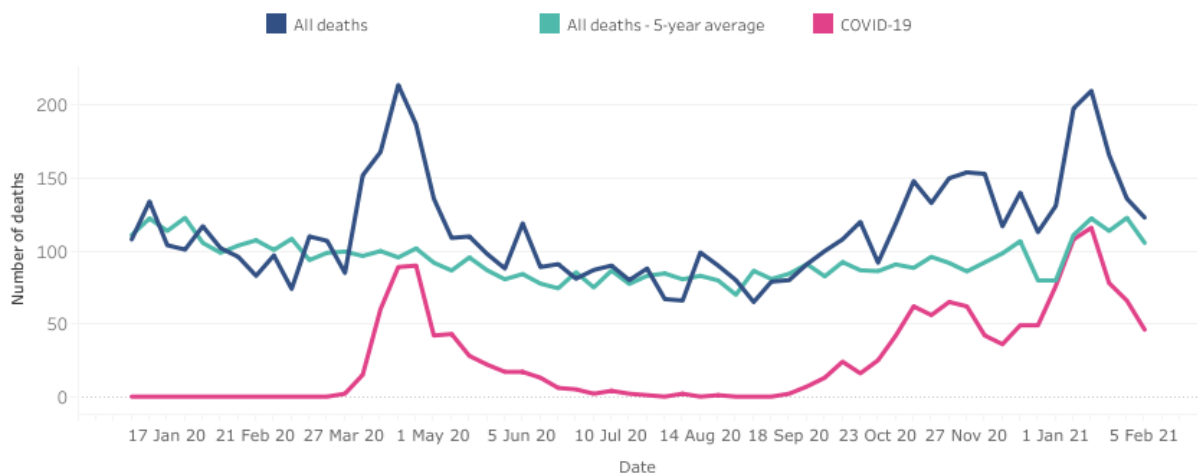


Figure 2: Trends in number of COVID-19 admissions by infection category in CTM hospitals.

A Public Health Wales report extract of COVID-19 deaths is displayed below, along with all deaths and the 5-year average of all deaths. COVID-19 mortality was at highest levels in May 2020 and then again in January/February 2021, with the total number of deaths at 1452 (5 February 2021). UK data and local data show fatality being higher among men, over 65s, certain at risk occupations, deprived communities and BAME groups. This may be related at least in part to underlying conditions, occupation exposure and inequalities.



Provisional figures to Week 5 2021 for Welsh residents have been produced using data provided by ONS to Public Health Wales. This analysis is based on date the death was registered, not when it occurred. There is usually a delay of at least five days between occurrence and registration. The analysis requires the joining of weekly and daily data using NHS numbers. Figures may differ slightly between those published by ONS due to the use of different extracts of the data at different time periods. Data is therefore subject to change as more information is received. Death registrations are impacted by bank holidays so trends seen in these weeks should be interpreted with caution. COVID-19 was identified using ICD-10 codes U07.1 and U07.2. COVID-19 (any mention) refers to deaths that had COVID-19 mentioned anywhere on the death certificate, whether as underlying cause or not. For Week 53 2020 the five-year average for week 52 of 2015-19 is used.

Figure 3: COVID-19 deaths, all deaths and the 5-year average of all deaths

## 2.2 Current Position (as at 25 February 2021).

### 2.2.1 Incidence and Positivity rates

As reported to the Regional Incident Management Team meeting on 18th February 2021, the latest epidemiological report from Public Health Wales (PHW) noted that for both 7 day incidence rates per 100,000 and positivity rates, there had been a 'flattening out' of cases rather than a continual decrease for all three local authority areas.

All three areas are currently below the Wales average for both incidence and positivity rates. However, despite the stabilising in incidence and positivity, CTM remains at present above the threshold for action and the rate of reduction appears to be plateauing.

In terms of the latest age group data, Bridgend is showing highest rates of community cases amongst 40-49 year olds, and is continuing to see inpatients from predominately older categories. The majority of community acquired infections in Merthyr Tydfil is spread within the 20-60 year old category, with inpatients predominantly within the 40-49 category.

As with Merthyr, Rhondda Cynon Taf's community cases are highest in the 20-60 year old category, with inpatients spread across all age ranges. Age profiles are reflective of the working age population.

### 2.2.2 COVID-19 Variants of Concern

Of concern at present are a number of COVID-19 variants. A variant of SARS-CoV-2 with a pattern of mutations and deletions, currently designated a Variant of Concern (VOC) 202012/01, was identified in Kent in October 2020 through sequencing of COVID positive samples. One deletion (69/70), in the spike protein-coding region, also causes a failure of one PCR testing target in particular assays. Termed "S gene target failure" or SGTF, this correlates well with the variant, as confirmed by genome sequencing, so is used as a proxy to estimate the proportion of cases that are VOC 202012/01, compared to Wuhan type virus.

The risk assessment for this (and any) variant involves consideration of transmissibility, severity, immunity, vaccine efficacy and potential for zoonotic reservoirs. There is strong evidence of increased transmissibility; analysis of contact tracing data showed that variant cases also had a 50% higher secondary attack rate (15% vs 10% in non-variant). Regarding immunity, reinfections were not found to be more frequent in VOC1 cases; VOC1 is not strongly associated with antigenic escape<sup>iii</sup> from naturally acquired immunity, nor with significant antigenic escape from vaccine-acquired immunity, however, virological investigations continue<sup>iv</sup>.

Whilst analysis is continuing, it is likely that infection with VOC B.1.1.7 is associated with an increased risk of hospitalisation and death compared to infection with non-VOC viruses. It should, however, be noted that the absolute risk of death per infection remains low, although increasing with baseline risk<sup>v</sup>.

As of 26<sup>th</sup> December 2020, 49 genomically confirmed VOC cases had been identified in Wales. Of these initial cases, 17 (35%) were identified in Bridgend, without clear epidemiologic links outside of Wales.

The overall numbers of SGTF cases, and percentage that are SGTF, has increased over time. As of 19<sup>th</sup> February 2021, 2631 cases of VOC 202012/01 were confirmed throughout Wales. A reduction in the absolute number of SGTF cases occurred following the national lockdown on 20<sup>th</sup> December, however, the proportion of all cases that are SGTF continues to increase, such that, as of late-December 2020, VOC1 was the dominant strain of COVID19 circulating within Wales and the rest of the UK as shown in Figures 4 and 5.

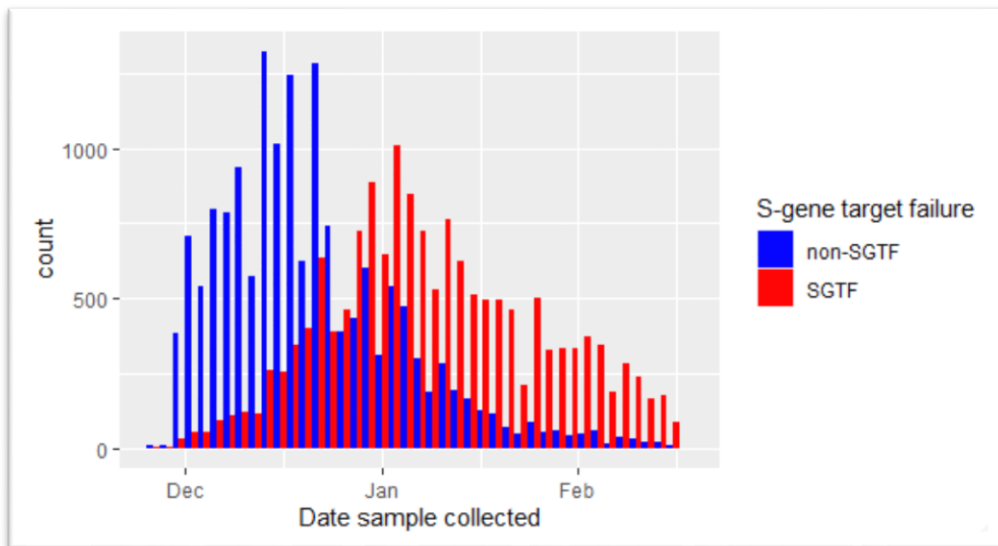


Figure 4: Case numbers of SGTF (proxy for VOC202012/01) and non SGTF

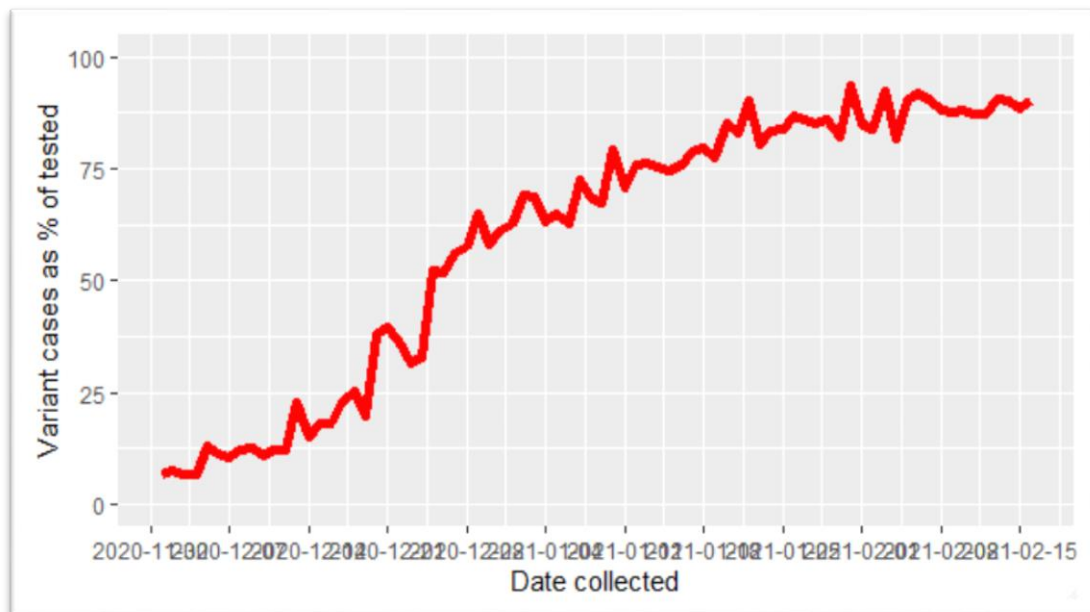


Figure 5: Proportion of cases that are VOC 202012/01 – all Wales

Not all laboratories are equipped to detect SGTF; for this reason, a proportion of all samples in Wales are sent to labs where the proxy S gene target failure tests can be utilised. All samples that meet sequencing criteria are sent for whole genome sequencing.

Just under 20% of CTM samples are subject to the SGTF test, (Fig.3) and of these, 86% have the SGTF proxy used for VOC 202012/01 (Fig. 4).

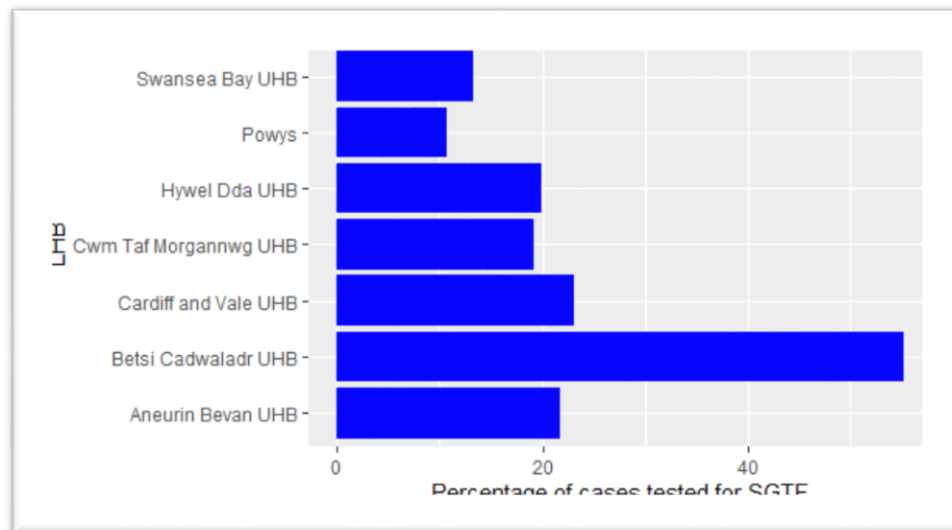


Figure 6: Proportion of samples tested for SGTF

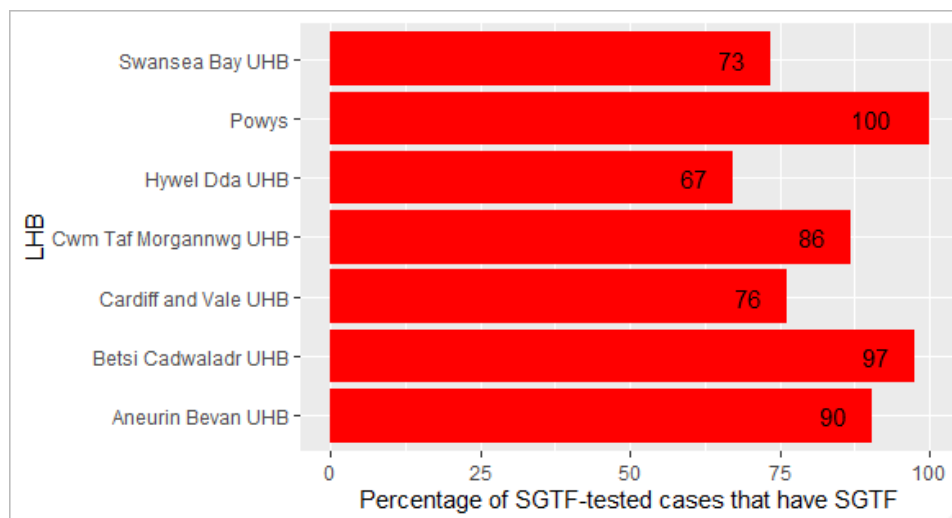


Figure 7: Proportion of samples tested for SGTF that have the SGTF

The COVID-19 virus continues to mutate and as at 19 February 2021:

- VOC2 – South African Variant - there are 18 confirmed cases in Wales. None are resident within the CTM region. There is some evidence that this has capacity to evade vaccine immunity conferred by certain vaccines.
- Brazil- 2 variants: VUI202101/01 (Brazil) and VOC202101/02 (Japan ex Brazil); there are no confirmed cases in Wales.
- Nigeria variant of interest: VUI2021-02/03 - there are 2 cases in Wales. None are resident within the CTM region.



- E484K mutations – there has been a single confirmed VOC with an E484 mutation in the CTM region. Although there were a cluster of other positive cases associated with this confirmed case, no others were found to have the same mutations.

### 2.2.3 Overall Assessment at Present

At this point, the overall assessment of where we are with COVID-19 in Cwm Taf Morgannwg remains classified from a TTP and IMT perspective as an 'amber' risk rating, with the prevention and response plan written in this context. We remain cautious as a team at present, as the rate of decline in both incidence and positivity appears to be slowing down across our communities, and indeed flattening in some places.

Intelligence gathered from the COVID-19 surveillance indicators, some of which can be seen above, has identified that the most deprived, built up areas within CTM currently have the lowest numbers of people presenting for testing, and low case numbers. However positivity rates within this category are much higher and this remains concerning. In addition, the uptake of testing remains low and we are currently utilising about a third to half of our testing capacity.

As a consequence of the COVID-19 variants of concern referenced above, as well as the changing risks with regards transmissibility and increased risk of morbidity and mortality, there remains the need to maintain monitoring and be agile and flexible, in order to respond to emerging threats.

Similarly, whilst the positive progress in the number of vaccinations being carried out is recognised, we are also concerned about some of the conclusions in the Public Health Wales analysis of inequalities and vaccination, particularly relating to ethnicity and deprivation.

This analysis is beneficial in informing our future targeted messaging and forms part of our current community testing targeted work. The situation remains under close monitoring and review via our TTP and IMT systems, with all these important factors informing our future CTM TTP response, as we move together as partners into 2021/2022.

### 2.3 Potential Scenarios in 2021/2022

Given the current position described above and also the delicate position we are in across the country given the current restrictions, but also positive progress on the vaccination programme, there are a number of potential scenarios that we need to be cognisant of and to plan for, as we move into 2021/2022.

Welsh Government modelling shows Reasonable Worst Case (RWC) and Most Likely Scenario (MLS) along with MLS from February 2021 (MLS\_0221) as follows:

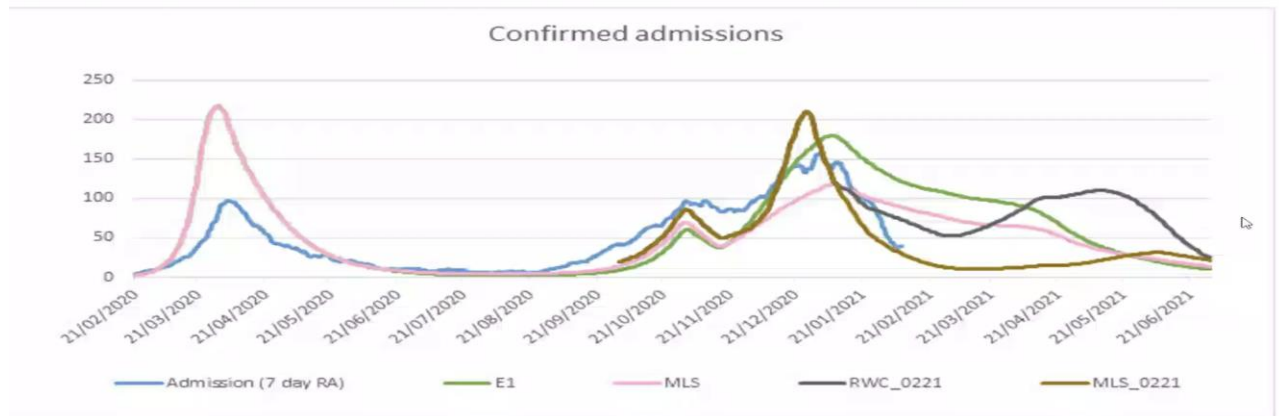


Figure 8: Reasonable Worst Case (RWC) and Most Likely Scenario (MLS) along with MLS from February 2021 (MLS\_0221).

In the RWC, it is assumed that the current tier 4 restrictions would be in place until 31 March 2021, followed by tier 3 until 30 June 2021 and schools fully opening post-March.

Other assumptions include the Kent variant of concern adding 0.6 to the effective R number, with vaccine efficacy estimated at 60%, uptake of 2<sup>nd</sup> dose vaccinations at 100% and poor compliance by society adding a further 0.1 to R.

The MLS is based on tier 4 extension until 31 March, staying in tier 3 until 30 June 2021, schools fully open post March, Kent VOC adding 0.6 to original R, vaccine efficacy at 70%, uptake of 2<sup>nd</sup> dose vaccinations at 100% and good compliance by society.

In CTM, consideration was given to local infection, vaccination rates, demographics (higher population density) and the model developed to fit observed growth rates. Sensitivity analysis was applied to a range of factors including efficacy, uptake, reproduction rate (R) of the cocktail of variants and vaccine roll out volumes (deterministic SEIR model).

Erring on the side of caution and based on the assumption that <16s will not be vaccinated but they transmit at 100% to others and 2% cases are admitted, the predictions could be as scenarios illustrated in Figures 9-12 i.e. scenarios A-D.

## Scenario A

1 February to 1 March tier 3 restrictions and from 1 March with tier 2 restrictions until 1 June, with exponential growth of 8.5% when lockdown ends, with no tier restrictions imposed and exponential growth rises to 21%. Efficacy of vaccine, uptake and infectious period as noted in figure.



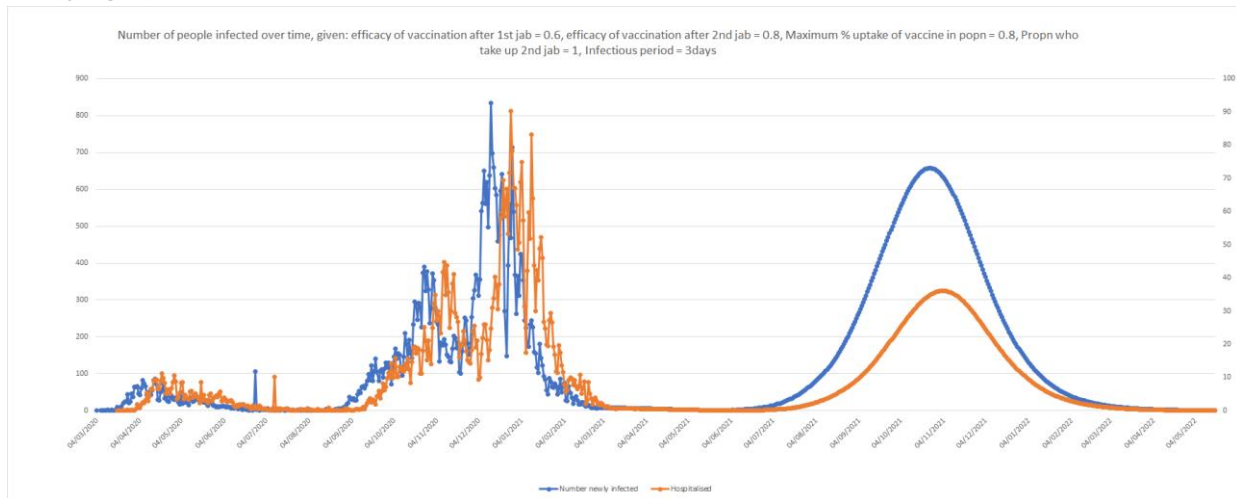


Figure 9: Scenario A

### Scenario B

1 February to 1 March tier 4 restrictions and from 1 March with tier 3 restrictions, with exponential growth of 8.5% until 1 June, when lockdown ends with no tier restrictions imposed. Exponential growth rises to 21%. Efficacy of vaccine, uptake and infectious period as noted in figure.

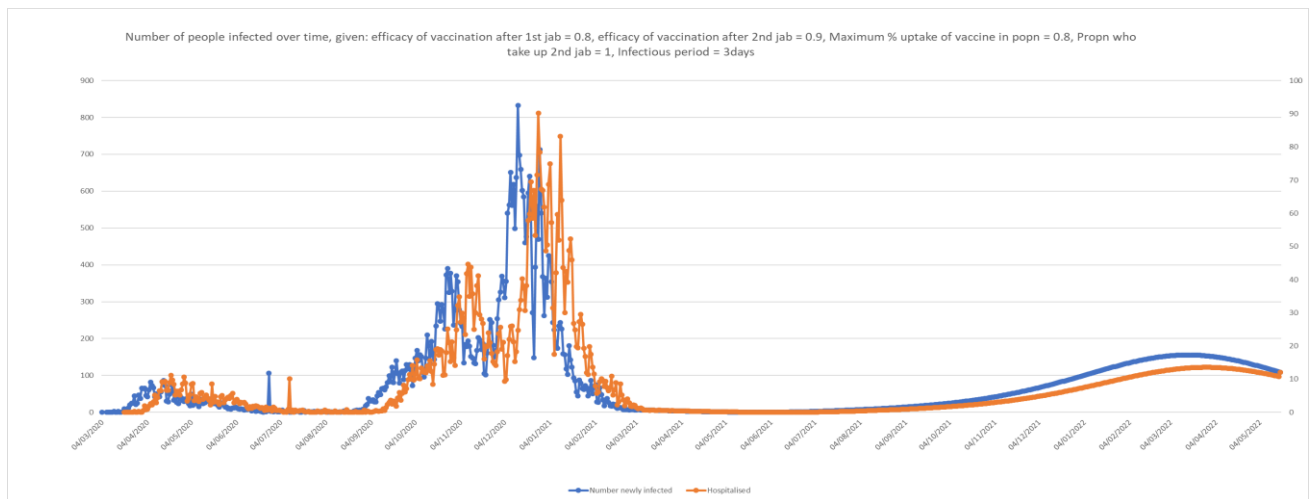


Figure 10: Scenario B

### Scenario C

1 February to 1 March tier 4 restriction and 1 March and exponential growth rises to 8% with tier 3 restrictions until 1 June, when lockdown ends with no tier restrictions imposed and exponential growth rises to 20%. Efficacy of vaccine, uptake and infectious period as noted in figure.

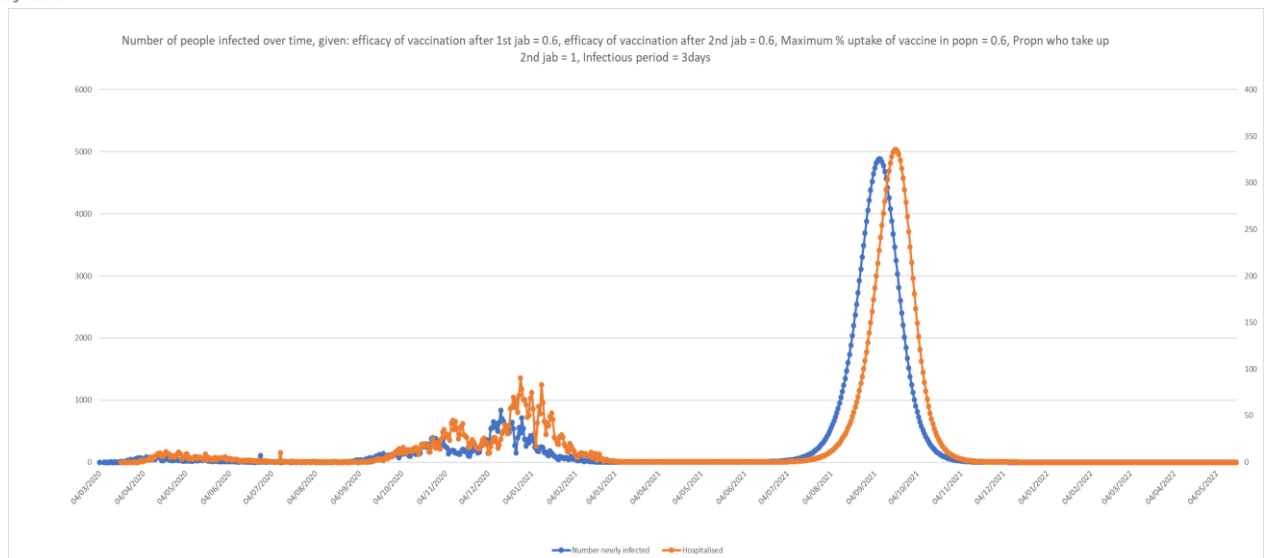


Figure 11: Scenario C

## Scenario D

1 February to 1 March tier 4 restriction and 1 March and exponential growth rises to 8.7% with tier 3 restrictions until 1 June, when lockdown ends with no tier restrictions imposed and exponential growth rises to 20%. Efficacy of vaccine, uptake and infectious period as noted in figure.

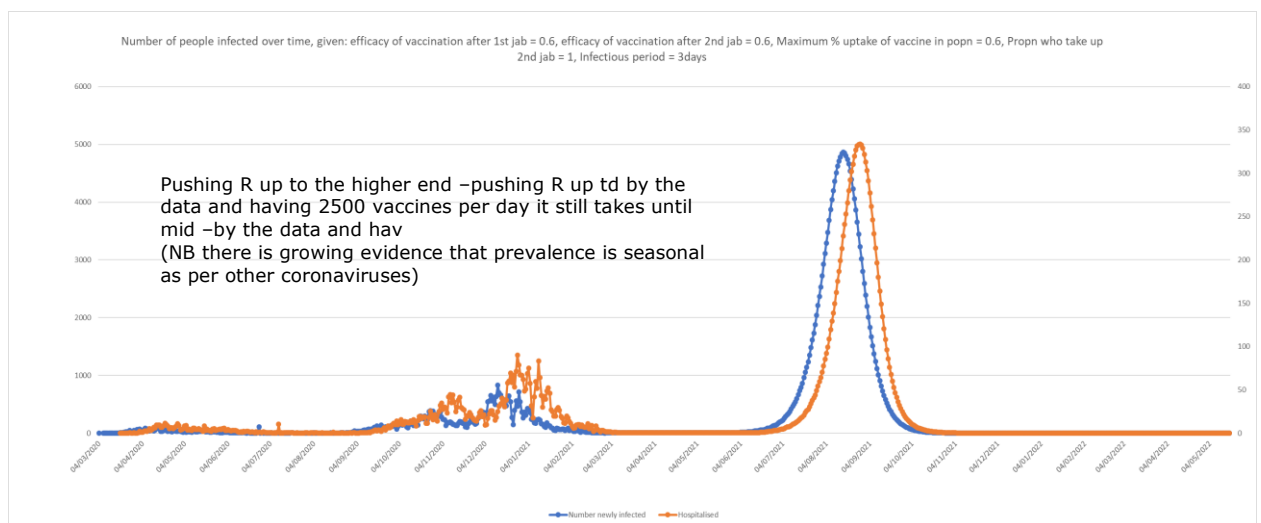


Figure 12: Scenario D

In considering the scenarios above, the following have been taken into account as planning assumptions:

- Considering the information presented, it is anticipated that there should be some certainty in levels of incidence up until July 2021.
- After this period the number of variables described means that this becomes much less certain at this stage.
- As there is some certainty until July 2021 about COVID-19 incidence projections, we should plan on the basis of delivering the current level of TTP service at least up until this point, with a review point likely at this stage in June.

- We should also maintain 'surge' plans just in case these may be needed.
- Where there is capacity 'headroom' in the TTP service, we should look to focusing on more proactive and preventive COVID-19 measures such as for example:
  - Contact tracing - WG request to embed enhanced backward contact tracing.
  - Testing - support to community LFD testing and other areas of testing developing.

The following plan has therefore been based on the context and scenarios above but it must be recognised that this remains an ever-changing and fast moving situation, so the plan will remain under close review by the RSOG and may well need to adapt to circumstances we find ourselves in, that are difficult to predict at present.

However on a more positive note, there is a focus on recovery this year built into the plan from a TTP perspective, recognising the positive progress that has been made on the vaccination plan and the latest evidence, albeit it early days, on vaccine efficacy.

The TTP recovery work is presented as an enabling piece of work which will underpin the programme, as we move from a health pandemic to an endemic situation.

TTP recovery work will be undertaken in close association with existing partnerships such as the Public Services Board and Regional Partnership Board who will be key in leading and supporting the broader and longer term recovery with our communities.

### **3.0 STRATEGIC AIM**

In light of the context set out above, and following discussion at the Regional Strategic Overview Group, the updated strategic aim for the CTM COVID-19 Test-Trace-Protect programme in 2021/2022 is as follows:

*To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population-based recovery model, focused on the transition from a pandemic to endemic position.*

### **4.0 OBJECTIVES**

Our overarching programme objectives have also been updated in the light of our learning and the current epidemiological position, and are as follows:

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of prevention, quarantine, enforcement, contact tracing, surveillance, testing, isolation, vaccination, protect & community engagement, communication & behavioural insights.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons and to run this service 7 days a week.

4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection, including new variants of concern, in: health and care settings, other enclosed settings and the wider community.
6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Continue to support the delivery of an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM.
9. Prepare for a recovery approach as a programme, as we move out of a health pandemic to an endemic situation.
10. Work with other partners to understand the impact on COVID outcomes of health inequalities and other risk factors in our communities during the pandemic and agree a collective approach to prioritising action for the future to target and reduce health inequalities.
11. Prepare a lessons learnt report to capture reflections from the programme to feed into any future planning arrangements.
12. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

## 5.0 OVERSIGHT ARRANGEMENTS

The strength of the TTP programme in Wales is its focus on regional and local leadership delivered through robust partnership arrangements. This plan, and the operational plans that sit beneath it, will be endorsed by the Leaders/Chair and Chief Executives of the Local Authority and Health Board organisations in the region.

It is essential that all organisations are clear on the implications and actions required to prevent the spread of COVID-19. In the unfortunate event that we need to implement additional measures that affect our communities, either preventative or in mitigation, it will be essential that there is strong community leadership at a local level in the decision making process.

The Local Authorities have a critical role in implementing and enforcing any decisions to introduce enhanced COVID-19 measures or local lockdown arrangements should they be required. These decisions must be based on the best available surveillance and intelligence provided by the Health Board and Public Health Wales and made available to the respective Local Authorities on a regular and timely basis.

The Health Board and each Local Authority will have their own governance arrangements set out in their constitutions, schemes of delegation and functional responsibilities. These set out how and by whom decisions are made for the services they provide.

For example, within Local Authorities, key strategic decisions such as the temporary closure of public services in an emergency or the imposition of local restrictions would be made by the Leader and their Cabinet, if urgent by way of an Executive Decision. Other specific enforcement powers such as those under the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 are delegated to officers to use in accordance with each Council's corporate enforcement policies.

If there is evidence to suggest that such enhanced measures are required for the protection of public health the relevant Local Authority will be made aware as early as possible to ensure that any necessary decisions are properly considered and made in accordance with the Council's governance arrangements so that the necessary measures can be appropriately and quickly introduced.

The CTM TTP programme oversight arrangements are captured in a document approved by the Programme's Regional Strategic Oversight Group on 9 June 2020 and subsequently updated to account for any changes since. The latest approved version can be found at **Appendix 2**.

Details are contained within this document on the relationship between the TTP programme, the South Wales Local Resilience Forum and its Strategic Co-Ordinating Group (when established), Regional Incident Management Team (when established), and partnerships such as the Regional Service Board and two Public Service Boards.

In essence, the TTP programme reports into the Chief Executives of the Health Board and three Local Authorities, who meet on a regular basis, together with the Health Board Chair and Local Authority Leaders and comprises of:

- **Regional Strategic Oversight Group** – chaired by Professor Kelechi Nnoaham, Director of Public Health and Senior Responsible Officer for the programme.
- **Regional Tactical Group** – chaired by Angela Jones, Deputy Director of Public Health, with four sub-groups:
  - Enclosed residential settings.
  - NHS healthcare settings.
  - Educational settings.
  - Prisons.
- **Four Work Streams:**
  - Sampling and Testing.
  - Contact Tracing
  - Protect: Recovery and Resilience.
  - COVID-19 Vaccination.
- **Three underpinning areas of work:**
  - Surveillance.
  - Communication and Behavioural Intelligence.
  - Recovery.

This plan consists of oversight of the four work streams, supported by three underpinning areas of work, and their respective work programmes. It acts as a vehicle to bring work together and allow for oversight of actions, in order to monitor progress, actively review and set new direction as required. Further detail on each work stream and underpinning area of work can be found in sections 10-11 below.

## 6.0 PREVENTION

### 6.1 Our Population

The resident population of Merthyr Tydfil, Rhondda Cynon Taf (RCT) and Bridgend is estimated to be 448,639 (Stats Wales 2020). The population aged over 65 years make up 20% of the Cwm Taf Morgannwg population and are projected to have the largest increase by 2036.

Both life expectancy at birth and healthy life expectancy are lower in Cwm Taf Morgannwg compared to other Health Board regions and lag behind the Wales average in men and women. More specifically, life expectancy at birth in men ranges from 77.2 years in Merthyr Tydfil to 77.9 years in Bridgend, and in women from 80.6 years in Merthyr Tydfil to 81.2 years in Bridgend.

The degree of inequalities in health in Cwm Taf Morgannwg is indicated by the fact that based on data from 2015-2017, a girl born in Bridgend can expect to live 61.3 years in good health, but would live only 56.5 years in good health if she was born in Merthyr Tydfil – a nearly 5-year gap.

Cwm Taf Morgannwg is also likely to see a rise in the number of people living with a range of chronic conditions such as diabetes, heart and respiratory disease as well as cancer and dementia. In addition, over 40% of people aged 75 and over in Merthyr Tydfil and RCT live alone. The combination of multiple morbidity with long term conditions and growing social isolation has an impact on the need people have for health and social care.

The major health and wellbeing challenges which the health and care system are working in partnership with communities to tackle therefore include:

- Frailty – and associated challenges presented by population ageing.
- Obesity/overweight – nearly 2/3 of adults in Cwm Taf Morgannwg being overweight or obese.
- Inequalities in health outcomes – as set out above in stark variations between populations in health life expectancy and life expectancy at birth, partly driven by relatively higher prevalence in Cwm Taf Morgannwg of socioeconomic deprivation and lifestyle choices that impact health adversely, such as smoking, poor diets, low physical activity and alcohol misuse.
- Loss of wellbeing (mental health).

The importance of continued efforts across our community and public services partnerships to address these challenges through prevention has been emphasised more recently by the evidence of how, both in isolation and combination, they determine vulnerability to and drive adverse outcomes in COVID-19.



## 6.2 Prevention of COVID-19

From the outset, the need to engage locally and provide information to promote primary prevention measures for COVID-19 has been an objective of the CTM TTP Programme. Messages to workplaces, other settings, key workers and the general public have been coordinated through the risk communication and community engagement work stream.

A key goal of this work is to ensure that proper engagement with our communities is undertaken, to ensure we understand their perception of COVID-19 risk and the nature, determinants and distribution of knowledge, attitudes and practices related to the disease in those communities. This is fundamental to our approach to prevention and has meant that we have brought together key communications personnel from Local Authorities, the Third Sector and the Health Board and sought to use all appropriate media to engage and communicate effectively.

Support for hospital, residential and nursing care homes within the CTM area is critical to both prevention of COVID-19 transmission and mitigation of impact should a case arise. Incident management at these and other settings is undertaken through the CTM Regional Incident Management Team (RIMT) and its local Incident Management Teams/Outbreak Control Teams, established under The Communicable Disease Outbreak Plan for Wales, July 2020.

The Regional Response Team Environmental Health Officers (EHOs), supported by the National Health Protection Team, are key to ensuring that guidance issued by Public Health Wales and Welsh Government, particularly in relation to testing of staff, patients and residents, plus the adoption of best practice for infection prevention and control.

The capacity of EHOs to undertake visits to care home for example has been a real limitation and we have had some challenges in being able to recruit into these posts, as well as into areas such as community infection, prevention and control, health care epidemiologists and surveillance expertise. We plan to continue in seeking and training this capacity as far as we can, working in partnership with other agencies such as Public Health Wales, Professional Bodies and the Welsh Government.

We have also been working with key settings – such as large employers or high risk occupational areas to provide advice and assistance on ensuring primary prevention measures are promoted. This includes supporting the current opportunity for large employers of greater than 50 staff to use and manage LFD tests for their workforce.

The risk profiling undertaken nationally last year by the Military Liaison Intelligence Group identified that some of Wales's largest sites for manufacturers are based in our region.

Working with the National Health Protection Cell, a risk assessment tool has been devised to assist Local Authorities in the area to identify key employers and make contact to assess potential risks associated with the work environment or workforce characteristics. This is attached at **Appendix 3**. Using local expertise, Welsh Government guidance and Healthy Working Wales materials, medium and large business based locally are supported in providing a safe place to work.



Welsh Government developed messaging based on behavioural insights aimed at young people. This was adapted for university students, in particular those attending the University of South Wales, which has its prime campus located in the region. This is vital to promote social distancing in groups who may not be inclined to socially distance and reduce the potential for any larger informal gatherings.

The region has developed a Protect work stream and action plan, building on the successful work undertaken by the Local Authorities and Third Sector to support individuals who are shielding or otherwise more vulnerable to COVID-19 to self-isolate and stay at home when required. This support is essential to prevent infection amongst those most at risk and further details are provided in the work stream section below.

## **7.0 MITIGATION AND CONTROL**

We have a number of large higher education establishments in CTM – in particular at Merthyr College, Bridgend College and Coleg y Cymoedd in RCT. Building on our prevention approach above, we work closely with higher education establishments, in collaboration with colleagues in other regions, ensuring that each institution is 'COVID-19 secure' and have carried out risk assessments and mitigated them with a combination of controls to ensure compliance with the relevant Health Protection Regulations.

The Keep Wales Safe COVID-19 Guidance for higher education sets out different levels of operations we would suggest institutions adapt to help them prepare for the different, anticipated phases during the remainder of the response to COVID-19. It also provides guidance for student accommodation and how social distancing and infection prevention and control methods can be implemented. This requires a particular approach that supports landlords of houses in multiple occupation in the private sector in the Treforest Ward, where large concentrations of students live during term time.

Schools, childcare hubs and early years settings are supported to ensure they have access to specialist advice and guidance that is communicated to Head Teachers and Setting Managers consistently to enable them to adopt appropriate, risk-assessed COVID-19 management plans and to identify and escalate any issues at the earliest opportunity in accordance with the Public Health Wales Guidance on clusters and outbreaks in Educational Settings. A regional educational settings group that meets weekly provides a focus for this activity.

Through the TTP programme's Risk Communication and Community Engagement work stream, a survey was carried last year examining some of the issues around engagement and has been useful in informing key messages locally on how best to reach target groups.

Much work has been undertaken through Local Authorities and Third Sector partners to provide support to those that may experience hardship through compliance with control measures, there has also been a focus on those that have been 'shielding'. All these measures not only look to minimise the risk to the health and wellbeing of individuals but also help to create a supportive environment that encourages compliance and which we will continue to build on.





Each Local Authority has established effective partnership arrangements to collaborate and coordinate activity with the Third Sector and other public sector partners to protect our most vulnerable residents, utilising community networks and assets to deliver practical support to those most in need often delivered with the assistance of a committed group of community volunteers.

An incremental approach to support and encouragement is taken. It is Local Authority staff that take the lead role in supporting individuals, businesses and other settings to comply with relevant requirements to minimise the risk of COVID-19 transmission. This has enabled a proactive approach to advice, support and guidance to be adopted for each business sector as it has re-opened to ensure positive steps to minimise transmission are in place and maintained. Particular sectors that have received targeted, proactive support to date includes the hospitality sector, hair and beauty and fitness centres.

This approach has achieved high levels of compliance to date, although each Local Authority partner is equipped to use available enforcement tools under a range of legislation to secure compliance where appropriate. Where there is need to consider more targeted enforcement, arrangements exist for specialist Environmental Health and Public Protection Officers to be available for deployment within each Local Authority area. During 2020, a Joint Enforcement Team (JET) was also established with each LA and South Wales Police.

Ultimately the application for a Part 2A Order under the Public Health (Control of Disease) Act 1984 and subordinate legislation may be made by the relevant Local Authority to ensure that appropriate actions are carried out to mitigate risk. In the context of each Local Authority's Corporate Enforcement Policy, this established and tested process provides judicial oversight in a context where persuasion and other means have not been effective at securing key control measures.

## **8.0 ESCALATION ARRANGEMENTS**

### **8.1 Strategic Response**

The surveillance work stream within the CTM TTP Programme has developed a suite of indicators drawing on local national and UK data to inform action within the region and provide oversight. These indicators not only focus on the wider community and enclosed settings, but also the health care environment, thus providing the ability to have early warning of increased or changing health service demands.

Further surveillance tools have also been developed to ensure early identification of increases in baseline incidence of infection across small geographical areas of CTM – 'Built Up Areas' and Lower Layer Super Output Areas (LSOAs). This ensures an early detection system is in place that enables the Region to identify and deploy actions that will mitigate and aim to reduce transmission rates. An illustration of some of the current measures are set out at **Appendix 4**.

Within the context of a robust All Wales surveillance and communication framework, this work enables threats to be identified quickly and relevant conversations initiated within the appropriate layers of our partnerships to agree, endorse or communicate appropriate responsive interventions.

The diagram below illustrates how surveillance or other intelligence triggers can escalate a response within relevant parts of all organisations concerned.

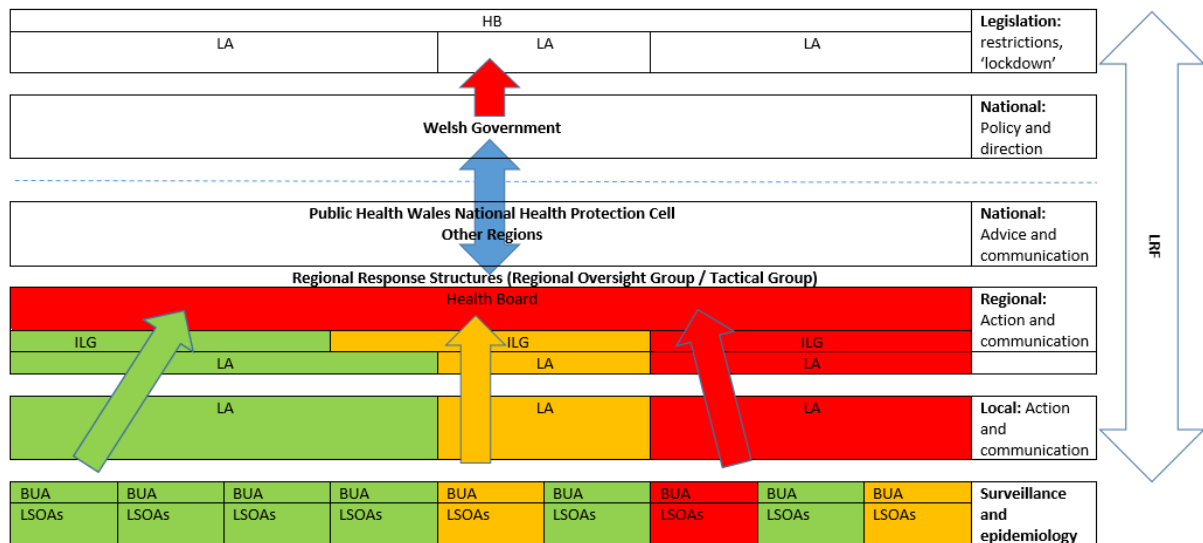


Figure 14: Surveillance triggers and escalation

Where the need is isolated, this approach ensures the whole region has a shared understanding, whilst at the same time, not initiating control measures until necessary. This provides a measured approach that can react promptly and adapt as the need arises. It also ensures that all those within a given locality can be easily identified and information disseminated.

As with surveillance activity, the CTM TTP Programme ensures that internal mechanisms are effective and fit for purpose. We are however reliant on an all Wales framework to ensure that threats and emerging intelligence from outside the region is shared promptly.

Clear escalation processes from the work stream leads and/or Regional Tactical Group, to the Regional Strategic Oversight Group meeting, gives an opportunity for resource issues to be appropriately considered. If required, this can then be raised immediately at the weekly joint Health Board and Local Authorities Leaders/Chair and Chief Executives briefing.

Collaboration is key and this is facilitated locally by a joined up approach throughout the TTP Programme. Senior representatives from key organisations lead on work streams within the programme. This includes the Protect work stream which is led by the Chair of the Regional Partnership Board. This ensures that the Board is included in key discussions and is able to influence and maximise the impact and support available.

Regional Partners have plans in place to ensure appropriate collective decision making where additional local actions or restrictions need to be deployed, and operational plans are in place to facilitate the delivery of these measures across partners and a wide range of settings and activities.

The South Wales Local Resilience Forum (SWLRF) is kept informed of the local situation through the Regional Strategic Oversight Group (RSOG), via the two Chairs linking up with each other where necessary and the Director of Public Health and RSOG Senior Planner being members of the SWLRF Strategic Co-ordinating Group.

## 8.2 Tactical Response

Clear escalation processes are described within the CTM TTP Programme, with routes available dependant on the topic or source of the information. This includes queries and identification of potential clusters and settings of interest through contact tracing and epidemiological investigations.

- The standard escalation process is for the Contact Tracer or Advisor to discuss with their Professional Lead within the local tier in the first instance.
- If this raises questions that cannot be answered here, or issues that require further investigation the matter is escalated to the regional tier for the consideration of either specialist EHOs or the Public Health Team (although arrangements are currently changing with regards to the latter).
- If specialist health protection advice is required, the matter is escalated to the National Health Protection Cell for advice and guidance.

This process is described in Standard Operating Procedures held at the regional level by the Local Authorities and Public Health Team for their respective areas of work. The figure below outlines the pathways employed:

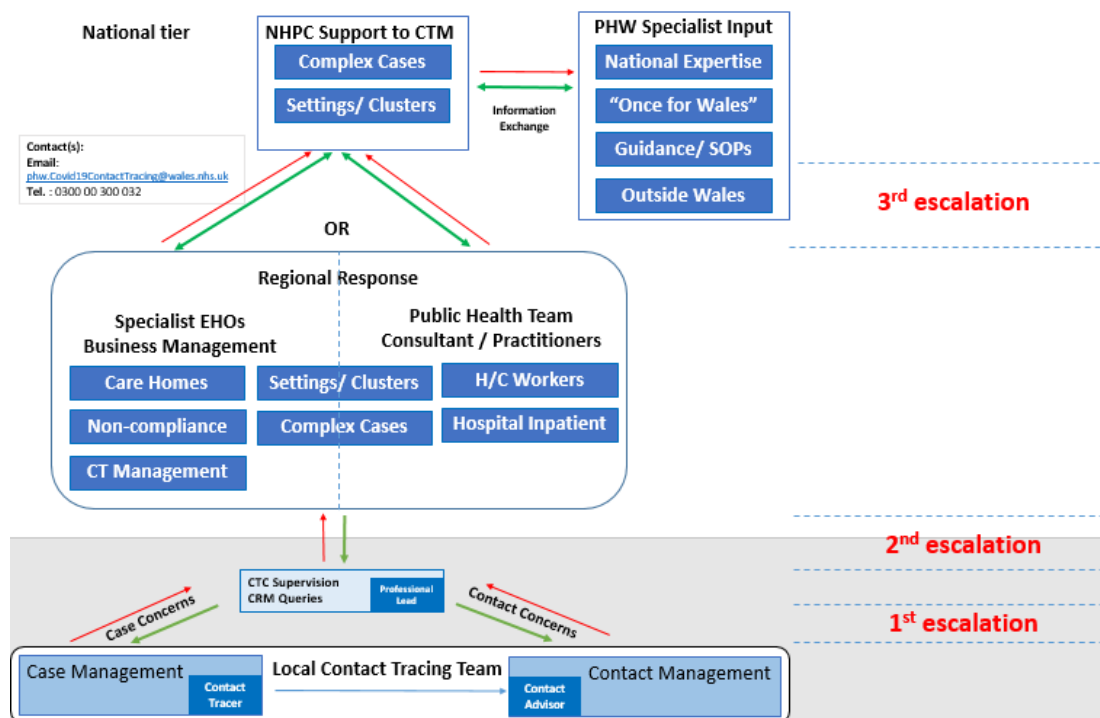


Figure 13: Escalation Pathways.

## 9.0 MANAGEMENT OF CLUSTERS, INCIDENTS AND OUTBREAKS

The principles and structures laid out in The Communicable Disease Outbreak Plan for Wales set the framework for action and control within the CTM area. As part of our sustainable approach, we have implemented arrangements to manage issues in settings that previous experience tells us will be affected when incidence unfortunately increases, as we have seen over recent months.

A Regional Cluster Oversight Group was established in September 2020 for oversight of all clusters identified across CTM, including private businesses and public sector settings, with membership from the three Local Authority Environmental Health Officers, Regional TTP, National Health Protection Cell for CTM and the Local Public Health Team.

Four sub-groups of the Regional Tactical Group have been established to manage clusters or incidents in those settings, thus providing a coordinate and efficient approach to management. Each sub-group takes responsibility for incidents within their remit and coordinates action, and shares learning and experience across the board. Reporting and escalation processes remain in place. The Regional Cluster Oversight Group also reports into the Regional Incident Management Team. The sub-groups are as follows:

### 9.1 Enclosed residential settings

Building on work already pioneered by Local Authorities within the CTM area and CTM UHB, enclosed settings are supported by a collaboration between Local Authorities (in particular adult and children social care departments), the Health Board and the National Health Protection Cell.

It is fully recognised that the challenges faced by this sector are numerous, not only the need to prevent disease transmission within the home, but also operating in a difficult environment where key staff may be required to isolate for extended periods and where new admissions and resident movement may be restricted. This is why a truly collaborative and locally joined up approach is needed between all the key agencies and teams.

### 9.2 NHS Healthcare settings

NHS Healthcare settings are managed through established mechanisms involving Health Board management – a designated Infection Control Doctor and Infection, Prevention and Control Team.

Where there are issues to consider outside the healthcare environment, in the wider community or enclosed settings, then action can be co-ordinated through the Regional Tactical Group where this satisfies all requirements. However, invoking the provisions of The Communicable Disease Outbreak Plan directly must always be considered in such circumstances. Currently there is an Outbreak Control Team to manage outbreaks of healthcare acquired infections across CTM hospitals.

### 9.3 Educational settings

Preschools, schools and further/higher education establishments need an especially swift response due to the scale and risk of spread. Response needs to be proactive and flexible, incorporating a variety of testing methods depending on the circumstances. Public Health Wales guidance on the identification and management of clusters in education settings guides action by this group.

In the event of outbreaks (as defined in The Communicable Disease Outbreak Plan for Wales), or increased rates of transmission, institutions will work with local partners, specifically the Regional Response Team to work to ensure that the national testing programme is able to effectively respond. This includes identifying measures to isolate people with positive results and minimising the spread of the disease, developing specific messaging for parent/students and staff.

### 9.4 Prisons

A prison Outbreak Control Team has been established to manage the outbreaks in Parc Prison and Youth Offending Institute. This reports into the Cluster Oversight Group and into IMT as well as to a national Prison OCT in Wales.

Outside the structures described in The Communicable Disease Outbreak Plan for Wales, the need to ensure that resources are mobilised in a targeted, organised way is of paramount importance. The regional response, through the structures described above, ensures that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

Outside the structures described in The Communicable Disease Outbreak Plan for Wales, the need to ensure that resources are mobilised in a targeted, organised way is of paramount importance. The regional response, through the structures described above, ensures that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

## 10.0 WORK STREAMS

The four work streams, leads and objectives for 2021/2022 are as follows:

### 10.1 STRATEGIC AIM 1 – SAMPLING AND TESTING

**Lead: Elaine Tanner, UHB.**

Testing and Sampling is a critical component of the CTM TTP programmes ability to ensure a rapid response which is accessible to the local population, and takes into consideration the unique characteristics of the communities across CTM UHB.

The CTM TTP approach builds on the Welsh Government Testing Strategy. The CTM strategy sets out the methods for local sampling and testing. The latest strategy can be found at **Appendix 6** and is reviewed each time Welsh Government refresh the national testing guidance and strategy.

As well as ensuring access across our communities, the aim of the CTM sampling and testing work stream is to provide targeted data for accurate surveillance to take place.

This covers a broad spectrum of work from booking tests for different cohorts, sampling, conveying to the laboratory and ensuring results are available within an appropriate time frame.

The following sets out the work stream's objectives for 2021/2022:

Objectives		Milestones	Measures
1	Launch of refreshed CTM Testing Strategy.	Each quarter.	Strategy kept under review.
2	<u>Test to diagnose</u> (hospital testing).	Each quarter check that clinical pathways are updated where necessary to reflect testing requirements.	An update on hospital based testing – settings, frequency, pre-admission and pre-discharge and laboratory capacity and demand
3	Provide tests for 100% of all symptomatic inhabitants of CTM, within 24hrs of them requesting a test.	Consistent capacity and access for those who are symptomatic.	Quarterly check on demand and capacity (more frequently if weekly checks highlight and issue).  Ensure MTUs are mobilised appropriately based on surveillance data and PHW advice.  Monitor uptake of testing on a weekly basis.  Performance measures in place around booking line for CTU bookings.
4	<u>Test to safeguard</u> (high-risk settings- hospitals/care homes etc.).	Wider roll-out of asymptomatic testing to targeted populations (care home staff, supported living staff, domiciliary care workers, care home visitors) in line with WG strategy.	Monthly updates on testing activity across all sectors.
5	<u>Test to find</u> (Community/ Outbreak/Cluster Testing).	Mobilise COVID-19 antigen testing in response to any local incidents as required and case finding around variants of concern.  Provide support for community LFD testing as required.	Operational plan with performance measures around each mobilisation in relation to an outbreak/cluster or variant of concern.  Support and contribute to performance measures as requested by lead organisation.



6	Respond to local testing requirements in CTM for arriving travellers to the UK (if any) as system develops.	All returning travellers are tested once contact is made.	Report back to contact tracing the outcome of delivering tests to returning travellers.
7	Provide serology tests for CTM staff/key workers/residents as directed.	Agreed proportion of all cohorts identified, are offered serology tests (NB currently on pause).	Weekly reporting of uptake and results.
8	<u>Test to Maintain</u> Support educational colleagues as required with asymptomatic testing in education/childcare settings.	Support is made available as is reasonable and when requested.	(Ad hoc) monitoring of support when required. Member of testing team to attend Educational settings meeting.
9	<u>Test to Enable</u> Promoting social and economic wellbeing.	Supporting the relaxation of lockdown to enable economic and social wellbeing by making available and implementing/supporting appropriate testing.	Monitoring COVID-19 positivity post vaccination and lockdown via all the mechanisms outlined above.
10	Work with the TTP communications team to proactively identify opportunities to encourage testing for all symptomatic individuals in the population.	Proactive communications around testing and availability across CTM to be in place	Monitor uptake of testing following any targeted communications activity.
11	Agree a work stream plan based on the outcome of the above.	Work stream plan in place and communicated across TTP.	Strategic plan in place Operational plans to support each element of testing in place and reviewed quarterly.

In order to ensure effective individual and mass sampling and testing, responsive to the circumstances of our region, testing has to be easily accessible to all citizens and results available within 24 hours wherever possible. This will support contact tracing and support the overall aim of protecting individuals and communities across CTM. We continue to monitor performance regularly as a TTP programme and where necessary undertake improvement work with the support of the Delivery Unit.

Where the testing team has to mobilise antigen testing in response to a local incident within the region, the flow chart below outlines the process to be followed. The setting can be anywhere a school, care home or factory and each incident will need clear communication and discussion with colleagues across the IMT to ensure the team is able to progress testing through to results and tracing as smoothly as possible.

## Incident COVID-19 Testing Process

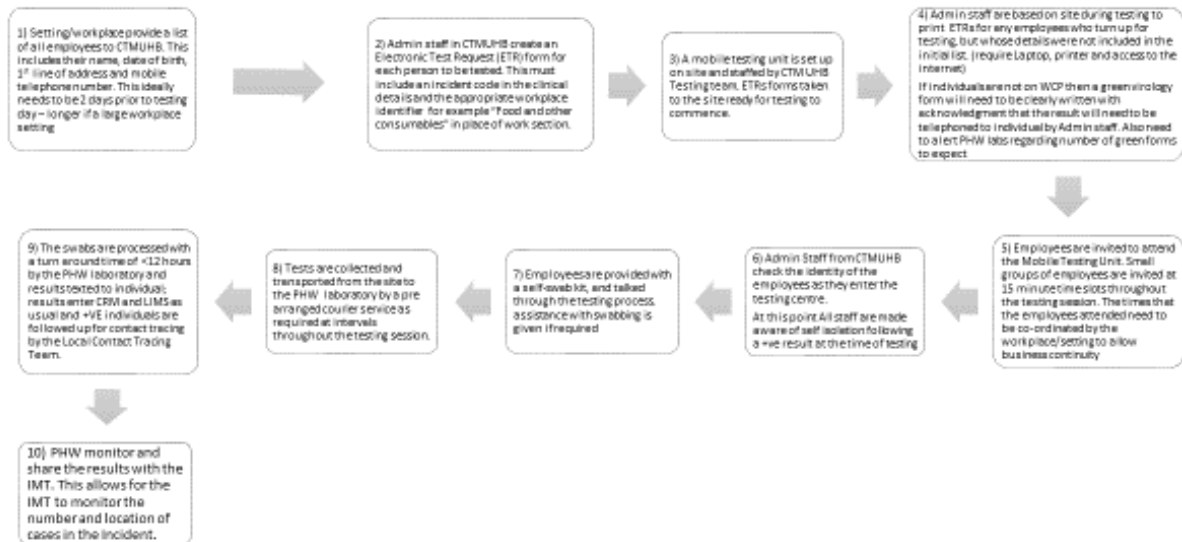


Figure 15: COVID-19 incident testing process.

## 10.2 STRATEGIC AIM 2 – CONTACT TRACING AND CASE MANAGEMENT

**Lead: Louise Davies, RCT CBC.**

The purpose of contact tracing and case management is to interrupt chains of transmission in the community by identifying cases of COVID-19, tracing the people who may have become infected by spending time in close contact with them and then requiring, and supporting those close contacts to self-isolate so that they are less likely to transmit it to others.

The aim of this work stream is to establish an effective contact tracing and case management system, consisting of a regional response team and a regional contact tracing service in Cwm Taf Morgannwg to prevent the spread of COVID-19 infection. This contributes towards reducing the reproduction number (R – the average number of secondary cases per infectious case).

The regional response team use information from surveillance to identify geographical hotspots or clusters of high transmission rates requiring enhanced infection control. The local contact tracing teams deliver contact tracing intervention and public health advice to cases and contacts in the area.

The objectives of the work stream are as follows:

	Objectives	Milestones	Measures
1.	Continue to run an effective contact tracing and case management system in Cwm Taf Morgannwg.	Effective workforce plan in place with capacity required	% Performance in tracing cases (24/48 hour)



			% Performance in contact tracing (24/48 hours) % of new cases that were not previously identified as contacts
2.	Provide a backward contact tracing where required and resources allow.	Effective workforce plan in place with capacity required	% of eligible cases that are subject to BCT % of new cases that were not previously identified as contacts
3.	Respond to the contact tracing and case management requirements associated with any clusters or outbreaks requiring targeted intervention.	Effective workforce plan in place with capacity required Flexible resource within Regional Response Team, supported by LA Public Protection Teams to ensure effective management. Facility to designate Professional Leads to support cluster or outbreak management.	% Performance in tracing cases (24/48 hour) % Performance in contact tracing (24/48 hours) % of new cases that were not previously identified as contacts
4.	Respond to local contact tracing requirements in CTM for arriving travellers to the UK.	Protocols in place to manage returning travellers in conjunction with National Traveller Team	Policy requirements delivered as required.
5.	Respond to local contact tracing requirements for variants of concern where required.	Adoption of National Framework for management of VAMC. Operational Procedure identified to mobilise local response as required for any relevant case.	National framework requirements implemented.
6	Develop a sustainable workforce plan for the contact tracing service at both regional and local teams in the context of the whole TTP requirement.	Effective workforce plan in place with capacity required	Sustainable workforce delivered to ensure service demand is met.
7.	Support educational colleagues as required with asymptomatic testing in education/childcare settings.	Protocols in place to manage results from workforce or community testing models.	Support to educational provided as required.

8.	Agree a work stream plan based on the outcome of the above.	Completion of the required Work stream Plan	Work stream plan available, implemented and progress reviewed.
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### 10.3 STRATEGIC AIM 3 – PROTECT: RECOVERY AND RESILIENCE

#### Lead: Rachel Rowlands, RPB Chair and CEO Age Connect Morgannwg.

The 'protect' element of the programme is a vital contributor to supporting people in our communities who are shielding and/or who need to socially isolate as part of a COVID-19 response and to ensure support is provided openly and equitably across CTM.

This work links closely with the work of the national work stream, our Regional Partnership Board and two Public Services Boards and is led by the Chair of the RPB, who is also the Chief Executive of Age Connect Morgannwg.

In 2021/2022, the Protect work stream will merge with the community engagement element of the previous Risk Communication and Community Engagement work stream, which ran in 2020/2021 as both work streams worked closely together last year on a number of common deliverables.

The PSB has a clear role in and is motivated to lead on developing a strategic Recovery Plan for the region. This will include plans to support citizens of all ages and will be influenced by various statutory assessments such as the PSB's Population Needs Assessment and the RPB's Wellbeing Assessment. It is vital, therefore, that TTP contributes to this recovery plan using the data and behavioural insights gathered throughout the programme period.

Understanding how health inequalities have impacted our communities is crucial to the PSB being able to develop a response. The RPB plans to work closely with the PSB to ensure its delivery plans are aligned with the Recovery Plan.

Throughout 2021 the work of this work stream will be supported by the PSB team and aligned with their plans for statutory assessment as we move towards recovery and potential closure of the TTP programme.

The objectives for the work stream in 2021/2022 are as follows:

	Objectives	Milestones	Measures
1.	Confirm scope and deliverables of newly merged work stream.	Agreement of 2021/2022 Plan in March 2021.	Agreed scope with RSOG.
2	Maintain overview of PROTECT activities and providers across CTM ensuring models of support are appropriate and well received by individuals and local communities, helping to reduce	Update report fortnightly as part of RSOG.	Overview of support available to match estimated need across CTM.  Models of support are appropriate and well

	the incidence of COVID-19 in CTM.		received by individuals and local communities, helping to reduce the incidence of COVID-19 in CTM.
3	Contribute to achieving high levels of public awareness of protect and self-isolation support across CTM.	Ongoing, with fortnightly review at PTG meetings.	Public awareness of protect support is good across CTM.
4.	Continue to share good practice including what might usefully be further developed or learnt from across the region.	Ongoing, with fortnightly review at PTG meetings and at national Protect Task Group.	Examples available via notes of meetings and lessons learnt log.
5.	Ensure due consideration of any additional requirements such as 'hard to reach' and/or more vulnerable people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.	Ongoing, with discussion at PTG and WG meetings as appropriate.	Number of 'hard to reach' and/or people receiving additional consideration and support matches estimated need across CTM.  Access to services reported to be good by individuals and local communities.
6.	Strengthening established links with PSBs and RPB on their 'resetting' plans and maintain links with communication teams.	Ongoing, with updates and discussion on TTP and recovery at respective PSB/RPB meetings.	Clear links established and confirmed via PSBs, RPB and RSOG.
7.	Ensure a whole system approach to community support to increase resilience.	Regular meetings of local COVID-19 steering groups, linked to PTG.	Established communication channels between community groups and work of the RPB and PTG to inform future planning and delivery of support.  Regular updates provided to strategic boards on any identified gaps in support.  Record of actions taken to address gaps in local support.
8.	Support the ongoing development of volunteers and volunteering	Ongoing dependant on need.	Pool of volunteers created across agencies

	opportunities to support community resilience.	Linked to work of RPB and volunteer response.	that can be mobilised to support local need.  Training opportunities and programmes developed to support volunteers.
9.	Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere	Ongoing – national meetings fortnightly.	Protect Chair a member of the national Protect work stream to ensure links made. Examples of good practice brought into the work programme and shared with others if examples exist within CTM.
10.	Agree a work stream plan based on the outcome of the above.	April/May 2021	Refreshed work stream plan, linked in with RPB and PSBs, agreed by RSOG.

## 10.6 STRATEGIC AIM 4 – COVID-19 VACCINATION

**Lead: Claire Beynon, Public Health, UHB.**

The aim of this work stream is to support the delivery an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM. This commenced in December 2020 and continues into 2021, led by the UHB.

The objectives for the work stream are as follows:

	Objectives	Milestones	Measures
1.	Implement the COVID-19 Vaccination Plan across CTM.	Planning phase complete.  Implementation underway.  All 3 LA areas have vaccination centres.	Planning completed  Implementation- 130,000+ vaccinations delivered  Delivery is accessible and has been delivered in both primary care and there are vaccination centres in each of the three LA areas
2	Ensure a blended delivery approach with flu vaccination programme		Uptake of Influenza vaccinations in this year was equivalent

			to other years, and COVID-19 vaccination uptake is currently higher than influenza uptake in groups that have been offered the vaccine.
3	Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.	Planning based around venues and infrastructure, workforce and training, vaccine delivery and the patient journey.	The programme has been adequately resourced to meet the needs of the programme. This includes recruiting workforce, training, PPE and storage etc. The vaccine supply is determined by the WG and delivery of vaccine is matching current supply very closely. Each week the Strategic Board considers supply and demand issues and this is reported via the weekly COVID dashboard.
4.	Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups	The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups.	The vaccination target for mid-February was met early.
5.	Building on the above, provide vaccinations to remaining groups across CTM as required.	The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups, e.g. all adults offered vaccine by 31 July 2021.	The programme is on track to deliver against the targets outlined.
6.	Work with the surveillance and communications team on agreed metrics and reporting, including vaccine uptake & links with disease surveillance.	Informatics team are being fully engaged from planning through to delivery	Data report agreed by Strategic Board and different levels of data are going to all relevant groups.

7.	Work with communications team to deliver an underpinning communication and engagement plan for staff and residents of CTM.	Communications plan prepared as part of the planning process, this is being implemented.	Communications manager for the COVID-19 vaccination programme appointed and is active.
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## 11.0 ENABLERS

There are three key pieces of fundamental enabling work which sit as part of the TTP programme in 2021/2022 and support the work of the RSOG, RTG and four work streams, namely surveillance, communications and recovery.

### 11.1 Surveillance

A critical part of any Test-Trace-Protect programme is the need for early recognition of a resurgence of infection in the community. This requires sensitive early warning systems provided by good epidemiological surveillance.

As part of the CTM TTP programme, surveillance sits at the heart and provides not only intelligence to help set the over-arching context and plans for the programme, but also to inform individual partners to support their elements of COVID-19 planning, to inform local stakeholders and communities and to also inform the work of the respective local TTP work streams. This work is led by a Consultant in Public Health.

The aim of the surveillance enabling function is to utilise health intelligence from diverse sources to inform active prevention of infection and tracking of the COVID-19 activity in CTM. Objectives for 2021/2022 are:

- To estimate the burden of disease more accurately.
- To provide key indicators to inform action and measure the effectiveness of public health interventions including:
  - Monitor intensity and severity of COVID-19 spread in CTM, including COVID-19 variants of concern and mortality rates.
  - Monitor behaviour of COVID-19 in at-risk groups in CTM (including residents of long term care facilities; patients in acute and community hospitals and other people in our communities at risk of developing severe disease).
  - Monitor immunity to COVID-19 in CTM.
  - Detect outbreaks in CTM hospitals and long term care facilities.
  - Detect clusters, incidents and outbreaks in workplaces and social settings.
  - Carry out COVID-19 transmission route surveillance.
  - Inform and support decision making in other parts of the TTP programme e.g. siting of testing MTUs and communications to specific groups.

- To monitor the impact of lifting social restrictions.
- To work with other partners to understand the impact of health inequalities in our communities during the pandemic.

In terms of deliverables, these include:

- Daily surveillance updates on agreed indicators, including identification of rising community infection or emerging clusters for action.
- Regular surveillance reporting to inform Regional Strategic Oversight Group, Regional Tactical Group, Health Board Gold Command arrangements when standing and other partners.
- Horizon scanning products for new potential sources of data, intelligence, methods or agreed national measures for surveillance.

As a programme, the CTM TTP has documented its use of surveillance data and is constantly mapping and linking with data provided at national, regional and local levels. **Appendix 5** highlights the latest CTM COVID-19 regional surveillance indicators and schedule. The schedule sets out the indicators, frequency, source and exception rules.

Exception rules combine data-driven approaches with local intelligence gathered from partners, taking account of the local context and specific circumstances of cases. Information from contact tracing is triangulated with other sources such as laboratory data for effective early detection.

The surveillance data is reviewed in our Regional Tactical Group and Regional Oversight Group, and is also reviewed weekly by the Regional Incident Management team and the Health Board, the latter as part of its current Gold Command emergency planning arrangements when standing.

The surveillance data also links closely with the Health Board's operating plans which has an agreed set of indicator thresholds, intended to enable the organisation with its partners, to know when to re-establish its emergency response. These include:

- Daily monitoring of positive COVID-19 cases – to pick up potential community clusters.
- Hospital admissions due to COVID-19 – enables underlying understanding of changes in the R(t) rate in the community.
- Hospital acquired infections.
- Positive cases in care homes.
- COVID-19 positive deaths.
- New staff absence rate citing COVID-19 or COVID-19-type symptoms.
- COVID-19 vaccination uptake surveillance.

These indicators are monitored and reported on across the partnership, including informing the situational reporting into our South Wales Local Resilience Forum, to ensure full visibility and that they are enacted upon when required. Links are also made with the





work streams performance reporting on areas such as testing (PCR and LFD) and contact tracing performance for example.

The TTP process is aimed at preventing ongoing transmission and so identifies those already exposed to a confirmed case during the period they will have been infectious. From this point, those contacts are then asked to isolate to minimise any risk of them infecting others should they develop the illness or be infected and asymptomatic.

As part of this, a likely source of the case's infection may become evident – such as being previously identified as a contact of another case, or being linked to a setting where there is an ongoing incident. Where a probable source cannot be identified, a process of backward contact tracing is initiated to ascertain whether an exposure to infection can be identified as outlined in the process diagram below.

This information is discussed with the Welsh Government Intelligence Cell and at the Regional Tactical Group. This process can only be sustained when numbers are small and when we are still trying to eradicate infection sources.

At a time where there is sustained community transmission the efficacy of backward contact tracing to eradicate infection sources is significantly reduced so it is anticipated that other control and surveillance measures would then replace it.

As already highlighted, in addition to the 'harder' data above, 'softer' intelligence is also used by the programme in order to inform plans and actions going forward. This is explored further in the next section below.

## **11.2 Communication and Behavioural Intelligence**

As part of the CTM TTP programme, there is a need for ongoing clear and effective communication which is coordinated between all work streams, sectors and with national activity. Communication and behavioural insight expertise is provided to the work streams, Regional Tactical Group, Incident Management, and Regional Strategic Oversight Group of the CTM TTP programme.

The scale of the COVID-19 pandemic experience to date means we have been in a unique position where all statutory, community and voluntary organisations on a national and local basis have been focussed on the same agenda. This has enabled collaborative communication and engagement approaches to be developed in response to the challenges experienced.

Continued partner collaboration, and co-ordination of this function across the region will ensure consistency in messaging, avoidance of duplication of effort, and efficient use of available resource.

The success of our Prevention and Response Plan is dependent on continued public understanding, acceptance, and uptake of the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes), engagement with TTP, as well as uptake of COVID vaccination. Combined with this is the need for appropriate provision, promotion, and uptake of support within our communities to help protect the health and wellbeing, in the widest sense, of those directly or indirectly adversely affected by COVID-19.





Within such, and in line with The King's Fund Recovery Report, communities are considered as geographical communities (this could take the form of whole villages, or an individual street), communities of interest (people linked by a shared interest or work), communities of identity (those who share a shared culture or experience), and communities of circumstance (people knitted together by a shared experience).

Our aim is to provide our key audiences with clear messages and practical information which will encourage and enable them to follow guidance related to reducing the spread of COVID-19, to include participation in testing, contact tracing and vaccination programmes.

Working closely with, and in support of TTP work streams, Regional Partnership Board and Public Service Boards to build on established collaborations with statutory organisations, local community networks and the third sector, this robust approach to communications should help reassure the public, encourage and empower citizens and build engagement with partners.

The multi-agency approach and membership provides alignment of national and regional communications, avoiding unnecessary overlap and the Protect work stream facilitates timely, accurate and consistent communications, which are responsive and tailored to local need.

There are six key audiences our communications and behavioural intelligence work is aimed at:

- General population.
- High risk and vulnerable groups.
- Educational settings.
- Enclosed settings (e.g. care homes, prisons)
- Work places (e.g. businesses).
- Partners, staff and stakeholders (including Local Authority and NHS).

Underpinning our behavioural intelligence work is a locally-endorsed framework that takes forward a collaborative, behavioural science informed approach to COVID-19 related communication and engagement within the CTM UHB area. This framework includes a description of our identified audiences, communities and settings, and sets out steps to maximise contributions from different organisations and work streams. Our behavioural intelligence work has not only formed part of our risk communication to date, but can also be used to underpin our approach as we move through to recovery.

We utilise a variety of ways to gain intelligence, including the following:

- Public Health Wales surveys, including the weekly ACTS survey
- Targeted digital behaviour change campaigns and insight (Lynn PR)
- COM-B toolkit – To accompany the framework, a toolkit was developed to provide an evidence-based approach (COM-B) to gaining intelligence in relation to engagement and COVID-19 behavioural change. To date, this tool has been used

in the context of local incident and outbreak management, as well as with defined populations and community groups to gather intelligence

- Community surveys – Community surveys have been used as a mechanism to gather public perceptions in relation to TTP, and there are plans for future surveys, developed around the COM-B model to identify facilitators and barriers to engagement in testing, the vaccination programme, and continued engagement with preventative behaviours as we move into the recovery phase.

The following sets out our communication objectives for 2021/2022:

- Ensure a priority focus on communicating and re-enforcing messaging on what our communities need to do, by promoting clear messaging on primary control measures and current national guidance.
- Provide up to date information on the testing and contact tracing pathways which is clearly communicated and readily available to staff and residents of CTM.
- Encourage and empower communities/audiences by using a behavioural insights approach, and information provided by public perceptions COVID-19 survey work to ensure:
  - CTM residents and staff understand and engage with TTP, including the contact tracing process;
  - CTM residents understand COVID-19 risks within their locality, especially when cluster/hotspot is identified;
  - Public are aware of, and practising primary control measures and self-isolation.
- Build engagement with partners to underpin collaborative working with stakeholders to maximise resource and ensure consistent approaches to accessing and disseminating information.
- Reassure the public by helping people feel confident in the recovery approach.

If we are successful in our approach, this should result in:

- Vulnerable/hard-to-reach groups in CTM are identified; communication with groups is tailored to meet needs.
- Target audiences e.g. employers, community groups are identified and communication tailored to maximise engagement.
- Results of COVID-19 surveys are shared and key messages communicated to work streams in a timely manner.
- The subject and mode of communication is adapted in response to survey findings.
- Communication is accessible to the public in electronic and easy read format; in both the English and Welsh language and other languages as appropriate.

### **11.3 Recovery**

As the vaccination programme is rolled out across the UK and whilst lockdowns continue across the devolved nations, there is increasing discussion on what recovery will look like over the coming months if we are to move from a COVID-19 health pandemic to an endemic situation.

The CTM Public Service Boards (PSBs) have a clear role in, and are motivated to lead on developing a strategic Recovery Plan for the region. This will likely include plans to support citizens of all ages and will be influenced by various statutory assessments such as the PSB's Wellbeing Assessment and the Regional Partnership Board's Population Needs Assessment.

It is vital, therefore, that the CTM TTP programme contributes to this recovery plan, using both new and existing data and behavioural insights gathered throughout the programme period. Understanding how health inequalities have impacted our communities is crucial to the PSBs being able to develop a response. The RPB plans to work closely with the PSBs to ensure its delivery plans are aligned with the Recovery Plan.

In order to help inform this work, the TTP is establishing a small task and finish group to bring together an underpinning intelligence piece of work to help inform work on a medium term recovery strategy.

It is proposed that this work will include:

1. Community Survey – building on what survey work has already been undertaken as well as commissioning some new work in a recovery context.
2. Providing epidemiological context, analysis and modelling of data to:
  - (a) Advance understanding of the CTM COVID-19 experience and potential future scenarios.
  - (b) Elucidate the relative importance of factors predisposing to adverse COVID-19 outcomes.
3. COVID-19 morbidity and mortality analysis in CTM.
4. Lessons learned to date from the CTM Test Trace Protect programme.

The useful concept paper from the Kings Fund report: COVID-19 recovery and resilience: what can health and care learn from other disasters? (2021) will also inform this work, as well as intelligence and learning from elsewhere. The report sets out four priority areas to help frame the debate, namely:

1. Putting mental health and wellbeing at the forefront of recovery efforts – including assessing need and leadership at every level.
2. Ensuring communities are not left behind.
3. Making collaboration work.
4. Prioritising workforce wellbeing.

This work will be kept under close review and will inform the recovery work for the TTP programme and plan as we move into 2021/2022.

## **12.0 QUALITY AND SAFETY**

As the oversight arrangement which operates as a partnership between member agencies and reiterates the sovereignty of individual agencies, the quality and safety of respective services rests with the statutory organisations.

However the programme retains a strong and shared commitment to work openly together and take decisions in the spirit of partnership, with the overriding shared aim of delivering for the benefit of the communities it serves.

The programme, through its various mechanisms, monitors performance and effectiveness in areas such as testing and contact tracing services, and alerts organisations to any particular areas of concern. The programme also expects to be informed by partner organisations of any relevant issues affecting programme delivery.

### 13.0 WORKFORCE AND FINANCE

This plan is underpinned with a workforce and finance plan, which last year was submitted to Welsh Government on 16th June 2020 and a revised version for the Health Board elements approved at the Health Board meeting on 29 June 2020.

The workforce and financial implications of the programme are constantly under review across the partnership and from a finance perspective, are currently estimated at approximately £10.8m for 2021/2022 with further detail available in **Appendix 7**.

As the plan for 2021/2022 continues to be developed implemented, it is necessary to ensure all costs associated with the approach are captured and quantified. To support this work, a programme workforce and finance task and finish group continues to meet as required, with its role agreed as follows:



### 14.0 ACTION PLAN

**Appendix 8** contains the latest action plan for 2021/2022 which primarily focuses on the first quarter's actions i.e. from April to June 2021.

As has been referenced above in the surveillance section, the reason for focussing on this period is due to the current context and potential different scenarios we could be facing as described in section 2 above that we need to be cognisant of and to plan for, as we move into 2021/2022.

The action plan will be dynamic and continuously subject to review and update, as the situation develops on the maintenance and enhancement of the Test, Trace and Protect Programme in Cwm Taf Morgannwg.

## **15.0 ISSUES**

Issues are fed into the Regional Strategic Overview Group or Regional Tactical Group depending on the nature and as required.

## **16.0 RISK REGISTER**

A Risk Register operates at the programme level, with risk ownership clearly identified and co-ordination undertaken by the Programme Manager in liaison with the work stream leads in particular. Any strategic risks of high importance are reviewed weekly by the Regional Strategic Oversight Group.

## **17.0 LESSONS LEARNT LOG**

As part of our local arrangements for undertaking review and learning, so as to inform our local structures and capture learning to assist in the development of practice, a lessons learnt log has been developed and is held at regional level by the Programme Manager. This is informed by feedback from across the national, regional and local planning and delivery responses.

All staff and partners are encouraged to participate in sharing lessons on a live basis and fed back into the programme, so we are learning from experience and also practice elsewhere.

## **18.0 SITUATION REPORTING**

Each work stream, the Regional Strategic Tactical Group and Regional Strategic Oversight Group are responsible for providing exception reports on progress and risks etc. to the overall programme and to respective organisations as requested, including partner Local Authorities and Health Board.

## **19.0 IMPLEMENTATION, REVIEW AND LEARNING**

There will continue to be regular review of this plan via the Regional Strategic Oversight Group. This will help ensure effectiveness of implementation or the need for change. The plan will also be reviewed in response to any emerging regional and national issues and requirements.

Any significant changes will be signed off by the Regional Strategic Oversight Group, with sight of the plan as required, also by individual partners such as the Health Board and Local Authorities.

Implementation of the plan and progress against action plans and objectives will be undertaken fortnightly during the Regional Strategic Oversight Group meetings.

Learning from the management of incidents and outbreaks will be fed into the Regional Strategic Oversight Group via the Regional Incident Management Team or Outbreak Control Team chair usually using a formal debrief process.

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- <sup>i</sup> An indeterminate case = any inpatient at [site] with a first positive SARS-CoV-2 RNA test since [outbreak start date] OR any person with a first positive SARS-CoV-2 RNA test since [outbreak start date] who had been a patient at [site] in the 14 days prior to positive test OR any inpatient or recently discharged patient who has tested positive for COVID-19 at [site] and it has been >90 days since their first positive test (i.e. laboratory evidence of re-infection) who has been an inpatient 3-7 days (inclusive) at the time of first positive specimen.
- <sup>ii</sup> A probable case = any inpatient at [site] with a first positive SARS-CoV-2 RNA test since [outbreak start date] OR any person with a first positive SARS-CoV-2 RNA test since [outbreak start date] who had been a patient at [site] in the 14 days prior to positive test OR any inpatient or recently discharged patient who has tested positive for COVID-19 at [site] and it has been >90 days since their first positive test (i.e. laboratory evidence of re-infection) who has been an inpatient 8-14 days (inclusive) at the time of first positive specimen.
- <sup>iii</sup> Antigenic escape occurs when the immune system is unable to respond to an infectious agent
- <sup>iv</sup> PHE (2021) *Investigation of SARS-CoV-2 variants of concern in England*. [LINK](#)
- <sup>v</sup> Scientific Group for Emergencies (2021): NERVTAG: Update note on B.1.1.7 severity - 11 February 2021 [LINK](#)



## CWM TAF MORGANWWG TEST-TRACE-PROTECT PROGRAMME

### ACTION PLAN – DELIVERED ACTIONS IN 2020/2021

The following sets out a summary of those main actions delivered by the Test Trace Protect programme in 2020/2021. It is taken from the action plan that has been maintained throughout the duration of the programme to date and relates to those actions that are colour coded in green once they are confirmed by the work stream lead as having been delivered. It is not intended to be a fully comprehensive list but gives the reader a flavour of some of the key work delivered.

Summary of Completed Actions 2020/2021	
<b>1. Planning and Programme Management</b>	
Established CTM Regional Programme arrangement including Oversight Group, Tactical Group and Work Streams	Complete
Agreed Oversight Arrangements document, including membership and terms of reference of the above.	Complete: Approved at RSOG on 9/6/20; updated for more recent changes and last approved at RSOG on 27/10/20.
Agreed and maintained CTM TTP Strategic Plan 2020/2021	Complete: Submitted to PHW in August 2020
Agreed work stream plans	Complete
Developed a programme workforce plan	Complete – and remains under development as required.
Develop a programme finance plan	Complete – and remains under development as required.
Set up risk register	Complete – and remains active as part of the programme.
Set up lessons learnt log	Complete – and remains active as part of the programme.
End Stage 1 Assessment Report and look forward to Stage 2	Complete: End Stage 1 Assessment report and forward look to Stage 2 report signed off at RSOG on 10 November 2020.
Stage 2 plan drafted and signed off by RSOG	Complete: Stage 2 plan signed off at RSOG on 19/1/21
Good practice CTM TTP case studies sent to Welsh Government for Audit Wales purpose following request.	Complete: Submitted on 19/1/21
<b>2. Surveillance</b>	
Prepare Regional Surveillance Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise the population surveillance requirements of the Response Plan.	Complete: Plan approved by RSOG on 16/6/20

### Summary of Completed Actions 2020/2021

Identify and put in place necessary resource to implement a regional surveillance system	Complete
Agree local key identifiers to be monitored and thresholds at which action should be considered and undertaken	Complete: Specifications of indicators agreed by RSOG 07/07/20
Agree initial data sources for key identifiers and establish processes by which these will feed into the surveillance system	Complete
Establish an interim solution for surveillance should the national case management system not be available	Complete: 16/6/20 – established interim data access solutions – reported to RSOG 16/6/20
Input into national key indicators for surveillance to maximise local usefulness	Complete with ongoing dialogue as developments progress.
Gain access to national case management system and ensure timely access to data for regional surveillance systems	Complete: Gained access to CRM system and dashboards 03/08/20; training held with surveillance team to extract data from CRM system and fully understand the structure and limitations
Ensure the national case management system in development meets regional surveillance needs	Complete: Significant improvement developments over last year
Ensure all data protection regulations are met	Complete: Data is held in accordance with data protection regulations, including with additional password protection of disclosive data on shared drives.
Establish process by which surveillance data will inform the activity of other work streams: contact tracing; testing; and community engagement and risk communication	Complete: Surveillance data shared widely as required including with TTP work streams; UHB Gold command arrangements and Primary care Clusters.
Conduct in-depth analysis of local cases to inform key driving factors in their distribution within the CTM region	Complete and continues to develop as required.
Establish a process to identify the emerging evidence base for the epidemiology of COVID-19, interpret it for the local population, and adapt surveillance as appropriate	Complete and continues to develop as required.
Carry out International traveller's pilot to learn lessons and implement recommendations.	Complete – reported into RSOG in January 2021.
Following a pre-Christmas increase in schools incidence, carry out a deep dive review of cases to learn lessons and implement recommendations	Complete – reported into RSOG in January 2021.



### Summary of Completed Actions 2020/2021

Engage and share emerging new evidence to inform surveillance and action with other organisations	Complete and ongoing as required.
<b>3. Testing and Sampling</b>	
Update the CTM Testing Strategy	Complete: Updated Testing Strategy endorsed at UHB Executive Resetting the Agenda Group on 4/6/20 and subsequently submitted to RSOG 23/6/20 for approval. Plan approved.
Establish a small management group to oversee the operational delivery.	Complete.
Implement plan for additional self-administered lanes to be added to Kier Hardie and Bridgend testing sites and for these to be operational	Completed at the time.
Abercynon site to be handed over to Deloittes	Complete: Site now run by Deloittes.
Mobile Testing Units (x3)	Complete: Units in place to be deployed to areas of concern and increased Covid-19.
Local Testing sites – managed via DHSC	Completed at the time: 3 Local testing sites across CTM; Merthyr Leisure centre car park; Bridgend indoor bowls car park; Treforest University campus
Community testing courier service	Complete: Transportation was original agreed and delivered by the Military, now superseded by our contract with shared services.
Undertake antibody testing in defined groups	Completed at the time: including random testing of nearly 5,000 Teachers between 15/06/20- 04/08/20; testing of CTM UHB staff; due to increased need for antigen testing in the community this is now on hold
Undertake testing in Care Homes	Complete and ongoing according to requirements
Develop plans with ILGs to provide pre-admission tests for elective surgery patients	Complete and ongoing according to requirements
Develop plans for mobilising Mobile Units to manage incidents in settings or localised areas of high incidence.	Complete and ongoing according to requirements
Improve testing turn-around-times	Complete: improvement work carried out in association with DU, with performance kept under regular review.



### Summary of Completed Actions 2020/2021

Recruit the testing workforce (antigen and antibody) into fixed term posts, as agreed in staffing model plans.	Complete: UHB agreement via DoPH 5/11 to extend contracts where necessary until Nov 2021.
Secure premises for testing workforce (antigen and antibody)	Complete: Refurbished space in Block C of Ysbyty Seren, Bridgend.
Ensure all stakeholders are kept informed of changes and developments	Complete and ongoing
Work with the other members of the RCCE work stream to ensure ongoing communication with the public to proactively encourage testing	Complete and ongoing
To deliver and evaluate a whole area testing pilot using Lateral Flow testing – in the areas of Merthyr Tydfil County Borough and Lower Cynon	Complete: pilot ended December, evaluation carried out in January 2021.
To support the Lateral Flow Device testing pilot for NHS frontline staff across CTM UHB as part of Wales wide pilot	Complete and ongoing
<b>4. Contact Tracing</b>	
Prepare Regional Contact Tracing Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.	Complete: Plan approved by RSOG on 16/6/20
Establish a small management group to oversee the operational delivery.	Complete.
Identify and mitigate risks to delivery of the contact tracing and case management approach.	Complete: process set up, risk review ongoing.
Establish regional response team in operation seven days a week between 8am and 8pm each day	Complete
Put in place telephony and ICT requirements to support diffuse workforce arrangements in contact tracing teams.	Complete
Train all staff in the contact tracing teams to undertake their roles.	Complete
Establish contact tracing teams in operation seven days a week between 8am and 8pm each day 6 teams initially in phase 1	Completed by 18/5/20
Pilot to run from 18/5/20 to 31/5/20	Complete

### Summary of Completed Actions 2020/2021

Evaluate pilot	Complete: Report received at RSOG on 2/6/20
Regularly review workforce requirements and operational arrangements in light of experience and demand: Working hours/staff rotas Staff requirements.	Complete: In response to demand and in light of experience, working hours amended as required.
Establish a performance reporting dashboard for contact tracing at regional level.	Complete: Management data now available and being reported to RSOG from 4 <sup>th</sup> August 2020.
Develop a workforce plan for the recruitment of staff in contact tracing and regional teams to support return of redeployed staff to substantive roles.	Complete: Workforce task and finish group established and work force plan developed, remaining under review as required.
Establish an interim (up until 8/6/20) case management system	Complete: Used Powys system
Move over to the national case management system from 8/6/20	Complete: Commenced from w/c 10/06/20.
Support Pilots of serial testing using LFD in secondary schools and designated employers e.g. South Wales Police and TATA Steel	Complete: Pilots supported.
Pilot tracing of overseas travellers as a proactive intervention by contact tracing (all travellers subject to quarantine) and reactive follow up in response to variants or countries of concern	Complete
<b>5. Risk Communication and Engagement</b>	
Prepare RCCE Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.	Complete: Plan approved by RSOG on 16/6/20
Establish a small management group to oversee the operational delivery.	Complete: Multiagency group in place (3 LA's, UHB and LPHT).
Identify and mitigate risks to delivery of the RCCE approach.	Complete: Risk and Issues log developed and is a regular RCCE meeting agenda item
The initial focus of the programme will be the May 31st launch date for the Contract Tracing Programme in association with Public health Wales and Welsh Government.	Complete.
Establishing public perceptions from national surveys	Complete: June 2020

### Summary of Completed Actions 2020/2021

Launch local survey focussing on how our communities access information and individual's thoughts on taking part in the Contact tracing programme	Complete: CTM Community Smart Survey launched on 21/05 and ran until 31/05. Summary of findings, full report and exec summary shared with RSOG on 9/6/20.
Staff and public communication on contact tracing service and TTP	Complete: Content approved RSOG 23/6/20.
Confirm process to ensure that each of the work stream planning groups have a nominated person(s) to link with a named member of the RCCE working group for two way feedback and timely updates which can then be shared with all representatives in the group.	Complete: Each WS has Communication as a meeting agenda item; nominated RCCE member attached to each WS and Tactical Group.
Confirm sign off process for both planned, proactive and any reactive communications to minimise delays	Complete: Agreed process for proactive and reactive communication and engagement activity
Clarify process for ongoing communication with staff both those potentially deployed into the contact tracing/testing programmes and the wider workforce in terms of expectations/practical issues associated with engaging with programmes themselves.	Complete: Generation of Communications by members of RCCE or by Testing/ CT / Surveillance work streams supported by RCCE members. Dissemination to staff occur via respective organisations' channels which would include staff intranet or via HR as appropriate.
Social distancing importance for key workers in the workplace to be re-enforced (following RSOG discussion on local PH survey and agreement for further action	Complete: Escalated need to observe SD and hand Hygiene in the workplace to CTMUHB Exec Directors (Corporate Services and HR); Raised w/c 8 <sup>th</sup> June with TTP CEO & Leaders Forum for action across all four organisations; Reinforced at every opportunity including communications to public, staff and employers.
Develop communication engagement framework based on application of behavioural science to survey findings and local intelligence (use as basis for business case if additional funding required)	Complete: Approved by RSOG July 2020.
Link with PHW National support to CTM, RSTG and IMT on engagement with migrant communities	Complete: Communication materials developed & lessons learned collated for use in future incidents; planning tool developed which could be used to assist with community engagement in future incidents
Develop support for workplace settings to encourage staff engagement with TTP	Complete: Included in engagement framework
Align RCCE community engagement work with TTP "Protect", CTM RPB Transformation Programme, Social Prescribing, Resetting CTM etc.	Complete: Close working between work streams established to maximise opportunities for community engagement

### Summary of Completed Actions 2020/2021

Seek views on Engagement Planning Tool to accompany Engagement Framework and trial	Complete: Discussed at RCCE 3/8/20 and subsequently approved.
Continue to use behavioural insight science approach in TTP response across CTM	Complete as an approach and process ongoing.
Collate and review social media analytics for CTM	Complete and ongoing.
Produce stakeholder Newsletter to coincide with updated response plan	Complete: Adapted newsletter shared with Primary Care Clusters
Utilise soft intelligence gathered from surveillance, community intelligence to inform approach	Complete and ongoing
Survey of business community to identify information and support needs	Complete: Survey developed and distributed via LAs to businesses across CTM; discussed at RCCE 26/10/20 and RSOG 27/10/20.
Due to recent drop in testing volumes (January 2021), further promotion of testing amongst key workers	Complete: support from UHB Comms team and SW LRF SCG media cell.
<b>6. Protect</b>	
Confirm scope of work stream, building on what already exists across CTM	Complete: Scope for the work stream was agreed at RSOG on 30/6/20
Confirm baseline of PROTECT activities and providers across CTM	Complete: Briefing paper presented to RSOG 15/9/20
Establish what, if anything, might usefully be developed or learnt from across the region.	Complete and ongoing.
Ensure due consideration of any additional requirements such as 'hard to reach' people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.	Complete and ongoing
Agree a work stream plan based on the outcome of the above.	Complete: Work presented to RSOG on 8/9/20 for agreement.
Ensure clear links established with RPB & their 'resetting' plans where necessary, and develop good links with RCCE work stream on communications.	Complete: Resetting plans to form part of community impact assessment detail.
Develop Community Impact Assessment to inform strategic partnerships work plans and priorities	Complete: Community Impact assessment being undertaken; findings presented to RSOG in September 2020.

### Summary of Completed Actions 2020/2021

Ensure a whole system approach to community support to increase resilience	Complete and ongoing: Social value forum established and meeting regularly; Communication and engagement plan (Linked to Healthier Wales) approved and implemented; communication channels established between community groups and work of the RPB to inform future planning and delivery of support; regular updates provided to strategic boards on any identified gaps in support and record of actions taken to address gaps in local support.
Support the ongoing development of volunteers and volunteering opportunities to support community resilience	Complete and ongoing: Task and Finish group established across RCT. Discussion and planning ongoing with Bridgend and Merthyr Tydfil to take forward.
Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere	Complete: Protect Chair sits on national group and regular communication and updates provided.
<b>7. COVID-19 Vaccination</b>	
Agree COVID-19 vaccination plan and test via a multi-agency table-top exercise, building in lessons learnt from elsewhere, including from testing arrangements.	Complete: Delivered on 12 <sup>th</sup> August 2020; lessons learnt report complete.
Ensure a blended delivery approach with flu vaccination programme.	Complete: Built in as a key principle to the strategic plan
Development and sign-off of COVID-19 Vaccination Plan	Complete: Signed off by the UHB.
Vaccination letters sent to residents across CTM (January 2021)	Complete • Vaccination letters to Residents across CTM
Submission of a 5 week operational vaccination plan to Welsh Government (12/1/21).	Complete.



## Cwm Taf Morgannwg Region

### COVID-19 - Test, Trace, Protect Programme

#### Oversight Arrangements

**16<sup>th</sup> March 2021 – Final Approved**

***Original arrangements approved at Regional Strategic Oversight (RSOG) meeting on 9/6/20. Updated since for subsequent changes, including two new work streams (4/8/20 RSOG approved), updated membership lists (13/10/20 RSOG approved). Last version approved on 27/10/20 included reflection of the current Regional Incident Management Team; updated list of deputies and changes in meeting frequency.***

***This updated version was presented to RSOG on 16<sup>th</sup> March 2021 for approval and reflects the new CTM TTP Plan for 2021/2022, which includes an updated strategic aim and objectives; reduction in the number of work streams and three enablers. Version approved.***





## **CWM TAF MORGANNWG REGION**

### **DELIVERING A STRATEGIC, TACTICAL AND OPERATIONAL RESPONSE TO THE COVID-19 TEST, TRACE AND PROTECT PROGRAMME**

#### **OVERSIGHT ARRANGEMENTS**

##### **1. Purpose**

This oversight arrangement provides a partnership framework for delivering a strategic, tactical and operational response to the COVID-19 Test, Trace and Protect programme. It also allows processes to be established that facilitate the flow of information, and ensures that decisions are communicated effectively and documented as part of an audit trail.

The updated strategic aim for the COVID-19 Test, Trace and protect programme in 2021/2022 is to:

*To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population-based recovery model, focused on the transition from a pandemic to endemic position.*

The overarching objectives have also been updated as follows:

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of prevention, quarantine, enforcement, contact tracing, surveillance, testing, isolation, vaccination, protect & community engagement, communication & behavioural insights.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons and to run this service 7 days a week.
4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection, including new variants of concern, in: health and care settings, other enclosed settings and the wider community.





6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Continue to support the delivery of an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM.
9. Prepare for a recovery approach as a programme, as we move out of a health pandemic to an endemic situation.
10. Work with other partners to understand the impact on COVID outcomes of health inequalities and other risk factors in our communities during the pandemic and agree a collective approach to prioritising action for the future to target and reduce health inequalities.
11. Prepare a lessons learnt report to capture reflections from the programme to feed into any future planning arrangements.
12. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

## **2. Oversight Arrangement**

Delivering the CTM COVID-19 Test, Trace and Protect programme is a partnership arrangement, between Local Authorities, the Health Board, Public Health Wales and Welsh Government, together with the support of other partners including the Third Sector, NWISS and most importantly our local communities.

It is essential that everyone involved in the programme understands what they are required to do, how they are required to do it and by when. This is particularly important where a multi-agency response such as this is required. We need leads to be able to make and/or communicate decisions effectively.

This oversight arrangement should be clearly articulated to all those involved in the programme. Any changes should be discussed before they are undertaken and then documented. The oversight arrangement should be appropriate to the needs of the programme and sufficiently resilient for its purpose.



- **Regional Strategic Oversight Group** – provides overall **strategic** leadership of the programme on behalf and reporting in to partner organisations. It is responsible for setting the overarching strategy that all other plans must take account of.
- **Regional Tactical Group** - co-ordinates the **tactical**, individual strategies developed by the work streams, to ensure that they reflect and contribute to the programme’s overarching strategy. Operationally and occupationally competent in all relevant disciplines. Importantly, a key role also within this group is responsibility for operating as a **Regional Response Team** in managing incidents in COVID-19 clusters, enclosed settings, & healthcare settings.
- **Work streams** – are responsible **operationally** for individually agreed strategies and ensuring that tactical plans are developed and implemented to support the programme. Operationally and occupationally competent in all relevant disciplines.
- **Enabling functions** – these underpin the work of the programme and **enable** and support the work streams as required.

The oversight arrangement is role and professional discipline rather than organisational/grade specific. Individuals of a senior grade to those nominated to undertake one of these three roles should not automatically assume superiority solely on the basis of organisation or grade responsibility. However, they are accountable for any information or advice given to group or work stream leads.

The oversight arrangements should offer flexibility. It is important to ensure that these arrangements are subject to regular review throughout the programme. They should be flexible enough to adapt to changes in the nature of the work without jeopardising clear lines of communication or accountability and ensure that those performing the required roles are sufficiently trained, supported and competent.

### **Regional Oversight (Strategic) lead and Group Chair– Director of Public Health – Professor Kelechi Nnoaham (Vice Chair - Paul Mee, Group Director, Community and Children’s Services)**

The Regional Oversight (Strategic) lead and Group Chair will assume and retain overall strategic leadership for the programme. They will also be the nominated Senior Responsible Officer for the programme. They have overall responsibility for the strategy and any tactical parameters that the tactical or operational leads should follow. This lead role however should not make tactical decisions. They are responsible for ensuring that any tactics deployed are proportionate to the risks identified, meet the objectives of the strategy and are legally compliant.

The Group reports into the Chief Executives of the Local Authorities and Health Board, who meet regularly, with the attendance of the Group Chair and Deputy Chair.



For respective functions, the group, work streams and enabling functions also report via their leads into their respective executive functions within their own statutory bodies of the Local Authorities and Health Board. For example, the Health Board leads on testing and vaccination, and therefore remains responsible for the delivery of this function. Similarly, the Local Authorities remain responsible for delivering the contact tracing and enforcement services within their own local areas, the latter linked in with South Wales Police via Joint Enforcement Teams.

**Regional Tactical lead and Group Chair – Deputy Director of Public Health – Angela Jones (or Vice Chair - Jennifer Evans, Principal Health Promotion Specialist)**

The Regional Tactical lead and Group Chair coordinates the overall tactical response in compliance with the strategy. The lead will liaise with the work stream leads and ensure/support the work stream leads in understanding the strategic intentions, the key points of the wider tactical plan and tactical objectives that relate specifically to their area of responsibility. A key role also within this group is responsibility for operating as a Regional Response Team in managing incidents in COVID-19 clusters, enclosed settings, & healthcare settings

**Work Stream Leads (or nominated deputies)**

The work stream leads are responsible for a group of resources and carrying out functional or geographical responsibilities related to the tactical plan. The number of work stream leads and their roles/specialisms will be determined by the scale and nature of the programme.

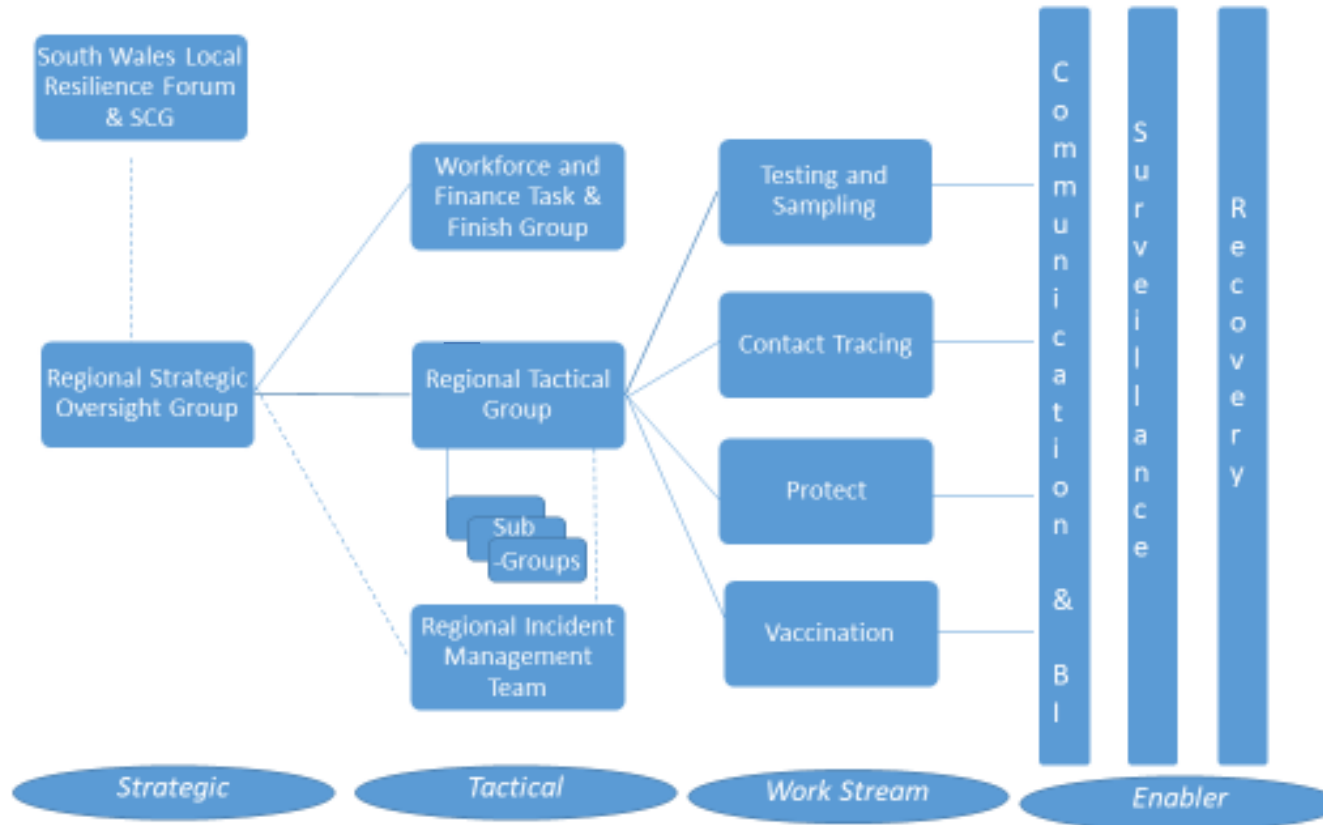
Work stream functions will be created and disbanded throughout the period of the programme as required and will be allocated based on geographic and/or functional considerations. Work stream members must have a clear understanding of the tactical plan, i.e., what they are required to deliver, in what timescale and with what resources.

**Enabling Functions – Leads (or nominated deputies)**

The enabling functions are responsible for specific areas of work that underpin to programme and support the work streams as required. The number of enablers and their roles/specialisms will be determined by the scale and nature of the programme.

Enabling functions will be created and disbanded throughout the period of the programme as required and will be allocated based on functional considerations. Enabling function members must have a clear understanding of both the strategic and tactical plan, i.e., what they are required to deliver, in what timescale and with what resources.

The diagram below sets out a schematic for how the above groups operate and relate:





## Regional Strategic Oversight Group - Membership, Roles and Responsibilities

(Appendix 1 sets out the terms of reference for the group).

Role	Nominated Deputy
Director of Public Health & Senior Responsible Officer for the programme: Chair – Kelechi Nnoaham	Paul Mee - Group Director of Community and Children's Services, RCT CBC
Group Director of Community and Children's Services, RCT LA- Paul Mee	Louise Davies, Director for Public Protection Services & Contact Tracing work stream lead
Bridgend CBC Director/Senior Manager - David Holland/Kelly Watson	Christina Hill, Operational Manager Commercial Services (on maternity leave until early 2021) Jane Peatey covering.
Merthyr Tydfil CBC Director/Senior Manager - Alyn Owen Deputy Chief Executive	Susan Gow - Environmental Health Manager
RCT CBC Director for Public Protection Services & Contact Tracing work stream lead	Rhian Hope, Health Protection and Licensing Manager
CTM UHB IP&C Team representative Infection Control Doctor – Rupali Rajpurohit	Lead IP&C Nurse – Bethan Cradle
Surveillance work stream lead – Consultant in Public Health – Rutuja Kulkarni-Johnston	Ciaran Slyne, Senior Analyst
Testing work stream lead – Elaine Tanner	Ceri Willson
Communications / community engagement work stream lead – Sara Thomas, Consultant in Public Health	Julia Sumner, Communications Team
Public Health Wales Health Protection Team Consultant in Communicable Disease Control / Consultant in Health Protection (open invite) – Heather Lewis	Phillip Daniels, Consultant, Public Health Wales.
Chair of CTM TTP Regional Tactical Group – Angela Jones, Deputy Director of Public Health	Jennifer Evans, Principal Health Promotion Specialist
Protect work stream lead – Rachel Rowlands, Chair of RPB and CEO Age Connect Morgannwg	Sarah Mills, Regional Partnership Board Programme Manager
Mass vaccination work stream – Claire Beynon, Consultant in Public Health	Jane Williams, Senior Nurse and Vaccination and Immunisation lead.
Senior Planner – Ruth Treharne	Kirstie King, Programme Manager
Programme Manager – Kirstie King	Senior Planner – Ruth Treharne



## Regional Tactical Group - Membership, Roles and Responsibilities

(Appendix 2 sets out the terms of reference for the group).

Role	Nominated Deputy
Deputy Director of Public Health and Chair – Angela Jones	Jennifer Evans, Principal Health Promotion Specialist
Bridgend CBC representative for contact tracing / cluster management* - Operational Manager Commercial Services Christina Hill (on maternity leave until early 2021 Jane Peatey covering).	Angela Clack, Lead Officer Infectious Disease Kate Mackie, Acting Team Manager
Merthyr Tydfil CBC representative for contact tracing / cluster management - Sian Rapson	Susan Gow
RCT CBC representative for contact tracing / cluster management – Rhian Hope, Head of Public Protection,	Sian Bolton, Regional Team Leader
CTM UHB Continuing Care Team representative – Sian Lewis	Victoria Edwards
CTM UHB IP&C Team representative Bethan Cradle	Sarah Morgan
Surveillance work stream representative - Rutuja Kulkarni-Johnston	Ciaran Slyne, Senior Analyst
Testing work stream representative–Elaine Tanner	Ceri Willson
Communications / community engagement work stream representative – Julia Sumner, Communications Team	Natasha Weeks, Communications Team
Healthcare Epidemiologist - Amy Plimmer	Senior IPC Nurse
Public Health Wales Health Protection Team representative (open invite) Phillip Daniels, Consultant, Public Health Wales	Heather Lewis, Consultant in Health Protection James Hughes, Health Protection Nurse
Programme Manager – Kirstie King	Ruth Treharne, Senior Planner

## Work Streams

There are four work streams as follows, with each has its own group membership and work programme:

- Testing and sampling work stream led by Elaine Tanner
- Contact Tracing work stream led by Louise Davies



- Protect work stream led by Rachel Rowlands
- Mass vaccination work stream led by Claire Beynon

## Enablers

There are three enabling functions as follows:

- Surveillance led by Rutuja Kulkarni-Johnston.
- Communication and Behavioural Intelligence led by Sara Thomas.
- Recovery – with an Intelligence Task and Finish Group currently set-up, chaired by Kelechi Nnoaham.

### **3. Communicable Disease Outbreak Plan for Wales; Outbreak Management in Hospital Settings; Wales Framework for Managing Major Infectious Disease Emergencies and Wales Resilience Emergency Civil Contingency structures**

The Communicable Disease Outbreak Plan for Wales, July 2020 should be used as the template for managing all communicable disease outbreaks with public health implications across Wales and sets out the following arrangements:

*The Outbreak Control Team (OCT) is a collaborative arrangement between organisations operating to the rules of engagement set out in this [Communicable Disease Outbreak Plan for Wales ] plan. This plan does not confer on any organisation any additional accountability for the oversight of the actions of other organisations and does not affect any pre-existing oversight arrangements. Each organisation is accountable for their own response and actions and should have their own governance arrangements in place to ensure this.*

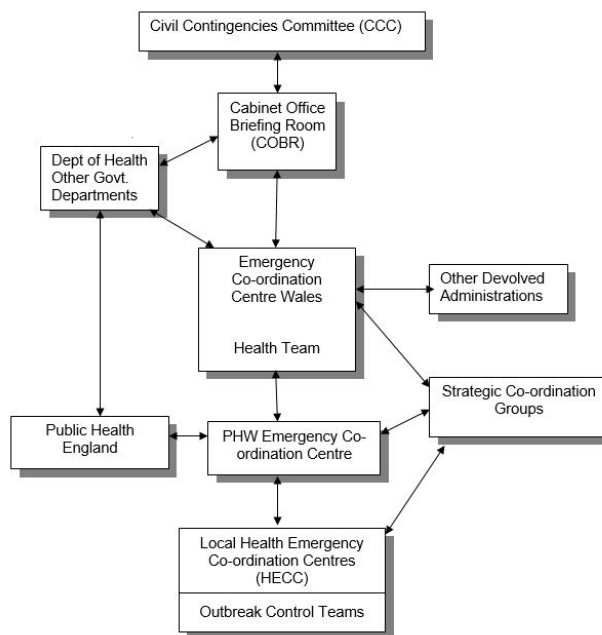
*For outbreaks occurring in hospitals, a separate plan for "Outbreak Management in Hospital Settings" should be followed. However, if a hospital outbreak has any potentially serious public health implications outside the hospital setting, then the Communicable Disease Outbreak Plan for Wales takes precedence in control of the outbreak.*

*Where there is a cross border outbreak affecting people living in one or more of the other UK countries or cases are part of an international outbreak, the participating Outbreak Control Team's arrangements may differ. For example, if the response is led by a Team from another country, it may be chaired by a representative of an agency outside Wales, but the principles of this plan should still apply and the Welsh response should be guided by the requirement to protect the public's health.*



*There will be rare occasions where an outbreak may necessitate the activation of civil contingency arrangements. This is likely to be where the nature and scale of the communicable disease overwhelms services, or where it creates wider strategic issues or risks that may have a serious impact on the public. In such a scenario, the Wales Resilience Emergency Civil Contingency structures will be employed or invoked. Part 7 of this plan outlines in detail the assessment process with the relevant Local Resilience Forum, the activation of a Strategic Co-ordinating Group if required and the co-ordination and communication with Welsh Government in these circumstances.*

*If the Wales Framework for Managing Major Infectious Disease Emergencies is activated, the diagram below outlines the co-ordination arrangements and where Outbreak Control Teams (and thus the arrangements in the Communicable Disease Outbreak Plan for Wales) sit. In exceptional circumstances there are also specific UK arrangements for bioterrorism or other particular infectious disease threats which take precedence over these plans.*





*In terms of the links between the arrangements above and the CTM TTP, the latter would need to operate in support as far as possible, particularly with the Outbreak Control Team (OCT) and Local Resilience Forum Strategic Co-ordinating Group (SCG). Whilst there would be no direct accountability arrangements, as the OCTs and SCG are also partnership arrangements, it is recognised that are likely to be some significant overlaps in membership which should assist with closer working together.*

#### **4. Other Partners (including the Regional Partnership Board and Public Services Boards)**

Links are made with other partners, on a two way basis, as appropriate and depending on requirements. For example, the Regional Partnership Board (RPB) is connected through the Chair of the Partnership who also leads on the Protect work stream for CTM. The two Public Service Boards (PSBs) are connected into the programme via some cross membership including the Chair and Vice-Chair of the RSOG and the lead for the Protect work stream.

Other organisations may also have their own emergency planning arrangements in place such as the Local Health Board(s) and Local Authorities, which the CTM TTP programme links across to as necessary and vice versa, where required.

#### **5. Meeting Frequency**

- Regional Strategic Oversight Group: Meetings are held fortnightly on a Tuesday with frequency increasing or decreasing as required.
- Regional Tactical Group: Meetings are held weekly.
- Work Streams and enabling functions: as required and varies by individual group.

#### **6. Work Programme**

Each group or work stream holds its own inter-linked work programme. These remain continuously under review by the relevant groups and link into the over-arching programme action plan.

#### **7. Governance Arrangements**

As a consequence of the outbreak of COVID-19, this regional oversight arrangement has collectively been tasked by Chief Executives, with centrally co-ordinating the CTM Test, Trace and Protect programme that affects all of the participating agencies. It is noted that the arrangement is not a legal entity and neither are its operating structures (including the



Bwrdd Iechyd Prifysgol  
Cwm Taf Morgannwg  
University Health Board

Regional Tactical Group and Working Groups). The oversight arrangement operates as a partnership between membership agencies and reiterates the sovereignty of individual agencies.

The programme's role as a coordinating function does not have the collective authority to issue executive orders to member agencies and cannot assume any liabilities in relation to its coordinating activities and/or any decisions which are taken jointly for example in terms of quality, information or financial governance). However it retains a strong and shared commitment to work openly together and take decisions in the spirit of partnership, with the overriding shared aim of delivering for the benefit of the communities it serves.

## **8. Issues Log and Risk Register**

Issues are fed into RSOG or RTG depending on the nature and as required. Risk management also operates at each level with risks fed into RSOG or RTG depending on the nature. This work also informs the situation reporting on TTPs for the South Wales Resilience Forum SCG as required.

## **9. Lessons Learnt Log**

A lessons learnt log has been developed and held at strategic oversight level by the Programme Manager. This is informed by feedback from across the programme. All staff and partners will be encouraged to participate in sharing lessons on a live basis and fed back into the programme so we are learning from experience and also practice elsewhere.

## **10. Communications**

Good communications are vital and work across the various levels of the programme, including a dedicated enabling function on this with its own work programme.

## **11. Review**

This document will be kept under regular review with any significant changes signed off at the Regional Strategic Oversight Group.

## CTM COVID-19 Regional Strategic Oversight Group

### Background

The Welsh Government's strategy "Test, Trace, Protect" (May 2020) lays down the principles for leading Wales out of the COVID-19 pandemic. It sets out a framework for the effective control of coronavirus transmission before, during and after the relaxation of lockdown restrictions.

Public Health Wales' Public Health Protection Response Plan provides greater detail as to what measures need to be implemented. Included within this plan is the concept of 'Regional Response Teams' for each Health Board footprint and led by the local Director of Public Health. This arrangement is responsible for the contact tracing and cluster management activities, but also must have a remit for other themes as the Health Board is responsible for the health of their local population and the local authorities are the relevant health protection authorities under public health legislation.

Within the CTM area this response is led by the CTM COVID-19 Strategic Oversight Group, with activity directed by a Tactical Group..

### Strategic Aim of the CTM Response

*To maintain and enhance an appropriate test, trace and protect system that reduces the risk of a rapid increase in illness and deaths due to COVID-19 infection and contributes to the development of a population-based recovery model, focused on the transition from a pandemic to endemic position.*

### Objectives of the Strategic Oversight Group

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of prevention, quarantine, enforcement, contact tracing, surveillance, testing, isolation, vaccination, protect & community engagement, communication & behavioural insights.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons and to run this service 7 days a week.
4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection, including new variants of concern, in: health and care settings, other enclosed settings and the wider community.

6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Continue to support the delivery of an end-to-end pathway for the delivery of a COVID-19 Vaccination Programme within CTM.
9. Prepare for a recovery approach as a programme, as we move out of a health pandemic to an endemic situation.
10. Work with other partners to understand the impact on COVID outcomes of health inequalities and other risk factors in our communities during the pandemic and agree a collective approach to prioritising action for the future to target and reduce health inequalities.
11. Prepare a lessons learnt report to capture reflections from the programme to feed into any future planning arrangements.
12. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

## Remit

The CTM COVID-19 Strategic Oversight Group shall lead on all activity within the CTM area relating to the control of COVID-19. This activity shall include contact tracing, testing, protect and vaccination, supported by enablers focused on communication on COVID-19 matters surveillance and recovery planning..

## Membership

All members shall identify an appropriate deputy that can attend in their absence.

**Chair:** Director of Public Health, CTM UHB and Programme Senior Responsible Officer

**Vice Chair:** Group Director of Community and Children's Services, RCT CBC

Bridgend CBC Director / Senior Manager

Merthyr Tydfil CBC Director / Senior Manager

RCT CBC Director / Senior Manager

CTM UHB IP&C Team representative (Infection Control Doctor or Lead IP&C Nurse)

Testing and Sampling work stream lead

Contact tracing work stream lead

Protect work stream lead

Vaccination work stream lead

Surveillance enabling function lead

Communications / community engagement enabling function lead

Public Health Wales Health Protection Team Consultant in Communicable Disease Control /

Consultant in Health Protection (open invite)

Chair of CTM COVID-19 Regional Tactical Group

Senior Planner

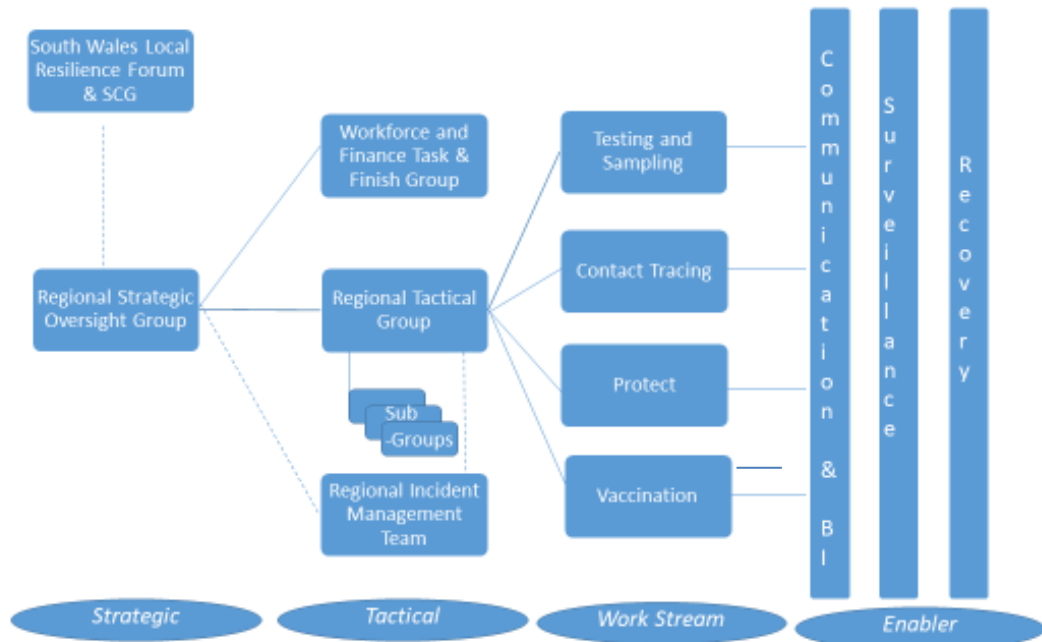
Programme Manager

## Meetings

Meetings shall be held fortnightly – Tuesday. During the meetings representatives shall report briefly on the following topics:

- Surveillance report on cluster identification, transmission rates, key information required to monitor the performance of activity.
- Clusters within specific settings that have a direct impact on the wider community or other settings.
- Testing capacity, performance and arrangements available to those within CTM and issues to be escalated.
- Contact tracing in each local authority area, clusters identified and issues to be escalated.
- Protect arrangements in each Local Authority area and issues to be escalated.
- Vaccination arrangements in each Local Authority area and any relevant issues to be escalated.
- Communication and community engagement.
- Recovery planning as it relates to the TTP and in support of others such as the Public Service Boards for example.

## Governance Structure



## CTM COVID-19 Tactical Group

### Background

The Welsh Government's strategy "Test, Trace, Protect" (May 2020) lays down the principles for leading Wales out of the COVID-19 pandemic. It sets out a framework for the effective control of coronavirus transmission before, during and after the relaxation of lockdown restrictions.

Public Health Wales' Public Health Protection Response Plan provides greater detail as to what measures need to be implemented. Included within this plan is the concept of 'Regional Response Teams' for each Health Board footprint and led by the local Director of Public Health. This arrangement is responsible for the contact tracing and cluster management activities, but also must have a remit for other themes as the Health Board is responsible for the health of their local population and the local authorities are the relevant health protection authorities under public health legislation.

Within the CTM area this response is led by the CTM COVID-19 Strategic Oversight Group (chaired by the Director of Public Health).

### Strategic Aims of the CTM Response

1. To PREVENT deaths from COVID-19
2. To PROTECT the health of the people in our community

### Objectives of the Tactical Group

13. Protect the health of the population by directing activity to manage the transmission of COVID-19. Target effort towards reducing incidence of the disease month on month.
14. Identify COVID-19 cases by the collective efforts of communication and engagement; surveillance; contact tracing and testing.
15. Support the effective use of testing capacity to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons.
16. Support local teams to provide advice to cases and contacts on self-isolation to minimise transmission.
17. Direct efforts for the effective control of clusters in: Healthcare settings; other enclosed settings; the wider community.
18. Enable the contribution to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.

### Remit

The CTM COVID-19 Tactical Group shall direct activity within the CTM area relating to the control of COVID-19. This activity shall include contact tracing, testing and communication on COVID-19 matters and be led by surveillance, other intelligence and guidance available to the Group. However this Group shall not deal with operational and managerial matters



relating to the provision of resources – this shall be a matter for the Strategic Oversight Group, work streams and partner organisations.

## Membership

All members shall identify an appropriate deputy that can attend in their absence.

**Chair:** Deputy Director of Public Health, CTM PHT  
Bridgend CBC representative for contact tracing / cluster management\*  
Merthyr Tydfil CBC representative for contact tracing / cluster management\*  
RCT CBC representative for contact tracing / cluster management\*  
CTM UHB Continuing Care Team representative  
CTM UHB IP&C Team representative  
Surveillance work stream representative  
Testing work stream representative  
Communications / community engagement work stream representative  
Healthcare Epidemiologist  
Public Health Wales Health Protection Team representative (open invite)  
Programme Manager

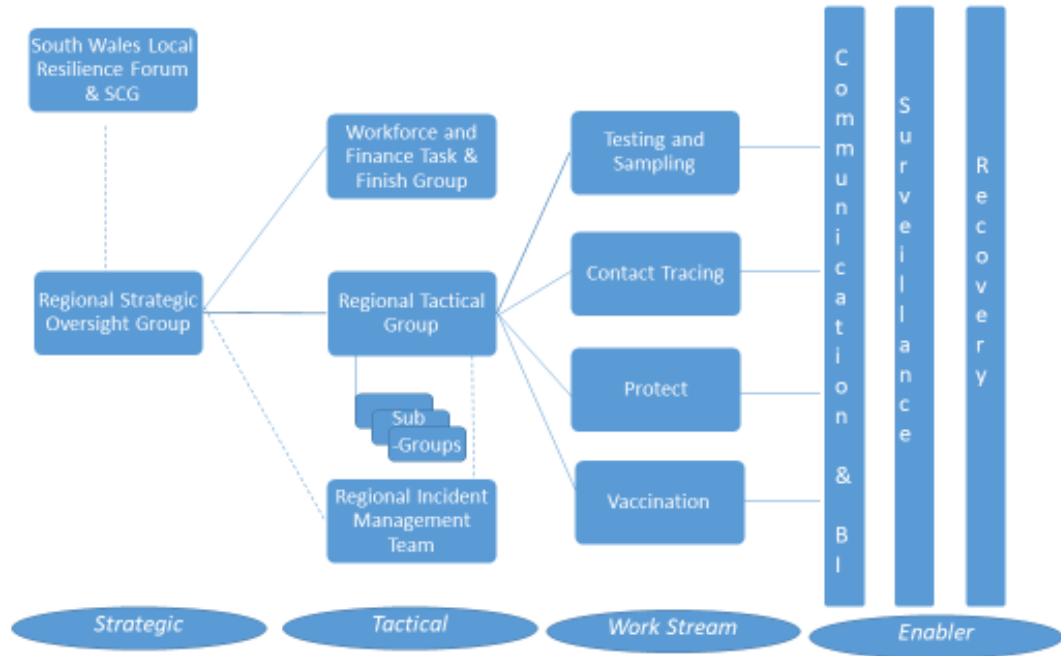
\*Collectively they shall report on contact tracing and cluster management issues within their area.

## Meetings

Meetings shall be held weekly – Monday. During the meetings representatives shall report briefly on the following topics:

- Contact tracing in each local authority area, clusters identified and issues to be escalated
- Testing capacity and arrangements available to those within CTM and issues to be escalated
- Surveillance report on cluster identification, transmission rates key information required to direct action
- Communication messages and activity
- Clusters within specific settings that have a direct impact on the wider community or other settings

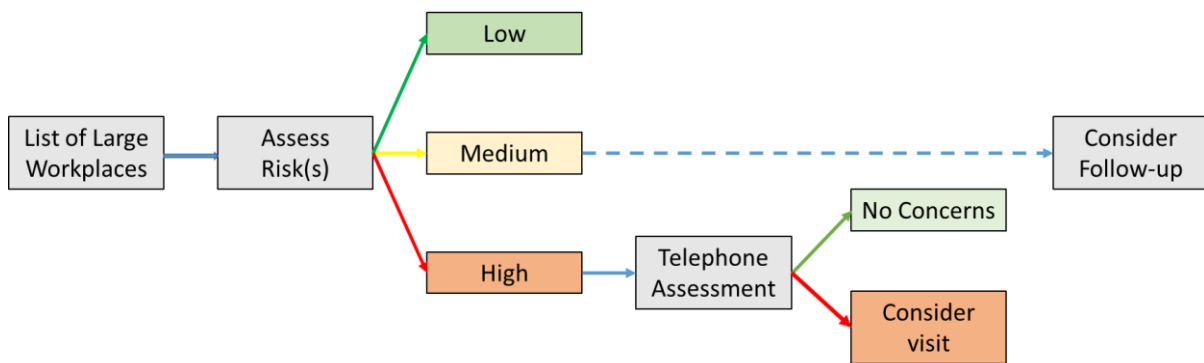
## Governance Structure



# Risk assessment process for large commercial premises (Covid 19)

## Background:

There is a risk of clusters of Covid 19 developing at large workplaces, due of the nature of work undertaken and difficulties in maintaining social distancing. Proactive assessment should be made of the risks posed by individual settings and contact made with those considered high risk, to support the implementation of control/ mitigation measures.



## Steps:

1: Develop / compile list of workplaces using available databases and soft intelligence.

2: Initial risk assessment, categorising settings as high, medium and low risk

Risk factors may include:

- Meat processing and packing plants.
- Large workforce - 250 plus
- In absence of workforce size, throughput can be used as a proxy.
- Staff who are likely to share HMOs and or/ transport
- Wet, cold, poorly ventilated enclosed working environment.
- Low/ no natural light.
- Production lines where it would be hard to socially distance.
- Previous history regarding regulation/ compliance

Meat processing plants will have FSA staff on-site and can provide intelligence, for EHO action

3: Call settings, prioritised by risk, to talk through risks / mitigation

Guidance for reopening Manufacturing premises can be accessed via Health Working Wales: [LINK](#)

Food Innovation Wales have produced a risk assessment for workplaces (May be applied to non-food premises): [LINK](#)

4: Following telephone assessment, consider visits to settings deemed at high risk

# Considerations for Local Enhanced Covid19 Measures

In May 2020, The Welsh Government published its approach to moving out of the current COVID-19 lockdown, “***Unlocking our society and economy: continuing the conversation***”. This outlines a “traffic light” approach to easing restrictions in a number of key domains (see **Annex 1**). This document explicitly references that, where local increases in incidence cannot be controlled through ‘Test Trace and Protect’, it may be necessary to re-impose measures. Progression from lockdown, through red and amber to green may not proceed at the same rate for all areas and it may be necessary to reverse course in some areas should conditions worsen.

**Figure 1** outlines a phased approach to identifying and responding to local increases in incidence. The objectives and actions at each phase build stepwise towards implementation of local lockdown.

Where deemed necessary to (re)introduce locally enhanced measures, consideration should be informed by available evidence, to limit ongoing transmission whilst minimising the impact on the local population and economy.

Where local “hotspots” are identified/suspected, it will be necessary to increase testing and surveillance to generate evidence of increased incidence.

## **Consider:**

- Enhanced/ proactive testing, particularly of large workplaces and other enclosed settings.
- Enhanced surveillance to identify “hotspots” and areas of concern
- Drawing on surge capacity to bolster local ‘Test, Trace and Protect’ provision

<b>Phase</b>	<b>Stable</b>	<b>Re-emergence</b>	<b>Community</b>
<b>Objective</b>	<ul style="list-style-type: none"> <li>Minimise spread of infection</li> <li><b>Plan</b> to ensure readiness to respond to re-</li> </ul>	<ul style="list-style-type: none"> <li>Intervene early to prevent further spread of infection</li> <li><b>Prepare</b> response for community outbreaks</li> </ul>	<ul style="list-style-type: none"> <li><b>Act</b> to contain community outbreak</li> </ul>
<b>Response</b>	<ul style="list-style-type: none"> <li>Surveillance</li> <li>Communications</li> <li>Management of clusters/outbreaks in discreet settings</li> <li>Define thresholds for Re-emergence and Community Outbreak</li> <li><b>Plan</b> to ensure readiness to response to Re-emergence and Community Outbreak</li> </ul>	<p>As Plan plus</p> <ul style="list-style-type: none"> <li>Intensive surveillance</li> <li>Enhanced communications to warn public of heightened risk and encourage greater social distancing</li> <li>Liaise with WG and consider terms of potential 'local lockdown' – the measures to be used and their geographical extent – and <b>prepare</b> to implement</li> </ul>	<p>As Prepare plus</p> <ul style="list-style-type: none"> <li>Confirm terms and <b>implement</b> 'local lockdown'</li> </ul>
<b>Indicators</b>	<b>(1) Daily COVID-19 test positivity rates, (2) Weekly total of new cases, and (3) 7-day rolling cumulative positive cases</b>		
<b>Triggers</b>			
<b>Threshold</b>	<p>All indicators within 3 standard deviations of baseline (15<sup>th</sup> June 2020)</p> <ul style="list-style-type: none"> <li>Overall HB; and</li> <li><b>All</b> local authority areas; and</li> <li><b>All</b> built up areas</li> </ul>	<p>All Indicators &gt;3 standard deviations above baseline</p> <ul style="list-style-type: none"> <li><b>One or more</b> local authority areas; or</li> <li><b>One or more</b> built up areas</li> </ul>	<p>All Indicators &gt;5 standard deviations above baseline</p> <ul style="list-style-type: none"> <li>Overall HB; or</li> <li><b>One or more</b> built up areas</li> </ul>
<b>AND</b>			
<b>Other situational awareness</b>	<ul style="list-style-type: none"> <li>Higher case rate or increase in case rate cannot be explained by higher rates of testing - i.e. positivity rate is not artificially low compared to previous periods or other areas.</li> <li>Higher case rate or increase in case rate cannot be explained by cases related to one or more outbreaks in discreet settings that could be managed through a response targeted at these settings</li> </ul>		

**Figure 1: Phased Approach for (re)escalation for locally enhanced measures**

NB: Baseline= Rate as of 15<sup>th</sup> of June 2020

## **Enforcement of enhanced measures**

Where possible, measures should be enforced by communities and individuals themselves. Where necessary, measures may be enforced through a combination of statutory powers drafted by the Government and existing local enforcement powers, which can be triggered to protect the public. The Government powers will reverse some easements, which have already happened, and defer others which were due to take place.

Specific enforcement powers such as those under the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 or the Part 2A Order under the Public Health (Control of Disease) Act 1984 are delegated to authorised officers to use in accordance with the Council's corporate enforcement policies. More strategic decisions concerning for example the closure of public services or imposition of local restrictions will need to be made by the Leader of each Council with their Cabinet. If the decision is urgent, each Council will have arrangements to make an urgent decision for example by way of an Executive Decision.

### **Consider:**

- Arrangements and responsibilities for declaring and enforcing enhanced measures, including relevant authorities (Las, LRF, etc.) and expertise.
- Developing clear, targeted, public engagement to develop public understanding and support for enhanced measures.
- Working with national (UK/ WALES) government to develop/ adopt tailored legal powers.
- Publishing details of relevant legal powers on website(s) (Local Authority, Public Health Wales, Health Board(s)).
- Proactive enforcement of social distancing in public areas (police/ community wardens/ Social distancing "champions") and workplaces (EHOs).
- Establishing/ publicising contact routes for reporting non compliance

### **Communication**

In the event of localised increases in rates of COVID-19 infection, the public and relevant stakeholders should be kept informed, to increase awareness of risks, ensure local support and reduce potential of onward transmission.

### **Consider**

- Provision of public information on
  - Geographical scale of the affected area, based on enhanced surveillance
  - likely length of time for enhanced restrictions (subject to review based on local incidence)
  - Nature of local restrictions, including closure of businesses/ facilities
  - Sources of information/ support

- Provision of information in a range of media (social media platforms, press releases, posters, mail shots etc,)
- Provision of information in a range of community languages, as appropriate (including British Sign Language)
- “Segmentation”/ tailoring messages for specific groups (using behavioural science informed approaches), with appropriate “routes in”/ two way communication.
- Reinforcement of key messages related to:
  - Signs and symptoms
  - Access to testing
  - Hand hygiene- with enhanced public provision of hand hygiene stations, etc.
  - Social distancing

### Travel

It may be necessary to restrict travel in order to reduce likelihood of transmission.

#### Consider:

- Recommending travel within, into and outside of the affected area, ONLY if such travel is essential, e.g.:
  - work (if you cannot work from home),
  - to obtain essential food or medical supplies, or
  - to take exercise (restricted to once a day, in the local area, observing social distancing).

### Schools/ Colleges/ universities

Schools in Wales began phased opening on 29 June. Depending on the time of year, it may be necessary to close/ restrict opening of schools, colleges and universities.

#### Consider:

- Schools remaining open for children of key workers and vulnerable children
- Closing of schools to all other pupils, as per prior to lifting of restrictions
- Schools remaining closed until a given date (e.g. following school holidays)
- Supporting provision of enhanced teaching (web based, workbooks, etc), to enable learning from home.
- Working with universities and to ensure infection prevention and control in shared housing.
- Encouraging online/ staggered tutorials and lectures

### Businesses/ shops

Reopening of non-essential shops/ businesses in Wales has proceeded in a phased manner. In the event of increased local transmission, this may need review at the local level.

#### Consider:

- Restricting the (re)opening of non-essential businesses. This would include:
  - Pubs/ Restaurants/ social clubs



- Hairdressers;
- leisure facilities/ gyms;
- cinemas;
- museums / galleries;
- theme parks/ arcades;
- Financial support for businesses required to close (will require national agreements)

### Community facilities

Access to / use of community facilities may need to be limited

Consider:

- closure of community facilities:
  - libraries;
  - places of worship;
  - community centres;
  - playgrounds;

### Extended Households/ Support Bubbles

Two households have been able to join together in one "bubble" household in Wales from July 6<sup>th</sup>, to meet in each other's houses or outside, while observing social distancing.

**Consider:**

- Limiting the formation of support bubbles, to reduce risk of transmission

### Individuals who are shielding

The Chief Medical Officer for Wales has advised that shielding should continue until the 16 August 2020. A letter has been sent to everyone in Wales who is shielding to tell them this and what to do next.

Individuals who are shielding can now form an **extended household with another household**. However, physical distancing within an extended household should continue where possible.

Those who are shielding can continue to leave home to exercise or meet outside with people from another household. They should strictly follow physical distancing (2 metres or 3 steps away from another person) and you should practice good hygiene using a hand sanitiser and avoiding touching things touched by others.

**Consider:**

*Pre 16<sup>th</sup> August 2020:*

- Advise against forming an extended household
- Advise against non-essential trips out of the house.

*Post 16<sup>th</sup> August 2020 (in addition to above):*

- Local extension of shielding provision (including letters to enable exclusion from work)
- Explore provision of food/ medicine delivery

Support for vulnerable People

Consider:

- Providing a contact email/ telephone number for individuals requiring support/ information
- Local arrangements for support with food/ medicine delivery

## Appendix 1: Restriction Domains ([LINK](#))

<b>Education and Care for Children (Includes HE and FE)</b>	
<b>LOCKDOWN</b>	Closed except to key workers and vulnerable children. Outreach services in place.
<b>RED</b>	No change, but able to manage increase in demand from children already eligible to attend schools and childcare.
<b>AMBER</b>	Priority groups of pupils to return to school in a phased approach.
<b>GREEN</b>	All children and students able to access education. All children able to access childcare.

<b>Seeing family and friends</b>	
<b>LOCKDOWN</b>	Stay at home and contact only within households (limited exceptions).
<b>RED</b>	Seeing one person from outside your household to provide or receive care or support whilst maintaining appropriate social distancing.
<b>AMBER</b>	Taking exercise with one other person or small group whilst maintaining appropriate social distancing.
<b>GREEN</b>	Meeting one other person or small group to socialise whilst maintaining appropriate social distancing.

<b>Getting around</b>	
<b>LOCKDOWN</b>	Leave the house for essential travel only.
<b>RED</b>	Local travel, including for click-and-collect retail. Promote active travel and adapt public transport for physical distancing.
<b>AMBER</b>	Allow outdoor leisure and recreation. Travel for leisure, access non-essential retail and services, and more people travelling to work.
<b>GREEN</b>	Unrestricted travel subject to ongoing precautions.

<b>Exercise, playing sport and games</b>	
<b>LOCKDOWN</b>	Exercise once a day outside of house on own or with household.
<b>RED</b>	Exercise more than once a day and incidental activity locally. Outdoor sports courts to open. Elite athletes resume some activity.
<b>AMBER</b>	Team and individual sports, non-contact sport and games in small groups indoors and outdoors. Some outdoor events with limited capacity and events behind closed doors for broadcast.
<b>GREEN</b>	All sports, leisure and cultural activities open, with physical distancing. All events resume with limited capacity.

Practicing faith	
<b>LOCKDOWN</b>	Closure of places of worship, with exceptions for funerals and cremations.
<b>RED</b>	Opening of places of worship for private prayer under physical distancing.
<b>AMBER</b>	Limit services and size of congregations linked to ability to ensure physical distancing.
<b>GREEN</b>	All places open with full range of services, alongside physical distancing.

Relaxing and special occasions	
<b>LOCKDOWN</b>	Stay at home and only leave the house for essential purposes.
<b>RED</b>	Some opening of outdoor cultural and other sites. Relaxation and leisure outdoors where local.
<b>AMBER</b>	More cultural and leisure sites to reopen (e.g. museums and galleries). Weddings and other events with limited capacity and physical distancing.
<b>GREEN</b>	All special occasions and cultural and leisure activities permitted with precautions in place.

Working or running a business	
<b>LOCKDOWN</b>	Work from home if possible. List of businesses required to close. 2m requirement in workplaces where not possible to work from home.
<b>RED</b>	More outdoor work and click-and-collect retail. Businesses not required to close (e.g. construction) reopening under safe working practices.
<b>AMBER</b>	Non-essential retail to reopen with physical distancing. Trial some personal services under appointment (e.g. hairdressers). Accommodation businesses open without shared facilities.
<b>GREEN</b>	Restaurants, pubs and customer contact industries under physical distancing. All businesses and workplaces open under new protocols.

Going shopping	
<b>LOCKDOWN</b>	Essential retail only face-to-face.
<b>RED</b>	<b>Include click-and-collect for non-essential retail.</b> Begin making adaptations to public realm (e.g. town centres).
<b>AMBER</b>	Can access most non-essential retail where adaptations are possible to maintain physical distancing. Town centres and high streets adapted to facilitate shopping and accessing services under physical distancing.
<b>GREEN</b>	Able to access all retail and leisure facilities whilst taking reasonable precautions.

<b>Going shopping</b>	
<b>LOCKDOWN</b>	Access to emergency or essential services only.
<b>RED</b>	Increase the availability of public services gradually (e.g. waste and recycling, libraries). Increase scope of essential health and Social Care services
<b>AMBER</b>	Continue to increase the availability of public services. Increase access to non-essential health and care services (e.g. elective surgery, dentistry).
<b>GREEN</b>	Access to all normal public, health and social care services under physical distancing where possible or precautions in other settings.

# Weekly summary of Covid-19 surveillance indicators for CTM UHB, compiled by CTM PHT on 22/02/2021 (1200hrs)

No.	Indicators	This week (ending 20/02/2021)	Last week (ending 13/02/2021)	Summary/interpretation	Notes
<b>Objective 1: Monitor intensity and severity of COVID-19 spread in CTM</b>					
1a	Number of weekly cases for CTM and LA residents	*Decrease	Decrease	237 cases this week (52.8 cases per 100,000), from last week 301. Rates by LA. BD – 42.8, MT – 66.3, RCT – 55.5	Number of new weekly first positive cases. *MT rate increased from 56.4 last week
1b	Positivity rate for CTM and LA	*Decrease	Decrease	Positivity rates above 5.9% in CTM – highest in MT – 6.2%	Using PHW data. *MT increased
1c	Number of COVID-related ICU admissions in CTM hospitals	Decrease	Decrease	6 pts in ICU this week	This admission may not be for COVID-related symptoms. Admission may be a continuation of previously reported patient admission
1d	Number of weekly deaths Covid-19 by location (ONS) for LA and CTM residents	Decrease	Decrease	34 Covid-related deaths in latest week (50 last week)	Two week delay, any mention on the death certificate, date of occurrence
1e	Weekly excess deaths (Covid mentioned, Covid not mentioned) for CTM residents	Increase	Decrease	Weekly deaths above 5-year average, 17 excess deaths (46 Covid), 13 excess deaths last week	Two week delay, any mention on the death certificate, LA not available, date of registration
1f	Deaths in CTM hospitals (provider population)	Decrease	Decrease	12**	COVID may not be the primary cause of death **Delays in data – could be higher (DOD 15/02/21-21/02/21 inc..)
1g	Number of positive cases by LSOA/postcode	Same	Decrease	1 LSOAs with more than 10 cases in last 7 days (1 last week)	Number of cases by LSOA/postcode to identify potential clusters
<b>Objective 2: Monitor behaviour of COVID-19 in at-risk group</b>					
2a	Number of cases in key workers by group and non-key workers, CTM and LA residents	Increase	Decrease	NHS 1, Care workers 21 Police 2, Education 5 ( 11 Care workers last week)	First positive cases by key worker group e.g. NHS, care home, police, other. Using LIMS and CRM.
2b	Number tested in care homes with a positive result, CTM and LA residents	Decrease	Decrease	8 cases this week (23 last week)	Number of first positive cases
2c	Rate of weekly cases per 100,000 by deprivation fifth, in CTM residents	High	High	Rates in most deprived quintile 3.4 times higher than the least deprived quintile	Rates by Welsh Index of Multiple Deprivation Quintile based on two weeks of data
2d	Age-specific rates per 100,000 in CTM	High	High	Highest rates in those aged 40-49 Highest positivity in those aged < 20	Based on two weeks of data
2e	Number of weekly contacts identified	Decrease	Increase	1,107 eligible contacts (91% followed up)	Data taken from CRM dashboard
<b>Objective 3: Monitor immunity to COVID-19 in CTM</b>					
3a	Proportion with antibodies by key worker group	N/A	N/A	NHS: 12.8%, Teachers: 5.1%	
<b>Objective 4: Detect outbreaks in hospitals and LTCFs</b>					
4a	Number tested in care homes with a positive result, by specific care home	Decrease	Same	1 care homes with more than one case (including staff)	
4b	Number of prison staff and prisoners with a positive result	Same	Increase	5 Staff, 1 Prisoner (Last week 5 prisoners and 1 staff)	HM Parc Prison, Bridgend. Provided by PHW. Based on date first notified by prison or TTP.
4c	Number of hospital infections by infection category by hospital (CAI, indeterminate, HAI)	Decrease	Decrease	44 admissions – HCAI 7, Probable HCAI 3, Indeterminate 0, CAI 17.	Totals may include cases where it was not possible to calculate status. This is often due to the fact that these patients are not admitted to hospital and as such normally fall into the CAI
<b>Objective 6: To deliver an end-to-end pathway for the delivery of a Covid-19 Mass Vaccination Programme within CTM</b>					
6a	Total number of vaccines received from the WG to the CTMUHB vaccination programme	N/A	N/A	138,613 doses received	Using vaccinations data provided by CTM information team
6b	Total number of vaccines delivered by the CTMUHB vaccination programme	N/A	N/A	123,677 doses given	Using vaccinations data provided by CTM information team
6c	Total number of vaccines delivered in the last week (Mon-Sun)	Decrease	Decrease	16,227 doses this week, 18,486 doses given last week	Using vaccinations data provided by CTM information team

Key:

No additional attention needed	Some attention advised	Escalation and attention required
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Note: Colour coding is based on the number of events and change over time, and specifically whether additional attention from RSOG is needed



# Covid-19 Testing Strategy

**Author(s):** Elaine Tanner;

**Distributed to:** CTM UHB TTP Regional Strategic Oversight Group

**Date:**

**Version: V6**

**Review History:** The Testing strategy has been updated at regular intervals since March 2020 and last approved in June. This is a review following Welsh Government Guidance

Draft Number & version		Author/ Editor	Date
1	1.0	Alice Purchades	May 2020
2	2.0	Alice Purchades/Joanne Williams	June 2020
3	3.0	Alice Purchades/Elaine Tanner	September 2020
1	4.0	Elaine Tanner	October 2020
2	5.0	Elaine Tanner	December 2020
	6.0	Elaine Tanner	January 2021



## **Executive summary**

COVID-19 antigen and antibody testing has been undertaken in health care settings and across communities within the Cwm Taf Morgannwg University Health Board (CTM UHB) footprint since March 2020.

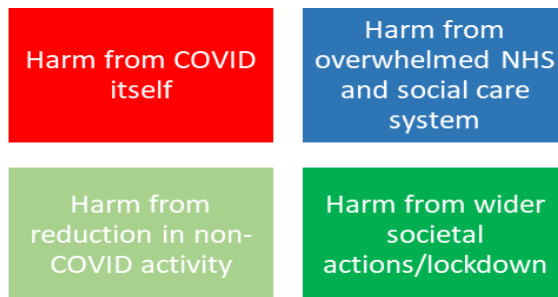
The recent refresh of the Welsh Government testing strategy (January 2021) has re focused priorities and also outlined the availability, and use, of new technologies around testing in an ever changing and dynamic field of preventing transmission, support and care for those with Covid-19.

Testing on its own does not remove or reduce the extent to which the virus is circulating in our communities. Everyone, irrespective of whether they have had a test recently, must maintain social distancing where possible, practise good hand hygiene and follow the guidelines on the wearing of face coverings in order to keep us all safe.

Testing does have a key role in reducing the harms associated with Covid-19 and since the last strategy was published, new testing technologies have demonstrated it is possible to test at far greater scale, frequency and speed than ever before.

As we begin 2021 our approach in CTM UHB will continue to evolve to meet the challenges we face. Testing will continue to play an important role alongside the vaccine in supporting us to save lives and livelihoods during 2021 and in the longer term.

The priority for testing as set by Welsh Government (WG) will be mirrored across CTM:



Our testing strategy aims to minimise or alleviate these harms wherever possible. In addition to using testing to diagnose and identify Covid-19 to help with treatment and to support contact tracing, thereby reducing the spread of the disease, we are realising the potential offered by new testing technologies to adopt approaches to testing that enable individuals to continue to receive in person education, to work to maintain key services when the prevalence of the virus is high, and also support the safe return to normal society and economic activity.

The WG have refreshed the existing testing key priorities:

1. To support NHS clinical care – diagnosing those who are infected so that clinical judgments can be made to ensure the best care.
2. To protect our NHS and social care services and individuals who are our most vulnerable.
3. To target outbreaks and enhance community surveillance in order to prevent the spread of the disease amongst the population.

4. Supporting the education system and the health and well-being of our children and young people and to enable them to realise their potential.
5. Identifying contacts of positive cases to prevent them from potentially spreading the infection if they were to become infected and infectious, and to maintain key services.
6. To promote economic, social, cultural and environmental wellbeing and recovery.

Put another way, our strategy is to:

1. Test to diagnose
2. Test to safeguard
3. Test to find
4. Test to maintain
5. Test to enable

Multiple requests are received for weekly asymptomatic testing across whole teams/workforce both internally to the NHS and social care and external organisations. This new strategy helps us move some way to being able to support those requests in new and innovative ways.

## 1.0 Background

Our understanding of COVID-19 is improving all the time helping us know how to interpret results and determine when testing can be of most benefit.

- The median incubation period is 5.1 days, and more than 97% of individuals who develop infection will do so by 14 days after exposure.
- Individuals are maximally infectious around the time of symptom onset. They are deemed infectious for 2 days prior to symptom onset and for 10 days after symptom onset, although infectivity declines significantly after 5 days. This gives us our self isolation period advice of 10 days from onset of symptoms
- The spectrum of symptoms is wide; a proportion of people will have severe infection, particularly the elderly or those with underlying conditions, up to 40% of people may have a mild symptoms or even be completely asymptomatic.
- During the course of a typical illness the amount of virus in upper respiratory tract increases and is maximal around the time of symptom onset, correlating with maximum infectivity. After this point viral protein (RNA) declines. Viral RNA may remain detectable for a prolonged period of weeks or months after recovery, although this does not represent live infectious virus. This is why we advise people not to be re tested – unless symptomatic – for 90 days following a +ve test.

Our understanding of the dynamics of infection, alongside the characteristics and performance of the various tests available to us, informs decisions on how best to use the different tests and the testing protocols that should be adopted.

The major elements for evaluation of test accuracy are diagnostic sensitivity and specificity, which determine the likelihood of false positive or false negative results:

- The likelihood of false positive results is primarily determined by the specificity of the test.
- The likelihood of false negative results is determined by the sensitivity of the test and the prevalence of COVID-19 in the test population.

## 2.0 Current types of COVID-19 test

There are two main types of test for COVID-19: antigen tests and antibody tests. Up until 1<sup>ST</sup> June 2020 in the UK, the only type of testing that was available at a large scale for COVID-19 was PCR antigen testing for active infection using an oropharyngeal or nasopharyngeal swab, we now have new and emerging tests available.

Since 1<sup>st</sup> June 2020, COVID-19 antibody testing for a possible immune response to a historic COVID-19 infection using a blood sample has also been made available to specific groups; in CTM UHB we are moving to re-introduce antibody tests to run alongside the vaccination programme.

This testing strategy has been split into two sections which cover antigen and antibody COVID-19 testing.

### **3.0. Antigen testing**

#### **3.1 Case definition for testing**

The case definition for testing for COVID-19 in for the general population in CTM is aligned with the Public Health England (PHE) COVID-19 case definition for COVID testing.

- Fever of >37.8
- And/or a new continuous cough
- And/or a loss of, or change in, normal sense of taste or smell (anosmia)
- Non-specific symptoms include shortness of breath, fatigue, loss of appetite, myalgia (muscle aches and pains), sore throat, headache, nasal congestion, diarrhoea, nausea and vomiting.

#### **3.2 Types of antigen testing**

##### Viral RNA

- RT-PCR tests are and will remain the mainstay of our testing capability. These are laboratory tests that can be performed on a range of ‘platforms’ which vary by volume and speed. Our aim remains that these tests should take 24 hours from sample taken to result delivered. RT-PCR tests are highly accurate with a diagnostic sensitivity of around 90% and a diagnostic Specificity of 99.96%. They can detect the presence of the virus long after someone has recovered from the disease and are no longer infectious.
- LAMP (loop-mediated isothermal amplification)
- DNA Nudge

##### Viral antigens

- Lateral Flow Tests (LFT) are non-lab based tests that provide results in 15-30 minutes. There are a number of different devices and some include equipment for reading the results. In Wales at present we are using Lumira DX which has a diagnostic sensitivity of 73.3% and a diagnostic specificity of 99.6% and Innova which has a diagnostic sensitivity of between 40% and 70% (depending on how the test is administered) and a diagnostic specificity of 99.94%.

In CTM, residents can access PCR antigen testing through multiple routes:

- Oropharyngeal swabs organised by CTM Health Board and taken in:
  - Hospitals for inpatients.

- Key/essential workers including household members can access testing through Community Testing Units in Kier Hardie Health Park (KHHP), Royal Glamorgan Hospital (RGH) and Bridgend Field Hospital – Ysbyty Seren.
- Care homes for care home residents, also staff who are unable to use the Department for Health and Social Care (DHSC) portal.
- Private residence/home tests are supported by the testing team for people who are unable to travel.
- WAST reserve Mobile Testing Units if deployed in CTM.
- CTM UHB Testing team supported mobile testing.

These swabs are currently processed in PHW operated laboratories in the University Hospital of Wales (UHW), Lab 2 IP5 at Newport and the Royal Glamorgan Hospital (RGH).

- Oropharyngeal and nasal swabs that are taken in:
  - The DHSC/Serco managed Abercynon Regional Testing Centre.
  - Delivered to care home staff through the WG care home portal
  - Delivered to people's homes using the Amazon courier service.
  - Taken at a Mobile Testing Unit (MTU) managed by DHSC/Serco and set up in response to a situation that requires additional community COVID-19 testing.
  - Delivered in any of the Local testing sites managed by DHSC/Mitie

These swabs are processed by Lighthouse laboratories.

Lateral Flow Devices – results within 15 – 30 minutes.

Lumira DX – a point of care test with results in approximately 15 minutes.

To date the agreed Potential use is :

- Symptomatic individuals
  - Emergency Departments to allow patient streaming.
    - Positive streamed to Red
    - Negative streamed to Amber awaiting confirmatory RT-PCR
  - Primary Care
    - Support streaming into secondary care

In CTM UHB this is being used in Emergency Departments, following a clear protocol and only requested by a senior clinical decision maker; currently a PCR is taken at the same time. The plan is to roll this out into Primary Care in the future.

Innova Lateral Flow Devices offer a turn- around time for results in approximately 30 minutes and will be utilised going forward as a way of supporting our communities, inviting asymptomatic individuals to be tested to support isolation of those asymptomatic +ve individuals and enable quarantine of contacts to prevent onward transmission. This device was used at part of the Merthyr and Lower Cynon whole area testing approach (see appendix xx – evaluation document/summary).

Lateral flow devices are also being used to support a number of testing programmes:-

- twice weekly asymptomatic testing of patient facing healthcare staff.
- testing visitors to care homes and as part the support offered to schools and higher education
- other workforces include South Wales Police
  - In all of the above programmes if anyone has positive result they are required to self-isolate and book a confirmatory PCR

This mixed model of testing will continue, with tests delivered through various routes to enable CTM to maximise the number of tests it can deliver and ensuring appropriate testing for different individuals and cohorts.

Private PCR antigen testing is also available in the UK, for example workplaces offering their own additional COVID-19 testing or private companies offering paid tests for people who need a negative test result before travelling abroad. These types of additional private antigen testing are not part of the current CTM TTP programme and are outside the scope of the CTM COVID-19 testing strategy.

The University of South Wales (USW) has developed an innovative loop-mediated isothermal amplification (LAMP) test which tests for active infection using a nasal swab. This test has recently been validated, and is now available for use in CTM. The LAMP test has the potential to be used both within a laboratory and as a bespoke point of care testing device. CTM UHB are working with USW to explore the possibilities for use of the LAMP test going forward and it will form part of the CTM response and capacity for testing.

#### Priorities

Priority		Focus	Welsh Government guidance	CTM action and Mode of testing	Lab
Harm from Covid-19 itself	Test to Diagnose	Supporting NHS Clinical care	Testing patients on admission and then every 5 days and on symptoms (unless +ve) Testing within 3 days of a planned admission	PCR  Lumira DX - admissions to ED and Primary care PCR	Acute site
Harm from overwhelming NHS and Social Care system	Test to safeguard	Protecting our most vulnerable	Regular asymptomatic testing : NHS staff	Rolling out LFD X 2 weekly Asymptomatic PCR	PHW
			Care Home staff	Weekly asymptomatic PCR	LHL



			Supported Living staff	Symptomatic or as part of outbreak management - PCR	PHW
			Special School staff	Symptomatic or as part of outbreak - management – PCR unless part of any schools initiative	PHW
			Domiciliary Staff	Symptomatic or outbreak management	PHW
			Staff working in other residential and care settings	Symptomatic or outbreak management	PHW
			Prisoners	testing of new prisoners transferred to Parc Prison	PHW
			Care home residents	Fortnightly PCR	PHW
			Visitors and visiting professionals	All visitors managed by care HCP may be part of NHS twice weekly LFD testing	LFD and confirmatory PCR
Harm from reduction in non covid-19 activity	Test to find	Targeting outbreaks, returning travellers with potential variants of concern and enhancing community surveillance	To identify and isolate cases <u>Symptomatic</u>	Keyworkers via CTU – PCR	PHW
			<u>Asymptomatic</u>	General public:	LHL
				Drive Through: Regional Testing sites	LHL
			Walk through: Local Testing sites	LHL	
			Mobile testing Units – flexibility to support communities	LHL	
			Home testing	LHL	
			<u>Asymptomatic</u>	Locally led based on surveillance focussing on areas of need – outbreaks/incidents	PHW
				Variants of concern – Return travellers from South Africa & Brazil and others as needed – currently day 2 and 8	PHW
			Asymptomatic community testing	Local community focussed testing based on surveillance. CTM TTP will	PHW/LHL





			Short term WG initiative to run over 4 weeks in March	identify 1 local community in each LA LFD with confirmatory PCR	
	Test to Maintain	Supporting Education	Following WG guidance around testing in schools and Higher education	Currently LFD testing with confirmatory PCR (led by LA)	PHW
		Identifying contacts of positive cases to maintain key services	With WG support explore regular testing in workplaces to find cases and support surveillance Supporting contact tracing	Several pilots underway LFD and PCR For example: South Wales Police Certain Rail companies (led and supported by WG)	PHW/LHL
Harm from wider societal actions/lockdown	Test to enable	Promoting social economic and cultural wellbeing	In progress; testing to sit alongside vaccination to provide additional safeguards	Monitoring covid-19 positivity post vaccination in NHS staff	Any NHS staff symptomatic post vaccine – PCR PHW
Antibody testing		WG considering how to use studies to understand efficacy of the vaccine		Current plans on hold however have been developed in readiness for any future roll out	

### Testing Capacity

#### Overall PCR testing capacity if all sites (CTM UHB and DHSC sites) and MTUs are fully booked across CTM UHB = 3,037 per day\*

(Based on 10 minute appointments in the CTUs plus allowing for no reduction in DHSC allocation)

The staffing for CTUs is managed flexibly and the team support MTU deployment, incident/outbreak testing, asymptomatic staff testing, assisted care home testing and those pre-operative/pre procedure/transplant patients who have no transport and require a home test delivered. In order to support additional testing requirements, the CTUs often run effectively at 1 or 2 lanes; however remain flexible to ensure capacity can be increased to 3 lanes.

Venue	Current per day	Current per week	Increase to 3 lanes/day	Increase to 3 lanes /week
RGH	10 min – 39 5 min - 78	10 min – 273 5 min - 546	N/A 1 lane	N/A 1 lane



KHHP	10 min – 39 5 min - 78	10 min – 273 5 min - 546	10 min – 117 5 min - 234	10 min – 819 5 min - 1638
Bridgend	10 min – 39 5 min - 78	10 min – 273 5 min - 546	10 min – 117 5 min - 234	10 min – 819 5 min - 1638
Community outreach covering care homes and those with no transport	Variable up to 20 each day for no transport. Up to 6 care homes per day.	Variable up to 100 each week for no transport. Up to 21 care homes each week.		

Total 3 lanes in Bridgend and Merthyr and 1 lane in RGH

10 min appointments = 1911 per week 5 min appointments = 3822 per week

Regional Testing site - managed by Serco book on line or via 119

- Abercynon 8 lanes up to 1000 per day

Local Testing sites - in situ for 3 to 6 months: all walk through and pre booked via the DHSC portal and managed by Mitie

- Bridgend indoor bowls car park capacity 336/day
- Merthyr Leisure centre car park capacity 144/day
- Treforest university campus capacity unknown (\*based on 144/day)
- The Royal Mint car park in Llantrisant capacity unknown (\*based on 144/day)
- Aberdare College Car park - capacity unknown (\*based on 144/day)

Mobile Testing units – drive through (shortly will be able to deploy indoors) all booked via the DHSC portal or 119

X 3 Mobile Units - the average capacity per unit is 336/day giving an overall daily capacity of 1,008

## Results

Results of COVID-19 testing are delivered in different ways depending on the location of the testing.

- Hospital inpatients will have their results delivered by their clinicians.
- Anyone who is tested in a CTM UHB testing centre (this includes symptomatic individuals as well as asymptomatic healthcare workers tested as part of any random testing programme and pre-operative patients), are currently informed of their results via an automatic text message system. Those who cannot receive an automatic test message are phoned by staff from the local booking and results team.
- Anyone who receives a test using the Amazon couriered home delivery test kits, or attends the Abercynon Regional Testing Centre, a Mobile Testing Unit or Local testing site receives their results via an automatic text message system generated by the DHSC system.
- Care Home residents have their results delivered to the staff at the Care Home by phone by staff from the CTM UHB Testing booking team.

- Care Home staff who have their test taken through the online care home staff portal have their result emailed to the care home where they work; those supported by CTM UHB receive a text.
- Prisoners have results delivered by prison healthcare staff.
- Anyone participating the lateral flow device testing will have their result in 30 minutes and a confirmatory PCR delivered as outlined above

### Turn around Times for Tests

Prompt turn-around times from booking a test to receiving an accurate test result are essential for managing COVID-19, and allowing individuals and organisations to make the correct decisions to limit the spread of COVID-19. The Welsh Government Testing strategy states that it will *“work with partners to ensure that we achieve rapid turnaround times within 24 hours from test to processing.”*

PHW laboratories have a target of a 24 hour turn-around time for COVID-19 antigen testing; at times of increased pressure this may become longer. PHW lab leads and CTM UHB staff work closely to ensure improvements are made and reviewed to ensure turnaround times remain consistent.

Tests delivered to care homes for testing of care home residents are also advised to expect a 48 – 72 hour based on timing between the delivery of tests to the home and their collection, which is between 24-48 hours to allow for the swabbing of all patients. These results should be available within 48 hours of the test being collected from the Care Home.

Tests that are delivered using home test kits, the DHSC managed Abercynon Regional Test Centre, Mobile testing units, local testing sites and via the UK care home testing portal for care home staff, are sent to Lighthouse Laboratories for processing. These tests are outside the control of CTM UHB and PHW, therefore so are the turn-around times for tests delivered via these route, however they also have a target of a 24 hour turnaround.

Testing in all other groups will be decided on a case-by-case basis, depending on the situation and any potential mismatch in testing capacity and demand. When designing and implementing further local COVID-19 testing policies for additional groups across CTM TTP the following issues need to be taken into consideration:

- The current demand for COVID-19 testing across CTM UHB
- The most recent predictions for future demand for COVID-19 testing across CTM UHB
- The current sampling and analysing capacity for COVID-19 tests across CTM UHB
- The most recent predictions for future sampling and analysing capacity for COVID-19 tests across CTM UHB

Turnaround times are constantly reviewed; a process map from the time of taking a test through the laboratory process and to the results being given to an individual is being mapped to see where improvements can be made.

## **Antibody testing**

Natural antibodies are produced by the body in response to any infection and are usually found in the blood 2 weeks after infection. Antibody levels usually drop following recovery and in time may not be detected by a test.

Vaccine induced antibodies are produced post vaccination and also take time to develop; at this moment in time we do not know whether these antibodies to Covid-19 produced following vaccination will decline or whether individuals can still transmit the virus post vaccination.

On 1<sup>st</sup> June 2020, pre vaccine availability, serology testing was made available to NHS staff and those working in education to measure the seroprevalence of Covid-19 antibodies in these cohorts.

As we move into a new phase of Covid-19 management consideration needs to be given to the role of serology to help us to understand the efficacy and longevity in relation to immunity post vaccine, for individuals and across the population.

### Types of antibody testing

Previous Antibody testing across CTM UHB was via phlebotomy taking a sample of blood; point of care testing, which uses a small blood sample taken by finger prick, is also being developed and validated however is not yet widely used for antibody testing across CTM UHB

Private antibody testing is also available in the UK. Private antibody testing is not part of the CTM UHB testing strategy.

Planning has begun to recommence serology in CTM UHB however discussions are also happening at Wales wide level, therefore we need to wait to ensure we are in line with WG, scientific and Public Health guidance; therefore we pause our planning for now.

## **Risks and Risk management**

There are a range of factors which have the potential to limit the plans to implement the testing strategy and the ongoing COVID-19 testing in CTM.

### 1) Staff

Staff will be needed to carry out a range of roles within the ongoing testing response in CTM UHB.

The issues around staffing levels were outlined in the initial testing strategy. Some of these issues remain such as staffing levels being affected by staff who are required to self-isolate due to either themselves or a close contact becoming unwell. Another factor impacting staffing is the loss of staff to the vaccination programme – this is an ongoing concern; also staff on short term contracts will, and are, moving to substantive posts across the Health board leaving us in a constant phase of recruitment.

Current funding has enabled recruitment to posts on a fixed term contract basis, until the end of November 2021.

It is anticipated that Covid-19 testing will be ongoing and a requirement, in some form or other, for at least the next 6-12 months. It is crucial to identify a sustainable staffing resources for this period and therefore a review of staffing requirements will be carried out on a quarterly basis.

## Summary Analysis of TTP costs - 2021/22

	Regional response team	Contact tracing
CTM	672,181	945,504
PHW	-	-
Local Authority	58,322	5,201,418
Community Testing Proposal (April 2021)	355,638	
<b>Overall total</b>	<b>1,086,141</b>	<b>6,146,922</b>

Antigen sampling(outside hospitals), including booking and results	Antigen testing	Antibody sampling(including booking & results)	Antibody testing	Lab Testing
2,497,334	-	290,228	-	802,259
-	-	-	-	-
-	-	-	-	-
<b>2,497,334</b>	<b>-</b>	<b>290,228</b>	<b>-</b>	<b>802,259</b>

Total

**5,207,505**

-

**5,259,740**

**355,638**

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**10,822,883**

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## APPENDIX 8

### CWM TAF MORGANWWG TEST-TRACE-PROTECT PROGRAMME

#### ACTION PLAN

#### QUARTER 1 - 2021/2022

This plan is dynamic and continuously subject to review as the situation develops on the maintenance and enhancement of the Test, Trace and Protect Programme in Cwm Taf Morgannwg. The Public Health Protection Response Plan developed by Public Health Wales (PHW) on behalf of Welsh Government sets out three key elements:

- Preventing the spread of disease through contact tracing and case management.
- Sampling and testing different people in Wales.
- Population surveillance.

This strategic plan identifies the key actions required by partners across the Cwm Taf Morgannwg region to operationalise these elements.

To note in terms of this plan:

- Completed actions will remain in the plan for reference.
- Any actions that remain open at the close of the programme will need to be transferred into business as usual of the respective organisation(s).
- Progress in delivering the plan will be reviewed at RSOG meetings.

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
<b>OVERARCHING PROGRAMME PLANNING AND MANAGEMENT</b>						
Review CTM Regional Programme arrangement including Oversight Group, Tactical Group, Enablers and Work Streams as part of setting the 2021/2022 plan.	√					Signed off by the end of March 2021 by RSOG.
Ensure CTM TTP Oversight Arrangements are kept up to date as required with any fundamental revisions agreed by RSOG.	√					Latest revised version to be signed off by RSOG by the end of March 2021.
Agree and maintain CTM TTP Strategic Plan 2021/2022.	√					Regular review, quarterly as a minimum.
Maintain risk register	√		√	√		Ongoing, regular review at fortnightly RSOG
Issues identified to RSOG	√	√	√	√		
Maintain lessons learnt log	√		√	√		Ongoing with report produced at the end of the programme, date yet to be confirmed.
<b>WORK STREAM NO. 1 – SAMPLING AND TESTING</b>						
Update the CTM Testing Strategy as required and to ensure alignment with WG Testing Strategy.			√			Strategy and plan kept under regular review and updated as required in line with national and local policies.
Maintain and develop the testing work plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to ensure appropriate capacity for predicted demand.			√			
<u>Test to diagnose</u> (hospital testing).			√			Each quarter check that

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
						clinical pathways are updated where necessary to reflect testing requirements.
Provide tests for 100% of all symptomatic inhabitants of CTM, within 24hrs of them requesting a test.			√			Testing turnaround times good at present, but kept under regular review by work stream and RSOG (fortnightly). Also discussed weekly with DU.
<u>Test to safeguard</u> (high-risk settings-hospitals/care homes etc.).			√			Wider roll-out of asymptomatic testing to targeted populations (care home staff, supported living staff, domiciliary care workers, care home visitors) in line with WG strategy.
			√			Support, as is reasonable if requested by Local Authority colleagues, Bi- weekly asymptomatic LFD testing for care home staff.
			√			Continue to roll out asymptomatic LFD testing to NHS staff
<u>Test to find</u> (Community/ Outbreak/Cluster Testing).			√			Mobilise COVID-19 antigen testing in response to any local incidents or outbreaks as required and case finding around variants of concern.
			TFG			Operational plan in place to deliver Surge testing around Mass Testing for Variants of Concern
			√			Deliver community LFD testing proposal throughout March -

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
						possibly rolling into April 2021, subject to review. Carry out evaluation in April 2021 and aim to complete in May/June 2021.
Respond to local testing requirements in CTM for arriving travellers to the UK (if any) as system develops.			√			All returning travellers are tested once contact is established aiming to PCR test on day 2 and 8 of arrival back in the UK. Report back to contact tracing the outcome of delivering tests to returning travellers.
Provide serology tests for CTM staff/key workers/residents as directed.			√			Agreed proportion of all cohorts identified, are offered serology tests (NB currently on pause).
<u>Test to Maintain</u> - Support educational colleagues as required with asymptomatic testing in education/childcare settings.			√			Support is made available as is reasonable and when requested.
<u>Test to Enable</u> Promoting social and economic wellbeing.			√			Supporting the relaxation of lockdown to enable economic and social wellbeing by making available and implementing/supporting appropriate testing.
Recruit the testing workforce (antigen and antibody) as agreed in workforce plan.			√			Ongoing as required.
Ensure all stakeholders are kept informed of changes and developments.			√			Ongoing as required.
Need to consolidate uptake, positivity, surveillance, interpretation, enforcement for all the LFD testing that is ongoing and likely to			Task & Finish Group			Task and Finish group established under chair of DDoPH to ensure consolidation of approach,

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
expand as society and larger venues reopen. Currently schools, workplaces >50, community testing pilots, health care, care home visitors, police pilot etc.						support and appropriate surveillance.
Work with the TTP communications team to proactively identify opportunities to encourage testing for all symptomatic individuals in the population.			√			Proactive communications campaign underway around testing and availability across CTM, to continue into quarter 1 as required.
<b>WORK STREAM NO. 2 – CONTACT TRACING AND CASE MANAGEMENT</b>						
Continue to run an effective contact tracing and case management system in Cwm Taf Morgannwg.			√			Effective workforce plan in place with capacity required (April onwards)
Provide a backward contact tracing where required and resources allow.			√			BCT pilot completed (March) and BCT embedded into system as required (March onwards).
Respond to the contact tracing and case management requirements associated with any clusters or outbreaks requiring targeted intervention.			√			Ongoing action. Effective workforce plan in place with capacity required. Flexible resource within Regional Response Team, supported by LA Public Protection Teams to ensure effective management. Facility to designate Professional Leads to support cluster or outbreak management.
Respond to local contact tracing requirements in CTM for arriving travellers to the UK.			√			Protocols in place to manage returning travellers in conjunction with International Traveller Team

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Respond to local contact tracing requirements for variants of concern where required.			√			Adoption of National Framework for management of VAMC (March 2021 onwards). Operational Procedure identified to mobilise local response as required for any relevant case (March onwards).
Support educational colleagues as required with asymptomatic testing in education/childcare settings.			√			Protocols in place to manage results from workforce or community testing models (dates linked with re-opening dates for schools/year groups across CTM).
Agree a work stream plan based on the outcome of the above.	√		√			Plan kept under regular review and updated as required in line with national and local policies.
Identify and mitigate risks to delivery of the contact tracing and case management approach.			√			Risk reported through to RSOG (fortnightly)
Maintain and develop as required a performance reporting dashboard for contact tracing at regional level.			√			Performance reported to RSOG (fortnightly) and discussed with DU (weekly).
<b>WORK STREAM NO. 3 – PROTECT: RECOVERY AND RESILIENCE</b>						
Confirm scope and deliverables of newly merged work stream.	√		√			Agreement of 2021/2022 Plan in March 2021.
Maintain overview of PROTECT activities and providers across CTM ensuring models of support are appropriate and well received by individuals and local communities, helping to reduce the incidence of COVID-19 in CTM.	√		√			Update report fortnightly as part of RSOG.

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Contribute to achieving high levels of public awareness of protect and self-isolation support across CTM.			√			Ongoing, with fortnightly review at PTG meetings.
Continue to share good practice including what might usefully be further developed or learnt from across the region.			√			Ongoing, with fortnightly review at PTG meetings and at national Protect Task Group.
Ensure due consideration of any additional requirements such as 'hard to reach' and/or more vulnerable people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.			√			Ongoing, with discussion at PTG and WG meetings as appropriate.
Strengthening established links with PSBs and RPB on their 'resetting' plans and maintain links with communication teams.			√			Ongoing, with updates and discussion on TTP and recovery at respective PSB/RPB meetings.
Ensure a whole system approach to community support to increase resilience.			√			Regular meetings of local COVID-19 steering groups, linked to PTG.
Support the ongoing development of volunteers and volunteering opportunities to support community resilience.			√			Ongoing dependant on need.  Linked to work of RPB and volunteer response.
Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere			√			Ongoing -national meetings fortnightly.
Agree a work stream plan based on the outcome of the above.			√			April/May 2021
<b>STRATEGIC AIM NO. 4 – COVID-19 VACCINATION</b>						
<b>TO DELIVER AN END-TO-END PATHWAY FOR THE DELIVERY OF A COVID-19 VACCINATION PROGRAMME WITHIN CTM.</b>						
Implement the COVID-19 Vaccination Plan across CTM.			√			Planning phase complete Implementation underway All 3 LA areas have a vaccination centre

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Ensure a blended delivery approach with flu vaccination programme			√			
Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.			√			Planning was based around venues and infrastructure, workforce and training, vaccine delivery and the patient journey.
Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups			√			The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups, e.g. group 1-4 offered vaccine by mid Feb.
Building on the above, provide vaccinations to remaining groups across CTM as required.			√			The Joint Committee on Vaccinations and Immunisations has set the priority groups and the WG has set targets for delivery to these groups, e.g. all adults offered vaccine by 31 July 2021.
Work with the surveillance and communications team on agreed metrics and reporting, including vaccine uptake & links with disease surveillance.			√			Informatics team have been fully engaged from planning through to delivery
Work with communications team to deliver an underpinning communication and engagement plan for staff and residents of CTM.			√			Communications plan prepared as part of the planning process, this is being implemented.
<b>ENABLER NO. 1 – SURVEILLANCE</b> <b>THE AIM OF THIS WORK STREAM IS TO UTILISE HEALTH SURVEILLANCE FROM THE COMMUNITY TO PREVENT INFECTION AND TRACK THE VIRUS.</b>						



Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Maintain and develop a surveillance work plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise the population surveillance requirements of the Response Plan.				✓		Ongoing, regular review at fortnightly RSOG
Maintain local key identifiers to be monitored and thresholds at which action should be considered and undertaken						Surveillance reports provided regularly to RSOG (fortnightly) and IMT (weekly).
Ensure necessary resource to implement a regional surveillance system				✓		Complete recruitment of new analyst – April 2021.
BAME outreach workers recruitment				✓		Complete in partnership with CVCs by April 2021.
To work with other partners to understand the impact of health inequalities in our communities during the pandemic.				✓ & PHW		Current analysis of COVID-19 morbidity and mortality analysis in CTM under way, in liaison with Public Health Wales due for report by April 2021.
Link to other regional surveillance systems across Wales to share learning and best practice.				✓		Ongoing activities.
Agree any new data sources for new identifiers and establish processes by which these will feed into the surveillance system.				✓		
Input into national key indicators for surveillance to maximise local usefulness.				✓		
Maintain access to national case management system and ensure timely access to data for regional surveillance systems.				✓		

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
Ensure the national case management system in development meets regional surveillance needs.				✓		
Ensure all data protection regulations are met.				✓		
Maintain processes by which surveillance data will inform the activity of other work streams.				✓		
Conduct in-depth analysis of local cases to inform key driving factors in their distribution within the CTM region.				✓		
Maintain and develop the process to identify the emerging evidence base for the epidemiology of COVID-19, interpret it for the local population, and adapt surveillance as appropriate.				✓		
Engage and share emerging new evidence to inform surveillance and action with other organisations				✓		
<b>ENABLER NO 2 – COMMUNICATIONS AND BEHAVIOURAL INTELLIGENCE</b>						
Community surveys – Community surveys have been used as a mechanism to gather public perceptions in relation to TTP, and there are plans for future surveys, developed around the COM-B model to identify facilitators and barriers to engagement in testing, the vaccination programme, and continued engagement with preventative behaviours as we move into the recovery phase.				✓		Next Community Survey to inform recovery planning to be undertaken and reported on within quarter 1.
Continued use of the COM-B toolkit (developed to provide an evidence-based approach to gaining intelligence in relation to engagement				✓		Tool to be used in the context of local incident and outbreak management, as well as with defined populations and

Action	Responsibility & Timescale				Complete?	April -June 2021
	RSOG	RTG	Work Stream	Enabler		
and COVID-19 behavioural change) where required.						community groups to gather intelligence as required.
Ensure a continued priority focus on communicating and re-enforcing messaging on what our communities need to do, by promoting clear messaging on primary control measures and current national guidance.				✓		Ongoing activities.
Continued implementation of the locally endorsed framework that takes forward a collaborative, behavioural science informed approach to COVID-19 related communication and engagement within the CTM UHB area.				✓		
Provide up to date information on the testing and contact tracing pathways which is clearly communicated and readily available to staff and residents of CTM.				✓		
Build engagement with partners to underpin collaborative working with stakeholders to maximise resource and ensure consistent approaches to accessing and disseminating information.				✓		
<b>ENABLER NO 3 – MOVING TO RECOVERY</b>						
Establishment of a small task and finish group, to bring together an underpinning intelligence piece of work to help inform work on a medium term recovery strategy in liaison with PSBs and RPB.				✓		Group to be established in early March and report to RSOG, PSBs and RPB early in Quarter 1.

