COFNOD O BENDERFYNIAD GAN O'R ARWEINYDD Y CYNGOR, Y CYNGHORYDD A MORGAN.

RECORD OF DECISION OF THE LEADER OF THE COUNCIL, COUNCILLOR A MORGAN.

Yn unol ag Adran 3A Ran 3 (paragraff 3) o Gyfansoddiad y Cyngor.
In accordance with Section 3A of Part 3 (paragraph 3) of the Council's Constitution.

PWNC | SUBJECT: CWM TAF MORGANNWG COVID-19 Prevention & Response Plan

PENDERFYNIAD | DECISION:

AGREED:

To endorse the Cwm Taf Morgannwg COVID-19 Prevention & Response Plan as appended to the report of the Director of Public Health, Protection and Community Services; and

That the Director of Public Health, Protection & Community Services regularly reviews and updates the Covid-19 Prevention & Response Plan to include changes in Welsh Government guidance and to incorporate the lessons learnt in responding to the virus, locally, nationally and internationally.

A morgan ***Llofnod yr Aelod o'r Cabinet / Cabinet Member's Signiture***	Councillor Andrew Morgan ***Priflythrennau /Print Name***	14.08.20 ***Dyddiad / Date***

YMGYNGHORI | CONSULTATION

14-08-20

DYDDIAD | DATE

LLOFNOD YR UWCH SWYDDOG YR YMGYNGHORWYD AG – P MEE
SENIOR OFFICER CONSULTEE SIGNATURE – PMEE

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

A YW'R PENDERFYNIAD YN UN BRYS 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.

AT DDEFNYDD Y SWYDDFA YN UNIG | FOR OFFICE USE ONLY

DYDDIADAU CYHOEDDI A GWEITHREDU | PUBLICATION & IMPLEMENTATION DATES

CYHOEDDI | PUBLICATION
Cyhoeddi ar Wefan y Cyngor | Publication on the Councils Website:- _____14-08-20_____

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

20-08-20

DYDDIAD / DATE

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

RHONDDA CYNON TAF COUNTY BOROUGH COUNCIL

REPORT TO ACCOMPANY THE DECISION OF THE LEADER

13TH AUGUST 2020

CWM TAF MORGANNWG COVID-19 PREVENTION AND RESPONSE PLAN

Author: Paul Mee – 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 (Appendix) for the Cwm Taf Morgannwg Region.

2. RECOMMENDATIONS

It is recommended that:

2.1 The Cwm Taf Morgannwg COVID-19 Prevention & Response Plan is endorsed and;

2.2 The Director of Public Health, Protection & Community Services regularly reviews and updates the Covid-19 Prevention & Response Plan to include changes in Welsh Government guidance and to incorporate the lessons learnt in responding to the virus, locally, nationally and internationally.

3. REASONS FOR RECOMMENDATIONS

3.1 The three Councils and University Health Board (UHB) in the Cwm Taf Morgannwg region must have a coherent and robust plan setting out the Region's response to the COVID-19 pandemic and importantly the actions we now intend to take forward to prevent and contain the further spread of the infection.

3.2 In the joint letter from the Welsh Government Chief Medical Officer, NHS Wales Chief Executive and Director, Local Government on the 27th July 2020, Local Health Boards were asked to lead the development of Local Covid-19 Prevention and Response Plans in partnership with Local Authority Chief Executives and their Directors of Public Protection.

3.3 In endorsing the local COVID-19 Prevention & Response Plan, the Council will be acknowledging the work that has so far been done to protect our residents and communities and will also be putting in place robust arrangements for the ongoing management of the implications of the pandemic in Cwm Taf Morgannwg.

4. BACKGROUND

4.1 Local Authorities have a central role in the management of the Covid-19 response in Wales. This has been demonstrated in the provision of social care and support to our most vulnerable residents; the childcare hubs delivering support to essential key workers and supporting vulnerable children; the maintenance of essential services such as waste and transport and the critical role that local authorities have in the Test Trace Protect (TTP) programme (Appendix 2) and response to incidents or outbreaks.

4.2 The response in Cwm Taf Morgannwg has been co-ordinated at a regional level with the Councils and University Health Board working closely together with robust governance arrangements to ensure consistent and proper decision making. The Regional Strategic Oversight Group (RSOG), Chaired by the UHB's Executive Director for Public Health, oversees the work of six work streams:

- Surveillance;
- Sampling & Testing;
- Contact Tracing & Case Management;
- Risk Communications and Community Engagement;
- Protect, and;
- Covid-19 mass vaccination.

4.3 This approach ensures that every element of the public health response to COVID-19 across the region is managed in a coherent way through a single governance arrangement that reports directly to the Chief Executives of the UHB and Local Authorities.

4.4 The plan sets out the arrangements in place to prevent the spread of infection amongst the most vulnerable in our communities; the measures we will take to mitigate and control the impact of the infection through proactive management of high risk settings and robust enforcement where necessary; the arrangements we have in place to monitor the infection in our communities through surveillance; what we will do to escalate any problems that may require a decision around local actions or restrictions and how we will apply the arrangements set out in the Communicable Disease Outbreak Plan for Wales in the event of an outbreak of COVID-19, in particular, circumstances such as educational and healthcare settings.

4.5 The plan also describes in detail the roles, key objectives and measures for each work stream, how we manage quality and safety, workforce and risk. A detailed action plan and detailed supporting documentation is included in the appendices.

5. KEY CONSIDERATIONS FOR LOCAL AUTHORITIES

5.1 In the event that there is a need to implement additional measures, either preventative or in mitigation, strong community leadership at local level is essential.

5.2 The Council has 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 will be based on the best available surveillance and intelligence provided by the UHB and Public Health Wales (PHW) which is made available to the Councils on a regular basis.

5.3 Appendix 5 of the plan sets out an overview of the key surveillance indicators and reporting schedule. It also sets out the investigative actions that are prompted by an increase in the number of cases, either at Cwm Taf Morgannwg or individual local authority level. Data is also monitored at a local super output area (LSOA) level which gives an indication of infection rates within individual communities. This will enable any increases in rates of infections to be identified early and local appropriate action to be implemented.

5.4 Appendix 4 of the plan sets out considerations for local enhanced COVID-19 measures where increases in cases require additional measures to control transmission of the infection. This sets out a phased approach to responding to local increases in the incidence of infection, the triggers that would lead to escalation and the measures that may be considered for different premises and settings. This may include enhanced testing, for example at a care home or school or in the case of non-compliance with physical distancing requirements, enforcement measures at business premises to impose safe working practices.

5.5 Any decisions made by the Council to impose local restrictions will be made in accordance with the Council's constitution and Leader's scheme of delegation and functional responsibilities. Any key strategic decision, such as the closure of public services or imposition of local restrictions will be made by the Leader and Cabinet; in an emergency by way of an urgent Executive Decision.

5.6 The Council has a range of enforcement powers, such as those under the Health Protection (Coronavirus Restrictions) (No.2) (Wales) Regulations 2020 in respect of premises improvement notices or premises closure notices and the Part 2A Order under the Public Health (Control of Disease) Act 1984 which provides flexible powers to control risks to health from infection. These are delegated to properly authorised officers and along with other powers used in accordance with the Council's Corporate Enforcement policy.

5.7 Any incident or outbreak in a setting or community will require specific consideration of the particular circumstances. The type of setting, for example, school or care home, the population affected and the risk of transmission. Action in response to positive cases may need to be bespoke to the setting or applied to particular businesses or activities depending on the likely cause of exposure to the infection.

5.8 For example, if a positive case was identified in an educational setting, either through the Test Trace Protect programme or by direct notification, the setting will need to follow the usual and well established self-isolation, social distancing and hygiene measures. If a cluster of cases (2 or more cases identified within a 14 day period in the same setting) or potential incident (two or more confirmed cases who are direct close contacts, proximity contacts or in the same group in the setting within 14 days) is identified, the PHW advice note on the investigation and management of clusters and incidents of COVID-19 in educational and childcare settings will be followed.

5.9 This advice note sets out the recommended actions in response to confirmed cases in educational settings and a process whereby the educational setting will be

supported through Test Trace Protect to risk assess and manage the cluster or incident to prevent further transmission. This may involve self-isolation of individual cases or class groups, additional infection control measures, handwashing, social distancing measures etc. Consideration will be given to layout and separation of staff and children, the ages of children and likely adherence to measures. If the cluster has the potential to develop into an incident then an Incident Management Team (IMT) will be established to consider any additional measures, such as class closures or further testing.

5.10 Most clusters and incidents will be comprehensively dealt with under the arrangements described above, which allows for investigation and control measures to be rapidly instituted, including wider testing of identified classes or groups, if required. In rare circumstances, an incident will be so complex it will require management under the comprehensive formal structures of an Outbreak Control Team (OCT).

5.11 When and how an outbreak should be declared is explained in detail in the Communicable Disease Outbreak Plan for Wales (2020). This provides a tried and tested approach for the investigation and control of infectious disease.

5.12 Therefore, clear processes and procedures are in place for the management of clusters and incidents. In many circumstances these can be managed through the Test Trace Protect programme without necessarily the need for closures of premises or wider lockdown restrictions. Similarly, clusters of infection identified in our communities, within family groups for example, may be effectively managed through the Test Trace Protect programme without the necessity for wide spread lockdown restrictions. In the event of a more significant outbreak of infection, robust arrangements are in place for investigation, management and control.

5.13 In addition to the powers available to Local Authorities, Welsh Ministers have powers under the Coronavirus Act 2020 to ensure local actions are proportionate and protect public health. Some powers are reserved to Welsh Ministers and the steps to determining use of those powers are set out in the National COVID 19 Prevention and Response Plan to be published this month by Welsh Government. Where local decisions are involved these will use existing Council governance mechanisms as described in paragraph 5.5.

6. EQUALITY AND DIVERSITY IMPLICATIONS

6.1 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.

7. CONSULTATION / INVOLVEMENT

7.1 The Cwm Taf Morgannwg COVID-19 Prevention and Response Plan has been developed in partnership between the UHB and three Local Authorities across the region. Given the limited timescale for its development and urgent requirement to establish this plan that responds to a major infectious disease incident, it has neither been practical nor appropriate to undertake a wider consultation exercise.

8. FINANCIAL IMPLICATION(S)

8.1 There are no immediate financial implications from the endorsement of the Plan. The wider financial implications of the Council's response to COVID-19 were considered in the Chief Executive's report to Cabinet on 28th July 2020.

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 Although the number of cases of COVID-19 are decreasing across Wales and the County Borough, there remains a risk of the resurgence of the infection as lockdown restrictions are eased. It is possible that the Council will need to re-introduce restrictions, close or reduce services or take enforcement action to ensure compliance with physical distancing or other infection control requirements.

11.2 The Councils and UHB in Cwm Taf Morgannwg will need to remain vigilant in the coming weeks and months and respond in a timely and effective manner to any surveillance information or intelligence that provides evidence of an increased risk from COVID-19 in our communities.

11.3 The Cwm Taf COVID-19 Prevention and Response Plan provides a comprehensive and robust approach to how the region has responded effectively to the threat from COVID-19 and sets out clearly how it will continue to do so.

Other Information:-

Relevant Scrutiny Committee

Overview & 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 LEADER

13th AUGUST 2020

CWM TAF MORGANNWG COVID-19 PREVENTION AND RESPONSE PLAN

Background papers: Cabinet 28th July 2020

Officer to contact: Paul Mee, Director – Public Health, Protection & Community Services – Tel: 01443 425513

APPENDIX 1

CWM TAF MORGANNWG REGION

COVID-19
PREVENTION AND RESPONSE PLAN

A PARTNERSHIP APPROACH

Draft Version 8

As at 7th August 2020

CONTENTS

	APPENDICES
1	**ACTION PLAN (ATTACHED AT THE END OF THE MAIN DOCUMENT)**
2	**PROGRAMME OVERSIGHT ARRANGEMENTS**
3	**RISK ASSESSMENT TOOL**
4	**LOCAL ENHANCED COVID-19 MEASURES**
5	**SURVEILLANCE INDICATOR OVERVIEW**
6	**COVID-19 TESTING STRATEGY**
7	**RISK COMMUNICATION AND COMMUNITY ENGAGEMENT FRAMEWORK**
8	**LATEST ESTIMATED PROGRAMME COSTINGS**
9	**COVID-19 PREVENTION AND CONTAINMENT PLAN GUIDANCE CHECKLIST**

CWM TAF MORGANNWG COVID-19 PREVENTION AND CONTAINMENT PLAN

1.0 BACKGROUND

The Public Health Protection Response Plan developed by Public Health Wales (PHW) on behalf of Welsh Government proposed 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, most recently dated 29th July 2020, set out that 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, which builds on the above guidance and incorporates the former, approved Cwm Taf Morgannwg (CTM) Test-Trace-Protect (TTP) strategic plan, so we retain one, over-arching strategic plan setting out our approach to prevention and response.

For continuity purposes, it should be noted that this plan records what has already been delivered within the CTM TTP programme and importantly, sets out next step actions.

The plan contains a number of key sections (including those set out in the national guidance) and is supported by an action plan at **Appendix 1.**

The action plan identifies those actions required by partners across the region to operationalise the plan. It outlines work in each of the key areas in terms of what has already been completed and what is planned to be done in the next stage, together with leads identified and deadlines for completion.

2.0 OVERALL STRATEGIC AIM

The strategic aim for the CTM COVID-19 Test-Trace-Protect programme is:

> To put in place appropriate systems and capacities to ensure that, following the easing of lockdown measures, we do not see a rapid increase in illness and deaths in our communities due to COVID-19 infection.

3.0 OVERARCHING OBJECTIVES

Our overarching programme objectives 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 contact tracing, surveillance, testing and risk communication & community engagement.
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.
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 in: healthcare 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. Test and deliver an end-to-end pathway for the delivery of a Covid-19 Mass Vaccination Programme within CTM ready for when required.
9. 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.

4.0 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 any operational plans that sit beneath it have been endorsed by the Leaders and Chief Executives of the public sector 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 may need to implement additional measures, either preventative or in mitigation that affect our communities, 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 Covid19 measures or local lockdown arrangements should they be required. These decisions must be based on the best available surveillance and intelligence provided by the UHB and PHW and made available to the respective local authorities on a regular and timely basis.

Each local authority will have its own governance arrangements set out in their constitution and Leader's schemes of delegation and functional responsibilities. These set out how and by whom decisions are made. 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. This has been updated to add in two recent, additional work streams and can be found at **Appendix 2**.

Details are also contained on the relationship to the South Wales Local Resilience Forum and partnerships such as the Regional Service Board and two Public Service Boards.

In essence the programme reports into the Chief Executives of the Health Board and three Local Authorities, who meet on a regular basis, and is supported by:

- **Regional Strategic Oversight Group** – chaired by Professor Kelechi Nnoaham, Director of Public Health.

- **Regional Tactical Group** – Stage 1 chaired by Siôn Lingard, Consultant in Public Health, Stage 2 to be chaired by an alternate Consultant in Public Health.

  It is important to note that this group also incorporates the role of Regional Response Team in managing incidents in COVID-19 clusters, enclosed settings, & healthcare settings.

- **Six Work Streams**:
    - Surveillance
    - Sampling and Testing
    - Contact Tracing
    - Risk Communications and Community Engagement
    - Protect
    - COVID-19 Mass vaccination.

This plan consists of oversight of the six work streams and their respective work programmes. It acts as a vehicle to bring the 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 can be found in section 9.0 below.

5.0 PREVENTION

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.

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 (strategic aim 4). A key goal of this work stream is to ensure that proper engagement with our communities 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 and the Health Board and sought to use all appropriate media to engage and communicate effectively.

We have 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. The Risk Profiling undertaken nationally by the Military Liaison Intelligence Group identified that some of Wales's largest sites for manufacturers are based in our Region. This is in addition to the large meat processing plant - Kepak Merthyr – which was the subject of a cluster of cases in May 2020. Additional risks were identified for two large holiday caravan parks located in Porthcawl, Bridgend.

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 being supported in providing a safe place to work.

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

Support for 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. Since the transfer of incident management at these settings from the National Health Protection Cell to the Regional Team has taken place, maintenance of practice support, monitoring and management of COVID-19 incidents has remained a key focus. 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 and residents plus the adoption of best practice for infection prevention and control.

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 will be essential to prevent infection amongst those most at risk and further details are provided in the work stream section below.

6.0 MITIGATION AND CONTROL

We have a number of large higher education establishments in CTM – in particular at Merthyr College, Bridgend College in Bridgend 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.

Through the TTP programme's Risk Communication and Community Engagement work stream (strategic aim 4), a survey has already been carried out 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.

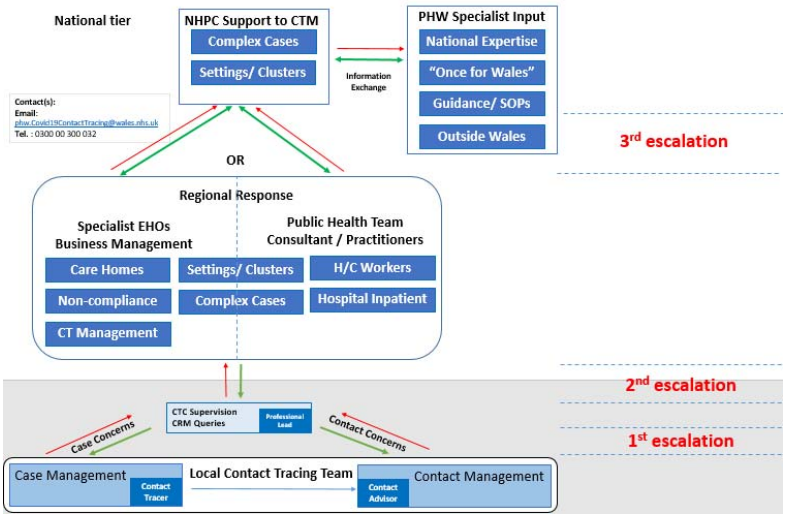
Ultimately the application for a Part 2A Order under the Public Health (Control of Disease) Act 1984 and subordinate legislation may be made by the relevant Local Authority to ensure that appropriate actions are carried out to mitigate risk. In the context of each Local Authority's Corporate Enforcement 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.

7.0 ESCALATION ARRANGEMENTS

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.
- 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:

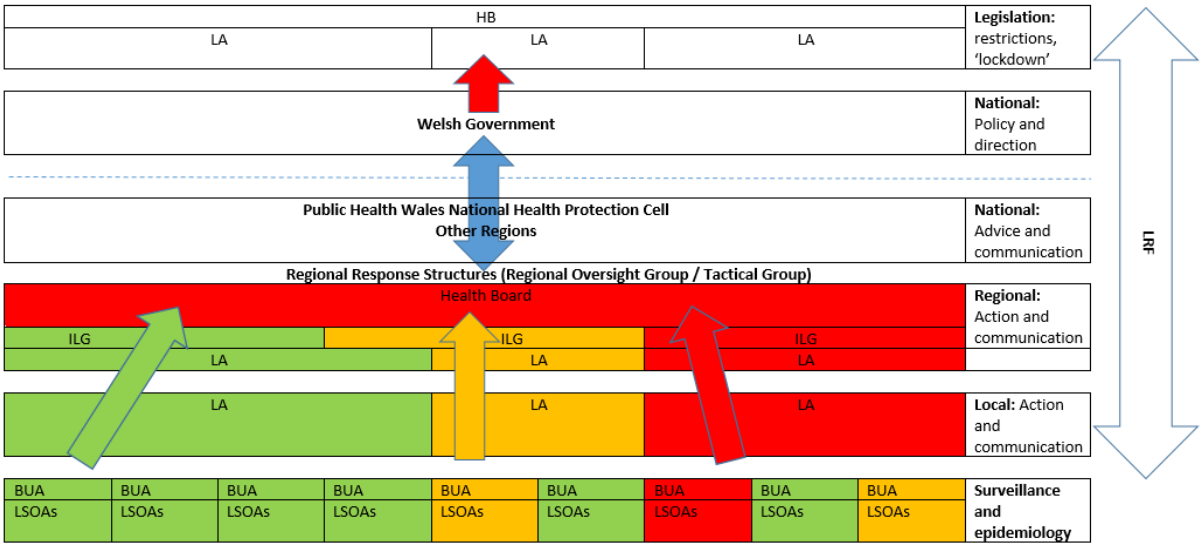


The surveillance work stream within the CTM TTP Programme has developed a suite of indicators drawing on local national and UK data to inform action within the region and provide oversight. These indicators not only focus on the wider community and enclosed settings, but also the health care environment, 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. The potential measures for consideration as required are set out at **Appendix 4.**

Within the context of a robust all Wales surveillance and communication framework, this work will enable 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.



Where the need is isolated, this approach can ensure 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 can ensure 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 weekly 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 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 (strategic aim 5) 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 as they did on the recent Kepak Merthyr factory incident and also via the RSOG senior planner being a member of the SWLRF Recovery Co-ordinating Group (and Strategic Co-ordinating

Group when that met). The programme's Regional Tactical Group also has the Health Board Head of Civil Contingencies Manager as a member and he is able to feed into SWLRF Recovery Co-ordinating Group and its tactical group as a member.

8.0 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. However in order to ensure a sustainable approach throughout the coming months, plans are progressing to implement arrangements to manage issues in settings that previous experience tells us will be affected when incidence increases, appreciably in the future.

Three sub-groups of the Regional Tactical Group will be created to manage clusters or incidents in those settings, thus providing a coordinate and efficient approach to management. Each sub-group will take responsibility for incidents within their remit and coordinate action, and share learning and experience across the board. Reporting and escalation processes will remain in place, with immediate advice sought from the National Health Protection Cell if it is felt that an Incident Management Team is required.

The planned sub-groups are as follows:

- **Enclosed settings**

  Building on work already pioneered by Local Authorities within the CTM area and CTM UHB, enclosed settings will be 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 were 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.

- **Healthcare**

  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.

- **Education**

Schools and further/higher education establishments need an especially swift response due to the scale and risk of spread. Response will need 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 will guide action by this group.

In the event of outbreaks (as defined in the Communicable Disease Outbreak Plan for Wales 2020), 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 will include identifying measures to isolate people with positive results and minimise the spread of the disease and developing specific messaging for parent/students and staff.

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, shall ensure that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

9.0 WORK STREAMS

The work streams, leads and objectives are as follows:

9.1 STRATEGIC AIM 1 (SA1) – SURVEILLANCE

Lead: Andrea Gartner, Public Health, UHB.

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.

The aim of the surveillance work stream is to utilise health intelligence from diverse sources to inform active prevention of infection and tracking of the COVID-19 activity in CTM. The following sets out its objectives, together with SMART measures:

	Objectives	**SMART Measures (further work required to make them measurable where possible)**
1	To estimate the burden of disease more accurately.	Daily surveillance updates on agreed indicators, including identification of rising community
2	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 • Monitor behaviour of COVID-19 in at-risk groups in CTM (residents of long term care facilities, patients in acute and community hospitals and 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	infection or emerging clusters for action. Regular surveillance reporting to inform Regional Strategic Oversight Group (weekly), Regional Tactical group (twice weekly) and other partners. Horizon scanning products for new potential sources of data, intelligence, methods or agreed national measures for surveillance.
3	To monitor the impact of lifting social restrictions.	

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 are currently being reviewed and expanded to further improve data-driven detection of emerging cases and clusters at small area level as local early warning systems. These 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 twice a week in our Regional Tactical Group, weekly in our Regional Oversight Group and is also reviewed weekly by the Health Board as part of its 'Re-setting the Agenda' meeting and associated programme.

The surveillance data also links closely with the Health Board's quarterly operating plans where, in addition to our full surveillance suite of data developed and used to inform our TTP programme, the Health Board has agreed a set of indicator thresholds, intended to enable the organisation with its partners, to know when to re-establish its emergency response. These are as follows:

- 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.

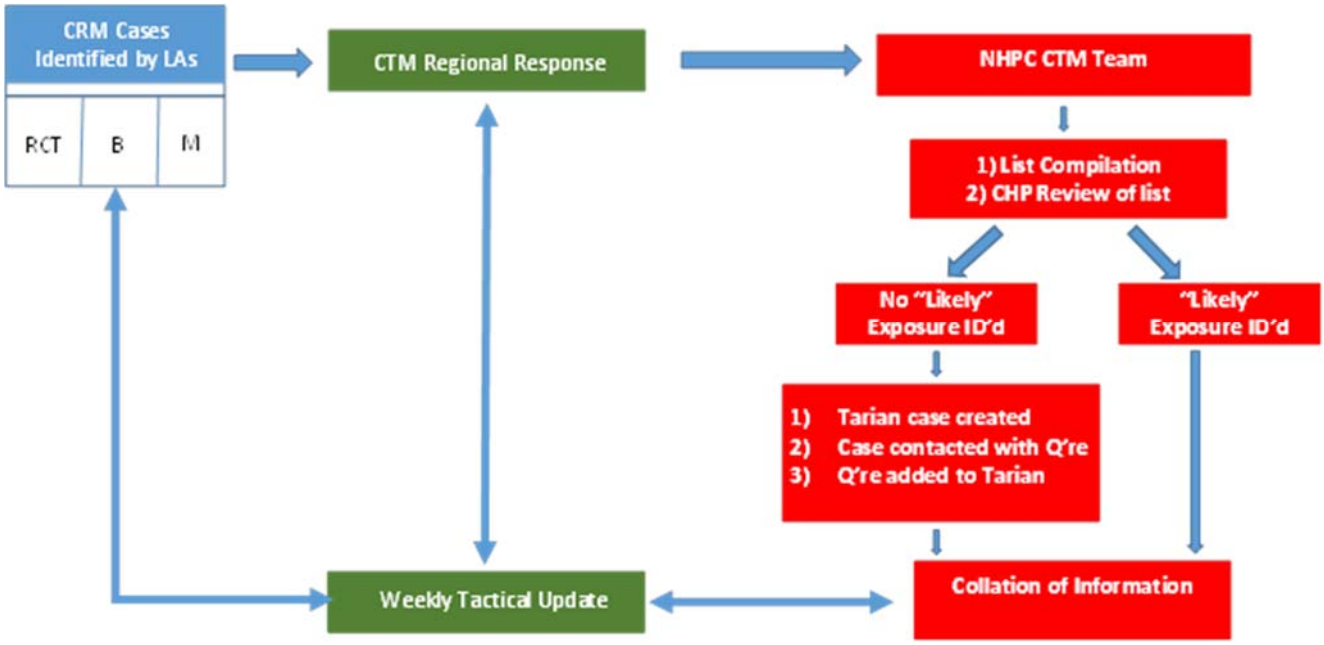
These indicators are being monitored and reported on across the partnership, including informing the situational reporting into our South Wales Local Resilience Forum, to ensure full visibility and that they are enacted upon when required.

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.

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 one can be identified as outlined in the process diagram below.

This information is discussed twice weekly 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. The following sets out our process:



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. To help achieve this, the surveillance work stream works closely for example with the Risk Communication and Community Engagement work stream, particularly in the use of local surveys, social media and community feedback.

9.2 STRATEGIC AIM 2 (SA2) – SAMPLING AND TESTING

Lead: Elaine Tanner, UHB.

This CTM COVID-19 Prevention and Response plan is complemented and informed by the local arrangements for sampling and testing which are an inherent and vital part of the overall CTM TTP programme.

Building on the Welsh Government Testing Strategy, CTM has had a local Sampling and Testing Strategy. The strategy sets out the methods for local sampling and testing to ensure a rapid response that is accessible to the entire local population and takes into consideration the unique characteristics of the communities in the local area. The current strategy can be found at **Appendix 6**, although it should be noted that this is currently being revised to reflect the latest iteration of national strategy.

As part of the programme, the aim of the 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 and results.

The following sets out the work stream's current objectives:

	Objectives and SMART Measure
1	Provide tests for 100% of all symptomatic inhabitants of CTM, within 24hrs of them requesting a test.
2	Provide tests for 100% of all Care Home residents and staff once every 2 weeks (asymptomatic).
3	Provide tests for 100% of symptomatic Care Home residents within 24hrs (as a result of symptoms being identified).
4	Provide tests for a random sample of 150 CTM hospital staff randomly per week.
5	Provide pre-operative screening tests for patients 72 hours pre-surgery as requested; with ILG leads, develop a plan to ensure ambulatory care testing is in place and accessible across the Health Board as routine procedures resume
6	Provide serology tests for CTM staff/key workers/residents as directed

Amongst priority work at present, improving testing turnaround times is a key focus. In order to ensure effective individual and mass sampling, and testing arrangements which are responsive to the circumstances of our region, testing has to be easily accessible and have a quick turnaround, ideally less than 24 hours, to initiate TTP. We are currently undertaking improvement work with the support of the Delivery Unit to improve the turnaround times in CTM.

CTM has experience of mobilising COVID-19 antigen testing in response to a local incident, following the mass testing of staff at a local meat processing plant. The lessons learnt from this mass testing event are being used to develop a protocol

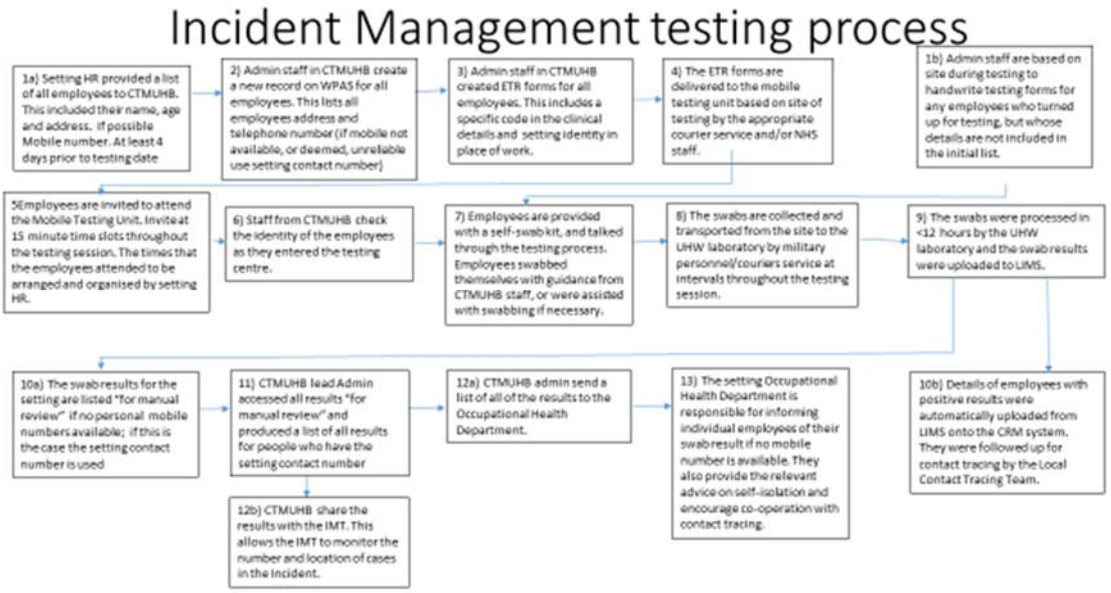
for mobilising the Mobile Units to undertake enhanced testing in settings or localised areas of high incidence.

The CTM communication team, as members of the programme's Risk Communication and Community Engagement (RCCE) work stream is working closely with the Testing Team to proactively identify opportunities to encourage testing for all symptomatic individuals in the population. The RCCE are promoting and reinforcing WG and PHW key messages at local level via a range of media including CTM digital platforms and social media. They make full use of nationally produced communication resources and have also produced a range of complementary resources including a testing leaflet tailored for different audiences in CTM, including patients and staff to support the TTP process.

The flow chart below outlines the draft process to be followed when supporting testing when an incident is confirmed by PHW colleagues.

The setting can be anywhere a school, care home or factory. Where mobile phone numbers are deemed to be unreliable, for whatever reason, although a longer process it is possible to use 'the setting' contact details. Points 10 and 11 would need further discussion to ensure a 'live' list of all test results is available to the IMT throughout the process and agreement based on each individual setting. Early communication with laboratory colleagues is essential to ensure swabs are expected and can be processed on the day of testing and should be factored in very early in discussions with the IMT.

CTM UHB Testing would aim to keep as close to this as possible as it has recently worked well for the Health Board, however each incident will need clear communication and discussion with colleagues across the IMT to ensure we are able to progress testing through to results and tracing as smoothly as possible.



In terms of a community incident being declared we would work with the IMT to agree the appropriate location for testing; in this incidence it would be harder to get contact details up front therefore longer would be required to process each individual and the ability to print ETRs on site would be required. Otherwise the process would be the same with results being relayed via text message and positive results followed up by tracing colleagues ensuring the IMT are able to monitor all results.

9.3 STRATEGIC AIM 3 (SA3) – CONTACT TRACING AND CASE MANAGEMENT

Lead: Paul Mee, 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 local contact tracing teams in Cwm Taf Morgannwg to prevent the spread of COVID19 infection. This will contribute 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	**SMART Measure**
1.	To establish an effective contact tracing and case management system in Cwm Taf Morgannwg	To trace 80% of contacts, at least 35% of which to be traced within 24 hours. • % of index cases traced within 24 hours / 48 hours • % of contact cases traced within 24 hours / 48 hours To respond to the contact tracing and case management requirements associated with any clusters or outbreaks requiring targeted intervention
2	Develop a sustainable workforce plan for the contact tracing service at both	That a workforce plan is in place to deliver a single contact tracing and

	regional and local teams in the context of the whole TTP requirement.	case management service for the CTM region; sustainable and flexible to respond to changing demand. • Number of contact advisors • Number of contact tracers • Number of professional leads. • Number of specialist staff in regional team. • Percentage of staff undertaken e-learning package and induction. • Percentage of welsh speakers.

9.4 STRATEGIC AIM 4 (SA4) – RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

Lead: Sara Thomas, Public Health, UHB.

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.

The scale of the current COVID-19 pandemic means we are in a unique position where all statutory, community and voluntary organisations on a national and local basis are focussed on the same agenda and in turn, developing their communication and engagement approaches.

Although this provides considerable resource, there is a real danger of duplication of effort, inconsistent messages and gaps in provision, particularly against a background of regularly changing guidance.

The success of our Prevention and Response Plan is predominately dependant on widespread public understanding, acceptance and uptake of the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes), highlighting the need for a comprehensive, multiagency approach to local risk communication and community engagement. Combined with this is the need for appropriate provision within our communities to provide support to help protect the health and wellbeing, in the widest sense, of those directly or indirectly adversely affected by COVID-19. We have therefore set up a multiagency work stream to take this work forward.

The aim is to reinforce primary control measures, provide the public and partners with clear messages and practical information which will encourage and enable them to follow any current guidance related to reducing the spread of Covid-19 and participate as appropriate in any associated testing or contact tracing programmes.

Working closely with the Protect work stream, 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 community engagement and support should help reassure the public; encourage and empower citizens and build engagement with partners.

The multiagency approach and membership provides alignment of national and regional communications avoiding unnecessary overlap and ensures timely, accurate and consistent communications responsive and tailored to local need.

There are four key audiences this work stream is aimed at:

- General population
- High risk and Vulnerable Groups
- Enclosed settings (e.g. care homes) and work places
- Partners, Staff and stakeholders

The following sets out the work stream objectives and SMART measures:

	Objectives	**SMART Measures**
1	Reassure the Public: help people feel confident in the exit/recovery approach and understand what they need to do by: Promoting current national guidance and clear messaging on primary control measures, providing up to date information on the testing and contact tracing pathways which is clearly communicated and readily available to staff and residents of CTM	All communication is accessible to the public in electronic and easy read format; in both the English and Welsh language and other languages as appropriate Survey samples of CTM residents identifies that >90% of respondents are aware of what they need to do if symptomatic; how to book a test; when to self-isolate and how to access further information
2	Encourage and Empower Citizens: use behavioural insights approach and information provided by public perceptions COVID-19 survey work to ensure: CTM residents and staff understand and engage with Contact Tracing process; CTM residents understand COVID-19 risks within their locality, especially when cluster/hotspot is identified	Results of COVID-19 surveys are shared and key messages communicated to work streams in a timely manner; Subject and mode of communication is adapted in response to survey findings

	Public are aware and practising primary control measures and self-isolation	
3	Build engagement with partners Collaborative working with stakeholders to maximise resource and ensure consistent approaches to accessing and disseminating info	All RCCE work stream material is produced for use across the CTM region 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

Attached at **Appendix 7** is our locally endorsed framework to take forward a collaborative, behavioural science informed approach to COVID-19 related communication and community engagement within the CTM UHB area. This includes a description of our identified population groups and settings highlighted in the CTM engagement framework and sets out steps to maximise contributions from different organisations and work streams.

An accompanying planning toolkit has also been developed to provide an evidence-based approach (COM-B) to engagement and behavioural change in relation to COVID-19. It is envisaged that this will provide a useful tool in the context of local incident and outbreak management.

9.5 STRATEGIC AIM 5 (SA5) – PROTECT

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.

We have therefore established a Protect work stream, linking closely with the work of the national work stream, our Regional Partnership Board and two Public Services Boards. This is led by the Chair of the RPB, who is also the Chief Executive of Age Connect Morgannwg.

The aim of this work stream is to identify 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.

A range of support has been provided to individuals who have faced challenges in managing during lockdown. Local Authorities, in partnership with the Third Sector

and Volunteers, have helped people with shopping, collecting medicine, loneliness and isolation, emergency food and support and a very wide range of other help.

This current 'offer' provides a guide to the kind of support likely to continue to be relevant to support self-isolation as part of the CTM Test-Trace-Protect Programme, as well as the identification of additional developments, depending on how events with COVID-19 unfold.

The objectives for the work stream are as follows:

	Objectives	**SMART Measures (further work required to make them measurable where possible)**
1.	Confirm scope of work stream, building on what already exists across CTM	Agreed scope with RSOG.
2	Confirm baseline of PROTECT activities and providers across CTM	Baseline report available.
3	Establish what, if anything, might usefully be developed or learnt from across the region.	Number of people receiving support matches estimated need across CTM. Models of support are appropriate and well received by individuals and local communities, helping to reduce the incidence of COVID-19 in CTM. Public awareness of protect support is good across CTM. For example, there is a need to ensure that the scripts for contact tracers ask about the support required and signpost how to access support. This objective can be tested via local and national surveys, a number of which already exist.
4.	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.	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.
5.	Agree a work stream plan based on the outcome of the above.	Work stream plan agreed by RSOG and incorporated into strategic plan.

6.	Ensure clear links established with RPB & their 'resetting' plans where necessary, and develop good links with RCCE work stream on communications.	Clear links established and confirmed via RPB and RSOG. Operating well going forward. Any examples of good joint working noted.
7.	Develop Community Impact Assessment to inform strategic partnerships' work plans and priorities.	Survey/questionnaire developed and issued to PSB and RPB members for completion.
8.	Ensure a whole system approach to community support to increase resilience.	Social Value Forum established and meeting regularly. Communication and engagement plan (linked to A Healthier Wales) approved and implemented. Established communication channels 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. Record of actions taken to address gaps in local support.
9.	Support the ongoing development of volunteers and volunteering opportunities to support community resilience.	Pool of volunteers created across agencies that can be mobilised to support local need. Training opportunities and programmes developed to support volunteers.
10.	Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere	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.

9.6 STRATEGIC AIM 6 (SA6) – COVID-19 MASS VACCINATION

Lead: Lesley Lewis, UHB.

Most recently we have established a sixth work stream under the CTM TTP programme in order to help us to respond to the requirements in the recent Chief Medical Officer's letter – that of the COVID-19 mass vaccination work stream. This is closely linked in with our current arrangements for delivering the flu vaccination also this year.

The aim of this work stream is to deliver an end-to-end pathway for the delivery of a COVID-19 Mass Vaccination Programme within CTM ready for when required.

The objectives for the work stream are as follows:

	Objectives	**SMART Measures (further work required to make them measurable where possible)**
1.	Agree mass vaccination plan and test via a multi-agency table-top exercise, building in lessons learnt from elsewhere, including from mass testing arrangements.	Mass Vaccination Plan developed and tested via exercise and scenario planning, with local learning built in together with learning from elsewhere.
2	Ensure a blended delivery approach with flu vaccination programme	Blended delivery programme developed and tested as part of the above exercise testing.
3	Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.	All necessary resources in place including with contingency plans where required.
4.	Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups	Vaccinations delivered to priority groups with agreed target measures.
5.	Building on the above, provide vaccinations to remaining groups across CTM as required.	Vaccinations delivered to remaining groups with agreed target measures.
6.	Work with Surveillance work stream & others to establish agreed metrics and reporting, including vaccine uptake & links with disease surveillance.	Agreed metrics and reporting arrangements established.
7.	Work with the RCCE work stream & others to deliver an underpinning communication and engagement plan for staff and residents of CTM.	Clear, underpinning communication and engagement plan.

Work is underway to develop and test the mass vaccination operational plan, with a table-top exercise due to be delivered in the next week.

The underpinning workforce and finance plans are also in development and will be costed in due course, so not yet a part of the current programme finance schedule.

However this will be added as soon as it will be available. It should be noted that the costs are likely to be significant.

10.0 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 will, through its various mechanisms monitor performance and effectiveness, and alert organisations to any particular areas of concern. The programme will also expect to be informed by partner organisations of any relevant issues affecting programme delivery. This will include monitoring and oversight of local performance against the proposed national contact tracing standards for example, once released.

11.0 WORKFORCE AND FINANCE

This plan is underpinned with a workforce and finance plan, an earlier version of which 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 are currently estimated at approximately £14.3m this year. These latest programme costs were shared with Welsh Government in a letter on 17th July 2020 and are attached at **Appendix 8**. It should be noted that this is consistent with the quarter 2 operating plan summited by the Health Board.

In a number of areas, staff are drawn from existing resource which provide for opportunity costs, however it is likely that roles will need to be back filled to cover core duties, particularly as services gradually return to normal.

If it proves necessary to undertake a wider recruitment exercise then there will clearly be potentially significant revenue implications. In addition there are likely to be capital costs associated with ICT, infrastructure and telephony.

It should also be noted, that as a recently established work stream, the COVID-19 mass vaccination plan, closely aligned to the influenza plan, is currently being developed and tested. This has not yet been fully costed and once complete, will need to be added into the above programme costs when ready. It is likely that these costs will be significant.

As the plan continues to be 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 was established, with its role is as follows:

12.0 ISSUES LOG

An Issues log operates at the programme level and is maintained by the Programme Manager, with review of any strategic issues held weekly at the Regional Oversight Group.

13.0 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.

14.0 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. This includes for example the information on early learning from the initial incidents and outbreaks in Wales which was included with the letter sent by the Welsh Government on the 27th July 2020.

15.0 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.

16.0 IMPLEMENTATION, REVIEW AND LEARNING

The strategic plan which was held previously has been incorporated into this plan, to ensure we retain one over-arching plan as a programme for consistency.

There will be regular review of this plan via the Regional Strategic Oversight Group, where its predecessor plan was also regularly reviewed. This will help ensure effectiveness of implementation or the need for change. The plan will also be reviewed in response to any emerging regional issues.

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 weekly during the Regional Strategic Oversight Group meetings.

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

APPENDIX 1

CWM TAF MORGANWWG TEST-TRACE-PROTECT PROGRAMME

ACTION PLAN – UPDATED AS AT 6th August 2020

This plan is dynamic and continuously subject to review as the situation develops on the development and implementation of the Test, Trace and Protect Programme in Cwm Taf Morganwwg. 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 and adds a further important work stream on risk communication and community engagement. To note in terms of this plan:

- Completed actions will be added to the end of the plan for reference.
- Actions highlighted in blue will be actions that are added to the plan after this point in time.
- RSOG decisions made will be referenced below in the 'progress' column.
- 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).
- The plan will be reviewed after each RSOG meeting.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
OVERALL STRATEGIC AIM – TO REDUCE THE RISK OF TRANSMISSION AND INFECTION OF COVID-19 IN THE CTM AREA.PROGRAMME MANAGEMENT - TO ENSURE CLEAR ARRANGEMENTS ARE IN PLACE TO SUPPORT PROGRAMME DELIVERY					
• Establish CTM Regional Programme arrangement including Oversight Group, Tactical Group and Work Streams	√ Complete	√ Complete	√ Complete	Yes	Complete

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
Agree Oversight Arrangements document, including membership and terms of reference of the above.	√ Complete			Yes	Complete • Draft to RSOG 2/6/20 • Approved at RSOG on 9/6/20
Agree draft strategic plan	√ By 23/6/20				Complete – but remains under development • Updated draft submitted weekly to RSOG. • Latest version (v7) to be approved at RSOG 23/6/20 • Update comments requested at meeting on 23/6/20 – some still awaited before sign-off. • Updated version 9 signed off by RSOG on 30/6/20 • Document to remain updated and under review by RSOG.
Agree work stream plans	√ By 23/6/20	√ By 23/6/20	√ By 23/6/20	Yes	Complete • Three drafts complete and signed off at RSOG on 16/6/2020 • Testing work stream plan being drafted; RSOG to approve 23/6/20. • Testing operational plan agreed at RSOG on 23/6/20. • All plans to be kept under review and linked in to the strategic plan going forward. • New, 5th Protect work stream agreed in mid-June, scope agreed on 30/6/20; operational plan under development.
Develop a programme workforce plan	√ 1st cut schedule available on 18/6/20		√ Plan by 6/7/20 TBC		Developing • Latest workforce and finance schedule submitted to WG on 16/6/2020. • Workforce and Finance task and Finish Group established.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
	Plan by 6/7/20 TBC				• Representatives identified. • 1st meeting held on – 24/6/20. • Revised finance and workforce schedule completed on 18/6/20. • Work underway via TFG to develop workforce plan by July. • Next meeting 8/7/20. • RSOG and partner CEO agreement on 30/6/20 to develop a regional workforce plan approach to contact tracing including 1 host LA.
Develop a programme finance plan	√ 1st cut schedule available on 18/6/20 Plan by 6/7/20 TBC		√ Plan by 6/7/20 TBC		Underway • Latest workforce and finance schedule submitted to WG on 16/6/2020 • Workforce and Finance task and Finish Group being established. • Representatives identified • 1st meeting – 24/6/20 • Revised finance and workforce schedule completed on 18/6/20. • Work underway via TFG to develop updated finance plan by July. • Next meeting 8/7/20.
Set up risk register	√ Final agreed system by 30/6/20				Underway • Draft to RSOG 9/6/20, 16/6/20. • Programme Manager liaising with work stream leads to finalise template and current risks, together with mitigating actions • New template to RSOG 23/6/20 • Risk register to go to RCOG for review 14 July on Programme Manager's return

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					from A/L and at least monthly thereafter, in addition to work stream weekly updates on risks.
Set up issues log	√ Final agreed system by 30/6/20				Underway • Draft to RSOG 9/6/20 & 16/6/20 • Programme Manager liaising with work stream to finalise latest log • New template to RSOG 23/6/20 • Issues log to go to RCOG for review 14 July on Programme Manager's return from A/L and at least monthly thereafter, in addition to work stream weekly updates on issues.
Set up lessons learnt log	√ Final agreed system by 30/6/20				Developing • Draft to RSOG 16/6/20 – not received • Draft to be requested from Programme Manager for next meeting – 23/6/20 – not received. • Meeting held on 30/6/20 – draft log provided, to be reviewed and presented to RCOG for review 14 July on Programme Manager's return from A/L and at least at the end of each plan stage for updating as necessary.
End Stage 1 Assessment and Look forward to Stage 2	√ By 31/8/20				Underway • Agreed to run during August with each work stream.
STRATEGIC AIM NO. 1 – SURVEILLANCE THE AIM OF THIS WORK STREAM IS TO UTILISE HEALTH SURVEILLANCE FROM THE COMMUNITY TO PREVENT INFECTION AND TRACK THE VIRUS.					

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
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	√ Complete	√ Complete	Yes	• Final draft plan complete • Plan agreed with stakeholders • Plan approved by RSOG on 16/6/20 • Complete (although plan to remain under review and be updated as required).
Identify and put in place necessary resource to implement a regional surveillance system	√		√		Underway • Internal resource identified for immediate surveillance • Internal resource secured • Longer term resource identified (June to August 2020) • Broadened the surveillance team to include members of the planning and performance team for specific pieces of work such as automation of indicators
Link to other regional surveillance systems across Wales to share learning and best practice			√ Complete	Yes	• Consult with other Health Boards on draft plan • Ongoing sharing of learning and best practice • Linked with other Health Boards to share learning and establish a network within which to raise issues and requests to PHW – reported to RSOG 9/6/20 • Surveillance network established – reported to RSOG 16/6/20
Agree local key identifiers to be monitored and thresholds at which action should be considered and undertaken			√		Underway • Draft specification of indicators circulated to RSOG 16/6/20 • Specifications of indicators agreed by RSOG 07/07/20

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					• Thresholds development for small areas underway • Ongoing review of key identifiers and thresholds
Agree initial data sources for key identifiers and establish processes by which these will feed into the surveillance system	√		√		Underway • Collaborate with stakeholders and other work stream leads to identify suitable data sources for immediate surveillance use – complete • Define process of data transfer into surveillance system - ongoing for different sources • Ensure mutually agreed interpretation of data with data providers - ongoing for different sources • 16/6/20 – established interim data access solutions – reported to RSOG 16/6/20 Secured interim data access to databases with HB information team • Agreement with others reached on providing hospital infection and deaths analysis
Establish an interim solution for surveillance should the national case management system not be available			√		Underway • Work with contact tracing work stream to identify functionality of case management system • Identify local dataset for analysis from case management system • 16/6/20 – established interim data access solutions – reported to RSOG 16/6/20 • Work continuing, including training to get fuller access to CRM.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
Input into national key indicators for surveillance to maximise local usefulness			√		Underway • Feedback into national process via PHW • Shared weekly report with colleagues in PHW • Received and commented on national and local epi reports from PHW
Gain access to national case management system and ensure timely access to data for regional surveillance systems			√		Underway • Gained access to CRM system and dashboards 03/08/20 • Awaiting training 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			√		Developing • Related to above issues of awaiting full access to extract data and understanding the system
Ensure all data protection regulations are met			√	Yes	Completed • 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			√		Underway • Develop draft specification for surveillance data • Consult with key stakeholders • Agree user specification with work stream leads
Conduct in-depth analysis of local cases to inform key driving factors in their distribution within the CTM region			√		Developing • Initial analysis to inform development of surveillance system • Ongoing ad hoc analysis to inform surveillance

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
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			√		Developing • Identify national processes for reviewing evidence • Establish regular reporting on implications for local population • Identify new information that could be used to adapt/steer local surveillance in a timely way
Engage and share emerging new evidence to inform surveillance and action with other organisations			√		Developing • Newly identified evidence or learning from surveillance to be shared with appropriate stakeholders
STRATEGIC AIM NO. 2 – SAMPLING AND TESTING					
• Prepare Regional Testing Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to ensure appropriate capacity for predicted demand.			√ 23/6/20	Yes	Complete • Latest draft completed. • Going to UHB Management Board for approval on 23/6/20 • Submitted to RSOG 23/6/20 for approval. • Plan approved
• Update the CTM Testing Strategy			√ 23/6/20	Yes	Complete • Updated Testing Strategy endorsed at UHB Executive Resetting the Agenda Group on 4/6/20 and subsequently endorsed at RSOG on 9/6/20. • Submitted to RSOG 23/6/20 for approval. Plan approved.
• Update the CTM Testing Strategy to ensure alignment with WG Testing Strategy.			√ 13/08/20		Underway • Evaluation of current CTM Testing Strategy underway to ensure alignment

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					with WG Testing Strategy and subsequent testing guidance. • This will be presented to RSOG on 11/08/20. • Following approval of the evaluation and recommendations CTM Testing Strategy to be updated, with updated strategy due 13/08/20.
• Establish a small management group to oversee the operational delivery.			√ Complete	Yes	Complete.
• Identify and mitigate risks to delivery of the contact tracing and case management approach.			√		Underway • Risk identification underway, risks reported to RSOG.
• Implement plan for additional self-administered lanes to be added to Kier Hardie and Bridgend testing sites and for these to be operational			√ 22/6/20 Bridgend 29/6/20 Kier Hardie	Yes	Complete. • 4 site model
• Abercynon site to be handed over to Deloittes			√ 26/6/20	Yes	Complete. • Site run by Deloittes with swabbing demand and capacity fed back to HB – reporting mechanism clear and in place
• Mobile community testing (x1)			√ 22/6/20	Yes	Complete • Set up rolling programme for care homes residents and staff • Implement the WG initiative for testing care home staff via an online portal, alongside HB support of testing residents • Care homes staff to be familiar with the processes • Care Homes Task and finish group established (includes HB, PHW and LA representation)

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					• Support citizens in the community who unable to use the on line portal or attend a testing unit
• Undertake antibody testing in defined groups			√ 1st stage complete Testing ongoing.		Underway • Random testing of nearly 5,000 Teachers has been completed from 15/06/20-04/08/20 • Testing of CTM UHB staff is ongoing. This has so focused on staff within Red COVID-19 zones, DGHs and Community Hospitals. It will be expanded to include all staff in the Community, Primary Care and WAST. • Awaiting guidance from WG on the testing of Social and Domiciliary Care workers and care home residents.
• Undertake testing in Care Homes			√ Current programme underway and ongoing		Underway • Continue CTM rolling testing programme for care homes residents and staff • Continue the WG initiative for testing care home staff via an online portal, as outlined in CMO letter to be continued until 10/08/20 and then await WG review. • Care Homes Task and finish group established (includes HB, PHW and LA representation) • Review Care Home testing offer in CTM as part of CTM Testing Strategy update and following further WG Care Home testing guidance.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
• Develop plans with ILGs to provide pre-admission tests for elective surgery patients			√ Current programme underway and developing		Developing • Working with ILGs to develop plans for pre-admission testing in CTM hospitals • Current programme of pre-operative testing 72 hours before admission to be expanded as elective surgery levels increase.
• Develop plans for mobilising Mobile Units to manage incidents in settings or localised areas of high incidence.			√ 12/8/20		Developing • Protocol for mobilising Mobile Units under development following meat factory mass testing experience
• Improve testing turn-around-times			√ 31/8/20		Developing • Improvement project on turnaround times currently being undertaken in collaboration with NHS Delivery Unit.
• Recruit the testing workforce (antigen and antibody) into fixed term posts, as agreed in staffing model plans.			√ Sept & Oct 2020		Underway • Plans for recruitment of testing workforce (including managerial, administrative, nursing and HCSW staff) approved by the Health Board. • Adverts for the testing roles have been written and started to be advertised from 03/08/20 • Interviews for roles due to take middle to end of August. • Aim to have staff members in September/ October 2020.
• Secure premises for testing workforce (antigen and antibody)			√ Sept 2020		Underway • Space in Block C of Ysbyty Seren, Bridgend, has been identified and secured for use by the testing workforce.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					• This area is currently being refurbished to meet the needs of the testing workforce.
• Ensure all stakeholders are kept informed of changes and developments			√ Ongoing		Underway • Stakeholder mapping and level of interest/need to know etc around testing • Working with COVID-19 -19 Comms lead
• Work with the other members of the RCCE work stream to ensure ongoing communication with the public to proactively encourage testing			√ Ongoing		Underway • RCCE work stream to ensure WG and PHW messages are promoted and shared across CTM digital platforms • Advise and support RCCE work stream to produce complementary local resources, such as testing leaflets for different audiences in CTM.
STRATEGIC AIM NO. 3 – CONTACT TRACING AND CASE MANAGEMENT TO ESTABLISH AN EFFECTIVE CONTACT TRACING AND CASE MANAGEMENT SYSTEM IN CWM TAFF MORGANNWG TO PREVENT THE SPREAD OF COVID19 INFECTION, AND IN DOING SO, CONTRIBUTE TOWARDS REDUCING THE REPRODUCTION NUMBER (R – THE AVERAGE NUMBER OF SECONDARY CASES PER INFECTIOUS CASE) TO BELOW 1.					
• Prepare Regional Contact Tracing Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.			√ Complete	Yes	• Draft completed • Plan approved by RSOG on 16/6/20 • Complete (although plan to remain under review and be updated as required).
• Establish a small management group to oversee the operational delivery.			√ Complete	Yes	Complete.
• Identify and mitigate risks to delivery of the contact tracing and case management approach.			√		Underway • Risks identified and mitigated where possible as part of the work stream • Key risks also reported to RSOG.
• Establish regional response team in operation seven days a week between 8am and 8pm each day		√	√ Complete	Yes	Complete

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
• Put in place telephony and ICT requirements to support diffuse workforce arrangements in contact tracing teams.			√ Complete	Yes	Complete
• Train all staff in the contact tracing teams to undertake their roles.			√ Complete	Yes	Complete
• Establish contact tracing teams in operation seven days a week between 8am and 8pm each day • 6 teams initially in phase 1			√ Complete	Yes	Complete • Completed by 18/5/20
• Pilot to run from 18/5/20 to 31/5/20			√ Complete	Yes	Complete
• Evaluate pilot		√	√ Complete	Yes	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.			√ monthly		In response to demand and in light of experience, working hours have been amended.
• Establish a performance reporting dashboard for contact tracing at regional level.			√ By 29th June 2020	Yes	Management data now available and being reported to RSOG from 4th August 2020.
• Ensure balance of resources between local contact tracing team and regional response team meets demand		√	√ By 6th July (revised to 7th August)		Proportion of complex has led to increased demand on regional team. Escalation arrangements addressed and further work being undertaken to rebalance workflows.
• Develop a scope for the introduction of contact tracing in respect of symptomatic and suspected cases in care homes and educational settings.		√	√ By 6th July 2020	Yes	Discussion held at work stream group – challenging due to pressure on regional team and capacity of CRM system. Proposal on hold but to be kept under review.
• Develop a workforce plan for the recruitment of staff in contact tracing and		√	√		Workforce task and finish group established and work force plan in development.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
regional teams to support return of redeployed staff to substantive roles.			By 6th July (revised to 7th August)		
• Introduction of contact tracing on symptomatic cases for whole population.			√ By 30th September 2020		No clear indication of when this is likely to be implemented by WG.
• Identify and plan for long term resource requirements and national expectations for contact tracing activity post COVID19.	√		√ By 31st December 2020		In anticipation that there may be a requirement to retain capacity post COVID19 as part of UK/Wales public health surveillance & response system.
• Establish an interim (up until 8/6/20) case management system			√ Complete	Yes	Complete • Using Powys system • System retained for further two weeks post CRM to maintain contact daily updates.
• Move over to the national case management system from 8/6/20			√ Complete	Yes	Complete • Delayed from original start date of 8/6/20 to 10/06/20. • Engaged in testing with NWIS • System was rolled out later in the week, being used by all parts of CTM. • Challenges with reporting, discussions underway with NWIS and WG.
STRATEGIC AIM NO. 4 – RISK COMMUNICATION AND ENGAGEMENT TO PROVIDE THE PUBLIC AND PARTNERS WITH CLEAR MESSAGES AND PRACTICAL INFORMATION WHICH WILL ENCOURAGE AND ENABLE THEM TO FOLLOW ANY CURRENT GUIDANCE RELATED TO REDUCING THE SPREAD OF COVID-19 19 AND PARTICIPATE AS APPROPRIATE IN ANY ASSOCIATED TESTING OR CONTACT TRACING PROGRAMMES.					
• Prepare RCCE Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.			√ Complete	Yes	Complete • Draft completed • Plan approved by RSOG on 16/6/20 Complete (although plan to remain under review and be updated as required).

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
• Establish a small management group to oversee the operational delivery.			√ Complete	Yes	Complete • Multiagency group in place (3 LA's, UHB and LPHT).
• Identify and mitigate risks to delivery of the RCCE approach.			√ Complete	Yes	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	Yes	Complete. • Welsh Government launch of public campaign on contract tracing planned for 28th May. WG asked local partners to disseminate information in line with this. • RCCE working group meeting 27th May considered roll out of this campaign and what local messages/approaches are needed to supplement it.
• Establishing public perceptions from national surveys			√	Yes	Complete • Process in place (June 2020) to: • Review and summarise key themes from national surveys on public perceptions related to COVID-19 19 and report headlines to RSOG • Share with RCCE members and • Utilise as appropriate in shaping messages.
• Launch local survey focussing on how our communities access information and individual's thoughts on taking part in the Contact tracing programme			√ Complete	Yes	Complete • CTM Community Smart Survey launched on 21/05 and ran until 31/05. • Reports on uptake and initial findings presented to the RCCE working group on 1st June • Summary of findings, full report and exec summary shared with RSOG on 9/6/20;

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					Further analyses of findings presented as infographic summaries discussed at RSOG - taken forward by work streams and wider partners as appropriate.
• Staff and public communication on contact tracing service and TTP			√ Complete	Yes	Complete • A communication for LA and HB staff regarding the contact tracing programme has been drafted and approved. This can be adapted by organisations to reflect differences in local implementation of the programme. TTP Information Poster/Leaflet produced for CTM region (content approved RSOG 23/6/20); colour scheme updated in line with RNIB advice and finalised for distribution 7/20)
• 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	Yes	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	Yes	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			√ Complete	Yes	Complete • Generation of Communications by members of RCCE or by Testing/ CT / Surveillance work streams supported by RCCE members.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
themselves. Will these communications be generated/disseminated by the RCCE group or HR?					• 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	Yes	Complete • Escalated need to observe SD and hand Hygiene in the workplace to: • CTMUHB Exec Directors (Corporate Services and HR) • Raised w/c 8th 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)			√ (13/7/20)	Yes	Complete • First draft presented to RCCE (29/6/30) • Amended to reflect discussion at RSOG and Protect WS. • Approved by RSOG
• Link with PHW National support to CTM, RSTG and IMT on engagement with migrant communities	√	√	√	Yes	Complete • Meeting with lead consultant (1/7/20) to align efforts and agree way forward • 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			√	Yes	Complete • Included in engagement framework; CTM work led by EB (BCBC); National Healthy

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					Workplace settings lead address RCCE (6/7/20) • Link with group undertaking specific work on risk assessment in larger businesses, factories etc. to promote HWW messaging and support
• Align RCCE community engagement work with TTP "Protect", CTM RPB Transformation Programme, Social Prescribing, Resetting CTM etc.	√		√	Yes	Complete • Meeting (2/7/20) to consider opportunities for alignment leading to Paper to RPB proposing way forward (approved RPB 17/7/20) • Close working between work streams established to maximise opportunities for community engagement
• Seek views on Engagement Planning Tool to accompany Engagement Framework and trial	√		√Protect		Underway • Discussed at RCCE 3/8/20 and shared with members of RSOG for initial feedback
• Collate and review social media analytics for CTM					Underway • June analytics collated. To be discussed at RCCE on 10/8/20 in advance of presentation to RSOG
• Produce stakeholder Newsletter to coincide with updated response plan	√		√		Developing • Concept approved RSOG 14/7/20
STRATEGIC AIM NO. 5 – PROTECT TO IDENTIFY 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.					
• Confirm scope of work stream, building on what already exists across CTM	√			Yes	Complete Scope for the work stream was agreed at RSOG on 30/6/20

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
• Confirm baseline of PROTECT activities and providers across CTM			√ 31/8/20		Underway • Detailed reports provided for RCT Resilience Hubs linked to shielding individuals. • Data collated for MT and Bridgend regional data to be amalgamated into a regional picture of support provided. • Case studies requested to demonstrate the impact of support on those receiving support • Updated as further information becomes available
• Establish what, if anything, might usefully be developed or learnt from across the region.			√ Ongoing		Underway • Partnership meeting schedule reinstated. Opportunity to share best practice across the Region
• 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.			√ 31/8/20		Underway • Communication and engagement plan (Linked to healthier Wales) approved and implemented. Will establish communication channels between community groups and work of the RPB to inform future planning and delivery of support. • Engaged with Regional Housing Support Collaborative to understand their role and engage officers in Community Impact Assessment work. Will address information gap in relation to homelessness and temporary accommodation data.

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
• Agree a work stream plan based on the outcome of the above.	√		√ 4/8/20		Underway • Work presented to RSOG on 4/8/20 for agreement.
• Ensure clear links established with RPB & their 'resetting' plans where necessary, and develop good links with RCCE work stream on communications.			√	Yes	Complete • Resetting plans to form part of community Impact assessment detail.
• Develop Community Impact Assessment to inform strategic partnerships work plans and priorities			√ 31/8/20		Underway • Community Impact assessment being undertaken. • Report to be completed by September with interim findings presented to strategic Boards in September.
• Ensure a whole system approach to community support to increase resilience			√ Ongoing		Underway • Social value forum established and meeting regularly. • Communication and engagement plan (Linked to healthier Wales) approved and implemented. Will establish communication channels 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. • Record of actions taken to address gaps in local support Record of actions taken to address gaps in local support
• Support the ongoing development of volunteers and volunteering opportunities to support community resilience			√ Ongoing		Underway • Task and Finish group established across RCT. Discussion and planning ongoing

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
					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			√	Yes	Complete • Protect Chair sits on national group. • Regular communication and updates provided.
STRATEGIC AIM NO. 5 – COVID-19 MASS VACCINATION TO DELIVER AN END-TO-END PATHWAY FOR THE DELIVERY OF A COVID-19 MASS VACCINATION PROGRAMME WITHIN CTM.					
• Agree mass vaccination plan and test via a multi-agency table-top exercise, building in lessons learnt from elsewhere, including from mass testing arrangements.	√	√	√		Underway • Planned for 12th August 2020.
• Ensure a blended delivery approach with flu vaccination programme.	√		√		Underway • Part of development of the mass pandemic immunisation plan in development. To be tested on the 12th August.
• Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.	√		√		Developing key risks identified
• Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups.			√		Developing • Participation & engagement at National level At risk groups in line with developing WG policy
• Building on the above, provide vaccinations to remaining groups across CTM as required.			√		Developing • Participation & engagement at National level At risk groups in line with developing WG policy
• Work with Surveillance work stream & others to establish agreed metrics and	√		√		Developing

Action	Responsibility & Timescale			Complete?	Progress as at 6th August 2020
	RCOG	RSTG	Work Stream		
reporting, including vaccine uptake & links with disease surveillance.					• Participation & engagement at National level At risk groups in line with developing WG policy
• Work with the RCCE work stream & others to deliver an underpinning communication and engagement plan for staff and residents of CTM	√		√		Developing • Key link identified through RCCE work stream

Appendix 2

Cwm Taf Morgannwg Region

COVID-19 - Test, Trace, Protect Programme

Oversight Arrangements

4th August 2020

Original arrangements approved at Regional Strategic Oversight (RSOG) meeting on 9/6/20; updated since for subsequent changes, including two new work streams*.
Presented to RSOG on 4th August 2020 for approval.

****Recognising this may well change further and develop as events unfold.***

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.

Our strategic aim for the COVID-19 Test, Trace and protect programme is to:

> To put in place appropriate systems and capacities to ensure that, following the easing of lockdown measures, we do not see a rapid increase in illness and deaths in our communities due to COVID-19 infection.

The overarching objectives are as follows:

1. Protect the health of the population by taking action to 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 contact tracing, surveillance, testing and risk communication & community engagement.
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.
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 in: healthcare 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. 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 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 occupational 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** – responsible **operationally** for individually agreed strategies and ensuring that tactical plans are developed to support it. Operationally and occupational competent in all relevant disciplines.

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, Director of Public Health, Protection & Community 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 weekly, with the attendance of the Group Chair and Deputy Chair.

For respective functions, the group and work streams 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 therefore remains responsible for the delivery of this function. Similarly, the Local Authorities remain responsible for delivering the contact tracing service within their own local areas.

Regional Tactical lead and Group Chair – Consultant in Public Health – Sion Lingard (or Vice Chair - Alice Puchades, Specialist Registrar, Medicine)

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.

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, ie, 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 & Chair – Kelechi Nnoaham	Paul Mee - Director of Public Health, Protection & Community Services
Director of Public Health, Protection & Community Services, RCT LA & Contact Tracing work stream lead – Paul Mee	Louise Davies, Service Director for Public Protection

Role	Nominated Deputy
Bridgend CBC Director/Senior Manager - David Holland/Kelly Watson	Christina Hill, Operational Manager Commercial Services
Merthyr Tydfil CBC Director/Senior Manager - Alyn Owen Deputy Chief Executive	Susan Gow - Environmental Health Manager
RCT CBC Director/Senior Manager Louise Davies, Service Director for Public Protection Services	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 – Principal Public Health Intelligence Analyst, Andrea Gartner	Ciaran Slyne, Senior Analyst
Testing work stream lead – Elaine Tanner	Sharon O'Brien, Head of Corporate Nursing
Communications / community engagement work stream lead – Sara Thomas, Consultant in Public Health	Julia Sumner, Interim Head of Communications
Public Health Wales Health Protection Team Consultant in Communicable Disease Control / Consultant in Health Protection (open invite) – Heather Lewis	Nicola Hathway, Health Protection Nurse
Chair of CTM TTP Regional Tactical Group – Sion Lingard, Consultant in 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 – Lesley Lewis, ILG Nurse Director, Merthyr and Cynon	Fiona Wood, Interim Deputy Head of Nursing (Palliative Care & Community Specialist Services), Primary Care & Community Services
Senior Planner – Ruth Treharne	Julie Kelly, Programme Manager
Programme Manager – Julie Kelly	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
Consultant in Public Health and Chair – Sion Lingard	Alice Puchades, Specialist Registrar, Medicine
Bridgend CBC representative for contact tracing / cluster management* - Operational Manager Commercial Services Christina Hill	Angela Clack, Lead Officer Infectious Disease

Merthyr Tydfil CBC representative for contact tracing / cluster management - Sian Rapson	Susan Gow
RCT CBC representative for contact tracing / cluster management - Kelly Snare, Regional Team Manager	Sian Bolton, Environmental Health Officer
CTM UHB Continuing Care Team representative – Sian Lewis	To be confirmed
CTM UHB IP&C Team representative Bethan Cradle	Sarah Morgan
Surveillance work stream representative - Andrea Gartner	Ciaran Slyne, Senior Analyst
Testing work stream representative–Elaine Tanner	Sharon O'Brien, Head of Corporate Nursing
Communications / community engagement work stream representative – Julia Sumner, Head of Communications	Natasha Weeks, Assistant Head of Communications
Healthcare Epidemiologist - Amy Plimmer	Available IPC representative
Public Health Wales Health Protection Team representative (open invite) Nicola Hathway, Health Protection Nurse	Heather Lewis, Consultant in Health Protection James Hughes, Health Protection Nurse
Programme Manager – Julie Kelly	Ruth Treharne, Senior Planner

Work Streams

There are currently six work streams as follows:

- Surveillance work stream led by Andrea Gartner
- Contact Tracing work stream led by Paul Mee
- Testing work stream led by Elaine Tanner
- Risk Communication and Community Engagement work stream led by Sara Thomas
- Protect work stream led by Rachel Rowlands
- Mass vaccination work stream led by Lesley Lewis

Each has its own group membership and work programme.

3. South Wales Local Resilience Forum

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. It is likely that one or several Outbreak Control Teams will have been established under the **Communicable Disease Outbreak Plan for Wales**, July 2020.

In such a scenario, the Wales Resilience Emergency Civil Contingency structures will be employed or invoked. Part 7 of the The Communicable Disease Outbreak Plan for Wales, July 2020, outlines in detail the assessment process with the relevant Local Resilience Forum, in our case the South Wales Local Resilience Forum, and 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, this sets out 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 would take precedence over these plans.

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

Links will be made with other partners, on a two way basis, as appropriate and depending on requirements. For example, the RPB is well connected through the Chair of the Partnership who also leads on the Protect work stream for CTM. The two PSBs are also connected into the programme and currently supporting an impact analysis exercise for the Protect work stream, together with the RPB.

5. Meeting Frequency

- Regional Strategic Oversight Group: Meetings are held weekly on a Tuesday.
- Regional Tactical Group: Meetings are held twice weekly – Monday and Thursday.
- Work Streams: As required and varies by individual work stream

6. Work Programme

Each group or work stream will hold its own inter-linked work programme. These will remain continuously under review by the relevant groups.

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

Its 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

An Issues log operates at each level.

9. Risk Register

Risk Registers operate at each level.

10. 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.

11. Communications

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

12. 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.

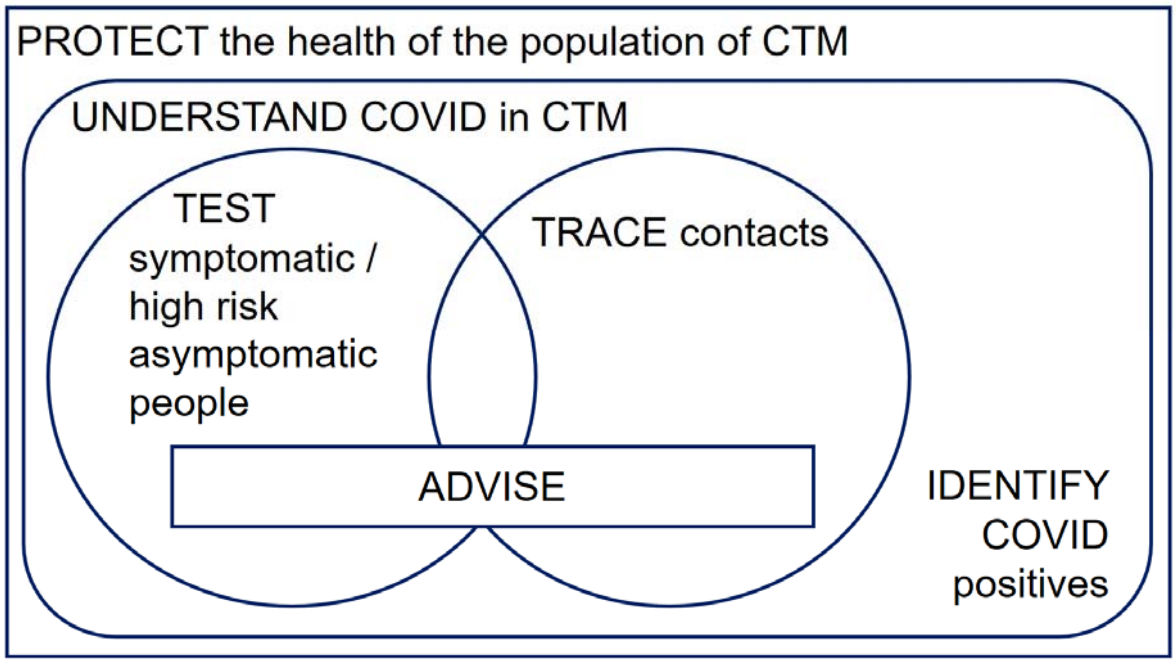
Public Health Wales' Public Health Protection Response Plan provides greater detail as to what measures need to be implemented. Included within this plan is the concept of 'Regional Response Teams' for each Health Board footprint and led by the local Director of Public Health. This arrangement is responsible 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 that meets twice weekly.

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 Strategic Oversight Group



8. Protect the health of the population by leading on activity and availability of resources to manage the transmission of COVID-19.
9. Ensure appropriate resources are in place to identify COVID-19 cases by the collective efforts of contact tracing; surveillance; testing and communication and community engagement.
10. 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.
11. 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.
12. Ensure effective measures are in place for the control of clusters in: Healthcare settings; other enclosed settings; the wider community.
13. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
14. 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 and communication on COVID-19 matters and be led by surveillance, other intelligence and guidance.

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
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)
Surveillance work stream lead
Testing work stream lead
Communications / community engagement work stream lead
Protect work stream lead
Mass vaccination work stream 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
CTM PHT Project Management support

Meetings

Meetings shall be held weekly – Tuesday. 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 monitor the performance of activity.
- Communication and community engagement.
- Clusters within specific settings that have a direct impact on the wider community or other settings.

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

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

Objectives of the Tactical Group

15. 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.
16. Identify COVID-19 cases by the collective efforts of communication and engagement; surveillance; contact tracing and testing.
17. 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.
18. Support local teams to provide advice to cases and contacts on self-isolation to minimise transmission.
19. Direct efforts for the effective control of clusters in: Healthcare settings; other enclosed settings; the wider community.
20. 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: Consultant in 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)
*Collectively they shall report on contact tracing and cluster management issues within their area.

Meetings

Meetings shall be held twice weekly – Monday and Thursday. 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

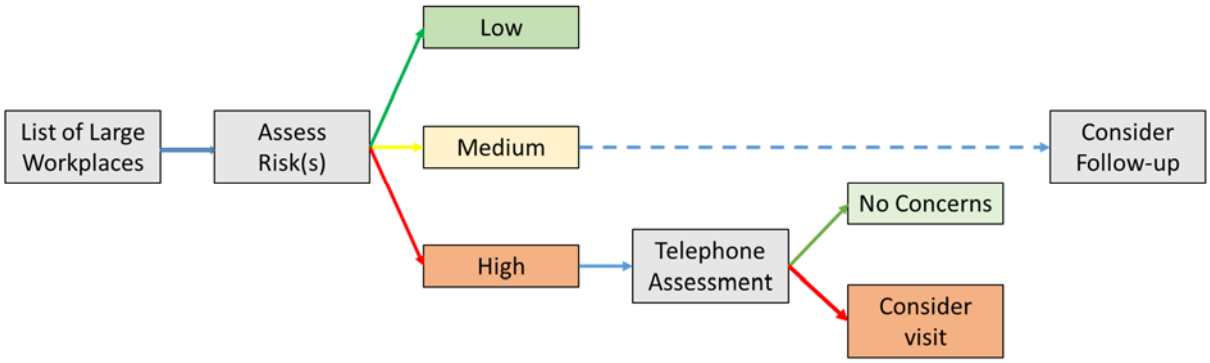
Governance Structure

Appendix 3

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

Appendix 4

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 bolter local 'Test, Trace and Protect' provision

Phase	Stable	Re-emergence	Community
Objective	• Minimise spread of infection • **Plan** to ensure readiness to respond to re-	• Intervene early to prevent further spread of infection • **Prepare** response for community outbreaks	• **Act** to contain community outbreak
Response	• Surveillance • Communications • Management of clusters/outbreaks in discreet settings • Define thresholds for Re-emergence and Community Outbreak • **Plan** to ensure readiness to response to Re-emergence and Community Outbreak	As Plan plus • Intensive surveillance • Enhanced communications to warn public of heightened risk and encourage greater social distancing • Liaise with WG and consider terms of potential 'local lockdown' – the measures to be used and their geographical extent – and **prepare** to implement	As Prepare plus • Confirm terms and **implement** 'local lockdown'
Indicators	**(1) Daily COVID-19 test positivity rates, (2) Weekly total of new cases, and (3) 7-day rolling cumulative positive cases**		
Triggers			
Threshold	All indicators within 3 standard deviations of baseline (15th June 2020) • Overall HB; and • **All** local authority areas; and • **All** built up areas	All Indicators >3 standard deviations above baseline • **One or more** local authority areas; or • **One or more** built up areas	All Indicators >5 standard deviations above baseline • Overall HB; or • **One or more** built up areas
		AND	
Other situational awareness		• 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. • 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	

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

NB: Baseline= Rate as of 15th 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 join together in one "bubble" household in Wales from July 6th, 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 16th August 2020:

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

Post 16th 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**)

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

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

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

Exercise, playing sport and games	
LOCKDOWN	Exercise once a day outside of house on own or with household.
RED	Exercise more than once a day and incidental activity locally. Outdoor sports courts to open. Elite athletes resume some activity.
AMBER	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.
GREEN	All sports, leisure and cultural activities open, with physical distancing. All events resume with limited capacity.

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

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

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

Going shopping	
LOCKDOWN	Essential retail only face-to-face.
RED	**Include click-and-collect for non-essential retail.** Begin making adaptations to public realm (e.g. town centres).
AMBER	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.
GREEN	Able to access all retail and leisure facilities whilst taking reasonable precautions.

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

Appendix 5

Overview of CTM Covid-19 regional surveillance indicators and schedule

Date: 13/07/2020

Surveillance schedule:

Review schedule weekly and adjust if at higher daily numbers than currently.

Week day	**Activities**
Monday	daily cases for LA, key worker groups and care homes
	HAI, cases in hospital, cases in ICU, deaths in hospital from CDSC report
	update reporting to ROG for 2.30 pm deadline
	Produce weekly output for ROG
Tuesday	daily cases for LA, key worker groups and care homes
	ONS deaths on release, Excess deaths
	Weekly surveillance indicators dashboard reported to local authority/UHB CEOs meeting.
Wednesday	daily cases for LA, key worker groups and care homes
Thursday	daily cases for LA, key worker groups and care homes

Friday	daily cases for LA, key worker groups and care homes, LSOA and deprivation
	weekly indicators in preparation for Monday reporting to ROG

Exception rules based on daily cases

Review rules weekly and adjust if at higher daily numbers than currently.

	Action
5 or fewer in CTM	No additional investigation
Daily cases: 6 to 10 in CTM Or daily increase of 9 or fewer	Daily analysis as scheduled above
Increase of 10 or more cases in CTM	Additionally investigate other detailed weekly case indicators (e.g. by LSOA, care home etc.) to check for clusters
Increase of 20 or more cases in CTM or the following in each LA (RCT 20, Bridgend 15, MT 10) Or increase of 10 cases in CTM two days running	as above and issue warning to ROG (unless already known) with detail of breakdown by LA and risk group
Daily increase of 30 or more cases in CTM	as above and escalate to ROG (unless already known) and executive

Exception rules for specific settings covered by others

Review rules weekly and adjust if at higher daily numbers than currently.

Indicator	Rule	Action
4a Number of patients tested in care homes with a positive result, by specific care home	TBC	TBC discuss with Sion and others how care home cases are escalated by contact tracing
4c HAI	2 or more new cases on a non-Covid ward	Raise incident on outbreak manager tool, and included in weekly hospital infection report widely circulated (frequency increased if cases increase)

Table 1. Current indicators to be monitored

Number	Indicators	Comments	Measure of change	Data source	Frequency	Availability
Objective 1: Monitor intensity and severity of COVID-19 spread in CTM						
1a	Number of daily cases for CTM and LA residents	Daily refresh from HB information team (data delay with Kepak cases TBC)	Assess trend in daily number and 5-day rolling average	LIMS	Daily	Available
1b	Number of new confirmed COVID cases in CTM hospitals	Use hospital Infection report (Fri).	Assess trend in daily number	CDSC update ICNet	Weekly on Mon	Available
1c	Number of COVID-related ICU admissions in CTM hospitals	Use hospital Infection report (Fri).	Assess trend in daily and weekly number	CDSC update ICNet	Weekly on Mon	Available
1d	Number of weekly deaths Covid-19 by location (ONS) for CTM and LA residents	Two week delay	Assess trend in weekly number	ONS	Weekly – Tuesday AM	Available

1e	Weekly excess deaths (due to Covid, not due to Covid) for CTM residents	Two week delay, LA not available	Assess trend in weekly number	ONS data from PHW dashboard	Weekly – Tuesday PM	Available
1f	Deaths in CTM hospitals (provider population)	Use hospital Infection report		CDSC update from ICNet	Weekly on Mon	Available
1g	Number of positive cases by LSOA/postcode		Check for clusters (3+)	LIMS	Daily	Available
Objective 2: Monitor behaviour of COVID-19 in at-risk groups						
2a	Number of cases in key workers by group and non-key workers, CTM and LA residents	Daily refresh from HB information team	Assess trend in daily number	LIMS	Daily (with strong caveats)	Available
2b	Number of patients tested in care homes with a positive result, CTM and LA residents	Daily refresh from HB information team	Assess trend in daily number	LIMS	Weekly on Mon	Available
2c	Number of patients tested in the community with a positive result, CTM residents	Daily refresh from HB information team	Assess trend in daily number	LIMS	Daily (with caveats)	Available
2c	Rate of weekly cases per 100,000 by deprivation fifth, in CTM only	Investigate fortnightly if cases stable or decreasing	Assess trend in number	LIMS	Fortnightly	Available
2d	Age specific rates per 100,000 in CTM	Investigate fortnightly if cases stable or decreasing	Assess trend in number	LIMS	Fortnightly	Available
2e	Positivity rate	Investigate fortnightly if cases stable or decreasing	Assess rate with test numbers	CDSC update ICNet	Fortnightly	Available
2f	Number of contacts identified per case	Awaiting ability to extract data	Assess numbers	CRM	Weekly	TBC
Objective 3: Monitor immunity to COVID-19 in CTM						
3a	Proportion with SARS-CoV-2 antibodies by key worker group	Use daily NWIS Excel files until direct access set up	Assess proportions	LIMS	Weekly	Available
Objective 4: Detect outbreaks in hospitals and LTCFs						

4a	Number of patients tested in care homes with a positive result, by specific care home	Daily refresh from HB information team	Assess trend in daily number	LIMS	Daily (with caveats)	Available
4b	Number of prisoners with a positive result	Clarification of coding completeness needed		LIMS? Data completeness tbc	tbc	TBC
4c	Number of hospital infections by category (CAI, indeterminate, HAI) by CTM hospital	Use weekly hospital Infection report	Assess weekly trend in numbers	CDSC update ICNet	Weekly on Monday	Available

Appendix 6

Updated COVID-19 testing strategy for Cwm Taf Morgannwg

Previous COVID-19 testing strategy in CTM

An initial COVID-19 testing strategy from Cwm Taf Morgannwg (CTM) was written and approved by Cwm Taf Morgannwg UHB Strategic Co-ordinating Group (Gold) on 23rd April 2020. This initial testing strategy outlined the levels of COVID-19 testing at the time, estimates of demand and capacity for testing, and the plans for increasing testing in CTM.

Since the approval of the "COVID-19 testing strategy in CTM" there have been many changes in COVID-19 testing in CTM. The levels of COVID-19 testing, the groups that are eligible for testing, the tests available and the routes for testing have all changed dramatically in the 6 weeks since the previous strategy was approved. Many of the plans for testing in CTM outlined in that strategy have been achieved, and many more COVID-19 tests are being undertaken in a wider range of people in CTM than when the initial strategy was written.

However, policy decisions on COVID-19 testing at a UK and Wales level, and the availability of different types of COVID-19 tests, have meant that testing plans have had to deviate from those announced in the initial strategy. Wales announced the "*Test, Trace, Protect*" strategy on 13th May 2020, which outlines the new contact tracing system that began in Wales on 1st June 2020. A key strand to this strategy is testing all symptomatic individuals and tracing their contacts. CTM Health Board is also beginning to return to usual business as part of the recovery phase. This strategy document brings together the ongoing work around improving testing in CTM to meet the testing demands as lockdown is eased across Wales, and routine healthcare work is resumed.

Aims of COVID-19 testing strategy

1. Consolidate reductions in the transmission of COVID-19 within the CTM community by encouraging compliance with self-isolation guidance for symptomatic individuals and their households.
2. Reduce transmission of COVID-19 within the CTM community by encouraging compliance with self-isolation for individuals with confirmed COVID-19 and their contacts, as part of Welsh Government's "Test, Track, Protect" strategy.
3. Protect vulnerable people, both within closed settings and in the community, by reducing their risk of exposure to COVID-19.
4. Enable key workers, from the NHS, public sector and private sector settings, to return to work as quickly as possible following a negative COVID-19 test result.
5. Surveillance of COVID-19 within the CTM community to enable greater understanding of the epidemiology of SARS-CoV-2 in the CTM population and better planning of the COVID-19 response.
6. Support future plans for easing of lockdown restrictions, and enable rapid response to local outbreaks once general social isolation guidance has been eased.

Background - Current COVID-19 testing in CTM

Type of test

There are two main types of test for COVID-19: antigen tests and antibody tests. Up until 1ST 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. In CTM residents can access PCR antigen testing through two main routes:

- Oropharyngeal swabs organised by CTM health board and taken in hospitals, mass testing centres and coronavirus testing units, or care homes and private residences by testing centre staff. These swabs are currently processed in UHW and RGH.
- Oropharyngeal and nasal swabs that are delivered to people's homes using the Amazon courier service and are processed in England.

Since 1st June antibody serology testing has been available. This test provides information on a person's immune response to a historic COVID-19 infection. This test is currently taken using a phlebotomy sample of blood, and the test is processed in CTM hospital laboratories.

Groups of people who are eligible for testing

Currently in CTM PCR testing for active COVID-19 infection is taking place in a range of situations:

1. Testing of hospital inpatients with symptoms consistent with COVID-19.
2. Testing of symptomatic key workers or their household members as defined by Welsh Government in the "*Key (critical) workers testing policy: coronavirus (COVID-19*)" on 18th May 2020.
3. Testing in Care Homes including:
    a. All residents who are due to be discharged from hospital into a Care Home
    b. All residents who are entering a Care Home from the community or another care setting.
    c. All residents and staff members of care homes reporting a possible case of Covid-19 in a resident or member of staff.
    d. All residents and staff members in all care homes as part of a rolling programme of routine care home testing. This testing for residents is undertaken every 2 weeks for elderly care facilities, and every 3 weeks for other types of long-term living facilities. Staff at elderly care facilities are being tested every week for 4 weeks from 15/06/20 – 06/07/20.
4. Testing of symptomatic prisoners through healthcare services within the prison.
5. Testing of all symptomatic members of the public regardless of age.
6. Testing of a random sample of asymptomatic healthcare workers through a rolling programme of asymptomatic healthcare worker tests in CTM hospital and community healthcare services.

Case definition for testing

The case definition for testing for COVID-19 in for the general population in CTM is aligned with the PHE COVID-19 case definition for COVID testing. This was updated on 18th May 2020 to include anosmia. The current case definition is:

- 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)

On 9th April CTM Gold group approved a broader definition for testing of health and social care workers and their household contacts to include (any or a combination of the following symptoms):

- A fever (37.8c or higher)
- A new continuous cough
- New onset of influenza like illness (including muscle aches and tiredness)
- Cold like symptoms (including headache, runny nose, sore eyes - that is not consistent with hay fever)
- Loss of sense of taste or smell

This broader case definition is remaining for health and social care workers, due to their higher rates of infection compared to the general population and the vulnerable groups of patients and residents that they come into contact with through their work. This aims to reduce transmission of COVID-19 in health and social care settings, which are known to be locations that have seen higher rates of COVID-19 transmission.

Results

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

- Hospital inpatients will have their results delivered by their clinicians.
- Symptomatic key workers and their household members, and asymptomatic healthcare workers tested as part of the random testing programme, who are tested in the mass testing centre 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 Public Health Team or Health Board.
- Anyone who receives a test using the Amazon couriered home delivery test kits receives their results via an automatic test message system.
- Care Home residents have their results delivered to the staff at the Care Home by phone by staff from the Local Public Health Team or Health Board.
- 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.
- Prisoners have the results delivered by prison healthcare staff.

Overview of current testing strategy in CTM

Health and Social Care Workers	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	
Key Workers from agreed partner organisations including WAST, police and Local Authority	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	
Key Workers from wider organisations including utilities, food production, transportation and supermarkets	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	
Enclosed settings- Care Homes	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	
Enclosed settings- Non-care home settings including prisons	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	
Extremely Vulnerable Groups in the Community	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	
Vulnerable Groups in the Community	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	
Wider Community	Asymptomatic	
	Mild-Moderate Symptoms	
	Severe Symptoms	

Key

In Current Testing system	Partially in Current Testing system	Not in Current Testing system

Severe symptoms = someone who is hospitalised with COVID-19 symptoms

Mild-moderate symptoms = someone who has COVID-19 symptoms but is well enough to remain at home and does not require hospitalisation

Types of testing

The CTM COVID1-19 testing strategy will rely on three types of COVID-19 test: PCR and LAMP tests for active infection; and serology antibody test for previous infection. PCR tests are being processed in three different locations: PHW laboratories, English laboratories (through Amazon couriered home tests and the Care Home portal home delivery tests), and RGH laboratory.

1. PCR antigen testing for active infection using an oropharyngeal swab that is processed centrally by PHW in UHW.

- Currently in Wales the majority of PCR antigen testing is being carried out in the PHW UHW laboratory.

2. PCR antigen testing for active infection using a nasal and oropharyngeal swab that is ordered through the Amazon couriered home delivery service and processed in England.
    - Currently anyone with symptoms in Wales can order an Amazon home delivery test on a first come, first served basis. These tests are sent to England to be processed in English laboratories. The allocation of tests is decided at a UK wide level with 21,200 tests available in the UK each day.

3. PCR antigen testing for active infection using a nasal and oropharyngeal swab that is ordered through the Care Home portal for home delivery to Care Homes and processed in England.
    - The Care Home portal offers home delivery self-swap kits to care homes in the UK, in order to test care home staff. Care Homes are able to order tests for their staff members every Monday. These tests are delivered and collected from the care home by courier, and the tests are processed in an English laboratory. This offer of weekly testing of care home staff runs from 15/06/20 – 06/07/20.

4. PCR antigen testing for active infection in Royal Glamorgan Hospital laboratories
    - Royal Glamorgan Hospital are due to have four different types of PCR antigen testing systems based within their laboratory. The first of these systems, Launch PCR system, became operational at the end of May.
    - Seegene PCR system is due to become operational at the end of June.Three other PCR systems (Cephaid, Biofire and Eplex) have also been ordered, but it is unclear exactly when these will become available or their capacity. It is hoped that they should be delivered by the end of June, but it is unclear when they will be operational.
    - Menarini Rapid PCR test will be a point of care test to give rapid results on COVID-19 infections. It is unclear when this will become available.

5. USW LAMP test
    - 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 is has undergone the first stages of validation, and is currently demonstrating around 70% sensitivity. Further development of the LAMP test is due to take place in the coming weeks that aim to increase the sensitivity of the test, and these developments will then need to be validated.
    - The LAMP test has the potential to be used both within a laboratory and in a bespoke point of care testing device. We are currently confirming the exact contribution this will make.

6. Serology antibody testing
    - Serology antibody testing will test for previous COVID-19 infection and ongoing immunity. This will be useful for mapping past COVID-19 infections across the CTM population. The UK Government secured 10 million antibody tests from Roche Diagnostics and Abbott Laboratories on 21st May 2020. This test involves testing a phlebotomy sample of blood in a laboratory to assess for antibodies to COVID-19. The Roche and Abbot test is currently the only test in the UK that has been validated by PHE as having sufficient sensitivity and

specificity (https://www.gov.uk/government/publications/covid-19-laboratory-evaluations-of-serological-assays)

- Public Health England have been explicit about the limitations of the antibody tests, stating in their "*Coronavirus (COVID-19) antibody test guidance*": *"There is no strong evidence yet to suggest that those who have had the virus develop long-lasting immunity which would prevent them from getting the virus again. Therefore, the value of antibody tests is currently limited to answering the question of whether someone has had the virus or not, and providing data and a greater understanding on the spread of the virus*."
- Welsh Government have specified the priority groups for testing. Teachers are the first priority group, and CTM began its testing programme of teachers on 15/06/20. The next priority group for testing will be health and social care workers, who are due to start receiving antibody testing from the end of June.

Method / Location of testing

CTM has used a mixed model of testing to increase its testing capacity. CTM residents are accessing testing through a number of routes.

1. Staff Testing Units and Mass Testing Centres
   - CTM currently has three Coronavirus Testing Units (CTUs) in operation across CTM and one Mass Testing Centre in Abercynon. These are currently accessible only for both key workers as defined by Welsh Government, and symptomatic members of the public. A proportion of the appointments are available to all symptomatic members of the public, with the remaining appointments reserved for key workers to ensure that they have priority access for testing.
   - These sites are currently undergoing changes: three of the STUs are being closed, and two additional Mass Testing Centres are being opened. These changes will give CTM three Mass Testing Centres in: Navigation Park, Abercynon; Kier Hardy Health Centre, Merthyr; and the Field Hospital in Bridgend. One of the STUs located in Royal Glamorgan Hospital would remain to sample anyone needing an urgent test, pre-operative patients and children under 5.
   - All the CTUs and MTUs are currently operated by Health Board staff. It has been agreed that the operations at the current MTU in Abercynon will be taken over by Deloitte in the coming weeks. The MTUs in Merthyr and Bridgend, as well as the CTU in RGH, will remain under the operational control of CTM.

2. Home testing using staff from the CTUs
   - Currently home testing using staff from Williamstown CTU are available to care home residents. Williamstown CTU is not currently seeing members of the public as all their staff are currently undertaking home testing. The staff from the STUs are able to go to the Care Homes to take swabs from these people who would not be able to travel to the STUs.

3. Home testing using Amazon Couriered home testing kits
   - All symptomatic residents in CTM can request a home test kit delivered via the Amazon couriered home testing service. These tests are sent back to England to be processed, and results are sent out from England using an automated test system.

4. Testing of asymptomatic healthcare workers
    - Asymptomatic healthcare workers are currently being tested as part of a random sampling programme in CTM. 70-75 healthcare workers chosen at random from various sites and roles within hospitals and the community are sampled twice a week, meaning that 140-150 healthcare workers are sampled through this programme each week.

5. Care Home Portal
    - There is also a care home portal where online tests can be ordered and delivered to the care home directly. These tests are for Care Home staff. These tests are sent to England to be processed, and results are emailed to the care home which ordered the test.

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.

Prioritisation

If testing demand outstrips capacity, either sampling or analytical capacity, then the priority groups for testing are:

1. Symptomatic individuals in hospitals
2. Symptomatic individuals in Care Homes
3. Symptomatic key workers

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

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

Future Developments

The first priority for this strategy is to ensure that the current groups who are eligible for testing are reliably able to receive a COVID-19 test, through an appropriate route and in a timely manner. The COVID-19 response is likely to be ongoing for at least another 6-12 months, and so the testing strategy needs to ensure that the CTM response is sustainable and considers the long-term impacts of large scale COVID testing.

This strategy will also need to be reviewed on a regular basis. The COVID-19 situation is changing rapidly, and this strategy may need to be reviewed due to changes in:

- The prevalence of COVID-19 in the CTM population
- National UK and Welsh Government policy on COVID-19 testing

- National UK and Welsh Government policy on wider issues related to COVID-19 including the lifting of lockdown restrictions
- The availability of existing and novel COVID-19 tests
- The level and types of activity conducted in the Health Board

Unlike the previous strategy there will not be a large increase in the groups of people who are eligible for testing, as the range of people who are eligible for testing has already greatly increased. All symptomatic individual in CTM are now eligible for testing, alongside further offers for testing in specific groups including key workers, health and social care staff, and care home residents.

However, there will be an increase in testing in certain groups of people listed below:

1) Increased testing for pre-operative patients

Patients who are requiring elective surgery will require pre-operative COVID-19 testing in the community before their admission to hospital.

2) Testing of healthcare staff in clean clinical areas

Asymptomatic healthcare staff working in non-COVID, clean areas may be required to undergo testing to reduce the risk of COVID-19 into these clinical areas.

3) Serology antibody testing

Serology antibody testing in teachers was rolled out in CTM from 15/06/20. There are also plans to begin testing health and social care staff by the end of June. The further plans for serology testing in Wales are not yet defined.

4) Potential for testing of other targeted groups

There may be the requirement to test other targeted groups, either through antigen or antibody testing.

Limitations

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. 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 need to shield due to vulnerabilities, or self-isoalte due to either themselves or a close contact becoming unwell. In the initial strategy it was outlined that clinical staff may be required to be redeployed to treat COVID patients in field hospitals. This is not an issue currently due to the decreasing number of hospitalised COVID patients in CTM, however could become an issue again if there is a second peak of COVID infections later in the year. However, a more immediate issue around staffing is the requirement of staff to return to their original roles as more of the Health Boards usual work resumes during the recovery stage.

Some of the processes will involve staff in specific roles or who have certain skills that mean that fewer people are able to carry out their role or they are in higher demand during COVID-19. These staff are

highlighted in bold in the list below. As testing will be ongoing for at least the next 6-12 months it is important to identify sustainable staffing resources for this period.

- Booking of tests by administrative staff
- **Taking the swabs for children over 5 and adults by Nurses or Health Care Assistants.**
- **Taking the swabs for children under 5 by paediatric nurses. There are limited numbers of staff trained in taking swabs for children under 5 compared to other staff groups.**
- **Taking blood samples for antibody testing by phlebotomists, or other healthcare workers that are trained in phlebotomy skills including nurses. There are limited numbers of staff trained in phlebotomy compared to other staff groups.**
- Transporting tests by drivers
- **Running tests in the laboratories in UHW and RGH by laboratory staff. There are limited numbers of laboratory trained staff in CTM compared to other staff groups.**
- Communicating results by administrative staff, for results of care home residents and those who cannot receive their result through the automated text system.

2) COVID-19 test availability and capacity

The ability to implement the testing strategy depends on the testing availability and capacity of all the test which make up the testing strategy.

- Capacity of PHW laboratories to process PCR antigen tests
- Capacity of RGH laboratory to process PCR antigen tests
- Validation and availability of USW developed LAMP test
- Availability of serological antibody testing

3) Infrastructure and IT systems

Infrastructure and IT systems will also be required to ensure that the testing strategy can be implemented. These resources need to be available for 6-12 months minimum whilst COVID-19 testing is ongoing. This includes:

- Vehicles to transport tests
- Locations and infrastructure to house test sites
- Locations, IT and telephony services to enable administrative staff to support the testing process, including booking tests, arranging test kits and delivering results.
- IT systems to feed back the results of testing into surveillance teams.

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Appendix 7

Applying a local framework to take forward a collaborative, behavioural science informed approach to COVID-19 related communication and community engagement within the CTM UHB area

Situation

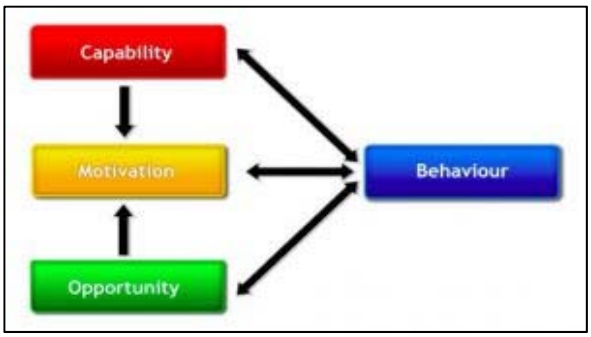
The scale of the current COVID-19 pandemic means we are in a unique position where all statutory, community and voluntary organisations on a national and local basis are focussed on the same agenda and in turn, developing their communication and engagement approaches. Although this provides considerable resource, there is a real danger of duplication of effort, inconsistent messages and gaps in provision, particularly against a background of regularly changing guidance. The success of our Response Plan is predominately dependant on widespread public understanding, acceptance and uptake of key behaviours, hence facilitating the need for a comprehensive, multiagency approach to local communication and engagement planning. Combined with this is the need for appropriate provision within our communities to provide support to help protect the health and wellbeing, in the widest sense, of those directly or indirectly adversely affected by COVID-19.

Background

Using the World Health Organisation (WHO) and global partners Covid-19 Preparedness and Response Guidance as a basis for initial work, a risk communication and community engagement (RCCE) work stream group and associated action plan was established within CTM UHB area to facilitate this approach.

Much of the initial work of this group has been providing responsive communication support around fast changing, public guidance and the need to rapidly inform and engage our communities in the roll out of the Testing and Contract Tracing programmes. We are now at the stage where we are hopefully able to establish a more proactive, pre-planned approach for the coming months.

Drawing on behavioural science, we have developed a draft local engagement framework which begins to outline considerations for effective communication approaches for different cohorts and identify wider action needed to enable the engagement and support of groups who are more vulnerable or have specific additional considerations related to Covid-19.



At the core of this approach is the COM-B model which recognises that behaviour is part of an interacting system. In order for a desired

behaviour to be taken up, a person needs to feel **capable**, have the **opportunity** to perform the behaviour and be **motivated** to do so.

The CTM engagement framework explores this approach in relation to behaviours associated with both the prevention of COVID-19 and the mitigation of both direct and indirect harm. Within this framework we have identified numerous groups and key settings which could benefit from a more targeted approach.

Approach

The key to achieving this approach successfully within CTM will be determining who is most appropriate to take forward its numerous strands. We need to ensure good communication between all partners to avoid duplication, identify gaps and maximise resources, while maintaining the underlying behavioural science basis to inform action. Complementary approaches to the existing RCCE work stream are in development. Our Regional Partnership Board (RPB) is part of a national work stream group looking at the 'Protect' element of the TTP plan. Local action to support this is being explored by the RPB. Similarly, the CTM UHB led Rehabilitation Model and Pathway has parallels with the RCCE plans to support engagement of our population back into services. Other organisations have developed a range of materials to support their specific client groups.

The following table briefly describes the identified population groups and settings highlighted in the CTM engagement framework and provides an initial attempt to outline how next steps could be structured to maximise contributions from different organisations/ work streams.

Framework Application

Group	Includes	Approach to this cohort going forward	Actions
The general population of CTM	• There will be a variety of subgroups and differing perceptions within this overarching population. Groups that are identified as having specific needs are considered throughout the remaining table.	RCCE group working in partnership with national PHW and WG communication teams and local partners to support local promotion of national campaigns promoting key behaviours, with appropriate local targeting of defined cohorts or geographical locations as required. RCCE group in partnership with Protect and Contract tracing work streams to promote local support systems/guidance to raise public awareness of availability in preparation of any requirement to self-isolate	• Co-ordinate local promotion of WG 'Keep Wales Safe 'campaign via all networks • Utilise available data/ intelligence to identify where targeted promotion is required within general population via links with:- • *Surveillance work stream* • *Testing and contract tracing leads* • *Analysis of national and local public perception surveys* • *Community* • Undertake localised campaign • Collate a range of information to support signposting by contract tracing team • Training for CT staff including MI techniques, framing messages and knowledge of local services/referral systems
Potentially harder to engage groups within our general population	• Young people • Men of working age • Older people • Individuals whose first language isn't English or Welsh • Sensory impairment • Learning disabilities	RCCE group working in partnership with national PHW teams and specialist organisations to develop behaviourally informed communications. Specific members of RCCE group identified as link person for each cohort.	• Work with PHW/WG in development/local dissemination of specific cohort campaigns commencing with young people • Use of Com B planning tool with local partners to develop an engagement, action plan for each cohort. • Collate and disseminate as appropriate intelligence to date regarding current guidance,

		RPB Protect work led by Rachel Rowlands identifying gaps in support to older/ disabled groups	resources and local networks to provide easily accessible information on key groups • Support Protect work stream actions for identifying and tackling gaps. • Wider comms support of RCCE members to promote associated communications via their networks.
Groups who have specific considerations due to a potential greater risk from Covid 19	• Individuals who are shielding or are at greater risk due to underlying medical conditions • Pregnant women • BAME • Key Workers within Health care	Wider needs to be reviewed by RPB and actions determined with partnership and LPHT support RPB and RCCE work streams work jointly to develop and disseminate public comms related to these groups CTM UHB comms to lead, supported by LPHT. Linking to workplace leads	• Support Protect work stream actions for identifying and tackling gaps. • Wider comms support of RCCE members to promote associated communications via their networks. • Collate and disseminate as appropriate intelligence to date regarding current guidance, resources and local networks to provide easily accessible information on these key groups
Groups who are at direct risk from Covid-19	• Covid-19 cases, their households and contacts	Identified leads within the RCCE group provide links to TTP work streams:	▪ Provision of communication support to testing and contract tracing programmes as required

	• Individuals / organisations involved in clusters/outbreaks	Testing- J Sumner; Contact tracing- J Whitehurst; Surveillance – D Gibbons; Link to RPB Protect work with regard to wider support needs of isolating individuals For incidents/ outbreaks/ clusters, national PHW comms support Incident Management Team linking with UHB/LA comms leads and LPHT for local input. Regional PHW Health Protection Support providing assistance with community engagement	▪ Links with surveillance work stream to maximise use of local intelligence in content and targeting of messaging As for general population above • Link with Incident management team as required to provide local knowledge and capacity
Groups who are at risk of indirect harm/unintended consequences of Covid-19	Individuals awaiting: • Medical treatment • Immunisations • Screening	Needs explored through UHB rehabilitation plan led by Alyson Davies. Most comms taken forward by UHB comms but colleagues in RCCE group can support if wider input needed National PHW Working group looking at Comms for COVID vaccination. LPHT regional lead With input to ILG immunisation groups. 6th work stream developed to cover this area led by Lesley Lewis	• Further meetings to be arranged with leads for each area during August to determine any support required

		National PHW Working group looking at Comms with reinstatement of screening programmes. Regional LPHT lead (Cancer Inequalities and Raising Public Awareness Group)	
	Vulnerable groups including: • Carers/Young carers Homeless • Suffers of domestic abuse • Substance Misusers • Those in Poverty	Scoping work done around these groups shared with RPB Protect who will engage with local agencies to identify any unmet need RCCE group will support if wider public comms needed	• Support Protect work stream actions for identifying and tackling gaps. • Wider comms support of RCCE members to promote associated communications via their networks.
Key settings which need special consideration to optimise staff and public safety	Workplaces	Elizabeth Bradfield (Bridgend) is RCCE group lead linking with Healthy Working Wales lead Mary Ann Mckibben. Formalised links with Louise Davies, Philip Daniels to join up efforts with larger employers' work	• Small working groups to be established to review any additional input by RCCE group that may be of value, in additional to general promotion of information through networks and working links
	Schools	Identified RCCE group link to work with LA LEAs/CTM Healthy Schools Scheme	
	Colleges	Links to be confirmed	
	Leisure/social settings	Links to be confirmed	

APPENDIX 8 –
CONTACT TRACING ESTIMATED COSTS

NOT FOR PUBLICATION

This appendix will not be open for inspection by the press and public as in the opinion of the Director of Legal Services it contains information as defined in paragraph 14 of Part 4 of Schedule 12A of the Local Government Act 1972 (as amended) namely information relating to the financial or business affairs of any particular person (including the authority holding the information). It is not considered to be in the public interest to disclose such information at this time. Consequently the public interest in maintaining the exemption outweighs the public interest in disclosing the information

APPENDIX 9

SUMMARY CHECKLIST AND ACTIONS BY SUGGESTED HEADING AS AT 6TH AUGUST 2020.

Local Planning and Response Structures, Roles and Responsibilities		
Outline of local structures, roles and responsibilities	Yes	See Oversight arrangements at Appendix 2
Each local plan should describe the identified lead with overall responsibility and oversight of the Prevention and Response	Yes	See oversight arrangements at Appendix 2. Director of Public health is overall Senior Responsible Officer.
Structure for local decision making and the delivery of response, including:	Yes	See Oversight arrangements at Appendix 2
- organogram	Yes	Set out within oversight arrangements at Appendix 2.
- planning and response lead(s)	Yes	See membership set out in Oversight arrangements at Appendix 2.
- governance arrangements	Yes	See Oversight arrangements at Appendix 2
Local triggers for escalation	Yes	See Surveillance Indicator Overview at Appendix 4
Multi-Agency Strategic Regional TTP Oversight Group in place which is adequately resourced	Yes	See Oversight arrangements at Appendix 2 and programme funding schedule attached at Appendix 7 noting a request was made to WG for funding on 16/7/20.
Surveillance		
Outline of how epidemiological surveillance informs sensitive early warning systems for recognition of community transmission	Yes	Please see sections 6, 7, 8 and 9.1 in particular.
Sources of surveillance data which will be reviewed to inform local risk assessments and response	Yes	See Surveillance Indicator Overview at Appendix 4 in particular.
Systems for linking cases and for identification of clusters	Yes	Yes, underway wherever possible via current methods, although noting that this is a CRM capability which we await.
Protocol for regular Situational Awareness process – which include hospital and healthcare data	Yes	Please see sections 7, 8 and 9.1 in particular.
Management of Clusters, Incidents and Outbreaks		

Agreed protocol for the management of clusters, incidents and outbreaks in community and key settings	Yes	Please see section 8 in particular.
Have named leads for the management of clusters, incidents and outbreaks in line with the Communicable Disease Outbreak Plan for Wales	Yes	See Oversight arrangements at Appendix 2 and section 8 in particular.
Have an adequately resourced Multi-Agency Strategic Regional TTP Oversight Group which will provide leadership on contact tracing and situational awareness on emerging clusters and outbreaks	Yes	See Oversight arrangements at Appendix 2 and section 8 in particular.
Describe how to call on broader partners to respond to multiple complex incidents	Yes	See Oversight arrangements at Appendix 2 and section 8 in particular.
The arrangements for escalation to SCG/RCG members and the Welsh Government	Yes	See Oversight arrangements at Appendix 2 and section 8 in particular.
Sampling and Testing		
Local arrangements for sampling and testing	Yes	As set out in section 9.2, the action plan and our latest Sampling and Testing Strategy at Appendix 5
Sampling and testing arrangements for large outbreaks and incidents if local capacity exceeded		Under further development and as set out in section 9.2, the action plan and our latest Sampling and Testing Strategy at Appendix 5
Prevention		
Collaborative arrangements for identifying and protecting the most vulnerable people in society	Yes	Please see section 9.5 and the action plan at Appendix 1
Approach to risk assessment based on local knowledge	Yes	Please see sections 5 and 6, and Appendices 3 & 4
Identification of key places and sectors that may be at higher risk of transmission	Yes	Please see sections 5 and 6
Consider mass vaccination plans for when a vaccine becomes available and plans to maximise the routine influenza vaccination programme to limit impact on the NHS	Yes	Please see section 9.6 and the action plan at Appendix 1
Mitigation and Control		

Assessment of primary control measures in key settings and ensure promulgation of advice related to transmission	Yes	Please see sections 5 and 6
Key settings and high risk premises (e.g. care homes, holiday parks, meat processors and food manufacturers, schools, universities) are identified, assessed and risk mitigation plans developed	Yes	Please see sections 5 and 6, 8 and 8.
Local communities plans outlining collaborations between existing local community networks and partnerships and with the voluntary sector	Yes	Particularly through our Protect work stream (chaired by our RPB Chair) and their links with the Regional Partnership Board and two Public Service Boards. Please see section 9.5 and the action plan at Appendix 1
Reinforcement arrangements if non-compliance with control measures	Yes	Please see section 6 in particular.
Plans for enhanced enforcement and communication in response to escalating incidents	Yes	Please see section 6 in particular.
Communication		
Multi-sectoral communications strategy aligned to national messages developed	Yes	Please see section 9.4 and appendix 6 in particular.
A communication action plan should give a clear indication of which organisation leads on each element	Yes	Please see the Risk Communication and Community Engagement work stream details, who also have their own work stream action plan. Please see section 9.4 and appendix 1 & 6 in particular.
Description of communications leadership and infrastructure, including names and contact details of key communications leads for each partner organisation	Yes	See Oversight arrangements at Appendix 2
Summary of the communications channels relevant for regional/local dissemination, including methods for reaching specific groups	Yes	Please see section 9.4, the action plan at Appendix 1 and Appendix 6.
Summary of key community stakeholders (community groups, MSs, MPs, special interest groups) along with an identified agencies	Yes	Please see section 9.4 and Appendix 6. This information is also held by partner communication tams who are

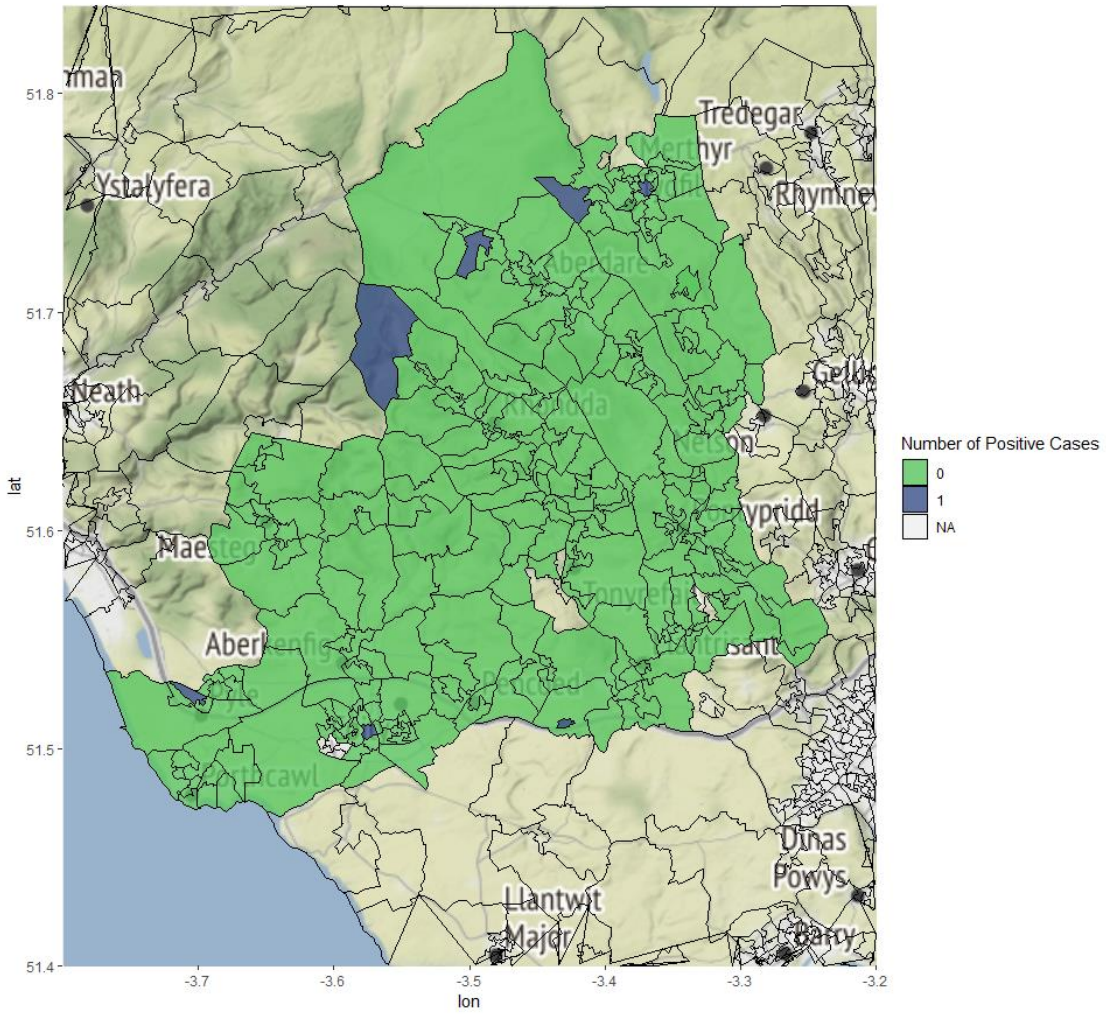
responsible for informing and updating		linked up across the partnership via the Risk Communication and Community Engagement work stream
Implementation, Review and Learning		
Implementation timetable of the prevention and control plans with clear milestones and outcome measures	Yes	Please see plan and supporting action plan at appendix 1 for timescales and SMART objectives
Schedule for review of effectiveness of implementation of plans	Yes	Please see section 16. Weekly reviews of progress via our Regional Strategic Oversight Group meetings and via regular updates to the Health Board, Local Authorities and wider stakeholders.
Arrangements for undertaking review and learning	Yes	Programme manager holds a lessons learnt log. Any lessons learnt reports also shared via the oversight arrangements as applicable.

COVID Area Surveillance

04/08/2020

LSOA Map:

Below shows a map of CTM with LSOA's highlighted dependant on the number of cases they have had in the last 2 weeks:

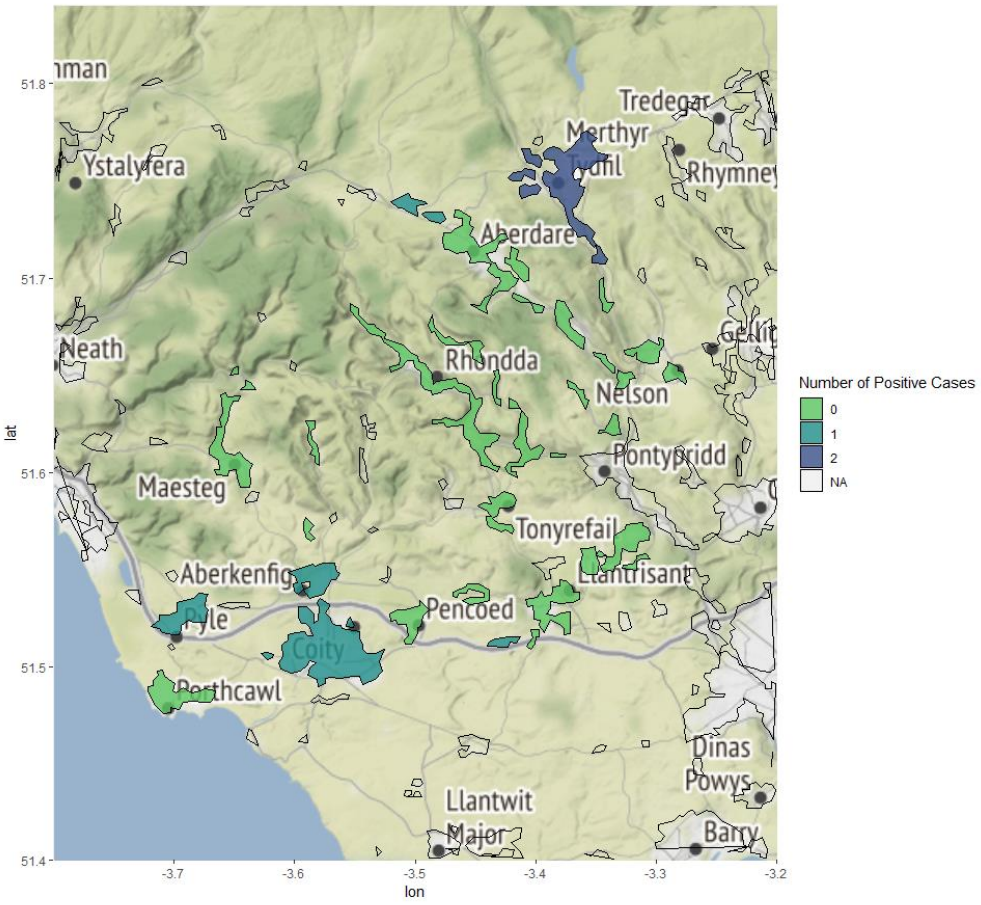


Cases for LSOA -

LA	BUA	LSOA	Positive
Bridgend	Bridgend	W01001021	1
Bridgend	Pyle	W01001002	1
Merthyr Tydfil	Merthyr Tydfil	W01001291	1
Merthyr Tydfil	Merthyr Tydfil	W01001310	1
Rhondda Cynon Taf	Hirwaun	W01001221	1
Rhondda Cynon Taf	Llanharry	W01001192	1
Rhondda Cynon Taf	Treherbert	W01001267	1

BUA Map:

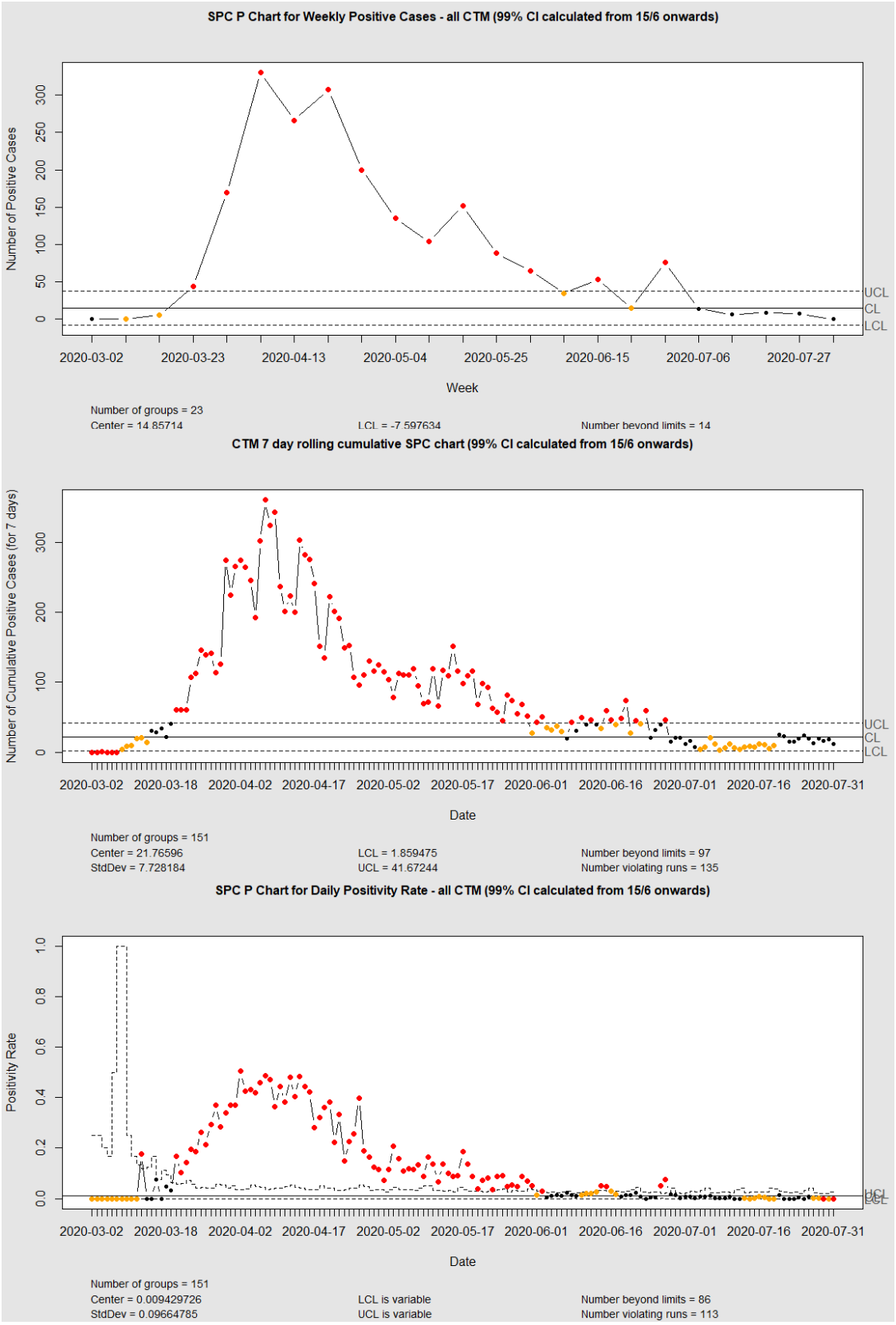
Below shows a map of CTM with Built-Up Areas highlighted dependant on the number of cases they have had in the last 2 weeks:



All CTM:

These charts are for Positive and Positivity Rate for COVID tests for all of Cwm Taf LA's:

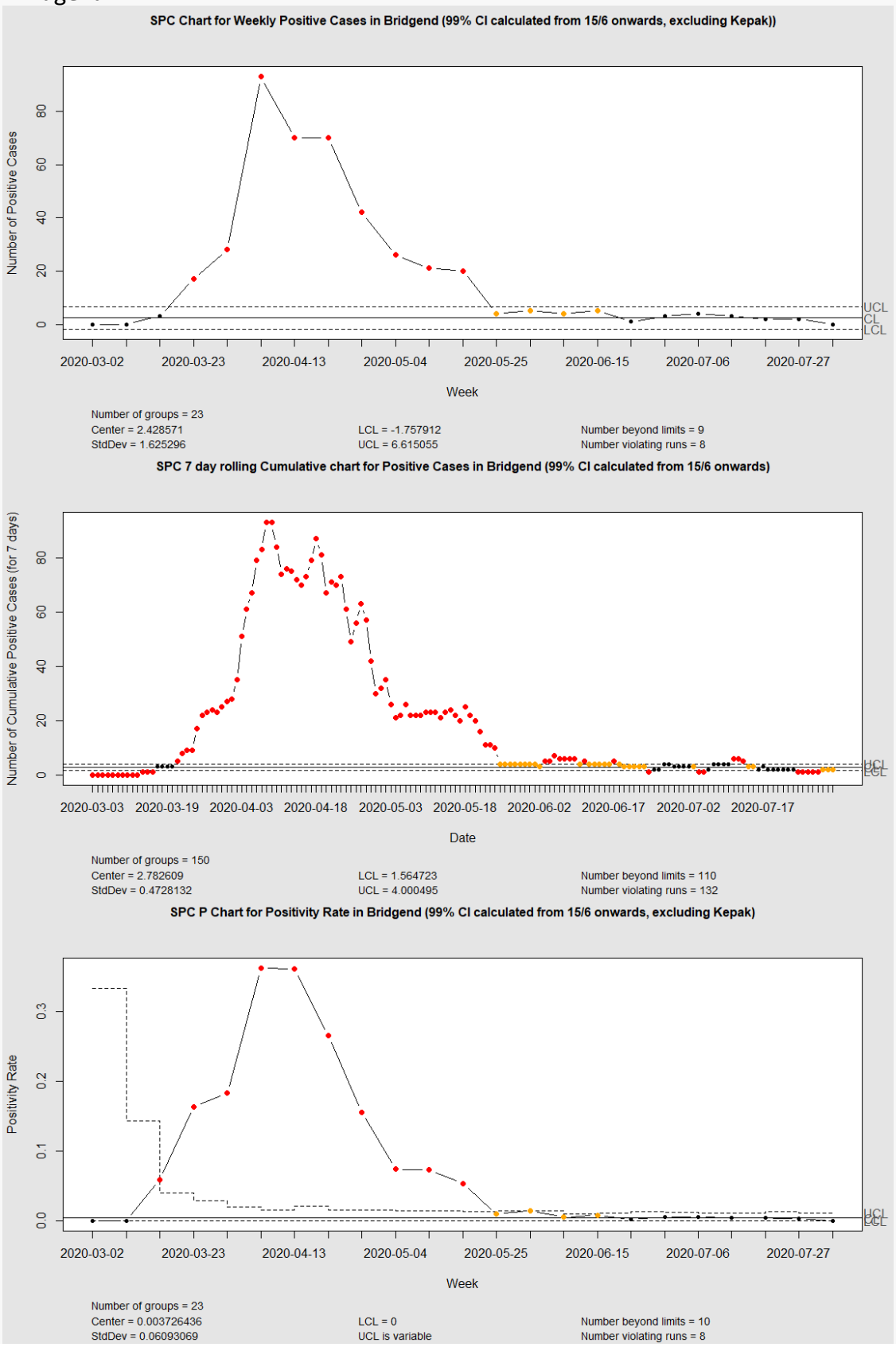
Positivity Rate = Positive Cases / Tested


SPC P Chart for Weekly Positive Cases - all CTM (99% CI calculated from 15/6 onwards)
Number of Positive Cases
0
50
100
150
200
250
300
UCL
CL
LCL
2020-03-02
2020-03-23
2020-04-13
2020-05-04
2020-05-25
2020-06-15
2020-07-06
2020-07-27
Week
Number of groups = 23
Center = 14.85714
LCL = -7.597634
Number beyond limits = 14
CTM 7 day rolling cumulative SPC chart (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
100
200
300
UCL
CL
LCL
2020-03-02
2020-03-18
2020-04-02
2020-04-17
2020-05-02
2020-05-17
2020-06-01
2020-06-16
2020-07-01
2020-07-16
2020-07-31
Date
Number of groups = 151
Center = 21.76596
StdDev = 7.728184
LCL = 1.859475
UCL = 41.67244
Number beyond limits = 97
Number violating runs = 135
SPC P Chart for Daily Positivity Rate - all CTM (99% CI calculated from 15/6 onwards)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
LCL
2020-03-02
2020-03-18
2020-04-02
2020-04-17
2020-05-02
2020-05-17
2020-06-01
2020-06-16
2020-07-01
2020-07-16
2020-07-31
Date
Number of groups = 151
Center = 0.009429726
StdDev = 0.09664785
LCL is variable
UCL is variable
Number beyond limits = 86
Number violating runs = 113

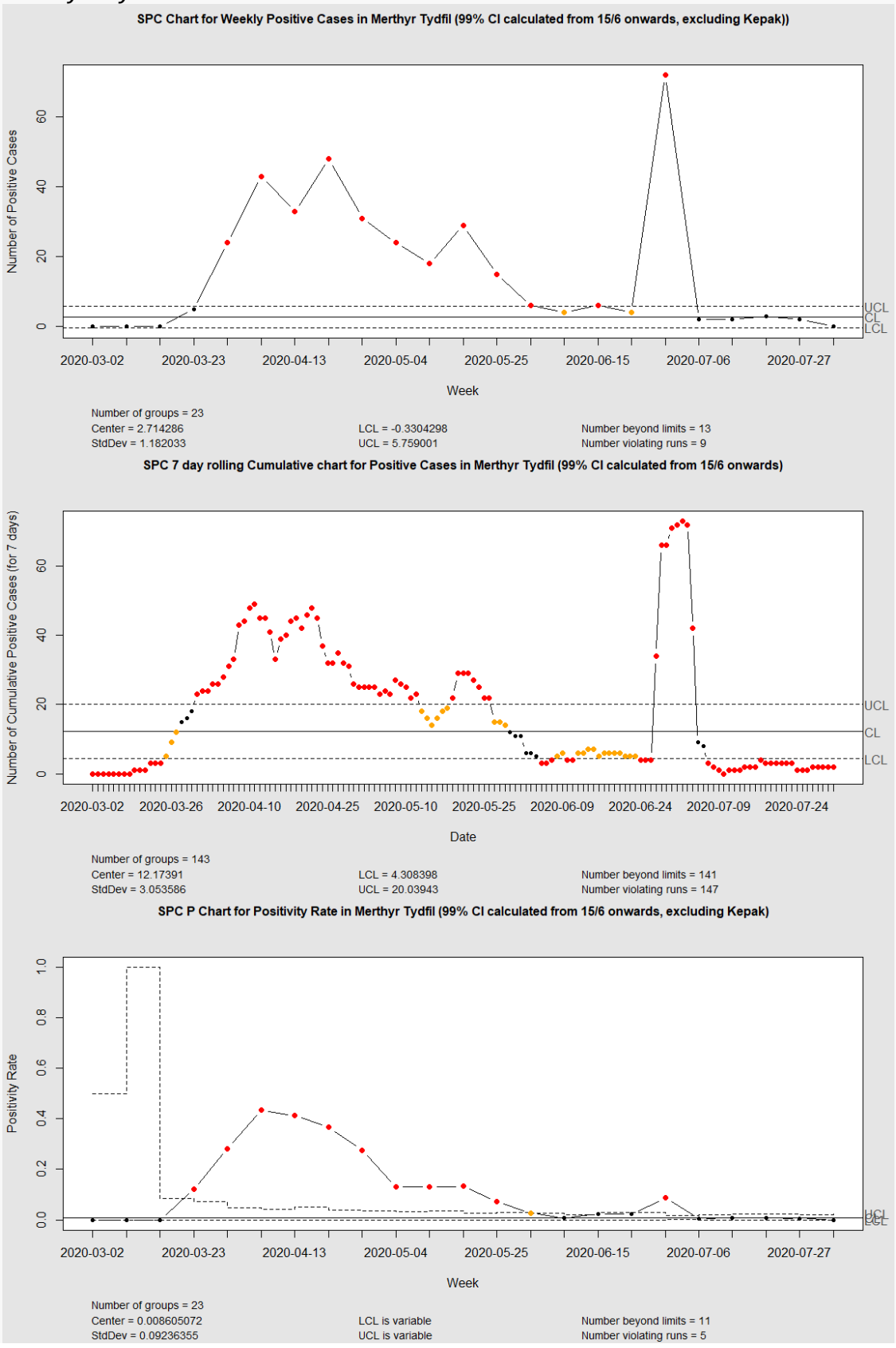
LA:

The next charts are for the Local Authorities within CTM: Bridgend, Merthy Tydfil and Rhondda Cynnon Taf.

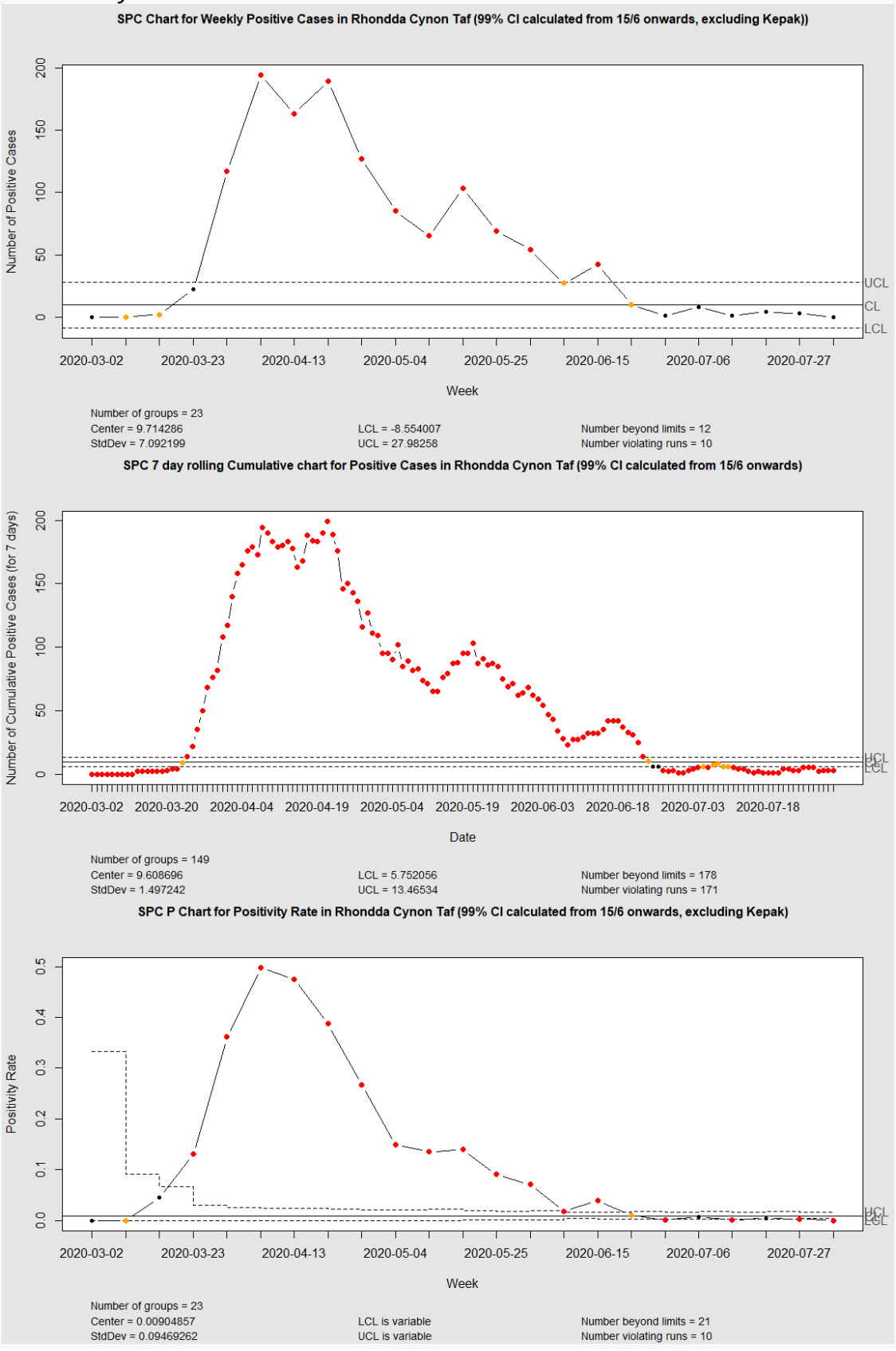
Bridgend


SPC Chart for Weekly Positive Cases in Bridgend (99% CI calculated from 15/6 onwards, excluding Kepak))
Number of Positive Cases
0
20
40
60
80
UCL
CL
LCL
2020-03-02
2020-03-23
2020-04-13
2020-05-04
2020-05-25
2020-06-15
2020-07-06
2020-07-27
Week
Number of groups = 23
Center = 2.428571
StdDev = 1.625296
LCL = -1.757912
UCL = 6.615055
Number beyond limits = 9
Number violating runs = 8
SPC 7 day rolling Cumulative chart for Positive Cases in Bridgend (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
20
40
60
80
UCL
LCL
2020-03-03
2020-03-19
2020-04-03
2020-04-18
2020-05-03
2020-05-18
2020-06-02
2020-06-17
2020-07-02
2020-07-17
Date
Number of groups = 150
Center = 2.782609
StdDev = 0.4728132
LCL = 1.564723
UCL = 4.000495
Number beyond limits = 110
Number violating runs = 132
SPC P Chart for Positivity Rate in Bridgend (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
UCL
LCL
2020-03-02
2020-03-23
2020-04-13
2020-05-04
2020-05-25
2020-06-15
2020-07-06
2020-07-27
Week
Number of groups = 23
Center = 0.003726436
StdDev = 0.06093069
LCL = 0
UCL is variable
Number beyond limits = 10
Number violating runs = 8

Merthyr Tydfil



Rhondda Cynon Taf

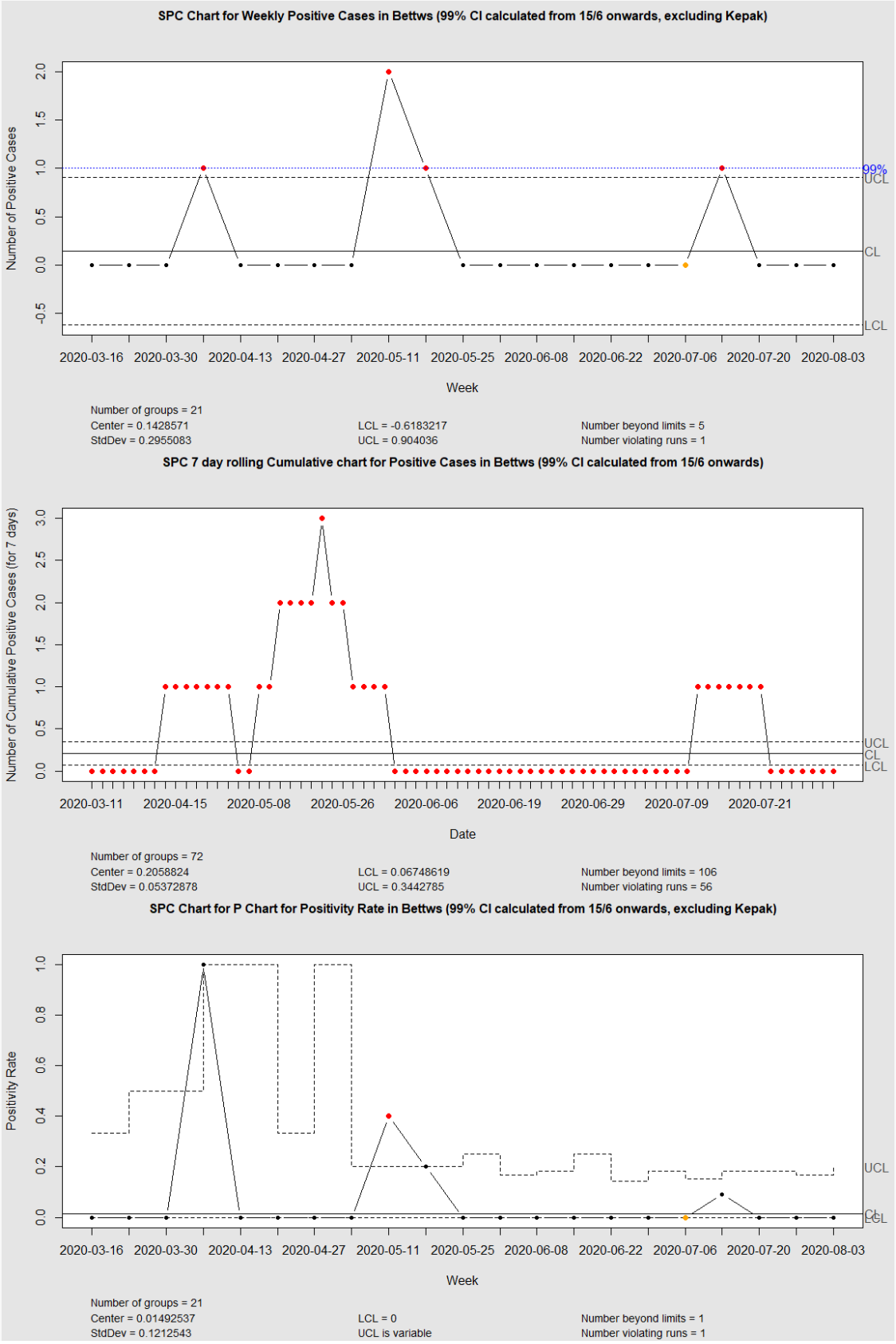


#

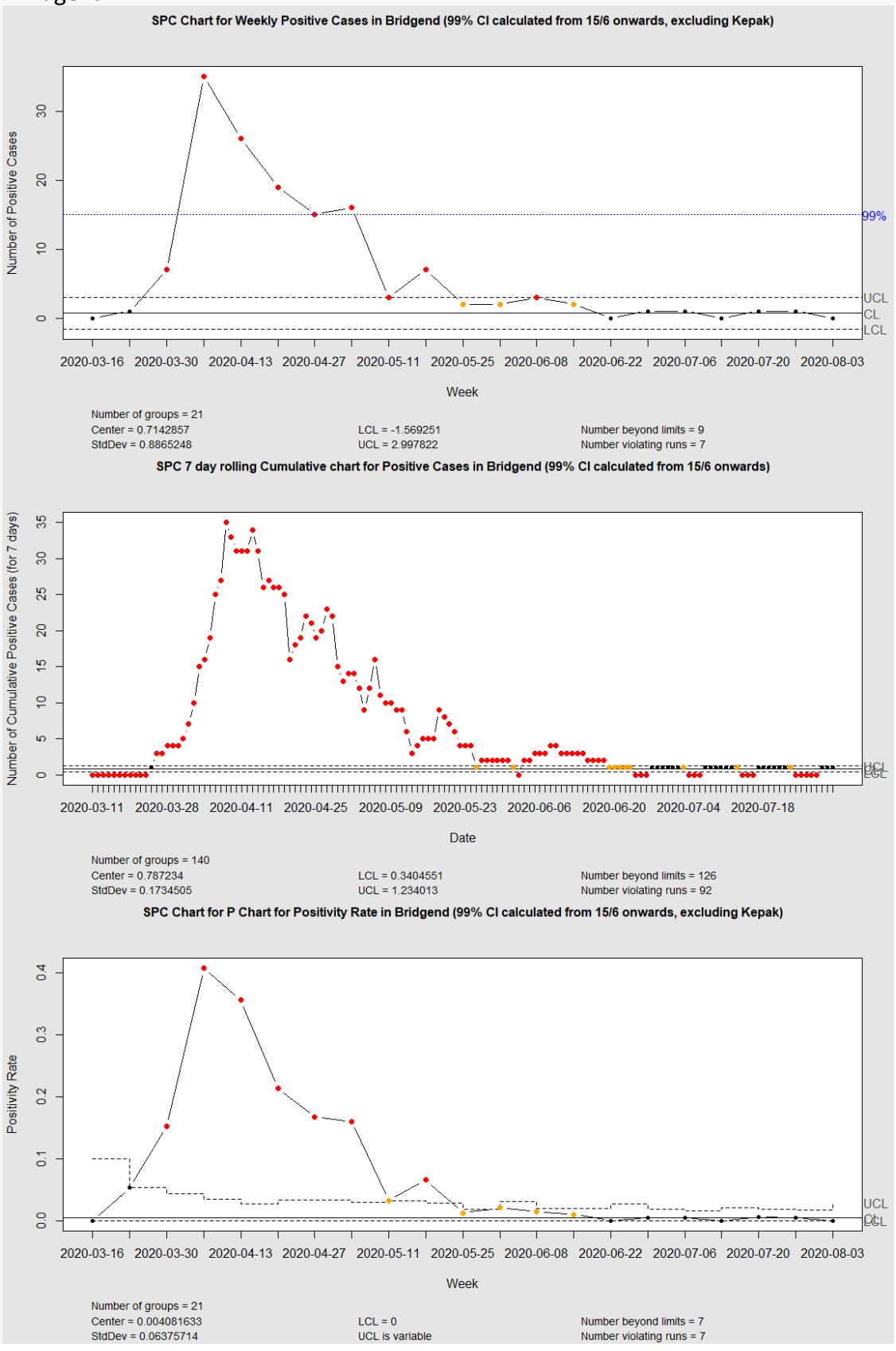
Bridgend BUA's:

The following charts are for each Built Up Area in Bridgend, with the Number of Positive cases, Positivity Rate and 7-day rolling positive cases being monitored:

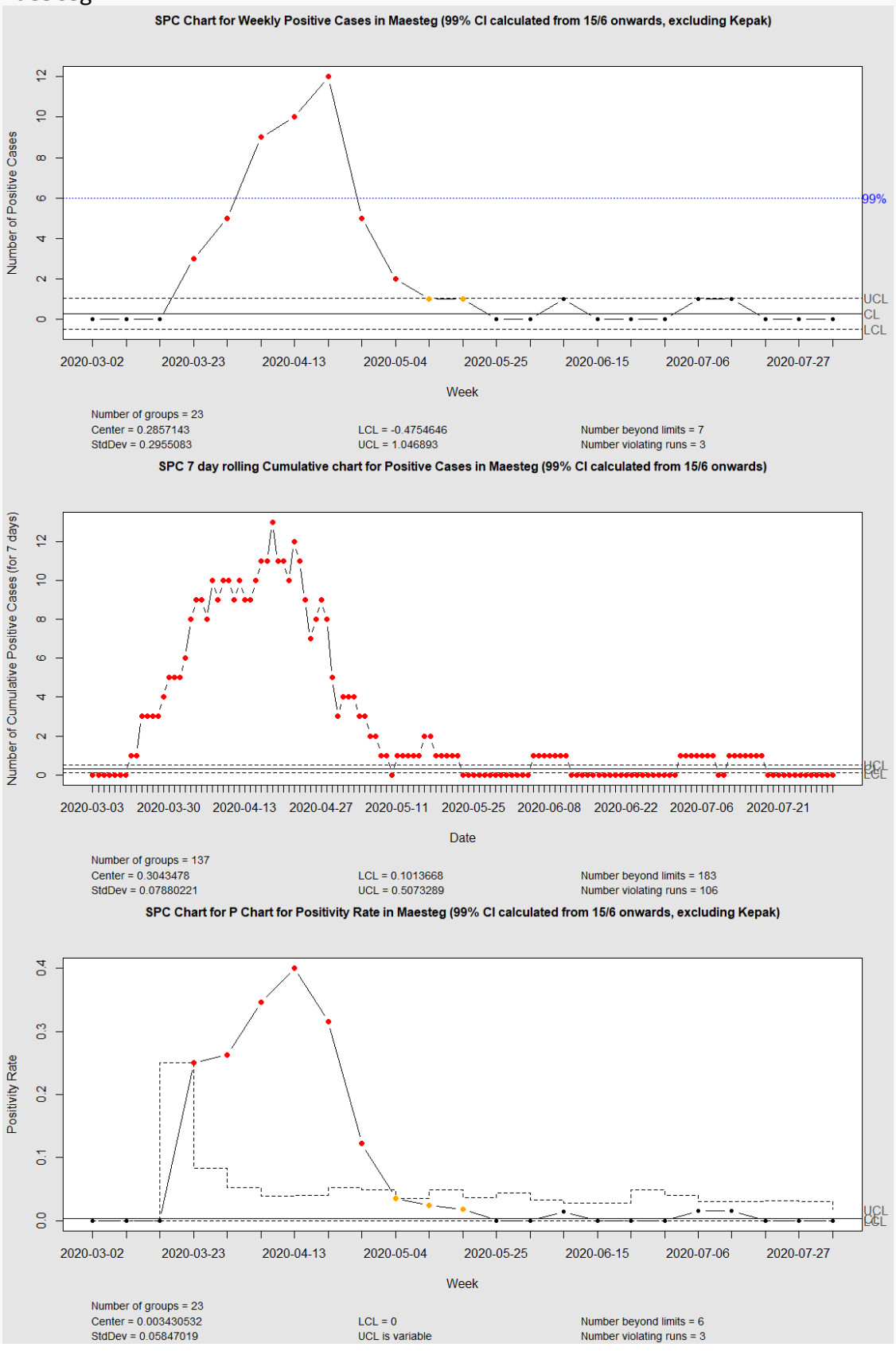
Bettws


SPC Chart for Weekly Positive Cases in Bettws (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
99%
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.1428571
StdDev = 0.2955083
LCL = -0.6183217
UCL = 0.904036
Number beyond limits = 5
Number violating runs = 1
SPC 7 day rolling Cumulative chart for Positive Cases in Bettws (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
UCL
CL
LCL
2020-03-11
2020-04-15
2020-05-08
2020-05-26
2020-06-06
2020-06-19
2020-06-29
2020-07-09
2020-07-21
Date
Number of groups = 72
Center = 0.2058824
StdDev = 0.05372878
LCL = 0.06748619
UCL = 0.3442785
Number beyond limits = 106
Number violating runs = 56
SPC Chart for P Chart for Positivity Rate in Bettws (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.01492537
StdDev = 0.1212543
LCL = 0
UCL is variable
Number beyond limits = 1
Number violating runs = 1

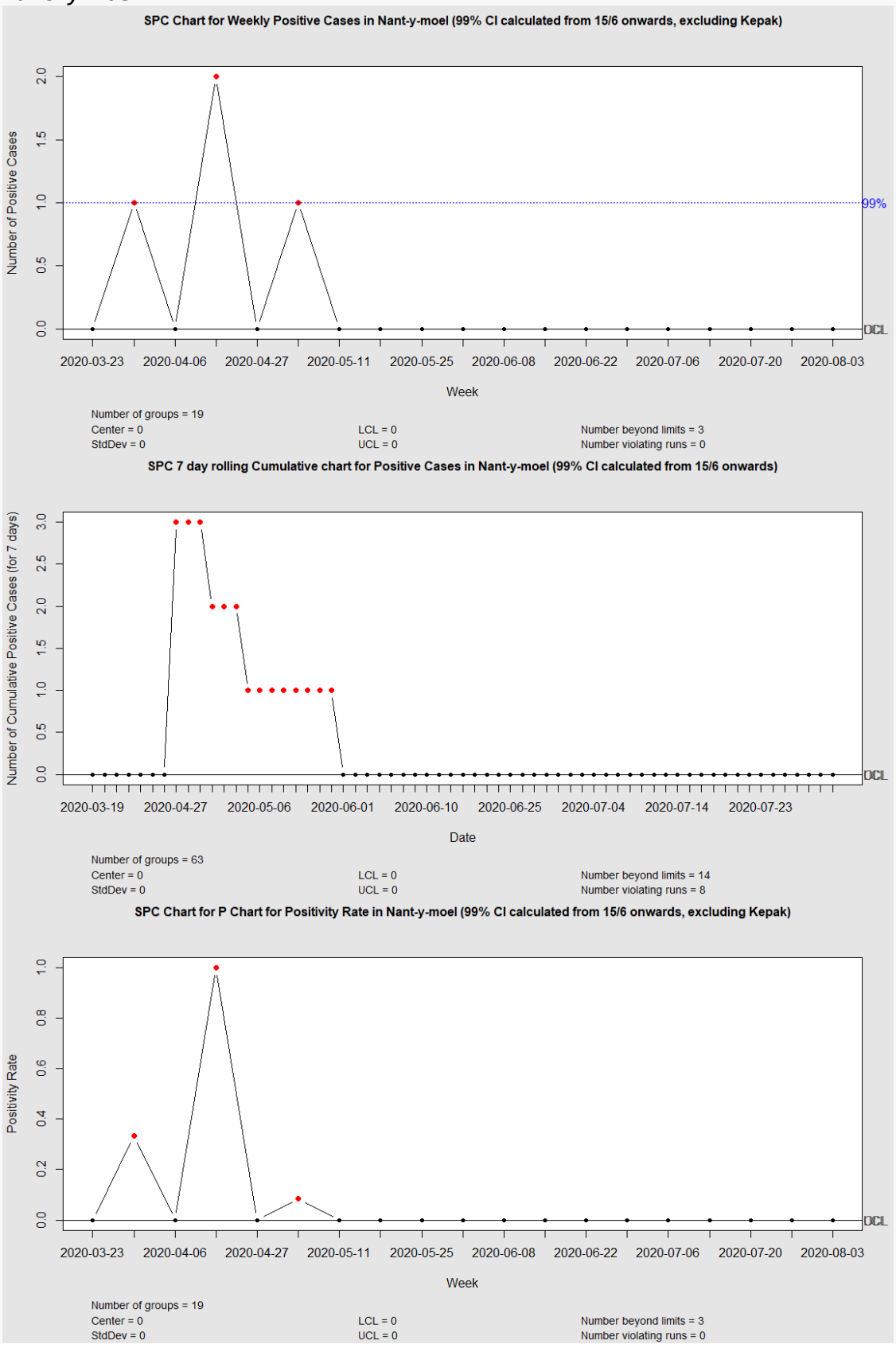
Bridgend


SPC Chart for Weekly Positive Cases in Bridgend (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
10
20
30
99%
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.7142857
StdDev = 0.8865248
LCL = -1.569251
UCL = 2.997822
Number beyond limits = 9
Number violating runs = 7
SPC 7 day rolling Cumulative chart for Positive Cases in Bridgend (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
5
10
15
20
25
30
35
UCL
LCL
2020-03-11
2020-03-28
2020-04-11
2020-04-25
2020-05-09
2020-05-23
2020-06-06
2020-06-20
2020-07-04
2020-07-18
Date
Number of groups = 140
Center = 0.787234
StdDev = 0.1734505
LCL = 0.3404551
UCL = 1.234013
Number beyond limits = 126
Number violating runs = 92
SPC Chart for P Chart for Positivity Rate in Bridgend (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.004081633
StdDev = 0.06375714
LCL = 0
UCL is variable
Number beyond limits = 7
Number violating runs = 7

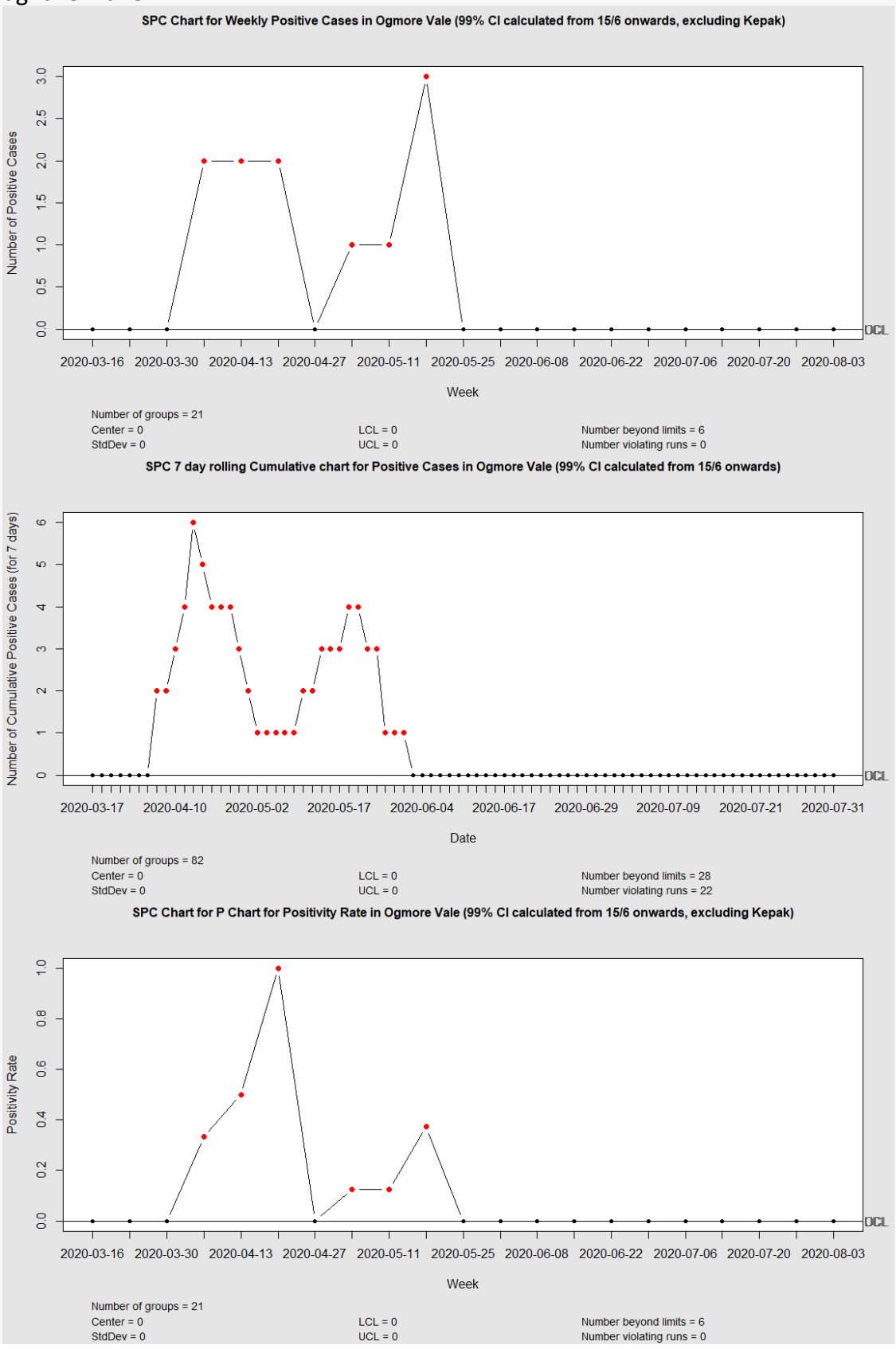
Maesteg


SPC Chart for Weekly Positive Cases in Maesteg (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
99%
UCL
CL
LCL
2020-03-02
2020-03-23
2020-04-13
2020-05-04
2020-05-25
2020-06-15
2020-07-06
2020-07-27
Week
Number of groups = 23
Center = 0.2857143
StdDev = 0.2955083
LCL = -0.4754646
UCL = 1.046893
Number beyond limits = 7
Number violating runs = 3
SPC 7 day rolling Cumulative chart for Positive Cases in Maesteg (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
2020-03-03
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-21
Date
Number of groups = 137
Center = 0.3043478
StdDev = 0.07880221
LCL = 0.1013668
UCL = 0.5073289
Number beyond limits = 183
Number violating runs = 106
SPC Chart for P Chart for Positivity Rate in Maesteg (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
UCL
LCL
2020-03-02
2020-03-23
2020-04-13
2020-05-04
2020-05-25
2020-06-15
2020-07-06
2020-07-27
Week
Number of groups = 23
Center = 0.003430532
StdDev = 0.05847019
LCL = 0
UCL is variable
Number beyond limits = 6
Number violating runs = 3

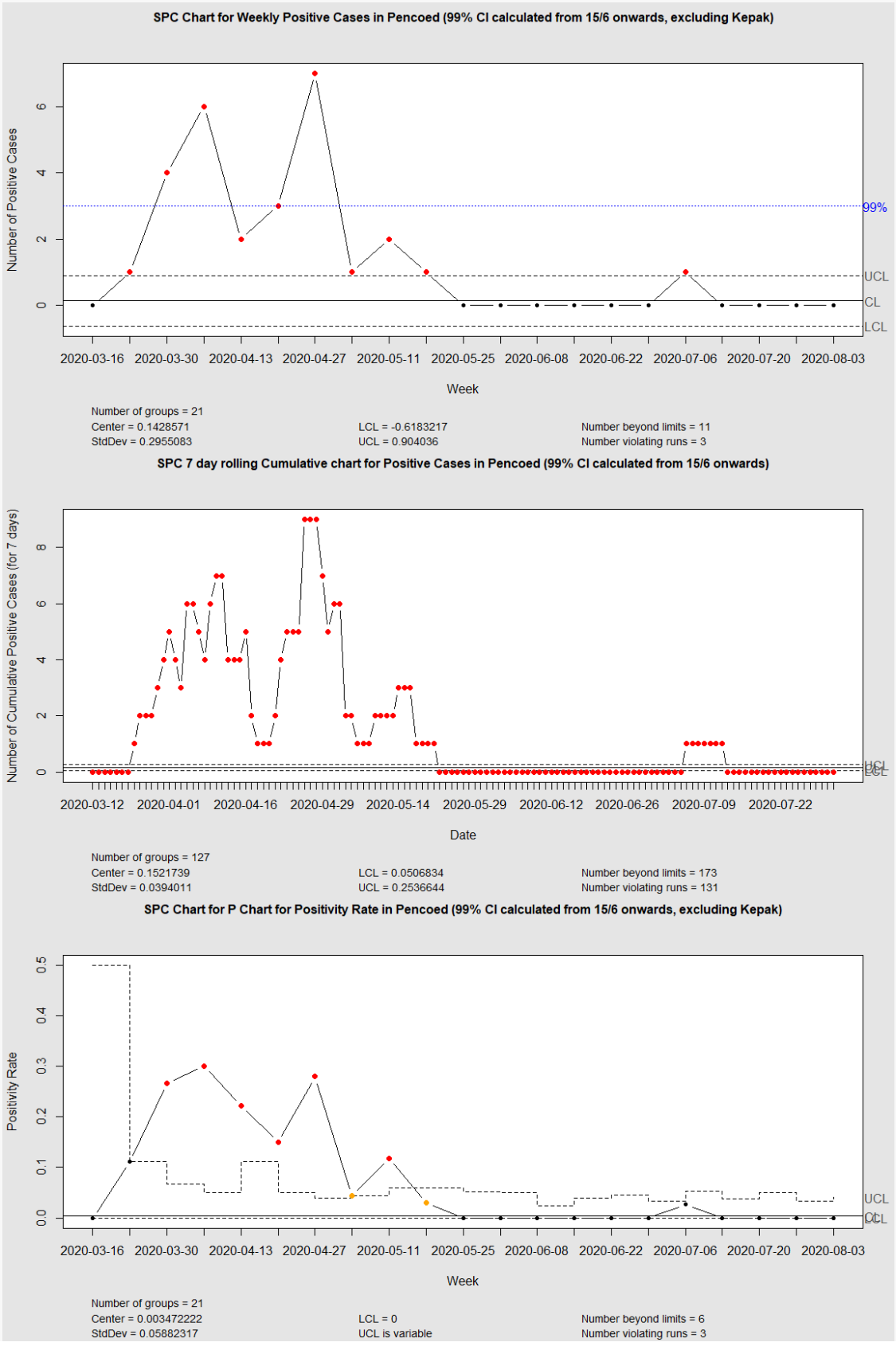
Nant-y-moel


SPC Chart for Weekly Positive Cases in Nant-y-moel (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0.0
0.5
1.0
1.5
2.0
99%
UCL
2020-03-23
2020-04-06
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 19
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 3
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Nant-y-moel (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0.0
0.5
1.0
1.5
2.0
2.5
3.0
UCL
2020-03-19
2020-04-27
2020-05-06
2020-06-01
2020-06-10
2020-06-25
2020-07-04
2020-07-14
2020-07-23
Date
Number of groups = 63
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 14
Number violating runs = 8
SPC Chart for P Chart for Positivity Rate in Nant-y-moel (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
2020-03-23
2020-04-06
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 19
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 3
Number violating runs = 0

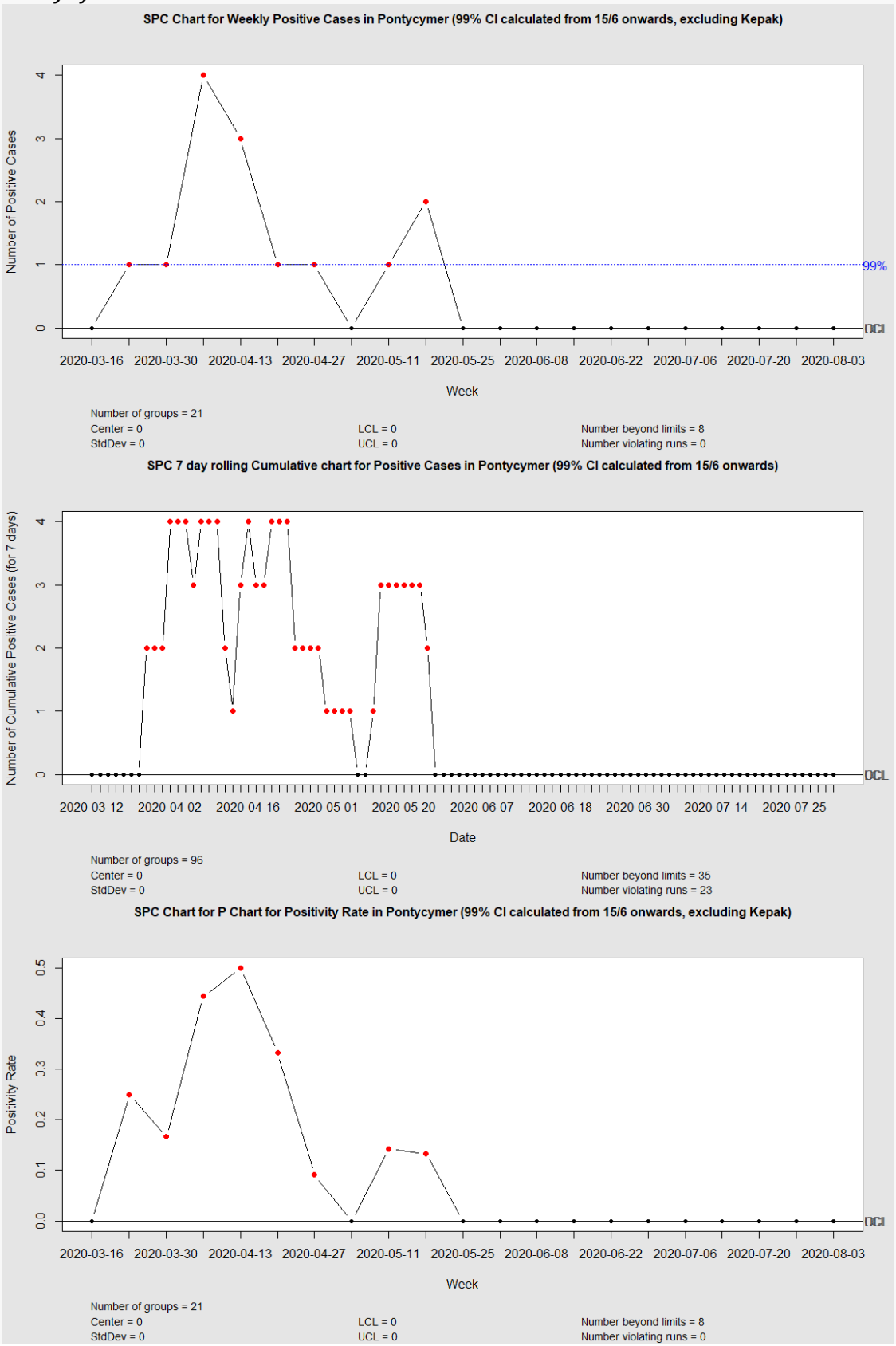
Ogmore Vale


SPC Chart for Weekly Positive Cases in Ogmore Vale (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0.0
0.5
1.0
1.5
2.0
2.5
3.0
UCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 6
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Ogmore Vale (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
1
2
3
4
5
6
UCL
2020-03-17
2020-04-10
2020-05-02
2020-05-17
2020-06-04
2020-06-17
2020-06-29
2020-07-09
2020-07-21
2020-07-31
Date
Number of groups = 82
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 28
Number violating runs = 22
SPC Chart for P Chart for Positivity Rate in Ogmore Vale (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 6
Number violating runs = 0

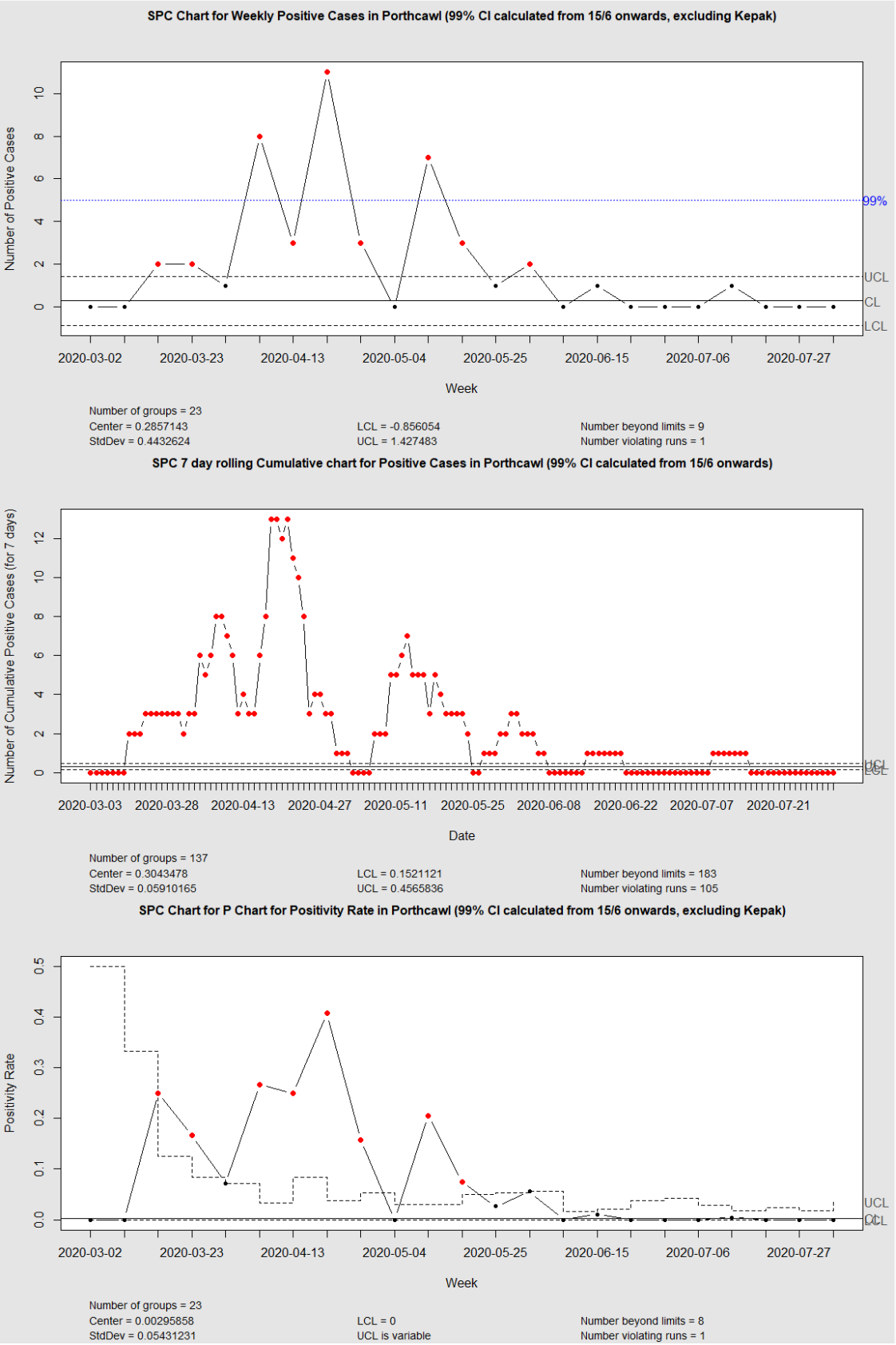
Pencoed


SPC Chart for Weekly Positive Cases in Pencoed (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
99%
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.1428571
StdDev = 0.2955083
LCL = -0.6183217
UCL = 0.904036
Number beyond limits = 11
Number violating runs = 3
SPC 7 day rolling Cumulative chart for Positive Cases in Pencoed (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
UCL
LCL
2020-03-12
2020-04-01
2020-04-16
2020-04-29
2020-05-14
2020-05-29
2020-06-12
2020-06-26
2020-07-09
2020-07-22
Date
Number of groups = 127
Center = 0.1521739
StdDev = 0.0394011
LCL = 0.0506834
UCL = 0.2536644
Number beyond limits = 173
Number violating runs = 131
SPC Chart for P Chart for Positivity Rate in Pencoed (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
UCL
CL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.003472222
StdDev = 0.05882317
LCL = 0
UCL is variable
Number beyond limits = 6
Number violating runs = 3

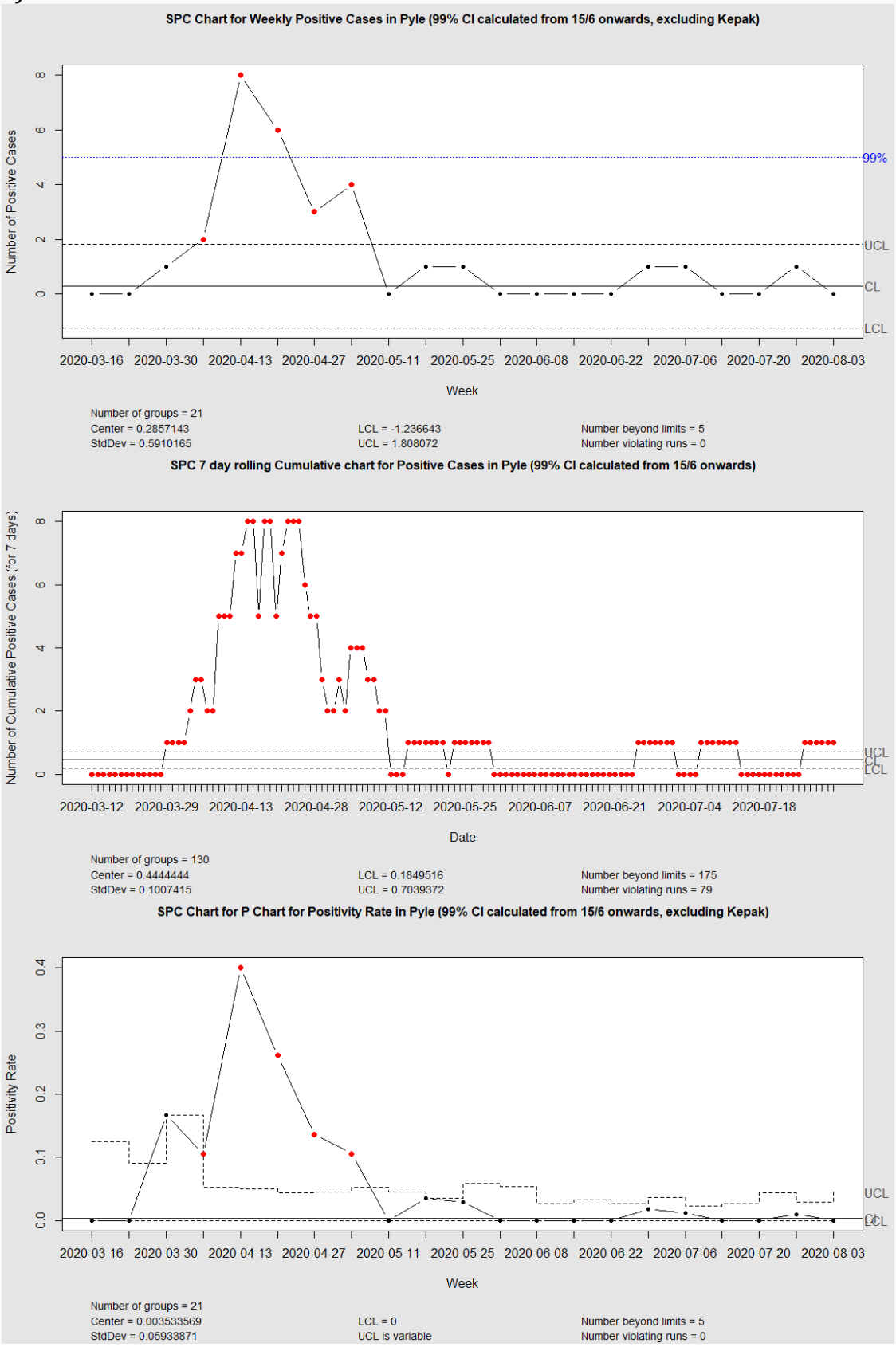
Pontycymer


SPC Chart for Weekly Positive Cases in Pontycymer (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
1
2
3
4
99%
UCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 8
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Pontycymer (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
1
2
3
4
UCL
2020-03-12
2020-04-02
2020-04-16
2020-05-01
2020-05-20
2020-06-07
2020-06-18
2020-06-30
2020-07-14
2020-07-25
Date
Number of groups = 96
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 35
Number violating runs = 23
SPC Chart for P Chart for Positivity Rate in Pontycymer (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
UCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 8
Number violating runs = 0

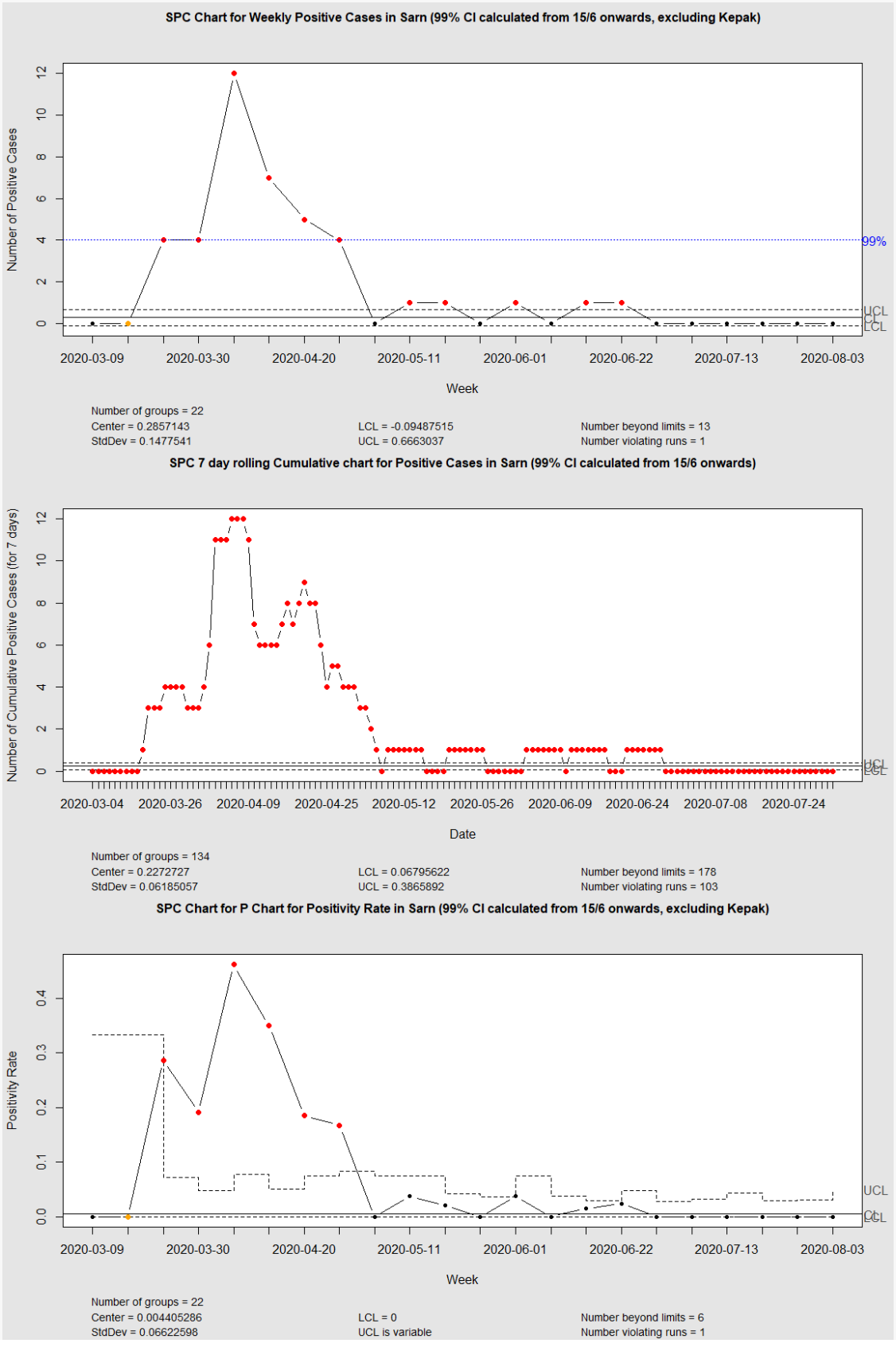
Porthcawl


SPC Chart for Weekly Positive Cases in Porthcawl (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
10
99%
UCL
CL
LCL
2020-03-02
2020-03-23
2020-04-13
2020-05-04
2020-05-25
2020-06-15
2020-07-06
2020-07-27
Week
Number of groups = 23
Center = 0.2857143
StdDev = 0.4432624
LCL = -0.856054
UCL = 1.427483
Number beyond limits = 9
Number violating runs = 1
SPC 7 day rolling Cumulative chart for Positive Cases in Porthcawl (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
12
UCL
LCL
2020-03-03
2020-03-28
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-07
2020-07-21
Date
Number of groups = 137
Center = 0.3043478
StdDev = 0.05910165
LCL = 0.1521121
UCL = 0.4565836
Number beyond limits = 183
Number violating runs = 105
SPC Chart for P Chart for Positivity Rate in Porthcawl (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
UCL
CL
LCL
2020-03-02
2020-03-23
2020-04-13
2020-05-04
2020-05-25
2020-06-15
2020-07-06
2020-07-27
Week
Number of groups = 23
Center = 0.00295858
StdDev = 0.05431231
LCL = 0
UCL is variable
Number beyond limits = 8
Number violating runs = 1

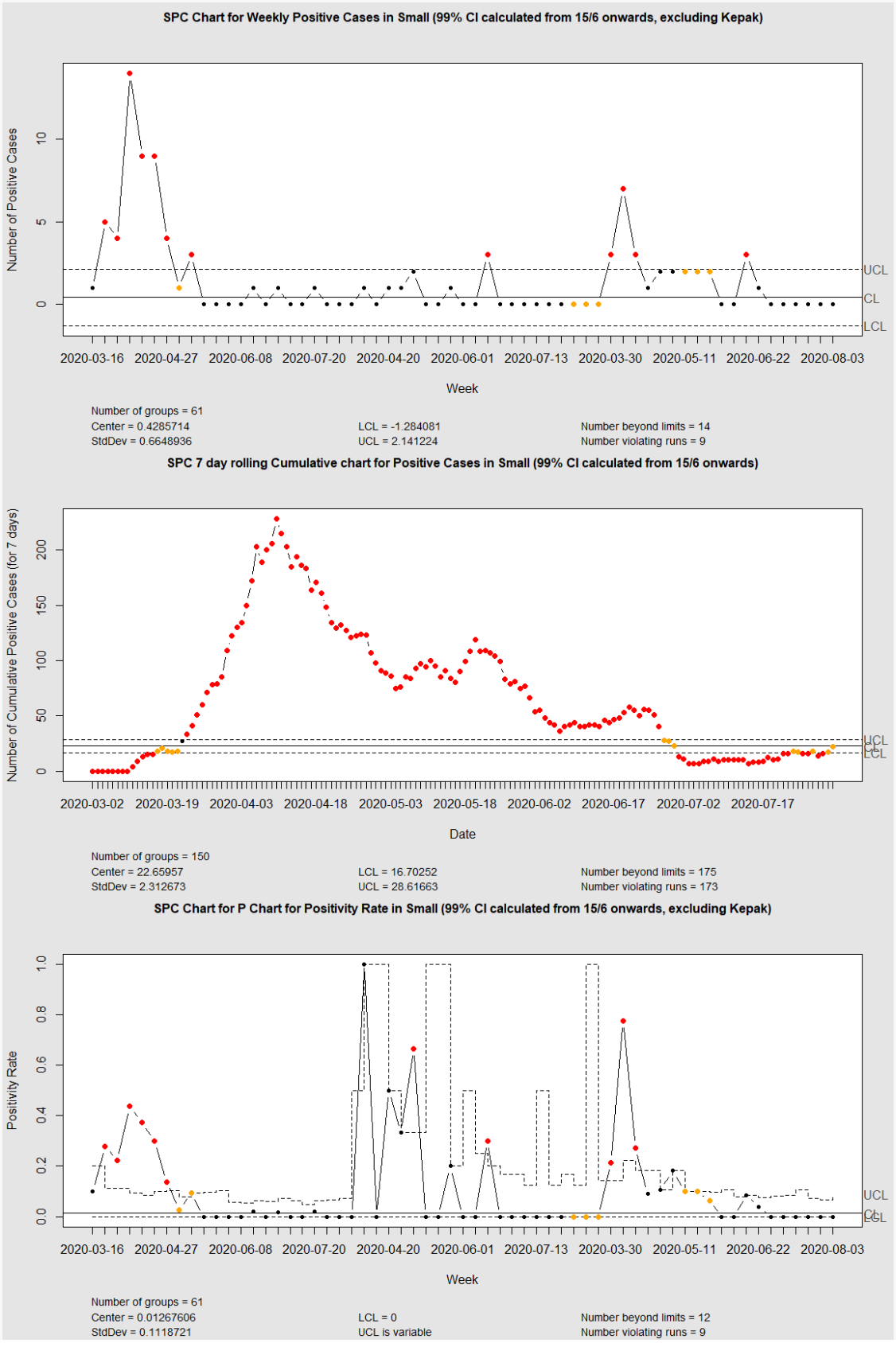
Pyle


SPC Chart for Weekly Positive Cases in Pyle (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
99%
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.2857143
StdDev = 0.5910165
LCL = -1.236643
UCL = 1.808072
Number beyond limits = 5
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Pyle (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
UCL
CL
LCL
2020-03-12
2020-03-29
2020-04-13
2020-04-28
2020-05-12
2020-05-25
2020-06-07
2020-06-21
2020-07-04
2020-07-18
Date
Number of groups = 130
Center = 0.4444444
StdDev = 0.1007415
LCL = 0.1849516
UCL = 0.7039372
Number beyond limits = 175
Number violating runs = 79
SPC Chart for P Chart for Positivity Rate in Pyle (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.003533569
StdDev = 0.05933871
LCL = 0
UCL is variable
Number beyond limits = 5
Number violating runs = 0

Sarn


SPC Chart for Weekly Positive Cases in Sarn (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
10
12
99%
UCL
CL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.2857143
StdDev = 0.1477541
LCL = -0.09487515
UCL = 0.6663037
Number beyond limits = 13
Number violating runs = 1
SPC 7 day rolling Cumulative chart for Positive Cases in Sarn (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
12
UCL
LCL
2020-03-04
2020-03-26
2020-04-09
2020-04-25
2020-05-12
2020-05-26
2020-06-09
2020-06-24
2020-07-08
2020-07-24
Date
Number of groups = 134
Center = 0.2272727
StdDev = 0.06185057
LCL = 0.06795622
UCL = 0.3865892
Number beyond limits = 178
Number violating runs = 103
SPC Chart for P Chart for Positivity Rate in Sarn (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
UCL
CL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.004405286
StdDev = 0.06622598
LCL = 0
UCL is variable
Number beyond limits = 6
Number violating runs = 1

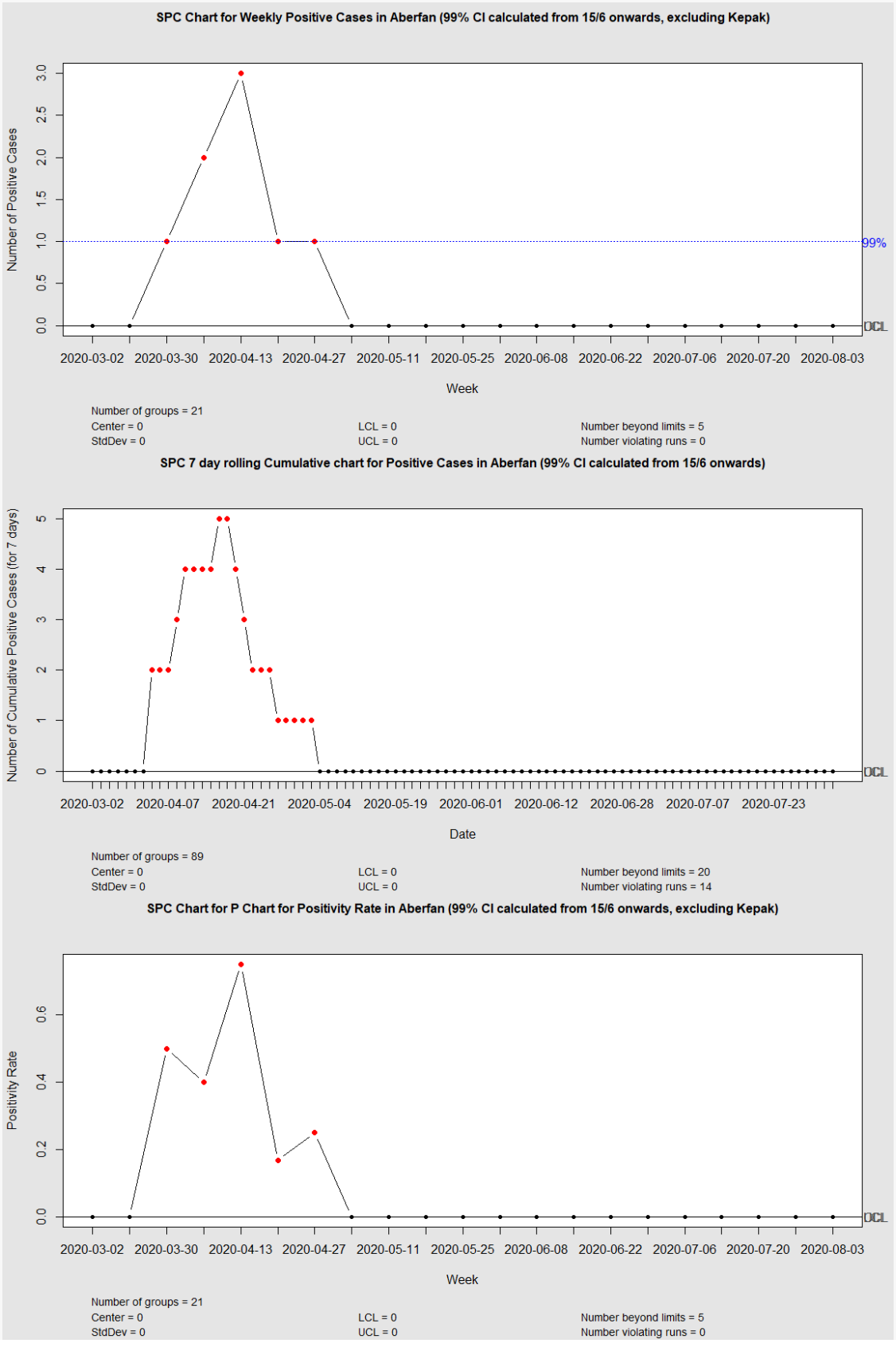
Small


SPC Chart for Weekly Positive Cases in Small (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
UCL
CL
LCL
2020-03-16
2020-04-27
2020-06-08
2020-07-20
2020-04-20
2020-06-01
2020-07-13
2020-03-30
2020-05-11
2020-06-22
2020-08-03
Week
Number of groups = 61
Center = 0.4285714
StdDev = 0.6648936
LCL = -1.284081
UCL = 2.141224
Number beyond limits = 14
Number violating runs = 9
SPC 7 day rolling Cumulative chart for Positive Cases in Small (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
50
100
150
200
UCL
CL
LCL
2020-03-02
2020-03-19
2020-04-03
2020-04-18
2020-05-03
2020-05-18
2020-06-02
2020-06-17
2020-07-02
2020-07-17
Date
Number of groups = 150
Center = 22.65957
StdDev = 2.312673
LCL = 16.70252
UCL = 28.61663
Number beyond limits = 175
Number violating runs = 173
SPC Chart for P Chart for Positivity Rate in Small (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
CL
LCL
2020-03-16
2020-04-27
2020-06-08
2020-07-20
2020-04-20
2020-06-01
2020-07-13
2020-03-30
2020-05-11
2020-06-22
2020-08-03
Week
Number of groups = 61
Center = 0.01267606
StdDev = 0.1118721
LCL = 0
UCL is variable
Number beyond limits = 12
Number violating runs = 9

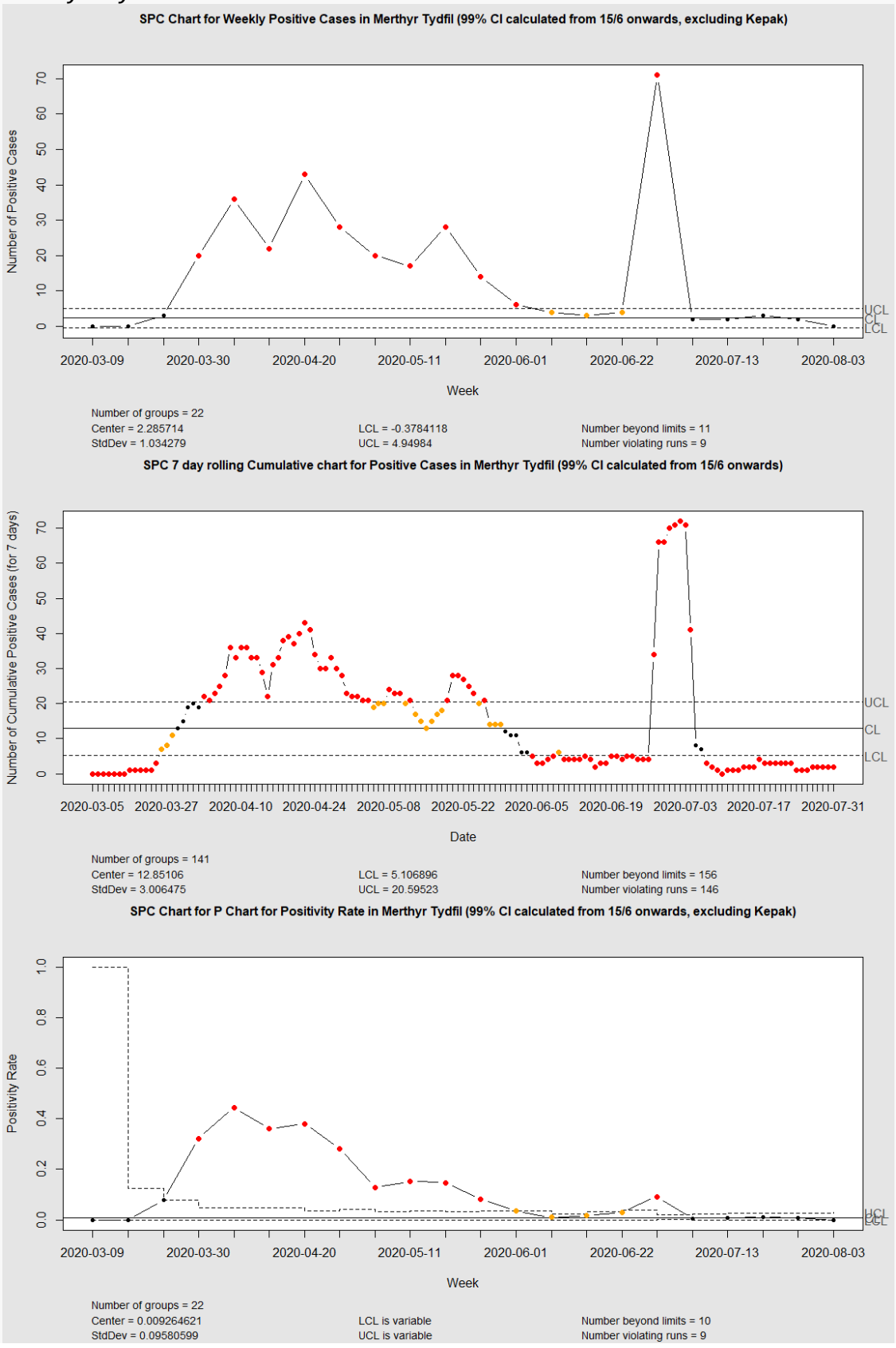
Merthyr Tydfil BUA's:

The following charts are for each Built Up Area in Merthyr Tydfil, with the Number of Positive cases, Positivity Rate and 7-day rolling positive cases being monitored:

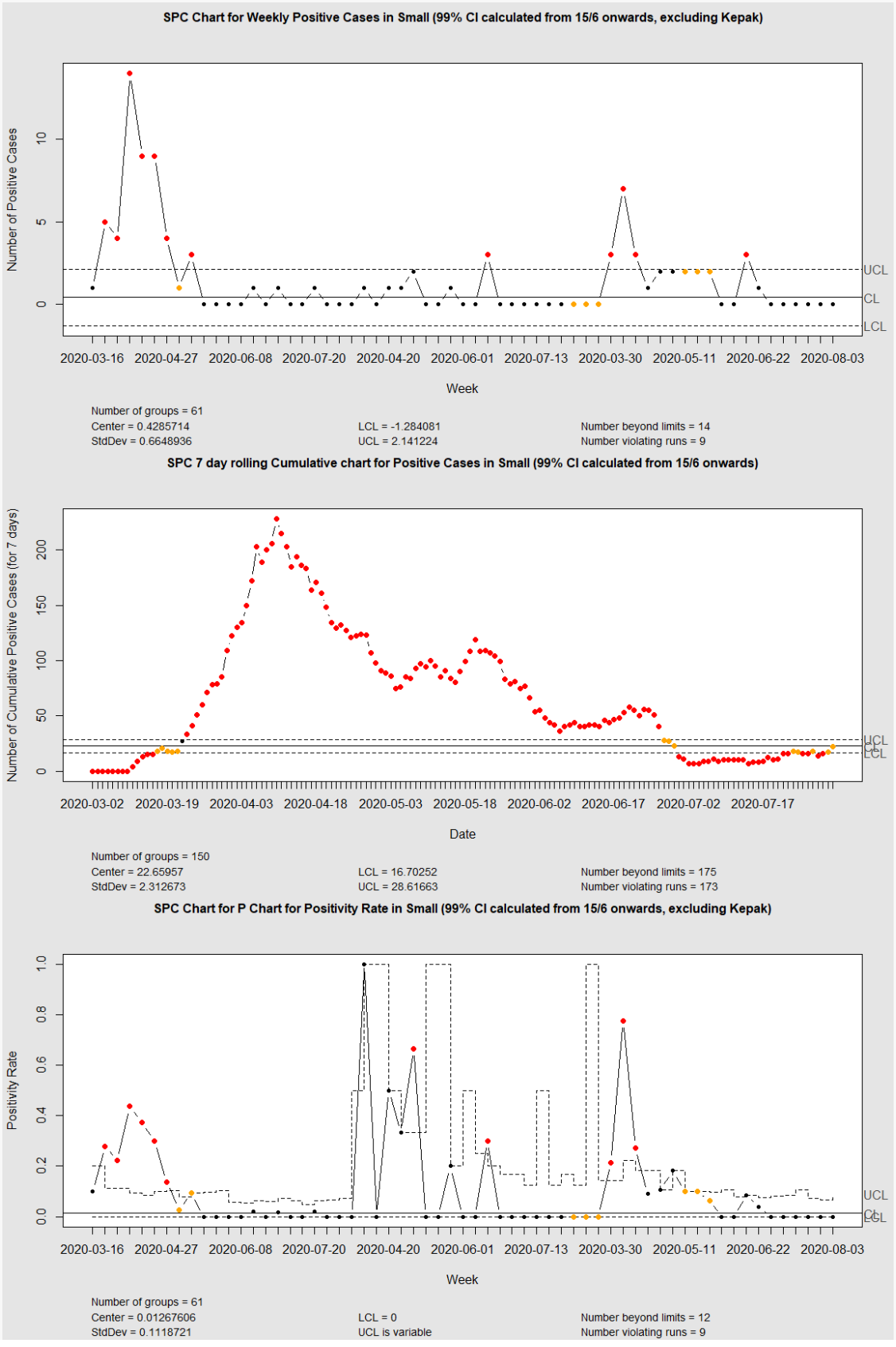
Aberfan


SPC Chart for Weekly Positive Cases in Aberfan (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0.0
0.5
1.0
1.5
2.0
2.5
3.0
99%
UCL
2020-03-02
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 5
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Aberfan (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
1
2
3
4
5
UCL
2020-03-02
2020-04-07
2020-04-21
2020-05-04
2020-05-19
2020-06-01
2020-06-12
2020-06-28
2020-07-07
2020-07-23
Date
Number of groups = 89
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 20
Number violating runs = 14
SPC Chart for P Chart for Positivity Rate in Aberfan (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
UCL
2020-03-02
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 5
Number violating runs = 0

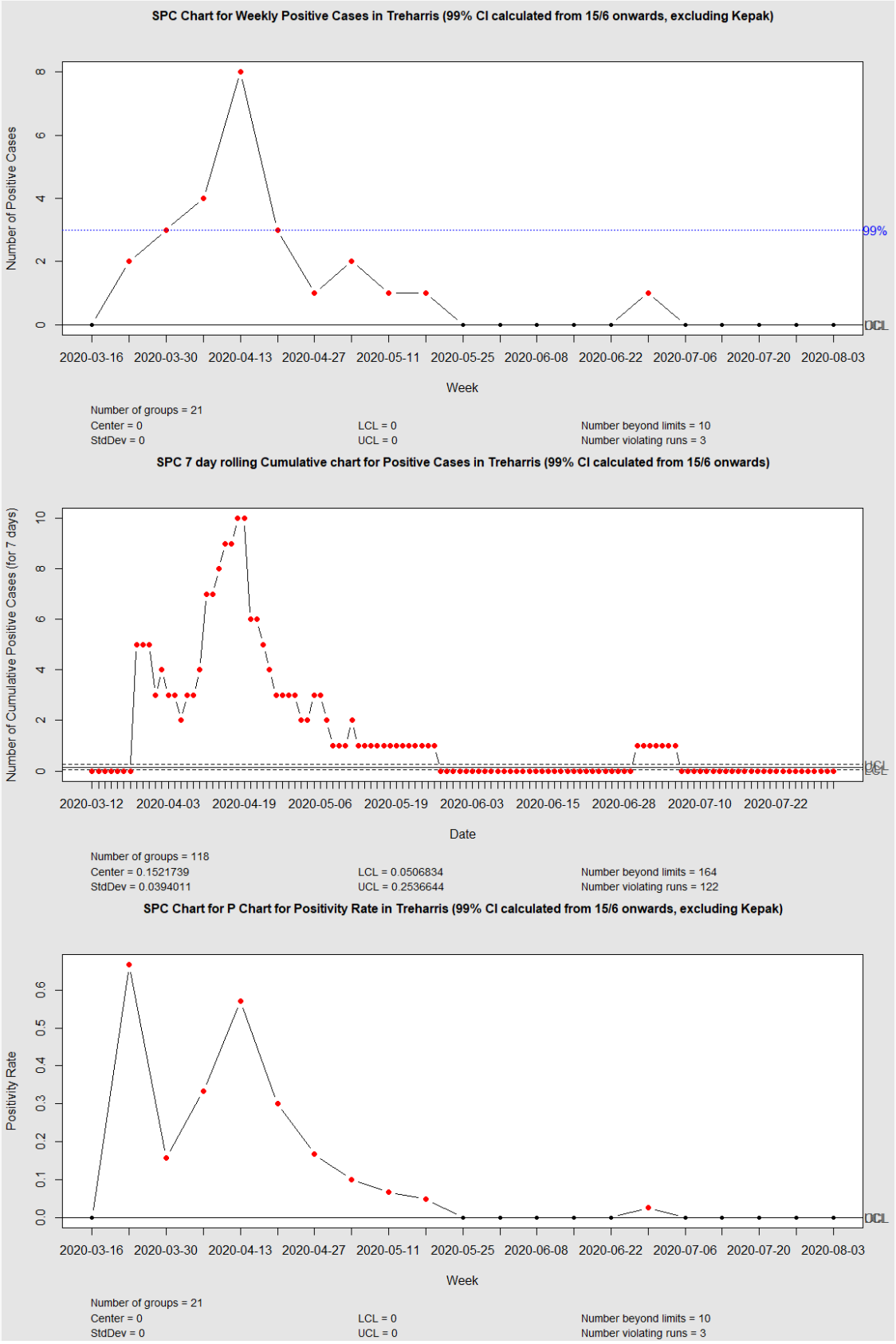
Merthyr Tydfil



Small


SPC Chart for Weekly Positive Cases in Small (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
UCL
CL
LCL
2020-03-16
2020-04-27
2020-06-08
2020-07-20
2020-04-20
2020-06-01
2020-07-13
2020-03-30
2020-05-11
2020-06-22
2020-08-03
Week
Number of groups = 61
Center = 0.4285714
StdDev = 0.6648936
LCL = -1.284081
UCL = 2.141224
Number beyond limits = 14
Number violating runs = 9
SPC 7 day rolling Cumulative chart for Positive Cases in Small (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
50
100
150
200
UCL
CL
LCL
2020-03-02
2020-03-19
2020-04-03
2020-04-18
2020-05-03
2020-05-18
2020-06-02
2020-06-17
2020-07-02
2020-07-17
Date
Number of groups = 150
Center = 22.65957
StdDev = 2.312673
LCL = 16.70252
UCL = 28.61663
Number beyond limits = 175
Number violating runs = 173
SPC Chart for P Chart for Positivity Rate in Small (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
CL
LCL
2020-03-16
2020-04-27
2020-06-08
2020-07-20
2020-04-20
2020-06-01
2020-07-13
2020-03-30
2020-05-11
2020-06-22
2020-08-03
Week
Number of groups = 61
Center = 0.01267606
StdDev = 0.1118721
LCL = 0
UCL is variable
Number beyond limits = 12
Number violating runs = 9

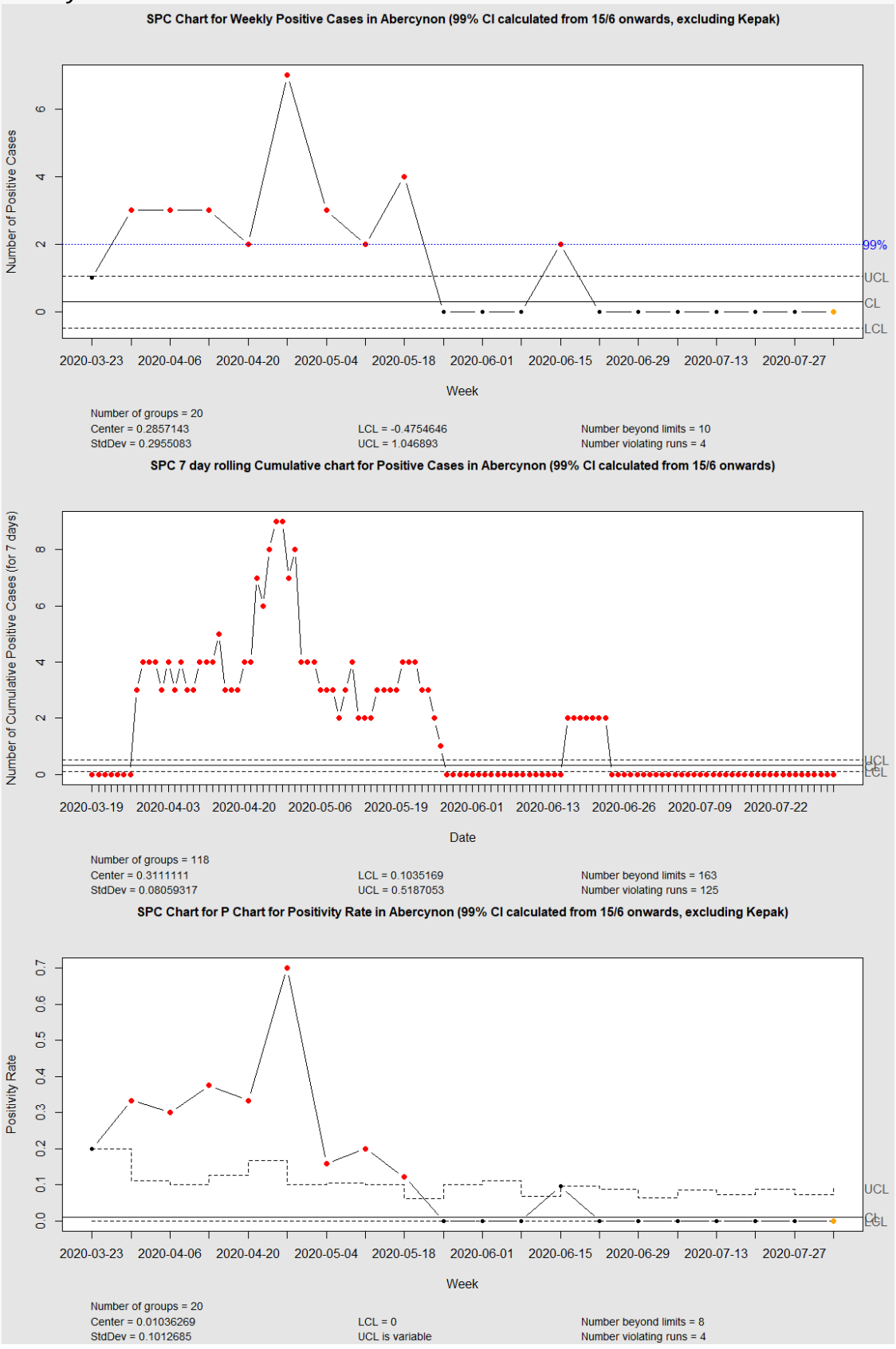
Treharris


SPC Chart for Weekly Positive Cases in Treharris (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
99%
UCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 10
Number violating runs = 3
SPC 7 day rolling Cumulative chart for Positive Cases in Treharris (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
UCL
LCL
2020-03-12
2020-04-03
2020-04-19
2020-05-06
2020-05-19
2020-06-03
2020-06-15
2020-06-28
2020-07-10
2020-07-22
Date
Number of groups = 118
Center = 0.1521739
StdDev = 0.0394011
LCL = 0.0506834
UCL = 0.2536644
Number beyond limits = 164
Number violating runs = 122
SPC Chart for P Chart for Positivity Rate in Treharris (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
0.6
UCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 10
Number violating runs = 3

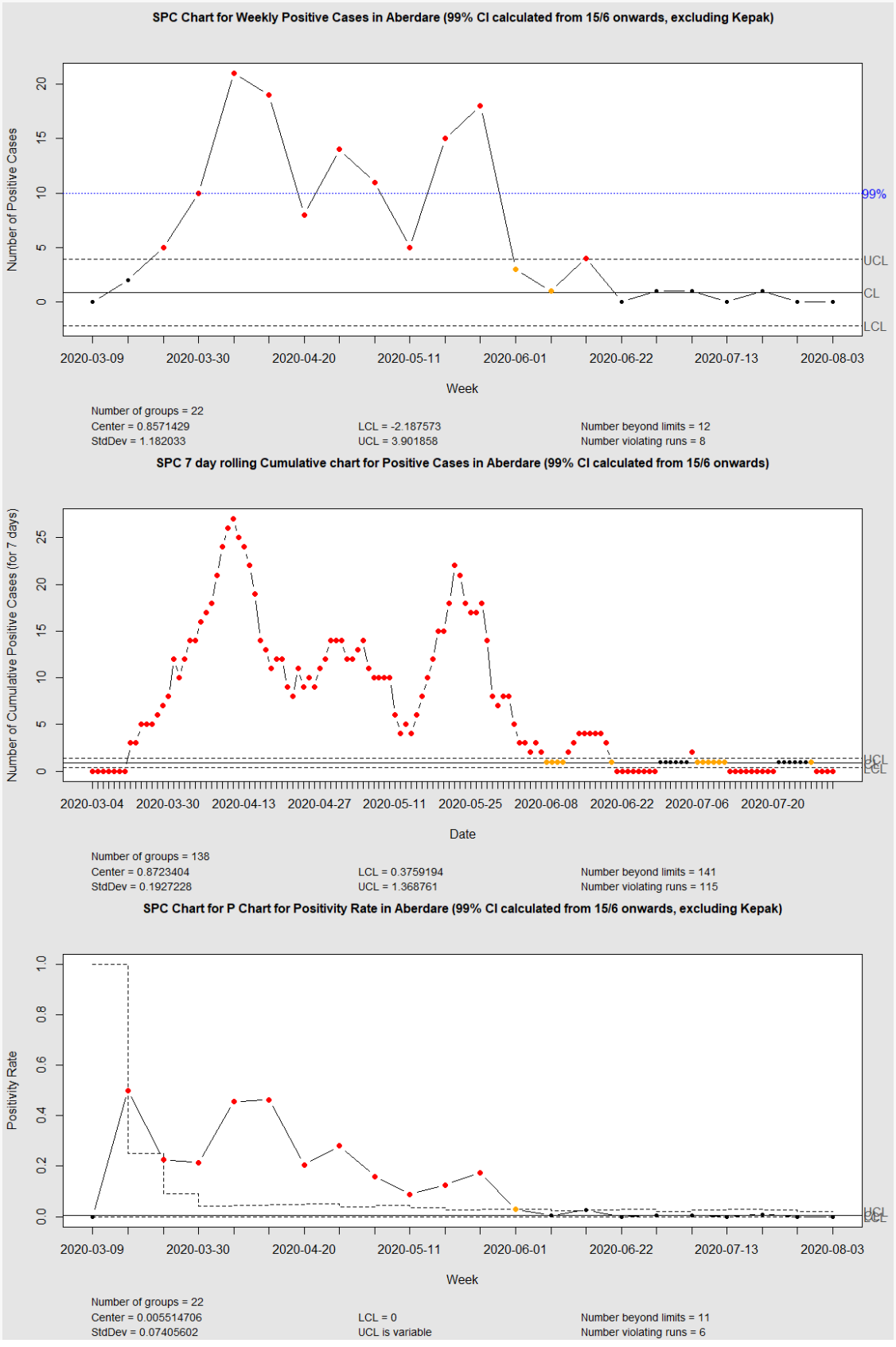
Rhondda Cynon Taf BUA's:

The following charts are for each Built Up Area in Rhondda Cynon Taf, Number of Positive cases, Positivity Rate and 7-day rolling positive cases being monitored:

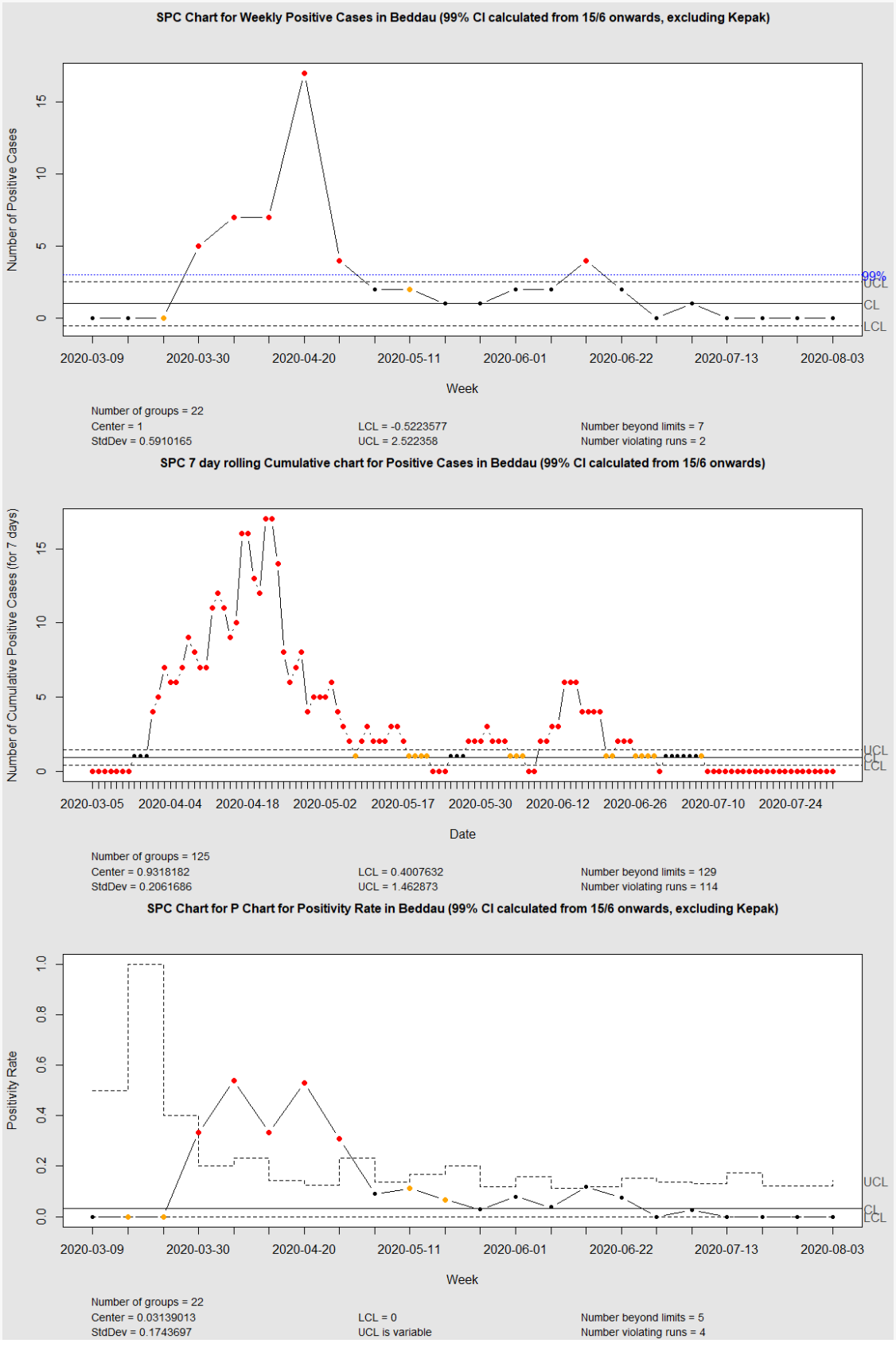
Abercynon


SPC Chart for Weekly Positive Cases in Abercynon (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
99%
UCL
CL
LCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.2857143
StdDev = 0.2955083
LCL = -0.4754646
UCL = 1.046893
Number beyond limits = 10
Number violating runs = 4
SPC 7 day rolling Cumulative chart for Positive Cases in Abercynon (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
UCL
CL
LCL
2020-03-19
2020-04-03
2020-04-20
2020-05-06
2020-05-19
2020-06-01
2020-06-13
2020-06-26
2020-07-09
2020-07-22
Date
Number of groups = 118
Center = 0.3111111
StdDev = 0.08059317
LCL = 0.1035169
UCL = 0.5187053
Number beyond limits = 163
Number violating runs = 125
SPC Chart for P Chart for Positivity Rate in Abercynon (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
0.6
0.7
UCL
CL
LCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.01036269
StdDev = 0.1012685
LCL = 0
UCL is variable
Number beyond limits = 8
Number violating runs = 4

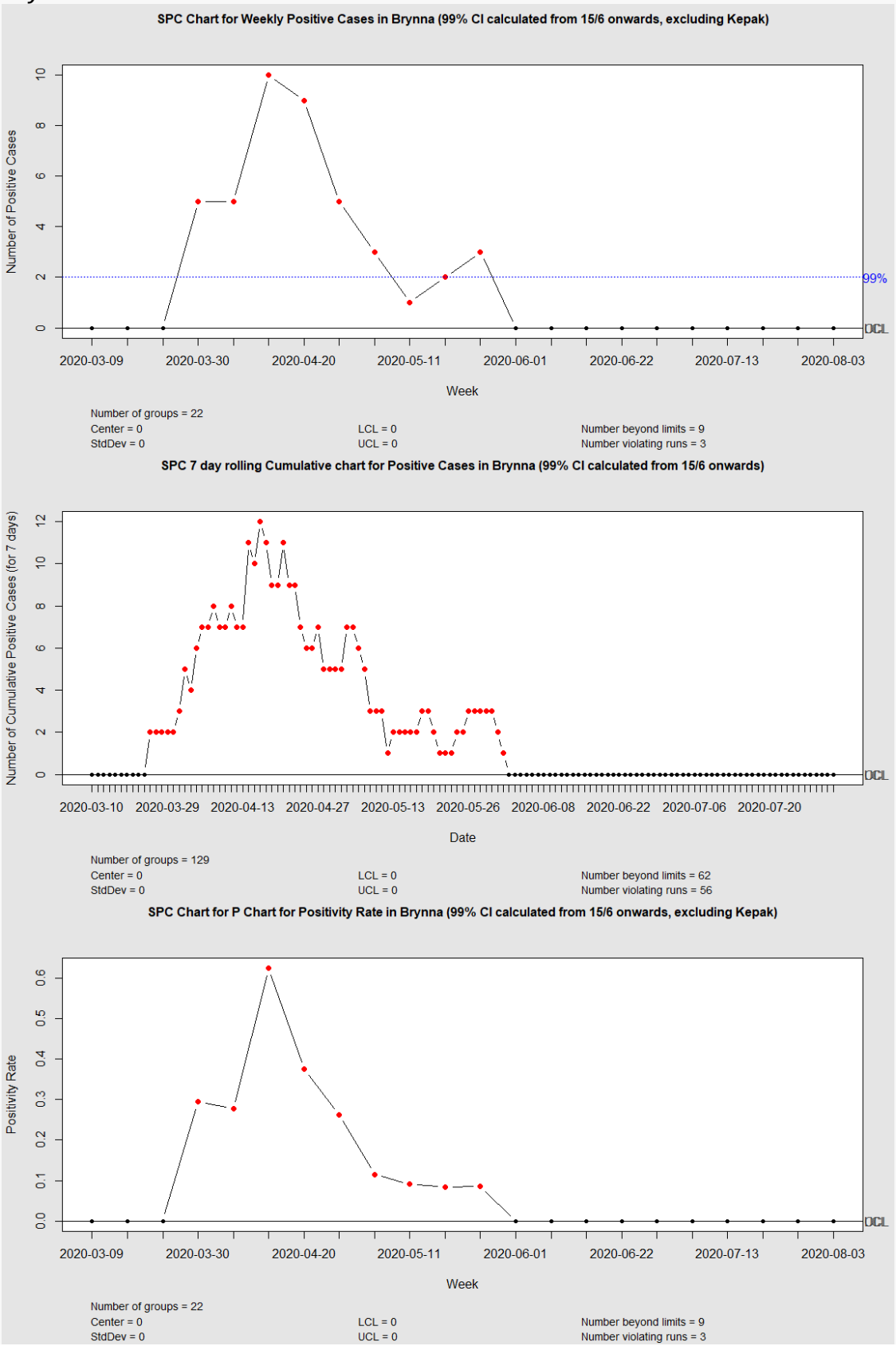
Aberdare


SPC Chart for Weekly Positive Cases in Aberdare (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
15
20
99%
UCL
CL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.8571429
StdDev = 1.182033
LCL = -2.187573
UCL = 3.901858
Number beyond limits = 12
Number violating runs = 8
SPC 7 day rolling Cumulative chart for Positive Cases in Aberdare (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
5
10
15
20
25
UCL
LCL
2020-03-04
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
Date
Number of groups = 138
Center = 0.8723404
StdDev = 0.1927228
LCL = 0.3759194
UCL = 1.368761
Number beyond limits = 141
Number violating runs = 115
SPC Chart for P Chart for Positivity Rate in Aberdare (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.005514706
StdDev = 0.07405602
LCL = 0
UCL is variable
Number beyond limits = 11
Number violating runs = 6

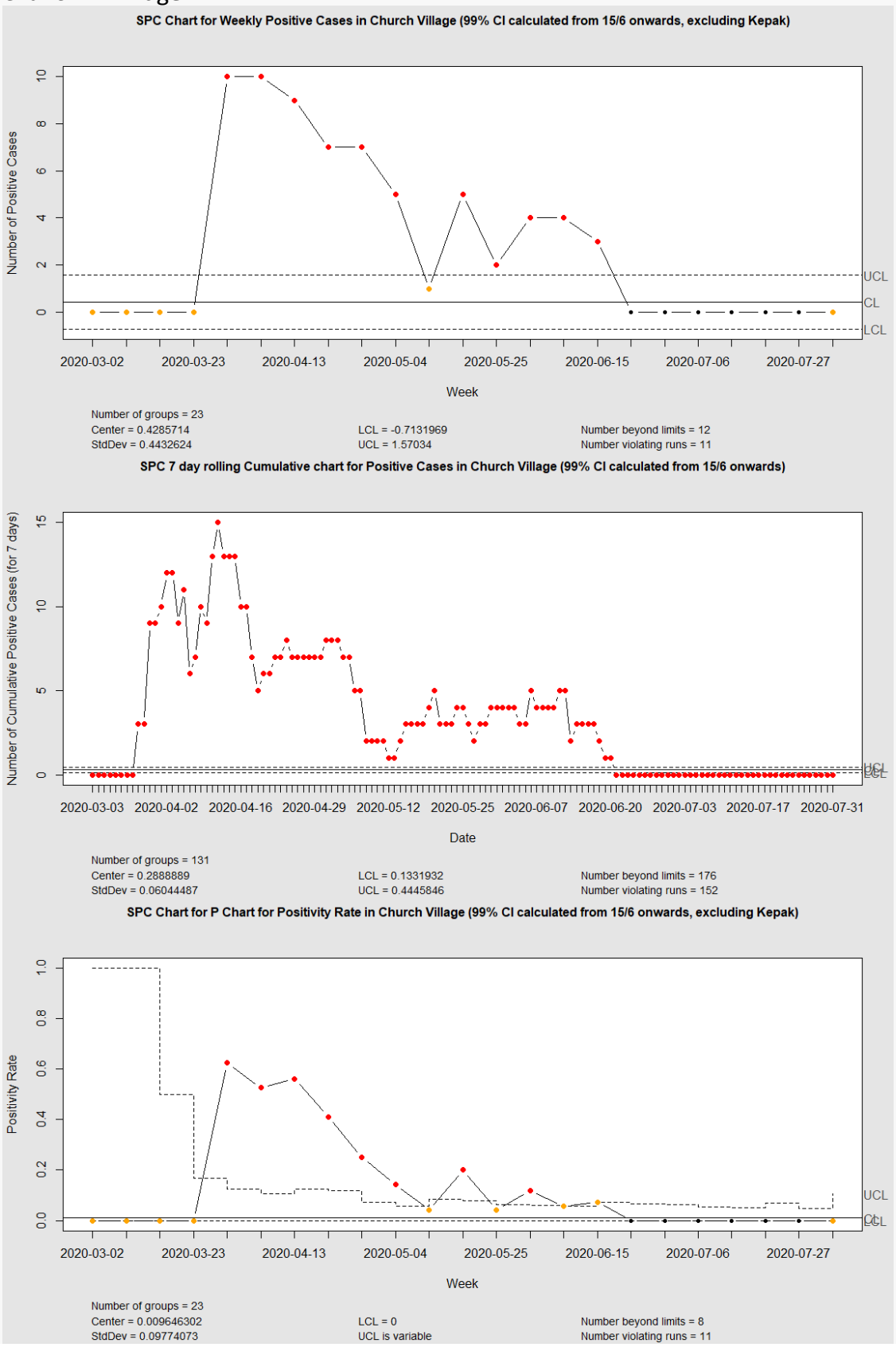
Beddau


SPC Chart for Weekly Positive Cases in Beddau (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
15
99%
UCL
CL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 1
StdDev = 0.5910165
LCL = -0.5223577
UCL = 2.522358
Number beyond limits = 7
Number violating runs = 2
SPC 7 day rolling Cumulative chart for Positive Cases in Beddau (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
5
10
15
UCL
CL
LCL
2020-03-05
2020-04-04
2020-04-18
2020-05-02
2020-05-17
2020-05-30
2020-06-12
2020-06-26
2020-07-10
2020-07-24
Date
Number of groups = 125
Center = 0.9318182
StdDev = 0.2061686
LCL = 0.4007632
UCL = 1.462873
Number beyond limits = 129
Number violating runs = 114
SPC Chart for P Chart for Positivity Rate in Beddau (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
CL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.03139013
StdDev = 0.1743697
LCL = 0
UCL is variable
Number beyond limits = 5
Number violating runs = 4

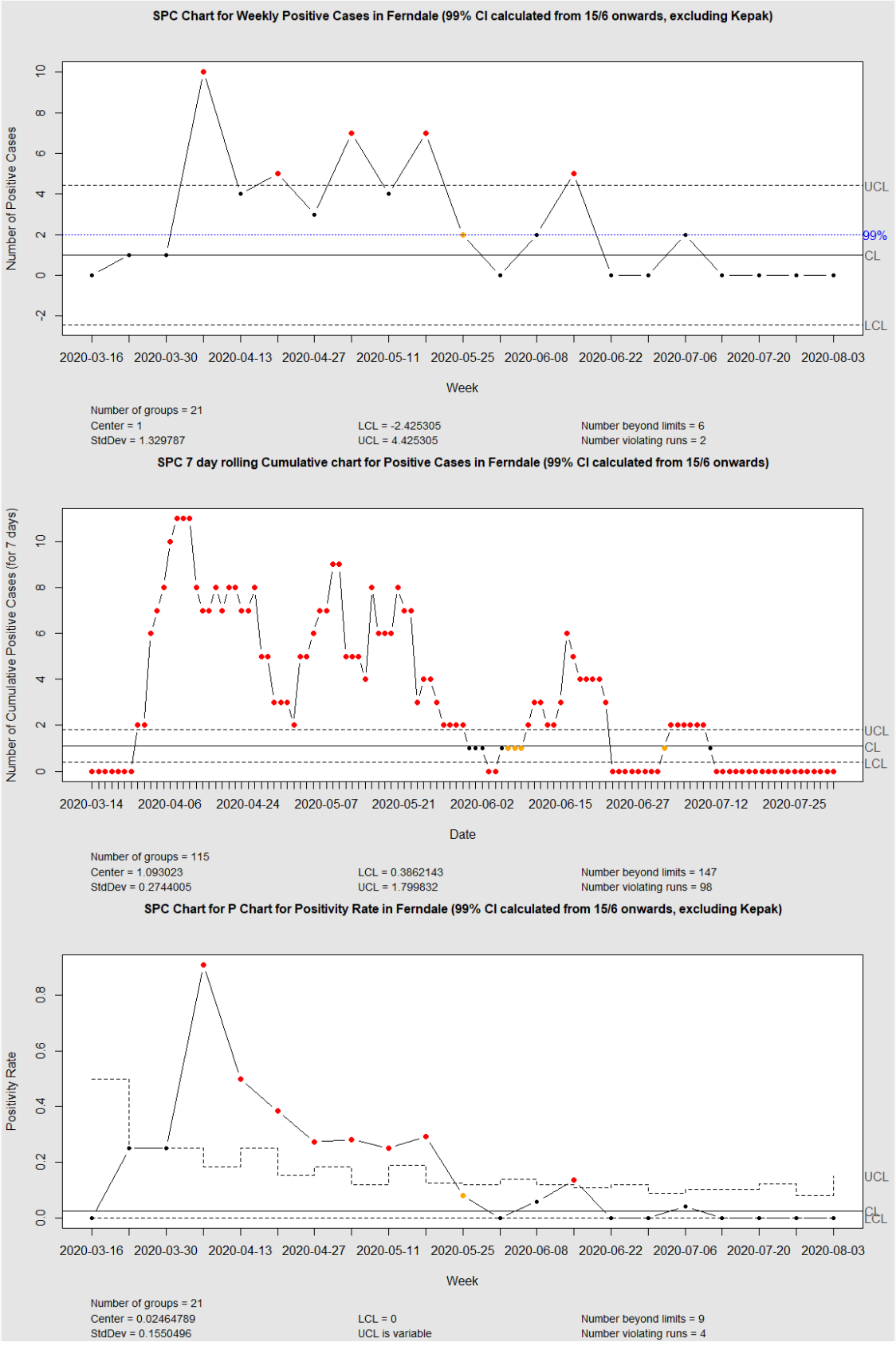
Brynna


SPC Chart for Weekly Positive Cases in Brynna (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
10
99%
UCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 9
Number violating runs = 3
SPC 7 day rolling Cumulative chart for Positive Cases in Brynna (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
12
UCL
2020-03-10
2020-03-29
2020-04-13
2020-04-27
2020-05-13
2020-05-26
2020-06-08
2020-06-22
2020-07-06
2020-07-20
Date
Number of groups = 129
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 62
Number violating runs = 56
SPC Chart for P Chart for Positivity Rate in Brynna (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
0.6
UCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 9
Number violating runs = 3

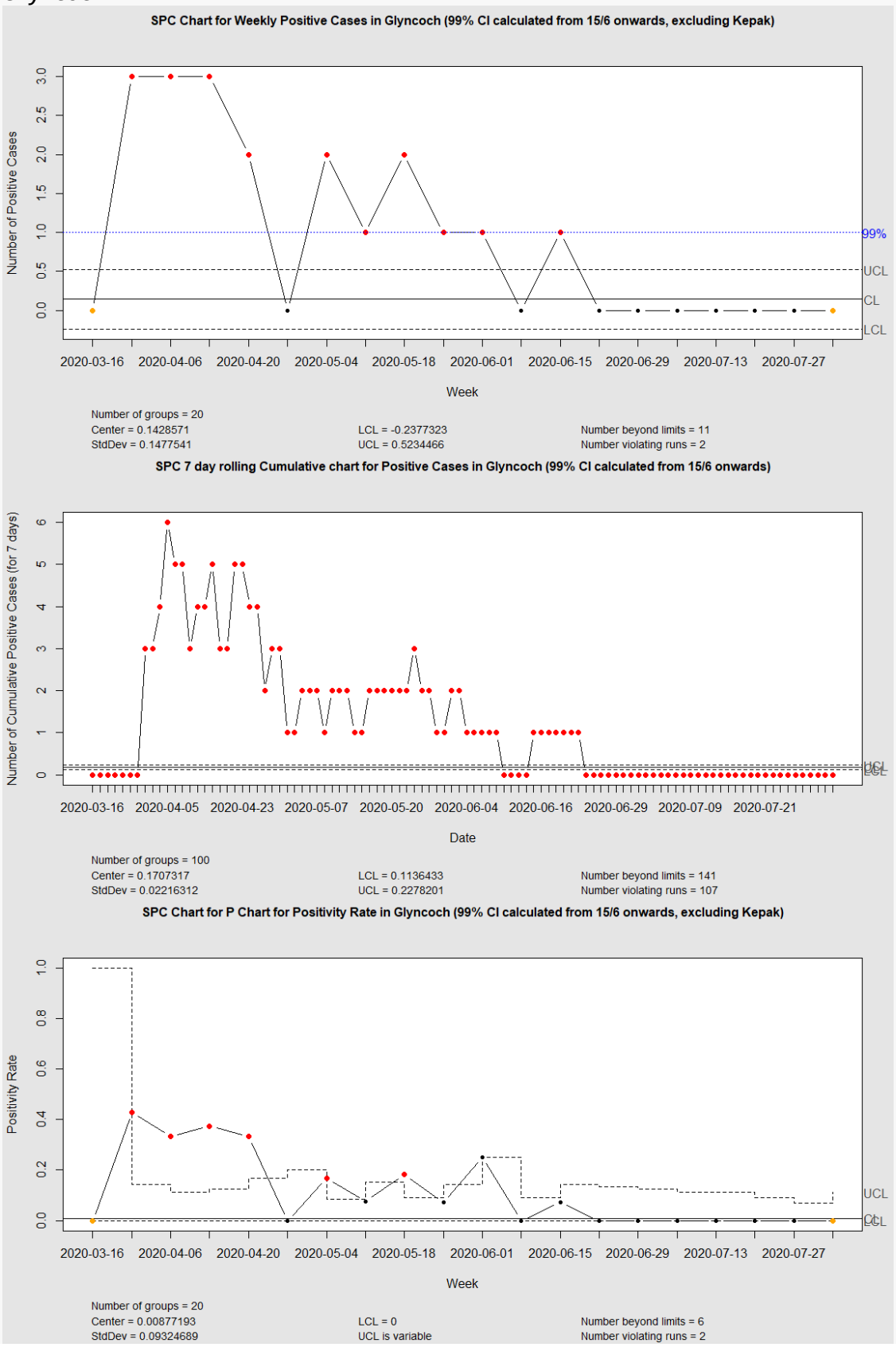
Church Village



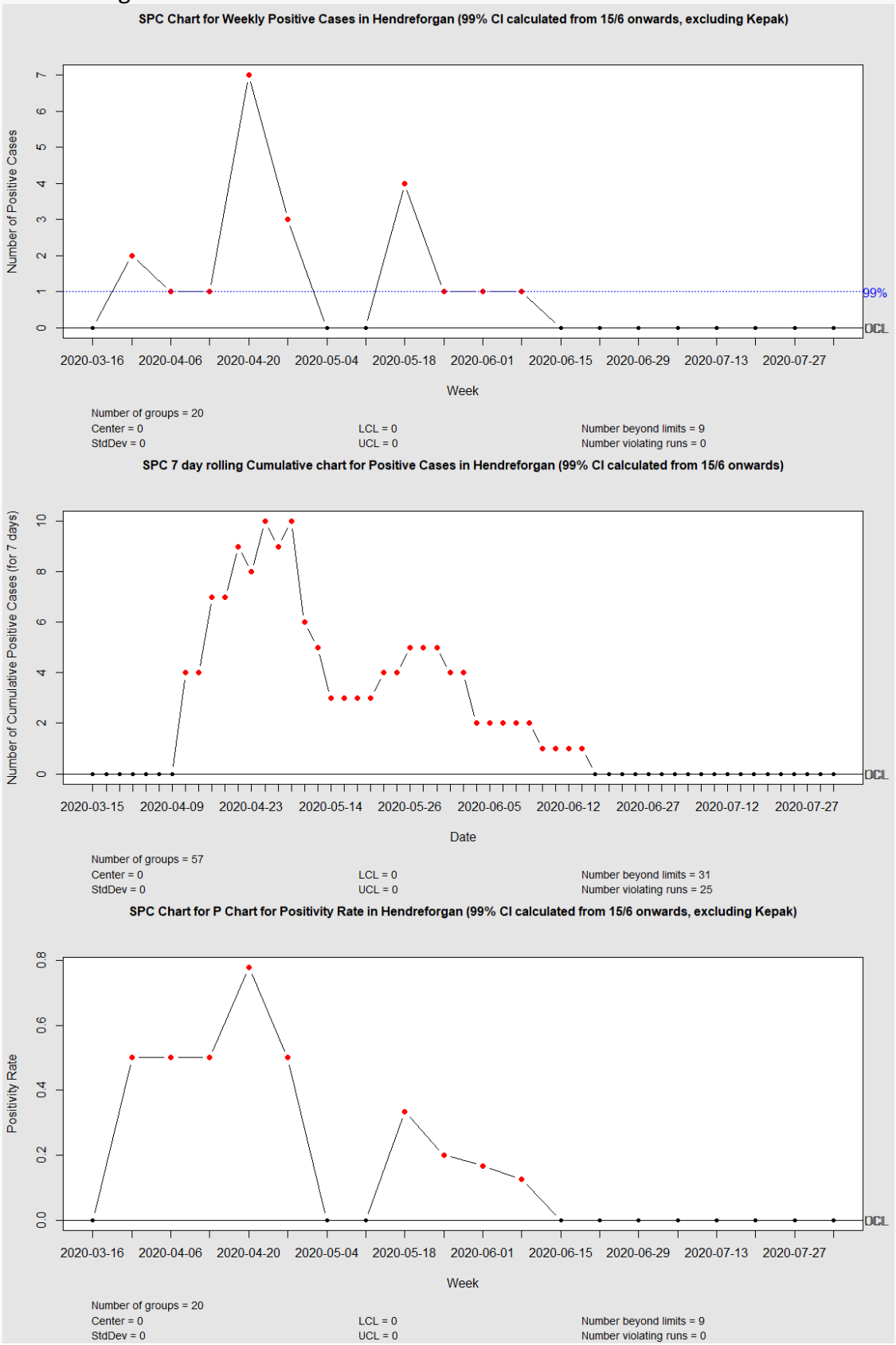
Ferndale


SPC Chart for Weekly Positive Cases in Ferndale (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
-2
0
2
4
6
8
10
UCL
99%
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 1
StdDev = 1.329787
LCL = -2.425305
UCL = 4.425305
Number beyond limits = 6
Number violating runs = 2
SPC 7 day rolling Cumulative chart for Positive Cases in Ferndale (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
UCL
CL
LCL
2020-03-14
2020-04-06
2020-04-24
2020-05-07
2020-05-21
2020-06-02
2020-06-15
2020-06-27
2020-07-12
2020-07-25
Date
Number of groups = 115
Center = 1.093023
StdDev = 0.2744005
LCL = 0.3862143
UCL = 1.799832
Number beyond limits = 147
Number violating runs = 98
SPC Chart for P Chart for Positivity Rate in Ferndale (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.02464789
StdDev = 0.1550496
LCL = 0
UCL is variable
Number beyond limits = 9
Number violating runs = 4

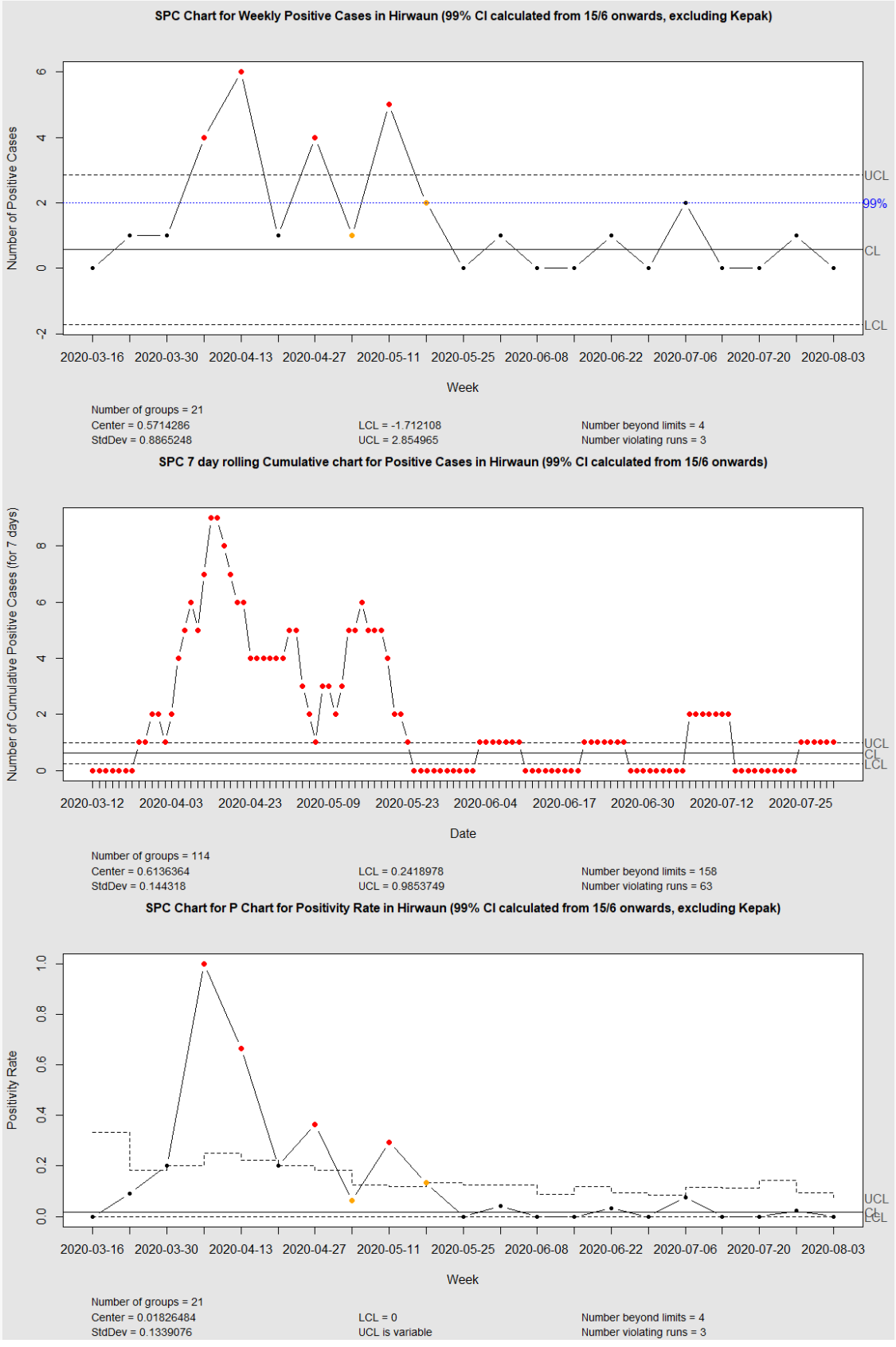
Glyncoch


SPC Chart for Weekly Positive Cases in Glyncoch (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0.0
0.5
1.0
1.5
2.0
2.5
3.0
99%
UCL
CL
LCL
2020-03-16
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.1428571
StdDev = 0.1477541
LCL = -0.2377323
UCL = 0.5234466
Number beyond limits = 11
Number violating runs = 2
SPC 7 day rolling Cumulative chart for Positive Cases in Glyncoch (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
1
2
3
4
5
6
UCL
LCL
2020-03-16
2020-04-05
2020-04-23
2020-05-07
2020-05-20
2020-06-04
2020-06-16
2020-06-29
2020-07-09
2020-07-21
Date
Number of groups = 100
Center = 0.1707317
StdDev = 0.02216312
LCL = 0.1136433
UCL = 0.2278201
Number beyond limits = 141
Number violating runs = 107
SPC Chart for P Chart for Positivity Rate in Glyncoch (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
CL
LCL
2020-03-16
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.00877193
StdDev = 0.09324689
LCL = 0
UCL is variable
Number beyond limits = 6
Number violating runs = 2

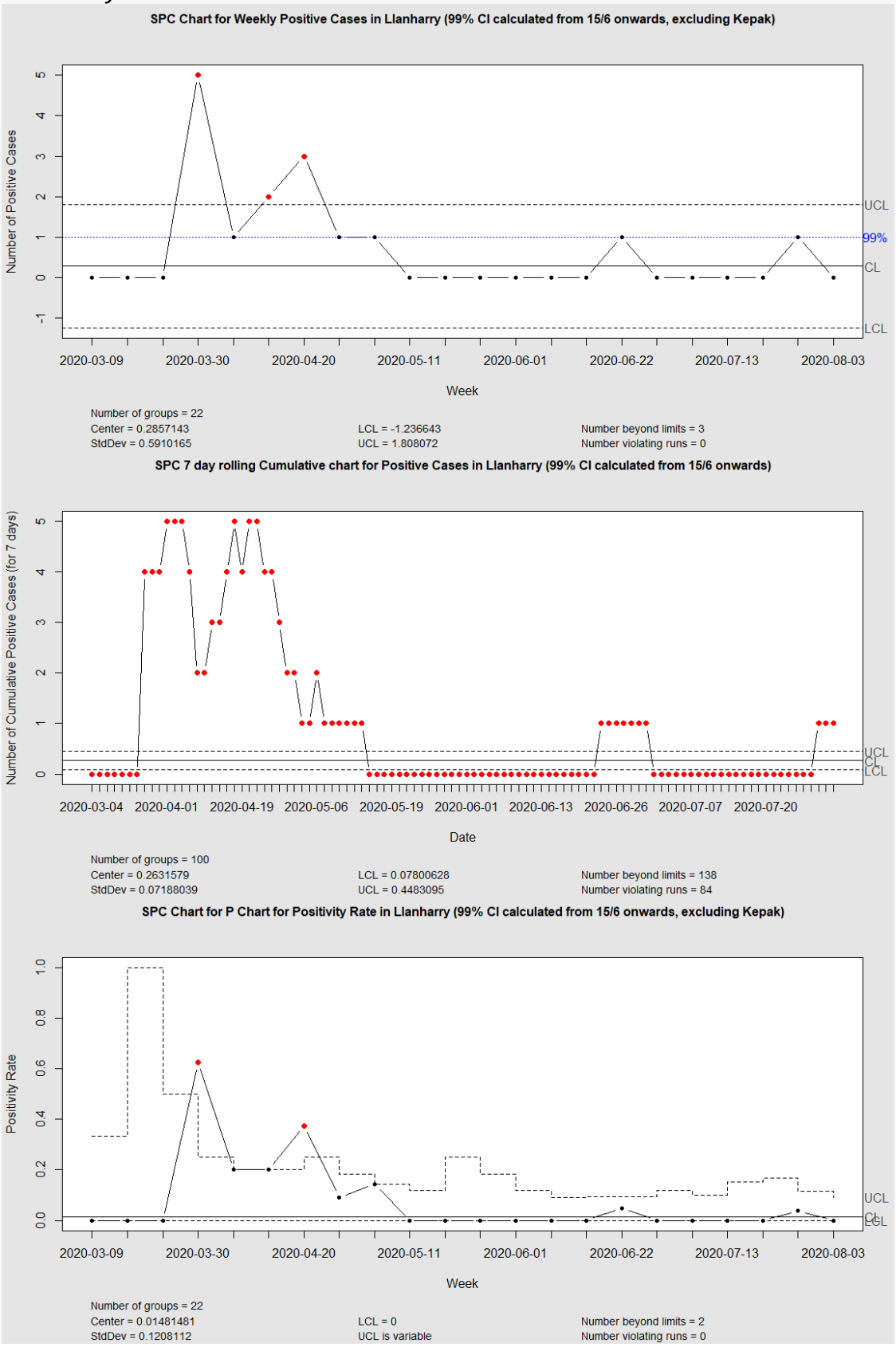
Hendreforgan



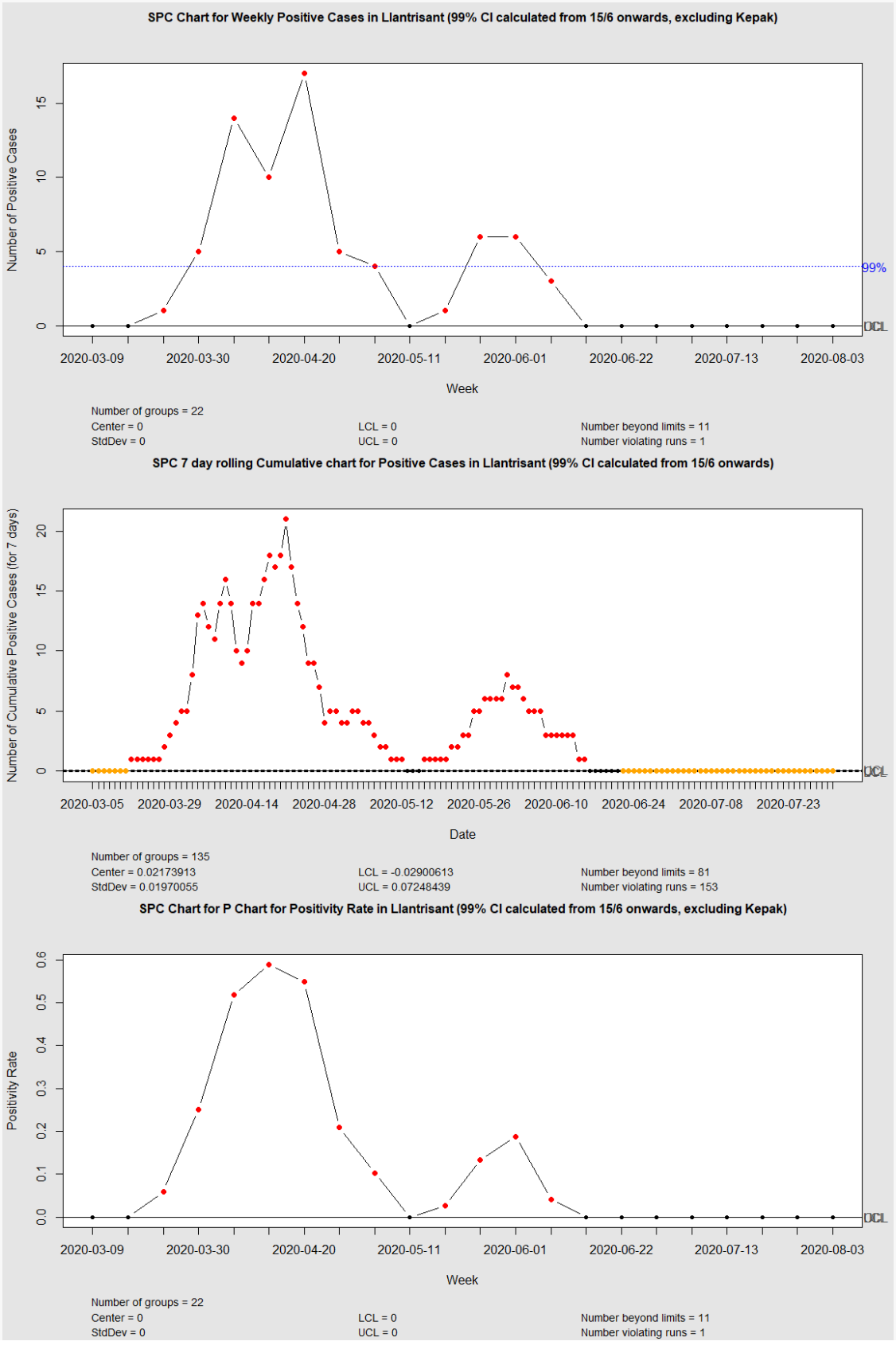
Hirwaun


SPC Chart for Weekly Positive Cases in Hirwaun (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
-2
0
2
4
6
UCL
99%
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.5714286
StdDev = 0.8865248
LCL = -1.712108
UCL = 2.854965
Number beyond limits = 4
Number violating runs = 3
SPC 7 day rolling Cumulative chart for Positive Cases in Hirwaun (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
UCL
CL
LCL
2020-03-12
2020-04-03
2020-04-23
2020-05-09
2020-05-23
2020-06-04
2020-06-17
2020-06-30
2020-07-12
2020-07-25
Date
Number of groups = 114
Center = 0.6136364
StdDev = 0.144318
LCL = 0.2418978
UCL = 0.9853749
Number beyond limits = 158
Number violating runs = 63
SPC Chart for P Chart for Positivity Rate in Hirwaun (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.01826484
StdDev = 0.1339076
LCL = 0
UCL is variable
Number beyond limits = 4
Number violating runs = 3

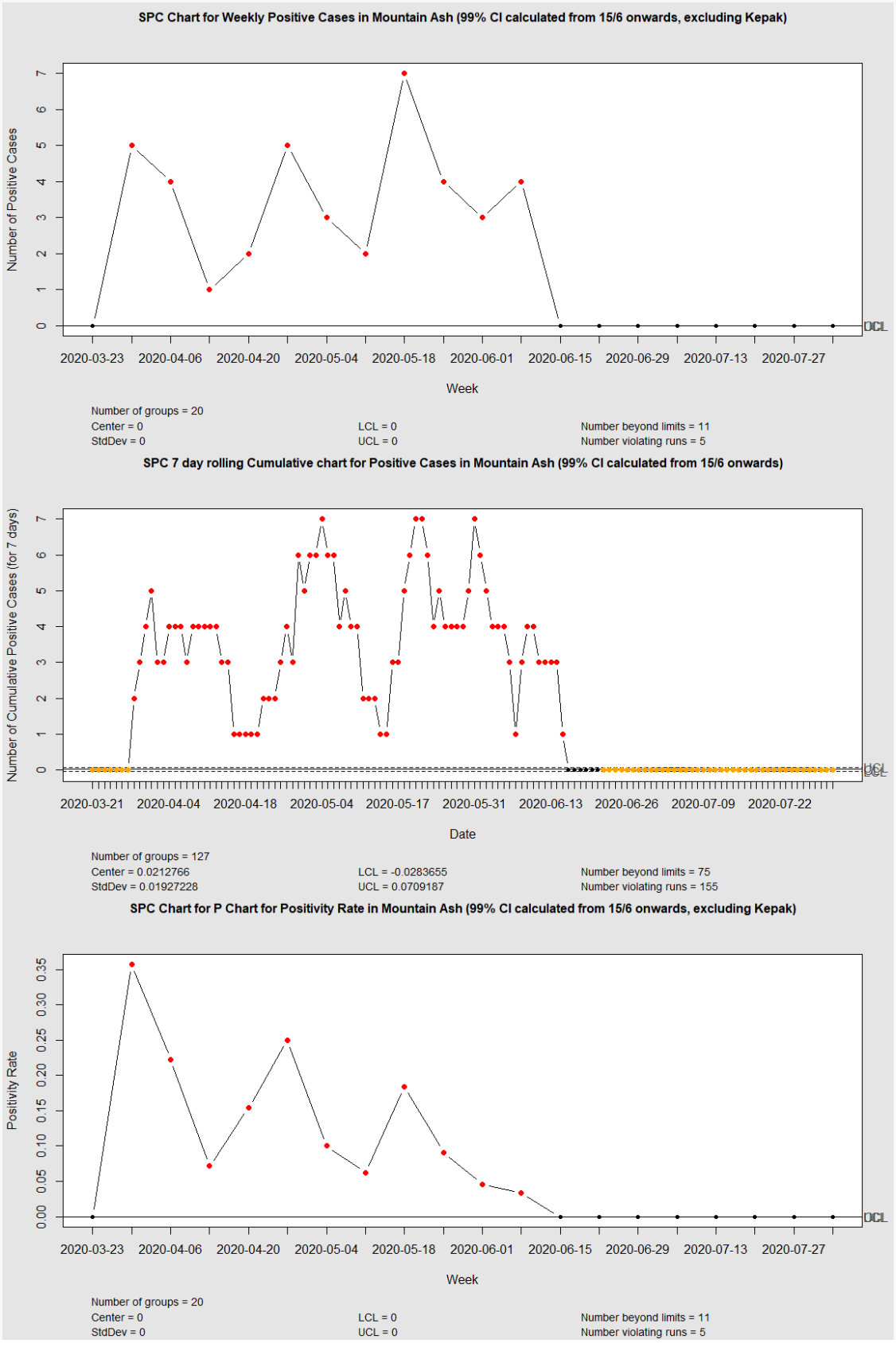
Llanharry


SPC Chart for Weekly Positive Cases in Llanharry (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
-1
0
1
2
3
4
5
UCL
99%
CL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.2857143
StdDev = 0.5910165
LCL = -1.236643
UCL = 1.808072
Number beyond limits = 3
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Llanharry (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
1
2
3
4
5
UCL
CL
LCL
2020-03-04
2020-04-01
2020-04-19
2020-05-06
2020-05-19
2020-06-01
2020-06-13
2020-06-26
2020-07-07
2020-07-20
Date
Number of groups = 100
Center = 0.2631579
StdDev = 0.07188039
LCL = 0.07800628
UCL = 0.4483095
Number beyond limits = 138
Number violating runs = 84
SPC Chart for P Chart for Positivity Rate in Llanharry (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
CL
LCL
2020-03-09
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.01481481
StdDev = 0.1208112
LCL = 0
UCL is variable
Number beyond limits = 2
Number violating runs = 0

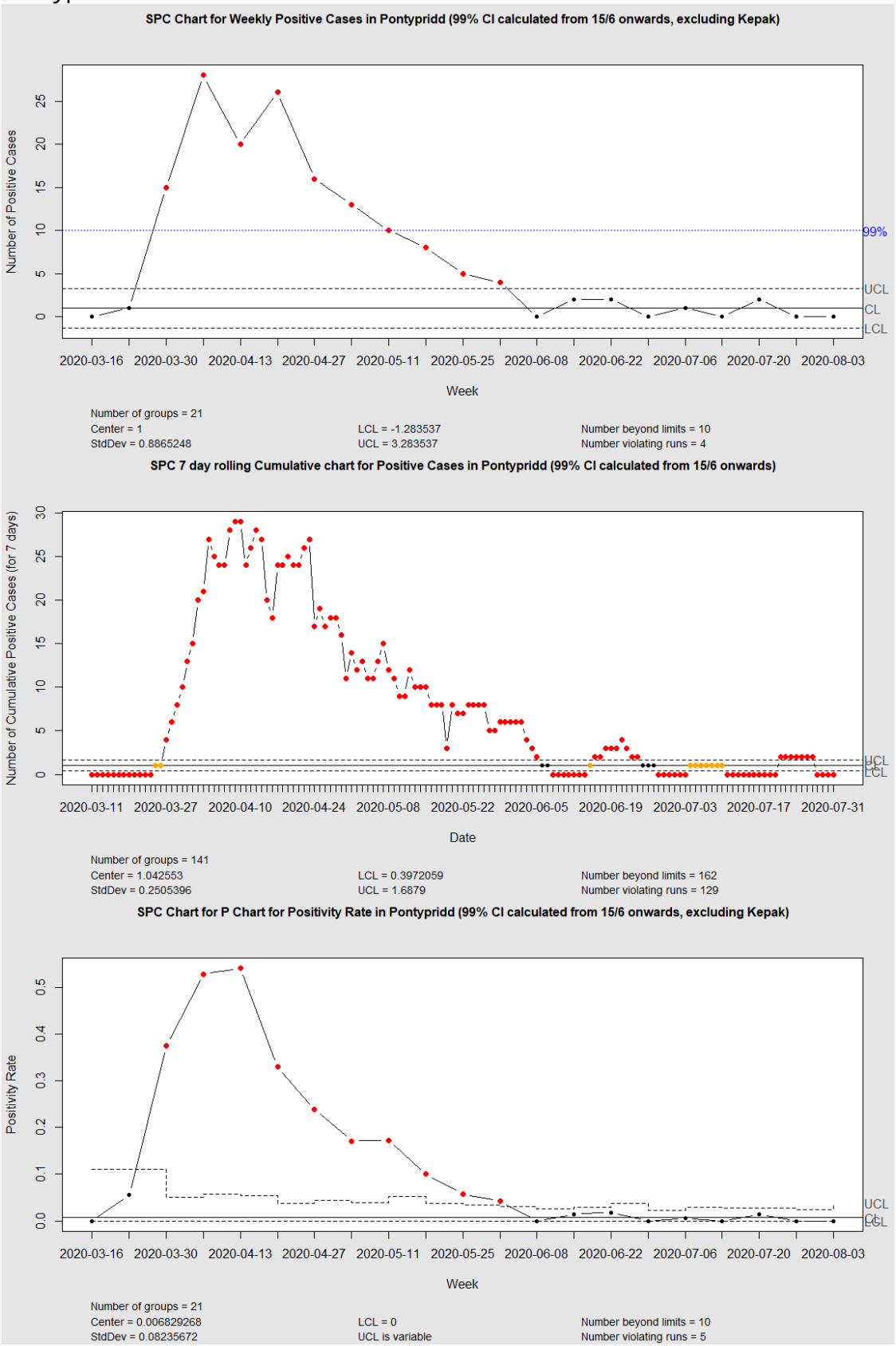
Llantrisant



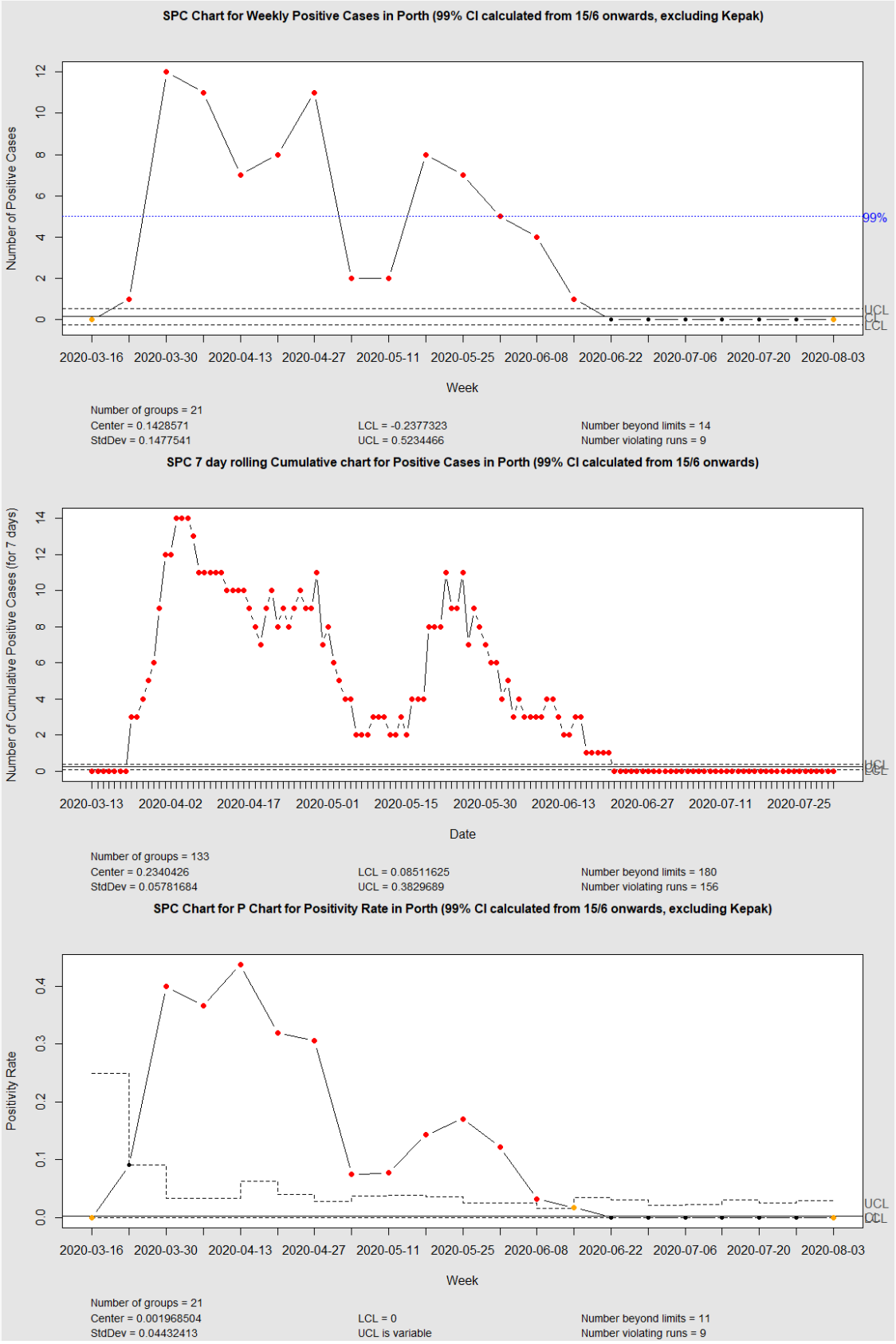
Mountain Ash



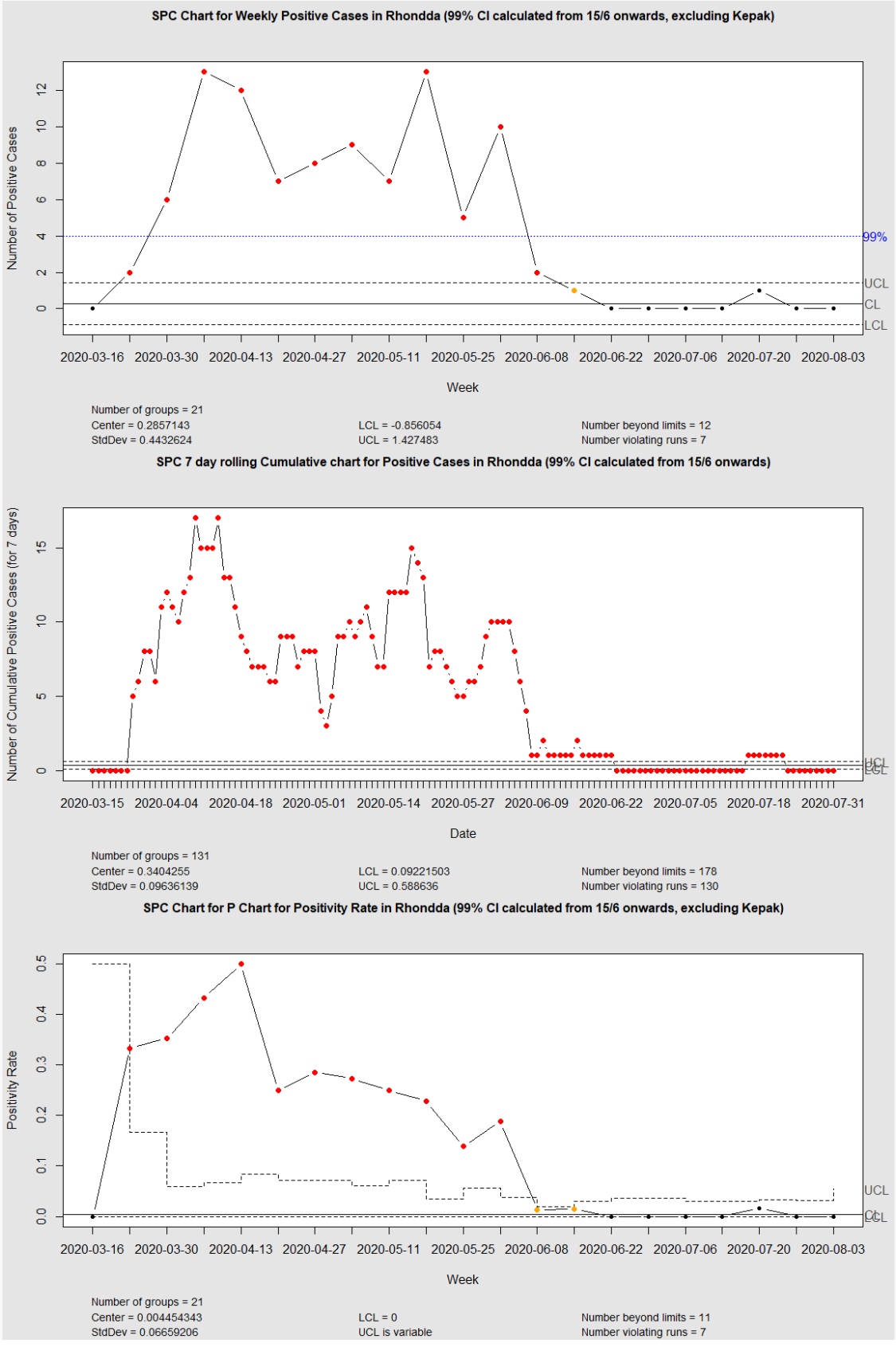
Pontypridd


SPC Chart for Weekly Positive Cases in Pontypridd (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
15
20
25
99%
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 1
StdDev = 0.8865248
LCL = -1.283537
UCL = 3.283537
Number beyond limits = 10
Number violating runs = 4
SPC 7 day rolling Cumulative chart for Positive Cases in Pontypridd (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
5
10
15
20
25
30
UCL
LCL
2020-03-11
2020-03-27
2020-04-10
2020-04-24
2020-05-08
2020-05-22
2020-06-05
2020-06-19
2020-07-03
2020-07-17
2020-07-31
Date
Number of groups = 141
Center = 1.042553
StdDev = 0.2505396
LCL = 0.3972059
UCL = 1.6879
Number beyond limits = 162
Number violating runs = 129
SPC Chart for P Chart for Positivity Rate in Pontypridd (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.006829268
StdDev = 0.08235672
LCL = 0
UCL is variable
Number beyond limits = 10
Number violating runs = 5

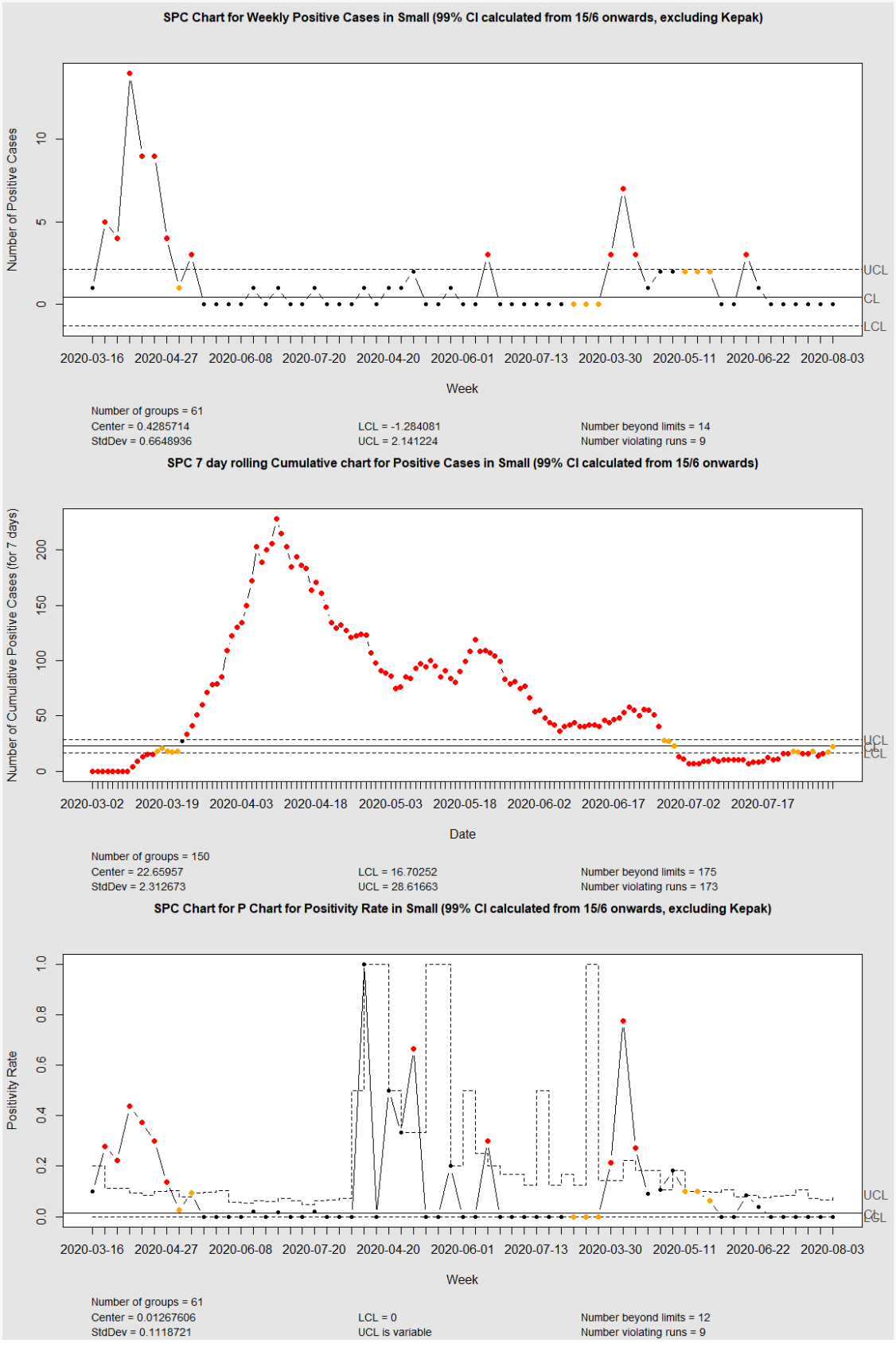
Porth


SPC Chart for Weekly Positive Cases in Porth (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
10
12
99%
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.1428571
StdDev = 0.1477541
LCL = -0.2377323
UCL = 0.5234466
Number beyond limits = 14
Number violating runs = 9
SPC 7 day rolling Cumulative chart for Positive Cases in Porth (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
12
14
UCL
LCL
2020-03-13
2020-04-02
2020-04-17
2020-05-01
2020-05-15
2020-05-30
2020-06-13
2020-06-27
2020-07-11
2020-07-25
Date
Number of groups = 133
Center = 0.2340426
StdDev = 0.05781684
LCL = 0.08511625
UCL = 0.3829689
Number beyond limits = 180
Number violating runs = 156
SPC Chart for P Chart for Positivity Rate in Porth (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
UCL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.001968504
StdDev = 0.04432413
LCL = 0
UCL is variable
Number beyond limits = 11
Number violating runs = 9

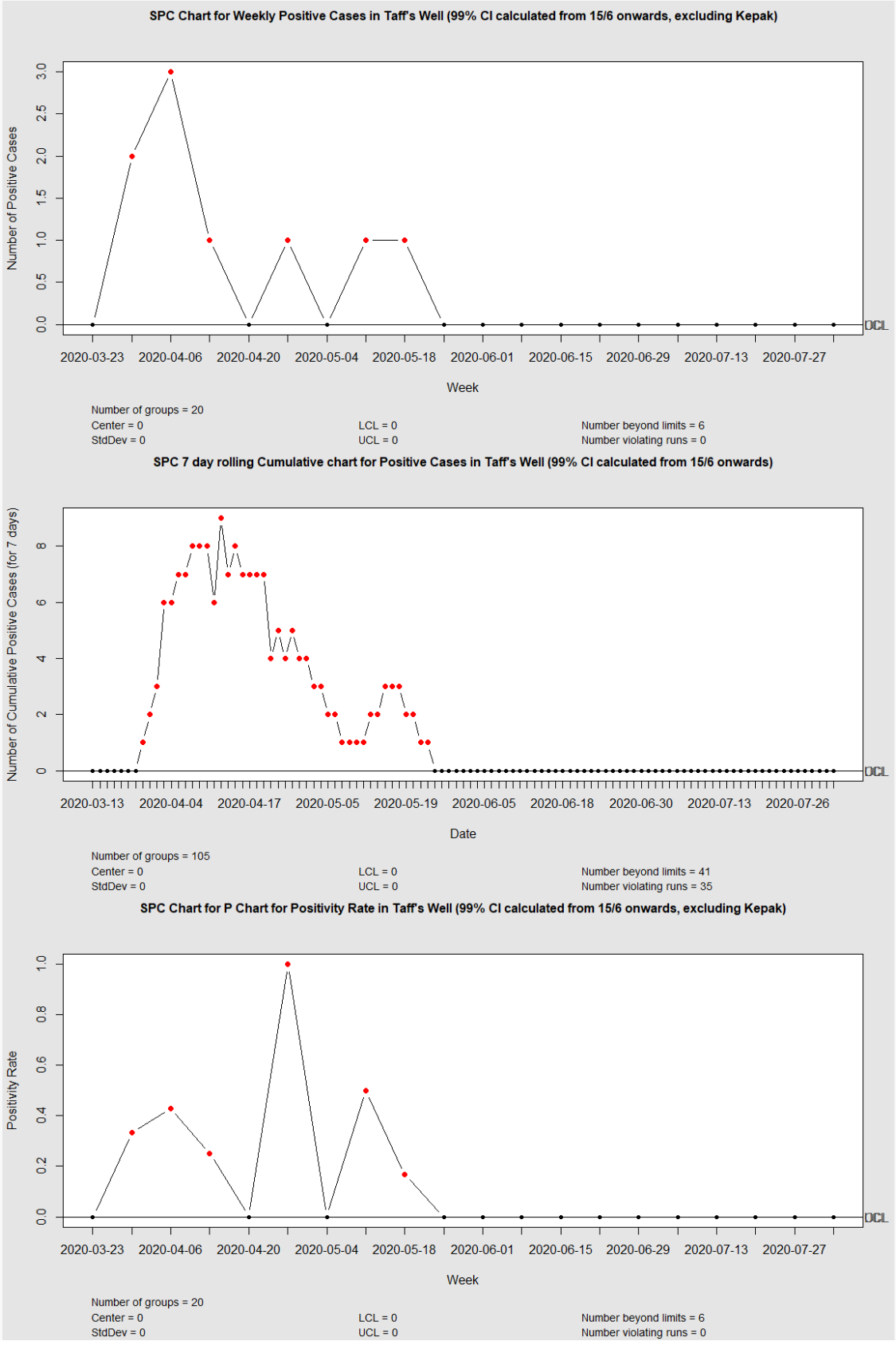
Rhondda


SPC Chart for Weekly Positive Cases in Rhondda (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
10
12
99%
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.2857143
StdDev = 0.4432624
LCL = -0.856054
UCL = 1.427483
Number beyond limits = 12
Number violating runs = 7
SPC 7 day rolling Cumulative chart for Positive Cases in Rhondda (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
5
10
15
UCL
LCL
2020-03-15
2020-04-04
2020-04-18
2020-05-01
2020-05-14
2020-05-27
2020-06-09
2020-06-22
2020-07-05
2020-07-18
2020-07-31
Date
Number of groups = 131
Center = 0.3404255
StdDev = 0.09636139
LCL = 0.09221503
UCL = 0.588636
Number beyond limits = 178
Number violating runs = 130
SPC Chart for P Chart for Positivity Rate in Rhondda (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.004454343
StdDev = 0.06659206
LCL = 0
UCL is variable
Number beyond limits = 11
Number violating runs = 7

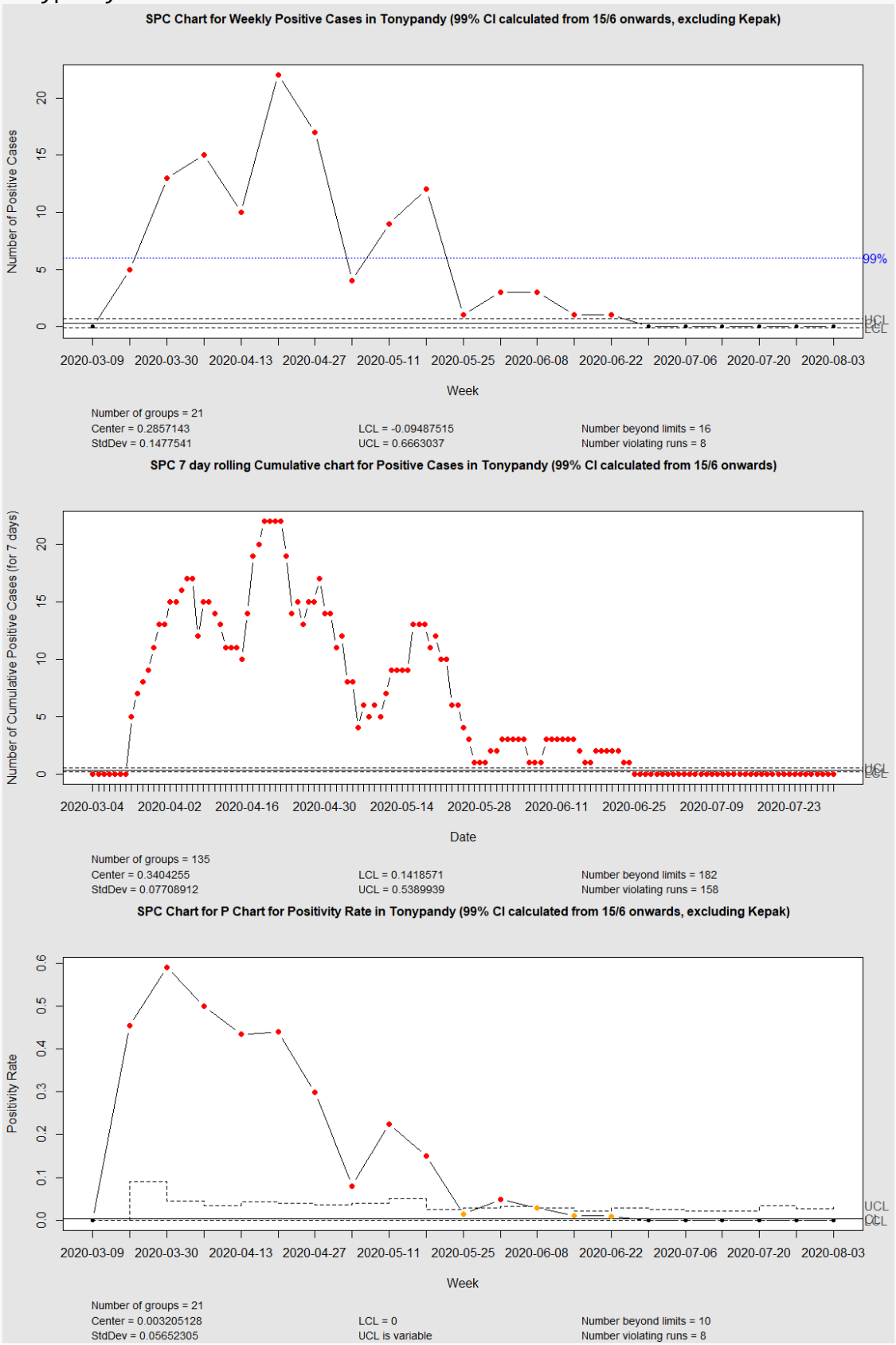
Small


SPC Chart for Weekly Positive Cases in Small (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
UCL
CL
LCL
2020-03-16
2020-04-27
2020-06-08
2020-07-20
2020-04-20
2020-06-01
2020-07-13
2020-03-30
2020-05-11
2020-06-22
2020-08-03
Week
Number of groups = 61
Center = 0.4285714
StdDev = 0.6648936
LCL = -1.284081
UCL = 2.141224
Number beyond limits = 14
Number violating runs = 9
SPC 7 day rolling Cumulative chart for Positive Cases in Small (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
50
100
150
200
UCL
CL
LCL
2020-03-02
2020-03-19
2020-04-03
2020-04-18
2020-05-03
2020-05-18
2020-06-02
2020-06-17
2020-07-02
2020-07-17
Date
Number of groups = 150
Center = 22.65957
StdDev = 2.312673
LCL = 16.70252
UCL = 28.61663
Number beyond limits = 175
Number violating runs = 173
SPC Chart for P Chart for Positivity Rate in Small (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
CL
LCL
2020-03-16
2020-04-27
2020-06-08
2020-07-20
2020-04-20
2020-06-01
2020-07-13
2020-03-30
2020-05-11
2020-06-22
2020-08-03
Week
Number of groups = 61
Center = 0.01267606
StdDev = 0.1118721
LCL = 0
UCL is variable
Number beyond limits = 12
Number violating runs = 9

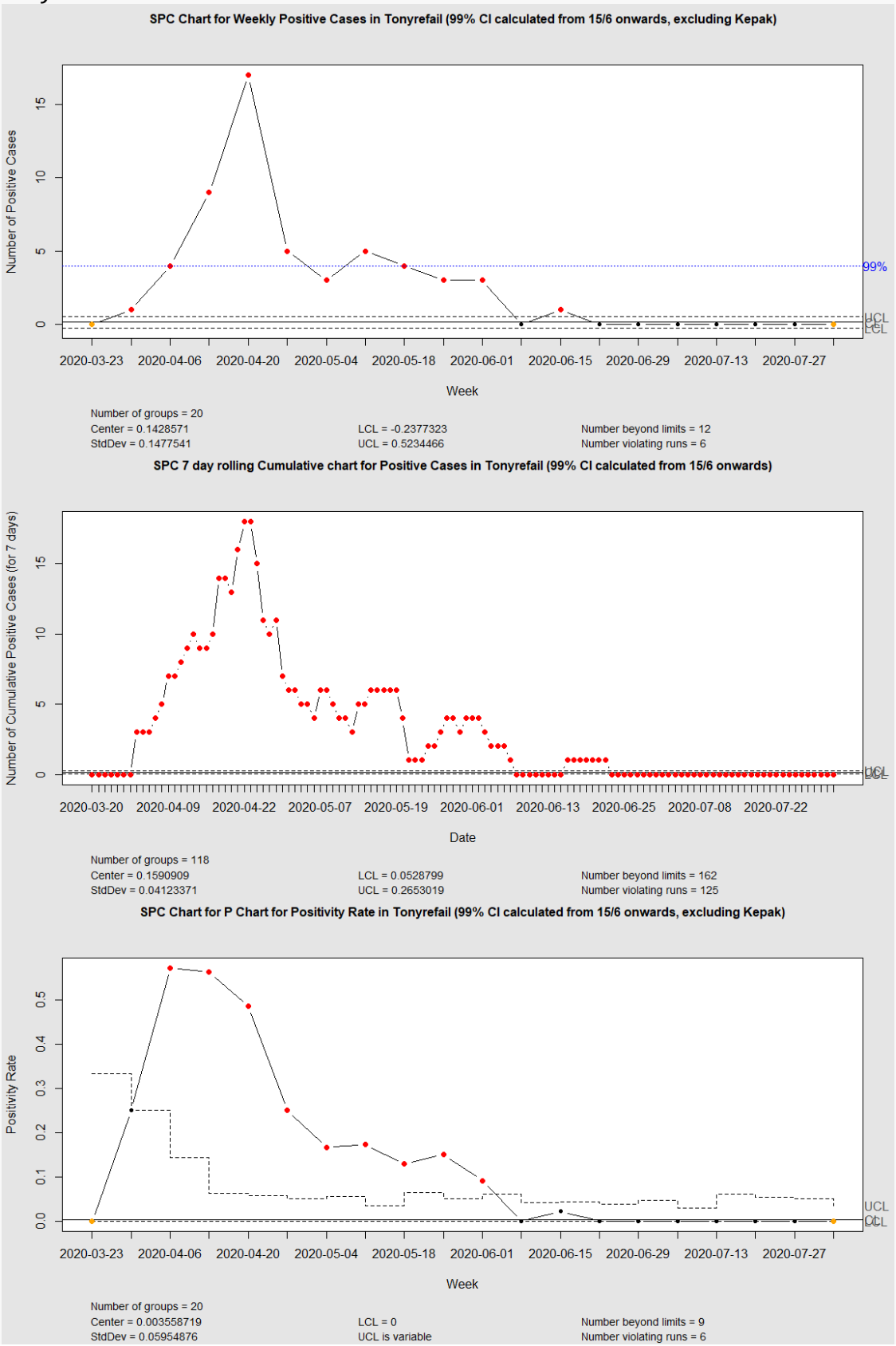
Taff's Well


SPC Chart for Weekly Positive Cases in Taff's Well (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0.0
0.5
1.0
1.5
2.0
2.5
3.0
UCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 6
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Taff's Well (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
UCL
2020-03-13
2020-04-04
2020-04-17
2020-05-05
2020-05-19
2020-06-05
2020-06-18
2020-06-30
2020-07-13
2020-07-26
Date
Number of groups = 105
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 41
Number violating runs = 35
SPC Chart for P Chart for Positivity Rate in Taff's Well (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 6
Number violating runs = 0

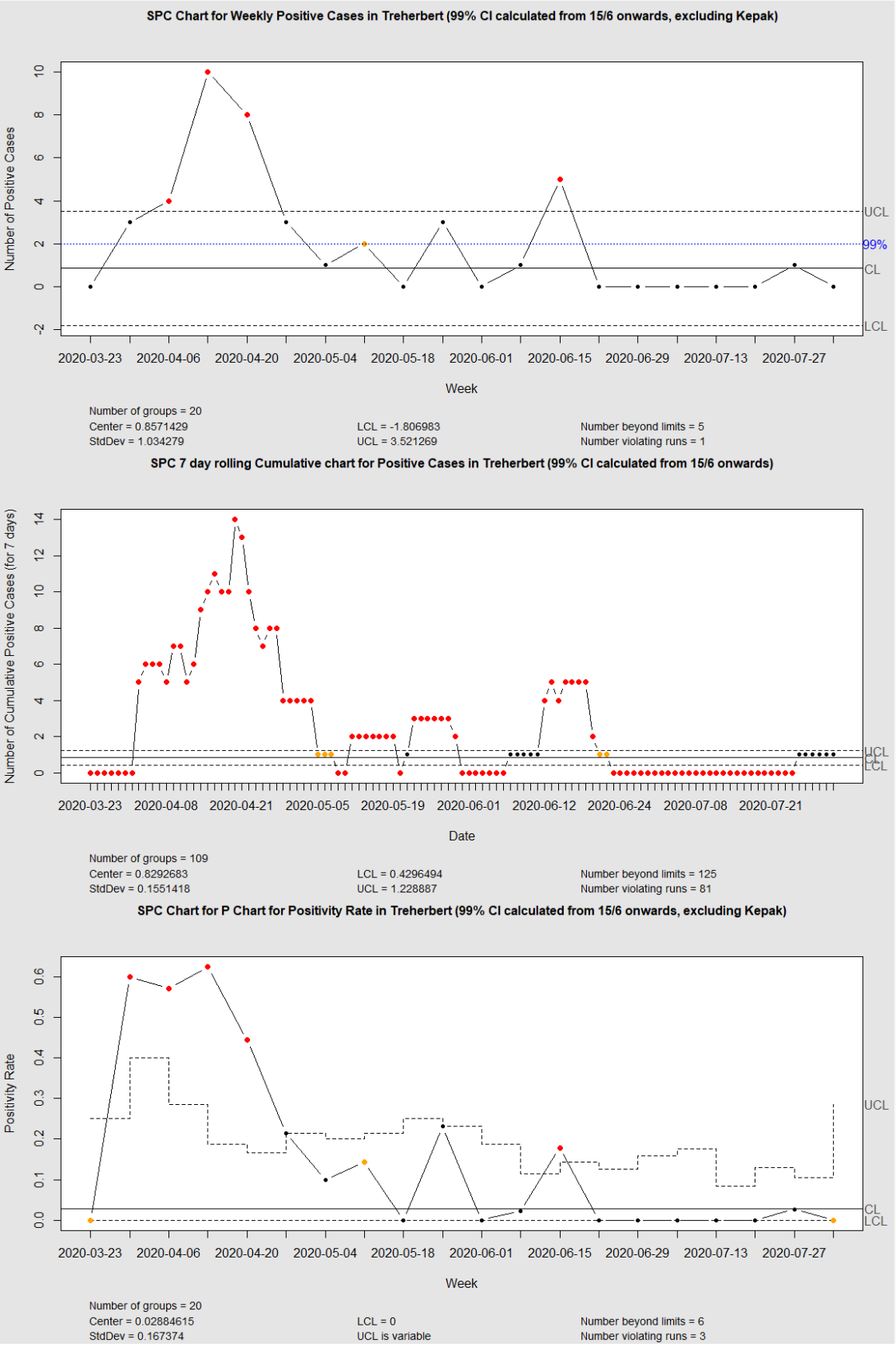
Tonypandy


SPC Chart for Weekly Positive Cases in Tonypandy (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
15
20
99%
UCL
LCL
2020-03-09
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.2857143
StdDev = 0.1477541
LCL = -0.09487515
UCL = 0.6663037
Number beyond limits = 16
Number violating runs = 8
SPC 7 day rolling Cumulative chart for Positive Cases in Tonypandy (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
5
10
15
20
UCL
LCL
2020-03-04
2020-04-02
2020-04-16
2020-04-30
2020-05-14
2020-05-28
2020-06-11
2020-06-25
2020-07-09
2020-07-23
Date
Number of groups = 135
Center = 0.3404255
StdDev = 0.07708912
LCL = 0.1418571
UCL = 0.5389939
Number beyond limits = 182
Number violating runs = 158
SPC Chart for P Chart for Positivity Rate in Tonypandy (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
0.6
UCL
LCL
2020-03-09
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.003205128
StdDev = 0.05652305
LCL = 0
UCL is variable
Number beyond limits = 10
Number violating runs = 8

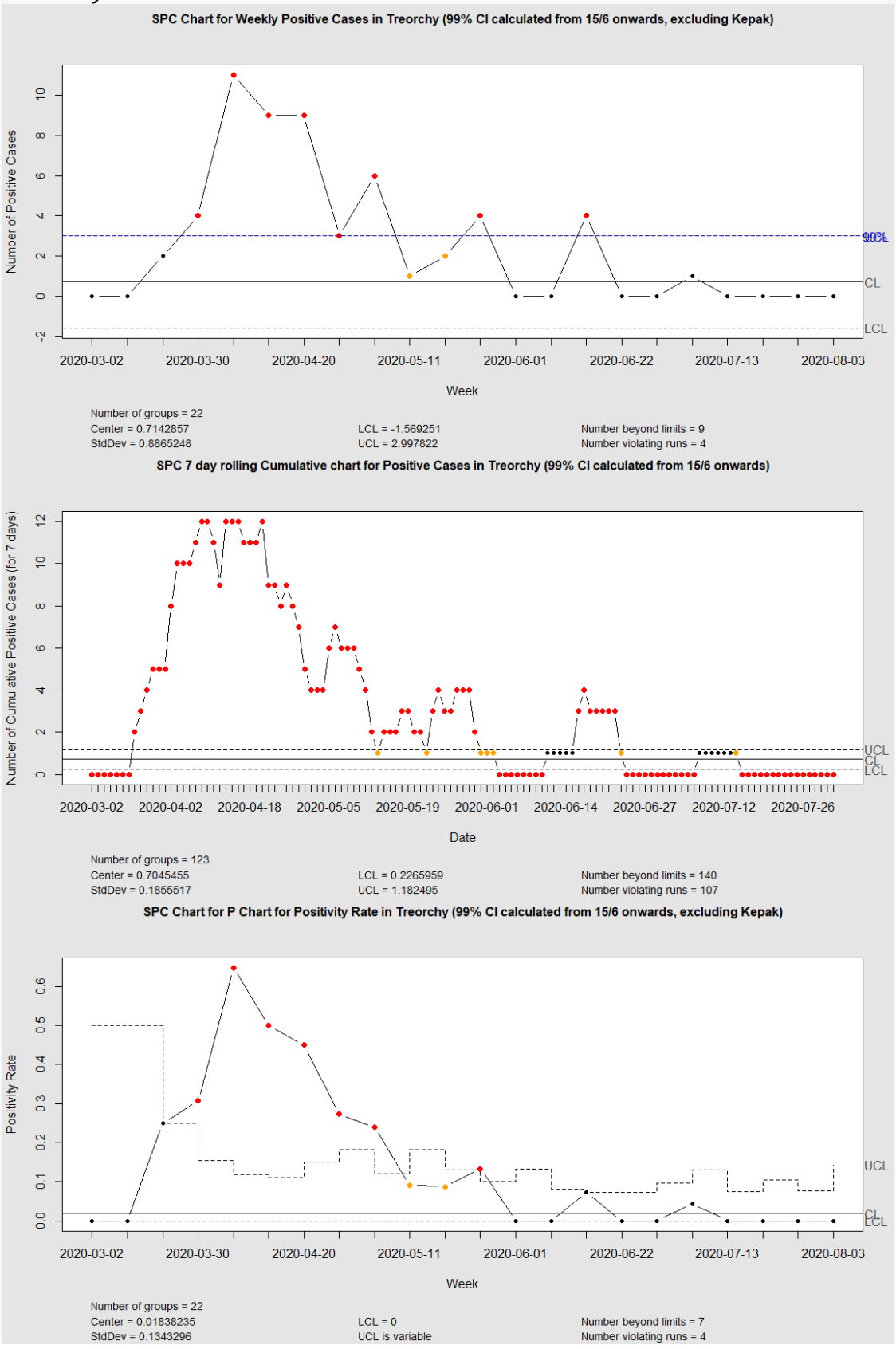
Tonyrefail


SPC Chart for Weekly Positive Cases in Tonyrefail (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
5
10
15
99%
UCL
LCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.1428571
StdDev = 0.1477541
LCL = -0.2377323
UCL = 0.5234466
Number beyond limits = 12
Number violating runs = 6
SPC 7 day rolling Cumulative chart for Positive Cases in Tonyrefail (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
5
10
15
UCL
LCL
2020-03-20
2020-04-09
2020-04-22
2020-05-07
2020-05-19
2020-06-01
2020-06-13
2020-06-25
2020-07-08
2020-07-22
Date
Number of groups = 118
Center = 0.1590909
StdDev = 0.04123371
LCL = 0.0528799
UCL = 0.2653019
Number beyond limits = 162
Number violating runs = 125
SPC Chart for P Chart for Positivity Rate in Tonyrefail (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
UCL
LCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.003558719
StdDev = 0.05954876
LCL = 0
UCL is variable
Number beyond limits = 9
Number violating runs = 6

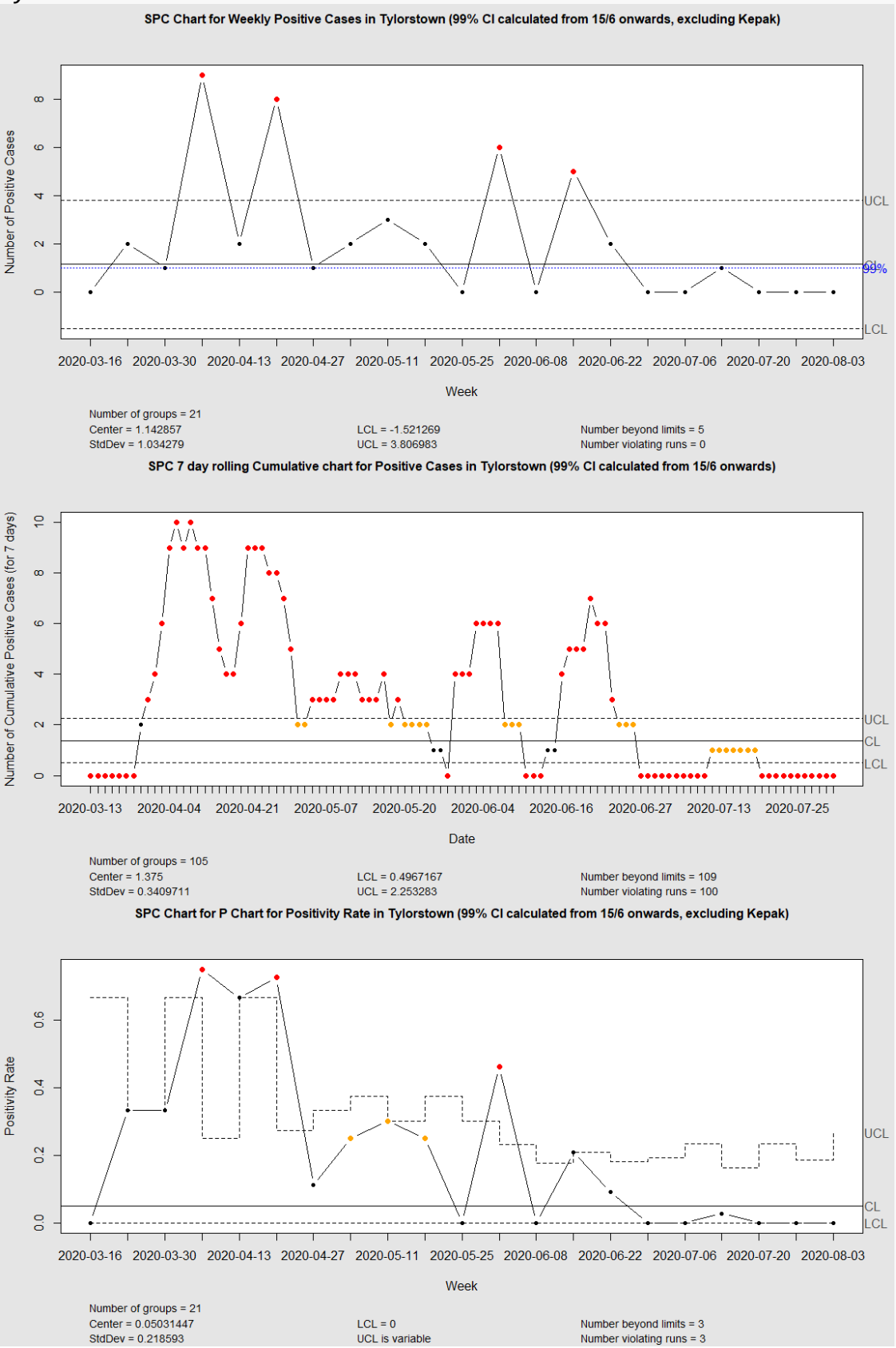
Treherbert


SPC Chart for Weekly Positive Cases in Treherbert (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
-2
0
2
4
6
8
10
UCL
99%
CL
LCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.8571429
StdDev = 1.034279
LCL = -1.806983
UCL = 3.521269
Number beyond limits = 5
Number violating runs = 1
SPC 7 day rolling Cumulative chart for Positive Cases in Treherbert (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
12
14
UCL
CL
LCL
2020-03-23
2020-04-08
2020-04-21
2020-05-05
2020-05-19
2020-06-01
2020-06-12
2020-06-24
2020-07-08
2020-07-21
Date
Number of groups = 109
Center = 0.8292683
StdDev = 0.1551418
LCL = 0.4296494
UCL = 1.228887
Number beyond limits = 125
Number violating runs = 81
SPC Chart for P Chart for Positivity Rate in Treherbert (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.1
0.2
0.3
0.4
0.5
0.6
UCL
CL
LCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0.02884615
StdDev = 0.167374
LCL = 0
UCL is variable
Number beyond limits = 6
Number violating runs = 3

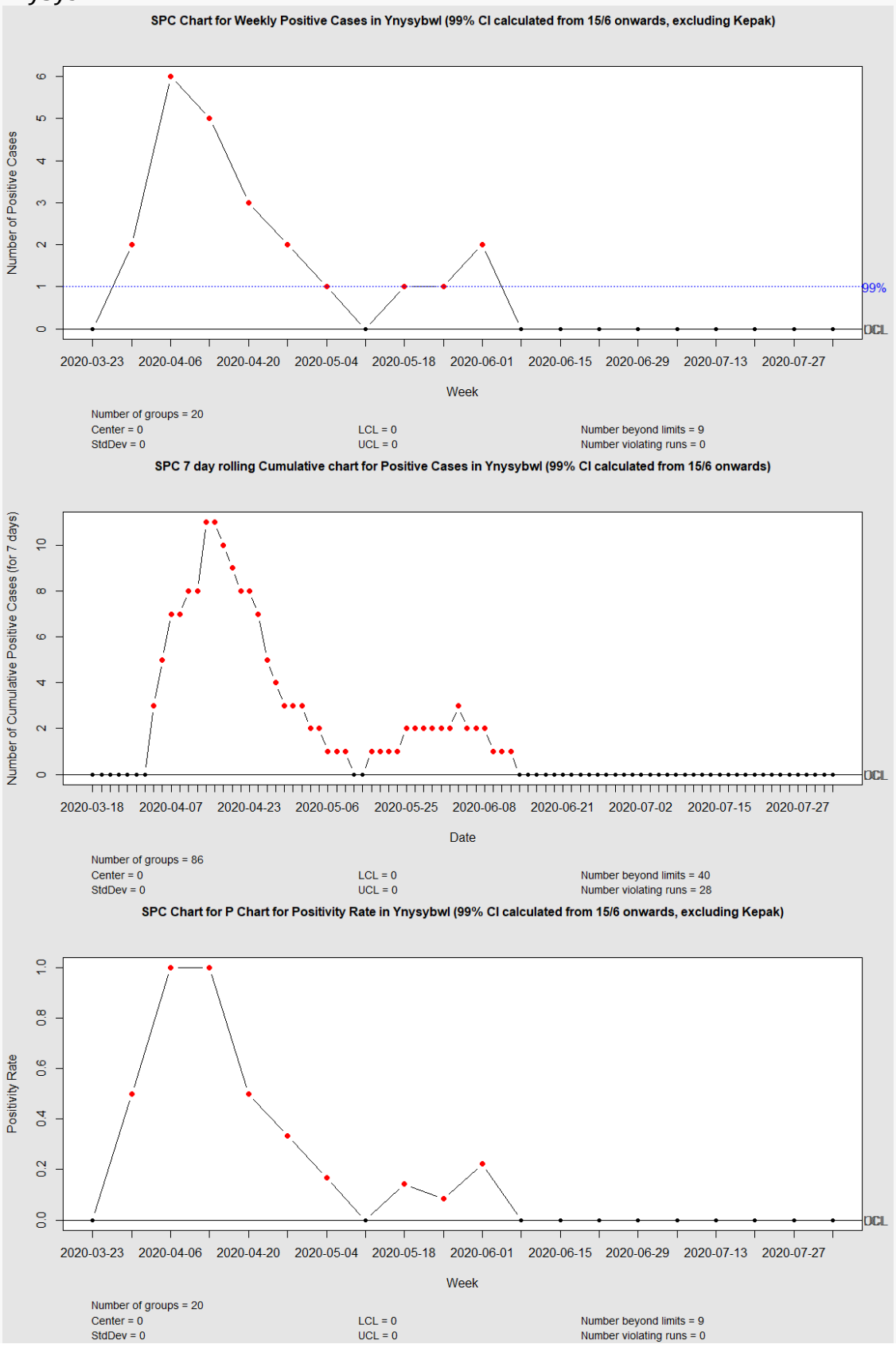
Treorchy


SPC Chart for Weekly Positive Cases in Treorchy (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
99%
CL
LCL
2020-03-02
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.7142857
StdDev = 0.8865248
LCL = -1.569251
UCL = 2.997822
Number beyond limits = 9
Number violating runs = 4
SPC 7 day rolling Cumulative chart for Positive Cases in Treorchy (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
UCL
CL
LCL
2020-03-02
2020-04-02
2020-04-18
2020-05-05
2020-05-19
2020-06-01
2020-06-14
2020-06-27
2020-07-12
2020-07-26
Date
Number of groups = 123
Center = 0.7045455
StdDev = 0.1855517
LCL = 0.2265959
UCL = 1.182495
Number beyond limits = 140
Number violating runs = 107
SPC Chart for P Chart for Positivity Rate in Treorchy (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
UCL
CL
LCL
2020-03-02
2020-03-30
2020-04-20
2020-05-11
2020-06-01
2020-06-22
2020-07-13
2020-08-03
Week
Number of groups = 22
Center = 0.01838235
StdDev = 0.1343296
LCL = 0
UCL is variable
Number beyond limits = 7
Number violating runs = 4

Tylorstown


SPC Chart for Weekly Positive Cases in Tylorstown (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
2
4
6
8
UCL
CL
99%
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 1.142857
StdDev = 1.034279
LCL = -1.521269
UCL = 3.806983
Number beyond limits = 5
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Tylorstown (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
UCL
CL
LCL
2020-03-13
2020-04-04
2020-04-21
2020-05-07
2020-05-20
2020-06-04
2020-06-16
2020-06-27
2020-07-13
2020-07-25
Date
Number of groups = 105
Center = 1.375
StdDev = 0.3409711
LCL = 0.4967167
UCL = 2.253283
Number beyond limits = 109
Number violating runs = 100
SPC Chart for P Chart for Positivity Rate in Tylorstown (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
UCL
CL
LCL
2020-03-16
2020-03-30
2020-04-13
2020-04-27
2020-05-11
2020-05-25
2020-06-08
2020-06-22
2020-07-06
2020-07-20
2020-08-03
Week
Number of groups = 21
Center = 0.05031447
StdDev = 0.218593
LCL = 0
UCL is variable
Number beyond limits = 3
Number violating runs = 3

Ynysybwl


SPC Chart for Weekly Positive Cases in Ynysybwl (99% CI calculated from 15/6 onwards, excluding Kepak)
Number of Positive Cases
0
1
2
3
4
5
6
99%
UCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 9
Number violating runs = 0
SPC 7 day rolling Cumulative chart for Positive Cases in Ynysybwl (99% CI calculated from 15/6 onwards)
Number of Cumulative Positive Cases (for 7 days)
0
2
4
6
8
10
UCL
2020-03-18
2020-04-07
2020-04-23
2020-05-06
2020-05-25
2020-06-08
2020-06-21
2020-07-02
2020-07-15
2020-07-27
Date
Number of groups = 86
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 40
Number violating runs = 28
SPC Chart for P Chart for Positivity Rate in Ynysybwl (99% CI calculated from 15/6 onwards, excluding Kepak)
Positivity Rate
0.0
0.2
0.4
0.6
0.8
1.0
UCL
2020-03-23
2020-04-06
2020-04-20
2020-05-04
2020-05-18
2020-06-01
2020-06-15
2020-06-29
2020-07-13
2020-07-27
Week
Number of groups = 20
Center = 0
StdDev = 0
LCL = 0
UCL = 0
Number beyond limits = 9
Number violating runs = 0