Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

PWYLLGOR CYNLLUNIO POBL A SICRWYDD PERFFORMIAD
PEOPLE PLANNING AND PERFORMANCE ASSURANCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 June 2021
TEITL YR ADRODDIAD: TITLE OF REPORT:	The West Wales Prevention & Response Plan – as we continue to manage the pandemic
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Ros Jervis, Director of Public Health
SWYDDOG ADRODD: REPORTING OFFICER:	Ros Jervis, Director of Public Health

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

On 10th May 2021, Hywel Dda University Health Board (HDdUHB) and Local Authority Chief Executive Officers received a joint letter from Welsh Government (WG) requesting Local COVID-19 Prevention and Response Plans be updated. Initial planning and response arrangements across the region were collated into the first West Wales 'Local COVID-19 Prevention and Response Plan' in early August 2020. As pandemic restrictions are beginning to ease, there is a risk that areas of the country which currently have low rates of community transmission may see a resurgence in cases. It is seen as vital that all Health Boards and Local Authorities have effective local arrangements for surveillance in order to recognise potential risks in their communities or other settings and to ensure continued prevention, planning and mitigating actions are in place. As a result, we are required to update our plans to set out the response to cases, cluster, outbreaks and incident management over the coming six to nine months.

The West Wales Regional Incident Management Team (IMT), chaired by the Director of Public Health, has overseen the review of the West Wales Prevention & Response Plan ensuring submission to WG by the required deadline of 4th June 2021 (revised from 21st May 2021). The updated West Wales Prevention & Response Plan, the letter from the Chief Medical Officer for Wales and the Director General COVID-19 Crisis Co-ordination and the revised guidance, are attached for assurance.

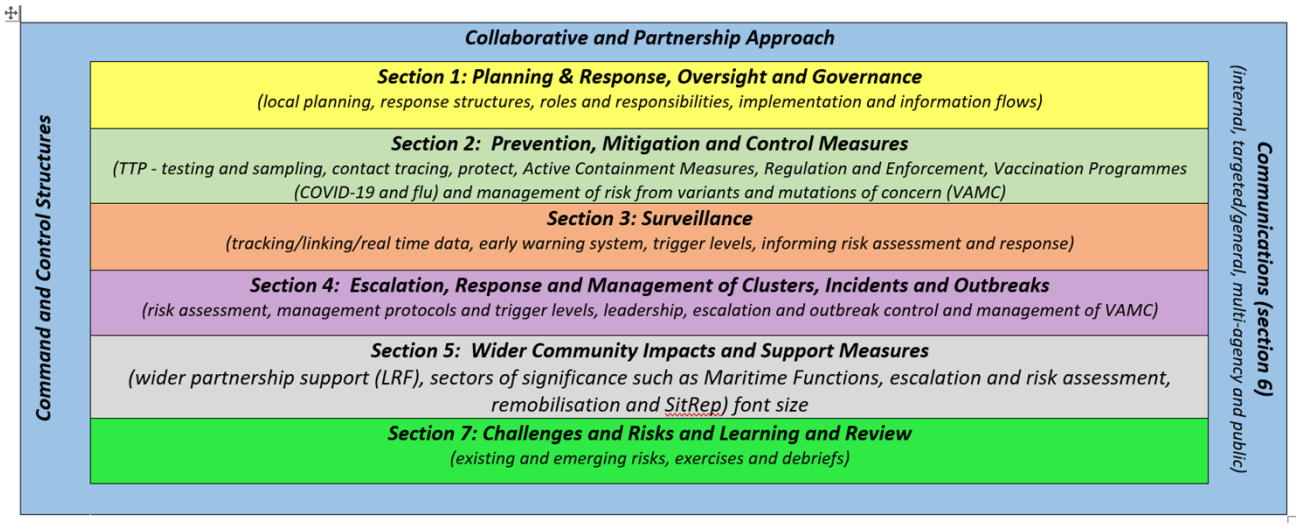
PPPAC is asked to review the updated West Wales Prevention & Response Plan and to gain assurance from the collaborative and collective response set out in the Plan. WG requests and the latest guidance has been embedded for you information. The Plan, due to its scope, breadth and size has been split into two parts and is attached to this paper.

Cefndir / Background

In summary, the West Wales Prevention & Response Plan clearly sets out our governance and oversight structures, from local through to national; key prevention and control measures, including:

- Testing capacity, contact tracing and the COVID-19 vaccination programme.
- Local, regional & national surveillance and how this interfaces to provide us with timely and accurate situational awareness.

- How we escalate and effectively manage our cases and clusters, in particular those involving variants of concern.
- Our relationship across the whole system and how we support and appropriately request mutual aid.
- Dedicated Prevention & Response Communications led by the West Wales Regional Communication Cell.
- How we continue to review, learn and adapt to enable our response measures to be robust as they can be for the population of West Wales.



Asesiad / Assessment

HDdUHB has been in response mode to the COVID-19 pandemic since the beginning of February 2020. Over this 16 month period, HDdUHB has worked collaboratively with partners to manage and deliver our health & care services in what can only be described as 'unthinkable' circumstances, whilst at the same time continuing to protect the health of our population with effective COVID-19 control measures such as the vaccination programme, contact tracing, testing programmes and surveillance and supporting our communities at a time of unprecedented need.

Both the first iteration and this updated version of the West Wales Prevention & Response Plan has been developed from an extraordinary partnership between public and third sector organisations across the region. It is based on reality, is practiced, tested and has been regularly adapted on the basis of learning and changes to the epidemiological picture across the UK, Wales and West Wales.

In addition, our Annual Plan for Recovery 2021/22 includes three relevant planning objectives:

- Gold Command Requirement 2: To continue to deliver the local Mass Vaccination Programme Delivery Plan in accordance with the milestones and requirements set out by WG (Lead – Ros Jervis, Director of Public Health).
- Gold Command Requirement 3: Throughout 2021/22, continue to deliver the Local Testing Plan in accordance with the latest WG requirements. This will encompass symptomatic testing, asymptomatic screening and antibody testing using Polymerase Chain Reaction (PCR), Lateral Flow Devices and new technologies which become available and are mandated by WG (Lead - Alison Shakeshaft, Director of Therapies & Health Science).
- Gold Command Requirement 4: Throughout 2021/22, continue to support and provide regional co-ordination to the Test, Trace, Protect (TTP) service across the 3 counties of HDdUHB (Lead – Ros Jervis, Director of Public Health).

This report and presentation of the updated West Wales Prevention & Response Plan to PPPAC also seeks to provide additional assurance in terms of the delivery of all three of these planning objectives. Section 1 includes all relevant governance structures for the whole TTP Programme whilst section 2 provides detailed delivery plans for testing (Test), contact tracing (Trace) and all Protect elements including the local COVID-19 mass vaccination programme and supportive measures provided by the Local Authority and third sector partners for our communities.
Argymhelliad / Recommendation The People, Planning & Performance Assurance Committee is requested to gain assurance from the updated West Wales Prevention & Response Plan (June 2021), specifically those areas of the Plan relevant to the delivery of planning objectives within the annual Recovery Plan 2021/22.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.4 Provide assurance to the Board that all plans put forward for the approval of the Health Board for improving the local population's health and developing and delivering high-quality, safe and sustainable services to patients, and the implementation of change, are consistent with the Board's overall strategic direction and any requirements and standards set for NHS bodies in Wales.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 1030
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: **Further Information:**	
Ar sail tystiolaeth: Evidence Base:	Included within the West Wales Prevention & Response Plan
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y	Public Health Gold Cell West Wales Regional IMT

Pwyllgor Cynllunio Pobl a Sicrwydd Perfformiad: Parties / Committees consulted prior to People Planning and Performance Assurance Committee:	Hywel Dda University Health Board Silver Tactical Group Hywel Dda University Health Board Executive Team

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any issues are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk identification, assessment and effective management is integral to the deployment of the West Wales Prevention & Response Plan
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Llywodraeth Cymru
Welsh Government

To:
Health Board Chief Executives
Local Authority Chief Executives

CC:
NHS Directors of Planning
NHS Directors of Public Health
Local Authority Directors of Public Protection
Trust Chief Executives

10/05/2021

Dear Colleagues

Prevention and response to Covid-19 in Wales – Update to Local Covid-19 Prevention and Response Plans

As further easements restrictions are introduced and life in Wales moves closer to normality, there is risk that areas of the country which currently have low rates of community transmission may see a resurgence in cases. It is therefore important that all Health Boards and Local Authorities have effective local arrangements for surveillance in order to recognise potential risks in their communities or other settings and to ensure continued prevention, planning and mitigating actions are in place.

We wrote to you on the 27 July last year asking that you formalise your planning and response arrangements in 'Local Covid-19 Prevention and Response' Plans', and we are now requesting that those plans be updated to set out the response to cases, cluster, outbreaks and incident management over the coming six to nine months.

The original guidance has been updated and we have included *Guidance for Revising Local COVID -19 Prevention and Response Plans* to assist you in this. Please have regard

Canolfan Cyswllt Cyntaf
• First Point of Contact Centre:
E-bost • E-mail:
CustomerHelp@gov.wales
Ffôn • Tel: 0300 0604400

when considering arrangements, to the role of the Regional Co-ordination Groups – the latest letter from Welsh Government to the chairs of the RCG is also enclosed.

We ask that the revised plans be e-mailed to: HealthProtection@gov.Wales by **Friday 21 May 2021.**

Allow us to take this opportunity to thank you once again for your continued efforts to help effectively and successfully manage the Covid-19 response in Wales.

Yours sincerely

DR FRANK ATHERTON
Prif Swyddog Meddygol
Cyfarwyddwr Meddygol, GIG Cymru
Chief Medical Officer
Medical Director NHS Wales

REG KILPATRICK
Cyfarwyddwr Cyffredinol, Cydlynu Argyfwng Covid
Director General Covid Crisis Coordination

GIG CYMRU NHS WALES | Iechyd Cyhoeddus Cymru Public Health Wales

Llywodraeth Cymru
Welsh Government

Guidance for

Revising Local COVID -19 Prevention and Response Plans

Contents

Background

The Welsh Government (WG) has requested Public Health Wales (PHW) to update this guidance document to assist Local Health Boards, Local Authorities and Recovery Co-ordination Groups to revise their existing Local Covid -19 Prevention and Response Plans.

The current local prevention and response plans were developed in August 2020, before the second wave. As WG now are easing the restrictions and moving Wales out of a lockdown there is a need to have revised plans to respond to cases, cluster, outbreaks and incident management over the coming six to nine months. The revised plans need to take in account the factors that were in play during the second wave and beyond. Notably these should include (but not restricted to):

- Availability of different types of testing modalities e.g. Lateral Flow testing, Reflux PCR assay to detect variants
- Expanded genomic sequencing and surveillance capacities
- Emergence and establishment of Variants and Mutations of Concerns (VAMC)
- Roll-out of and expansion of vaccination programme
- Workforce availability and sustainability
- NHS and Social care capacity and pressures
- Ability to respond at pace to increasing community prevalence or a significant VAMC

These Local plans should therefore be prepared on a fully collaborative basis, including LRF co-ordinators and signed off by each Health Board, their partner local authorities and RCG chair

Local Health Boards have been requested to work with all partner agencies locally and with Public Health Wales nationally to revise these plans in order to continue to keep the public safe.

The Welsh Government has issued a number of key guidance and policy documents that should be cross-referenced in the local plans. These include (but not limited to) the following:

- Coronavirus Control Plan: revised alert levels in Wales
- Testing Strategy for Wales
- COVID-19 Vaccination Strategy
- Operational Guidance for Schools
- Conceptual Framework for Management of VAMC in Wales
- End-to-end Process Manual for responding to cases and clusters of VAMC

This guidance is intended to provide a framework to guide regions on what should be considered for inclusion in their Covid-19 Local prevention and response plan. It is not intended to be an exhaustive or exclusive list. It contains suggested sections and what they should cover, but each region can develop their own plans as long as they include how both prevention and response will be managed at the local and regional level.

These multi-agency Plans should include reference to both the **prevention of and response to** Covid-19 in a variety of settings e.g. health and social care services; care homes; high-risk

workplaces, educational settings and in the community. Integrated planning and communications are therefore key to developing prevention, planning and mitigating actions

Suggested sections and content:

There are eight suggested sections for each Local Plan and it would be expected that the plan would outline a clear description of and action plans for work in each of these sections with local and/or regional leads clearly identified along with timelines for completion, if required.

1. Local Planning and Response Structures, Roles and Responsibilities

There is a need for clarity of local structures, roles and responsibilities so that the system can work effectively together with a common understanding of who does what and who is working at an operational, tactical or strategic level in response. Each plan should ensure that the roles and responsibilities of all partner organisations involved are explicit, mutually agreed and well understood by all. Including how informational flows ensure tactical oversight and situational awareness.

Each plan should describe its structure for local decision making and the delivery of its COVID-19 response. This should include an organogram depicting the arrangements. The description should include details of governance, leadership and responsibilities with named leads at local and regional levels. Where the response is broken down in to work streams or subgroups these should also be described.

Each local plan should describe the identified lead with overall responsibility and oversight of the Prevention and Response. It is anticipated that each local authority area will also identify a named lead, who will approve the plan and lead/co-ordinate the local authority contributions. Similarly, it is anticipated that there should also be named leads for work vital to the response such as; surveillance, sampling and testing, contact tracing, cluster and incident management, and communication. These leads should be detailed in the description of each of the relevant sections and included in a summary of response lead roles.

If the region has developed a strategic plan for COVID-19 response it should be referenced and included in this Plan.

2. Surveillance

There is a need for early recognition of COVID-19 cases in the local community, more so in the current context of VAMCs and Imported infections from returning travellers. This requires sensitive early warning systems provided by good epidemiological surveillance and other national and local information sources, including intelligence arising from national, regional and local contact tracing activity as part of the Test Trace and Protect (TTP) Strategy.

Public Health Wales is providing a range of surveillance information to each region. Welsh Government has established a COVID-19 Intelligence Cell, which is meeting regularly to inform the Chief Medical Officer and the Health Protection Advisory Group (including membership from

Welsh Government Civil Contingencies). This group considers updates on incidents and recent cases from the Health Protection Team areas alongside the Public Health Wales surveillance outputs.

There is a VAMC oversight group which has a surveillance work stream as part of it. This looks at surveillance for VAMC in general including a focus on genomic surveillance.

A comprehensive surveillance system is the key to horizon scanning for emergence of new variants in order to take timely actions to prevent variants from becoming endemic in our communities. Such a system is constructed on strong principles that include the following features within in:

- Sensitive and representative covering pillar 1 and pillar 2
- Additional information on severe infections via Severe Acute Respiratory Infections (SARI) surveillance in hospitals
- Effective internal communication within PHW between Communicable Disease Surveillance Centre (CDSC), Pathogen Genomics Unit (PenGU), Health Protection Teams
- Further linkage to SURGE team for returning travellers, to Test, Trace, Protect (TTP), and to Public Health England (PHE) and UK partners
- Membership of UK-wide groups for horizon scanning, technical coordination and VAMC taskforce

Aims

- Identification of suspected and confirmed genomic variants of concern or under investigation, in order to take public health action to contain transmission
- Describe the characteristics, spread and associations of VAMC infections in the UK, through surveillance
- Obtain samples and sequences to enable further investigation into the biological characteristics and immune response to the variants
- Each region should document how surveillance and data is being used at regional and local levels to inform planning and response

It should describe how surveillance data are reviewed locally and how the information is used to inform response actions (See also section 3 below) and longer term planning. A lead for communicating data, actions and conclusions into the Welsh Government COVID-19 Intelligence Cell (as advised) and multi-agency partners including the SCG/RCG stood up in each LRF area should be identified.

The success of our TTP Programme is central to reducing transmission of Covid-19 as it provides an understanding of who is affected, and why and where Covid-19 infections are occurring. The local plan should describe how it uses the intelligence from TTP to assess whether cases have a defined exposure history, as this may indicate unrecognised transmission.

Plans should also include provision for local epidemiological investigations, including gathering enhanced surveillance information from cases by community-based interviews. Public Health Wales can support with training, development and analysis of local investigation data, but local capacity for this is also required. This will include investigation of cases where there are no clear sources of transmission.

The use of the TTP process and surveillance to identify linked cases and clusters of case and the use of softer local intelligence such as social media and community feedback should be included in the plan.

3. Management of Clusters, Incidents and Outbreaks

It is expected that each regional tier will be adequately resourced to allow the regional response tier to fulfil the roles of: tactical leadership across partners, contact tracing, and response to clusters and outbreaks. Public Health Wales, through a National Health Protection Response Cell, will provide specialist resource to advise on and give appropriate support to complex clusters, incidents and outbreaks.

These arrangements, including named regional and local leads, should be clearly cross referenced in this plan.

Building on the learning from early incidents and outbreaks, including recent experience of holding Incident Management Teams (IMTs) for VAMC, there is a need for an agreed approach to the management of clusters, incidents and outbreaks in the region.

Each Health Board footprint area, should 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, making use of available surveillance intelligence to provide a timely picture of the local epidemiological situation (including incidents involving hospitals and healthcare facilities) to key partners and to the Welsh Government (Covid-19 Intelligence Cell). Local plans will need to reflect these structures and the reporting arrangements, and include how community and hospital contact tracing arrangements are integrated across the TTP programme.

Each plan should describe how the Local Health Board, local authorities (and other partners) will respond to and manage clusters, incidents and outbreaks within each Locality and region. It should be remembered that Covid -19 affects both hospital (acute and community) and other social care and community settings.

In the first instance, localised enclosed setting incidents/outbreaks or community transmission of Covid-19 should be managed in line with the Communicable Disease Outbreak Plan for Wales 2020 (published 13 July 2020). The Communicable Disease Outbreak Plan for Wales 2020 outlines how the principles of outbreak management including for clusters and incidents should be applied. Part 7 of this plan also describes the link with and activation of agreed civil contingency arrangements. Plans should also cross-reference the Conceptual Framework and the End-to-end process manual for management of VAMC in Wales

Any resurgence of Covid-19 infection is likely to comprise multiple, simultaneous incidents and outbreaks so the region should describe its resilience and plan to deal with and escalate such multiple events.

Regional plans should specifically cover the situation where there are coexisting incidents in both the community and hospital settings. In the event of potentially serious public health

implications outside a hospital setting arising from a hospital incident, then Section 2.8 of the Communicable Disease Outbreak Plan for Wales, should be referenced for guidance.

It is likely that Wales will experience incidents and outbreaks that will spread beyond the local. Welsh Government are developing a National Covid-19 Public Health Escalation and Response Plan. This will describe the process for escalation of incidents, outbreaks and local flare ups, outline the structures and triggers for significant incidents, outbreaks and describe potential extended control measures.

If multiple complex incidents are reported or surveillance demonstrates a concerning increase in community transmission, there will be a need to call on broader partners including SCG/RCG members and the Welsh Government and the regional plan should describe how and when this would happen in accordance with the Communicable Disease Outbreak Plan for Wales.

In addition, each plan should seek to describe (based on local risk assessments) the measures that would be potentially put in place and how this would be locally implemented. *Examples could include:*

- *expanded communications, with widespread community engagement to reach groups directly affected, delivered in the languages most relevant to the local community; undertaken in coordination with standing Outbreak Control (OCT) and Incident Management Teams, and also in alignment with national communications plans.*
- *Clear description of how a package of support (NOT financial alone) to ensure that those who should isolate are able to isolate and are isolating*
- *accelerate and expand channels for local sampling and testing,*
- *enhanced advice and inspection regime for businesses*
- *targeted closure of certain businesses and venues (for example shops, cafes, gyms, recreation centres, offices, labs, warehouses)*
- *cancellation of local organised events (for example sporting events, concerts, weddings, faith services)*
- *restriction of use of outdoor public areas (for example parks, playgrounds, beaches, esplanades, outdoor swimming pools)*
- *encourage working from home (for example instigating working from home measures where this is feasible)*
- *actions in school and educational settings including school closure*
- *local travel or movement restrictions including description of what effect such restrictions might have, and what proportion of the population would be affected*
- *bespoke measures for vulnerable people*

The approach should describe how and when community control measures are escalated at a local or regional level and when escalation to the Strategic Coordinating Group / Recovery Group is implemented. *The approach should also describe how alignment of messages across the regional communications, and linked to and including national communications is maintained, so as to avoid overlap and always ensure timely, accurate and consistent communications.*

4. Sampling and Testing

Sampling and Testing

Prevention and Response plans should set out the approach that each region will take to sampling and testing in line with the Welsh Government's testing strategy. RT-PCR testing is widely available through a network of Regional and Local Test sites and by the deployment of Mobile Testing Units. RT-PCR testing is primarily aimed at those who are symptomatic but it can and is used for asymptomatic testing in particular circumstances. Lateral Flow testing is now widely available and to be used for asymptomatic testing as part of regular and routine programmes of testing or as short term surge testing in response to incidents and outbreaks.

Prevention and Response plans should identify the approach that each region will adopt to support the purposes of:

- Test to safeguard – how testing will be used to protect individuals who are at higher risk of severe disease.
- Test to find – targeting asymptomatic infections through community testing. All regions should have Asymptomatic Testing Sites targeted at areas of greatest risk and where stubborn and enduring transmission is occurring or where there is low testing uptake which might be masking the incidence of the virus
- Test to maintain – to ensure that those who are not able to work from home can have access to regular and routine testing and to support critical public services to be maintained

Prevention and Response plans should also set out arrangements for responding to incidents and outbreaks. There are now a range of testing options available that could be deployed individually or in combination to strengthen 'Test to Find'. Case ascertainment is a critical means of containing transmission and as the recent TAG modelling paper illustrates case ascertainment combined with an effective contact tracing system can make a significant contribution to R. The testing options available include:

- Deployment of additional RT-PCR testing capacity through Mobile Testing Units
- Active promotion of home testing akin to the 'Project Eagle' methodology that has been used in England
- Active promotion of lateral flow testing through community collect approaches
- The establishment of Asymptomatic Testing sites.

The testing approach adopted will depend upon the specific context of the incident or outbreak but Prevention and Response Plans should articulate how each of these mechanisms could be used. For each testing option detailed SOPs, communications materials and guidance are available nationally and can be adapted to suit local needs. A quantifiable as well as qualitative commentary on what levels of infection and whether they are considered to be under control or live in the community would help to shape these plans

5. Prevention

There is a need for a proactive collaborative approach to prevention with a continued focus on identifying and protecting the most vulnerable people in society disproportionately affected by COVID-19 as defined by age, ethnicity and social status.

The plan should describe the approach to risk assessment based on local knowledge. To ensure that you are sighted on all risks in your area. The Welsh Government has requested that you consider the Wales Covid-19 Risk Assessment undertaken by military liaison colleagues. Please liaise with the LRF Coordinator for your area to obtain these.

The region should describe how information from partners is triangulated to identify key places, sectors that may be at higher risk of transmission such as schools, large workplaces, hospitality industry and other places where large numbers of people congregate and the steps being taken to mitigate risks as far as possible.

The region should confirm how it will work with their key partners and sectors such as hospitality industry, schools, universities etc, to ensure that the local infrastructure is prepared and able to contain the virus, preventing/reducing any potential escalation, incidents and outbreaks.

Other areas for consideration, when scenario planning has completed, include developing plans for mass vaccination in readiness for a COVID-19 vaccine; and plans to maximise the routine influenza vaccination programme to limit impact on the NHS.

The plans should describe how partners will work together to enable a safe, consistent and evidence based approach to put in place sector-specific measures. For e.g. enabling safe visiting in residential and care homes, prisons and work places.

6. Mitigation and Control

There is a need to reinforce the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes) in order to combat the spread of COVID19.

Working with high risk premises and industries should be included in the plan e.g. care homes, holiday parks, meat processors and food manufacturers, schools, universities.

Working with local communities will be essential and the plan should outline how collaboration using existing local community networks and partnerships with the voluntary sector can be used. Although there is legislation available to respond to non-compliance of the primary control measures it is envisaged that there will be the need for persuasion and reinforcement of rules in settings and communities. The plan should describe, how and who would be deployed for the persuasion and reinforcement activities.

Arrangements and responsibility for the use of existing enforcement powers, should the need arise, should also be described.

7. Communication, including behavioural insight

There is a need for ongoing clear and effective communication which is coordinated between all sectors and which is aligned to national activity.

The region should describe how it will:

- Achieve consistency of messages across multiple incidents/outbreaks within the region, consistency across regional borders and with national messaging, including alignment to 'Keep Wales Safe' messages.
- Avoid creating new campaigns where national frameworks exist, including 'Keep Wales Safe' and 'Test, Trace, Protect'. Regional communications teams should tailor materials as appropriate to their local audiences, however greater impact will be achieved through consistent alignment
- Use a range of local, regional channels and stakeholder networks to deliver focussed messaging to areas of greatest risk
- Use a range a local, regional channels and stakeholder networks to deliver targeted communication in the event of incidents
- Evaluate how its communications leads to drive increased knowledge, confidence and compliance in local communities
- Use a range of Risk Communication and Behavioural Insight (RCBI) techniques to increase community acceptance of control measures, reflecting on insight derived from evidence.

There should be a multi-sectoral communications strategy developed and the communication action plan should give a clear indication of which organisation leads on each element. Appropriate communications resource should be allocated, including appropriate out-of-hours provision.

8. Implementation, Review and Learning

Once developed and approved the Local Covid-19 Prevention and Response Plan should be implemented fully. All decisions to employ additional control measures and restrictions to respond to emerging situations should be based on the principles outlined in the national control plan. There should be a regular review of the plan through regional structures to assess effectiveness of implementation or the need for change. It is also expected that the plan will be reviewed in response to emerging regional issues (e.g. any mass gathering event) where there is potential impact on case numbers.

The plan should summarise the local arrangements for undertaking review and learning, so as to inform local and national structures and capture learning to assist in the development of practice and the strategic management of risk.

New learning is being shared all the time. This includes learning from other parts of the UK including from the Local Government Association. This will be shared to compliment this guidance. All partners are encouraged to review and apply such information as it becomes available.

9. Remobilisation

The Plans should include a specific section on (re)mobilisation of all necessary resources to respond effectively to any resurgence of cases. That should detail the leadership and structures

necessary to support mobilisation of staff, facilities, TTP, testing capabilities, IT support, compliance and enforcement etc and oversee the public health response

Submission of completed Plans

The Welsh Government has asked that the revised plans are developed and submitted to Welsh Government by **Friday 21 May 2021.**

Plans should be e-mailed to:
HealthProtection@gov.Wales

10. Summary Checklist and actions by suggested heading

To assist with your planning and submission, a short checklist has been developed which should be completed.

Local Planning and Response Structures, Roles and Responsibilities	
Outline of local structures, roles and responsibilities	
Each local plan should describe the identified lead with overall responsibility and oversight of the Prevention and Response	
Structure for local decision making and the delivery of response, including:	
- organogram	
- planning and response lead(s)	
- governance arrangements	
- summary of named leads and their key responsibilities for each Section of work or workstreams at local and regional level	
Local triggers for escalation	
Multi-Agency Strategic Regional TTP Oversight Group in place which is adequately resourced	
Effective information flows to multi-agency partners in LRF and SCG/RCG structures to ensure adequate situational awareness	
Surveillance	
Outline of how epidemiological surveillance informs sensitive early warning systems for recognition of community transmission	
Sources of surveillance data which will be reviewed to inform local risk assessments and response	
Systems for linking cases and for identification of clusters	
Protocol for regular Situational Awareness process – which include hospital and healthcare data	

Management of Clusters, Incidents and Outbreaks	
Agreed protocol for the management of clusters, incidents and outbreaks in community and key settings	
Have named leads for the management of clusters, incidents and outbreaks in line with the Communicable Disease Outbreak Plan for Wales	
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	
Describe how to call on broader partners to respond to multiple complex incidents	
The arrangements for escalation to SCG/RCG members and the Welsh Government	
Sampling and Testing	
Local arrangements for sampling and testing	
Sampling and testing arrangements for large outbreaks and incidents if local capacity exceeded	
Prevention	
Collaborative arrangements for identifying and protecting the most vulnerable people in society	
Approach to risk assessment based on local knowledge	
Identification of key places and sectors that may be at higher risk of transmission	
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	
Mitigation and Control	
Assessment of primary control measures in key settings and ensure promulgation of advice related to transmission	
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	

Local communities plans outlining collaborations between existing local community networks and partnerships and with the voluntary sector	
Reinforcement arrangements if non-compliance with control measures	
Plans for enhanced enforcement and communication in response to escalating incidents	
Arrangements for potential quarantining of arriving travellers and crew	
Communication	
Multi-sectoral communications strategy aligned to national strategy and outbreak control communications strategy	
A communication action plan should give a clear indication of which organisation leads on each element	
Description of communications leadership and infrastructure, including names and contact details of key communications leads for each partner organisation, including out-of-hours arrangements	
Summary of the communications channels relevant for regional/local dissemination, including methods for reaching specific groups	
Summary of key community stakeholders (community groups, MSs, MPs, special interest groups) along with an identified agencies responsible for informing and updating	

Implementation, Review and Learning	
Implementation timetable of the prevention and control plans with clear milestones and outcome measures	
Schedule for review of effectiveness of implementation of plans	
Arrangements for undertaking review and learning	

Checklist Version v0.2: 2 May 2021

Llywodraeth Cymru
Welsh Government

Wales Strategic Co-ordination Group Chairs
Wales Recovery Co-Ordinations Group Chairs

Via email

30 April 2021

Dear SCG and RCG chairs,

The Covid 19 pandemic is unprecedented and has challenged UK Civil Contingencies legislation, doctrine and thinking. In our view the UK Civil Contingencies principles have proven to be fundamentally sound. In particular the principles of scalability, flexibility and subsidiarity. However, we often encounter situations which are not easily categorised under the accepted approach and the need to manage these 'grey' areas effectively is vital. This is characterised by how we manage the transition from response to recovery.

Given that Covid is still a considerable risk which may emerge rapidly in our communities there is a clear need for continued surveillance and the ability to mobilise a response quickly. We have all had discussions around the requirement for clear governance and clarity in roles and responsibilities. As we transition from Strategic Co-ordination Groups (SCGS) to Recovery Co-Ordinations Groups (RCGS) we must ensure that there are no gaps in the governance and that we are able to respond to covid as the new normal.

We ask for assurances from partners on a common understanding of the functions RCGs will discharge. Based on our discussions and analysis of the transition plans, we believe that RCGs will provide the tactical level support to set and provide direction and coordinate the ongoing multi-agency response to the Covid emergency.

From an operational perspective, RCGs will maintain tactical oversight over operational structures such as prevention and surveillance groups, regional IMTs (as and when they are stood up) and the variety of NPI responses. Combining the response to covid as endemic in the community and the work required to recover from covid in its initial pandemic phase.

In terms of reporting from partners to Welsh Government, we will establish a regular RCG Chair meeting to discuss the national picture and allow for escalation of any risk or issues. As this work evolves we will also establish a reporting structure to ensure RCGs are able to highlight any issues to WG as and when RCGs meet.

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For our part, we will also review our internal arrangements to ensure that the necessary arrangements for sharing operational intelligence are in place without them being overly burdensome. We will also provide a direct conduit for RCGs and their sub regional structures into Welsh Government through our WGLOs. We consider that this should provide the appropriate level of support and critical challenge whilst at the same time recognising and respecting your responsibilities as Category One responders to recovery in your areas.

Further to this, we would like to facilitate a series of table top exercises to provide assurances and test arrangements for events such as a significant variant of concern or a third wave.

We will continue to keep this work under active observation to ensure we are agile in our response.

Yours sincerely

REG KILPATRICK
Director General, Covid Crisis Coordination / Cyfarwyddwr Cyffredinol, Cydlynu Argyfwng Covid

The West Wales Regional IMT (Prevention & Response Partnership)

Partnership of the:

Hywel Dda University Health Board

Carmarthenshire County Council

Ceredigion County Council

Pembrokeshire County Council

Local Public Health Wales Team & Health Protection

Local (COVID-19) Prevention and Response Plan (2021/22) – Part 1

June 2021

(Subject to appropriate approvals by individual partnership organisations)

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Part 1 - West Wales Prevention & Response Plan

Introduction

As Chair of the West Wales Regional IMT (previously the Prevention and Response Regional Oversight Group for the Hywel Dda region), which incorporates Hywel Dda University Health Board (the Health Board), Carmarthenshire County Council, Ceredigion County Council and Pembrokeshire County Council and Public Health Wales, a warm welcome to our refreshed COVID-19 Prevention and Response Plan. The COVID-19 pandemic has continued to test and challenge partners across the Region to respond in a co-ordinated way however the collaborative way of working and our inclusive “we are in it together” approach in West Wales has held us in a very strong position particularly over the last six months. Our strong ethos of partnership working completely underpins this plan and our entire COVID-19 pandemic response over the last 16 months.

What we are trying to achieve - we wish to prevent, control where we need to but ultimately aim to manage COVID-19 infection and transmission within our communities as we transition from a pandemic to endemic disease. This proactive and reactive plan is the second iteration by our evolving partnership to pull together into one place our collective response and how we are continuing to plan, and work in a collaborative way to help control, mitigate for future community transmission and protect the health of our population and those visiting the area of West Wales.

We have referred to the refreshed guidance and will take account of the factors required, most notably being:

- Availability of different types of testing modalities e.g. Lateral Flow testing, Reflux PCR assay to detect variants
- Expanded genomic sequencing and surveillance capacities
- Emergence and establishment of Variants and Mutations of Concern (VAMC)
- Roll-out of and expansion of vaccination programme
- Workforce availability and sustainability
- NHS and Social care capacity and pressures
- Ability to respond at pace to increasing community prevalence or a significant VAMC

Once again, due to the nature of this very fast moving and changing landscape we want to ensure that our plan is futureproofed wherever possible and is not out of date as soon as it is written. So across our partnership we have determined, through co-production our structure and format, which you will see described in the sections shown below on our ‘Plan on a Page’ and that the detailed substance of our plan, our supporting evidence, which may be subject to change, as we move through the coming weeks and months, in appendices and embedded documents. Putting it simply our Prevention and Response plan remains a live, dynamic, working document that uses appendices to keep it as up to date as far as we reasonably can.

How our plan should be read/used - each section has been clearly identified, as per our Plan on a Page, with some overarching, strategic narrative by way of an introduction to the key headlines and critical issues. Our Plan on a Page describes clearly the sections our partnership currently wishes to include in our Prevention and Response Plan and aims to align to the revised guidance where appropriate.

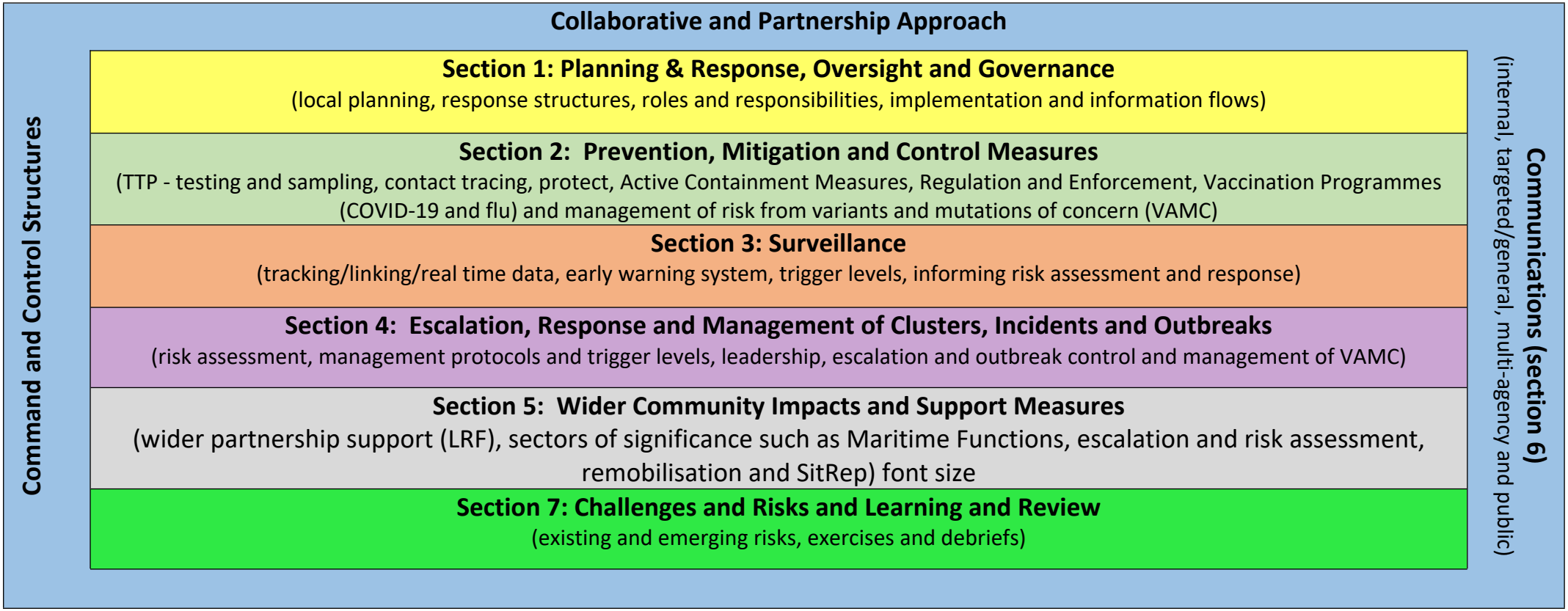
You can see from the Plan on a Page diagram below that the plan are surrounded by the same three cross-cutting themes that were key for our first iteration, these being:

- Collaborative and partnership approach
- Command and control
- Communications – for this purpose we have developed a Regional Communications Plan (see supporting document in section 6)

We want to ensure at a national level that the collaborative approach taken by the partnership across the Hywel Dda region is clearly understood.

There are obvious references to the command and control within this plan, particularly where we are planning to respond to an acute or emerging incident. The fact that we have been in a pandemic situation for some months now, and our response has been more chronic than acute we have to be sure that we are clear when partners need to respond to an incident which is acute in nature and the roles and responsibilities of each partner organisation.

We believe that effective communication completely underpins successful prevention and mitigation strategies and operational response, especially in a multi-agency setting – this is why communications forms our third cross-cutting theme. Effective communication is so crucial, and covers so many sources and audiences, we have decided to dedicate a whole section (section 6) to describe the key headlines and relevant issues in addition to a refreshed Regional Communications Plan, which has again been developed in a collaborative way through the West Wales Regional Communications Cell. This may also be subject to further change over the coming weeks.



The summary section below references the Revised Public Health Wales (PHW) Prevention and Response Planning Guidance and we have attempted to signpost you to all relevant sections and indicate where further work is required.

As a region we must be cognisant of the need for the Prevention and Response Plan to fit with other COVID-19 related policy documents that have developed, along with the wider requirements for the planning of services during this pandemic, as exemplified by our response to the operational framework issued by Welsh Government, and the need to maintain essential services, retains flexibility and adaptability to changes in community transmission rates of COVID-19 but also reflects the need to consider 4 types of harm and address them all in a balanced way.

Harm from COVID itself

Harm from overwhelmed NHS and social care system

Harm from reduction in non-COVID activity

Harm from wider societal actions/lockdown

Kind regards
Ros Jervis
Executive Director of Public Health (Hywel Dda University Health Board) and Chair of the West Wales Regional IMT

Summary

The aim of the table below is to provide a cross-reference between the checklist as set out in the guidance document 'Guidance for Revising Local COVID -19 Prevention and Response Plans ' and the response within the West Wales Prevention and Response Plan (2021/22). Please note that this plan has been split into two parts, simply for ease of sending this comprehensive document.

Local Planning and Response Structures, Roles and Responsibilities	
Outline of local structures, roles and responsibilities	Section 1, pages 9-17
Each local plan should describe the identified lead with overall responsibility and oversight of the Prevention and Response	Introduction, pages 2-5 Pages 9, 11, 12, 15, 27, 28, 29, 48, 49, 50
Structure for local decision making and the delivery of response, including:	
- organogram	Section 1, pages 9 - 17
- planning and response lead(s)	
- governance arrangements	
- summary of named leads and their key responsibilities for each Section of work or workstreams at local and regional level	
Local triggers for escalation	
Multi-Agency Strategic Regional TTP Oversight Group in place which is adequately resourced	Section 1 pages, 9, 10, 14
Surveillance	
Outline of how epidemiological surveillance informs sensitive early warning systems for recognition of community transmission	Section 3, pages 37 - 45
Sources of surveillance data which will be reviewed to inform local risk assessments and response	
Systems for linking cases and for identification of clusters	
Protocol for regular Situational Awareness process – which include hospital and healthcare data	
Management of Clusters, Incidents and Outbreaks	
Agreed protocol for the management of clusters, incidents and outbreaks in community and key settings	Section 4, pages 46 - 57
Have named leads for the management of clusters, incidents and outbreaks in line with the Communicable Disease Outbreak Plan for Wales	
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	
Describe how to call on broader partners to respond to multiple complex incidents	Page 16, section 4 & 5 pages 46 - 61
The arrangements for escalation to SCG/RCG members and the Welsh Government	

Sampling and Testing	
Local arrangements for sampling and testing	Section 2, pages 18 - 21
Sampling and testing arrangements for large outbreaks and incidents if local capacity exceeded	
Prevention	
Collaborative arrangements for identifying and protecting the most vulnerable people in society	Section 2, pages 22 – 25, 27 Section 5, page 60
Approach to risk assessment based on local knowledge	
Identification of key places and sectors that may be at higher risk of transmission	
COVID-19 Mass vaccination plans and plans to maximise the routine influenza vaccination programme to limit impact on the NHS	Section 2, pages 28 - 36
Mitigation and Control	
Assessment of primary control measures in key settings and ensure promulgation of advice related to transmission	Section 4, pages 46, 49, 50
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	Section 2, pages 22 - 25
Local communities plans outlining collaborations between existing local community networks and partnerships and with the voluntary sector	Section 2, page 27
Reinforcement arrangements if non-compliance with control measures	Section 2, pages 26, 27
Plans for enhanced enforcement and communication in response to escalating incidents	Section 1, pages 16, 17 Section 2, pages 48, 51, 52, 53, 54 plus Section 6 on communication
Communication	
Multi-sectoral communications strategy aligned to national messages developed	Section 6, pages 62 - 65
A communication action plan should give a clear indication of which organisation leads on each element	
Description of communications leadership and infrastructure, including names and contact details of key communications leads for each partner organisation	
Summary of the communications channels relevant for regional/local dissemination, including methods for reaching specific groups	
Summary of key community stakeholders (community groups, MSs, MPs, special interest groups) along with an identified agencies responsible for informing and updating	

CONTENTS

Part 1- West Wales Prevention & Response Plan

Section 1: Planning & Response, Oversight and Governance (local planning, response structures, roles and responsibilities, implementation and information flows)

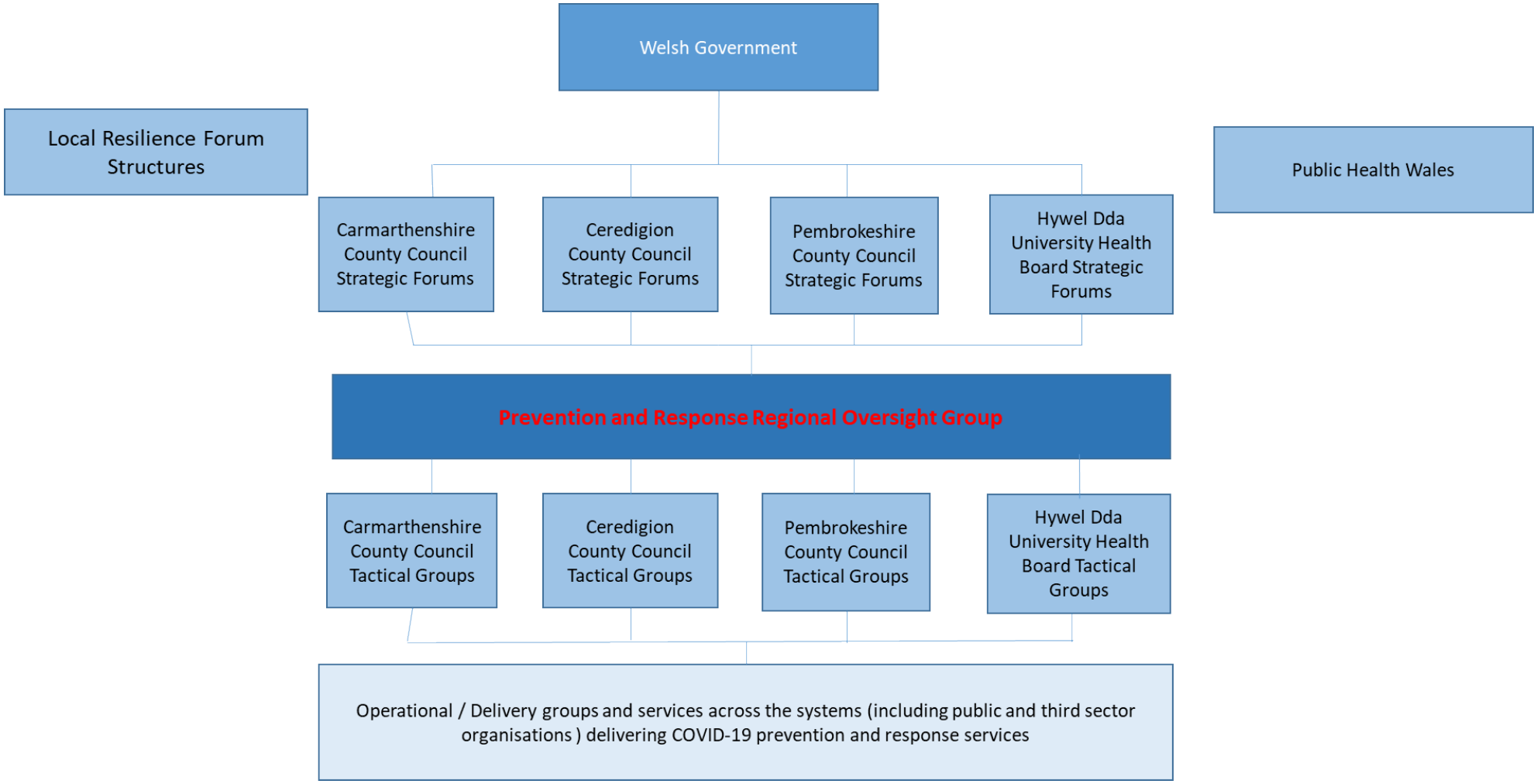
In this section we wish to explain the overarching governance and infrastructure established for planning and our response to COVID-19 across West Wales. This has evolved since the first iteration of the Prevention & Response Plan the Hywel Dda partnership. We have kept our inserts to those groups and structures that are key, for all partners involved in the West Wales response, and relevant to achieving the overarching aim we have set out in this Plan. Please note that the information contained in this section is liable to change further groups and structures adapt and are re-purposed to manage ongoing and emerging risks.

Prevention and Response Governance across West Wales

A real strength to the model that has been adopted across Wales has been the focus on both planning on a regional footprint and the responsiveness by key organisations within these regional structures to work together as a collective to meet the needs and demands of our COVID-19 (and non-COVID-19) response for our communities.

The first structure chart tries to display the regional space in context to its interface with national and local structures – key to this working is the West Wales Regional IMT (recently re-purposed from the Prevention and Response Oversight Group) to provide 'continuity, resilience and sustainability to our collective planning and on-going response.' The current Terms of Reference is embedded below:

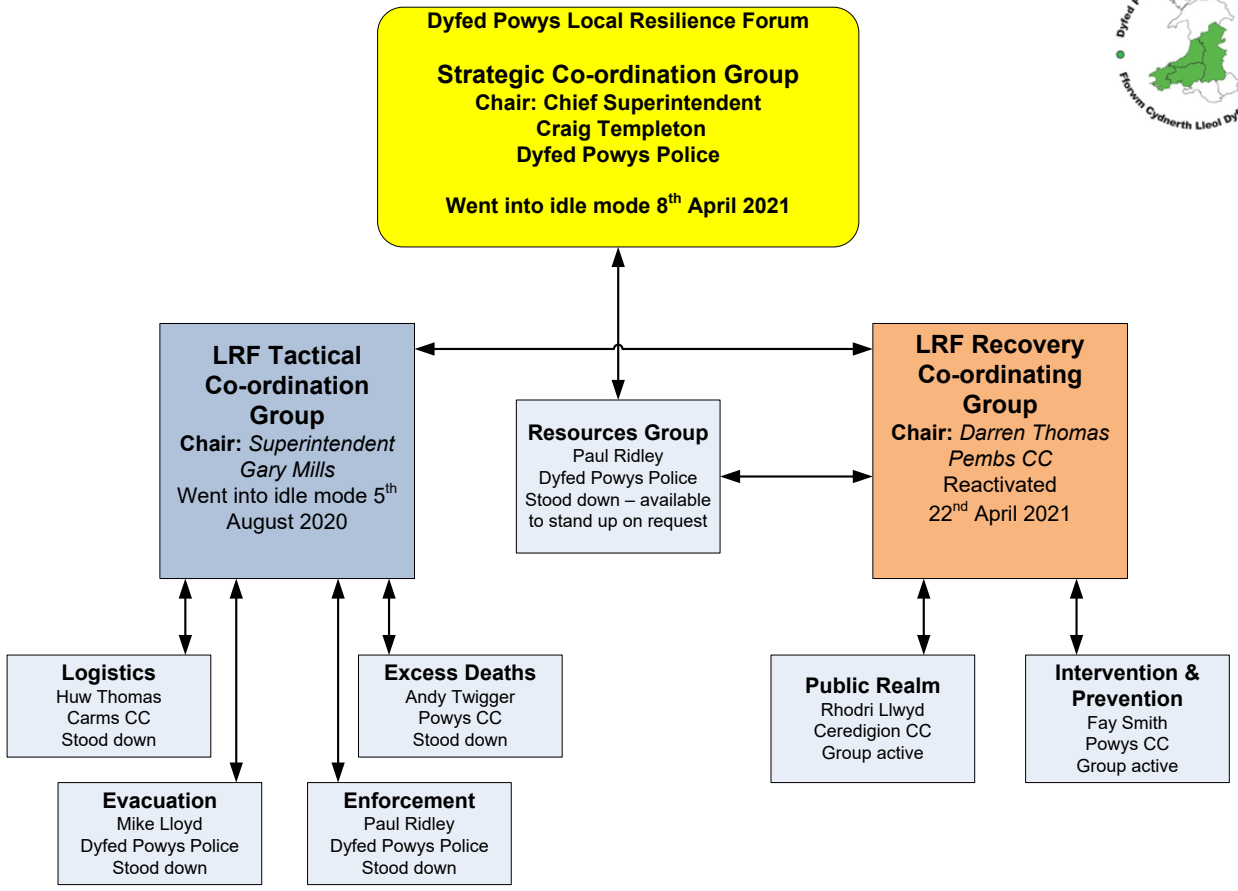
Supporting Document
West Wales Regional IMT third draft TORs I **West Wales Regional IMT Terms of Reference**


Welsh Government
Local Resilience Forum Structures
Public Health Wales
Carmarthenshire County Council Strategic Forums
Ceredigion County Council Strategic Forums
Pembrokeshire County Council Strategic Forums
Hywel Dda University Health Board Strategic Forums
Prevention and Response Regional Oversight Group
Carmarthenshire County Council Tactical Groups
Ceredigion County Council Tactical Groups
Pembrokeshire County Council Tactical Groups
Hywel Dda University Health Board Tactical Groups
Operational / Delivery groups and services across the systems (including public and third sector organisations) delivering COVID-19 prevention and response services

Dyfed Powys Local Resilience Forum

It is critical that whilst we continue to work across our partnership in a proactive way to prevent transmission of COVID-19 and mitigate and respond to cases and clusters of infection and manage incidents, we must be cognisant of potential wider implications for civil contingencies. We must therefore be clear as a partnership in terms of escalation routes and understand when it may be appropriate to seek the support of our partners to manage these issues. We have included our governance structure and escalation processes where relevant throughout this plan. As detailed, across West Wales the Regional IMT focuses on dealing with the emergence of any health related COVID-19 matters but will refer/escalate any issues requiring wider partner involvement to the LRF where it will be taken through the appropriate Co-ordination or Sub Group. This process is well embedded, and continues to work well and can be demonstrated via examples such as development of testing & vaccination venues and the Baltic Mariner I response.

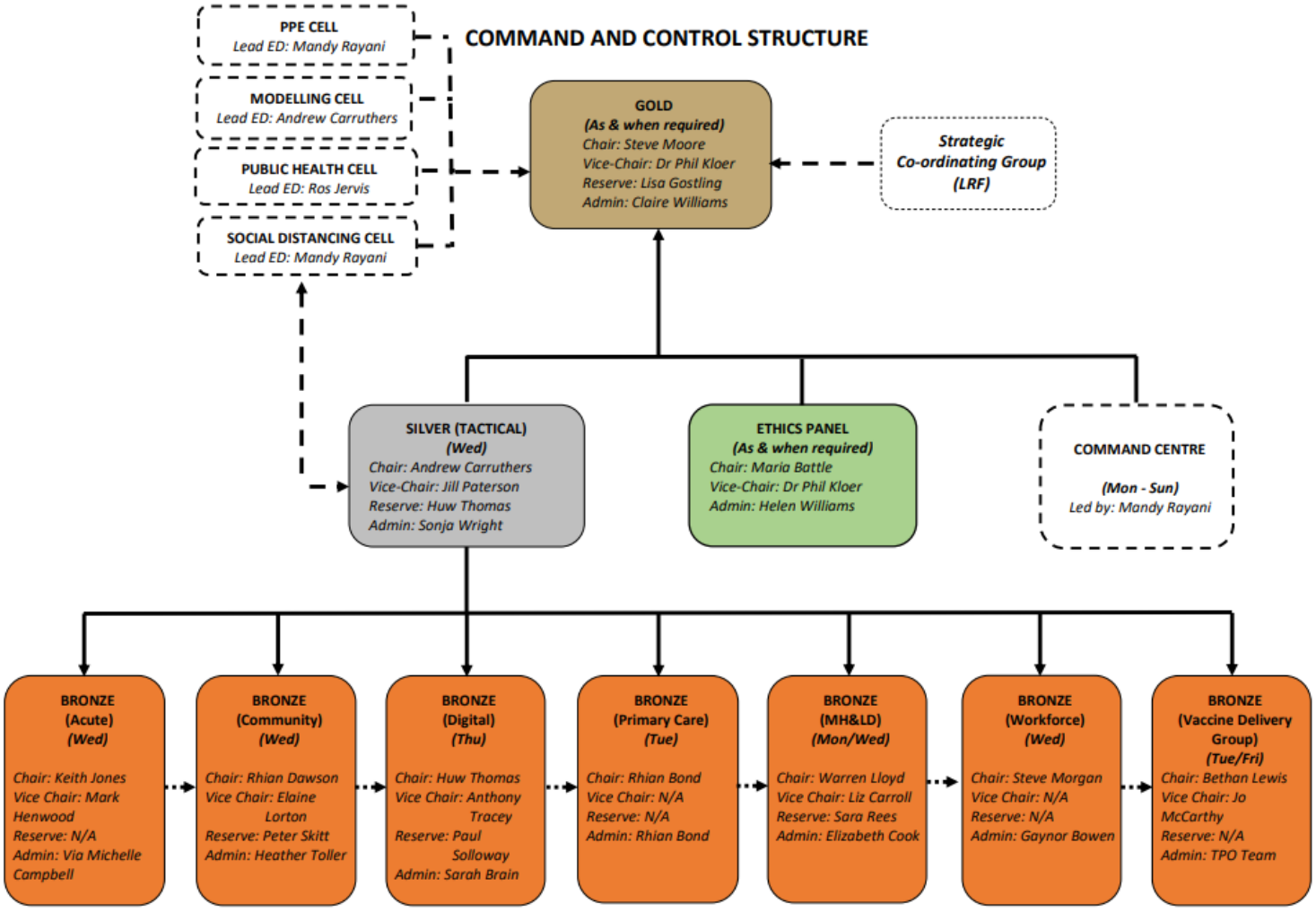
The relationship, and COVID-19 structures in place made up of the Health Board and the three Local Authorities (Carmarthenshire; Ceredigion; and Pembrokeshire) together with other partner agencies, through the Dyfed Powys Local Resilience Forum (LRF) is shown below:



The Health Board Internal Command and Control

In order to deal with the unprecedented crisis in facing COVID-19, the Health Board has put in place a Command and Control Structure in order to deal with the key Strategic (Gold); Tactical (Silver); and Operational (Bronze) issues and decisions. The structure in place, is diagrammatically shown below, followed by a brief explanation of the remit of these key groups.

Annex i



Strategic/Gold (What)

- The purpose of the Strategic/Gold Group is to take overall responsibility for managing and resolving an event or situation. Establishing a framework of policy within which tactical managers will work by determining and reviewing a clear strategic aim and objectives.
- The Strategic/Gold Group has overall control of the resources of the Health Board and should ensure sufficient resources are made available to achieve the strategic objectives set, also considering the longer term resourcing implications and any specialist skills that may be required.
- This level of management also formulates media handling and public communications strategies, in consultation with any partner organisations involved. The Strategic/Gold Group will also ensure the Health Board's image and reputation is safeguarded.
- The Strategic/Gold Group will then delegate actions to the Tactical/Silver Group for them to implement a Tactical Plan to achieve the Strategic aims. All Strategic actions should be documented to provide a clear audit trail.

Out of Hours/Urgent Decisions required

- Out of hours the Executive Director/Director on call has the authority to make the decision on behalf of Gold, however advice should be sought from the relevant affected Executive Directors before this decision is made and communicated. There will also be times when urgent decisions will be required to be made in between gold meetings and in these cases Chair's actions can be utilised. The Chair/Vice Chair/Reserve Chair with support of the Board Secretary will enable this decision to be made, reported and recorded at the next Gold meeting.

Tactical/Silver (How)

- Responsible for developing and implementing a Tactical plan to achieve the Strategic direction set by the Strategic/Gold Group and will be required to work within the framework of policy outlined at the Strategic level. This is essential to ensure a consistent and co-ordinated response within an ethical framework.
- They provide the pivotal link between Strategic/Gold and Operational/Bronze levels. Tactical/Silver should oversee, but not be directly involved in, providing any operational response at the Operational/Bronze level.

Operational/Bronze (Do it)

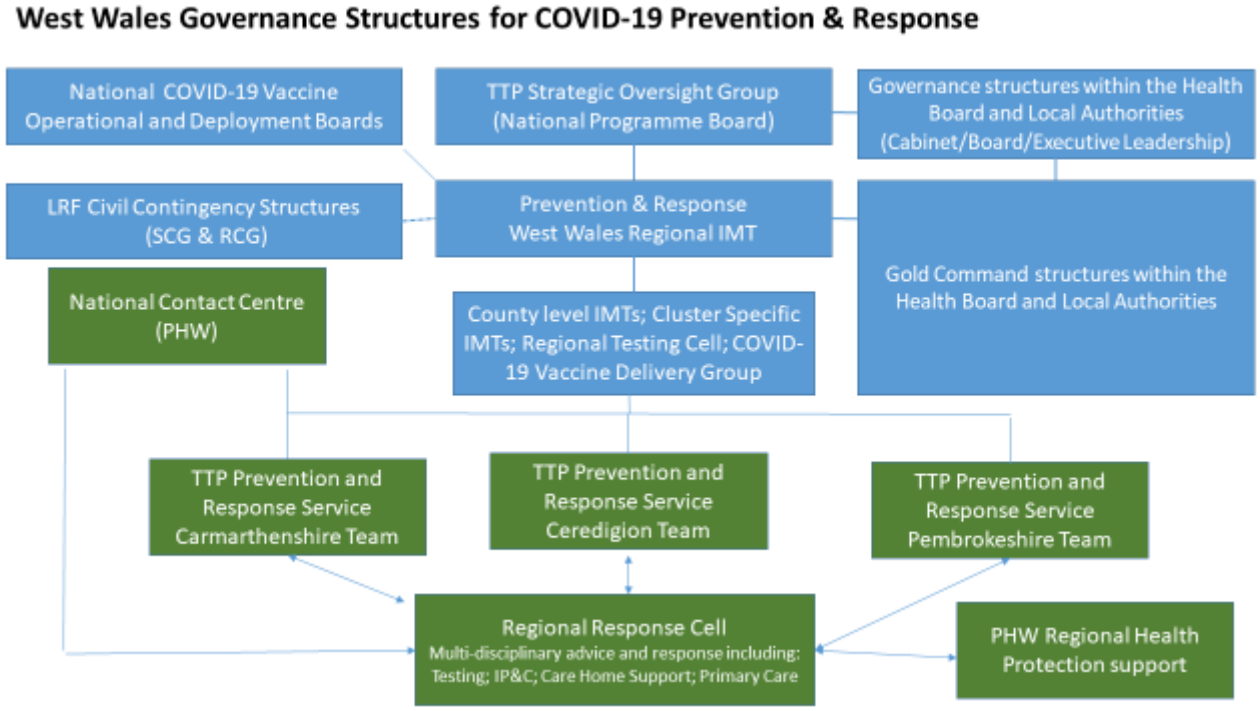
- This level responds to events at the operational level as they unfold. The term Bronze refers to Operational teams who will manage the physical response to achieve the tactical plan defined by Silver.
- Controlling the management of resources within their given area of responsibility. There may be several Bronze groups based on either a functional or geographic area of responsibility.

Clinical Ethics Panel

- The purpose of the Clinical Ethics Panel (CEP) is to provide ethics input into Health Board policy and guidelines, support health professionals with ethical issues arising within patient care and facilitate ethics education for health professionals and other Health Board staff.
- The CEP will not provide legal advice, advise on research ethics or advise on specific issues of resource allocation.
- The aim of the advice provided by the CEP is to be consultative rather than prescriptive. Where advice is required before the next scheduled meeting of the CEP, a sub panel can be convened by the Chair or Vice Chair to represent the CEP. This sub panel must report to the full CEP at the next scheduled meeting.

Governance and response structures for COVID-19 Prevention & Response across West Wales

The Hywel Dda TTP governance structure is shown below. Please note that the Regional Oversight Group has now been re-purposed to provide oversight of the whole system-wide response to the pandemic including the Prevention and Response Plan. The group is now known as the West Wales Regional IMT.



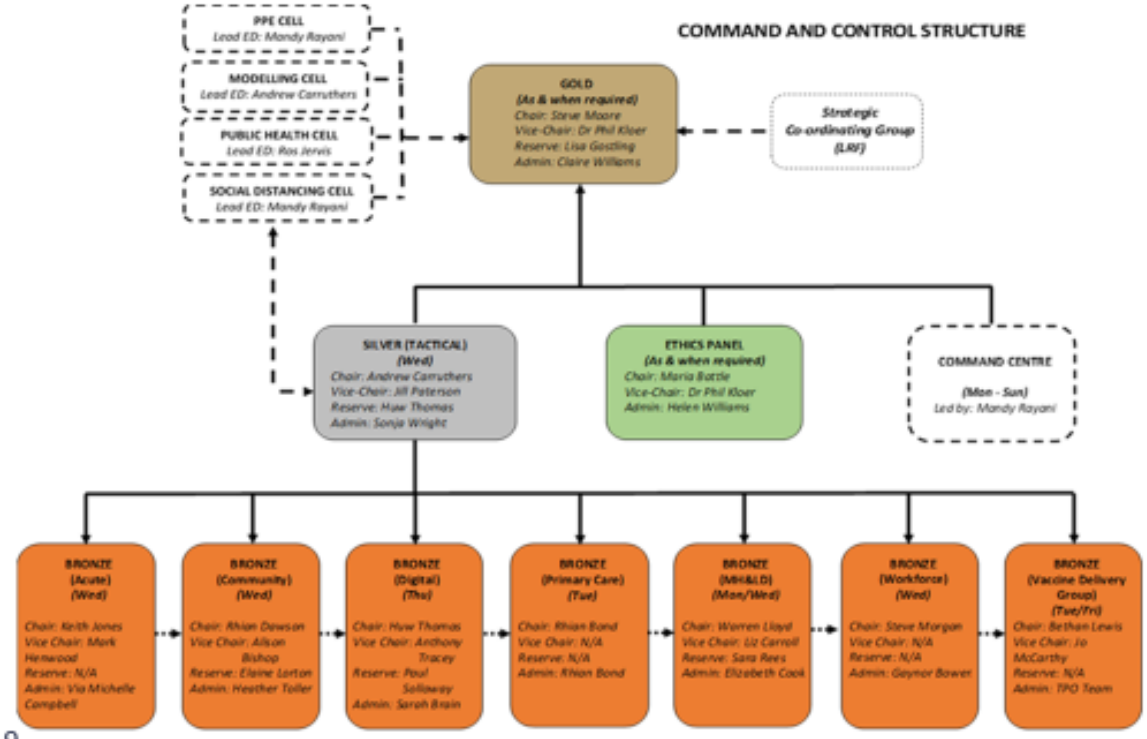
The COVID-19 Vaccination Programme

Our Vaccination and Immunisation response is going to be absolutely critical to our overarching ambition of preventing transmission, poor outcomes from contracting COVID and ultimately control of COVID-19 in our communities. We are having to be agile in the way we co-ordinate our response and innovative in the way we use available resources across our region to respond not only for the mass vaccination of our population with the COVID-19 vaccines
But also the delivery of future Influenza Vaccine Campaigns to minimise influenza transmission within at risk and key groups during the flu (and winter) season.

GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Diogel Safe · Cynaliadwy Sustainable · Hygyrch Accessible · Caredig Kind

2.2 – Governance structure



Covid-19
Vaccination Delivery Programme

Dyfed Powys Local Resilience Forum (LRF)
Local Resilience Forums (LRFs) are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, Natural Resources Wales and others. These agencies are known as Category 1 Responders, as defined by the Civil Contingencies Act. The geographical area the forums cover is based on police areas so for Hywel Dda this is Dyfed Powys.

LRFs also work with other partners in the military and voluntary sectors who provide a valuable contribution to LRF work in emergency preparedness.
The LRFs aim to plan and prepare for localised incidents and catastrophic emergencies. They work to identify potential risks and produce emergency plans to either prevent or mitigate the impact of any incident on their local communities. The LRF structures also provide the ability to respond to concurrent incidents/emergencies whilst maintaining the existing COVID-19 response, mitigation and control measures. This can be evidenced by the 'no-notice' use of the Home Office of the Penally Camp for asylum seekers and also the Llangennech train crash. During both these events, command and control structures were stood up, whilst also responding to the pandemic. All key partners contributed and demonstrated the excellent collaborative approach across the Region.

Dyfed Powys LRF formally stood up its Command and Control Structures, with the activation of a Strategic Co-ordinating Group on 10th March 2020. Chaired by the Assistant Chief Constable, the group continued to meet until it was formally put into idle status on 4th August 2020 handing over to the Recovery Co-ordinating Group. The Strategic Co-ordinating Group was then reconvened to respond to the second wave of infection on 20th October 2020 with the Recovery Co-ordinating Group moving to idle status as a second response phase was re-activated. Following easement of the second wave, the Strategic Co-ordinating Group was once again idled (April 2021) to facilitate the focus back to Recovery. A Tactical Co-ordinating Group and associated working sub-groups have continued to support the LRF response as required (please see Dyfed Powys LRF COVID-19 Structure diagram earlier in this section). The LRF adopts a flexible approach to moving between appropriate response levels and structures to suit the events at the time. This has allowed a seamless transition between response and recovery during the phases and waves of the pandemic.

Activation – the LRF has an agreed Emergency Command Protocol (see supporting documentation) which details the agreed procedure for activation of the Strategic Co-ordination Centre (SCC) and convening a Multi-agency Co-ordinating Group and/or Strategic Co-ordinating Group (SCG) meeting in the event of a potential, developing or actual Major Incident/Emergency. This procedure dovetails with the Communicable Disease Outbreak Plan for Wales 2020, which also details in Part 7 the linkages to civil contingencies structures and activation of a Strategic Co-ordinating Group. This is likely to be required when the nature and scale of the communicable disease outbreak overwhelms services, or where it creates wider strategic issues or risks that may have a serious impact on the public. The LRF utilises a text alert system for activation of the Strategic & Tactical Co-ordinating Groups, and this process is tested 3 times a year via Exercise Wales Connect.

Business Continuity Planning
The Health Board has been proactively developing robust business continuity plans across all services for some years. Within each service level plan, a scenario has been considered where there is lack of availability of staff due to a pandemic event. These plans have been referenced during the COVID-19 pandemic and formed the basis of local response arrangements. Lessons learned from the pandemic will be included in forthcoming business continuity plan reviews.

Business continuity plans have evolved significantly during the pandemic and methods of working adapted to respond to the situation e.g. significant increase in staff working from home. This has been facilitated by the roll out of remote Information Technology access which has supported the change in working patterns.

West Wales Regional Communications Cell

The partnership approach to our prevention and response is supported by a regional Hywel Dda COVID-19 Communications Cell, which reports into the Regional IMT. The cell is made up of communication leads from the health board and three local authorities, as well as from Dyfed Powys Police, and further education providers in the region. The group meets weekly and is guided by a joint communication plan. The aim is to plan, co-ordinate and deliver consistent communications to our community aimed at keeping them safe. Members of the group share responsibility for attending other national and local command and control and warning and informing meetings in order that intelligence can be shared and acted upon quickly. The plan is live and evolving according to local reactive situations, as well as proactive scheduling and targeting. It also offers the opportunity of sharing evaluation, monitoring and resources so we can be prudent and effective with our resources.

Section 2: Prevention, Mitigation and Control Measures (TTP - testing and sampling, contact tracing, protect, Active Containment Measures, Regulation and Enforcement, Vaccination Programmes (COVID-19 and flu) and management of risk from variants and mutations of concern (VAMC)

We have come a long way in the nine months since the first iteration of our system-wide COVID-19 Prevention & Response Plan which was developed by the partnership across West Wales. It is clear from the evidence emerging that the COVID-19 vaccination programme is having a major impact on protecting the most vulnerable from poor outcomes, having to go into hospital for care and in the transmission of this virus. We have all learned so much this past year and never has the value of true partnership work mattered so much. We are a very strong partnership in West Wales and whilst we have concerns about restrictions being eased we acknowledge we are entering a very different phase and will need to take a changed approach to risk management as we support the remobilisation across our communities.

This section now reflects this new phase and the adaptations we are making and will continue to develop, in line with the public health situation, to ensure we are taking all reasonable steps to protect the health of the population whilst we remobilise in a safe way.

Testing and Sampling – Test, Trace and Protect Programme
The Health Board has developed a robust testing infrastructure, which has been responsive to the changing expectations from Welsh Government, as the national Testing Strategy has developed. COVID-19 testing is available to anyone who needs it. This now includes the provision of testing to:

- Those with COVID-19 symptoms in the community
- Identified contacts of COVID-19 positive individuals
- Patients prior to surgery, dental treatment requiring anaesthetic and chemotherapy
- All patients on admission to hospital
- All inpatients routinely every five days
- Inpatients when they become symptomatic
- Patients prior to discharge to or admission to a care home, or home with domiciliary care support
- Residents within care homes
- All care home and ward residents/patients and staff in response to outbreaks
- The population as appropriate in response to outbreaks or identification of a variant of concern

- Routine asymptomatic testing with Lateral Flow Devices (LFDs) for health and social care staff, education staff and students, and those who are unable to work from home and their households.

The Health Board is currently using a range of testing methodologies including RT-PCR and point of care testing (POCT). Previously the Health Board also provided antibody testing, which has now been discontinued on a national basis, but remains available for specific cases.

On 15 July 2020, Welsh Government published its first Testing Strategy, setting out the testing priorities as we emerged from lockdown in preparation for the winter. The Strategy required Health Boards to develop local Delivery Plans, which set out clear deliverables, timeframes and current and future planning arrangements. These plans were based on local and regional priorities, to ensure testing capacity was maximised to support changing testing requirements as we moved through the autumn and winter 2020/21. This included the need to be agile and flexible, to respond to any changing circumstances. The Health Board developed its first COVID-19 Testing Delivery Plan in August 2020 and this has been updated on a regular basis in line with changing strategy and local testing requirements.

Welsh Government refreshed the national Testing Strategy in February 2021, which revised the national testing priorities as follows:

- To support NHS clinical care – diagnosing those who are infected so that clinical judgments can be made to ensure the best care
- To protect our NHS and social care services and individuals who are our most vulnerable
- To target outbreaks and enhance community surveillance in order to prevent the spread of the disease amongst the population
- To support the education system and the health and well-being of our children and young people and to enable them to realise their potential
- To identify contacts of positive cases to prevent them from potentially spreading the infection if they were to become infected and infectious, and to maintain key services
- To promote economic, social, cultural and environmental wellbeing and recovery

The Strategy was re-set to five key areas of focus:

- Test to diagnose
- Test to safeguard
- Test to find
- Test to maintain
- Test to enable

Our Delivery Plan was updated in line with the refreshed Strategy and clearly describes the testing demand assumptions developed through local modelling, and the implementation of sustainable sites and methods for testing, to incorporate key cohorts including care homes, schools, tourists and students.

To support the identification and control the spread of the virus, we continue to prioritise the testing of symptomatic individuals, encouraging those with wider symptoms of COVID-19 in our communities to request a test. This enables us to deploy contact tracing to control the transmission of the disease as lockdown measures continue to be eased. The TTP Programme is fundamental to helping us find a way to live with the disease and control the spread of infection.

The vast majority of our community symptomatic testing is now delivered via the UK model with good regional coverage of third party contractor testing sites via a range of drive-through and walk-in facilities. This includes symptomatic members of the public, critical workers, tourists/visitors and students. Testing is also encouraged for all identified contacts of COVID-19 positive cases. Tests are booked through the UK Portal or 119 and swabs are analysed in the Lighthouse Labs (LHLs). Testing is available in Carmarthen, Llanelli, Haverfordwest and Aberystwyth. We also have the ability to rapidly deploy a number of Mobile Testing Units (MTUs) in response to local outbreaks or areas of increased testing demand.

The Hywel Dda region includes a number of university and higher education sites, with significant numbers of students entering the areas of Aberystwyth, Carmarthen and Lampeter in term-time. This is an area of particular concern to the Health Board and its partners, as the majority of these students will be living in houses of multiple occupation or university accommodation, with shared facilities. With university partners, we have developed robust testing processes for students, including the offer of regular LFD testing.

Communications with this audience is enhanced by having membership from further education providers on the Hywel Dda COVID-19 Communications Cell. This has enabled us, via partners, to use official university and college systems of communication with students over testing processes, as well as through influencer links with student welfare representatives and student union leads.

We will also continue to target communications at the tourist industry and visitors over the holiday periods, to enable local testing where an immediate journey home is not practical. Local resources, complimentary of national branding but with local information have been produced by the Health Board communications team, and distributed to key tourist accommodation providers and venues through local authority and established distribution. Dedicated web-pages have also been provided on the health board website and are advertised.

In addition to the UK/third party contractor testing sites, the Health Board has established five Community Testing Units (CTUs) in Carmarthen, Llanelli, Haverfordwest, Cardigan and Aberystwyth. These are predominantly used to deliver asymptomatic pre-operative/pre-treatment testing and have developed one-stop clinics e.g. for pre-chemotherapy and also act as COVID-19 vaccination centres. These CTUs use the Public Health Wales (PHW) system and appointments are booked by the Health Board Command Centre.

CTU staff outreach into the community to provide home testing for those who cannot attend a testing site e.g. those in care homes, the housebound, mariners and arriving travellers with a suspected variant of concern. They also support mass testing of care homes and in-reach into our hospitals to support routine inpatient testing.

Asymptomatic care home staff continue to undertake routine RT-PCR testing via the UK on-line booking system in addition to twice weekly LFD testing. Routine LFD testing has also been implemented for health and social care staff, the education sector and private industry. The Regional IMT took a decision to not introduce permanent asymptomatic testing sites due to the large geographical area and rurality of our region. In place of these, LFD kits can be accessed at the four third party contractor testing sites daily by anyone who is unable to work from home and their households.

The Regional IMT held a multi-agency workshop in April 2021 to discuss a wide range of options for rapid response to future outbreaks, including response to an identified variant of concern (VOC). From this, the IMT has agreed a range of viable options to mobilise in such circumstances (see attached). Wherever possible this will utilise mass RT-PCR testing in order to support genomic sequencing and identify positive cases pre and post infectious period as LFDs are limited in their ability to detect COVID-19 outside of the period of high viral load, only using LFDs where numbers requiring testing are above 1,500-2,000 per day. Mobilisation of any response will be supported by an appropriate level of regional communications specific to the situation. Assurance can be given on this approach as it is currently operational and delivered daily via our Mobile Testing Units which are deployed across Carmarthenshire, Ceredigion & Pembrokeshire.

The Testing Delivery Plan will remain a 'live' plan that will be further developed in line with changing national policy directions and local need.

Supporting Documentation		
COVID Testing Delivery Plan.pdf **Hywel Dda Testing Delivery Plan**	Outbreak management 21 4 21. **West Wales IMT Outbreak Management Options**	https://gov.wales/strategy-evidence-coronavirus **Coronavirus Strategy for Wales**

Contact Tracing

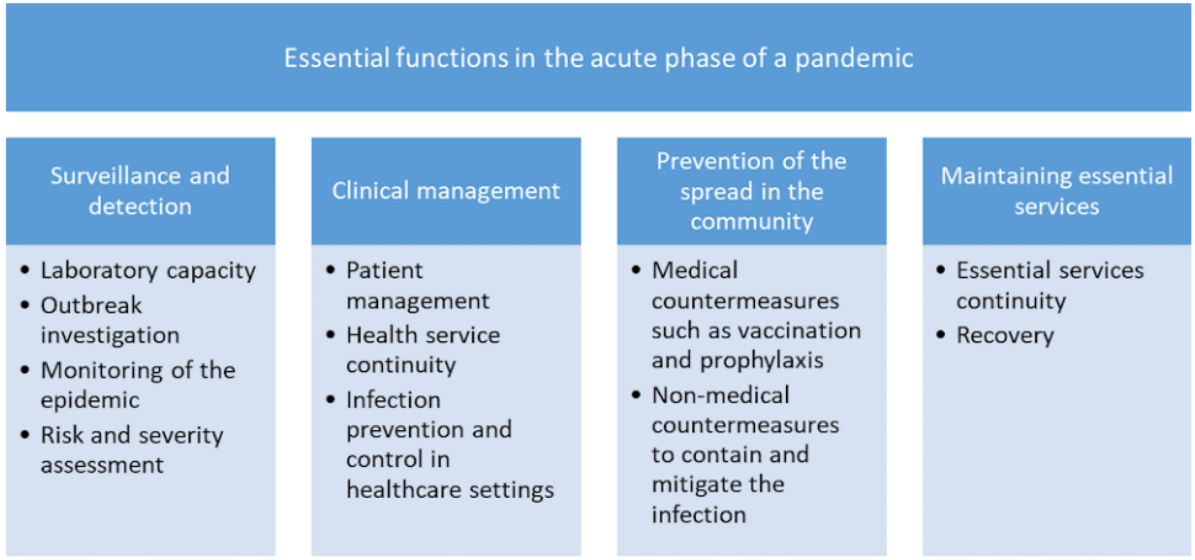
Contact tracing in Hywel Dda has been a partnership approach with the Regional Response Cell, staffed by Health Board and Public Health Wales staff, maintaining oversight of the work of the three local authorities, as well as supporting hospital in-patients and other closed settings. The workload has fluctuated in the last year and this has strengthened the teamwork and plans for managing contact tracing to reduce the transmission. Positive cases are notified to the CRM tracing system via direct feeds from the laboratories. These are initially managed by the local teams who contact both cases and their contacts. Closed settings such as hospitals and care homes are escalated to the RRC for management.

Contact tracing is undertaken as part of the wider evidence base for management of communicable diseases, in particular Pandemics, and is one of the key pillars outlined by the WHO. The World Health Organisation (WHO, 2015)[1] has provided an evidence base for the response to a new pandemic, such as

[1] World Health Organization (2015) "WHO checklist for pandemic preparedness planning" accessed Aug 2020 via https://www.who.int/csr/resources/publications/influenza/WHO_CDS_CSR_GIP_2005_4/en/

COVID-19, which is typically based on four key pillars: surveillance and detection; clinical management of cases; prevention of the spread in the community; and maintaining essential services (see the figure below). Actions across the four pillars complement and closely interact and support one another. For example, containment measures based on identification of cases and contact tracing heavily depend on excellent surveillance and detection infrastructures.

WHO checklist for pandemic preparedness planning (WHO, 2015)



Even with the introduction of an effective vaccine, containment and mitigation measures are the key public health interventions currently available to minimise the dramatic health consequences caused by COVID-19 (WHO, 2020)[2]. More specifically:

- ***Containment strategies*** aim to minimise the risk of transmission from infected to non-infected individuals in order to stop the outbreak. This may include actions to detect cases early on and trace an infected individual's contacts, or the confinement of affected persons.
- ***Mitigation strategies*** aim to slow the disease, and to reduce the peak in health care demand. This may include policy actions such as social distancing, including a full society 'lock-down', and improved personal and environmental hygiene.

Sector Specific Guidance for Test Trace Protect (TTP)

Based on the guidance from WHO, Welsh Government has produced a range of sector specific guidance to support prevention and control of COVID. This section seeks to provide an overview of the sector specific guidance and provide links to the latest versions of the guidance produced to date. The work of the partners has been guided by these documents and seeks to ensure that the most up to date versions are used for decision making.

[2] World Health Organisation (2020) Coronavirus Disease (COVID-19) Pandemic accessed Aug 2020 via https://www.who.int/emergencies/diseases/novel-coronavirus-2019

Educational Settings
https://gov.wales/education-coronavirus

Schools
https://gov.wales/operational-guidance-schools-and-settings
Guidance on the management of schools and students has changed as the evidence on transmission and effective procedures to reduce transmission within schools has grown. The guidance documents seek to support School leaders to put in place proportionate measures to protect children and staff from the risks of infection from COVID-19, but in a way that also enables learners to receive an education that offers a broad and balanced curriculum allowing them to thrive and progress. Schools will have to decide how a combination of measures can be used to best effect to help minimise the risk of transmission in their particular setting.

A prime responsibility of school leaders is to review their risk assessments and health and safety procedures in light of COVID-19 in collaboration with their education departments and trade unions. These essential measures include robust hand and respiratory hygiene, ventilation and increased cleaning arrangements. There should be formal consideration of how to reduce contacts and maximise distancing between those in school wherever possible and minimise potential for contamination so far as is reasonably practicable. People who are unwell with symptoms of COVID-19 should stay at home. Schools in Hywel Dda have and continue to actively engage with Test, Trace, Protect.

Pre-school settings
Childcare is provided in a wide range of settings and caters for children between the ages of 0 to 12. Establishments should carry out risk assessments on an ongoing basis to plan appropriately for individual circumstances. Social distancing measures should be employed so far as is reasonably practical, but it is accepted that this will be harder to maintain in a childcare setting where babies and pre-school aged children are being cared for than in other settings. Therefore, infection prevention and control measures must be increased. Measures that limit the number of contacts that children and adults are important.

If a child/staff member or a member of child/staff member's family is showing symptoms of COVID-19 they should not attend the setting. If a child receiving childcare becomes symptomatic whilst at the setting, the child should be cared for away from other children and a parent/carer should be called for immediately and the child collected and taken home. Settings should actively engage with the Test, Trace, Protect service.

Higher and Post-16 Education
The health, safety and wellbeing of the entire university community will remain the top priority as Higher Education Institutions (HEIs) make preparations to support their students and staff as they plan for a return to face-to-face learning as current restrictions are eased.

It should be possible for institutions to reopen their learning environments, campuses and other facilities while adhering to the physical and social distancing guidance restrictions, other Government guidelines and health and safety legislation, which institutions must have regard to. Planning and understanding the range of measures that will enable reopening in accordance with government guidelines is best done at an institution by institution level based on their own

understanding and assessment of their situation and options. Every institution should ensure they are “COVID Secure” having carried out risk assessments and mitigated them with a combination of controls such as hand and surface hygiene.

International students will need to follow the Welsh Government protocols in place for isolation and testing. Universities and other boarding schools will need to ensure these guidelines are followed as much as possible. (See link for further information - https://gov.wales/international-students-travelling-wales-coronavirus#:~:text=To%20help%20keep%20Wales%20safe,in%20shared%20self%2Dcontained%20accommodation)

Food and Meat Processing Plants

https://gov.wales/prevention-and-management-coronavirus-food-and-meat-plants

According to current evidence, it is very unlikely that COVID-19 is transmitted through food or food packaging. However, in addition to usual food hygiene practices, anyone handling food must wash their hands frequently with soap and water for at least 20 seconds. Staff should continue to follow existing risk assessments and safe systems of working. Additional measures to prevent the spread of infection between food handlers are required in response to COVID-19. Staff should not attend work if they or anyone else in their household has symptoms of COVID-19.

The NHS Wales Test, Trace, Protect service is key to helping manage the risk of COVID-19 spreading in workplaces. Employers in these settings can play their part by enabling staff to comply with its requirements. It is vital that employers firstly reduce the risk by encouraging and enabling workers to follow any notifications to self-isolate or quarantine, and support them when in isolation.

Manufacturing

https://gov.wales/manufacturing-coronavirus-guidance

Before re-opening, the business a risk assessment must be done with meaningful discussion with staff and/or trade unions and control measures put into place. The purchasing and installation of physical distancing and hygiene measures should be in place. Practical measures should be in place to protect the workforce by implementing cleaning, handwashing and hygiene procedures and all reasonable steps are taken to maintain a 2 metre distance between people. Where someone can work from home, they should do so. Staff should not attend work if they or anyone else in their household has symptoms of COVID-19.

Where the business is already using Personal Protective Equipment (PPE) in the work activity to protect against non-COVID-19 risks, they should continue to do so. When managing the risk of COVID-19, additional PPE beyond what is normally worn, is not recommended.

The NHS Wales Test, Trace, Protect service is key to helping manage the risk of COVID-19 spreading in workplaces. Employers in these settings can play their part by enabling staff to comply with its requirements. It is vital that employers firstly reduce the risk by encouraging and enabling workers to follow any notifications to self-isolate or quarantine and support them when in isolation.

Retailers

https://gov.wales/retailers-coronavirus-guidance

Retailers, as other businesses, have a legal responsibility to protect members of the public and customers, employees and contractors. An assessment of the risks from COVID-19 must be done, and reasonable, practical measures put in place to control them. These include ensuring that a distance of 2 metres is maintained between anyone on the premises or waiting to enter it (except between two members of the same household, or a carer and the person assisted by the carer). Practical measures should be in place to protect staff and customers by implementing cleaning, handwashing and hygiene procedures.

Where reasonably practicable, anyone who can work from home should do so. Staff should not attend work if they or anyone else in their household has symptoms of COVID-19.

The NHS Wales Test, Trace, Protect service is key to helping manage the risk of COVID-19 spreading in workplaces. Employers in these settings can play their part by enabling staff to comply with its requirements. It is vital that employers firstly reduce the risk by encouraging and enabling workers to follow any notifications to self-isolate or quarantine and support them when in isolation.

Tourism and Hospitality

https://gov.wales/guidance-for-tourism-and-hospitality-businesses-coronavirus

As people increasingly mix with different people through travel, eating out and visiting attractions, businesses operating in the tourism and hospitality sectors, where there is a higher risk of transmitting COVID-19, have a key role to play in reducing the risk of transmission, supporting contact tracing and keeping Wales safe.

All businesses that are open to the public should have in place a strict system to comply with social distancing in all locations at all times. No one should come into contact with another individual within 2 metres. Where this is not possible, Personal Protective Equipment (PPE) or protective screens should be used. Staff should not attend work if they or anyone else in their household has symptoms of COVID-19.

Organisations and small businesses will need to collect and retain records of staff, customers and visitors to their premises for a limited period. This will support the NHS Wales Test, Trace, Protect service in the event that someone tests positive for COVID-19 or is identified as a contact and the contact tracing process is initiated.

Variants and Mutations of Concern

As with all viruses, variants and mutations of coronavirus will occur. Management of these will be in line with the Public Health Wales End-to-end Process for VAMC, which is outlined in Section 4 and uses the document attached. A flow chart for management of cases of VAMC (version 5 at the time of writing the plan) has been developed in partnership with Public Health Wales, the Health Board and local authorities and this is available in Section 4.

Local Authority Prevention and Mitigation Roles and Powers
Local authorities have a broad range of responsibilities and powers that can be applied to help prevent or mitigate against the spread of COVID-19 disease across our communities. Some of these powers are specific to COVID-19 disease and others are of a more general nature.

Public Protection Role
Many of these responsibilities and powers are delivered by Local Authority Public Protection Services, comprising officers from a range of professional and semi-professional backgrounds, including but not limited to Environmental Health Practitioners (EHPs) and Trading Standards Officers (TSOs).

Local authority structures can vary significantly and so the roles and responsibilities of officers differ accordingly. Likewise, there can be a marked variation in the resources and capacity of individual local authorities/teams.

While the term **'enforcement'** can imply the use of regulatory powers and sanctions to secure compliance (or to address instances of non-compliance), in practice enforcement will cover a wide range of techniques to influence or secure compliance from the provision of information, advice, education and persuasion. This would be the starting point in most cases, through to the use of statutory enforcement notices and legal action where more serious and/or persistent non-compliance is evident.

Similarly, a range of **activities** are used in order to promote compliance and to detect and address non-compliance. These will include:

- Publishing, or signposting the public and/or businesses to, relevant information and guidance.
- Providing telephone and, if appropriate, written advice and guidance in response to business enquiries.
- Targeted advisory visits to businesses to assess/promote/guide compliance.
- Proactive monitoring/surveillance of compliance.
- Recording of intelligence on non-compliance.
- Targeted inspections (and sampling).
- Response to complaints.
- Investigation of incidents (including sporadic cases and outbreaks of infectious disease).

In practice, Public Protection Services are responsible for a range of regulatory functions broadly covering:

- Food Safety and Standards
- Health and Safety
- Communicable Disease Control
- Port Health
- Licensing
- Trading Standards
- Animal Health and Welfare

- Domestic Public Health (incl. dog and pest control)
- Pollution Control
- Private Sector Housing Enforcement

Some of these functions may be combined.

Supporting Documentation		
Carmarthenshire County Council Plan:	Ceredigion County Council Plan:	Pembrokeshire County Council Plan:
Carmarthenshire Local Delivery Plan.pd	Ceredigion Local Delivery Plan.pdf	Pembrokeshire County Council COVII

Communicable Disease Control responsibilities are typically undertaken by EHPs and span a number of these areas including food safety and standards, health and safety and port health controls, and officers enforcing these provisions will typically be appointed as 'proper officers' under the Public Health (Control of Disease) Act 1984, and authorised to enforce subordinate legal provisions.

In addition, Consultants in Communicable Disease Control and Consultants in Health Protection, employed by Public Health Wales, are appointed by Local Authority's, as experts in their field, to support this area of work. A wider range of officers including EHPs, TSOs, Licensing Officers and others are involved in the regulation of business activities. Key legislation and powers of most relevance to the prevention and mitigation of COVID-19 disease are described in the Appendices and include:

- Health Protection (Local Authority Powers) (Wales) Regulations 2010
- Health Protection (Pat 2A Orders) (Wales) Regulations 2010
- Public Health (Control of Disease) Act 1984, As Amended
- Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020, as Amended
- The Health Protection (Coronavirus, International Travel) (Wales) Regulations 2020 as amended

Support plans for Care Homes and Social Care Interface

New Standard Operating Procedures were received for Care Homes in April 2021 and are attached above. Current processes are being updated to reflect these changes. Robust plans for supporting residential homes have been put in place. Partnership working between Public Health Wales, Health Board and local authority social care and TTP teams have ensured support I provided when needed across a range of different elements. Ongoing routine testing of staff and regular proactive contact with homes has strengthen working and ensured early notification of any issues.

The care home sector has been under great pressure over the last year and work has been undertaken at all levels to provide support and guidance, not just for COVID. Hywel Dda has seen outbreaks in homes and has worked to learn from each outbreak to improve Infect Prevention and Control measures, training and

ongoing support to the sector. Vaccination rates in the homes have been high and this has led to a reduction in new infections within care homes since Easter 2021. The teams working to support care homes will strive to ensure the most vulnerable are protected and embed the new ways of working and the new SOP into our ongoing support of the sector.

Supporting documentation	
SOP-020 Residential Settings for Adults CC	SOP-021 Residential Settings for Children (
Management of COVID-19 cases, incidents and outbreaks in residential care settings for adults	Management of COVID-19 cases, incidents in residential care settings for children

Our West Wales Vaccination & Immunisation Response

COVID-19 Mass Vaccination Programme (please read in conjunction with section 1: governance structures)

Since the last iteration of the Prevention & Response Plan the Health Board along with key partners went through a detailed and comprehensive period of preparation & planning and produced a series of supporting documents including:

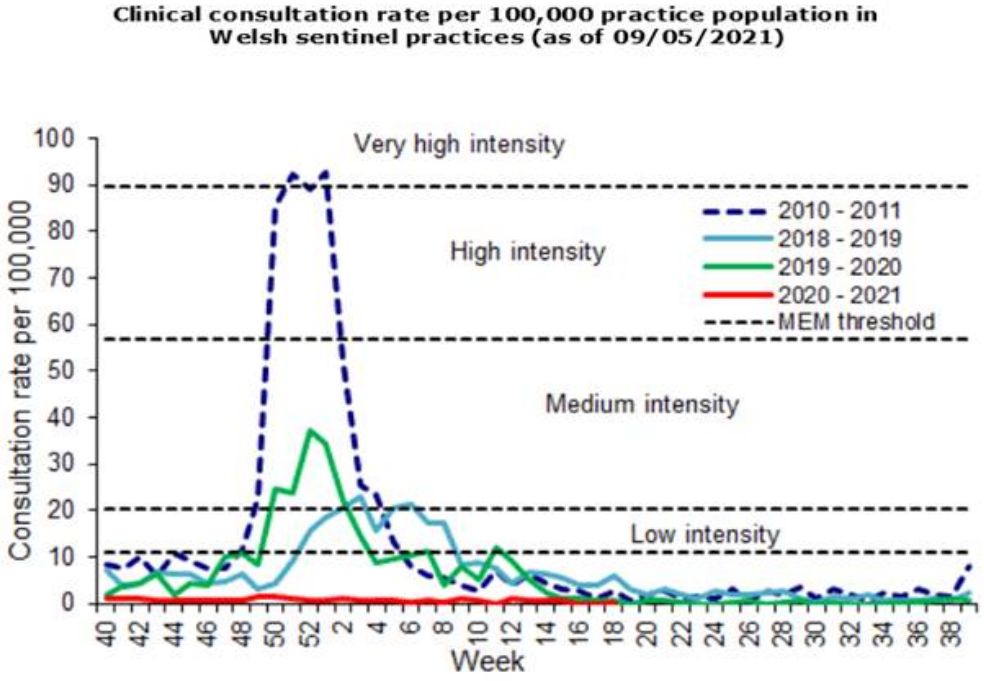
- A COVID-19 Mass Vaccination Plan (submitted to the CMO for the September 2020 deadline)*
- A COVID-19 Mass Vaccination Operational Plan (submitted to the Chair of the COVID-19 Vaccine Board by 20th November 2020 deadline)*
- A COVID-19 Mass Vaccination Delivery Plan (a GOLD Command instruction, delivered in February 2021 for Board approval (deadline met) – this approved document, that seeks to ensure that the National Vaccine Strategy for Wales milestones are achieved, has been embedded
- A series of internal working vaccine delivery plans that adapt the delivery plans on a constant basis to achieve all milestones within the constraints of vaccine supplies and policy changes (these are working documents of the Vaccine Bronze group and not available in the public domain however a summary document for milestone 3 has been embedded)
- A mass vaccination surge plan to support the management of incidents and clusters in our communities particularly those associated with variants and mutations of concern (VAMC)
- A Hywel Dda COVID-19 vaccination programme dashboard that is used to produce and publish the weekly Vaccination bulletins

***These documents have not been embedded as they have been superseded by the overarching Delivery Plan and a copy of this plan and a summary of the delivery plan for milestone 3 has been included for your information.**

Supporting Documents		
Covid-19 Mass Vaccination Programr **Mass Vaccination Delivery Plan: Overarching plan**	Covid-19 Mass Vaccination Programr **Mass Vaccination Delivery Plan - Phase 2: milestone 3**	Surge Vaccination Plan.pdf **Outbreak Management Requiring Rapid Deployment of Mass Population Vaccination**

Minimising Influenza Transmission

Consultation rates for flu-like illnesses were at an all time low in 2020/21, as Wales, the UK and the world as a whole saw the lowest levels of circulating flu in many years. This is largely attributed to lockdowns, social distancing, improved hand hygiene and use of personal protective equipment and to the high circulating levels of COVID-19.



Source: Vaccine Preventable Disease Programme Influenza Surveillance, PHW

Despite low levels of circulating flu and the challenges of immunising during a pandemic, significantly more flu vaccinations were given in Hywel Dda than ever before (159,332) compared to 112,764 in 2019/20 and the uptake percentage in several key groups increased. This large increase in uptake can be partially attributed to the 29,915 individuals aged 50-64 immunised, who were not previously eligible for immunisation. Excluding this new groups, the health board still saw a significant rise in total number of vaccines given for each at risk group.

A summary of flu vaccines given in each locality in Hywel Dda shows that Carmarthenshire achieved the highest uptake across the Health Board for 65+ and under 65's at risk vaccination (75.7% and 50.9% respectively) with Pembrokeshire only 2% behind for both categories. Ceredigion uptake was slightly lower at 69.8% for 65+ and 48.7% for under 65's at risk. However, vaccine uptake in these at risk groups rose by over 10% in both at risk categories in Ceredigion compared with 2019/20 uptake.

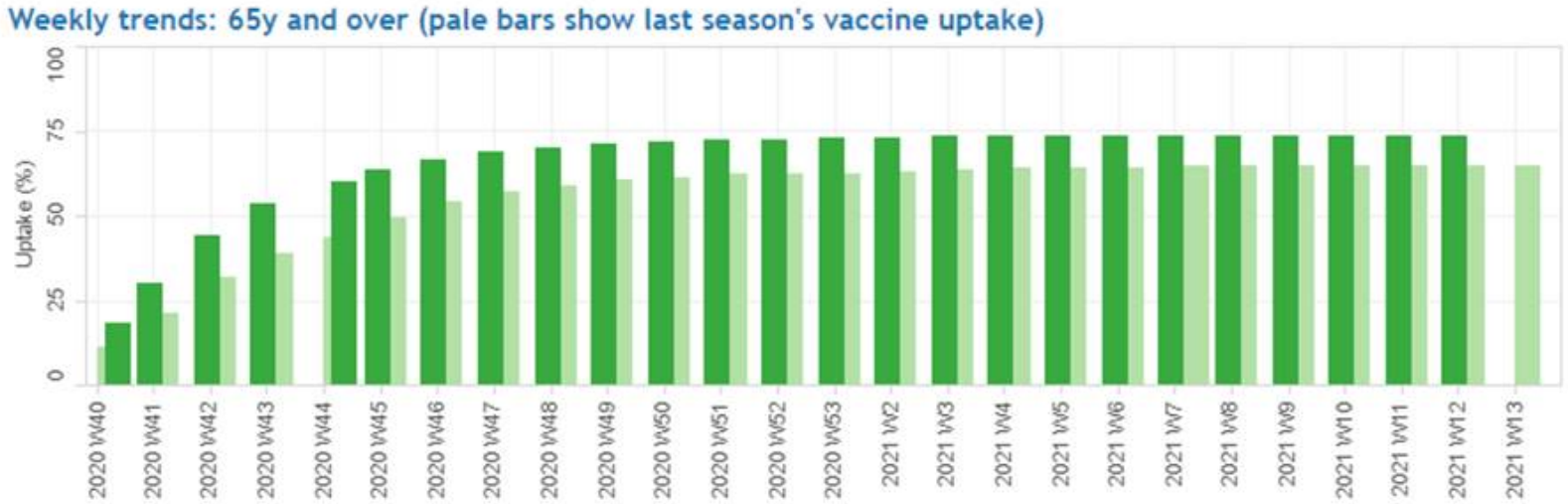
Summary by Health Board and Local Authority (23mar2021)

		Children 2 to 3 years			Clinical risk 6m to 64y			65y and older		
		Denominator	Immunised	Uptake (%)	Denominator	Immunised	Uptake (%)	Denominator	Immunised	Uptake (%)
Hywel Dda UHB	Carmarthenshire	3,582	2,129	59.4%	25,148	12,794	50.9%	42,840	32,432	75.7%
	Ceredigion	1,446	680	47.0%	10,937	5,326	48.7%	23,426	16,342	69.8%
	Pembrokeshire	2,267	1,209	53.3%	16,441	8,018	48.8%	31,187	22,974	73.7%
	HD Total	7,295	4,018	55.1%	52,526	26,138	49.8%	97,453	71,748	73.6%
Wales	Wales	66,234	37,270	56.3%	444,330	226,590	51.0%	681,255	521,082	76.5%

Source: Vaccine Preventable Disease Programme, PHW

<u>Flu vaccine uptake in people aged 65 years and over</u>

In the 2020/21 season 71,748 vaccines were given to people aged 65 years and over in the Health Board, more than ever before in this cohort, and 9129 more than 2019/20. While contending with annual increases in denominator, uptake in over 65s has remained relatively consistent (62.9- 65.5%) between 2015 and 2020. However, in 2020/21 uptake across the Health Board was 73.6%. This increase was in line with the increased uptake seen nationally. The national target for this age group is normally 75%, a figure Health Board are now close to achieving.



Additionally, late in the season (December 2020) it was announced that everyone aged 50+ was now eligible for flu vaccination. At this point most years the majority of vaccines have been administered, and picking up this group at a late stage, during a pandemic, was challenging. Hywel Dda vaccinated 34.8% of this cohort, compared to an All-Wales uptake of 37.4%

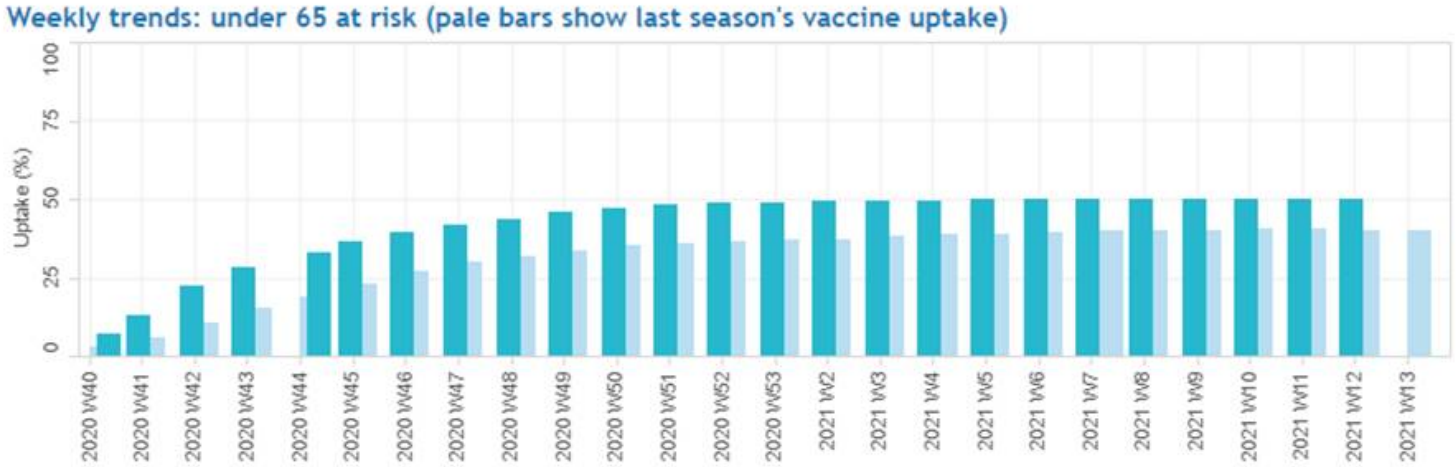
Going forward into the next season, to support uptake in this group we will:

- Continue to support access to vaccination via community pharmacy across the Hywel Dda footprint
- Explore further options for intergenerational approaches to flu vaccination at drive through clinics, working with primary care partners already engaged in this agenda
- Continue to prioritise increased uptake in children in order to reduce transmission of influenza in the community and therefore offer indirect protection to older adults and other vulnerable groups
- Work with colleagues across Wales to develop communication and information material for 50-64 year olds, ensuring that this new cohort are both aware of their new eligibility for flu vaccination, and the health benefits of being vaccinated.

<u>Flu vaccine uptake in people aged six months to 64 years in clinical risk groups</u>

In 2020/21 Primary Care have stepped up hugely and gone above and beyond to vaccinate this group, offering, where possible drive through flu clinics and hiring additional community spaces where needed to offer safe vaccination clinics.

As with other groups, uptake in 2020/21 reached an all time high of 49.8% in Hywel Dda, up 9.5% from 2019/20.



Going forward into the next season, to support uptake in this group we will:

- Re-establish, when safe, opportunistic immunisations for eligible patients attending routine appointments at acute and community settings. This process is well established in Aberaeron/Cardigan and protocols can be adapted for additional sites.
- Continue to engage early with General Practice, including at Local Medical Committee (LMC) meetings, to ensure that we fully understand the challenges faced around immunising those with chronic conditions in 2021/22
- Where possible, continue to identify funding to support primary care and community pharmacy where vaccine demand is very unpredictable
- Support will continue to be provided to community pharmacy to identify and respond to the challenges that pharmacies will face with regard to maintaining or exceeding last year's uptake in the context of possible ongoing social distancing and infection prevention and control measures

<u>Flu vaccine uptake in health care workers providing direct patient care</u>

Occupational Health records show that **6,653** individual staff members have received vaccinations in the 2020/21 flu season. This figure includes agency staff, bank staff, new starters, students and staff from other organisations (such as PHW). In 2019/20 5,864 flu vaccines were administered to staff. The last three flu seasons have seen more flu vaccines administered to staff than any previous year.

Nationally, guidance on recording staff vaccination changed to an Electronic Staff Record (ESR) based system three years ago. This means that in previous years (prior to 2018-19) the total number of vaccinations given to staff 'in cohort' (all staff except those who work for the Local Authority or are agency staff) counted towards the uptake figures. However, with the ESR linked system, only staff with Hywel Dda ESR accounts are included. This means that excluded from our reportable figures this year were students, bank staff, new starters and staff who are linked to other organisations. The total reported vaccinations given, as shown in nationally generated data, were therefore significantly lower than the total vaccinations given at 5,676.

Uptake overall, including among frontline staff, was significantly higher than we have ever seen in Hywel Dda, with all frontline staff areas achieving over 50% uptake. More work is needed in coming years to understand what barriers still prevent a higher uptake among healthcare staff.

Staff Group	Yes	No	Grand Total	Yes
Add Prof Scientific and Technic*	227	158	385	58.96%
Additional Clinical Services*	1175	1087	2262	51.95%
Administrative and Clerical	1121	816	1937	57.87%
Allied Health Professionals*	422	237	659	64.04%
Estates and Ancillary	472	670	1142	41.33%
Healthcare Scientists	114	75	189	60.32%
Medical and Dental*	346	333	679	50.96%
Nursing and Midwifery Registered*	1791	1404	3195	56.06%
Grand Total	**5676**	**4786**	**10462**	**54.25%**

*denotes front line staff

Flu champions (peer vaccinators) administered 57% of staff vaccines in 2020/21, far more than ever before, highlighting again the importance of recruitment and training of staff into flu champion roles.

Going forward into the next season, to support uptake in this group we will:

- Continue to work with team leads and current flu champions to identify and train additional champions across Hywel Dda, promoting online 'Flu-2' training to minimise face to face training needs. To reflect the potential extension of the role of flu champions to include other vaccines e.g. COVID-19 the term now adopted is peer vaccinators.
- Request ongoing Executive level enhanced support for staff flu vaccinations, including letters from Directors of Nursing, Quality & Patient Experience, Public Health, Therapies and Health Science and the Medical Director to encourage staff vaccination and support of peer vaccinator model. These have been forthcoming in 2018/20 and are valuable in ensuring staff know the flu campaign is endorsed by Hywel Dda's leaders.

Flu vaccine uptake among pregnant women

The point of delivery survey undertaken annually by PHW across each Health Board area, suggested that 100% of pregnant women in Hywel Dda were offered a flu vaccine in the 2019/20 season, and 84.4% received one (up from 49% in 2018-19). As yet, there is no point of delivery survey data available for 2020/21. The latest figures available from PHW suggest that in December 2020, Hywel Dda had administered 750 vaccines to pregnant women. It is very difficult to obtain an accurate uptake picture without a point of delivery survey, as some women fall into other 'at risk' categories or are staff. Many pregnant women may have chosen to minimise face to face contact with health professionals throughout the pandemic, and this may have affected uptake in pregnant women.

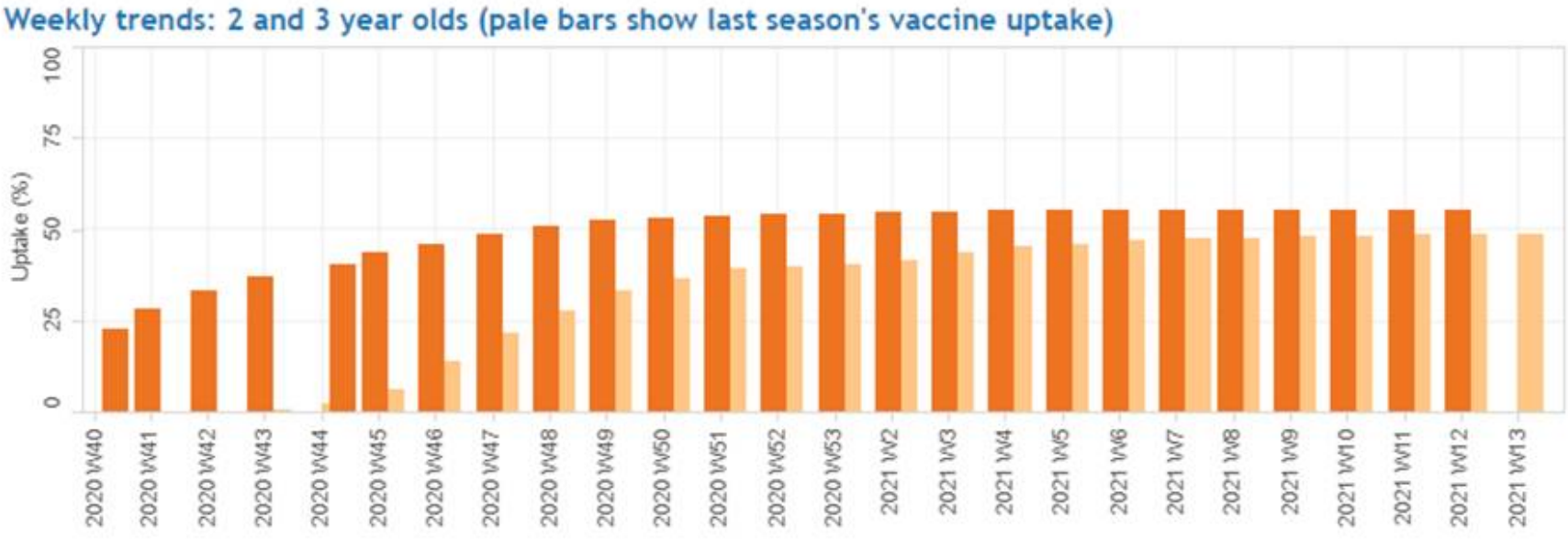
In 2019/20 Hywel Dda became the 2nd health board in Wales to trial midwifery-led influenza vaccination for pregnant women; vaccinating pregnant women at hospital based antenatal clinics as-well as in primary care settings. Community immunisers supported this work, which continued throughout the 2020/21 season where possible. Constraints on this service were that more consultations happened over the phone, and there were less opportunities to 'make every contact count' and immunise women during antenatal visits.

Going forward into the next season, to support uptake in this group we will:

- Investigate recording of flu vaccines to pregnant women and work with PHW, Primary Care and Midwifery colleagues to try to ensure accurate data collection.
- Continue to work in antenatal settings to vaccinate pregnant women where possible
- Community immunisers to support primary care led drive through flu vaccination clinics, including vaccinating pregnant women as part of this initiative
- As we enter flu season, midwives currently deployed to working on our COVID-19 vaccine programme, to take opportunity to 'Make every contact count' and discuss flu vaccines with pregnant women when they attend for COVID-19 vaccination/boosters (should the mass vaccination centre model continue).

Flu vaccine uptake in 2-3 year olds and school age children

With schools shut for parts of the 2020/21 planned vaccinating period, and some school nurses redeployed to mass vaccination centres for COVID-19 vaccine delivery in the latter part of the flu season, the schools programme has been a huge challenge in 2020/21. Despite this, uptake in children aged 2-3 years increased by 6.6% compared to 2019/20, up to 55.1%.



Uptake in school-aged children (reception class to year six) was 73.3% (up 5% from last year, however the Health Board normally achieve around this uptake, 2019/20 uptake was impacted by vaccine supply issues). 20,110 vaccines were given to this group. This is incredibly impressive given the difficult circumstances, with year groups sometimes isolating when immunisers are on site, children missing lots of school and the need to vaccinate children in 'bubbles'.

Going forward into the next season, to support uptake in this group we will:

- 2021/22 will be another extremely challenging season for the schools programme, with the competing pressure of the COVID-19 vaccine programme and the potential expansion of the programme to into secondary school aged children. Embracing this challenge, we are looking at new ways of working, ensuring both our school nursing and our wider expanded immunisation team are all able to administer the childrens nasal flu vaccine, to ensure maximum flexibility and resilience in the system

Whilst there are clear discrete pieces of work and methods for increasing flu vaccine uptake in each eligible group outlined above, the forthcoming Seasonal Influenza Plan will be set within the context of delivering a well-recognised annual population level health protection intervention in the recovery phase of a global pandemic. On this basis, it is more important than ever that there are effective plans in place for the 2021/22 flu season to not only to improve overall respiratory health of the population of Hywel Dda but also to protect those at risk, prevent ill-health and minimise further impact on NHS and social care services. COVID-19 has provided not only a crisis, but an opportunity to rethink the most appropriate models and methods of delivery of the seasonal flu vaccination programme.

Section 3: Surveillance (tracking/linking/real time data, early warning system, trigger levels, informing risk assessment and response)

Surveillance

Within the Health Board area a COVID-19 Surveillance System has been developed through collaborative working between Public Health Wales and the Health Board. It is an essential requirement to have a robust and effective surveillance system to monitor and respond to the spread of infection in the community.

A COVID-19 GIS Surveillance System has been developed with the information mapped to Upper Super Output Areas (USOA), but also allowing interrogation at individual postcode levels for localised outbreaks. The Surveillance System will display confirmed community and hospital cases together with the numbers undergoing testing. In order to assist the management of local outbreaks, icons have been inserted for residential and nursing homes, including number of residents and staff, together with schools, including pupil and staff numbers. A number of industrial sites have been incorporated in the COVID-19 Surveillance System when required in light of the outbreaks associated with, for example, meat processing plants, building sites and oil refineries. The Surveillance System allows time trends to be displayed graphically. Additional information relating to hospital infections including Severe Acute Respiratory Infections (SARI) can also be incorporated as appropriate and the hospital activity both actual and anticipated are incorporated in the modelling scenarios.

Through the All Wales COVID-19 Surveillance Group Meetings information at the local Health Board level is communicated to Public Health Wales Health Protection Teams and the Communicable Disease Surveillance Centre to ensure that the relevant information is shared in an appropriate and timely manner. This also creates an early warning system for significant changes and also to ensure the needs and monitoring of returning travellers as part of Test, Trace, Protect is communicated effectively, both within Wales and with Public Health England and other UK partners.

Trigger levels have been identified to ensure that any possible outbreaks in both community and hospital settings are realised and managed in a timely manner. The incidence of new cases of COVID-19 across each of the three local authority areas in the Health Board area are shared at the daily Regional Response Cell meetings, together with the emerging trend over the previous seven and fourteen days. The Surveillance System also includes a RAG (Red, Amber, Green) status based on the trend.

Outline of how epidemiological surveillance informs sensitive early warning systems for recognition of community transmission

The Hywel Dda COVID-19 Surveillance System includes a GIS which maps the areas of residence of all community and hospital cases. This will identify any clusters of infection requiring further investigation and management. The Hywel Dda COVID-19 Surveillance System is displayed in the Regional Response Cell to monitor cases and the data is being used at regional and local levels to inform planning and response should the trigger levels be reached to ensure that resources can be deployed to manage any local outbreak in a timely manner. An initial trigger of 50 cases per 100,000 population has been established although the emerging trend over the previous days has been incorporated into the RAG status to ensure that any significant change in the number of new COVID-19 cases is

investigated in a timely manner. Information is shared at the All Wales level with the Public Health Wales Health Protection Teams who also attend the Regional Response Cell daily meetings and with the Communicable Disease Surveillance Centre and with Public Health England as appropriate.

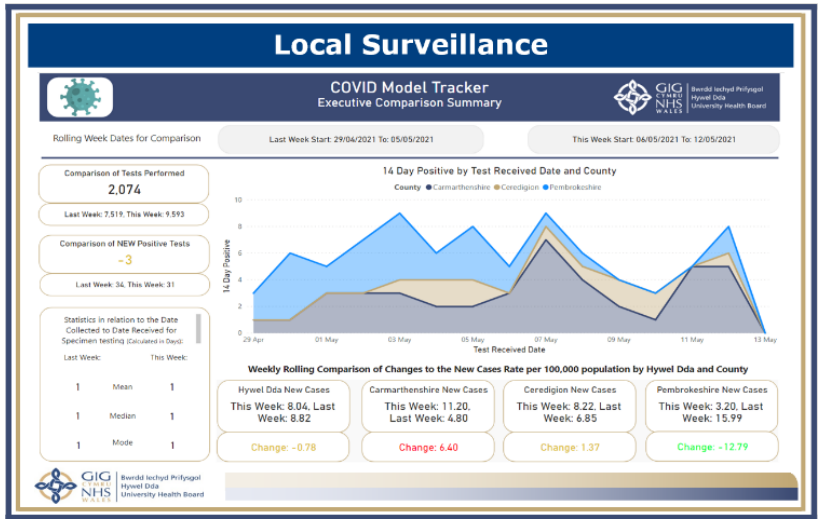
Sources of surveillance data which will be reviewed to inform local risk assessments and response

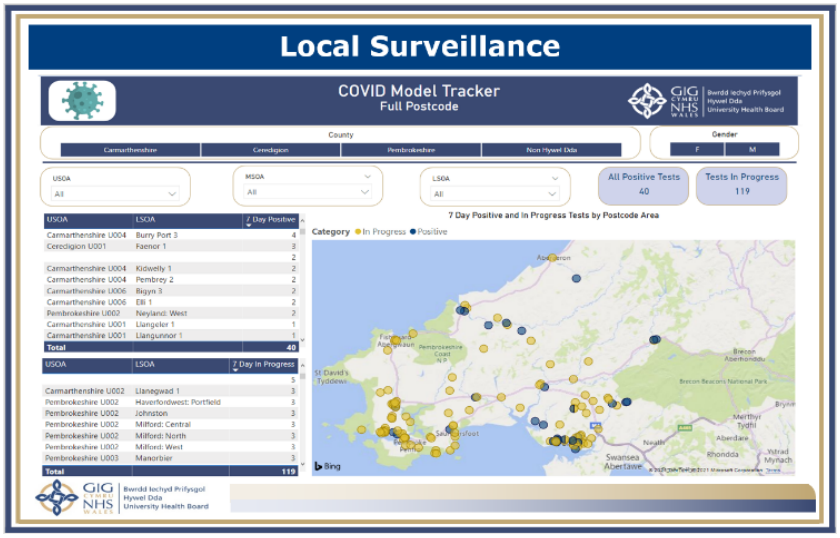
As part of the development of the COVID-19 Surveillance System the following data sets were utilised to ensure effective management of COVID-19 and any associated localised outbreaks:

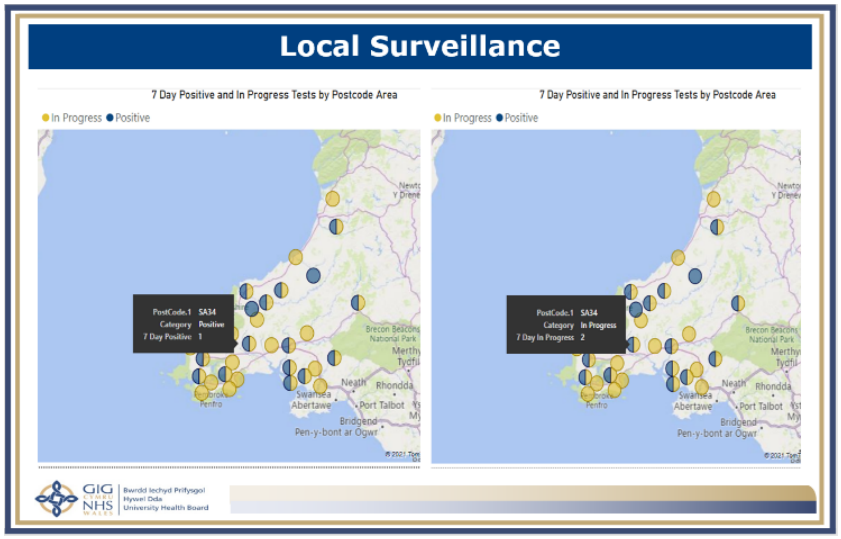
- Data sets
    - Laboratory Information Management System (LIMS)
    - Postcode lookups
    - Output
        - Upper Super Output Areas
        - Middle Super Output Areas
        - Lower Super Output Areas
    - Care Homes
    - Maintained Schools
- Power BI (Business Intelligence)
    - Native Data Visualisation used for mapping
    - Connecting datasets
- Available on Analytics Portal.

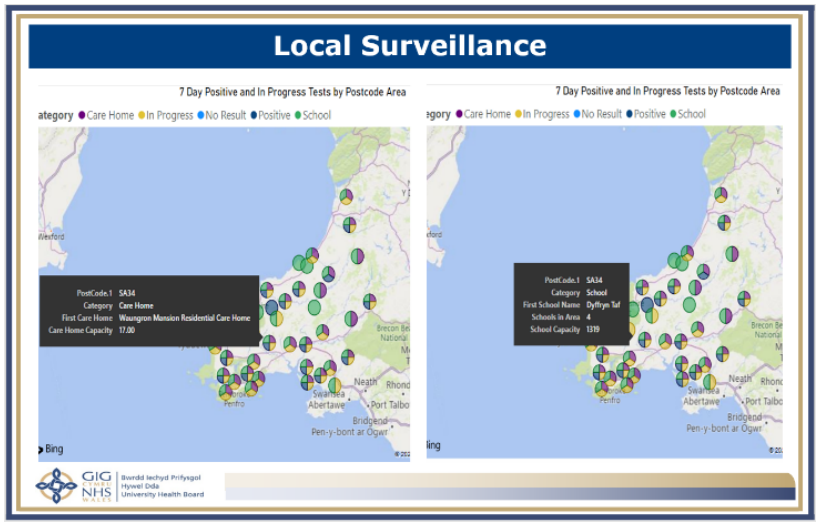
Systems for linking cases and for identification of clusters

The Hywel Dda COVID-19 Surveillance System is displayed at the Regional Response Cell daily meetings. Cases can be linked through the Microsoft Case Records Management System, utilising the intelligence from Test, Trace, Protect, to identify common exposures, and allow local clusters of COVID-19 cases to be visualised subsequently on the GIS. A trigger level of 50 cases per 100,000 population can be applied as an alerting mechanism in the first instance. Specific concerns can be raised by members of the Local Contact Tracing Teams at the Regional Response Cell Meetings regarding any upsurge or linkages of cases to ensure that Incident Management Teams or Outbreak Control Teams can be convened rapidly in an attempt to control further spread of infection at the earliest possible opportunity. Examples of what the system illustrates are demonstrated through the screenshots below:

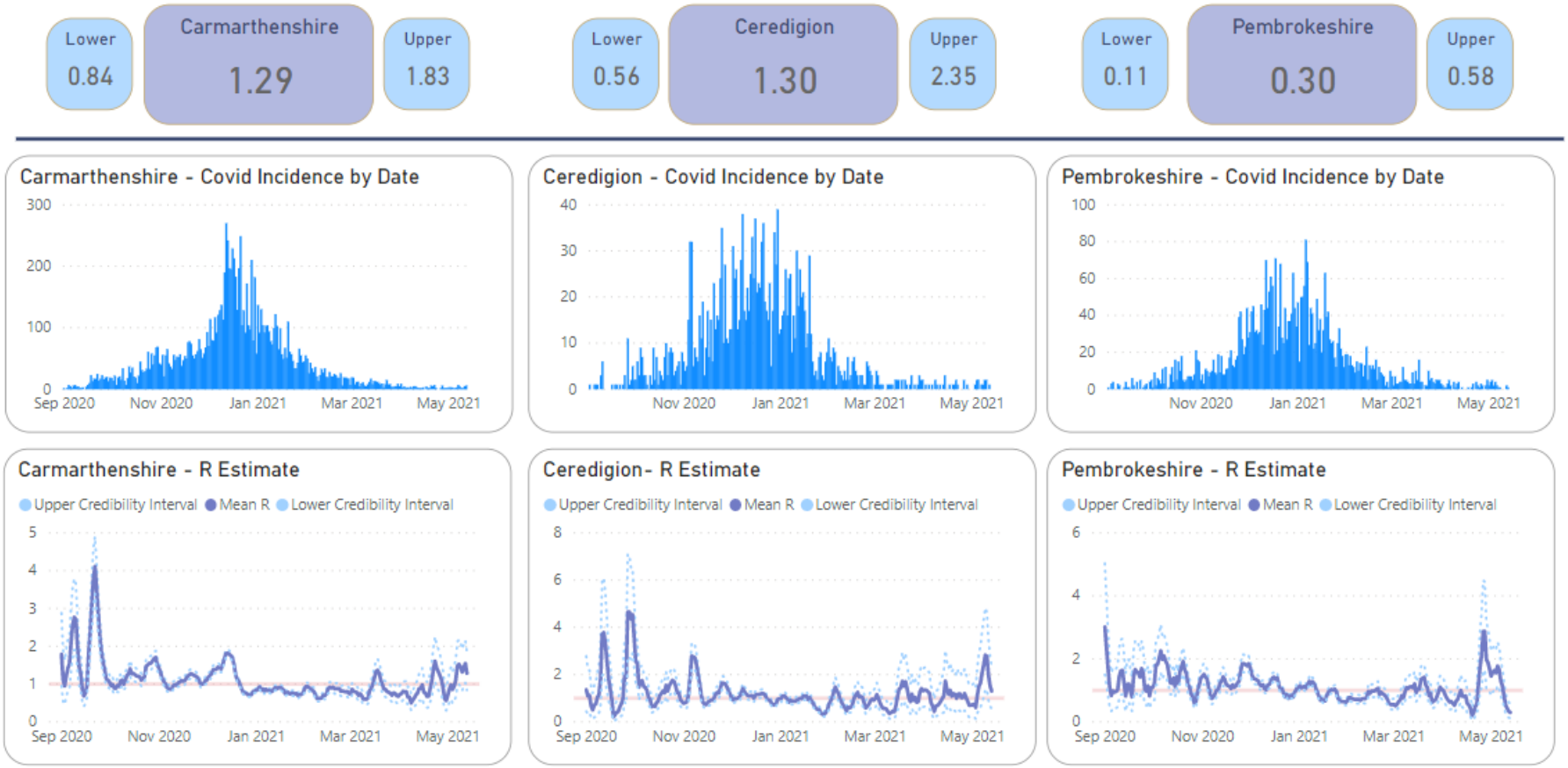

Local Surveillance
COVID Model Tracker
Executive Comparison Summary
Rolling Week Dates for Comparison
Last Week Start: 29/04/2021 To: 05/05/2021
This Week Start: 06/05/2021 To: 12/05/2021
Comparison of Tests Performed
2,074
Last Week: 7,519, This Week: 9,593
Comparison of NEW Positive Tests
-3
Last Week: 34, This Week: 31
Statistics in relation to the Date Collected to Date Received for Specimen testing (Calculated in Days):
Last Week:
This Week:
Mean
Median
Mode
14 Day Positive by Test Received Date and County
County Carmarthenshire Ceredigion Pembrokeshire
14 Day Positive
Test Received Date
Weekly Rolling Comparison of Changes to the New Cases Rate per 100,000 population by Hywel Dda and County
Hywel Dda New Cases
This Week: 8.04, Last Week: 8.82
Change: -0.78
Carmarthenshire New Cases
This Week: 11.20, Last Week: 4.80
Change: 6.40
Ceredigion New Cases
This Week: 8.22, Last Week: 6.85
Change: 1.37
Pembrokeshire New Cases
This Week: 3.20, Last Week: 15.99
Change: -12.79


Local Surveillance
COVID Model Tracker
Full Postcode
County
Carmarthenshire
Ceredigion
Pembrokeshire
Non Hywel Dda
Gender
USOA
MSOA
LSOA
All Positive Tests
40
Tests In Progress
119
7 Day Positive and In Progress Tests by Postcode Area
Category In Progress Positive


Local Surveillance
7 Day Positive and In Progress Tests by Postcode Area
In Progress Positive
PostCode.1 SA34
Category Positive
7 Day Positive 1
PostCode.1 SA34
Category In Progress
7 Day In Progress 2


Local Surveillance
7 Day Positive and In Progress Tests by Postcode Area
Care Home In Progress No Result Positive School
PostCode.1 SA34
Category Care Home
First Care Home Waungron Mansion Residential Care Home
Care Home Capacity 17.00
PostCode.1 SA34
Category School
First School Name Dyffryn Taf
Schools in Area 4
School Capacity 1319
Bing

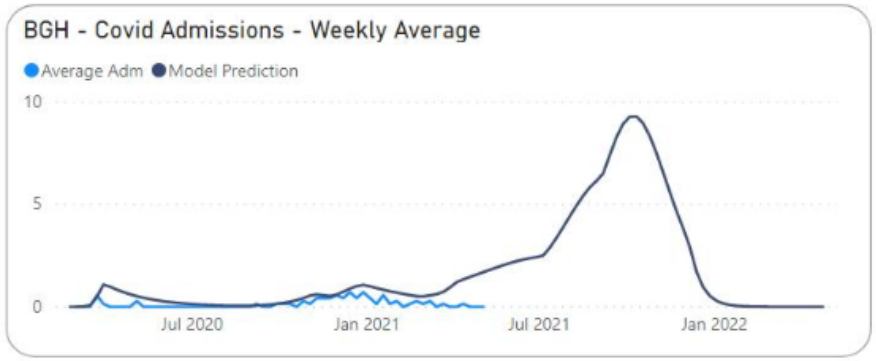
To complement the Local Surveillance System, an Rt estimator has been implemented which estimates a seven day rolling value for Rt in each of the three counties within Hywel Dda. This system provides enhanced local intelligence about Rt trends over time, supplementing national models and helping to validate assumptions relating to community transmission. The Rt estimator is not used in isolation but combined with other systems to provide wider context and evaluate community transmission trends.

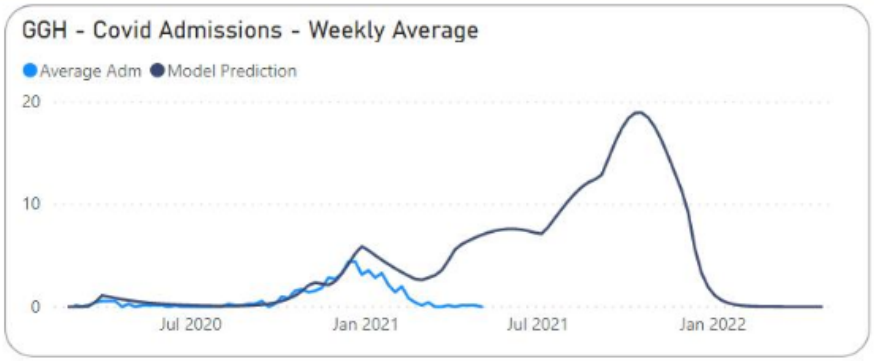


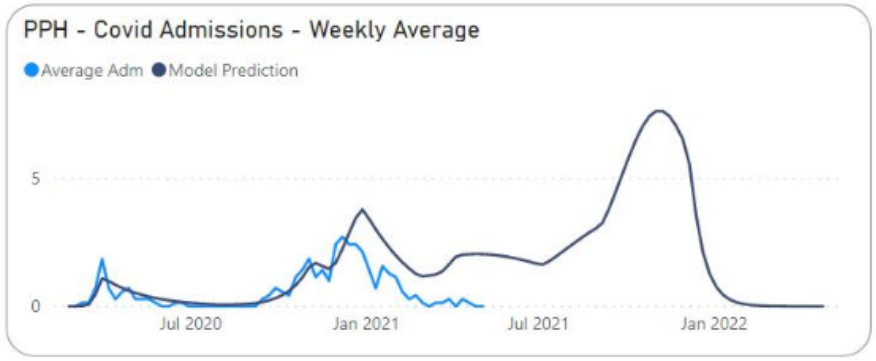
A Susceptible, Exposed, Infected and Recovered epidemiological model with vital dynamics and vaccinations (SEIR-VDV) was developed to complement the information provided by national models and to provide further flexibility for supporting the local response in a timely manner. The SEIR-VDV model enables the development of alternative scenarios for rapidly adapting local plans based on new information or trajectory changes, or to project variations to the rollout rate or efficacy of vaccinations. Some of the scenarios are derived from national models, others are locally developed scenarios designed to provide “what if” planning. Developing and executing alternative scenarios provides a method to evaluate the current situation compared to expected or worst-case situations,

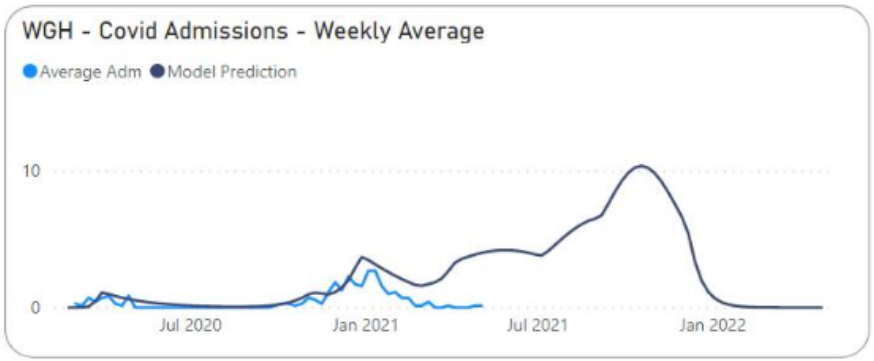
thus can also act as an early warning system for increased or decreased community transmission. Two core planning scenarios are currently being utilised, scenario 22 and scenario 23.

Scenario 22 (visualised below) assumes a 0% vaccination efficacy and modest Rt growth, while this scenario is deemed unlikely, it demonstrates what could happen in the event of a new variant with sufficient genetic drift, significant vaccination supply problems or very low vaccination uptake.

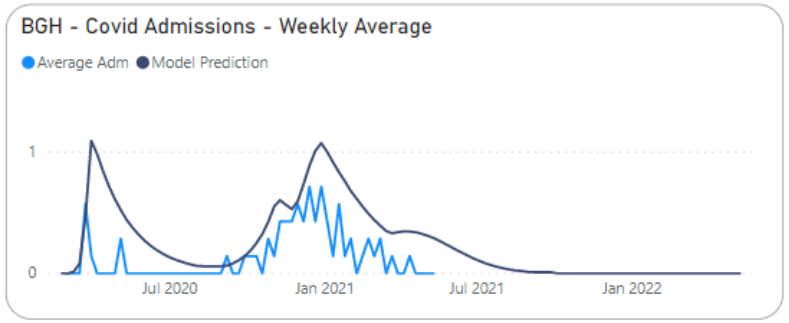


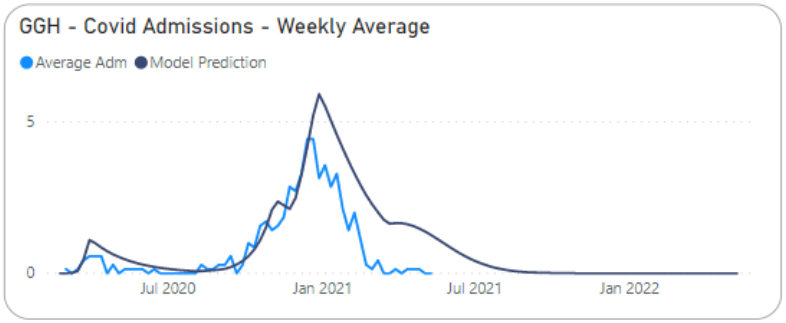


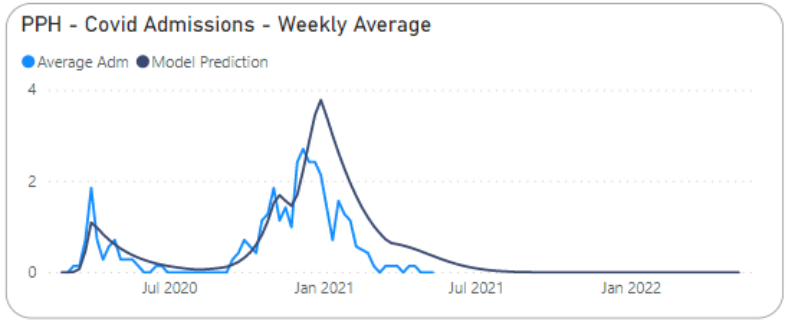


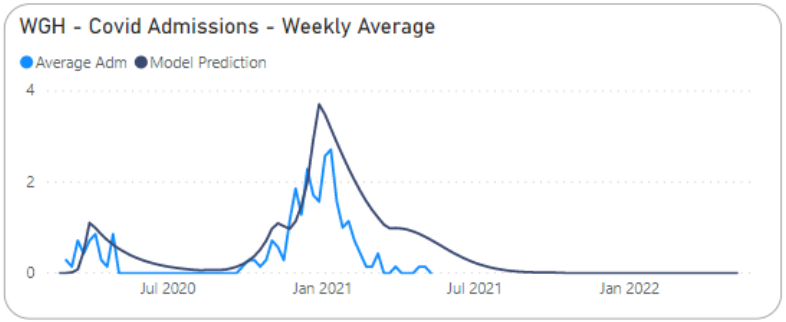


Scenario 23 (visualised below) assumes a 50% vaccine efficacy and modest Rt growth and is considered a much more likely scenario and is also most similar to the nationally developed models.

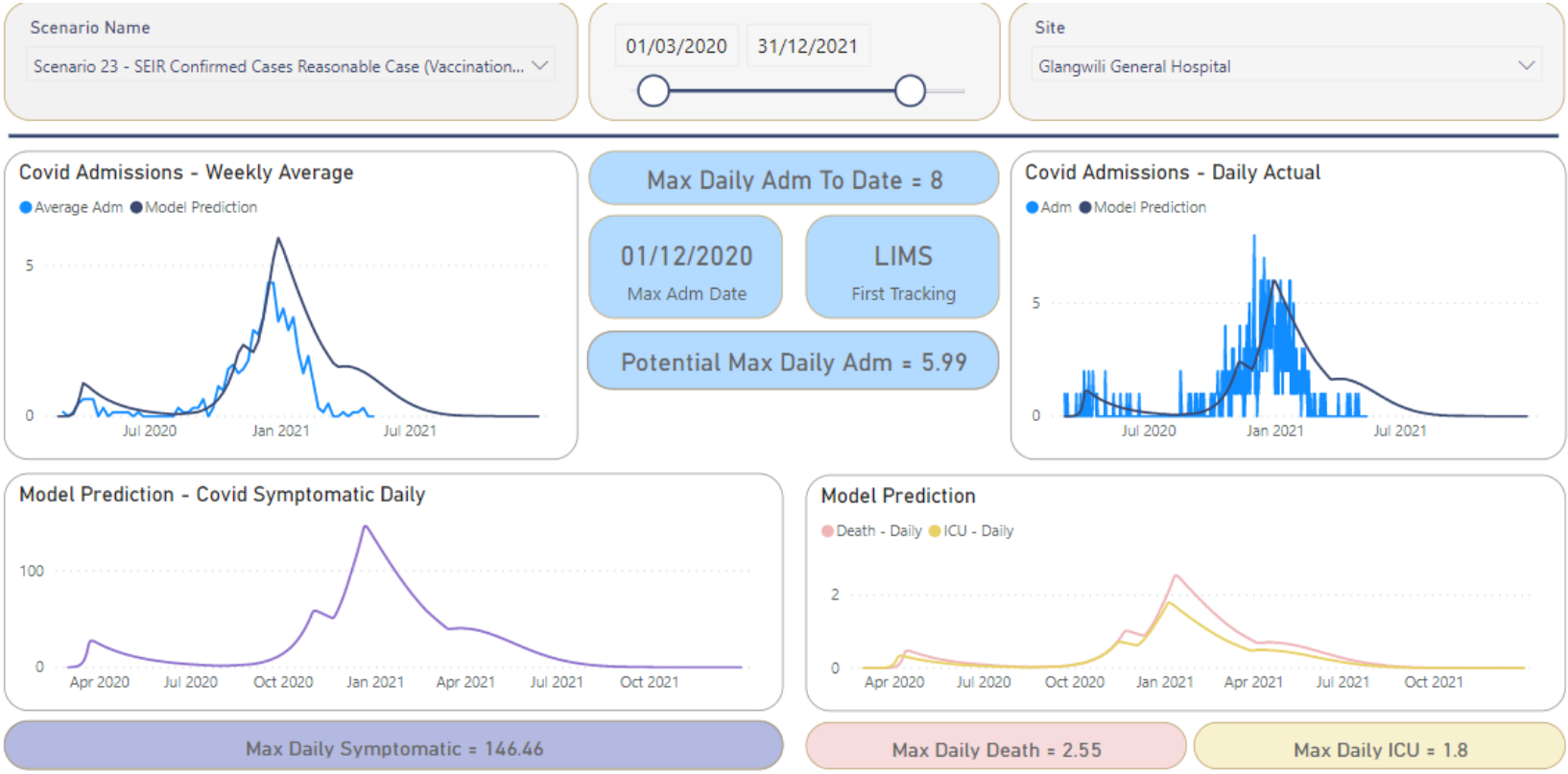








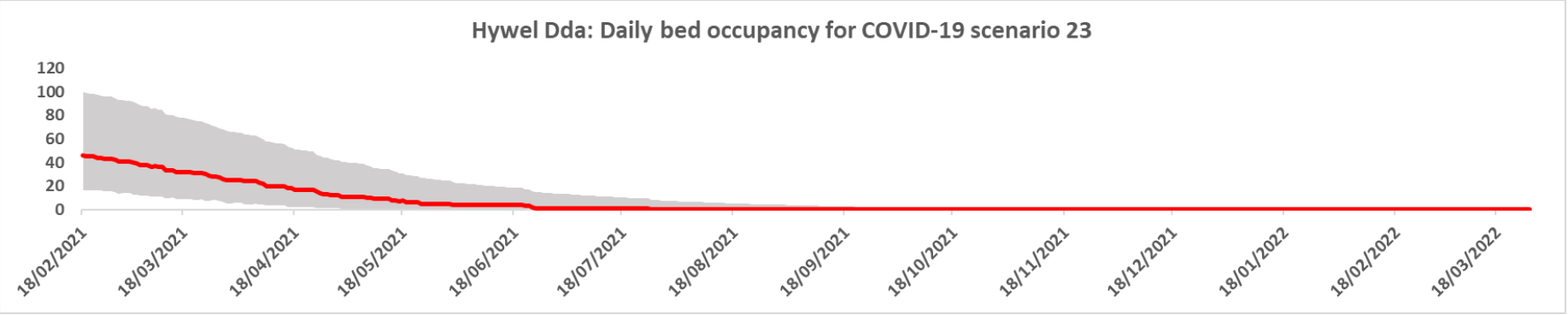
By aligning the SEIR-VDV model projections to actual patient data, the SEIR-VDV models are also used to estimate and project the number of infections and symptomatic people in the community, which then informs testing capacity planning. Some of this information can be seen in the visual below.



Modelling has been undertaken utilising the Empirical Demand and Activity Planning Toolkit (EDAPT) which utilises a combination of approaches to model parts of a system and combine them in a simulated environment with a virtual patient at its core, and provides a vehicle for evaluating, improving and deploying suitable models. This provides a system which will:

- Improve patient care
- Align local modelling with the notion of patient centred care
- Provide decision makers with insight that assists their decision making and informs planning
- Enhance collaboration between decision makers and analytical teams
- Enhance our analytical capability within Hywel Dda
- Demonstrate the art-of-the-possible
- Provide the foundations for whole system modelling at Hywel Dda.

A core output of EDAPT is projected bed occupancy based on COVID-19 scenarios, using simulation modelling over hundreds of iterations with random variation to provide a range of bed occupancy outcomes based on real length of stay data. By tracking actuals compared to projected bed occupancy scenarios, EDAPT provides another indicator for understanding whether community transmission could be higher or lower than initially estimated.



Protocol for regular Situational Awareness process – which include hospital and healthcare data

The daily Regional Response Cell Meetings have a substantive Agenda Item relating to surveillance, where all current information can be presented and visually displayed, including hospital and community cases. Areas of concern can be cross referenced to the Microsoft Case Records Management System for further interrogation and analysis. Additional review is undertaken at the daily afternoon COVID-19 Surge Meeting.

The Hywel Dda COVID-19 Surveillance System has been shared at the Regional Response Cell, Hywel Dda Public Health Gold Cell, Hywel Dda Regional Oversight Group, the All Wales Surveillance Group and with Welsh Government. The information can also be utilised at respective Incident Management Team or Outbreak Control Team Meetings. The display of the RAG Status makes the information easy to interpret for all participants at the Regional Response Cell to ensure appropriate management of any clusters with the information fed into Public Health Wales Health Protection Teams and the Communicable Disease Surveillance Centre.

Positive feedback has been received relating to the COVID-19 Surveillance System both locally and nationally. There has also been the opportunity to share the system more widely to assist other health board areas with their development of surveillance systems.

The latest trends provided by the GIS, Rt estimator, SEIR-VD models and EDAPT are discussed by the Health Analytics Team weekly meetings, and the COVID-19 Surveillance Group Meeting. Senior decision makers within the organisation are provided with a weekly outlook of trends, and some wider intelligence and context about any changes to trends.

The Heath Board, the Local Public Health Team and the Local Authorities have collaborated to create, manage and respond to a Hywel Dda COVID-19 Surveillance System which will help protect our communities. The system displays confirmed cases in the community and our hospitals as well as ongoing tests and information about closed settings, such as care homes and schools. This allows us to realise and respond in a timely manner to possible outbreaks.

Supporting Documentation
 Surveillance Supporting Informatic
Hywel Dda University Health Board COVID-19 Surveillance and Modelling

Part 2 of this prevention and response plan is continued in a separate document

The West Wales Regional IMT (Prevention & Response Partnership)

Partnership of the:

Hywel Dda University Health Board

Carmarthenshire County Council

Ceredigion County Council

Pembrokeshire County Council

Local Public Health Wales Team & Health Protection

Local (COVID-19) Prevention and Response Plan (2021/22) – PART 2

June 2021

(Subject to appropriate approvals by individual partnership organisations)

DIOGEL | CYNALIADWY | HYGYRCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Part 2 - West Wales Prevention & Response Plan

Section 4: Escalation, Response and Management of Clusters, Incidents and Outbreaks (risk assessment, management protocols and trigger levels, leadership, escalation and outbreak control and management of VAMC) control)

Introduction

This section seeks to outline the management of cases within the Hywel Dda Region TTP. The approach in Hywel Dda seeks to underpin the *Communicable Disease Outbreak Plan for Wales (June 2020)* that outlines the national approach to Outbreak Control. This section builds on the learning in Hywel Dda as we have responded to cases, clusters and incidents within our area and working jointly with other teams across Wales where required. It will outline how Hywel Dda operates on a daily basis to share data and manage cases and the steps taken to escalate and de-escalate clusters and incidents.

The primary objective of work being undertaken in the management of clusters and incidents locally is to protect public health and reduce transmission of infection, with appropriate escalation to an Outbreak as required. Hywel Dda seeks to work with reference to the five ways of working outlined in the Wellbeing of Future Generations Act (2015) and in line with the Communicable Disease Outbreak Plan for Wales (2020).

While the plans for management of clusters, incidents and outbreaks for COVID-19 have been developed specifically for this pandemic, they are built on long standing public health principles including surveillance, identification of patterns, containment and multi-agency collaboration. The purpose of management of clusters, incidents and outbreaks is to support the quick and effective management of COVID-19 in a range of settings; to reduce the impact on the population by reducing the spread of disease; to minimise the number of cases and to protect the health of the population and save lives. This is particularly important when infection involves new variants and mutations of the virus.

The key principles of our work are:

- Work as a system to co-ordinate activities across the Region and partnerships
- Use the capabilities, skills, and experience of the existing teams and services in Hywel Dda
- Be clear on the roles of responsibilities of the different teams and professionals in the delivery of the plans to reduce transmission
- Provide mutual aid across the Region and teams
- Communicate between organisations and ensure data and information is shared to maintain open and transparent working

- Work collaboratively with the setting both before, during and after the cluster or incident to ensure effective management and understanding of the process to reduce the impact.

Definitions

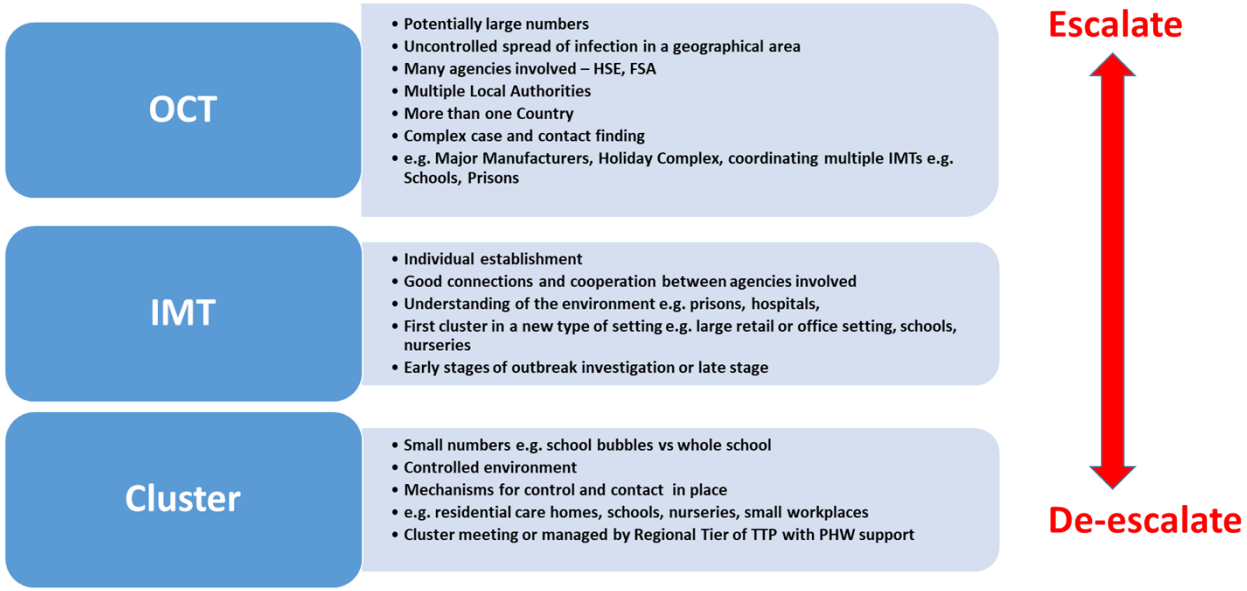
This section seeks to provide an outline of the definitions of clusters, incidents and outbreaks (see Figure below).

A Cluster is a group of cases that are linked in space and time and is greater than the expected number. While we are currently in a pandemic, a cluster would be a group of cases that remain small but are significantly linked so that intervention is required. This can be either within a household or linked to a specific person, venue or setting.

An Incident is the next step in the process of management. The number of cases, the setting in which it takes place e.g. care homes, schools, the oil industry (port and depot) may require additional multi-agency support to ensure control measures are put in place to reduce transmission. An Incident would be the trigger for the establishment of a multi-agency Incident Management Team (IMT), which seeks to manage the implementation of control plans.

An Outbreak Control Team (OCT) is created when an Outbreak is formally declared jointly by the Director of Public Protection (DPP), the Consultant in Communicable Disease Control (CCDC) and the Health Board Clinical Lead for Microbiology, in conjunction with the Health Board Executive Director of Public Health (EDPH) after consideration of the available evidence. However, any one of these can declare an outbreak if required. The *Communicable Disease Outbreak Plan for Wales (June, 2020)* would then be enacted and followed to manage the processes and implementation of the Plan.

Escalation and De-escalation between Custer, Incidents and Outbreaks



Daily Management of Cases in Hywel Dda

Hywel Dda has developed a strong partnership working approach to management of Covid across the region. The Regional Response Cell is led by the Daily Lead Consultant in Public Health and is staffed by Health Board Operational Manager, Public Health Wales local Public Health team, Health Board nursing team and administration support from the Health Board. Oversight of the RRC is provided by the TTP Regional Lead, a Consultant in Public Health. Each of the local TTP teams is led by an EHO/EHP lead with contact tracers and advisors reporting through their local structures to the leads.

There is a daily morning meeting, the "Huddle", which reviews cases and clusters. The Huddle brings together all stakeholders including Public Health Wales Health Protection, Health Board Infection Prevention and Control Teams (community and Hospital), TTP leads from the three local teams, the Regional Response Cell team (PHW lead, Operational Manager and Health Board Nursing Team), and chaired by the Lead Consultant in Public Health. This meeting has a set agenda including the daily epidemiology reports, surveillance data, new and existing cases, cluster updates, care home cases or incidents, hospital cases or incidents and any other areas of potential concern, such as international travel. This provides clear understanding across the partnership of all ongoing cases, clusters and incidents in all settings; as well as joint working to identify clusters early and escalate to cluster discussions with all key stakeholders. The ongoing epidemiology and surveillance, both data and soft intelligence, gives insight into the wider picture in Hywel Dda and Wales. The daily huddle also provides an opportunity to discuss more complex cases, such as those related to arriving travellers. Arriving travellers has primarily focused on people arriving from amber and red list countries. However, as the incidence of COVID-19 cases with the B.1.617.2 lineage (Delta variant) increases within the UK, the robust management of all arriving travellers into West Wales is required. This includes residents who visited / or had visitors from elsewhere in the UK, UK based tourists staying in 'holiday' accommodation in the area, residents who have arrived from a green, amber or red list country and exempt travellers such as Mariners. The management of arriving travellers is discussed in further detail later in this section.

The Huddle provides a space to share wider information, including changes in CRM, new SOPs, changes to testing, Variants of Concern intelligence, etc., that may impact on workload levels, management of cases or other aspects of TTP work. The Huddle has been a valuable tool to support the delivery of TTP across Hywel Dda and continues to play a key role in the management of cases and contacts, but also in joint working and continuous shared learning across our Region.

There is also a weekly care home meeting. This meeting seeks to have 2 main purposes – (1) to share updates on policy and procedures, and cascade any new updates or information to all partners; and (2) review any incidents in care homes or supported living facilities, deal with any enquiries or update on any homes in temporary restrictions. These are discussed at the Huddle, but the weekly meeting gives a focus on the care home sector in Hywel Dda.

Management of Clusters and Incidents

Where a cluster is identified, either via the Daily Huddle or through notification from partners both in Hywel Dda or neighbouring authorities/Public Health Wales Health Protection, it is managed in partnership between the Regional Response Cell and the Local Contact Tracing Team Leads (EHO/EHP staff). Cluster discussions are triggered by discussion between TTP local lead, RRC Lead Consultant and/or the CCDC / member of the Specialised Health Protection (SHP) Team. Cluster meetings are held via Teams and a set agenda is used to work through the epidemiology, control measures and actions needed. Regular cluster meetings are held to maintain oversight and, if required, to escalate into an Incident.

Examples of Clusters in Hywel Dda and action taken:

- Hywel Dda identified 3 cases in 2 local authority areas who all worked for a meat processing company in England. A cluster discussion was held and established the epidemiological link between the cases. Investigations by Environmental Health clarified that the workplace had been closed due to a number of positive workers. The cases in Hywel Dda were sequenced (Kent variant) and all forward and backward contacts traced. Those Out of Wales were notified to PHW team. Clusters meetings were held twice week for three weeks to ensure no further cases developed within Hywel Dda linked to this workplace. Total cluster was three cases directly linked to the workplace and 1 household contact.
- A cluster of cases was identified at a building contractors company. 4 cases were identified in office staff and a fifth case from a building site later linked as contact of one of the original cases. The office had held a presentation at which the 4 office staff were present and this was seen as a possible point source for the cluster. Backward and forward tracing was undertaken and all contacts were requested to be tested. No further cases were identified from this work. The building site was visited by EHOs to walk through COVID security and new controls were advised for the office. No further cases were identified and the cluster was de-escalated back to the Huddle.
- Clusters were identified at a meat processing company operating in Hywel Dda at two sites in two local authority areas. The cluster discussion looked at any cross working to determine if these needed to be seen as two separate clusters. Cases continued and it was difficult to also establish if this was driven by in-work or social contacts, given the rising community rates at the time. Given these issues, the cluster was escalated to an Incident and an IMT was established to work with the company to manage the situation.

Incidents are managed through an Incident Management Team (IMT). The Regional Consultant in Public Health or the Consultant in Communicable Disease Control will call an incident either when the case numbers are increasing, the complexity of the setting requires escalation or there is concern over the setting. An IMT will then meet formally, using either Microsoft Teams or Skype, and consists the following as standard:

Core Members:

- Consultant in Public Health, PHW, Hywel Dda RRC
- Consultant in Communicable Disease Control, PHW
- Local Team Lead(s) (EHO/EHP)
- Microbiology Consultant, PHW
- Infection, Prevention and Control, Hywel Dda Health Board

Additional Members will be specified by the setting and include the following, as required:

- Care Home Manager
- Local Authority Commissioners
- Head teachers
- Local Authority Education Leads
- Hospital Site Managers
- Representatives of the company/companies involved

Administration of the IMT will be undertaken using RRC admin support, including setting up meetings, note taking and distribution of relevant paperwork.

Regular updates on the incident and its management will be provided by the RRC to the Local and Regional IMTs, Director of Public Health and Director(s) of Public Protection. Escalation from a Cluster to an Incident will be notified via email and notes from meetings with key actions will be relayed in a timely manner. Escalation from an Incident to an Outbreak will be undertaken as per the *Communicable Disease Outbreak Plan for Wales (June 2020)* by the Executive Director of Public Health (EDPH), the Directors of Public Protection (DPP) and/or the Consultant in Communicable Disease Control (CCDC), this will be informed by the RRC Lead Consultant in Public Health and the IMT.

Examples:

- A cluster of cases in a meat processing company with two sites in Hywel Dda was concerning. While the community case rates were increasing, the number of staff at both sites testing positive was concerning. A cluster discussion was held and after two meetings this was escalated into a formal IMT. The IMT was chaired by a Consultant in Public Health from the Regional Response Cell and included the Consultant in Communicable Disease Control, Consultant Microbiologist, Local TTP leads, Environmental Health Officers and representatives from the company. The IMT worked through the epidemiology (cases on the sites, cross over between sites, particular areas of work, etc.). Testing was offered to the wider workforce but as this was

leading up to a key holiday period this did not result in large uptake. Further control measures were discussed and support from EHOs was given to support COVID security in the workplace. Case numbers decreased and the IMT was de-escalated to the Daily Huddle to monitor for any new cases.

- A worker in a care home was confirmed to have Covid19. Whole home testing quickly identified a number of further cases among staff and residents, and an incident

If the decision is taken to escalate to an Outbreak by the DPPs, CCDC and the EDPH then the *Communicable Disease Outbreak Plan for Wales (2020)* will be enacted and the formal processes outlined in this document will begin. The membership of the Outbreak Control Team (OCT), the respective roles and responsibilities, and tasks are outlined in the Communicable Disease Outbreak Plan for Wales (2020)

Management of Variants and Mutations of Concern

Variants and Mutations of Concern (VAMC) will be managed using the Public Health Wales End-to-End Process Manual for TTP Operational Teams in Wales. As knowledge of the Variant will be usually occur after the positive test result, all cases in Hywel Dda will be backward and forward traced (this will be reviewed if workload makes this unmanageable). This will ensure that for single or small clusters the management will follow the process outlined above. On notification of a VAMC, the RRC Lead Consultant will organise a cluster discussion to gather data already collected, identify any gaps and control measures needed. This meeting will also decide if an IMT is required to take forward any actions including any concerns on ongoing transmission.

Supporting Document
End-to-End Process Manual for TTP Opera **End-to-End Process Manual for TTP Operational Teams in Wales**

Where a larger cluster, ongoing transmission or any other concerns emerge, an Incident Management meeting will be established as outlined in the End-to-End process document. This IMT will interrogate current data and will be able to enact further surge testing of contacts or wider community in line with the plans and flow chart agreed by the West Wales IMT. The flowchart below also includes the surge testing documents which are discussed in more detail in Section 2.

Hywel Dda has tested the system with a number of smaller incidents in response to VAMC cases (see examples below). We are able to mobilise quickly and respond to the needs for testing in smaller settings (closed workplace), plan for wider community testing (change to wider symptoms testing communication) and management of a complex setting (maritime).

Example 1 – the index case lived in Swansea Bay Region but worked in Hywel Dda. The RRC received notification of the link from the Swansea Bay RRC and a joint IMT was established. The VoC was not linked to international travel. Testing was arranged for all co-workers from the Carmarthenshire workplace

managed by the Health Board Testing Team and the MTU, and the community testing of contacts in the case's household and wider contacts by Swansea Bay team. Discussions and preparations for wider community testing were discussed and plans were developed, but this was not taken forward. However, the IMT recommendation was to encourage testing on wider symptoms of COVID to try to identify any community cases.

Example 2 – a family returned to Hywel Dda after working overseas in Southern Africa. All four members of the family tested positive on their Day 2 test. However, between arrival and test result there had been contact with the extended family locally. This resulted in the second family also testing positive across a number of days. The first case in the extended family member had worked during the infectious period and so the workplaces in Swansea Bay and Cardiff & Vale had been impacted. The cluster discussion started following the positive test results of the returning family, as concern was that VAMC might be involved. When the second family was impacted, the cluster discussion established the IMT and included representation from the other areas. CCDC and EHO involvement including site visits, testing work colleagues and looking at COVID security measures on the building sites visited. Testing did not extend beyond the workplace but discussions on who and how to upscale testing if required were held.

Example 3 – Pembrokeshire Port Health was notified of an unwell crew member on board an oil tanker bound for Milford Haven. The crew member had COVID symptoms but had not been tested. The crew member passed away and was airlifted from the vessel. The autopsy identified COVID as a cause of death. The crew arrived in harbour and were PCR tested quayside by the Health Board testing team. The sequencing of two of the six positive cases returned with a VAMC. The IMT set up to manage the vessel then had to work to ensure all contacts with the crew and vessel were identified both in Wales and in previous ports. The cases and contacts on board the vessel were tested on Day 10 and isolation was extended for 14 days. There was a whole crew change organised and the cases and contacts were isolated in local accommodation procured for quarantine. The whole crew was tested on arrival in port (day 4), before being disembarked (day 9) and prior to last day of isolation (day 13). No wider testing was required as control measures reduced interaction with wider port staff.

The development of the VAMC flowchart which would enact the key elements of the End-to-End Process document, also led to a workshop discuss to inform the testing options if required. The documents created with worked up options are embedded in the flowchart and will be discussed in more detail in the Testing section. These have been designed to complement the flowchart and support IMT decisions on testing options. The workshop included reference to the flowchart and End-to-End process document to look at scenarios that would support or stress the testing decisions and the levels of testing required that would trigger the different options.

Management of arriving travellers

The introduction of variants and mutations of concern (VAMC) in to the Hywel Dda area, could significantly disrupt our recovery from the pandemic and reduce the gains made through the vaccination programme. As discussed, the incidence of COVID-19 cases with the B.1.617.2 lineage (Delta variant) has increased within the UK, therefore, any traveller into West Wales can potentially seed infection within the community. This includes residents who visited / or had visitors from elsewhere in the UK, UK based tourists staying in 'holiday' accommodation in the area, residents who have arrived from a green, amber or red list country and exempt travellers such as Mariners.

West Wales has a thriving tourist economy, with many UK residents visiting the area every year. Therefore, it is important that all tourists visiting and staying in the area, provide their full details with the holiday accommodation proprietors/ tourist attractions, so that they can be easily identified and contacted by the TTP teams. In addition, UK residents staying in holiday accommodation may be required to self-isolate, if they are identified as a case or a contact while on holiday. If they are unable to travel back to their home residence in a COVID secure manner, then self-isolation accommodation within the Hywel Dda area would be required. The restart of the cruise industry, is also being reviewed by partners, to ensure that we have robust plans in place to mitigate against the risks that tourists on a cruise ship may pose to our communities.

The management of arriving travellers from a red or amber list country can be complex and we have experienced travellers arriving at our ports from the Common Travel Area, who have circumvented quarantine requirements. TTP teams are therefore well versed in enquiring about the travel history for any case and contact. Arriving travellers from a red or amber list country, who test positive for COVID-19, are transferred from the care of the National Arriving Travellers Team (ATT) to the local TTP teams for contact tracing and follow up. The arriving travellers are risk assessed by the (West Wales) Regional Response Cell, to determine if they are at increased risk of having a VAMC or have been exposed to a VAMC. If a VAMC is suspected, 14 days of self-isolation is recommended rather than the mandatory 10 days, due to the increased risks of seeding VAMC within our communities. However, as the number of cases of the B.1.617.2 lineage (Delta variant) and other VAMCs increase in the UK and across the world, then the prompt and thorough contact tracing or every case (arriving traveller or not) is as important as ever.

TTP teams across West Wales along with the Regional Response Cell has had experience in managing cases / contacts of COVID-19 who are exempt travellers, from red or amber list countries. This has included Mariners and other key workers travelling to Wales as part of their work. Mariners can arrive at our ports on a vessel or travel to the UK by air, before joining a vessel at a port. The large oil and gas industries within our area also require key workers from across the world. Managing exempt travellers can be complex and will often require a multiagency approach, as described in section five. Exempt travellers are often in temporary accommodation and would require suitable and available self-isolation accommodation, if they were identified as a case or a contact of COVID-19. Mariners who are unable to self-isolate upon a vessel, may also require self-isolation accommodation. Dyfed Powys LRF have supported incident specific IMTs, managing exempt travellers, to find suitable self-isolation accommodation for exempt travellers. However, as tourism opens up further, self-isolation accommodation must also be considered for UK and non-UK visitors to the area as well as exempt travellers.

Therefore, the provision of suitable and readily available self-isolation accommodation for travellers (UK, non-UK and exempt travellers) has been identified as a priority within the Hywel Dda area and has been escalated to Welsh Government. Dyfed Powys LRF are working with Welsh Government to identify a sustainable solution to this issue.

Cluster Discussion

RRC Lead Consultant/TTP Regional Lead to chair a discussion with key partners (EHOs, CCDC, etc.) to establish background, epidemiology, contact tracing information, etc. to decide the level of response needed

Sequencing Request if VAMC concerns

Update to Local/Regional IMT

Is this a single case/small cluster or larger cluster/evidence of ongoing transmission or exposures?

Single/Small Cluster

Large/Ongoing Transmission

Manage as Cluster locally

RRC, SHP and local team(s) work jointly to manage case and contacts

Contact testing only

Report to National VAMC processes as appropriate

Establish Strategic Group (specific IMT)

Chair: TTP Regional Lead/CCDC
Members: as per Outbreak Control Plan for Wales e.g. CCDC, Local IMT chair, EHO/TTP team leads, Comms, PHW

Task & Finish Groups as required

Report to local/Regional IMT regularly on progress

Testing to take "pebble in pond" approach to decide actions

1. Contacts of case

2. Wider contacts in social and/or workplace settings

3. Wider Community testing

Use of portal for testing

HDUHB Testing Cell tasked to identify options and possible sites/delivery methods for testing using surge management documents

Mass Testing.pdf

Management of Cases, Clusters and Incidents in Care Homes

Supporting Documentation	
SOP-020 Residential Settings for Adults CC	SOP-021 Residential Settings for Children (

The new Standard Operating Procedure for Care Homes was circulated in May 2021. This, alongside with structural changes in Public Health Wales' National Health Protection Cell, led to a recent review of management of care homes. This flows from proactive management and the management of cases, clusters and incidents in the home. A revised draft flowchart is shown in the table below, which is currently being finalised by partners for sign off by the West Wales Regional IMT in June 2021. It outlines the process and responsibility for actions across PHW, Local Authority and Health Board teams. The identification has also been strongly linked to the ongoing oversight and work provided by the Regional Response Team and Lead Consultant in Public Health.

Management of cases, clusters and incidents in care home settings has been a proven area for the TTPs and good partnership working has developed across the teams involved. Discussions on care home cases and contacts take place in the Daily Huddle and a more in-depth management through the weekly care home meetings. Routine testing of care staff, using both PCR and LFD, has been ongoing. The current SOP of care homes recognises the changed to Alert Level 2 in Wales and the management of routine asymptomatic positive cases and the risk of false positives with low prevalence.

Positive test results in staff members are contact traced by local TTP teams and discussed at the Daily Huddle. The new process means that asymptomatic positive staff are re-tested using the Health Board testing team to ensure CT values are gathered to be able to understand the infection levels (Otherwise, all staff are routinely tested using the Government Portal via the Light House Labs which do not provide this information). The data gathered by the TTP teams, along with the microbiology information and IPC input, is then used to assess risk and decide whether to put the care home into full restrictions, whole home test or to remove the temporary pause. This is visually exampled in the table below. The flowchart for the response to asymptomatic staff during low prevalence is shown below.

Symptomatic residents are tested via the Health Board testing team processes. The EHO and IPC will gather data to support a risk assessment if the test is positive and whole home testing is required; the home is removed from pause if a negative test result is obtained.

Cases, cluster and incidents in care home settings are escalated and de-escalated in a similar manner to other settings. Discussions at the Daily Huddle, cluster discussions and IMTs (if required) follow a pattern based on the SOP levels and discussions between the Teams at the different meeting levels.

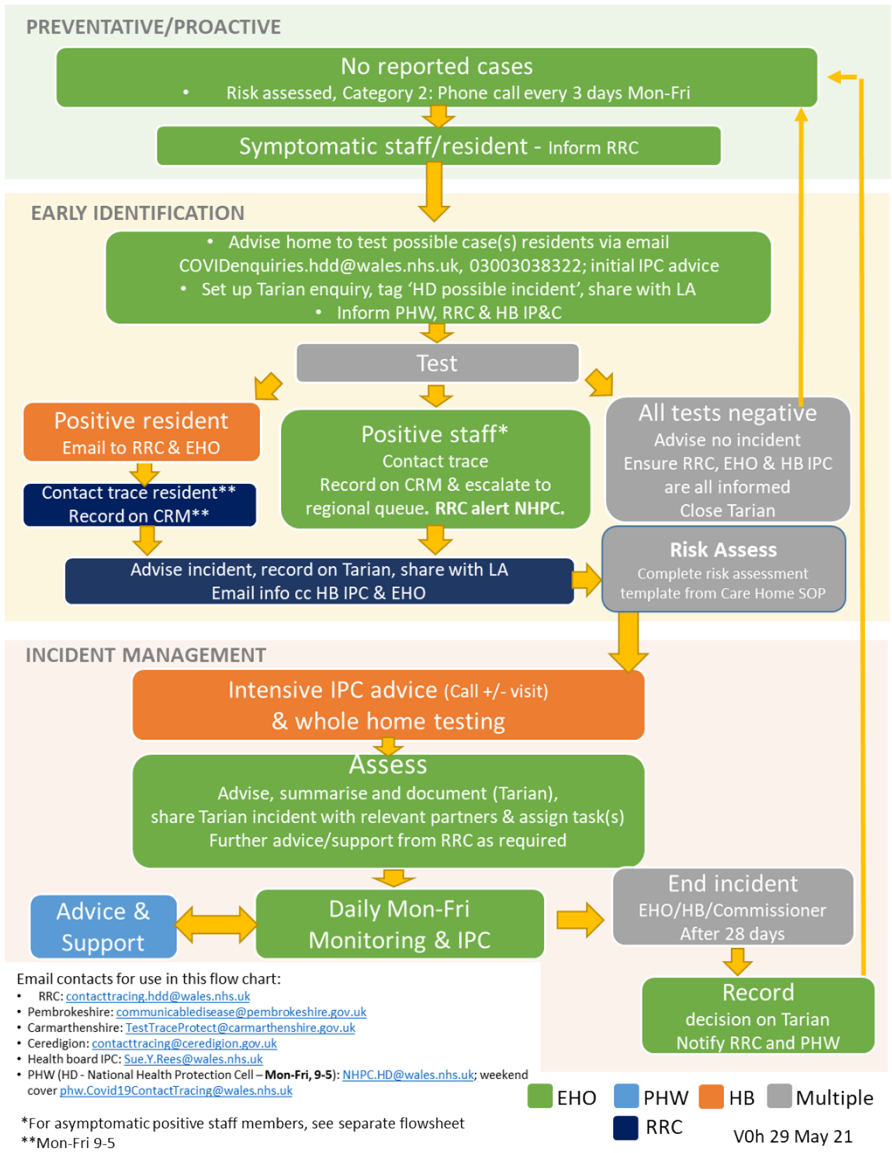
Examples:

- An asymptomatic staff member who suffered from long COVID returned a positive test on routine screening shortly after her return to work. She was over 100 days post COVID. As we were in Level 4, whole home testing was organised and the staff member was re-tested via the Health Board. The Whole Home test was negative and the staff member returned a low-level positive result with two genes returning a CT value of 38 and 42. The

Consultant in Public Health discussed the results with the Consultant in Microbiology and the decision was this was a continuation of the previous infection. The decision was made to remove the home from restrictions and for the staff member to use health board testing for a further 4 weeks to ensure the CT values could be monitored and ensure presence of the virus was continuing to wane. The decision was to review the case weekly after each result. The case returned one further low level positive and the two negative tests. The decision was then made to return her to routine testing via the Light House Lab portal procedure in place within the care home for all staff.

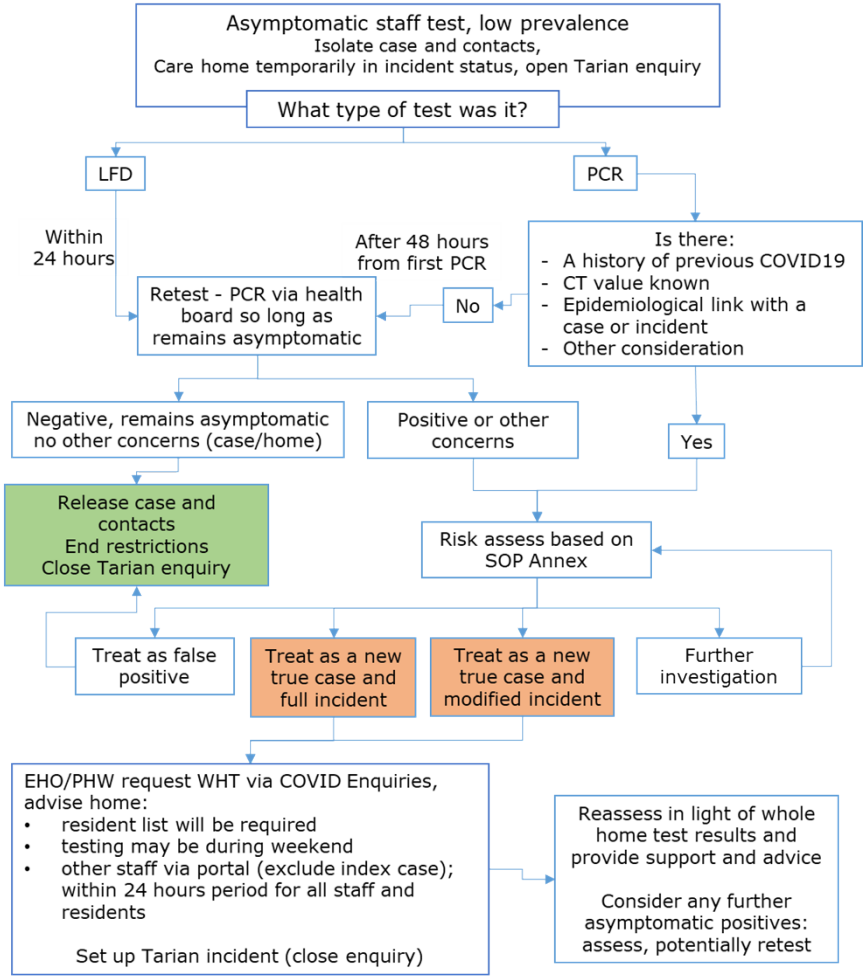
- A cluster of resident cases in a care home were identified by testing following changes to their normal behaviour, lethargy and lack of appetite. In addition, some of the staff returned positive results on the routine screening and developed milder flu-like symptoms. A cluster discussion was held and it quickly became apparent from the whole home testing results that an IMT was going to be needed. The IMT met and sought to support the partners in managing a large incident in the home – 55 of the 70 residents tested positive, with 8 deaths and 40 of the 100 staff tested positive. The IMT worked with the commissioners and the care home staff and owners to identify support to ensure staffing levels, IPC advice and other control measures, supply of PPE and other items, etc. The IMT also supported communication management with stakeholders and provide reactive press statements to support the wider community concerns.

Hywel Dda Region Prevention and Management Covid in Care Homes



Response to first asymptomatic positive Covid staff test during low Covid incidence

Key points:
Assess each asymptomatic positive
Use SOP Annex to risk assess, consider guidance for investigating possible reinfection



Version 0c, May 2021

Section 5: Wider Community Impacts and Support Measures (wider partnership support (LRF), escalation and risk assessment, SitRep) Maritime strategic support

Emergency Response Phase

As discussed in earlier sections of this plan, the Dyfed Powys Local Resilience Forum (LRF) has responded to varying phases of the pandemic by activating appropriate Command & Control structures to co-ordinate its response. A Strategic Co-ordinating Group (SCG) has twice been activated (first from 10th March – 4th August, 2020 and secondly from 20th October 2020 to 22nd April, 2021). The SCG's role was to determine the strategic direction of the response i.e. the "what to do". This was supported the Tactical Co-ordinating Group which provided the "how to do it" element of the response. These multi-agency groups acted as a conduit to enable partner agencies to escalate areas of concern, request assistance, mutual aid and facilitation of actions to assist resolution.

Collaboration during these meetings enabled a response to be developed to a number of high risk areas such as Temporary Body Storage Facilities; Food Boxes for the Vulnerable; COVID-19 Testing Site Identification. Escalation to Welsh Government was also enabled via the attendance of a Welsh Government Liaison Officer at each meeting. Formal action trackers were utilised to record and monitor progress against agreed actions.

Maintaining national strategic functions – Port of Milford Haven

The Port of Milford Haven is a key strategic element of the UK economy. Disruption of function of the port impacting on tanker vessels arrival, unloading and departure has potential to destabilise UK gas and oil supplies.

The need to keep the Port operating is balanced against the risk of introduction of coronavirus Variants of Concern into Pembrokeshire via the Port. Tanker crews are multinational, frequently their homes or the port where they join a vessel are "Red List" countries. In addition, the vessels are often loading cargo in "Red List" countries prior to their onward journey to Milford Haven. There have been a number of cases of crew members with Variant of Concern coronavirus infection being suspected and confirmed during their journey to Milford Haven. These vessels are large and only have a small crew, but they are closed communities with some degree of contact aboard inevitable. On arrival at the Port of Milford Haven, depending on the circumstances on board, cases and their contacts may need to disembark the vessel and be moved to suitable isolation accommodation ashore.

Movement of tankers into, within and out of Milford Haven requires one or more qualified Pilot to board the vessels. There is a limited pool of these Pilots who need to have key local knowledge of Milford Haven and therefore cannot be easily replaced. Thus keeping these pilots fit to work is a key need to maintain Port function. Vaccination of the Pilots is being undertaken. However, vaccination may not offer full protection from Variants of Concern. Decisions to have pilots board vessels with coronavirus cases aboard require detailed risk assessments and mitigation measures, which are often discussed and agreed at a bespoke multiagency Incident Management Team meeting. Vessel movements should therefore also be minimised when there is coronavirus infection on board.

Crew having coronavirus infection can impact on the ability to meet the Ship's Safe Manning Certificate requirements. Thus there may be a need to change crew to effect an earlier turnaround of a vessel. These replacement crew also need to be brought to the UK, tested on arrival and test negative prior to vessel decontamination and handover. Because of the complexities associated with these vessels, any notification of suspected or confirmed coronavirus aboard an incoming vessel requires establishment of multi-agency meetings to explore the risks and the options available in the specific circumstances. In this regard, the importance of ensuring multi-agency (maritime industry, port health, LRF links, Welsh Government as a minimum) are included from the onset due to the significant wider implications (beyond COVID) on national and international trade. The availability of suitable, accessible and convenient self isolation accommodation for cases and contacts required to manage such maritime-related incidents (and potentially wider need as international travel re-opens).

There are similar strategic risks associated with other operations in Milford Haven associated with on-shore oil and gas industrial activity.

Recovery Phase

As the immediate emergency response to COVID-19 levelled, thoughts transferred to moving into a stabilisation phase to plan for, and assist recovery. A multi-agency Recovery Co-ordination Group (RCG) was set up with agreed Terms of Reference and Aims and Objectives (see supporting documents 1 and 2 at the end of the section). However, following movement into wave two of the pandemic, the RCG moved into idle status to enable the re-activation of the SCG and a second response phase. In April 2021 the RCG took primacy once again as the SCG stood down as the second wave eased and the focus reverted back to stabilisation and Recovery. The lead for Communications also moved from Dyfed Powys Police to Local Authority as part of this transition, still utilising the Warning and Informing network to ensure multi-agency engagement. A number of themes have become standing work streams, focused on All Wales Recovery, with associated task and finish or sub groups to lead the work and allocate agreed actions and timescales to drive progress:

- All Wales Recovery Planning
- Feedback from Regional IMT(s)
- Education:
    - Re-opening of schools and further/higher education
- Economy and Environment:
    - Reopening of public realm, car parks, transport and tourism
    - Intervention and Prevention (replacing the former Enforcement sub-group of the Tactical Co-ordinating Group)
    - Unlocking
- Community Resilience
- Communications

The RCG provides the appropriate forum to provide wider partnership support and to consider partner agency priorities, including:
Business and Economy issues; Education; Environment; Employment; Tourism; Information and Media management; Support to Care Homes; Community Resilience; Traveller Communities; and the balance of community safety versus desire to re-open fully and as quickly as possible.

Community Resilience
Each of the Local Authorities has provided advice and support to its communities by the development of Helplines and Community Support Hubs. These hubs deal with the most vulnerable and shielded individuals and are flexible in approach and able to provide advice and signposting to relevant community groups, and arrange support such as food (free weekly food box) and medicine deliveries. Further support has been provided to people who are shielding by facilitating third-party cash withdrawals from local banks so they can pay volunteers who shop on their behalf. Welfare calls have also been made to people who are shielding and at risk at being targeted by telephone and doorstep fraud. Specific support has also been given to taxi firms so they can also support those without transport / access to services. Much of the direct work is undertaken by a network of voluntary groups ensuring coverage across the geography. These hubs are still currently in operation and can be flexed up or down to meet demand (currently low demand).

Communication with our communities has been a vital element of the response and information has been made available in other languages and formats to assist with reaching all groups. Both regional and local communication with communities to instil confidence and reinforce national messages has been a core theme it was picked up that large number of people were no longer accepting national messages and that is when a number of people and organisations in the community that had a trusted voice were able to assist – same message just different messenger. Measures to allow the safe re-opening of communities have also been put in place such as the introduction of Pedestrianised Areas or “Safe Zones” to support social distancing.

Escalation
The ability to escalate issues back to the Strategic Co-ordinating Group has been confirmed via the LRF Strategic Co-ordinating Group Reactivation Protocol. This details the process and criteria for the reactivation of a Strategic Co-ordination Group (SCG) should a further emergency response to the Coronavirus (COVID-19) pandemic be necessary. This document is an addendum to the Dyfed Powys LRF Emergency Command Protocol (see supporting document 3 at the end of the section).

Situation Reports (Sit Reps)
The LRF has been the conduit for the collation of partner agency sit reps since the beginning of the pandemic. Each agency has been required to submit BRAG rated issues for escalation on a daily basis, which have been collated into a Dyfed Powys response submitted to Welsh Government (see supporting document 4 at the end of the section). This in turn is collated to form the daily Wales sitrep. The sitreps have been reviewed by the Strategic Co-ordinating Group on a weekly basis, and any red rated issues and emerging risks discussed in more detail to facilitate local resolution.

The Health Board has also been reporting on a daily basis directly to Welsh Government on a range of operational issues, and produces a daily COVID-19 dashboard summarising the statistics (see supporting document 5 at the end of the section).

Concurrent Emergencies
Whilst the response to COVID-19 continues, the LRF is mindful that other emergency events may occur which also require formal Command and Control structures to be activated to manage. In such occasions, concurrent strategic, tactical and operational groups will be activated as appropriate in order to respond.

Supporting Documentation				
 Dyfed Powys LRF ToR.pdf **Dyfed Powys LRF Recovery Co-ordinating Group Terms of Reference**	 Dyfed Powys LRF Aims and Objectives.p **Dyfed Powys LRF Recovery Co-ordinating Group Aims and Objectives**	 Dyfed Powys LRF Emergency Command **Dyfed Powys LRF Emergency Command Protocol**	 DPLRF SCG Reactivation Protocc **Dyfed Powys LRF Strategic Co-ordination Group Reactivation Protocol**	 COVID Gold Dashboard 060820.pc **Hywel Dda University Health Board Gold Command COVID-19 Dashboard**

Section 6: Communications (internal, targeted/general, multi-agency and public)

Background
Early in the pandemic public agencies in the Hywel Dda area took a united and partnership approach to protecting our communities from COVID-19 together. During the first wave, the partnership approach to planning and response, was supported by formation of a Regional COVID-19 Communications Cell, which has met weekly throughout the pandemic.

This group includes representation of senior communication leads from Hywel Dda University Health Board, Carmarthenshire County Council, Ceredigion County Council, Pembrokeshire County Council, Dyfed Powys Police, and further education bodies.

A joint regional communication plan was agreed as a key pillar to support the overall prevention and response for our region, aimed at ensuring consistent communications to keeping our communities safe from harm (direct or indirect) from COVID-19.

There has been a need to refresh this plan for 2021/22 as we transition from pandemic to endemic disease and support new or evolving priorities around testing, variants and mutations of concern, and the development of the vaccine programme.

You can read the draft refreshed communications plan at the end of this section or a summary is included below.

Aim
The aim of the communication plan, in line with the national Keep Wales Safe communication strategy, is to: *Encourage everyone in Carmarthenshire, Ceredigion and Pembrokeshire to take their own, individual precautions to Keep Hywel Dda Safe (i.e. follow restrictions or guidance, break the chain by getting tested and self-isolating when necessary, and accept a vaccine) – wider comments, playing part in wider community protection?*

<u>Strategic Approach</u>
To achieve this, the communication plan details how we will:

- Deliver and amplify at a regional level the Welsh Government Keep Wales Safe communication strategy (incorporating Test, Trace and Protect and the vaccination program) as long as it is accurate for our region
- Ensure that our regional communities, stakeholders, and the media are informed in a timely manner about specific regional COVID-19 prevention, and response actions and the role they can play to Keep Hywel Dda Safe
- Deliver effective communication in response to specific clusters, incidents and outbreaks, in line with the overall Welsh approach and also responsive to the local situation/issues as relevant

- Ensure there is clear leadership and coordination so each organisation understands the communication and engagement roles and responsibilities they are responsible for
- Ensure communication activity is informed by strategic, tactical and operational insight on local behaviours/risks in order to use behavioural science principles to potentially influence more positive behaviours amongst target groups

Work with engagement and equality colleagues in the health board and local authorities so that we consider the needs of vulnerable or marginalised groups (particularly young people, C2DE, black and minority ethnic communities, and those who need communication in alternative formats)
Behavioural change principles, we are seeking to apply to our campaign and content creation locally include (examples of cases in use are included in the full plan):

- Reinforcing positive behaviours, using as specific as possible locally based situations, examples or people/influencers (this supports confirmation bias and social norms)
- i.e. 'join the xxx people from Hywel Dda area who have accepted their vaccination offer'; using local trusted spokespersons amongst target groups; thanking people who comply before criticising those who don't
- Minimise information/text, make target actions clear and use default options when possible (this supports information overload)
- i.e. give people a vaccine appointment upfront, make sure the critical information is placed high up and emphasised in the letter etc
- Give people choices when possible (this supports re-actance and self-determination theory)
- i.e. present and emphasise positive social interactions as an alternative to higher risk interactions, re-frame requests to highlight unrestricted behaviours, use polite requests and acknowledge sacrifices made
- Use key milestones to provide a reset – relegating past imperfections to a previous period and instead motivate aspirational behaviour (using fresh start effect)

i.e. use milestones such as new restrictions lifting, or anniversary events to encourage new habits

Communications delivery and channels
Communication delivery is through 'owned' 'earned' and 'paid for' channels across the different agencies and throughout the region.

Owned channels, where there are established, growing and engaged audiences, include:

- Internal staff communication within each organisation (staff online meetings, bulletins, social groups etc)
- Existing 'owned' online, digital and social channels (website, Facebook, Twitter, place-based digital screens)
- Visibility exercises in owned locations (such as hospital/health facilities/town centre/schools/administration buildings)
- Face to face communication and engagement via health board and local authorities staff (staff as champions, every contact with patients)

Earned channels include:

- Updates with key stakeholders through regular forums such as the weekly meetings with elected members and politicians who can influence and inform their representatives

- Bespoke stakeholder updates such as youth focused online briefings and Q&As
- Proactive work with partners in voluntary sector and through existing mechanisms for contact with vulnerable people (for example the Delta Well-Being service in the region; community hubs and connectors)
- Information for syndication and reaching into local partner organisations, community groups and influencers, increasingly using outreach development workers to make these links in identified at risk groups
- Newsletters and other cascade arrangements to established stakeholders, e.g. Councillors, Town and Community Councils, third sector network, housing associations
- Media coverage from media releases, briefings or photo/story opportunities
- Willing (unpaid) influencers

Paid channels can be deployed in a bespoke way according to target group and budget, but include:

- Regional radio adverts or press advertising
- Place based, paid for advertising
- Paid influencers
- Paid social media advertising

Details on which agencies are responsible for updating key stakeholders, and the tactics they use to do this are contained in the full plan.
Membership of key command and control planning and response meetings, are also included in the full plan, as well as escalation processes for communication co-ordination in responsive situations such as incidents, outbreaks and for variants or mutations of concern.

Lead agencies

The communication lead for subject areas, reflect the agency leads in the full prevention and response plan, but are summarised below:

Hywel Dda University Health Board

- Testing (antigen, antibody etc)
- Hospital and health location based containment and prevention measures (physical distancing, hand washing and other hygiene advice)
- Vaccinations (seasonal flu and COVID)
- Issues with hospital, community health care or primary care settings

Local authorities

- County specific incident management and tracing
- Protecting our communities – community based containment and prevention measures (physical distancing, hand washing and other hygiene advice) with focus on specific sectors such as schools and businesses
- Regulation and enforcement (in conjunction with police colleagues where legal breaches)

Evaluation and monitoring

Delivery of the communication plan will be kept under review through the leadership arrangements for COVID-19 prevention and response in Hywel Dda. Key mechanisms include:

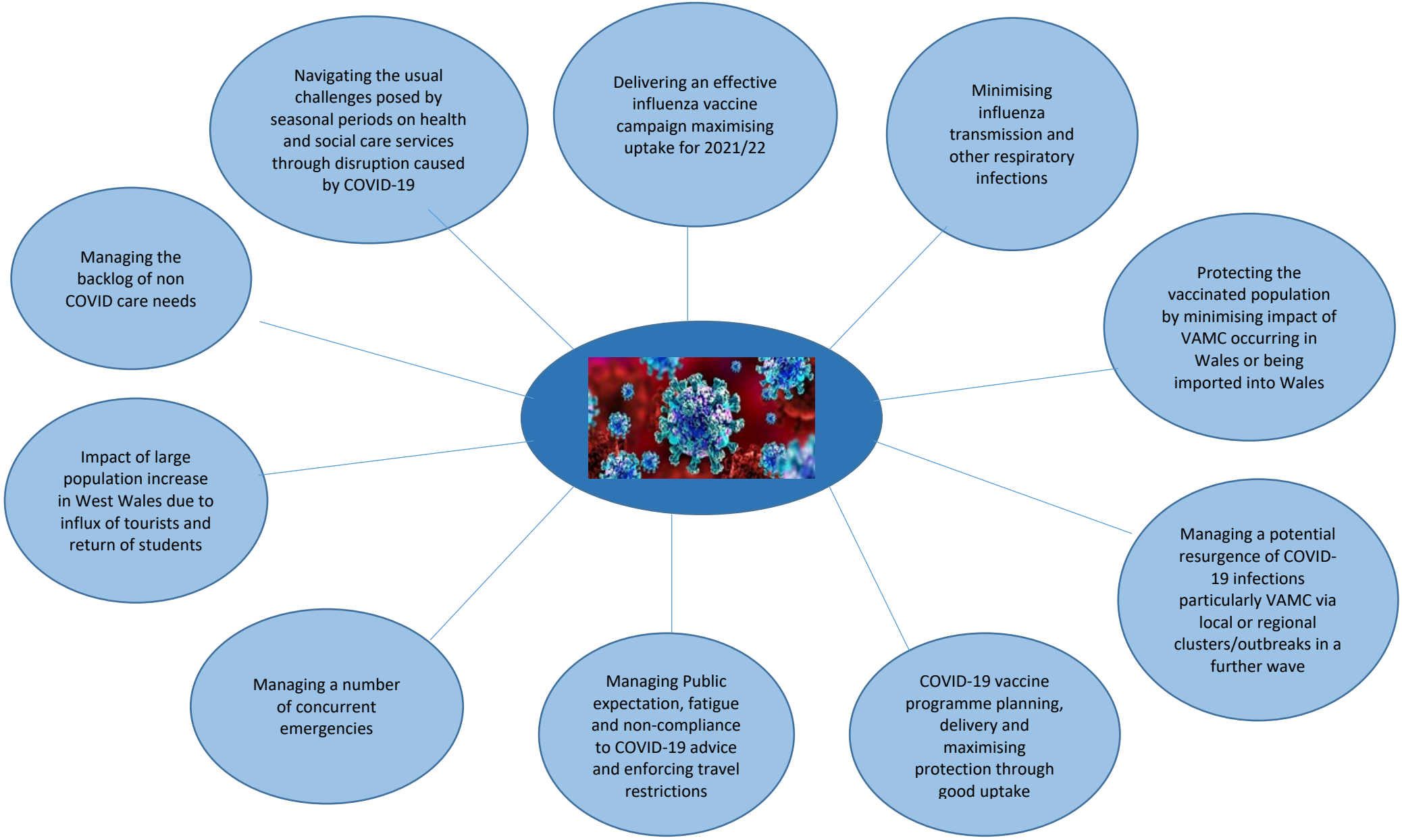
- Communication attendance at response meetings – using emerging intelligence to inform decisions about targeted communication and marketing activities and reporting back outcomes
- Using communication and engagement insights (pick up rates for outputs / feedback from audiences etc) to inform tactical and operational decisions (so learning is two-way)
- Reviewing and learning from clusters, incidents and outbreaks
- Using Wales-wide behavioural insights to target specific groups that may be more at risk or less likely to protect themselves; and to align nuancing of messaging
-

We will measure outputs and outcomes such as:

- Desired changes in behaviours (i.e. increase in people registering for vaccination)
- Evidence whether communication methods have been 'received' and acted upon – (such as increase website traffic or calls to enquiry lines following communication activity)
- Outputs (such as what media/social media posts are most popular or engaged with, or which website information is most accessed)

Supporting Documentation
 West Wales Prevention and Respo **West Wales Prevention and Response Communications Plan**

Section 7: Challenges and Risks (existing and emerging risks) and Learning and Review



Learning and Review, Conclusions and Next Steps

Learning and Review

Being aware of the way we have prepared and responded to COVID-19 allows us to reflect, debrief and learn, which in turn leads to adjustment and long term resilience. A number of service area reflections have informed the development of a Strategic Discover Report developed by the Health Board. This report was presented to the Health Board on 30th July 2020 and collated initial intelligence gleaned from a number of sources, and service reviews, to inform our collective priorities and ambition. This involved:

- "**Looking Back**" at the history of previous pandemic responses and presenting some of the findings from our research about previous pandemics (and potential pandemics), including the H1N1 Swine Flu of 2009-10, the Spanish Flu of 1918, and the Black Death.
- "**Looking Out**" at global learning and research, and the Welsh context; and a deep dive of recognised thought leaders in the field of health and care, and related policy areas. Specifically this involved accessing research, blogs, web-posts, COVID-19 pandemic guidance and learning from organisations such as:
    - Improvement Cymru
    - Kings Fund
    - NHS Confederation
    - Learning from other areas
    - Health Foundation
    - Advisory Board
    - Welsh Government
- "**Looking in**" at our system responses, changes and learning as a Health and Care partnership, which has included findings from our Health Board engagement with around 100 clinical, operational and corporate leaders across the organisation. The purpose of this engagement was to discover more about the changes to Health Board services due to COVID-19, and their impact. Carmarthenshire, Ceredigion and Pembrokeshire Local Authorities have undertaken a similar exercise which has enabled the whole system learning to be captured. The findings were triangulated with relevant performance data, detailed information about service changes, and wider learning about COVID-19 in order to inform the outputs of the report.

The report assists the Board in celebrating and authorising the changes and practical application of this learning that we have been able to achieve together, and to confirm the commitment to continue to transform services today and over the lifetime of the Health and Care Strategy ensuring that the impact of all learning is maximised

Command Centre Review: A review of the Command Centre was undertaken in July to realise the benefits developed and implement a longer term sustainable Hub for the Health Board. Agreed by the Gold Group, and due to be presented to Board in September, this will enable the Health Board to develop a "Hywel Dda Health Hub" incorporating:

- Call and email handling through the central information hub, care appointments, enquiries and expert cells
- Surveillance (Routine and incident) and Response

Multi-Agency Reviews:

A series of debrief sessions have been held across Wales, which the Health Board and LRF partner agencies have participated in:
Pan Wales Debrief of COVID-19 Interim Response – 3rd June, 2020: an interactive on-line debrief which focused on 6 key areas for review:

1. Activity within your Local Resilience Forum
2. Welsh Government Activity
3. UK National Support
4. Concurrent Emergency
5. Forward Look
6. Personal Reflections and Insights

All Wales Excess Deaths Debrief – 18th June 2020: which aimed to provide an opportunity for the Welsh Government, LRFs and emergency planners across Wales to review and reflect on the preparations and implementation of increasing capacity in the local death management process. This included lessons identified and effective practice in transport, storage, burials and cremations of the deceased and consideration of longer term resilience of the preparations in this area. Recommendations from this debrief will be taken forward via the appropriate LRF work streams (i.e. Excess Deaths and/or Mass Fatalities groups).

DP LRF COVID-19 Debrief: 31st July 2020: an on-line interactive debrief which reviewed the local multi-agency response. A debrief report is due shortly.

Exercises
Exercise Seren City: A pan Wales strategic exercise was hosted by Public Health Wales on 3rd March, 2020 in Cardiff which focused on significant impact planning for COVID-19. The aim was to explore the multi-agency capability to investigate, contain and respond to COVID-19; seek areas of the response to COVID-19 where further clarification is required, and identify learning to enhance the Wales response to COVID-19.

Exercise Barod: A follow up exercise to Exercise Seren City was conducted run on 7th August 2020 . The exercise was to examine the Communicable Disease Outbreak Plan for Wales; and how this is being utilised by Outbreak Control Teams and Strategic Coordinating Groups, in Wales in response to COVID-19.

This exercise focused on the geography of Local Resilience Fora and enabled partner agencies to explore the relationships between the local outbreak control measures, the Communicable Disease Outbreak Plan for Wales and Civil Contingencies structures and measures. This included the complexities of managing varying aspects of an outbreak across potentially a number of LRF areas, with multiple investigations being undertaken concurrently. Emerging national arrangements for local lockdowns were also discussed and the proposed structure and mechanism for this and further information on this can be found in Section 4 of this plan.

COVID-19 Mass Vaccination Exercise – held on 27th July 2020. This multi-disciplinary planning exercise was used to explore the end-to-end pathway for the delivery of a COVID-19 Vaccination Programme across the Hywel Dda footprint. This has informed the on-going development of the Hywel Dda COVID-19 Vaccination Programme and associated COVID-19 Vaccination Delivery Infrastructure whilst allowing consideration of early and emerging planning assumptions. Please see section 2 for the latest delivery planning information.

Looking forward – learning and review

In West Wales we are engaged in a continual process of sharing, learning and review. Examples of this include:

- **Our daily huddle – this promotes discussion with shared learning and review on a daily basis**
- **Our Regional (multiagency) workshop on the deployment of testing capacity according to a number of key scenarios including community clusters with VAMC**
- **Our Regional Care Home Testing webinar**
- **Our Regional workshop on international travel**
- **Our weekly HDUHB and all three LA's meetings for testing capability**
- **Our Regional Response Cell weekly debrief:** held every Friday between 3-4pm to review learning, QandA's and issues raised
- **Other exercises and workshops undertaken:**
  - Winter planning 2020/21
  - Mass vaccination
  - Bringing in 'Enhanced Health Protection Measures' in local and regional areas

Baltic Mariner I Debrief: A multiagency debrief session, facilitated by Mid and West Fire and Rescue service, on behalf of the Dyfed Powys LRF was held (21/05/2021) to review the multiagency response and management of the Baltic Mariner I vessel. Learning from the incident is being used to strengthen contingency planning for managing a case/s of COVID-19 on a vessel approaching/ in the Port of Milford Haven.

Next Steps and conclusion

- Work is ongoing to develop multiagency plans for managing a case/s on a cruise ship which is transiting through West Wales.
- Work is ongoing with Welsh Government colleagues, supported also by the Dyfed Powys LRF to establish robust plans for the provision of suitable and readily available self-isolation accommodation, for arriving travellers (UK, non-UK and exempt travellers) who are identified as a case/ contact of COVID-19 while working/ travelling in Wales e.g. mariners.
- The West Wales Prevention and Response plan will continue to flex to the demands of COVID-19 upon our communities and partner organisations. As we move from a pandemic response to an endemic response the roles and responsibilities of partner agencies may change; however our collective responsibility will remain and we will continue to work together to reduce the impact of COVID-19 on our communities, to protect the most vulnerable and to rapidly respond to cluster and outbreaks of COVID-19.
- Work is ongoing to develop detailed contingency plans for port health
- Work is currently underway to shape our TTP plans (including workforce models) post-September 2021
- We will continue with our ongoing review of our TTP response across West Wales
- Work is currently underway to adapt and flex our COVID-19 vaccination programme to respond to clusters of VAMC