

4.2

COVID-19 Report / Adroddiad COVID-19

Presenters: Steve Moore/Andrew Carruthers

COVID-19 Report September 2020

Annex 1 - Local Coronavirus (COVID-19) Prevention and Response Plans 2020/21



CYFARFOD BWRDD PRIFYSGOL IECHYD UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: DATE OF MEETING:	24 September 2020
TEITL YR ADRODDIAD: TITLE OF REPORT:	Update on Hywel Dda University Health Board response to the COVID-19
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Steve Moore, Chief Executive
SWYDDOG ADRODD: REPORTING OFFICER:	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the ongoing response to the COVID-19 pandemic within the Hywel Dda area

Cefndir / Background

This report provides an update to the Board on the work that has been progressed in relation to the COVID-19 pandemic since the Board meeting on 30th July 2020.

Asesiad / Assessment

Levels of infection and hospitalisation of patients with COVID-19 remain low in the Hywel Dda Health Board area. At time of writing there were 17 patients in hospital beds with suspected COVID-19 (none confirmed) and in the 30 days to 13th September 2020, PHW surveillance data shows the rate of positive tests is 0.87% (107 positive tests out of 12,250 tests undertaken). For reference, at the height of the initial surge, there were more than 90 hospitalised patients and a positive test rate of 37.8% (179 positives out of 537 tests undertaken – week commencing 6th April 2020).

Recent events in other areas of Wales and parts of England, where lockdown restrictions have had to be partially reintroduced, demonstrate the on-going need for vigilance, compliance with social distancing advice and good hand hygiene – particularly in younger adult age groups. Whilst hospitalisation rates for these age groups is lower than for older and more vulnerable members of our population, the risk of a wider outbreak affecting these groups grows as the reservoir of active infection rises. The Health Board, together with local partners and in support of Welsh Government's national efforts will continue to communicate on all platforms the need for the population to continue to stand with us and protect their NHS, their families and their communities.

1. Update on the Winter Preparedness Plan

At time of writing, the planning guidance from Welsh Government to inform our local Winter Preparedness Plan had not been issued. A verbal update will be provided by the Director of Operations at Board on any issues arising from the guidance (if available by that point). The Tactical Group and Bronze Delivery Groups have however been developing plans for the Winter since the completion of the Quarter 2 operational plan. Key issues are set out below:

Essential Services

The Tactical Group has confirmed that all essential services, as defined by the Welsh Government guidance, will continue to be delivered through the Winter Plan based on current COVID-19 and non COVID-19 demand forecasts. If peaks in demand go beyond the level of contingency capacity in the plan, this may change, but the risks of this are likely to be small.

Field Hospital Provision

In the update to Board on 30th July 2020, it was confirmed that the Gold Command requirement was for the Tactical Group to secure 501 Field Hospital beds. This was based on the Welsh Government requirement for Hywel Dda to have a contingency plan to accommodate 613 COVID-19 patients at peak in the winter of 2020/21. Combining this with local modelling regarding likely non-COVID-19 peaks and factoring in issues such as social distancing measures resulted in the Field Hospital requirement for 501 beds.

A significant amount of work has been undertaken during August and September with Local Authority and other partners to construct a plan that secures this provision whilst recognising the easing of lock down restrictions in leisure, tourism and the return of pupils to school. Set out below is the position of each existing Field Hospital:

Field Hospital Location	Secured Bed Provision	Comments
Parc Y Scarlets (PYS) Barn	212	Contract drafted – see below
Parc Y Scarlets Stadium	Decommissioned	
Selwyn Samuel Centre	101	Contract drafted – see below
Llanelli Leisure Centre	Decommissioned	
Carmarthen Leisure Centre	24 to 74	Judo hall hibernated. Other areas decommissioned however will be reinstated at minimal cost with 2 weeks' notice if the need arises. Contract drafted – see below
Bluestone Adventure Centre	72	Extension to contract ratified at Board 30 th July 2020.
Cardigan Leisure Centre	37-48	Plan is to use this site for asymptomatic testing and possible mass vaccination centre. The beds can be reinstated with 2 weeks' notice if needed.
Plascrug Leisure Centre	44-51	Contract drafted – see below. This site is also being used for asymptomatic testing with plans to support mass vaccination if needed.
Penweddig School	Decommissioned	
Total	490-558	

No rental was payable on any sites until September, apart from the Bluestone contract, which was arranged on a commercial basis. However, rental costs have been negotiated for the remainder of the year to address issues of consequential losses for the providers.

Field Hospital Location	Rent to end August £'000	Further rent to end March* £'000	Total payable to end March* £'000
PYS Barn	0	595	595
Selwyn Samuel Centre	0	63	63
Llanelli Leisure Centre	0	20	20
Carmarthen Leisure Centre	0	13	13
Bluestone Adventure Centre	3,425	2,386	5,811
Cardigan Leisure Centre	0	0	0
Plascrug Leisure Centre	0	0	0
Penweddig School	0	0	0
Total	3,425	3,077	6,502

*This is an indicative figure if contracts continued to 31st March 2021. The Bluestone contract currently terminates on 31st December 2020, and there is an option to terminate the PYS Barn as of 31st December 2020.

The costs and contractual details are being subject to scrutiny by the Finance Committee to ensure that value for money is being maintained on our contractual arrangements. The Board will be asked to approve a contract for the extension of the PYS Barn pending scrutiny by the Finance Committee at its next meeting.

Any decision to extend the Bluestone contract beyond 31st December 2020 will also be scrutinised by the Finance Committee before the Board is asked to recommend approval to Welsh Government.

Seasonal Influenza Plan 2020/21

This forms a key part of the Health Board's winter preparedness and is included as a separate agenda item.

Testing

The Health Board has developed a robust Operational Testing Delivery Plan for the coming 6 months, based on demand modelling and assumed testing capacity across both the Welsh and UK Department of Health and Social Care (DHSC) systems. Over recent weeks, the DHSC laboratory capacity has been outmatched by a significant rise in demand for testing resulting in significant challenges regarding access to testing and turnaround times which is impacting locally. A verbal update will be given at Board on the latest position in relation to these issues.

In common with other parts of the UK, local demand for testing has increased significantly with an increase in testing pre-operatively, the re-opening of schools and Welsh Government requests for testing of returning travellers from abroad. We anticipate further increased demand as university students return, and respiratory illnesses begin to circulate.

We have issued clear communications to staff, partners, schools and the public to reinforce messaging, to reduce the amount of inappropriate testing requests being made. This includes an assurance to the public that testing is available in all three of our counties for symptomatic individuals and that they should not need to travel excessive distances to access testing.

Unfortunately, this testing is booked via the UK portal or 119, and the capping of testing slots available is not within our control.

Testing for symptomatic members of the public is available in Aberystwyth, Carmarthen and Haverfordwest via the UK portal. We have additional testing sites, not open to general public access, for pre-operative and pre-treatment testing e.g. prior to chemotherapy.

The Health Board testing team is currently reviewing the Operational Delivery Plan to seek to be as self-sufficient as possible to meet the testing requirements for our local population. This will require additional resources to manage the booking, delivery and analysis of Health Board delivered testing to reduce the reliance on the DHSC model. This will include a prioritisation plan for specific groups to target testing appropriately, where we face ongoing issues with demand outweighing capacity, which will need to be agreed with our partners.

In light of the above, the Gold Command Group issued the following additional planning requirement to the Public Health (PH) Cell in September which will be discussed further and ratified at the Gold Command meeting scheduled to be held on 22nd September 2020:

“In light of UK portal issues recently experienced, the Public Health Cell is asked to strengthen our local antigen testing offer, the aim of which is to reduce local reliance on the DHSC model and provide less than 24 hour turnaround times and access for all symptomatic people and all asymptomatic patients and key workers to local testing capacity in the Hywel Dda area”.

In light of the above, a risk relating to testing is being developed for potential inclusion on the corporate risk register.

Local Prevention and Response Plan

All Health Boards were required by Welsh Government to construct Local Prevention and Response Plans jointly with Local Authority partners. This is a live and evolving document, as we learn how best to prevent and respond to infections in differing settings and circumstances; the latest draft is attached at Annex 1 for information.

The areas addressed within this plan are as follows:

1. Preparation and Planning, Oversight and Governance
2. Prevention, Mitigation and Control Measures
3. Surveillance
4. Escalation, Response and Management of Clusters, Incidents and Outbreaks
5. Wider Community Impacts and Support Measures
6. Challenges and Risks, Learning and Review

The above areas have been, and will continue to be, developed in close collaboration with our Local Authority colleagues and national bodies.

A verbal update will be given at Board on any live issues being addressed by our Test, Trace, Protect process.

Planned Care Services

Work continues at the Tactical and Bronze Groups to explore opportunities to increase the volume of planned surgery across our four acute sites, in addition to supplementary capacity commissioned via the independent sector at Werndale Hospital.

The Planned Care Directorate is working closely with each hospital triumvirate team to identify practical solutions to the complexities and challenges associated with delivering protected 'green' pathways for planned surgical patients in hospital facilities which continue to provide for both COVID-19 and non COVID-19 pathways. All patients listed for surgery follow strict pre-operative pathways including self-isolation and testing prior to admission.

The focus continues to be the delivery of surgical pathways in accordance with the WG Essential Services framework, with Category 1 & 2 (cancer and urgent) patients receiving priority. In the absence of significant dedicated 'green' surgical capacity, the volume of non-urgent surgery which can be undertaken across the footprint of our four acute hospital sites remains limited. The full extent of this challenge will be reflected in our plans for the remainder of 2020, in response to the WG Operating Framework for Quarters 3 & 4.

The overall volume of surgery which can be delivered at each hospital site is influenced by three main factors:

- **Theatre capacity** – taking account of available staffing resources, the volume of staff currently shielding due to the risks of COVID-19 and the impact on throughput of additional infection prevention and control procedures required to maintain safety of patients and staff
- **Critical care facilities** – predominantly the ability to achieve protected 'green' post-operative critical care pathways to ensure patients undergoing planned surgery are separated from those following 'amber' and 'red' pathways.
- **Beds** – the availability of protected 'green' ward capacity, staffed independently of other areas

The current profile of planned surgery undertaken at each hospital is summarised below:

Hospital	Specialties
Prince Philip	Colorectal, Urology, Gynaecology & Breast
Bronglais	Emergency / Trauma / Obstetric Surgery General Surgery, Gynaecology & Orthopaedics
Withybush	Emergency / Trauma Surgery General Surgery, Gynaecology & Orthopaedics
Glangwili	Emergency / Trauma / Obstetric Surgery Ear, Nose & Throat (ENT) / Head & Neck, Ophthalmology and specific Urology cases
Werndale	Breast, Urology, Gynaecology, Dermatology, Orthopaedics & Ophthalmology

Current issues and future plans at each site are summarised below:

- **Prince Philip Hospital**
In the absence of emergency surgical pathways at the hospital, Prince Philip Hospital offers the greatest flexibility to support planned surgery, with two main theatres currently operating, and a third theatre available from October 2020. As the hospital is also able to provide a dedicated post-operative critical care facility for planned surgical patients, it currently supports Health Board wide pathways for colorectal and urology cancer surgery as well as gynaecology and some breast surgery. Due to the pressure on facilities at the hospital, the majority of breast surgery has been temporarily relocated to Werndale Hospital.

Plans are being explored to recommence urgent orthopaedic surgery at Prince Philip Hospital from October 2020, with the complexities of ensuring strict adherence to infection prevention and control pathways for this patient group currently being assessed in collaboration with the clinical team.

- **Bronglais General Hospital**

With one theatre dedicated for emergency surgery, urgent and cancer surgery is supported by one planned surgical theatre currently, with the availability of up to 14 beds on Rhiannon Ward. As the hospital is unable to secure a dedicated 'green' post-operative critical care pathway, separate from the main critical care facility, surgical cases are limited to less complex procedures for orthopaedics, gynaecology and general surgery.

- **Withybush General Hospital**

To date, urgent surgical volumes at Withybush have been limited due to the absence of a 'green' post-operative critical care pathway and the limited availability of theatre staffing. During this period, surgical activity has been restricted to emergency surgery and less complex planned procedures in general surgery and gynaecology.

In recent weeks, a separate day theatre has commenced operating. During the autumn, plans to provide a post-operative critical care pathway in the Ward 4 area will enable a greater range of surgical cases to be undertaken at the hospital, although the volume of activity will be limited until theatre staffing availability improves.

- **Glangwili General Hospital**

In the absence of a dedicated 'green' critical care pathway (as the hospital currently hosts the designated 'red' COVID-19 ITU for the Health Board) and pressures on available bed capacity following the closure of Towy Ward, pending urgent refurbishment, Glangwili continues to support emergency and obstetric surgery, in addition to more specialist ENT / Head & Neck and urgent ophthalmology surgery.

The planning focus at Glangwili centres on the provision of dedicated bed capacity to support these pathways and the broader emergency medical demand at the hospital. With the advent of revised Major Trauma Network arrangements from September 2020 and recent increases in demand for orthopaedic trauma, additional trauma theatre capacity is being provided at the hospital.

- **Werndale Hospital**

To supplement the surgical capacity at our four acute sites, facilities at Werndale Hospital are being utilised to support less complex urgent and cancer surgery across a range of specialties. Up to 75% of the available theatre capacity at Werndale Hospital has been commissioned, with patients following strict 'green' pre-operative pathways.

- **Outpatients**

Outpatient consultations continue to be prioritised for patients following urgent and cancer pathways, with activity levels currently less than 50% of pre-COVID-19 levels. The planning focus for all clinical teams has been the identification of those urgent patients who continue to require face to face assessments and those who are deemed more suitable for alternative remote / digital solutions.

Following a successful pilot assessment during the summer period, the Planned Care Directorate (with support of the Digital Bronze Group) is progressing the roll-out of alternative digital platforms across all specialties. A phased development plan has been

agreed, by specialty, which is designed to increase the volume of outpatient activity during the autumn period.

2. Cell updates

Personal Protective Equipment (PPE) Cell

The PPE cell has continued to meet and review new and updated national infection prevention and control guidance for implementation by health and care services, as well as monitoring stock levels and usage. Updates have been provided to the Gold Command Group and feedback has also been provided to the Welsh Government led Executive PPE group. With the exception of one particular type of FFP3 mask, there have been no stock outages. Proactive management of the stock has enabled alternative suitable PPE to be made available to staff to enable uninterrupted delivery of essential services. Work is now being progressed on the development of a regional plan to ensure sustainability of stock levels in line with modelling projections.

Modelling Cell

The modelling cell continues its work to support the Operational Tactical Group with forecasting for winter and is providing weekly updates to the Gold Command Group on functional capacity as noted in the previous update report.

PH Cell Update, including Mass Vaccination Planning

All Health Boards have been asked to draw up plans to undertake mass vaccinations should a COVID-19 vaccination become available. In light of this, the PH Cell has been issued with an additional planning requirement to *“establish mass vaccination infrastructure and processes, the scale and size of which will be informed by Welsh Government guidance, capable of being implemented from 5th October 2020”*.

Given the likely scale and scope of this undertaking and the need to continue to expand our Test, Trace, Protect (TTP) capacity, the Gold Command Group has issued an additional request to the Tactical Group, to deliver the operational requirements in relation to TTP and vaccination plans. This will enable the PH Cell to utilise Bronze Group implementation capacity to deliver the requirement. The PH Cell lead director has joined the Tactical Group to facilitate this.

A first draft of Hywel Dda's mass vaccination plan was submitted to Welsh Government on 2nd September 2020 as mandated, and will continue to be developed in the coming weeks. A verbal update on progress and issues will be provided by the Director of Public Health at the Board meeting.

Social Distancing Cell

Implementation of the locally developed social distancing guidelines has been overseen through this cell. All wards and departments across the Health Board have been risk assessed and all works required to support compliance with the guidelines have been prioritised. It is expected that all high priority estates and facilities related work will be completed by the end of September 2020. Frequent communications regarding social distancing requirements are being issued through Global, the daily internal Health Board communication mechanism. Posters, floor markings, sanitizer stations have been installed across sites, enhanced cleaning guidance issued and patient information leaflets have also been developed. Consideration is now being given to internal monitoring arrangements to ensure the safety of our staff, patients and those attending our services.

3. Other Gold Command Group Planning Requirements for ratification

The Gold Command Group issued a new planning requirement to the Command Centre, in addition to the existing three. This requirement has been based on discussion at the previous Public Board Meeting and at a recent Quality, Safety and Experience Assurance Committee meeting. This planning requirement is:

- Establish a process to maintain personalised contact with all patients currently waiting for elective care which will:
 - Keep them regularly informed of their current expected wait
 - Offer a single point of contact should they need to contact us
 - Provide advice on self-management options whilst waiting
 - Offer advice on what to do if their symptoms deteriorate
 - Establish a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation
 - Offer alternative treatment options if appropriate

Board is asked to ratify this planning requirement.

4. Other Issues

Whilst not directly related to the current response to the COVID-19 pandemic, the success of the Command Centre in being a central, high quality resource for staff, patient and partner communication has led the Executive to consider the need for a permanent capability to fulfil these functions and provide others. A development group has been set up to establish the Command Centre on a permanent, sustainable footing. Entitled the “Hywel Dda Health Hub”, the capabilities, role and scope of this facility will be:

- One single telephone and email point of contact – the “Hywel Dda Health Hub” incorporating a switchboard facility and existing service-based call handling functions into one single call-handling system link, with the patient appointment online booking and call handlers
- All specialist teams (primary care, patient support, staff support) to have their calls answered and routed through this single point of contact
- To provide communication and coordination for the Health Board’s surveillance system
- Support the Health Board’s incident response and management processes
- Further develop the sharepoint function or evaluate other similar systems that our Local Authority partners use to facilitate tracking, auditing and reporting of enquiries, responses and actions
- Develop and implement a plan to roll out access for all patients to their own records and appointments within 3 years

The Executive lead is the Director of Nursing, Quality and Patient Experience who will act as the Senior Responsible Officer for the project. Once appointed, the new Communication and Engagement Director, will assume the role as Project Manager for the duration of the project, working to the Director of Nursing, Quality and Patient Experience . Further updates will be provided to Board as the programme develops.

Argymhelliad / Recommendation

The Board is asked to:

- Direct the Finance Committee to scrutinise the proposed Field Hospital contracts to seek assurance regarding value for money and to make a recommendation to Board regarding approval of the contracts. (Note that timescales may require Chair's action with Board ratification to follow at the next available meeting)

- Ratify the Gold Command Group decision to

"In light of UK portal issues recently experienced, the Public Health Cell is asked to strengthen our local antigen testing offer, the aim of which is to reduce local reliance on the DHSC model and provide less than 24 hour turnaround times and access for all symptomatic people and all asymptomatic patients and key workers to local testing capacity in the Hywel Dda area".

- Ratify the Gold Command Group decision to instruct Tactical to deliver the operational requirements arising from the Public Health Cell in relation to TTP and vaccination plans
- Ratify the additional planning requirement issued to the Public Health Cell
"To establish mass vaccination infrastructure and processes, the scale and size of which will be informed by Welsh Government guidance, capable of being implemented from 5th October 2020"
- Ratify the Gold Command Group decision for the Command Centre to:
 - Establish a process to maintain personalised contact with all patients currently waiting for elective care which will:
 - Keep them regularly informed of their current expected wait
 - Offer a single point of contact should they need to contact us
 - Provide advice on self-management options whilst waiting
 - Offer advice on what to do if their symptoms deteriorate
 - Establishes a systematic approach to measuring harm – bringing together the clinically assessed harm and harm self-assessed by the patient and use this to inform waiting list prioritisation
 - Offer alternative treatment options if appropriate

Amcanion: (rhaid cwblhau)

Objectives: (must be completed)

Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 854 855
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply
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Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termiau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations 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 is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
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



The Hywel Dda Prevention and Response Partnership

Partnership of the:

Hywel Dda University Health Board

Carmarthenshire County Council

Ceredigion County Council

Pembrokeshire County Council

Local Public Health Wales Team

Local Coronavirus (COVID-19) Prevention and Response Plans (2020/21)

August 2020

(Draft subject to appropriate approvals by individual partnership organisations)

Introduction

As Chair of 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, a warm welcome to the first iteration of our Coronavirus (COVID-19) Prevention and Response Plan. The COVID-19 pandemic has both tested and challenged partners across the Region to respond in a co-ordinated way and by the very nature of this terrible virus has also brought us together in a rather incredible way.

What we are trying to achieve - we wish to prevent, manage where we need to but ultimately aim to eradicate COVID-19 infection and transmission within our communities. This proactive and reactive plan is the first attempt by our 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. 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 is 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 – this of course may change too overtime but for the first iteration this is where our partnership discussions have taken us.

You can see from the Plan on a Page diagram below that the six sections of the plan are surrounded by three cross-cutting themes:

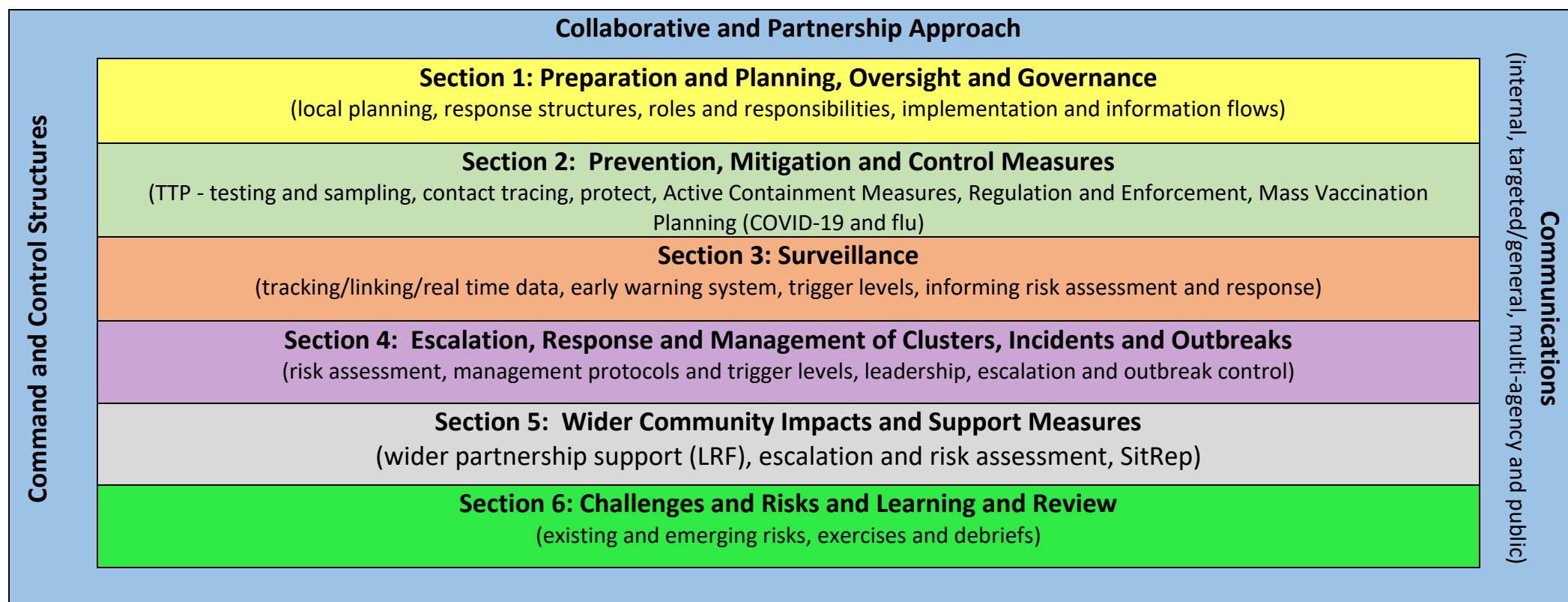
- Collaborative and partnership approach
- Command and control
- Communications – for this purpose we have developed a local communications plan (see supporting document at the end of the section)

We want to ensure at a national level that the collaborative approach taken by the partnership across the Hywel Dda region is clearly understood. Although co-ordinated by the Health Board this plan has been co-produced and has involved and required the hard work of individuals and teams across all agencies to pull this together.

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. This is complex, and we

might not have got this quite right in this first iteration, however as you can see from section 1, we are continually learning as a partnership about COVID-19 and we aim to regularly review our plan, share our learning and make any adaptations and changes as and when required.

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 include a short communication piece for each of the sections pulling out the key headlines and relevant issues in addition to our Communications Plan, which has again been developed in a collaborative way. This will also require adaptation and change over the coming weeks.



It is clear from the first iteration of our first multi-agency Prevention and Response Plan that certain elements are still under development or that we are awaiting further guidance and national steer in order to respond. Regular review will be undertaken and changes will be made however we wish to be as open and honest with you as we possibly can be regarding the completeness of our plan. The summary section below references the 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.



This Prevention and Response Plan will also form an essential part of the Health Boards operational framework response for quarters 3 and 4 of 2020/21, as well as the recently proposed Winter Protection Plan. Further, we will need to ensure that it feeds into any planning cycles for 2021 and beyond, particularly with respect to our Integrated Medium Term Plan.

Kind regards

Ros Jervis

Executive Director of Public Health (Hywel Dda University Health Board) and Chair of the Prevention and Response Regional Oversight Group



Supporting Document
Appendix 1 Hywel Dda Region Draft Prevention and Response Communication Plan

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 Developing Local COVID -19 Prevention and Response Plans' and the response within the Hywel Dda Local Coronavirus (COVID-19) Prevention and Response Plans (2020/21)

Local Planning and Response Structures, Roles and Responsibilities	
Outline of local structures, roles and responsibilities	Section 1, pages 8-14
Each local plan should describe the identified lead with overall responsibility and oversight of the Prevention and Response	Section 1, page 9
Structure for local decision making and the delivery of response, including:	Section 1, pages 8-14 Section 2, page 20
- 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	Section 4, pages 42-45 and pages 48-50
Multi-Agency Strategic Regional TTP Oversight Group in place which is adequately resourced	Section 1 page 13 Section 2, page 20
Surveillance	
Outline of how epidemiological surveillance informs sensitive early warning systems for recognition of community transmission	Section 3, pages 38-41
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 42-47
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	Section 4, pages 48-50
The arrangements for escalation to SCG/RCG members and the Welsh Government	
Sampling and Testing	

Local arrangements for sampling and testing	Section 2, pages 18-23
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 23-31 and pages 25-36
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	Section 2, pages 34-35
Mitigation and Control	
Assessment of primary control measures in key settings and ensure promulgation of advice related to transmission	Section 2, pages 28-34
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, page 28
Local communities plans outlining collaborations between existing local community networks and partnerships and with the voluntary sector	Section 2, pages 26-28
Reinforcement arrangements if non-compliance with control measures	Section 2, pages 26 - 28
Plans for enhanced enforcement and communication in response to escalating incidents	Section 2, pages 36-37 Plus the overarching Communications Plan on page 4
Communication	
Multi-sectoral communications strategy aligned to national messages developed	Overarching Communications Plan page 4 Plus please refer to the communication narrative aligned to each section of the plan
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	

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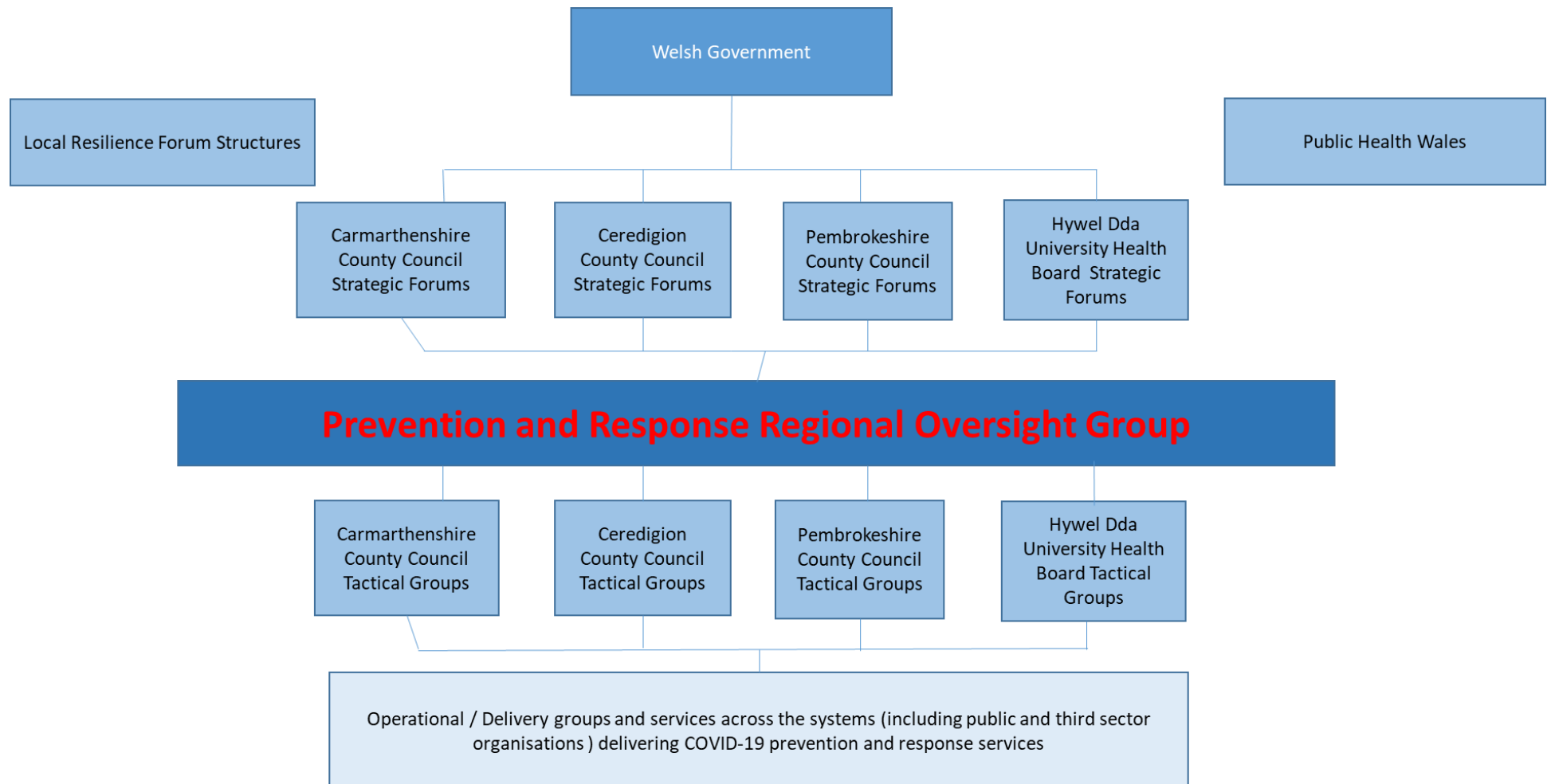
Section 1: Preparation and Planning, Oversight and Governance (local planning, response structures, roles and responsibilities, implementation and information flows)

In this section we wish to explain the overarching governance and infrastructure established for planning and our response to COVID-19 across the Hywel Dda partnership. It is not our intention to include the governance for all groups and fora associated with COVID-19. We have kept our inserts to those groups and structures that are key, for all partners involved in the Hywel Dda 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 as groups and structures adapt and are re-purposed to manage ongoing and emerging risks.

Prevention and Response Regional Oversight Group Governance

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.

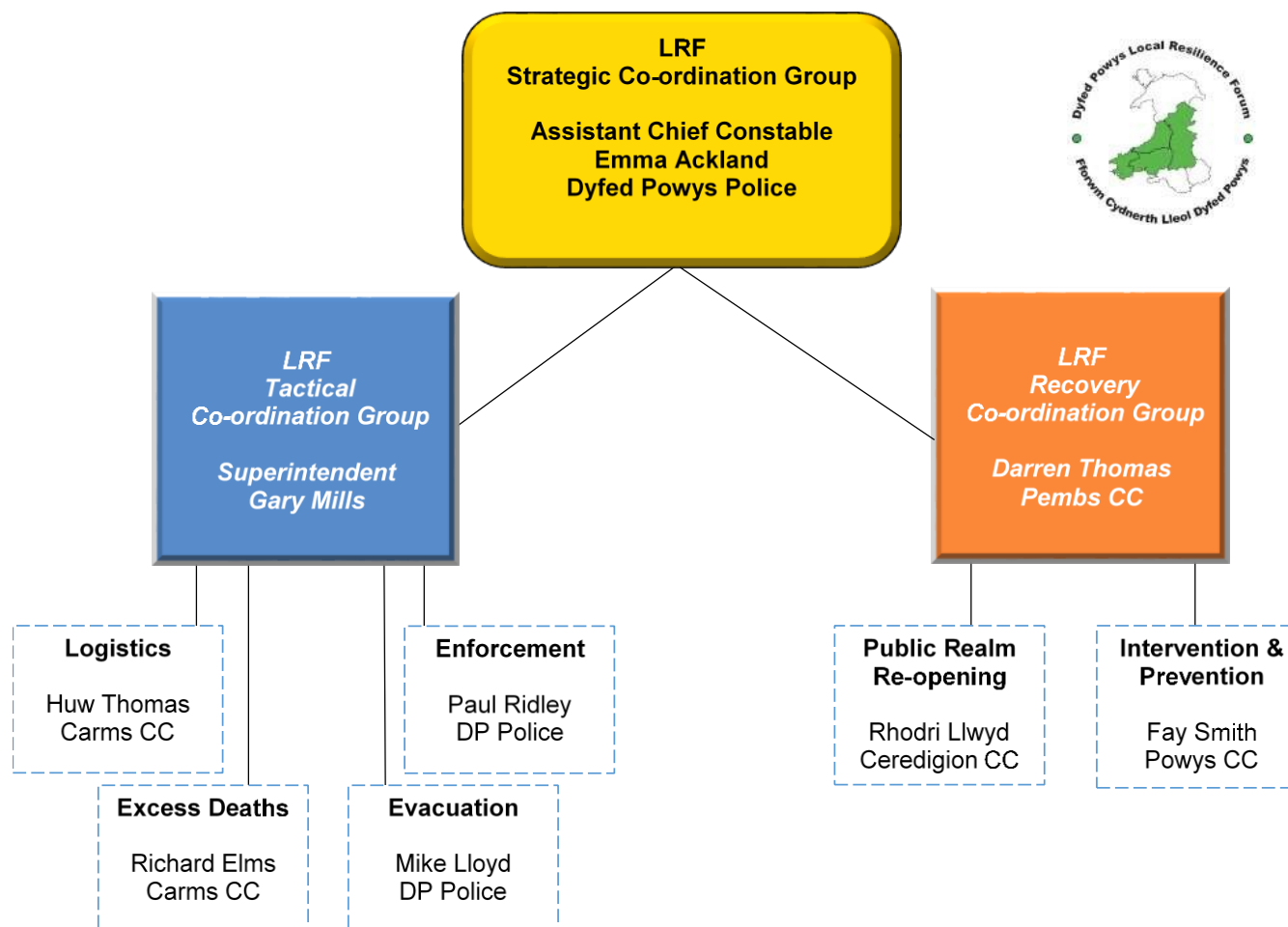
The first structure chart tries to display the regional space in context to its interface with national and local structures – key to this working is the Prevention and Response Oversight Group (recently re-purposed from the long established TTP Regional Oversight Group) to provide continuity, resilience and sustainability to our collective planning and on-going response.’



Dyfed Powys Local Resilience Forum

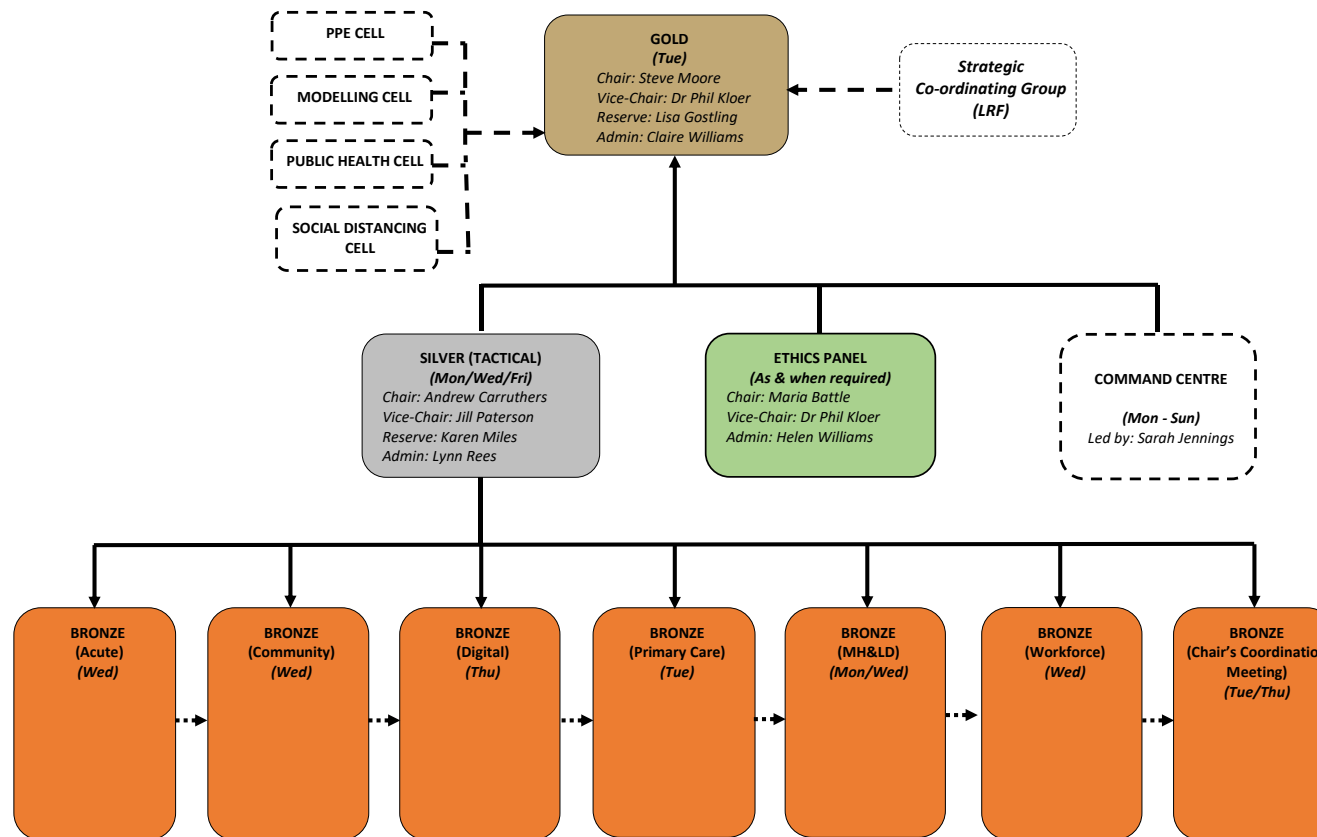
It is critical that whilst we continue to work across our partnership in a proactive way to prevent transmission of COVID-19 and mitigate and respond to cases and clusters of infection and manage incidents, we must be cognisant of potential wider implications for civil contingencies. We must therefore 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.

The relationship between the Health Board and the three Local Authorities (Carmarthenshire; Ceredigion; and Pembrokeshire) 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.



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)

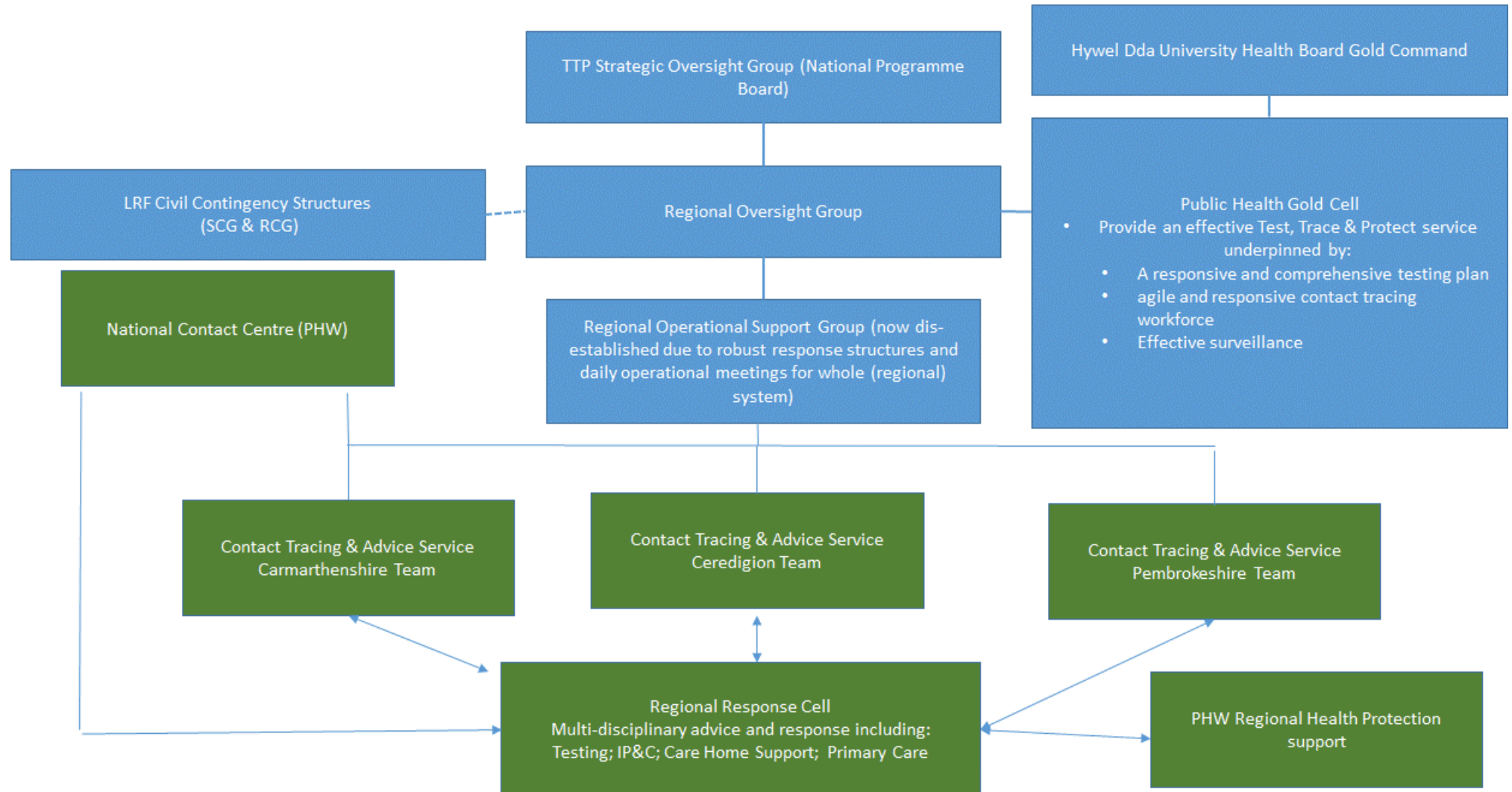
- This level responds to events at the operational level as they unfold. The term Bronze refers to Operational teams who will manage the physical response to achieve the tactical plan defined by Silver.
- Controlling the management of resources within their given area of responsibility. There may be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

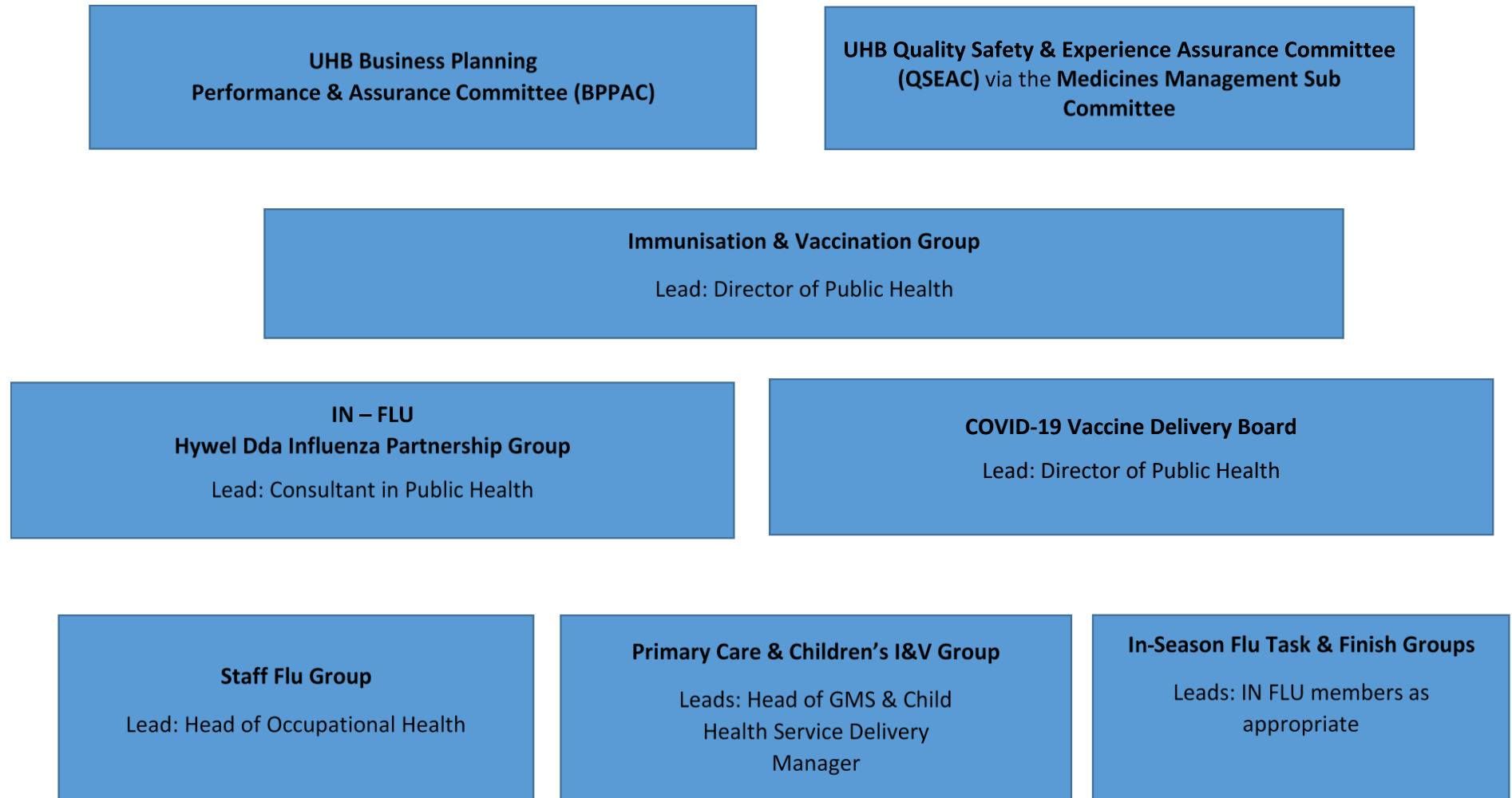
Test, Trace and Protect (TTP): Hywel Dda oversight governance and response structures

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 Prevention and Response Plan (not just the TTP process). We would also like to point out the significance of the daily operational meetings, the Hywel Dda Regional Response Cell meetings that take place every morning, seven days a week, to facilitate real time discussion across the local and regional teams to all cases, issues and learning and to share the latest intelligence and surveillance information. These Regional Response Cell meetings are key to the model across the Hywel Dda region.



Vaccinations and Immunisations Governance Structure

Our Vaccination and Immunisation response is going to be absolutely critical to our overarching ambition of preventing transmission and ultimate eradication 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 a COVID-19 vaccine when available but also the delivery of an enhanced Influenza Vaccine Campaign (2020/21) to minimise influenza transmission within at risk and key groups during the flu (and winter) season. This is a fluid picture but currently for the Hywel Dda region can be presented as below:



Preparation and Planning

The Health Board response (first formal Tactical meeting held on 3rd February, 2020) initially reflected on the planning undertaken for Pandemic Influenza, but it became apparent quite quickly that although the planning and response structures were appropriate, there were many differences between influenza and COVID-19.

The use of the Bronze Operational Groups provided the structure to enable the Health Board to focus on service level preparations for responding to the increasing impact of COVID-19. Primarily focused on the Acute, Community and Primary Care groups, assessments and plans were produced to enable a business continuity approach to be taken to the suspension of non-essential services, and the enhancement of COVID-19 focused essential service delivery. This included the development of nine Field Hospitals across the counties of Carmarthenshire, Ceredigion and Pembrokeshire to match the planning assumptions and modelling for the Reasonable Worst Case Scenario.

The Workforce Bronze Group supported the change in service delivery with redeployment of staff into critical service areas following an assessment process, and a significant recruitment campaign to attract the many additional staff required to maintain the enhanced response. The Digital/Estates Bronze Group were the enablers to ensure that all the required changes in service delivery and enhancements to new/remote ways of working were deliverable.

A Command Centre was set up to provide staff with a single point of contact for all things COVID-19 related. This was supported by expert guidance, advice and co-ordination in relation to public health; Welsh Government (WG); clinical guidance, Personal Protective Equipment (PPE); Infection Prevention Control; Communications; Human Resources; Care Home pathways; Testing; Contact Tracing (later becoming the Regional Hub) and much more.

The Command Centre provided a single place that all information was received, analysed, synthesised and approved before it was communicated and cascaded through the website (or Health Board social media channels) and became the single definitive place for all staff to get their official information and communication. In a world of confusion, misinformation and rapidly changing guidance this provided a stable and safe platform for the Gold, Silver and Bronze levels and all staff. This reduced confusion, made things clear and was highly responsive to the changing landscape. The existing expertise of the patient call centre team and the patient support team who already deliver a high quality customer experience was built upon, but delivered in a networked way rather than needing all staff to be located in a physical call handling centre.

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.

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. A Tactical Co-ordinating Group and associated working sub-groups have continued to support the LRF response (please Dyfed Powys LRF COVID-19 Structure diagram earlier in this section).

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 Co-ordinating Group, 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.

Communications

The region has a joint Hywel Dda Area Local COVID-19 Prevention and Response Communications Plan. The regional, partnership approach to communications on local prevention and response is described in the full Communications Plan, as well as how we will deliver and amplify at a local level, national communication plans (primarily Keep Wales Safe and Test, Trace and Protect). National materials and messages will be used but tailored where there is a need for additional localisation.

The Hywel Dda Areal Local COVID-19 Prevention and Response Communications Plan details local and national accountabilities, the proactive approach to communications by partners in the region and how we would respond to local situations such as outbreaks, clusters and incidents, as well as any issues identified in local surveillance, intelligence and trends.

The regional communications lead for Hywel Dda Areal Local COVID-19 Prevention and Response Communications Plan is the Assistant Director of Communications for the Health Board, with a named communications lead in each local authority (Carmarthenshire, Ceredigion and Pembrokeshire) providing support and leadership within their own organisations. The leads meet proactively on a regular basis to work collectively and share information such as new locally produced materials, scheduling of national and local messaging and monitoring and evaluation. Each communication lead has internal sign-off approval systems which differ slightly, but include sign off via accountable Directors and through each organisation's command and control structures. The plan also describes the interface between local communication leads and national leads (for example through regular meetings between agencies). For example, it is noted that the Welsh Government is responsible for co-ordination of national issues, guidance and policy making. Public Health Wales is the lead agency for protection of public health, publishing of statistics associated with COVID-19 and outbreak management. Further information, links to supporting document and contact points can be found in the full plan.

Key message: Public bodies in the Hywel Dda area are working together with their communities to prevent as much as possible the incidence, spread and impact of COVID-19; and to support those who experience the disease, or are impacted by it in other ways. Our collective aim is to protect the health and well-being of people who live and work in, or visit, our region.

Section 2: Prevention, Mitigation and Control Measures (TTP - testing and sampling, contact tracing, protect, Active Containment Measures, Regulation and Enforcement, Mass Vaccination Planning (COVID-19 and flu)

Testing and Sampling – Test, Trace and Protect Programme

The Health Board has developed a testing infrastructure to ensure that anyone who needs a RT-PCR antigen test can access one. Our focus to date has largely been on the delivery of testing to symptomatic critical staff, patients and members of the public. Most of this is via community testing, however, we also provide testing within our hospital settings. This in turn enables us to deploy contact tracing to control the transmission of the disease as lockdown measures are eased. The Test, Trace and Protect (TTP) Programme is fundamental to helping us find a way to live with the disease until a vaccine or treatment is available. In addition, the Health Board has been offering antibody testing to school staff and healthcare staff.

On 15 July 2020, Welsh Government published its Testing Strategy, setting out the testing priorities for the next phase as we emerge from lockdown in preparation for the winter. The Testing Strategy requires Health Boards to develop local Delivery Plans, which set out clear deliverables, timeframes and current and future planning arrangements. These plans will be based on local and regional priorities, to ensure testing capacity is maximised to support changing testing requirements as we move through the summer, autumn and winter 2020/21. This will include the need to be agile and flexible, to respond to any changing circumstances, such as the emergence of flu, as we move towards the winter period.

Over the coming months, the Health Board region faces a number of challenges that could affect the demand for COVID-19 antigen testing, including:

- With immediate effect we have an increased population due to a rising number of tourists and visitors to the region
- From September we will see a further increase in population due to the re-opening of Universities and other further education facilities
- As the 'flu season' approaches we will see an increase in the number of individuals with respiratory symptoms from other causes e.g. influenza, that will lead to requests for COVID-19 testing and possibly multi-viral testing
- At any point we could see a second wave of infection
- New policy direction regarding antigen testing of asymptomatic groups.

In addition, we are anticipating a request to further extend the offer of antibody testing to social care staff in the coming weeks.

The Health Board has developed its COVID-19 Testing Delivery Plan [hyperlink](#), which describes the current testing capacity and plans to develop a sustainable plan for testing as we move into the autumn and winter months.

Our Testing Delivery Plan will support the four priority areas described in the national Testing Strategy:

- **Controlling and preventing transmission** of the virus by supporting contact tracing – to prevent and protect spread of the disease amongst the population and to trace the spread of coronavirus, understand transmission dynamics and to ensure that testing can support targeted action through local outbreaks in communities or within businesses.
- **Protecting our NHS services** – to prevent, protect and deliver testing to support the safety of staff, patients and clients.
- **Protecting vulnerable groups and managing increased transmission rates** – to safeguard and control infection in groups, communities or settings where there are greater risks.
- **Developing future delivery** – to utilise health surveillance and new technologies to improve our understanding of the virus through the use of intelligence and to innovate new ways to test across the population.

Our Delivery Plan describes the testing demand assumptions developed through local modelling, and the implementation of more 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 will continue to prioritise the testing of symptomatic individuals, encouraging those with symptoms of COVID-19 in our communities to request a test. This will enable us to deploy contact tracing to control the transmission of the disease as lockdown measures are eased. The TTP Programme is fundamental to helping us find a way to live with the disease until a vaccine or treatment is available. We will continue to target communications at the tourist industry and visitors over the summer period, to enable local testing where an immediate journey home is not practical.

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 September. 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. Discussions are underway with Welsh Government and university colleagues regarding plans to enable social distancing, living in shared accommodation, and infection, prevention and control management. We are working through plans for delivering testing to symptomatic students, which will be agreed by the end of August. Clear communications will be provided to the universities and students regarding how they access antigen testing if they develop symptoms.

There are currently a number of routes to access antigen testing, at drive through or walk-in testing centres, Health Board delivered testing in care homes, or a testing kit delivered to the individual's home. Going forward we plan to streamline access to testing as far as possible via one access route. Going forward, the majority of community testing will be via our Coronavirus Testing Units (CTUs) in Aberystwyth, Haverfordwest and Llanelli, and the Regional Testing Unit (RTU) in Carmarthen.

We will deliver rapid targeted testing using our Mobile Testing Units (MTUs) where necessary, to respond to and manage incidents, clusters and outbreaks e.g. in closed settings, schools, workplaces or communities. Where we require additional resource to do this, we will call on the centrally held MTUs. This will include

testing of asymptomatic individuals where there are signs of local incidents, clusters and outbreaks, where deemed necessary by specialist health protection teams in the community or microbiology and infection prevention and control teams in an inpatient setting.

For care home staff, we will continue to advocate the use of the UK on-line booking system for home testing kits primarily, as staff have been using this routinely for repeat staff testing. This will utilise the UK Lighthouse laboratory analysis capacity, releasing local and national capacity for other sectors. We will constantly review the options available for testing residents, via Health Board testing or the UK portal, including Turnaround Times (TATs) and staffing implications to agree and achieve the most suitable, efficient, sustainable and optimal method. MTUs will be mobilised if necessary to support specific outbreaks.

We will develop a strategy for supporting testing in schools. We will pursue with Welsh Government, the option described in the Testing Strategy to provide a supply of home testing kits to education settings. In the event of an outbreak, we will deploy a mobile testing unit to test a class, year group or entire setting, as necessary. As the MTU staff will not be trained in swab administration, we may need to support this with Health Board staff to administer testing for the children. Staff will be able to self-swab. We will also continue to provide antigen testing for some cohorts of asymptomatic individuals e.g. pre-operatively, in care homes and other closed settings. We will continue to provide antigen testing to asymptomatic critical workers such as police and ambulance staff who have been in contact with members of the public who have acted inappropriately e.g. spitting in the face of staff.

The Testing Delivery Plan will remain a 'live' plan that will be further developed in line with changing national policy directions and local need. Although it is primarily a testing plan it also outlines the alignment to other requirements such as delivery of mass vaccination and phlebotomy services across the Health Board, via multi-purpose sites to maximise the use of staff and equipment.

Supporting Documents	
Appendix 2 Hywel Dda Testing Delivery Plan	Appendix 3 Excerpt from the Health Board Quarter 2 Operational Framework Submission

Hywel Dda University Health Board COVID-19 Testing Delivery Plan Action Log (example as of 12th August 2020)

Action Number	Action Description	Timeframe	Owner	Dependencies
1.0	Transfer symptomatic antigen testing from current Aberystwyth venue to Plas Crug Leisure Centre through a drive-through model using UK system and lighthouse labs	31 August 2020	<ul style="list-style-type: none"> Sam Hussell (Health Board) Dave Stock (Sodexo) Glenna Jones (Health Board) 	<ul style="list-style-type: none"> Dependent on Department of Health (DoH) approval for a DoH/Sodexo delivered model Interdependent with Action 2.0

2.0	Develop multi-use facility inside Plas Crug Leisure Centre for, transfer of asymptomatic antigen testing e.g. pre-operatively, and antibody testing from current Aberystwyth venue plus use for phlebotomy, vaccination and a one-stop clinic for pre-chemotherapy patients.	31 August 2020	<ul style="list-style-type: none"> Bethan Lewis (Health Board) Glenna Jones (Health Board) 	Interdependent with Action 1.0
3.0	Transfer symptomatic antigen testing from current Withybush venue to more sustainable venue through a drive-through model using UK system and lighthouse labs	30 September 2020	<ul style="list-style-type: none"> Sam Hussell (Health Board) Dave Stock (Sodexo) Glenna Jones (Health Board) 	<ul style="list-style-type: none"> Dependent on military approval of a MACA for use of site <i>or</i> need to identify alternative site Dependent on DoH approval for a DoH/Sodexo delivered model
4.0	Develop multi-use facility inside the Picton Building in Haverfordwest for transfer of asymptomatic antigen testing e.g. pre-operatively, and antibody testing from current Withybush venue, plus use for phlebotomy, vaccination and a one-stop clinic for pre-chemotherapy patients.	31 August 2020	<ul style="list-style-type: none"> Bethan Lewis (Health Board) Glenna Jones (Health Board) 	
5.0	Develop multi-use facility inside Cardigan Leisure Centre for transfer of asymptomatic antigen testing e.g. pre-operatively, and antibody testing from current Cardigan venue plus use for phlebotomy, vaccination and a one-stop clinic for pre-chemotherapy patients.	30 September 2020	<ul style="list-style-type: none"> Bethan Lewis (Health Board) Glenna Jones (Health Board) 	
6.0	Review of current Llanelli site for symptomatic antigen testing to more sustainable venue through a drive-through model using UK system and lighthouse labs	30 September 2020	<ul style="list-style-type: none"> Sam Hussell (Health Board) Dave Stock (Sodexo) Glenna Jones (Health Board) 	Dependent on DoH approval for a DoH/Sodexo delivered model
7.0	Review of current Carmarthen Showground site for symptomatic antigen testing to more sustainable venue for winter	30 September 2020	<ul style="list-style-type: none"> Dave Stock (Sodexo) Glenna Jones (Health Board) 	Change of site dependent on suitability for joint relocation of Health Board managed antibody testing / phlebotomy /asymptomatic antigen screening /chemotherapy one stop clinic – would need

				to become a separate action if new site needed
8.0	As sites and methods of antigen testing change as per Actions 1.0, 2.0, 3.0, 4.0 Update Health Board webpage directing tourists/visitors on how to access testing if symptomatic and cannot return home immediately as antigen test sites and method of delivery change Inform Primary Care colleagues of changes Inform partner organisations of changes to testing Update communications on Welsh Government (WG) and UK websites	As per Actions 1.0, 2.0, 3.0, 4.0	Fiona Hancock (Health Board)	Dependent on Actions 1.0, 2.0, 3.0, 4.0
9.0	Develop plan for rapid testing of symptomatic students who do not have access to private transport, including communications to local Universities	31 August 2020	<ul style="list-style-type: none"> Bethan Lewis (Health Board) 	
10.0	Develop plan for rapid deployment of MTUs in case of an incident, cluster of outbreak	31 August	<ul style="list-style-type: none"> Sharon Daniel (Health Board) Dave Stock (Sodexo) 	
11.0	Develop plan for mass asymptomatic testing in schools if required by WG	TBD		Dependent on WG Policy re schools
12.0	Work with Welsh Government in the consideration of further vulnerable groups for asymptomatic testing e.g. those in high contact workplaces, closed settings and BAME groups.	TBD		Dependent on WG Policy
13.0	Update plan for further mass asymptomatic testing in care homes if required by WG	TBD		Dependent on WG Policy re care homes
14.0	Develop plan for testing of asymptomatic patients and staff, when prevalence rates are low, as currently, and when they increase to include: <ul style="list-style-type: none"> Emergency admissions at the point of admission to hospital 	31 August	Sharon Daniel via Health Board Task and Finish Group	Could be impacted by change in WG Policy

	<ul style="list-style-type: none"> • Elective admissions, including day surgery, depending on type of procedure • Outpatients and diagnostic interventions based on patient and procedural risk • Patients being discharged to a care home or a hospice • Patients being discharged to a community dwelling with a package of care/carers • Frontline staff 			
15.0	Review of pathways to improve turnaround times (TATs) for test results to maximise the number of results reported within 24 hours of the test being taken.	30 September 2020	Bethan Lewis (Health Board)	Dependent on input from WG and PHW to improve lab times outside of our Health Board area
16.0	Extend offer of antibody testing to social care staff and school staff in the coming weeks dependent on WG Policy	TBD	Sam Hussell (Health Board)	Dependent on WG Policy
17.0	Open up direct booking platform for antibody testing including appropriate communications to appropriate groups of staff/organisations	21 August 2020	<ul style="list-style-type: none"> • Sian Hopkins (Health Board) • Fiona Hancock (Health Board) 	
18.0	Introduction of new technologies and testing methods, as they become available e.g. point of care testing and multiplex tests	TBD		Dependent on WG Policy
19.0	Develop a sustainable workforce plan dependent on requirements for all actions	30 September 2020	Mandy Davies (Health Board)	<ul style="list-style-type: none"> • Dependent on outcomes of all site changes, handover of symptomatic community testing to DoH model and future WG Policy re testing

Sector Specific Guidance for Contact Tracing

This section seeks to provide an overview of the sector specific guidance designed to reduce transmission and prevent the spread of COVID-19. These are based on the National Guidance documents and underpin the work within the Health Board on prevention and mitigation within these settings.

Educational Settings

Schools

School leaders should 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 should 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.

Food and Meat Processing 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

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

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 metre 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

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.

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.

Acknowledging the multi-agency nature of our Prevention and Response Plan each accountable organisation will have a plethora of plans, standard operating procedures, protocols and operational notes etc. that support the delivery of any specific roles and responsibilities. As we develop further iterations of our plan supporting documentation that are local authority specific will be located here. For this first iteration of our Plan the Local Delivery Plan for Carmarthenshire County Council has been shared. This section will expand as we share more local delivery plans or signpost to other local authority specific materials.

Supporting Documentation
Appendix 4
Carmarthenshire County Council
Local Delivery Plan

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. 2) (Wales) Regulations 2020, as Amended

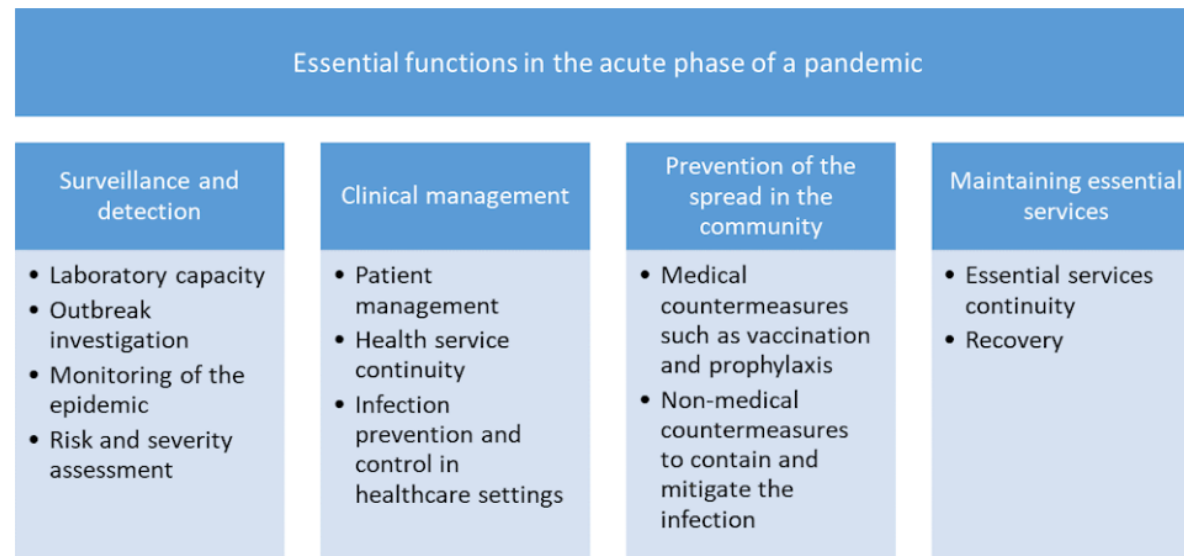
Supporting Documentation					
Appendix 5 Prevention Mitigation Enforcement	Appendix 6 Sector Specific Guidance - Education	Appendix 7 Sector Specific Guidance - Retailers	Appendix 8 Sector Specific Guidance - Tourism	Appendix 9 Sector Specific Guidance - Food and Meat Plants	Appendix 10 Sector Specific Guidance - Manufacturing

Pandemic Response Evidence Base

According to the World Health Organisation (WHO, 2015)¹ the response to a new pandemic, such as COVID-19, 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)

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/



In the absence of effective treatment and vaccines, 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.

Without strong containment and mitigation measures, the health care systems will not cope with the high number of patients. Approximately one in five infected persons develop severe symptoms possibly requiring intensive care (Organisation for Economic Cooperation and Development ((OECD)) 2020)³. One of the biggest challenges caused by COVID-19 is health care system overloading, in particular, the insufficient number of ventilators and beds in intensive care units. Strong containment and mitigation measures are needed to reduce the peak of COVID-19 cases and thus decreasing as much as possible its huge strain on health care systems.

Modelling studies consistently conclude that packages of containment and mitigation measures, as opposed to individual policies are the most effective approach to reduce the impact of an epidemic. Depending on the methodology and the policy package evaluated, studies generally conclude that comprehensive packages can reduce the attack rate (i.e. the proportion of individuals in a population who contract the disease) by at least 40%.

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

³ Organisation for Economic Cooperation and Development (2020) Flattening the COVID-19 peak accessed Aug 2020 via <http://www.oecd.org/coronavirus/policy-responses/flattening-the-covid-19-peak-containment-and-mitigation-policies-e96a4226/>

The effectiveness of containment and mitigation depends on limiting the number of social contacts, but also the duration of each contact. Information on the effectiveness of individual policies is less relevant when a disease needs to be brought under control and taking all available measures is the best practice. Nevertheless, it may be particularly useful when considering which measures to relax once the disease is being managed (Centers for Disease Control and Prevention, ((CDCP)) 2020)⁴. In this context, best evidence available on the effectiveness of individual containment and mitigation measures from modelling studies, studies from previous epidemic outbreaks, and selected case studies suggest the following:

- **Workplace social distancing** is the most effective measure for both reducing the attack rate as well as delaying the disease peak. Workplace social distancing measures, such as working from home and workplace closures, can reduce the disease attack rate by between 23-73%, with lower values for highly infectious diseases, and where there is lower compliance. There are, however, significant economic consequences.
- **School closures** can reduce transmission, i.e., the reproduction number, by 7-15% and the attack rate at the peak of the outbreak by about 40% (CDCP, 2020). This intervention is most effective for infections with limited rate of spread, when implemented in the early phases of an outbreak and when attack rates are higher in children than in adults – some of these conditions do not apply for COVID-19. School closures have significant economic and social effects. Evidence shows that 16-45% of parents would need to take leave to supervise children at home; 16-18% of parents would lose income, and about 20% of households would have difficulty arranging childcare. Transmission pattern for COVID-19 in children is difficult to quantify: 0-10 years seem to have a lower rate but 10+ seem to have similar rates to adults. However, much of the research has been undertaken when schools were shut, so the need to stay vigilant to new evidence is imperative.
- **Banning mass gatherings** has a smaller effect than many other forms of social distancing on the proportion of the population infected (WHO, 2020). This is because ‘contact time’ tend to be shorter than in other forms of social interaction such as at work or in schools. Nevertheless, it does have some positive effect in reducing the number of people who get sick, particularly if implemented alongside other policies. There are of course considerations around inside and outside venues.
- **Several challenges are associated with social distancing.** Salient examples include reduced economic activity and reduced social interaction; neglect of vulnerable populations, such as the elderly; as well as psychological damage such as acute distress disorder, anxiety and insomnia (WHO, 2020).
- A systematic review concluded that **travel restrictions** (Mateus et al, 2014)⁵ delay but do not prevent influenza pandemics – e.g. by 3-4 weeks when 90% of air travel is restricted in affected countries, or by two months if more restrictive measures are introduced. Travel restrictions would have to vary between the types of transport as the risks vary. It is essential to remember that COVID-19 and influenza have a variety of patterns of transmission and the evidence base around the effectiveness of travel restrictions is continuing to grow. There are varying results notes such as there being no evidence that the ban in Wuhan was effective but that the restrictions in Australia had a positive outcome. (Chinazzi et al, 2020⁶ and Costantino et al, 2020)⁷

⁴ Centers for Disease Control and Prevention (2020) Framework for Implementation of COVID-19 Community Mitigation Measures accessed Aug 2020 via <https://www.cdc.gov/coronavirus/2019-ncov/global-COVID-19/community-mitigation-measures.html>

⁵ Mateus, A. et al. (2014), Effectiveness of travel restrictions in the rapid containment of human influenza: A systematic review, World Health Organization, <http://dx.doi.org/10.2471/BLT.14.135590>

⁶ Chinazzi et al (2020) The effect of travel restrictions on the spread of the COVID-19 outbreak accessed Aug 2020 via <https://science.sciencemag.org/content/368/6489/395>

⁷ Costantino et al (2020) The effectiveness of full and partial travel bans against COVID-19 spread in Australia for travellers from China during and after the epidemic peak in China accessed Aug 2020 via <https://academic.oup.com/jtm/article/doi/10.1093/jtm/taaa081/5842100>

- **Household quarantine** can be the most effective measure to reduce attack rates in the community, but only if compliance is high. Voluntary quarantine of infected people is moderately effective due to lower compliance. Modelling work concludes that about 70% of COVID-19 cases have to be traced and quarantined to successfully contain the epidemic (OECD, 2020). A target for Wales not able to be found during this brief literature review.
- **Effective communication** is crucial and has to strike a balance between preventing panic and encouraging action. During an epidemic, policymakers can use campaigns to communicate with the public (WHO, 2015). These campaigns need to inform the public about the development of the epidemic and the risk it poses, with the aim of encouraging them to take the appropriate protective measures, such as hand washing or social distancing. In addition to saving lives, clear and timely information can also help preserve a country's social, economic and political stability in the face of emergencies. During epidemic outbreaks, convincing the public that the threat is real may be a more pressing task for public authorities than providing reassurance. For example, a study of the public perception of influenza in the United Kingdom found that few people changed their behaviour because they believed that the outbreak, and its consequences, had been exaggerated (Rubin et al, 2009)⁸. This behaviour can be seen to be mirrored in the current pandemic ensuring the prevention and mitigation communication is a vital aspect of the overall recovery plan.

Minimising Influenza Transmission

In accordance with Welsh Health Circular (WHC) 2020 009, the Health Board aims to increase flu vaccine uptake across all risk groups in the 2020-21 season with particular focus on children, those who are aged 65 and over or with cardiovascular, respiratory, kidney or liver disease, diabetes and adults who are morbidly obese; as well as healthcare staff with direct patient contact, social care and domiciliary staff.

Plans for delivery of influenza vaccination in 2020/21 are developing in the context of, and alignment with COVID-19 prevention and response plans, with innovative new delivery models in progress to ensure social distancing between patients, appropriate PPE for staff, and the potential for increased demand. Plans to increase the number of vaccinators are also being developed including recruitment of community nurse immunisers and peer vaccinators.

Increases in demand for flu vaccination have been seen in areas which have already had their flu season (such as Australia) and in Wales many more people will be eligible for vaccination including all adults over 50 years and household members of anyone extremely vulnerable (those who have been advised to shield during the COVID-19 outbreak). The WHC detailing the expansion of the programme to these groups is awaited, to enable these requirements to be incorporated into local plans. The estimated population aged 50 to 64 years in Hywel Dda is 83,662 (ONS mid-year estimate 2019), and while some of this group will already be eligible for flu vaccination due to clinical risk factors, it indicates the scale of the programme expansion to be planned for.

Alongside planning for increased demand is consideration of potential hesitancy among eligible patients (particularly the most vulnerable) to attend vaccination appointments due to concerns in respect of cross infection and perceived increases in risk from attendance at health care facilities.

⁸ Rubin, G. et al. (2009), "Public perceptions, anxiety, and behaviour change in relation to the swine flu outbreak: cross sectional telephone survey", BMJ, Vol. 339/b2651, <https://doi.org/10.1136/bmj.b2651>

For these reasons the Health Board will utilise national flu materials and themes for the 2020/21 season to ensure communications are aligned – parking the local ‘Superprotectors’ branding for the current season and focussing on providing messages to highlight safety and assurance of using primary care settings. Plans for 2020/21 will be outlined in detail in this year’s Annual Influenza Action Plan for Hywel Dda, which will be presented to Board in September.

Primary Care

Throughout the COVID-19 pandemic, General Practice has responded with both innovation and agility to adapt to new ways of working to support patients. It is recognised that many of these new ways of working will need to be maintained for the foreseeable future, and this will continue to present challenges to practices as services are re-established. The forthcoming flu campaign will be delivered against this backdrop.

The Health Board has engaged early and consistently with the LMC and GMS colleagues ahead of flu vaccination season to ensure challenges are understood and plans are aligned. All clusters are submitting detailed delivery plans to GMS by 14th August. These plans capture the information held at practice level which is needed for the Health Board to support individual practices to deliver the 2020/21 flu campaign:

- Methods of inviting eligible patients eg. letter, phone, SMS
- Communication / advertising of clinics eg. social media
- Appointment system (pre-book or drop-in, appointment length, individual or household slots combined)
- Patient flow for delivery e.g. one-way systems, infection control requirements, marshalling for patient flow
- PPE requirements
- Vaccine storage - any implications with vaccine delivery and capacity to manage vaccines e.g. fridge capacity.
- Plan to vaccinate care homes residents.
- Number of clinics/sessions required to deliver the programme (impact of social distancing and decontamination requirements).
- Weekend clinics
- Any other issues to flag –further guidance or information needs

In addition clusters are providing detailed plans of how practices are co-ordinating delivery at cluster level. In order to support delivery of this year’s seasonal flu campaign, the following has been provided to clusters by the Health Board:

- Purchase by the Health Board of additional vaccine supply, equivalent to a 10% increase on last year’s uptake in over 65s and under-65s at clinical risk, to help manage additional demand. This can be drawn down by practices during the season
- £7.5k per cluster to support innovative, cluster-led delivery models for flu vaccination

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 social distancing and infection prevention and control measures.

Schools programme (children aged 4-11 years)

- 2020/21 will be another extremely difficult season for the schools programme, with very little information on how school based immunisation will work and whether school based flu vaccines will be accepted given the COVID-19 pandemic precautions. Discussions are therefore ongoing to ensure school aged children are not excluded from offsite vaccine plans such as drive through vaccination centres.

Pregnant women

We will build on excellent progress last season, in which uptake of 84% was achieved, by:

- Investigating recording of flu vaccinations administered to pregnant women and ensure those delivered at antenatal settings are notified to GPs and included in next year's figures.
- Continue to work in antenatal settings to vaccinate pregnant women where possible (dependant on COVID-19 restrictions on routine clinics running)
- Recruit 5 new community immunisers who will support drive through and out of surgery vaccination clinics, including for pregnant women, as part of the need to support Primary Care to vaccinate patients with COVID-19 precautions in place

Health Board staff

- Enough additional vaccine has been ordered for the programme to increase uptake by 22% compared to last season
- Work with team leads and current flu champions to identify and train additional peer vaccinators* across Hywel Dda, promoting online 'Flu-2' training to minimise face to face training needs. Updated training resources and support is accessible online on the Health Board Peer Vaccinator page. To reflect the 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 and Patient Experience, Public Health and the Medical Director to encourage staff vaccination These have been forthcoming in 2018/19 and 2019/20 and are valuable in ensuring staff know the flu campaign is endorsed by Health Board leaders. Update: letter developed and distributed (also included signature of Director of Therapies and Health Science).

Social Care and Domiciliary staff

Over the past two seasons, Welsh Government has extended the eligibility criteria for a free influenza vaccination to all staff working in residential and domiciliary care with older adults. This recognises the vulnerability of the age group receiving care at home or within care homes and the potential for outbreaks to occur in closed settings. For the forthcoming season, the potential for co-circulation of influenza and COVID-19 has accelerated the priority to protect older adults from infection that may be passed to them by care givers. On that basis we will:

- Vigorously promote opportunities for domiciliary and residential care staff to receive their vaccination in the preferred route of community pharmacy settings
- Explore the potential for staff to be vaccinated via alternative models such as on site (in care homes) or at workplace settings (domiciliary care offices)

- Ensure that staff receive communications on the importance of protecting their clients/residents. Research has shown for instance that for every eight members of staff vaccinated one case of flu is prevented⁹.

In conjunction with the promotion of uptake of the Flu vaccine across all at risk and priority groups as described above it is also important to ensure, wherever possible optimum clinical management of patients with respiratory infections and to reduce influenza transmission, particularly in enclosed settings, rapid testing (see Testing Plan) and use of effective antiviral medication, in line with clinical guidance is utilised.

COVID-19 Vaccine Delivery Planning

Partners across the Hywel Dda Region welcomed the letter of the CMO dated 13th July 2020 in which we were formally:

- Informed of the formation of the Wales COVID-19 Vaccine Delivery Programme Board
- Made aware that in the best case scenario we may have a licensed vaccine for delivery from Autumn 2020
- Asked to facilitate a COVID-19 vaccine delivery desktop exercise for our Health Board
- Asked to establish, with local partners, a COVID-19 vaccine delivery group to rapidly progress local plans.

Significant mass vaccination planning activity is underway and has been for some time due to its obvious relationship with planning for the 2020/21 Seasonal Influenza Vaccine Campaign (now enhanced). We held a Mass Vaccination table top Exercise on the 27th July 2020 which has highlighted some key considerations for our Local COVID-19 Vaccine Delivery Group, now established, to drive forward.

The seven priorities/work streams that have currently been highlighted for the Local COVID-19 Vaccine Delivery Group are:

- Population and prioritisation
- Procurement, storage and distribution
- Operational delivery
- Vaccination workforce
- Safety, monitoring and data
- Communications
- Interface/alignment to seasonal flu (enhanced) campaign

For further detail and supporting documentation please see section 1, sub-section Preparation and Planning.

⁹ 1Hayward et al. [2006] Effectiveness of an influenza vaccine programme for care home staff to prevent death, morbidity, and health service use among residents: cluster randomised controlled trial. BMJ, doi:10.1136/bmj.39010.581354.55

Supporting Documentation		
Appendix 11 Mass Vaccination Exercise Report	Appendix 12 Mass Vaccination Exercise PowerPoint	Appendix 13 Hywel Dda Draft COVID-19 Mass Vaccination Plan

Support plans for Care Homes and Social Care Interface

At an operational level, the approach taken in our three counties and across Hywel Dda, has been built upon delivery of services with key partners, to ensure support and maintenance of wider health and social care delivery. Examples include:

- Enhanced community resilience and support through new community organisations and hub within Local Authorities.
- CONNECT model of proactive support, communication and rapid response deployment
- Fast track the transformation changes delivering intermediate care and rapid response
- Integrated community teams and co-ordinations through COVID Hubs
- Discharge to recover and assess pathways
- Community based rehabilitation
- Intermediate care response via single point of access in each County – deployment of rapid response to avoid admission.
- Community hospital and care home beds supporting assessment and rehabilitation outside of acute hospital settings.

Two key pieces of work undertaken with Local Authority partners to support our communities have been the Nursing and Residential Care Homes Risk and Escalation Management Policy which has demonstrated significant impact in supporting resilience in this fragile setting which has been impacted by COVID-19 in a large proportion of our homes; and the COVID-19 West Wales Care Partnership Hospital Discharge Requirements. The latter draws on the Welsh Government Discharge Requirements and ensures implementation across the West Wales Region. The document currently focuses on discharge pathways from acute hospital for patients living in care settings or for those requiring placement following an inpatient period. Work is progressing on Discharge to Recover then Assess Pathways 1 and 2.

These documents below clearly demonstrate the integrated approach to our health and social care response to COVID-19 with a lens on managing transmission in the care home settings. Of course, this material and other supporting documentation will be constantly affected by change and will require regular review. By way of example the Chief Medical Officer letter of the 17th July 2020 has required relevant teams across our Regional Response Cell and community structures to review the way in which we manage test results for those within the care home setting – this seeks to show the agile nature of our response to new or changed policy requirements whilst also recognising and learning from the journey we’ve already been on.

Supporting Documentation

Appendix 14 Excerpt from the Health Board Quarter 2 Operational Framework Submission	Appendix 15 West Wales Care Partnerships Discharge Requirements	Appendix 16 West Wales Care Partnerships Intermediate Care Principles	Appendix 17 Nursing and Residential Care Homes Risk and Escalation Management Policy
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Communications

Communication leads identified in each organisation will take a lead role in the proactive planning of messages, approaches to communications, and response, as aligned to the lead organisation for each area of prevention, mitigation and control as described above. For example the Health Board will lead in areas including testing, contact tracing, active containment and minimising the associated impacts of seasonal influenza. Local Authorities will take the lead within their county areas for proactive sector support to prevent impacts of COVID-19, working with our community stakeholders, and regulation and enforcement.

We will ensure that our communities (from staff, patients and service users, public and key stakeholders) are informed in a timely manner about local COVID-19 prevention and response and what they can do to reduce transmission and Keep Hywel Dda Safe. This includes amplifying national messaging, building awareness and engagement of the 'local offer' where needed (e.g. local actions unique to the area) and reaching our key audiences including vulnerable or marginalised groups). Stakeholder groups and lead contacts for updating them are described in detail in the Hywel Dda Areal Local COVID-19 Prevention and Response Communications Plan and include the broad categories of patients and service users, public (inclusive of community and vulnerable groups), staff and contracted bodies, partners, national bodies, political groups, and businesses.

Each body will have its own schedule of activity, which they will share with each other to co-ordinate and amplify. Delivery will primarily be through existing channels already used. This includes staff communications such as bulletins and through key networks and meetings, existing online, digital and social media channels; visibility exercises in branding and key message placement, media releases, interviews and paid for products as necessary across print and broadcast; face-to-face opportunities; stakeholder updates and reaching into partner organisations and community groups and influences. Bespoke communication methods may be deployed to deal with emerging situations at a local level (for example, we have already commissioned additional radio adverts due to our greater percentage of non-digital audience and issued resources to tourism providers due to large number of visitors to the area during key periods of time).

Key messages for prevention, mitigation and control are taking from the national communication campaigns for Keep Wales Safe and Test Trace Protect. Current top level messaging include;

- The threat of COVID-19 hasn't gone away but thanks to the efforts we have all made during the last few months, we are able to take cautious steps to further unlock our society and economy. We all still have a responsibility to do all we can to make a real difference to the spread of the virus and help Keep Wales Safe.
- Always observe social distancing.
- Wash your hands regularly.
- If you meet another household (outside your extended household), stay outdoors.
- Act responsibly when you leave home. Respect the communities you visit.
- Work from home if you can.
- Stay at home if you or anyone in your extended household has symptoms (a cough, a high temperature and shortness of breath, or loss/change to sense of smell and/or taste.)
- Book a test. Everyone in Wales (over the age of 5) experiencing symptoms can book a COVID-19 test. And follow advice on isolation or seeking medical support if you need it.

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

Surveillance

Within the Hywel Dda 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 in light of the outbreaks associated with meat processing plants in other parts of Wales. The Surveillance System allows time trends to be displayed graphically.

Trigger levels have been identified to ensure that any possible outbreaks are realised and managed in a timely manner.

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.

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 wrapper and provides a vehicle for evaluating, improving and deploying suitable models. This provides a system which will:

- Improve patient 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

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

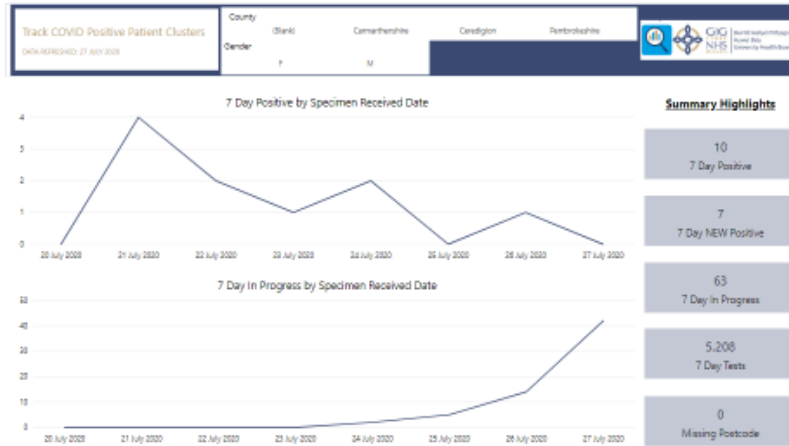
As part of the development of the COVID-19 Surveillance System the following data sets were utilised to ensure effective management of COVID-19 and any associated localised outbreaks:

- 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.

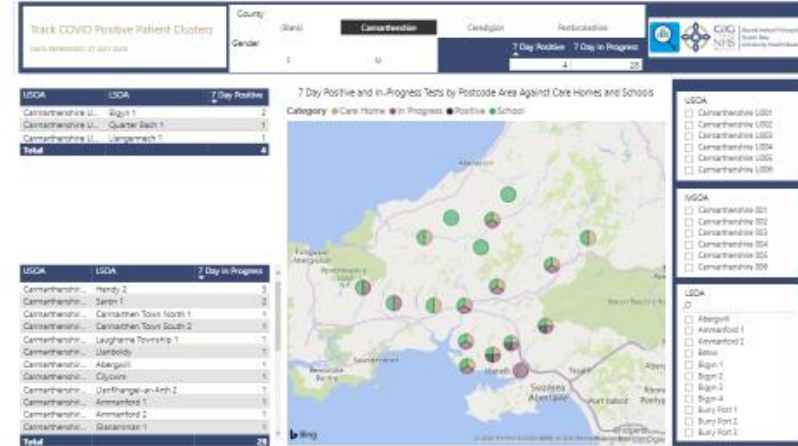
Systems for linking cases and for identification of clusters

The Hywel Dda COVID-19 Surveillance System is readily accessible by all members of the Regional Response Cell and displayed on the large central screen at the Regional Response Cell. Cases can be linked through the Microsoft Case Records Management System, utilising the intelligence from Test, Trace and 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. Examples of what the system illustrates are demonstrated through the screenshots below:

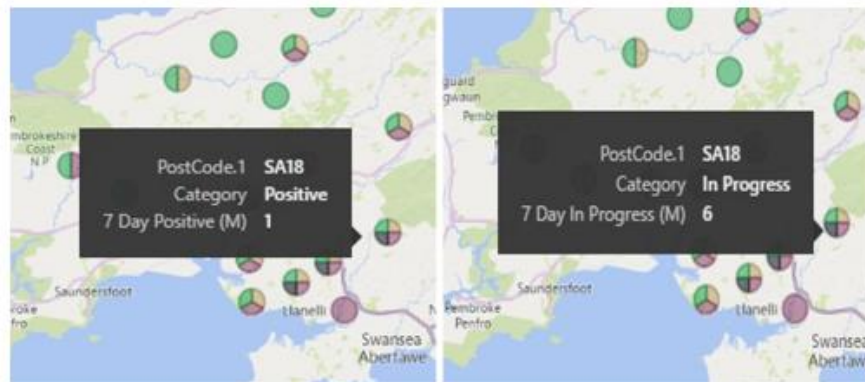
GIS: Executive Summary



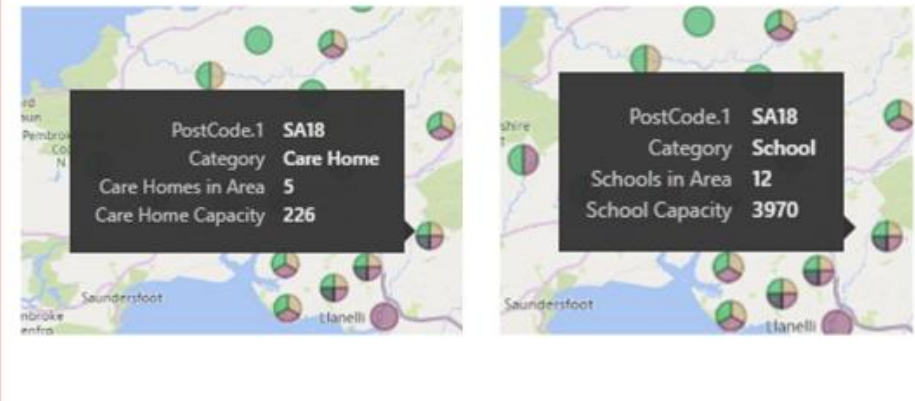
GIS: Multiple Measures



GIS: Positive & In Progress Tests



GIS: Care Homes & Schools



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. Positive feedback has been received together with opportunities to share the system more widely to assist other health board areas with their development of surveillance systems.

Communications

Information from the COVID-19 Surveillance System is shared with communication colleagues through the Health Board Public Health Strategic (Gold) Group. This will enable early warning if communication teams need to establish a response plan for bespoke communities at risk, whether that be sectoral, geographical or other. It is also noted that Dyfed Powys Police Force Intelligence Bureau monitors a range of intelligence on local activity. Communication colleagues at Dyfed Powys Police will actively share with partners any proactive response they need assistance with in regards to possible criminal acts associated with the COVID-19 response (for example there was recent intelligence that young people in Pembrokeshire were planning 'result' parties for educational results day and an appeal was put out to adhere to restrictions and social distancing through social media platforms by all partners). Communication teams are also monitoring regular 'themes' or concerns raised by different communities through two-way communications and will feed this intelligence into agencies for planning and adaption of response if considered necessary.

Key message (for approval): The Health 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

Appendix 18

**Hywel Dda University Health
Board COVID-19 Surveillance and
Modelling**

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

Management of Clusters, Incidents and Outbreaks

This section seeks to outline the management of cases within the Hywel Dda Region TTP. The detail of how individual clusters, incidents and outbreaks in specific settings and circumstances will be managed may be reference but is not described in detail in this section but are added to the appendices and will be live documents that will be adjusted from learning and guidance changes. 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.

The primary objective of work being undertaken in the management of clusters and incidents locally is to protect public health and reduce the transmission, and the escalation to an Outbreak. Hywel Dda seeks to work with reference to the five ways of working outlined in the Wellbeing of Future Generations Act (2015).

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, minimise the number of cases, and protect the health of the population and save lives.

The plans included in the Appendices are focused on the high risk settings including care homes, schools, universities, high risk workplaces like food processing factories, and hospitality sector. All of this will be underpinned by key principles:

- 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 that intervention would be required. This would be either within a household, linked to venue or setting.

An Incident is the next step in the process of management. The number of cases, or the setting in which it takes place e.g. care homes, 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 Cluster, Incidents and Outbreaks



Management of Clusters and Incidents

Clusters will be managed in partnership between the Regional Response Cell and the Local Contact Tracing Team Leads (EHO/EHP staff). Triggers for escalation will be set out in the settings specific plans, or where there is no specific plans escalation will be enacted by the Consultant in Public Health after discussions. There are no formal meeting structure, but discussions will take place within the current Regional Response daily operational meetings (Daily Huddle) and ad hoc meetings via Microsoft Teams, email and telephone calls will be organised as required to manage clusters.

Incidents will be managed using an Incident Management Team (IMT). The Regional Consultant in Public Health will call an incident either when the case numbers are increasing, the complexity of the setting requires escalation or the setting has reached a specific trigger in the settings plan. An IMT will then meet formally, using either Microsoft Teams or Skype, and shall consist of the following as standard:

Core Members:

- Consultant in Public Health, PHW, Hywel Dda RRC (Chair)
- Consultant in Communicable Disease Control, PHW
- Local Team Lead (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

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

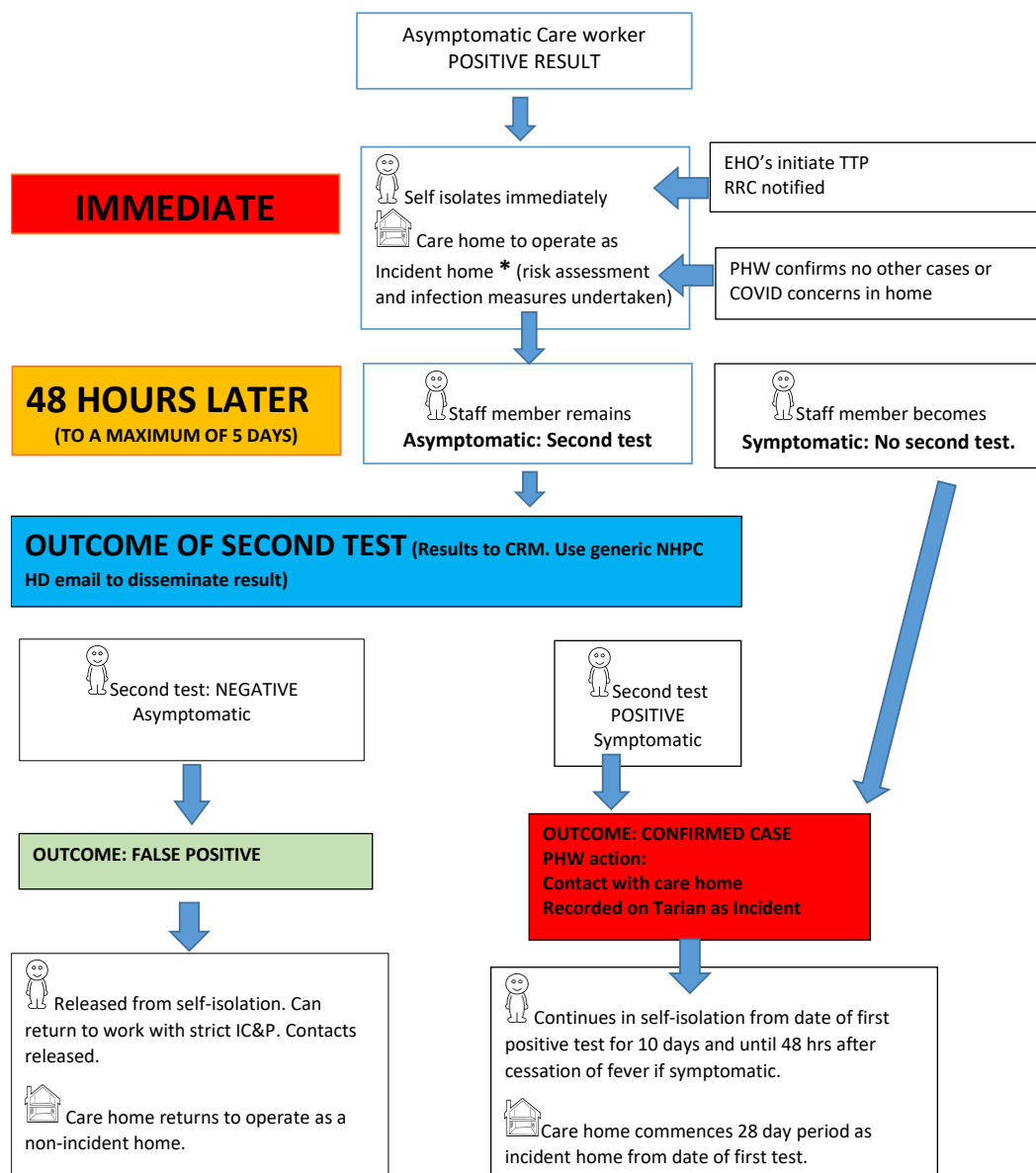
Regular updates will be provided by the RRC to the Directors of Public Health and Directors of Public Protection on the incident and its management via the Regional Oversight Group, or directly via email. Escalation from a Cluster to an Incident will be notified via email and notes from meetings with key actions will be relayed in a timely manner. Escalation from an Incident to an Outbreak will be undertaken formally **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.

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 on Pages 17-22 of the document.

Further guidance on the escalation policies will be developed on the publication of the National COVID-19 Public Health Escalation and Response Plans from Welsh Government. Setting specific plans are being developed and formalised via discussions between the key stakeholders and will be signed off the by the Prevention and Response Regional Oversight Group as developed and added to the document which will also be updated when new or amended guidance is produced.

Summary Document
Appendix 19
The Communicable Disease Outbreak Plan for Wales

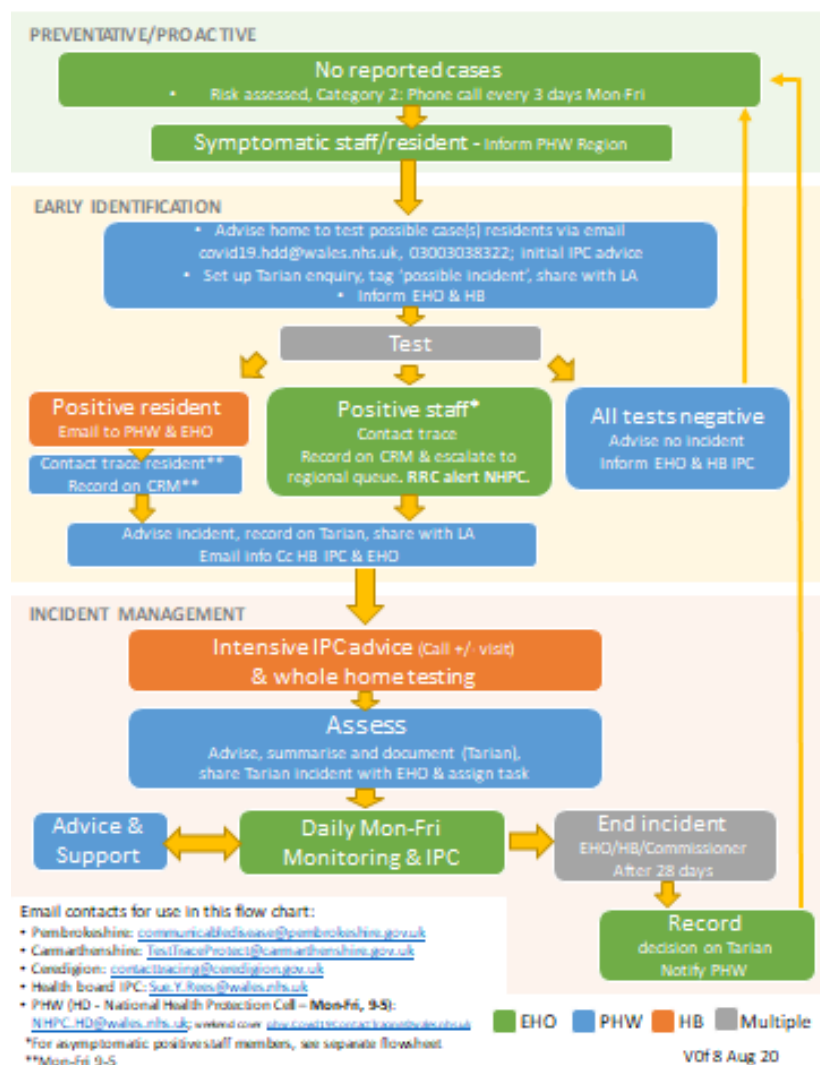
TESTING TO PREVENT COVID-19 IN CARE HOMES IN WALES: FLOW CHART FOR ASYMPTOMATIC CARE HOME WORKERS FOLLOWING FIRST POSITIVE TEST



**Do not raise an Incident for first asymptomatic case. This should be a Case Enquiry and only recorded as an Incident if case becomes symptomatic or second test is positive*

Hywel Dda Region, DRAFT V0a, 04 Aug 20

Hywel Dda Region Prevention and Management Covid in Care Homes



Communications

Any early indication of potential risks of escalation within our areas would be identified through the command and control structures described within this document and communication response would be taken at the earliest opportunity. For example, having seen the incidence of outbreaks in meat processing plants elsewhere in Wales, locally in Hywel Dda the local authorities have undertaken checks and support for that sector in our area and we have taken up paid for advertising in the geographical areas focusing on preventative measures and tailored for specific risk factors (i.e. shared accommodation and transport).

In the incidence of escalation to an outbreak, Public Health Wales would be the lead agency in line with the national Public Health Wales and Welsh Government Outbreak Plan. We note that we await the national communication plan for outbreaks in Wales and will support this plan and review our own on receipt of this document.

The health board and local authorities will ensure effective communication arrangements are in place to respond to individual and multiple clusters and outbreaks. This will include operating within the national plan and guidance, participating in incident management and outbreak control meetings as required and leading the development and delivery of communication and engagement plans as relevant to the outbreak and in liaison with any additional affected stakeholders (such as closed setting providers).

Key messages would be developed as specific to the circumstances of the situation.

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

Emergency Response Phase

As discussed in earlier sections of this plan, the Dyfed Powys Local Resilience Forum (LRF) activated a twice weekly Strategic Co-ordinating Group (SCG) from 10th March, 2020. The SCG's role is to determine the strategic direction of the response i.e. the "what to do". This was supported by twice weekly meetings of 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.

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). 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, with associated task and finish or sub groups to lead the work and allocate agreed actions and timescales to drive progress:

- Education:
 - Re-opening of schools
- 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)
 - Operation Oakridge
- 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.

Communications

The Hywel Dda Area Local COVID-19 Prevention and Response Communications Plan is a joint plan, owned and delivered primarily by the Health Board and local authorities. Joint meetings are held regularly to ensure delivery and adaption of this plan according to circumstances. The plan will also be regularly shared with Dyfed Powys Warning and Informing Group (part of the Local Resilience Forum) as a mechanism to build knowledge and confidence in the regional response with key partners. The plan may also be shared with closed setting providers and regulatory or scrutiny bodies such as Hywel Dda Community Health Council.

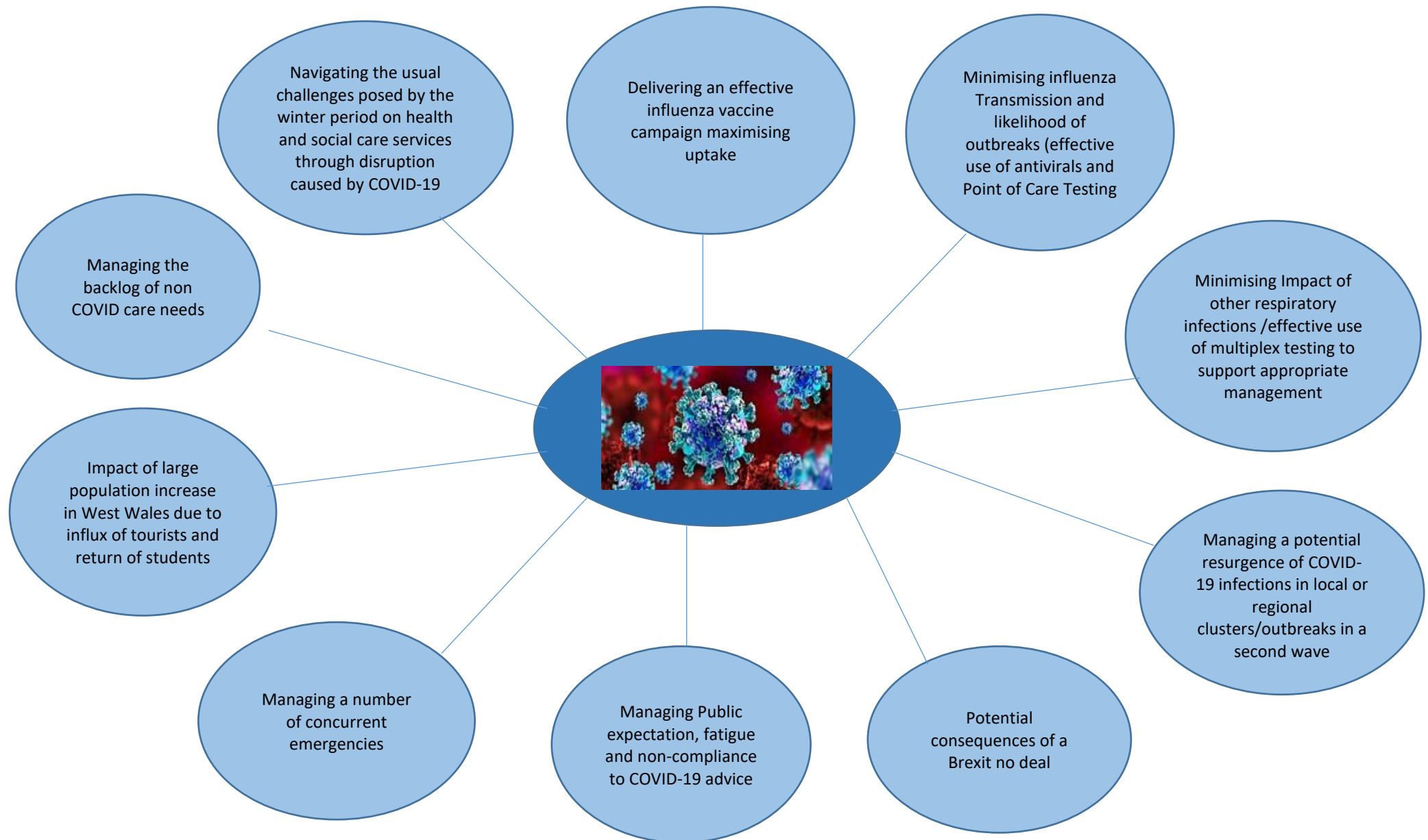
Part of the plan details specific stakeholders that we aim to inform and engage proactively and the lead authorities managing these relationships. Additional audiences or those who require bespoke information in response to an incident will be explored as part of our response planning. Colleagues who work frequently with community groups, such as equalities and engagement staff, can be co-opted to support this engagement approach as required. We have already tailored some of our proactive communications to vulnerable groups, such as information and videos for specific audiences such as those with learning difficulties.

Additionally, communication plans and approaches agreed between the health board and local authority are shared with key stakeholders through the Dyfed Powys Police Local Resilience Forum Warning and Informing Group and with additional stakeholders as required.

Supporting Documentation

Appendix 20	Appendix 21	Appendix 22	Appendix 23	Appendix 24	Appendix 25
Dyfed Powys LRF Terms of Reference	Dyfed Powys LRF aims and Objectives	Dyfed Powys LRF Emergency Command Protocol	Dyfed Powys LRF Governance Structure	Dyfed Powys LRF Strategic Co-ordination Group Reactivation Protocol	Hywel Dda University Health Board Gold Command COVID-19 Dashboard

Section 6: 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. 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
 - 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

Supporting Document
http://www.wales.nhs.uk/sitesplus/documents/862/Item%203.3%20Strategic%20Discover%20Report.pdf
Hywel Dda ‘Strategic Discover Report’

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, run on 7th August, 2020 via the use of Microsoft Teams used to examine the Communicable Disease Outbreak Plan for Wales and how this is 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. A table of outcomes and actions has since been presented to the Health Boards Gold Group with the Exercise report where it gained full support – for more detail and the supporting documentation please see Section 2.

Looking forward – learning and review

Ongoing review and learning is essential for us as we try to continually improve our Prevention and Response Plan. We already use our existing structures through the Regional Response Cell to share and learn from our experience for example our daily (9am) Regional Operational Team meetings which are chaired by our Consultants in Public Health and are joined by all three local contact tracing teams, their EHO/EHP/CDCO clinical leads, RRC members, the Testing Team, LPHT Surge Team members, Call Advisor Plus Team lead, the Specialist HP Team representative, the Care Home Team, IPandC teams and other expert teams situated within the Hywel Dda COVID-19 Command Centre. We call these important meetings – our daily huddle.

In addition, each week we hold a Regional Response Cell weekly debrief, held every Friday between 3-4pm to review learning, QandA's and issues raised. Sometimes we focus on a particular setting or issue and hold a deep dive to really ensure our learning can be embedded into practice. This is led by our Consultant in Public Health Lead.

Exercises and workshops

Over the coming weeks and months, we have to ensure that we organise and participate in regular de-brief and exercise sessions that seek to test and challenge our plans and aid rapid learning. Of particular note for consideration over the next few weeks:

- Winter protection planning 2020/21
- Mass vaccination planning
- Bringing in 'Enhanced Health Protection Measures' in local and regional areas

Conclusion and Next Steps (our initial priorities)

As previously highlighted this is the first iteration of our joint Prevention and Response Plan. There are gaps, there are areas where work is ongoing and others where we are responding to a change in policy or direction. This is not a finished product but a draft plan that shows our collective position at a point in time. Accountable organisations across the Hywel Dda region, including the Health Board and three Local Authorities have worked collaboratively to bring you the first version of our plan and we will continue to work collectively as we improve and provide more detail to key sections.

As we drive forward with the development of our plan there are a number of priorities to highlight, these being:

- To ensure a safe and robust interface between our Local COVID-19 Prevention and Response Plan (regional response) and the National Escalation and Response Plan
- To further enhance good governance across the partnership for the delivery of our plan and to facilitate appropriate organisational approval

- To continue to work and finalise our plan for the 2020/21 Seasonal Influenza Vaccine Campaign (enhanced)
- To continue to work as a system and develop robust plans for:
 - COVID-19 Vaccine Delivery
 - Winter protection Planning
- Enhance our surveillance system even further by incorporating the CRM tools and the data this provides into our shared real time intelligence (situational awareness process)
- Continue to develop, test and challenge local/regional escalation processes and our response to incidents, clusters (and the interface with the Communicable Disease Outbreak Plan for Wales) at a multi-agency level
- Continue to adopt a common/shared language across our partnership plan

Glossary of Terms

Antibody test to detect the presence of antibodies in response to the SARS-CoV-2 virus. This is used primarily to determine whether a person has been previously infected with COVID-19.

RT-PCR (virus antigen detection) test utilises a throat or dual throat and nose swab. This test detects the presence of viral RNA and determines whether an individual currently has the infection.