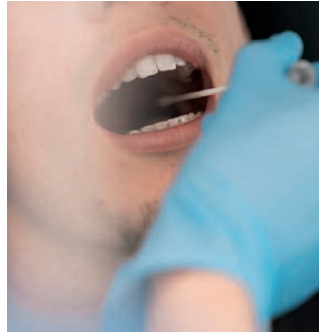




Cardiff and Vale of Glamorgan COVID-19 Prevention and Response Plan

21.08.20 v1.1



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board



Iechyd Cyhoeddus
Cymru
Public Health
Wales



Contents:

1.0 Overview

2.0 Regional Planning and Response Structures, Roles and Responsibilities

- 2.1 Regional structures, roles and responsibilities, and escalation mechanisms
- 2.2 Regional planning and response and escalation
- 2.3 Regional response to an outbreak

3.0 Management of Clusters, Incidents and Outbreaks

- 3.1 Multi-agency Public Health Response Team
- 3.2 Regional Standard Operating Procedure
- 3.3 Management of incidents in care home settings
- 3.4 Surveillance systems
- 3.5 Governance and quality assurance

4.0 Surveillance

- 4.1 COVID-19 surveillance in Cardiff and Vale
- 4.2 Population level surveillance
- 4.3 Case/cluster level surveillance
- 4.4 Governance
- 4.5 Sharing practice and learning from elsewhere
- 4.5 Taking action based on surveillance findings

5.0 Sampling and Testing

- 5.1 Regional arrangements for sampling and testing
- 5.2 Sampling and testing arrangements for large outbreaks and incidents if regional capacity exceeded

6.0 Prevention, Mitigation and Control

- 6.1 Identifying our most vulnerable groups and communities
- 6.2 Supporting and protecting our vulnerable groups and communities
- 6.3 Identifying key places and sectors at higher risk of transmission
- 6.4 Mitigation and control in key places and sectors at higher risk of transmission
- 6.5 Reinforcement arrangements
- 6.6 Enhanced reinforcement
- 6.7 Mass vaccination plans and limiting impact of flu

7.0 Communications

- 7.1 Strategic management of communications
- 7.2 Communications Plan

8.0 Implementation, Review and Learning

- 8.1 Action Plan

9.0 References

Appendices



1.0 Overview

Our Regional COVID-19 Prevention and Response Plan has been prepared in response to the joint letter sent by the Welsh Government Chief Medical Officer/Medical Director NHS Wales, Director General Health and Social Services/NHS Wales Chief Executive and Director, Local Government on the 27th July 2020¹. The letter set out that effective implementation of an integrated national and local system should be based on six principles as follows:

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

Our Plan covers the Cardiff and Vale University Health Board area, and draws together all the component parts that we have developed as a region over past months to deliver an effective regional Test, Trace, Protect response. It has been prepared on a fully collaborative basis and signed off by Cardiff and Vale University Health Board and both Cardiff and Vale of Glamorgan local authorities. The Plan will be iterative, and adapted and refined as planning continues over the coming months.

It provides an overview of the structures and processes in place in Cardiff and the Vale of Glamorgan to both prevent and respond to COVID-19, as well as an action plan of proposed developments to further enhance the regional response. It makes reference to existing documents and processes where relevant, but does not repeat their content.

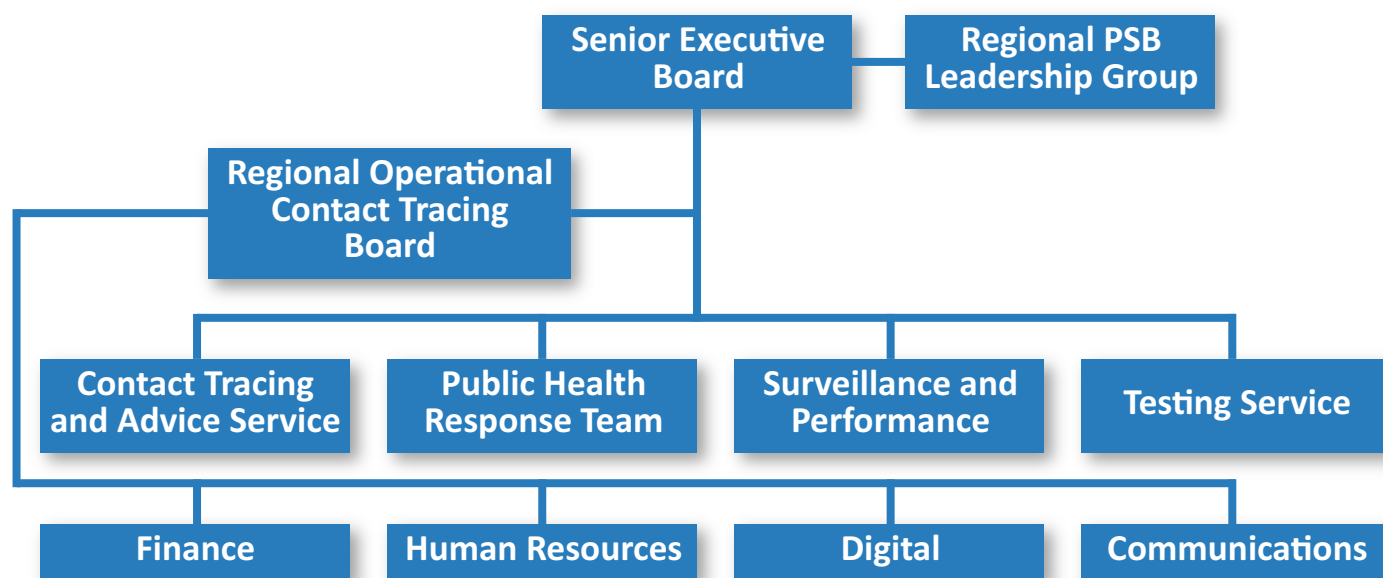


2.0 Regional Planning and Response Structures, Roles and Responsibilities

2.1 Regional structures, roles and responsibilities, and escalation mechanisms

The following governance structure has been established to oversee implementation and delivery of Test, Trace and Protect (TTP) within Cardiff and the Vale of Glamorgan. It includes strategic and operational elements, and identifies four key operational functions, each of which is described in more details below.

Figure 1: Cardiff and Vale TTP Governance Structures



Senior Executive Board

The Senior Executive Board is comprised of Chief Executive, Executive and Director level membership from Cardiff and Vale UHB, Cardiff Council, Vale of Glamorgan Council, and Shared Regulatory Services, who are responsible for mobilising their organisations to respond to the Public Health Protection Plan. The Board makes key decisions to guide and implement Test, Trace and Protect (TTP) in Cardiff and Vale of Glamorgan. It is chaired by the Len Richards (CEO of Cardiff and Vale UHB) and attended by Paul Orders (CEO Cardiff Council) and Rob Thomas (Managing Director, Vale of Glamorgan Council). The Senior Executive Board meets monthly. Joint Executive leadership is provided across the three organisations by Sarah McGill, Corporate Director for People and Communities, Cardiff Council, Fiona Kinghorn, Executive Director of Public Health, and Tom Bowring, Head of Policy and Business Transformation, Vale of Glamorgan Council. Fiona Kinghorn and Dave Holland, Head of Shared Regulatory Services (SRS), are the professional responsible officers for the strategic delivery of TTP within Cardiff and the Vale of Glamorgan. The group appraise the following Cardiff and Vale of Glamorgan partnerships of progress toward successful implementation and operation of the agreed Plan:

- Public Services Boards (PSB)
- Regional Partnership Board
- National reporting through Welsh Government TTP partnership infrastructure

Executive-level decision-making will be made rapidly and decisively across the three statutory organisations, or within any one of these organisations individually depending on the situation, should urgent escalation or decision-making be required. Escalation to the three named Executive Leads can be made through any of the four operational functions of the regional TTP programme of work, by any participant of the Regional Operational TTP Board, any regional partner organisation, or nationally from Welsh Government or Public Health Wales. The Executive Leads independently or collectively as required, will risk assess the situation and liaise with their respective CEOs and Executive Management Teams / Senior Management Teams to make such urgent decisions.



Joint PSB Leadership Group

The responsibility for the management of the service and for the operational response to the pandemic will sit at a local level with a Senior Executive Board chaired by the Chief Executive of Cardiff and Vale UHB having responsibility for overseeing the implementation of the local TTP service.

If, however, a situation arises where an outbreak cannot be managed locally, leading to additional local or regional measures being introduced by Welsh Ministers, then a Joint Cardiff and the Vale of Glamorgan Public Services Board (PSB) Leadership Group will be convened. The Joint PSB Leadership Group will be chaired by the Chair of the Cardiff and Vale University Health Board and include the Leaders of Cardiff Council and the Vale of Glamorgan Council as well as senior executive leadership from the Cardiff and Vale University of Wales Health Board, Cardiff Council, Vale of Glamorgan Council, South Wales Police and the South Wales Fire and Rescue Service.

Regional Operational TTP Board

The Regional Operational Test, Trace, Protect (TTP) Board is responsible for overseeing all aspects of the delivery of the agreed Operational Plan. Cardiff Council's Corporate Director for People and Communities, Sarah McGill, chairs the Board which meets weekly. It comprises of leads for each of the regional operational functions (Contact Tracing and Advice Service; Public Health Response; Surveillance and Performance; and Testing Service), as well as leads for the following cross cutting functions:

- Finance – Lead: Christopher Lee, Cardiff Council
- Human Resources – Lead: Tracy Thomas, Cardiff Council
- Digital – Lead: Phil Bear, Cardiff Council
- Communications – Lead: Robert Jones, Vale of Glamorgan Council

Operational functions:

Four groups oversee each of the operational functions:

Contact Tracing and Advice Service *(Lead: Isabelle Bignall, Cardiff Council):*

includes the delivery of the Cardiff and Vale Contact Tracing Service, as well as escalation of complex cases and clusters to the Regional Public Health Response Team. The service is hosted by Cardiff Council on behalf of the partnership, with clinical oversight provided by Environmental Health Officers from Shared Regulatory Services.

Public Health Response Team *(Lead: Dave Holland, SRS, with Sian Griffiths, C&V UHB/PHW):*

this multiagency team provides advice, guidance and oversight to a range of settings, and oversees the management of complex cases and clusters. A Standard Operating Procedure (SOP) has been developed which details how issues are escalated, including to the national level where required.

Surveillance and Performance *(Leads: Surveillance - Tom Porter, C&V UHB/PHW; Performance - Nick Blake, Cardiff Council):*

provides regional surveillance dashboards, national surveillance outputs, data and intelligence reports as requested, and key messages for partner organisations and specific operational groups

Testing Service *(Leads: Kay Jeynes and Tracy Meredith, C&V UHB):*

co-ordinate and deliver local testing mechanisms, and work to ensure integration of regional and national systems.

2.2 Regional Planning and Response and Escalation

This section gives a high-level summary of the regional response and escalation mechanisms, signposting to existing guidance and procedures that inform this response.

Core TTP Regional Partners:



Cardiff Council

Public Health Wales



Cardiff & Vale University Health Board



Vale of Glamorgan Council



Shared Regulatory Services

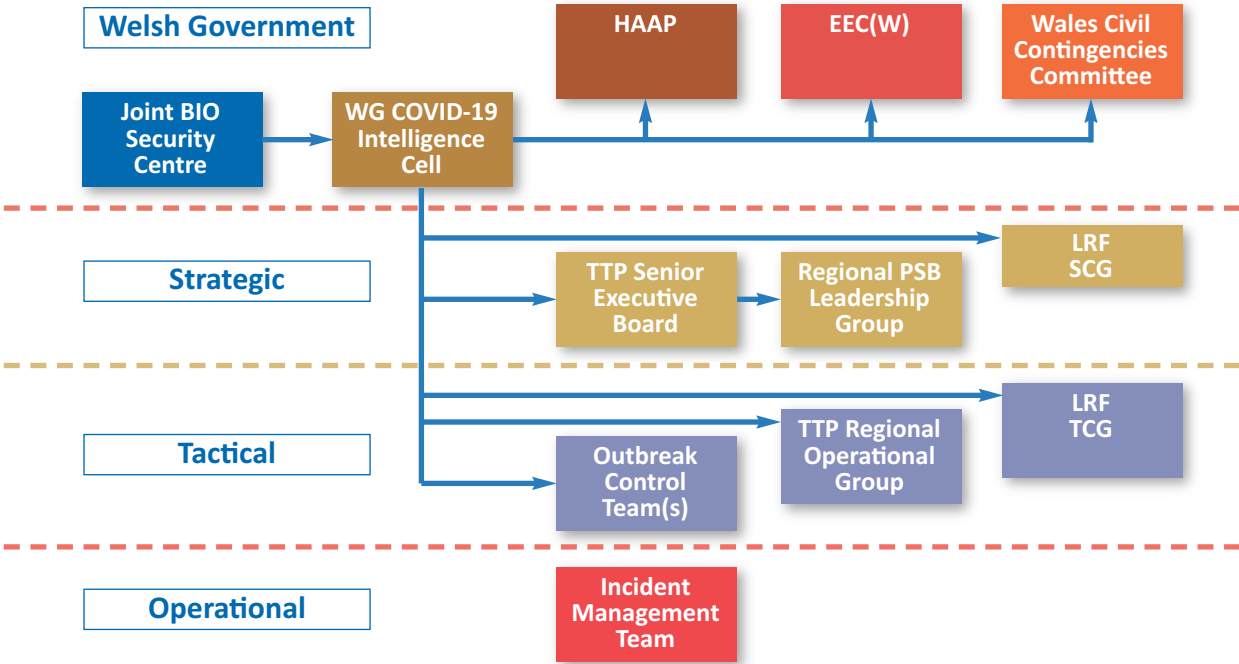


The Regional Operational TTP Board meets weekly and receives exception reports from each of the four operational functions, as well as the four cross cutting areas. Key operational decisions are made at this forum, along with scrutiny of surveillance and performance data.

The multi-agency Regional Public Health Response Team meets daily (Monday – Friday) to review new case activity and any new or ongoing incidents (see section 3.1 for further detail). In addition, the Team can be convened at short notice should urgent situations arise between meetings, including out of hours. A Standard Operating Procedure (SOP)² has been developed which describes in detail regional escalation processes for a variety of issues that may be encountered by the contact tracing service. This has been developed with input from all partner agencies. The SOP is iterative and is constantly under review as our experience develops. It describes how priority areas such as care homes are integrated into the regional response, and how the work of the regional team draws on and works to key guidance documents, including the Communicable Disease Outbreak Plan for Wales³.

The need for escalation beyond the regional response to civil contingency structures through the Local Resilience Forum (LRF), and associated national structures (in line with the expected National COVID-19 Public Health Escalation and Response Plan), would be agreed at these meetings, in consultation with the leads identified above in our regional governance structures. Close working will take place between any regional Outbreak Control Teams in place at the time, and their recommendation that a LRF Strategic Coordinating Group needs to be put in place. Such an escalation is covered in Part 7 of the Communicable Disease Outbreak Plan for Wales³. Figure 2 outlines a proposed escalation process for how this could work within the Cardiff and the Vale of Glamorgan. In addition, section 8 details how the communications processes would integrate with this approach.

Figure 2: Proposed escalation process for Cardiff and Vale region



The Communicable Disease Outbreak Plan for Wales 2020³ (CDO Plan) sets out arrangements for managing all outbreaks of communicable disease in Wales. This is the model for all outbreaks led by or within Wales. The responsibility for managing outbreaks (section 1.1.4) is shared by all the organisations who are members of the Outbreak Control Team (OCT). Specifically, the responsibility for decisions made by the OCT is collectively owned by all organisations represented on the OCT. Individual organisations are then responsible for carrying out the actions assigned to them as agreed at OCT meetings. Much of the work of the regional collaboration will focus on preventing and controlling spread across a range of settings. It is envisaged that an outbreak would only be called when absolutely necessary.

● 2.3 Regional response to an outbreak

An outbreak within the Cardiff and Vale region would require a coordinated partnership response. It would therefore be imperative for the response to be led regionally, working closely and collaboratively with specialist health protection, Public Health Wales and Welsh Government, following the procedures described in the CDO Plan.

The role of the OCT is to facilitate collaborative working and arrangement between organisations, and core members of the OCT are set out in section 2:1 (CDO Plan). They are responsible for declaring an outbreak.

Cardiff and Vale of Glamorgan Councils have Outbreak Plans and lead officers for Communicable Disease that are part of Shared Regulatory Services.

Depending on the nature of the incident, it may be necessary to activate emergency response plans. Command, Control and Co-ordination (C3) are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies. During an emergency or incident, both Councils operate to this three tier structure to organise the response and recovery effort to an external major incident, an internal major incident, or both. Additional detail of emergency planning arrangements within partner organisations is included in appendix B.

Any multi-agency response will be initiated through South Wales Local Resilience Forum (SWLRF) which will invoke the Strategic Coordination Group(SCG) as necessary, SWLRF have a Major Infectious Disease Framework⁴. The South Wales Strategic Coordination Group entered an idle state on 28th July 2020. A protocol⁵ setting out arrangements for the reactivation of the Strategic Coordination Group has been agreed, which complements Section 7 of the CDO Plan.



3.0 Management of Clusters, Incidents and Outbreaks

This section describes current operational arrangements. It should be read alongside sections 4 and 6, which describe further developments and planning to enhance and complement these arrangements, as we prepare for the coming months and the expected increase in cases of COVID-19 related to the easing of restrictions and onset of winter.

● 3.1 Multi-agency Public Health Response Team

As outlined in section 2, the multi-agency Public Health Response Team meets daily (Monday-Friday). This is a central and essential element of the TTP response within Cardiff and Vale region, and is responsible for the acute oversight of disease activity within the region. The group has been running successfully since early June 2020, with strength being derived from the multi-disciplinary contribution and expertise from across the partnership. Core membership includes representatives from Shared Regulatory Services (chair), the Contact Tracing and Advice Service, Local Public Health team (via the duty local public health consultant), Specialist Health Protection (Consultant for Communicable Disease Control), and Hospital Infection Prevention Control and Occupational Health. Other representatives are invited as appropriate.

Figure 3: Public Health Response Team Members



The Team has the shared and focussed aim of eradicating COVID-19 from Cardiff and Vale. The daily meeting operates to a structured agenda and systematically reviews new cases appearing via the National Customer Relationship Manager system (CRM) in the last 24 hours and items in the regional queue, as well as any ongoing incidents; this facilitates the identification and management of potential clusters. As part of this meeting any possible clusters are discussed, along with potential links, and feedback from contact tracers/advisers is explored. Expert advice on further action, and any additional investigations e.g. enhanced exposure history or ad hoc testing, is given by the CCDC. Preventative actions are also discussed as necessary. A lead is identified to effectively progress all necessary actions and investigations, involving key stakeholders relevant to the setting in question.

Complex cases, incidents and potential clusters are discussed by the group. Risk assessments are conducted and decisions made on appropriate actions; these decisions and actions are documented on a secure, restricted Regional Team Sharepoint site. Should significant or urgent cases arise outside of this timetable, an incident meeting can be convened at short notice for rapid action to be agreed; this includes out of hours and at weekends.

● 3.2 Regional Standard Operating Procedure

A Regional Standard Operating Procedure (SOP)² has been developed which describes in detail how cases relating to specific settings are to be escalated to various stakeholder teams sitting at the regional level. This SOP aligns itself with specific operational guidance (e.g. childcare and educational settings) and operates alongside the CDO Plan. It also describes how priority areas such as care homes are integrated into the regional response. This has been developed with input from all partner agencies and is included as an appendix to this document. The SOP is iterative and is constantly under review as our experience develops.

We would aim to manage disease activity at a regional level using the partnership arrangements described above. An outbreak would be declared, if necessary, in consultation with local lead officers and in line with the CDO Plan. This may include use of emergency planning processes, depending on the nature of the outbreak. Escalation processes to support this approach are described in section 2.

● 3.3 Management of incidents in care home settings

The management of incidents has been in accordance with a Standard Operating Procedure (SOP) jointly produced by Public Health Wales (PHW) and Environmental Health. This procedure clearly delineates the role of PHW and Local Authorities, including both Environmental Health and Social Services Commissioning Teams. This procedure is robustly supported in both the Cardiff and Vale of Glamorgan areas with weekly meetings between the Communicable Disease Control Consultant (CCDC), Health Protection Team and Lead Officers in Communicable Disease which enables all agencies to review and discuss on-going incidents and new case enquiries.

Cardiff and the Vale of Glamorgan areas have also implemented robust arrangements for the management of cases and incidents of COVID-19 in care home settings. Weekly oversight meetings are led by local authority commissioning teams and discuss the current position. Representation from Social Services Adult Services and Commissioning Teams, Cardiff and Vale UHB, PHW, Care Inspectorate Wales and Environmental Health takes place to facilitate a multi-agency approach to the management of incidents (including testing). Where new cases of COVID-19 are identified, support meetings are additionally held with individual care providers to ensure that they are able to navigate on-going incidents as effectively and confidently as possible. Social Services Commissioning Teams further support care settings by the regular provision of requisite PPE and, jointly with the UHB, provides training, for example, on the correct donning and doffing techniques.

● 3.4 Surveillance systems

Section 4.0 describes the systems in place for surveillance and how we anticipate this being developed to allow the Public Health Response Team to identify clusters at an early stage from the information contained in the CRM.

● 3.5 Governance and quality assurance

The Public Health Response team reports weekly to the Regional TTP Board. In addition, the CCDC provides a twice weekly summary to Welsh Government via the Office of the Chief Medical Officer's COVID Intelligence Cell.

Brief notes are taken of each daily meeting, and all significant risk assessments and decisions are logged on the secure Sharepoint site. Near miss type events are investigated and learning shared with partners. A log is also kept by the contact tracing service and learning is shared with contact tracers and advisors as part of their ongoing training.



4.0 Surveillance

● 4.1 COVID-19 surveillance in Cardiff and Vale

During June and July 2020 we have developed a two-tier COVID-19 surveillance system for the Cardiff and Vale region, identifying trends at a population level and individual case/cluster level.

We continue to iterate and improve this system based on regional experience and learning from elsewhere in Wales and the rest of the world.

The senior responsible officer for the system is a Consultant in Public Health Medicine in the local public health team, with component parts led and delivered by colleagues across the Health Board, two local authorities, and Public Health Wales.

● 4.2 Population level surveillance

Regional Information Group

A Regional Information Group (RIG) meets weekly over Teams with data leads from Cardiff Council, Vale of Glamorgan Council, Cardiff and Vale UHB, and the local public health team. The RIG reports to the Regional Partnership Board. In response to COVID-19, the RIG has worked rapidly to build a population level surveillance dashboard.

Surveillance indicators

The RIG has agreed a set of 21 population surveillance indicators to be used for COVID-19 which are shared across the partners. The indicators cut across the COVID-19 clinical pathway, from population-level indicators of mobility and upcoming changes in COVID-19 legislation and guidance, through to indicators of activity and capacity in primary and community NHS, care home and domiciliary care, secondary and tertiary care, and reablement services. Summaries of incidents in care homes and hospitals are currently included, and indicators for school and workplace settings will be included from the start of September. Potential additional indicators for future inclusion are reviewed at the RIG.

Data is sourced from national sources (e.g. PHW, Zoe symptom tracker, Google Mobility) and local organisations (e.g. Health Board and Councils).

A detailed list of the indicators, who updates each, frequency of update, and definitions for red/amber/green (RAG) scoring for each is held on a restricted regional Sharepoint site. Each data owner has nominated a deputy for times when they have planned or unplanned leave, to ensure the dashboard is available every week. For data which is updated more frequently than weekly, data owners will notify the Consultant in Public Health Medicine between updates for escalation if necessary, if a concerning trend is seen mid-week.

Population surveillance dashboard

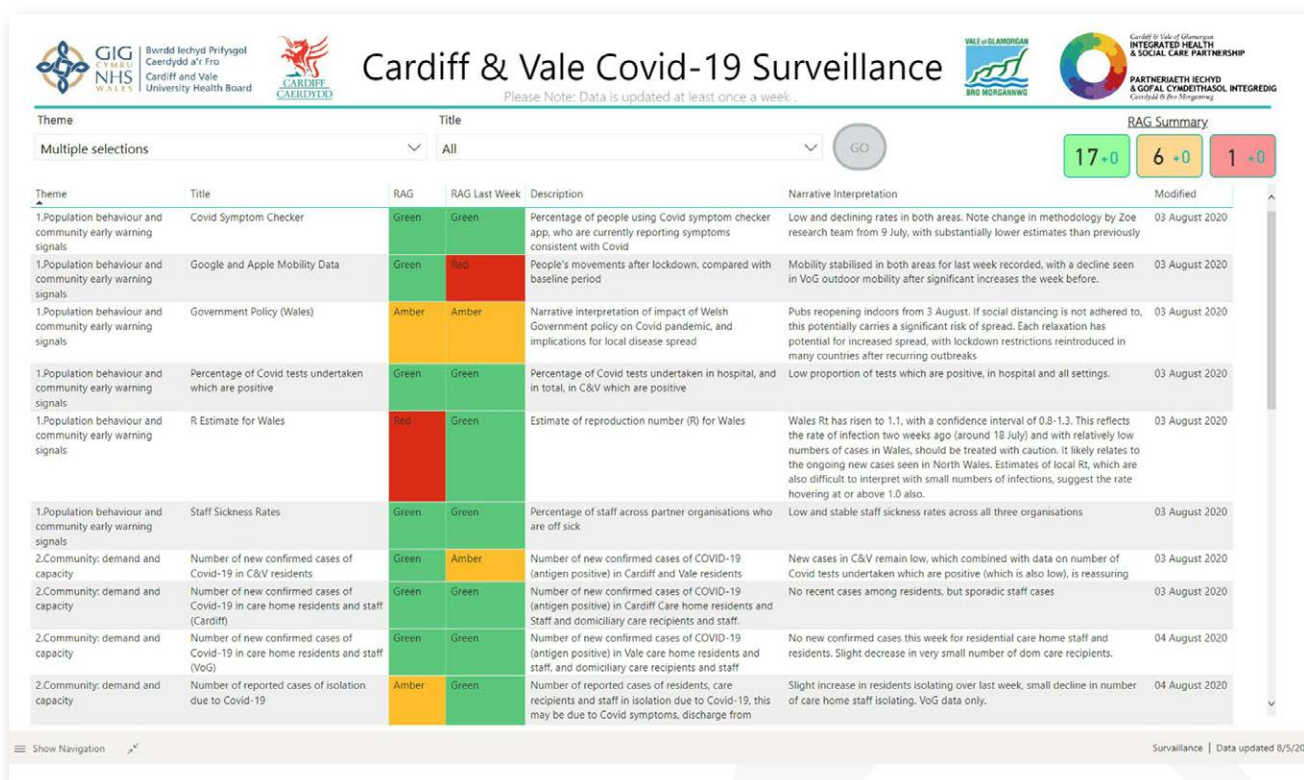
The indicators are brought together into a single view as a population-level dashboard⁶ (see screenshot 1).

For expediency when first set up, the dashboard was based on a set of Excel files, with a summary one page PDF file and detailed data available behind each indicator. Cardiff Council's Digital Services team has now transferred this static Excel-based dashboard into an interactive Microsoft PowerBI dashboard, which enables drilling down and inspection of each dataset while it is being viewed (see screenshot 2). This also makes regular updating and collation of data much more streamlined.

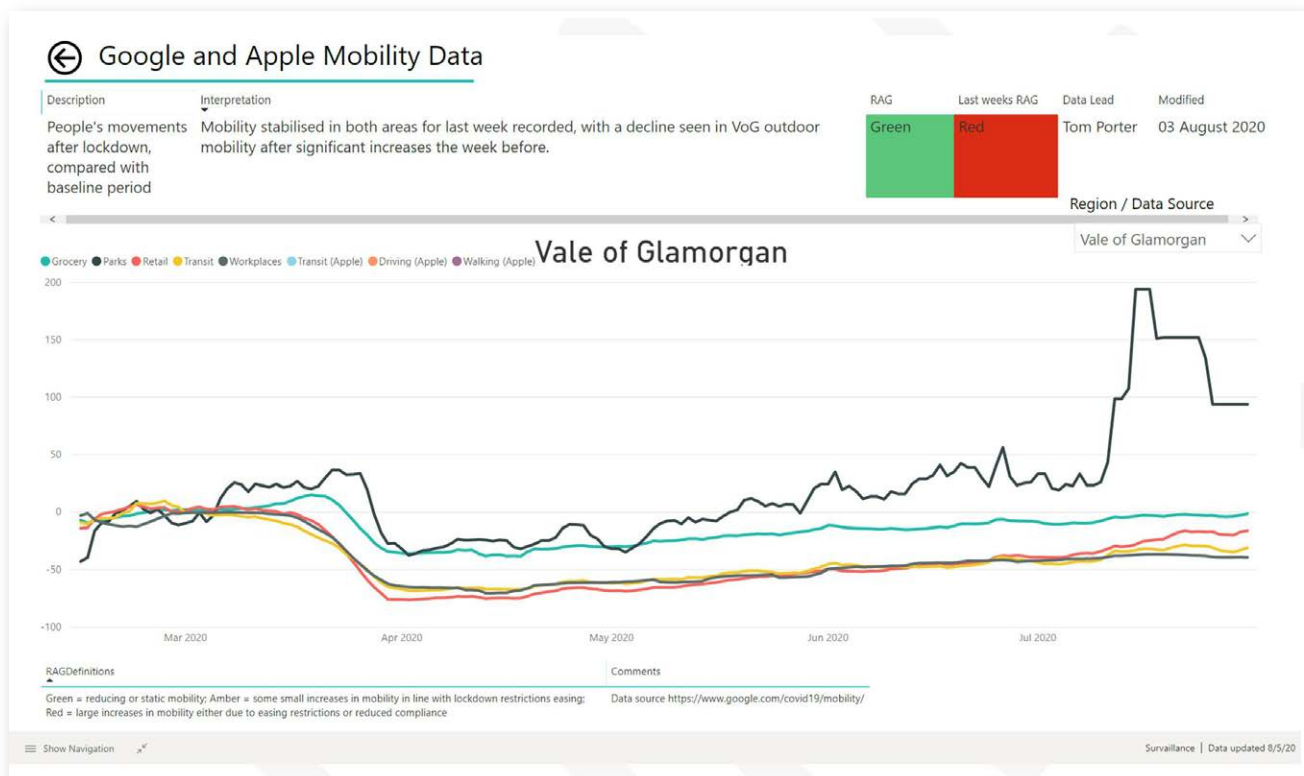
An interactive schematic view of the dashboard is also available, with RAG status shown for each indicator on the relevant part of the pathway (see screenshot 3).



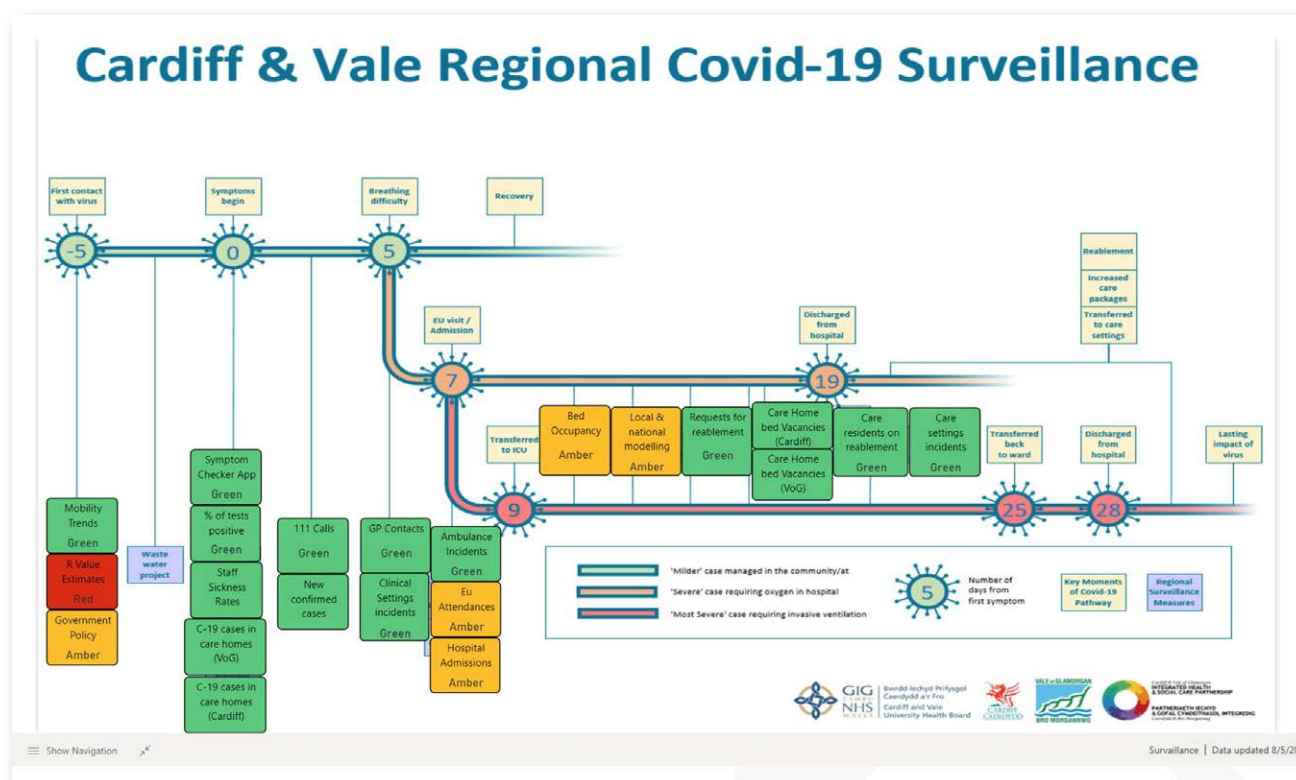
Screenshot 1. Summary view of dashboard indicators



Screenshot 2. Example of detailed view of specific indicator



Screenshot 3. Schematic view of dashboard



Update process

Data, narrative and RAG status for each indicator is updated regularly (at least weekly) by each of the named leads and collated automatically within PowerBI, with the dashboard finalised and signed off by a Consultant in Public Health Medicine each Monday. The reason for, and implications of, any new amber or red indicators in the weekly dashboard is discussed when presented.

Reporting process

This population-level dashboard is taken as a live document, or one page PDF summary, to relevant partnership committees each week to alert individuals and organisations to the current dynamics of COVID-19 and its impact on our services. These include:

- Joint Management Exec (UHB, Cardiff Council, Vale Council)
- TTP Operational Board overseeing the planning and implementation of the COVID-19 TTP response
- TTP Senior Executive Board including senior Executives from Cardiff and Vale UHB, Cardiff Council and Vale of Glamorgan Council
- Made available to SCG/LRF as appropriate/on proportional request

If an SCG is stood up in our area then communication of surveillance data will be the lead responsibility of the Executive Director of Public Health, who may delegate this function as appropriate to the situation.

Data sharing

A data protocol has been agreed between the partner organisations, and access to the dashboard is tightly controlled on a named individual basis, due to the need for careful interpretation of the datasets, many of which have caveats.



● 4.3 Case/cluster level surveillance

Regional public health response cell

In Cardiff and Vale region there is a daily midday Teams meeting (Monday to Friday) of the Regional Public Health Response Team, to identify and discuss management of new cases, possible clusters, and any other emerging issues. This has been described in section 3.

Discussion of cases and possible clusters

This has also been described in section 3.

Link with Welsh Government/Public Health Wales COVID-19 intelligence cell weekly discussion

The CCDC discusses any significant new cases or emerging clusters at the national twice weekly WG COVID Intelligence Cell, and also feeds back the results of this discussion regionally at the daily midday meeting.

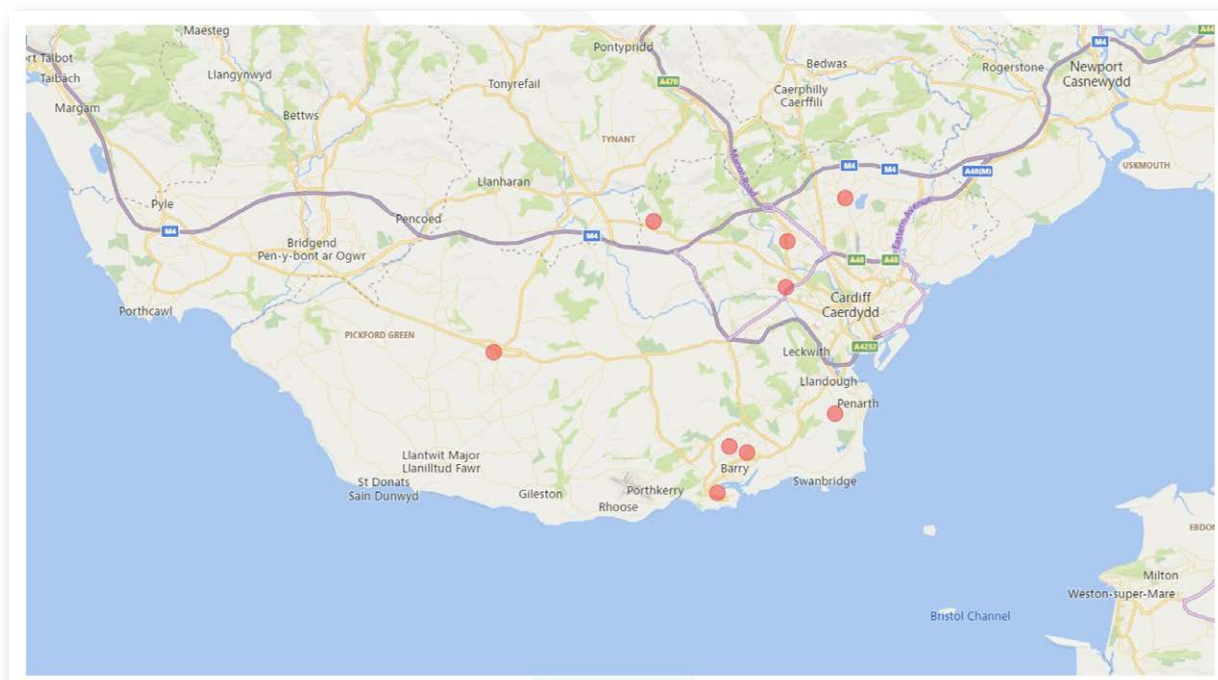
Interactive mapping of new cases

Cardiff Council's Digital Services team, working with NWIS, have developed a mapping tool to visualise new cases and potential clusters geographically, based on live data from the national CRM. This is currently in the final stages of development for the purpose of daily public health review.

Access to this dashboard will be even further restricted than the population-level dashboard as it contains patient identifiable data (PII), and will be used solely by local Consultants in Public Health to identify possible clusters or patterns for discussion at the midday regional meeting.

This function and wider use of the CRM to help identify potential clusters will be strengthened when additional fields are added nationally for occupation and workplace, and as connections between linked cases and contacts can be more logically set out within the CRM.

Screenshot 4. Example of interactive map of new cases (rest of screen not shown as contains PII)



Daily review of map of new cases

We will shortly be agreeing a standard process for the regional duty Consultant in Public Health to review the geographical mapping of cases and possible clusters on a daily basis (including weekends), and take action as required.

● 4.4 Governance

Terms of reference are available for the Regional Information Group (RIG), along with the current detailed list of population surveillance indicators. The RIG reports to the Cardiff and Vale Regional Partnership Board.

Surveillance is a standing item on the Cardiff and Vale Test, Trace, Protect (TTP) Operational Board, which meets weekly, both from an operational perspective as well as to discuss the latest dashboard findings and any implications for the system. The population dashboard is also shared with other partnership committees as detailed above.

● 4.5 Sharing practice and learning from elsewhere

The regional Consultant in Public Health Medicine lead for surveillance is an active member of the PHW national surveillance task and finish group. Work on our population dashboard and case/cluster mapping tool has been shared with the group, along with newly identified indicators with the potential for inclusion in our dashboards.

Data made available nationally or flagged as of interest at the national group or elsewhere is discussed at the weekly RIG and reviewed for inclusion in our dashboards. Indicators used for surveillance have also been shared with the WG national modelling cell chaired by Brendan Collins.

● 4.6 Taking action based on surveillance findings

If concerning trends or patterns are identified through the population or case/cluster surveillance mechanisms described above, action will be taken in line with the response and governance mechanisms set out in section 2 of this Plan.

In general terms, concerning patterns in data would initially elicit a discussion and appropriate co-ordinated action at a strategic level by the partners at the TTP Operational Board, and/or at the daily regional public health meeting, depending on the nature of the issue(s) identified.

Case and cluster surveillance data will be reviewed daily to ensure an appropriate and timely response; population level surveillance data is currently reviewed weekly but with the population dashboard PowerBI platform now in place, and close partnership working to support this, the frequency of dashboard updates could be increased if required, for example if any significant clusters of concern were identified or there was early evidence of increasing community spread.



5.0 Sampling and Testing

● 5.1 Regional arrangements for sampling and testing

Cardiff and Vale University Health Board has two Community Testing Units (CTU) operating 7 days a week. The service is currently available to key workers as identified in the CMO guidance and Testing Strategy for Wales July 2020. Also one of the centres provides Pre-op and Pre procedure sampling for the UHB Inpatient services.

The CTUs offer a 'drive through model' of sampling and home visiting where appropriate for individuals too sick to travel or who have no transport. The CTU activity has been flexible based on demand and strategic direction, an overall plan on how to support COVID-19 Sampling and Testing through to March 2021 is in development. Standard Operational Procedures are in place for the CTUs.

The CTUs also offer a rapid response service for outbreak management for care homes and other identified facilities/environments as directed by the Regional TTP Team.

Care homes access the UK portal for whole home testing of keyworkers as per the All Wales Testing Strategy. The CTUs are available to support any additional requirements to support sampling.

Cardiff and the Vale of Glamorgan also has a Population centre, based within the City at Cardiff City Stadium, operated by Deloitte which is available to our symptomatic residents for sampling. This is a drive through model only.

Mobile Testing units are also accessible to the Cardiff and Vale Regional Public Health Response team, and wider structures as appropriate, to support incident and outbreak management.

The UHB Testing Team is in discussion with Welsh Government to implement 'Pop up' Sampling facilities which would be available to individuals who have no transport. This would be particularly accessible to our large local student population.

Staff antibody testing has been undertaken across all schools in Cardiff and the Vale of Glamorgan (8,000 administered to date) and is currently being implemented across the key workers in health with a plan to deliver to agreed key workers within identified social care facilities throughout August 2020.

Further targeted antibody testing and re-testing will be required to support the sero-prevalence study being undertaken across Wales as that develops.

● 5.2 Sampling and testing arrangements for large outbreaks and incidents if regional capacity exceeded

We currently have sampling/testing capacity for 400 antigen tests per day at existing CTUs, and capacity for approximately 2000 (approx. 285 per day) antibody tests per week across the UHB both in inpatients and community.

If CTU capacity has been exceeded we have mechanisms in place to call on the other resources described above i.e. Population centre and the Mobile Testing Units settings and pop up facilities. We can also increase our staffing to meet demand, which is what we have been doing since February. There has been no need to prioritise specific staff groups and create a waiting list for sampling, as we have been able to meet demands by use of temporary additional staff. This flexible approach will continue through the winter.

6.0 Prevention, Mitigation and Control

● 6.1 Identifying our most vulnerable groups and communities

We know that COVID-19 disproportionately affects more vulnerable members of our community, including older age groups, BAME groups, and those living in deprivation. We also recognise that these factors may coexist and potentially compound vulnerability in both individuals and communities; these interrelating effects need to be considered when considering how we effectively prevent, mitigate and control the spread of COVID-19 and protect the most vulnerable in Cardiff and the Vale of Glamorgan.

Health outcomes and deprivation

In Cardiff and the Vale of Glamorgan there is considerable variation in healthy behaviours and health outcomes—for example smoking rates vary between 12% and 34% in Cardiff, with similar patterns seen in physical activity, diet and rates of overweight and obesity. Life expectancy is around ten years lower in our most deprived areas compared with our least deprived, and for healthy life expectancy the gap is more than double this. Deprivation is higher in neighbourhoods in South Cardiff, and in Central Vale.

Ageing population

We also have an ageing population, which is increasing steadily, with a projected increase in people aged 85 and over in the Vale of 20% over the next 5 years and nearly 50% over 10 years.

Ethnically diverse

Cardiff has one of the most ethnically diverse populations in Wales, with one in five people from a black or minority ethnic (BME) background. 'White other' and Indian ethnicities are the second and third most common ethnic groups after White British.

Homeless population

The single homeless population, in particular rough sleepers and those in emergency accommodation are particularly vulnerable to the virus. The average life expectancy for a rough sleeper is 45 years, and they often suffer from co-existing illnesses. Substance misuse, mental health issues and chaotic behaviours can all result in greater risk of the spread of infection. Those living in emergency accommodation which is often in shared spaces are also at greater risk from the spread of the virus.

● 6.2 Supporting and protecting our vulnerable groups and communities

Support for those vulnerable, isolating or shielding

From the beginning of the pandemic, the local authorities established support functions to address immediate issues relating to the availability of food and medication and other support needs. The TTP service has established links with these arrangements for people requiring support.

At the very outset of the pandemic, the Vale of Glamorgan Council put in place arrangements to support residents, including those that needed to shield. A "Vale Heroes" service has been established in partnership with the 3rd sector to ensure that people have been able to access any support that they need such as the delivery of food, provision of medication and general well-being support. Vale Heroes also connected the various existing and new community groups that emerged during the crisis with those in need of support. With the pausing of shielding from the 16th of August, the emphasis of Vale Heroes will continue to be the support of those people in crisis by the Council and the signposting of people to relevant community services should they be needed. A letter has been sent from the Managing Director of Vale of Glamorgan council to the 6,000 people who have been shielding in the county, to explain what help and support will continue to be available once shielding comes to an end on 16th August 2020. The Vale Heroes and Crisis Support Team will continue to be provided and this includes the link with the TTP service. Telephone contact has been made with the approximately 420 remaining WG food parcel recipients to identify alternative arrangements for sourcing food after the scheme closes which has seen 6,405 food parcels being delivered to residents in the Vale.



Cardiff Adviceline was set up in 2018 to support people who needed advice on a variety of topics including money, into work or benefit advice. This line also includes a webchat functionality. Typically the teams would receive 105 calls a week. As the city went into lockdown, and all but four of the community Hubs were closed for face to face services, the Adviceline rapidly increased its operation from three to 30 incoming lines, ensuring that anyone could access help and support over the phone. A holistic approach was taken to consider all services available to support those that called. This included information about local groups and third sector organisations that could help with shopping, befriending and other support services. The number of calls increased to over 1,150 a week. The majority of enquiries being about Universal Credit, furlough and access to food, as people were self-isolating.

Cardiff Council set up a food response 'Together For Cardiff'. Vulnerable residents who were self-isolating or shielding, had no funds or support, could call the Adviceline to access a food parcel which was delivered to them. To date over 6,320 parcels have been delivered to the most vulnerable.

As Welsh Government Foodboxes became available to those who were required to shield, residents telephoned the Adviceline to access these boxes. Teams also made outgoing calls, a letter was sent from the Leader and Chief Executive of Cardiff Council and visits were also carried out to ensure that all of the 14,000 + residents on the shielded list in Cardiff had been contacted.

As shielding is paused from the 16th August 2020, the Adviceline will still continue to support those as they re-enter the community. A letter has been sent from Cardiff Council Corporate Director for People and Communities to all those shielding, reminding them of the Adviceline number and the support available. Outgoing calls are also being made by the teams to all of the 2,000+ that are currently receiving a food parcel from Welsh Government advising them of the support that is still available to them.

The Adviceline will continue to offer the help that people need, as residents are contacted through Test, Trace, Protect contact tracing and are required to self-isolate.

Support for the homeless population

The vulnerability of this group was recognised at the start of the pandemic. At that time there were 30 individuals sleeping rough in the city and 140 in emergency accommodation, more than 90 of whom were in shared sleeping spaces. Many were required to leave their accommodation during the day. To ensure that this population could effectively self-isolate or socially distance, two hotels were leased and established as homeless hostels with 24 hour support staff on site. Two sites were also set up as isolation units, so that homeless people could be isolated from the rest of the population. Food was provided to all sites and partners came together to deliver services directly into the hotels and other homeless accommodation, such as substance misuse services and therapeutic services. More clients than ever before have started to engage with services. Rough sleeping reduced to single figures over this period. New accommodation projects have been identified and are currently being developed to ensure that these individuals can be appropriately housed, and so that the achievements made during the pandemic are maintained.

Support and engagement with black or minority ethnic communities

Linkages are being made between the 'protect' element of the TTP service and the communications operational function as described in section 7 below. A subgroup has been established to investigate the available mechanisms and community assets available to deliver information to BAME community in Cardiff and the Vale and other hard to reach and seldom heard groups. A strategy is being developed to ensure these groups are effectively engaged.

Measuring the impact on communities

As part of the two Local Authorities' recovery planning processes, consideration is being given to the impact coronavirus has had on communities, in particular the most vulnerable people in society reflecting the above. For example, the Vale of Glamorgan Council are currently undertaking a community impact analysis (consideration of different/emerging issues based on research and with a particular focus on the protected characteristics).

● 6.3 Identifying key places and sectors at higher risk of transmission

As restrictions ease across Wales and more establishments begin to re-open, the risk of community transmission will increase. The most densely populated regions remain the highest risk, and have the highest density of school/college students, as well as a high density of large businesses.

Shared Regulatory Services have worked with the Army intelligence to undertake predictive analysis into high risk sectors. Using the findings of the Report⁷, supplemented with local knowledge and discussion, the following settings have been identified as high risk of transmission (in no particular order):

Educational settings

Cardiff has the highest number of pupils and the most college/sixth form/universities in Wales.

Students in college/sixth form/universities are more likely to increase risk of community transmission as they are older/more independent. They are more likely to travel using public transport and live in multiple occupancy housing. In Cardiff, there are approx. 70,000 students.

Healthcare settings

We have the largest hospital in Wales (University Hospital of Wales, UHW), as well as University Hospital Llandough (UHL) and smaller hospitals including Barry Hospital, St David's Hospital, Cardiff Royal Infirmary (CRI), Rookwood Hospital and Lansdowne Hospital. Velindre Cancer Centre is situated in Cardiff, as well private hospitals including Spire, the Vale and Cardiff Bay Orthopaedic Hospital.

Non-food factories

Cardiff and Vale is home to many non-food factories. They can be similar settings to food processing factories, with busy and fast paced production lines. Loud machinery can cause people to shout or stand close together in order to converse. Some employees experience low pay and be in lower income households.

Office based workplaces

Large workplaces can pose a risk of spread of the virus. They are usually indoor, result in exposure over a period of time, have limited air flow/potential for recycled air via air conditioning, and can have a high density of people.

Night time economy (NTE)

There are almost 2000 licensed premises in Cardiff and the Vale of Glamorgan. Both Cardiff and the Vale of Glamorgan Councils have published Licensing policies to promote the licensing objectives set out in the Licensing Act 2003. It is widely recognised that licensed premises make a significant contribution to the economy of both Councils. The diverse range of licensed premises appeal to visitors, tourists and local citizens and include licensed restaurants, 300 pub/bar/nightclubs along with theatres and stadia, bowling alleys, cinemas, art galleries and hotels. There are over 350 licensed premises in the Cardiff city centre alone and the lively night time economy presents a heightened risk of the transmission of coronavirus.

Coastal areas, and caravan sites/holiday parks/campsites

The Vale of Glamorgan Heritage Coast is home to 14 miles of coastline. Coastal areas are at risk of increased exposure to the virus due to the sudden influx of visitors due to restrictions on international travel.



● 6.4 Mitigation and control in key places and sectors at higher risk of transmission

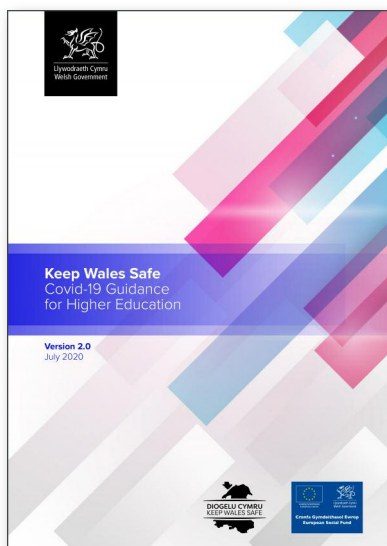
Schools

The Public Health Advice Note for clusters in educational settings⁸ will be used for advice for how clusters and incidents of COVID-19 should be investigated and managed when they occur in education and childcare settings in Wales. Partner organisations are working together to develop a coordinated approach to infection control and communications should such events occur, involving corporate Health and Safety colleagues in addition to core Regional Response Team members.

Higher Education

Prevention

The regions have been working closely with higher education establishments ensuring that each institution is 'COVID secure' and have carried out risk assessments and mitigated them with a combination of controls to ensure compliance with the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020. The Keep Wales Safe COVID-19 Guidance for higher education⁹ sets out different levels of operations which institutions should adopt to help them prepare for the different, anticipated phases during the remainder of the response to COVID-19. It also provides guidance for student accommodation and how social distancing and infection prevention and control methods can be implemented.



Test, trace, protect

The TTP service will identify cases relating to higher educational establishments and following up contacts ensuring prevention of onward transmission. Full details are outlined in the guidance on Keep Wales Safe COVID-19 Guidance for higher education⁹. Cases relating to the university will be escalated through formal processes to the regional team, for further investigation. If the university becomes aware of any cases relating to the university they can also notify via Public Health Wales Tel: 0300 0030032. International Students from non-exempt countries outside the UK will need to comply with the self-isolating requirements for their first 14 days in Wales.

Risk Communication

Welsh Government is developing messaging based on behavioural insights aimed at young people. This can be adapted for university students. This will be vital to promote social distancing in groups who may not be inclined to socially distance and reduce the potential for any larger informal gatherings.



Planning for and Managing Outbreaks

Local procedures are detailed in the Cardiff and Vale Regional TTP SOP, as described in section 3. Further and Higher education establishments need an especially swift response due to the scale and risk of spread. Response will need to be proactive and flexible, incorporating a variety of testing methods depending on the circumstances.

In the event of outbreaks (as defined in the Public Health Protection Response Plan 2020¹⁰), or increased rates of transmission, institutions will work with local partners, specifically the regional response team to work to ensure that the national testing programme is able to effectively respond. This will include identifying measures to isolate people with positive results and minimise the spread of the disease and developing specific messaging for students and staff.

Care homes

For all care home settings without confirmed or possible cases of COVID-19, infection prevention and control (IP&C) assessments were completed with all care providers by Local Authority Environmental Health Officers (EHOs). This enabled the Local Authority to identify any potential weaknesses in current Infection, Prevention and Control (IP&C) arrangements and provide necessary advice and support to make controls as robust as possible. These homes continue to receive weekly welfare contact calls to identify any change in case status; check PPE provision; provide on-going advice and ensure duty holders are in receipt of the most up-to-date PHW and WG guidance.

Local Authority EHOs are also developing a piece of work to assess IP&C arrangements in commercial cleaning businesses to ensure that their IP&C arrangements are COVID-secure as lockdown restrictions continue to be eased. A similar assessment tool is also being used in early years' settings where reports of symptomatic staff or children are being reported.

Prisons

Incidents related to COVID-19 in the prison setting are managed by Public Health Wales. Cardiff and Vale UHB provide the primary health care team, and a Cardiff and Vale Local Public Health Team staff member contributes to incident meetings.

Healthcare

Cardiff and Vale UHB clinical services have actively engaged with TTP since the outset, and IP&C and Occupational Health representatives have been active members of the core Regional Public Health Response Team. We have gained considerable experience of delivering contact tracing within healthcare settings to both staff and patients. Processes for both have been agreed and are included within the Regional SOP, and the UHB has established a dedicated team to support contact tracing and follow up among its staff. Our growing understanding of the implementation of contact tracing in this healthcare has contributed significantly to enhancing control and reducing the risk posed by COVID-19 in this setting. Key learning to date is the importance of maintaining physical distance in non-clinical environments within healthcare settings, particularly at break and hand over times. We are using this to influence and inform practice across all healthcare settings in our region.

Mass gatherings

Both Councils work proactively with local police to ensure appropriate action is taken to manage incidents that have happened in both areas, including the use of dispersal orders where necessary. Vale of Glamorgan Council specifically is working with South Wales Police on Operation Kinross, which is addressing mass gatherings and associated antisocial behaviours in resorts and destination areas; the Council is consulting on the use of Public Space Protection Orders as a further deterrent.



● 6.5 Reinforcement arrangements

Shared Regulatory Services (SRS) have offered extra guidance for hotels during containment phase, and community centres need permission from the local authority before they can open.

SRS is now providing advice and guidance to businesses through physical inspections, correspondence and web based advice: www.srs.wales. That will continue and a business database allows quick contact with all or some industry sectors; our partnership with HSE also allows us to reach businesses where they are the key regulator. This is detailed in our enforcement approach¹¹, which sets out the interaction between the SRS, HSE and police, to show how enforcement plays into deal with noncompliance.

● 6.6 Enhanced enforcement

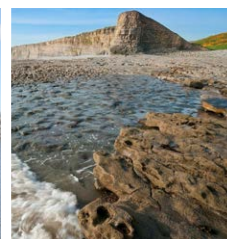
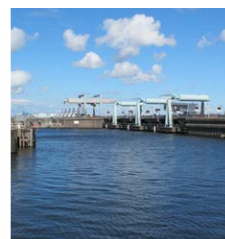
The coronavirus regulations confer powers on local authority enforcement officers to ensure that measures are taken to minimise the risk of exposure to coronavirus at workplaces and other premises that are open. An officer may issue a “premises improvement notice” requiring the person responsible for the premises to take specified measures, and if those measures are not taken an officer may issue a “premises closure notice” requiring the premises to close. Where necessary, an officer may also issue a premises closure notice without having previously issued a premises improvement notice. Provision is made for publicising notices of action taken by enforcement officers.

The parent Act, the Public Health (Control of Diseases)¹² Act and regulations made thereunder do provide local authorities with wider, more flexible powers to deal with incidents or emergencies where infection or contamination presents, or could present, a significant risk to human health. Some powers, relating to specific circumstances, can be exercised directly by local authorities. In other circumstances, local authorities can apply to a justice of the peace (JP) for a Part 2A Order to impose restrictions or requirements to protect human health.

● 6.7 Mass vaccination plans and limiting impact of flu

The UHB will produce a COVID-19 Mass Vaccination Plan for early October 2020. Development and delivery of the Plan will be led by the Executive Director of Public Health, and overseen by a multi-agency group. It will outline the operational delivery, the workforce and infrastructure requirements, procurement and storage, monitoring and data, and communications. A desktop exercise is planned for 28th August 2020.

Plans are being developed to expand the routine influenza programme to include the 50-64 year age group, through training of staff, increased communications and consideration of expanding the operational delivery of the vaccine.



7.0 Communication

● 7.1 Strategic management of communications in decisions with strategic implications / high impact

As we move into Autumn-Winter 2020/21 with expected higher prevalence of COVID-19 across our regional population, and potentially with multiple clusters, incidents and formal outbreaks to manage, we will need flexible and rapid mechanisms both to make live decisions, and to communicate widely across our organisations, a range of partner organisations, and the public to complement our governance structure and decision-making mechanisms outlined in section 2. We will also need to ensure that we have clear communication between the Chair and three statutory organisations' representatives on an OCT, and the Executive Leads of the three organisations, in order to ensure that strategic consequences of such potential/actual decisions are collectively understood and that risk mitigations and communications are in place.

As outlined in section 2, the Executive Leads for each of our three statutory organisations – the University Health Board, Cardiff Council and Vale of Glamorgan Council – will be the mechanism through which rapid decision making is sought should escalation be required, or where there are strategic consequences to actions required.

For each organisation, the respective Executive Lead will, with their organisation, agree which Executive Lead or Senior Manager will be responsible for dealing with the particular situation that has arisen.

The named responsible Lead will ensure, respectively in their Local Authority that:

- They are fully briefed on the situation
- Their CEO, Executive/Senior Management are fully briefed
- Their responsible Cabinet Member and where pertinent Elected Members are fully briefed
- That an immediate agreed approach is in place with Leads in the respective setting where the issue has arisen and with key partner agencies (for example Schools; Universities; Airport; Private business setting; Police)
- That rapid communications are prepared, agreed, and cascaded as per our regional communications protocol including to the particular setting(s)

The named Executive Lead in the University Health Board will ensure that:

- They are fully briefed on the situation
- Their CEO, Executive/Senior Management are fully briefed
- The Chair and where pertinent Independent Board members are briefed
- That an immediate agreed approach is in place with Leads in the respective setting where the issue has arisen and with key partner agencies (for example Schools; Universities; Airport; Private business setting)
- That rapid communications are prepared, agreed, and cascaded as per our regional communications protocol including to the particular setting(s)

● 7.2 Communications Plan

A Communications Plan for TTP in Cardiff and the Vale was developed at the outset of the programme. This was developed by the Regional Operations Board and approved by the Senior Executive Board. The Plan sets out a multi-level and multiagency approach with four key objectives.

- To amplify the national TTP campaign;
- To clarify regional arrangements;
- To direct symptomatic critical workers; and
- To provide local communications insight to Welsh Government.

A communications lead has been identified and sits on the Regional Operations Board. The lead shares responsibility for delivering the Plan together with the virtual communications subgroup, which includes representatives from each of the three statutory partners.

The work has established a strong local communications group. The communications lead for TTP in Cardiff and the Vale also chairs the South Wales Local Resilience Forum Recovery Coordination Group Communications Cell. This has established a link with a wider network of regional partners and up to Welsh Government via the Warning and Informing network.

The TTP Communications Plan¹³ lists a range of local and regional mechanisms that are being used to disseminate information about TTP. The three partner organisations have been sharing, both internally and externally, the Welsh Government TTP communications assets and more recently Keeping Wales Safe (KWS) assets. Regional branding has been created to give the Cardiff and Vale TTP team and its staff a local identity and for local communications to key partners. Various analytics measures are in place to assess the effectiveness of this work.

To ensure the national assets reach those at greatest risk a subgroup of the Regional Operational TTP Board has been established to investigate the available mechanisms and community assets available to deliver content to BAME communities in Cardiff and the Vale and other hard to reach and seldom heard groups. A strategy¹⁴ is being developed to ensure these groups are effectively engaged.

To ensure a framework is in place to enable a rapid and coordinated communications response to a significant local incident, an incident communications protocol¹⁵ is currently being developed. This will establish roles and responsibilities within the local partnership as well as links to the wider regional network. This protocol is being designed to enable a smooth escalation into the OTC communications protocol.



8.0 Implementation, Review and Learning

Once approved, this Plan will be fully implemented. There will be regular review of the Plan via the Regional Operational TTP Board. It is expected that this Plan will be reviewed and developed in response to emerging regional issues which have potential impact on case numbers.

Learning and best practice will regularly be shared with Welsh Government, Public Health Wales and other regions via national TTP structures.

8.1 Action Plan

During the development and delivery of our TTP response, we have collectively identified further actions which will enhance our response. They are detailed in the action plan below, which is correct as of 12th August 2020. It is not exhaustive, and will be dynamic and continuously subject to review as the situation develops on the development and implementation of the Test, Trace and Protect Programme in Cardiff and the Vale of Glamorgan.

| Action Number | Section / Theme | Action | Outcome Measure | Timescale for Completion | Lead |
|---------------|--|---|--------------------------------------|--------------------------|--------------------------------|
| 1 | Planning and Response Structures, Roles and Responsibilities | Consider whether further desk-top planning exercise for outbreak scenarios would assist development of response structure | Scenarios complete | 30 September 2020 | Nick Blake |
| 2 | Surveillance | Agree standard daily process for review of geographical mapping of cases and possible clusters by regional duty Consultant in Public Health (in process) | Agreed process in place | 21 August 2020 | Tom Porter |
| 3 | Surveillance | Finalise public health view of geographical mapping, to assist daily review (in process) | Finalised PowerBI mapping tool | 14 August 2020 | Mal Perry / Tom Porter |
| 4 | Surveillance | Indicators for future inclusion - COVID-19 in sewerage (awaiting regular data); school and workplace incidents (from September) | Inclusion of indicators in dashboard | 31 August 2020 | Tom Porter / RIG |
| 5 | Surveillance | Social media and community feedback - agree mechanism for feedback from comms teams in Cardiff and Vale UHB, Cardiff Council and Vale of Glamorgan Council, to forward any intelligence which could be relevant to the daily discussion of cases and potential clusters | Mechanism agreed | 21 August 2020 | Rob Jones / Tom Porter |
| 6 | Management of Clusters, Incidents and Outbreaks | Continue to develop the Regional SOP to ensure a consistent and coordinated partnership response across the region. | Regularly updated SOP | August 2020 and ongoing | Sian Griffiths |
| 7 | Sampling and Testing | Development of an overall plan on how to support COVID-19 Sampling and Testing through to March 2021 | | September 2020 | Tracey Meredith/ Kay Jeynes |



| Action Number | Section / Theme | Action | Outcome Measure | Timescale for Completion | Lead |
|---------------|------------------------------------|--|--|--------------------------|---|
| 8 | Sampling and Testing | Deliver antibody testing to all key workers within identified social care facilities throughout August 2020. | Key workers tested | August 2020 | Tracy Meredith/ Kay Jeynes |
| 9 | Sampling and Testing | Administer further targeted antibody testing and re-testing to support the sero-prevalence study being undertaken across Wales | Testing administered | August 2020 | Tracy Meredith/ Kay Jeynes |
| 10 | Sampling and Testing | CTU's and mobile testing facilities available and accessible to support outbreak management. | Facilities ready | September 2020 | Tracy Meredith/ Kay Jeynes |
| 11 | Sampling and Testing | Explore development of 'Pop up' sampling facilities available to those individuals who have no transport | Pop up facilities available | September 2020 | Tracy Meredith/ Kay Jeynes |
| 12 | Sampling and Testing | Expand CTU bases to support the continued requirement for sampling through the Winter period through to March 2021 | CTU bases expanded | October 2020 | Tracy Meredith/ Kay Jeynes |
| 13 | Sampling and Testing | Continually review staffing to ensure the resource can be deployed flexibly against required demand | Staff resource planning complete | Ongoing | Tracy Meredith/ Kay Jeynes |
| 14 | Prevention, Mitigation and Control | Enhance plans and processes to prevent, mitigate and control spread in all high risk places and sectors | Plans developed and implemented for each high risk place/sector | 30 September 2020 | Regional Public Health Response Group |
| 15 | Prevention, Mitigation and Control | Continue to co-ordinate planning and response to mass gatherings within Cardiff and the Vale of Glamorgan | Impact of mass gatherings minimised | Ongoing | Cardiff Council and Vale of Glamorgan Council |
| 16 | Prevention, Mitigation and Control | Submit COVID-19 Mass Vaccination Plan to Welsh Government | Plan complete and submitted | 5 October 2020 | Fiona Kinghorn |
| 17 | Prevention, Mitigation and Control | Submit plans for expanded routine influenza programme to Welsh Government | Plan complete and submitted | 1 September 2020 | Fiona Kinghorn |
| 18 | Communications | Finalise incident communications protocol | Protocol outlining roles and responsibilities signed off by SLG | 14 August 2020 | Rob Jones / Virtual comms group |
| 19 | Communications | Finalise BAME and SHG communications and engagement strategy | Strategy for effectively engaging BAME and other hard to reach populations in Cardiff and Vale signed off by SLG | 14 August 2020 | Rob Jones / Virtual comms group |



References

- 1 Welsh Government (27th July 2020). *Prevention and response to COVID-19 in Wales- lessons learnt and request to develop Local COVID-19 Prevention and Response Plans*. Letter to Health Board Chief Executives and Local Authority Chief Executives.
- 2 Cardiff and Vale Contact Tracing Service (31st July 2020). FINAL Regional Team Standard Operating Procedure v9.
- 3 NHS Wales, Welsh Government, and Directors of Public Protection Wales (DPPW) (July 2020). The Communicable Disease Outbreak Plan for Wales. Final Version.
- 4 South Wales Local Resilience Forum (August 2018). SWLRF Major Infectious Disease Framework. Version 2.2.
- 5 South Wales Local Resilience Forum (SWLRF) (July 2020). Coronavirus (COVID-19) Strategic Coordination Group Reactivation Protocol – DRAFT v1.2.
- 6 Cardiff and Vale UHB, Cardiff Council, Vale of Glamorgan Council, Cardiff and Vale Integrated Health and Social Care Partnership (August 2020). Cardiff and Vale COVID-19 Surveillance Summary.
- 7 Military Liaison (July 2020). SJC IMG Analysis- High risk COVID-19 transmission settings.
- 8 Public Health Wales (July 2020). Operational Public Health Advice Note for Welsh Government and Key Partners on the Investigation and Management of Clusters and Incidents of COVID-19 in Educational and Childcare Settings. Version 1c. Cardiff: Public Health Wales.
- 9 Welsh Government (July 2020). *Keep Wales Safe. COVID-19 Guidance for Higher Education. Version 2.0. Cardiff: Welsh Government*. Available: <https://gov.wales/sites/default/files/publications/2020-07/keep-wales-safe-COVID-19-guidance-higher-education-version-2.pdf>. Accessed 11.08.2020.
- 10 Public Health Wales (4 May 2020). Public Health Protection Response Plan. Cardiff: Public Health Wales. Available: <https://gov.wales/sites/default/files/publications/202-07/keep-wales-safe-COVID-19-guidance-higher-education-version-2.pdf>. Accessed 11.08.2020.
- 11 Shared Regulatory Services (April 2020). Policy on Covid-19 related enforcement. Version 3.
- 12 UK Parliament (1984). Public Health (Control of Disease) Act 1984. Available: <https://www.legislation.gov.uk/ukpga/1984/22/enacted> Accessed 12.08.2020
- 13 Cardiff Council, Cardiff and Vale University Health Board, Vale of Glamorgan Council (August 2020). Communications Plan.
- 14 Cardiff Council, Cardiff and Vale University Health Board, Vale of Glamorgan Council (August 2020). Communications Strategy, Engaging BAME Communities.
- 15 Cardiff Council, Cardiff and Vale University Health Board, Vale of Glamorgan Council (August 2020). Cardiff and Vale TTP Incident Communications Protocol.



● Appendix A: Additional Documents

Cardiff and Vale University Health Board (April 2020). Guidance for CVUHB Clinical Boards, Local Authorities and Regional partners in establishing and operating Coronavirus PCR(antigen) Testing in our Community Testing Units. Version 1.2.

Cardiff and Vale University Health Board (June 2020). Guidance for CVUHB Clinical Boards, Local Authorities and Regional partners in establishing and operating Coronavirus Antibody Testing in our Community and hospital sites.

Parliament of United Kingdom (2004). Civil Contingencies Act 2004. London: Her Majesty's Stationery Office and Queen's Printer of Acts of Parliament. Available at:

https://www.legislation.gov.uk/ukpga/2004/36/pdfs/ukpga_20040036_en.pdf Accessed 11.08.2020.

Public Health Wales (June 2020). Standard Operating Procedure - management of COVID-19 in Care Homes - Overview (Version 1c 01.06.20).

Public Health Wales (June 2020). System-wide Action to Manage COVID-19 in Residential Care Settings (Version 1c 01.06.20).

Public Health Wales Microbiology Division (March 2020). Guidance for Health Boards and Trusts in establishing and operating Coronavirus Testing Units and community testing drive through units. Cardiff: Public Health Wales.

Welsh Government (July 2020). COVID-19 Testing Strategy. Cardiff: Welsh Government. Available at: <https://gov.wales/COVID-19-testing-strategy> Accessed 11.08.2020.



● Appendix B: Emergency Planning – additional information

The Communicable Disease Outbreak Plan for Wales 2020 (CDO Plan)

Sets out arrangements for managing all outbreaks of communicable disease in Wales. This is the model for all outbreaks led by or within Wales. The responsibility for managing outbreaks (section 1.1.4) is shared by all the organisations who are members of the Outbreak Control Team (OCT). Specifically, the responsibility for decisions made by the OCT is collectively owned by all organisations represented on the OCT. Individual organisations are then responsible for carrying out the actions assigned to them as agreed at OCT meetings.

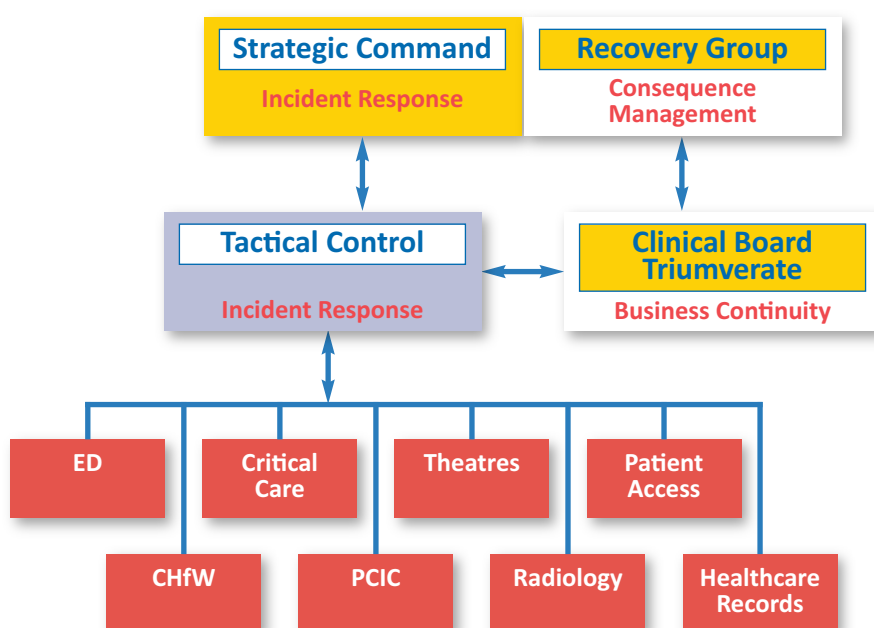
The role of the OCT is to facilitate collaborative working arrangements between organisations, and core members of the OCT are set out in section 2:1 (CDO Plan). They are responsible for declaring an outbreak.

Cardiff and Vale University Health Board Incident Management

Most incidents are geographically local and limited in time and impact and are dealt with in an effective and efficient way at the operational level by the Welsh Ambulance Service Trust and NHS acute Health Boards. However some events require a broader level of co-ordination, whether the response only involves the NHS or requires a co-ordinated multi-agency response there may be a need to build appropriate command and control structures.

Command, Control and Co-ordination are important concepts in the multi-agency response to emergencies. A nationally recognised three tiered command and control structure known as Strategic (Gold), Tactical (Silver) and Operational (Bronze) has been adopted by the emergency services and most responding agencies.

The Cardiff and Vale UHB command and control arrangements are based upon this system. These arrangements help to ensure interoperability between responders. The level of command required will be determined by the nature and seriousness of the incident. An identical command structure will be adopted for both major incidents and significant business continuity events.



Within the NHS, Business Continuity Management systems support the delivery of key services at pre-determined levels during internal incidents and ensures the capability for an operational response during a Major Incident. Moreover, NHS organisations and providers of NHS funded care are required to have suitable, proportionate and up to date plans which set out how they will maintain prioritised activities when faced with disruption from identified local risks.



The 2004 Civil Contingencies Act (CCA) requires all Category 1 responders to develop plans which underpin their organisations ability to maintain “business as usual” in the event of an emergency via application of the Business Continuity process. The CCA defines Business Continuity as:

“A flexible framework designed to help organisations to continue operating in a wide range of different types of disruption right the way along the spectrum of severity.....”

Welsh Government NHS Resilience & Business Continuity Management Strategic National Guidance for NHS Organisations defines business continuity as the management process that enables an NHS organisation –

to identify those key services which, if interrupted for any reason, would have the greatest impact upon the community, the health economy and the organisation;
to identify and reduce the risks and threats to the continuation of these key services;
to develop plans which enable the organisation to recover and/or maintain core services in the shortest possible time.

Within the context of health care there is an obligation to ensure that not only the NHS organisation, but its subcontractors and suppliers of service must also have continuity plans which demonstrate resilience and preparedness to deal with, survive and recover from an emergency incident. The Health Board Chief Executive Officer (CEO) is ultimately responsible for ensuring that the organisation is able to retain core services and critical infrastructure at predetermined levels in the event of a significant adverse event or major incident. These areas can broadly be described as People, Premises; Technology / Equipment; Information; and Supplies.

In practice delegated authority is assigned to a senior manager who will deliver the imperative that potential threats and hazards are identified, risk assessed, and plans developed to alleviate or mitigate the potential threat to service delivery. This is achieved through adoption of the Business Continuity Institute, Good Practice Guidelines 2018. The guidance identifies a layered step process – referred to as the Business Continuity Lifecycle – which facilitates the adoption of a structure and consistent approach as demonstrated in the Business Continuity Lifecycle below:



Business Continuity Management (BCM), including processes for recovery and restoration, must be considered by NHS organisations as part of their everyday business requiring corporate ownership. Business continuity should be as embedded in the culture of the NHS as principles of health and safety, and there must be demonstrable commitment to the process from the Boards of NHS organisations. It is critical that business continuity and major emergency plans are integrated and complementary to each other.

During a Major Incident the practical application of this process is discharged at Strategic level via the office of the Chief Operating Officer who will lead the UHB Recovery team.

Cardiff and the Vale of Glamorgan Councils Incident Management- COVID-19

- Cardiff and Vale of Glamorgan Councils have Outbreak Plans and lead officers for Communicable Disease that are part of Shared Regulatory Services.
- During an emergency or incident, both Councils operate to the national command structure of: Operational (Bronze), Tactical (Silver) and Strategic (Gold) functions of the Council's response and recovery effort to an external major incident, an internal major incident, or both.
- Any multi-agency response will be initiated through South Wales Local Resilience Forum (SWLRF). The LRF is the mechanism for joint risk assessment, planning and response to any major emergency that might occur. The Civil Contingencies Act outlines the responsibilities and mechanisms for response to emergencies. Part 1 of the act provides the outline of the Councils duties, and how they are to work with partners in the South Wales LRF area.
- The LRG will invoke the Strategic Coordination Group (SCG) as necessary, SWLRF have a Major Infectious Disease Framework (August 2018 Version 2.2).
- The Councils are category one responder under the Civil Contingencies Act and the Act provides a mechanism for response including a means accessing additional resources in response to a major incident. These provisions remain in place and are there to help respond to an emergency. These provisions would be available to support the effective use of the Communicable Diseases Outbreak plan for Wales should it be needed, as the impacts of the pandemic go further than just impacts on public health.

Cardiff Council Structures:

- **COVID-19 Incident Management Structures** - Cardiff Council's Chief Executive, Paul Orders, has responsibility for emergency management in Cardiff Council, reporting directly to the Leader and Cabinet. This includes supporting a response to a public health emergency impacting on Cardiff. During the Covid-19 pandemic, this has focused on a Strategic Coordination Group (SCG) involving senior managers and the Leader of the Council.
- **Strategic Lead Officer for COVID-19 on the Regional Test Trace Protect (TTP) Board** - The Corporate Director for People and Communities, Sarah McGill, is the lead Strategic Officer managing the Councils current and ongoing response to the COVID-19 pandemic and works with key partners and represents the Council on the Regional TTP Operational Board. The Corporate Director for People and Communities is the main conduit in to the Councils Strategic Incident Management Team for issues relating to the current COVID-19 pandemic. The full Strategic Incident Management Team (Gold) group work together to ensure an appropriate response drawing on teams and expertise from across the Council to ensure the delivery of key services and to ensure we are working effectively with partners to manage our response as outlined in Cardiff Councils Emergency Management Plan.
- **Cardiff Council Resilience Unit** - the Council has team of specialist resilience and Emergency management officers that are an integral part of the Councils resilience work. They lead on the key risk assessment, planning and response to an emergency helping to plan, coordinate and support the Council response to an emergency. The Unit also provide advice to internal and external stakeholders. They also provide a 24/7 on call service that enables an appropriate response to be initiated by the Council in response to an emergency. The Unit can access on an on call Strategic Gold officer and Tactical (silver officers from across the Council 24/7 as well as linking in with key operational on call teams.

Vale of Glamorgan Council Structures:

- **COVID-19 Incident Management Structures** - The Vale of Glamorgan Council's Managing Director, Rob Thomas, has overall strategic responsibility for any emergencies requiring the Council to respond, including supporting a response to a public health emergency impacting on County. This function is executed via the Gold Command structure of an extended Strategic Leadership Team (SLT) which includes officers from Emergency Planning and Communications as well as the Leader and Deputy Leader of the Council. This approach ensures the delivery of key services and that the Council is working effectively with partners to manage the response as outlined in the Vale of Glamorgan Council's Major Incident & Business Continuity Plan.



- **Strategic Lead Officer for COVID-19 on the Regional Test Trace Protect (TTP) Board** - The Head of Policy & Business Transformation, Tom Bowring, is responsible for ensuring the Vale of Glamorgan Council contributes to and is represented on the TTP Operational Board and is a member of the TTP Senior Executive Board. This ensures teams and expertise from across the council is drawn upon and provided appropriately.
- **Vale of Glamorgan Emergency Planning Team** - the Council has a team of specialist resilience and emergency management officers that provide specialist support and expertise to the Council in managing emergencies such as coronavirus. They lead on the key risk assessment, planning and response to an emergency ensuring the Council can still deliver its corporate priority functions. They assist in shaping plans, working with the Managing Director and SLT Gold and tactical/operational response teams to support the council response and recovery to an emergency. The Unit also provides advice and information to internal and external stakeholders via SWLRF.

