

CWM TAF MORGANWWG TEST-TRACE-PROTECT PROGRAMME

ACTION PLAN – DELIVERED ACTIONS IN 2020/2021

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

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

Summary of Completed Actions 2020/2021

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

Summary of Completed Actions 2020/2021

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

Summary of Completed Actions 2020/2021

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

Summary of Completed Actions 2020/2021

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

Summary of Completed Actions 2020/2021

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

Summary of Completed Actions 2020/2021

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

Summary of Completed Actions 2020/2021

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

Cwm Taf Morgannwg Region

COVID-19 - Test, Trace, Protect Programme

Oversight Arrangements

16th March 2021 – Final Approved

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

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

CWM TAF MORGANNWG REGION

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

OVERSIGHT ARRANGEMENTS

1. Purpose

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

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

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

The overarching objectives have also been updated as follows:

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

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

2. Oversight Arrangement

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

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

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

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

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

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

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

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

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



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

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

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

Work Stream Leads (or nominated deputies)

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

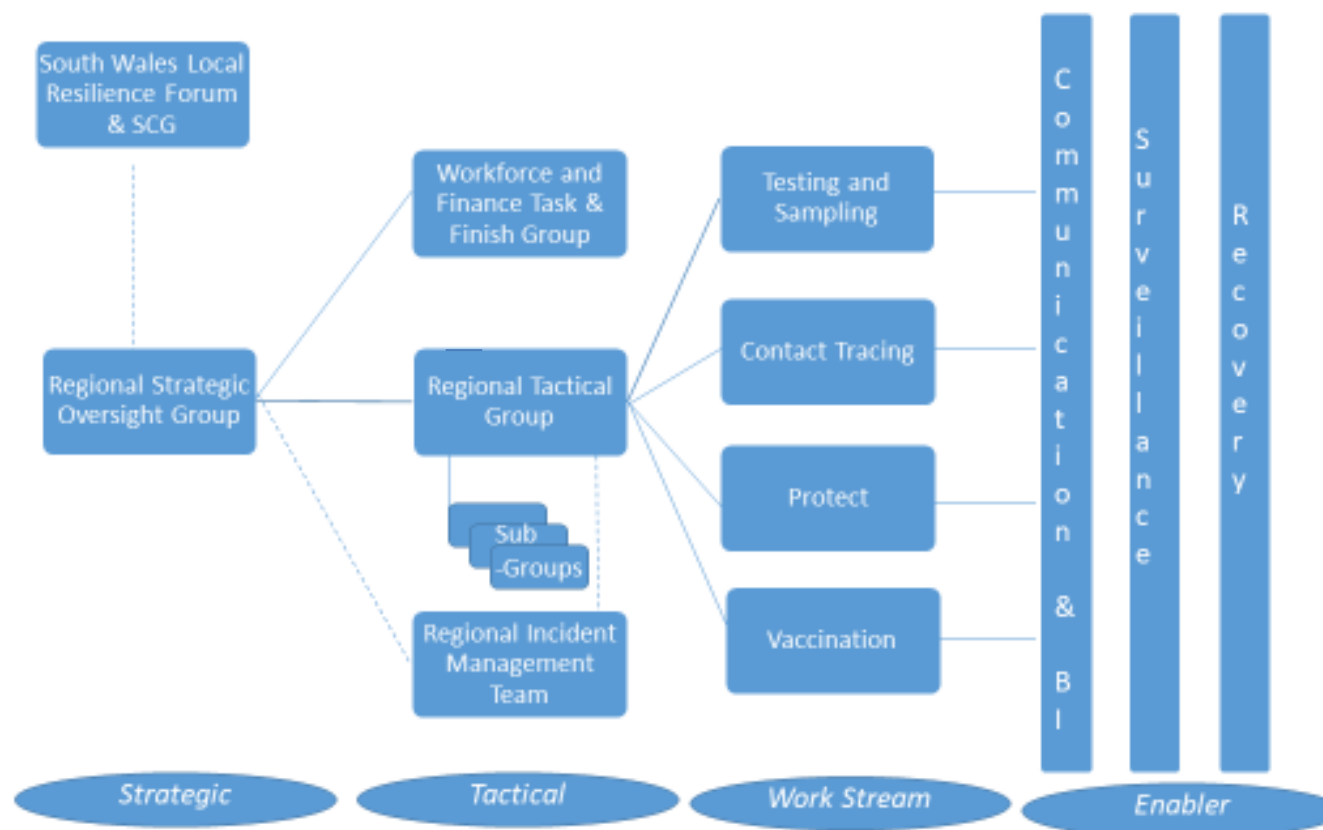
Work stream functions will be created and disbanded throughout the period of the programme as required and will be allocated based on geographic and/or functional considerations. Work stream members must have a clear understanding of the tactical plan, i.e., what they are required to deliver, in what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

Enabling Functions – Leads (or nominated deputies)

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

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

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



Regional Strategic Oversight Group - Membership, Roles and Responsibilities

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

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

Regional Tactical Group - Membership, Roles and Responsibilities

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

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

Work Streams

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

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

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

Enablers

There are three enabling functions as follows:

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

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

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

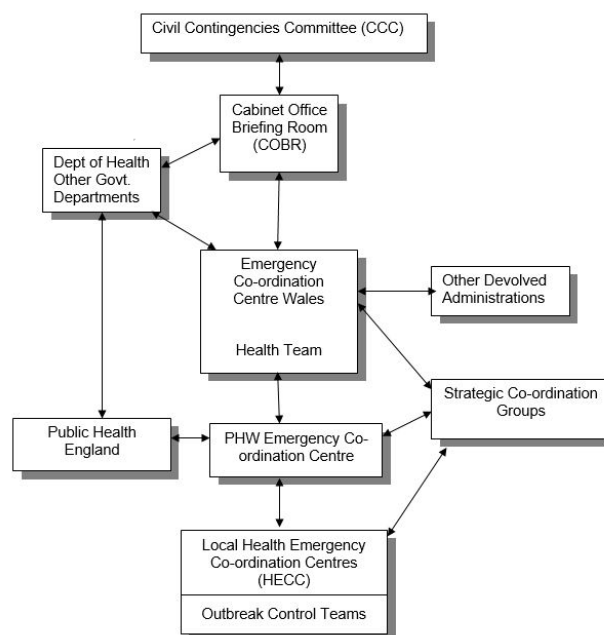
The Outbreak Control Team (OCT) is a collaborative arrangement between organisations operating to the rules of engagement set out in this [Communicable Disease Outbreak Plan for Wales] plan. This plan does not confer on any organisation any additional accountability for the oversight of the actions of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

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

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

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

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



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

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

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

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

5. Meeting Frequency

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

6. Work Programme

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

7. Governance Arrangements

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



Bwrdd Iechyd Prifysgol
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University Health Board

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

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

8. Issues Log and Risk Register

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

9. Lessons Learnt Log

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

10. Communications

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

11. Review

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

CTM COVID-19 Regional Strategic Oversight Group

Background

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

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

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

Strategic Aim of the CTM Response

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

Objectives of the Strategic Oversight Group

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

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

Remit

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

Membership

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

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

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

Bridgend CBC Director / Senior Manager

Merthyr Tydfil CBC Director / Senior Manager

RCT CBC Director / Senior Manager

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

Testing and Sampling work stream lead

Contact tracing work stream lead

Protect work stream lead

Vaccination work stream lead

Surveillance enabling function lead

Communications / community engagement enabling function lead

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

Consultant in Health Protection (open invite)

Chair of CTM COVID-19 Regional Tactical Group

Senior Planner

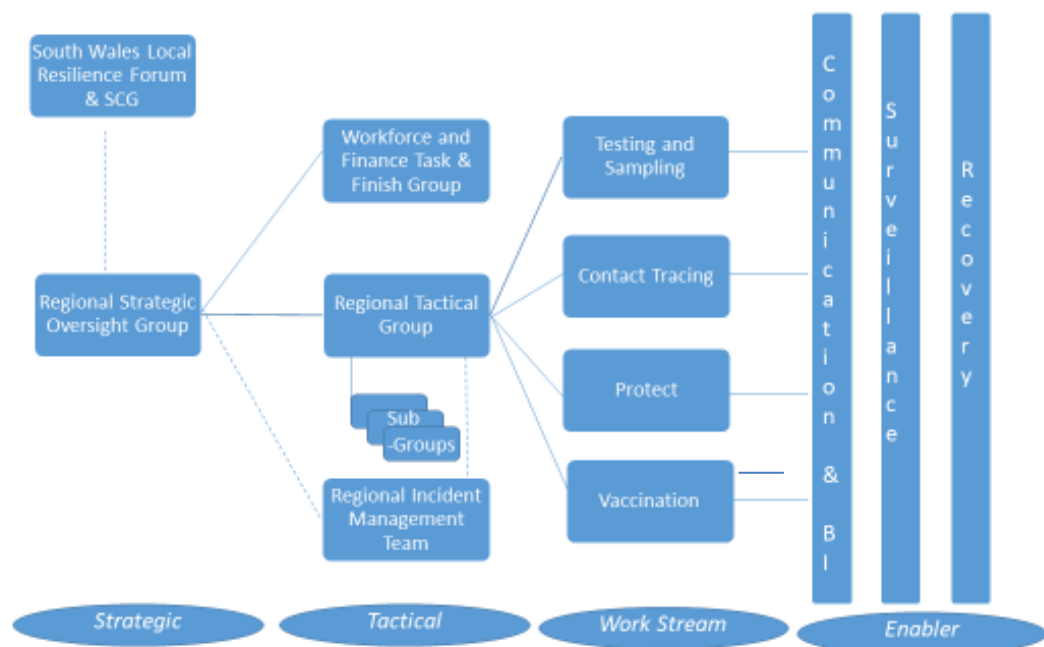
Programme Manager

Meetings

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

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

Governance Structure



CTM COVID-19 Tactical Group

Background

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

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

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

Strategic Aims of the CTM Response

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

Objectives of the Tactical Group

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

Remit

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

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

Membership

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

Chair: Deputy Director of Public Health, CTM PHT

Bridgend CBC representative for contact tracing / cluster management*

Merthyr Tydfil CBC representative for contact tracing / cluster management*

RCT CBC representative for contact tracing / cluster management*

CTM UHB Continuing Care Team representative

CTM UHB IP&C Team representative

Surveillance work stream representative

Testing work stream representative

Communications / community engagement work stream representative

Healthcare Epidemiologist

Public Health Wales Health Protection Team representative (open invite)

Programme Manager

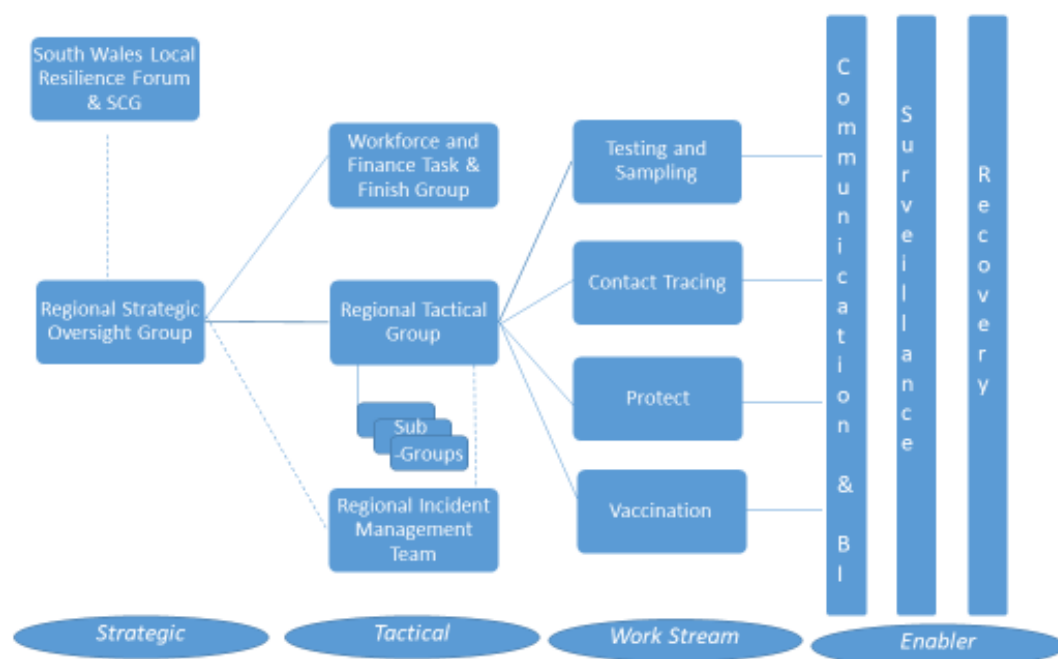
*Collectively they shall report on contact tracing and cluster management issues within their area.

Meetings

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

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

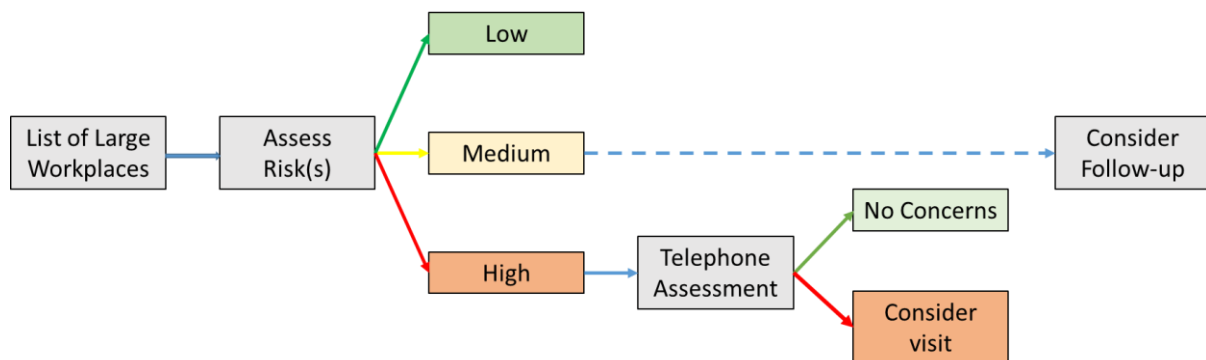
Governance Structure



Risk assessment process for large commercial premises (Covid 19)

Background:

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



Steps:

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

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

Risk factors may include:

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

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

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

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

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

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

Considerations for Local Enhanced Covid19 Measures

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

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

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

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

Consider:

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

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

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

NB: Baseline= Rate as of 15th of June 2020

Enforcement of enhanced measures

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

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

Consider:

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

Communication

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

Consider

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

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

Travel

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

Consider:

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

Schools/ Colleges/ universities

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

Consider:

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

Businesses/ shops

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

Consider:

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

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

Community facilities

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

Consider:

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

Extended Households/ Support Bubbles

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

Consider:

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

Individuals who are shielding

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

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

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

Consider:

Pre 16th August 2020:

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

Post 16th August 2020 (in addition to above):

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

Support for vulnerable People

Consider:

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

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

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

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

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

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

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

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

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

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

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

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

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

Key:

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



Covid-19 Testing Strategy

Author(s): Elaine Tanner;

Distributed to: CTM UHB TTP Regional Strategic Oversight Group

Date:

Version: V6

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

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

Executive summary

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

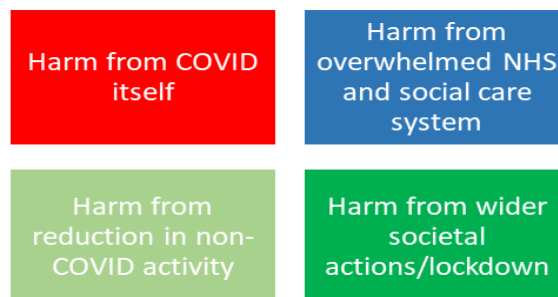
The recent refresh of the Welsh Government testing strategy (January 2021) has re focused priorities and also outlined the availability, and use, of new technologies around testing in an ever changing and dynamic field of preventing transmission, support and care for those with Covid-19.

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

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

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

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



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

The WG have refreshed the existing testing key priorities:

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

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

Put another way, our strategy is to:

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

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

1.0 Background

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

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

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

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

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

2.0 Current types of COVID-19 test

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

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

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

3.0. Antigen testing

3.1 Case definition for testing

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

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

3.2 Types of antigen testing

Viral RNA

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

Viral antigens

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

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

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

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

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

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

These swabs are processed by Lighthouse laboratories.

Lateral Flow Devices – results within 15 – 30 minutes.

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

To date the agreed Potential use is :

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

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

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

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

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

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

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

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

Priorities

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



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



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

Testing Capacity

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

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

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

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



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

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

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

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

- Abercynon 8 lanes up to 1000 per day

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

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

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

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

Results

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

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

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

Turn around Times for Tests

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

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

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

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

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

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

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

Antibody testing

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

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

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

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

Types of antibody testing

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

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

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

Risks and Risk management

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

1) Staff

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

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

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

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

Summary Analysis of TTP costs - 2021/22

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

Antigen sampling(outsid e hospitals), including booking and results	Antigen testing	Antibody sampling(includi ng booking & results)	Antibody testing	Lab Testing
2,497,334	-	290,228	-	802,259
-	-	-	-	-
-	-	-	-	-
2,497,334	-	290,228	-	802,259

Total

5,207,505

-

5,259,740

355,638

10,822,883

APPENDIX 8

CWM TAF MORGANWWG TEST-TRACE-PROTECT PROGRAMME

ACTION PLAN

QUARTER 1 - 2021/2022

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

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

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

To note in terms of this plan:

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

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

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

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

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

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

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

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

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

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

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

