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COVID-19

Prevention and Response Plan

Version Number: 3 – Live Working document

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Foreword

It is accepted this plan contains both prevent strategies and response elements to Covid. Monitoring data, local intelligence and modelling insights will be used to track the current rates of transmission and incidence. If the following triggers are met escalation to a Strategic Coordination Group (SCG) should be considered:

- Recommendations from the Gwent SBAR;
- Recommendation from a local or Gwent IMT;
- An increase in transmission, incidence and prevalence of the virus;
  NHS Capacity
- Covid confirmed hospital occupancy increasing;
- Covid confirmed critical care bed occupancy increasing;
- Covid confirmed mortality rates increasing;
- Emergence of Variants of Concern (VOC) affecting transmission rates;
- Concerns around vaccination rates and data on the efficacy and effectiveness of the vaccines.

The SCG can be reconvened by any partner agency based on the triggers listed above, in line with the Wales Outbreak Control Plan and/or via the existing Partnership Groups (previously TCG's).

Security Classification

These Procedures have been classified as **OFFICIAL SENSITIVE;** all information within this document should be treated as confidential and only accessed by those whose duties require it.

Distribution

This framework is distributed to members of Gwent Local Resilience Forum and Gwent COVID-19 Strategic Coordinating Group, and members of all Tactical Groups

Document Control

This plan will be subject to frequent review, and a Tactical planning group is in place.

Date	Author	Amendment	Approval	Version
6th August 2020	Ian Morris	Initial working plan		1 draft
12th August 2020	Ian Morris	Plan revised following stakeholder review		1 Final
7th September 2020	Deanne Griffiths	Plan revised to incorporate Coronavirus Control Plan for Wales	SCG – Sept 2020	1.1 working document issued to SCG
12th October 2020	Deanne Griffiths	Plan revised to incorporate Swansea model data, threshold measures and draft interventions, hyper-local restrictions	SCG – Oct 2020	2 Live working document
26th May 2021	Deanne Griffiths	Whole document review		3 Live working document

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1 OVERVIEW

1.1 Introduction

This COVID-19 Prevention and Response Plan has been developed in partnership and approved by the organisations comprising the Gwent Local Resilience Forum (LRF).

The Gwent Prevention and Response Plan is based on the following principles:

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

It is recognised that the Gwent Prevention and Response Plan will be updated as national guidance is updated and as such this should be regarded as an iterative, working document.

1.2 Aim

The aim of the Gwent Prevention and Response Plan is to prevent, detect and manage outbreaks of COVID-19 and to implement effective health protection and control measures across Gwent to reduce the risk of transmission of COVID-19 in our communities. The approach covers:

- Identification of prevention methods of the spread of COVID-19.
- Ensuring COVID-19 is contained by working with the public and local communities to understand the importance of national guidance (such as self-isolation, social distancing) to encourage compliance, improve access to testing, and participation in contact tracing processes.
- Enabling early identification and pro-active management of local incidents, clusters or outbreaks.
- Responding to incidents, clusters or outbreaks if and when confirmed positive COVID-19 cases are identified, in a timely manner.
- Monitoring activity and data surveillance.

This plan aligns with:

- The Communicable Disease outbreak plan for Wales
- Coronavirus Control Plan for Wales
- ABUHB Testing Strategy
- Organisational response plans

This plan covers the **response** to Covid-19 during both response phase – with SCG active, and recovery / transition phase – with SCG not active, it doesn't cover the recovery from Covid-19.

2 PLANNING ASSUMPTIONS

Modelling is regularly reviewed in line with actual data and easing of restrictions.

Recent modelling by SPI-M and Swansea University suggest a third wave is highly likely, although the timing, scale and shape of this wave is not certain. Overall modelled scenarios suggest it is likely cases, hospitalisations and deaths will increase in the second half of 2021 as restrictions are eased, although at a reduced level to previous waves. The main issues that could cause a significant resurgence of covid harms are widespread transmission of a vaccine escape and/or immune escape variant; a breakdown in social distancing behaviour; or to a lesser extent, a change in vaccine supply or significant drop in vaccine uptake.

Updated modelling from SPI-M (which considers components specific to the English roadmap, but which are also relevant to Wales), continues to suggest that a third wave is highly likely. There is uncertainty about the timing, scale and shape of this wave because there will be people in vulnerable groups who do not have direct protection (either because they have not been vaccinated, or because vaccination does not fully prevent infection or illness), and there is not sufficient indirect protection from wider population immunity (medium-high confidence). [technical-advisory-group-advice-for-22-april-restriction-review_0.pdf (gov.wales)](technical-advisory-group-advice-for-22-april-restriction-review_0.pdf)

Technical Advisory Cell papers, including planning assumptions (within the advice for restriction reviews) , can be found on Technical Advisory Cell | GOV.WALES

Planning assumption detail can be found on ResilienceDirect
https://collaborate.resilience.gov.uk/RDService/home/214393/GLRF-COVID-19-Planning

3 STRUCTURES, ROLES AND RESPONSIBILITIES

3.1 Gwent Test, Trace, Protect Service (GTTPS) –Contact Tracing

Aim
To protect our residents through breaking the chains of transmission of Covid-19 in our communities and places of work.

Objectives of the GTTPS

1. To **deliver** the national Test, Trace and Protect strategy
2. To **quickly** identify positive/symptomatic cases
3. To **sensitively** work with our residents to self-isolate and share details of their contacts
4. To **effectively** reach at risk contacts and advise appropriately
5. To **supportively** keep in touch with our at risk residents to **protect** the wider population
6. To **openly** communicate with our residents, to **reassure,** to **explain** their part in this endeavour and **instil confidence** in the Covid response strategy to seek their continued **support** and **commitment**

Roles and responsibilities

G10 – Regional Board for GTTPS

The G10 is a partnership of the 10 organisations that all sit on the local PSBs and work together to promote well-being and improvement in Gwent. The G10 has agreed to act as the Regional Board for GTTPS to lead and guide the service established in the face of the Covid-19 pandemic.

The responsibilities are:

- Ensuring the GTTPS is delivering against its stated purpose, aims and objectives
- Ensuring the GTTPS is delivered against its stated principles
- Representing the interests of their respective organisations
- Strategic oversight of the establishment of the GTTPS
- Agreeing the financial framework of the GTTPS noting that commitment of additional resources (financial, human etc.) will be referred to organisations (where arrangements have not been made to delegate these functions to the partnership by the constituent bodies)
- Ensuring effective governance, leadership and management of the GTTPS
- Ensuring the effective planning and delivery of the GTTPS
- Scrutinising the performance of the GTTPS
- Ensuring effective decommissioning of and exit strategy for the GTTPS
- Ensuring the GTTPS is operating in alignment with and complimenting wider Covid-19 strategies
- Promoting the interests of the GTTPS to national partners, particularly Welsh Government and Public Health Wales.

The **Leadership Group** will be responsible for:

- Supporting the Board achieve its aims and purpose
- Supporting the Lead Organisation with recruitment and oversight of the Regional Coordinator
- Ensure their organisations participate fully in the partnership
- Monitor and scrutinise the implementation of the Action Plan
- Monitor and ensure all risks are mitigated and addressed

The **Lead Organisation** (Torfaen County Borough Council) will be responsible for

- the hosting and management of the **Coordination Unit, GTTPS** (previously known as the Programme Management Office, Torfaen CBC)
- Ensuring appropriate governance and effectiveness of the Coordination Unit, GTTPS and the wider service is reported to the Regional Board

The **Coordination Unit, GTTPS** will be responsible for:

- Administration and support of the Leadership Group, and G10 Update reports
- Liaison with partner organisations which have specific lead roles within the GTTPS
- Quality assurance and performance reporting and review in relation to Contact Tracing
- Working with the NHS Wales Informatics Service (NWIS) to develop improvements in CRM to aid Contact Tracing efficiency and effectiveness
- Communications strategy and implementation including stakeholder and engagement management, including specific responsibility for leading on BAME and Socially Vulnerable Groups engagement
- Risk monitoring and management (lead responsibility for strategic risks and operational risk for local tracing teams – liaising with the Regional Cell Delivery Programme on their specific risks)
- Training strategy, keeping training materials relevant and in line with latest SOPs, Scripts and national guidance/changes to CRM. Coordinating or delivering training for the Contact Tracing teams
- Strategic HR oversight, monitoring and supporting implementation of organisation specific workforce plans to deliver Contact Tracing and 'Protect' activity
- Liaising with NWIS and local teams to manage CRM functionality changes and update local teams
- Coordinating the response to complaints from members of the public, Members of the Senedd, Members of Parliament etc. and ensuring that lessons learnt influence the development of training materials and the Quality Assurance work by the Coordination Unit.
- Representing the Service nationally
- Generally support and coordinate the local authority Contact Tracing teams.

ABUHB Partnership Role

- Provision of Clinical Leads to support the local contact tracing teams
- Public Health Wales interface
- Ensuring effectiveness of testing service and its relationship to contact tracing
- Lead finance function for the service
- Represent the Service nationally

Regional Cell

- Working pro-actively with settings (such as care homes, schools, large employers) identified as presenting specific risks and respond to small clusters, incidents and outbreaks within the region
- Use surveillance outputs to identify hotspots/clusters with high transmission rates (including sub-population groups) and mobilise regional response teams accordingly, as well as contribute data to the national dashboard
- The Regional Cell comprises of the **Regional Oversight Group** and **Regional Response Teams**. This group also has support from the Regional Operational Planning Group (a task and finish sub-group to the Regional Oversight Group) and the Data Cell. Additionally, the Regional Cell has a dedicated programme office, now called the **Regional Cell Delivery Programme**, formerly called the Regional Cell PMO.

Regional Oversight Group

- To utilise the resource within the Regional Cell Delivery Programme (hosted by ABUHB) and GTTPS Coordination Unit (hosted by TCBC) to support the strategic decision making within the ROG
- To provide a strategic overview in the identification of mutual support where significant multiple issues arise in one or more LA areas
- To receive an overview of the issues in relation to operational delivery and management within complex or closed settings, such as education settings that are pertinent to ROG
- Interfacing and Representing Gwent region on Welsh Government TTP Task Group and interfacing with this group and PHW on specific issues and actions raised at ROG
- To capture and manage specific and relevant ROG risks for the effective management of the incident with Gwent
- To escalate issues and appropriate decisions to the ABUHB Testing lead, GTTPS Leadership Group and Gwent IMT and The GIMT Testing Sub-Group (where appropriate).
- To discuss and provide oversight on the wider impact of testing and testing approaches with respect to their impact on contact tracing
- To consider the Performance/efficiency of the GTTPS in the context of delivering its objectives and to agree any changes to the tracing process that would help minimise the spread of the virus through contacting cases and contacts as quickly as possible
- To provide quality oversight of the GTTPS supported by GTTPS – CU to implement a quality assurance framework
- To utilise the Regional Operational Planning Group to develop specific task and finish projects/activities to support the development of operational protocols and improvements to approaches

Regional Response Teams

- Act as the Local Outbreak Control Teams (as per The Communicable Disease Outbreak Plan for Wales) on a LA specific basis

The **Regional Cell Delivery Programme** will be responsible for:

- Providing Programme Management planning and deliverables in support of the key Regional cell groups including the **Staff Well-Being Cell, Public Health Incident Practitioners, Data Cell and Care Homes Cell**
- Providing Programme support to ABUHB Finance Team around TTP Resourcing, with a specific focus on workforce planning
- Working with NWIS and the CU, GTTPS on specific projects to develop improvements in CRM and the tracing process/tools
- Continued support on and provision of the Workforce Modelling Tool developed by ABCi.
- Responding to TTP queries directed towards the Health Board from Stakeholders including, MPs and Members of the Senedd
- Liaising with external regulators such as Audit Wales in respect of TTP
- Providing TTP briefings and updates to the ABUHB Exec Board, Board and other internal Health Board stakeholders
- Support for the Gwent IMT and five Local IMT's
- Development of a Risk Register and Risk management for the Regional Cell and liaising with the CU, GTTPS on broader risks
- Support for Regional Oversight Group (ROG) including administrative support and provision of the Chair
- Development and monitoring of the Post Fire-Break Action Plan now called the GTTPS – Covid-19 Management Action Plan, with weekly updates shared with GIMT

Staff Well-Being Cell

Key responsibilities
- Pre-tracing and tracing of all Health Board staff (including GP's and non-commercial Pharmacy staff) that are symptomatic and then a full trace if confirmed positive.
- Developing and delivering a Staff Well-Being training programme for HB Tracers and Advisors
- Escalation and liaison on specific issues in relation to potential Infection Control issues within the HB.
- Provision of Well-being Support /sign posting following a positive test for staff.
- The management and tracing of all Gwent citizens arriving from those countries with specific restrictions in relation to countries impacted by the Variant and Mutations of Concern, including arranging testing at citizen's homes to support their quarantine.

Public Health Incident Practitioners

Key responsibilities
- Analysing positive cases for LA teams.
- Reporting on case data and providing rolling 7-day headline data around contacts, clusters etc.
- Collaborating and developing a standardised case analysis summary case review report for Gwent.
- Supporting the Care Homes Cell – providing the locality Care Home MDT meetings with status updates and working with EHOs and Complex Care Team to support cluster management actions.

- Attending all 5 local authority IMTs in support of ABUHB Consultants in Public Health and providing information and analysis to support decision-making as required.
- Attending the weekly national Contact Tracing Capacity Meeting.

Data Cell

Key responsibilities

- Supporting the response to COVID-19 by responding to ad hoc data requests from Gwent TTP staff including Public Health Consultants, Incident Practitioners, Environmental Health Officers.
  - o Developed and maintaining a 'line list' of inpatient cases to record accurate information.
  - o Support ongoing prison surveillance through the maintenance of a prison 'line list' and disseminating information to PHW
  - o Assisting with resolving queries regarding test results, including queries from external organisations, for example, Gwent Police
  - o Developing bespoke CRM queries and CRM dashboards to collate and present data on cases/contacts and TTP activity.
- Supporting the implementation of a process for monitoring returnees from countries that are on the Watch list in relation to Variants and Mutations of Concern. This includes maintaining a line list and providing PHW with summary data.
- Delivering CRM advanced find training to the Local Authority Data Analysts to support with improving data capture and bespoke reporting for IMT meetings.
- Directly accessing the CRM TTP data via the data warehouse to enable the development of bespoke surveillance report through Power BI.
- Working collaboratively with CU, GTTPS to share knowledge, guidance, CRM expertise and bespoke analysis to assist with the TTP quality audit framework.
- Developing and delivering bespoke data analysis training
- Production of regular reports for the Regional Oversight Group, Strategic Coordinating Group and data for regular briefings including for Members of Parliament/ Members of the Senedd, ABUHB staff weekly newsletter etc.

Care Homes Cell (*note that not all staff in the Care home cell are funded through the Welsh Governments TTP funding*).

Key responsibilities

- Chairing MDT Care homes meetings to review all incidents in care homes and other enclosed settings.
- Providing public health advice to additional multi-agency meetings in response to significant outbreaks in a number of Gwent Homes
- Arranging whole home testing for a number of older adult care homes and other enclosed settings
- Notifying EHOs, Complex Care and Commissioning Teams of new cases in care homes with ongoing outbreaks
- Arranging testing for newly symptomatic residents and staff.
- Arranging re-testing and risk assessments of asymptomatic care home workers in previously unaffected homes

- Contributing to specific risk assessments for individual resident's learning disabilities settings to maintain meaningful contact with their families.
- Arranging testing for new admissions and transfers between care homes.
- Producing a daily status report and twice weekly SITREP for relevant agencies
- Providing situational updates to the LRF Community Care Sub-Group and Health Board Closed Settings Group
- Attending WG meetings regarding care home testing

Every Partner will

- Employ their local contact tracing teams and maintain staffing levels as agreed by the modelling and predictions
- Provide robust and timely data
- Sign up to and work in the partnership in line with the principles identified above

Participate fully at the Regional Oversight Group

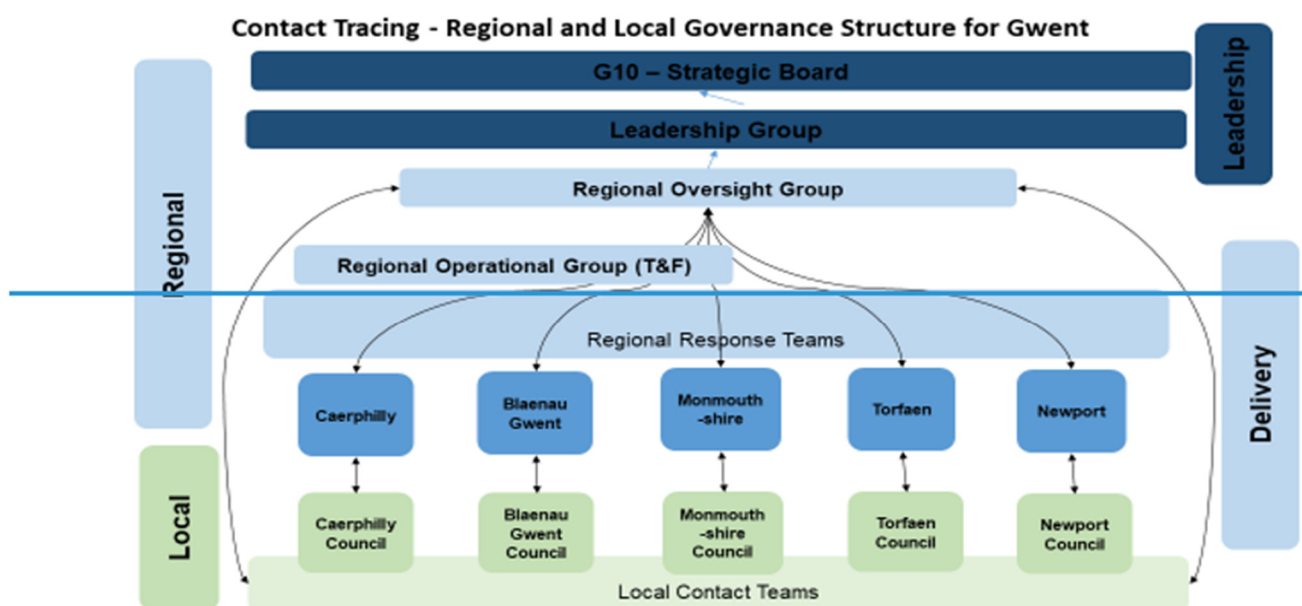The governance of the GTTPS and the wider groups involved is set out in the following framework

Figure 1 – Gwent Contact Tracing Structure

3.2   Incident Management Team (IMT)

There are clear roles and responsibilities for managing incidents, clusters and outbreaks, as defined in the Communicable Disease Outbreak Plan for Wales, 2020[1]:

- Public Health Wales (PHW): statutory duty to provide service, support and expertise for the surveillance, prevention and control of communicable disease.
- Local Authorities: responsible for the control of notifiable infections, health and safety matters and incidents.
- Health Board: statutory responsibility for the health of local population and providing care and treatment.

Refer to Appendix B for further detail on roles and responsibilities.

It is recognised that civil contingencies arrangements are currently activated and the Gwent IMT will report to the Gwent Strategic Co-ordinating Group (SCG) whilst it is in operation and Welsh Government in accordance with Part 7 of the Communicable Disease Outbreak Plan for Wales 2020. The Plan states that where a SCG is convened to manage the strategic response to a communicable diseases outbreak, the IMT will represent a Tactical Coordination Group (Silver) sitting under the overall direction of the Strategic Coordination Group. The IMT has primacy over tactical matters to control the outbreak. The IMT will be represented at the SCG, typically by the IMT Chair or Vice Chair.

Gwent IMT is supported by local IMTs Chairs of the 5 local IMTs meeting in the Blaenau Gwent, Caerphilly, Monmouthshire, Newport, Torfaen local authority areas provide feedback to Gwent IMT in support of regional decision-making and to inform the SBAR (Situation Background Assessment Recommendation report) that Gwent IMT submits to Welsh Government. The SBAR reports the various data sets requested by Welsh Government together with a summary of matters of regional significance. Gwent IMT is responsible for making decisions of a regional nature, and for considering deployment of regional resources. Gwent IMT may make recommendations to local IMTs, but decisions regarding the introduction of local restrictions, for example, are matters for local IMTs. An agreed terms of reference is in place for Gwent IMT.

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[1] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.
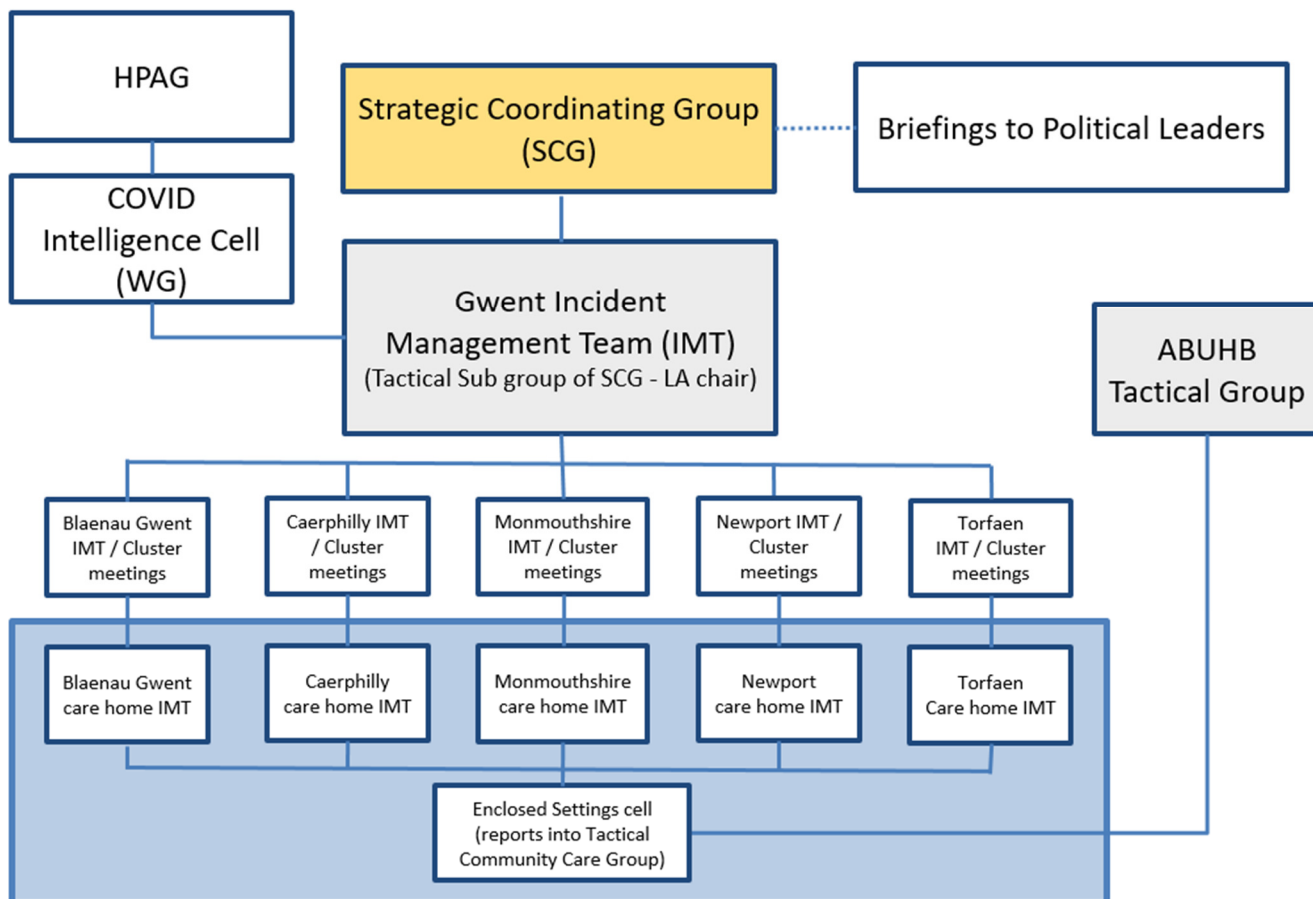
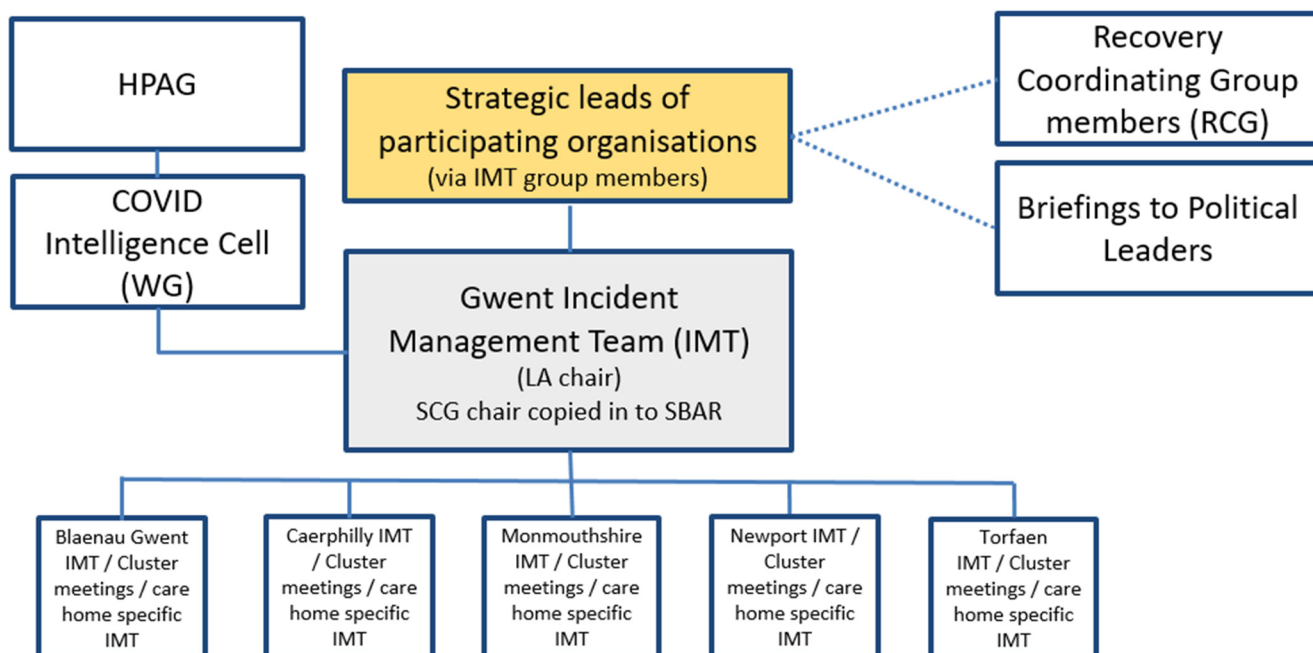Figure 2 – Gwent IMT response structure when SCG is activated

Figure 3 – Gwent IMT response structure when SCG is not in place

3.3   Strategic Coordinating Group (SCG) / Tactical Sub Groups

The Gwent Strategic Coordinating Group (SCG) is the local decision-making body for the delivery of the multi-agency COVID-19 response in the region. The overarching response aims are:

- Support the NHS and wider health and social care system
- Minimise the spread of the virus
- Protect our most vulnerable residents
- Maintain essential local public services.

The strategic objectives of the SCG are:

- To maximise the capacity to care for hospital inpatients and provide essential health services
- To minimise the risks in our care homes
- To support the Test, Trace and Protect service
- To support the mass vaccination service
- To ensure effective communications and engagement with all communities at all times - so that people are clear on what we are doing, what is required of them and why
- To enforce the Welsh Government Regulations in a fair and proportionate way
- To minimise the risks to other vulnerable people such as those with underlying medical conditions and BAME communities
- To identify and reduce community tensions
- To maximise the capacity to deal compassionately with excess deaths, in line with the new reasonable worst case scenario
- To minimise the risks to the health and safety of the public and our employees in the direction we provide

The SCG is supported by a number of sub groups to work collaboratively on elements of response (and also recovery) across the public sector, where possible recognising the pandemic response will continue for some time yet. Figure 4 shows the response structures for the Gwent COVID-19 response.

Strategic Leads of participating organisations are responsible for ensuring that the local and regional leadership, including Leaders and Executive Members, continue to be briefed and engaged in the ongoing situation.
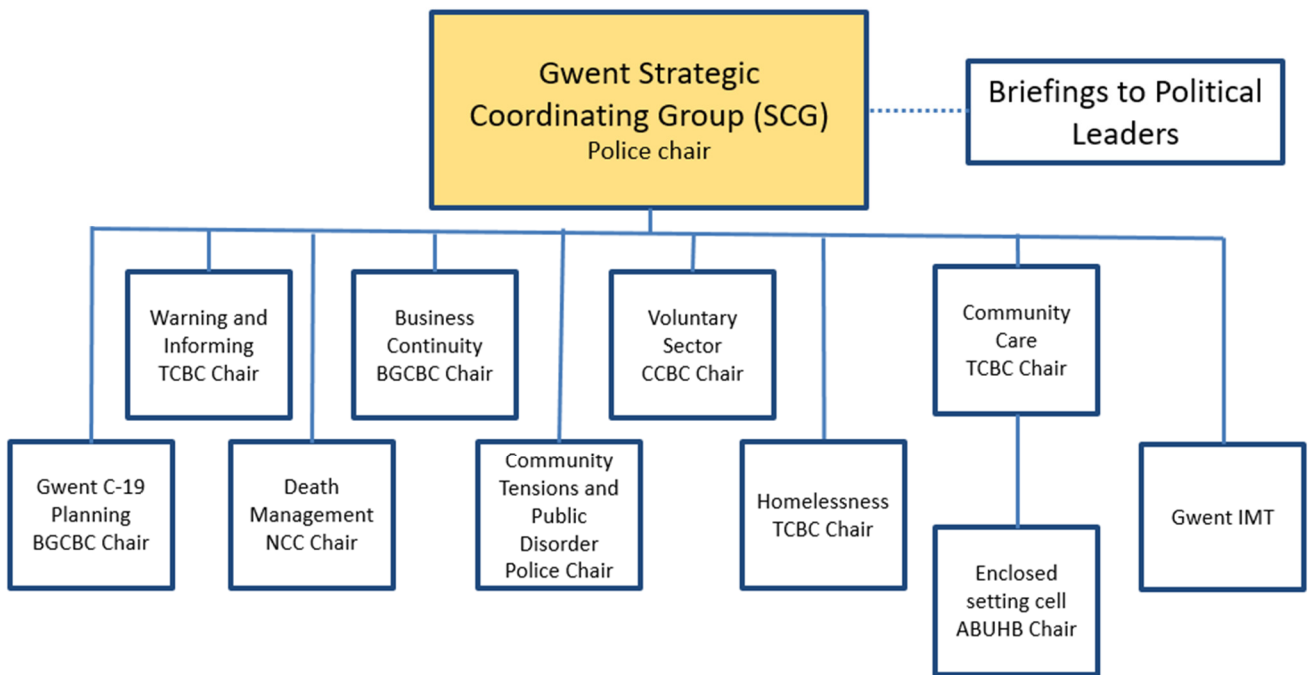
Figure 4 – SCG Response Structure (tactical groups activated as necessary)

If the SCG is not activated, any responding partnership groups that are still required to be active have the option of engaging the SCG chair if required by the prevailing circumstances and will report to the strategic members of participating organisations. The SCG can be quickly activated as necessary through normal channels.

Figure 5 – Response Structure when SCG is not sitting

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3.4   Recovery Coordinating Group (RCG)

The Gwent RCG has been established to return the Community and economy, as far as safely practicable, to a new state of normality whilst living with the Covid 19 pandemic so that the people, businesses and communities of Gwent feel safe and confident to live their lives and do business as they were before the pandemic. The work of the group will be linked to existing partnership activity to reduce duplication.

The Strategic Objectives of the RCG are:

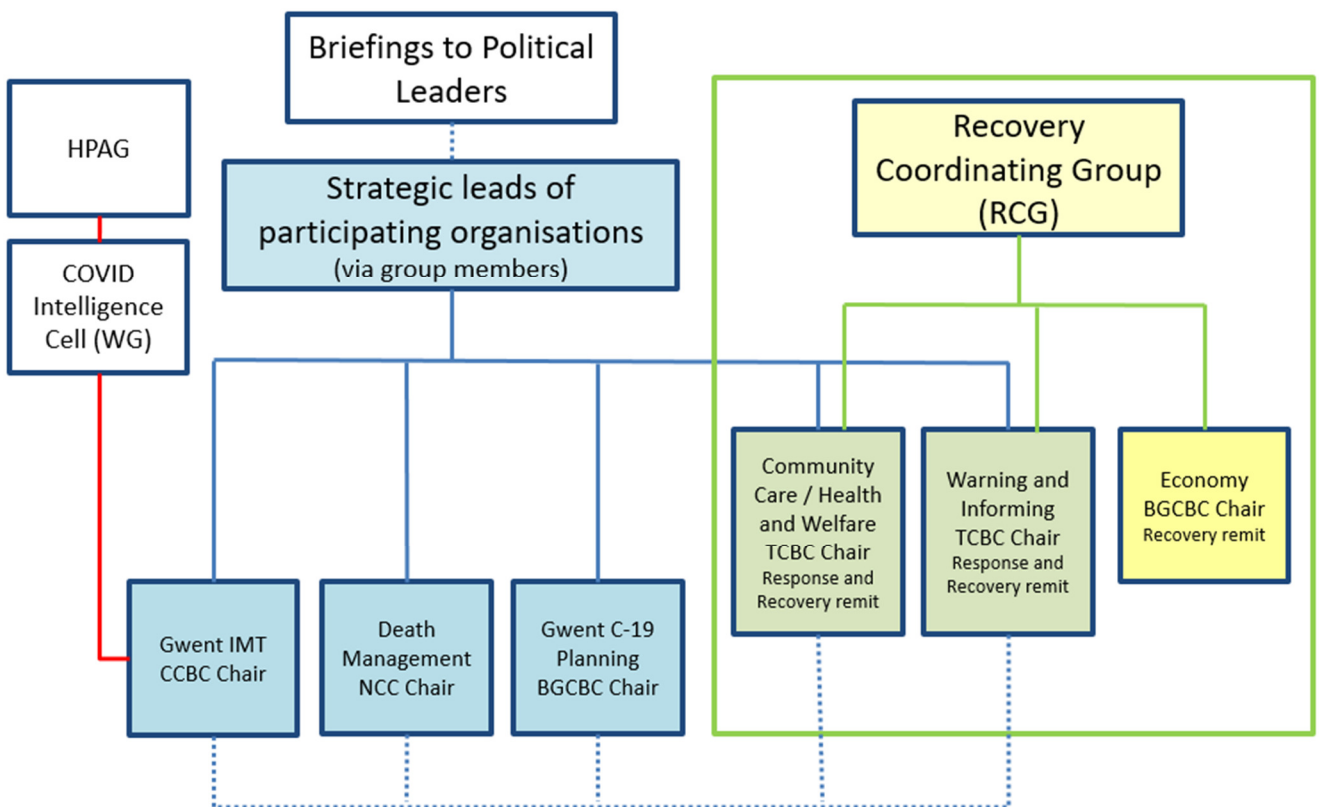- A co-ordinated, effective and proportionate return to *a new* normality based on WG guidance, intelligence and impact assessments collaboratively agreed with partners.
- Citizens feel safe to return too and play an active role in their local community
- A concise and balanced strategy identifying 'Recovery' indicators/milestones and Action Plan is agreed and delivered.
- Disrupted public services are restored to an agreed and acceptable safe standard of delivery.
- Effective channels for political involvement and liaison with Town Councils / Elected Members / WG are established and maintained.
- Consistent, timely and accurate information to the public, employees and to stakeholders in the Gwent RCG area is provided.
- Clear, purposeful civic leadership is provided which citizens have confidence in.
- To work in parallel with the SCG when still in situ and be cognisant of on going response activities.
- Identifying and taking action to implement lessons identified from a Recovery perspective and capture for future planning.
- To signpost regeneration, revitalisation and transformation issues to existing recognised channels.
- To agree a clear exit strategy to formally 'stand down' the RCG, transfer outstanding resilience/civil contingencies themes back to Gwent LRF structures and to continue to revise the aim / objectives as recovery progresses.

The RCG is supported by a number of sub groups to work collaboratively on elements of recovery across the public sector. Figure 5 shows the Recovery Structures established.

In relation to Covid-19 the risk to communities continues and there may be a need to escalate and reinstate the SCG to mitigate impacts and manage the wider consequences of non-pharmaceutical interventions in line with the over arching response aim as outlined above.

3.5   Pan Wales structure

Revised structures to be confirmed

3.6   Roles and responsibilities

The groups described above can be summarised as:

Incident Management Team (IMT). The IMT is a multi-agency team which shares responsibility for managing incidents between all the organisations who are members.

Regional (Gwent) IMT - The role of Gwent IMT is to provide oversight of the Local IMTs that protect public health by identifying the main determinants of transmission of Covid-19 across the region and implementing necessary measures to prevent further spread or recurrence of the infection.

Strategic Coordinating Group (SCG). Take overall responsibility for the multi-agency management of an emergency and establish the policy and strategic framework within which other actors will operate.

Recovery Coordinating Group (RCG). An RCG will oversee the process of rebuilding, restoring and rehabilitating the community following an emergency.

Regional Teams. Multi-disciplinary regional response teams will receive referrals or escalation of cases from local teams that require additional support. Each Health Board area will include a Strategic Regional TTP Oversight Group to provide situational awareness on emerging clusters and outbreaks to key partners and the COVID-19 Intelligence Cell.

COVID-19 Intelligence Cell. Oversight and understanding of the transmission dynamics of COVID-19 across Wales, through relevant, timely situational awareness, assessment and insight into cases of COVID-19 in Wales. It will provide a forum for the Regional Teams to discuss local intelligence acquired through contact tracing and highlight any risks identified. Reports directly to the Chief Medical Officer and to the Health Protection Advisory Group.

Health Protection Advisory Group (HPAG). National all-Wales level oversight of the Coronavirus Control Plan for Wales. Will advise and update Ministers on the incidence of COVID-19, the scale and nature of any local outbreaks and their management arrangements, including any arrangements to recognise cross-border risks. This could include recommendations for national intervention at a local, regional or an all-Wales basis.

Wales Civil Contingencies Committee (WCCC). The Wales Civil Contingencies Committee provides a multi-agency response that directly informs recommendations made by the HPAG to Ministers. This ensures that the wider implications of responses are fully considered and various actors are involved in the process and able to respond effectively. This might include, for example, the police who will enforce any restrictions, or local authorities who may need to respond to new demands or restrictions on essential public services.

4   SURVEILLANCE, INFORMATION & DATA

The Centre for Disease Control and Prevention (CDC) defines public health surveillance as "on-going, systematic collection, analysis, interpretation, and dissemination of data regarding a health-related event for use in public health action to reduce morbidity and mortality and to improve health"[2]. This definition is very pertinent to coronavirus as the situation evolves, for example, due to the impact of new variants and mass vaccination. Therefore, systematic surveillance of COVID-19 is a central part of this plan.

4.1   Objectives

The European Centre for Disease Prevention and Control (ECDC) has stated that the objectives of Covid-19 surveillance[3] are to:

- Monitor the intensity, geographic spread and severity of COVID-19 in the population in order to estimate the burden of disease, assess the direction of recent time trends, and inform appropriate mitigation measures.
- Monitor viral changes to inform drug and vaccine development, and to identify markers of severe infection.
- Monitor changes in which risk groups are most affected in order to better target prevention efforts.
- Monitor the epidemic's impact on the healthcare system to predict the trajectory of the epidemic curve and inform resource allocation and mobilisation of surge capacity as well as external emergency support.
- Monitor the impact of any mitigation measures to inform authorities so they can adjust the choice of measures, as well as their timing and intensity
- Detect and contain nosocomial outbreaks to protect healthcare workers and patients.
- Detect and contain outbreaks in long-term care facilities and other closed communities to protect those most at risk of severe disease and poor outcomes.

4.2   Our priorities

In our response planning, we have been working towards the following key surveillance priorities:

Priority 1.   Monitor intensity and severity of COVID-19 in Gwent in order to inform appropriate mitigation measures

Priority 2.   Monitor behaviour of COVID-19 in at-risk groups to better target prevention efforts

Priority 3.   Early detection of clusters in the community and in hospital and enclosed settings to prevent spread

Priority 4.   Monitor sero-prevalence of COVID-19 antibodies

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[2] CDC (Centers for Disease Control and Prevention). Updated guidelines for evaluating public health surveillance systems: Recommendations from the guidelines working group. MMWR Recommendations and Reports. 2001;50(RR–13):1–35.

[3] European Centre for Disease Prevention and Control. *Strategies for the surveillance of COVID-19.*
https://www.ecdc.europa.eu/en/publications-data/strategies-surveillance-covid-19

With this surveillance information, we should be able to determine as early as possible whether the COVID-19 situation is escalating or not, where there are any particular challenges, and thus adjust our response accordingly.

4.3   Surveillance plan

This section summarises the current Gwent surveillance system, but it is recognised that the system will need to adapt with changes in policy and national guidance, and with emergence of different variants.

A multi-agency surveillance and reporting system has developed in response to COVID-19. The system (Figure 6 below) ensures the collation, analysis and dissemination of data from a variety of different sources, enabling a comprehensive overview of the local situation and the sharing of data for decision-making, including informing the scale and pace of the Gwent response. The system allows for: community, hospital, occupational health, mortality, cluster and outbreak surveillance.

COVID-19 reporting is shared with the IMTs in Gwent, Gwent Regional Oversight Group and Gwent Strategic Coordinating Group (SCG) which ensures representation from all organisations involved. Access to data and surveillance information by relevant members is in line with Information Governance and confidentiality protocols, as outlined in Appendix D. Central elements to the process in Gwent are outlined below.

Local and regional leadership, including Leaders and Executive Members, will continue to be briefed and engaged in the ongoing situation via strategic leads and Executive Officers.
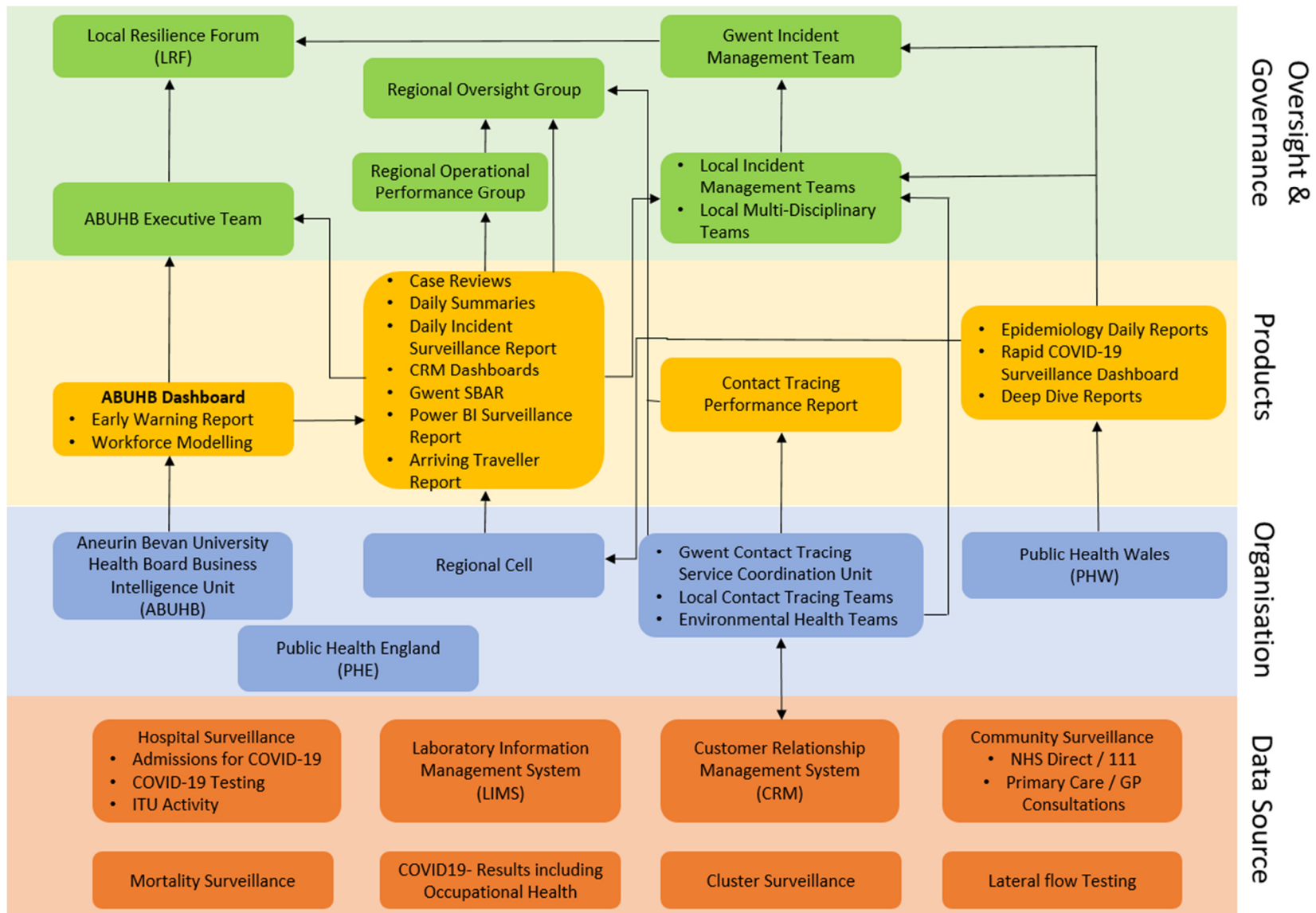
Figure 6: Gwent COVID-19 Surveillance system

4.4   Aneurin Bevan University Health Board reporting system

The Health Board provides a full business intelligence function, which includes generating many automated routine reports and dashboards. A range of data sources are incorporated, including COVID-19 test results updated on an hourly basis, mortality data, and CRM data.

The products generated are used by Health Board senior managers and Executive Team (Strategic and Tactical Groups when activated) to inform Health Board action. They are also used for reporting purposes to Welsh Government, and to report to the Gwent SCG for directing a regional co-ordinated response.

A **hospital surveillance** dashboard collects all COVID-19 results:

- Results are matched to hospital activity data to provide accurate measures of the number of patients who are currently admitted and are being tested for COVID-19.
- When the test result is known this then informs the mandatory reporting to Welsh Government, separating the numbers of patients out into currently positive, suspected and recovering.
- This information is further broken down to include patients who are in the Health Board's ITU areas, indication their ventilation status as applicable. These patient numbers are combined with the Health Board's bed occupancy and availability information to provide an overall status of the current demand of COVID-19 patients on Health Board resources.

The process allows the monitoring of the impact of severe COVID-19 infection on the population and informs an understanding of natural history of disease. It also allows an understanding of the clinical severity of cases and provides data to inform models of transmission to forecast and estimate disease burden and health services utilisation.

The dashboard allows rapid **mortality surveillance** of deaths in hospitalised COVID-19 cases.

Occupational health surveillance can also occur as the incidence is recorded of confirmed cases in health care workers, including care home staff, utilising data from electronic test (antigen test) request forms.

Using data from the CRM, the COVID-19 dashboard includes mapping functionality which visibly highlights on a map any geographical areas that may be of concern. The maps are also shared with IMTs as part of **community surveillance**.

4.5   Gwent Regional Cell

The Regional Cell directly supports the IMTs, Regional Oversight Group and Regional Co-ordinating Unit, providing a regional surveillance function through its various functions and teams including:

- The **Regional Data Cell** was established to ensure a systematic response, with the main aims of: undertaking surveillance reporting to inform the response to COVID-19 in Gwent, and supporting the delivery and effectiveness of the Gwent TTP Service.
- The **Enclosed Settings Cell** was established to monitor testing and results in residents and staff in care homes and other enclosed settings. This ensures that

clusters in enclosed settings are identified quickly and appropriate response undertaken. Further details are provided in the Prevention, Mitigation and Control section of this plan.

a) Surveillance reporting

The Data Cell's function includes collating, analysing and interpreting data from various sources, and disseminating the data through an agreed reporting framework, ensuring that information for decision making and action is shared with stakeholders. A key product is the production of a three times a week report for the Regional Oversight Group for **community surveillance**. The Data Cell reporting framework is reviewed and amended as required to monitor the changing COVID-19 situation. Figure 7 provides an example of the reporting content for the Gwent SCG. As well as the ABUHB COVID-19 dashboard, key sources include the Public Health Wales Rapid COVID-19 Surveillance Dashboard[4] and Daily Epidemiology Reports.

Data from Public Health Wales and other sources, such as CRM, are used for **cluster and outbreak surveillance**, providing useful epidemiological intelligence whether in the community or in at-risk groups/settings. This supports the early detection of cases, and identification and management of potential 'hot spots', informing when and where prevention work is required to prevent spread. In addition, local teams have been undertaking detailed case reviews using CRM to gather intelligence for local action, including assessing why and where infections are occurring.

b) Supporting the delivery and effectiveness of the Gwent TTP Service

- TTP performance support
  - Supporting the Regional Co-ordination Unit and local contact tracing teams to ensure the quality (completeness, accuracy and consistency) of data recorded on CRM. Numerous dashboards have been created to enable the identification of any systematic quality issues, and aid the review of performance data, and barriers to timely contact tracing.
  - workforce demand and capacity intelligence.
- Data 'cleansing'
  - Supporting the timeliness of the contact tracing process by checking clinical systems to verify or obtain additional contact details for individuals.
  - Directing cases/contacts appropriately, for example, escalating to clinical leads any individuals who have been admitted to hospital, or who potentially have communication issues.

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[4] https://public.tableau.com/profile/public.health.wales.health.protection#!/vizhome/RapidCOVID-19virology-Public/Headlinesummary

No.	Indicators	Day Date						Previous Week Date						Interpretation	Comments/notes
		Gwent			Wales			Gwent			Wales				
		Number	Rate	RAG	Number	Rate	RAG	Number	Rate	RAG	Number	Rate	RAG		
Objective 1. Monitor intensity and severity of COVID-19 in ABUHB/Gwent															
1a	Number of new confirmed cases			green			green			green			green		
1b	Proportion of positive tests			green			green			green			green		
1c	GP consultation rate/100,000 population for suspected COVID									green			green		
1d	GP consultation rate/100,000 population for influenza like illness									green			green		
1e	Calls to NHS Direct/111 for any COVID-like symptom									green			green		
1f	Known positive patients on admission to hospital									green			green		
1g	Patients tested positive on hospital admission									green			green		
1h	COVID-19 positive patients in ITU			green											
1i	Cumulative number of COVID deaths (PHW)			green											
Objective 2. Monitor behaviour of COVID-19 in at-risk groups															
2a	Number of care homes residents tested positive														
2b	Age rate per 100,000 population														
	- Under 16									green					
	- 16-64									green					
	- 65+									green					
2c	Average number of contacts identified per case														
Objective 3. Detect outbreaks in hospital and close settings															
3a	Number of hospital infections by infection category			green											
3b	Number care home residents with positive result			green											
3c	Number of prisoners or prison staff with a positive result			green											
3d	Number of staff tested positive in a close setting			green											

green	No additional attention needed	yellow	Some attention advised	red Escalation and attention required

Figure 7: Weekly Surveillance report

4.6   Additional elements

COVID-19 Reproduction Number (R0)

The basic reproduction number (R0) is defined as the number of cases that are expected to occur on average in a homogeneous population as a result of infection by a single individual, when the population is susceptible at the start of an epidemic, before widespread immunity starts to develop and before any attempt has been made at immunisation.

If one person develops the infection and passes it on to two others, the R0 is 2. If the average R0 in the population is greater than 1, the infection will spread exponentially. If R0 is less than 1, the infection will spread slowly, and it will eventually die out. The higher the value of R0 the faster an epidemic will progress.

R_0 assumes that everybody in a population is susceptible to infection. It was important to know this in the early stages of the Covid 19 pandemic. The R_t is calculated over time as Covid-19 cases fluctuate in response to control measures. The R_t is also influenced by population immunity levels, through natural infection, or vaccination.

R_t is produced for Wales by the Welsh Government and shared directly with the Local Resilience Forum. Other important indicators are COVID-19 cases doubling time and halving time. None of the three indictors is yet available at the Health Board or Local Authority levels.

4.7   Assurance

The Gwent TTP Service has developed a Quality Assurance (QA) process, designed to build confidence and insight to enable the service to deliver on its primary objectives. The QA process has five discrete QA gates covering the whole Gwent TTP Service process. These are outlined in Table .1

Table 1: The five QA gates to assist the Gwent TTP Service.

Quality Assurance Gate	Brief description
1: NWIS data review	Pan Wales CRM data check
2: Local Teams QA tracing (effectiveness and efficiency)	Use of key QA Standards focused on Training, Induction, Quality of the tracing call and the information captured within the CRM system
3: Data Validation/ Cleansing	Key steps to quality assure the CRM data; improve the quality of the contact information for cases /contacts; remove cases/contacts that should not be traced; redirect potential issues to clinical leads
4: Data Reporting/ Surveillance	To support surveillance by collating, analysing and interpreting data, and disseminating data through a reporting framework. This includes informing the development of local and national data collection and reporting systems as appropriate. This facilitates early warning of clusters, incidents or outbreaks
5: Review of Issues/ Incidents that have been escalated to Regional Oversight Group	For complex issues /cases /incidents /outbreaks (Regional, Inter-regional and Cross Border) to ensure that lessons are learned and a detailed improvement plan is compiled

5   SAMPLING AND TESTING

Testing for COVID-19 is a vital part of how the NHS and local authorities are working to protect the public by preventing the spread of infection, optimising the outcomes for patients and keep essential services running in Wales. It is a key pillar of the strategy to protect the NHS and save lives. Anyone who needs a test in Gwent now gets one easily and most get their results back in less than 24 hours.

Aneurin Bevan University Health Board's Testing Service provides COVID-19 testing capability throughout communities in Gwent. The service provides:

- Community testing for symptomatic members of our communities;
- Hospital testing to support the delivery of safe and effective healthcare;
- Pre-elective testing;
- Testing in response to outbreaks, clusters and incidents;
- Prioritised testing for local resilience partners' staff;
- Regular testing of Health Board staff;

To do that, it has:

- Two regional testing centres (Rodney Parade and Cwm);
- Central coordination centre with a referral and results cell;
- Six home visit vehicles to test people on their doorstep;
- Seven mobile testing units;
- Fives local testing sites;
- Teams on every hospital site

5.1   Roles and Responsibilities

To deliver this plan there are a number of key roles and responsibilities, which align with our Test, Trace, Protect strategy:

- **Individuals** – following public health advice, hand washing, social distancing, reporting symptoms and self-isolating when necessary.

- **Welsh Government** – provide strategic direction, oversight, determine priorities and provide resources to enable testing.

- **Public Health Wales** – national public health body providing specialist advice on public health approaches. Responsible for coordinating contact tracing, advising on sampling and testing, laboratory analysis of tests, health surveillance and providing expert health protection advice and analysis of the spread of the virus in our communities through a range of health surveillance indicators.

- **Aneurin Bevan University Health Board** – providing a strategic overview and delivery for local decisions and sampling capacity. Provide testing facilities to support Test, Trace,

Protect and environmental and public health responses to local outbreaks and clusters or preventative action in areas regarded as high risk. Developing local testing plans with partners to help deliver the Testing Strategy and to actively engage and communicate with local populations.

- **Local Authorities and other partners (Local Resilience Forum)** – to contribute to and support the development and implementation of the COVID-19 Prevention and Response Plan for Gwent.

5.2   Incident Management

The Testing Service are available to attend any Incident or Cluster Management Team to advise, support and deliver any testing requirements that the groups determine. The Health Board, Local Authorities and Public Health Wales work as an integrated unit to ensure that the team has all the tools it needs to contain and settle transmission.

The Health Board's Public Health team, Test Trace Protect teams and its Testing Service work in unison to ensure that we make good decisions, we are efficient in our delivery and that each other is supported.

5.3   Sampling capacity

Testing capacity in Gwent is achieved through a combination of local and national provision. Testing is provided through:

- **Regional Testing Site at Rodney Parade Newport) and Cwm (Ebbw Vale)** which have the capacity and capability to provide a drive-through testing facility for the general public and key workers, pre-labelled testing kits for sampling asymptomatic care home staff and home testing. Rodney Parade also provides mass testing to assist with incident or outbreak management in enclosed setting such as care homes, schools, nurseries and high risk workplaces.

- M**obile Testing Units** which can be deployed across the Health Board region to enable a rapid response to an escalation in cases within a particularly community, for specific populations to improve access or in specific settings.

- **Home Testing Kits** which enable members of the public to receive a postal/courier self-swabbing kits if they are symptomatic or for asymptomatic care home staff via a dedicated online portal.

- **Local Testing Sites** will provide a longer term local testing facility than the MTUs in either indoor or outdoor settings for specific population such as geographically isolated communities or Newport city centre for hard to reach populations such as homeless people or asylum seekers and refugees.

- **Testing teams on every Health Board site** who regularly test patients on admission to hospital and regularly during their stay. The teams also respond to patients who become symptomatic whilst they are with us or to support a discharge or transfer.

5.4   Laboratories and reliable turnaround times

We understand that our incident management teams need good, reliable testing and sampling capability to help them find and contain clusters in various places throughout Gwent. Having the ability and capacity to test thousands of individuals a day is one essential component to COVID-19 testing, logistics and laboratory analysis are equally as important. Taking a whole system approach to COVID-19 testing, we have built extremely strong relationships with both Public Health Wales and the Health Board. Maximising the performance of the whole system we now routinely expect a large proportion of our COVID-19 tests to be completed in under 12 hours.

Working alongside Public Health Wales colleagues we have adapted our practice to take advantage of numerous marginal efficiency gains within the laboratory. We have utilised electronic requesting more than any other Health Board to try and ensure our samples can be processed as quickly and easily as possible. Alongside an effective and reactive transport service we can ensure samples are processed faster now than at any point during the pandemic.

Table 2: ABUHB COVID-19 Samples processed within PHW laboratories

ABUHB COVID-19 Samples processed within PHW laboratories			
From received to authorised	**30/03/2020**	**30/03/2021**	**Difference**
Tested within 12 hours	16%	57%	+ 41%
Tested within 24 hours	39%	92%	+ 53%
Tested within 48 hours	81%	100%	+ 19%

The Testing Service in Gwent operates on three laboratory networks:

- Public Health Wales (IP5, University Hospital of Wales and more)
- Lighthouse laboratories (IP5, Milton Keynes and more)
- Health Board Microbiology Department (Grange University Hospital and Royal Gwent Hospital)

5.5   Care homes, residential and closed settings

People living in care homes and other similar residential settings are amongst the most vulnerable, with many relying on close personal care. Testing supports a reduction in infection rates if coupled with actions to promote infection control more generally. Testing care homes in Gwent involves[5]:

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[5] Welsh Government. (2020d). Testing process in care homes. https://gov.wales.testing-process-care-homes/testing-process-care-homes-covid-19-html

- Testing of all symptomatic residents and staff via a twice-daily line list of referrals.
- Whole home testing of all residents in care homes or other residential setting will be carried out where there is evidence of infection to assist in the management of an incident or outbreak.
- Testing all individuals being discharged from hospital to live in care homes.
- Testing all people who are being transferred between care homes and for new admissions from the community.
- Testing will be offered to asymptomatic staff who have not previously tested positive for COVID-19 within the previous 42 days in line with Welsh Government policy (currently a fortnightly cycle).

We will continue to deploy testing in care homes and other residential settings as part of or approach to protect our care home workers and residents from Covid-19 and to rapidly respond to outbreaks.

5.6   Hospital Inpatients and Planned Care

Understanding the COVID-19 status of hospital patients has become essential to delivering services in a safe and effect manner. The Framework for COVID-19 testing for hospital in patients in Wales outlines the purposes for testing:

- To prevent COVID-19 in elective pathways
- To prevent COVID-19 in elective pathways in those with previous COVID-19 infection
- To identify COVID-19 in emergency care pathways
- To reduce risk to patients at higher risk
- To show non-infectivity prior to discharge of patients with a history of COVID-19

This service has subsequently expanded and as the graph illustrates, we continue to test patients more than ever. We provide support for admission, asymptomatic twice weekly and discharge testing across all LGHs.

5.7   Accessibility to Community Testing

There is mounting UK and international evidence that the COVID-19 pandemic has had a significantly greater impact on people from socially vulnerable groups. Being socially at risk refers to the inability of individuals and communities to withstand adverse impacts from multiple stressors to which they are exposed, including natural or human-caused disasters or disease outbreaks. Some individuals have faced particular challenges during the COVID-19 pandemic due to their belonging to two or more recognised categories of social risk or vulnerability.

The Health Board has identified the following groups are more likely to be socially vulnerable or at risk in the community:

- People who are homeless
- Asylum seekers
- Refugees

- Migrant workers
- Undocumented migrants including those who are 'over stayers', unlawfully resent or illegally present
- People of Roma ethnic origin
- Gypsy travellers
- People from minority ethnic backgrounds with poor English skills
- Street sex workers
- People who misuse drugs and/or alcohol – particular those not engaged with services.

In order to provide the best opportunity for people who are deemed socially at risk to come forward for or undertake testing it is essential to minimise any real or perceived barriers to access. Welsh Government have identified 4 groups of the population where access equity should be considered – people living in socio-economically deprived areas, socially vulnerable groups in the community, geographically isolated and people with protected characteristics.

It is therefore proposed to provide testing in areas close to where people live so that they don't require transport and with open access/drop-in to eliminate the requirement to book online.

The main approach to increasing access will therefore be via open access walk through Mobile Testing Units (MTUs) or Local Testing Sites (LTSs) in key geographical locations within identified infection 'hot-spots' or to improve access for social vulnerable, digitally excluded or geographically isolated groups of the population.

5.8   Rapid Community Testing for Variants of Concern

The emergence of new variant strains of COVID-19 remind us that the virus has not gone away. Our region's plan sets out the arrangements for mass community testing in response to a variant of concern in Gwent and is supported by local delivery plans. This plan aims to:

- Support the 'Test to Find' approach set out in Welsh Government's revised Testing Strategy for Wales to identify cases of variants of concern in communities;
- Support a locally-led public health risk-based approach using area intelligence and knowledge to reduce the spread of the virus in response to a confirmed case of a variant of concern;
- Provide additional asymptomatic testing capacity within communities and remove any potential barriers;
- Identify active cases from individuals showing no symptoms and unaware they are potentially infecting others;
- Enhance local surveillance to aid further actions by partners;
- Provide assurances and support for affected communities.

Plans for mass testing in relation to variants of concern will heavily depend on the current circumstances, the size and scale of testing required, its specific objective and the context of the local area. This plan has been drafted to support the operationalisation of mass testing if the scale of need is determined to over and above the 'business as usual' outbreak testing that already exists.

The following operating principles apply:

- This plan should be the highest rung on the ladder once other options have been exhausted;

- Testing must happen at pace – the decision to mass test should be made in hours and the operation should be stood up in days;

- All testing will take place through the PCR method (which requires a throat and nasal swab) – lateral flow testing must not be used at this stage;

- Sampling should take place at targeted people's homes wherever possible. Test kits should be delivered to and collected from home addresses to reduce the need for potentially infected people to travel. However, Mobile Testing Units could be considered as a last resort where specific geographies make this a more appropriate approach (such as testing at a workplace);

- Most people should self-swab but help should be made available for those that are unable to swab themselves;

- A call centre should be established that is able to support and help individuals who may feel anxious or nervous about this approach;

- A clear communication and engagement plan should be enacted to that the public and staff are informed and reassured, with a particular focus on those communities who are socially vulnerable (including barriers of language).

- Gwent organisations should work as an integrated unit with clear roles and responsibilities to ensure that the right skills, resource and powers are available to the operation and to ensure that individual organisations do not become overwhelmed.

5.9   Lateral Flow Testing

Lateral flow tests (LFTs) are used across schools, care homes, front line services, volunteers, businesses and people who are unable to work from home in line with Welsh Government's testing strategy. Lateral flow test are used to identify people with COVID-19 who are not showing symptoms. LFTs are easy to use and give results in 30 minutes. If you get a positive lateral flow test you must self-isolate immediately for 10 days and take a PCR test at a test centre within 24 hours.

5.10 Antibody Testing

Antibody testing to SARS-CoV-2 antigens can be used to provide surveillance information to determine levels of historical infection. Antibody testing can focus on specific environments or occupational groups with repeat testing undertaken to garner a greater understanding of antibody development with individuals and if they are retained over time. This is specifically valuable with groups of individuals associated with the potential for high contact rates.

Testing could be further extended to wider settings on the direction of Welsh Government to help provide intelligence for the public health response, an evaluation of the vaccine efficacy or in direct care.

6   PREVENTION, MITIGATION AND CONTROL
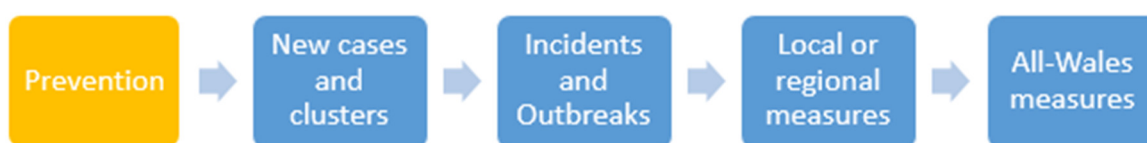
Prevention is an essential part of the Gwent COVID-19 response and includes proactive engagement and communication with the population to promote adherence and compliance with:

- Social distancing measures
- Respiratory and hand hygiene
- Enhanced cleaning regimes
- Use of Personal Protective Equipment (PPE), to combat the spread of COVID-19
- TTP process including self-isolation requirements.

Effective prevention measures to prevent the spread of COVID-19 will be communicated to the population of Gwent, with an emphasis on clear and consistent messaging from all partner organisations (and consistent with national guidance), as outlined in the Communications section of this plan.

Building public confidence in the Gwent TTP Service and community engagement in the testing and contact tracing is essential. Information on how to access testing and the importance of complying with self-isolation guidance will be clearly and widely communicated to encourage participation and compliance.

When incidents, clusters or outbreaks occur, processes and protocols are in place to ensure Gwent activates an outbreak response in an appropriate and timely manner. This section has identified high risk settings in which coordinated efforts to prevent, mitigate and control COVID-19 are applied. This has been informed by Wales COVID-19 Risk Assessment undertaken by military liaison colleagues, which identified a number of high-risk settings across Wales, applicable to Gwent, for consideration:

- Educational settings (Wales COVID-19 Risk Assessment)
- Care home and social care settings
- Hospital and Health Care settings
- Food processing factories and Industrial/Factory settings (Wales COVID-19 Risk Assessment) and agricultural processing
- Workplaces and businesses
- Hospitality settings
- Large gathering in organised events
- HM Prisons
- Shipping and sea ports.

6.1   Educational and childcare settings

Nurseries and schools play a key infection and prevention control role and the introduction of a number of measures, along with guidance issued by Welsh Government and PHW, contributes to preventing the spread of infection in these settings. Prevention activity includes:

- Social distancing measures, including the use of 'learning bubbles' to minimise the number of contacts each child or staff member has during the school day, classroom layout, Welsh Government policy on school transport.
- Respiratory and hand hygiene, including hand washing facilities

- Enhanced cleaning regimes, including catering
- Use of Personal Protective Equipment (PPE) for staff
- Implementing Welsh Government policy for staff who are shielding, for staff and learners from BAME community
- Isolation of symptomatic children and their household contacts.

Local authorities have undertaken significant work with educational settings to implement guidance to prevent outbreaks, including risk assessments and operational protocols.

When outbreaks occur, the Regional Response Team work with nurseries, schools, Coleg Gwent and University of South Wales to ensure rapid escalation, formation of a multi-agency IMT (this should involve the Health and Safety Executive (HSE) as the enforcing authority for schools and universities), and the implementation of public health actions to bring the outbreak under control. PHW have provided 'Investigation and Management of Clusters and Incidents of COVID-19 in Educational and Childcare Settings' protocol that Gwent will follow to respond to outbreaks in educational settings.

6.1.1 Prevention and Response actions

1. Continue to provide proactive advice about prevention of infection, with support for risk assessments to ensure up to date policy and guidance for infection and prevention control is adhered to;
2. Provide educational settings with dedicated contact details for Environmental Health Departments to ensure they are able to access timely advice about infection prevention and control measures, contingency plans to prevent a potential escalation in cases, and reactive advice for on-going incidents and outbreaks;
3. Request that all educational settings maintain accurate and up-to-date records on attendance, reasons for absenteeism, vulnerable staff and learners and UK mobile phone and landline numbers for parents/guardians/contractors to promote prompt mitigation and control measures, particularly for contact tracing, should the need arise;
4. Maintain a coherent line of communication between Environmental Health Officers and Education departments to ensure suspected cases of COVID-19 (both pupils, teachers and non-teaching staff) are promptly notified to Environmental Health to identify any potential cluster of infections early and in advance of contact tracing;
5. Use nursery, school and college networks to reinforce with parents the importance of symptomatic individuals seeking a COVID-19 antigen test, as this underpins the Contact Tracing process;
6. The escalation framework will be followed for individual cases and/or enclosed settings that require further assessment, support or action. This involves promptly convening multi-disciplinary team meetings (involving Regional Cell, Regional Response Teams, partners in the education sector, PHW National Health Protection Team, Environmental Health) in response to new incidents/outbreaks, as identified by surveillance.

Case Study – Nursery setting

6.2   Care homes and social care settings

Covid-19 continues to present an unprecedented challenge for the care homes and the wider social care sector. Since this pandemic began, care home providers have taken significant steps to protect the health and well-being of their residents. A Community Care Sub Group (CCSG) of the Gwent SCG, and an

ABUHB Closed Settings Group brings together the various agencies and professionals with a common aim of preventing the spread of Covid-19 in residential settings.

The local systems for gathering intelligence in relation to care home settings includes a daily status report, weekly SITREP and information about Covid-19 testing (i.e. positive proportion of PCR and LFD testing episodes and turnaround times). The current escalation framework is being reviewed in light of changes to the PHW SOP and additional capacity for the IPAC team to undertake proactive visits. Local authorities, ABUHB and PHW have worked collaboratively in Gwent to proactively target prevention advice to agency workers which will be on-going as part of the response.

PHW have updated the Standard Operating Procedure (SOP) for adult and children's home which seeks to clarify the essential public health action in response to cases or clusters of Covid-19 infection in residential care setting in Wales. The objective of the SOP are to:

1. To reduce transmission through the rapid identification testing and isolation of possible or confirmed cases.
2. To provide information for action by gathering and recording robust data on the setting, the control measures in place and providing advice on control measures
3. To ensure proactive support for enclosed settings facing possible crises by identifying any enclosed settings which have high levels of risk or need (e.g. high numbers of symptomatic patients or staff shortages that risk resident safety).

In order to coordinate the multi-agency response, the Enclosed Settings Cell (ESC) has established multi-disciplinary group meetings in each Local Authority. These meetings are used to review care home cases and incidents and to make decisions around risk assessment, sampling and infection prevention and control measures. The ESC also supports the interpretation and implementation of relevant Welsh Government policy changes, particularly in relation to testing and new guidelines for care homes (e.g. visiting). The ESC receives queries relating to incident management and accepts referrals for testing from care home providers for symptomatic residents with rapid requests made to the Rodney Parade MTU for sampling.

Local Authority Environmental Health teams have managed incidents and outbreaks of Covid-19 throughout the pandemic with support from the Enclosed Settings Cell. Going forward and with the advent of the updated SOP (above) Environmental Health departments will take on the role of co-ordinating whole home testing (WHT) with the MTU and the care home provider. The Enclosed Settings Cell with provide Public Health advice and support for more complex cases with specialist advice provided by the PHW National Health Protection Team and/or CCDC.

The Enclosed Settings Cell works with Local Authority Commissioning teams and the Complex Care Division within the Health Board to produce a weekly SITREP with the older adult residential and nursing homes across the region. This highlights the vaccination status of residents and staff, adherence to LFD testing and PCR testing of asymptomatic staff and provision of advice and support from Environmental Health and the Infection Prevention Team. The ESC also produce a daily status report showing previously unaffected care homes with a single asymptomatic case, care homes with a symptomatic staff member or residents and homes with an active incident or outbreak

The MDT approach is also taken to support other enclosed settings (e.g. supported living), domiciliary care and other types of self-contained residential settings for vulnerable adults (e.g. sheltered housing, extra care) where clusters of cases have been identified. Further work is being scoped to provide advice on control measures in day care services. PHW and Welsh Government are developing a framework for outbreak and incident management in independent hospitals which includes additional MDT partners

including the Health & Safety Executive, Health Inspectorate Wales, NHS Wales Commissioning Collaborative and/or NHS England or CCGs.

Over recent months the social care sector has implemented the Welsh Government policy of twice weekly LFD testing. Welsh Government has also extended weekly PCR testing to asymptomatic staff in selected supported living settings. Furthermore the second round of Covid-19 vaccinations have been offered to staff and residents through the mass vaccination centres and mobile vaccination teams. A fast track system has been set up for new admissions and any staff who have not completed their course of vaccinations.

The Gwent SCG has commissioned a second Reflective Review of the response to date, allowing partners to review their response to the pandemic to inform and shape the recovery phase, as well as prepare for the possibility of future waves. A weekly Provider Forum webinar is held to engage care home providers in preparation for a potential third or fourth wave and a preparedness framework has been agreed covering 4 key areas – vaccination, testing, infection prevention and control and outbreak planning – with the well-being of residents and staff and a wider situation awareness as overarching considerations.

The Community Care Sub Group (Closed Setting Group when standing) and Regional Response Teams will:

- Implement the action plan following the second Health and Social Care Reflective Review on the response to pandemic in care homes and social care settings since May 2020.

- Continue to support the implementation of PCR and LFD testing for asymptomatic care home and social care staff in line with Welsh Government policy.

- Agree the revised escalation framework for care homes with clearly defined roles for the Enclosed Setting Cell, PHW National Health Protection Team, Environmental Health, Complex Care, Local Authority Commissioning Team and the Infection Prevention and Control Team.

- Support the implementation of the Community IPAC Transformation Fund project.

- Review the existing multi-disciplinary team meetings to ensure a sustainable model for coordinating the response to new incidents in line with PHW SOP and guidance on prevention and management of cases, incidents & outbreaks in residential care settings.

- Finalise the end-to-end process for management of clusters in self-contained properties for vulnerable populations (e.g. extra care, sheltered housing).

- Scope the reintroduction of day care services and ensure that appropriate control measures and in place.

- Support implementation of the new Welsh Government framework for case and incident management in independent hospitals and webinars across the region.

- Continue to engage with the Provider Forum to support the implementation of WG policy (e.g. visiting) and the regionally agreed framework in readiness for a potential third or fourth wave.

- Ensure a system is in place which ensures new admissions and staff in care homes are offered COVID-19 vaccines and that care home and domiciliary care staff are encouraged and supported to take up second dose appointments.

- Continue local surveillance in care homes and other social care settings via the daily status report, weekly SITREP, trends in new incidents and LFD and PCR testing episodes.

- Continue to work with Welsh Government and the Communicable Disease Surveillance Centre (CDSC) to assess the impact of COVID-19 vaccinations and testing in care homes

Case Study – Nursing home

6.3 Hospitals and Health Care Settings

In ABUHB, ultimate responsibility for infection prevention and control in NHS settings lies with the Chief Executive, delegated to the Executive Director of Nursing and the Lead Infection Control Specialist (Lead Infection Control Nurse). The delivery of infection control support is through the Infection Prevention and Control Team.

Regular communication to staff is shared across ABUHB and to NHS settings including GP Practices, Dental Practices, Optometry and Patients and visitors are reminded prior to arrival on site and whilst on site of the measures to take to prevent spread of infection. ABUHB has adopted the 'Distance Aware' initiative and formed a Social Distancing task and finish group to monitor activity.

Risk assessments as part of prevention measures are conducted to ensure NHS settings as a whole, and individual services/departments/wards/individuals are complying with latest COVID-19 guidance and primary control measures, namely:

- Social distancing measures (SOP produced by ABUHB[6])
- Respiratory and hand hygiene
- Enhanced cleaning regimes
- Use of Personal Protective Equipment (PPE).

Practice at settings such as GP Practice, Dental Practices and Optometry Services is modified to manage the demand for advice and care while maintaining arrangements to reduce the risk of COVID-19 transmission (in line with national guidance).

The Infection Prevention and Control Team is responsible for investigating incidents and outbreaks, reporting to the executive lead for infection prevention and control and ultimately the Chief Executive, following the ABUHB Hospital Outbreak Plan and aligned to the Communicable Disease Outbreak Plan for Wales.

6.3.1 Healthcare Setting staff

ABUHB is taking a comprehensive approach to preventing the spread of COVID-19 in NHS settings. The Social Distancing task and finish group gathers information and encourage a culture change to re-enforce and adopt social distancing measures across departments. An internal ABUHB Staff COVID-19 Support Team has also been established with the intentions to prevent the spread of COVID-19 within ABUHB departments and to ensure that healthcare services are safe and sustainable.

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[6] Aneurin Bevan University Health board. (2020). Standard Operating Procedure – General COVID-19 physical/social distancing guidance. Working safely during Coronavirus (COVID-19) - taking all reasonable measures to maintain physical distancing in the workplace.

A Standard Operating Protocol is in place for the Staff COVID-19 Support Team to gather information of staff members being tested for COVID-19, enabling a rapid response if there are confirmed positive COVID-19 cases among ABUHB employees. This is a combined response from TTP, Occupational Health and Infection Prevention and Control Teams.

Positive cases of COVID-19 among ABUHB staff members will be contact traced in a timely manner including identification and isolation of work-place related contacts. Infection prevention and control issues will be addressed along with ensuring business continuity planning, aiming to protect the setting form spread of COVID-19.

6.3.2   In-patients accessing ABUHB Healthcare settings

The Infection Prevention and Control Team within ABUHB undertake daily surveillance and confirmed COVID-19 cases among patients at ABUHB sites are identified and escalated to the Infection Prevention and Control Team for appropriate measures to be implemented.

Following a patient testing positive for COVID-19 the relevant department and other specialities are contacted by the Infection Prevention and Control Team to ensure that the appropriate measures are being followed, and contact tracing if required, is implemented. In the situation whereby patients test positive for COVID-19 and have recently been admitted to hospital, the existing TTP process is followed, to ensure household and social contacts of confirmed cases are traced and necessary action taken for self-isolation.

In the situation whereby a patient tests positive for COVID-19 and it is deemed healthcare associated, the Infection Prevention and Control Team in collaboration with the multi-disciplinary team will establish any contributing or risk factors, and assess the individual department affected. The aim is to identify the source of infection, action to be taken to address risk of infection including preventative measures mentioned above to reduce on-going transmission and future re-occurrence. Learning is shared accordingly.

6.3.3 Prevention and Response actions

ABUHB will continue work with staff and patients to:

1. Provide proactive advice about prevention and latest Welsh Government policies to staff and patients.
2. Provide specific advice to hospital and healthcare settings regarding information on infection prevention and control, and how this may influence their approach to risk assessment/management and service delivery.
3. Provide access to rapid testing for symptomatic testing of staff and patients.
4. Work within the agreed escalation framework for staff and patients in health care settings, with clearly defined roles for the Regional Cell, ABUHB Infection Protection and Control Team, PHW National Health Protection Team. This includes ensuring a single and coherent line of communication within NHS settings.
5. Engage with staff on COVID-19 guidance and provide policy, guidance and news updates through existing, dedicated channels.

6.4   Meat and food processing plants

Meat and food processing plants have been identified as settings of high risk of COVID-19 outbreaks due to environmental factors. Prevention action and guidance (such as that issued by the Food

Standards Agency (FSA) and Welsh Government[7]) will help employers, employees and the self-employed understand how to work safely in the food manufacturing sector during the pandemic. Using local and national learning, local authorities will provide proactive advice to businesses on steps to reduce the risk of infection, such as:

- review of HACCP (Hazard Analysis Critical Control Point) procedures
- cleaning and inspection of machinery and equipment
- changes to productions lines (for example protective screens, back-to-back working, movement and one-way flows at the site, canteen and rest areas, changing rooms) to adhere to social distancing measures (considering the procedures for good entering and leaving sites particularly in distribution centres and despatch areas)
- staff training, use of PPE
- staggered shift patterns, travel arrangements and car sharing arrangements
- engage with the Factory Managers and HR Departments and provide policy, guidance and news updates through existing communication channels.

The five Gwent Local Authorities have made proactive contact with larger food manufacturers and factories within their respective areas and good dialogue has taken place with relevant contacts to request them to complete and submit risk assessments to the Local Authority with sensible and practical measures to control transmission risks within the workplace. This is based on the advice and guidance provided by the Local Authority and National guidance from Welsh Government, PHW, FSA and Health and Safety Executive (HSE). This contact will be maintained with on-going advice using agreed communication methods.

As part of the risk assessment, Local Authorities have requested that meat and food processing businesses keep up-to-date attendance records (covering all shifts and use of agency staff), and HR records including complete names (with correct spellings and no transposition of first/surnames), date of birth, addresses, preferred language, and UK mobile phone numbers of their workforce. If required, this information will enable rapid mobilisation of the response should an outbreak occur.

Agency workers have been identified as presenting a possible increased risk of transmission in clusters linked to food processing/manufacturing establishments, as described for care home agency staff. A proactive collaborative approach will be taken to target preventative advice, with input from partner organisations and establishing the most appropriate way to communicate key messages to them, their workers and employers engaging their services.

Along with prevention activity, in the form of risk assessments with settings, surveillance of local activity and regular communication with these high-risk settings will ensure any potential incidents, clusters or outbreaks are identified and prompt action taken to address the situation.

The Regional Response Team will convene multi-disciplinary IMT meetings and mobilise mass sampling and testing for employees, if necessary. The response process will comply with the Communicable Disease Outbreak Plan for Wales[8].

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[7] Welsh Government. (2020c). *Guidance for meat and food plants on prevention and management of coronavirus (COVID-19)*. https://gov.wales/guidance-meat-and-food-plants-prevention-and-management-coronavirus-covid-19

[8] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

6.4.1 Prevention and Response actions

- Continue to provide proactive advice about prevention of infection, with support for risk assessments to ensure up to date policy and guidance for infection and prevention control is adhered to.
- Provide settings with dedicated contact details for Environmental Health Departments to ensure they are able to access timely advice about infection prevention and control measures, contingency plans to prevent a potential escalation in cases, and reactive advice for on-going incidents and outbreaks.
- Request that settings maintain accurate and up-to-date records are kept on attendance, reasons for absenteeism, vulnerable staff and UK mobile phone and landline numbers for employees to promote prompt mitigation and control measures, particularly for contact tracing, should the need arise
- Maintain a coherent line of communication between Environmental Health Officers and HR Departments to ensure confirmed cases of COVID-19 are promptly notified to Environmental Health to identify any potential cluster of infections early and in advance of contact tracing.
- Develop an escalation framework using lessons learnt from recent experiences along with PHW Action Cards for enclosed settings. This involves promptly convening multi-disciplinary team meetings (involving Regional Cell, Regional Response Teams, HR Department, PHW National Health Protection Team, Environmental Health) in response to new incidents/outbreaks, as identified by surveillance.

Case Study – Food Factory

6.5   Agricultural processing

Farms and associated activity (such as arable crop processing) are the responsibility of the HSE for advice and enforcement. The Gwent area has a large number of farms, agricultural businesses and cattle markets, and it is recognised organisations such as the National Farmers Union and Farmers Association Wales have been very proactive in providing sector specific guidance on advice and preventative control measures.

Whilst no outbreaks have occurred to date on farms in Gwent, if required the outbreak response for meat and food processing plants and factories outlined above will be applied.

6.6   Workplace and businesses

The five Gwent Local Authorities work closely with members of the public and businesses to engage and provide consistent advice and guidance on measures to prevent and control the spread of COVID-19 in both enclosed settings and communities.

Prevention activity includes ensuring that employers are aware of the 'Keep Wales Safe – At Work' guidance, which aims to help employers, employers and the self-employed to work safely. The 'Distance Aware' campaign has been expanded to promote social distancing in the workplace through the Local Resilience Forum, Care Inspectorate Wales, Older Person's Commissioner and Confederation of British Industry in Wales.

Welsh Government has issued statutory guidance[9] on taking all reasonable measures to minimise exposure to coronavirus in workplaces and premises open to the public. Large employers are likely to be a greatest risk of a significant COVID-19 outbreak but consideration should also be given to small and mid-size enterprises and those that are self-employed.

Businesses that are permitted to operate, or premises that are allowed to open, must do so safely in a way that complies with the Regulations, in addition to other legal obligations imposed on employers (such as Health and Safety Legislation).

The five Gwent Local Authorities seek compliance of the Welsh Coronavirus Restrictions regulations by advice and persuasion. In the situation whereby businesses fail to heed the advice of Local Authority Officers – and this involves Environmental Health, Licensing and Trading Standards Officers – warning letters and Fixed Penalty Notices and enforcement notices will be issued. This work has and will undoubtedly help prevent person-to-person spread.

Action to be taken by HSE is to provide verbal advice to a business or to write a formal enforcement letter. A local Bevan Commission project 'Emerging from shielding – an endorsed symbol for distancing' has explored concerns around de-escalating shielding when lockdown is easing. This has brought into focus the importance of social distancing within the workplace.

The Regional Response Team will work with public sector employers, regulators and the Confederation of British Industry in Wales to:

6.6.1 Prevention and Response actions

- Continue to provide proactive advice about prevention of infection, with support for risk assessments to ensure up to date policy and guidance for infection and prevention control is adhered to.
- Provide settings with dedicated contact details for Environmental Health departments to ensure they are able to access timely advice about infection prevention and control measures, contingency plans to prevent a potential escalation in cases, and reactive advice for on-going incidents and outbreaks.
- Request that settings maintain accurate and up to date records are kept on attendance, reasons for absenteeism, vulnerable staff and learners and UK mobile phone and landline numbers for employees to promote prompt mitigation and control measures, particularly for contact tracing, should the need arise.
- Maintain a coherent line of communication between Environmental Health Officers and HR Departments to ensure confirmed cases of COVID-19 are promptly notified to Environmental Health to identify any potential cluster of infections early and in advance of contact tracing.
- Work within the Action Cards for Enclosed Settings (produced by PHW) to respond to outbreaks, with clearly defined roles for the Regional Cell, PHW National Health Protection Team, Environmental Health. This includes multi-disciplinary team meetings to coordinate the response to new incidents and ensure a single and coherent line of communication with settings, as outlined in the Communicable Disease Plan for Wales, 2020 (Welsh Government, 2020a).

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[9] Welsh Government. (2020b). *Taking all reasonable measures to minimise the risk of exposure to COVID-19 in the workplace and premises open to the public*. https://gov.wales/taking-all-reasonable-measures-minimise-risk-exposure-coronavirus-workplaces-and-premises-open

6.7   Hospitality settings

Hospitality settings such as pubs, restaurants and hotels were closed by the Welsh Business Closure Regulations during periods of 'lockdown' and local authority Public Protection Officers (Environmental Health and Trading Standards) played a key role in ensuring the businesses were closed, as required, by proactively making contact with business operators to check they understood the legislation.

This proactive work was possible because of the established relationship that Officers have with such businesses, as a result of many years of regulatory work and more recently the provision of paid for advice services and Primary Authority Partnerships.

On-going contact with such businesses is essential as the Welsh Government has eased the restrictions to allow trading to resume. To ensure that the guidance has been understood, risk assessments will be undertaken and necessary action implemented. Businesses are contacted both individually and via groups such as 'Pub Watch' and the 'Newport Now Business Improvement District' group and provided with advice or signposted to appropriate advice, such as Welsh Government guidance and guidance provided by the HSE.

6.7.1   Prevention and Response actions

The Regional Response Team, in conjunction with the HSE, will:

- Continue to ensure that Welsh Government, HSE and other guidance is understood by the industry and that risk assessments have been undertaken with the necessary action implemented.
- Use established process and procedures to enable members of the public to raise concerns with the local authority about how businesses are being operated.
- Continue to work within the agreed PHW Action Cards, with clearly defined roles for the Regional Cell, PHW National Health Protection Team, Environmental Health. This includes multi-disciplinary team meetings to coordinate the response to new incidents and ensure a single and coherent line of communication with settings.
- Ensure that should any hospitality businesses be associated with a confirmed COVID-19 case, the local knowledge of the local authority Officers and any previous work with the business, will assist Officers to respond appropriately and robustly to prevent onward transmission.

6.8   Large gatherings in organised events

The chairs of the Gwent Event Safety Advisory Groups (ESAGs) meet regularly and the five Gwent ESAGs have applied Welsh Government legislation and guidance to ensure consistency across the area, and reduce the risk of person-to-person transmission at various events.

6.9   HM Prisons

HM Prisons have received information and the latest guidance relating to preventative measures for COVID-19 to ensure compliance.

HSE is the enforcing authority in custodial settings, whilst PHW is the lead organisation responsible for investigating and managing incidents and outbreaks in this setting. The management and response will follow the detailed contingency plan as presented in the Communicable Disease Outbreak Plan for Wales (Welsh Government, 2020a).

6.10 Shipping and Sea Ports

A protocol has been in place in Newport since February 2020 for all vessels (not including "local" vessels such as tugs, dredgers) arriving at the Port of Newport. This includes Newport Docks, Birdport and Liberty Steel.

Case Study – The role of the port health officer

6.11 Effective communication to promote protective behaviours

A proactive population wide communication strategy is required to promote protective behaviours such to social distancing, requests for testing and self-isolation. It is expected that some people will need practical support to comply with the isolation guidance. This will be for a range of reasons including:

- the severity of symptoms
- the financial impact of complying with self-isolation (particularly those on agency, temporary or zero hour contracts)
- concerns over job security
- mistrust in public services
- language and cultural barriers
- literacy
- communal or overcrowded accommodation.

This will be supplemented with targeted work with specific settings. The targeted work will be informed by data and local intelligence to ensure rapid, targeted communications can be deployed where emerging 'hotspots' are identified (as identified by on-going surveillance details earlier in this plan). The communications activity will have a focus on ensuring communication barriers can be overcome and the population of Gwent receive messages regarding the appropriate actions they need to take (See Communications section for further details).

WG TAG Group publication on behavioural science - Technical Advisory Group: using behavioural science to inform policy and practice | GOV.WALES

6.12 Mass vaccination for COVID-19 and maximising uptake of the routine influenza vaccination

A Programme Board has been established to provide oversight of the planning and implementation, and a Stakeholder Reference Group to ensure the operational response can be delivered effectively and at scale.

[Covid-19 Vaccine - Aneurin Bevan University Health Board (nhs.wales)](#)

6.12.1 Routine influenza vaccination programme

As in previous years, the Primary and Community Care Division within ABUHB will lead the delivery of the ABUHB Influenza Vaccination Programme through their usual delivery routes for 2 and 3 year olds, people under 65 years old in a clinical risk group and those who are 65 years and over. A survey has been sent to all GP Practices to establish capacity to deliver to specified cohorts whilst observing current COVID-19 infection prevention and control requirements (such as use of PPE, social distancing and area decontamination). Practices will use this information to inform any joint planning for mass vaccination clinics, as required, and the anticipated increase in demand this season, which has already been observed in the Southern Hemisphere.

GP Practices have been asked to prioritise the vaccinations of housebound (through District Nursing Teams) and shielded patients when vaccine is delivered. It is likely that additional cohorts will become eligible for a vaccine this coming flu season but all practices are required to offer vaccinations to those who are usually eligible first, before additional cohorts are invited. This is to ensure that the most vulnerable patients are protected, before influenza starts circulating in the community.

As well as ensuring eligible patient cohort groups are vaccinated, targeted work to ensure maximum uptake of the flu vaccine amongst Frontline Health and Social Care staff is underway. ABUHB Complex Care Team and the Immunisation Co-ordinator are working together to build capacity amongst registered nurses in Nursing Homes to vaccinate residents and staff working within the setting. Work is also underway to agree a clear process for Community Pharmacies to vaccinate staff working in residential homes.

It is recognised that there will be a requirement to move vaccines, as required, between Practices and/or to establish mass vaccination clinics to meet demand. The Health Board will be required to facilitate this in line with MRHA guidance to ensure it is conducted in a safe and appropriate manner and required cold chains are maintained. On-going guidance and support will be given to providers to ensure that venues selected for vaccination clinics meet infection prevention and control requirements (including sufficient PPE, patient flow), to ensure patient and staff safety whilst maximising efficiency and delivery at scale.

The Primary and Community Care Division will work with GP Practices, Community Pharmacies, District Nursing Team and Care Home providers to:

1. Facilitate GP Practices and Community Pharmacies working together through their Neighbourhood Care Networks to agree robust plans to promote and meet the expected demand for the flu vaccine in light of the challenges presented by the COVID-19 pandemic.
2. Develop and implement an effective Communications plan for successful take up of the flu vaccination among Health and Social Care Workers and eligible cohorts within the general population.

3. Ensure that housebound and shielded patients are recognised as priority groups for vaccination and receive their vaccine early in the flu season.
4. Agree and implement a process to enable registered Nurses working in nursing homes to immunise residents and staff within the setting.
5. Ensure arrangements are in place for Community Pharmacies and District Nurses to immunise in residential homes and access to flu vaccination is readily available for other Social Care staff through local Community Pharmacies.
6. Provide on-going guidance to ensure the safe and efficient movement of vaccine between clinics as set out in the MHRA guidance and ensure appropriate infection prevention and control guidance and support is given to providers in a timely way.

Through their internal structures, WAST will deliver be delivering an Influenza Vaccination Programme to ensure high uptake of vaccine for front line staff.

6.13 Enforcement

Local authority Public Protection teams and Gwent Police are promoting compliance through advice and enforcement. The Health Protection (Coronavirus Restriction) (Wales) Regulations, which are subject to ongoing amendments and updates, impose requirements on individuals and workplaces to minimise the risk of coronavirus transmission. These Regulations provide specific provisions for enforcement where non-compliance with the regulations is identified. Local authorities are responsible for exercising enforcement functions relating to workplaces and open premises, whereas the Police are responsible for enforcing requirements that apply to the public.

Local Authorities have prioritised Covid enforcement over other public protection regulatory activity, and have been able to secure some additional enforcement resources funded by the Welsh Government Covid Hardship Fund, but currently only until the end of September 2021. The resource provides the service with additional capacity to undertake interventions proactively and reactively, in response to complaints and intelligence, to assess compliance and take enforcement action where necessary. Local Authorities and the Police are also working collaboratively to deliver targeted advice and enforcement activities jointly.

With the phased lifting of restrictions, officers are delivering targeted, proactive interventions, providing advice and ensuring sufficient risk assessments are in place to facilitate safe reopening. There will be a continued need for increased capacity in Public Protection services to deal with backlogs of regulatory work, which may pose other risks and harms to public health if not addressed. Likewise, the Police are experiencing other "non-Covid" demands on their resources. Partners will continue to work to balance enforcement priorities within available resources.

6.14 Arriving travellers

The ABUHB Staff Wellbeing Team in the GTTPS Regional Cell support escalations made by the Arriving Traveller Team for people returning from amber countries. There is a process in place for escalation to Gwent Police, when appropriate, who enforce isolation/quarantine requirements in respect of arriving travellers. We are currently in discussion with Welsh Government regarding possible arrangements for enhanced management of arriving amber travellers.

6.15 Populations disproportionately affected by COVID-19

Protecting the most vulnerable in the region who are disproportionately affected by COVID-19 is a priority. The higher vulnerability to COVID-19 death among socio-economically deprived groups means that the Gwent region is an area that is particularly vulnerable to the impact of the pandemic. Multi-generation living presents a risk in relation to COVID-19 due to the vulnerability of the older members of the household. Age is by far the most important individual factor determining risk of COVID-19 death with the majority of deaths to date being in those over 60 years. The response of local people, community organisations and neighbourhood groups has been significant during the first phase of the pandemic, with overwhelming responses of pro-social and civic activity ranging from financial support, shopping and prescription deliveries for the most vulnerable in our communities.

Equity of access to testing is also a key component of the TTP service and our understanding of the epidemiology of the disease. ABUHB has recently completed a project to understand the issues for socially vulnerable groups including socioeconomic circumstances, geographic location and social vulnerability. This has highlighted the barriers some groups of the population have in terms of accessing mainstream communications, language and cultural barriers, digital exclusion, general misconceptions over eligibility testing, stigma associated with communicable diseases and a lack of private transport to access the Drive Through Testing sites. This information is being used to further inform and develop our approach to ensuring the public engage with COVID-19 messaging and a number of delivery methods are considered, such as:

- disseminating printed multi-language communication materials
- promoting the 119 phone number for digitally excluded groups
- a blended approach in terms of mobile testing units, home testing kits and local testing sites to enable and improve access to testing.

A significant amount of work has already been undertaken to identify socially vulnerable groups and ensure their needs can be met in relation to delivery of the Gwent TTP service. A Standard Operating Procedure will be applied for contact tracing socially vulnerable groups, to ensure access to translation services, engagement with key organisations who support these groups and distribution of TTP information to raise awareness of testing and contact tracing arrangements.

The Regional Oversight Group, in conjunction with Gwent IMT and the Gwent Warning and Informing group, will:

- Broaden our approach to Test, Trace, Protect messaging to proactively engage those most vulnerable people in society disproportionately affected by COVID-19 as defined by age, ethnicity and social status.
- Continue to develop the support strategy through the SCG including access to advice, information and financial support for those that are self-isolating.
- Provide on-going guidance, training and printed materials for contact tracing teams about the specific support required for socially vulnerable groups and support for follow up testing should contacts become symptomatic during their isolation period.
- Continue to use our Integrated Well-being Network Team to ensure community groups, third sector organisations and volunteers build on the practical, emotional and psychological support which has enabled people to manage during lockdown.

7   RESPONSE–CLUSTERS, INCIDENTS, OUTBREAKS

7.1 New cases and clusters
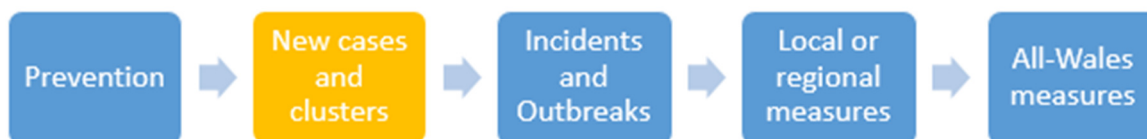
The Test Trace Protect (TTP) teams may identify complex cases or clusters of cases, the response to which is overseen by the Consultant in Communicable Disease Consultant/Consultant in Public Health with the support of local authority Directors of Public Protection and the Health Board Director of Public Health, for the regional teams. Analytical support is provided by Public Health Wales and the Welsh Government's COVID-19 Intelligence Cell. Complex cases and clusters will be reported to the Health Protection Advisory Group and Welsh Minsters, along with the mitigating actions being taken.

This process may identify more complex cases; such as someone in the homeless community, prison population, or with complex medical needs. Clusters might also be identified, with cases from different households but linked to a particular person, location or time period; such as a workplace, event or particular premises.

Complex cases and clusters are referred by TTP from local teams for investigation by appropriate professionals within the regional teams. Regional teams comprise of public health and environmental health professionals from Public Health Wales, local authorities and health boards. Where necessary, an Incident Management Team will be established to investigate and monitor the situation.

If there is concern about clusters in individual premises TTP teams, local Environmental Health Officers and Public Health Wales will support them to take action if someone reports symptoms. Tailored advice is being provided for higher-risk settings, to set out the immediate actions required, and to describe how local and national public health agencies will support them to prevent the spread of the virus. This will help ensure immediate action is taken, before wider community transmission takes place.

7.2   Management of clusters and incidents

The primary objective in the management of a cluster, incident and outbreak is to protect public health by identifying the source and/or main determinants and implementing necessary measures to prevent further spread or recurrence of the infection. The primary key to cluster, incident and outbreak management is case finding, in order to undertake effective contact tracing, detect possible linked cases as soon as possible, and to attempt to contain onward transmission. Case finding, enhanced by backward contact identification, in specific instances, will enable the early identification of possible sources, or, clusters of infection.

7.3   Identification of clusters and incidents

Surveillance of the contact tracing process enables the identification of a complex case or one involving a high-risk setting and for the Regional Cell to take action.

The Communicable Disease Outbreak Plan for Wales, 2020[10] identifies the determination of an outbreak. Traditionally, an outbreak is defined as an observed number of cases greater than that expected for a defined place and time period, or two or more cases with common exposure. However, since that occurs on countless occasions in Wales, the need to activate the Outbreak Plan and convene an Outbreak Control Team (OCT) is made jointly by the three parties (Local Authority, PHW, or Microbiology Services).

As lockdown is being eased, it is expected that there will be more clusters of cases in different settings as people re-start integrating into society, for example in settings such as schools, workplaces, leisure facilities and community. Daily surveillance of data and cases emerging through the Gwent TTP Service enables close monitoring and situational awareness to identify high-risk places, locations, communities which may need additional support to manage/contain the spread of infection.

Surveillance information is cascaded to the Regional Cell, and the multi-agency Regional Oversight Group to monitor and provide leadership for activating necessary processes including: contact tracing at local level, prevention measures and risk assessments with settings at local level, oversight of the situation across the region, and instigating incident and outbreak responses as required.

7.4   Management of clusters and incidents

An agreed approach has been developed, based on prior learning for the management of clusters, incidents and outbreaks in the region and involves multi-agency working at regional and local operational level.

The Local Authority will provide support to the setting (such as care homes, schools, workplaces) and take a lead in communicating to local partners on relevant information to be shared. ABUHB will take a lead to support hospital and other NHS settings, whilst PHW will manage and lead the response in HM Prison settings. The local Contact Tracing teams will provide support and guidance to individuals who need to self-isolate. The setting will also be monitored to ensure compliance with such measures.

On recognition of an incident or cluster, the Local Authority Public Protection Department will initially conduct the risk assessment with the setting, provide infection control advice and request testing as appropriate. SOPs developed and agreed at local/regional level are in place, along with Action Cards (produced by PHW) to support incident/cluster/outbreak management in identified key settings. The SOPs and Action Cards will enable the Regional Cell to respond to a range of incident/cluster/outbreak scenarios taking a timely, appropriate, acceptable and evidence-based approach.

Single cases that cause concern within a setting/community, for example school, care home, homeless, will be referred to the Regional Cell, in particular the Regional Oversight Group, for

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[10] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

discussion and advice on the management of the situation, and agreed communications will be disseminated.

Complex incidents, clusters and outbreaks will be discussed in partnership with PHW to ensure a coordinated approach and response.

There are well established processes in place for convening IMTs and mobilising responses to outbreaks, as outlined in the Communicable Disease Outbreak Plan for Wales[11]. The approach is multi-agency and can be escalated or de-escalated in line with the risk and control measures that are needed.

These processes include the response to variants and mutations of concern (VAMC) / variants under investigate (VUI). Variants and Mutations of Concern (VAMC) - Conceptual Framework and End-to-End Process Manual for TTP Operational Teams in Wales, and VAMC Conceptual Framework Wales - 'Variants and mutations of concern (VAMC): approach to identification and management in Wales' are utilised.

Specific arrangements are in place for identifying VOC and VUIs, which are facilitated through the PHW virology laboratory.
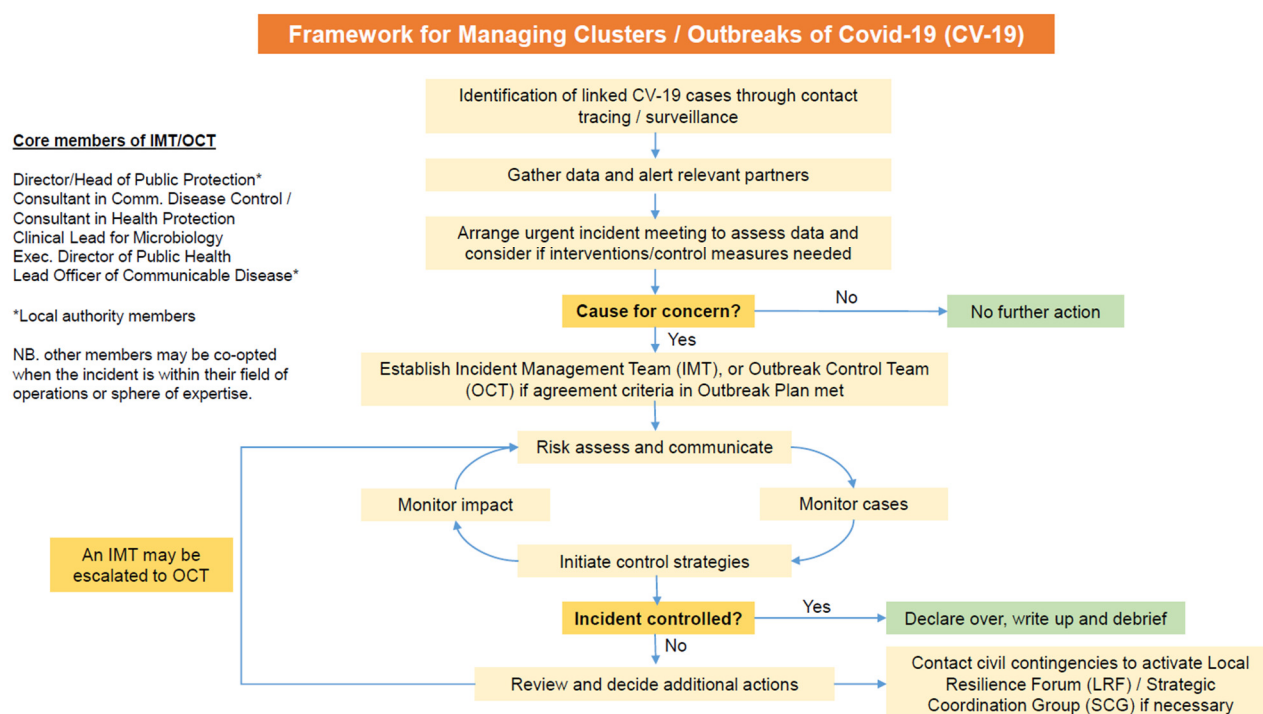

Figure 8 - Framework for managing clusters / incidents of COVID-19

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[11] Welsh Government. (2020a). *Communicable Disease Outbreak Plan for Wales*. Cardiff: Welsh Government.

7.5   Decision making and escalation process

Where it appears to any one of the Local Authority, ABUHB, PHW, or Microbiology services that an outbreak may exist, immediate contact will be made with the other parties. The parties will jointly consider the facts available and will determine whether or not an incident needing activation is required. Determining the course of action to be taken will follow the outline in the Wales Communicable Disease Outbreak Plan. From the point at which an outbreak is declared in an incident meeting, the meeting becomes a formal Incident or Cluster meeting and attendees become formal members of an IMT / cluster meeting. Membership of the IMT consists of those partners as directed by the Communicable Disease Outbreak Plan for Wales.

- Not convening an IMT does not mean that no public health action is required but rather it can be managed as part of local routine processes, for example applying the Action Cards, whilst closely monitoring the situation with on-going surveillance to monitor any progress/changes.
- The decision to declare an outbreak and convene an IMT may be made by one of the above-mentioned parties and core membership includes those listed as part of the Communicable Disease Outbreak Plan for Wales.
- As part of a local incident response, access to testing is provided at pace when required, including asymptomatic testing around the outbreak where appropriate.
- Communication is key to ensuring all relevant parties are aware of, and have access to timely, accurate information to manage and control clusters, incidents and outbreaks. The approach to public communications is agreed at the first IMT meeting, including the lead organisation responsible for communication and the relevant partners necessary to be involved. The confidentiality of individual cases and businesses will be balanced with proactive communication, when needed, for example, to actively find additional cases or to reassure the public.
- Table 3 outlines the decision making at various levels, below.

Table 3: Summary of the decision making at various activity levels.

Level	Decision making	Co-ordination, advice and engagement	Support and Assurance
Individual settings	Individual managers of the setting	Local Authority Public Protection (Environmental Health)	Gwent TTP Service (local teams) to liaise with all levels as needed
Local	Local Authority Head of Public Protection, ABUHB Director of Public Health and Strategic Partnerships, PHW	Regional Oversight Group, Regional Cell	
Cross boundary (Wales, England)*	PHW, PHE, WG, Regional Cell, Regional Oversight Group	LRF	Neighbouring Local Authorities

Where powers held by the local authority are exceeded, a request for intervention from national government is required.

*Control measures relating to a setting will be applied by the Local Authority within which it is situated.

The Membership of an IMT can vary depending on the nature of the incident, the setting and the complexity of the environment. There is a core membership for all incidents or outbreaks, additional core members and support staff and co-opted professionals as needed. Named regional leads and named local leads are listed in Appendix A.   If the SCG is sitting, the chair of Gwent IMT sits on the SCG and provides the link to SCG structures.   If the SCG is not sitting, the strategic leads of each organisation receive the SBAR through internal channels (the SCG chair receives the SBAR directly). Should there be a need to escalate and activate the SCG, the Chair of Gwent IMT / relevant Local Authority / Health Board will have a discussion with the chair of the SCG and activate the SCG as per normal activation protocols.

7.5.1 Incident response - IMT

Where there is a public health concern about onward transmission from a cluster or a complex case, an Incident Management Team (IMT) may be established. This brings together public and environmental health experts and other responsible bodies to coordinate the local response and identify whether onward transmission is taking place. Actions will be taken to prevent future transmission, but if there are concerns that containment measures are not wholly effective this will be escalated. It is unlikely that an Outbreak Control Team will be established in line with **The Communicable Disease Outbreak Plan for Wales ('The Wales Outbreak Plan')** as the pandemic is seen as the 'outbreak' and the response is managed through the incident management teams.

In the majority of cases an incident or outbreak will be managed and contained at a local level without the need for further escalation and more general measures or restrictions.

7.5.2 Roles and responsibilities

Responsibility for managing outbreaks is shared by all the organisations who are members of the Incident Management Team (IMT). Specifically, the responsibility for decisions made by the IMT is collectively owned by all organisations represented on the IMT. Individual organisations are then responsible for carrying out the actions assigned to them as agreed at IMT meetings.

Leadership for incidents and outbreaks sits with the Chair of the relevant Incident Management Teams. This will normally be the Consultant in Communication Disease Control / Consultant in Health Protection within Public Health Wales / the Director of Public Protection within a local authority or the Director of Public Health

7.5.3 Relevant powers

In considering the response to incidents and outbreaks, there are already powers for local authorities (specifically those of Environmental Health Officers) and other enforcement agencies to take local action, such as requiring a premises to close or prohibiting individuals from specified actions. These powers exist at the local level under the **Public Health (Control of Disease) Act 1984** and **The Health Protection (Local Authority Powers) (Wales) Regulations 2010**.

To ensure a rapid response we will continue to review and strengthen the powers available to designated public health officers to intervene more quickly to close, restrict entry, or restrict the location of persons in, individual premises.

[The Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020 | GOV.WALES](#) already place restrictions on gatherings and the closure of public land, which allows for enforcement to prevent events from taking place. Should these be relaxed at a national level, we will consider whether local powers are required to prevent specific events or prohibit access to or use of outdoor places.

Welsh Ministers have powers under the **Coronavirus Act 2020** to ensure local actions are proportionate and protect public health. This might include directing the closure of certain premises; such action will be taken on the advice of the Chief Medical Officer for Wales and in consultation with local authorities and the Incident Management Team.

7.6   Cross border incidents – Wales / England

For incidents which affect cross border localities within Wales as well as to England, all relevant Local Authorities and Health Boards will fully participate in the process and involve PHW and Public Health England (PHE) as part of the response.

Where the SCG is established, cross-border SCG (Wales) to be considered.

7.7   Escalation to the Strategic Coordinating Group (SCG)

In the event that the prevalence of COVID-19 is increasing in the population and the existing control measures through cluster, incident and outbreak management, along with escalation of community control measures, are not containing the outbreak the issues of concern should be escalated to the SCG.

This may necessitate the implementation of civil restrictions on health protection grounds on a local or regional basis e.g. "Containment", the requirement for a coordinated strategic response by public authorities or a requirement for mutual aid, including Military Aid to the Civil Authority (MACA).

As agreed by Gwent SCG:

- When an IMT is established, a Local Authority Civil Contingencies representative is to be invited to join the IMT, this includes Gwent IMT.
- The chair of the SCG will receive regular updates from the chair of Gwent IMT.
- Should there be a likelihood of wider consequences or impact as above, and a need for escalation to the SCG, the Chair of the SCG, Chair of the IMT, Director of Public Health and Civil Contingencies rep will discuss the potential for wider consequences and further actions.
- The SCG will be activated if required as per normal SCG activation protocols, and will be established within 2 hours if necessary.
- As in the Wales Communicable Disease Plan, should the SCG be established, the Gwent IMT will become a Tactical Sub group of the SCG.

Strategic Leads of participating organisations are responsible for ensuring that the local and regional leadership, including Leaders and Executive Members, continue to be briefed and engaged in the ongoing situation.

8   RESPONSE – LOCAL / REGIONAL /WALES MEASURES

8.1   Local / regional restrictions
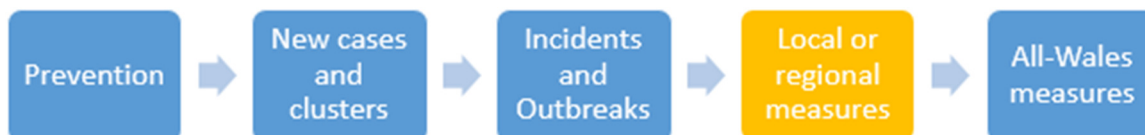
8.1.1 Criteria for establishing local / regional restrictions

A national approach to restrictions is most likely be understood and effective. However, should there be clear evidence of a sustained and ongoing variation between parts of Wales, the alert levels approach allows for regional and localised application.

The headline indicators monitored as part of the WG surveillance approach (see Coronavirus control plan: alert levels in Wales | GOV.WALES) will provide some data on the potential need for response to introduce new local or regional measures:

- Confirmed case rates per 100,000
- Confirmed case rates for over 60's
- Test positivity
- Projection of future case incidence (next 2 weeks)
- Rates of change in the indicators (rapid increase)
- Management of hospital capacity, and expected impact
- IMT concerns and ability to manage local issues, with local action being ineffective

Any decisions will not be made based on these or other indicators alone. There is no mechanistic link between these indicators and the decision to introduce local or regional measures or restrictions. All decisions will be informed by the specific local context and situation on the ground, including advice from local and national health professionals. The HPAG will draw on the full suite of quantitative and qualitative evidence available and synthesised via the COVID-19 Intelligence Cell.

While case incidence and positivity are not the only factors in determining the timing and type of response to combat the spread of the virus, or removal of additional measures, they do however provide a very clear and understandable framework on which to plan ahead and prepare. They serve as prompts for action and 'rules of thumb' to guide, alongside other public health intelligence and appraisals at local level.

Investigation of the drivers of infection may uncover closed settings outbreaks or more widespread community transmission. Different control actions may be needed depending on these drivers and WG would expect Local or Regional Incident Management Teams to identify and consider appropriateness of action.

Coronavirus control plan: alert levels in Wales | GOV.WALES

Hyper-local restriction areas

A hyper-local restriction area could be implemented where there is a high incidence of cases and clusters predominantly within distinct areas / wards within a Local Authority. Restrictions would be applied to this area only. Consideration needs to be given to ease of being able to create a distinct area, enforcement and targeted communications. Experience of the local health protection areas in Wales has shown that a micro-targeted approach was not effective over a period of more than a few weeks. This reflects the fact that people travel between small local areas and it is therefore very difficult to contain the spread of coronavirus in those areas where there is very high mobility. CEO of the relevant Local Authority to discuss with WG as necessary.

8.1.2 Decision making process

Leadership for the wider local or regional measures rests with Welsh Ministers, working in concert with local elected Leaders to coordinate local and regional responses.

The decision making process for implementation of local / regional interventions is:

- Gwent IMT make recommendations to COVID-19 intelligence cell through the SBAR (situation, background, assessment, recommendation) reporting. The SBAR is also submitted to SCG for discussion when SCG is active.
- When the SCG is not active, the SBAR is circulated to strategic leads of relevant organisations via internal communication structures.
- Should there be a requirement for increased interventions, or any other criteria be met as 8.1.1, a meeting will be called between Welsh Ministers, Local Authority CEOs and Leaders.
- An urgent SCG should be called to discuss the recommendations via the normal SCG activation protocol.
- Strategic Leads of participating organisations are responsible for ensuring that the local and regional leadership, including Leaders and Executive Members, continue to be briefed and engaged in the ongoing situation.

8.1.3   Options for intervention ahead of restrictions

Interventions could include a mix of public health advice, regulations, increased testing, or any other measures. Examples of interventions are:

- Continued reinforcement of existing messages – i.e. social distancing, follow the guidelines
- Enhanced contact tracing to identify source of infection and understand epidemiology
- Proactive work with businesses/premises to ensure compliance with social distancing
- Implemented a large communications campaign around behaviours and the need to follow guidelines
- Identified link workers to target getting specific groups to come forward for testing
- Messaging specifically to schools and children
- Introduction of mobile testing units
- Closing / restricting visiting in care homes
- Employers encouraging staff to work from home, where possible
- Additional checks on returning travellers
- Alerts to primary care and hospitals of rising numbers and to actively test – case finding
- Accelerate provision of 1st / 2nd dose vaccine (as applicable) to those at risk
- Local Authorities have the following powers: [Powers to impose restrictions (COVID-19): guidance for local authorities | GOV.WALES](#)

8.2 All Wales measures or restrictions
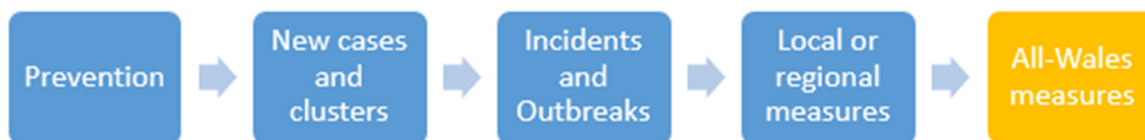
The [Coronavirus control plan: alert levels in Wales | GOV.WALES](#) sets out in detail how national measures could be introduced if necessary, and also how they will be de-escalated.

Alert level one (low risk)
This represents the level of restrictions closest to normality, which are possible while infection rates are low and other preventative measures, such as social distancing and working from home, remain in place.

Alert level two (medium risk)
This includes additional controls to limit the spread of coronavirus. These may be complemented by more targeted local actions to manage specific incidents or outbreaks.

Alert level three (high risk)
These represent the strictest restrictions short of a firebreak or lockdown. This responds to higher or rising level of infections where local actions are no longer effective in containing the growth of the virus.

Alert level four (very high risk)
Restrictions at this level would be equivalent to the firebreak regulations or lockdown. These could either be deployed as a preventative firebreak or as a lockdown measure.
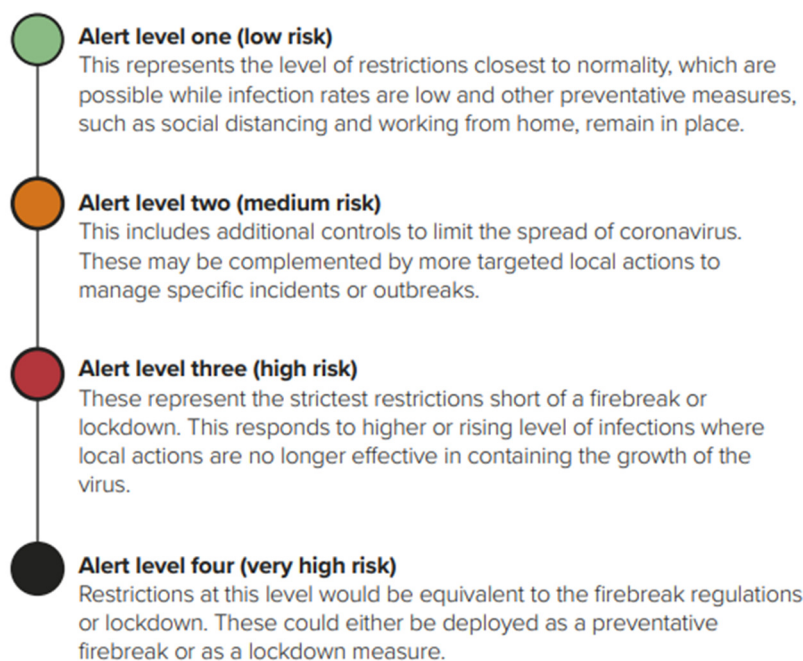
Figure 9 - extract from [Coronavirus control plan: alert levels in Wales | GOV.WALES](#), January 2021

Leadership for the implementation of national measures rests with Welsh Ministers.

The existing regulations have been made by the Welsh Ministers under ***The Public Health (Control of Disease) Act 1984.*** Amendments to [The Health Protection (Coronavirus Restrictions) (No. 5) (Wales) Regulations 2020 | GOV.WALES](#) could therefore re-impose restrictions that have been lifted, or add new regulations to respond to new evidence or changing circumstances

8.3 Wider consequences and considerations

Considerations for SCG / subgroups and other wider consequences:

- Mutual aid requirements
- Movement of key workers with travel restrictions
- PPE supplies
- Business continuity – critical public services
- Public disorder issues – on announcement and throughout
- Protection of care home residents, capacity issues
- Schools and other Educational establishments
- Protection of and support for extremely vulnerable (shielded) residents

- Accommodation for key workers
- Child care for key workers
- Homelessness / rough sleepers
- Death management
- Communication
- Critical supplies and suppliers (including food, fuel, medications)
- Concurrent incidents
- Wider harm (mental health impacts, delays to provision of public services)
- Economic impact considerations
- Military aid
- Widespread community testing

8.4   Relevant powers

The Welsh Ministers have a wide range of powers that provide for a broad menu of options for interventions that can be used both for preventative and direct intervention purposes.

The Welsh Ministers have powers under the *Coronavirus Act 2020* to:

• Close education institutions or childcare providers (one or more named institutions, all institutions in Wales or any part of Wales)

• Prohibit, or impose restrictions in relation to, the holding of events or gatherings

• Impose prohibitions, requirements or restrictions in relation to the entry into, departure from, or location of persons in premises in Wales

The Welsh Ministers also have broad powers to make regulations under the *Public Health (Control of Disease) Act 1984*. Regulations can be made to put in place local or regional measures or restrictions and prevent wider community transmission. These restrictions will be tailored to the specific area and the relative rates of transmission and related risk to public health, but might include any of the areas set out above under the section on interventions.

Table 4: Local decision making powers

Local decision making:	
Closing businesses and venues within the area (such as towns or counties). This might include pubs and restaurants, community centres, places of worship, education settings, or any other place where transmission is occurring	Premises where transmission is occurring – PHW / LA Blanket closure – Welsh Ministers

8.5   De-escalating alert levels

WG will ensure that any regulations introduced at a local, regional or national level to impose restrictions are only in place for as long as they are necessary and are proportionate.

Escalation, however, may happen quickly and may involve moving up more than one alert level at a time to prevent the rapid spread of coronavirus. Following escalation up a level(s) any subsequent de-escalation would be unlikely for a number of weeks, as it takes around two weeks to see an effect and further time to establish whether that change has been sustained.

The indicators set out in the Coronavirus Control Plan set out the indicators which will be monitored to determine which alert level applies. These are not mechanical thresholds – they are broad

principles, which will be used to inform balanced judgments. These indicators will be kept under review and revised when necessary, for example to take account of increased mass testing and the availability of vaccination. WG make the decisions on escalation or de-escalation between alert levels based on advice, guidance and the information available. The de-escalation between levels may be a gradual process.

Spread of virus and health outcomes	Alert level one (Low risk)	Alert level two (Medium risk)	Alert level three (High risk)	Alert level four (Very high risk)
Deteriorating	Alert Level two/three (escalate)	Alert level three (escalate)	Alert level four (escalate)	Alert level four (maintain)
Stable	Alert level one (maintain)	Alert level two (maintain)	Alert level three (maintain)	Alert level four (maintain)
Improving (recent)	Alert level one (maintain)	Alert level two (maintain)	Alert level three (maintain)	Alert level four (maintain)
Improvement (established)	Alert level one (maintain)	Alert level one (de-escalate)	Alert level two (de-escalate)	Alert level three (de-escalate)

Figure 10 - extract from Coronavirus control plan: alert levels in Wales | GOV.WALES, January 2021

9.   LOCAL DEATH MANAGEMENT

To meet the Gwent LRF strategic aim of *'prepare and plan for an unprecedented increase in deaths across the Gwent area',* a Tactical Sub Group has been established to consider the planning and management of the local death management process.

9.1   Objectives

The objectives of the group are to:

- Set out the scale of the challenges arising from the projected increase in the death rate.
- Assess the capability of the current arrangements to respond.
- Ensure that where appropriate additional measures are established to enhance current capabilities.
- Ensure that an appropriate structure is established to inform and advise the SCG on the management of deaths.
- Consider any urgent issues for immediate action.
- Consider and agree establishing appropriate sub groups where required such as Certification and Bereavement Process.
- Report to the SCG on progress and put forward recommendations that may require strategic sign off.

9.2   Areas of responsibility

The Group's areas of responsibility are:

- Body Process Following Death
  a. Review Welsh Government Guidance
  b. Establish an understanding of processes following a death to identify any pinch points:
     - Certification of death
     - Coroner process
     - Funeral Director process
     - ABUHB process
     - Local Authority (Registrar) process
     - Crematoria and burial processes and certification
  c. Identify and establish new methods of working.
- Body Storage
  a. Review and establish appropriate body storage in line with projected reasonable worst-case scenarios. Identifying the following:
     - Mortuary capacity
     - Funeral director storage capacity
     - Any additional supplier capabilities
     - Temporary storage options
     - Assistance available from Welsh Government
- Funerals
  a. Review Welsh Government Guidance
  b. Review capacity for Crematoria and Burials
  c. Confirm approach for mourners at Crematoria and Burials
  d. Public messaging – including messages to faith communities

The group is able to convene to respond to any emerging local death management issues. Work has commenced on undertaking a substantial review of the LRF Local Death Management arrangements, identification of triggers for standing up of the planning and response, including the restoration of the temporary body storage facilities which were commissioned and established through early intervention by ABUHB, to provide sufficient additional body storage capability.

The identification of appropriate triggers is dependent on the provision of accurate Reasonable Worst Case Scenarios of projected mortality rates and the delivery of timely 'real' data and outcomes resulting from early warning surveillance.

The group will provide weekly death data in line with modelling data to Gwent IMT.

10. COMMUNICATION

There is a need for on-going, clear and effective communication, coordinated between all sectors and with national activity focusing on:

- Surveillance
- Management of Clusters, Incidents and Outbreaks
- Sampling and Testing
- Prevention
- Mitigation and Control.

The following section outlines how ABUHB and the Gwent LRF will achieve consistency of messages across multiple incidents/outbreaks within the region, consistency across regional borders and with national messaging, including alignment to 'Keep Wales Safe' and 'Testing' messages and to avoid creating new campaigns where national frameworks exist, including 'Keep Wales Safe' 'Test, Trace, Protect' and vaccination.

10.1 Warning and Informing group

The Gwent LRF Warning and Informing Group is responsible for aligning communications and communicating key information to the residents of Gwent during the COVID-19 pandemic, ensuring a consistent approach between local partners, PHW and Welsh Government. The Chair of the Warning and Informing Group provides the link to the Gwent SCG LRF Group (when active) and as per plan has allocated Communications Leads to tactical groups. The Chair is part of the Wales Warning and Informing group meetings and disseminates all appropriate updates.

The **aims** of this communication plan are:

- To provide strategic direction for organisations involved in communicating a major incident or a situation where a multi-agency response is required.
- To ensure that the Gwent public, stakeholders, the media are informed in a timely manner about an outbreak and what they need to do to reduce transmission and to keep Wales safe.
- To ensure consistent use of terminology.
- To ensure that that there is clear leadership and coordination of all communications activities, and that all communications activities are aligned with and supportive of each other – in line with the Gwent Warning and Informing plan and the All Wales Communicable Disease Outbreak Plan for Wales (Welsh Government, 2020a).
- To ensure that communications activity and messaging around an outbreak in Wales is carried out in line with the overall Welsh approach to dealing with the pandemic.
- To effectively communicate and share information with the communities and individuals directly affected to maintain confidence and compliance with guidance / expectations.
- To align with existing Keep Wales Safe and TTP Communications campaigns.

Lead Responders ensure the following **objectives** feature prominently in the Prevention and Response Communication Plan:

- Reassurance
- Raising awareness of any risks
- Provide proactive information on how to protect family and loved ones
- Advise on steps being taken to handle the situation
- Explain steps that will be taken to return to normality.

The Gwent Communications strategy will include a number of elements that will enable focussed and targeted communications and consideration of language and cultural barriers using all available multi-agency and external channels:

Communicating with those identified as vulnerable or disproportionately affected by COVID-19, who need a targeted approach to ensure they have the information and support needed to take the required action (see Prevention section). There will be a particular focus on overcoming language and literacy barriers, and increasing confidence in coming forward for testing or participating fully in contact tracing by ensuring the right support is available.

Obtaining real time local intelligence on areas where 'hotspots' in cases are developing to allow for agile targeting of communications and mapping of clusters of cases and contacts.

Through existing programmes (such as Integrated Well-being Networks, key stakeholders and hyper-local communications channels have been identified in each locality and provide ways of communicating as well as obtaining local intelligence on what people are saying / thinking about TTP.

Regional Communications activity will be evaluated by monitoring levels of behaviour change/calls to action, stakeholder engagement, stakeholder and community feedback and monitoring impact on overall cases and outbreak areas.

In line with the Warning and Informing plan, all partners will:

- Provide information for the Multi-Agency Communications Group, if required.
- Use and promote the preferred incident hashtag as a source of reliable and accurate information.
- Link, re-tweet and point to the channels of other responders / agencies involved and regularly indicate who the Lead Responder is.
- Manage public expectations of their sites - If they are not 24-7 include a message giving their times of operation.
- Monitor their own sites and inform the Lead Responder and partners of any misinformation and developing trends.
- Offer mutual aid to the incident Communications Lead if requested and able to do so.

The following internal and external audiences are considered as part of the communications plan:

- General public across Gwent
- 'Hard to reach' groups – BAME, G&T
- Shielding group and wider at risk groups
- Care sector staff/commissioned services
- All multi-agency employees (critical workers)
- Key Officers Environmental Health Officers**/**Community Cohesion Officers
- Councillors/Elected Representatives/Police Authority Members

- Key community representatives /community councils/opinion formers
- Media
- Businesses/Business Groups/Forums
- Schools
- Childcare settings
- FE/HE
- Relevant partner agencies
- High risk settings (food production settings)
- Public transport users
- Hospitality sector
- Tourism operators and holiday makers

10.2 Roles and responsibilities

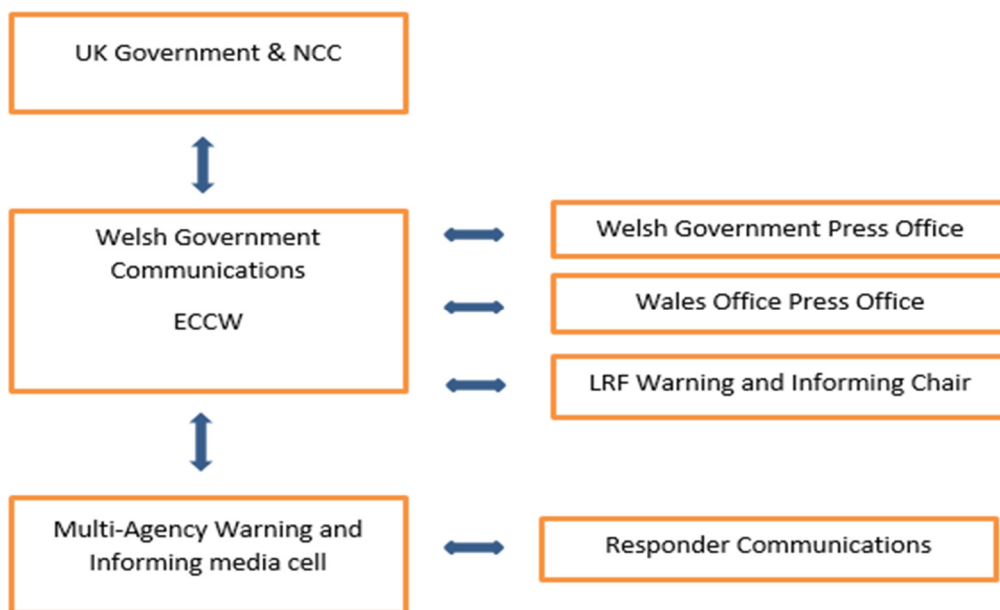The communication flow is outlined in Figure 11.

Figure 11 - Communications Flowchart.

10.2.1 Public Health Wales communications

PHW is the lead agency for communications relating to outbreak. This means that PHW Communications Lead will provide strategic communications advice to the OCT.

- Work rapidly to develop and sign off appropriate messages in conjunction with the Public Health Consultant Lead and other members of the OCT, recognising the importance of professional communications advice in clear public messaging strategy.
- Lead the media response, both proactive and reactive where appropriate.
- Monitor local and media discussion and reporting and lead on rebuttal of misinformation, including acting quickly to correct misreporting.
- Maintain a coordinated plan of activity reflecting activity led by partner communications teams.
- Provide timely summaries (daily where needed) of activity and issues to partner organisations.

Broadly speaking, PHW is the lead agency for communications activity relating to **public health guidance** and **clinical activity** relating to COVID-19 in Wales.

In the context of an outbreak, PHW is the statutory lead for all communications and is responsible for the dissemination of public and stakeholder messaging for key partners, including the Local Authority communications team and the Warning and Informing Cell.

PHW will brief the All-Wales Media Cell (ECCW) and Welsh Government.

PHW will ensure that stakeholders, including Members of the Senedd and Members of Parliament will receive media statements in advance of issuing. PHW will confirm how the Local Authority wishes to disseminate statements and updates to their Elected Representatives.

Care will be taken to ensure appropriate engagement with communications teams should an employer be involved in the outbreak.

A regular battle rhythm of communications meetings will be aligned to SCG Meetings and shared with communications teams, to help align planned communications.

PHW will develop shareable messaging/assets for use by partners to include accessible and language specific assets for communities, employers and employees where English or Welsh is not the first language for.

PHW will lead on formulating public health messages, and will work with the multi-agency partners to disseminate through a range of channels.

10.2.2 Welsh Government

Welsh Government is leading on communications relating to **policy** and **official guidance** relating to COVID-19 in Wales.

Welsh Government Communications will brief officials as needed and ensure timely, accurate and consistent lines are provided to Welsh Government spokespeople.

Welsh Government will support communications to the media and public via its established channels, including regional media engagement.

Welsh Government will integrate into the existing outbreak communications structure in the event of an outbreak not being controlled, and local lockdown or local control measures need to be introduced (as per Local Lockdown communications plan).

Welsh Government Communications will ensure that the Health Minister and First Minister are sighted as necessary.

10.2.3 Aneurin Bevan University Health Board

The Aneurin Bevan Gwent Public Health Team, as part of ABUHB, have been represented on the Warning and Informing Group and provide the communications link with the Gwent TTP service, and key communications messages based on Welsh Government assets.

The Gwent TTP Service Programme Management Office will include a Communications function to provide co-ordination across the region on behalf of the Health Board, Local Authorities and partners. This will include:

- Developing a Gwent multi-agency TTP communications and engagement strategy and coordinate action between agencies via the Warning and Informing Group to ensure a consistent approach to communicating standard messages.
- Liaising with the Regional Cell to obtain real-time local intelligence and agree targeted communications where there is evidence of a rise in cases, as part of community preventative measures.
- Developing locally tailored communications in alignment with the TTP and Keep Wales Safe messages, and based on local intelligence.
- Regularly briefing key stakeholders across Gwent (e.g. MPs, MSs, Local Councillors, Community Councils, Leaders of community groups and clubs, third sector organisations, Registered Social landlords, primary care teams) and highlighting actions they can take to support effective communication on TTP.

- Coordinate communications in relation to incidents and outbreaks within Gwent, liaising with PHW.
- Liaison with communications leads in neighbouring regions to ensure consistency of messaging where incidents / outbreaks span boundaries.
- Use partners to exploit a range of local, regional channels to deliver focussed messaging to areas of greatest risk.
- Use partners to exploit a range a local, regional channels to deliver targeted communication in the event of incidents.
- Evaluate how communications increased knowledge, confidence and compliance in local communities.

10.2.4 Local Authority

Local Authorities will play a specific role in communicating and engaging with local communities through its existing channels, and through local leaders. Local Authorities will activate its public engagement networks and community cohesion groups.

The Local Authority Communications Leads will ensure PHW Communications Lead is sighted to any media enquiries so that together, we can provide coordinated planning and support to these.

Local Authority Communications Leads will provide advice and support to Local Authority spokespeople, ensure lines are timely, accurate and consistent.

Local Authorities will be responsible for advising on the best way to engage with key elected representatives.

Local Authorities will provide local intelligence gained through social listening and media monitoring which may require attention.

10.2.5 Multi-sector partners

All of the multi-sector partners have a role to play in helping to disseminate clear, accurate, timely and consistent messages which will have been signed off by the OCT.

Non-devolved organisations, including the FSA and the HSE will be consulted and involved via their communications team, as well as through their involvement with the OCT as appropriate.

10.2.6 Employers

Employer communications leads will work with PHW and Local Authorities to ensure that consistent messages are issued at all times.

11 IMPLEMENTATION, REVIEW AND LEARNING

11.1 Implementation

All decisions to employ additional control measures and restrictions to respond to emerging situations will be based on the principles outlined in the national control plan. Escalation is detailed under sections 7, 8 and 12.

11.2 Review and learning

There will be a monthly review of the Gwent Prevention and Response plan through the Tactical planning group to assess effectiveness of implementation or the need for change. This will incorporate any changes to requirements in response to emerging regional issues where there is potential impact on case numbers, and changes to policy.

The review of arrangements within the plan will also incorporate learning and lessons identified through exercises, national groups, and learning from other parts of the UK.

12 REMOBILISATION / ESCALATION OF RESPONSE

12.1 Notification and activation

In the event that the prevalence of COVID-19 is increasing in the population and the existing control measures through cluster, incident and outbreak management, along with escalation of community control measures, are not containing the outbreak the issues of concern should be escalated to the SCG.

Monitoring data, local intelligence and modelling insights will be used to track the current rates of transmission and incidence. If the following triggers are met escalation to a Strategic Coordination Group (SCG) should be considered:

- Recommendations from the Gwent SBAR;
- Recommendation from a local or Gwent IMT;
- An increase in transmission, incidence and prevalence of the virus;
- Any response that requires mutual aid;
- Any response that requires increased public restrictions above those that can be implemented by IMTs;
NHS Capacity
- Covid confirmed hospital occupancy increasing;
- Covid confirmed critical care bed occupancy increasing;
- Covid confirmed mortality rates increasing;
- Emergence of Variants of Concern (VOC) affecting transmission rates;
- Concerns around vaccination rates and data on the efficacy and effectiveness of the vaccines.

The SCG can be reconvened by any partner agency based on the triggers listed above, in line with the Wales Outbreak Control Plan and/or via the existing Partnership Groups (previously TCG's).

Should there be a likelihood of wider consequences or impact as above, and a need for escalation to the SCG, the Chair of the SCG, Chair of the IMT, Director of Public Health and Civil Contingencies rep will discuss the potential for wider consequences and further actions.

The SCG can be activated as per normal SCG activation protocols, and will be established within 2 hours if necessary (see 3.3 for SCG role)

Strategic Leads of participating organisations are responsible for ensuring that the local and regional leadership, including Leaders and Executive Members, continue to be briefed and engaged in the ongoing situation.
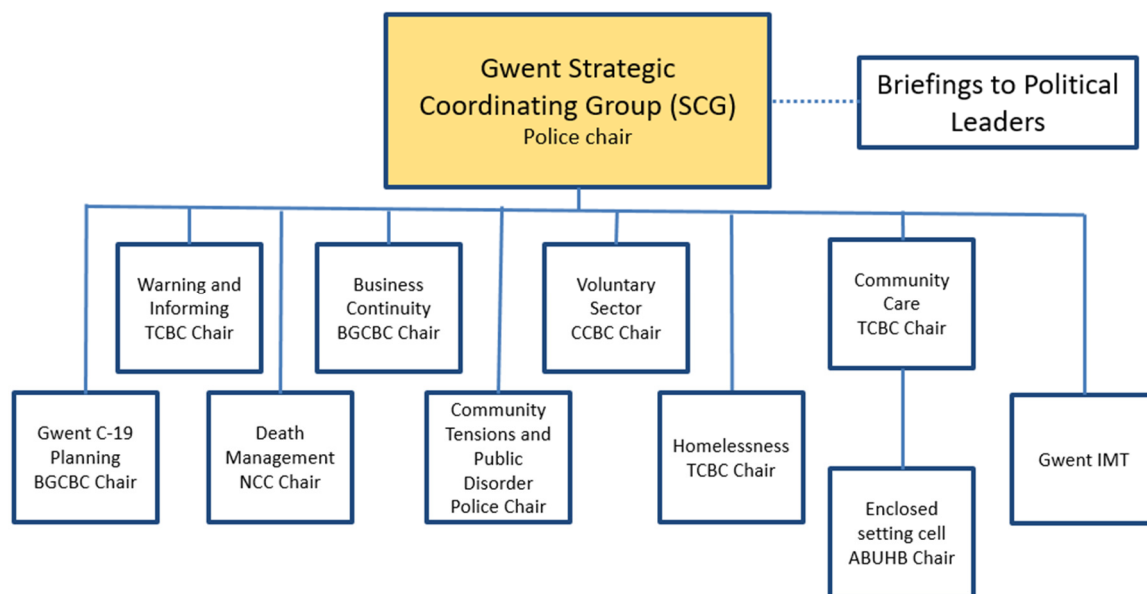
Figure 4 – SCG Response Structure (tactical groups activated as necessary)

12.2 Surge arrangements and capacity

12.2.1 Testing capabilities

Surge testing

Arrangements are in place for surge testing as required. The Testing Service are available to attend any Incident or Cluster Management Team to advise, support and deliver any testing requirements that the groups determine. The Health Board, Local Authorities and Public Health Wales work as an integrated unit to ensure that the team has all the tools it needs to contain and settle transmission.

Rapid Community Testing for Variants of Concern

Our region's mass community testing plan sets out the arrangements in response to a variant of concern in Gwent and is supported by local delivery plans. This plan aims to:

- Support the 'Test to Find' approach set out in Welsh Government's revised Testing Strategy for Wales to identify cases of variants of concern in communities;
- Support a locally-led public health risk-based approach using area intelligence and knowledge to reduce the spread of the virus in response to a confirmed case of a variant of concern;
- Provide additional asymptomatic testing capacity within communities and remove any potential barriers;
- Identify active cases from individuals showing no symptoms and unaware they are potentially infecting others;
- Enhance local surveillance to aid further actions by partners;
- Provide assurances and support for affected communities.

Plans for mass testing in relation to variants of concern will heavily depend on the current circumstances, the size and scale of testing required, its specific objective and the context of the local area. This plan has been drafted to support the operationalisation of mass testing if the scale of

need is determined to over and above the 'business as usual' outbreak testing that already exists, and has been tested through a table top exercise.

See 5 SAMPLING AND TESTING.

12.2.2 Staff and facilities (including mutual aid)

There is agreement in Gwent that mutual aid will be provided where possible to support the response to COVID-19, and this would be approved through the SCG on request from the IMT. Specific arrangements are in place for mutual aid relating to mass community testing, and are detailed in that plan.

12.2.3 TTP

Arrangements are in place through the Regional Oversight Group to provide a strategic overview in the identification of mutual support where significant multiple issues arise in one or more LA areas. Surge arrangements are in place locally to manage increased cases. Data and ICT support is in place to support this.

See STRUCTURES, ROLES AND RESPONSIBILITIES

12.3 Enforcement

Local Authorities have been able to secure some additional enforcement resources funded by the Welsh Government Covid Hardship Fund. The resource provides the service with additional capacity to undertake interventions proactively and reactively, in response to complaints and intelligence, to assess compliance and take enforcement action where necessary. Local Authorities and the Police work collaboratively to deliver targeted advice and enforcement activities.

12.4 Decision making process for implementation of local / regional restrictions

Leadership for the wider local or regional measures rests with Welsh Ministers, working in concert with local elected Leaders to coordinate local and regional responses.

The decision making process for implementation of local / regional interventions is:

- Gwent IMT make recommendations to COVID-19 intelligence cell (and through the intelligence cell to the Health Protection Advisory Group) through the SBAR (situation, background, assessment, recommendation) reporting. The SBAR is also submitted to SCG for discussion when SCG is active.
- When the SCG is not active, the SBAR is circulated to strategic leads of relevant organisations via internal communication structures.
- Should there be a requirement for increased interventions, or any other criteria be met as 8.1.1, a meeting will be called between Welsh Ministers, Local Authority CEOs and Leaders.
- An urgent SCG should be called to discuss the recommendations via the normal SCG activation protocol.
- Strategic Leads of participating organisations are responsible for ensuring that the local and regional leadership, including Leaders and Executive Members, continue to be briefed and engaged in the ongoing situation.

See 8 RESPONSE – LOCAL / REGIONAL /WALES MEASURES

APPENDICES

a.   Named Local and Regional Leads – Outbreak Control

b.   Extract: Roles of Local Authorities, Health Boards, Public Health Wales and Other Agencies, as identified in the Communicable Disease Outbreak Plan for Wales, 2020 (Welsh Government, 2020a)

c.   Case Studies

d.   Data Security and Information Governance

e.   References

f.   Relevant Contact Information

Appendix A: Named local and regional leads – Outbreak Control

Membership	Named lead (Role, Organisation)
Core membership	
Director of Public Protection (or their nominated officer of sufficient seniority)	David Thompson (Blaenau Gwent) Ceri Edwards (Caerphilly) David Jones (Monmouthshire) Jonathan Keen (Newport) Daniel Morelli (Torfaen)
Consultant in Communicable Disease Control or Consultant in Health Protection	Rhianwen Stiff (Public Health Wales)
Director Microbiology Laboratory/Consultant Microbiologist	Dr. Silva
Lead Officer for Communicable Disease of the Local Authority	Rhydian West (Blaenau Gwent) Michele Wheden (Caerphilly) Gillian Dicken (Monmouthshire) Kelly Lee (Newport) John Clements (Torfaen)
Executive Director of Public Health of the Health Board	Mererid Bowley (ABUHB)
Additional Core Members:	
LA Secretariat	
Resource Team provided by Local Authority	
Public Health Wales Microbiology Laboratory	
Health Board: Regional Epidemiologist/CDSC Public Relations Officer	
Co-opted Members as necessary: Occupational Physician Hospital Pharmacy Representation Food Examiner/Public Analyst Water Company Natural Resources Wales Health and Safety Executive Representatives from other Outbreak Control Teams/LAs Food Standards Agency Wales Care and Social Services Inspectorate Wales (CSSIW) Port Health Infection Control Team Immunisation Co-ordinator Drinking Water Inspectorate Healthcare Inspectorate Wales Veterinary Laboratory Agency	

Appendix B: Extract: Roles of Local Authorities, Health Boards, Public Health Wales and Other Agencies, as identified in the Communicable Disease Outbreak Plan for Wales, 2020 (Welsh Government, 2020a).

Local Authorities

2.2.1   LAs have statutory responsibility for notifiable infectious disease in their locality (which includes the control of food poisoning) under the Public Health (Control of Disease) Act 1984 as amended by the Health and Social Care Act 2008, and the Health Protection (Notification) (Wales) Regulations 2010.

2.2.2   LAs have duties as an enforcing authority under the Health and Safety at Work Act 1974. They also have an important role in the control of some zoonoses as the licensing authority for animal establishments. LAs also have duties under the Water Industry Act 1991, sections 77-79, relating to the wholesomeness of public water supplies. They also have responsibility for private water supplies under the Private Water Supplies (Wales) Regulations 2010.

2.2.3   The Local Government Act 1972 enables the LA to appoint individuals as Proper Officer's (PO) to carry out certain functions of the LA. It also enables the LA to delegate powers to individual officers in order to ensure the effective and efficient operation of its functions.

2.2.4   The LA normally appoints the DPP as a PO with delegated authority to sign notices, issue licences and to lay information and make complaints to the Justices for the prosecution of offenders without reference to the LA, in respect of relevant environmental health legislation.

2.2.5   The LA normally appoints and authorises the Public Health Wales' CCDC as PO under the terms of the Public Health (Control of Disease) Act 1984. LAs may appoint a sufficient number of Alternate POs who will act in the absence of the PO. All PO appointments will be made in writing and confirm specifically the enactments in which they will act.

2.2.6   The PO normally reports to the LA through the DPP.

2.2.7   The CCDC when acting as PO does so as an officer of the LA.

2.2.8   Other suitably qualified public health professionals in Public Health Wales may be appointed and authorised as alternates to act in the absence of the PO.

Health Boards

2.2.9   The HB has a number of responsibilities in relation to the public health function, and has overall responsibility for the health of the population within its geographical boundaries. These responsibilities include: the direct provision of healthcare through hospitals and community services; the commissioning of other services relating to health including disease prevention; involvement in promoting health and a role in relation to primary care provision.

2.2.10 The HB has the services of an appropriately qualified CCDC with executive responsibility for the surveillance, prevention and control of communicable disease within the HB's boundary. CCDCs are appointed as PO of the LAs within the HB area for communicable disease control purposes. Alternate PO CCDCs are available if the CCDC who normally covers the relevant HB is unavailable. (Note: 'Control' includes surveillance and prevention as well as control).

2.2.11 The HB will collaborate with all relevant agencies (including LAs, Public Health Wales and others) to ensure that appropriate arrangements are in place for the prevention, surveillance and

control of communicable disease for their population and ensure that the responsibilities for these are clearly defined.

2.2.12 In the event of an outbreak, the HB will provide all necessary support to the OCT. This includes ensuring that the CCDC has access to patients suffering from infection and to advice from clinical colleagues as required.

2.2.13 The HB may commission health care services through formal contracts with other health care providers. Contracts should ensure that satisfactory infection control arrangements are in place, including a requirement that the CCDC be informed of any notifiable disease, or infection problems, with implications for the public health.

2.2.14 Outbreaks may occur in hospitals managed by the HB. Most hospital outbreaks have minimal or no wider public health implications and will be dealt with using that hospital's own internal outbreak plan. However, if an infectious disease outbreak within a hospital has any potentially serious public health implications, responsibility for outbreak control passes to an OCT convened in accordance with this plan (as specified in Part 6 :Hospital Outbreaks with Potential Public Health Implications).

Public Health Wales

2.2.15 The following elements within the Health Protection Division of Public Health Wales currently have a role in the prevention, surveillance and control of communicable disease:

a)   the CCDC and health protection team;

b)   the Microbiology Laboratories;

c)   the Communicable Disease Surveillance Centre,

d)   The CCDC and the health protection team

2.2.16 This group supports the HB in the discharge of its duties. It is one of the initial points of contact for any possible outbreak, conducts the initial investigation as appropriate and participates in the OCT. It will liaise and communicate with the HB, WG and others where appropriate.

The Microbiology Laboratories

2.2.17 Public Health Wales Microbiology Laboratories are responsible for maintaining a national capability for the detection, diagnosis, treatment, prevention and control of infections and communicable disease.

2.2.18 The Public Health Wales network of laboratories provides comprehensive laboratory facilities for the identification of infection and infectious agents in humans and the environment.

The Communicable Disease Surveillance Centre (Wales)

2.2.19 CDSC provides epidemiological expertise for population surveillance, investigation of outbreaks and development of strategies for prevention and control. It also offers training for public health doctors and Environmental Health Officers (EHOs) in outbreak management.

2.2.20 CDSC (Wales) conducts surveillance in Wales, and provides expert epidemiological advice and assistance in the control of outbreaks upon request.

2.2.21 CDSC should be involved in the following types of incident:

a) outbreaks of unknown cause involving severe morbidity or mortality;

b) outbreaks due to relatively rare pathogens;
c) outbreaks suspected to involve other districts or be the herald of a large scale incident;
d) outbreaks which are attracting public or national media concern;
e) outbreaks of particular interest to national surveillance.

2.2.22 CDSC may also ask to assist with incidents that provide opportunities for training or advancing public health knowledge.

2.2.23 In national or international outbreaks, CDSC may be best placed to coordinate the outbreak investigation with the co-operation of CCDC and DPP.

Food Standards Agency

2.2.24 The Food Standards Agency (FSA) is an independent Government department set up by an Act of Parliament in 2000 to protect the public's health and consumer interests in relation to food. The FSA in conjunction with local authorities has developed a Framework Agreement on LA Food Law Enforcement. The Framework Agreement requires local authorities to set up, maintain and implement a documented procedure which has been developed in association with all relevant organisations in relation to the control of outbreaks of food related infectious disease in accordance with relevant central guidance.

2.2.25 The FSA will, when notified by a LA of an outbreak of food related infectious disease which has wider implications, offer support to LAs during their investigations. The response of the Agency will be dependent upon the particular circumstances and may include provision of scientific advice and communication links with local authorities in other parts of the United Kingdom. The Agency will, where necessary, facilitate the issue of a food alert or a RASFF (Rapid Alert System for Food and Feed).

2.2.26 The FSA has responsibility for enforcing hygiene legislation in some meat plants (including slaughterhouses and cutting plants) and will, where such premises are implicated in an outbreak, arrange prompt inspection of premises and offer full co-operation with the investigation.

Care Inspectorate Wales (CIW)

2.2.27 CIW has responsibility for registering and inspecting nursing and residential care homes under the Registered Homes Act 1984 and regulations made there under. The inspection teams of CIW ensure that standards of care as laid down in regulations are in place in each premises. CIW will also ensure that adequate infection control arrangements are in place.

Public Health England (PHE)

2.2.28 PHE is made up of a number of regional and local centres. These are supported by PHE specialist microbiology services which provide laboratory analysis facilities, field epidemiology teams and knowledge and intelligence teams who provide specialist surveillance and intelligence for localities. PHE also contains the Centre for Radiation, Chemical and Environmental Hazards, and Emergency Preparedness and Response. However, the remit of the PHE in Wales is limited to those services which are not provided by Public Health Wales.

2.2.29 With regard to the management of communicable disease outbreaks, this includes specialist and reference microbiology tests and services provided in PHE laboratories, and expert advice. Access to PHE and its services for these functions is usually made though Public Health Wales Microbiology Laboratories.

2.2.30 In addition, PHE provides expert advisory services to Wales for chemical and radiological issues via the Centre for Radiation, Chemical and Environmental Hazards, which is made up of a number of specialist centres. Services provided include expert advice on human health effects from chemicals in water, soil, air and waste as well as information and support to the NHS and health professionals on toxicology. There is a specialist centre for Chemical Hazards and Poisons in Cardiff.

Appendix C: Case Studies

Case Study: Nursery setting

Two individuals associated with a private children's nursery tested positive for COVD-19. Contacts of the cases were told that they needed to self-isolate, the nursery readily agreed to temporarily close.

An Incident Management Team (IMT) was formed. It was not possible to rule out transmission within the nursery setting, therefore a decision was taken by the IMT to undertake mass testing of all individuals that attend the nursery.

The mass testing was undertaken within 24 hours of the cases being dealt with as an Incident. All test results were negative.

The notification of results was carefully handled to ensure that cases and identified contacts continued their self-isolation period despite receiving a negative result. Similar, the staff and parents/guardians of children not identified as contacts were advised that a negative test result does not necessarily rule out COVID-19 infection. They were informed that, should they subsequently become symptomatic during their isolation period, they must self-isolate, request a test and notify the nursery owner.

Following the identification and isolation of contacts, the nursery was able to re-open after a deep clean of the premises.

Case Study: Nursing home outbreak

In late May 2020, the mass testing of asymptomatic staff across 47 nursing homes and 54 residential homes identified a number members of staff in a large care home who were COVID-19 positive. Further weekly sampling of asymptomatic staff identified further positive cases in staff and also residents. A multi-agency meeting was arrange with the care home provider to coordinate the response and resolve a number of issues as they arose. These meetings were also used to address issues identified through contact tracing.

A weekly cycle of whole home testing was arranged for residents over a 3-week period to identify transmission within the resident population. Arrangements were made with the Consultant Virologist at the University Hospital for Wales, Cardiff (UHW) to obtain nasal samples for patients with dementia that were unable to be sampled with a dry throat swab.

A site visit was arranged by the Health Board's Infection Prevention and Control Nurse in conjunction with the Governance Nurse from Complex Care. A number of infection prevention and control recommendations were made including cleaning regimes, avoiding car sharing, cohorting staff working in the same unit and use of staff rest areas.

A professional cleaning company was brought in to carry out a deep clean and an Infection Prevention Society Care Home audit tool was provided.

Special arrangements were made to offer agency staff testing before shift through the Rodney Parade drive through testing centre. Fast-track testing was also arranged for newly symptomatic residents.

The multi-agency meetings with the care home provider led to them introducing a COVID-19 infection prevention and control management action plan covering a range of areas including social distancing, cleaning schedules/regimes, PPE and testing of staff. No further confirmed cases have been identified in the care home since the end of June 2020.

Case Study: Food Factory Cluster

A Factory Manager proactively contacted the Environmental Health Department about a member of staff that had tested positive for COVID-19 following the onset of symptoms.

Contact tracing was completed to establish the workplace and household contacts of the case. A review of the infection control measures in place within the business at the time of the report was also undertaken and further infection control advice was provided in respect of any identified control gaps.

A number of work related proximity contacts were identified and with assistance from the company these were immediately excluded from work and required to self-isolate.

A multi-agency incident management team meeting took place the following day. The incident was managed in accordance with the Communicable Disease Outbreak Plan for Wales 2020.

A sampling team was mobilised by the Regional Cell and contacts were sampled either at their home or requested to present to a Testing Centre. Subsequently, on-site mass sampling was swiftly arranged for the workforce. Translators were used to remove language barriers as a significant proportion of the workforce do not have English as their first language.

The company favourably modified its sick pay policy to support workers who were required to self-isolate. This support was extended to agency workers whom had been required to self-isolate as a result of being identified as a contact.

PHW led on the media communications, with releases agreed by all parties. SCG, Welsh Government Ministers, Officials and locally elected representatives were kept informed.

The Health and Safety Executive, as the enforcing authority for health and safety at work at this factory, undertook an inspection of the premises and support to ensure infection prevention and control measures were in place, including: cleaning regime, improvements to shift pattern changes to adhere with social distancing, hand washing, appropriate use of PPE, car sharing among staff.

Case Study: The role of Port Health Officer in preventing the introduction of COVID-19 infection in Newport

Agent for vessel due to berth in Newport submits Maritime Declaration of Health (MDoH) and copies to the Harbourmaster. The MDoH includes details of Ship Sanitation Certificate, List of Recent Ports Visited and any ill persons on board the vessel.

Port Health Officer reviews the MDoH and if no concerns then "free pratique" is granted for the vessel to berth in Newport. The Harbourmaster is copied into this response, with the understanding that vessels will not be permitted to enter the Port without this. Officers monitor, review and log all vessel movements in and out of the Port. By doing this (which has occurred once to date), Officers identify a vessel that has entered without submitting a MDoH. Reminders on protocols were sent to all necessary personnel to ensure compliance.

If a MDoH indicated issues (for example, ill persons on board), Port Health would contact the on-call Consultant in Communicable Disease Control at PHW for further advice. To date, this has been required for one suspected COVID-19 case, however, based on further detailed symptoms received, no further action was required.

Public Protection Officers are working seven days per week to ensure that vessels arriving in Port are not delayed due to the short notice that MDoHs can be submitted.

Since the end of February 2020, Public Protection Officers in Newport have reviewed documentation for just over 200 vessels that have arrived in Newport

Appendix D: Data Security and Information Governance

Within Wales the concerns relating to the safe and legal management of an organisations data are overseen by each separate organisation. For the purposes of the Gwent Test, Trace, Protect (TTP) Service there has been a Welsh Government, Health and Local Authority coordinated response.

The conditions for the processing of the citizens data for the purposes of TTP Services have been agreed and comply with the Data Protection legal requirements. These conditions will remain the same in the event of a national or localised outbreak.

Secure mechanisms are in place to collect, store and use this information for the purposes it was intended.

Consent is **not** required for the processing of this information at any stage of the TTP response.

The test results for each citizen are stored in the secure NHS Wales systems as would be the case for any health based test requirements. This will not change in the event of a national or localised outbreak.

The tracing results for each citizen are stored in a secure Wales-wide database and access is restricted to the staff of the local Contact Tracing teams allocated to the geographical region of the citizen's address.

Privacy Notices that inform people about the way in which their information is collected, used and stored are available for people to view on Welsh Government website and within each participating organisation. A paper version is provided where people attend for testing. These are likely to remain the same in the event of an outbreak – although these may change to accommodate any amendments to purpose or proposed methods of collection.

The personal data collected as part of TTP Service provision is likely to be retained for the life of the citizen as the outcomes and long-term effects of COVID-19 are currently unknown and will need to be monitored for many years. This will not change in the event of a national or localised outbreak.

In essence, the Information Governance aspects of managing COVID-19 will remain the same as the purpose for processing is the same regardless of the time, geographical area or population type affected. The Information Governance activated at the onset of the COVID-19 response is appropriate for the management of the programme through the various stage.

Appendix E: References

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Appendix F: Relevant Contact Information

A full list of organisations, name, role, contact details and out of hours arrangements are available upon request.