



AGENDA ITEM

3.2.1

CTM BOARD

COVID-19 UPDATE

| | |
|---|---|
| Date of meeting | 30/09/2020 |
| FOI Status | Open/Public |
| If closed please indicate reason | Not Applicable - Public Report |
| Prepared by | Professor Kelechi Nnoaham, Director of Public Health, Ruth Treharne, Senior Planner, CTM TTP Programme & Claire Beynon, Consultant in Public Health |
| Presented by | Professor Kelechi Nnoaham, Director of Public Health |
| Approving Executive Sponsor | Executive Director of Public Health |
| Report purpose | FOR APPROVAL |

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)

| Committee/Group/Individuals | Date | Outcome |
|--|-------------------|---|
| Re-setting the Agenda Group – update and draft mass vaccination plan at that time. | 3 September 2020 | SUPPORTED |
| Management Board | 23 September 2020 | NOT KNOWN AT TIME OF DRAFTING THE REPORT. |

ACRONYMS

| | |
|------|---------------------------------|
| CTM | Cwm Taf Morgannwg Region |
| BAME | Black and Asian Minority Ethnic |

1. SITUATION/BACKGROUND

- 1.1 The first wave of the COVID-19 pandemic peaked in Cwm Taf Morgannwg around the second week of April 2020. At the height of that outbreak, CTM recorded 300 new cases of COVID-19 infections weekly.
- 1.2 In all, over 3400 confirmed cases and 461 deaths have been recorded in CTM since the start of the pandemic. The CTM deaths make up about 18% of all Welsh deaths from COVID-19.
- 1.3 During the first wave of the pandemic, CTM experienced significant disease, and by extension, transmission activity in enclosed settings – chiefly care homes and healthcare settings. It is however unclear to what extent and in what direction enclosed settings disease activity interacted with sustained community transmission.
- 1.4 Irrespective of the direction of causation however, it is clear that in preparing for subsequent waves or re-emergence of COVID-19, efforts to protect patients, health and social care staff and at-risk groups of the population (e.g. shielding & vulnerable patients, BAME groups) must be our priority.
- 1.5 It is clear that the institution of public health protection measures, such as national lockdowns, significantly aided suppression of COVID-19 disease activity in the community.
- 1.6 Conversely, the easing of lockdown, whilst welcome for several reasons, potentially risks re-emergence of COVID-19 at a time when background seasonal mortality from circulating influenza virus is normally higher.
- 1.7 To this end, the Test-Trace-Protect programme has been instituted with the overall aim of putting in place appropriate systems and capacities to ensure that, following the easing of lockdown measures, we do not see a rapid increase in illness and deaths in our communities due to COVID-19 infection.
- 1.8 The purpose of this report is to update the Health Board on the latest, key aspects of its COVID-19 response and seek approval for the associated, latest COVID-19 mass vaccination and seasonal influenza plans.

1.9 The aspects of the COVID-19 response addressed briefly in this update include:

- CTM TTP Prevention and Response Plan submission and feedback received.
- Latest update from the Test-Trace-Protect programme.
- Preliminary Mass Vaccination Plan.
- Seasonal Influenza Plan.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

CTM Test-Trace-Protect Prevention and Response Plan

- 2.1 **Appendix 1** sets out the CTM Test-Trace-Protect Prevention and Response Plan recently submitted to Welsh Government and Public Health Wales.
- 2.2 This plan incorporates the previously agreed CTM Test-Trace-Protect Strategy and feedback has since been received from Public Health Wales, which is attached at **Appendix 2** for information. Feedback from Welsh Government is currently awaited.

Latest Update from the Test-Trace-Protect Programme.

- 2.3 The approach to surveillance for COVID-19 is set out in detail in the work stream plan for surveillance.
- 2.4 CTM's COVID-19 Prevention & Response Plan details our collaborative approach to prevention, mitigation and control, escalation and management of COVID-19 clusters, incidents and outbreak.
- 2.5 As shown in figure one below, there are agreed indicators and triggers across CTM as a whole and across its 'built-up areas' to inform need for escalation.



| Phase | Stable | Re-emergence | Community |
|------------|--|--|---|
| Objective | <ul style="list-style-type: none"> Minimise spread of infection Plan to ensure readiness to respond to re- | <ul style="list-style-type: none"> Intervene early to prevent further spread of infection Prepare response for community outbreaks | <ul style="list-style-type: none"> Act to contain community outbreak |
| Response | <ul style="list-style-type: none"> Surveillance Communications Management of clusters/outbreaks in discreet settings Define thresholds for Re-emergence and Community Outbreak Plan to ensure readiness to respond to Re-emergence and Community Outbreak | As Plan plus <ul style="list-style-type: none"> Intensive surveillance Enhanced communications to warn public of heightened risk and encourage greater social distancing Liaise with WG and consider terms of potential 'local lockdown' – the measures to be used and their geographical extent – and prepare to implement | As Prepare plus <ul style="list-style-type: none"> Confirm terms and implement 'local lockdown' |
| Indicators | (1) Daily COVID-19 test positivity rates, (2) Weekly total of new cases, and (3) 7-day rolling cumulative positive cases | | |
| Triggers | | | |
| Threshold | All indicators within 3 standard deviations of baseline (15 th June 2020) <ul style="list-style-type: none"> Overall HB; and All local authority areas; and All built up areas | All Indicators >3 standard deviations above baseline <ul style="list-style-type: none"> One or more local authority areas; or One or more built up areas | All Indicators >5 standard deviations above baseline <ul style="list-style-type: none"> Overall HB; or One or more built up areas |

Figure 1 - Using surveillance indicators to inform escalation and control actions for COVID-19 in CTM

2.6 The output in figure two sets out how we monitor the state of play in respect of our objectives for COVID-19 surveillance and the latest summary as at 14 September 2020:

Weekly summary of Covid-19 surveillance indicators for CTM UHB, compiled by CTM PHT on 14/09/20

| No. | Indicators | This week (ending 12/9) | Last week (ending 5/9) | Summary/interpretation | Notes |
|--|---|-------------------------|------------------------|---|---|
| Objective 1: Monitor intensity and severity of COVID-19 spread in CTM | | | | | |
| 1a | Number of daily cases for CTM and LA residents | Increase | Increase | 260 cases this week (58.0 cases per 100,000), increased from last week (153). Rates by LA: BD – 22.4, MT – 68.0, RCT – 77.1 | Number of new daily first positive cases |
| 1b | Positivity rate for CTM and LA | Low | Low | Positivity rates close to 3% for CTM – highest rate in RCT | Positivity rates using PHW dashboard |
| 1c | Number of COVID-related ICU admissions in CTM hospitals | Low | Low | 1 ICU admission (may not be for Covid-related symptoms) | Provider-population, some may also be due to complications not relating to Covid |
| 1d | Number of weekly deaths Covid-19 by location (ONS) for LA and CTM residents | Low | Low | No Covid-related deaths in CTM | Two week delay, any mention on the death certificate, date of occurrence |
| 1e | Weekly excess deaths (Covid mentioned, Covid not mentioned) for CTM residents | Low | Low | Excess deaths positive at 6 (0 Covid death registered) in latest week | Two week delay, any mention on the death certificate, LA not available, date of registration |
| 1f | Deaths in CTM hospitals (provider population) | Low | Low | No new deaths | |
| 1g | Number of positive cases by LSOA/postcode | Increase | Increase | Clusters of cases in all local authorities. Two LSOAs with more than 10 cases in the last 7 days | Number of cases by LSOA/postcode to identify potential clusters |
| Objective 2: Monitor behaviour of COVID-19 in at-risk groups | | | | | |
| 2a | Number of cases in key workers by group and non-key workers, CTM and LA residents | Low | Low | 4 NHS worker, 2 care home worker, 1 Police, 4 education | First positive cases by key worker group e.g. NHS, care home, police, other. Coding not robust. |
| 2b | Number of patients tested in care homes with a positive result, CTM and LA residents | Low | Low | 0 cases this week | Number of first positive cases |
| 2c | Number of patients tested in the community with a positive result, CTM residents | Increase | Increase | | |
| 2d | Rate of weekly cases per 100,000 by deprivation fifth, in CTM residents | Increase | Increase | Higher rates in more deprived quintiles | Investigate fortnightly if cases stable or decreasing |
| 2e | Age-specific rates per 100,000 in CTM | Increase | Increase | Highest rates in those aged under 60 (50-59 highest in latest week) | Investigate fortnightly if cases stable or decreasing |
| 2f | Number of weekly contacts identified | N/A | N/A | 977 eligible contacts (87% followed up) | Data taken from CRM dashboard |
| Objective 3: Monitor immunity to COVID-19 in CTM | | | | | |
| 3a | Proportion with antibodies by key worker group | N/A | N/A | NHS: 17.0%, Teachers: 6.0%, (Wales 14.3% and 5.1% resp.) | Data still to be validated |
| Objective 4: Detect outbreaks in hospitals and LTCFs | | | | | |
| 4a | Number of patients tested in care homes with a positive result, by specific care home | Low | Low | No care homes with more than 1 case | Data validation needed to check LIMS coding. |
| 4b | Number of prisoners with a positive result | N/A | N/A | | Clarification of coding completeness needed |
| 4c | Number of hospital infections by infection category by hospital (CAI, indeterminate, HAI) | Low | Low | 7 new cases this week - 4 CAI, 1 HCAI (>14 days), 3 unknown | Provider-population |

Key: ■ No additional attention needed ■ Some attention advised ■ Escalation and attention required

Note: Colour coding is based on the number of events and change over time, and specifically whether additional attention from RSOG is needed

Figure 2 - Surveillance indicators for COVID-19 in CTM

2.7 In terms of current surveillance, it should be noted that cases increased again in the last week across CTM, leading to a 'red warning' for cases.

- 2.8 There are clusters of cases in Rhondda, Pontypridd, Mountain Ash, Merthyr and Porthcawl, with some currently being treated as incidents under current protocols. Cases relate for example to the south Rhondda cluster, returning travellers from Zante and a factory in Merthyr Tydfil where mass staff testing has been arranged.
- 2.9 This has led to the establishment of a single Incident Management Team chaired by the CTM UHB Director of Public Health and the agreed re-establishment of the South Wales Local Resilience Forum Strategic Co-ordinating Group.
- 2.10 Members will also be aware that on 10 September 2020, Council Leaders in Merthyr Tydfil and Rhondda Cynon Taf last week asked all residents to take action to avoid the need for a formal local lockdown in the near future. The voluntary actions requested from residents, which were then recommended with immediate effect included:
- Only using public transport for essential purposes, which includes travel to education, work, essential medical appointments, shopping and visiting supermarkets.
 - Working from home for the next few weeks if able to do so. Actively seeking the support of all employers to ensure that those that can work from home do so.
 - Wearing three layer face coverings or masks, where it is safe to do so, whilst in work, in supermarkets and other indoor or crowded public spaces (recommended for age 12 and over).
 - Do not visit care homes, unless it is an end of life visit where full PPE will be required.
- 2.11 Since then, on 17 September 2020, further local restrictions have been applied for people living in Rhondda Cynon Taf, due to a rapid increase in the number of confirmed cases in coronavirus, which have been linked to people meeting indoors, not following social distancing guidelines and returning from summer holidays overseas. These local restrictions include:
- People will not be allowed to enter or leave the Rhondda Cynon Taf Council area without a reasonable excuse.
 - Everyone over 11 will be required to wear face coverings in indoor public areas – as is the case across Wales.
 - People will only be able to meet outdoors for the time being. People will not be able to meet members of their extended household indoors or form an extended household.
 - All licensed premises will have to close at 11pm.



- 2.12 The restrictions are to be kept under regular review but if cases do not fall, the Welsh Government, working with Rhondda Cynon Taf Council and Public Health Wales, will consider further measures.
- 2.13 The Director of Public Health will share the very latest on developments with the Health Board at the meeting.
- 2.14 The pattern of all-cause and COVID-19 mortality in CTM is displayed in figure three. The data shows that in recent weeks, the death rate in CTM has stabilised, being either on or just below the five year average.

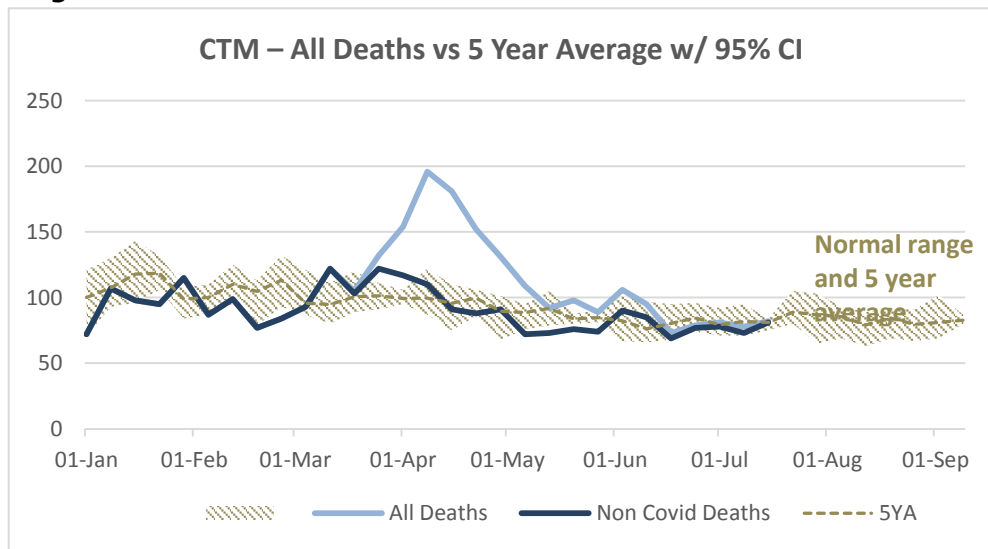


Figure 3 - All cause and COVID-19 Mortality in CTM

- 2.15 As shown in figure four, weekly deaths are now above the five-year average, with - 6 excess deaths (0 COVID-19) in week ending 28 August 2020.

Weekly excess deaths, deaths registered in 2020 minus 5-year average, COVID-19 mentioned and not mentioned on death certificate, week ending 3 January 2020 (Week 1) to week ending 28 August 2020 (Week 35), Cwm Taf Morgannwg UHB

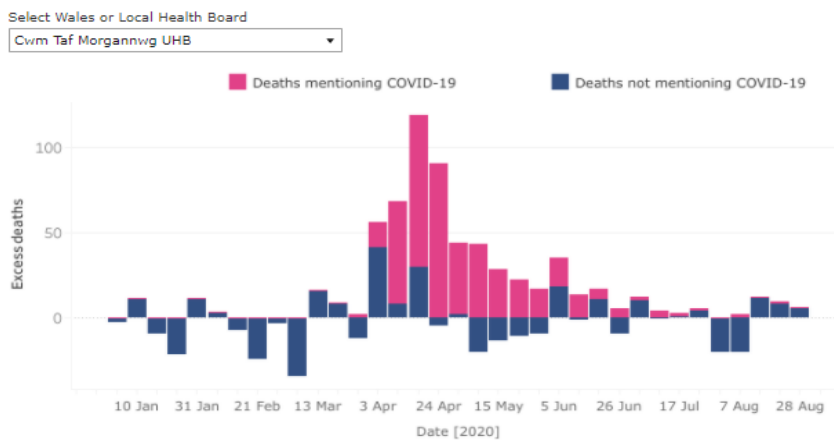


Figure 4 – Excess deaths from COVID-19 in CTM

- 2.16 Figure 4 presents an analysis of mortality rates, standardised for age and population structure, and a comparison of this year’s death rates

with those of the previous five years. To ensure comparability, only the March-August period of the past five years was considered.

2.17 The highlighted cells show where there was a statistically significant increase in standardised mortality rate in CTM (above the nationwide average – 16.27%). By far the highest are Merthyr Tydfil and Rhondda Cynon Taf. At a Health Board level, both Cardiff & Vale and CTM have large increases from the past five years, far higher than the nationwide average.

Age/Population Standardised Mortality Rate– Local Health Boards w/ Local Areas

| Health Board / Local Area | Covid Deaths | Non-Covid Deaths | Total Deaths | Age/Pop Standardised Rate | | | Confidence Interval | |
|--|--------------|------------------|--------------|---------------------------|----------------|---------------|---------------------|---------------|
| | | | | Last 5 years | 2020 | % Increase | Lower 95% CI | Upper 95% CI |
| Aneurin Bevan University Health Board | 502 | 1858 | 2360 | 0.3367% | 0.3982% | 18.24% | 17.79% | 18.70% |
| Blaenau Gwent | 64 | 247 | 311 | 0.3939% | 0.4452% | 11.70% | 12.59% | 13.41% |
| Caerphilly | 136 | 571 | 707 | 0.3244% | 0.3904% | 20.25% | 20.47% | 20.87% |
| Monmouthshire | 73 | 281 | 354 | 0.3387% | 0.3742% | 9.53% | 10.13% | 10.83% |
| Newport | 162 | 444 | 606 | 0.3070% | 0.3918% | 27.28% | 27.36% | 27.88% |
| Torfaen | 67 | 315 | 382 | 0.3585% | 0.4066% | 13.09% | 13.08% | 13.75% |
| Betsi Cadwaladr University Health Board | 508 | 2392 | 2900 | 0.3683% | 0.4189% | 13.73% | 13.39% | 14.08% |
| Conwy | 88 | 432 | 520 | 0.4285% | 0.4437% | 2.79% | 3.33% | 3.75% |
| Denbighshire | 105 | 381 | 486 | 0.4186% | 0.5078% | 20.78% | 21.01% | 21.60% |
| Flintshire | 131 | 474 | 605 | 0.3088% | 0.3876% | 25.41% | 25.26% | 25.76% |
| Gwynedd | 70 | 406 | 476 | 0.3531% | 0.3821% | 7.58% | 7.98% | 8.48% |
| Isle of Anglesey | 31 | 242 | 273 | 0.3872% | 0.3898% | -1.87% | 0.28% | 1.05% |
| Wrexham | 83 | 457 | 540 | 0.3357% | 0.3972% | 17.49% | 18.05% | 18.56% |
| Cardiff and Vale University Health Board | 473 | 1209 | 1682 | 0.2700% | 0.3365% | 24.62% | 24.01% | 25.24% |
| Cardiff | 374 | 832 | 1206 | 0.2543% | 0.3287% | 29.73% | 29.09% | 29.36% |
| Vale of Glamorgan | 99 | 377 | 476 | 0.3098% | 0.3563% | 14.73% | 14.75% | 15.30% |
| Cwm Taf Morgannwg University Health Board | 446 | 1539 | 1985 | 0.3440% | 0.4434% | 28.91% | 28.19% | 29.64% |
| Bridgend | 91 | 517 | 608 | 0.3589% | 0.4135% | 15.11% | 14.97% | 15.41% |
| Merthyr Tydfil | 65 | 218 | 283 | 0.3418% | 0.4691% | 35.05% | 36.57% | 37.85% |
| Rhondda, Cynon, Taff | 290 | 804 | 1094 | 0.3362% | 0.4535% | 35.46% | 34.70% | 35.01% |
| Hywel Dda University Health Board | 131 | 1434 | 1565 | 0.3905% | 0.4048% | 3.65% | 3.56% | 3.74% |
| Carmarthenshire | 84 | 704 | 788 | 0.3969% | 0.4174% | 4.23% | 5.04% | 5.32% |
| Ceredigion | 8 | 263 | 271 | 0.3761% | 0.3728% | -3.58% | -1.25% | -0.50% |
| Pembrokeshire | 39 | 467 | 506 | 0.3883% | 0.4022% | 2.00% | 3.34% | 3.78% |
| Powys Teaching Health Board | 85 | 482 | 567 | 0.3725% | 0.4281% | 13.40% | 14.56% | 15.30% |
| Powys | 85 | 482 | 567 | 0.3725% | 0.4281% | 12.94% | 14.68% | 15.14% |
| Swansea Bay University Health Board | 311 | 1272 | 1583 | 0.3673% | 0.4061% | 10.58% | 10.32% | 10.85% |
| Neath Port Talbot | 107 | 503 | 610 | 0.3874% | 0.4256% | 25.85% | 9.67% | 10.06% |
| Swansea | 204 | 769 | 973 | 0.3547% | 0.3939% | 11.30% | 10.94% | 11.20% |
| Grand Total | 2456 | 10186 | 12642 | 0.3483% | 0.4050% | 16.27% | 15.86% | 16.67% |

Figure 5 - Comparative age- and population-standardised mortality

Sampling and testing

2.18 In terms of antigen testing, the figure below shows latest performance.



Figure 6 - Testing Turn-Around Times in CTM

- 2.19 In more recent weeks, there has been a deterioration in performance related to the Lighthouse laboratories and also in terms of accessing related testing sites.
- 2.20 This has been raised with Welsh Government who are currently in discussions over this with the Department of Health and Social Care in England.
- 2.21 Sustained improvement in turnaround times is crucial in helping to manage the re-emergence of the outbreak.
- 2.22 In terms of antibody testing, CTM has conducted over 10,000 antibody tests in educational staff and healthcare staff since 15 May 2020.
- 2.23 Cumulative antibody positivity rate in CTM has remained fairly constant between 12.8-13.1% for the last five weeks. Cumulative positivity rate for all Wales has remained between 11.6-11.8% for last nine weeks.
- 2.24 Amongst the population largely tested so far for COVID-19 antibodies, the highest age-specific seropositivity rates (14.8% and 15.3%, respectively) are reported in the 20-29 and 60-69 years age groups.



2.25 CTM statistically has the highest antibody positivity rate for NHS key workers than all other Health Board's at 18.0%.

2.26 A social gradient in seropositivity rates in CTM is apparent

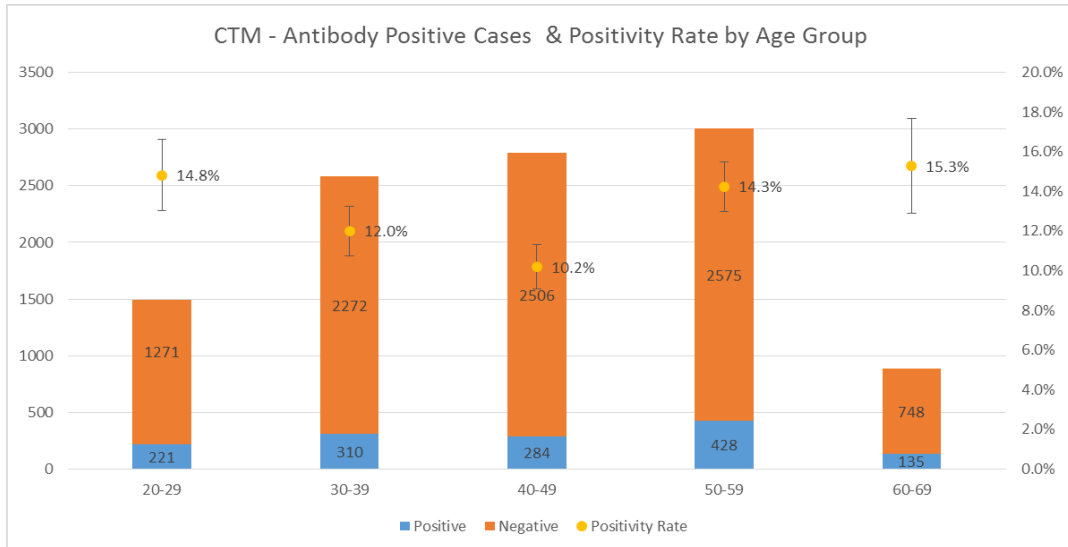


Figure 7

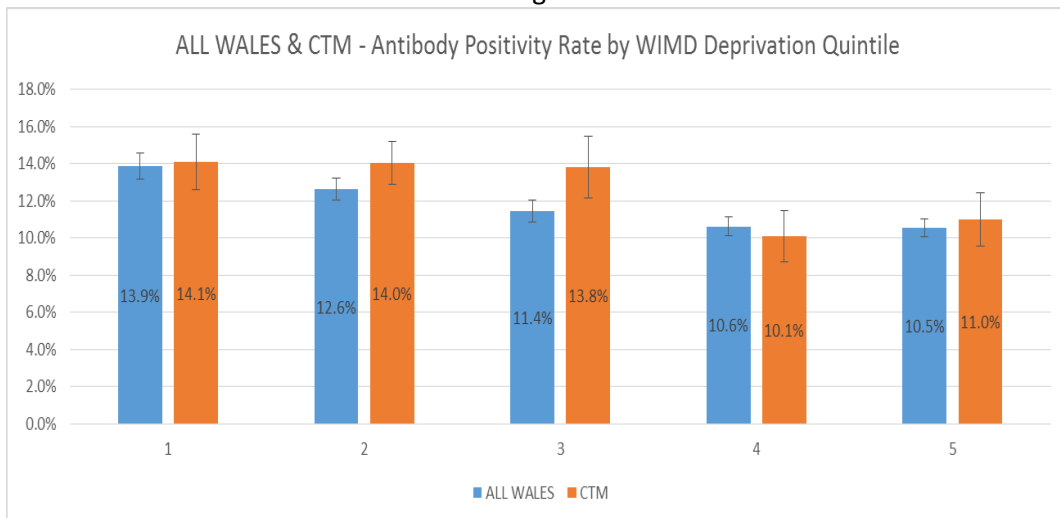


Figure 8

Contact Tracing

2.27 Figures 9 and 10 show recent contact tracing performance in CTM, displaying the exceedance of targets around successful follow-up of cases and contacts. Sustained high performance in tracing is key to stopping onward transmission of COVID-19.



Period 28.08.20 to 03.09.20 (Data correct as at 8:30 04.09.2020)

| | CASES | | | | | CONTACTS | | | | |
|----------|-------------|------------------------------|-------------------|-------------------|---------------------|----------------|------------------------------|--------------------------------|--------------------------------|---------------------|
| | Cases total | Total eligible for follow up | % within 24 hours | % within 48 hours | % total followed up | Contacts total | Total eligible for follow up | % within 24 hours (target 35%) | % within 48 hours (target 80%) | % total followed up |
| Merthyr | 9 | 9 | 100% | 100% | 100% | 45 | 45 | 88% | 94% | 91% |
| RCT | 43 | 41 | 88% | 94% | 91% | 192 | 191 | 81% | 88% | 67% |
| Bridgend | 22 | 22 | 95% | 100% | 91% | 113 | 104 | 79% | 92% | 88% |
| CTM | 74 | 72 | 92% | 84% | 99% | 350 | 340 | 81% | 89% | 98% |

Figure 9



Period 04.09.2020 to 10.09.20 (correct at 9:00 hours 11.09.20)

| | CASES | | | | | CONTACTS | | | | |
|----------|-------------|------------------------------|-------------------|-------------------|----------------------------------|----------------|------------------------------|--------------------------------|--------------------------------|----------------------------------|
| | Cases total | Total eligible for follow up | % within 24 hours | % within 48 hours | % total followed up successfully | Contacts total | Total eligible for follow up | % within 24 hours (target 35%) | % within 48 hours (target 80%) | % total followed up successfully |
| Merthyr | 41 | 40 | 97% | 97% | 98% | 171 | 167 | 76% | 79% | 78% |
| RCT | 136 | 131 | 92% | 96% | 82% | 579 | 555 | 76% | 82% | 82% |
| Bridgend | 39 | 35 | 92% | 100% | 91% | 176 | 172 | 79% | 87% | 77% |
| CTM | 216 | 206 | 94% | 98% | 87% | 926 | 894 | 77% | 83% | 80% |

Figure 10

Preliminary Mass Vaccination Plan.

2.28 The Chief Medical Officer in his letter dated 13 August 2020 required Health Boards with their regional Test-Trace-Protect Programmes to have a COVID-19 mass vaccination plan in place ready for delivery from early October 2020, with a preliminary draft plan to be submitted to the Welsh Government by 3rd September 2020.

- 2.29 This was a significant amount of work to be carried out in a short timeframe and also needed to be dovetailed with plans for seasonal influenza vaccination.
- 2.30 As a result a preliminary plan was developed and submitted to the Welsh Government, with feedback currently awaited.
- 2.31 Work has since continued with the plan and the latest draft can be seen at **Appendix 3**.
- 2.32 Key points to note at this stage include the following:
- This is a dynamic plan that will continue to be updated.
 - The plan describes the suggested methodology for immunising the three priority groups identified by the Welsh Government:
 - Healthcare workers (via CTMUHB peer vaccinators).
 - Care Sector Workers (via Mass Vaccination Centres).
 - Vulnerable groups- those advised to shield (via GPs).
 - The plan has been reviewed and updated by the Strategic Immunisation Group.
 - The plan will be subject to further table top exercise.
 - The assumptions are clearly outlined in the report- but these may change over time and this will lead to further iterations, for example GP practices want to be part of the COVID-19. immunisation solution, but there are still national negotiations taking place that will have an impact on this.
 - There are some considerable challenges to delivery including recruitment of staff and competing demands on staff time.
 - One of the unresolved issues is data flow, and how data will be transferred swiftly and efficiently to others, e.g. GP practices.
 - The plan identifies four projects which are key to successful delivery:
 - Workforce and Training.
 - Venues and Infrastructure.
 - Vaccine Delivery.
 - Patient Journey.
 - The COVID-19 Mass Vaccination Programme Board have deemed that an additional project that encompasses 'ICT & data management' will also be necessary to address this issue.

Seasonal Influenza Plan.

- 2.33 The latest seasonal influenza plan can be found at **Appendix 4**. This includes the plans of the relevant departments.
- 2.34 The only area that has not yet submitted seasonal influenza plans for 2020/21 is Maternity. This is being sought as a matter of urgency.

2.35 Cwm Taf Morgannwg University Health Board is responsible for the delivery of influenza vaccinations to protect the health of the local population. This is an extensive programme to immunise the following groups:

- Children over the age of 6 months with a long-term health condition.
- Children aged 2 and 3 years.
- Children in primary school.
- Adults over 65 years.
- Pregnant women.
- Anyone with a serious long-term health condition, e.g. chronic respiratory diseases, heart disease, kidney disease, liver disease, neurological conditions, diabetes and people with obesity.

2.36 This coming flu season these groups have been expanded to include:

- Household contacts of those on the NHS Shielded Patient List.
- Children in routine eligible cohorts where the vaccine has been declined due to gelatine content who may now receive an injectable flu vaccine as an alternative.
- People with a learning disability (this group are now all eligible for a free NHS flu vaccine and no longer need to be clinically assessed as vulnerable).

2.37 Additional flu vaccine has been procured for the UK this year. When this additional vaccine becomes available (likely November/December), the eligible cohorts will be extended according to the quantity available. Further guidance will be issued by Welsh Government, but this could potentially include:

- Additional age cohorts, starting with those aged 60 to 64 years, moving to people aged 55 to 59 years and then 50 to 54 years.
- Adults resident in Welsh prisons who do not fall into other eligible categories.

2.38 The Welsh Government has increased the targets for influenza vaccinations to 75% for all groups for 2020/21. This will be a challenge to deliver. The actual performance for 2019/20 was much improved from previous years for frontline healthcare staff, and pregnant women, exceeding the 2019/20 targets. The uptake of vaccines delivered in schools to 3 year olds and to primary school children was also excellent, see figure 11.

Figure 11: 2019/20 Cwm Taf Morgannwg University Health Board Influenza Uptake Percentage and Rank by Health Board

| Category | 2019/2020 target | Uptake | Rank by Health Board | 2020/2021 target | Increase required reach target |
|---|------------------|--------|----------------------|------------------|--------------------------------|
| Frontline healthcare staff | 60% | 60.3% | 1 st | 75% | 14.7% |
| Pregnant women | 75% | 81.3% | 4 th | 75% | 0% |
| Over 65's | 75% | 68.9% | 4 th | 75% | 6.1% |
| Under 65's at risk | 55% | 40.3% | 6 th | 75% | 34.7% |
| 2 year old's delivered by GP | - | 42.5% | 7 th | 75% | 32.5% |
| 3 year olds delivered in nursery schools | - | 66.3% | 1 st | 75% | 8.7% |
| Primary school children | - | 73.8% | 2 nd | 75% | 1.2% |

*No colour indicates no national target set

2.39 There are a number of challenges to the delivery of influenza vaccines this year:

- The same staff delivering flu and COVID-19 vaccination planning and delivery has spread staffing resources more thinly this year: recruitment to accommodate the additional COVID-19 vaccine delivery is underway to mitigate this.
- The challenges facing schools delivery: including access to schools generally; access to schools for parents of 3 year olds; complexity of planning the schools programme when schools may be closed at short notice; and shielding staff in this workforce adds additional complexity.
- The additional requirements regarding COVID-19 social distancing within facilities and personal protective equipment requirements adds complications to delivery across the whole programme. In addition, there may be some resistance to attending a health care facility for vaccination from people who are vulnerable to COVID-19. This may have a negative impact on uptake in primary care (community pharmacy and GP practices).

2.40 The seasonal influenza programme has expanded the 'peer vaccinator' model for staff, the number of peer vaccinators recruited

this year has doubled from 200 to 400. This has training implications, and training is well underway. The aim this year is to allocate each peer vaccinator 30 named staff members that they will be responsible for vaccinating. The immunisation team is working with the three ILGs and occupational health team to deliver this new model. Staff will not need to move around the hospitals unnecessarily and this brings significant infection prevention and control benefits.

2.41 Over the course of the last 12 months there has been work to standardise services across the Cwm Taf Morgannwg area, in summary:

- The Bridgend area has not yet adopted vaccinating children aged three in nurseries in line with the former Cwm Taf area but this is planned for 2021/22. This has been shown to boost uptake in this group by approximately 20%.
- The Bridgend area has taken on the delivery of influenza vaccination to children in special schools. This helps to boost uptake in a vulnerable group in line with the aims of the immunisation programme, which not only seeks to prevent ill health but to reduce health inequalities.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

- 3.1 As the Health Board seeks to 're-set to a new normal', the availability of staff who have been instrumental to the response so far has become increasingly precarious as a balance is sought between 'normal' and COVID-19 support roles.
- 3.2 A key risk for the quality of CTM's ongoing response to COVID-19 is human and financial resource. Whilst Welsh Government has provided funding for aspects of the Test, Trace Protect (TTP) Programme, similar guarantee of funding for other aspects, e.g. testing, has not been as clear.
- 3.3 The response to the first wave of this pandemic has been courageous but the mortality rate and burden of disease we experienced in CTM means that we must be honest about the fact there are lessons to be learned upon deep reflection. It is critical that these lessons inform our posture as we look ahead to whatever form the next iteration of the pandemic might take.
- 3.4 The seasonal flu targets are very stretching and coupled with the competing demands on the same staff to deliver a comprehensive COVID-19 mass vaccination programme, they will be difficult to deliver this season. Explicit support for each peer vaccinator having

a specific named list is sought to give this element of the programme the best chance of success.

4. IMPACT ASSESSMENT

| | |
|---|--|
| Quality/Safety/Patient Experience implications | Yes (Please see detail below) |
| | All explored in the report itself |
| Related Health and Care standard(s) | Governance, Leadership and Accountability |
| | Staff and Resources |
| Equality impact assessment completed | No (Include further detail below) |
| | |
| Legal implications / impact | There are no specific legal implications related to the activity outlined in this report. |
| | |
| Resource (Capital/Revenue £/Workforce) implications / Impact | Yes (Include further detail below) |
| | The COVID-19 TTP Programme entails significant costs, some of which are covered by WG funding but certainty of resourcing for the entire programme of work has not been robust |
| Link to Strategic Well-being Objectives | Work with communities and partners to reduce inequality, promote well-being and prevent ill-health |

5. RECOMMENDATION

- 5.1 The Health Board is asked to **NOTE** this report and **APPROVE** the latest COVID-19 mass vaccination and seasonal influenza plans.