



# **CWM TAF MORGANNWG REGION**

## **COVID-19 PREVENTION AND RESPONSE PLAN**

### ***A PARTNERSHIP APPROACH***

**Final Version**

**As submitted to Public Health Wales**

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## CWM TAF MORGANNWG COVID-19 PREVENTION AND CONTAINMENT PLAN

### 1.0 BACKGROUND

The Public Health Protection Response Plan developed by Public Health Wales (PHW) on behalf of Welsh Government proposed three key elements:

1. Preventing the spread of Coronavirus Disease (COVID-19) through contact tracing and case management.
2. Sampling and testing different people in Wales.
3. Population surveillance.

Subsequent letters and guidance from Welsh Government and Public Health Wales, most recently dated 29<sup>th</sup> July 2020, set out that effective implementation of an integrated national and local system should be based on six principles as follows:

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

This plan is the Cwm Taf Morgannwg COVID-19 Prevention and Response Plan, which builds on the above guidance and incorporates the former, approved Cwm Taf Morgannwg (CTM) Test-Trace-Protect (TTP) strategic plan, so we retain one, over-arching strategic plan setting out our approach to prevention and response.

For continuity purposes, it should be noted that this plan records what has already been delivered within the CTM TTP programme and importantly, sets out next step actions.

The plan contains a number of key sections (including those set out in the national guidance) and is supported by an action plan at **Appendix 1**.

The action plan identifies those actions required by partners across the region to operationalise the plan. It outlines work in each of the key areas in terms of what has already been completed and what is planned to be done in the next stage, together with leads identified and deadlines for completion.

## **2.0 OVERALL STRATEGIC AIM**

The strategic aim for the CTM COVID-19 Test-Trace-Protect programme is:

To put 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.

## **3.0 OVERARCHING OBJECTIVES**

Our overarching programme objectives are as follows:

1. Protect the health of the population by taking action to prevent and if otherwise necessary, reduce the transmission of COVID-19.
2. Ensure appropriate resources are in place to reduce the burden of COVID-19 in CTM through the collective efforts of contact tracing, surveillance, testing and risk communication & community engagement.
3. Ensure adequate sampling and testing capacity exists to sample all people identified as possible cases or who present a high risk of transmission to vulnerable persons.
4. Ensure local contact tracing teams are adequately resourced and are able to provide a service across the whole of the CTM area 7 days a week.
5. Ensure effective measures are in place for the control of clusters of COVID-19 infection in: healthcare settings, other enclosed settings and the wider community.
6. Ensure activity contributes to national surveillance efforts. In return ensure that data / information obtained nationally or locally is applied to maximum effect within CTM.
7. Ensure an adequate and whole system approach to the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.
8. Test and deliver an end-to-end pathway for the delivery of a Covid-19 Mass Vaccination Programme within CTM ready for when required.
9. Update and satisfy the CTM Chief Executives Group that sufficient resources and effective measures are in place and being utilised to control COVID-19 in the CTM area.

## **4.0 OVERSIGHT ARRANGEMENTS**

The strength of the TTP programme in Wales is its focus on regional and local leadership delivered through robust partnership arrangements. This plan and any operational plans that sit beneath it have been endorsed by the Leaders and Chief Executives of the public sector organisations in the region.

It is essential that all organisations are clear on the implications and actions required to prevent the spread of COVID-19. In the unfortunate event that we may need to implement additional measures, either preventative or in mitigation that affect our communities, it will be essential that there is strong community leadership at a local level in the decision making process.

The local authorities have a critical role in implementing and enforcing any decisions to introduce enhanced Covid19 measures or local lockdown arrangements should they be required. These decisions must be based on the best available surveillance and intelligence provided by the UHB and PHW and made available to the respective local authorities on a regular and timely basis.

Each local authority will have its own governance arrangements set out in their constitution and Leader's schemes of delegation and functional responsibilities. These set out how and by whom decisions are made. Key strategic decisions such as the temporary closure of public services in an emergency or the imposition of local restrictions would be made by the Leader and their Cabinet, if urgent by way of an Executive Decision. Other specific enforcement powers such as those under the Health Protection (Coronavirus Restrictions) (No. 2) (Wales) Regulations 2020 are delegated to officers to use in accordance with each Council's corporate enforcement policies.

If there is evidence to suggest that such enhanced measures are required for the protection of public health the relevant local authority will be made aware as early as possible to ensure that any necessary decisions are properly considered and made in accordance with the Council's governance arrangements so that the necessary measures can be appropriately and quickly introduced.

The CTM TTP programme oversight arrangements are captured in a document approved by the Programme's Regional Strategic Oversight Group on 9 June 2020. This has been updated to add in two recent, additional work streams and can be found at **Appendix 2**.

Details are also contained on the relationship to the South Wales Local Resilience Forum and partnerships such as the Regional Service Board and two Public Service Boards.

In essence the programme reports into the Chief Executives of the Health Board and three Local Authorities, who meet on a regular basis, and is supported by:

- **Regional Strategic Oversight Group** – chaired by Professor Kelechi Nnoaham, Director of Public Health.
- **Regional Tactical Group** – Stage 1 chaired by Siôn Lingard, Consultant in Public Health, Stage 2 to be chaired by an alternate Consultant in Public Health.

It is important to note that this group also incorporates the role of Regional Response Team in managing incidents in COVID-19 clusters, enclosed settings, & healthcare settings.

- **Six Work Streams:**

- Surveillance
- Sampling and Testing
- Contact Tracing
- Risk Communications and Community Engagement
- Protect
- COVID-19 Mass vaccination.

This plan consists of oversight of the six work streams and their respective work programmes. It acts as a vehicle to bring the work together and allow for oversight of actions, in order to monitor progress, actively review and set new direction as required. Further detail on each work stream can be found in section 9.0 below.

## 5.0 PREVENTION

### Our Population

The resident population of Merthyr Tydfil, Rhondda Cynon Taf (RCT) and Bridgend is estimated to be 448,639 (Stats Wales 2020). The population aged over 65 years make up 20% of the Cwm Taf Morgannwg population and are projected to have the largest increase by 2036.

Both Life Expectancy at Birth and Healthy Life Expectancy are lower in Cwm Taf Morgannwg compared to other Health Board regions and lag behind the Wales average in men and women. More specifically, life expectancy at birth in men ranges from 77.2 years in Merthyr Tydfil to 77.9 years in Bridgend, and in women from 80.6 years in Merthyr Tydfil to 81.2 years in Bridgend. The degree of inequalities in health in Cwm Taf Morgannwg is indicated by the fact that based on data from 2015-2017, a girl born in Bridgend can expect to live 61.3 years in good health, but would live only 56.5 years in good health if she was born in Merthyr Tydfil – a nearly 5-year gap.

Cwm Taf Morgannwg is also likely to see a rise in the number of people living with a range of chronic conditions such as diabetes, heart and respiratory disease as well as cancer and dementia. In addition, over 40% of people aged 75 and over in Merthyr Tydfil and RCT live alone. The combination of multiple morbidity with long term conditions and growing social isolation has an impact on the need people have for health and social care.

The major health and wellbeing challenges which the health and care system are working in partnership with communities to tackle therefore include:

- Frailty – and associated challenges presented by population ageing.
- Obesity/overweight – nearly 2/3 of adults in Cwm Taf Morgannwg being overweight or obese.
- Inequalities in health outcomes – as set out above in stark variations between populations in health life expectancy and life expectancy at birth, partly driven by relatively higher prevalence in Cwm Taf Morgannwg of socioeconomic deprivation and lifestyle choices that impact health adversely, such as smoking, poor diets, low physical activity and alcohol misuse.

- Loss of wellbeing (mental health).

The importance of continued efforts across our community and public services partnerships to address these challenges through prevention has been emphasised more recently by the evidence of how, both in isolation and combination, they determine vulnerability to and drive adverse outcomes in COVID-19.

### **Prevention of COVID-19**

From the outset, the need to engage locally and provide information to promote primary prevention measures for COVID-19 has been an objective of the CTM TTP Programme. Messages to workplaces, other settings, key workers and the general public have been coordinated through the risk communication and community engagement work stream (strategic aim 4). A key goal of this work stream is to ensure that proper engagement with our communities to ensure we understand their perception of COVID-19 risk and the nature, determinants and distribution of knowledge, attitudes and practices related to the disease in those communities. This is fundamental to our approach to prevention and has meant that we have brought together key communications personnel from local authorities and the Health Board and sought to use all appropriate media to engage and communicate effectively.

We have been working with key settings – such as large employers or high risk occupational areas to provide advice and assistance on ensuring primary prevention measures are promoted. The Risk Profiling undertaken nationally by the Military Liaison Intelligence Group identified that some of Wales's largest sites for manufacturers are based in our Region. This is in addition to the large meat processing plant - Kepak Merthyr – which was the subject of a cluster of cases in May 2020. Additional risks were identified for two large holiday caravan parks located in Porthcawl, Bridgend.

Working with the National Health Protection Cell, a risk assessment tool has been devised to assist Local Authorities in the area to identify key employers and make contact to assess potential risks associated with the work environment or workforce characteristics. This is attached at **Appendix 3**. Using local expertise, Welsh Government guidance and Healthy Working Wales materials, medium and large business based locally are being supported in providing a safe place to work.

Welsh Government are developing messaging based on behavioural insights aimed at young people. This can be adapted for university students in particular those attending the University of South Wales which has its prime campus located in the Region. This will be vital to promote social distancing in groups who may not be inclined to socially distance and reduce the potential for any larger informal gatherings.

Support for Residential and Nursing Care homes within the CTM area is critical to both prevention of COVID-19 transmission and mitigation of impact should a case

arise. Since the transfer of incident management at these settings from the National Health Protection Cell to the Regional Team has taken place, maintenance of practice support, monitoring and management of COVID-19 incidents has remained a key focus. The Regional Response Team Environmental Health Officers (EHOs), supported by the National Health Protection Team, are key to ensuring that guidance issued by Public Health Wales and Welsh Government, particularly in relation to testing of staff and residents plus the adoption of best practice for infection prevention and control.

The region has developed a Protect work stream and action plan, building on the successful work undertaken by the Local Authorities and Third Sector to support individuals who are shielding or otherwise more vulnerable to COVID-19 to self-isolate and stay at home when required. This support will be essential to prevent infection amongst those most at risk and further details are provided in the work stream section below.

## **6.0 MITIGATION AND CONTROL**

We have a number of large higher education establishments in CTM – in particular at Merthyr College, Bridgend College in Bridgend and Coleg y Cymoedd in RCT. Building on our prevention approach above, we work closely with higher education establishments, in collaboration with colleagues in other regions, ensuring that each institution is 'COVID-19 secure' and have carried out risk assessments and mitigated them with a combination of controls to ensure compliance with the relevant Health Protection Regulations.

The Keep Wales Safe COVID-19 Guidance for higher education sets out different levels of operations we would suggest institutions adapt to help them prepare for the different, anticipated phases during the remainder of the response to COVID-19. It also provides guidance for student accommodation and how social distancing and infection prevention and control methods can be implemented. This requires a particular approach that supports landlords of houses in multiple occupation in the private sector in the Treforest Ward, where large concentrations of students live during term time.

Schools, childcare hubs and early years settings are supported to ensure they have access to specialist advice and guidance that is communicated to Head Teachers and Setting Managers consistently to enable them to adopt appropriate, risk-assessed COVID-19 management plans and to identify and escalate any issues at the earliest opportunity in accordance with the Public Health Wales Guidance on clusters and outbreaks in Educational Settings.

Through the TTP programme's Risk Communication and Community Engagement work stream (strategic aim 4), a survey has already been carried out examining some of the issues around engagement and has been useful in informing key messages locally on how best to reach target groups.

Much work has been undertaken through Local Authorities and Third Sector partners to provide support to those that may experience hardship through

compliance with control measures, there has also been a focus on those that have been 'shielding'. All these measures not only look to minimise the risk to the health and wellbeing of individuals but also help to create a supportive environment that encourages compliance and which we will continue to build on.

Each Local Authority has established effective partnership arrangements to collaborate and coordinate activity with the Third Sector and other public sector partners to protect our most vulnerable residents, utilising community networks and assets to deliver practical support to those most in need often delivered with the assistance of a committed group of community volunteers.

An incremental approach to support and encouragement is taken. It is Local Authority staff that take the lead role in supporting individuals, businesses and other settings to comply with relevant requirements to minimise the risk of COVID-19 transmission. This has enabled a proactive approach to advice, support and guidance to be adopted for each business sector as it has re-opened to ensure positive steps to minimise transmission are in place and maintained. Particular sectors that have received targeted, proactive support to date includes the hospitality sector, hair and beauty and fitness centres.

This approach has achieved high levels of compliance to date, although each Local Authority partner is equipped to use available enforcement tools under a range of legislation to secure compliance where appropriate. Where there is need to consider more targeted enforcement, arrangements exist for specialist Environmental Health and Public Protection Officers to be available for deployment within each Local Authority area.

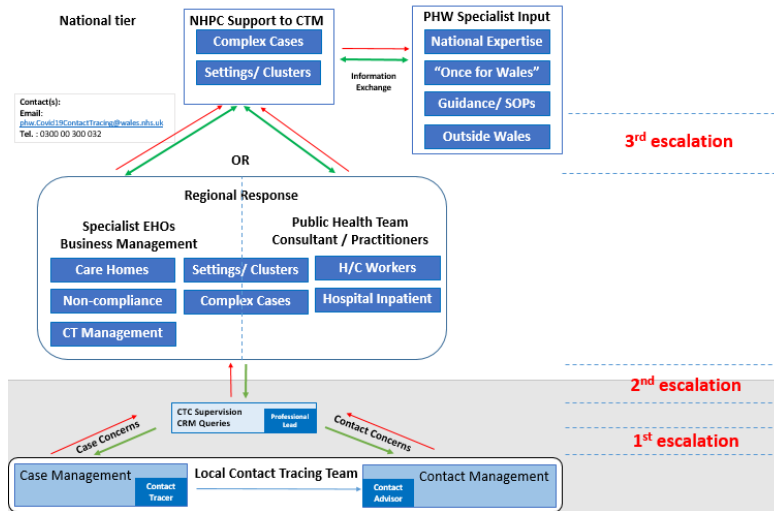
Ultimately the application for a Part 2A Order under the Public Health (Control of Disease) Act 1984 and subordinate legislation may be made by the relevant Local Authority to ensure that appropriate actions are carried out to mitigate risk. In the context of each Local Authority's Corporate Enforcement Policy, this established and tested process provides judicial oversight in a context where persuasion and other means have not been effective at securing key control measures.

## **7.0 ESCALATION ARRANGEMENTS**

Clear escalation processes are described within the CTM TTP Programme with routes available dependant on the topic or source of the information. This includes queries and identification of potential clusters and settings of interest through contact tracing and epidemiological investigations.

- The standard escalation process is for the Contact Tracer or Advisor to discuss with their Professional Lead within the local tier in the first instance.
- If this raises questions that cannot be answered here, or issues that require further investigation the matter is escalated to the regional tier for the consideration of either specialist EHOs or the Public Health Team.
- If specialist health protection advice is required, the matter is escalated to the National Health Protection Cell for advice and guidance.

This process is described in Standard Operating Procedures held at the regional level by the Local Authorities and Public Health Team for their respective areas of work. The figure below outlines the pathways employed:

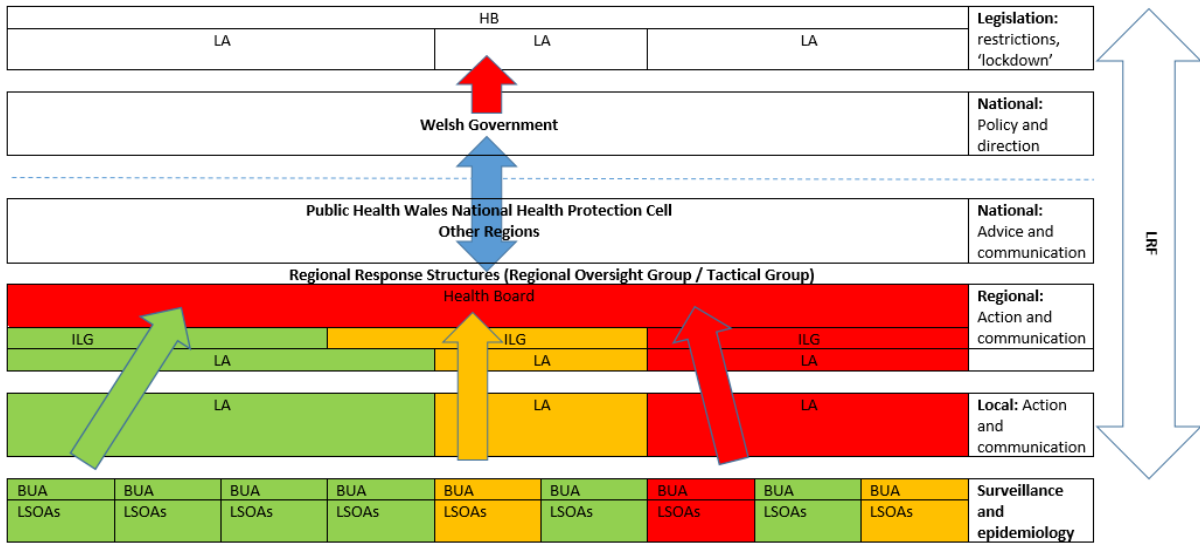


The surveillance work stream within the CTM TTP Programme has developed a suite of indicators drawing on local national and UK data to inform action within the region and provide oversight. These indicators not only focus on the wider community and enclosed settings, but also the health care environment, thus providing the ability to have early warning of increased or changing health service demands.

Further surveillance tools have also been developed to ensure early identification of increases in baseline incidence of infection across small geographical areas of CTM – 'Built Up Areas' and Lower Layer Super Output Areas (LSOAs). This ensures an early detection system is in place that enables the Region to identify and deploy actions that will mitigate and aim to reduce transmission rates. The potential measures for consideration as required are set out at **Appendix 4**.

Within the context of a robust all Wales surveillance and communication framework, this work will enable threats to be identified quickly and relevant conversations initiated within the appropriate layers of our partnerships to agree, endorse or communicate appropriate responsive interventions.

The diagram below illustrates how surveillance or other intelligence triggers can escalate a response within relevant parts of all organisations concerned.



Where the need is isolated, this approach can ensure the whole region has a shared understanding, whilst at the same time, not initiating control measures until necessary. This provides a measured approach that can react promptly and adapt as the need arises. It also ensures that all those within a given locality can be easily identified and information disseminated.

As with surveillance activity the CTM TTP Programme can ensure that internal mechanisms are effective and fit for purpose. We are however reliant on an all Wales framework to ensure that threats and emerging intelligence from outside the region is shared promptly.

Clear escalation processes from the work stream leads and/or Regional Tactical Group, to the weekly Regional Strategic Oversight Group meeting, gives an opportunity for resource issues to be appropriately considered. If required, this can then be raised immediately at the weekly joint Health Board and Local Authorities Chief Executives briefing.

Collaboration is key and this is facilitated locally by a joined up approach throughout the TTP Programme. Senior representatives from key organisations lead on work streams within the programme. This includes the Protect work stream (strategic aim 5) which is led by the Chair of the Regional Partnership Board. This ensures that the Board is included in key discussions and is able to influence and maximise the impact and support available.

Regional Partners have plans in place to ensure appropriate collective decision making where additional local actions or restrictions need to be deployed, and operational plans are in place to facilitate the delivery of these measures across partners and a wide range of settings and activities.

The South Wales Local Resilience Forum (SWLRF) is kept informed of the local situation through the Regional Strategic Oversight Group (RSOG), via the two Chairs linking up with each other where necessary, and as they did on the recent Kepak Merthyr factory incident and also via the RSOG senior planner being a member of the SWLRF Recovery Co-ordinating Group (and Strategic Co-ordinating

Group when that met). The programme's Regional Tactical Group also has the Health Board Head of Civil Contingencies Manager as a member and he is able to feed into SWLRF Recovery Co-ordinating Group and its tactical group as a member.

## **8.0 MANAGEMENT OF CLUSTERS, INCIDENTS AND OUTBREAKS**

The principles and structures laid out in the Communicable Disease Outbreak Plan for Wales set the framework for action and control within the CTM area. However in order to ensure a sustainable approach throughout the coming months, plans are progressing to implement arrangements to manage issues in settings that previous experience tells us will be affected when incidence increases, appreciably in the future.

Three sub-groups of the Regional Tactical Group will be created to manage clusters or incidents in those settings, thus providing a coordinate and efficient approach to management. Each sub-group will take responsibility for incidents within their remit and coordinate action, and share learning and experience across the board. Reporting and escalation processes will remain in place, with immediate advice sought from the National Health Protection Cell if it is felt that an Incident Management Team is required.

The planned sub-groups are as follows:

- **Enclosed settings**

Building on work already pioneered by Local Authorities within the CTM area and CTM UHB, enclosed settings will be supported by a collaboration between Local Authorities (in particular adult and children social care departments), the Health Board and the National Health Protection Cell. It is fully recognised that the challenges faced by this sector are numerous, not only the need to prevent disease transmission within the home, but also operating in a difficult environment where key staff may be required to isolate for extended periods and where new admissions and resident movement may be restricted. This is why a truly collaborative and locally joined up approach is needed between all the key agencies and teams.

- **Healthcare**

Healthcare settings are managed through established mechanisms involving Health Board management – a designated Infection Control Doctor and Infection, Prevention and Control Team. Where there are issues to consider outside the healthcare environment, in the wider community or enclosed settings, then action can be co-ordinated through the Regional Tactical Group where this satisfies all requirements. However, invoking the provisions of the Communicable Disease Outbreak Plan directly must always be considered in such circumstances.

- **Education**

Schools and further/higher education establishments need an especially swift response due to the scale and risk of spread. Response will need to be proactive and flexible, incorporating a variety of testing methods depending on the circumstances. Public Health Wales guidance on the identification and management of clusters in education settings will guide action by this group.

In the event of outbreaks (as defined in the Communicable Disease Outbreak Plan for Wales 2020), or increased rates of transmission, institutions will work with local partners, specifically the Regional Response Team to work to ensure that the national testing programme is able to effectively respond. This will include identifying measures to isolate people with positive results and minimise the spread of the disease and developing specific messaging for parent/students and staff.

Outside the structures described in the Communicable Disease Outbreak Plan for Wales, the need to ensure that resources are mobilised in a targeted, organised way is of paramount importance. The regional response, through the structures described above, shall ensure that where intelligence indicates that scrutiny and/or intervention is required, this is delivered at the right place at the right time.

## 9.0 WORK STREAMS

The work streams, leads and objectives are as follows:

### 9.1 STRATEGIC AIM 1 (SA1) – SURVEILLANCE

**Lead: Andrea Gartner, Public Health, UHB.**

A critical part of any Test-Trace-Protect programme is the need for early recognition of a resurgence of infection in the community. This requires sensitive early warning systems provided by good epidemiological surveillance.

As part of the CTM TTP programme, surveillance sits at the heart and provides not only intelligence to help set the over-arching context and plans for the programme, but also to inform individual partners to support their elements of COVID-19 planning, to inform local stakeholders and communities and to also inform the work of the respective local TTP work streams.

The aim of the surveillance work stream is to utilise health intelligence from diverse sources to inform active prevention of infection and tracking of the COVID-19 activity in CTM. The following sets out its objectives, together with SMART measures:

	<b>Objectives</b>	<b>SMART Measures (further work required to make them measurable where possible)</b>
1	To estimate the burden of disease more accurately.	Daily surveillance updates on agreed indicators, including identification of rising community
2	To provide key indicators to inform action and measure the effectiveness	

	<p>of public health interventions including:</p> <ul style="list-style-type: none"> <li>• Monitor intensity and severity of COVID-19 spread in CTM</li> <li>• Monitor behaviour of COVID-19 in at-risk groups in CTM (residents of long term care facilities, patients in acute and community hospitals and people in our communities at risk of developing severe disease)</li> <li>• Monitor immunity to COVID-19 in CTM</li> <li>• Detect outbreaks in CTM hospitals and long term care facilities</li> </ul>	<p>infection or emerging clusters for action.</p> <p>Regular surveillance reporting to inform Regional Strategic Oversight Group (weekly), Regional Tactical group (twice weekly) and other partners.</p> <p>Horizon scanning products for new potential sources of data, intelligence, methods or agreed national measures for surveillance.</p>
3	To monitor the impact of lifting social restrictions.	

As a programme, the CTM TTP has documented its use of surveillance data and is constantly mapping and linking with data provided at national, regional and local levels. **Appendix 5** highlights the latest CTM COVID-19 regional surveillance indicators and schedule. The schedule sets out the indicators, frequency, source and exception rules.

Exception rules are currently being reviewed and expanded to further improve data-driven detection of emerging cases and clusters at small area level as local early warning systems. These combine data-driven approaches with local intelligence gathered from partners, taking account of the local context and specific circumstances of cases. Information from contact tracing is triangulated with other sources such as laboratory data for effective early detection.

The surveillance data is reviewed twice a week in our Regional Tactical Group, weekly in our Regional Oversight Group and is also reviewed weekly by the Health Board as part of its 'Re-setting the Agenda' meeting and associated programme.

The surveillance data also links closely with the Health Board's quarterly operating plans where, in addition to our full surveillance suite of data developed and used to inform our TTP programme, the Health Board has agreed a set of indicator thresholds, intended to enable the organisation with its partners, to know when to re-establish its emergency response. These are as follows:

- Daily monitoring of positive COVID-19 cases – to pick up potential community clusters.
- Hospital admissions due to COVID-19 – enables underlying understanding of changes in the R(t) rate in the community.
- Hospital acquired infections.
- Positive cases in care homes.
- COVID-19 positive deaths.
- New staff absence rate citing COVID-19 or COVID-19 type symptoms.

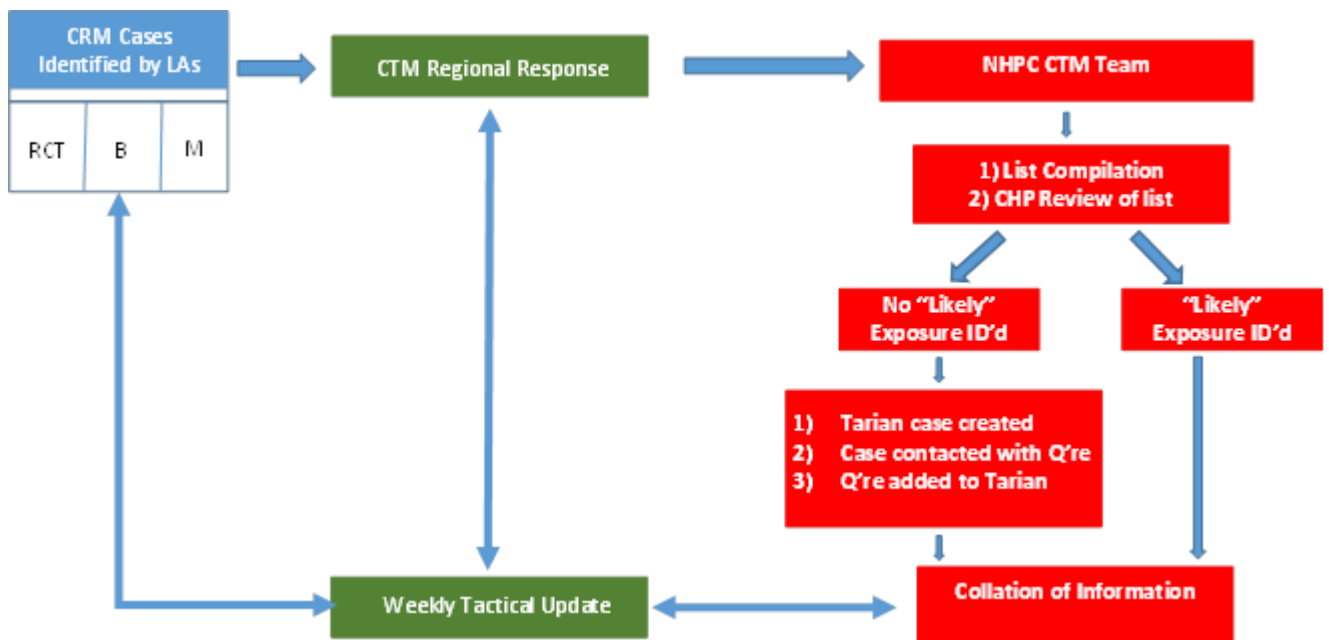
These indicators are being monitored and reported on across the partnership, including informing the situational reporting into our South Wales Local Resilience Forum, to ensure full visibility and that they are enacted upon when required.

The TTP process is aimed at preventing ongoing transmission and so identifies those already exposed to a confirmed case during the period they will have been infectious. From this point, those contacts are then asked to isolate to minimise any risk of them infecting others should they develop the illness.

As part of this, a likely source of the case’s infection may become evident – such as being previously identified as a contact of another case, or being linked to a setting where there is an ongoing incident. Where a probable source cannot be identified, a process of backward contact tracing is initiated to ascertain whether one can be identified as outlined in the process diagram below.

This information is discussed twice weekly with the Welsh Government Intelligence Cell and at the Regional Tactical Group. This process can only be sustained when numbers are small and when we are still trying to eradicate infection sources.

At a time where there is sustained community transmission the efficacy of backward contact tracing to eradicate infection sources is significantly reduced so it is anticipated that other control and surveillance measures would then replace it. The following sets out our process:



As already highlighted, in addition to the ‘harder’ data above, ‘softer’ intelligence is also used by the programme in order to inform plans and actions going forward. To help achieve this, the surveillance work stream works closely for example with the Risk Communication and Community Engagement work stream, particularly in the use of local surveys, social media and community feedback.

## 9.2 STRATEGIC AIM 2 (SA2) – SAMPLING AND TESTING

**Lead: Elaine Tanner, UHB.**

This CTM COVID-19 Prevention and Response plan is complemented and informed by the local arrangements for sampling and testing which are an inherent and vital part of the overall CTM TTP programme.

Building on the Welsh Government Testing Strategy, CTM has had a local Sampling and Testing Strategy. The strategy sets out the methods for local sampling and testing to ensure a rapid response that is accessible to the entire local population and takes into consideration the unique characteristics of the communities in the local area. The current strategy can be found at **Appendix 6**, although it should be noted that this is currently being revised to reflect the latest iteration of national strategy.

As part of the programme, the aim of the sampling and testing work stream is to provide targeted data for accurate surveillance to take place - this covers a broad spectrum of work from booking tests for different cohorts, sampling and results.

The following sets out the work stream’s current objectives:

<b>Objectives and SMART Measure</b>	
1	Provide tests for 100% of all symptomatic inhabitants of CTM, within 24hrs of them requesting a test.
2	Provide tests for 100% of all Care Home residents and staff once every 2 weeks (asymptomatic).
3	Provide tests for 100% of symptomatic Care Home residents within 24hrs (as a result of symptoms being identified).
4	Provide tests for a random sample of 150 CTM hospital staff randomly per week.
5	Provide pre-operative screening tests for patients 72 hours pre-surgery as requested; with ILG leads, develop a plan to ensure ambulatory care testing is in place and accessible across the Health Board as routine procedures resume
6	Provide serology tests for CTM staff/key workers/residents as directed

Amongst priority work at present, improving testing turnaround times is a key focus. In order to ensure effective individual and mass sampling, and testing arrangements which are responsive to the circumstances of our region, testing has to be easily accessible and have a quick turnaround, ideally less than 24 hours, to initiate TTP. We are currently undertaking improvement work with the support of the Delivery Unit to improve the turnaround times in CTM.

CTM has experience of mobilising COVID-19 antigen testing in response to a local incident, following the mass testing of staff at a local meat processing plant. The lessons learnt from this mass testing event are being used to develop a protocol

for mobilising the Mobile Units to undertake enhanced testing in settings or localised areas of high incidence.

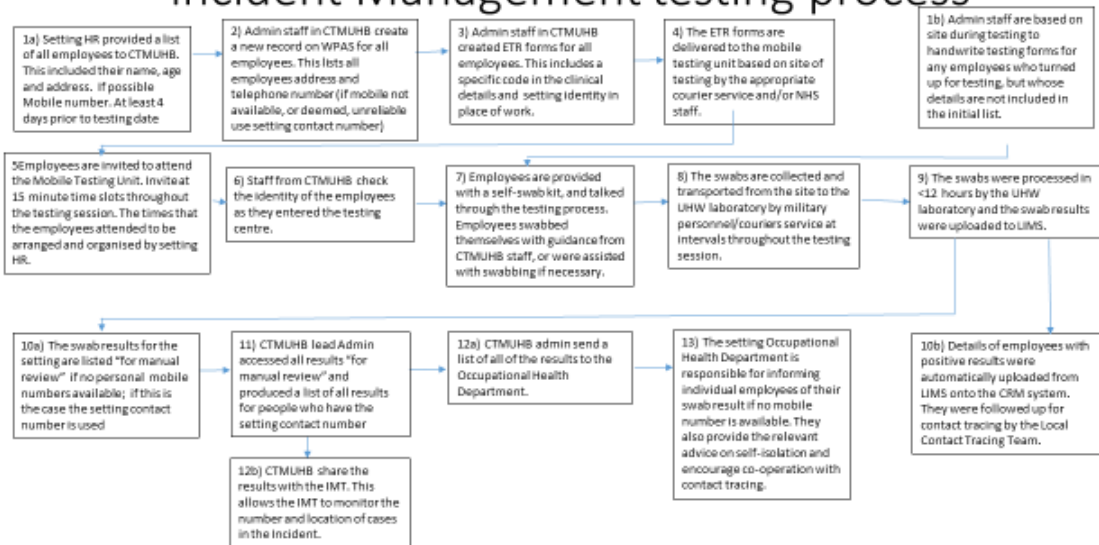
The CTM communication team, as members of the programme’s Risk Communication and Community Engagement (RCCE) work stream is working closely with the Testing Team to proactively identify opportunities to encourage testing for all symptomatic individuals in the population. The RCCE are promoting and reinforcing WG and PHW key messages at local level via a range of media including CTM digital platforms and social media. They make full use of nationally produced communication resources and have also produced a range of complementary resources including a testing leaflet tailored for different audiences in CTM, including patients and staff to support the TTP process.

The flow chart below outlines the draft process to be followed when supporting testing when an incident is confirmed by PHW colleagues.

The setting can be anywhere a school, care home or factory. Where mobile phone numbers are deemed to be unreliable, for whatever reason, although a longer process it is possible to use ‘the setting’ contact details. Points 10 and 11 would need further discussion to ensure a ‘live’ list of all test results is available to the IMT throughout the process and agreement based on each individual setting. Early communication with laboratory colleagues is essential to ensure swabs are expected and can be processed on the day of testing and should be factored in very early in discussions with the IMT.

CTM UHB Testing would aim to keep as close to this as possible as it has recently worked well for the Health Board, however each incident will need clear communication and discussion with colleagues across the IMT to ensure we are able to progress testing through to results and tracing as smoothly as possible.

### Incident Management testing process



In terms of a community incident being declared we would work with the IMT to agree the appropriate location for testing; in this incidence it would be harder to get contact details up front therefore longer would be required to process each individual and the ability to print ETRs on site would be required. Otherwise the process would be the same with results being relayed via text message and positive results followed up by tracing colleagues ensuring the IMT are able to monitor all results.

### 9.3 STRATEGIC AIM 3 (SA3) – CONTACT TRACING AND CASE MANAGEMENT

**Lead: Paul Mee, RCT CBC.**

The purpose of contact tracing and case management is to interrupt chains of transmission in the community by identifying cases of Covid-19 tracing the people who may have become infected by spending time in close contact with them and then requiring, and supporting those close contacts to self-isolate so that they are less likely to transmit it to others.

The aim of this work stream is to establish an effective contact tracing and case management system, consisting of a regional response team and local contact tracing teams in Cwm Taf Morgannwg to prevent the spread of COVID19 infection. This will contribute towards reducing the reproduction number (R – the average number of secondary cases per infectious case).

The regional response team use information from surveillance to identify geographical hotspots or clusters of high transmission rates requiring enhanced infection control. The local contact tracing teams deliver contact tracing intervention and public health advice to cases and contacts in the area.

The objectives of the work stream are as follows:

	<b>Objectives</b>	<b>SMART Measure</b>
1.	To establish an effective contact tracing and case management system in Cwm Taf Morgannwg	<p>To trace 80% of contacts, at least 35% of which to be traced within 24 hours.</p> <ul style="list-style-type: none"> <li>• % of index cases traced within 24 hours / 48 hours</li> <li>• % of contact cases traced within 24 hours / 48 hours</li> </ul> <p>To respond to the contact tracing and case management requirements associated with any clusters or outbreaks requiring targeted intervention</p>
2	Develop a sustainable workforce plan for the contact tracing service at both	That a workforce plan is in place to deliver a single contact tracing and

	<p>regional and local teams in the context of the whole TTP requirement.</p>	<p>case management service for the CTM region; sustainable and flexible to respond to changing demand.</p> <ul style="list-style-type: none"> <li>• Number of contact advisors</li> <li>• Number of contact tracers</li> <li>• Number of professional leads.</li> <li>• Number of specialist staff in regional team.</li> <li>• Percentage of staff undertaken e-learning package and induction.</li> <li>• Percentage of welsh speakers.</li> </ul>
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#### 9.4 STRATEGIC AIM 4 (SA4) – RISK COMMUNICATION AND COMMUNITY ENGAGEMENT

**Lead: Sara Thomas, Public Health, UHB.**

As part of the CTM TTP programme, there is a need for ongoing clear and effective communication which is coordinated between all work streams, sectors and with national activity.

The scale of the current COVID-19 pandemic means we are in a unique position where all statutory, community and voluntary organisations on a national and local basis are focussed on the same agenda and in turn, developing their communication and engagement approaches.

Although this provides considerable resource, there is a real danger of duplication of effort, inconsistent messages and gaps in provision, particularly against a background of regularly changing guidance.

The success of our Prevention and Response Plan is predominately dependant on widespread public understanding, acceptance and uptake of the primary control measures (social distancing, hand washing, respiratory etiquette and enhanced cleaning regimes), highlighting the need for a comprehensive, multiagency approach to local risk communication and community engagement. Combined with this is the need for appropriate provision within our communities to provide support to help protect the health and wellbeing, in the widest sense, of those directly or indirectly adversely affected by COVID-19. We have therefore set up a multiagency work stream to take this work forward.

The aim is to reinforce primary control measures, provide the public and partners with clear messages and practical information which will encourage and enable them to follow any current guidance related to reducing the spread of Covid-19 and participate as appropriate in any associated testing or contact tracing programmes.

Working closely with the Protect work stream, Regional Partnership Board and Public Service Boards to build on established collaborations with statutory organisations, local community networks and the third sector, this robust approach to community engagement and support should help reassure the public; encourage and empower citizens and build engagement with partners.

The multiagency approach and membership provides alignment of national and regional communications avoiding unnecessary overlap and ensures timely, accurate and consistent communications responsive and tailored to local need.

There are four key audiences this work stream is aimed at:

- General population
- High risk and Vulnerable Groups
- Enclosed settings (e.g. care homes) and work places
- Partners, Staff and stakeholders

The following sets out the work stream objectives and SMART measures:

	<b>Objectives</b>	<b>SMART Measures</b>
1	<p>Reassure the Public: help people feel confident in the exit/recovery approach and understand what they need to do by:</p> <p>Promoting current national guidance and clear messaging on primary control measures, providing up to date information on the testing and contact tracing pathways which is clearly communicated and readily available to staff and residents of CTM</p>	<p>All communication is accessible to the public in electronic and easy read format; in both the English and Welsh language and other languages as appropriate</p> <p>Survey samples of CTM residents identifies that &gt;90% of respondents are aware of what they need to do if symptomatic; how to book a test; when to self-isolate and how to access further information</p>
2	<p>Encourage and Empower Citizens: use behavioural insights approach and information provided by public perceptions COVID-19 survey work to ensure:</p> <p>CTM residents and staff understand and engage with Contact Tracing process;</p> <p>CTM residents understand COVID-19 risks within their locality, especially when cluster/hotspot is identified</p>	<p>Results of COVID-19 surveys are shared and key messages communicated to work streams in a timely manner;</p> <p>Subject and mode of communication is adapted in response to survey findings</p>

	Public are aware and practising primary control measures and self-isolation	
3	Build engagement with partners  Collaborative working with stakeholders to maximise resource and ensure consistent approaches to accessing and disseminating info	All RCCE work stream material is produced for use across the CTM region  Vulnerable/hard to reach groups in CTM are identified; communication with groups is tailored to meet needs  Target audiences e.g. employers, community groups are identified and communication tailored to maximise engagement

Attached at **Appendix 7** is our locally endorsed framework to take forward a collaborative, behavioural science informed approach to COVID-19 related communication and community engagement within the CTM UHB area. This includes a description of our identified population groups and settings highlighted in the CTM engagement framework and sets out steps to maximise contributions from different organisations and work streams.

An accompanying planning toolkit has also been developed to provide an evidence-based approach (COM-B) to engagement and behavioural change in relation to COVID-19. It is envisaged that this will provide a useful tool in the context of local incident and outbreak management.

### **9.5 STRATEGIC AIM 5 (SA5) – PROTECT**

**Lead: Rachel Rowlands, RPB Chair and CEO Age Connect Morgannwg.**

The 'protect' element of the programme is a vital contributor to supporting people in our communities who are shielding and/or who need to socially isolate as part of a COVID-19 response.

We have therefore established a Protect work stream, linking closely with the work of the national work stream, our Regional Partnership Board and two Public Services Boards. This is led by the Chair of the RPB, who is also the Chief Executive of Age Connect Morgannwg.

The aim of this work stream is to identify the support which may be required by some people to enable them to successfully self-isolate and ensure this support is provided openly and equitably across CTM.

A range of support has been provided to individuals who have faced challenges in managing during lockdown. Local Authorities, in partnership with the Third Sector

and Volunteers, have helped people with shopping, collecting medicine, loneliness and isolation, emergency food and support and a very wide range of other help.

This current 'offer' provides a guide to the kind of support likely to continue to be relevant to support self-isolation as part of the CTM Test-Trace-Protect Programme, as well as the identification of additional developments, depending on how events with COVID-19 unfold.

The objectives for the work stream are as follows:

	<b>Objectives</b>	<b>SMART Measures (further work required to make them measurable where possible)</b>
1.	Confirm scope of work stream, building on what already exists across CTM	Agreed scope with RSOG.
2	Confirm baseline of PROTECT activities and providers across CTM	Baseline report available.
3	Establish what, if anything, might usefully be developed or learnt from across the region.	<p>Number of people receiving support matches estimated need across CTM.</p> <p>Models of support are appropriate and well received by individuals and local communities, helping to reduce the incidence of COVID-19 in CTM.</p> <p>Public awareness of protect support is good across CTM. For example, there is a need to ensure that the scripts for contact tracers ask about the support required and signpost how to access support. This objective can be tested via local and national surveys, a number of which already exist.</p>
4.	Ensure due consideration of any additional requirements such as 'hard to reach' people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.	<p>Number of 'hard to reach' and/or people receiving additional consideration and support matches estimated need across CTM.</p> <p>Access to services reported to be good by individuals and local communities.</p>
5.	Agree a work stream plan based on the outcome of the above.	Work stream plan agreed by RSOG and incorporated into strategic plan.

6.	Ensure clear links established with RPB & their 'resetting' plans where necessary, and develop good links with RCCE work stream on communications.	Clear links established and confirmed via RPB and RSOG. Operating well going forward.  Any examples of good joint working noted.
7.	Develop Community Impact Assessment to inform strategic partnerships' work plans and priorities.	Survey/questionnaire developed and issued to PSB and RPB members for completion.
8.	Ensure a whole system approach to community support to increase resilience.	Social Value Forum established and meeting regularly.  Communication and engagement plan (linked to A Healthier Wales) approved and implemented. Established communication channels between community groups and work of the RPB to inform future planning and delivery of support.  Regular updates provided to strategic boards on any identified gaps in support.  Record of actions taken to address gaps in local support.
9.	Support the ongoing development of volunteers and volunteering opportunities to support community resilience.	Pool of volunteers created across agencies that can be mobilised to support local need.  Training opportunities and programmes developed to support volunteers.
10.	Link to other PROTECT systems and work streams (regional & national) to build on good practice and learning from elsewhere	Protect Chair a member of the national Protect work stream to ensure links made. Examples of good practice brought into the work programme and shared with others if examples exist within CTM.

## 9.6 STRATEGIC AIM 6 (SA6) – COVID-19 MASS VACCINATION

**Lead: Lesley Lewis, UHB.**

Most recently we have established a sixth work stream under the CTM TTP programme in order to help us to respond to the requirements in the recent Chief Medical Officer's letter – that of the COVID-19 mass vaccination work stream. This is closely linked in with our current arrangements for delivering the flu vaccination also this year.

The aim of this work stream is to deliver an end-to-end pathway for the delivery of a COVID-19 Mass Vaccination Programme within CTM ready for when required.

The objectives for the work stream are as follows:

	<b>Objectives</b>	<b>SMART Measures (further work required to make them measurable where possible)</b>
1.	Agree mass vaccination plan and test via a multi-agency table-top exercise, building in lessons learnt from elsewhere, including from mass testing arrangements.	Mass Vaccination Plan developed and tested via exercise and scenario planning, with local learning built in together with learning from elsewhere.
2	Ensure a blended delivery approach with flu vaccination programme	Blended delivery programme developed and tested as part of the above exercise testing.
3	Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.	All necessary resources in place including with contingency plans where required.
4.	Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups	Vaccinations delivered to priority groups with agreed target measures.
5.	Building on the above, provide vaccinations to remaining groups across CTM as required.	Vaccinations delivered to remaining groups with agreed target measures.
6.	Work with Surveillance work stream & others to establish agreed metrics and reporting, including vaccine uptake & links with disease surveillance.	Agreed metrics and reporting arrangements established.
7.	Work with the RCCE work stream & others to deliver an underpinning communication and engagement plan for staff and residents of CTM.	Clear, underpinning communication and engagement plan.

Work is underway to develop and test the mass vaccination operational plan, with a table-top exercise due to be delivered in the next week.

The underpinning workforce and finance plans are also in development and will be costed in due course, so not yet a part of the current programme finance schedule.

However this will be added as soon as it will be available. It should be noted that the costs are likely to be significant.

## **10.0 QUALITY AND SAFETY**

As the oversight arrangement which operates as a partnership between member agencies and reiterates the sovereignty of individual agencies, the quality and safety of respective services rests with the statutory organisations.

However the programme retains a strong and shared commitment to work openly together and take decisions in the spirit of partnership, with the overriding shared aim of delivering for the benefit of the communities it serves.

The programme will, through its various mechanisms monitor performance and effectiveness, and alert organisations to any particular areas of concern. The programme will also expect to be informed by partner organisations of any relevant issues affecting programme delivery. This will include monitoring and oversight of local performance against the proposed national contact tracing standards for example, once released.

## **11.0 WORKFORCE AND FINANCE**

This plan is underpinned with a workforce and finance plan, an earlier version of which was submitted to Welsh Government on 16th June 2020 and a revised version for the Health Board elements approved at the Health Board meeting on 29 June 2020.

The workforce and financial implications of the programme are constantly under review across the partnership and are currently estimated at approximately £14.3m this year. These latest programme costs were shared with Welsh Government in a letter on 17<sup>th</sup> July 2020 and are attached at **Appendix 8**. It should be noted that this is consistent with the quarter 2 operating plan submitted by the Health Board.

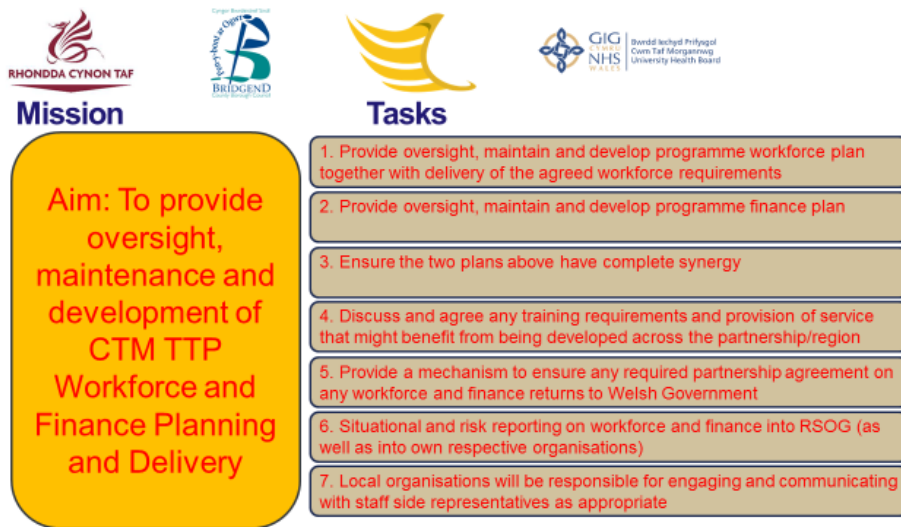
In a number of areas, staff are drawn from existing resource which provide for opportunity costs, however it is likely that roles will need to be back filled to cover core duties, particularly as services gradually return to normal.

If it proves necessary to undertake a wider recruitment exercise then there will clearly be potentially significant revenue implications. In addition there are likely to be capital costs associated with ICT, infrastructure and telephony.

It should also be noted, that as a recently established work stream, the COVID-19 mass vaccination plan, closely aligned to the influenza plan, is currently being developed and tested. This has not yet been fully costed and once complete, will need to be added into the above programme costs when ready. It is likely that these costs will be significant.

As the plan continues to be implemented, it is necessary to ensure all costs associated with the approach are captured and quantified. To support this work,

a programme workforce and finance task and finish group was established, with its role is as follows:



## 12.0 ISSUES LOG

An Issues log operates at the programme level and is maintained by the Programme Manager, with review of any strategic issues held weekly at the Regional Oversight Group.

## 13.0 RISK REGISTER

A Risk Register operates at the programme level, with risk ownership clearly identified and co-ordination undertaken by the Programme Manager in liaison with the work stream leads in particular. Any strategic risks of high importance are reviewed weekly by the Regional Strategic Oversight Group.

## 14.0 LESSONS LEARNT LOG

As part of our local arrangements for undertaking review and learning, so as to inform our local structures and capture learning to assist in the development of practice, a lessons learnt log has been developed and is held at regional level by the Programme Manager. This is informed by feedback from across the national, regional and local planning and delivery responses.

All staff and partners are encouraged to participate in sharing lessons on a live basis and fed back into the programme, so we are learning from experience and also practice elsewhere. This includes for example the information on early learning from the initial incidents and outbreaks in Wales which was included with the letter sent by the Welsh Government on the 27th July 2020.

## 15.0 SITUATION REPORTING

Each work stream, the Regional Strategic Tactical Group and Regional Strategic Oversight Group are responsible for providing exception reports on progress and risks etc. to the overall programme and to respective organisations as requested, including partner Local Authorities and Health Board.

## **16.0 IMPLEMENTATION, REVIEW AND LEARNING**

The strategic plan which was held previously has been incorporated into this plan, to ensure we retain one over-arching plan as a programme for consistency.

There will be regular review of this plan via the Regional Strategic Oversight Group, where its predecessor plan was also regularly reviewed. This will help ensure effectiveness of implementation or the need for change. The plan will also be reviewed in response to any emerging regional issues.

Any significant changes will be signed off by the Regional Strategic Oversight Group, with sight of the plan as required, also by individual partners such as the Health Board and Local Authorities.

Implementation of the plan and progress against action plans and objectives will be undertaken weekly during the Regional Strategic Oversight Group meetings.

Learning from the management of incidents and outbreaks will be fed into the Regional Oversight Group via the Incident Management Team or Outbreak Control Team chair usually using a formal debrief process.

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## APPENDIX 1

### CWM TAF MORGANWGW TEST-TRACE-PROTECT PROGRAMME

#### ACTION PLAN – UPDATED AS AT 6<sup>th</sup> August 2020

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

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

This strategic plan identifies the key actions required by partners across the Cwm Taf Morgannwg region to operationalise these elements and adds a further important work stream on risk communication and community engagement. To note in terms of this plan:

- Completed actions will be added to the end of the plan for reference.
- Actions highlighted in blue will be actions that are added to the plan after this point in time.
- RSOG decisions made will be referenced below in the 'progress' column.
- Any actions that remain open at the close of the programme will need to be transferred into business as usual of the respective organisation(s).
- The plan will be reviewed after each RSOG meeting.

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
<b>OVERALL STRATEGIC AIM – TO REDUCE THE RISK OF TRANSMISSION AND INFECTION OF COVID-19 IN THE CTM AREA. PROGRAMME MANAGEMENT - TO ENSURE CLEAR ARRANGEMENTS ARE IN PLACE TO SUPPORT PROGRAMME DELIVERY</b>					
• Establish CTM Regional Programme arrangement including Oversight Group, Tactical Group and Work Streams	√ Complete	√ Complete	√ Complete	Yes	Complete

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
Agree Oversight Arrangements document, including membership and terms of reference of the above.	√ Complete			Yes	Complete <ul style="list-style-type: none"> <li>Draft to RSOG 2/6/20</li> <li>Approved at RSOG on 9/6/20</li> </ul>
Agree draft strategic plan	√ By 23/6/20				Complete – but remains under development <ul style="list-style-type: none"> <li>Updated draft submitted weekly to RSOG.</li> <li>Latest version (v7) to be approved at RSOG 23/6/20</li> <li>Update comments requested at meeting on 23/6/20 – some still awaited before sign-off.</li> <li>Updated version 9 signed off by RSOG on 30/6/20</li> <li>Document to remain updated and under review by RSOG.</li> </ul>
Agree work stream plans	√ By 23/6/20	√ By 23/6/20	√ By 23/6/20	Yes	Complete <ul style="list-style-type: none"> <li>Three drafts complete and signed off at RSOG on 16/6/2020</li> <li>Testing work stream plan being drafted; RSOG to approve 23/6/20.</li> <li>Testing operational plan agreed at RSOG on 23/6/20.</li> <li>All plans to be kept under review and linked in to the strategic plan going forward.</li> <li>New, 5<sup>th</sup> Protect work stream agreed in mid-June, scope agreed on 30/6/20; operational plan under development.</li> </ul>
Develop a programme workforce plan	√ 1 <sup>st</sup> cut schedule available on 18/6/20		√ Plan by 6/7/20 TBC		Developing <ul style="list-style-type: none"> <li>Latest workforce and finance schedule submitted to WG on 16/6/2020.</li> <li>Workforce and Finance task and Finish Group established.</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
	Plan by 6/7/20 TBC				<ul style="list-style-type: none"> <li>Representatives identified.</li> <li>1<sup>st</sup> meeting held on – 24/6/20.</li> <li>Revised finance and workforce schedule completed on 18/6/20.</li> <li>Work underway via TFG to develop workforce plan by July.</li> <li>Next meeting 8/7/20.</li> <li>RSOG and partner CEO agreement on 30/6/20 to develop a regional workforce plan approach to contact tracing including 1 host LA.</li> </ul>
Develop a programme finance plan	✓ 1 <sup>st</sup> cut schedule available on 18/6/20  Plan by 6/7/20 TBC		✓ Plan by 6/7/20 TBC		Underway <ul style="list-style-type: none"> <li>Latest workforce and finance schedule submitted to WG on 16/6/2020</li> <li>Workforce and Finance task and Finish Group being established.</li> <li>Representatives identified</li> <li>1<sup>st</sup> meeting – 24/6/20</li> <li>Revised finance and workforce schedule completed on 18/6/20.</li> <li>Work underway via TFG to develop updated finance plan by July.</li> <li>Next meeting 8/7/20.</li> </ul>
Set up risk register	✓ Final agreed system by 30/6/20				Underway <ul style="list-style-type: none"> <li>Draft to RSOG 9/6/20, 16/6/20.</li> <li>Programme Manager liaising with work stream leads to finalise template and current risks, together with mitigating actions</li> <li>New template to RSOG 23/6/20</li> <li>Risk register to go to RCOG for review 14 July on Programme Manager's return</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					from A/L and at least monthly thereafter, in addition to work stream weekly updates on risks.
Set up issues log	√ Final agreed system by 30/6/20				Underway <ul style="list-style-type: none"> <li>• Draft to RSOG 9/6/20 &amp; 16/6/20</li> <li>• Programme Manager liaising with work stream to finalise latest log</li> <li>• New template to RSOG 23/6/20</li> <li>• Issues log to go to RCOG for review 14 July on Programme Manager's return from A/L and at least monthly thereafter, in addition to work stream weekly updates on issues.</li> </ul>
Set up lessons learnt log	√ Final agreed system by 30/6/20				Developing <ul style="list-style-type: none"> <li>• Draft to RSOG 16/6/20 – not received</li> <li>• Draft to be requested from Programme Manager for next meeting – 23/6/20 – not received.</li> <li>• Meeting held on 30/6/20 – draft log provided, to be reviewed and presented to RCOG for review 14 July on Programme Manager's return from A/L and at least at the end of each plan stage for updating as necessary.</li> </ul>
End Stage 1 Assessment and Look forward to Stage 2	√ By 31/8/20				Underway <ul style="list-style-type: none"> <li>• Agreed to run during August with each work stream.</li> </ul>
<b>STRATEGIC AIM NO. 1 – SURVEILLANCE</b> <b>THE AIM OF THIS WORK STREAM IS TO UTILISE HEALTH SURVEILLANCE FROM THE COMMUNITY TO PREVENT INFECTION AND TRACK THE VIRUS.</b>					

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
Prepare Regional Surveillance Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise the population surveillance requirements of the Response Plan.	√ Complete	√ Complete	√ Complete	Yes	<ul style="list-style-type: none"> <li>Final draft plan complete</li> <li>Plan agreed with stakeholders</li> <li>Plan approved by RSOG on 16/6/20</li> <li>Complete (although plan to remain under review and be updated as required).</li> </ul>
Identify and put in place necessary resource to implement a regional surveillance system	√		√		<p>Underway</p> <ul style="list-style-type: none"> <li>Internal resource identified for immediate surveillance</li> <li>Internal resource secured</li> <li>Longer term resource identified (June to August 2020)</li> <li>Broadened the surveillance team to include members of the planning and performance team for specific pieces of work such as automation of indicators</li> </ul>
Link to other regional surveillance systems across Wales to share learning and best practice			√ Complete	Yes	<ul style="list-style-type: none"> <li>Consult with other Health Boards on draft plan</li> <li>Ongoing sharing of learning and best practice</li> <li>Linked with other Health Boards to share learning and establish a network within which to raise issues and requests to PHW – reported to RSOG 9/6/20</li> <li>Surveillance network established – reported to RSOG 16/6/20</li> </ul>
Agree local key identifiers to be monitored and thresholds at which action should be considered and undertaken			√		<p>Underway</p> <ul style="list-style-type: none"> <li>Draft specification of indicators circulated to RSOG 16/6/20</li> <li>Specifications of indicators agreed by RSOG 07/07/20</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					<ul style="list-style-type: none"> <li>• Thresholds development for small areas underway</li> <li>• Ongoing review of key identifiers and thresholds</li> </ul>
Agree initial data sources for key identifiers and establish processes by which these will feed into the surveillance system	√		√		<p>Underway</p> <ul style="list-style-type: none"> <li>• Collaborate with stakeholders and other work stream leads to identify suitable data sources for immediate surveillance use – complete</li> <li>• Define process of data transfer into surveillance system - ongoing for different sources</li> <li>• Ensure mutually agreed interpretation of data with data providers - ongoing for different sources</li> <li>• 16/6/20 – established interim data access solutions – reported to RSOG 16/6/20 Secured interim data access to databases with HB information team</li> <li>• Agreement with others reached on providing hospital infection and deaths analysis</li> </ul>
Establish an interim solution for surveillance should the national case management system not be available			√		<p>Underway</p> <ul style="list-style-type: none"> <li>• Work with contact tracing work stream to identify functionality of case management system</li> <li>• Identify local dataset for analysis from case management system</li> <li>• 16/6/20 – established interim data access solutions – reported to RSOG 16/6/20</li> <li>• Work continuing, including training to get fuller access to CRM.</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
Input into national key indicators for surveillance to maximise local usefulness			√		Underway <ul style="list-style-type: none"> <li>Feedback into national process via PHW</li> <li>Shared weekly report with colleagues in PHW</li> <li>Received and commented on national and local epi reports from PHW</li> </ul>
Gain access to national case management system and ensure timely access to data for regional surveillance systems			√		Underway <ul style="list-style-type: none"> <li>Gained access to CRM system and dashboards 03/08/20</li> <li>Awaiting training to extract data from CRM system and fully understand the structure and limitations</li> </ul>
Ensure the national case management system in development meets regional surveillance needs			√		Developing <ul style="list-style-type: none"> <li>Related to above issues of awaiting full access to extract data and understanding the system</li> </ul>
Ensure all data protection regulations are met			√	Yes	Completed <ul style="list-style-type: none"> <li>Data is held in accordance with data protection regulations, including with additional password protection of disclosive data on shared drives.</li> </ul>
Establish process by which surveillance data will inform the activity of other work streams: contact tracing; testing; and community engagement and risk communication			√		Underway <ul style="list-style-type: none"> <li>Develop draft specification for surveillance data</li> <li>Consult with key stakeholders</li> <li>Agree user specification with work stream leads</li> </ul>
Conduct in-depth analysis of local cases to inform key driving factors in their distribution within the CTM region			√		Developing <ul style="list-style-type: none"> <li>Initial analysis to inform development of surveillance system</li> <li>Ongoing ad hoc analysis to inform surveillance</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
Establish a process to identify the emerging evidence base for the epidemiology of COVID-19, interpret it for the local population, and adapt surveillance as appropriate			√		Developing <ul style="list-style-type: none"> <li>Identify national processes for reviewing evidence</li> <li>Establish regular reporting on implications for local population</li> <li>Identify new information that could be used to adapt/steer local surveillance in a timely way</li> </ul>
Engage and share emerging new evidence to inform surveillance and action with other organisations			√		Developing <ul style="list-style-type: none"> <li>Newly identified evidence or learning from surveillance to be shared with appropriate stakeholders</li> </ul>
<b>STRATEGIC AIM NO. 2 – SAMPLING AND TESTING</b>					
<ul style="list-style-type: none"> <li>Prepare Regional Testing Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to ensure appropriate capacity for predicted demand.</li> </ul>			√ 23/6/20	Yes	Complete <ul style="list-style-type: none"> <li>Latest draft completed.</li> <li>Going to UHB Management Board for approval on 23/6/20</li> <li>Submitted to RSOG 23/6/20 for approval.</li> <li>Plan approved</li> </ul>
<ul style="list-style-type: none"> <li>Update the CTM Testing Strategy</li> </ul>			√ 23/6/20	Yes	Complete <ul style="list-style-type: none"> <li>Updated Testing Strategy endorsed at UHB Executive Resetting the Agenda Group on 4/6/20 and subsequently endorsed at RSOG on 9/6/20.</li> <li>Submitted to RSOG 23/6/20 for approval. Plan approved.</li> </ul>
<ul style="list-style-type: none"> <li>Update the CTM Testing Strategy to ensure alignment with WG Testing Strategy.</li> </ul>			√ 13/08/20		Underway <ul style="list-style-type: none"> <li>Evaluation of current CTM Testing Strategy underway to ensure alignment</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					with WG Testing Strategy and subsequent testing guidance. <ul style="list-style-type: none"> <li>This will be presented to RSOG on 11/08/20.</li> <li>Following approval of the evaluation and recommendations CTM Testing Strategy to be updated, with updated strategy due 13/08/20.</li> </ul>
<ul style="list-style-type: none"> <li>Establish a small management group to oversee the operational delivery.</li> </ul>			√ Complete	Yes	Complete.
<ul style="list-style-type: none"> <li>Identify and mitigate risks to delivery of the contact tracing and case management approach.</li> </ul>			√		Underway <ul style="list-style-type: none"> <li>Risk identification underway, risks reported to RSOG.</li> </ul>
<ul style="list-style-type: none"> <li>Implement plan for additional self-administered lanes to be added to Kier Hardie and Bridgend testing sites and for these to be operational</li> </ul>			√ 22/6/20 Bridgend 29/6/20 Kier Hardie	Yes	Complete. <ul style="list-style-type: none"> <li>4 site model</li> </ul>
<ul style="list-style-type: none"> <li>Abercynon site to be handed over to Deloittes</li> </ul>			√ 26/6/20	Yes	Complete. <ul style="list-style-type: none"> <li>Site run by Deloittes with swabbing demand and capacity fed back to HB – reporting mechanism clear and in place</li> </ul>
<ul style="list-style-type: none"> <li>Mobile community testing (x1)</li> </ul>			√ 22/6/20	Yes	Complete <ul style="list-style-type: none"> <li>Set up rolling programme for care homes residents and staff</li> <li>Implement the WG initiative for testing care home staff via an online portal, alongside HB support of testing residents</li> <li>Care homes staff to be familiar with the processes</li> <li>Care Homes Task and finish group established (includes HB, PHW and LA representation)</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					<ul style="list-style-type: none"> <li>Support citizens in the community who unable to use the on line portal or attend a testing unit</li> </ul>
<ul style="list-style-type: none"> <li>Undertake antibody testing in defined groups</li> </ul>			✓ 1st stage complete Testing ongoing.		Underway <ul style="list-style-type: none"> <li>Random testing of nearly 5,000 Teachers has been completed from 15/06/20-04/08/20</li> <li>Testing of CTM UHB staff is ongoing. This has so far focused on staff within Red COVID-19 zones, DGHs and Community Hospitals. It will be expanded to include all staff in the Community, Primary Care and WAST.</li> <li>Awaiting guidance from WG on the testing of Social and Domiciliary Care workers and care home residents.</li> </ul>
<ul style="list-style-type: none"> <li>Undertake testing in Care Homes</li> </ul>			✓ Current programme underway and ongoing		Underway <ul style="list-style-type: none"> <li>Continue CTM rolling testing programme for care homes residents and staff</li> <li>Continue the WG initiative for testing care home staff via an online portal, as outlined in CMO letter to be continued until 10/08/20 and then await WG review.</li> <li>Care Homes Task and finish group established (includes HB, PHW and LA representation)</li> <li>Review Care Home testing offer in CTM as part of CTM Testing Strategy update and following further WG Care Home testing guidance.</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
<ul style="list-style-type: none"> <li>Develop plans with ILGs to provide pre-admission tests for elective surgery patients</li> </ul>			<ul style="list-style-type: none"> <li>√ Current programme underway and developing</li> </ul>		Developing <ul style="list-style-type: none"> <li>Working with ILGs to develop plans for pre-admission testing in CTM hospitals</li> <li>Current programme of pre-operative testing 72 hours before admission to be expanded as elective surgery levels increase.</li> </ul>
<ul style="list-style-type: none"> <li>Develop plans for mobilising Mobile Units to manage incidents in settings or localised areas of high incidence.</li> </ul>			<ul style="list-style-type: none"> <li>√ 12/8/20</li> </ul>		Developing <ul style="list-style-type: none"> <li>Protocol for mobilising Mobile Units under development following meat factory mass testing experience</li> </ul>
<ul style="list-style-type: none"> <li>Improve testing turn-around-times</li> </ul>			<ul style="list-style-type: none"> <li>√ 31/8/20</li> </ul>		Developing <ul style="list-style-type: none"> <li>Improvement project on turnaround times currently being undertaken in collaboration with NHS Delivery Unit.</li> </ul>
<ul style="list-style-type: none"> <li>Recruit the testing workforce (antigen and antibody) into fixed term posts, as agreed in staffing model plans.</li> </ul>			<ul style="list-style-type: none"> <li>√ Sept &amp; Oct 2020</li> </ul>		Underway <ul style="list-style-type: none"> <li>Plans for recruitment of testing workforce (including managerial, administrative, nursing and HCSW staff) approved by the Health Board.</li> <li>Adverts for the testing roles have been written and started to be advertised from 03/08/20</li> <li>Interviews for roles due to take middle to end of August.</li> <li>Aim to have staff members in September/ October 2020.</li> </ul>
<ul style="list-style-type: none"> <li>Secure premises for testing workforce (antigen and antibody)</li> </ul>			<ul style="list-style-type: none"> <li>√ Sept 2020</li> </ul>		Underway <ul style="list-style-type: none"> <li>Space in Block C of Ysbyty Seren, Bridgend, has been identified and secured for use by the testing workforce.</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					<ul style="list-style-type: none"> <li>This area is currently being refurbished to meet the needs of the testing workforce.</li> </ul>
<ul style="list-style-type: none"> <li>Ensure all stakeholders are kept informed of changes and developments</li> </ul>			✓ Ongoing		Underway <ul style="list-style-type: none"> <li>Stakeholder mapping and level of interest/need to know etc around testing</li> <li>Working with COVID-19 -19 Comms lead</li> </ul>
<ul style="list-style-type: none"> <li>Work with the other members of the RCCE work stream to ensure ongoing communication with the public to proactively encourage testing</li> </ul>			✓ Ongoing		Underway <ul style="list-style-type: none"> <li>RCCE work stream to ensure WG and PHW messages are promoted and shared across CTM digital platforms</li> <li>Advise and support RCCE work stream to produce complementary local resources, such as testing leaflets for different audiences in CTM.</li> </ul>
<b>STRATEGIC AIM NO. 3 – CONTACT TRACING AND CASE MANAGEMENT</b> <b>TO ESTABLISH AN EFFECTIVE CONTACT TRACING AND CASE MANAGEMENT SYSTEM IN CWM TAFF MORGANNWG TO PREVENT THE SPREAD OF COVID19 INFECTION, AND IN DOING SO, CONTRIBUTE TOWARDS REDUCING THE REPRODUCTION NUMBER (R – THE AVERAGE NUMBER OF SECONDARY CASES PER INFECTIOUS CASE) TO BELOW 1.</b>					
<ul style="list-style-type: none"> <li>Prepare Regional Contact Tracing Operational Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.</li> </ul>			✓ Complete	Yes	<ul style="list-style-type: none"> <li>Draft completed</li> <li>Plan approved by RSOG on 16/6/20</li> <li>Complete (although plan to remain under review and be updated as required).</li> </ul>
<ul style="list-style-type: none"> <li>Establish a small management group to oversee the operational delivery.</li> </ul>			✓ Complete	Yes	Complete.
<ul style="list-style-type: none"> <li>Identify and mitigate risks to delivery of the contact tracing and case management approach.</li> </ul>			✓		Underway <ul style="list-style-type: none"> <li>Risks identified and mitigated where possible as part of the work stream</li> <li>Key risks also reported to RSOG.</li> </ul>
<ul style="list-style-type: none"> <li>Establish regional response team in operation seven days a week between 8am and 8pm each day</li> </ul>		✓	✓ Complete	Yes	Complete

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
<ul style="list-style-type: none"> <li>Put in place telephony and ICT requirements to support diffuse workforce arrangements in contact tracing teams.</li> </ul>			√ Complete	Yes	Complete
<ul style="list-style-type: none"> <li>Train all staff in the contact tracing teams to undertake their roles.</li> </ul>			√ Complete	Yes	Complete
<ul style="list-style-type: none"> <li>Establish contact tracing teams in operation seven days a week between 8am and 8pm each day</li> <li>6 teams initially in phase 1</li> </ul>			√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>Completed by 18/5/20</li> </ul>
<ul style="list-style-type: none"> <li>Pilot to run from 18/5/20 to 31/5/20</li> </ul>			√ Complete	Yes	Complete
<ul style="list-style-type: none"> <li>Evaluate pilot</li> </ul>		√	√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>Report received at RSOG on 2/6/20</li> </ul>
<ul style="list-style-type: none"> <li>Regularly review workforce requirements and operational arrangements in light of experience and demand:</li> <li>Working hours/staff rotas</li> <li>Staff requirements.</li> </ul>			√ monthly		In response to demand and in light of experience, working hours have been amended.
<ul style="list-style-type: none"> <li>Establish a performance reporting dashboard for contact tracing at regional level.</li> </ul>			√ By 29 <sup>th</sup> June 2020	Yes	Management data now available and being reported to RSOG from 4 <sup>th</sup> August 2020.
<ul style="list-style-type: none"> <li>Ensure balance of resources between local contact tracing team and regional response team meets demand</li> </ul>		√	√ By 6 <sup>th</sup> July (revised to 7 <sup>th</sup> August)		Proportion of complex has led to increased demand on regional team. Escalation arrangements addressed and further work being undertaken to rebalance workflows.
<ul style="list-style-type: none"> <li>Develop a scope for the introduction of contact tracing in respect of symptomatic and suspected cases in care homes and educational settings.</li> </ul>		√	√ By 6 <sup>th</sup> July 2020	Yes	Discussion held at work stream group – challenging due to pressure on regional team and capacity of CRM system. Proposal on hold but to be kept under review.
<ul style="list-style-type: none"> <li>Develop a workforce plan for the recruitment of staff in contact tracing and</li> </ul>		√	√		Workforce task and finish group established and work force plan in development.

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
regional teams to support return of redeployed staff to substantive roles.			By 6 <sup>th</sup> July (revised to 7 <sup>th</sup> August)		
<ul style="list-style-type: none"> <li>Introduction of contact tracing on symptomatic cases for whole population.</li> </ul>			√ By 30 <sup>th</sup> September 2020		No clear indication of when this is likely to be implemented by WG.
<ul style="list-style-type: none"> <li>Identify and plan for long term resource requirements and national expectations for contact tracing activity post COVID19.</li> </ul>	√		√ By 31 <sup>st</sup> December 2020		In anticipation that there may be a requirement to retain capacity post COVID19 as part of UK/Wales public health surveillance & response system.
<ul style="list-style-type: none"> <li>Establish an interim (up until 8/6/20) case management system</li> </ul>			√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>Using Powys system</li> <li>System retained for further two weeks post CRM to maintain contact daily updates.</li> </ul>
<ul style="list-style-type: none"> <li>Move over to the national case management system from 8/6/20</li> </ul>			√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>Delayed from original start date of 8/6/20 to 10/06/20.</li> <li>Engaged in testing with NWIS</li> <li>System was rolled out later in the week, being used by all parts of CTM.</li> <li>Challenges with reporting, discussions underway with NWIS and WG.</li> </ul>
<b>STRATEGIC AIM NO. 4 – RISK COMMUNICATION AND ENGAGEMENT            TO PROVIDE THE PUBLIC AND PARTNERS WITH CLEAR MESSAGES AND PRACTICAL INFORMATION WHICH WILL ENCOURAGE AND ENABLE THEM TO FOLLOW ANY CURRENT GUIDANCE RELATED TO REDUCING THE SPREAD OF COVID-19 AND PARTICIPATE AS APPROPRIATE IN ANY ASSOCIATED TESTING OR CONTACT TRACING PROGRAMMES.</b>					
<ul style="list-style-type: none"> <li>Prepare RCCE Plan to identify the key actions required by partners across the Cwm Taf Morgannwg Region to operationalise requirements.</li> </ul>			√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>Draft completed</li> <li>Plan approved by RSOG on 16/6/20</li> </ul> Complete (although plan to remain under review and be updated as required).

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
<ul style="list-style-type: none"> <li>Establish a small management group to oversee the operational delivery.</li> </ul>			√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>Multiagency group in place (3 LA's, UHB and LPHT).</li> </ul>
<ul style="list-style-type: none"> <li>Identify and mitigate risks to delivery of the RCCE approach.</li> </ul>			√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>Risk and Issues log developed and is a regular RCCE meeting agenda item</li> </ul>
<ul style="list-style-type: none"> <li>The initial focus of the programme will be the May 31st launch date for the Contract Tracing Programme in association with Public health Wales and Welsh Government.</li> </ul>			√ Complete	Yes	Complete. <ul style="list-style-type: none"> <li>Welsh Government launch of public campaign on contract tracing planned for 28th May. WG asked local partners to disseminate information in line with this.</li> <li>RCCE working group meeting 27th May considered roll out of this campaign and what local messages/approaches are needed to supplement it.</li> </ul>
<ul style="list-style-type: none"> <li>Establishing public perceptions from national surveys</li> </ul>			√	Yes	Complete <ul style="list-style-type: none"> <li>Process in place (June 2020) to:</li> <li>Review and summarise key themes from national surveys on public perceptions related to COVID-19 19 and report headlines to RSOG</li> <li>Share with RCCE members and</li> <li>Utilise as appropriate in shaping messages.</li> </ul>
<ul style="list-style-type: none"> <li>Launch local survey focussing on how our communities access information and individual's thoughts on taking part in the Contact tracing programme</li> </ul>			√ Complete	Yes	Complete <ul style="list-style-type: none"> <li>CTM Community Smart Survey launched on 21/05 and ran until 31/05.</li> <li>Reports on uptake and initial findings presented to the RCCE working group on 1st June</li> <li>Summary of findings, full report and exec summary shared with RSOG on 9/6/20;</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					Further analyses of findings presented as infographic summaries discussed at RSOG - taken forward by work streams and wider partners as appropriate.
<ul style="list-style-type: none"> <li>Staff and public communication on contact tracing service and TTP</li> </ul>			√ Complete	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>A communication for LA and HB staff regarding the contact tracing programme has been drafted and approved. This can be adapted by organisations to reflect differences in local implementation of the programme. TTP Information Poster/Leaflet produced for CTM region (content approved RSOG 23/6/20); colour scheme updated in line with RNIB advice and finalised for distribution 7/20)</li> </ul>
<ul style="list-style-type: none"> <li>Confirm process to ensure that each of the work stream planning groups have a nominated person(s) to link with a named member of the RCCE working group for two way feedback and timely updates which can then be shared with all representatives in the group.</li> </ul>			√ Complete	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>Each WS has Communication as a meeting agenda item</li> <li>Nominated RCCE member attached to each WS and Tactical Group.</li> </ul>
<ul style="list-style-type: none"> <li>Confirm sign off process for both planned, proactive and any reactive communications to minimise delays</li> </ul>			√ Complete	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>Agreed process for proactive and reactive communication and engagement activity</li> </ul>
<ul style="list-style-type: none"> <li>Clarify process for ongoing communication with staff both those potentially deployed into the contact tracing/testing programmes and the wider workforce in terms of expectations/practical issues associated with engaging with programmes</li> </ul>			√ Complete	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>Generation of Communications by members of RCCE or by Testing/ CT / Surveillance work streams supported by RCCE members.</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
themselves. Will these communications be generated/disseminated by the RCCE group or HR?					<ul style="list-style-type: none"> <li>Dissemination to staff occur via respective organisations' channels which would include staff intranet or via HR as appropriate.</li> </ul>
<ul style="list-style-type: none"> <li>Social distancing importance for key workers in the workplace to be re-enforced (following RSOG discussion on local PH survey and agreement for further action)</li> </ul>	√		√ Complete	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>Escalated need to observe SD and hand Hygiene in the workplace to:</li> <li>CTMUHB Exec Directors (Corporate Services and HR)</li> <li>Raised w/c 8<sup>th</sup> June with TTP CEO &amp; Leaders Forum for action across all four organisations</li> </ul> <p>Reinforced at every opportunity including communications to public, staff and employers</p>
<ul style="list-style-type: none"> <li>Develop communication engagement framework based on application of behavioural science to survey findings and local intelligence (use as basis for business case if additional funding required)</li> </ul>			√ (13/7/20)	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>First draft presented to RCCE (29/6/30)</li> <li>Amended to reflect discussion at RSOG and Protect WS.</li> <li>Approved by RSOG</li> </ul>
<ul style="list-style-type: none"> <li>Link with PHW National support to CTM, RSTG and IMT on engagement with migrant communities</li> </ul>	√	√	√	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>Meeting with lead consultant (1/7/20) to align efforts and agree way forward</li> <li>Communication materials developed</li> <li>Lessons learned collated for use in future incidents</li> <li>planning tool developed which could be used to assist with community engagement in future incidents</li> </ul>
<ul style="list-style-type: none"> <li>Develop support for workplace settings to encourage staff engagement with TTP</li> </ul>			√	Yes	<p>Complete</p> <ul style="list-style-type: none"> <li>Included in engagement framework; CTM work led by EB (BCBC); National Healthy</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					Workplace settings lead address RCCE (6/7/20) <ul style="list-style-type: none"> <li>Link with group undertaking specific work on risk assessment in larger businesses, factories etc. to promote HWW messaging and support</li> </ul>
<ul style="list-style-type: none"> <li>Align RCCE community engagement work with TTP "Protect", CTM RPB Transformation Programme, Social Prescribing, Resetting CTM etc.</li> </ul>	√		√	Yes	Complete <ul style="list-style-type: none"> <li>Meeting (2/7/20) to consider opportunities for alignment leading to Paper to RPB proposing way forward (approved RPB 17/7/20)</li> <li>Close working between work streams established to maximise opportunities for community engagement</li> </ul>
<ul style="list-style-type: none"> <li>Seek views on Engagement Planning Tool to accompany Engagement Framework and trial</li> </ul>	√		√Protect		Underway <ul style="list-style-type: none"> <li>Discussed at RCCE 3/8/20 and shared with members of RSOG for initial feedback</li> </ul>
<ul style="list-style-type: none"> <li>Collate and review social media analytics for CTM</li> </ul>					Underway <ul style="list-style-type: none"> <li>June analytics collated. To be discussed at RCCE on 10/8/20 in advance of presentation to RSOG</li> </ul>
<ul style="list-style-type: none"> <li>Produce stakeholder Newsletter to coincide with updated response plan</li> </ul>	√		√		Developing <ul style="list-style-type: none"> <li>Concept approved RSOG 14/7/20</li> </ul>
<b>STRATEGIC AIM NO. 5 – PROTECT</b> <b>TO IDENTIFY THE SUPPORT WHICH MAY BE REQUIRED BY SOME PEOPLE TO ENABLE THEM TO SUCCESSFULLY SELF-ISOLATE AND ENSURE THIS SUPPORT IS PROVIDED OPENLY AND EQUITABLY ACROSS CTM.</b>					
<ul style="list-style-type: none"> <li>Confirm scope of work stream, building on what already exists across CTM</li> </ul>	√			Yes	Complete Scope for the work stream was agreed at RSOG on 30/6/20

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
<ul style="list-style-type: none"> <li>Confirm baseline of PROTECT activities and providers across CTM</li> </ul>			√ 31/8/20		Underway <ul style="list-style-type: none"> <li>Detailed reports provided for RCT Resilience Hubs linked to shielding individuals.</li> <li>Data collated for MT and Bridgend regional data to be amalgamated into a regional picture of support provided.</li> <li>Case studies requested to demonstrate the impact of support on those receiving support</li> <li>Updated as further information becomes available</li> </ul>
<ul style="list-style-type: none"> <li>Establish what, if anything, might usefully be developed or learnt from across the region.</li> </ul>			√ Ongoing		Underway <ul style="list-style-type: none"> <li>Partnership meeting schedule reinstated. Opportunity to share best practice across the Region</li> </ul>
<ul style="list-style-type: none"> <li>Ensure due consideration of any additional requirements such as 'hard to reach' people or where support is needed for clusters or outbreaks, where further co-ordination across the region may be beneficial.</li> </ul>			√ 31/8/20		Underway <ul style="list-style-type: none"> <li>Communication and engagement plan (Linked to healthier Wales) approved and implemented. Will establish communication channels between community groups and work of the RPB to inform future planning and delivery of support.</li> <li>Engaged with Regional Housing Support Collaborative to understand their role and engage officers in Community Impact Assessment work. Will address information gap in relation to homelessness and temporary accommodation data.</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
<ul style="list-style-type: none"> <li>Agree a work stream plan based on the outcome of the above.</li> </ul>	√		√ 4/8/20		Underway <ul style="list-style-type: none"> <li>Work presented to RSOG on 4/8/20 for agreement.</li> </ul>
<ul style="list-style-type: none"> <li>Ensure clear links established with RPB &amp; their 'resetting' plans where necessary, and develop good links with RCCE work stream on communications.</li> </ul>			√	Yes	Complete <ul style="list-style-type: none"> <li>Resetting plans to form part of community Impact assessment detail.</li> </ul>
<ul style="list-style-type: none"> <li>Develop Community Impact Assessment to inform strategic partnerships work plans and priorities</li> </ul>			√ 31/8/20		Underway <ul style="list-style-type: none"> <li>Community Impact assessment being undertaken.</li> <li>Report to be completed by September with interim findings presented to strategic Boards in September.</li> </ul>
<ul style="list-style-type: none"> <li>Ensure a whole system approach to community support to increase resilience</li> </ul>			√ Ongoing		Underway <ul style="list-style-type: none"> <li>Social value forum established and meeting regularly.</li> <li>Communication and engagement plan (Linked to healthier Wales) approved and implemented. Will establish communication channels between community groups and work of the RPB to inform future planning and delivery of support.</li> <li>Regular updates provided to strategic boards on any identified gaps in support.</li> <li>Record of actions taken to address gaps in local support</li> </ul> Record of actions taken to address gaps in local support
<ul style="list-style-type: none"> <li>Support the ongoing development of volunteers and volunteering opportunities to support community resilience</li> </ul>			√ Ongoing		Underway <ul style="list-style-type: none"> <li>Task and Finish group established across RCT. Discussion and planning ongoing</li> </ul>

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
					with Bridgend and Merthyr Tydfil to take forward.
<ul style="list-style-type: none"> <li>Link to other PROTECT systems and work streams (regional &amp; national) to build on good practice and learning from elsewhere</li> </ul>			√	Yes	Complete <ul style="list-style-type: none"> <li>Protect Chair sits on national group.</li> <li>Regular communication and updates provided.</li> </ul>
<b>STRATEGIC AIM NO. 5 – COVID-19 MASS VACCINATION TO DELIVER AN END-TO-END PATHWAY FOR THE DELIVERY OF A COVID-19 MASS VACCINATION PROGRAMME WITHIN CTM.</b>					
<ul style="list-style-type: none"> <li>Agree mass vaccination plan and test via a multi-agency table-top exercise, building in lessons learnt from elsewhere, including from mass testing arrangements.</li> </ul>	√	√	√		Underway <ul style="list-style-type: none"> <li>Planned for 12<sup>th</sup> August 2020.</li> </ul>
<ul style="list-style-type: none"> <li>Ensure a blended delivery approach with flu vaccination programme.</li> </ul>	√		√		Underway <ul style="list-style-type: none"> <li>Part of development of the mass pandemic immunisation plan in development. To be tested on the 12<sup>th</sup> August.</li> </ul>
<ul style="list-style-type: none"> <li>Identify and put in place the necessary resources, including workforce, training, PPE, vaccination supply and storage etc.</li> </ul>	√		√		Developing key risks identified
<ul style="list-style-type: none"> <li>Provide vaccinations for designated priority groups across CTM, including health and care workers, shielding and vulnerable groups.</li> </ul>			√		Developing <ul style="list-style-type: none"> <li>Participation &amp; engagement at National level At risk groups in line with developing WG policy</li> </ul>
<ul style="list-style-type: none"> <li>Building on the above, provide vaccinations to remaining groups across CTM as required.</li> </ul>			√		Developing <ul style="list-style-type: none"> <li>Participation &amp; engagement at National level At risk groups in line with developing WG policy</li> </ul>
<ul style="list-style-type: none"> <li>Work with Surveillance work stream &amp; others to establish agreed metrics and</li> </ul>	√		√		Developing

Action	Responsibility & Timescale			Complete?	Progress as at 6 <sup>th</sup> August 2020
	RCOG	RSTG	Work Stream		
reporting, including vaccine uptake & links with disease surveillance.					<ul style="list-style-type: none"> <li>Participation &amp; engagement at National level At risk groups in line with developing WG policy</li> </ul>
<ul style="list-style-type: none"> <li>Work with the RCCE work stream &amp; others to deliver an underpinning communication and engagement plan for staff and residents of CTM</li> </ul>	√		√		Developing <ul style="list-style-type: none"> <li>Key link identified through RCCE work stream</li> </ul>