

Pandemic Response Plan for Cardiff and Vale University Health Board

Version 1.0 final

Overview	4
Cardiff and Vale University Health Board	5
Addressing Inequality & Health Impact Assessment (HIA)	6
Pandemic Response Plan for CVUHB	8
Overview of pandemic response	8
Emergence and containment.....	8
Delay and mitigate	10
Recover and prevent	10
Scope of this plan	12
Activating this plan	12
Command and Control	13
Bronze (Operational) Group.....	13
Silver (Tactical) Group.....	14
Gold (Strategic) Group	15
Recovery.....	15
Action Cards.....	16
Action Card: Infection, Prevention and Control Task and Finish Group.....	17
Action Card: Clinical and Critical Care Task and Finish Group.....	19
Action Card: Capacity, Flow & Surge Task and Finish Group.....	21
Action Card: Social Care, Community & Third Sector Interface Task and Finish Group	22
Action Card: Testing & Vaccination Task and Finish Group	24
Action Card: Excess Deaths, Mortuary & Bereavement Task and Finish Group.....	27
Action Card: Finance Task and Finish Group	28
Action Card: Estates Task and Finish Group.....	29
Action Card: Workforce Wellbeing, HR and Staffing Task and Finish Group	30
Action Card: Logistics and Procurement (including Personal Protective Equipment)	
Task and Finish Group	32
Action Card: Education, Training & Competency Task and Finish Group.....	33
Action Card: Digital, Data & Intelligence Task and Finish Group.....	34
Action Card: Communications & Engagement Task and Finish Group	36
Additional governance structures	37
Action Card: Recovery Task and Finish Group	38

Appendix 1: Context	39
Civil Contingencies Act 2004.....	39
Local Resilience Forum	39
Roles and Responsibilities	40
UK Government	40
Welsh Government.....	40
Public Health Wales	40

Overview

A pandemic is defined as a situation where an infectious disease has wide geographic spread, and spans continents and cross-national borders, it has high population impact, with rapid and sustained transmission. A pandemic is usually driven by a novel pathogen (virus, bacteria, fungi or other organism) to which there is no or little population immunity. Pandemics remain a significant threat for the UK and are recognised within the UK National Risk Register and the Welsh Resilience Framework.

The global COVID-19 pandemic and the subsequent UK Government COVID-19 Inquiry have highlighted the need for strengthened pandemic planning across the Welsh health system. This Plan outlines the approach for the Cardiff and Vale University Health Board (CVUHB) enabling planning, preparedness, response and recovery in the event of a pandemic. The plan can be adapted for any outbreak of a highly infectious disease with any route of transmission.

As was seen during COVID-19, pandemics can amplify health inequalities and disproportionately impact the most vulnerable in society through infection rates, unequal access to health and social care, and unequal impacts to response measures during a pandemic (such as job insecurity, education gaps, social isolation). Therefore, all actions taken through the implementation of this plan should ensure that health inequalities are not widened and aim to protect vulnerable populations throughout.

This plan is cognisant of the Communicable Disease Outbreak Plan for Walesⁱ, the Welsh Resilience Frameworkⁱⁱ and the local plans that have been developed in neighbouring areas. Learning from the COVID-19 Inquiryⁱⁱⁱ has also been reflected in this plan, as well as key points from the UK Government Policy Paper: pandemic preparedness strategy, building our capabilities^{iv}. This plan should be viewed in conjunction with the CVUHB Business Continuity and Major Incident Plans. This plan does not preclude the need to coordinate across borders and organisations in the event of a pandemic. Further context and roles and responsibilities are outlined in Appendix 1.

The Plan is iterative and will be refined as learning is consolidated. This plan will be reviewed bi-annually and tested or exercised on a three yearly basis or when guidance changes.

Cardiff and Vale University Health Board

As a Category 1 responder under the Civil Contingencies Act Cardiff and Vale University Health Board has the following duties:

- risk assessment
- business continuity management (BCM)
- emergency planning
- maintaining public awareness and arrangements to warn, inform and advise the public
- cooperation
- information sharing

The Cardiff and Value University Health Board Business Continuity and Major Incident Plans outline in detail the roles and responsibilities of the Health Board in relevant situations. This Pandemic Plan complements these Plans by outlining in more detail the specific response required if there is concern about a disease of pandemic potential and outlines the specific governance that should be stood up in the case of a pandemic. Figure 1 (below) illustrates the roles and responsibilities outlined in the CVUHB Major Incident Plan.

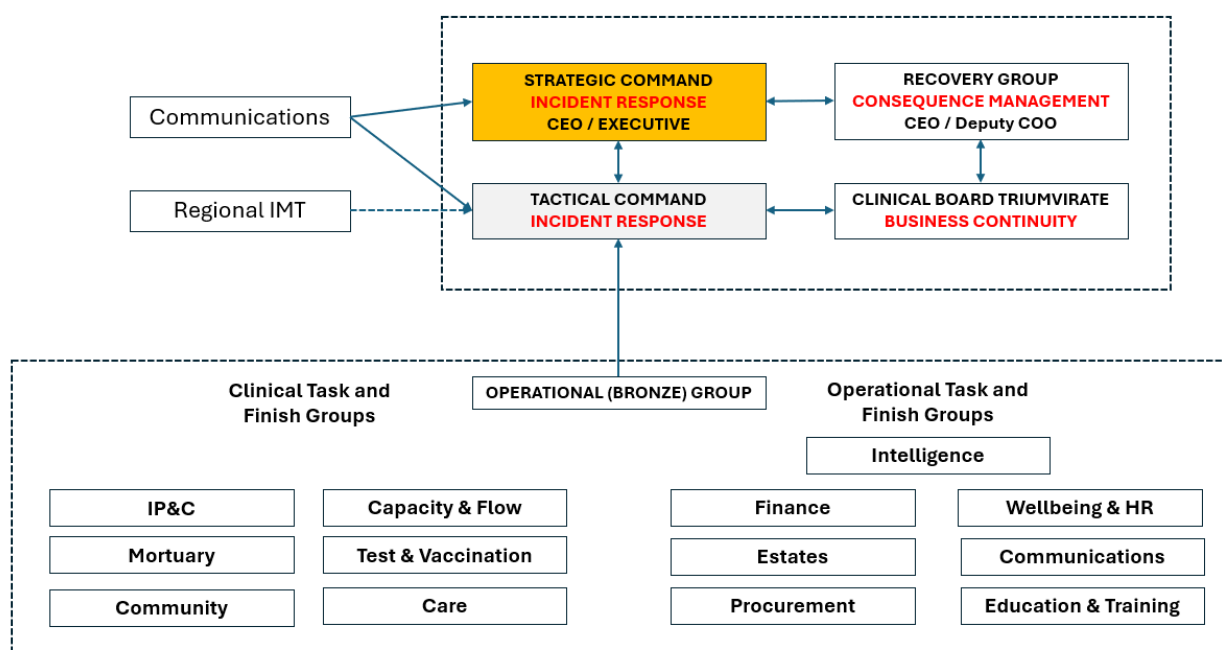


Figure 1 – Pandemic Response Governance Structure

Addressing Inequality & Health Impact Assessment (HIA)

From 6 April 2027, significant strategic decisions, public health measures and service changes will be subject to proportionate Health Impact Assessment and Equality Impact Assessment processes where practicable.

The Health Board will adopt an equity-based approach throughout pandemic preparedness, response and recovery arrangements. Whilst equality seeks to provide the same resources and opportunities for all, equity recognises that individuals and communities experience different levels of risk, vulnerability and access to services and may therefore require different forms of support to achieve equitable outcomes.

Pandemics can exacerbate existing health and social inequalities and may disproportionately affect certain individuals and population groups through increased exposure to infection, reduced access to healthcare and protective measures, poorer health outcomes, wider social and economic impacts, and the unintended consequences of public health interventions. These impacts may be particularly significant for people experiencing deprivation, disability, long-term health conditions, immunosuppression, homelessness, insecure housing, social exclusion, language barriers, digital exclusion, caring responsibilities, or other forms of vulnerability.

In planning for and responding to a pandemic, CVUHB will:

- Proactively identify and assess individuals, communities and population groups who may be disproportionately affected and require additional support, protection or targeted interventions.
- Use demographic, health, deprivation and equality data to identify emerging disparities, inform decision-making and adapt interventions throughout the response.
- Ensure communication and public information are accessible, culturally appropriate and available in a range of formats and languages, including consideration of literacy, sensory and cognitive needs.
- Work with community leaders, voluntary sector organisations and other trusted partners to improve engagement, address misinformation and support hard-to-reach communities.
- Mitigate the effects of digital exclusion by providing alternative methods of accessing information, advice and services.
- Promote equitable access to testing, treatment, vaccination, personal protective equipment (PPE) and other medical countermeasures, prioritising those at greatest risk.
- Consider and address barriers to accessing healthcare and support services, including through outreach approaches, local delivery models, flexible service provision and partnership working.

- Assess the potential impact of response measures and public health interventions on health inequalities and protected groups, taking action to minimise unintended adverse consequences wherever possible.
- Consider the impact of the pandemic on unpaid carers, personal assistants and those providing or receiving care and support.
- Identification and safeguarding of children and vulnerable adults during lockdown.
- Digital inclusion strategies for remote education and social care continuity.

Pandemic Response Plan for CVUHB

Overview of pandemic response

The response to any pandemic should be precautionary, planning for a response that reflects the level of risk known at the time information is received, proportionate and flexible, where local teams maintain the ability to adapt to local circumstances where this differs from the national picture.

A pandemic is likely to have several phases, as outlined in Table 1.

Phase	Purpose
Emergence and containment	• Identify unusual cases or signals of a new threat. • Determine severity, transmissibility, and required response. • Prevent transmission by aggressive case finding and contact tracing.
Delay and Mitigate	• Once community transmission established with unlinked cases identified, limit spread as far as possible through a range of measures. • Expand capacity, coordinate multi-agency response, respond to surges.
Recover and Prevent	• Return to normal operations and restore services. • Evaluate response.

Emergence and containment

A pandemic is declared by the World Health Organisation. In the detection phase, it may be the case that the Welsh Government, along with the UK Government and respective national public health agencies, decide to implement health security measures prior to the declaration of a pandemic, where the matter of concern arises in the UK. If this is the case, this plan can also be activated if there is local concern about cases or the need to implement specific measures and the Director of Public Health, Medical Director or Chief Executive agree with the need to activate this plan. The initial phase of pandemic response focuses on determining the scale, severity, and likely trajectory of the emerging threat, as well as taking steps to contain the spread of disease wherever possible.

When there are initial cases and small clusters of a disease of pandemic potential in the CVUHB area, the initial response from the Health Board will include a focus on local actions to prevent uncontrolled community transmission, including usual health protection actions such as active case finding, contact tracing and testing (if available) combined with isolation.

At this stage:

- Existing international and national surveillance systems detect unusual patterns of illness, clusters, or a novel pathogen. Enhanced epidemiological investigation to understand case numbers, spread patterns, and risk groups. This will be led at a national level with input from CVUHB if and when any cases are detected locally.
- Clinical assessment of disease transmissibility, severity, complications, and mortality by Public Health Wales, with early laboratory testing is initiated to confirm the nature of the threat.
- Local and national health bodies begin information-sharing and situational reporting.
- Early communication across the health system enables awareness and preparedness, in case of the need for rapid escalation.
- Modelling and forecasting by UKHSA or Public Health Wales to estimate potential impact on health services.
- Decisions made by the Chief Medical Officer on whether containment is feasible or whether mitigation strategies are needed.
- Case definitions will be determined by Public Health Wales.
- Public Health Wales, in collaboration with UKHSA, will be gathering understanding of the epidemiology to inform the ongoing response.

CVUHB should consider taking the following actions:

- Activate CVUHB Tactical (Silver) Group
- Establish multi-agency coordination structures
- Sample and test patients and staff who meet case definitions and criteria for testing
- Ensure all results are available through laboratory management systems for reporting to Public Health Wales
- Under Public Health Wales's lead, communicate with the worried well and those impacted by the health response, including issuing proactive communications on the status of the pandemic in the local areas and action to be taken
- Activate systems for use during the response by preparing for increased impact, demand and disruption including the provision of protective equipment to safeguard frontline workers.
- Introduce measures to enable self-isolation of suspected cases, including support where required and responsibility for clinical assessment and deisolation when appropriate

Delay and mitigate

At this stage, widespread and sustained community transmission will lead to changes in the response at all levels. Nationally, the focus will continue to be on slowing the spread, flattening the curve and pushing the peak of the pandemic into the future to reduce the risk of services being overwhelmed services and enable more time for readiness. There will need to be a change in the way healthcare is maintained and delivered to those with greatest need, including those with a new diagnosis of the pandemic illness, and continued healthcare delivery for others. This may require significant changes to the way in which healthcare is delivered, particularly in the case of peaks. Guidance on procedures that should be paused would be expected from Welsh Government at this point.

CVUHB should consider taking the following actions:

- Activate CVUHB Strategic (Gold) Group if it hasn't already been stood up
- Maintain multi-agency coordination structures
- Scale up sampling and testing capacity in line with Welsh Government policy
- Implement service changes to increase capacity to meet demand and reduce disruption, including the provision of protective equipment to safeguard frontline workers
- Work with partners in local government and the third sector to enable and encourage self-isolation of suspected cases, including support where required

Recover and prevent

Pandemic recovery in public health refers to the strategic, coordinated process of restoring and improving health systems, services, and population wellbeing following the acute phase of a pandemic. It encompasses not only the return to pre-pandemic service levels but also efforts to address long-term impacts, reduce health inequalities, and build resilience for future pandemics. Recovery planning should be commenced at the first opportunity and should also consider lessons learned to prevent future impacts from the pandemic, as well as any future pandemics.

CVUHB should consider taking the following actions:

- Activate CVUHB Recovery Group
- Maintain multi-agency coordination structures where appropriate to support a smooth transition to business as usual
- Under Public Health Wales's lead, communicate with the local population to provide revised messages and reassurance where necessary

Scope of this plan

When this plan is activated, it will be done in consideration of the epidemiology of the specific disease, relevant national guidance, and other Health Board Policies including:

- CVUHB Business Continuity Plan
- CVUHB Major Incident Plan
- Infection Control Procedure for Infectious Incidents and Outbreaks in University Health Board Hospitalsⁱⁱⁱ
- Human Resources Policies^{iv}

This plan outlines the governance structures which will be established to deliver the response in CVUHB (Figure 1).

Activating this plan

Activation of this plan will be considered where cases of a new or existing pathogen with pandemic potential have been identified, and a realistic threat to the UK and Cardiff and Vale in particular is probable.

The World Health Organization (WHO) will inform the UK Government of any change in alert levels, usually after international consultation. The UK Government will communicate this information, together with an assessment of risk to the UK, to the Welsh Government. The Welsh Government will then inform the Health Board and other NHS Wales organisations. In normal working hours this alert will be sent to the Chief Executives Office, outside of normal hours the Executive Director on-call will be informed. This alert will provide the input for activating this plan, however other routes to consider activation may be considered by the Chief Executive, for example in a situation where case numbers are rising locally.

It is likely that the escalation to a pandemic response will evolve over weeks. The operational groups outlined below will coordinate with the Silver (tactical) group to ensure that the risk to the organisation's ability to deliver services and respond to the pandemic are dynamically assessed and the response is escalated, resourced and staffed appropriately.

Command and Control

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

The CVUHB command and control arrangements are based upon this system. The following paragraphs outline the proposed Command and Control structures in the case of a pandemic. These are aligned with the Command and Control structures in any major incident response but adapted for the specific needs in the case of a pandemic. These structures and response should remain the same no matter what the perceived impact of the pandemic is. It may be usual for a Bronze Group to be stepped up first because this level deals with operational pressures, followed by Silver then Gold. Where a situation occurs where the next tier up hasn't been set up yet, the relevant Group will feed into usual organisational structures at the required level.

Bronze (Operational) Group

This level is usually the first to be activated in major incidents, although all three levels can be stood up concurrently. As staff respond to events at the operational level as they unfold, Operational response is enacted, however in the case of a pandemic, or suspicion of a pandemic, Silver (Tactical) should be enacted as soon as possible to ensure a coordinated response.

The Bronze Group delivers the response on the ground and manages day to day operations. This includes implementing the tactical plan in specific departments or services, conducting daily assessments of operational pressures, escalating concerns to Silver, managing staff deployments, patient flow and ensuring communication with staff. In the case of a pandemic, there will be Task and Finish Groups formed to enable effective action and focus expertise. These are defined in Figure 1.

The Bronze Group will consist of the leads of each of the Task and Finish Groups, Pharmacy and Communications representatives, as well as other recommended invitees at the Chair's discretion. The Chair of Bronze will be a senior Infection Control lead or nominated deputy.

The Bronze Group will report to the Silver group. This Group must be established at the detection phase of the pandemic.

Silver (Tactical) Group

Silver Group is responsible for developing and implementing a Tactical plan to achieve the Strategic direction set by the Gold (Strategic) commander and will be required to work within the framework of policy outlined at the Strategic level irrespective of whether Gold / Strategic Command is set at a UHB or multi agency level.

The Group will be chaired by a suitably trained person nominated by the Health Board's Chief Executive, such as the Medical Clinical Board lead or Director of Operations (Medicine). Silver reports to Gold and escalates decisions that require strategic input. It receives updates from Bronze and external partners, eg. Public Health Wales, local authorities, third sector and the education sector, including further education.

A nominated representative will attend a South Wales LRF TCG (Tactical Coordination Group) when one is stood up.

The frequency of Silver Group meetings will depend on the situation faced. The Group should be established at the detection phase of a pandemic, and continue through the assessment, treatment, escalation and recovery stages.

The Silver Group will advise the Bronze Group on the activation and membership for the Task and Finish Groups.

The initial meeting of the Silver Group should include representatives from:

- Medical including Clinical Boards
- Nursing
- Human Resources
- Finance
- Public Health
- Occupational Health
- Pharmacy
- EPRR
- Communications
- Local authorities
- Representatives from:
 - Welsh Ambulance Service Trust
 - South Wales Police
 - Local Authorities
 - Public Health Wales's Health Protection Team
 - GP Out of Hours

Invitations can be extended to others as needed. Further meeting attendance will be determined by the Chair. The Bronze Group will provide daily operational SITREPs to Silver.

Gold (Strategic) Group

The purpose of the strategic command level is to take overall responsibility for managing an event or situation. This includes establishing a clear strategic aim.

Gold Group makes decisions on resource allocation, major service changes and ensures alignment with Welsh Government, Public Health Wales and other health boards. Gold also formulates media handling and public communications strategies, led by Public Health Wales. The Gold Group will delegate actions to Silver.

The Health Board Gold Group will usually be led by the Chief Executive, or designated alternate. However, there is often a period of time as a pandemic emerges where the circumstances do not yet warrant the setting up or repeated convening of Gold Group, yet multi agency coordination of issues is still required at tactical level. In these cases, the co-ordination will be led at a tactical level with a multi- agency tactical group being set up in each of the affected areas. Where a Gold Group has not been convened the Silver Group will need to bear in mind that this should be requested to be convened if the incident escalates or strategic multi-agency co-ordination is required.

Recovery

After the response, which focusses on the decisions and actions taken to deal with the immediate effects of an emergency, there is the need to immediately begin considering recovery.

Recovery is a complex and long running process which requires careful partnership working, and resources. Recovery will undoubtedly be under scrutiny from the public, the media and local politicians.

Action Cards

As outlined above, the following operational task and finish groups will be established.

Clinical topic areas

1. Infection, Prevention and Control
2. Clinical and Critical Care
3. Capacity, Flow and Surge
4. Social Care, Community & Third Sector Interface
5. Testing and Vaccination
6. Mortuary, Bereavement and Excess Deaths

Operational topic areas

1. Finance
2. Estates
3. Workforce wellbeing, HR and staffing
4. Procurement and Logistics
5. Education and Training
6. Digital, data and Intelligence
7. Communications & Engagement Task and Finish Group

Action Card: Infection, Prevention and Control Task and Finish Group

Remit

Ensures robust Infection, Prevention, Control (IPC) measures are implemented consistently across all Health Board settings to minimise transmission.

The Infection Prevention and Control cell which meets regularly outside of the event of a pandemic, should be used to create this Task and Finish group in the case of a pandemic.

Proposed group lead: Head of Nursing for Infection, Prevention and Control

1. Provide clinical advice on infection risks, transmission methods and other relevant epidemiological information to Tactical (Silver)
2. Develop and disseminate IPC guidance, aligning with any existing published guidelines from Public Health Wales, Welsh Government, Strategic (Gold) and Tactical (Silver) and any diagnosis and treatment algorithms as they are developed.
3. Monitor compliance with IPC standards across all sites, including considering the flow of infected patients through Community Hospitals (refer to Infection Prevention and Control Policies and guidance).
4. Advise on PPE usage, isolation procedures, and environmental controls, including:
 - a. Remedial action to ensure fit testing is up to date should be undertaken with all patient facing staff by Occupational Health. This should be undertaken by trained staff, and where possible, undertaken at induction for new staff, and retrospectively for existing staff. Clear documentation of fit testing should be undertaken and communicated to the staff member. Staff members should also be advised of circumstances in which fit testing should be repeated.
 - b. Liaising with the Testing and Vaccination group to establish a train the trainer approach to increase capacity to undertake fit testing for staff.
 - c. Promote the adoption of public health social measures across CVUHB, as recommended nationally and appropriate for the pandemic. Facilities across the health board should adopt measures recommended nationally by Public Health Wales or UKHSA. Any national guidance on shielding, identification of vulnerable groups or similar should be adopted, and adapted and scaled throughout the health board.
5. Support outbreak management within Health Board facilities. Throughout any stage of the pandemic response, health board infection prevention should be

strengthened in hospital and community sites, with iterative review (minimum monthly, or as needs dictate) as to whether measures are appropriate. CVUHB Infection Prevention and Control team will make decisions on any IPC measure for local hospitals, community facilities, and local GPs, dentists and optometrists.

6. Provide IPC training and updates to staff.

Action Card: Clinical and Critical Care Task and Finish Group

Remit

Provide Clinical advice to CVUHB and partners and communicate and translate guidance from national and international partners, Strategic (Gold) and Tactical (Silver).

Proposed Cell lead: Appointed Clinical lead for the disease of pandemic potential

1. Review and track emerging epidemiology of the disease of pandemic potential and communicate and disseminate emerging knowledge to other Task and Finish groups and Tactical (Silver) and Strategic (Gold).
2. Create, or disseminate existing, assessment, diagnosis, treatment and escalation algorithms to Clinical teams. Before creating any algorithms, review available information and guidance from Public Health Wales, Welsh Government, UKHSA and the UK Government.
3. Regularly review emerging epidemiology and re-review service delivery plans appropriately, liaising with Public Health Wales to undertake clinical risk assessment and advising other groups as needed.
4. Liaise with the Workforce Wellbeing, HR and Staffing Task and Finish Group and the Chief Operating Officer to understand the impact of the pandemic on service delivery as a result of increased workload and potential staff sickness.
5. Where to treat patients across the health board in the case of a pandemic requires careful consideration. Liaise closely with the Logistics, Estates and Procurement Task and Finish Groups to review plans for delivery of clinical care, and consider appropriate organisation and use of estate, including considering whether to divide the estate to treat patients with suspected disease of pandemic potential on one site.
6. Oversee clinical governance, patient safety, and quality assurance.
7. Advise on clinical prioritisation in surge periods. The requirement to provide antivirals or other suitable treatment, and guidance on who should receive these will be made at a national level and will usually be triggered by a Chief Medical Officer letter to NHS organisations. This communication will set out who will most likely benefit from antiviral treatment, the prescription criteria and treatment algorithm. Allocate a lead member to map vulnerable patient groups to have this information readily available to enhance services and clinical care quality. This will inform prioritisation of care delivery, vaccination and

distribution of anti-viral medication. Using this information, prepare to increase the capacity of services in Intensive Care, Emergency Departments, Paediatrics, Pharmacy, Mortuary, Maternity and any other identified vulnerable groups.

8. Work closely with the Data and Digital Task and Finish Group to collect data where possible on the allocation and delivery of antiviral medication and treatment.
9. Risk thresholds must be determined for discharge, following national guidelines which may be provided by UKHSA or Public Health Wales, but if it is not, CVUHB must determine risk thresholds for discharge. There should be consideration for settings such as care homes and nursing homes, and the existing discharge policy should be reviewed to consider if additional guidance needs to be added in the context of a pandemic.

Action Card: Capacity, Flow & Surge Task and Finish Group

Remit

Manages system-wide capacity, patient flow, and surge planning across acute, community, and primary care.

Proposed group lead: Head of Operations Patient Flow & Site Services

1. Monitor bed capacity, escalation levels, and flow constraints, escalating issues as needed and liaising with other Task and Finish Groups to inform planning.
2. Develop and deliver a clear plan for patient isolation on all sites and manage the balance of elective activity and cancellations/restoration.
3. Review and revise service delivery plans regularly to take into consideration potential staff sickness levels and increased workload, including consulting with any contracted services on their level of preparedness.
4. Work closely with the Data and Digital group to collect data where possible on test data, vulnerable populations and the allocation and delivery of antiviral medication and treatment.
5. Ensure there is a nominated member of the group to map vulnerable patient groups to have this information readily available to enhance services and clinical care quality, as well as share with other Task and Finish Groups. This information will inform prioritisation of care delivery, vaccination and distribution of anti-viral medication. Additionally, this information should be used to prepare to increase the capacity of services in Intensive Care, Emergency Departments, Paediatrics, Pharmacy, Mortuary, Maternity and any other identified vulnerable groups.
6. Activate surge plans, including field hospitals or alternative care sites if required, liaising with the Estates Group. Liaise closely with the Logistics and Estates Groups to regularly review plans for delivery of clinical care, and consider appropriate organisation and use of Estate, including whether to divide the estate to treat patients with suspected disease of pandemic potential on one site. As soon as the profile of the pandemic is available prepare to enhance any available services or capacity which may assist in reducing hospital admissions.
7. Risk thresholds must be determined for discharge, following national guidelines which may be provided by UKHSA or Public Health Wales, but if it is not, CVUHB must determine risk thresholds for discharge. There should be consideration for settings such as care homes and nursing homes, and the existing discharge policy should be reviewed to consider if additional guidance needs to be added in the context of a pandemic.

Action Card: Social Care, Community & Third Sector Interface Task and Finish Group

Remit

Coordinates with local authorities, social care providers, and voluntary sector partners, as well as prisons and secure mental health settings.

Proposed group lead: Director of Primary, Community & Intermediate Care Clinical Board

1. Ensure multiagency partners and vulnerable groups within the community receive support and that health inequalities are considered in all policy and planning. Support from CVUHB should include:
 - i. Coordination and leadership of pandemic response including provision of testing and vaccination for carers
 - ii. The provision of timely IPC guidance and clinical support and guidance, including pathways to access clinical advice
 - iii. Clinical outreach, testing and vaccination assistance including clear access pathways to testing and vaccination
 - iv. Clear and rapid escalation routes
 - v. Mechanisms for data sharing and situational intelligence
 - vi. Mutual aid arrangements for workforce and training
 - vii. Support with proactive identification of vulnerable groups, ensuring that high risk individuals are contacted, monitored and support, and provided with support for managing long term conditions in any potential measures taken to mitigate the spread of a pandemic (eg. Shielding, lockdowns etc).
 - viii. Aligned public facing communications (in partnership with the Communications Task and Finish Group). Communications should be targeted using accessible and appropriate formats and trusted channels.
 - ix. Support for establishing and running community engagement fora
 - x. Protection against widening inequalities through consideration with multiagency partners the socio-economic aspects of any pandemic, and measures that could be taken to address these.
2. Liaise with local authorities and Regional Partnership Boards, establishing multiagency representation on Task and Finish Groups where appropriate.
3. Support care homes, domiciliary care, and supported living settings, prisons and secure mental health units with preparedness, response and recovery.

4. Engage with third sector organisations for community resilience and the identification of voluntary capacity which can be mobilised to support the delivery of services in CVUHB.
5. CVUHB should also work with local authorities and the voluntary and community sector to support local communication related to public health social measures, so that communities can understand and implement protective measures. This may be supported by the establishment of an engagement forum or similar, where community members and leaders are empowered to ask questions of professionals.

Action Card: Testing & Vaccination Task and Finish Group

Remit

Oversees testing capacity, pathways, and vaccination delivery across the Health Board area.

Proposed group lead: Consultant in Public Health

Testing

1. The Testing and Vaccination group will be responsible for establishing procedures including:
 - a. Establishing testing pathways in conjunction with Public Health Wales, specifically including testing for individuals in the community and care homes.
 - b. Working with the Estates, Workforce and Infection Prevention Control Groups to establish on-site and community facilities for staff and patient testing. This should be considered early, with early identification of sites for scaling up testing as needed.
 - c. Establish policies, procedures and necessary clinical governance for staff testing, in line with guidance from national bodies. These policies must be reviewed regularly, as new information is cascaded from national bodies.
 - d. During the pandemic a point in time will be reached where large-scale testing may no longer be beneficial or desirable. Therefore, at all times during the testing/detection phase all health partners will monitor and communicate regularly the effort/costs/benefits assessment for continued testing. The decision making for when to scale up or down large-scale testing lies with the Silver (tactical) group, who must keep the Gold (strategic) group informed on any decisions making.
 - e. A system and point of contact for communication of testing results must be identified within the Digital and Data group. The Testing and Vaccination group should work with the Digital and Data group to establish efficient IT systems for arranging testing appointments.
 - f. Testing will need to be delivered in accordance with any national directives. Where possible, testing should at all times consider equity of access, and priority access to testing for vulnerable groups as needed, particularly if there are constraints to accessing tests and test sites. Priority groups should include, but not be limited to, those vulnerable to

the effects of any disease of pandemic potential due to pre-existing medical conditions, age or socio-economic status, as well as considering the need to test staff and care workers with direct contact with patients and residents.

Vaccination

1. The Testing and Vaccination group should review its policy for administration of pre-pandemic vaccination to eligible staff members, of viruses known to have pandemic potential including for example Influenza, Covid-19 and any other nationally available vaccinations annually. Influenza and Covid-19 vaccines are produced every year and are designed to protect against the strains of virus which are potential causes of seasonal flu or Covid-19 that year. These may or may not provide protection, depending on the pandemic specific strain.
2. Where possible use existing records within the Welsh Immunisation System on relevant pre-pandemic vaccinations issued to identify vaccinated and un-vaccinated staff members and those who require vaccination. On declaration of a pandemic, and activation of this plan, there should be a review of existing data to inform prioritisation of immunisations relevant to the pandemic. Liaison with the Vaccine Programme Wales and Digital Health and Care Wales should be undertaken to inform this approach as needed.
3. Establishing a vaccination programme for staff should be considered within CVUHB when a suitable vaccination is available. The Testing and Vaccinations Task and Finish Group is responsible for reviewing national guidelines and liaising with the Workforce Group and the Logistics Group to establish a vaccination programme for staff.
4. When a pandemic specific vaccine is available there is the potential for large numbers of staff and the community needing to be immunised. The Testing and Vaccination Task and Finish Group will discuss and agree scaling up of mass vaccination requirements as the vaccine production/availability increases, liaising with the Logistics and Estates Groups as needed regarding use of Estate to deliver the vaccination programme for staff, and the community, as needed.
5. For multi-agency partners, eligible staff may be able to access vaccination services via the Occupational Health Service or via the Core Immunisation Team. Guidance will be provided by the NHS Executive / Vaccination Programme Wales. Considerations will include:
 - a. Whether the PCIC team could provide support to the delivery of vaccinations in the community, including a GP offer and vaccinations for care homes.
 - b. Support CVUHB can provide to multi agency partners on communications for how to access vaccination via other routes such as primary or community care

6. The issuing of vaccinations should be coordinated across Health Boards, in line with any guidance on targeting at-risk individuals and vulnerable groups which may be available from UKHSA, Public Health Wales or Vaccination Programme Wales. Specific consideration should be given as to how to reach and vaccinate those in restricted settings such as care homes and supported living, prisons and homeless populations.
7. Delivering mass vaccination within vaccination centres in the community should be considered. Clear roles and responsibilities should be assigned early, including with multi-agency partners, and through close working with the Logistics, Procurement and Estates Groups.
8. Contribute data as requested to any national system to monitor uptake, coverage, and supply levels of vaccinations, with the Digital and Data Task and Finish Group. CVUHB's Business Intelligence System should be used internally to support daily reporting. In line with national requirements, support any data requests and utilisation of the Welsh Immunisation System, as a central repository for all immunisations.
9. Use existing data to identify any inequalities and initiate a programme of work to tackle any emerging inequalities, by prioritising access to the vaccine as per clinical need and in line with national directives.
10. Liaise with the Vaccination Programme for Wales, to ensure alignment.
11. All those involved will work closely with the Estates and Logistics Groups for:
 - the identification of suitable sites for staff vaccination, including mass vaccination as needed
 - liaison with local authorities to establish vaccination programmes for staff and vulnerable groups
 - the delivery and storage of equipment and vaccines and in particular cold storage facilities.

Action Card: Excess Deaths, Mortuary & Bereavement

Task and Finish Group

Remit

Manages arrangements for excess deaths, mortuary capacity, and bereavement support.

Proposed group lead: Cellular Pathology and Mortuary Service Manager

1. Throughout the response phase of the pandemic, all steps should be taken to deliver dignified care of those who can't be treated, and to provide supportive care for families affected by bereavement.
2. CVUHB is responsible for implementing the National Bereavement Framework,^{vii} which includes coordinated pathways for bereavement care, anticipatory grief support, and immediate interventions for families affected by sudden or traumatic loss, particularly of children and young people. This includes collaboration with third sector organisations and the provision of culturally sensitive, equitable services. In the case of a pandemic, high quality service provision with regards to care of the bereaved should be maintained wherever possible.
3. Monitor mortuary capacity and activate surge arrangements, coordinating with local authorities, coroners, and funeral directors as needed to ensure safe delivery.
4. Contribute to regional excess deaths planning groups and sharing of analysis with Public Health Wales.

Action Card: Finance Task and Finish Group

Remit

To provide financial governance, expenditure tracking, and supporting procurement and recovery.

Proposed group lead: Deputy Director of Finance

The Finance and Business Continuity Task and Finish Group is responsible for

1. Financial governance
2. Tracking pandemic related spending using dedicated cost centres / codes to support robust tracking of pandemic-related expenditure
3. Alignment with Welsh Government funding arrangements and reporting requirements
4. Supporting procurement and contract management
5. Assessing financial risk and implications for recovery
6. Providing financial SITREPs to Strategic (Gold) and Tactical (Silver)

Action Card: Estates Task and Finish Group

Remit

The Estates Task and Finish Group ensures that the organisation's physical environment, buildings, and essential infrastructure remain safe, functional, and compliant throughout the pandemic response. It supports continuity of operations by managing facilities, utilities, maintenance, and environmental safety.

Proposed group lead: Head of Estates

This group will:

1. Assess and reconfigure spaces to support distancing, zoning, one-way systems, or isolation areas, as well as reorganising Estate as needed in line with clinical need.
2. Provide layouts for safe staff workflows, meeting rooms, and public-facing areas.
3. Support temporary expansions, relocations, or closures of buildings or departments.
4. Maintain updated floor plans and capacity limits.
5. Maintain safe operation of all buildings, including heating, ventilation, water systems, and electrical infrastructure.
6. Prioritise essential maintenance and defer non-critical works where appropriate.
7. Ensure rapid response to urgent repairs that could disrupt operations or safety.
8. Implement enhanced cleaning regimes aligned with public health guidance, and ensure availability and correct placement of hygiene stations, signage, and physical distancing measures, in conjunction with the Infection, Prevention and Control Group.
9. Support ventilation assessments and improvements to reduce airborne transmission risks.
10. Manage waste disposal, including clinical or contaminated waste if applicable.
11. Monitor and maintain essential utilities (power, water, gas, IT infrastructure where estates has responsibility).
12. Ensure backup systems (generators, UPS, water storage) are functional.
13. Liaise with external utility providers to manage disruptions or planned works.
14. Ensure buildings remain compliant with statutory requirements (fire safety, water testing, gas safety, etc.).
15. Conduct risk assessments related to building safety, occupancy, and environmental hazards.
16. Report risks, incidents, and operational issues to the Tactical or Strategic Coordination Group.
17. Support the setup of testing, vaccination, or staff welfare areas if required.

Action Card: Workforce Wellbeing, HR and Staffing Task and Finish Group

Remit

Ensures adequate staffing levels, workforce deployment, and HR policy alignment during the pandemic, and protects and promotes the psychological and physical wellbeing of staff during prolonged response periods.

Proposed group lead: Associate Director for Medical Workforce

1. This group should support:
 - a. Guidance for staff on working after sickness and exposure (including contact with a confirmed case; and travel overseas). This should either be drawn from national bodies (UKHSA, Public Health Wales) and cascaded to staff or developed and adapted if needed. The Communications group should support with dissemination to staff.
 - b. The management of at-risk groups, such as pregnant workers, including advising on adjustments to working patterns or conditions.
 - c. Temporary secondment or redeployment of staff, including risk assessment undertaken either prior or at the commencement of the response phase of a pandemic, to ensure that roles and responsibilities are adapted for individuals where possible and appropriate given the need for continuity of services.
 - d. Managing staffing levels and supporting recruitment of bank staff
 - e. Decisions when staff can or should work from home (where feasible)
 - f. Advice on any additional/overtime payments for staff
2. The Workforce, HR and Staffing Group must liaise closely with the Capacity and Surge Group to ensure continued business delivery and safe staffing levels.
3. This group should oversee and provide guidance online managers undertaking an annual pre-pandemic risk assessment, enabling the identification of staff at risk from potential physical or mental health factors associated with response work during a pandemic, allowing for tailored roles and responsibilities in the event of a pandemic. These assessments should be reviewed annually to ensure they remain accurate.
4. To ensure appropriate capacity and offer of support across the organisation, this group should consider training a proportion of staff in the principles of mental health first aid should be considered, and all Clinical Boards should have a minimum of one named representative as Mental Health First Aider at all times. A register of trained staff should be kept, so that they can be accessed in the case of a pandemic response and requested to support with mental health first aid and provision of mental health and wellbeing support to staff.

5. This group should develop an offer of enhanced mental health and psychological support for staff who require it during a pandemic, coordinated through this group. These should include, but are not limited to:
 1. The creation of dedicated rest spaces
 2. Regular check in opportunities (online or in person as appropriate) where staff can feedback on processes and policies, and share how they are feeling
 3. A clearly communicated offer of expert psychological support including counselling
 4. Liaise with the Capacity and Surge group to support the safe staffing of rotas, as a mechanism by which staff wellbeing can be protected
 5. Ensure timely access to personal protective equipment (fitted to the individual)
 6. Regular modes and opportunities for feedback which management review regularly and provides an overview of the status of the workforce's wellbeing. Management should communicate actions taken in response back to the staff body.

Action Card: Logistics and Procurement (including Personal Protective Equipment) Task and Finish Group

Remit

Ensures the Health Board has the resources and equipment required to sustain the response.

Proposed group lead: Head of Operational Procurement

1. The Logistics and Procurement groups will need to work closely with NHS Wales Shared Services Partnership and the Welsh Government to secure reliable supply chains of essential items such as PPE, pharmaceuticals, immunisations and essential medical equipment. This will also necessitate liaison with the Testing and Vaccination group.
2. This group will be responsible for the maintenance of baseline stocks of personal protective equipment (PPE) and essential equipment, such as ventilators and oxygen. Under guidance from UK and Welsh national bodies, CVUHB should ensure a supply of the minimum expected volume of key products.
3. This group will coordinate the issue of testing equipment and logistics of the process, including the storage of equipment, its issue to primary care services, and specimen transportation to testing facilities. During an inter-pandemic period, small supplies of PPE will be stored in areas such as respiratory medicine. When a pandemic is possible (either expected or likely based on epidemiological data), PPE from a national stockpile may be deployed. Where this is used and by who must be considered and planned for by this group, as it may not be compatible with products in present use.
4. This group will work closely with the Infection, Prevention and Control group to ensure that PPE is provided in accordance with the fit testing programme.
5. The inclusion of local authority representatives within this group should be considered early.
6. This group is also responsible for handling mutual aid requests related to equipment or pharmaceuticals.

Action Card: Education, Training & Competency Task and Finish Group

Remit

Ensures staff have the skills, training, and competencies required during the pandemic.

Proposed group lead: People and Culture Directorate

This group should ensure to:

- Deliver training for redeployed staff.
- Maintain competency frameworks for clinical and infection, prevention and control skills.
- Provide rapid upskilling for new roles or pathways.
- Coordinate e-learning and simulation training, also to exercise elements of this plan.
- Regularly review this plan, and any linked guidance, a minimum of every 2 years.

Action Card: Digital, Data & Intelligence Task and Finish Group

Remit

Provides digital infrastructure, data analytics, and intelligence to support operational and strategic decision-making. There will be a requirement to gather, collate and submit large quantities of data on a regular basis; this includes information from Primary and Community and Secondary Care. It is anticipated that current reporting arrangements should remain in place unless stipulated otherwise.

Proposed group lead: Appointed by Director of Digital & Health Intelligence

1. The group lead should be the single point of contact for the receipt and dissemination of data.
2. The Digital team should maintain an overview of available data systems and mechanisms by which new pandemic related data could be collected. If possible, there should be a local CVUHB collation of for example, PPE levels, staff vaccination status, essential equipment, staff trained in major incident response, staff trained as Mental Health first aiders. It is likely in the case of a pandemic that requests for data will come from Welsh Government. It is likely therefore that key personnel must be identified to support and be trained if required.

This data should, where possible, aim to:

- Identify and provide data to mitigate health inequalities which may be exacerbated by the pandemic, by analysing cases and vaccination status by deprivation quintile, focussing on the most deprived areas and those in groups at greatest risk (inclusion health groups).
 - Track progress and effectiveness of any interventions
 - Report to national bodies, to inform strategies
 - Contribute to post pandemic reviews of effectiveness
 - Describe system pressures and impacts e.g. number of patients attending EU/admitted/on ITU/mortality from pandemic, in near real-time
3. During the early phases of a pandemic many people presenting with symptoms may need to be tested to confirm whether they are infected. CVUHB data management teams and Public Health Wales will need to collaborate to ensure all results are collated. Public Health Wales will identify this requirement, which will be triggered by Welsh Government. Daily data on cases and vaccinations should be sent to Public Health Wales and / or Welsh Government as requested.

4. Throughout the response phase of the pandemic, CVUHB teams should collect and monitor local epidemiological data, including cases in staff and patients, to guide response work within the health board. This data should be shared with national bodies including Public Health Wales as requested.
5. CVUHB should work closely with partners (particularly local authorities, social services and education) to ensure systems allow sharing of data appropriately including patient identifiable data where it is proportionate and improves care.
6. The Digital and Data Group is responsible for ensuring digital security and maintaining data security standards throughout the course of the pandemic.
7. The Digital and Data Group should also work with the Clinical Boards and the Capacity, Surge and Flow Group to identify and support the design and delivery, or scale up, of appropriate telehealth services within clinical delivery, thereby minimising the need to treat patients on site. Any such intervention must be monitored to ensure it does not widen health inequalities.

Action Card: Communications & Engagement Task and Finish Group

Remit

Delivers clear, consistent communication to staff, partners, and the public.

Proposed group lead: CVUHB Communications lead

During a pandemic, key messages are generated by Welsh Government and NHS Wales. The Tactical (Silver) group should cascade these messages within CVUHB. After each meeting with national bodies, the Tactical (Silver) group should share these messages within CVUHB, via the Communications and Engagement group.

The Communications and Engagement group should consider:

- Developing a communications strategy including key messages to deliver at each stage of the pandemic, in alignment with the phases of a pandemic outlined in this Plan and in the UK government Pandemic Preparedness Strategy^v. This group should liaise regularly with Public Health Wales and Welsh Government to ensure the delivery of consistent messages to the public. This also includes media messages, including those referencing confidence in the NHS.
- Communication of messaging to staff, including those related to other groups (immunisation, personal protective equipment, clinical guidelines etc.) Regular and clear communications should be cascaded to staff.
- Providing guidance on how staff should communicate with the worried well and those impacted by the health response
- Issuing proactive communications on the status of the pandemic in the local areas and the provision of protective actions to take for individuals and communities
- Reviewing media enquiries, and drafting responses, liaising with other group leads as necessary and in agreement with Public Health Wales.

Additional governance structures

In addition to the CVUHB Task and Finish Groups as part of the Bronze response, a Recovery Group will be established and chaired by the COO. Whilst the COO and Chief Executive can stand this group up at any time, for a pandemic with longer term impacts than other major incidents, this may be established at the end of the first wave of a pandemic.

Action Card: Recovery Task and Finish Group

Remit

Plans and coordinates the transition from emergency response to recovery and restoration of services.

Proposed group lead: to be appointed by the Chief Operating Officer

Recovery is a long and complex process that will involve many agencies and will require adequate resourcing to implement. Recovery may take months or years to implement as it seeks to support affected communities, including staff.

A Recovery Task and Finish group should be established at an appropriate time as determined by the Strategic (Gold) Group, such as at the end of the first wave of a pandemic. The Recovery group will aim to minimise disruption of critical services and facilitate a return to “business as usual” at the earliest possible opportunity.

Initial considerations for the Recovery group should include:

- The undertaking of an impact assessment as to the ongoing impact of the pandemic, and impact on business as usual, with recommendations made for a recovery work programme
- The resourcing and prioritisation of the recovery work programme should be agreed by the Strategic (Gold) Group

The following elements need to be considered in the recovery phase:

1. Planning for tackling a backlog in delivery of local services
2. Expanding any existing rehabilitation programmes offered for staff and patients affected by ongoing impacts of the pandemic on physical health
3. Mental health support for staff, with ongoing provision of pandemic response mental health support, and additional reflective and feedback sessions
4. Developing a programme of engagement events to gather staff feedback and a review process for developing and identifying improvements based on feedback gathered, generating a full evaluation and summary of lessons learned
5. Working with partners on community recovery programmes.
6. Continued care of bereaved families
7. Managing equipment and supplies
 - a. Remaining supplies of PPE
 - b. Legacy equipment
 - c. Replenishing a stockpile
8. Communication to the public on actions taken in the recovery phase

Appendix 1: Context

Civil Contingencies Act 2004

The Civil Contingencies Act (CCA)^v provides a statutory framework for civil protection in the UK. It is divided into two parts:

- Part 1: Establishes local arrangements for civil protection.
- Part 2: Grants emergency powers to the government in extreme circumstances.

Local responders are divided into two categories. Category 1 responders (core responders) include local health boards. Category 1 responders, and thus health boards, are responsible for:

- Assessing the risk of emergencies occurring and using this to inform contingency planning and a risk register
- Developing emergency plans
- Putting in place business continuity management arrangements to ensure continued delivery of services
- Putting in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Sharing information with other local responders to enhance co-ordination
- Co-operating with other local responders to enhance co-ordination and efficiency

Category 2 responders include utilities and transport companies who cooperate and share information with Category 1 responders. Category 2 responders are more likely to be involved in incidents that affect their own sector. Category 1 and 2 organisations come together to form 'local resilience forums' which will help co-ordination and co-operation between responders at the local level.

Local Resilience Forum

Local Resilience Forum (LRFs) are statutory partnerships formed under the Civil Contingencies Act. Their pandemic responsibilities include:

- Coordinating multi-agency planning and response.
- Maintaining Community Risk Registers and emergency plans.
- Facilitating information sharing, joint training, and exercises among Category 1 and 2 responders.
- Supporting public communication and business continuity efforts.
- Ensuring strategic coordination through the Strategic Coordinating Group (SCG) and Tactical Coordinating Group (TCG) during major incidents.

Roles and Responsibilities

UK Government

The UK government, under the Civil Contingencies Act 2004, is responsible for:

- 1) Setting the legal framework for emergency preparedness across the UK.
- 2) Defining duties for Category 1 and 2 responders, including NHS bodies and local authorities 1.
- 3) Providing strategic coordination during national emergencies, including pandemics.
- 4) Maintaining emergency powers (Part 2 of the Act) for use in extreme circumstances.
- 5) Supporting Local Resilience Forums (LRFs) and ensuring national consistency in planning

Welsh Government

The Wales Resilience Framework 2025 outlines the Welsh Government's pandemic preparedness responsibilities, incorporating lessons learned from the COVID-19 pandemic:

- Acts as the lead for emergency preparedness in Wales.
- Chairs the Wales Resilience Forum, which coordinates strategic emergency planning.
- Oversees the Risk and Preparedness Committee, which transitions from peacetime planning to crisis response.
- Sets strategic direction for community resilience, risk management, and response capabilities.
- Ensures alignment with Welsh legislation (e.g., Well-being of Future Generations Act) and UK-wide frameworks.

Public Health Wales

The Health Protection Framework for Wales^{vi} was developed in response to lessons learned through the COVID-19 pandemic. According to the Health Protection Framework for Wales, Public Health Wales is responsible for:

- Leading health protection planning and response for communicable diseases and environmental hazards.
- Coordinating with NHS bodies, Welsh Government, and local authorities.
- Developing and implementing the Communicable Disease Outbreak Control Plan for Wales.
- Supporting surveillance, risk assessment, and public health messaging during pandemics.

- Contributing to the One Health and all-hazards approaches to preparedness.

ⁱ phw.nhs.wales/topics/the-communicable-disease-outbreak-plan-for-wales1/

ⁱⁱ [Wales Resilience Framework 2025 | GOV.WALES](#)

ⁱⁱⁱ [UK Covid-19 Inquiry](#)

^{iv} [Pandemic Preparedness Strategy: building our capabilities - GOV.UK](#)

^v [Pandemic Preparedness Strategy: building our capabilities - GOV.UK](#)