



Date: Thursday, 9 July 2020

Time: 9.30 am

Venue: SY2 6ND
Shrewsbury Room, Shirehall, Abbey Foregate, Shrewsbury, Shropshire,

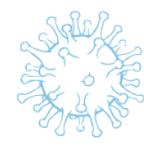
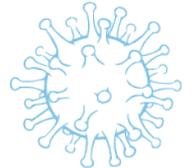
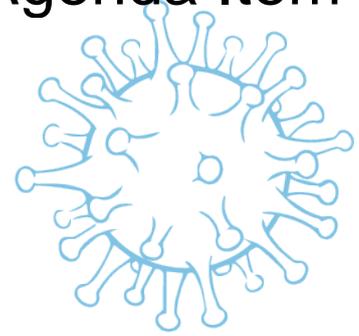
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HEALTH AND WELLBEING BOARD

TO FOLLOW REPORT (S)

- 8 COVID-19 Health Protection Board (Pages 1 - 108)**
Rachel Robinson, Shropshire Director of Public Health, Susan Lloyd, Public Health Consultant and Cllr. Dean Carroll, Cabinet Member for Adult Social Care, Public Health & Climate Change

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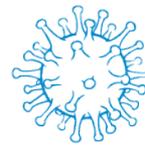


Shropshire Covid-19 Outbreak Control Plan

Prevent, Contain and Recover
June 2020



Version	Date
01	02 nd June 2020
02	12 th June 2020
03	14 th June 2020
04	15 th June 2020
05	18th June 2020
2.1	22nd June 2020
3.0	30th June 2020



Foreword

Since the start of the novel coronavirus (COVID-19) pandemic, Shropshire Council and its partners have worked to contain and delay the spread within the County. As we move our focus to the next phase of management of the COVID-19 pandemic, a locally led system to prevent and reduce transmission of the virus is critical. This plan will build on the strong relationships with key partners and the approach already in place for tackling situations and outbreaks locally during the pandemic, including work across our 120 care homes.

Our aim of this plan and its implementation is to reduce and ultimately halt the spread of COVID-19 as quickly as possible while supporting and minimizing the impact the virus is having on our most vulnerable groups, and on wider health outcomes linked to the effects of the measures put in place to control the virus. Prevention is key to this approach, as is quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. A final stage is to protect and support recovery.

The success of this local implementation will rely on: good relationships with systems partners, integration with national, regional and local partners and schemes, stakeholder ownership and good communication and engagement. Resources and the ability to scale up and down plans and capacity as needed, underpin the delivery of this plan.

This plan outlines the approach we are going to take to achieve our aim to reduce and halt the spread through systematic prevention, containment and recovery planning.



Cllr Peter Nutting
Leader Shropshire
Council



Karen Bradshaw
Interim Chief Executive



Andy Begley
Interim Chief Executive



Rachel Robinson
Director Public Health

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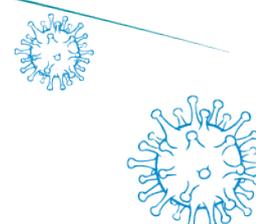
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Where are we now?

COVID-19

COVID-19 is a new illness first identified in December 2019 that can affect your lungs and airways. It's caused by a type of coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development.

Up to 16 June 2020 there were 296,857 cases in the UK leading to 41,736 COVID-19 related deaths. Shropshire has had 854 cases confirmed to date and over 200 deaths.

An **'outbreak'** is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Context

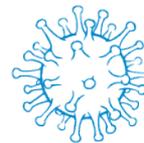
In late May 2020 the Department of Health & Social Care announced that [Local Outbreak Control Plans](#), would be a key component in the HM Government's COVID-19 recovery strategy. Linking to the establishment of the national [NHS Test and Trace programme](#) (Appendix 1) and [Joint Biosecurity Centre](#), local authorities should play a significant role in the identification and management of infection, using local knowledge, expertise and coordination to improve the speed of response alongside Public Health England's (PHE) regional health protection teams.

Governance structures will ensure the local health and social care system is working together with the NHS and PHE as part of newly established COVID-19 Health Protection Boards. These Boards will ensure oversight and assurance and foster a [culture of collective responsibility and leadership to protect the population's health](#). There is an expectation of local political ownership and public-facing engagement and communication for outbreak response through Local Outbreak Engagement Boards. Figure 1 shows roles and leadership.

This document provides the framework to the planning, prevention and response locally within the Shropshire Council area.

Figure 1: Roles and Leadership





Shropshire Picture

Shropshire County is the largest inland county in England, situated on the border with Wales; making links with partners in neighbouring Local Authorities and Wales crucial. Shrewsbury is home to a quarter of the population, and the 17 market towns and patchwork of villages ensures Shropshire represents one on the country's most rural areas. The county's economy is based mainly on agriculture, a vibrant tourist industry (see appendix 2), food industries, healthcare and other public services.

There are around 320,300 people living in Shropshire; 77,788 (24.3%) are aged 65+, which is above the national average. An estimated 3,740 people are living in care home settings. There are approximately 14,000 people who are from BAME and other minority ethnic populations. Overall in 2015, Shropshire County was a relatively affluent area and was ranked as the 129th most deprived County out of all 149 Counties in England. However, it contains areas of deprivation and inequalities with 9 Super Output Areas (SOA) in the most deprived fifth of SOAs in England. Figure 2 shows this breakdown.

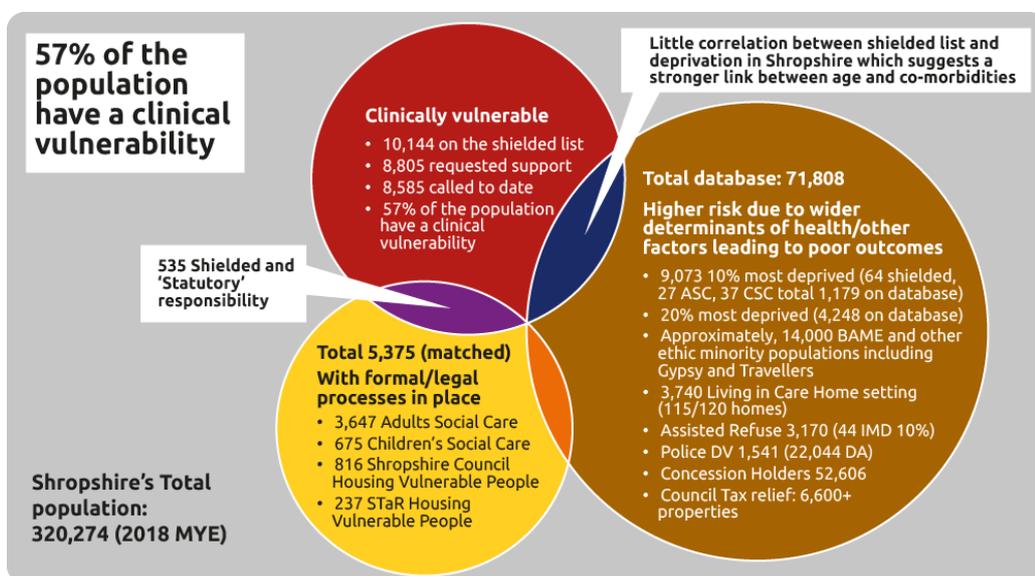


Figure 2: COVID-19 Estimated Vulnerability and Needs in Shropshire

Shropshire Council analysis of multiple datasets shows 71,808 people are categorised as high risk due to wider determinants of health or other factors leading to poor outcomes.

Breakdown of Outbreak Plan settings

Educational settings

- 336 Early Years settings
- 125 Primary Schools
- 19 Secondary Schools
- 4 specialist schools
- 2 Further Education colleges (across 4 campuses)

Adult Social Care

- 120 Care Homes,

Childrens' Social Care

- 4 (soon to be 5) Children's Residential Homes

NHS

- 1 Acute Hospital
- 4 Community Hospitals
- 1 Mental Health Provider
- Specialist Orthopaedic Hospital

Workplaces

- 15,850 enterprises, operating 17,995 local units, including Tourist Attractions (99.2% SME's)

Transport Hubs

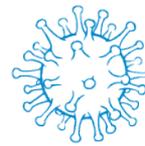
- 15 railway stations
- Network of bus services and small airfields.

Vulnerable Communities accommodation

Faith Venues: Approx. 202 including: 130 C of E, 13 Catholic, 43 Methodist, 9 Baptist, 5 Kingdom Halls, 1 Latter Day Saints, 1 Muslim Faith Centre (2 Mosques in Telford)

Other: 3 military bases, 1 prison, and 1 Hospice

Figure 3



Shropshire picture

At the time of writing the overall picture is an improved one. The numbers of cases diagnosed in Shropshire and deaths with COVID-19 on the certificate, have reduced since a peak in April and May, which is currently our best indicator of the community pandemic. Hospital admissions are also reducing. Furthermore, we can see the epidemic curve of care home outbreaks is now clearly showing a decline. Please see Appendix 3 for more detail.

It is important to note the pattern of COVID-19 in Shropshire; the pandemic has shown a different and flatter curve than the national and regional picture; while Shropshire did not see the height of spike seen in other regions, neither did Shropshire see the rapid decline, even during lockdown, suggesting the ongoing circulation of COVID-19 within the community. It is clear therefore that the reproductive rate of the virus remains close to the point where we could see a further take off in cases, and the nature of the virus means that a small proportion of cases are responsible for the majority of transmission (i.e. some cases tend to be linked to spread to a large number of cases, with others only to small number). Therefore, the focus on firstly preventing transmission and secondly in robustly containing spread through; identifying cases and clusters, ensuring close contacts isolate, as part of the test and trace programme is critical going forward.

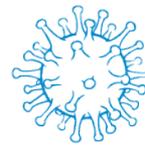
Key Achievements so far:

The COVID-19 pandemic was declared on 11 March 2020. Since that time partners in Shropshire have worked tirelessly to address the health issues associated with COVID-19.

Particular successes include 'Command and Control', testing, cross border working, Health Protection Cell, Infection Protection Control services, Protective Personal Equipment (PPE) management, and Community Reassurance. 'Command and Control' was operationalised through the Local Health Resilience Forum (LHRF) and associated Silver and Gold Commands, and through the Strategic and Tactical Command Groups to facilities partnership working.

- Testing systems were set up and run to deliver a locally responsive cross partnership COVID-19 testing approach
- Cross border working has been active throughout the pandemic particularly with Public Health Wales and Powys Public Health teams
- The Local Authority developed a multi-agency COVID-19 Health Protection Cell to support the Test and Trace system locally, and to provide COVID-19 health protection support to partners and the population
- A COVID-19 Infection Prevention Control service was put in place by the CCG to support partners
- A PPE system was set up and now includes a multi-agency reporting dashboard which enables partners to manage risk
- A Shropshire wide Community Reassurance Team and COVID-19 helpline was put in place to support the community, and particularly vulnerable members of the community to access food, medicines and other support.

It's important to recognise that the testing, Health Protection Cell, Infection Protection Control, PPE management and Community Reassurance Team were all developed from a standing start.



Integration with existing plans and strategies

Alert Levels

On the 11th May the Government identified 5 levels of risk in the UK to decide how strict social distancing measures would need to be and suggestive of the stage of the pandemic within the UK. The alert level helps local planners understand the level of response and responsibilities. As at the 19th June, the alert level in the UK is Level 3 meaning the virus is in general circulation and social distancing is relaxed. A similar level of cascade and alert will be employed within Shropshire highlighting the level of cascade and resources required, building up from level 1 adding the next layer of resources at each stage cumulatively. Please see figure 4 for these alert levels.

National Stages of Outbreak	Alert Level	Local Measures in Place	Shropshire Leads	Communication and Governance Triggers
Risk of healthcare and local authority services being overwhelmed	5	Local or national lockdown, business continuity	National and local Gold and LRF Structures	Multiple outbreaks, local resources close to being exhausted
Transmission is high or rising	4	Social distancing, Scale testing, redeployment staff, local business continuity	Local LRF and Gold Structures	Large cross sector, site, community transmission
Virus in general circulation	3	Infection control, testing	Local Health Protection Boards	Multiple situations and contained outbreaks
Number of cases and transmission is low	2	Enhanced Surveillance	Local Health Protection Cell	Isolated situations and Managed outbreaks
COVID-19 is no longer present in Shropshire	1	Prevention measures, health promotion	Local Health Protection Cell	-Business as Usual Reporting

Figure 4 Coronavirus alert levels, cascade and trigger points

Strategy Alignment

The work to prevent and contain the spread of COVID-19 in Shropshire does not stand in isolation but implementation requires integration with other key plans and strategies as illustrated in figure 5 below.

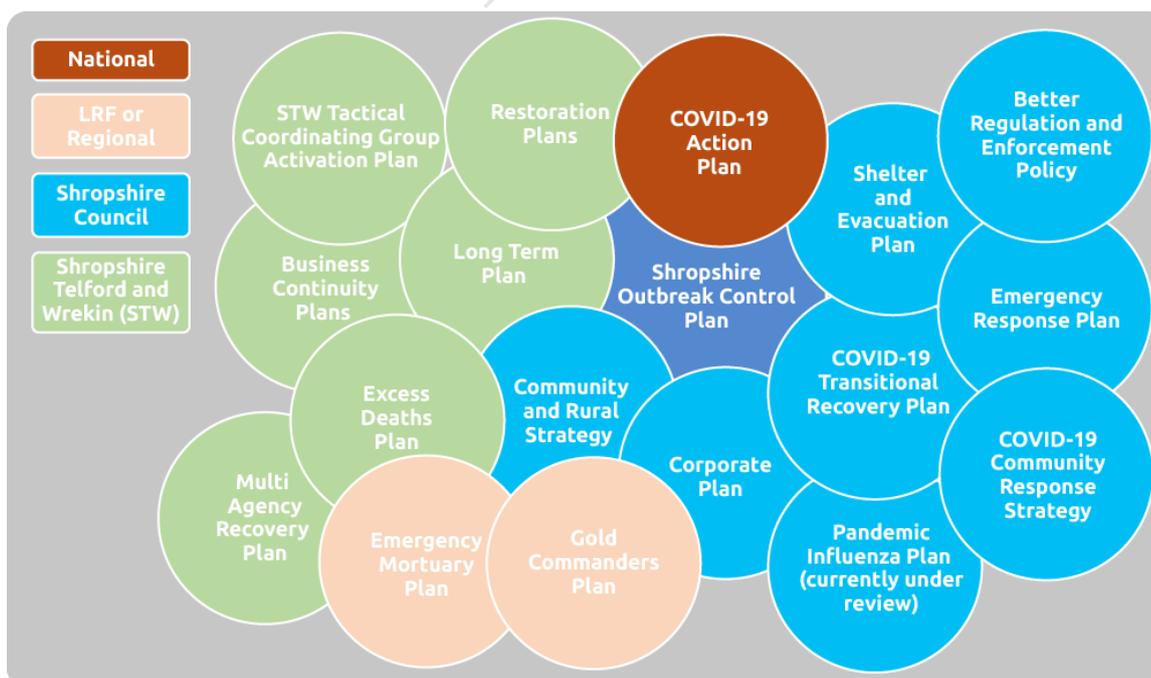
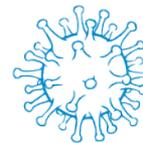


Figure 5: Map of current strategies and plans and links to this plan



Where do we want this plan to take us?

Aims and Objectives

The purpose of this Plan is to support the quick and effective, identification, management, and communication of COVID-19 outbreaks in a range of settings. The specific objective of the plan is to:

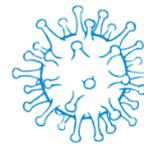
1. **Protect the health** of the people of Shropshire by:
 - *Prevention* first, to halt, slow or reduce the spread of COVID-19 through proactive advice/guidance, tools and systems to support services and businesses to run in a way that is safe and releases our economy
 - Early identification and proactive management of outbreaks
 - *Contain* through testing, contact tracing and isolation
 - *Suppress* any outbreaks of COVID-19 through population wide approaches where needed
 - Coordination of capabilities across agencies and stakeholders to ensure effective delivery of containment and suppression
2. **Assure** the public and stakeholders that this is effectively delivered by;
 - Publication of the Shropshire Local Outbreak Control Plan
 - Support settings experiencing an outbreak to mitigate the consequences
 - Establishment of appropriate governance, communications and engagement channels
 - Development of epidemiological surveillance systems and processes

Principles

The principles for prevention and management of the transmission of COVID-19 are in this Local Outbreak Plan.

Our key principles are that we will:

- Aim for a consistent systemic approach to co-ordinate activities across Shropshire and Telford & Wrekin working closely with local partners
- Draw on the capabilities, skills, experience and ways of working of existing teams
- Ensure that these teams are appropriately resourced with information, training and additional capacity where necessary
- Provide clarity where possible about the roles and responsibilities of individual organisations and teams
- Communicate and share information where possible



How will we get there?

Priorities

The specific priorities of the Local Outbreak Control Plan addressing the 9 key themes of the outbreak plan are in figure 6 below:

<p>Priority 1</p> <p>Governance – How we will work as a system</p> <ul style="list-style-type: none"> • Governance Structures • Integration and system working • Key Stakeholders 	<p>Priority 2</p> <p>Prevention</p> <ul style="list-style-type: none"> • Physical/organisational measures • Infection Control • Addressing inequalities • Sustainability • Regulation as prevention • Systems and planning 	<p>Priority 3</p> <p>Settings – Planning for outbreaks in high risk settings and communities and at scale</p> <ul style="list-style-type: none"> • Identification of high-risk settings and communities of interest <ul style="list-style-type: none"> ○ Workplaces ○ Care homes ○ Schools and Early Years settings (including children’s homes) ○ Healthcare settings ○ Prisons ○ Community gatherings and events • Operational response arrangements including Standard Operating Procedures (SOP) • Surge Planning for Working at scale
<p>Priority 4</p> <p>Vulnerable people</p> <ul style="list-style-type: none"> • Supporting those who are shielding and supporting those who need to self-isolate • Identification and support for those at greater risk and with unmet needs 	<p>Priority 5</p> <p>Communication and Community engagement</p> <ul style="list-style-type: none"> • Reactive and proactive 	<p>Priority 6</p> <p>Testing capacity</p> <ul style="list-style-type: none"> • Timely, local Shropshire and national testing • Effective and timely deployment of mobile testing
<p>Priority 7</p> <p>Test and Trace & Infection Prevention and Control including PPE</p>	<p>Priority 8</p> <p>Surveillance and Monitoring</p> <ul style="list-style-type: none"> • Data and systems intelligence • Integration of local and national data and scenario planning through the Joint Biosecurity Centre • Monitoring and evaluation 	<p>Priority 9</p> <p>Regulation including local lockdowns plans</p>

Figure 6 – Specific priorities of Local Outbreak Plan

These will be addressed through the remaining sections of the Plan and Appendices.

Priority 1: Governance - How we will work as a system

Governance Structures, roles and responsibilities

Governance of the Local Outbreak Control Plan will seek to ensure that:

- The Local Outbreak Control Plan is supported by all of the partners who may be required to contribute to implementation.
- There is robust monitoring of progress of management of outbreaks individually and collectively.
- There is multiagency oversight of management of outbreaks and the ability to escalate for mutual aid if necessary.
- We can continually reflect, learn and improve.
- There is democratic oversight of management of outbreaks, which contributes to effective public communication.

The components of local governance are set out in Figure 8 and demonstrate the importance of working across the whole system and involving partners in the NHS, neighbouring local authorities, police, voluntary and communities' sectors etc.

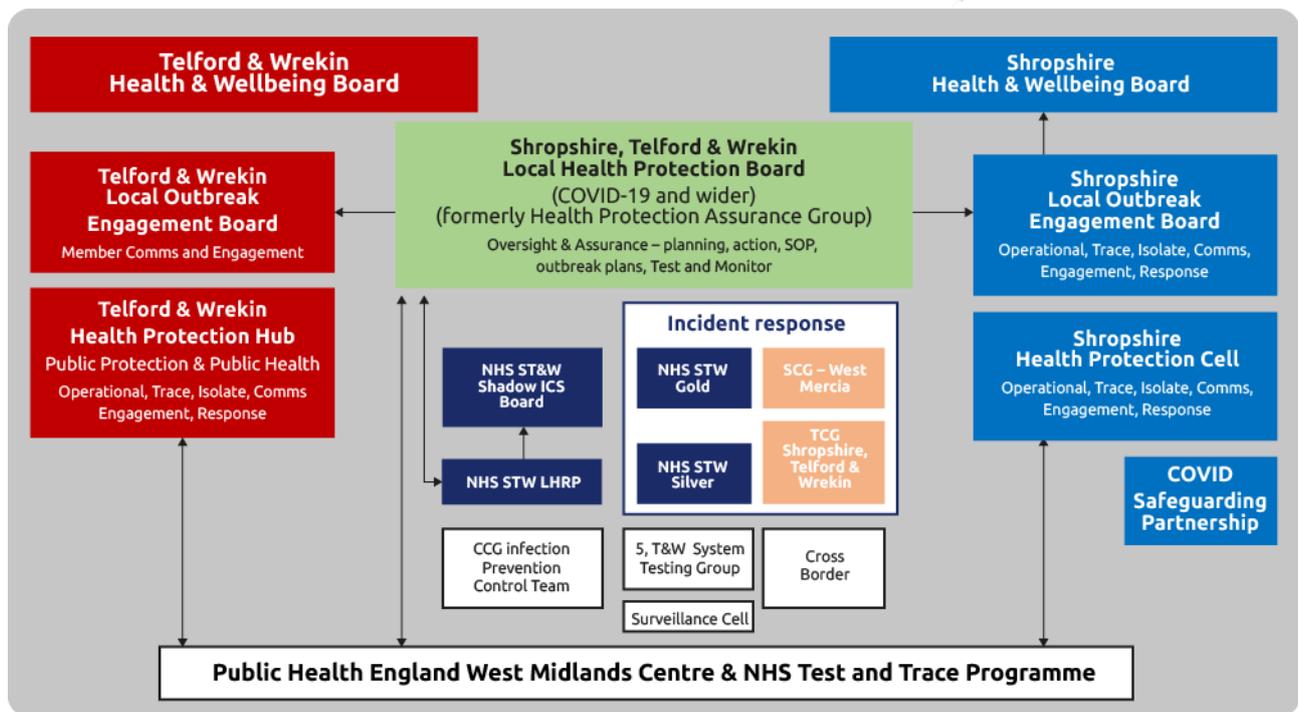


Figure 7: Governance Shropshire, Telford and Wrekin Outbreak Control Plan

Full roles and responsibilities and terms and reference are provided in the appendices for key boards and groups (Appendices 4 - 8). Detail of the Shropshire Health Protection Cell which sits at the core of the local delivery, integration and surge capacity offer is provided in Figure 8.

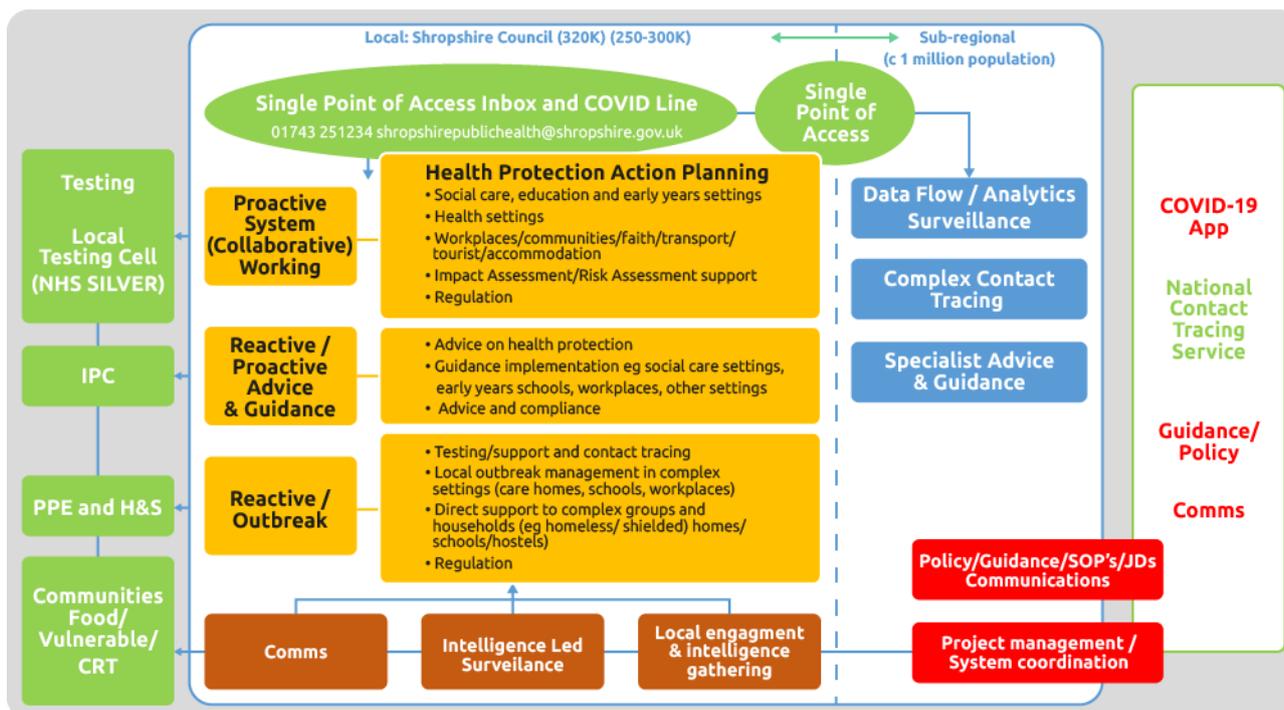
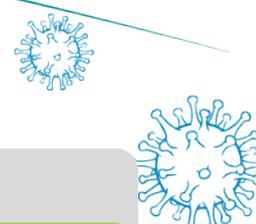


Figure 8: COVID 19 Shropshire Health Protection Cell

Key Stakeholders

This outbreak plan covers 13 settings, as indicated in figure 9. Figure 10 shows Key Stakeholders and ways of working across priorities



Figure 9 Key Stakeholders

The details of how outbreaks in each setting are set out in the Standard Operating Procedures that are in appendices 9-13 in this document. The surveillance approach is included in the section for priority 8 – surveillance and monitoring.



	Priority 1 <i>Governance</i>	Priority 2 <i>Prevention</i>	Priority 3 <i>Settings</i>	Priority 4 <i>Vulnerable people</i>	Priority 5 <i>Communication and Engagement</i>	Priority 6 <i>Testing Capacity</i>	Priority 7 <i>Test & Trace and Infection Control</i>	Priority 8 <i>Surveillance and monitoring</i>	Priority 9 <i>Regulation including lockdown</i>
Public	Purple	Green		Red		Blue	Red	Blue	
Early years	Purple	Green	Yellow			Blue	Red	Blue	
Schools	Purple	Green	Yellow			Blue	Red	Blue	
Further education	Purple	Green	Yellow			Blue	Red	Blue	
Children's residential	Purple	Green	Yellow			Blue	Red	Blue	
Adult social care	Purple	Green	Yellow			Blue	Red	Blue	
NHS Settings	Purple	Green	Yellow			Blue	Red	Blue	
Work place	Purple	Green	Yellow			Blue	Red	Blue	
Faith venues	Purple	Green	Yellow			Blue	Red	Blue	
Tourist attractions	Purple	Green	Yellow			Blue	Red	Blue	
Accommodation	Purple	Green	Yellow			Blue	Red	Blue	
Transport hubs	Purple	Green	Yellow			Blue	Red	Blue	
Custody venues	Purple	Green	Yellow			Blue	Red	Blue	
Vulnerable communities	Purple	Green	Yellow	Red	Yellow	Blue	Red	Blue	
Local & national media	Purple				Yellow				
National government	Purple								Light Green
Joint Biosecurity Centre (JBC)								Blue	Light Green
Public Health England	Purple		Yellow		Yellow		Red	Blue	Light Green
LRF (SCG and TCG)	Purple		Yellow		Yellow		Red	Blue	Light Green
NHS Silver/Gold LRHP	Purple		Yellow		Yellow		Red	Blue	Light Green
Local Engagement Board	Purple		Yellow	Red	Yellow		Red	Blue	Light Green
Members/Councillors			Yellow		Yellow				
MPs			Yellow		Yellow				
Safeguarding Board	Purple		Yellow	Red	Yellow				
System Board/Cell	Purple	Green	Yellow	Red	Yellow	Blue	Red	Blue	Light Green

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Figure 10: Key Stakeholder matrix and ways of working across priorities

Priority 2: Prevention

Primary preventative approaches will underpin all activity and work streams in this plan, as it is the key to ensuring we reduce community cases to zero. The following considerations will be a key feature of all work streams that have a focus on settings/communities.

Figure 11 below shows these approaches.

<p>Physical and organisational measures</p> <ul style="list-style-type: none"> • Create physically distanced environments • work from home first approach • Incentivise active travel • Stagger start times, break times, use of facilities • Create work/school 'bubbles' • Internal communications 	<p>Infection Control measures</p> <ul style="list-style-type: none"> • Hand washing • Cleaning • Appropriate use of PPE • Support, guidance & training • Appropriate care practices • Workforce
<p>Addressing inequalities</p> <ul style="list-style-type: none"> • Consider inequality of impact; of access to services/information alongside impact of measures taken (risk of isolation/violence) • Direct activities and allocate resource according to need (use of data/intelligence) • Safeguard those most vulnerable (based on income, ethnicity, gender, age or circumstance. Eg homeless communities, vulnerable migrants) • Ensuring communication is accessible and comprehensive to all • Support for social isolation • Community engagement 	<p>Regulation as prevention</p> <p>Consider use of advice and enforcement to achieve compliance through:</p> <ul style="list-style-type: none"> • Health and Safety at Work etc. Act 1974 • Interventions in workplaces where Shropshire Council is the enforcing authority • Public Health (Control of Disease) Act 1984 • Coronavirus Act 2020
<p>Communication</p> <p>Detailed communication and engagement plan to ensure preventative approaches are being communicated appropriately to partner agencies, as well as public facing communications focussing on social distancing and staying safe.</p>	
<p>Sustainability</p> <p>Focus on longer term approaches to embed ways of working for the future, including:</p> <ul style="list-style-type: none"> • Mental Health support • Workforce • Ongoing engagement with communities • 'Green recovery' • Healthy Lives Prevention Programme (HWBB) work including Social Prescribing etc. 	

Figure 11 – Prevention approaches

Priority 3: Settings

Outbreak Management

The primary objective in the management of an outbreak is to protect public health by identifying the source of an outbreak and implementing necessary control measures to prevent further spread or recurrence of the infection. This section and associated appendices outlines the process and procedures for the investigation management and control of outbreaks and complex cases of COVID-19, both within Shropshire run premises and within key settings where outbreaks occur most often.

A Memorandum of Understanding (MoU) (Appendix 14) has been agreed between West Midlands PHE Centre, Telford & Wrekin Council, Shropshire Council and Shropshire & Telford CCGs. This MoU provides the framework and details of the arrangement for the joint management of local COVID-19 outbreaks, including the governance and guidance principles and roles and responsibilities of the various organisations in line with their statutory duties. Standard Operating Procedures and processes have already been established and operationalised in care homes and will build on across the wider plan.

Standard Operating Procedures (SOPs), as part of the MoU with PHE, SOPs have been developed for settings, complex situations and cases to operationalise the plan and demonstrate a consistent, comprehensive and evidence-based approach. This drives the management of risk, advice and implementation of control measures. These also highlight the information points and key contacts

SOPs are in appendices 9-13

Care Home Outbreaks, Children's Residential Home Outbreaks, Local Schools Outbreaks, Workplace Outbreaks and Community Support Group (Supporting the Vulnerable in an Outbreak)

The SOPs are to be used in conjunction with the cascade chart (Figure 13) and stakeholder matrix (Figure 10) to establish local involvement and cascade of information and action.

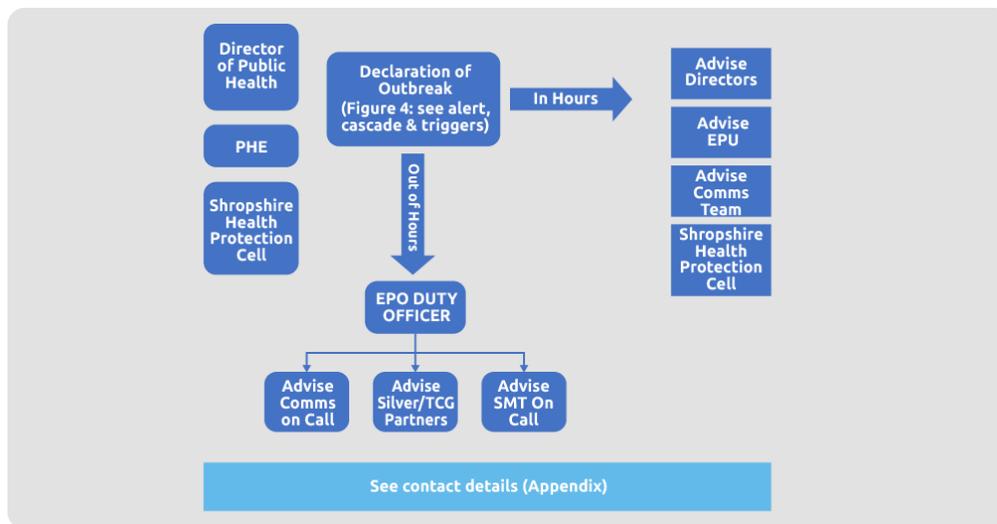
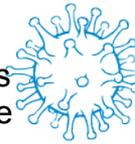


Figure 13: Cascade chart

Identification of outbreaks

The expectation is that outbreaks will be identified by the Joint Biosecurity Centre and/or PHE. PHE is likely to undertake an initial risk assessment and may choose to lead on management of some outbreaks, drawing on support from local partners. PHE will refer other outbreaks to the Council for management.



Outbreaks may also be identified through local intelligence. Any organisation that suspects an outbreak should report this to Public Health England. Contact details are included in the Standard Operating Procedures for each setting. This priority links to Priority 8 - surveillance and monitoring.

PHE contact details:

Monday – Friday (0900 – 1700) 0344 225 3560 (opt 0, 2)
Other hours on call via the Contact People 01384 679031

Suspected outbreaks should also be reported to Shropshire Council Public Health Team via shropshirepublichealth@shropshire.gov.uk or 01743 251234,

Daily settings SitRep will be received for Shropshire residents from PHE tiers 3 & 2 via shropshirepublichealth@shopshire.gov.uk

Management of outbreaks

The lead organisation and team for ongoing management of outbreaks vary by individual circumstance and may evolve by local agreement but is broadly summarised below

Action	Setting							
	Care Home (CQC)	Other residential	School	Workplace	Prison	High risk settings	NHS Setting inc hospital	
Receive notification	PHE, CQC	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE, SATH	
Gather information and undertake risk assessment	PHE	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	SATH / ShropCom	
Arrange testing (see testing grid)	LA: ShropCom	PHE	LA/ ShropCom	LA/ ShropCom	SATH / ShropCom			
Provide initial advice and control measures	PHE	PHE, LA	PHE	PHE, LA	PHE, LA	SATH / ShropCom		
Provision of results	PHE, SaTH	PHE, SaTH, LA	PHE	PHE, SaTH, LA	PHE, SaTH, LA	SATH / ShropCom		
IPC follow up	PHE, LA, CCG IPC	PHE, LA, CCG IPC	PHE, LA	PHE, LA	PHE, Shropcom	PHE, LA	IPC Teams at site	
Access to PPE	Emergency PPE STWPPE@shropshire.gov.uk							
Chair IMT if required	PHE or LA	PHE	PHE or LA	SATH/ ShropCom				
Key partners	PHE, ASC, PH, SPIC, SaTH, comms		PHE, LA, comms, safeguarding team, school nurse	PHE, business, PH, comms Regulatory Services HSE	PHE	PHE, hostel, LA housing, PH, comms safeguarding Reg Services	SATH ShropCom PHE	
Follow up	PHE, PH, ASC		PHE, LA	PHE, LA	PHE	PHE, LA	PHE	
Comms	PH, ASC, SPIC		PHE, LA	PHE, LA	PHE	PHE, LA	PHE, SATH, STP	
Governance	HPB	PHE	Health Protection Board (HPB)					

NB * Membership of teams may change depending on the requirements of the outbreak.

Figure 14: Information flows and management of outbreaks in complex settings and high risk places

High risk places, locations and communities include the following categories:

- Homeless hostels and domestic violence shelters
- Religious, traveller and other 'defined' communities

High risk workplaces - those that tend to involve one or more of: People working in close proximity and/or in settings where it is difficult to maintain good standards of environmental and / or personal hygiene:

- A low skilled and / or transient workforce
- have a high footfall of visitors to the premises
- people who both work and reside together

Priority 4: Vulnerable people

The vulnerable population in Shropshire broadly fall into three groups, which are not mutually exclusive:

1. Clinically vulnerable – those that will require shielding.
2. Formal/legally vulnerable process in place – this will include those: that are receiving statutory care, known to the Local Authority and there is some overlap with the responsibilities passed to Local Government during COVID-19 for the clinically vulnerable in need of additional local support such as food parcels.
3. Higher Risk due to other factors – this is due to wider determinants of health/other factors leading to poorer outcomes including BAME, deprivation, age, poverty, homelessness and obesity. This group includes the 9 protected characteristics and are being currently being researched at a national level.

Shropshire Council has built a matched dataset containing a range of data which has enhanced our understanding of local needs and to seek to identify unmet need in communities and settings. This dataset will be used along with national evidence and local intelligence to inform plans for targeting and supporting people.

In recognition of the fact that Shropshire is a large, predominantly rural and sparsely populated county, there are practical challenges for engaging and delivering services; and for communities in finding out about and accessing services, particularly in terms of physical and digital connectivity. The recent PHE reports highlight the significant risk to BAME communities, compounded by additional challenges in BAME communities around finding out about and accessing services. Priority 5: Communications, is integral to reaching these communities. This plan addresses how Shropshire will engage and support the range of vulnerable people in our communities (including those living in specific settings). Additional risk can be considered in figure 15 below; this plan focusses on connecting the vulnerable person's dataset with those at greater risk, to deliver a comprehensive engagement and prevention action plan (found in Appendix 16)

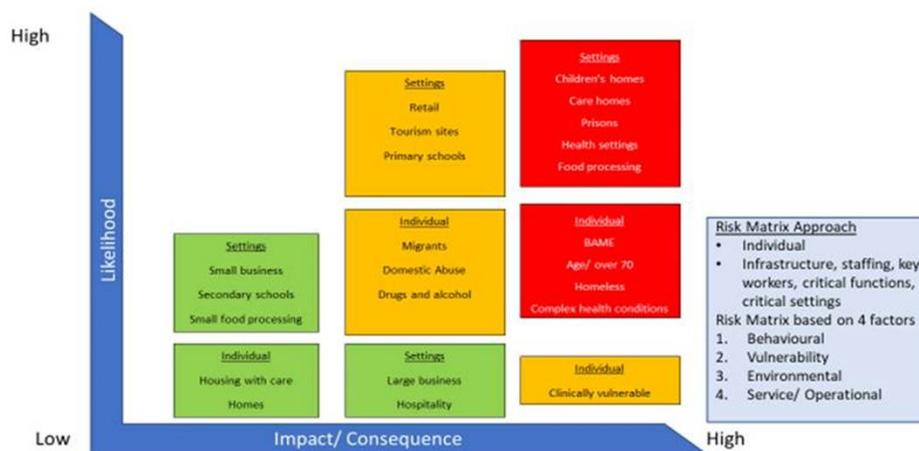
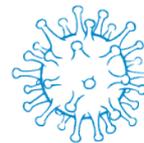


Figure 15 Risk Matrix



Prevent, Contain, Protect

This plan works to engage and prevent the spread of COVID-19, respond to immediate need due to an outbreak, and finally to support people in the long term. These three elements will be delivered through a range of services and contacts with frontline services (health, care, and the voluntary and community sector) as shown in figure 16.

Level description	Who delivers this?
Level 1: Generic Communications to all or a sub-section with or without specific need or vulnerability	Communications teams, web support, all frontline staff (trained in public health messages and the latest guidance on keeping well)
Level 2: Wellbeing phone call, providing a holistic offer with a more detailed request around needs and support, those who with the relevant skills to have a “good conversation”	CSC, CRT, GP practices, housing associations, voluntary and community sector; grass roots community groups
Level 3: more specialist intervention (if there is a specific need); this level also includes specific engagement programme with those who are more vulnerable due to COVID-19	Social Care, Primary Care, Revs & Bens, Housing, Regulatory Services, Social Prescribing Advisors, Bereavement Support, Engagement programme (detailed action plan in Appendix 16)

Figure 16: Levels of support and engagement by need

All Public Sector partners have a responsibility to understand who are more vulnerable and ensure that people are supported; connecting with our voluntary and community sector partners to support people in a locality-based way continues to be a vital component of this plan. Those who require additional support if they are asked to self-isolate as part of Test & Trace will receive level 2 and/or level 3 support.

Support for self-isolation

A Community Response Team will provide support where necessary to those who have to self-isolate and need assistance. Those who are isolating after being in contact with someone who has tested positive for COVID-19, or if someone has tested positive for COVID-19, will be provided a contact number for community help. The phone line is hosted by the Shropshire Council Customer Services Centre. The Centre has access to a wealth of information about the support available in communities, however if someone has tested positive for COVID-19, additional consideration will be made as to who is best placed to ensure that someone receives the food, medicine, supplies and other support that they need in a safe way. The following will be provided:

- Telephone advice, guidance and information about shopping services and other needs
- Phone calls to those who are vulnerable
- Food delivery for those who cannot access food online or in their community
- Welfare checks to ensure that people are OK in their homes, when contact over the phone hasn't been possible (protocols are in place to ensure this can be delivered safely)
- Connections to a range of services within Shropshire Council and with partners and communities (this includes social care, libraries, businesses, community groups, and many others)

Please see appendix 15 for a helpful telephone numbers sheet, which was distributed in community settings.

Priority 5: Communications and Engagement

Communications and Engagement Plan summary

Our Local Outbreak Plan Communication strategy will support the delivery of the plan and sets out our approach to communicate the plans key messages to all local communities. Appendix 17 shows the Crisis Communication Checklist, and the event of an outbreak

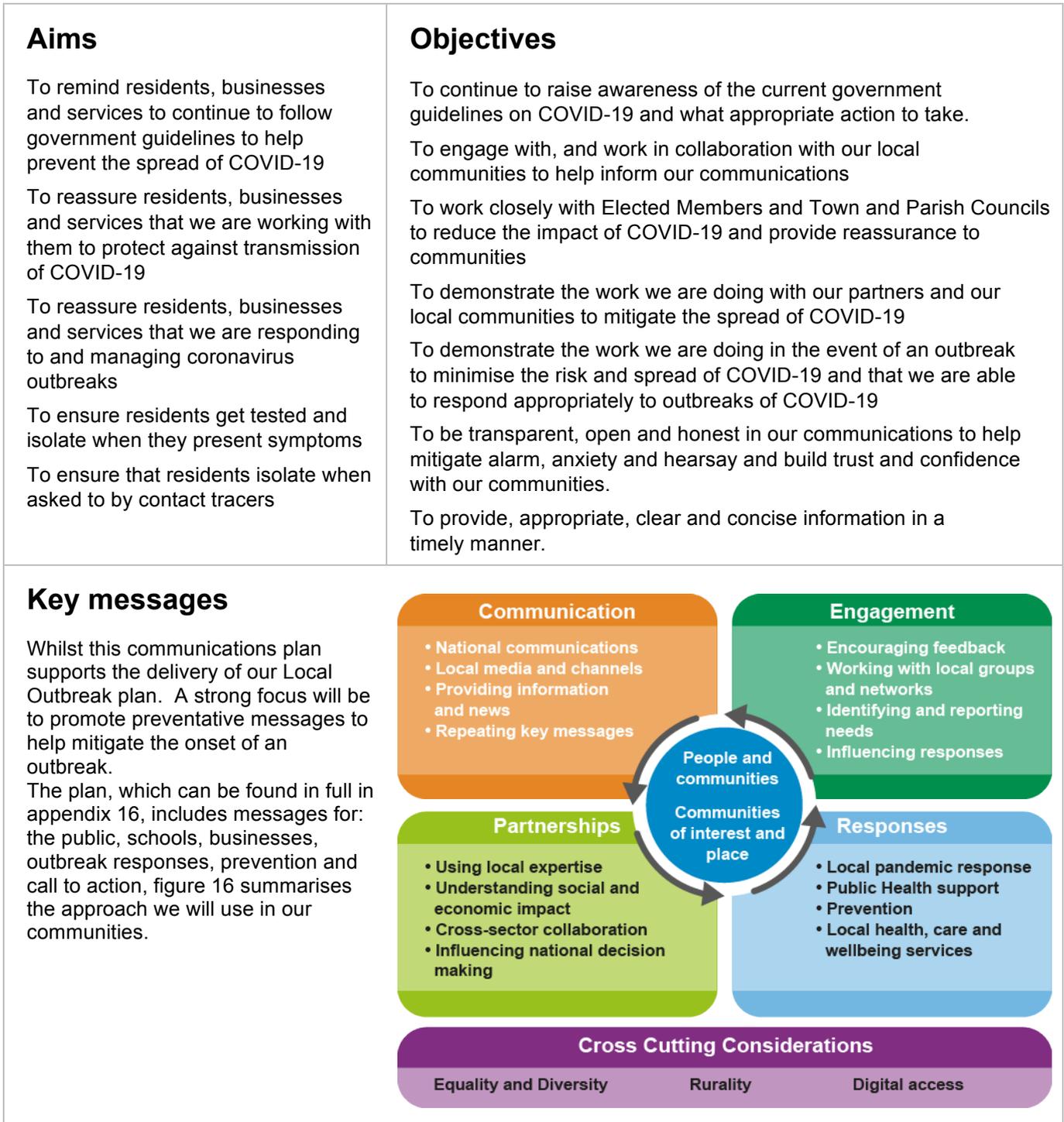


Figure 16

Priority 6: Testing Capacity

Rapid access to high quality testing at scale is vital to control the spread of coronavirus and Plans are expected to describe the local arrangements for testing demonstrating accessibility, convenience and scale, including for individuals with symptoms and also for testing contacts without symptoms (asymptomatic) as part of outbreak management.

Appendix 18 contains Contact Tracing questions and appendix 19, Contact tracing; Confidentiality and Disclosure information.

There is a broad testing offer across in Shropshire, Telford & Wrekin with a number of testing routes and sites available. This includes the local NHS Trust Programme ([national testing pillar 1](#)), delivered by Shropshire Health Community NHS Trust, which undertake swabbing and support with Occupational Health-led reporting of results, and Shrewsbury & Telford Hospitals NHS Trust which provides laboratory services Appendix 20 provides a systems testing matrix.

The [local NHS testing offer](#) is available for patients in hospital and the community, health and social care workers, local authority staff, including schools and other key workers with symptoms. This service is offered through drive through testing facilities situated in both Telford & Shrewsbury and through a home visiting service for those who are too unwell to travel. The local Shropshire, Telford & Wrekin NHS COVID-19 testing programme can also support asymptomatic testing for contacts as part of local outbreak management. This route is used where there are complex settings and for vulnerable individuals, for example in schools, care homes or other residential settings.

National testing options ([national testing pillar 2](#)) available in Shropshire, Telford & Wrekin, through two MoD Mobile Testing Units (MTUs) and a permanent Regional Testing Unit. These options are available for all members of the public with symptoms eligible for testing and will be used where necessary for large scale testing in outbreaks such as workplaces.

The contact tracing flowchart below (figure 17) outlines the process. PHE will complete all non-complex contact tracing. Those contacts who are vulnerable or need support or complex settings (i.e. care homes, schools, workplaces) will be passed to the Shropshire COVID 19 health protection team and partners to follow up.

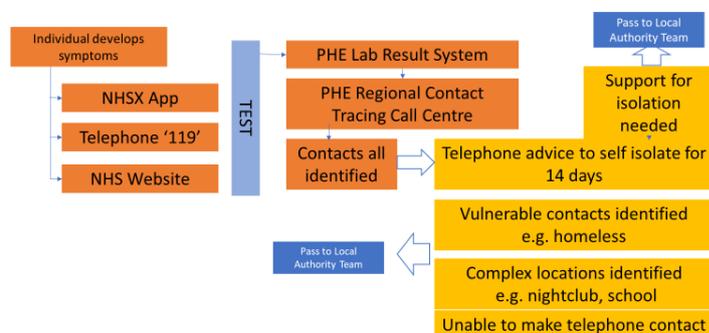


Figure 17: Contact Tracing Flowchart

Links to further Government guidance related to Contacts and Contact Tracing:
<https://www.gov.uk/government/publications/guidance-for-contacts-of-people-with-possible-or-confirmed-coronavirus-covid-19-infection-who-do-not-live-with-the-person>

Priority 7: Contact Tracing and Infection Control

Tracing contacts of people with COVID-19 is critical to our success in containing the virus as we move to the next stage of the pandemic management. The aim is to rapidly identify and isolate people with COVID-19 symptoms (however mild), as well as people who have been in close contact with them just before the symptoms started, during the first few days of illness. The key to this is timeliness and rapid self-isolation of contacts. Whilst testing is an important part of any contact tracing strategy, it is isolation of cases and their close contacts that will have the largest impact on spread.

Key to our local plan will be joint working with NHS Test and Trace and Public Health England to ensure that any linked cases (in workplace, schools, faith venues etc.) are rapidly identified and that this is sufficiently quick to contain outbreaks.

Strong public communication at both national and local level will also be needed to make sure that people understand the importance of self-isolation and to understand and tackle any obstacles to self-isolation including access to food and medicine.

The key elements of the Test and Trace approach and additional guidance is available at nhs.uk/coronavirus

Where the contact tracing process identified a complex case or one involving a high-risk location such as a health or care setting, a custodial setting, a school, transport hub, workplace and other settings the case will be referred to Public Health England's regional team and the Local Authority Public Health team. These teams will deal with the outbreak. The management of these outbreaks is governed by a Standard Operation Procedure which defines roles and responsibilities.

We will also explore how local contact tracing can be integrated with local testing and how we can develop contact tracing expertise in wider staff groups. This will need to be expanded as the national programme expands. The interface with infection control is key to success.

Infection control

Specific infection prevention and control measures for COVID-19 have been published by the government. Shropshire and Telford & Wrekin CCG's Infection Prevention and Control Team on behalf of the system will provide this service locally. Resourcing has been agreed between the CCG's, Telford and Wrekin and Shropshire Council. The team can be contacted at ccg.ipc@nhs.net. Appendix 21 contains local, regional and cross-border details.

Measures include:

- Infection control history of setting
- Risk assessment for infection control processes and procedures
- Provision of infection control advice and support
- Provision of infection control training
- Liaison with setting to advise on infection control in staff and service users
- Liaison with setting to advise appropriate use of PPE including donning and doffing
- Liaison with setting to advise infection control, hygiene and cleaning
- To form part of outbreak control teams in order to control the transmission of infection
- Using established surveillance and reporting systems monitoring of infection rates and investigations

Please refer to appendix 22 for links to Government Guidance.

Priority 8: Surveillance and Monitoring

Good quality data covering a range of local and regional metrics is key to the management of COVID-19 in the next phase. In the next phase, COVID-19 will play out as a series of as tracking the overall pattern of cases will be key part of this Local Outbreak Control Plan.

Systems are in place for receipt, logging and monitoring progress of outbreaks. Situational reports will be received from PHE and local analysis and local interpretation will be undertaken, this includes the development of dashboards which summarise local data to be shared with the local boards and hubs.

A sub-regional virtual data stream, is currently being established, bringing together analysts across both Councils, the local system and Public Health England. There are well established links also with NHS analyst team through COVID-19 and the population health management work streams.

It is anticipated that we will seek additional capacity as well as academic input/expertise to support the hub, and that the hub will work with the national Joint Biosecurity Centre, as it establishes. The Joint Biosecurity Centre has the role of bringing together data from testing and contact tracing, alongside other NHS and public data, to provide insight into local and national patterns of transmission and potential high-risk locations and to identify early potential outbreaks so action can be taken.

The surveillance support will be working to establish a robust early warning and surveillance system, based on already established surveillance data dashboards, alongside new data streams. The system will look to bring in data related to:

- Testing (all testing streams)
- Case rates (and exceedances)
- Outbreak data (by setting),
- NHS/PHE primary care/NHS 111 syndromic surveillance data
- Secondary care data,
- Mortality data,
- Mobility/footfall
- Workforce data (e.g. sickness absence rates).
- Local “soft” Intelligence
- Regulatory data (e.g. COVID-19 secure workplaces, business restrictions)

This data will be analysed and presented as trends and geographically, with an understanding of key demographic characteristics, this supports both the reactive and preventative work to target resources and approaches to those communities. Mapping of local need has already been established and will continue to be developed by the Local Authority Insight Team to inform the communications, engagement and outbreak management.

Data/intelligence will be produced in a variety of format for different audiences, and with the aim of being as real-time as operationally possible.

It is clear here that the immediate priority is to reach rapid agreement of a framework of monitoring/outcome indicators that will guide our COVID-19 approach.

Priority 9: Regulation including local lockdown plans

There is a range of legislation that can be used for the purposes of preventative activity (e.g. workplaces not adhering to national COVID-secure guidance and wider health and safety requirements), as well as enforcement activity should individuals/organisations not be compliant with isolation measures required in the event of cases/outbreaks. There is also a legislation for managing outbreaks. Public Health England (PHE) and Local Authority Public Health and Environmental Health have the primary responsibility for the delivery and management of public health actions to be taken in relation to outbreaks of communicable disease through the Local Resilience Forum and NHS Gold and Silver structures.

The specific pieces of legislation include:

- Public Health (Control of Disease) Act 1984.
- Health and Safety at Work etc. Act 1974
- Coronavirus Act 2020

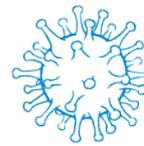
Shropshire Council's Better Regulation and Enforcement Policy sets out the range of options that are available to achieve compliance with all legislation it enforces. The Council recognises that prevention is better than enforcement, but, that under certain circumstances, formal enforcement action will be necessary against those who flout the law or act irresponsibly.

The focus of work with partner organisations and workplaces is one of collaboration and support. However, it is important to consider circumstances in which legislation may be required to be used. Further, it will be important to understand, for those organisations regulated by the Health and Safety Executive (HSE), how we might ensure we still maintain a local supportive relationship businesses and how engagement will work in practice.

Use of this legislation will need to be considered carefully, with Regulatory Services having delegated responsibility for enforcement under the first two legislative items, and PHE for the latter (this is being reviewed currently).

Should an individual need to be detained under the Coronavirus Regulations implemented following the Act, a suitable place to hold the individual will need to be found (which could be in current isolation units being used for our vulnerable communities) or may need to be on healthcare premises (as utilised for Part 2A orders). It is recognised that there will be a staffing/security resource need here.

Schedule 21 of the Coronavirus Act 2020 gives powers to Public Health Officers to direct or remove a Potentially Infectious Person (PIP) to a place suitable for screening and assessment, require a person to undergo testing, enter into isolation or place certain restrictions on the PIP where appropriate. While PHE are the lead agency in exercising the provisions under this Schedule, powers are also provided to Police Constables and Immigration Officers to support PHE and for the protection of the public. The Shropshire provision is outlined in the soon to be published Shropshire Safeguarding Community Partnership Multi-Agency Guidance. Lastly, local authorities are to be granted powers to be able to require particular premises/areas to "lockdown" and specific plans are required to ensure clarity regarding the grounds for being able to do this and how lockdown might be enacted.



What are the Challenges and how will we address these?

A full risk assessment is owned and led by the COVID Health Protection Cell, with actions reviewed weekly and cascaded as appropriate.

A summary of risks associated with each theme, and suggested mitigations, capacity and resources is provided below; a full list is in Appendix 24.

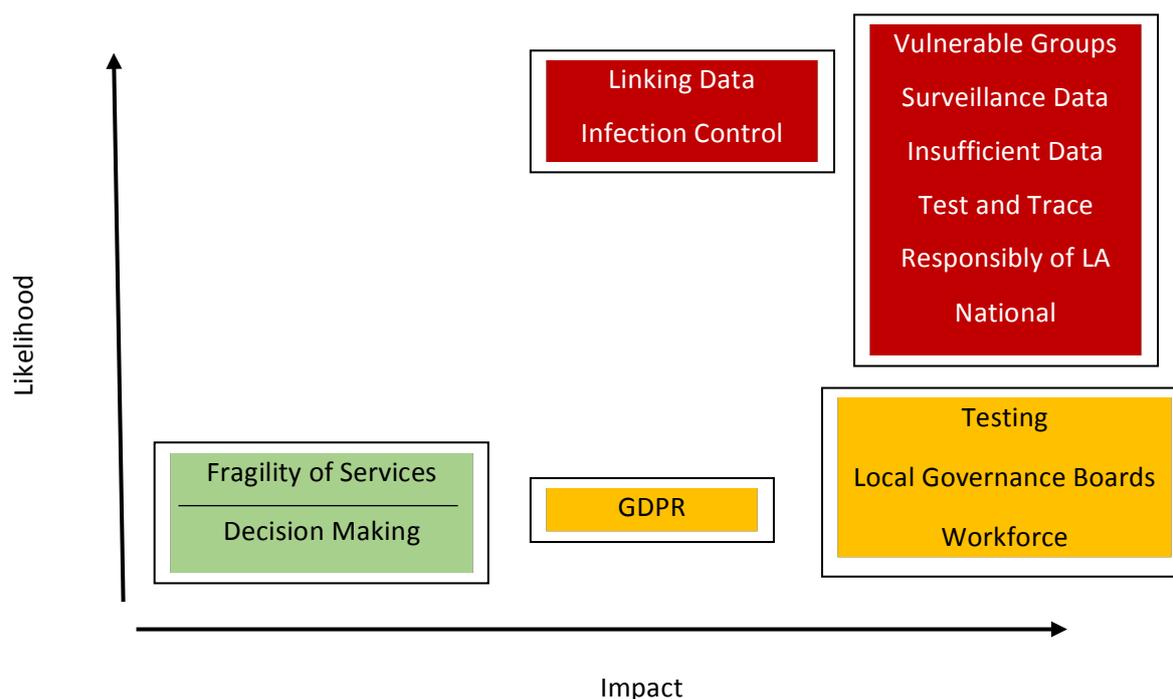


Figure 18: Summary of Risks with each theme

Further details are given in the appendices at the end of this document.

Appendix 23: Shropshire Outbreak Plan – information flow

Appendix 24: Risk matrix

Appendix 25: STW LA Outbreak Risk Management Process

Appendix 26: Incident Management Team (IMT) Draft Agenda

Appendix 27: Activation of Plan/Lessons Learned – Outbreaks

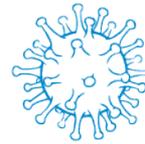
Appendix 28: Incident/Outbreak form

Making it Happen – The Action Plan

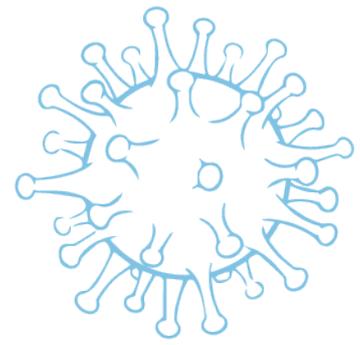


Priority	Officer responsible	Action	Timescale
Priority 1 Governance - How we will work as a system	DPH, CE, PHE, LRF	Continued communication with central government through established routes. Define systems and structures for local lockdown	Jun-20
		Continued communication with central government. Devolved expectations include incident and outbreak management, currently supporting data systems and structures and timescales clarified nationally	Jul-20
		Continued communication with central government through established routes. Political & public involvement to be clarified	On going
Priority 2 Prevention	LA	Active prevention approach in place	On going
Priority 3 Settings	LA/PHE	Clarity of responsibilities of public services including police and other regulatory services. Integrative review of Section 21 agreement	Aug-20
		Enhance communications to provide proactive and reactive communications in partnership with schools, maintained and academy.	On going
		All risk assessments and SOPs in place. To complete; tourist attractions, places of worship & travel accommodation	July-20
Priority 4 Vulnerable people	LA	Maintain CRT function and review responsibilities to include community engagement and support for self-isolation. Development of plans to ensure services serve vulnerable communities	On going
Priority 5 Communication and Engagement	LA	Deliver outbreak communication and engagement plan	On going
Priority 6 Testing Capacity	LA/NHS	Establish system so that Shropshire COVID-19 cell makes referrals to pillar 1 and results are received by cell. Negotiate access to HPZone. Negotiate local arrangements for extended testing including commissioning.	Aug-20
Priority 7 Test and Trace & Infection Prevention and Control	PHE/TT NHS LA	Set out local support to Test and Trace programme including interface with local testing service. Negotiate local arrangements for extended IPC to cover all settings including commissioning services as required. Software to support contact tracing locally and training Clear mutual aid procedures in place for contact tracing Agree future of Mobile Testing units, training and deployment	Jul-20 Jul-20 Jul-20 Jul-20
Priority 8 Surveillance and monitoring	DPH/PHE Intel Team PHE/Bio Security PHE LA	Require GDPR agreement via PHE Establish local proxy reporting and recording Continued communication with PHE and other data providers to ensure robust reporting data is in place. On-going local development of dashboards using detailed surveillance data to inform incident and outbreak management Work jointly with PHE to enable local access to HP Zone including contract tracing and decision making. Developing local track and trace systems with T&W colleagues to allow system wide monitoring	Jun-20 June/July20 Jun-20 Sept-20
Priority 9 Regulation including local lockdown	Convener SoS LA	Continued communication with central government through established routes. Define systems and structures for local lockdown	Jun-20

Abbreviations



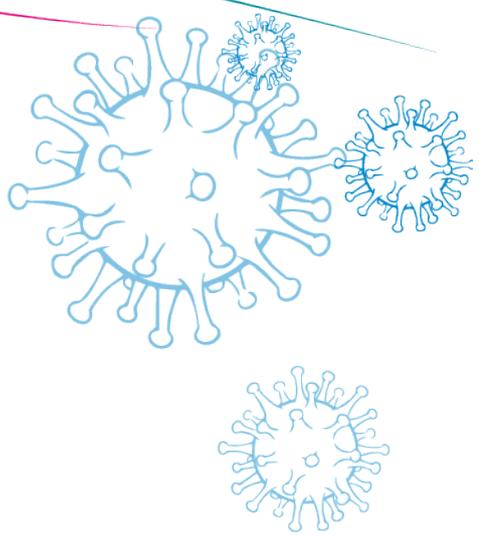
CCG	Clinical Commissioning Group
IPC	Infection Prevention Control
IMT	Incident Management Team
JBC	Joint Biosecurity Centre
LA	Local Authority
LHRF	Local Health Resilience Forum
NHS	National Health Service
PHE	Public Health England
PIP	Potentially Infective Person
PPE	Personal Protective Equipment
UK	United Kingdom



Shropshire Covid-19 Outbreak Control Plan

Prevent, Contain and Recover
June 2020

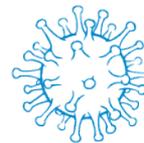
Version	Date
01	02 nd June 2020
02	12 th June 2020
03	14 th June 2020
04	15 th June 2020
05	18th June 2020
2.1	22nd June 2020
3.0	30th June 2020



Appendices for Shropshire Covid-19 Outbreak Control Plan

Prevent, Contain and Recover
June 2020





Appendix 1: Test, Trace and Isolate

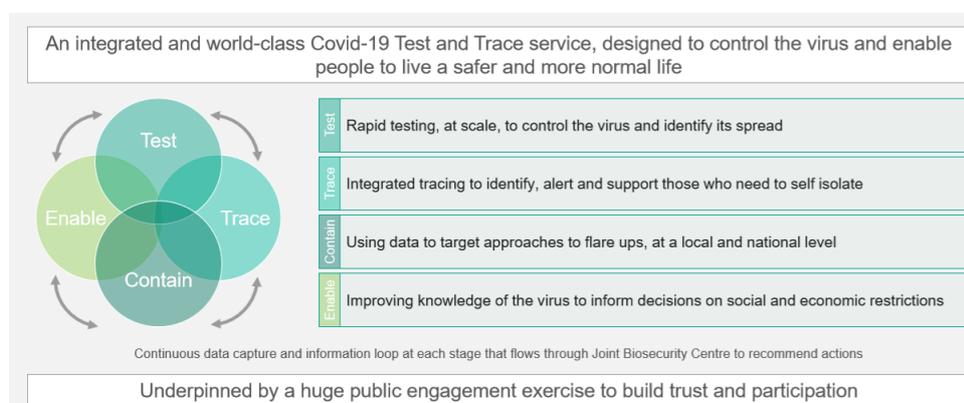
The government launched the national Test, Trace and Isolate (TTI) service in June 2020. This service along with Local Outbreak Control Plans form a central part of the Covid-19 recovery strategy.

The objectives are to:

- a) control the Covid-19 rate of reproduction (R);
- b) reduce the spread of infection and save lives; and
- c) help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four 'tools' to control the virus: test, trace, contain and enable, as set out in Figure 1.

Test and Trace service

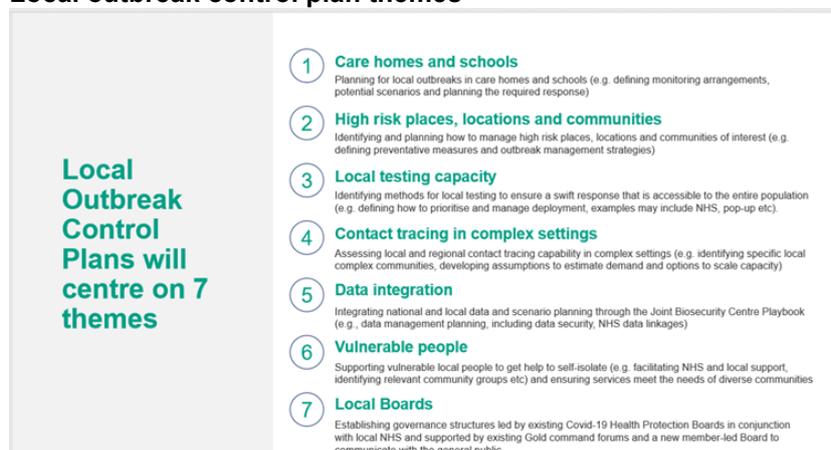


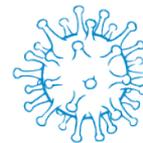
The 'contain tool' includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities will be required to develop and implement Local Outbreak Control Plans and will be allocated a share of £300m to fund these.

Local Outbreak Control Plans

Local Outbreak Control Plans will centre on seven themes: care homes and schools; high risk places, locations and communities; local testing capacity; contact tracing in complex settings; data integration; vulnerable people; and Local Boards, as set out below.

Local outbreak control plan themes





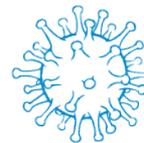
Appendix 2: Key visitor sites and public transport links in Shropshire

Shropshire - Key visitor sites

<p>Theatres and Cinemas</p> <ul style="list-style-type: none"> • Theatre Severn, Shrewsbury • Local theatres and productions • Main cinema in Shrewsbury & local venues 	<p>Towns of interest</p> <ul style="list-style-type: none"> • County town of Shrewsbury • Market towns across the county
<p>National Trust</p> <ul style="list-style-type: none"> • Attingham Hall and Park • Benthall hall • Dudmaston Hall and Estate • Carding Mill Valley and the Long Mynd • Wenlock Edge 	<p>Attractions</p> <ul style="list-style-type: none"> • Hawkestone Park and Follies • Severn Valley Railway • RAF Cosford museum • Shrewsbury Museum and Art Gallery • Shrewsbury Castle & Ludlow Castles • Wroxeter Roman City • Wenlock Priory
<p>Canals - Shropshire Union main canal route</p> <ul style="list-style-type: none"> • Walkers, cyclists and runners • Leisure boaters, travelling and resident populations • Marinas • Fishing • Canoeing 	<p>Outdoor spaces</p> <ul style="list-style-type: none"> • Walking, cycling running, mountain biking, day trippers etc. • Shropshire Hills Area of Outstanding Natural Beauty (AONB) • National Trust areas (Carding Mill Valley, Long Mynd and Wenlock Edge) • 6 Country Parks
<p>Public parks</p> <ul style="list-style-type: none"> • The Quarry, Shrewsbury • Other town parks 	<p>Paid entry Gardens</p> <ul style="list-style-type: none"> • Wollerton Old Hall, Market Drayton • Hodnet Hall, Market Drayton • Dower House, Bridgnorth • Hawkestone Park, Wem • National Trust as above
<p>Farm attractions</p> <ul style="list-style-type: none"> • Fordhall Farm, Market Drayton • Acton Scott Historic Working Farm • Rays Farm and Country Matters • Attingham Home Farm • Park Hall, Oswestry 	<p>Lakes</p> <ul style="list-style-type: none"> • Ellesmere • Dearnford Lake - wild swimming
<p>Cycle and walking routes across the county. (Shropshire Way, Severn Way)</p>	

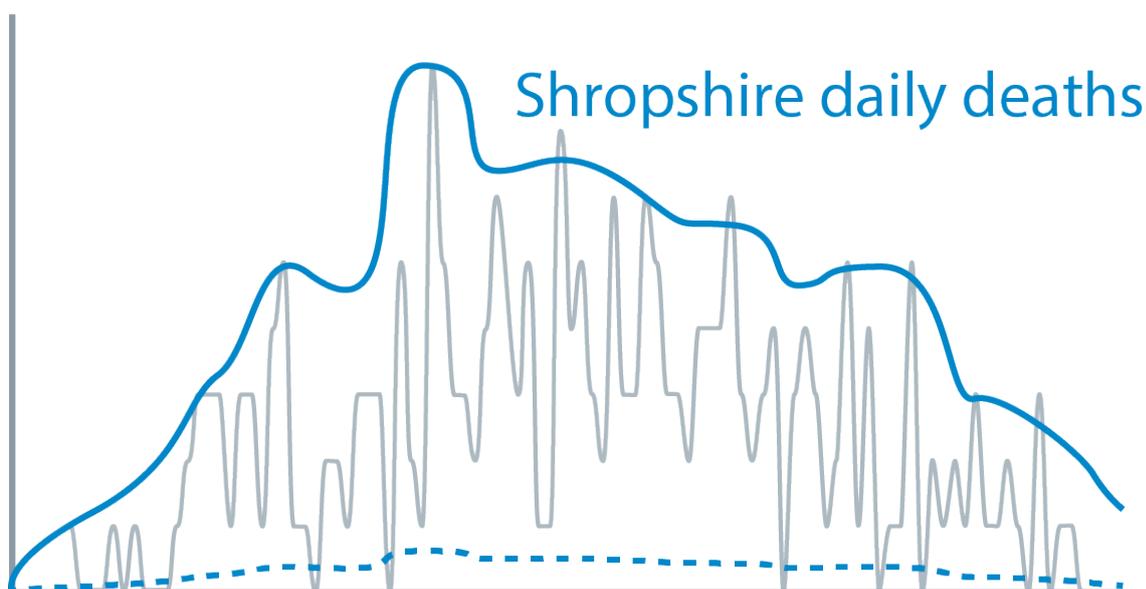
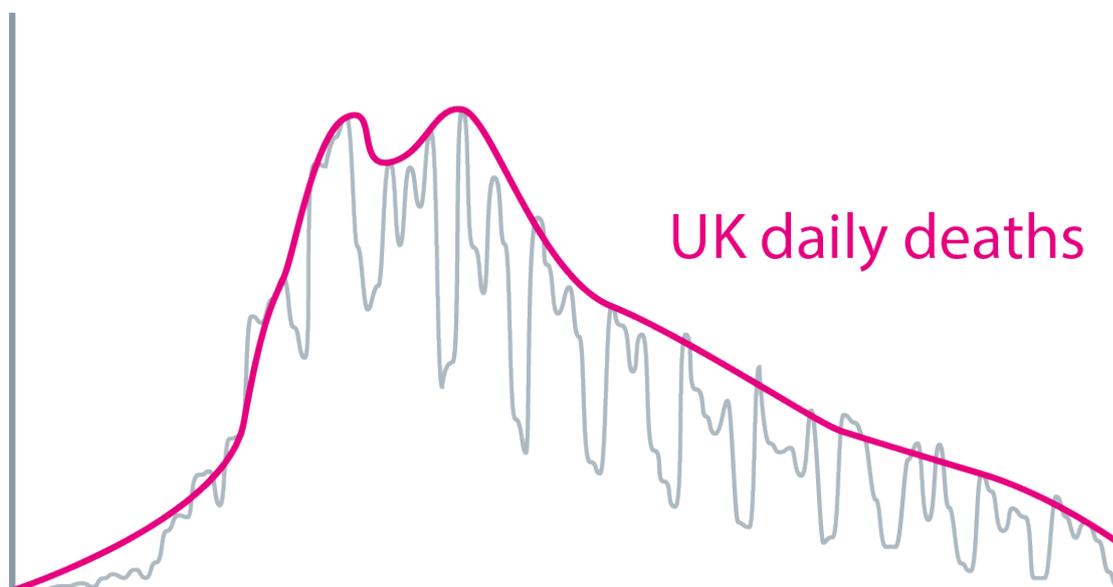
Transport hubs

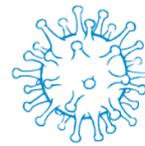
<p>Rail</p> <p>Shrewsbury is the confluence of railway lines going to and from Birmingham, Cardiff, Chester, Crewe, and less frequently to London. These routes take in north, mid and south Wales, and provide links to the north of England via Crewe and Chester. Shrewsbury to Birmingham is a popular commuter route, and calls at Telford Central station. There are 15 Railway stations within Shropshire which include: Shrewsbury, Church Stretton, Craven Arms, Ludlow, Gobowen, Cosford, Albrighton and Whitchurch.</p>
<p>Bus</p> <p>There are a network of bus routes across the county served by Arriva, and generally run from the market towns in to Shrewsbury town centre. There are also bus routes within the towns. Many villages have no bus service unless they are part of a main route into the larger towns.</p>
<p>Air</p> <p>There are no major airports in Shropshire, apart from the military bases, but local airfields include Sleep and Prees Heath to the north and the Gliding Club in Church Stretton to the south.</p>



Appendix 3: COVID-19 Pandemic curve in Shropshire February to June 21st 2020

Illustrative view of the shape of Shropshire's pandemic curve as compared to UK.





Appendix 4: Roles and Responsibilities: Local

COVID-19 Shropshire Local Outbreak Engagement Board

This group is required as part of Local Outbreak Control Plans. Its outline terms of reference are to ensure:

- Democratic oversight of Local Outbreak Control Plan development and the management of outbreaks collectively.
- Effective communication with the public about the management of outbreaks through the public facing health and wellbeing board.
- Act in the interests of the health of the public in Shropshire
- Engage and communicate with residents and stakeholders
- Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
- Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response;
- Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
- Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
- Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks

The group will be chaired by the Shropshire Cabinet Member for Social Care and Health. This will include cross party membership. Additional Members may be invited depending on those parts of the county worst affected by COVID-19.

The group will maintain a close dialogue with the Shropshire Health and Wellbeing Board and the Shropshire Leaders Group. Full details are provided in Appendix XX

COVID-19 Local Health Protection Cell

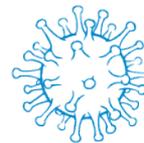
This group is required as part of Local Outbreak Control Plans. Its outline terms of reference are to:

- Develop and continually review the Local Outbreak Control Plan;
- Ensure that appropriate and up to date SOPs are in place for outbreak management;
- Oversee management of outbreaks;
- Logging and recording keeping of outbreaks and actions
- Provide assurance about management; and
- To reflect on learning from outbreaks to identify improvements for future management and amend SOPs accordingly and/or identify additional capacity requirements.

Membership will include relevant teams from Shropshire Council

The COVID-19 Shropshire Health Protection Cell is in place to support residents in Shropshire and to prevent and protect against COVID spread. Figure 4. The cell has daily operational meetings and monitoring, with a more strategic weekly (or more frequently as required) group meeting.

The COVID-19 Shropshire Health Protection Cell provides a single point of contact for PHE to report outbreaks. It can convene an initial Incident Management Team (IMT) involving local partners and including the relevant specialist advice, this may be with PHE or local. A Standard Operating Procedure for the management of outbreaks has been agreed between Shropshire Council and Public Health England. The full membership of each incident management team is defined in the Standard Operating Procedures.



Appendix 5: Roles and Responsibilities: Regional

COVID-19 Local Outbreak Control Tactical Coordinating Group (TCG) and NHS Gold/Silver

This is a Tactical Group of the Local Resilience Forum Strategic Co-ordinating Group (SCG). They are stood up as required. Its outline terms of reference are to:

- Set system wide framework for Local Outbreak Control Plans;
- Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans;
- Ensure Plans are consistent with resources available from all agencies;
- Provide assurance to the SCG about management of outbreaks; and
- Provide a route for escalation for mutual aid if necessary.

Membership will include: Shropshire Council, Telford & Wrekin Council, Clinical Commissioning Group, NHS England, Police, PHE, Category 1 and 2 responders.

COVID-19 Health Protection Board

The objectives of this STW System wide COVID-19 Health Protection Board

- Agree the system wide framework for Local Outbreak Control Plans;
- Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment, PPE;
- Ensure Local Outbreak Control Plans are consistent with resources available from all agencies;
- Provide assurance to NHS Gold or Shadow ICS and Health & Wellbeing Board's that there are safe and effective plans in place about management of outbreaks;
- Learn together from the management of outbreaks to further inform plans
- Provide a route for escalation to the LRF TCG if necessary
- Oversee assurance of the timely and effective implementation of relevant immunisation programmes at the appropriate time



Appendix 6:

Shropshire Local Outbreak Engagement Board DRAFT TERMS OF REFERENCE

1.0 Background

Health Protection Responsibilities

Directors of Public Health (DPH), and since 1 April 2013 Local Authorities (LA), have been responsible for improving the health of their population. DPHs have an assurance role in health protection issues including outbreaks however, depending on the scale and specific outbreak, provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England. Public Health England (PHE) is an executive agency of the Department of Health. One of the most important functions of PHE is to protect the public from infectious disease outbreaks. PHE provides the surveillance, epidemiology and expertise in outbreak management. The management responsibility for outbreaks will vary depending on the outbreak. An outbreak should be reported to the “Proper Officer” in this case PHE regional team.

COVID-19

COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins the opening up the UK economy.

From June 2020 the government will be launching the national Test and Trace service, which will form a central part of the Covid-19 recovery strategy. The objectives are to:

- i. control the Covid-19 rate of reproduction (R);
- ii. reduce the spread of infection and save lives; and
- iii. help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four ‘tools’ to control the virus: test, trace, contain and enable.

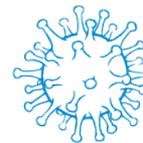
Test and Trace service

The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities are required to develop and implement Local Outbreak Control Plans.

2.0 Objectives

Introduction

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through system wide Covid-19 Health Protection Boards, that provides multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment and PPE. They will be supported by system-wide partners and work in collaboration with Local Resilience Forum and a Board led by Council Members to communicate openly with the public via the HWB, the member led board is referred to as the Local Outbreak Engagement Board.



The objectives of the Local Outbreak Engagement Board will be to:

- a) Act in the interests of the health of the public in Shropshire
- b) Provide democratic oversight and assurance of:
 1. Plans to prevent and manage outbreaks of COVID-19 within Shropshire
 2. Actions taken to prevent and manage outbreaks and their outcomes
- c) Engage and communicate with residents and stakeholders
- d) Represent public and stakeholder concerns regarding local outbreaks and outbreak plans
- e) Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response;

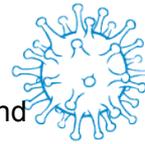
Member	Title	Organisation
Dean Carroll*	Portfolio Holder for Adult Social Care, Public Health & Climate Change	Shropshire Council
Gwilym Butler	Portfolio Holder for Communities, Place Planning & Regulatory Services	Shropshire Council
Lezley Picton	Portfolio Holder for Culture, Leisure, Waste & Communications	Shropshire Council
Rob Gittins	Deputy Portfolio Holder, Public Health	Shropshire Council
Heather Kidd	Councillor (Liberal Democrats)	Shropshire Council
Kate Halliday	Councillor (Labour)	Shropshire Council
Lynn Cawley	Chief Officer	Healthwatch
Jackie Jeffrey	Chief Executive – CAB	Shropshire Voluntary & Community Sector Assembly
Ray Wickson	Chair	Shropshire Association of Local Councils (SALC)
Richard Sheehan	Chief Executive	Chamber of Commerce
Nicky Jacques	Tbc	SPIC
tbc	Tbc	Schools
Penny Bason	Communities COVID Lead	Shropshire Council
Andrea Harper	Head of Communications and Engagement	Shropshire, Telford & Wrekin CCG
Andy Begley	Interim Chief Exec	Shropshire Council
Mo Lansdale	Shropshire Local Policing Commander	West Mercia Police
Rachel Robinson	Director of Public Health	Shropshire Council
Maria Jones	Communication Lead	Shropshire Council
Sarah Dodds	Engagement Lead	Shropshire Council

*Chair

- f) Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate
- g) Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately.
- h) Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks

3.0 Membership

Members of the Board will be including cross party representation and nominated representatives from the Health and Wellbeing Board and system partners.



Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting. The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months and after three months.

The Board will be chaired by the Portfolio Holder for Adult Services, Health and Climate Change. In the event that neither the chair nor deputy are present to chair the meeting, a chairperson will be elected from the remaining members.

4.0 Support

Public Health will provide administrative support to the Board.

5.0 Quorum

The Board shall be Quorate if any three persons are present including the Chair and/or Vice-Chair.

6.0 Frequency of Meetings

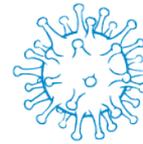
The Board shall meet with such frequency as are required but as a minimum fortnightly until September 2020 when the frequency of the meeting will be reviewed. Additional meetings and sub-meetings shall be scheduled when appropriate and as required to respond to local need/issues arising.

7.0 Accountability

The Board will be accountable to the public through to the public facing Shropshire Health & Wellbeing Boards and link with the Governance of the Local Outbreak Management Plan (appendix 1).

8.0 Confidentiality

All information presented to the board will be confidential. All persons sitting on the board will be expected to adhere to confidentiality protocols. Any actions or decisions that need to be made public, will be made public facing via the HWB.



Appendix 7:

Shropshire Telford & Wrekin COVID Health Protection Board

DRAFT TERMS OF REFERENCE

1. Introduction

Directors of Public Health (DPH), and since 1 April 2013 Local Authorities (LA), have been responsible for improving the health of their population. DPHs have an assurance role in health protection issues including outbreaks however, depending on the scale and specific outbreak, provide local leadership, expertise and advice and possibility management. An outbreak is defined as two or more linked cases of the same illness in the same setting or situation.

The Secretary of State continues to have overall responsibility for improving health – with national public health functions delegated to Public Health England. Public Health England (PHE) is an executive agency of the Department of Health. One of the most important functions of PHE is to protect the public from infectious disease outbreaks. PHE provides the surveillance, epidemiology and expertise in outbreak management.

Overall the health and social care system together with Local Government has a shared responsibility for the management of outbreaks of COVID-19 in the Shropshire Telford & Wrekin.

COVID-19

COVID-19 is a novel coronavirus. New knowledge about the virus is developing every day, however the science of how the virus acts and human immunity is in the early stages of development. For this reason, the UK government is planning for the longer term and the importance of protecting health underpins the opening up the UK economy.

2. National Test & Trace

From June 2020 the government will be launching the national Test and Trace service, which will form a central part of the Covid-19 recovery strategy. The objectives are to:

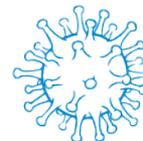
-) control the Covid-19 rate of reproduction (R);
- a) reduce the spread of infection and save lives; and
- b) help to return life to as normal as possible, for as many people as possible, in a way that is safe, protects our health and care systems and releases our economy.

The Test and Trace service includes four ‘tools’ to control the virus: test, trace, contain and enable.

Test and Trace service

The ‘contain tool’ includes a national Joint Biosecurity Centre that will work with Public Health England (PHE) and local authorities, including local Directors of Public Health, to identify and manage local outbreaks. Upper tier local authorities are required to develop and implement Local Outbreak Control Plans.

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through Covid-19 Health Protection Boards. They will be supported by System-wide partners and work in collaboration with Local Resilience Forum and a public-facing Board led by Council Members to communicate openly with the public.



The objectives of this STW System wide Covid-19 Health Protection Board

- i) Agree the system wide framework for Local Outbreak Control Plans;
- j) Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment, PPE;
- k) Ensure Local Outbreak Control Plans are consistent with resources available from all agencies;
- l) Provide assurance to NHS Gold or Shadow ICS Board and Health & Wellbeing Board's that there are safe and effective plans in place about management of outbreaks; and
- m) Learn together from the management of outbreaks to further inform plans and practice
- n) Provide a route for escalation to the LRF TCG if necessary
- o) Oversee assurance of the timely and effective implementation of relevant immunisation programmes at the appropriate time

3. Membership

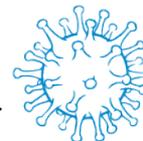
Members of the Board will be:

Member	Title	Organisation
Liz Noakes *	Director of Public Health	Telford & Wrekin Council
Rachel Robinson	Director of Public Health	Shropshire Council
Dr Mussarat Arfza	Consultant Health Protection	Public Health England
Zena Young	Executive Director of Quality	Shropshire, Telford & Wrekin CCGs
Sam Tilley	Director of Planning	Shropshire, Telford & Wrekin CCGs
Victoria Rankin	Executive Lead for People	STP/ Testing Cell Lead
Tara Ashley		Shropshire Community Trust
Angie Wallace		SaTH
Dr Moira Kaye		SaTH
Helen Onions	Consultant in Public Health	Telford & Wrekin Council
Susan Lloyd	Consultant in Public Health	Shropshire Council
Nicky Minshall	SDM Public Protection	Telford & Wrekin Council
Karen Collier	Regulatory Services Operations Manager	Shropshire Council
Paul Kaldinda?		NHSE/I – Immunisation Lead

*Chair

Other individuals may be invited to any meeting as and when appropriate. Members may nominate a relevant substitute if they are unavailable to attend a meeting.

The composition and terms of reference of the Board will be reviewed by the Board no less frequently than once every 12 months and in particular after three months.



The Board will be chaired by the Director of Public Health Telford & Wrekin; if the Chair is not present at any of the meetings of the Board then the Director of Public Health Shropshire will chair the meeting. In the event that neither Director are present to chair the meeting, a chairperson will be elected from the remaining members.

4.0 Support

Robyn Hill will provide administrative support to the Board.

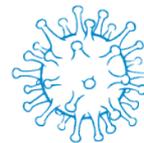
5.0 Frequency of Meetings

The Board shall meet monthly until December 2020 when the frequency of the meeting will be reviewed. Additional meetings and sub-meetings shall be scheduled when appropriate.

6.0 Accountability

The Board will be accountable to each Local Authority's Health & Wellbeing Boards and NHS STW LHRP structure & Shadow ICS Board.

An NHS Director from the System Health Protection Board will representative the NHS System on each Local Authority's Outbreak Engagement Board



Appendix 8: COVID 19 Shropshire Health Protection Cell

The COVID 19 **Shropshire Health Protection Cell** provides a single point of contact for PHE to report outbreaks.

The Outbreak will be logged with a minimum data set including:

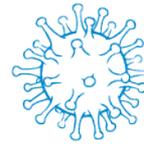
- Date and time of referral
- Setting
- Number of confirmed and suspected cases
- Number of associated deaths
- Other pertinent information
- Referrals to system partners
- Progress updates
- Decisions on closure

Can convene an initial Incident Management Team (IMT) involving local partners and including the relevant specialist advice, this may be with PHE or local. A Standard Operating Procedure for the management of outbreaks has been agreed between Shropshire Council and Public Health England.

The full membership of each incident management team is defined in the Standard Operating Procedures.

The IMT will:

- Complete a full risk assessment.
- Define the cohort of contacts for tracing.
- Determine the actions required to minimise the spread of infection and to mitigate the wider consequences of the outbreak.
- Ensure that these are properly recorded.
- Determine a lead organisation and team to lead ongoing management of the outbreak and co-ordinate and ensure implementation of these actions.
- Monitor progress of management of the outbreak and determine if it can be closed to further action.
- Consider when the outbreak can be closed.
- Conduct a brief review following closure of all outbreaks to identify learning and improvements for future management.
- Ensure effective recording of all incidents including data collection and management.



Appendix 9: Standard Operating Procedure (SOP)

Responding to Cases and Outbreaks of COVID-19 in Schools

1. Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

2. What is a suspected case?

A suspected case is anyone in the setting with symptoms of coronavirus, which are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.

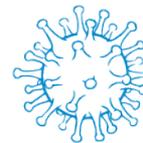
[Government guidance](#) states that parents, carers and settings do not need to take children's temperatures every morning. Routine testing of an individual's temperature is not a reliable method for identifying coronavirus (COVID-19).

There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

3. Management of a suspected case

Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate. They should not attend school and should follow the steps in section 3 - Management of a suspected case in the COVID-19 PHE resource pack for schools.

If anyone becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell in the school, they must be sent home as soon as possible following the what to do if someone falls ill while at school in section 3 - Management of a suspected case in the COVID-19 PHE resource pack for schools.



There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

4. What is a confirmed case?

A confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

5. Management of a confirmed case

If a child/staff member who attends/who works at a school tests positive for COVID-19, they will be informed by [NHS Test and Trace](#)

Notification of the positive test will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team will contact the school to discuss next steps

In the meantime, please notify Shropshire Council Public Health Team of any staff or child who has been in the educational setting and tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

Please refer to section 4 – Management of a confirmed case in the Management of a suspected case in the COVID-19 PHE resource pack for schools.

6. What is an outbreak?

An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

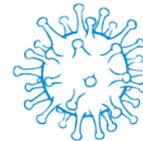
7. Management of a suspected or confirmed outbreak

Any suspected outbreaks in a school should be reported to PHE as soon as possible, using the details below:

Health Protection Team in Public Health England using the online reporting system available here: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>
Or by telephone to 0344 225 3560 (option 0, then option 2)

Out of hours: 01384 679031 Or online at <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I>

At the same time notify Shropshire Council Public Health Team via email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week



If there are more confirmed cases linked to the school the local Health Protection Team will investigate and will advise the school on any other actions that may be required.

Please refer to section 5 – Arrangements for management of a possible outbreak in the COVID-19 PHE resource pack for schools.

The remainder of this document addresses the management of a confirmed outbreak.

8. Strategic Co-ordination

Once PHE and the Local Authority have been informed of an outbreak PHE will lead the response by contacting the school and organising a virtual meeting. This meeting will include gathering a chronology of the outbreak and looking at the risk to others. Please see appendix 1 for the Outbreak Management Agenda.

Shropshire Council's Health Protection Cell will support the management and co-ordination of local COVID-19 outbreaks. This Cell will consist of partners from the Local Authority Public Health Team, education colleagues as well as wider education partners.

This will include contact tracing. Contact means a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority and either may work with the school/education setting. This will be done in line with [NHS Test and Trace methods](#).

As part of this process, the school will review its own current risk assessment to check if anything needs doing differently before pupils and staff return. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

9. Infection prevention and control

Guidance will be taken from Shropshire CCG Infection Prevention and Control Team, who will provide this service locally, and Government Guidance [implementing protective measures in education and childhood settings](#) and [infection prevention and control](#).

10. Testing

In the majority of cases, ShropCom will provide a Covid-19 testing team with the ability to respond within 24 hours. This will be supplemented by national capacity if necessary, from infection control teams, school nursing and other community NHS teams.

11. High risk (Clinically extremely vulnerable) groups - pupils and staff

In line with [Implementing protective measures in education and childcare settings Government guidance](#) Children and young people (0 to 18 years of age) and adults



who have been classed as clinically extremely vulnerable due to pre-existing medical conditions have been advised to shield and are not expected to be attending/working at school or college.

The guidance also includes information about clinically vulnerable groups of people.

12. Parents/carers (letter)

The contact tracer will provide a standard letter to the school containing the advice for contacts and their families; the school will be asked to send the letter to the identified contacts.

13. Cleaning

Any cleaning of the premises should be done in line with Government guidance cleaning in non-healthcare settings.

14. PPE

In a situation where there is no outbreak Implementing protective measures in education and childcare settings Government guidance states that the majority of staff in education settings will not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

However, PPE should be worn by staff caring a child who has become unwell with coronavirus symptoms while they await collection if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

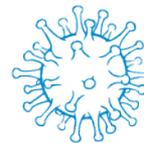
Each school will have emergency packs of PPE containing a mask, gloves, apron and other appropriate PPE. The emergency PPE is for use in the event of a pupil / student or member of staff developing COVID-19 symptoms while on school premises.

15. Communications

It is important that schools and representatives of schools take advice before communicating with parents / staff or media during an outbreak. Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP).

16. Data management

The collection of data during an outbreak is essential in order to manage that outbreak. Data will be collected by schools as advised in the School Resource Pack. Data will also be collected by PHE and Shropshire Council Public Health Team. Local data management procedures will be in place in line with legal requirements under GDPR



(Appendix 1)

Template Agenda for COVID-19 incident/outbreak meeting

Date, time and venue

1. Introductions & apologies
2. Minutes – review of actions from previous meeting (s)
3. Purpose of the meeting
 - a. At first meeting agree chair and Terms of Reference
4. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
 - b. Suspected cases - staff and children in the setting
5. Microbiology
6. Infection Prevention and control
 - a. Case isolation/cohorting facilities
 - b. Environmental cleaning
7. Current Risk assessment
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
8. Contacts identification/management
 - a. Staff and children in the setting
9. Communications
 - a. Internal – staff
 - b. External: NHSE, PHE, Media statement
10. Agreed actions
11. Any other business & date of the next meeting

Appendix 10:

Standard Operating Procedure (SOP)

Responding to Cases and Outbreaks of COVID-19 in Children's Homes

1. Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

2. What is a suspected case?

A suspected case is anyone in the household* with symptoms of coronavirus, which are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.

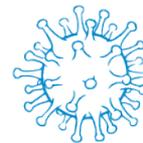
*[Children's homes are usually considered as 'households'](#)ⁱ for the purposes of [the household self-isolation guidance](#). **N.B. Staff are not considered as household members of the Children's home setting.**

There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

3. Management of a suspected case

Any staff member, child from the household group or a child staying in the Home voluntarily (for example on a short break) who develops symptoms of COVID-19, should immediately self-isolate and follow the [household self-isolation guidance](#).

Children staying in Care Homes voluntarily (for example on a short break) should be sent home as soon as possible, following the steps in the local [COVID-19 PHE resource pack for children's homes sections what to do](#)



Staff members who become unwell with symptoms of coronavirus must be sent home as soon as possible, following the steps in the local COVID-19 PHE resource pack for children's homes what to do if someone falls ill at work

There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

4. What is a confirmed case?

A Confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

5. Management of a confirmed case

If a child from the household group or staff member tests positive for COVID-19, they will be informed by NHS Test and Trace.

Notification of the positive test will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team will contact the Children's Home to discuss next steps

In the meantime, please notify Shropshire Council Public Health Team of any staff member or child who has tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

Please refer to COVID-19 PHE resource pack for Children's Homes section - What to do if there is a confirmed case in the setting

6. What is an outbreak?

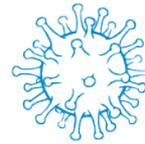
An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning, and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

7. Management of a suspected or confirmed outbreak

Any suspected outbreaks in a Children's Home should be reported to PHE as soon as possible, using the details below:

- Health Protection Team in Public Health England using the online reporting system available here: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l> or by telephone to 0344 225 3560 (option 0, then option 2)



Out of hours: 01384 679031 Or online at
<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l>

- At the same time notify Shropshire Council Public Health Team via email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

Children's homes all have action plans as to what to do in the event of an outbreak. Please refer to your own documents/plans in place separately for detail.

Please also refer to COVID-19 PHE resource pack for Children's Homes section - Arrangements for management of a possible outbreak

If there are more confirmed cases linked to the Children's Home the local Health Protection Team will investigate and will advise the home on any other actions that may be required.

8. Strategic Co-ordination

Once PHE and the Local Authority have been informed; PHE will lead the response by contacting the Children's Home and organising a virtual meeting. This meeting will include gathering a chronology of the outbreak and looking at the risk to others. Please see Appendix 1 for an Outbreak Management Agenda template.

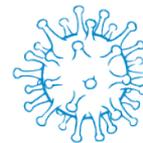
Public Health England West Midlands and Shropshire Council's Health Protection Cell will support the management and co-ordination of local COVID-19 outbreaks through and Outbreak Management Team. The Outbreak Management Team membership will include partners from: West Midlands Public Health England, the Local Authority Public Health Team, the Children's Home Manager, Residential Managers Group and the Assistant Director of Children's Social Care & Safeguarding.

Management of the outbreak will include contact tracing. A Contact is a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority, and either may work with the Children's Home setting. This will be done in line with [NHS Test and Trace](#) procedures.

The following people will be engaged to support the contact tracing process the Children's Social Worker, the Independent Review Officer for Children.

It is recognised that children from the household group sometimes go missing, thus tracing the contacts from that time may present a challenge.

As part of the outbreak process, the Children's Home will review its own current risk assessment to check if anything needs doing differently to help reduce the



risk of infection. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

9. Infection prevention and control

Guidance will be taken from Shropshire CCG Infection Prevention and Control Team, who will provide this service locally, and [Coronavirus \(COVID-19\): guidance on isolation for residential educational settings](#)

10. Testing

In the majority of cases, ShropCom will provide a Covid-19 testing team with the ability to respond within 24 hours. This will be supplemented by national capacity if necessary, from infection control teams, school nursing and other community NHS teams.

11. High risk (Clinically extremely vulnerable) groups - children and staff

In line with [Implementing protective measures in education and childcare settings Government guidance](#) Children and young people (0 to 18 years of age) and adults who have been [classified as clinically extremely vulnerable due to pre-existing medical conditions](#) have been advised to shield and are not expected to be working/attending school. Children should continue to be supported at the home as much as possible.

The [guidance](#) also includes information about clinically vulnerable groups of people.

12. Letters

The contact tracer will provide a standard letter for the Children's Home containing the advice for contacts. Recipients of the letter will also include the child's family the circulation will be dependent on the child's individual risk assessment.

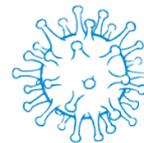
The setting will be asked to send the letter to the identified contacts.

11. Cleaning

Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#).

12. PPE

[Implementing protective measures in education and childcare settings Government guidance](#) states that the majority of staff in education settings will



not require PPE beyond what they would normally need for their work, even if they are not always able to maintain a distance of 2 metres from others.

However PPE should be worn by staff caring a child who has become unwell with coronavirus symptoms if a distance of 2 metres cannot be maintained (such as for a very young child or a child with complex needs).

In this case; emergency PPE kits should be used.

Face coverings

[Implementing protective measures in education and childcare settings](#)

[Government guidance](#) states that wearing a face covering or face mask in schools or other education settings is not recommended.

Each residential setting will have emergency packs of PPE containing a mask, gloves apron and other appropriate PPE. The emergency PPE is for use in the event of a child or member of staff developing COVID-19 symptoms while on in the household group.

13. Communications

Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP). Communications should not be issued by the Children's Home.

14. Data management

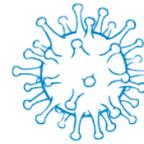
Local data management procedures will be in place.

Appendix 1

Template Agenda for COVID-19 incident/outbreak meeting

Date, time and venue

12. Introductions & apologies
13. Minutes – review of actions from previous meeting (s)
14. Purpose of the meeting
 - a. At first meeting agree chair and Terms of Reference
15. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a. Number of cases according to case-definitions and description by person, place and time
 - b. Clinical management & outcome
 - b. Suspected cases- staff and children etc.
16. Microbiology
17. Infection Prevention and control
 - c. Case isolation/cohorting facilities
 - d. Environmental cleaning
18. Current Risk assessment
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
19. Contacts identification/management
 - a. Staff and children etc.
20. Communications
 - a. Internal – staff and the setting
 - b. External: NHSE, PHE, Media statement
21. Agreed actions
22. Any other business & date of the next meeting



Appendix 11: Standard Operating Procedure (SOP)

Responding to Cases and Outbreaks of COVID-19 in workplace settings

Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

What is a suspected case?

A suspected case is anyone in the setting with symptoms of coronavirus, which are a:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

Most people with coronavirus have at least one of these symptoms.

Management of a suspected case

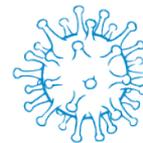
Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate following the [stay at home guidance](#). Appendix 1 provides a visual guide to self-isolation.

Advise the employee to arrange for testing as soon as possible:

- **Essential workers:** Self-referral via national portal at <https://www.gov.uk/apply-coronavirus-test-essential-workers> Tel: 119 if no internet access. N.B members of their household can apply for a test under this portal also.
- **Non-essential workers:** by visiting the [NHS coronavirus website](#) or by contacting 119 via telephone if they do not have internet access.

Any employee who becomes unwell with a new continuous cough, a high temperature or a loss of or change in their normal sense of taste or smell at the workplace, must be sent home as soon as possible.

They should immediately self-isolate following the [stay at home guidance](#). Appendix 1 provides a visual guide to self-isolation.



Advise the employee to arrange for testing as soon as possible:

- **Essential workers:** Self-referral via national portal at <https://www.gov.uk/apply-coronavirus-test-essential-workers> Tel: 119 if no internet access. N.B members of their household can apply for a test under this portal also.
- **Non-essential workers:** by visiting the [NHS coronavirus website](#) or by contacting 119 via telephone if they do not have internet access

A single suspected case does not need reporting to Public Health England, but please contact Shropshire Council who can provide further guidance and advice. Email: shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234. 9am-5pm 7 days a week

What is a confirmed case?

A confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

Management of a confirmed case

If an employee tests positive for COVID-19, they will be informed by [NHS Test and Trace](#)

Notification of the positive test will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team will contact the workplace to discuss next steps

In the meantime, please notify Shropshire Council Public Health Team of anyone who has been in the workplace setting and tested positive for COVID-19. Email Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

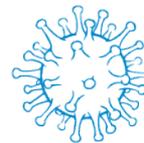
You may need to submit a RIDDOR report: COVID-19 is a notifiable disease and there is a statutory duty under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) that employers must notify the enforcing authority about cases of, or deaths from, COVID-19 which are associated only with occupational exposure; that is, as a result of a person's work
You can report confirmed cases of COVID-19 to the HSE [here](#).

This reporting is in addition to notifying PHE and Shropshire Council, as detailed above.

What is an outbreak?

An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In



some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.

Management of a suspected or confirmed outbreak

Any suspected outbreaks in a workplace should be reported to PHE as soon as possible, using the details below:

Health Protection Team in Public Health England using the online reporting system available here: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l> Or by telephone to 0344 225 3560 (option 0, then option 2)

Out of hours: 01384 679031 Or online at

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l>

At the same time notify Shropshire Council Public Health Team via email

Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

If there are more confirmed cases linked to the workplace the local Health Protection Team will investigate and will advise the workplace on any other actions that may be required.

The remainder of this document addresses the management of a confirmed outbreak.

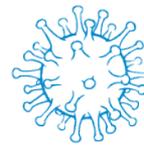
Strategic Co-ordination

Once PHE and the Local Authority have been informed of an outbreak PHE will lead the response by contacting the workplace and organising a virtual meeting. This meeting will include gathering a chronology of the outbreak and looking at the risk to others. Please see appendix 2 for the Outbreak Management Agenda.

Shropshire Council's Health Protection Cell will support the management and co-ordination of local COVID-19 outbreaks. This Cell will consist of partners from the; Local Authority Public Health Team, Local Authority Head of Economic growth, Local Authority Regulatory Services Operations Manager, the Business owner or manager and any other identified partners.

This will include contact tracing. Contact means a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority and either may work with the workplace setting. This will be done in line with [NHS Test and Trace methods](#).

As part of this process, the workplace will review its own current risk assessment to check if anything needs doing differently before employees, visitors and customers return. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.



Infection prevention and control

Guidance will be taken from Shropshire CCG Infection Prevention and Control Team, who will provide this service locally, and [Government Guidance](#)

Testing

In the majority of cases, ShropCom will provide a Covid-19 testing team with the ability to respond within 24 hours. This will be supplemented by national capacity if necessary, from infection control teams, school nursing and other community NHS teams.

High risk (Clinically extremely vulnerable) groups

[Clinically extremely vulnerable individuals](#) have been strongly advised not to work outside the home.

[Clinically vulnerable individuals](#), who are at higher risk of severe illness (for example, people with some pre-existing conditions), have been asked to take extra care in observing social-distancing and should be helped to work from home, either in their current role or in an alternative role.

Working safely during coronavirus [guidance](#) also includes information about clinically vulnerable groups of people.

Letter

The contact tracer may provide a standard letter to the workplace containing the advice for contacts and their families; the workplace lead will be asked to send the letter to the identified contacts.

Cleaning

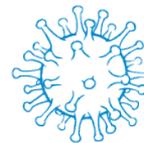
Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#).

PPE

Where you are already using PPE in your work activity to protect against non-COVID-19 risks, you should continue to do so.

Workplaces should not encourage the precautionary use of extra PPE to protect against COVID-19 outside clinical settings or when responding to a suspected or confirmed case of COVID-19.

Unless you are in a situation where the risk of COVID-19 transmission is very high, your risk assessment should reflect the fact that the role of PPE in providing additional protection is extremely limited. However, if your risk assessment does show that PPE is required, then you must provide this PPE free of charge to workers who need it. Any PPE provided must fit properly.



Communications

It is important that businesses and workplace settings take advice before communicating with the media during an outbreak. Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP).

Data management

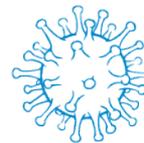
The collection of data during an outbreak is essential in order to manage that outbreak. Data will be collected by PHE and Shropshire Council Public Health Team. Local data management procedures will be in place in line with legal requirements under GDPR.

Appendix 1

What happens if someone in your family gets sick?



Anyone who still feels ill after the set period of isolation should speak to their employer about returning to work, and contact their GP by telephone or visit [NHS111 online](https://www.nhs.uk).

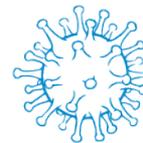


Appendix 2

Template Agenda for COVID-19 incident/outbreak meeting

Date, time and venue

1. Introductions & apologies
2. Minutes – review of actions from previous meeting (s)
3. Purpose of the meeting
 - a. At first meeting agree chair and Terms of Reference
4. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - i. Number of cases according to case-definitions and description by person, place and time
 - ii. Clinical management & outcome
 - b. Suspected cases- staff
5. Microbiology
6. Infection Prevention and control
 - a. Case isolation/cohorting facilities
 - b. Environmental cleaning
7. Current Risk assessment
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
8. Contacts identification/management
 - a. Staff
9. Communications
 - a. Internal – staff
 - b. External: NHSE, PHE, Media statement
10. Agreed actions
11. Any other business & date of the next meeting



Appendix 12: Care Home SOP

Standard Operating Procedure (SOP)

Responding to Cases and Outbreaks of COVID-19 in care homes

Introduction

A range of Standard Operating Procedures (SOPs) will be developed to guide management of outbreaks. These will set out the functions required and the organisations responsible. The intention is to ensure that the management of outbreaks is comprehensive and consistent across Shropshire.

Following these SOPs should never be an alternative to good judgement. Where circumstances dictate 'doing the right thing' must take precedence.

What is a suspected case?

A suspected case is anyone in the setting with symptoms of coronavirus, which are:

- **high temperature** – this means you feel hot to touch on your chest or back (you do not need to measure your temperature)
- **new, continuous cough** – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual)
- **loss or change to your sense of smell or taste** – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal

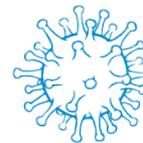
Most people with coronavirus have at least one of these symptoms.

Residents should be tested as soon as they are symptomatic. Whilst the testing advice for key workers is to test from days 1-5 of symptom onset, care home residents' immune response may differ from younger, normally healthier individuals. The care home guidance recognises this and allows for a 14-day illness. **Symptomatic residents may be tested between 1-14 days of onset of COVID-19 symptoms.**

[Government guidance](#) defines how to work safely in care homes. The care home must inform the local GP who will arrange an initial test and confirm the case. When two or more cases are confirmed this is an outbreak (see section 6).

Management of a suspected case

Anyone who develops symptoms of COVID-19, or whose household member develops symptoms, should immediately self-isolate. Residents should be isolated in their own rooms and cared for by staff protected by PPE. If residents have been in touch with a suspected case and have not adhered to government



guidance or if there has been a breach of a positive member of staff PPE these residents will need to be isolated.

Staff are key workers and should take 2 steps:

1. Refer themselves or ask their manager to refer them for an antigen test <https://www.gov.uk/apply-coronavirus-test-essential-workers>
2. Remove themselves from work and self-isolate with their family in line with government guidance for key workers and their families. <https://www.gov.uk/government/publications/covid-19-stay-at-home-guidance>

There is no need to notify the Local Authority or Public Health England (PHE) of the incident.

What is a confirmed case?

A confirmed case is an individual who has received notification of a positive coronavirus test result from their testing provider.

Management of a confirmed case

If a staff member who attends/who works at a care home tests positive for COVID-19, they will be informed by [NHS Test and Trace](#)

Staff or residents may have a positive result. Staff notification will be through the process linked to the testing pillar. It may be to the home or to the staff member. All test results will be received by Public Health England. Resident notification will be through the process linked to the testing pillar or through the GP.

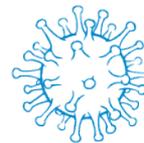
Notification of the positive test of a resident or a member of staff will be sent to Public Health England, and the Local Authority's Public Health Team or the West Midlands Public Health England Health Protection Team will contact the care home to discuss next steps.

Public Health England or the Local Authority's Public Health Team will inform IPC

What is an outbreak?

An 'outbreak' is an incident where **two or more** persons have the same disease or **similar symptoms** and are **linked** in time, place and/or person association.

An 'incident' has a broader meaning and refers to events or situations which warrant investigation to determine if corrective action or specific management is needed. In some instances, only one case of an infectious disease may prompt the need for incident management and public health measures.



Management of a suspected or confirmed outbreak

Any suspected outbreaks in a care home should be reported to PHE as soon as possible, using the details below:

Health Protection Team in Public Health England using the online reporting system available here: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l> Or by telephone to 0344 225 3560 (option 0, then option 2)

Out of hours: 01384 679031 Or online at

<https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l>

At the same time notify Shropshire Council Public Health Team via email

Shropshirepublichealth@shropshire.gov.uk or by telephone 01743 251234 9am-5pm 7 days a week

If there are more confirmed cases linked to the care home Public Health England / the local Health Protection Team will investigate and bring in the IPC. These teams will advise the care home on any other actions that may be required.

The remainder of this document addresses the management of a confirmed outbreak.

Strategic Co-ordination

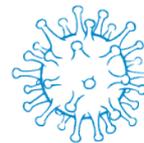
Once PHE and the Local Authority have been informed of an outbreak PHE will lead the response by contacting the care home and undertaking a risk assessment. This assessment will include gathering a chronology of the outbreak and looking at the risk to others. The risk assessment is available in the WM PHE care home tool kit for care homes (Appendix 1)

Shropshire Council's Health Protection Team with partners will support the management and co-ordination of local COVID-19 outbreaks. This Team will consist of partners from the Adult Social Care Team, Local Authority Public Health Team, STW CCG IPC team and testing partners.

This will include contact tracing. Contact means a person who has been in close contact with someone who has tested positive for coronavirus and who may or may not live with them. PHE will work closely with the Local Authority and either may work with the residential setting. This will be done in line with [NHS Test and Trace methods](#).

As part of this process, the care home will review its own current risk assessment to check if anything needs doing differently in conjunction with IPC. This will be done with support from the local Health Protection team and is a part of the outbreak risk assessment process of PHE.

The care home where there has been an outbreak will receive telephone support for 14 days after the outbreak from PHE WM and IPC to control of infection. This care will then step to 14 days support from Shropshire Local Authority Public Health. If no further outbreak occurs this will step to Adult Social Care welfare calls.



Infection prevention and control

Guidance will be taken from Shropshire & Telford & Wrekin CCGs Infection Prevention and Control Team, who will provide this service locally, and Government Guidance [infection prevention and control](#).

CCG IPC team provide telephone and email advice and support to care homes identified via PHE and through soft intelligence links with local authority.

CCG IPC team have developed a care home contact form which includes embedded documents and web links to national guidance & training resources which is sent to the care homes following telephone contact.

CCG IPC team have devised Localised PPE recommendations for care homes and domiciliary care aligned to individual care homes.

Signpost to Local emergency PPE helpline: PPEstore@shropshire.gov.uk

Testing

Shropshire Community Health Trust

Roaming testing team will attend the care home to undertake testing as required. Currently two roaming teams in operation across STW with the ability to increase to meet demand. Tests are processed locally and reported via pillar1.

Shropshire Community Health Trust

Attending all care homes to train staff to undertake swabbing based on a prioritised list provided by Shropshire Council.

Swabbing kits can be requested via the care home testing portal for courier delivery/collection. <https://www.gov.uk/apply-coronavirus-test-care-home>

High risk (Clinically extremely vulnerable) groups - staff

Staff who have been [classed as clinically extremely vulnerable due to pre-existing medical conditions](#) have been advised to shield and are not expected to be attending/working at care homes. (to June 30 2020)

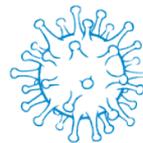
The [guidance](#) also includes information about clinically vulnerable groups of people.

Cleaning

Any cleaning of the premises should be done in line with Government guidance [cleaning in non-healthcare settings](#). [infection prevention and control](#).

PPE

[Use of PPE will be in line with national guidance. The level of PPE required is dependent on the national alert level. This is defined through the Joint Biosecurity Cell,](#)



[national government. In a sustain transmission phase it is required that staff wear PPE at all times when dealing with residents. COVID-19: how to work safely in care homes](#)

[PPE will be purchased via normal purchase routes for each home. Where emergency PPE is required this can be ordered from the PPE emergency email \[PPEstore@shropshire.gov.uk\]\(mailto:PPEstore@shropshire.gov.uk\)](#)

Communications

It is important that care homes and representatives of care homes take advice before communicating with the media during an outbreak. Any communications relating to an outbreak will be managed through liaison between PHE, the Local Authority and the Sustainability and Transformation Partnership (STP).

12. Data management

The collection of data during an outbreak is essential in order to manage that outbreak. Data will be collected by care homes using the National Tracker. This is updated daily. Data will also be collected by PHE and Shropshire Council Public Health Team. Local data management procedures will be in place in line with legal requirements under GDPR

Appendix A

STW Care home risk management process

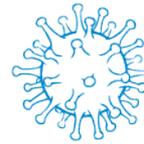


STW Care home risk management process

Appendix 13 – Accommodation SOP



To follow



Appendix 14 - MOU

MOU - PHE-LA Joint Management of COVID-19 Outbreaks in the West Midlands v 4

(Acknowledgement: based on a model developed in the East of England for care home outbreaks)

Date developed 14/05/20

Review date 29/05/2020 (S,T&W)

Overview

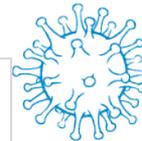
This Memorandum of Understanding (MOU) provides a suggested framework and details of the arrangement for working across PHE Midlands, public health structures in Telford and Wrekin and Shropshire Local Authorities, Shropshire, Telford and Wrekin Clinical Commissioning Groups (STW CCG) and other relevant organisations, including Shrewsbury & Telford Hospitals NHS Trust and Shropshire Community Trust (ShropComm), for dealing with COVID-19 outbreaks in across a variety of settings. It recognises the different capacities across the region and the need to develop the arrangements jointly across each area. This MOU will support the effective delivery of local COVID outbreak control plans by defining the specific roles and responsibilities of individual arrangements in responding to outbreaks.

PHE will work collaboratively with LAs both proactively and reactively to ensure two way communication about outbreaks, local intelligence, enquiries and wider issues/opportunities.

This MOU will be kept under review, in line with national guidance and changes in the capacity across the system. It is an outline document intended to be flexible and adaptable for local operation. Different local systems in the WM have different support and outbreak management arrangements, including differing LA Public Health team roles and capacity, so this MOU is intentionally flexible to allow for that.

The suggested overarching joint approach to managing complex cases and outbreaks will be as follows:

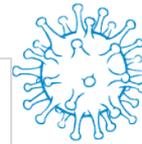
- PHE and LA are to be notified of any suspected outbreak directly by the organisation or by partner organisations notifying on behalf of the organisation via the online reporting tool: <https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2I> and to ShropshirePublicHealth@shropshire.gov.uk or COVIDSPOC@telford.gov.uk
- PHE working through the Council will arrange swabbing and testing for symptomatic individuals when first advised of an outbreak, (within a particular setting, or cohort), in the first instance through the local testing programme (Pillar 1) shropcom.singlepointofreferral@nhs.uk;
- PHE will undertake an initial risk assessment, share the risk assessment and give advice to the setting and the local system on management of the outbreak (an outbreak is defined as 2 or more suspected cases in the same setting, within a 14-day period). If relevant the local system should be informed of a single positive case, e.g. in a school, other complex setting or vulnerable individual.



- PHE will work in conjunction with LA through a Multidisciplinary Team (MDT), Incident Management Team (IMT) and/or data sharing arrangements as appropriate, to share information and actions regarding the situation.
- The LA will work with the IPC leads to follow-up and support the setting to continue to operate (or not), where possible and appropriate, whilst managing the outbreak, including support with infection prevention and control;
- PHE will continue to give advice on complex situations on request from local systems, including advice on closing and opening settings.
- Local authorities will continue to support individuals who are shielding and may also support those self-isolating if required.
- The arrangements will be kept under continuous review with the anticipation of the Council taking on additional responsibilities for some of the complex settings through agreement.

Rationale for the joint MOU

1. To have a joint collaborative and co-ordinated approach to:
 - supporting WM settings including care homes, extra care housing and supported housing, workplaces, schools, nurseries, homeless hostels, faith settings etc. in managing COVID19 outbreaks
 - finding and supporting complex individual contacts that the national centre has been unable to locate.
2. The aim of this joint approach is to reduce transmission, protect the vulnerable and prevent increased demand on healthcare services.
3. To streamline the follow up of WM all settings by the LA, CCG and PHE Health Protection Team (HPT) as listed above.
4. To provide consistent advice to settings.
5. To have a single point of contact in PHE and each LA to facilitate communication and follow up.
6. To provide a joint response for outbreak management, providing infection control advice and support for operational issues.
7. To develop and maintain a surveillance and monitoring database for outbreaks for COVID19, aligning with existing databases held by partners (LA and CCGs).
8. To share outbreak information between PHE, LA and CCGs to facilitate appropriate measures.



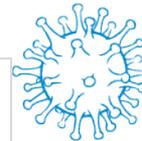
Governance and Key Guiding Principles

PHE will fulfil its statutory duty as outlined below by receiving the notification of outbreaks, directly or through testing data/local intelligence, undertaking the risk assessment and providing public health advice in accordance with national guidance or local MOUs. The LA will fulfil its statutory duty regarding assurance and to lead the development of Local Outbreak Plans, and to jointly with PHE, through local health protection team to lead the work on managing outbreaks in complex settings and situations.

PHE and LA will work together to ensure timely and effective communication processes between themselves and for communication with specific settings.

As per this joint MOU and in line with the statutory roles outlined below, LAs or PHE will conduct follow up of these settings as a shared responsibility with CCGs and fulfil their statutory duty for safeguarding and protecting the health of their population:

1. PHE has responsibility for protecting the health of the population and providing an integrated approach to protecting public health through close working with the NHS, LAs, emergency services, and government agencies. This includes specialist advice and support related to management of outbreaks and incidents of infectious diseases.
2. The health and social care system together with Local Government has a shared responsibility for the management of outbreaks of COVID-19 in the WM.
3. Infection control support for each setting will be provided in line with local arrangements. (See appendix 1 for a summary of agreed local arrangements)
4. Under the Care Act 2014, Local Authorities have responsibilities to safeguard adults in its area. LAs responsibilities for adult social care include the provision of support and personal care (as opposed to treatment) to meet needs arising from illness, disability or old age. There are similar responsibilities in relation to children and young people.
5. Under the Health and Social Care Act 2012, Directors of Public Health in upper tier and unitary local authorities have a duty to prepare for and lead the local authority (LA) public health response to incidents that present a threat to the public's health.
6. Under the Health and Social Care Act 2012, CCGs have responsibility to provide services to reasonably meet health needs and power to provide services for prevention, diagnosis and treatment of illness.
7. Medical practitioners have a statutory duty to notify suspected and confirmed cases of notifiable diseases to PHE, under the Health Protection (Notification) Regulations 2010 and the Health Protection (Notification) Regulations 2020. PHE will also work with LAs on communications to specific settings (e.g. care homes, schools, workplaces) to ensure that notification of outbreaks occurs in a timely fashion.
8. Under mutual aid arrangements and Government directive, this collaborative arrangement creates a shared responsibility between the LAs and PHE in dealing with COVID-19 outbreaks.
9. In practice the LAs and PHE HPT will work closely together to deliver the duty to collaborate as part of a single public health system to deliver effective control and management of COVID-19 outbreaks.



PHE HPT Role

1. Risk assessment of Complex Cases and Situations

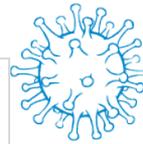
- 1.1 On initial notification, the HPT within PHE will do the risk assessment, and collaborate with the LA HPT to share the risk assessment.
- 1.2 The HPT will give infection control advice (verbal and email) to the individual or organisation to minimise spread of infection.
- 1.3 The HPT will inform the LA by daily summary by email (to agreed SPOC email) and by phone if urgent action is required. The email will include details of the case, setting, situation, and a copy of the risk assessment and action already taken, also anything that was a cause for concern in the initial discussion
- 1.4 LA to update PHE on the status of each outbreak at 14 days, unless an earlier alert is deemed necessary in complex situations, via the following email address wm.2019CoV@phe.gov.uk
- 1.5 In complex situations a joint discussion on control measures will take place between LA/CCG lead and PHE. An example indicating poor outbreak control would include sudden high attack rate, increase in deaths or other operational issues.

2 Swabbing/testing of new outbreaks

- 2.1 Swabbing will be coordinated by PHE or LA in complex situations via MDT or IMT, in line with current arrangements e.g. A one-off swabbing of symptomatic residents and staff in a care home will be arranged by the HPT when the outbreak is first reported by the setting.
- 2.2 The results will be provided by the organisation taking the sample. (See appendix 1 for further details).
- 2.3 Further testing will be supported based on national decisions relating to the complex situation or cases and asymptomatic transmission risk. This will be arranged in conjunction with local teams via an MDT approach as necessary, including agreement about who will be tested and the approach for testing.

3.Regional Coordination and Support

- 3.1 PHE will:
 - provide regional co-ordination e.g. sharing of best practice, solutions to complex problems etc.,
 - provide regional advice and guidance where there are gaps in national guidance,
 - flag gaps / discrepancies in guidance to the national teams and support local teams while awaiting further guidance.



4 Operational Reporting to Local Systems

- 4.1 A daily summary table listing of situations in each Local Authority area, as recorded by PHE's Health Protection database will be provided to DsPH or their SPOC to aid operational management. This will include a summary overview and a second level with details of outbreak/situations.
- 4.2 Reconciliation to take place by local teams using local intelligence and monitoring systems to ensure accuracy and assurance. Any issues to be raised with the PHE HPT and actions agreed.

5 Operational Enquiries

- 5.1 Enquiries received by HPT relating to operational issues, such as listed below, will be forwarded to local systems' SPOC email and if urgent via phone contacts listed below.
- i) Sourcing PPE
 - ii) Operational issues relating to staff capacity and other support to business
 - iii) Removal of dead bodies
 - iv) Care provision
 - v) Whistleblowing regarding poor workplace practices
- 5.2 Enquiries received by the local authority that requires a policy understanding from PHE, will be forwarded to **wm.2019CoV@phe.gov.uk**

Local System Role

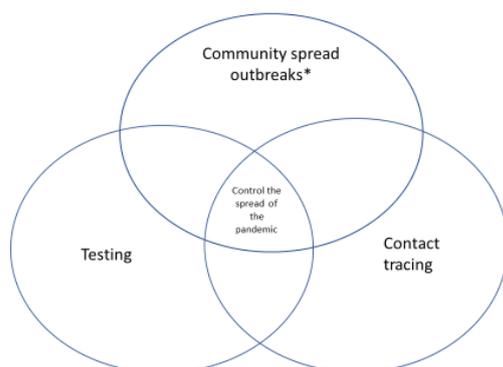
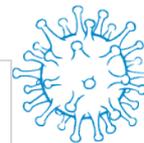
Shropshire COVID health protection cell

Outbreaks in Shropshire are managed by the Shropshire COVID health protection cell in line with local outbreak management plans.

Shropshire Council will work jointly with Public Health England to manage outbreaks and contact trace linked to settings:

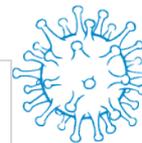
1. Care homes
2. Prisons
3. Schools and educational institutions
4. Workplace
5. Faith settings
6. Hotels, conferences and events
7. Returning travellers
8. Homeless hostels and other homes of vulnerable residents

Daily settings SitRep will be received for Shropshire residents from NHS Test and Trace tiers 3 & 2 via shropshirepublichealth@shopshire.gov.uk



* Outbreaks may be in a variety of settings: care homes, hospitals, prisons, workplaces, schools, places of worship etc

1. To work jointly with the local system to contain outbreak.
2. To ensure Shropshire outbreak plans are up to date and accessible.
3. Ensure locally commissioned arrangements are in place and are communicated to all key stakeholders in a timely manner.
4. To contribute to the PHE led outbreak management team where a team is required.
5. To liaise with partners in the local system to ensure appropriate supplies of health protection equipment are in place.
6. To provide follow up health protection advice and support to settings based on PHE initial assessment and advice.
7. To work with partners to:
 - a. Facilitate appropriate COVID testing and reporting through the ShropComm. route. If this is not possible to facilitate through the national routes as per the testing grid (COVID cell Teams).
 - b. Ensure that appropriate IPC advice is available to the setting in line with Appendix 1.
8. To follow up on data provided by Tiers 3 & 2, PHE and contact trace individuals linked to complex settings (listed previously) who have been in touch with cases.
9. To provide advice to contacts of cases in line with government guidance including self-isolation, health protection and testing.
10. To ensure that outbreak data is recorded in HP zone, when available. If HP zone is not available data to be collected on Shropshire COVID cell data form (COVID cell Teams site) (**note**: individual incidents to be recorded on the Shropshire COVID cell incident form (COVID cell Teams site).
11. To maintain communications with key partners during outbreak
12. To work with partners relevant to each setting to follow up and collate assessment data



for decision making purposes.
To manage local communications via Shropshire Council comms and STW STP.
Contact: communications@Shropshire.gov.uk

Telford & Wrekin Health Protection Hub

Outbreaks in Telford & Wrekin are managed by the Telford & Wrekin Health Protection Hub (HPH) in line with local outbreak management plans. Telford & Wrekin will ensure that the HPH is adequately resourced so that tasks can be undertaken efficiently in enable to support the functions required in Appendix 1

Telford & Wrekin will work jointly with Public Health England to manage outbreaks and linked to settings:

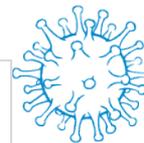
- Care homes
- Prisons
- Schools and educational institutions
- Workplace
- Faith settings
- Hotels, conferences and events
- Returning travellers
- Homeless hostels and other homes of vulnerable residents

To follow up on data provided by NHS Test and Trace Tiers 3 & 2, PHE and contact trace individuals linked to complex settings (listed above) who have been in touch with cases.

All cases and contacts will reported by PHE to COVIDSPOC@telford.gov.uk

When investigating these complex cases Telford & Wrekin HPH will:

1. Have local outbreak control plans and investigation aide memoires in place across all settings that are accessible to the HPH members.
2. Will advise PHE of local outbreaks that Telford & Wrekin have knowledge of outside of the testing regime and will gather initial information. These details will be emailed to PHE: wm.2019CoV@phe.gov.uk
3. Will contribute to the PHE led outbreak management team where a team is required
4. To provide follow up health protection advice and support to settings based on PHE initial assessment and advice
5. When contacting the setting will ensure infection control advice provided is implemented and understood. HPH will work with other stakeholders as required
6. Ensure that the communication channels for communicating with all stakeholders are in place and understood
7. Facilitate appropriate COVID testing and reporting through the ShropComm route if this hasn't been arranged by PHE. If this is not possible, to facilitate through the national routes as per the testing grid (COVID cell Teams)
8. **Will provide** proactive support for enclosed settings facing possible crises by identifying any enclosed settings which have high levels of risk or need (e.g. high numbers of symptomatic patients or staff shortages that risk resident safety), alongside local services. Including sourcing emergency PPE provision for settings where required
9. To give consistent approach and setting guidance.
10. Ensure that the communication channels for communicating with all stakeholders are



in place and understood

11. Control measures should be documented with clear timescales for implementation and responsibility data is recorded in HP zone, when available. If HP zone is not available data to be collected on Telford & Wrekin HPH Covid Outbreak Questionnaire
12. Ensure locally commissioned arrangements are in place and are communicated to all key stakeholders in a timely manner.
13. LA HP cell be jointly responsible for communicating the cessation of the outbreak to the stakeholders and the general public if appropriate, in collaboration with the PHE.
14. To be responsible for and manage Telford & Wrekin communication via media@telford.gov.uk

Contact details

Contact details for PHE are wm.2019CoV@phe.gov.uk

Contact details for Shropshire Council

Shropshirepublichealth@shropshire.gov.uk or 0345 678 9028 and out of hours 01743251234
Communications: communications@shropshire.gov.uk or 01743 250499 (note: communications will usually go out via STP comms – Maria will facilitate)

Leads:

Rachel Robinson DPH Rachel.Robinson@shropshire.gov.uk
Susan Lloyd CPH Susan.Lloyd@shropshire.gov.uk

Contact details for Telford & Wrekin Council

Phone (in and OOHs): Emergency Planning Duty Manager 07580 531257
Generic SPOC email is COVIDSPOC@telford.gov.uk all comms – in and out of hours

Leads:

Liz Noakes DPH Liz.Noakes@telford.gov.uk
Helen Onions CPH Helen.Onions@telford.gov.uk
Nicky Minshall Nicky.Minshall@telford.gov.uk

Shropshire, Telford & Wrekin local COVID-19 testing (pillar 1)

Shropshire Community NHS Trust
Residents with symptoms: shropcom.singlepointofreferral@nhs.uk
Staff testing people@stwtogether.co.uk.

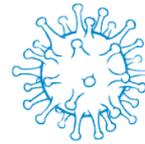
Please refer to testing grid for all testing routes available:



20200520 Testing
Grid STP Updated.doc

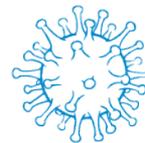
Shropshire, Telford & Wrekin CCGs Infection Prevention Control Team

Please email, ccg.ipc@nhs.net



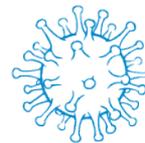
Version Control

Version & Date	Amendments	Authors
V1.0, 14/05/20	Initial Draft	West Midlands Centre
V2.0 28/05/20	Shropshire, Telford & Wrekin Local System	Shropshire Public Health Team
V2.0 29/05/20	Shropshire, Telford & Wrekin Local System	Telford & Wrekin Public Health and Public Protection
V2.0 31/05/20	Infection control	STW CCG IPC
V2.1 2/06/20	Shropshire, Telford & Wrekin Local System	Shropshire Public Health Team
V3		
V4 16/06/20	Revised Draft post PHE feedback	Kate TW



Appendix 1 – Roles by setting – 28th May 2020 (will change as time progresses and local skills develop)

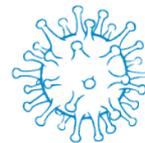
	Setting							
	Care Home (or other CQC registered care provider)	Other residential setting (ie children's home)	School	Workplace	Prison	Homeless / hostel	Faith Setting	Hospital
Receive notification	PHE, CQC	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE	PHE, SATH
Gather information and undertake risk assessment	PHE	PHE, LA	PHE, LA	PHE, LA	PHE	PHE, LA	PHE	SATH / ShropComm
Arrange testing (see testing grid)	LA: ShropComm				PHE	LA/ ShropComm	LA/ ShropComm	SATH / ShropComm
Provide initial advice and recommend control measures	PHE	PHE, LA			PHE	PHE, LA	PHE, LA	SATH / ShropComm
Provision of results	ShropComm		ShropComm	Pillar 2	PHE	ShropComm/ Pillar 2	Pillar 2	SATH / ShropComm
IPC follow up	PHE, LA, CCG IPC	PHE, LA, CCG IPC	PHE, LA	PHE, LA	PHE, Shropcom	PHE, LA	PHE, LA	IPC Teams at: SaTH RJAH ShropComm
Access to PPE	Emergency PPE STWPPE@shropshire.gov.uk							
Chair IMT if required	PHE or LA				PHE	PHE or LA		SATH/ ShropComm
Key partners	PHE, ASC, PH, SPIC, SaTH, comms		PHE, LA schools team, PH, school, comms, CYP safeguarding team, Shrop Comm SN	PHE, business, PH, comms	PHE	PHE, hostel, LA housing, PH, comms Adult safeguarding team	PHE, faith community, PH, comms	SATH/ ShropComm PHE
Follow up Comms	PHE, PH, ASC PH, ASC, SPIC		PHE, LA PHE, LA	PHE, LA PHE, LA	PHE PHE	PHE, LA PHE, LA	PHE, LA PHE, LA	PHE PHE, SATH, STP



Appendix 2

Shropshire, Telford and Wrekin proactive and reactive support for settings (15/06/20)

	Schools Proactive	Schools ongoing	Vulnerable settings (HMOs) and vulnerable individuals
T&W	Edited PHE Letter to schools, Risk assessment undertaken, PPE packs sent (supported by H&S), SN offer re handwashing lessons or teaching pack available on a schools' sharepoint site for teachers to use. Schools provided with UV lights & glitter bug gel. Considering pti role for HVs tbc	Health Protection Hub: multidisciplinary team to provide bespoke support: Liz Noakes, Helen Onions, Nicky Minshall, EHOs, PH Nurses, Schools HR, School nurse (HP Cell 2/7)	Good links with those licensing eg drug and alcohol recovery houses
Shrop	Letter to schools from DCS DPH, regular comms. highlighting guidance, Risk assessments undertaken (PH&H&S) – completed by schools online. HPT contact details for schools, PPE packs sent, Localised schools resources pack distributed to schools, Draft schools SOP and flow diagram.	Health Protection Hub: multidisciplinary team to provide bespoke support: Rachel Robinson, EHOs, PH Nurses, HR, School nurse. Phone support and email support (HP Cell – 9-5 - 7 days per week) Daily, weekday SitRep report to LA school services	Public Health leading the operation of the Council Community Reassurance Team including Housing team. Good links with Drug and Alcohol team for the support of vulnerable adults Good mental health support including bereavement support
	Workplaces Proactive	Workplaces ongoing	
T&W	Messaging to all workplaces Mapping of high risk premises	Health Protection Hub: multidisciplinary team to provide bespoke support: Liz Noakes, Helen Onions, Nicky Minshall, EHOs, PH Nurses, Schools HR, School nurse (HP Cell 2/7)	
Shrop	Letter to workplaces (modified school letter) EHOs undertaking risk assessment of local businesses Working closely with Towns Recovery Teams and Business Recovery Team Draft workplaces SOP being written	Health Protection Hub: multidisciplinary team to provide bespoke support: Rachel Robinson, EHOs, PH Nurses, HR, School nurse. Phone support and email support (HP Cell – 9-5 - 7 days per week)	
Outbreak testing and ongoing CH testing delivered by Shrop Comm. – anticipate sufficient capacity to support ongoing requirements for routine outbreak testing or enhanced. Pillar 2 testing – Regional Testing Centre + MTUs			



Appendix 15 - Helpful telephone numbers sheet

CORONAVIRUS – WE'RE HERE TO HELP

Useful contacts: We want to ensure you get the right support and advice to help you through these times.

Coronavirus helpline for non-health related enquiries – 0345 678 9028

8am to 6pm weekdays, 9am to 1pm Saturday
Email customerfirst@shropshire.gov.uk

Child welfare and safety – 0345 678 9021

For concerns about a child's safety or welfare, or for family support

Adult welfare and safety – 0345 678 9044

For concerns about a vulnerable adult's safety or welfare, or advice about adult social care

Council tax and benefits – 0345 678 9002

Email: council.tax@shropshire.gov.uk
Email: benefits@shropshire.gov.uk

Housing support, including homelessness and prevention – 0345 678 9005

Email housing.options@shropshire.gov.uk

Schools and education (including free schools meals) – 0345 678 9008

Email customerfirst@shropshire.gov.uk

Waste and recycling, including assisted collections – 0345 678 9007

Email customerfirst@shropshire.gov.uk

Business support and advice

For business rates enquiries – email business.rates@shropshire.gov.uk

For business-related enquiries –

email COVID19businessenquiries@shropshire.gov.uk

For information about help and support for businesses please visit www.investinshropshire.co.uk

To report a business which should be closed or isn't complying with social distancing requirements – 0345 678 9067 (option 3).

Email advicecompliance@shropshire.gov.uk

For advice and information about all service areas, please visit www.shropshire.gov.uk/coronavirus

For any health-related queries and issues please use the NHS 111 online service.

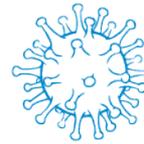
Visit our Newsroom website – www.shropshirenewsroom.com
where you can sign up to receive email alerts.

 Follow us on Twitter (@shropcouncil)

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Appendix 16

Local Outbreak Prevention and Control Communications and Engagement plan

Background

In late May 2020 the Department of Health & Social Care announced that Local Outbreak Control Plans, led by the statutory Directors of Public Health in local authorities, would be a key component in the HM Government's COVID-19 recovery strategy.

Local Directors of Public Health are responsible for producing Local Outbreak Control Plans, working through Covid-19 Health Protection Boards. They will be supported by System-wide partners and work in collaboration with Local Resilience Forum and a public-facing Board led by Council Members to communicate openly with the public.

Our Local Outbreak Plan Communication strategy will support the delivery of the plan and sets out our approach to communicate the plans key messages to all local communities.

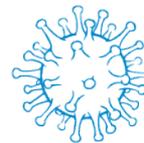
Aims

The aims of our local outbreak prevention and control communications and engagement plan are:

- To remind residents, businesses and services to continue to follow government guidelines to help prevent the spread of COVID-19
- To reassure residents, businesses and services that we are working with them to protect against transmission of COVID-19
- To reassure residents, businesses and services that we are responding to and managing coronavirus outbreaks
- To ensure residents get tested and isolate when they present symptoms
- To ensure that residents isolate when asked to by contact tracers

Objectives

- To continue to raise awareness of the current government guidelines on COVID-19 and what appropriate action to take.
- To engage with, and work in collaboration with our local communities to help inform our communications
- To work closely with Elected Members and Town and Parish Councils to reduce the impact of COVID-19 and provide reassurance to communities
- To demonstrate the work we are doing with our partners and our local communities to mitigate the spread of COVID-19
- To demonstrate the work we are doing in the event of an outbreak to minimise the risk and spread of COVID-19 and that we are able to respond appropriately to outbreaks of COVID-19



- To be transparent, open and honest in our communications to help mitigate alarm, anxiety and hearsay and build trust and confidence with our communities.
- To provide, appropriate, clear and concise information in a timely manner.

Target Audience - including but not limited to:

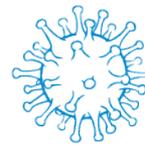
Internal

- Staff
 - Frontline workers
 - BAME staff
 - Community Reassurance Team
 - Digital Inclusion Team
 - Let's Talk Local
 - Registrars staff
 - Customer services
 - FIS
 - Adults and children social care workers
 - Welfare and Benefits staff
 - Occupational Therapists
 - Domiciliary workers
 - Library staff
 - Outdoor Partnership
 - Regulatory services
 - Trading standards
 - Highways and Transport
- Councillors representing all wards

External

Residents

- In particularly those with protected characteristics/vulnerable groups
 - **Clinically vulnerable** – those that will require shielding
 - **Formal/legally vulnerable process in place** – this will include those that are receiving statutory care, known to locally authorities and there is some overlap with the responsibilities passed to Local Government during COVID-19 for the clinically vulnerable in need of additional local support such as food parcels
 - **Higher Risk due to other factors** – this is due to wider determinants of health/other factors leading to poorer outcomes including BAME, deprivation, age, poverty, homelessness and obesity are being researched nationally currently
- Local, (regional and national – if appropriate) media
- Town and Parish Councils



- Pre-school and all educational settings (nurseries, schools, colleges, universities)
- BAME community*
- Health and social care organisations
- Care homes
- Advocacy groups
- Voluntary and community organisations (including charities)
- Businesses (service, manufacturing and merchandise industries, e.g; factories, retail, hospitality, tourism, recreation, etc)
- Housing organisations/registered landlords
- Homeless hostels and domestic violence shelters
- Multi Faith groups/communities*
- Carers
- Farming communities
- Gypsy and Travelling communities

***BAME Communities**

As identified in the Beyond Data: Understanding the Impact of COVID-19 on BAME Communities, Faith communities played a vital role in engaging with communities and were a trusted source of information, leadership and engagement and needed to be better engaged in future efforts to build community resilience and prepare communities for the immediate and long-term challenges of COVID-19.

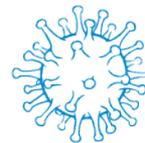
Geographic location (taken from local PH data) – identified where messages can be specifically targeted

- Shrewsbury
- Oswestry
- Market Drayton
- Ludlow
- Shifnal
- Church Stretton and Craven Arms
- Wem
- Bridgnorth
- Cleobury Mortimer

Stakeholders

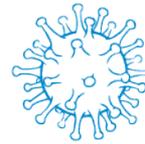
Stakeholders can play a vital role in supporting the campaign. We will rally support from our stakeholders and encourage them to follow the council's communication channels and help amplify the key messages. The list below is an example of who we will engage with, but there may be others, as we address need and respond to concerns.

- Town and Parish Councils and SALC (Shropshire Association of Local Councils)
- All Faith Groups



- VCSA (Voluntary & Community Sector Assembly) and all Forums of Interest (including Health & Care Forum and the Shropshire Infrastructure Partnership)
- STP/Health and Wellbeing Comms and Engagement group (comprising of comms leads representing all organisations across the health, social care and community sector) including
 - SaTH
 - Shropshire and Telford CCG
 - RJAH
 - ShropCom
 - MPFT
 - Shropdoc
 - Healthwatch Shropshire
 - NHS England
 - WMAS
 - West Mercia Police
 - Shropshire Fire and Rescue
- Nationality groups and those with English as an additional language
- Shrewsbury Bid
- Chamber of Commerce
- Marches LEP
- Keep Shropshire Warm
- Voluntary and community sector groups working with young people
- Voluntary and community sector groups working with older people
- Advice, Advocacy and Disability Groups (including visual and hearing impairment)
- All groups supporting Carers
- Voluntary and community groups supporting physical and mental health
- Voluntary and community groups supporting skills and employment
- Food Groups (Food banks and hubs) and Food Poverty Alliance
- Housing associations, consortiums and those working to address housing need
- Gypsy Liaison Service (via John Green)
- Credit Unions
- Department of Work and Pensions (local branch)
- Chester University and other locally affiliated Universities
- Further education and colleges
- All GP Practices and Patient's Groups
- Broadplaces and those working to support digital access
- Social Telecoms

- Stakeholders can also be those identified in our target audience plus other advocates, adversaries and influencers.



Key messages

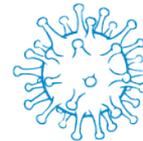
Whilst this communications plan supports the delivery of our Local Outbreak plan. A strong focus will be to promote preventative messages to help mitigate the onset of an outbreak.

General messages

- Shropshire Council are playing the leading role in containing any outbreaks within the county.
- The health and safety of people in Shropshire is our key priority and we continue to work with partners to offer support and advice to our residents and business to help mitigate the spread of COVID 19.
- We must remember that we are still in a pandemic and our public health team continue to work with everyone to ensure we continue to follow government guidelines, to help keep our communities safe and help stop the spread of coronavirus.
- Stay safe, be responsible and together we can help reduce the spread of coronavirus.
- Shropshire Council has a dedicated coronavirus Helpline to help those who are vulnerable and in need of help. You can contact the Helpline on **0345 678 9028** for any coronavirus-related issues and enquiries, between 8am to 6pm weekdays, and 9am to 1pm on Saturday.
- You can find helpful information and links to other sources of help and advice on our dedicated Covid 19 website at www.shropshire.gov.uk/coronavirus.

Outbreak messages

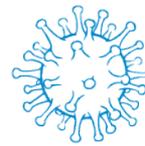
- The health and safety of our communities is our absolute key priority.
- In the event of a coronavirus outbreak, whether in a care home, school or workplace, we will respond immediately to contain and suppress the outbreak.
- We will also provide health protection advice and support to those in the settings where the coronavirus outbreak occurs, to help minimise any further transmission.
- We are aware of the cases of COVID-19 at xxx [setting] and are working with Public Health England to support them. A rapid response is providing vital information to help minimise the further spread of the virus in Shropshire.
- We'd like to reassure everyone that as soon as we became aware of this issue, we acted quickly to work with the [setting] and their staff to limit any further potential spread of COVID-19.
- The staff at [setting] are co-operating fully with public health professionals to protect the health and wellbeing of xxx



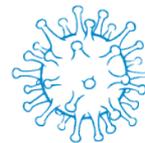
- We continue to work with [setting] who we know have meticulously followed the Government's advice and guidelines to ensure their staff remain safe.
- At this time, we would also like to remind everyone to follow the current Government guidance on social distancing, minimising their social interaction with other people, maintaining good hand hygiene by washing hands regularly for at least 20 seconds, and covering mouth and nose with a tissue when coughing or sneezing. Adhering to this advice is the best protection against the virus.
- For more information and to keep up to date with the latest advice and guidelines, visit www.gov.uk/coronavirus.

Prevention and call to action

- **We are still in a pandemic.** Cases and deaths from COVID-19 show the curve for Shropshire has been much flatter than the national and regional picture, and while we have not seen a significant spike, neither have we seen a rapid decline, even with lockdown.
- **Keep following Government guidelines.** We want to remind people that the risk of coronavirus has not gone away and to continue to follow the government guidelines. This way you can help reduce your risk and help to stop the spread of coronavirus. Please:
 - **Stay at home** as much as possible and limit contact with other people
 - **Work from home** if you can
 - Keep your distance if you go out (**2 metres** apart where possible)
 - Wash your hands regularly for at least **20 seconds**
 - **Do not leave home** if you or anyone in your household has symptoms.
 - Find out more on what you **can or can't do** during the coronavirus pandemic on the governments [FAQ pages](#). Topics include:
 - 1.Gatherings, public spaces, and outdoor activities
 - 2.Vulnerable groups, shielding, 70 year olds and over, and care homes
 - 3.Going to work / Safer spaces
 - 4.Workers' rights
 - 5.Public Transport
 - 6.Schools and Childcare
 - 7.Borders / international visitors
 - 8.Enforcement
 - 9.Devolved administrations
- **If you have symptoms** – Do not leave home if you or someone you live with has any of the following symptoms
 - a high temperature
 - a new, continuous cough
 - a loss of, or change to, your sense of smell or taste
- Anyone with symptoms will be tested and their close contacts will be traced
- **Test and trace** - NHS Test and Trace service will help identify, contain and control coronavirus, reduce the spread of the virus and save lives.



- Anyone who tests positive for coronavirus will be contacted by NHS Test and Trace and will need to share information about their recent interactions.
- New guidance means those who have been in close contact with someone who tests positive must isolate for 14 days, even if they have no symptoms, to avoid unknowingly spreading the virus.
- If those in isolation develop symptoms, they can book a test at <https://www.nhs.uk/conditions/coronavirus-covid-19/> or by calling 119. If they test positive, they must continue to stay at home for 7 days or until their symptoms have passed. If they test negative, they must complete the 14-day isolation period.
- Members of their household will not have to stay at home unless the person identified becomes symptomatic, at which point they must also self-isolate for 14 days to avoid unknowingly spreading the virus.
- **Enjoy being outside more in a safe way**
 - Exercise and being outdoors is fantastic for our wellbeing during the coronavirus pandemic, but please remember to keep a social distance between each other and those around you.
 - Please consider if you need to travel to exercise. This may overwhelm certain parts of the county. Shropshire is the largest inland rural county in England, and we are very lucky to have beautiful countryside on our doorsteps. It will still be here for everyone to enjoy after lockdown.
- **Look after your wellbeing, and seek advice when you need it –**
 - The coronavirus pandemic has impacted on us all in different ways. Keeping physically active if you can, keeping in touch with others online, by telephone, at a safe distance adhering to Government guidelines, and looking after our mental health is all important.
 - We have set up a dedicated team to help support people's health and wellbeing during and beyond the coronavirus pandemic. The group is made up of representatives from across the health, care and voluntary sector who have come together to create materials to support people struggling with their mental health. The looking after your mental health guide is available on our Coronavirus webpages for people to access.
 - We have also introduced a new bereavement service to support those who have lost a loved one from coronavirus. The service is centred on what the person needs to help them through their difficult time and includes a dedicated number to call, and booklets, which offer advice, guidance and support.
 - You can access the new bereavement service by calling the Shropshire Council COVID-19 Helpline number on **0345 678 9028**.
 - You can find helpful information and links to other sources of help and advice on the Shropshire Council coronavirus pages. <https://www.shropshire.gov.uk/coronavirus/information-for-the-public/> Click on the different subject boxes on the page.



- **Going to work**
 - Going to work? Travel by car or bicycle if possible, keep a safe distance from others and wash your hands regularly.
 - There is more guidance on how to stay safe in the workplace and what to do if you get symptoms [here](#).
- **Going shopping**
 - Going to the shops? Remember to keep a safe distance from others and wash your hands when you get home.

Schools

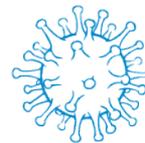
- The safety of children and staff is our priority. All schools have completed a risk assessment before re-opening. Headteachers have had to work incredibly hard to undertake these and put measures in place to make sure that children are as safe as possible in school. These measures will include staggered starts and finishing, one-way systems, increased handwashing, social distancing where possible, limiting the number of pupils in each classroom etc.
- Our health and safety team have also undertaken a quality assurance of the risk assessments for all maintained primary schools.

Care homes

- It is vital that we do everything we can to protect our elderly and vulnerable in care homes
- Since the beginning of the pandemic, we have, and continue to, work with our care providers to ensure they have the right support to help manage and prevent the spread of coronavirus. This includes providing financial support to help with ongoing costs such as PPE and the setting up a dedicated task and finish group. The work of the task and finish group includes working closely with Shropshire Partners in Care, to remain in regular contact with all of our providers, with a team of staff carrying out regular welfare calls, as well as making sure all our providers have access to information that they need and get answers to their concerns and questions.
- Shropshire Council along with Telford & Wrekin Council and our NHS partners have also set up a PPE Helpline and IT system to help with the coordination of PPE equipment for care sector providers such as GPs, Care Homes, Domiciliary Care Providers and Personal Assistants.

Businesses

- **Health and safety** - The protection of the health and safety of the public is our number one priority, but everyone has a responsibility.
- It is crucial that business premises that are not permitted to open do remain closed, and those that can trade do so only if they can ensure their premises are safe to protect staff and customers from the spread of coronavirus.



- We have highly knowledgeable and skilled staff who are happy and able to help businesses and the public with any concerns they may have. If you need to speak with us, please get in touch by calling **0345 678 9067** and select option 3 or email us at advicecompliance@shropshire.gov.uk. We are here to help.
- **Advice and support** - Shropshire Council has produced a toolkit for businesses offering important advice about reopening as lockdown measures are eased.
- The toolkit – Reopening your business in Shropshire – can be found on the [Shropshire Council website](#).

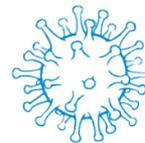
How we work

We are playing our part in Public Health by protecting Shropshire people in different ways. This includes:

- Providing health protection advice and guidance in settings such as care homes, schools and workplaces when a coronavirus outbreak occurs
- Testing – we are part of a system wide group who meet (virtually) to agree and implement testing for staff and the public, based on Government advice and guidance. For the NHS ‘Test and Trace’ system, Shropshire’s local Outbreak Plan will be led by the Director of Public Health working with Public Health England’s Health Protection Teams and Covid-19 Health Protection Boards. Government funding will support this, and plans are being developed now.
- We gather and monitor data and act on what it is telling us. We use this information as part of our planning and evaluation strategies to prevent further spread of coronavirus. We can also use the data to examine how often diseases such as coronavirus, occur in different groups of people and why.
- Many high level (virtual) meetings at a regional and local level take place. These are essential to ensure information, decisions and actions are shared and implemented in Shropshire during this rapidly changing situation.
- We ensure up to date information about the coronavirus is on the Council website, and this includes sections to support the health and wellbeing of people during this difficult time. <https://www.shropshire.gov.uk/coronavirus/information-for-the-public/>

Communication approach

- **Co-ordination** – The communications around the Local Outbreak Plan will be co-ordinated by Shropshire Council’s Communication Team in collaboration with the Director of Public Health and associated Local Outbreak Plan delivery groups and officers. This will be implemented through this communication strategy and plan.
- **Alignments** – The communications strategy and plan will align with the following SC and STP plans
 - Local Outbreak Community Engagement plan
 - Covid 19 Public Health communication plan
 - Test and Trace Communication plan
 - Care home communication plan

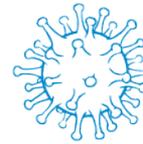


- Covid-19 engagement audit and mapping for restore and recover
 - Covid 19 Community Strategy
 - Other appropriate comms and engagement plans
-
- **Equality and social inclusion** - We must ensure our communications meet the needs of our diverse communities, in particular those identified as a key vulnerable group
 - **Social Marketing** - Using local social care and health intelligence and data we can target key demographic hotspots and implement the appropriate communication channels in these areas.
 - **Local Outbreak Plan Communication Toolkit** – this toolkit provides partners, advocates and influencers with a range of communication materials including key messages, articles, promotional material as well as tweets and Facebook messages for organisations to use and cascade to residents, organisations and individuals who may benefit from the scheme. The toolkit approach supports the co-ordination of accurate, timely and consistent messages and will help mitigate any potential confusion around the messages of the campaign.
 - **Comms Plan on a page** – A single plan on a page is produced alongside the communication toolkit. The plan on a page will summarise the communication milestones and activities undertaken over the timeframe of the plan.
 - **Updating of the council's Covid 19 website** - to ensure up to date local and government information on Covid 19.
 - **Media briefings/interviews as and when appropriate** – Partners will utilise local, regional and national media (if appropriate) to help cascade key messages during key milestones of the plan.
 - **Localised messaging templates for press releases** will be used report outbreaks to the press as they happen, to alert people to the risks and to reiterate the importance of everyone do the right thing around test and trace, and also to reassure people that all necessary steps have been taken by the outbreak control team.
 - **Media pack** – which will comprise of press release, background information and details on our local outbreak prevention and control plan. These can be either emailed to media or provided in person during a media briefing.
 - **Spokesperson** - A good spokesperson is vital to any campaign. They put a human face to the organisation and can effectively communicate the campaign messages to the public and the media.

Communication methods and channels

Internal

- Intranets
- Staff emails
- Members bulletins
- Staff newsletters/updates
- Service newsletters (e.g. ASC newsletter)



- Yammer
- Lock screens and SC TV screens.

External

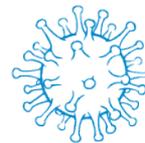
- Shropshire Council newsroom
- Shropshire Council Covid 19 website
- Local, regional and national media (press, radio and TV)
- Partner/stakeholder websites
- Partner/stakeholder Social Media platforms
- Twitter (currently over 22k followers)
- Facebook
- Instagram
- LinkedIn
- Hyper local platforms such as 'Nextdoor' or Tribe
- Gov Delivery – possible reach of 88K
- Newsletters and publications (e.g. GP, Town and Parish Councils, community newsletters)
- Engagement events (online during Covid 19)
- Promotional material

PR

- We can regularly communicate key messages identified in the Local Outbreak Plan via our Newsroom and include relevant case studies to help engage with the audience.
- All news stories are added on the Shropshire Council newsroom which all local media have access to.
- Newsroom stories are then posted on our social media channels.
- If and when appropriate we will arrange briefings with local, regional and national media. We will actively manage this media to maintain control of the message and ensure broadcast of key messages. If appropriate, a media pack will be developed and presented at each briefing/interview.
- Where possible we will identify and use specialist media where we will be able to target our communications.

Social media

- We can build on and engage with all relevant social media channels currently available whether it's an organisation or individual.
- By using the right social media platforms to communicate, we can ensure that we cascade our key messages to a wider audience.
- We will utilise digital images and videos to illustrate the stories and support our messaging.



Website

- Shropshire Council's Covid 19 webpages will act as the single point of reference to where all information and advice on prevention and our local outbreak control messages can be hosted.

Face to face

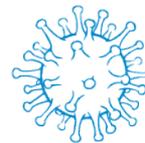
- One of the most effective means of communications which can increase engagement and participation. Advocates, adversaries and influencers will play a vital role in helping to communicate and engage with peers, individuals and families on the local outbreak plan. Advocates can be provided with a communication toolkit to help them promote the key messages via their communication channels.
- Shropshire customer service messaging service - recorded messages informing and signposting people the Covid 19 webpages on FPOC and, Blue Badge Scheme, phone lines.

Printed material

- We will utilise both PHE and local printed resources to cascade to our audiences. Including easy read and those in other languages and accessible formats (e.g. BSL).

Monitoring and Evaluation

- Working with the Local Outbreak Plan groups we will regularly review progress against our action plan. Progress will be monitored by reviewing:
 - Media analysis (reach, tone and content)
 - Website statistics
 - Social media reach and feedback
 - Feedback from stakeholders

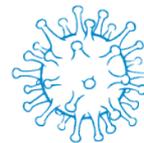


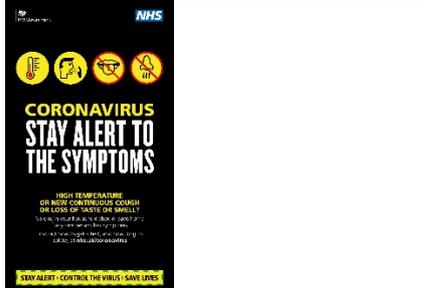
SC Action plan TBC

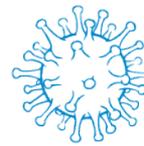
Date	Audience	Message	Internal	External
TBC	All	Launch of Plan	<ul style="list-style-type: none"> • Staff update • Intranet • Councillors updates/ dashboard • Internal newsletters 	<ul style="list-style-type: none"> • SC newsroom • Website • Social media • Stakeholder channels (websites, social media, newsletters, engagement opportunities)
ongoing	All	Preventative messages targeted to specific audiences	<ul style="list-style-type: none"> • Staff update • Intranet • Councillors updates/ dashboard • Internal newsletters 	<ul style="list-style-type: none"> • SC newsroom • Website • Social media Stakeholder channels (websites, social media, newsletters, engagement opportunities)
Onset of an outbreak	All	Outbreak announcement, actions and reassurance	<ul style="list-style-type: none"> • Staff update • Intranet • Councillors updates/ dashboard 	<ul style="list-style-type: none"> • SC newsroom • Website • Social media • Appropriate Stakeholder channels

Social media messages – example preventative messages

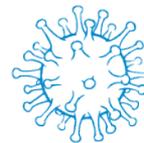
Date and mechanism	Message	Image
Twitter	<p>You must stay at home if you or someone you live with has symptoms of coronavirus (COVID-19) and apply for a test straightaway. Find out how to get tested at nhs.uk/coronavirus</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	



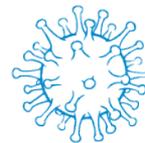
<p>FB and Instagram</p>	<p>You must stay at home if you or someone you live with has symptoms of coronavirus (COVID-19) and apply for a test straightaway. Find out how to get tested at nhs.uk/coronavirus</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	
<p>Twitter</p>	<p>You must stay at home if you or someone you live with has symptoms of coronavirus (COVID-19) and apply for a test straightaway. Find out how to get tested at nhs.uk/coronavirus</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	
<p>FB and Instagram</p>	<p>We are asking everyone in Shropshire to follow Government Guidance and to stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>https://www.gov.uk/coronavirus</p>	
<p>Twitter</p>	<p>If you are told by NHS Test and Trace you have been exposed to an infected person, you must self-isolate for 14 days. Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/testing-and-tracing/</p>	
<p>FB and Instagram</p>	<p>If you are told by NHS Test and Trace you have been exposed to an infected person, you must self-isolate for 14 days. Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>https://www.nhs.uk/conditions/coronavirus-covid-19/self-isolation-and-treatment/</p>	
<p>Twitter</p>	<p>The risk of catching coronavirus has not gone away. We are asking everyone in Shropshire to follow Government Guidance and be alert to the symptoms. Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>https://www.gov.uk/coronavirus</p> <p>nhs.uk/coronavirus</p>	



All	<p>The risk of catching coronavirus has not gone away. Keep washing your hands for 20 seconds regularly. Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>www.shropshire.gov.uk/coronavirus</p>	
All	<p>Exercise and being outdoors is fantastic for our wellbeing during the coronavirus pandemic, but please remember to keep a social distance between each other and those around you. Enjoy being outside more but in a safe way.</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>www.shropshire.gov.uk/coronavirus</p>	
All	<p>The risk of catching coronavirus has not gone away. Stay at home as much as possible and limit contact with other people.</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>www.shropshire.gov.uk/coronavirus</p>	
All	<p>Going to the shops? Remember to keep a safe distance from others and wash your hands when you get home.</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>www.shropshire.gov.uk/coronavirus</p>	
All	<p>Going to work? Travel by car or bicycle if possible, keep a safe distance from others and wash your hands regularly.</p> <p>www.shropshire.gov.uk/coronavirus</p>	
Twitter	<p>The risk of catching coronavirus has not gone away. Remember to keep a safe distance from others, 2 metres where possible. Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>www.shropshire.gov.uk/coronavirus</p>	



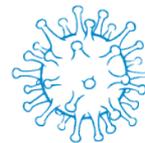
Instagram	<p>The risk of catching coronavirus has not gone away. Stay at home as much as possible. Stay safe, be responsible and together we can reduce the spread of coronavirus.</p> <p>www.shropshire.gov.uk/coronavirus</p>	
	<p>The risk of catching coronavirus has not gone away. Check the Government FAQ's on what you can and cannot do from the 1st June. https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	
Twitter	<p>The risk of catching coronavirus has not gone away. Check the Government FAQ's on what you can and cannot do from the 1st June. https://www.gov.uk/government/publications/coronavirus-outbreak-faqs-what-you-can-and-cant-do/coronavirus-outbreak-faqs-what-you-can-and-cant-do</p> <p>Stay safe, be responsible and together we can reduce the spread of coronavirus.</p>	
	<p>The coronavirus pandemic has impacted on us all in different ways. Keeping physically active if you can, keeping in touch with others online, by telephone, at a safe distance adhering to Government guidelines, and looking after our mental health is all important.</p> <p>Helpful information and links to other sources of help and advice are on the Shropshire Council coronavirus pages. https://www.shropshire.gov.uk/coronavirus/information-for-the-public/ Click on the different subject boxes on the page.</p>	



Appendix 17: Local Outbreak Plan - Crisis Communications Checklist

Stakeholder briefing to cohort 1, 2 and 3?

Date and Time	Organisation	Communication	Recipient/channel	Issued	By who
	Shropshire Council	Initial briefings followed by regular updates	Cohort 1 <ul style="list-style-type: none">• Chief Executives• IMT group• Health Protection group• Local members• Customer Service Team• Digital Services Team		Director or Public Health
	Shropshire Council	Embargoed PR, stakeholder brief and FAQ's	Cohort 2 <ul style="list-style-type: none">• Cabinet• MP's• Directors• Local Outbreak Plan Engagement Board• LHRF (Silver)• TCG		Director of Public Health
	Shropshire Council	PR for Members	Cohort 3 <ul style="list-style-type: none">• Members Portal (internal platform for councillors)		Communications Team
	Shropshire Council	PR for public	Cohort 4 <ul style="list-style-type: none">• SC Newsroom (our online news platform – media and public sign up to)• Staff update (published in afternoon)		Communications Team
	Shropshire Council	SC Newsroom story - shared with key stakeholders to cascade to Health and Social Care organisations <ul style="list-style-type: none">• Voluntary and Community groups• Businesses• Schools• Housing organisations• Patients• BAME communities	<ul style="list-style-type: none">• STP comms group• ALC• Health and Wellbeing comms group• Health Protection• IMT group		Communications Team



Briefing template

- Since the pandemic, xxx [business] have had xx COVID cases, of which xx employees live within Shropshire. Individuals affected are in the main, clustered around xx, xx, xx areas.
- There were xx cases reported in April, xx in May, and xx in June. There have been only xx reported within the last 14 days with no one awaiting testing
- Incident Management Teams meetings led by PHE have been held, to review cases and measures in the factory. PHE were assured that the measures in place at xxx, were robust and a further IMT affirmed this.
- PHE is reassured at this stage that there is low risk of transmission within the factory and aware that at this phase of the pandemic there is transmission in households and communities
- Joint communications have been put in place by xxx[business] /PHE/SC (attached)
- HSE have also been informed and have been in contact with ABP but comments awaited.
- Xxx [business] also report that that FSA also have inspectors on site at all times due to the nature of their work.
- We have plans in place to engage these local communities through wider communication, including targeted messaging, working with local community groups, raising awareness of track and trace and working with local businesses to ensure good social distancing and awareness/support around infection control measures .

Director of Public Health Shropshire



Novel Coronavirus (COVID-19): FAQs – (Name of setting)

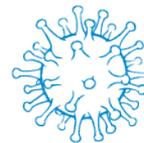
How many cases have been confirmed?

- It has been confirmed that there are cases of COVID-19 in staff members at (name of setting). The cases are (site or setting location/s)
- Since the beginning of the pandemic, the XX site has had X confirmed COVID cases, X of those employees who tested positive, live in Shropshire:
- There have been only X reported within the last 14 days with no one awaiting testing
- The X site has had X confirmed COVID cases, since the beginning of the pandemic, X of which are current with a further X additional suspected cases waiting testing.

What actions have been taken to respond to this outbreak?

(Name of setting)

- Incident Management Teams (IMT) meetings, led by PHE, have been held, to review cases and measures in the (setting/s). PHE were assured that



measures in place at (location) to reduce infection transmission within (setting name) were robust

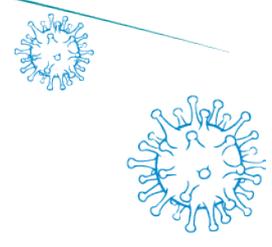
- Health and Safety Executive (HSE) has also been informed and been in contact with (setting name), but comments awaited.
- (Setting name) also reports that the Food Standards Agency (FSA) also has inspectors on both sites at all times due to the nature of their work.
- PHE is reassured at this stage that there is low risk of transmission within the (setting) and aware that at this phase of the pandemic there is transmission in households and communities.

What measures have (setting name) put in place to mitigate the spread of coronavirus?

(Setting name) put a range of health protection measures in place from the start of the pandemic, including:

- COVID-19 response teams established at (site/s) since the end of February.
- Detailed risk assessments regularly reviewed
- Increased frequency of multi-lingual briefings to all staff
- Employees are instructed not to come to work if they have symptoms of COVID-19, and told to self-isolate for 7 days, with members of their household isolating for 14 days. They are also reminded to book a test and inform the (setting) of their results
- Extensive temperature screening taken each morning before staff entry on-site
- Elimination of non-essential movement across sites
- Staggered breaks and lunches with physical distancing implemented
- Additional canteen capacity to facilitate social distancing.
- Additional and enhanced cleaning and disinfection of contact surfaces and communal areas
- Changes implemented to workstations, where feasible, to facilitate physical distancing
- Installation of Perspex screens at workstations where appropriate.
- Provision of PPE including visors for all appropriate staff.
- Multi-lingual COVID-19 signage and notices across all plants
- Administration and office staff working remotely where possible
- Enhanced protocols with respect to inbound animal transport
- Enhanced outbound protocols for product dispatch
- All non-essential site visits cancelled
- Immediate internal isolation and contact-tracing process implemented should any employee display COVID-19 symptoms

We have plans in place to engage the affected communities, this includes:

- 
- 
- targeted messaging,
 - working with local community groups,
 - raising awareness of track and trace; and
 - working with local business to ensure good social distancing and awareness/support around infection control measures.

Is there a risk of contracting coronavirus from food?

The risk of contracting novel coronavirus (COVID-19) through the UK food chain is very low. There is currently no evidence to suggest transmission occurs through the foodborne route, therefore people are very unlikely to catch COVID-19 from foo

Appendix 18: Contact Tracing Questions

PLEASE NOTE THE FOLLOWING QUESTIONS WILL NEED TO BE ASKED FOR ALL CASES.

Questions for if the case is a resident

1. In the 48 hours before onset of symptoms/test if asymptomatic until today, has the resident had contact* with any other residents
2. In the 48 hours before onset of symptoms/test if asymptomatic until today, has the resident had contact* with any members of staff (including cleaners)?
 - a. Were the members of staff wearing appropriate PPE?
 - b. Were there any breaches in PPE during the contact?
3. In the 48 hours before onset of symptoms/test if asymptomatic until today, has the resident had contact* with any other individuals e.g. has the resident attended any hospital appointments, had visitors etc.

Questions for if the case is a member of staff

1. In the 48 hours before onset of symptoms/test if asymptomatic until today, has the member of staff had contact* with any of the residents?
 - a. Were the members of staff wearing appropriate PPE?
 - b. Were there any breaches in PPE during the contact?
2. In the 48 hours before onset of symptoms/test if asymptomatic until today, has the member of staff had contact* with any other members of staff e.g. in the staff room, at handover, travel to work?
 - a. Were the members of staff wearing appropriate PPE?
 - b. Were there any breaches in PPE during the contact?
3. In the 48 hours before onset of symptoms/test if asymptomatic until today, has the member of staff had contact* with any other individuals in the home e.g. has the member of staff had contact with any visitors / contractors etc.?
 - a. Were the members of staff wearing appropriate PPE?
 - b. Were there any breaches in PPE during the contact?

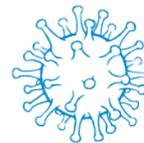
Please note, where there has been contact without appropriate PPE or there have been breaches in PPE staff/residents will be required to isolate for 14 days.

* Contacts include those who have had

Direct contact: Face to face contact with a case for any length of time, within 1m, including: being coughed on, a face to face conversation, within one metre, or having skin-to-skin physical contact, or any contact within one metre for one minute or longer without face-to-face contact

Proximity contact: a person who has been within 2 metres of someone who has tested positive for coronavirus (COVID-19) for more than 15 minutes

Or travelled in a small car with a case



Appendix 19: Contact tracing, confidentiality and disclosure

V00.02 – 29/05/2020

Purpose of paper

To describe anticipated issues with disclosure and deductive disclosure as unintended consequences of contact tracing and the current information for HPTs to provide assurance of the policies that provide a reasonable basis to allow staff to manage these issues. This will be updated as further information to inform this position is established.

Key Points to describe the issue

- Information on settings such as schools and workplaces will be collected as part of contact tracing
- The majority of this information will be escalated to HPTs at Tier 1 in order to risk assess and undertake contact tracing in these settings
- In order to make a risk assessment HPTs will, in most cases, have to disclose the name of the individual to the school or workplace in order to accurately identify contacts or groups for exclusion.
- If HPTs are unable to disclose directly the name, employers and head teachers may be able to easily guess the identity of the cases due to absence from work or school.
- Excluded class or workplace contacts may also be able to easily guess the identity of the case even if this is not directly disclosed due to their absence
- There may be a variety of reasons why individuals may not wish their name to be shared including stigma, fear of persecution, discrimination, fear of dismissal and blame
- Individuals may not realize the implications of this at the time they provide the information on school or workplace.
- If individuals express that they are unhappy for their identity to be disclosed to a school or workplace after having provided this, then this will create a dilemma between preserving confidentiality and acting in the public interest
- HPTs will not have time to engage in lengthy discussions with individuals or partners to resolve these issues due to the anticipated volume of work

Assurance for Health Protection Teams

- Cases are invited to read the Privacy Notice at the point information is collected through Test and Trace. This (current draft) explains what the purpose of data collection is but does not go into detail about risks of deductive disclosure.
- 7th Caldicott Principle is: *The duty to share information can be as important as the duty to protect patient confidentiality*
- Health and social care professionals should have the confidence to share information in the best interests of their patients within the framework set out by these principles. They should be supported by the policies of their employers, regulators and professional bodies.
- Consent is not the legal basis of information sharing.
- PHE Information Governance are aware of the risk of disclosure and deductive disclosure during the course of HPT activities in Test and Trace and a Data Protection Impact Assessment is being drafted to cover this risk and to provide assurance that Health Protection Teams are safe to continue with reasonable activities rather than to include specific risks of disclosure and deductive disclosure in the Privacy Notice.

Appendix 20: Coronavirus (Covid-19) Testing Routes – 3rd June 2020

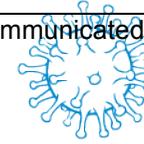
Care Home Residents, Patients and the general population

Care Home Residents		
Group	Process	Provider/Site
Local Shropshire, Telford & Wrekin Scheme		
<p>Symptomatic care home residents Residents should be tested as soon as they are symptomatic. Whilst the testing advice for key workers is to test from days 1-5 of symptom onset, care home residents' immune response may differ from younger, normally healthier individuals. The care home guidance recognises this and allows for a 14-day illness. Symptomatic residents may be tested between 1-14 days of onset of COVID-19 symptoms.</p> <p>Asymptomatic (without symptoms) care home residents ShropCom SPR are delivering a train the trainer model with the testing team visiting each care home and spending half a day training members of staff to undertake swabbing of all residents.</p>	<p>GPs can refer all symptomatic care home residents to Single Point of Referral (SPR) service with relevant details via e-mail shropcom.singlepointofreferral@nhs.uk</p> <p>Where this is the first time there are 2 or more cases within 14 days at a care home please report outbreak to local health protection team who refer for testing https://surveys.phe.org.uk/TakeSurvey.aspx?SurveyID=n4KL97m2l#</p> <p>Any queries please contact people@stwtogether.co.uk</p> <p>New care home testing portal launched https://www.gov.uk/apply-coronavirus-test-care-home.</p>	<p>Shropshire Community Health Trust Roaming testing team will attend the care home to undertake testing as required. Currently two roaming teams in operation across STW with the ability to increase to meet demand. Tests processed locally.</p> <p>Shropshire Community Health Trust Attending all care homes to train staff to undertake swabbing based on a prioritised list provided by both Councils. Swabbing kits can be requested via the care home testing portal for courier delivery/collection.</p>
National Testing Programme		
<p>All care home residents (and staff) As an alternative, you can apply for tests whether or not any of your residents or staff have coronavirus symptoms via the national care home testing portal. The expectation is that all care home residents and staff will be tested by the end of May 2020. Care Homes can only make one request for tests so need to ensure sufficient are ordered.</p>	<p>New care home testing portal launched https://www.gov.uk/apply-coronavirus-test-care-home. Care Home Manager or Director of Public Health can request tests to be delivered. Need the following:</p> <ul style="list-style-type: none"> • the care home's CQC registration number • total number of residents, including number of residents with coronavirus symptoms • total number of staff, including agency staff • your contact details <p>DHSC enquiry line: 8.30am to 8.30pm daily. 0300 303 2713.</p>	<p>National Testing Programme DPH can provide prioritised list of care homes / domiciliary care providers to support prioritisation of testing. Full guidance is provided for collecting swabs from symptomatic residents, including consent, appropriate PPE, record keeping and next steps. Courier delivery/collection. Results will be communicated to the care home manager and the local authority.</p>
Patients (hospitals and community)		



<p>All symptomatic key/essential workers (preferred route) Eligibility:</p> <ul style="list-style-type: none"> • The staff member has Covid-19 symptoms OR • The staff member is self-isolating due to an adult or child household member(s) having symptoms of Covid-19. In this instance it is the household member(s) displaying the most acute symptoms of Covid-19 who should be tested 	<p>Staff member contacts their line manager who confirms eligibility and gains consent to refer to Single Point of Referral (SPR) Service. This is done directly as agreed with SCHAT or via people@stwtogether.co.uk. SPR contact the Key Worker and manage the testing process.</p>	<p>Shropshire Community Health Trust. Drive thru testing locations in Shrewsbury and Telford. Others who are unwell and therefore cannot attend the site, will be tested in their own homes. For care homes, also see care home testing portal information below as an alternative - whichever best meets their needs.</p>
<p>National Testing Programme (Local Testing Sites)</p>		
<p>All symptomatic key/essential workers (alternative route) Eligibility:</p> <ul style="list-style-type: none"> • The staff member has Covid-19 symptoms OR • The staff member is self-isolating due to a household member(s) having symptoms of Covid-19. In this instance it is the household member(s) who should be tested. 	<p>Self-referral via national portal at https://www.gov.uk/apply-coronavirus-test-essential-workers includes:</p> <ul style="list-style-type: none"> • essential workers in England, Scotland, Wales and Northern Ireland • anyone over 5 years old who has symptoms of coronavirus and lives with an essential worker • children under 5 years old in England and Wales who have symptoms of coronavirus and live with an essential worker (this test must be performed by a parent or guardian) <p>The employer referral portal is a secure portal for employers to use to upload the full list of names and contact details of self-isolating essential workers eligible for a test. In order to obtain a login, employers of essential workers should email portalservicedesk@dhsc.gov.uk</p>	<p>National Testing Programme Once application for test confirmed, testing takes place at a drive-thru testing location or by a home testing kit. There are local testing sites available in Shrewsbury and Telford.</p> <p>If referred through this portal, essential workers will receive a text message with a unique invitation code to book a test for themselves (if symptomatic) or their symptomatic household member(s) at a regional testing site.</p>
<p>All Care Home Staff (England) All care home staff without symptoms can be tested.</p> <p>Please note that SYMPTOMATIC STAFF should not be tested in the care home and should instead be referred for testing at a regional / local test centre or home testing.</p>	<p>New care home testing portal launched https://www.gov.uk/apply-coronavirus-test-care-home. Care Home Manager or Director of Public Health can request tests to be delivered. Need the following:</p>	<p>National Testing Programme DPH can provide prioritised list of care homes / domiciliary care providers to support prioritisation of testing. Full guidance is provided for collecting swabs from symptomatic residents, including consent, appropriate PPE, record keeping and next steps. Courier delivery/collection. Results will be</p>

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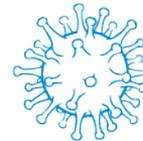
	<ul style="list-style-type: none"> • the care home's CQC registration number • total number of residents, including number of residents with coronavirus symptoms • total number of staff, including agency staff • your contact details <p>DHSC enquiry line: 8.30am to 8.30pm daily. 0300 303 2713.</p>	communicated to the care home manager and the local authority.
Antibody testing Antibody tests for NHS and care staff are in England	This will be rolled out locally very soon.	NHS Improvement. Implemented locally.
Government REACT-1 Programme Announced on the 29.04.20 by the Government. Major new programme of home testing for coronavirus to track the progress of the infection across England	In the first part of the REal-time Assessment of Community Transmission (REACT-1) programme, 100,000 randomly selected people from 315 local authorities across England will be invited to provide swabs, which will be tested for antigens indicating the presence of the virus. This kind of test looks for evidence that someone is currently infected with the coronavirus.	Commissioned by the Department of Health and Social Care, led by a world-class team of scientists, clinicians and researchers at Imperial College London alongside colleagues at Imperial College Healthcare NHS Trust, and supported by Ipsos MORI.

Link to Government document: Coronavirus: COVID-19 getting tested. https://www.gov.uk/guidance/coronavirus-covid-19-getting-tested?utm_source=af7f6763-6a0f-46bf-924e-453d6eaf71a1&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

Document date: 3rd June 2020, System Testing Group and Care Home Task and Finish Group

Appendix 21: Contact Details

SaTH	Sath.incidents@nhs.net Shropshire and Telford & Wrekin CCG on call director can be contacted via the SaTH switchboard on 01743 261000 SATH on call director can be contacted via the SaTH switchboard on 01743 261000	01743 261391
SCHT	Shropcom.majorincidents@nhs.net Via On call Director 01743 454907	01743 454907
MPFT	icc@mpft.nhs.uk	0300 1230995 ext 1520
RJAH	Rjah.covid19@nhs.net On call director can be contacted via RJAH switchboard on 01691 404000	0751 1221962
STW CCGs	icc@stwccg@nhs.net	07803 004388
Shropshire Council	CV-19@shropshire.gov.uk	01743 005285 (OOH)
NHS England and NHS Improvement	Contact via PageOne and request Derbyshire, Notts, Staff & Shrops First on Call for Derbyshire, Nottinghamshire, Staffordshire and Shropshire	07623 515942
Telford & Wrekin Council	twcincidentroom@telford.gov.uk Telford and Wrekin Resilience Team Via Shropshire Fire Control 01743 260290 ask for the Telford and Wrekin Council Duty Officer to be paged.	
Shropshire Public Health Team	Shropshirepublichealth@shropshire.gov.uk	01743 251234
Out of Hours Emergency Planning Duty Officer	Via Shropshire Fire & Rescue Service Control Room – Please ask for the Shropshire Council EPDO to be paged	01743 260290 (non-public number)
Out of Hours PHE contact	Public Health England first on call via the Contact People	01384 679031
PHE	Monday – Friday 09.00 – 17.00	0344 225 3560 (opt 0, 2)
PHE	Suspected cases in Care Homes and Education Settings WM.2019CoV@phe.gov.uk	0344 2253560 op0 op2
NHS Wales	Health Protection Wales Health Protection Team: <ul style="list-style-type: none"> • North Wales Health Protection Office • South East Wales Health Protection Offices • West Wales Health Protection Office To contact the Health Protection Team with details of any cases of infectious disease or to report any incidents or outbreaks.	0300 00 300 32
Powys Director of Public Health	Director of Public Health for Powys Teaching Health Board	01874 711661



Appendix 22

Links to Government guidance – Infection Protection and Control

Hand hygiene and protective clothing

- For guidance on best practice for handwashing:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877530/Best_Practice_hand_wash.pdf

Personal Protective Equipment (PPE)

- Emergency PPE: STWPPE@shropshire.gov.uk
- Further guidance for PPE can be found here:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control/covid-19-personal-protective-equipment-ppe>
- For community care settings:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877599/T2_Recommended_PPE_for_primary_outpatient_and_community_care_by_setting_poster.pdf
- For guidance for putting on PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875211/Putting_on_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf
- For guidance on the removal of PPE (for non-aerosol generating procedures) can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/875212/Taking_off_PPE_for_non-aerosol_generating_procedures_quick_guide.pdf

Cleaning and waste disposal

- For detailed Infection Prevention and Control Guidance:
<https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control>

Reducing Exposure

- Isolation measures:
further information can be found in Annex C of this PHE document regarding care home guidance:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/877797/covid-19-care-homes-guidance.pdf

Appendix 23



Shropshire outbreak plan	
Information flow	
Strategic	<p>COVID-19 Local Outbreak Tactical Coordination Group (Systems led) Set system wide framework for Local Outbreak Control Plans; Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans; Ensure Plans are consistent with resources available from all agencies; Provide assurance to the SCG about management of outbreaks; and Provide a route for escalation for mutual aid if necessary. Escalation to NHS Gold /ICS, or SCG</p>
Strategic	<p>COVID-19 Health Protection Board (Professional Led) Agree the system wide framework for Local Outbreak Control Plans; Provide multi-agency and multi-professional input into development of Local Outbreak Control Plans and elements of the plans including testing, treatment, PPE; Ensure Local Outbreak Control Plans are consistent with resources available from all agencies; Provide assurance to NHS Gold or Shadow ICS and Health & Wellbeing Board's that there are safe and effective plans in place about management of outbreaks; Learn together from the management of outbreaks to further inform plans Provide a route for escalation to the LRF TCG if necessary Oversee assurance of the timely and effective implementation of relevant immunisation programmes at the appropriate time Escalation to COVID-19 LRF TCG and Silver</p>
Tactical	<p>COVID-19 Local Outbreak Engagement Board (Member led) Democratic oversight of Local Outbreak Control Plan development and the management of outbreaks collectively. Effective communication with the public about the management of outbreaks through the public facing health and wellbeing board. Act in the interests of the health of the public in Shropshire Engage and communicate with residents and stakeholders Represent public and stakeholder concerns regarding local outbreaks and outbreak plans Lead the development and implementation of a framework and actions of public engagement and communications plans within Shropshire Council area for local Outbreak Control Plans and local outbreak response; Oversee delivery of any local actions as identified through public facing engagement and escalate any action as appropriate Monitor levels of infection to be assured that the Outbreak Plan has been developed and is being delivered and communicated appropriately. Provide assurance and recommendations to partners and relevant bodies about the public and community engagement and communications for the management of local outbreaks Escalation to COVID-19 Health Protection Board and Health and Wellbeing Board</p>
Operational	<p>COVID-19 Local Health Protection Cell Develop and continually review the Local Outbreak Control Plan; Ensure that appropriate and up to date SOPs are in place for outbreak management; Oversee management of outbreaks; Logging and recording keeping of outbreaks and actions Provide assurance about management; and To reflect on learning from outbreaks to identify improvements for future management and amend SOPs accordingly and/or identify additional capacity requirements. Escalation to COVID-19 Local Outbreak Engagement Board and to COVID-19 Local Outbreak Tactical Coordination Group</p>

Appendix 24: A summary of risks associated with each theme, and suggested mitigations, capacity and resources

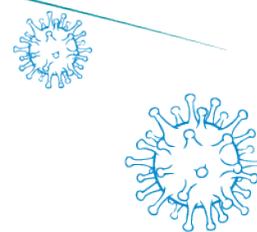


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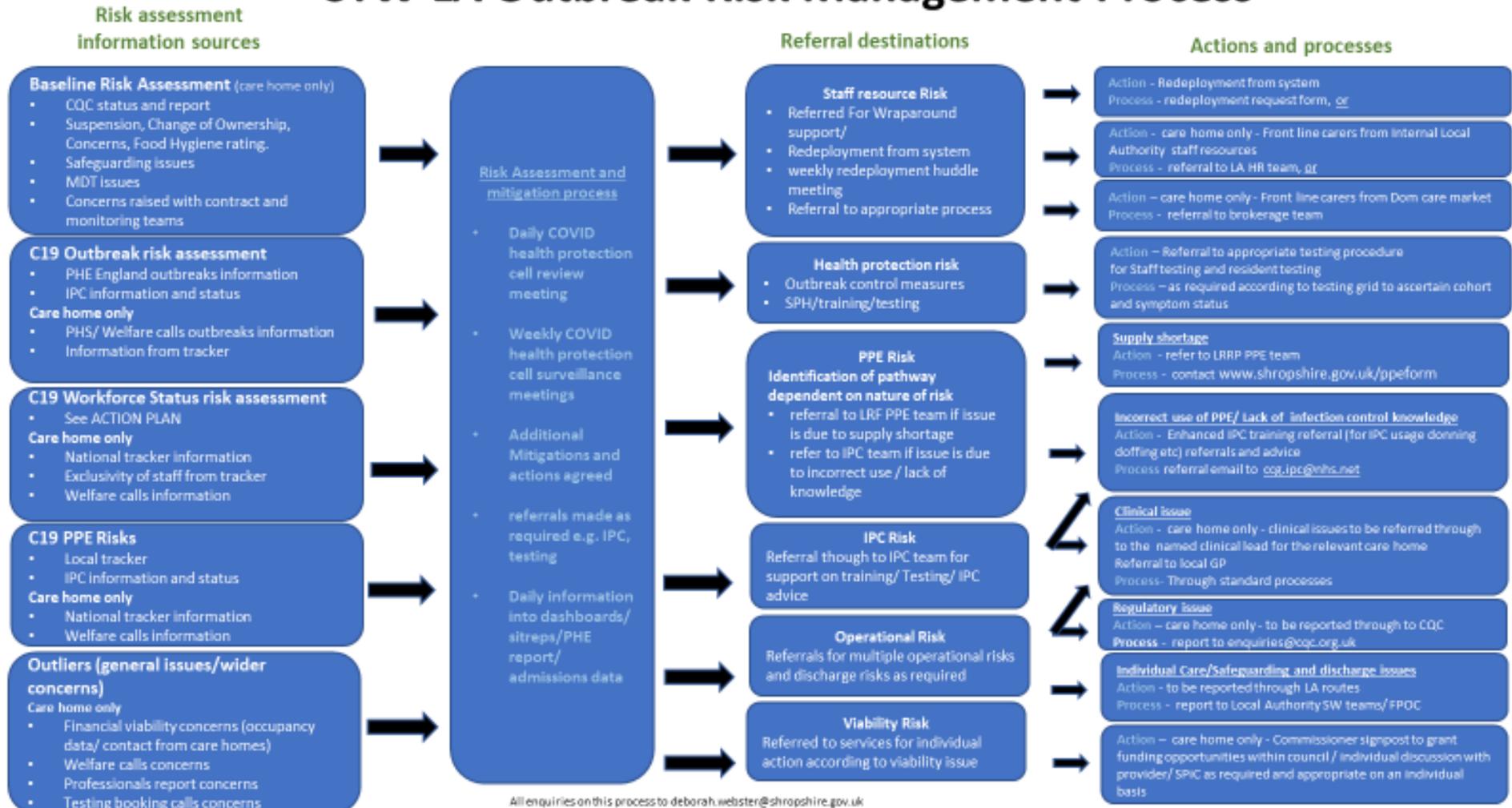
Risk No.		Description of Risk	Officer responsible	Current Controls In Place	Risk	Additional Controls / Actions Required Capacity and Resource	Timescale
1	Surveillance and Data	GDPR issues for data sharing	PHE, SRO NHS TTC	Reports received through Egress system Data received and stored in line with GDPR	Med	Require ODR agreement via PHE	Jun-20
2		National data received locally Detail insufficient to provide robust local reporting and surveillance.	SRO, PHE DPH	Data received fed into local dashboard reporting on COVID-19 cases, incidents and outbreaks. Ongoing comms of risk assessment from PHE.	High	Establish local proxy reporting and recording	June/July 20
3		National data received locally not in sufficient detail to support local Test and Trace approach. Reporting lacks clarity required to trace complex incidents and outbreaks	SRO, PHE DPH	Data received and stored in line with GDPR Data received fed into local reporting system. Incidents and outbreaks managed when data is received	High	Continued communication with PHE and other data providers to ensure robust reporting data is in place. On-going local development of dashboards using detailed surveillance data to inform incident and outbreak management	June 20
4		Data received locally and nationally requires a joined-up approach in order to track incidents and outbreaks effectively	SRO, PHE DPH	Surveillance and Data: Data received locally and nationally requires a joined up approach in order to track incidents and outbreaks effectively	High	Work jointly with PHE to enable local access to HP Zone. Developing local track and trace systems with T&W colleagues to allow system wide monitoring	Jul-20
5	Governance	Decision Making – clarity and expectations from the centre about decision making triggers and responsibilities	SRO NHS TTC	Outbreak plan in development with governance oversight locally and nationally	Low	Continued communication with central government through established routes. Define systems and structures for local lockdown	Jun-20
6		Volume of responsibilities coming to LA and expectations - including timescales. Devolved expectations include incident and outbreak management, currently supporting data systems and structures not in place nationally	SRO NHS TTC	Shropshire outbreak plan in development, associated local governance and surveillance outlined in the outbreak plan. Deliver date 30th June 2020.	High	Continued communication with central government. Devolved expectations include incident and outbreak management, currently supporting data systems and structures and timescales clarified nationally	Jul-20
7		Local Boards - confidentiality v public benefit.	DPH, local Members	Shropshire outbreak plan in development, associated local governance and surveillance outlined in the outbreak plan. 30th June 2020.	Med	Continued communication with central government through established routes. Political & public involvement to be clarified	
8		High risk settings – National bodies roles to be clarified and support local challenges, e.g. HSE, Police roles and responsibilities, section 21 with safeguarding board	SRO, LRF	TCG in place. Section 21 agreement in place include agreement on safe place of detention. Continued communication with central government through established routes.	High	Clarity of responsibilities of public services including police and other regulatory services. Integrative review of Section 21 agreement.	Aug-20
9		Testing – good local support and systems, complex to navigate. Capacity issues may arise in the future.	C19_HP Board, Testing Cell	Testing system in place via pillar 1 and pillar 2. Pillar one testing preferred as it is a local model responsive to local need. Current systems for asymptomatic and symptomatic residents are complex.	Med	Establish system so that Shropshire COVID-19 cell makes referrals to pillar 1 and results are received by cell. Negotiate access to HP Zone. Negotiate local arrangements for extended testing including commissioning.	Aug 20
10		Infection Control – good local support and systems, current capacity does not cover all potential settings	CCG, HP Board	Details of IPC in place for hospital, nursing homes and schools are included in the outbreak plan	High	Negotiate local arrangements for extended IPC to cover all settings including commissioning services as required.	
11		Workforce – upscaling at pace in a small pond – also Comms , Surveillance	CE, DPH	COVID-19 cell established using LA resource and newly recruited local resource with knowledge of health protection	Med	Work toward increased resources to manage outbreaks - require increased resources – communication and surveillance.	
12		Vulnerability – reaching the hard to reach	Engagement Board Comms	Mapping of vulnerable communities in place. Community Reassurance Team developed during COVID-19 pandemic to support these individuals	High	Maintain CRT function and review responsibilities to include community engagement and support for self-isolation.	
13		Fragility of high-risk settings such as schools	DPH, DCS, Unions	Support system in place for schools, including emergency PPE, sanitiser , guidance, school resource pack with COVID-19 case, incident and outbreak information. Schools have direct access to COVID-19 cell via on call and email address. Strong partnership schools and Shropshire Council.	Low	Enhance communications to provide proactive and reactive communications in partnership with schools, maintained and academy.	

Appendix 25

STW LA Outbreak Risk Management Process



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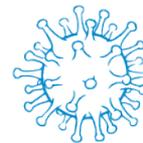
Appendix 26

Incident Management Team (IMT) Draft Agenda

COVID-19 Incident/Outbreak Management Team Meeting Template Agenda

Date, time and venue

1. Introductions & apologies
2. Minutes – review of actions from previous meeting (s)
3. Purpose of the meeting
 - a. At first meeting agree chair and Terms of reference
4. Summary of situation- situation updates (for subsequent meetings)
 - a. Epidemiological
 - a.Number of cases according to case-definitions and description by person, place and time
 - b.Clinical management & outcome
 - b. Suspected cases
5. Microbiology
6. Infection Prevention and control
 - a. Case isolation/cohorting facilities
 - b. Environmental cleaning
7. Current Risk assessment -any evidence of further transmission
 - a. Implication for finding further case(s) as per case definition
 - b. Implications for current control measures
 - c. Potential for review of control measures
8. Contacts identification/management
9. Communications
10. Agreed actions
11. Any other business & date of the next meeting



Appendix 27: Activation of Plans / Lessons Learned Outbreaks

The PHE lessons identified (LI) methodology involves complementary approaches drawn from constructive debrief methodology and from a logical framework approach to capture the learning from each incident/emergency or exercise and ensure that LI are acted upon and implemented. It is important that any LI system enables the views of all participants to be gathered at the individual and group level whilst keeping the process simple.

Participants must be given every opportunity to contribute their observations freely and honestly.

The lessons identified process follows the PHE National Incident Response Plan (NIRP) and this guidance at whatever the level of response. In the NIRP, the Incident Director by default is responsible for ensuring that the lessons identified process takes place. The Incident Director will decide who is to manage the debriefing process and agree with them the terms of reference for the debriefing.

The process takes an integrated approach in order to provide a forum for those involved in the real incident or exercise to express their observations and follow the identification of:

- The principle issues
- The root causes of these issues
- Produce recommendations to address the issues and an action plan with clearly identified responsibilities and time

A facilitated or virtual constructive debrief brings together staff involved to draw out learning, both positive and negative encountered as part of the response to the outbreak. The template below can be used to guide this process.

The following categories are provided as examples of the issues that will need to be covered as part of the constructive debrief (this list is not exhaustive and can be added to as required):

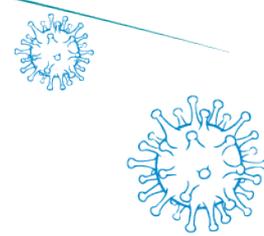
A) Coordination <ul style="list-style-type: none"> • Internal • Multi-agency 	B) Preparation <ul style="list-style-type: none"> • Internal • Multi-agency 	C) Communications <ul style="list-style-type: none"> • Internal • Multi-agency • Media • Public 	D) Resources <ul style="list-style-type: none"> • Staff • Organisation • Direct • Indirect
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For NIRP levels 1 and 2 a local reporting process will be used to ensure recommendations from lessons are implemented. Following a NIRP level 1 or 2 incident or exercise, the Incident Director and Debrief Facilitator meet to determine the key lessons identified from the debrief. These lessons will then be reported to the appropriate Senior Management Team (SMT) for their input on decisions regarding actions that need to be taken and who will be tasked with leading on them.

Once this is completed an administrator is identified to ensure all SMT decisions have been recorded and staff involved (Lesson Leads) are aware of their responsibilities in the delivery of actions and recommendations. These leads must then provide regular updates on the delivery of the action to the administrator and appropriate SMT to ensure that staff are aware of progress.

For NIRP levels 3 and above, the reporting process will be through the PHE EPRR Oversight Group via the CRT team in ERD. Outputs from the lessons identified facilitated debriefing process are used to populate a lessons identified report table which clearly identifies lead, responsibilities and target dates for completion. This will also detail who in PHE is responsible for following up whether all lessons identified have been addressed and how and when they will be reported to the PHE EPRR Oversight Group.

Appendix 28



Outbreak and Incident Forms

COVID Health Protection Cell - Daily 'On-Call' Meeting Notes				
			09.06.2020	
Group Attendees:	RD	Y/N		
			Document Hyperlinks:	
			Incident Form: https://forms.office.com/Pages/ResponsePage.aspx?id=ETDBti03i008gmfkx52uSfoenD3FbdHC6s_TDcgsBUDDJHNTJTUJLwWFJaTUyYUEhKRTc0WEINTC4u	
			Residential Settings Form: https://forms.office.com/Pages/ResponsePage.aspx?id=ETDBti03i008gmfkx52uSfoenD3FbdHC6s_TDcgsBUDDJHNTJTUJLwWFJaTUyYUEhKRTc0WEINTC4u	
			Educational Settings Form: https://forms.office.com/Pages/ResponsePage.aspx?id=ETDBti03i008gmfkx52uSfoenD3FbdHC6s_TDcgsBUDDJHNTJTUJLwWFJaTUyYUEhKRTc0WEINTC4u	
			Agenda:	
			Daily Outbreak Report	
			* Care Homes / Settings	
			* Test and Trace	
			Incident Report / Handover	
			Outbreak Planning	
			Actions	
			Forward Work Plan	
			* TBC	
			AOB	
RAG				
	LOCATION	RD	ACTIONS:	ANY FURTHER REFERRALS
	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
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	10			
	11			
	12			
			Incident Report / Handover	
			Outbreak Planning	
			Actions	
			Forward Work Plan	
			Any Other Business:	

ⁱ <https://www.gov.uk/government/publications/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings/coronavirus-covid-19-guidance-on-isolation-for-residential-educational-settings>