

# Shared Regulatory Services

## Communicable Disease and Health Service Plan

2021/22



Communicable  
Disease



Shared  
**Regulatory**  
Services



BRIDGEND  
County Borough Council



CARDIFF  
CAERDYDD



VALE of GLAMORGAN  
BRO MORGANNWG

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# Introduction

Local Authorities have a responsibility to provide comprehensive health protection service to businesses, residents and visitors of Bridgend, Cardiff and the Vale of Glamorgan. This is largely achieved through the investigation of cases and outbreaks of communicable disease and the application of control, preventative and enforcement measures together with a number of other proactive activities. This Service Plan is produced to inform the business community and wider audience of the arrangements Bridgend, Cardiff and the Vale of Glamorgan has in place to discharge this duty.

The last 12 months has presented an unprecedented challenge to staff across Shared Regulatory Services, with officers having to rapidly and dynamically respond to the global COVID-19 pandemic. This period has seen officers being re-deployed into new roles to actively support the Test, Trace and Protect service; required staff to flexibly adapt their working hours throughout the week and across weekends in response to service demands; and engage with external stakeholders such as Public Health Wales; Local Health Boards and neighbouring Local Authorities in new ways of collaborative working. This has been particularly challenging for Shared Regulatory Services since the region spans 2 Local Health Board areas; each with slightly divergent operational protocols.

As we enter the new financial year, the likely long-term trajectory of the COVID-19 virus remains uncertain. Whilst many officers are slowly returning to their substantive roles, the recovery plan is having to prepare for a rapid realignment of resource should the number of Variants of Concern cases become more prevalent across the region. We recognise the need for rapid adaptation as the pandemic evolves and are realistic in acknowledging that our priorities and plans may change as the year progresses.

This service plan therefore outlines our current arrangements and proposed interventions and actions to be delivered during the year. Whilst these may be subject to change, we remain committed to protecting and improving the health of people across the region.

**Christina Hill**  
**Operational Manager Commercial Services**

# 1. Service Aims and Objectives

## 1.1 Primary aims

The Communicable Disease Service is committed to protecting individuals from harm, preventing communicable disease and promoting health improvement and to demonstrate this; the service has adopted the following aims and objectives.

The overall aim of the service is:-

*The protection and improvement of the health of the people of Bridgend, Cardiff and the Vale of Glamorgan*

To achieve this, the service has adopted the following key delivery priorities:-

- The timely investigation, surveillance, control, and prevention of sporadic and outbreak cases of communicable disease, including the development and implementation of related public health intervention strategies.
- The enforcement of Health Protection legislation to minimise the spread of communicable disease and contamination from radiation and chemicals that threaten health.
- The provision of infection control and nutritional training.
- Leading and supporting the work of council services and external organisations including local communities and industry to protect and minimise the impact of public health risks to the population of Bridgend, Cardiff and the Vale of Glamorgan.
- In line with Cardiff's Healthy City status undertake targeted health promotion and intervention activities by acting upon the social, economic, environmental and biological determinants of health and wellbeing.

## 1.2 Links to Corporate Objectives and local plans

As a regional organisation providing regulatory services across three local authority areas, we place the **corporate priorities** and outcomes of the three councils at the heart of all that we do (Appendix A). In developing our own strategic priorities and outcomes for Shared Regulatory Services, we have considered the priorities of all the three authorities, together with the needs and aspirations of our partners and customers so they translate into priorities that meet local needs.



SRS priorities particularly relevant to the delivery of the communicable disease service are :-

**Improving health and wellbeing** Amongst other factors impacting health, the service works with others to protect public health by controlling and preventing sporadic cases and outbreaks of communicable disease contributing to the reduction in ill health in people.

**Supporting the local economy** The provision of timely advice and engagement on health and infection control issues to businesses, stakeholders, and other local authorities and bodies can benefit the economic viability of businesses. The equitable enforcement of regulations helps to maintain a level playing field, allowing businesses to compete on equal terms.

**Safeguarding the vulnerable** Much of the reactive surveillance work forms the foundation for proactive evidence based interventions focused on vulnerable and 'at risk' sectors of our community. This work routinely involves working in partnership with the business community, Public Health Wales, Care Inspectorate Wales, Local Health Board, voluntary organisations and supporting other Council services such as schools and care sector commissioning teams.

Nationally the service also contributes to the **National Enforcement Priorities for Wales** for local regulatory delivery which highlight the positive contribution that regulatory services, together with local and national partners, can make in delivering better outcomes:-

- Protecting individuals from harm and promoting health improvement
- Ensuring the safety and quality of the food chain to minimise risk to human and animal health
- Promoting a fair and just environment for citizens and business
- Improving the local environment to positively influence quality of life and promote sustainability.

**The Local Public Health (medium term) Plan 2020-2023**, published as part of the Local Public Health Strategic Framework, provides details of how local Public Health teams work in partnership to improve and protect the health and well-being of the local population. The Plan sets out several priority work areas and actions necessary to achieve improvement. A number of themes detailed in the public health work programme dovetail with work being undertaken by the Communicable Disease, Health and Safety service as part of its proactive and reactive work (*e.g. delivering the Healthy Option Award scheme; providing appropriate infection control advice when interviewing confirmed cases of communicable disease; enforcement of current smoke-free legislation across the region*).

## 2. Overview of the Service

### 2.1 Area profile

**Shared Regulatory Services covers the Council areas of Bridgend, Cardiff and the Vale of Glamorgan and serves over 600,000 residents.** Extending from St Mellons in the East of Cardiff to Maesteg in the west, the area encompasses Cardiff, the capital City of Wales with its array of cultural, financial and commercial organisations and the rural areas of Bridgend and the Vale of Glamorgan with their vibrant tourist and agricultural economies.



**Bridgend is situated on the south coast straddling the M4 corridor.** It comprises an area of 28,500 hectares and a population of just over 140,000 residents. To the north of the M4, the area consists of mainly ex-coal mining valley communities with Maesteg as the main centre of population. To the south of the M4, the ex-market town of Bridgend is the largest town, the hub of the economy and its employment base. To the south west on the coast lies Porthcawl, a traditional seaside resort, a traditional seaside resort with a high proportion of elderly residents, which is subject to a major influx of tourists during the summer period.



**Cardiff is the capital city of Wales and is continuing to grow faster than any other capital city in Europe.** In population terms, it is the largest city in Wales with a population of 360,000. Measures of population however, belies Cardiff's significance as a regional trading and business centre. The population swells by approximately 70,000 daily with commuters and visitors. Cardiff is the seat of government and the commercial, financial and administrative centre of Wales. Cardiff boasts one of the most vibrant city centres in the UK and on a typical weekend, Cardiff's night time economy can attract over 40,000 people and sometimes more than 100,000 when the City's Millennium Stadium hosts international events.



**The Vale of Glamorgan is bounded to the north by the M4 motorway and to the south by the Severn Estuary.** It covers 33,097 hectares with 53 kilometres of coastline, and a population of over 130,000 residents. The area is predominantly rural in character, but contains several urban areas of note such as Barry, Penarth, Dinas Powys and the historic towns of Cowbridge and Llantwit Major. Barry is the largest town, a key employment area and popular seaside resort. The rural parts of the Vale provide a strong agricultural base together with a quality environment, which is a key part of the area's attraction. The area includes Barry Docks area and Cardiff International Airport.

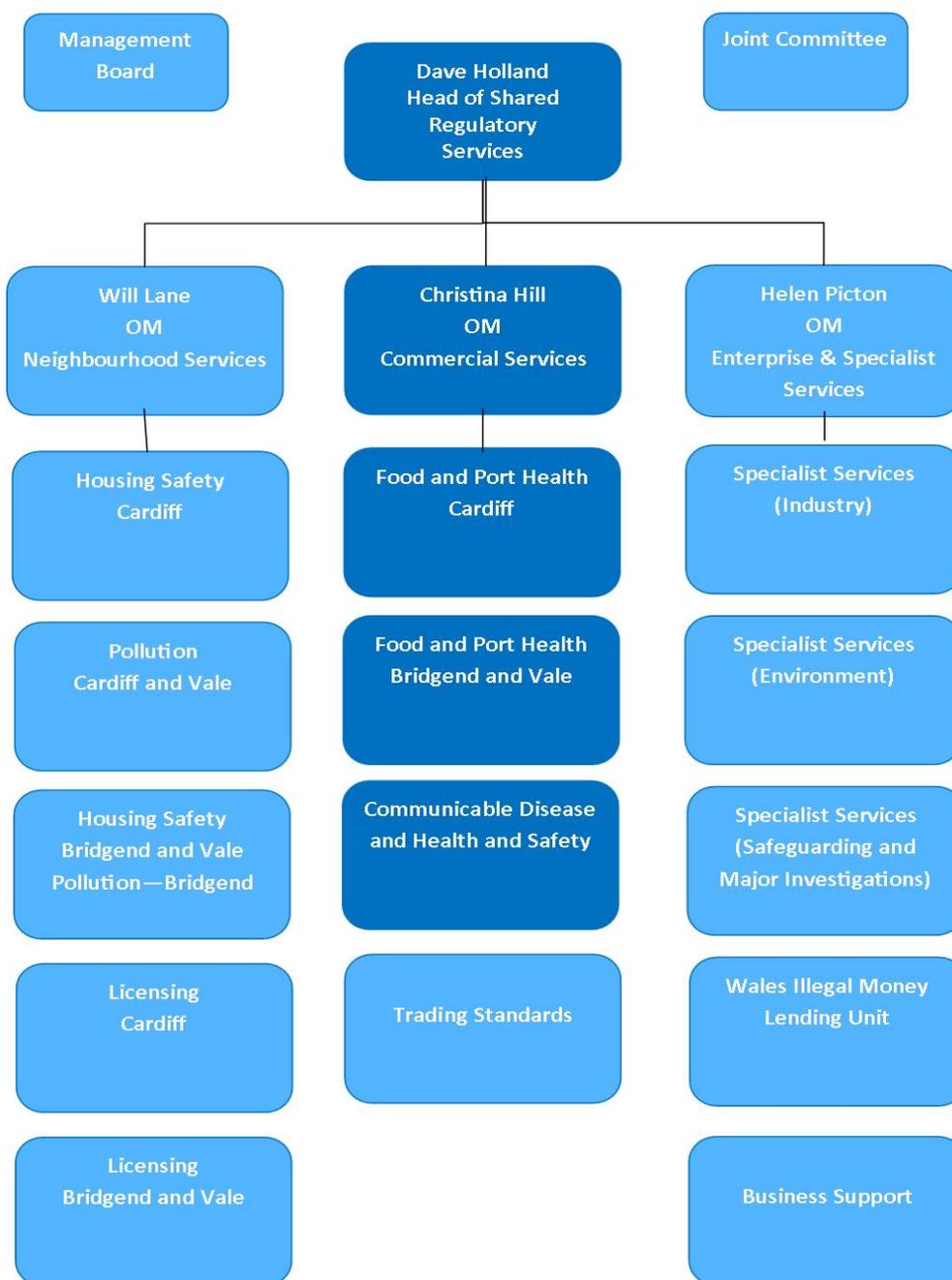


## 2.2 Organisational Structure

Communicable Disease Services are provided by the Commercial Services Team within Shared Regulatory Services. The Teams consists largely of Environmental Health Officers providing services across the three local authority areas. The Vale of Glamorgan Council act as the host authority for the Service with functions associated with this Plan delegated to the Shared Service Joint Committee.

Operational functions within the Service are illustrated in the following table with those that have responsibility for public health issues highlighted in darker blue.

**Shared Regulatory Services Organisational Chart**



## 2.3 Scope of the Communicable Disease Service

A comprehensive health protection and improvement service is delivered by combining surveillance, public health intervention, epidemiological studies, enforcement, advice, training and promotion. Much of the reactive surveillance work forms the foundation for proactive evidence based interventions focused on vulnerable and 'at risk' sectors of our community; in particular young people and the elderly. Examples of proactive interventions undertaken by the service will be detailed later on in this report. Outbreak and cluster investigations also form a significant part of our reactive role.

Shared Regulatory Services, and its Officers, continues to lead nationally on aspects of communicable disease and health protection, most notably since 2018, when the Team Manager was seconded to Welsh Government to lead on the development of the Special Procedures Licensing regime in accordance with the Public Health (Wales) Act 2017. As a consequence of the COVID-19 pandemic during 2020, the Team Manager was re-assigned into the role of Senior Environmental Health advisor for COVID-19 in the Health Protection Policy & Legislation Branch of Welsh Government.

Another Officer from the service also contributes to the national 'task and finish' group for special procedures licensing which, to-date, has assisted in the development of the Level 2 Award in Infection Prevention and Control.

Key services delivered are:

- The investigation of confirmed sporadic and outbreak cases of communicable disease and all actions required as a result of those investigations.
- **During 2020/2021 this has also included the investigation and management of COVID-19 cases in the care and educational sectors, workplaces, returning international travellers and the investigation of clusters.**
- Responding to complaints of suspected food poisoning and infectious disease risks.
- **During 2020/2021 this has also included monitoring businesses to ensure they are operating in a COVID-19 compliant manner and taking enforcement action where duty holders are failing to take reasonable measures to mitigate the risk of transmission.**
- Enforcement of Health Protection legislation including the service of 'Requests for Cooperation', the application for Part 2A Orders and exclusion of infected cases or close contacts from place of work, education or leisure activities.
- **During 2020/2021 this has also included issuing 'Requests for Cooperation' where confirmed cases of COVID-19, or close contacts of confirmed cases, have failed to self-isolate following instruction from Test, Trace and Protect.**
- Lead on local and national communicable disease initiatives, which involve proactive business engagement and partnership working commonly Public Health Wales, Business Wales, Welsh Government and other Council services such as education and corporate health and safety.
- Undertake health promotion and public health interventions (*e.g. Healthy Option Awards; Healthy and Sustainable Pre-School Schemes; preparing educational videos*).
- Management and delivery of infection control and nutritional training.

- Assess client consultation and infection control arrangements in businesses registering to undertake skin piercing activities (*tattooing; cosmetic piercing; acupuncture; electrolysis; semi-permanent make-up*).

### Service delivery points

Communicable Disease Services are delivered from all 3 hubs: County Hall, Cardiff; Civic Offices in the Vale and Ravens Court in Bridgend on an agile basis. The Service generally operates office hours from Monday to Friday, with Lead Officers being contactable outside of office hours via the 24 hour emergency service for the investigation and control of communicable diseases of public health significance; such as E. Coli O157, Typhoid and Legionnaires’ disease. Officers will also conduct investigations and case interviews outside of normal office hours for significant pathogens so that the spread of communicable disease in the wider community is controlled as quickly as possible.

The Shared Regulatory Services website provides information on the services provided and the website address is [www.srs.wales/](http://www.srs.wales/)

## 2.4 Resources

### Financial allocation

The expenditure directly involved in providing the Communicable Disease Service for 2021/2022 is included in the Service budget and is considered adequate to ensure the effective delivery of the service under normal circumstances.

### Staffing allocation

The table below indicates the actual number of staff working on Communicable Disease Control and related matters (in terms of full time equivalents FTE).

Position	Function	FTE
Head of Shared Regulatory Services	Management of Shared Regulatory Service.	0.05
Operational Manager Regulatory Commercial Services x 1	Management of Commercial Services	0.10
Team Manager Communicable Disease, Health and Safety (also a designated Lead Officer) x 1	Management and delivery of the Communicable Disease Service.	0.50
Lead Officer for Communicable Disease x 2 1 FT CSO has 50/50 split for H&S : CD work 1 FT CSO has a 30/70 split for H&S : CD work	All aspects of communicable disease investigation, enforcement, control and prevention.	1.2
Commercial Services Officer (Communicable Disease, Health & Safety) x 3 1 FT CSO is currently covering TM role – substantive post not fully covered currently 1 FT CSO has a 50/50 split for H&S : CD work 1 CSO works 4 days a week with an equal split in H&S : CD work	Assist with all aspects of communicable disease investigation, enforcement, control and prevention <i>(additional resource can be diverted to CD function as service demand dictates – as seen in COVID-19 pandemic)</i>	1.4

Commercial Services Technical Officer (Communicable Disease, Health & Safety) x 2 (equal split between health and safety and communicable disease work)	All aspects of communicable disease investigation and enforcement as dictated by training and experience	1.0
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## 2.5 Staff Development and Competency

Shared Regulatory Service’s approach to managing the competency of its employees is through the Workforce Development Plan which provides a structure for developing staff to ensure the right mix of experience, knowledge and skills, and to ensure we get the right number of the right people in the right place at the right time.

The Workforce Development Plan provides a framework to blend:-

- Organisational culture
- Leadership and management
- Core skills
- Recruitment, retention and progression
- Communication and employee engagement
- Employee performance management

To improve business resilience, and bolster the competency of staff in the Communicable Disease, Health and Safety Team, a number of additional Officers were up-skilled during 2019 so that they are now competent using the Tarian database and confident interviewing confirmed cases of illness. This in-house training has, and continues to be, enhanced by Lead Officer and Support Lead Officer training courses as they become available from Public Health Wales.

Workforce development is enhanced through annual performance reviews where the Team Manager identifies personal objectives for each member of the team and assesses training needs for the year ahead. This management tool is further supported by periodic team meetings and regular team contact (*face-to-face discussions; Email communications; on-line TEAMS meetings and telephone calls*).

Professional Development (CPD) is actively encouraged and officers continue to be offered the opportunity to attend a wide range of training courses and webinars, seminars, meetings and briefings to help maintain competency and improve technical, legal and administrative knowledge. Authorised officers are expected to achieve at least 20 hours of CPD each year.

Officers within the Communicable Disease, Health & Safety Team additionally have access to the technical support and expertise of the local CCDC (Consultant in Communicable Disease Control) and Health Protection Team in Public Health Wales, particularly when dealing with outbreaks and clusters of communicable disease, and complex conditions that have a significant impact on the wider community (such as TB; COVID-19).

Lead Officers regularly attend regional communicable disease task group meetings and the all-Wales Expert Panel for communicable disease meetings.

The Service ensures that competency is secured by appointing appropriately qualified and experienced personnel to carry out the communicable disease function. There are specific job descriptions and person specifications for all employees of Shared Regulatory Services and all appointments are made in accordance with the procedures for recruitment and selection.

## 2.6 Challenges for the year ahead

**Challenges presented by rare, emerging and re-emerging pathogens:** The service continues to be presented, both nationally and locally, with challenges associated with rare; emerging and re-emerging pathogens. The main pathogen currently impacting on the service is SARS-CoV-2 (COVID-19).

**COVID-19** - The worldwide pandemic of Coronavirus COVID-19, and subsequent 'lockdowns' across the UK, has had a significant impact on the entire service over the last 12 months. Officers have had to rapidly familiarise themselves with new and perpetually changing legislation and guidance; effectively deal with non-compliant businesses to mitigate the risk of community transmission; support closed care settings (*such as nursing and residential care homes*) navigate their way through outbreak situations and implement appropriate infection prevention and control strategies; monitor the health status of in-coming passengers and crew via air and seaports; investigate and manage sporadic cases and clusters in early years settings, schools; higher education establishments and workplaces.

As case numbers of COVID-19 reduce across the region, and 'lockdown' restrictions ease, the service is able to move into recovery phase and return to more substantive work. However, it is acknowledged that the emergence of Variants of Concern and Variants Under Investigation could require the rapid re-alignment of staff to support the Test, Trace and Protect service.

**Legionella** – The COVID-19 pandemic has resulted in a significant number of buildings and work places across the region either fully closing, or being less frequently occupied, during sequential 'lockdown' periods since March 2020. The increased potential for water stagnation, and implementation of less robust water management controls, could escalate the proliferation of legionella bacteria in hot and cold water systems. A failure to safely recommission water systems could result in an increased number of confirmed cases of Legionnaires Disease in a population already exposed to a virus that compromises respiratory health.

**Tuberculosis (TB)** – The prevalence of TB cases across the SRS region remains a concern. This is predominantly the result of the diverse ethnic profile of the population across all 3 authority areas; a growing number of homeless people, particularly in Cardiff; and both Cardiff and Bridgend possessing large prison populations. The team continued to work closely with Public Health Wales and Housing Services during 2020/2021 to effectively manage the risk of infection to the wider community, and it is anticipated that this trend will continue during the 2021/2022 business year.

**New legislation:** Part 4 of the Public Health (Wales) Act 2017 requires a mandatory licensing scheme for practitioners and premises carrying out ‘special procedures’ in Wales. This includes carrying on the business of tattooing; cosmetic body piercing; semi-permanent skin colouring; acupuncture and electrolysis. Under this new regulatory regime all practitioners must operate to a prescribed standard to be granted a personal licence, whilst the premises must reach the requisite standard to be approved. Both the licence and approval will be renewable on a 3 yearly basis. A new competency framework will require the practitioner to successfully complete infection control and first aid training, and pass a professional interview, before being issued with their licence. Each Local Authority will also be required to undertake at least 1 unannounced inspection of all approved premises every 3 years to monitor compliance.

Whilst SRS welcomes the introduction of this new robust regulatory regime for ‘special procedures’, the scheme does present a number of significant challenges for SRS that cannot be foreseeably time-tabled at this juncture.

- ✚ Welsh Government is still unable to confirm a date when the new legislation will come into force. Consequently SRS is currently unable to make an accurate business forecast of additional staff/resources necessary to deliver this new regulatory requirement alongside existing work commitments.
- ✚ As a region, SRS has the highest number of skin piercing businesses and practitioners in Wales. The delivery of training, arrangement of professional interviews for all applicants and more regular inspection of premises will have a significant impact on the team’s capacity for other statutory work.
- ✚ Whilst SRS became an approved centre for the delivery of the RSPH level 2 infection control training in 2019/2020, Welsh Government had to delay the ‘train-the-trainer’ course for Officers wishing to deliver the Level 2 course due to the COVID-19 pandemic.
- ✚ Officer guidance on the implementation of Part 4 of the Act has yet to be provided to Local Authorities.

Part 3 of the Public Health (Wales) Act 2017 enacted the Smoke-Free Premises and Vehicles (Wales) Regulations 2020 which came into force on 1<sup>st</sup> March 2021. The legislation widens the range of smoke-free premises to include outdoor care settings for children; school grounds; hospital grounds and public playgrounds. This could result in a higher number of service requests being received by the service for both the provision of advice and investigation of complaints.

**Cardiff’s City Status:** Cardiff is the capital city of Wales, and the largest Local Authority in the Principality; its population of 360,000 swelling by approximately 70,000 each day from commuters, students and visitors. Whilst Cardiff has seen a lower than usual number of visitors and commuters during 2020 as a consequence of COVID-19, the popularity of the city as a leisure and entertainment destination will inevitably see an upsurge in visitor numbers as people favour ‘staycation’ holidays during 2021.

**‘Staycation’ Breaks in the Vale and Bridgend:** The continued uncertainty of being able to enjoy a foreign holiday, and the additional costs associated with quarantine and PCR testing, is likely to see an increase in people enjoying a ‘staycation’ during 2021. This potential upsurge

in visitor numbers to beach and leisure destinations across the Vale and Bridgend could create an increase in the number of food poisoning and communicable disease cases reported across the SRS region that will require investigation by the service.

**Staffing:** The Communicable Disease, Health and Safety team is undergoing another renaissance as staff move onto new challenges; retire and temporary contracts come to a natural end. Whilst recruitment is currently underway, this business year will need to focus on the development of new team members to ensure resilience moving forward.

## 2.7 Action Plan 2021/2022

The following action plan is evidence based and has been developed for 2021/2022 and outlines how through reactive and proactive work the Service will:

1. Improve health and well being
2. Safeguard the vulnerable
3. Support the local economy and
4. Maximise the use of resources

The Communicable Disease and Health Protection Service also contributes to the Section 18 Health and Safety Enforcement Plan, and the Food Law Enforcement Plan, and details of this contribution are contained within those respective documents.

Communicable Disease Action Plan 2021/2022	
Relevant Strategic Priorities	Objective
	Investigate and control sporadic and outbreak notifications of communicable disease and undertake public health interventions to prevent increased incidence of illness and minimise onward transmission
1, 2, 3	<p><b>Q1</b> Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.</p> <p>Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.</p> <p>Support Public Health Wales deal with possible and confirmed cases of COVID-19 that refuse to self-isolate in accordance with current Government requirements (<i>preparation of 'requests to co-operate' or Part 2A Orders under Health Protection legislation</i>).</p> <p>Investigate people and workplaces failing to comply with the requirements of the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 (<i>as amended</i>) and take appropriate enforcement action to mitigate the spread of the virus.</p> <p>Continue to support Welsh Government, Public Health Wales, Local Health Boards, Care Inspectorate for Wales and Social Services prevent and control the spread COVID-19 in closed care settings (<i>e.g. residential care homes</i>)</p>
1, 2, 3	
1, 2	
1, 2	
1, 2, 4	

1, 2, 4		Actively support the Test, Track and Protect programme where required.
1, 2, 4		Prepare guidance for domestic users of hot tubs and spa pools to mitigate the risk of respiratory illness from Legionella.
1, 2,		Prepare proactive intervention to examine how the risk of infection from Campylobacter, Cryptosporidium and E.Coli is being effectively managed and controlled at animal petting establishments across the SRS region.
1, 2, 4		Carry out a desk top review of legionella management controls in privately operated residential care homes to identify high risk settings that require a more focused intervention.
1, 2, 3	Q2	Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1, 2, 3		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.
1, 2		Continue to support Public Health Wales deal with possible and confirmed cases of COVID-19 that are refusing to self-isolate in accordance with current Government requirements ( <i>preparation of 'requests to co-operate' or Part 2A Orders under Health Protection legislation</i> ).
1, 2		Investigate people and workplaces failing to comply with the requirements of the Health Protection (Coronavirus Restrictions) (Wales) Regulations 2020 ( <i>as amended</i> ) and take appropriate enforcement action to mitigate the spread of the virus.
1, 2, 4		Continue to support Welsh Government, Public Health Wales, Local Health Boards, Care Inspectorate for Wales and Social Services prevent and control the spread of COVID-19 in closed care settings ( <i>e.g. residential care homes</i> )
1, 2, 4		Actively support the Test, Track and Protect programme where required
1, 2		Undertake visits to examine how the risk of infection from Campylobacter, Cryptosporidium and E.Coli is being effectively managed and controlled at animal petting establishments across the SRS region.
1, 2, 4		Undertake a desktop review of completed self-assessment forms to identify how the risk of Legionella in cooling towers across the Cardiff area is being controlled and managed.
1, 2, 3	Q3	Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1, 2, 3		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.
1, 2		Support Public Health Wales deal with possible and confirmed cases of COVID-19 that are refusing to self-isolate in accordance with current Government requirements ( <i>preparation of 'requests to co-operate' or Part 2A Orders under Health Protection legislation</i> ).
1, 2		Continue to support Welsh Government, Public Health Wales, Local Health Boards, Care Inspectorate for Wales and Social Services prevent and control the spread of COVID-19 in closed care settings ( <i>e.g. residential care homes</i> )
1, 2, 4		Actively support the Test, Track and Protect programme where required

1, 2, 4		Proactive intervention to examine how the risk of Legionella is being managed in cooling towers across the Cardiff area, and hot tubs/spa pools on display across Cardiff, Bridgend and Vale of Glamorgan areas.
1, 2, 3	Q4	Undertake timely investigations of sporadic cases of communicable disease; outbreaks and suspected food poisonings, and apply appropriate control and preventative measures.
1, 2, 3		Continue to support businesses and legacy authorities across SRS with infection control training and advice during outbreaks.
1, 2		Support Public Health Wales deal with possible and confirmed cases of COVID-19 that are refusing to self-isolate in accordance with current Government requirements ( <i>preparation of 'requests to co-operate' or Part 2A Orders under Health Protection legislation</i> ).
1, 2		Continue to support Welsh Government, Public Health Wales, Local Health Boards, Care Inspectorate for Wales and Social Services prevent and control the spread of COVID-19 in closed care settings ( <i>e.g. residential care homes</i> )
1, 2, 4		Actively support the Test, Track and Protect programme where required
1, 2		Proactive intervention to monitor compliance with smoke-free legislation in shisha lounges across the SRS region

## 3. Service Delivery and Performance 2020/21

### 3.1 Introduction

The Communicable Disease Service is supported by an active surveillance system managed through the national database, Tarian, which is utilised by all Welsh Local Authorities and Public Health Wales. All information pertaining to communicable disease incidents (*e.g. Norovirus issues in a school or residential care setting*); sporadic cases of notifiable illness and outbreaks are logged on Tarian. Since its introduction Tarian has facilitated more effective communication between stakeholders; supports effective case management; enables early detection of outbreaks and enabled the Authority to more readily identify trends in infectious disease cases.

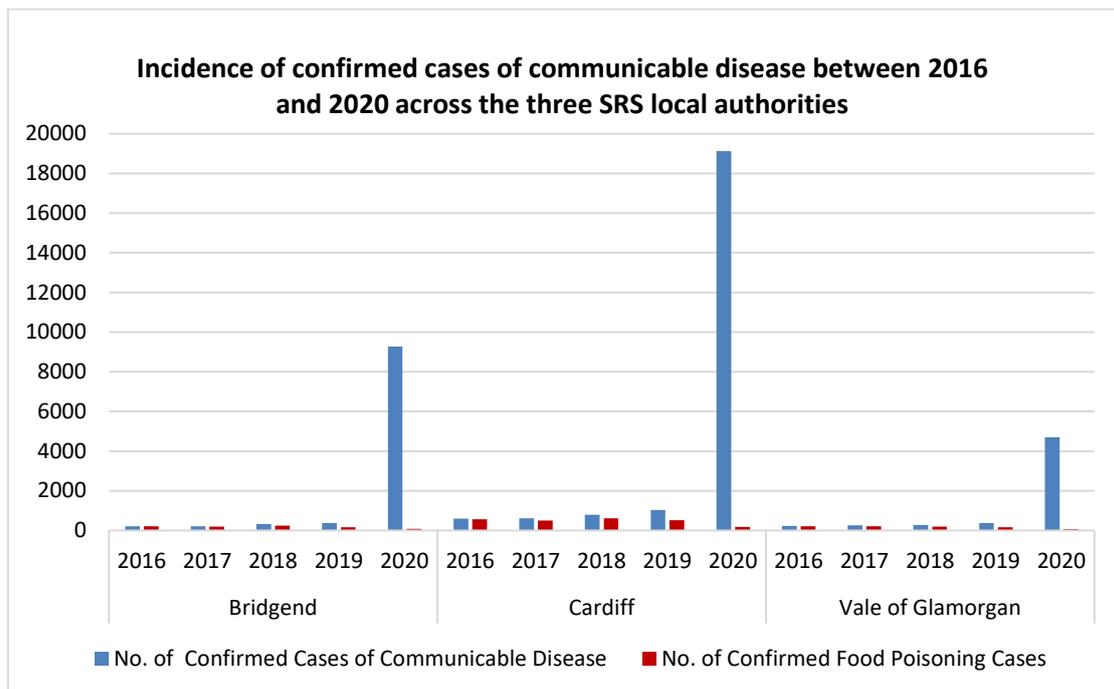
In 2020, 33,297 cases of communicable disease were notified to SRS. Laboratory confirmed communicable diseases accounted for 99% of these (33,108 cases), whilst unconfirmed (suspected) food poisoning accounted for only 1% (189 cases). In comparison to previous years, this is an unprecedented increase and is a direct result of the COVID-19 pandemic. In 2019 there were 2149 cases, of which 1786 (83%) were laboratory confirmed; in 2018 there were 1707 cases, of which 1389 (81%) were laboratory confirmed and in 2017 there were 1354 cases, of which 1070 (79%) were laboratory confirmed.

The table below shows the number of cases of confirmed and unconfirmed communicable diseases per local authority area in SRS.

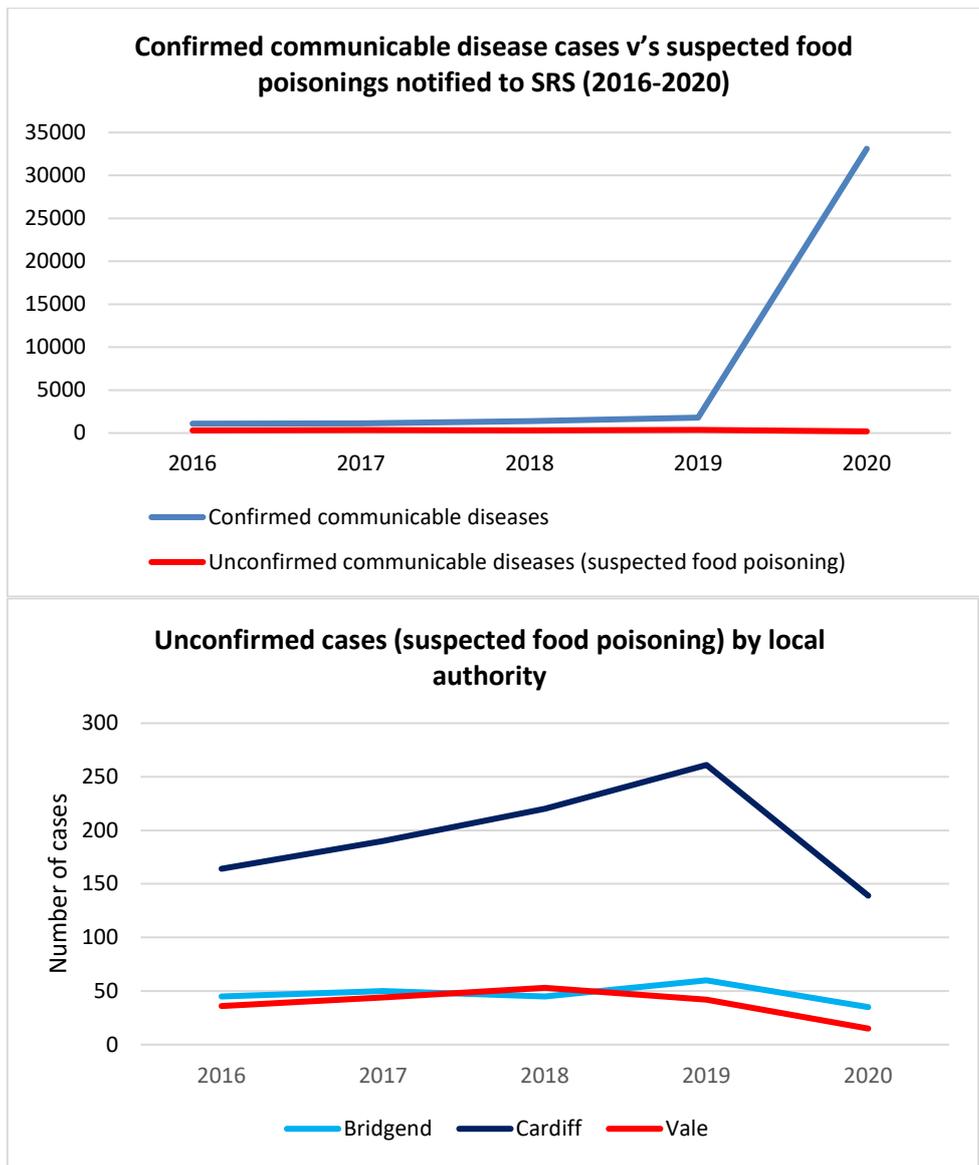
	<b>Confirmed CDs (CFP<sup>1</sup>)</b>	<b>Unconfirmed CDs</b>	<b>Total</b>
<b>Bridgend</b>	9281 (81)	35	9316
<b>Cardiff</b>	19122 (182)	139	19261
<b>Vale of Glamorgan</b>	4705 (69)	15	4720
<b>Total</b>	<b>33108 (337)</b>	<b>189</b>	<b>33297</b>

CFP<sup>1</sup> = Confirmed food poisoning as applied in the 'Disease' tab in Tarian

The graph below illustrates the incidence of notified cases of communicable disease across Bridgend, Cardiff and Vale of Glamorgan between 2016 and 2020. PCR testing in the microbiology laboratories since June 2018 has resulted in an upward trend in cases. The substantial increase observed in 2020 is a direct result of the number of COVID-19 cases reported across the region.



Confirmed food poisoning cases = as applied in the 'Disease' tab in Tarian.



The graphs above illustrate that the reporting of confirmed cases of communicable disease across SRS have seen a significant upsurge as a direct result of the COVID-19 pandemic; however, unconfirmed cases of illness (*i.e. suspected food poisoning cases*) have decreased.

A decline in the number of reported suspected food poisoning cases is observed across all three local authorities. The nature of these cases usually involves a complainant visiting a commercial food business and subsequently alleging that business has caused them illness. The decline in numbers can almost certainly be attributed to the COVID-19 pandemic and 'lockdown' periods initiated in March, October and December 2020, during which commercial food businesses either closed completely or were only able to offer a takeaway service for approximately 4½ months of 2020.

## 3.2 Performance activities

The investigation of confirmed sporadic and outbreak cases of communicable disease require a reactive service and our performance indicator therefore reflects this by measuring response times to notifications.

### Sporadic cases

The Notification Guidance ('expert rules') made under the Health Protection (Notification) (Wales) Regulations 2010 dictates the response times required to be taken by Local Authorities investigating cases of communicable disease. All cases of confirmed communicable disease notified to SRS are responded to and every effort is made to undertake a full investigation by carrying out case interviews. The target response time for contacting the case is dependent on the public health significance of the pathogen concerned; as detailed in the table below.

#### L.A. target response times for common communicable disease pathogens

Pathogen	Response time
Campylobacter	Within 48 hours (unless part of a cluster or outbreak)
Cryptosporidium	Within 24 hours (same day if an outbreak)
Giardia	Within 24 hours (same day if part of an outbreak)
Salmonella spp.	Within 24 hours (same day if part of an outbreak, or case is a food handler/works in a closed community such as a care home)  Salmonella typhoid or paratyphoid – Within 4 hours
E. coli O157	Within 4 hours
Hepatitis A	Within 4 hours
Hepatitis E	Within 48 hours
Shigella	Shigella sonnei – Within 24 hours; other Shigella sp. - Within 4 hours
Legionella spp.	Within 4 hours

*Response times were reviewed in October 2018*

A review of the response rates of cases (% of notified cases that were interviewed) across the 3 local authorities for Campylobacter were reviewed and compared to the previous 4 years.

#### **Campylobacter response rates 2020 (2019 figures shown in red as a comparison)**

	Bridgend	Cardiff	Vale	SRS Total
<b>Cases interviewed</b>	153 (161)	315 (497)	126 (168)	594 (826)
<b>Total cases</b>	183 (187)	413 (576)	163 (191)	759 (954)
<b>Response rate</b>	84% (86%)	76% (86%)	77% (88%)	78% (87%)

### A comparison of response rates from 2016 to 2020

	2020	2019	2018	2017	2016
<b>Bridgend</b>	84%	86%	92%	96%	97%
<b>Cardiff</b>	76%	86%	91%	93%	94%
<b>Vale</b>	77%	88%	92%	97%	96%

Although a response rate of 78% across the whole of SRS for Campylobacter investigation continues to remain respectable, there has been a gradual decline in the response rate achieved over the past 5 years. This can be accounted for as a result of staff changes (*9 personnel changes in a 3 year period*); the team carrying a number of vacant posts; the COVID-19 pandemic and a reduction in capacity to follow up non-responding cases.

During 2020 officers in the Communicable Disease, Health and Safety Team were tasked with overseeing COVID-19 cases in the care and educational sectors; assisting the Test, Trace and Protect service alongside key substantive duties. Due to capacity constraints, this resulted in Campylobacter cases being sent advice sheets and postal questionnaires in place of a telephone interview. As a methodology for data capture, postal questionnaires return a lower response rate to telephone surveys which has contributed to the lower response rate seen for 2020 (*BMC Medical Research Methodology, August 2012 – telephone survey response rate 30.2%; personalised postal questionnaire response rate 10.5%; generic postal questionnaire response rate 7.5%*).

### Campylobacter Infection

The incidence of Campylobacter infection throughout SRS far exceeds other notifiable diseases, as illustrated in the table below, which reflects the national trend observed across the UK. The reason for such high numbers of cases is the wide range of risk factors associated with Campylobacter, which may include: foreign travel; consumption of undercooked poultry and poultry offal (*i.e. 'pink' chicken livers*); consumption of unpasteurised dairy products; consumption of contaminated drinking or leisure water; contact with animals/birds and their faeces; domestic sewerage problems and close contact with an infected person (*i.e. changing nappies of an infected child*) and subsequent poor hand hygiene. Campylobacter also has a low infective dose, meaning a person only has to ingest very small quantities to induce illness.

More recently identified risk factors associated with cases of Campylobacter have been feeding pet animals raw food (meat); the accidental consumption of raw/part-cooked chicken products (*e.g. chicken popcorn*) and the practice of washing raw chicken packaging for recycling (*where the bacteria becomes splashed onto adjacent surfaces and subsequently transferred onto hands, ready-to-eat foods or other equipment*).

Campylobacter remains an important public health risk. The pathogen has multiple risk factors in addition to having a low infective dose, meaning that a person only needs to be exposed to a small amount of the bacteria to become ill. It is therefore critical that the communicable disease service retains the requisite level of resource to be able to effectively investigate all confirmed cases in a timely manner.

The following table details the incidence of confirmed communicable disease cases across SRS between 2016 and 2020.

	Bridgend					Cardiff					Vale				
	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020	2016	2017	2018	2019	2020
Campylobacter	173	164	198	187	183	385	400	491	576	413	164	177	174	191	163
Salmonella	13	23	22	13	13	60	50	56	54	14	16	27	11	17	6
Cryptosporidium	12	5	11	17	7	71	22	35	52	37	18	11	17	9	15
Giardia	1	0	23	28	11	39	34	41	69	35	7	5	12	36	11
E. coli O157	1	1	0	2	3	2	1	0	4	1	2	1	0	0	1
E. coli non O157*			16	24	10			27	46	21			6	18	10
Hepatitis E	2	2	2	5	1	4	5	5	3	1	4	3	2	2	1
Hepatitis A	0	0	3	0	0	3	5	2	1	4	0	1	1	7	1
Listeria	0	1	0	1	1	1	1	0	1	2	2	0	0	0	0
Legionella	2	3	2	3	3	3	4	3	8	2	0	2	8	5	3
Shigella	0	1	2	1	0	3	4	12	15	3	0	0	7	4	3
COVID-19 **					9021					18530					4461
Other	8	11	43	98	29	31	81	118	201	58	9	25	39	88	30
<b>Total</b>	<b>212</b>	<b>211</b>	<b>322</b>	<b>379</b>	<b>9282</b>	<b>602</b>	<b>607</b>	<b>790</b>	<b>1030</b>	<b>19121</b>	<b>222</b>	<b>252</b>	<b>277</b>	<b>377</b>	<b>4705</b>

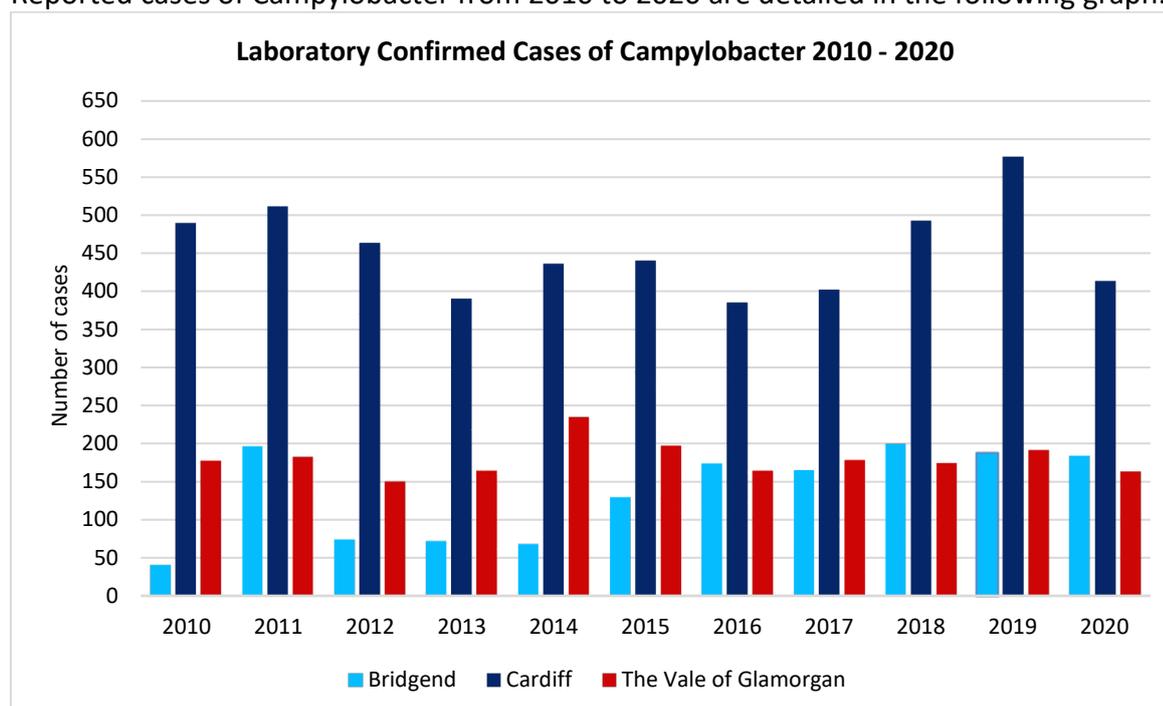
\*June/July 2018 onwards (due to changes in laboratory testing methods this is now being reported to SRS)

\*\* May 2020 onwards COVID-19 cases were reported to SRS

NB. 'Other' includes Entamoeba histolytica/dispar, Borrelia burgdorferi (Lyme disease), Leptospira, Vibrio cholera, Taenia, Cyclospora, Clostridium perfringens, Mycobacterium chelonae and Norovirus. In 2020, diseases in 'Other' include Norovirus, Borrelia burgdorferi and Entamoeba histolytica.

### Reported cases of Campylobacter from 2010 - 2020

Reported cases of Campylobacter from 2010 to 2020 are detailed in the following graph.



The number of Campylobacter cases in Bridgend has seen little change over the last few years. Cardiff however, saw a significant decline of around 150 cases in 2020 whilst the Vale of Glamorgan saw a minor decrease in cases from 2019 to 2020.

Explanations for the decrease in cases across both Cardiff and the Vale include:

- Fewer people presenting at their GP surgery during the pandemic;
- Less people getting infected as a result of significantly fewer visits to commercial food businesses and other type of businesses, such as animal petting farms;
- People performing more regular and thorough hand washing as a result of public health messaging associated with the COVID-19 pandemic;
- More prevalent use of hand sanitiser gels during the COVID-19 pandemic as part of the “Hands-Face-Space” public health intervention.

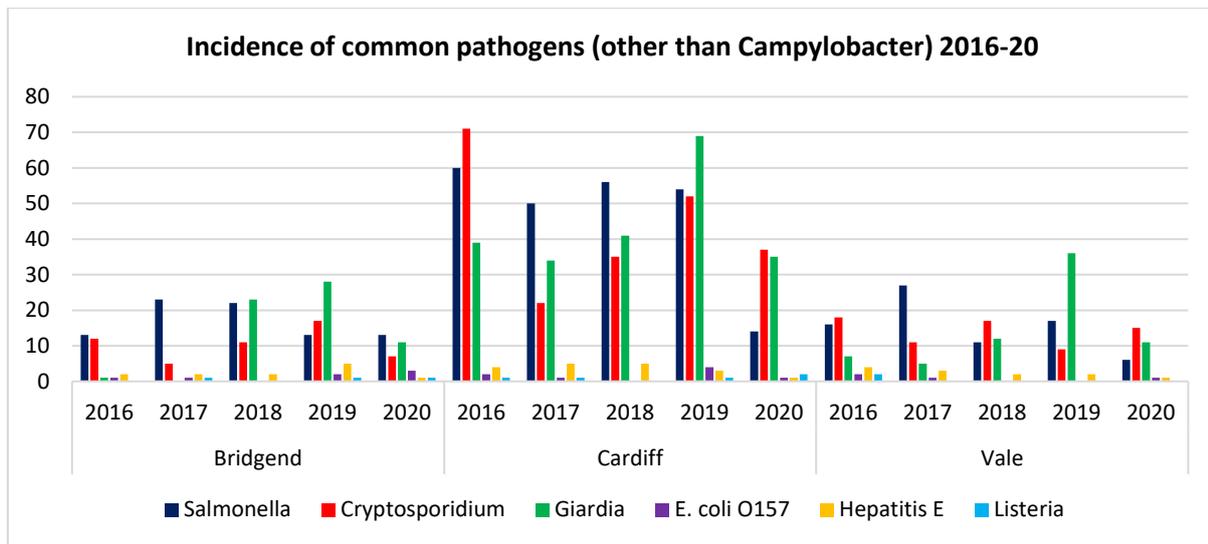
### **Pathogens of Public Health Significance Investigated by SRS**

Pathogens of public health significance (other than Campylobacter) commonly require more detailed investigation; either because the pathogen can be readily spread within the community, or because of the seriousness of the infection. The need to complete enhanced interview questionnaires to identify close contacts of a case, and/or potentially instigate wider public health interventions, is particularly true for pathogens such as: Shigella; Hepatitis A and E; E.coli O157; Legionella and Giardia. This will usually require an Officer to interview the case face-to-face, instead of by telephone, and will often necessitate arranging faecal pots from close contacts to identify if the infection has spread in a particular setting.

*e.g. Vaccination of close contacts to Hepatitis A cases; Ensuring confirmed cases of Giardiasis receive appropriate antibiotic treatment from their GP; Ensuring that cases working with food or vulnerable people only return to work after the satisfying the relevant microbiological clearance requirement; Formally excluding cases working with food or vulnerable people from work until microbiological clearance has been confirmed.*

Contrary to the general public perception, most communicable diseases are not necessarily caused from consuming contaminated food; despite the case having traditional ‘food poisoning’ symptoms. Risk factors are often associated with the consumption of (or exposure to) contaminated water; direct contact with animals and/or their faeces; close contact with an infected person (including sexual contact).

The graph below illustrates the incidence of common pathogens (other than Campylobacter) that have caused illness across SRS between 2016 and 2020.



All pathogens have seen a decline in reported cases across SRS during 2020. The reasons for this are likely to be the same as those previously discussed for Campylobacter. Other relevant factors include the significantly reduced opportunity for person-to-person transmission during the 'lockdown' periods in 2020 (*particularly for Giardia and Cryptosporidium*), and the closure of venues such as swimming pools and animal petting farms (*a common exposure source for Cryptosporidium*).

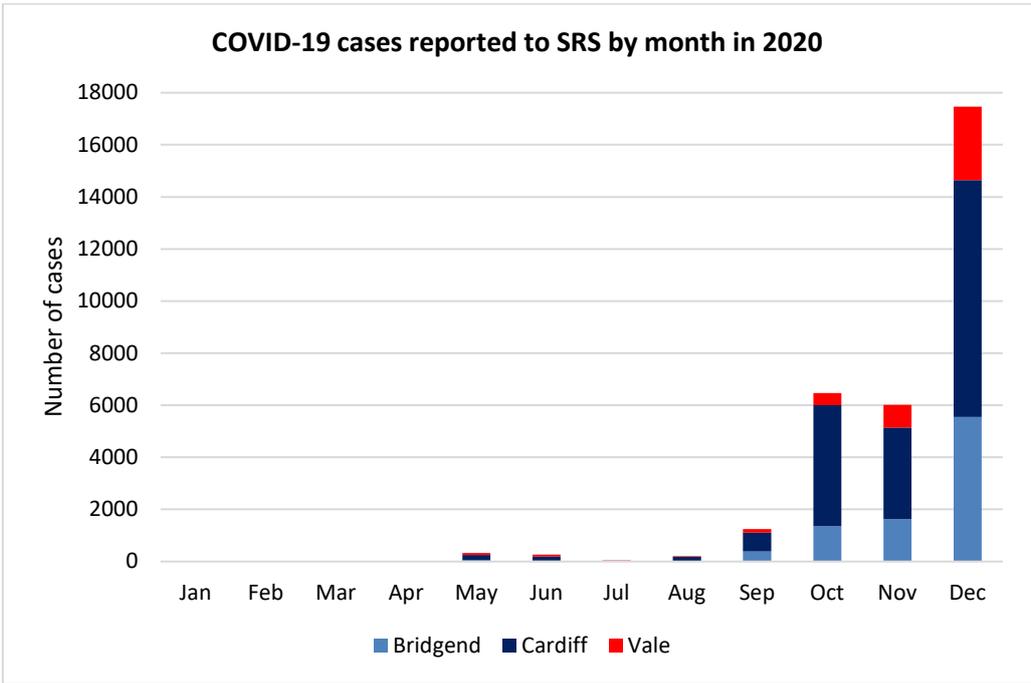
### **COVID-19 Virus (SARS-CoV-2)**

The first case of COVID-19 in Wales presented in an individual who had recently returned from travel in Italy and was reported in February 2020. The first confirmed case of community transmission in Wales was identified in March 2020; however, the notification of cases for residents in the SRS region did not happen until May 2020. For this reason there are no cases noted on the next graph for the first 4 months of the year.

Due to an initial shortage of tests only hospitalised cases were tested at the onset of the pandemic in the UK. The testing of healthcare; social care and critical workers were subsequently prioritised before PCR testing became routinely available to the general public later in 2020. This higher testing capability in the second half of the year contributed to the significant upsurge of confirmed cases reported to SRS.

The dramatic increase in cases observed from October to December coincided with the return to face-to-face learning in primary and secondary education. Being the colder months of the year meant more people were mixing in indoor environments, often with inadequate ventilation, a lack of face coverings and insufficient social distancing due to limited space. The combination of these factors contributed to more rapid community transmission; especially in December when the region first encountered the more infectious Alpha (Kent) Variant of the virus.

The graph below illustrates the number of COVID-19 cases reported to SRS each month during 2020.



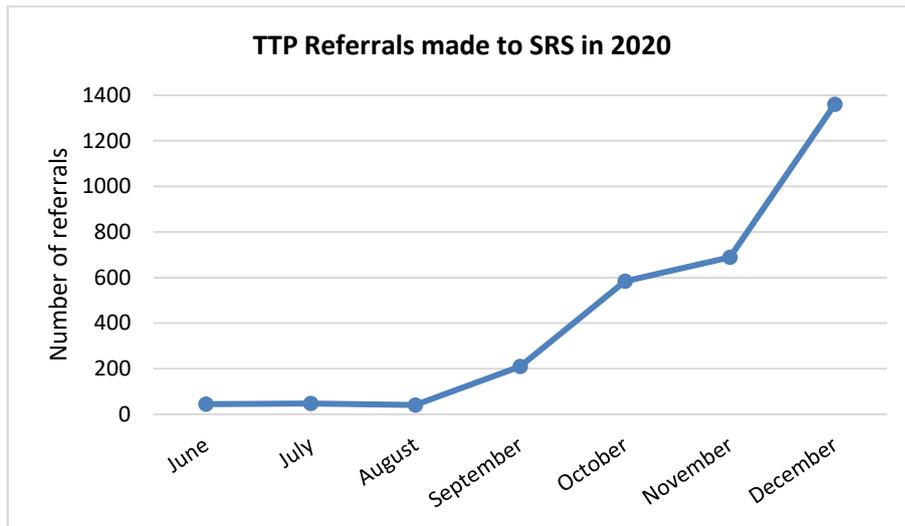
**COVID-19 reporting via Tarian began in May 2020; lockdown 1 started on 23<sup>rd</sup> March 2020**

**Test, Trace and Protect Work**

The Test, Trace and Protect (TTP) service in Wales was set up in each Health Board region in June 2020. Officers across SRS were deployed into the regional and clinical lead teams alongside colleagues from Public Health Wales and the Local Health Boards to investigate and manage clusters in workplaces; educational settings from early years to higher education; shared housing and across the care sector.

The commitment made by SRS during the year to support the Test, Trace and Protect Scheme (TTP) has been hugely significant. Senior officers have been at the heart of the TTP initiative from the outset working across two health boards (*Cardiff & Vale University Health Board and Cwm Taf Morgannwg University Health Board*), whilst 30+ officers have been redeployed at various times of the year to work on the scheme. This has involved the tracing of people who have tested positive for Covid-19 and linking with health professionals to identify trends and incidents to restrict the spread of the disease. During the year incidence rates were closely monitored so that the SRS input into TTP could be tailored accordingly. This allowed demand to be met during the upsurge of case numbers, particularly during the second wave of the pandemic, and enabling staff to re-focus efforts on their substantive roles during quieter times.

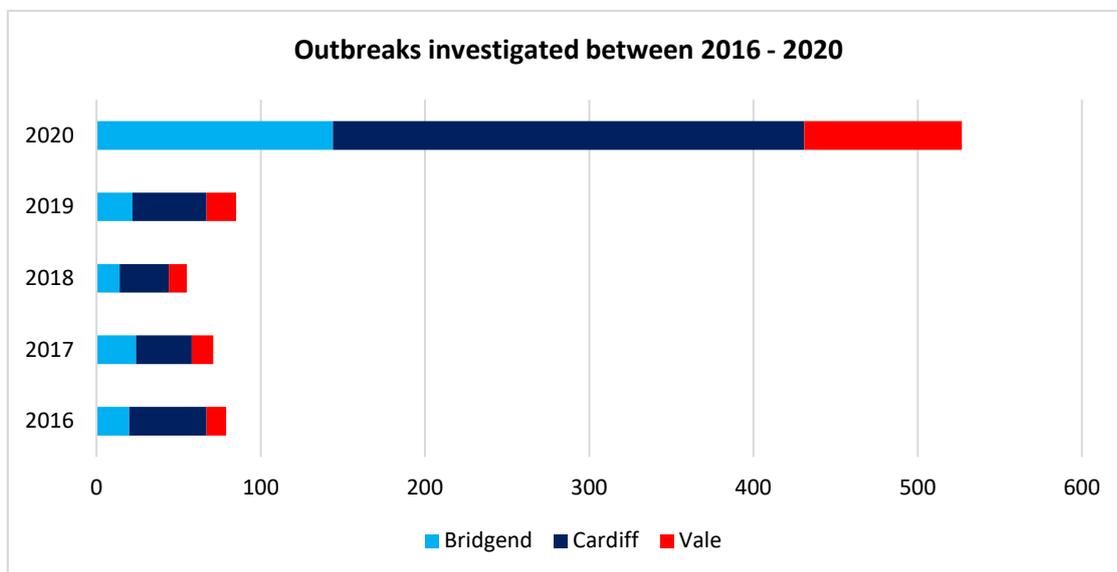
Between June 2020 and March 2021 officers in the Communicable Disease, Health and Safety Team alone received, actioned and managed **4,522** referrals relating to the care sector, schools and early years settings. The rapid upsurge of cases during the autumn months when face-to-face education resumed is illustrated in the following graph.



## **Outbreaks in 2020**

Throughout 2020 a total of 527 outbreaks were investigated by the Communicable Disease, Health and Safety team compared with 85 in 2019 and 55 in 2018. This significant increase in case numbers for 2020 can be attributed to the COVID-19 pandemic, with 95% of cases being confirmed cases of SARS-CoV-2.

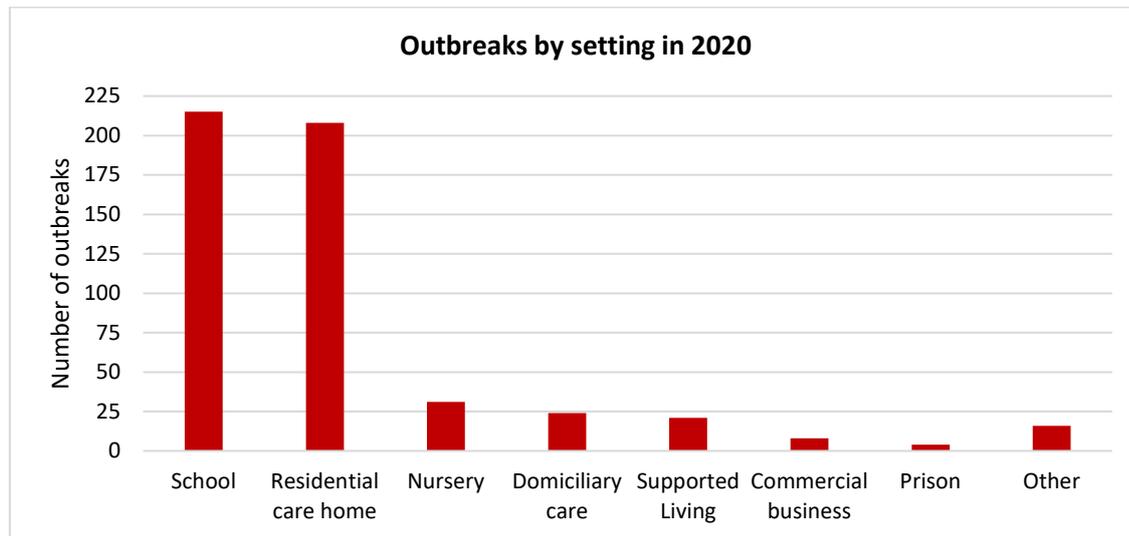
For COVID-19 an outbreak was defined as two or more confirmed cases, or clinically suspected cases, among individuals associated with a specific setting with onset dates within 14 days (1 incubation period) of each other.



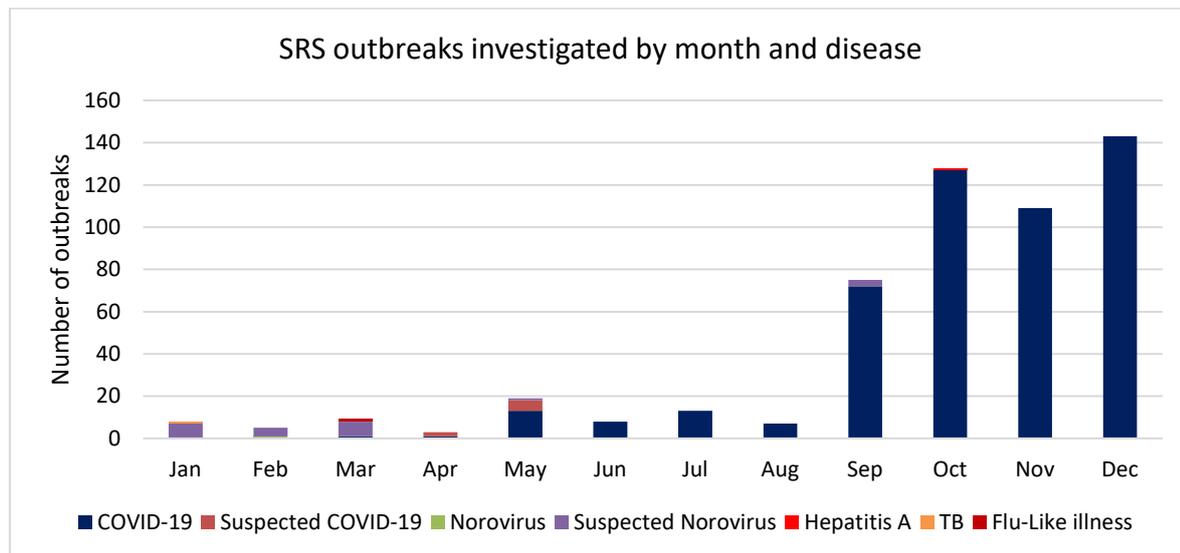
The distribution of outbreaks across the SRS region in 2020 did reflect a similar pattern to that seen in previous years (see previous graph) albeit in larger numbers; with a total of 287 (55%) in Cardiff; 144 in Bridgend (27%) and 96 (18%) in the Vale of Glamorgan.

COVID-19 accounted for 501 (95%) of all outbreaks investigated by the service. A total of 23 (4%) outbreaks were either confirmed or suspected Norovirus; with the remaining 3 outbreaks relating to cases of Hepatitis A, Tuberculosis and a flu-like illness.

Unsurprisingly the sectors reporting the most significant number of outbreaks were education and care, with schools reporting 215 (41%) outbreaks and care homes reporting 208 (39%). Other settings reporting clusters of cases included a youth hostel, homeless centres, day centres, dental surgery, social club, linked residential addresses and a hen party.



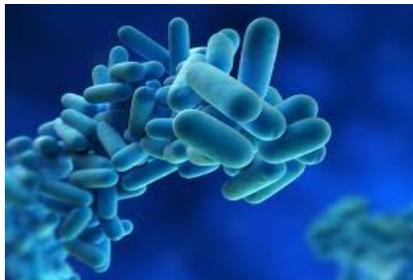
The graph below illustrates the dramatic rise in outbreaks investigated between September and December as schools returned to face-to-face learning and case numbers significantly increased in the community.



Between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021, the 3 Lead Officers for Communicable Disease attended a total of 39 Outbreak Control Meetings for COVID-19 in prison settings across the SRS region.

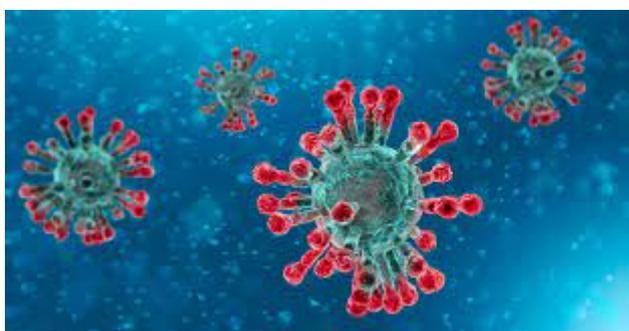
## 3.3 Achievements & Public Health Interventions

### Managing the Risk of Legionella in Water Systems – Improving health and wellbeing; safeguarding the vulnerable; maximise the use of resources



Prior to the re-opening of businesses during the summer of 2020 following the first COVID-19 lockdown, SRS produced Legionella guidance for mothballed and less frequently occupied buildings. This guidance was accessible to duty holders on the SRS website and could be shared with duty holders during site visits.

### Business Engagement – Infection Control Advice to Duty Holders



During the early phase of the first lockdown in the UK, Officers in the Communicable Disease, Health and Safety team proactively contacted all care homes across the SRS region to carry out telephone audits of providers' infection prevention and control (IP&C) arrangements to ensure they were aligned with Public Health Wales (PHW) guidance and were adequately robust to

mitigate the transmission of COVID-19. Each telephone audit took between 1 – 2 hours, depending on the size and complexity of the setting. By 31<sup>st</sup> March 2021 the team had completed a total of 198 telephone audits with care settings across the SRS region: Bridgend (51); Cardiff (93) and Vale of Glamorgan (54). In March 2021 this also included a visit to a Cardiff based residential care home with Care Inspectorate Wales to review IP&C measures following an escalation of concerns.

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To further support care home operators during the pandemic, Lead Officers for each of the Bridgend, Cardiff and Vale of Glamorgan areas would attend provider support meetings alongside PHW and local health board colleagues; Care Inspectorate Wales and local authority commissioning team for adult and children services once a setting had gone into incident mode after reporting confirmed cases of COVID-19. This would enable the provider to ask questions

and seek advice about their IP&C measures, testing, visits to the home and the ability to take new admissions into the setting. From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 the 3 Lead Officers for Communicable Disease attended a total of 93 care home support meetings: Bridgend (34); Cardiff (41) and Vale (18).

The Communicable Disease, Health and Safety team additionally produced guidance on enhanced cleaning and disinfection to help duty holders understand the importance of reviewing their procedures when a symptomatic person had been in their setting, and the significance of ensuring the correct dilution and contact time. This was available to duty holders on the SRS website and was also circulated to educational and early years settings and indoor play centres. The Joint Enforcement Teams also provided the guidance to hoteliers on application to open to support key workers during the initial phase of the pandemic.

### **Business Engagement – Nutritional Training and Healthy Options Award**



The award continues to be offered across the 3 authority areas and is administered by the Communicable Disease, Health and Safety Team.

The Healthy Option Award aims to encourage food businesses to provide healthier options to customers via the introduction of healthier catering practices; increasing the amount of fruit, vegetables and starchy carbohydrates on the menu; decreasing saturated fat, sugar and salt content in the food offered. The scheme also recognises the provision of healthy options for children; rewards staff training; and the promotion and marketing of healthier options. During 2020/2021, 1 new silver award was issued in Cardiff (Vegetarian Food Studio).

Nutritional training supports the uptake and sustainment of the healthy option award in food businesses across the 3 authority areas, and consequently SRS continues to provide level 1 community food and nutritional skill training courses on request. The aim of the training is to increase knowledge and skills in food and nutrition, particularly about the components of a balanced diet and how good nutrition can influence a person's health status.

SRS is a member of, and continues to support, the Cardiff, Vale and Bridgend Healthy and Sustainable Pre-School Schemes (CHaSPS) and Gold Standards Health Snack Award advisory group. The communicable disease service provides infection control advice and support to its members as necessary, and reinforces the infection control message via attendance at events the group organises.

### **Oversight of Exhumations in SRS.**

Between 01/04/2020 and 31/03/2021, Officers from the Communicable Disease, Health and Safety Team were required to attend 1 exhumation across the SRS region (Cardiff 1). In accordance with the provisions of the Burial Act 1857, Environmental Health was notified of the exhumation, via a Ministry of Justice licence, to take any necessary actions in the interests of public health and decency. This required Officer attendance at the time of the exhumation.

### **Skin Piercing Registrations – Improving health and wellbeing**

Officers from the Communicable Disease, Health and Safety Team routinely carry out skin piercing registration visits, for both premises and practitioners, in accordance with the Local Government (Miscellaneous Provisions) Act 1982 and bye-laws made thereunder. The legislation requires all duty holder carrying on the business of tattooing; semi-permanent skin colouring; cosmetic body piercing; acupuncture and electrolysis to be registered with their respective Local Authority and to operate in compliance with bye-laws specifically sanctioned by that Local Authority.

These visits focus on procedural infection control provisions; assess client consultation arrangements to ensure that the risk of contraindications is minimised; and ensure that the structure of all treatment areas will facilitate effective cleaning and disinfection.



During 2020/2021 Officers carried out **69** skin piercing registration visits across SRS: Bridgend (24); Cardiff (36); Vale of Glamorgan (9).

### **Requests to Co-operate under Health Protection Legislation – Improving health and wellbeing; safeguarding the vulnerable**

In accordance with Regulation 8 of the Health Protection (Local Authority Powers) (Wales) Regulations 2010, Local Authorities have the power to request individuals or groups to co-operate with the Authority for health protection purposes. The 'request to co-operate' is to prevent / protect against / control / provide a public health response to an incidence or spread of infection, or contamination which presents / could present significant harm to health. From an operational perspective this power would be used to exclude an infected person from returning to work with food or vulnerable persons (*i.e. under 5's; over 65's; immunocompromised persons*); to prevent the continuation of an activity that could result in the infection of other people; or to restrict the activities of an infected person so that the risk of spread to the wider community is controlled.

During the 2020/2021 business year, the Communicable Disease, Health and Safety Team issued **11** 'requests to co-operate' under Regulation 8: **9** were served in relation to COVID-19; **1** confirmed case of Giardia were excluded from work until the requisite clearance had been achieved and **1** was served on a person performing tattooing in a premises that was not fit for purpose.

### **Covid 19 Enforcement – Improving health and wellbeing; safeguarding the vulnerable; maximise the use of resources**

When the UK was put into lockdown in March 2020 it became the responsibility of SRS to enforce the Health Protection (Coronavirus Restrictions) (Wales) Regulations across the region. As a consequence SRS officers have throughout the year undertaken 4500+ visits to businesses to establish if restrictions are being complied with and to offer guidance and advice. These

visits included checks to ensure those businesses that were required to close, were closed, that adequate social distancing measures and signage were in place and that hand sanitiser was made available. If it was found that businesses were failing to meet the regulations, statutory notices were issued compelling businesses to comply. In total SRS officers issued 419 such notices for non-compliance across the region, including Closure Notices, Improvement Notices, Prohibition Notices, Compliance Notices and Fixed Penalty Notices depending upon the current regulations in place at the time. Two prosecutions were also instigated during the year. As regulations changed, and case numbers increased, SRS put in place a reciprocal commitment with South Wales Police to form three Joint Enforcement Teams (JET) undertaking coordinated enforcement activity in a range of sectors across each of the three local authority areas. These teams made up of SRS officers and colleagues from each of the 3 local authorities focus upon engaging with business, encouraging compliance and most recently upon ensuring that returning travellers observe the isolation requirements.

### 3.4 Customer Evaluation Forms

Once officers have interviewed a confirmed case of communicable disease, the customer is routinely sent an evaluation questionnaire, alongside an advice sheet about what has made them ill, in order to gauge their opinion of the service provided and identify likely changes in behaviour after discussing their illness with an officer.

#### **Feedback from all cases:**

The response rate for returned evaluation forms in 2020 remained low at 11 %. This was lower than the numbers observed in 2019 (13%); 2018 (20%) and 2017 (21%).

With officer work re-prioritised during 2020 because of the pandemic, fewer evaluation forms were sent out compared to previous years.

A total of 28 evaluation forms were received; however, some had missing answers to a number of questions.

- 27/27 (100%) cases reported being 'satisfied' with the service, of which 23/27 (85 %) reported being 'very satisfied'.
- 28/28 (100%) cases reported that the advice given by officers was useful and 27/27 (100%) reported the advice was easy to understand.
- 13/27 (48%) cases reported changing their food preparation practices or choices as a result of the interview.
- 28/28 (100%) cases reported that the officers performance was good, of which 26/28 (93%) reported that the officers performance was very good.
- 25/27 (93%) of cases said that they were better able to prevent future infections
- 25/26 (96%) said that the officer could not have done any more to improve the quality of the interview.

# Appendix A - Corporate priorities of partner local authorities

## Bridgend County Borough Council



### Priorities

- Supporting a successful sustainable economy
- Helping people and communities to be more healthy and resilient
- Smarter use of resources

### Outcomes/Aims

- Improve learner outcomes
- Growth and prosperity
- Developing and enhancing community support and services
- Build resilient communities
- Better health and well-being
- Transforming the Council’s estate
- Areas of corporate change
- Decarbonisation and environmental sustainability

## City of Cardiff Council



### Priorities

- Cardiff is a great place to grow up
- Cardiff is a great place to grow older
- Supporting people out of poverty
- Safe, confident and empowered communities
- A Capital City that works for Wales
- Cardiff grows in a resilient way
- Modernising and integrating our public services
- Managing the Covid-19 pandemic

### Outcomes/Aims

- Cardiff is a great place to grow up
- Cardiff is a great place to grow older
- Supporting people out of poverty
- Safe, confident and empowered communities
- A Capital City that works for Wales
- Cardiff grows in a resilient way
- Modernising and integrating our public services
- Managing the Covid-19 pandemic

## Vale of Glamorgan Council



### Priorities

- To work with and for our communities
- To support learning, employment and sustainable economic growth
- To support people at home and in their community
- To respect, enhance and enjoy our environment

### Outcomes/Aims

- Inclusive and Safe
- Environmentally Responsible and Prosperous
- Aspirational and Culturally Vibrant
- Active and Healthy