



AGENDA ITEM

4.2

CTM BOARD

**CWM TAF MORGANNWG
TEST, TRACE AND PROTECT PROGRAMME
A PARTNERSHIP PROGRAMME**

Date of meeting	29/06/2020
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Professor Kelechi Nnoaham, Director of Public Health and Programme Senior Responsible Officer, Steve Webster, Director of Finance and Procurement and Ruth Treharne, Senior Planner
Presented by	Professor Kelechi Nnoaham
Approving Executive Sponsor	Executive Director of Public Health
Report purpose	FOR APPROVAL

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

Committee/Group/Individuals	Date	Outcome
CTM TTP Regional Oversight Group signed off three work stream plans (bar the Testing Operational Plan which was not then available) and endorsed the updated Testing Strategy.	9 th and 16 th June 2020	ENDORSED FOR APPROVAL



The UHB Management Board approved these papers (with an updated strategic plan attached) and recommended that they be sent to the Health Board for approval.	22 nd June 2020	
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ACRONYMS	
CTM	Cwm Taf Morgannwg
TTP	Test, Trace, Protect Programme
RSOG	Regional Strategic Oversight Group
DPH	Director of Public Health

1. SITUATION/BACKGROUND

- 1.1 On Monday 23 March the Prime Minister announced that the UK was under lockdown to prevent the spread of COVID19. People were only to leave their home for essential travel, all non-essential shops were closed, and people were instructed not to socialize with those outside their households.
- 1.2 These lockdown and social distancing measures have been successful at decreasing the transmission of COVID in the community. However, there are still significant numbers of new cases and COVID related deaths in the UK, and there is still widespread transmission of COVID in the community.
- 1.3 Public Health Wales submitted its "Public Health Protection Response Plan" (PHRP) to Welsh Government on 5 May 2020. This advised on a next phase of the Public Health COVID response in Wales which would enable Wales to enter a recovery phase and uplift of the current COVID-19 related restrictions. This plan contained three key pillars:
- Contact Tracing and Case Management
 - Population Surveillance
 - Sampling and Testing
- 1.4 Welsh Government subsequently released their "Test, Trace, Protect" strategy on 13 May 2020. This was based on Public Health Wales (PHW) advice. It will work by:

- Identifying those who have COVID-19 symptoms, enabling them to be tested while self-isolating.
 - Tracing people who have been in close contact with the symptomatic person, requiring them to self-isolate for 14 days.
 - Providing advice and guidance, particularly where the symptomatic individual or their contacts are vulnerable or at greater risk.
 - Ensuring that if the individual tests negative individuals and their contacts can get back to their normal routines as soon as possible.
- 1.5 The CTM response plan, referred to as the CTM TTP Programme, is being managed on a regional (CTM) footprint under the leadership of the Director of Public Health. A multi-agency planning cell comprising of members of the Health Board, Local Public Health Team and the three Local Authorities has been set up to operationalise the response plan within the CTM area.
- 1.6 The CTM plan is based on the three pillars of the PHW plan (sampling and testing, contact tracing and case management and population surveillance) underpinned by a communication and engagement plan.
- 1.7 A further area, comprising of the 'protect' element of work is currently being scoped and it has been agreed by the Health Board and Local Authority Chief Executives that this will be added into the work programme.
- 2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)**
- 2.1 The overall aim and objectives for the programme can be found in the draft strategic plan attached (See **Appendix 1**). This has most recently been updated to incorporate the finalised testing plan. This plan contains a summary of actions already completed and those underway.
- 2.2 The oversight arrangements for this partnership programme are agreed, with details attached at **Appendix 2**. (Please note that these arrangements will be updated to reflect the recently agreed addition of a fifth 'Protect' work stream and an underpinning workforce/finance task and finish group).
- 2.3 The programme consists of a Regional Oversight Group, chaired by Professor Nnoaham; a Regional Tactical Group chaired by Sion Lingard, Consultant in Public Health and four work streams led as follows, with each work stream's strategic aim and objectives set out in the above plan:



- Surveillance led by Kimberly Cann and Gemma Northey
- Sampling and testing led by Elaine Tanner
- Contact Tracing led by Paul Mee
- Risk Communications and Engagement led by Sara Thomas

2.4 Each of the latest work stream operational plans are attached for information at Appendices **3i-3vii**. An updated Testing Strategy is also attached for approval at **Appendix 4**. Please note that these plans remain under review as working documents, given the constantly changing context within which the work streams are operating.

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

3.1 The strategic and work stream plans are underpinned with a workforce and finance plan, an earlier version of which was submitted to Welsh Government on 16 June 2020 (please see **Appendix 5i-ii**). However it is important to note that this has since been revised by the Programme Senior Responsible Officer (SRO)/Director of Public Health and Testing Work Stream lead, in association with the Health Board Finance team (please see the latest revised version at **Appendix 5iii**).

3.2 The following sets out the current estimated summary of programme costs by both function and partner organisation based on this revision.

Summary Analysis of TTP costs								
	Regional response team	Contact tracing	Antigen sampling(outside hospitals), including booking and results	Antigen testing	Antibody sampling(including booking & results)	Antibody testing	Hospital Testing	Total
CTM	802,365	-	3,625,332	-	1,369,591	172,251	4,764,856	10,734,396
PHW	-	-	-	TBC	-	FOC		-
MTCBC		814,908						814,908
RCT		2,329,849						2,329,849
BCBC		1,669,810						1,669,810
Across 3 LAs	471,828							471,828
Overall total	1,274,192	4,814,567	3,625,332	-	1,369,591	172,251	4,764,856	16,020,790

3.3 There are an important number of assumptions and caveats to the plans which should be noted, given many of the unknowns about how the Covid-19 pandemic will progress over the coming months, including:

- The plans are based on an approach to contact tracing which starts with laboratory confirmed cases as per national policy. At such a time, as we move to contact tracing on symptoms, some of the plans and estimates will need significant revision.



- The current plans do not model the impact of a busy winter due to flu. It is likely that more symptomatic cases will need to be tested and if, by then, contact tracing is triggered by symptoms, the impact on resource requirements will be significant, necessitating a revision to these plans and estimates.
- The programme leads are very mindful of need to be flexible with the workforce throughout this and adjust staff numbers and working hours proportionately as demand fluctuates.
- The plans are based on estimates underpinned by assumptions, albeit pragmatic and drawn from empirical data. They are not perfect and will remain under constant review as times change.

3.4 In developing the plans and particularly the underpinning workforce and financial plans, CTM data empirical data has been considered and importantly, the following has been assumed in respect of community antigen testing and contact tracing:

- From June 2020 to August 2020 – Covid-19 activity in CTM remains broadly similar to current levels – i.e. an average of 340 tests per day of which 3-4% are positive, translating into 14 cases, each of which generate 3.5 contacts.
- From September 2020 to March 2021 – increased Covid-19 activity in winter that's as high as the peak we had in early April. This multiplies testing demand by a factor of 2.5 with a positivity rate of 27% (which was the average rate in CTM at peak).
- In respect of hospital antigen testing, the financial impact of increased patient testing through the patient pathway has been modelled to support the separation of Covid-19 and non-Covid-19 patients, which requires an increased level of hospital patient testing to around 450 per day. There is also a degree of regular staff testing built in for the same purpose, but the thinking and planning for this needs further development, including consideration of partners' staff.
- In respect of antibody sampling and testing, around 200 tests per day have been considered, increasing to around 240 tests per day from September 2020.
- The aim is to co-locate, as far as possible, the booking and results giving teams for antigen and antibody testing, in the field hospital at Bridgend in order to support good team working, accommodation efficiencies and ensure appropriate social distancing requirements etc.



3.5 Whilst this paper seeks approval for the plans outlined above, in order to enable the teams to continue implementation, at the same time, further review and refinement will need to be undertaken, including in the following areas below:

- Review and sign off the testing requirements arising from the Infection and Prevention Control Policy, as well as the draft policy currently under discussion.
- Review and refine the projection of hospital antigen testing costs being incurred and proposed going forward together with developing proposals around delivery of mass staff antigen sampling and testing.
- Consider options around staffing in the short term.
- Assessing alternative options for point of care testing and PCR platforms for the medium term.

3.6 The Health Board Management Board also asked for the refinement work to include the following:

- Refine the assessment of demand for, and delivery of, hospital testing and staff testing, aligned with the broader resetting plans.
- Update the phasing of community sampling capacity and the booking and results capacity to align with the potential scenarios for increased demand.
- Look to the move of the Abercynon Community Testing Unit to a model which does not require local booking and results capacity. This should reduce the resource requirement, as the current plan and financial impact assessment assumes the full capacity and associated workforce cost will be in place immediately.

3. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	There are multiple potential quality, safety and patient experience implications of the ongoing COVID19 situation
Related Health and Care standard(s)	Safe Care
	This also relates to timely care and effective care.



Equality impact assessment completed	No (Include further detail below)
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	Yes (Include further detail below) The COVID situation has had, and will continue to have, significant implications on resources. Some of these issues are outlined in this report.
Link to Main Strategic Objective	To protect and improve population health
Link to Main WBFG Act Objective	Work with communities to prevent ill-health, protect good health and promote better health and well-being

4. RECOMMENDATION

The Health Board is requested to:

- a. **NOTE** the progress made in relation to developing a multiagency response programme for CTM TTP.
- b. **APPROVE** the latest draft strategic plan, updated testing strategy, work stream plans and oversight arrangements, recognising:
 - that this is a partnership arrangement;
 - that these plans will continue to develop and be reviewed as the context changes, with updates and any significant development brought back to the Health Board;
 - that work is underway to establish a 5th work stream on 'protect' arrangements.
- c. **APPROVE** the latest workforce and financial plan, where this relates in particular to Health Board costs, committing £10.7m,



understanding that the estimated workforce and financial demands will change frequently based on the Covid-19 prevalence in the population and government policy on Covid-19 containment measures.

- d. **APPROVE** that whilst work continues on the refinement of the work to date, programme implementation and development, that liaison continues with the Welsh Government on support for funding.