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NHS Board Chief Executives  
Directors of Public Health  
HR Directors

**FOR IMMEDIATE ACTION**

4 September 2020

Dear Colleague

**COVID-19: PROVISION OF CONTACT TRACING WORKFORCE**

Further to the correspondence issued by the Director General for Health and Social Care on 10 August 2020, I am writing to clarify expectations going forward in respect of the provision of contact tracing services and core and surge workforce capacity within your Board area. Additionally, this letter confirms the national arrangements for the provision of mutual aid to support outbreak management, which will be co-ordinated by the National Contact Tracing Centre in Public Health Scotland. Boards are reminded that they are still to deliver on their commitment to train at least 2,000 staff nationally across Scotland in contact tracing, in line with your previous undertakings. You are reminded that the National Health Service in Scotland remains on an emergency footing.

It is important to note at the outset in clarifying our expectations that a precautionary approach is being taken to the provision of contact tracing services, in order to safeguard the overall effectiveness of the Test and Protect system. As you will be aware and as predicted, we are experiencing an increase in the incidence of infection and in outbreaks across Scotland, commensurate with increased activity and socialising that flows from our place on the Route Map. This continues to be proactively scrutinised by the Scottish Government, and we take a balanced approach to interventions by assessing holistically against the “four harms” set out in the Route Map.

Where outbreaks cannot be effectively managed this poses a direct risk not only to our economic recovery and renewal, but risks also our capacity to make progress with the remobilisation of wider health and social care services. Accordingly, and as we enter the winter planning and delivery period, the public health Test and Protect response must be prioritised as essential board service provision. Continued successful delivery of Test and Protect will enable NHS Scotland to safely deliver the core priorities set for this next phase of service mobilisation.

## Core and Surge Capacity - Our Modelling Assumptions

Core and surge capacity workforce targets have been established for every NHSScotland Health Board, based on prior national modelling undertaken by the Test and Protect Group and adjusted based on the programme of work undertaken with Boards to work up demand and capacity assessments based on the learning from the Aberdeen outbreak. Board core and surge staffing numbers are set out at **Annex A** based on population share.

These assumptions do appear to be validated by feedback from the management of outbreaks so far, contact tracers handling typically 2 index cases a day and up to 10 contacts per case. The figures set anticipates dealing with significant numbers of new positive cases daily, this is to provide insurance and resilience, enabling both Boards and the system as a whole to have capacity to deal with fluctuating numbers. Work is being undertaken to strengthen the NCTC capacity through a national bank.

Our modelling assumptions are relevant to our understanding of the epidemiology of the virus now and are subject to change. The board staffing requirements set out here will be reviewed at the end of September and again in October; new assessments of minimum staffing requirements will be made at those points, based on the epidemiology of the virus at that time and the assessed capacity of the national contact tracing centre. We will write to boards with the outcome of those assessments.

### Definition of 'Core' and 'Surge' Workforce Capacity

**Core capacity** is defined as the immediately available workforce; in this case it means the number of individuals immediately able to undertake contact tracing activity on any given day in the week during the hours of service provision. Accordingly staff must not be posted to any other duties that prevent them from immediately picking up contact tracing work. It is appreciated that contact tracing takes place within multidisciplinary public health teams and that they will be responsible for other activities, including activities relating to virus suppression; these activities must not interfere with being able to immediately undertake contact tracing as required.

As noted above, your core staffing service expectations, are set out at Annex A. The core staffing is expressed as full-time posts per shift, a shift is defined as a service day (08:00-20:00) and a full time post is defined as 7.5 working hours per day. For instance, if you are required to provide 20 posts daily to your service, you must provide the equivalent of 150 working hours of service divided proportionately across the service day; this can be scheduled locally according to known or emerging peaks and troughs in activity across the day.

Where your existing staffing complement does not meet the service provision requirements set out at annex A, you are required to have a fully staffed rota as soon as practicable, and, without exception by week commencing Monday 14 September.

The number of staff on your contact tracing rota for the following day must be communicated to the NCTC daily by close of service at 20:00. This will allow the NCTC to manage caseloads nationally and maintain service provision – the model for case handling and triage is set out below.

**Surge capacity** is defined as additional staffing that can be mobilised within a 24 hour period to supplement the core. These staff may be deployed on other duties, but must be trained to undertake contact tracing and must be capable of being released and posted to contact tracing within the 24 hour period. These are also expressed in the annex as full-time posts per day.

*HR Directors are asked expressly to proactively oversee local recruitment and training activity to ensure that all Boards are able to comply with the minimum service expectations set herein. Further HR directors are asked to oversee the provision of daily staffing numbers to the NCTC as set out above in this section.*

**Agreed Hours and Nature of Service Provision**

It is expected that all Boards provide a core contact tracing service that matches the hours of service provided by the National Contact Tracing Centre. Core hours of service are 08:00-20:00, 7 days per week.

It is expected that all Territorial Boards’ Public Health Teams will maintain a contact tracing service, and make a contribution to national service provision until at least 21 June 2022. This period may be extended if the life of the NCTC is required to be extended as part of the on-going management of the pandemic.

**Minimum Service Level Expectations**

The following targets, as set out in the table below, have been set for the delivery contact tracing activity. It is expected that all Boards maintain service levels in accordance with these standards. Where performance dips below the agreed service level expectation, Boards should escalate within their local management structures, and trigger requests for assistance from the National Contact Tracing Centre. The national CMS system is the source of all information in relation to understanding volumes and performance across the system. It is therefore essential that Boards ensure that their system is kept up-to-date.

Measure	Required Level of Service Provision
<b>Index Case Interviews</b>	Where a Board is notified of a positive case, it must establish communication with the index case within 24 hours
<b>Contact Tracing</b>	All contacts of an index case must be communicated with within 24 hours of the Board receiving notification of an index case.
<b>Cases Closed on CMS</b>	80% of all index cases must be successfully closed within 72 hours of notification of index case.

The NCTC will extract information from CMS and provide reports to the Scottish Government to allow performance of the system to be appraised on an on-going basis. The NCTC will proactively apprise the Scottish Government where they consider there to be risks to service delivery or an emerging pattern of performance below service standards.

**Role of National Contact Tracing Centre – Case Distribution and Triage**

Boards should look to manage new cases from within their complement of Test and Protect resources, if a Board hits or exceeds its ability to manage new index cases, they are immediately required to contact the NCTC to request support. The NCTC will initially try to provide that capacity from within its own staffing. Should that not be possible due to capacity being reached in the NCTC, it will review capacity across Scotland, looking at live information in the Case Management System and ask for other Boards to provide support.

**Mutual Support**

Mutual support will be co-ordinated across all Boards nationally by the NCTC, who have access to the live Case Management System. Health Boards will provide daily updates regarding the number of contact tracers available in each Board, as instructed above. This information will be held and maintained by NCTC. Health Boards will prioritise local Contact Tracing and ensure any unused resources are made available to other Boards as part of the “whole system approach” agreed in August 2020. The NCTC will be responsible for liaising



with all Boards to monitor capacity levels and if appropriate allocate resources to other Health Boards as necessary; where there is spare capacity, no Health Board will refuse an allocation of cases for tracing from the NCTC.

### **Financial Support for Provision of Contact Tracing Services**

We recently provided additional funding of £6 million to Territorial Health Boards for the next two years to support the Test and Protect Programme from September 2020 (£3.5 million in 2020-21, £6 million in 2021-22 and £2.5 million in 2022-23). Following confirmation of this position, further capacity building work for local teams has been undertaken, taking into account modelling from NHS Grampian based on learning from recent local outbreak management, and scaled up across NHSScotland. This work covers 6 core components of surveillance, contact tracing, vulnerable places, schools and high risk workplaces and re-mobilisation of screening services.

Based on this modelling, a further £13 million will be made available over the following 12 months to NHS Boards to provide support to local capacity building. At the same time we are working with the National Tracing Centre to confirm funding, which will provide further support to Boards. This territorial Board funding is indicative at this stage and subject to minor adjustments, it is proposed to allocate this on the basis of NRAC, split 50% in 2020-21 and 50% in 2021-22. This funding will provide direct financial support to Boards in addressing immediate resourcing issues. Finally, following assessment of these allocations, consideration will be given to providing a component of this additional funding on a recurrent basis to support a medium term investment in public health capacity

I would ask that you provide an addendum to the current Re-mobilisation plans which sets out the response to the requests set out in this letter and sets out how the additional funding would support the 6 core components listed above. This will form part of the Re-mobilisation review process.

## Annex A - Contact Tracing Team Capacity by NHS Board

NHS Board	Percentage of Population Share	Core Staffing Full-Time Posts Per Day	Surge in Addition to Core Contact Tracing Trained Staff Full-Time Surge Posts. Available within 24 Hours
Ayrshire and Arran	7	14	28
Borders	2	5	10
Dumfries and Galloway	3	5	10
Fife	7	12	26
Forth Valley	6	10	21
Grampian	11	19	40
Greater Glasgow and Clyde	22	45	90
Highland	6	10	22
Lanarkshire	12	23	46
Lothian	17	35	70
Orkney	0	3	6
Shetland	0	3	6
Tayside	8	15	30
Western Isles	0	3	6
<b>Total</b>	<b>100</b>	<b>200</b>	<b>409</b>

### NCTC current capacity

	Core Capacity	Reservists
PHS/NCTC	112	80