# **SBAR on Test & Protect Programme**

The purpose of this SBAR is to update the Board of the progress being made in the Test & Protect Service in line with the requirements set out by Scottish Government.

#### SITUATION

The NHS Lanarkshire Test & Protect (Covid 19 contact tracing) service continues to provide the service 8am-8pm, 365 days per year.

To date, the service has approximately 40,600 case records contact traced on the case management system (CMS) from 15<sup>th</sup> July 2020 until 18<sup>th</sup> May 2021.

During April 2021 case numbers reached a level that would allow much more detailed investigation of each case and their contacts to move COVID-19 public health control on to a front footing to identifying the sources of individual infections with a view to stopping that same source from infecting others. This approach to COVID-19 case management would also enable the T&P team to identify potential future sources of infection from any specific sources e.g. certain indoor or outdoor activities.

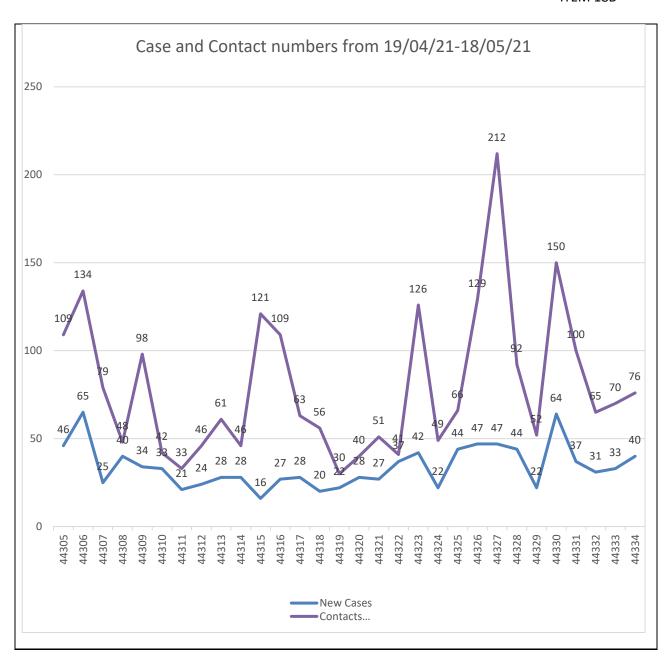
After reporting the recent trend in case numbers to be steadily falling and then plateauing last month, there has, more recently, been an increase in cases. Increased travel into Scotland and easing of restrictions may well be contributing to this.

Positive Cases (last month)

The chart below shows the distribution of new NHS Lanarkshire positive cases and their contacts for the past month from 19/04/21 until 18/05/21.

Worth noting is the dramatic increase in positive cases in a large neighbouring health board which will no doubt have a knock on effect on our positive case rates.

Our cases, although still relatively low, have almost doubled since the end of April.



#### **BACKGROUND**

There has been no significant change in workforce from that reported to the Board in April 2021. However, as the optimal skill mix balance for greatest effectiveness of the T&P Service moving forward has been identified, discussions are at an advanced stage for implementation of this in this short window when cases are relatively low but would almost certainly increase in the coming 6-8 weeks. The proposed approach is most effective in reducing and preventing person to person transmission in the community.

#### Case Interview and Case Completion Rates

The average case interview completion rate inside 24 hours of notification on CMS is a measure of how quickly a contact tracer manages to interview the case, identify contacts and any events/settings of interest. Monthly average rates are listed in the table below.

| September   | 74.0% |
|---|-------|
| October   | 71.8% |
| November  | 91.2% |
| December  | 91.4% |
| January   | 95.2% |
| February  | 96.3% |
| Last 28 days, to March18th                                    | 96.7% |
| March 19 <sup>th</sup> until April 18 <sup>th</sup> inclusive | 95.9% |
| April 19 <sup>th</sup> until May 18 <sup>th</sup> inclusive   | 95.5% |

The average case completion rate inside 24 hours of notification on CMS is a measure of how quickly the wider team manage to complete all other investigative activity associated with a case before it can be closed off. See below.

| September   | 53.4%  |
|---|--------|
| October   | 56.3%  |
| November  | 84.4%  |
| December  | 86.0%  |
| January   | 91.7%  |
| February (to 18/02)   | 92.0%  |
| Last 28 days, to March18th                                    | 92.7%  |
| March 19 <sup>th</sup> until April 18 <sup>th</sup> inclusive | 75.9%* |

<sup>\*</sup>artificially low due to cases being open for investigation of workplaces and premises in Lanarkshire and in other health boards

#### **ASSESSMENT**

#### **Future of the Test & Protect Workforce**

As in our previous report, the T&P team continues to strive to prepare for the immediate future and to improve its effectiveness through our quality management and training programme as well as the transition from current scripted case interview process to the more robust case investigation approach; the well proven approach used by the health protection team. Our Contact Tracers are continuing to explore with cases, the 7-day period before they become infectious as distinct from the standard protocol of asking questions about 2 days from onset of symptoms or sample collection. We have adopted a more detailed scripted case questionnaire but there is a pressing need to move to the tried and tested Health Protection case investigation approach to allow us to better target and break the chains of other routes of transmission.

#### However, there remain risks ahead

<u>Increased International and Domestic travel</u> - As the public travel throughout Scotland and the UK, there are more routes of transmission person to person.

Also as more international travellers enter Scotland there is a high risk of increasing numbers of Variants of concern (VOCs) and different mutations taking hold and becoming

more prevalent in our communities.

<u>Community Asymptomatic testing</u> – Scottish Government recently announced the introduction of twice weekly voluntary population testing using LFD test kits

<u>Testing of close contacts</u> – This has been very effective in identifying infection in close contacts, enabling us to find more positive cases quicker and isolate their contacts but it means the T&P is busier with more cases to contact trace.

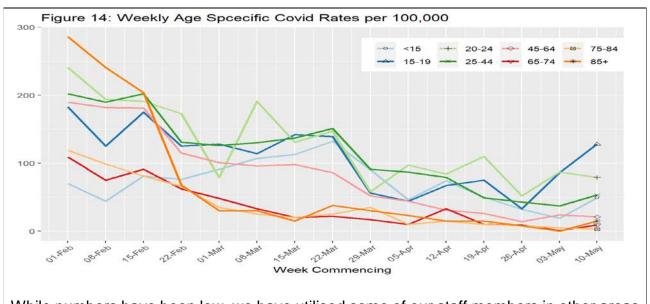
<u>Expansion of LFD tests to schools and workplaces</u> – this is ongoing and while it may result in a higher workload for Test & Protect, the assurance and peace of mind it provides to stakeholders in education, we hope, makes it worthwhile.

<u>Schools return</u> - With schools started back after Spring break, we have begun see a rise in cases. We continue to work closely with colleagues in Education to ensure we have all relevant information to break these chains of transmission.

<u>Easing of lockdown</u> - We were already seeing limited compliance with already lessening restrictions on the lead up to further easing, with the number of contacts per case continuing to fluctuate but the trend appears to be a steady rise. With lockdown so rapidly easing we expect to not only see a significant increase in number of close contacts that cases have but to also see a significant increase in case numbers and complexity of these cases as hospitality opens further, community and hospital healthcare re-opens to address the waiting list of patients and workplaces resume onsite operations.

### Age and Rate of Infection

The first 2 weeks of May show continuing increasing infection rates in under 15 year olds, 15-19 year olds, 25-44 year olds, and 65-74 year olds, the most marked being 15-19 year olds. It is imperative we maintain a recruited, well-resourced Test & Protect Service capable of investigating and mitigating transmission.



While numbers have been low, we have utilised some of our staff members in other areas

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of the organisation e.g. Salus/HR and COVID-19 vaccine programme. This not only benefits other services, it also benefits T&P by keeping Contact Tracer's motivation at a good level and increases their skills and experience.

## **RECOMMENDATIONS**

#### The Board is asked to:

- note the highly fluctuating nature of demand on the service
- note the information provided which provides an overview of service delivery during the past month and a summary of the risks ahead
- continuing support for the resourcing of T&P service to maintain adequate capacity to deliver effective contact tracing across Lanarkshire

Sharon Falconer Test & Protect Service Manager 19<sup>th</sup> May 2021