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## 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

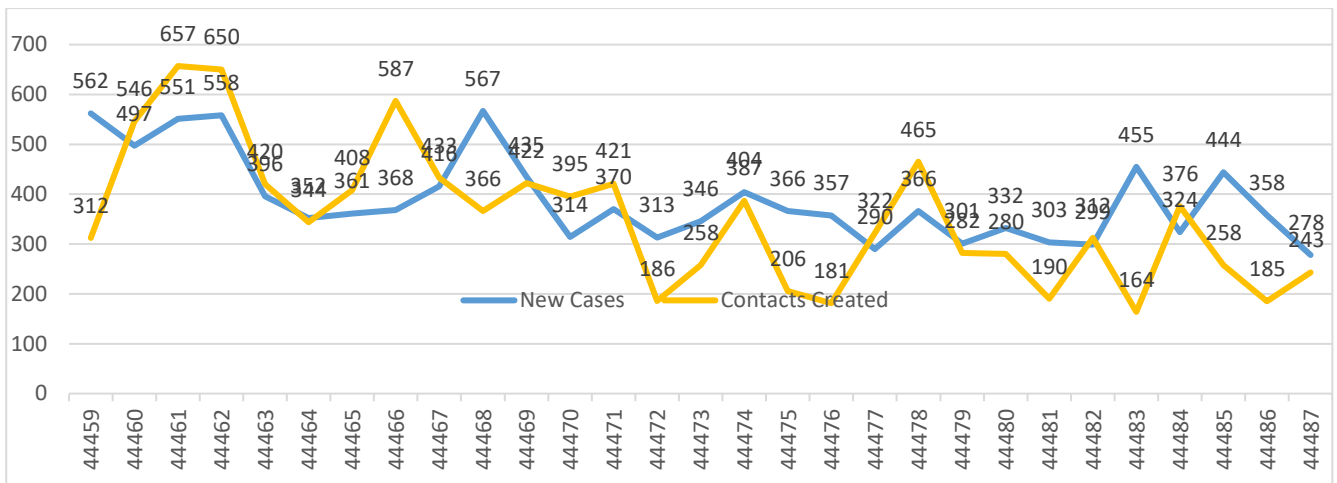
NHS Lanarkshire Test and Protect (Covid 19 contact tracing) Service continues to provide service 8am-8pm 365 days per year.

In total, there have now been 97,616 confirmed Covid-19 cases in Lanarkshire. This report provides an update of recent changes.

Although case numbers have plateaued, they remain high. Nationally Health Boards have worked together and continually revised how cases have been contact traced to ensure maximum efficiency whilst endeavouring to reduce transmission of the virus.

### **Positive cases (past month)**

The graph below shows the distribution of new NHS Lanarkshire positive cases and their contacts for the past month from 20/09/21 until 18/10/21



### Staff Wellbeing

Contact tracing calls can sometimes be distressing to both the caller and the recipient. We have well trained staff who are empathetic and show compassion every day.

A small amount of our staff have made calls only to learn the person on the other end of the phone is contemplating suicide although this is very infrequent. If this happens, we act quickly to provide support to both the case and also 1-1 support to our member of staff. Most of our contact tracing staff have completed the “Assist” suicide awareness course which they

have found to be extremely helpful. All contact tracing staff are aware of the 24-hour Staff Care and Wellbeing service and are encouraged to use this whenever needed.

We take staff wellbeing and support very seriously and encourage activities which help staff relax e.g. - remote team tea breaks or quizzes. Each team start their shift with a team call which clearly marks the start of the working day and end with a team debrief to “shut off” and mark the difference between work time and personal time. All staff are encouraged to take appropriate breaks throughout their shift.

We have encouraged staff to visit the National Wellbeing Hub online and to attend Focus on Wellbeing webinars including, but not limited to, managing stress and anxiety, managing working parenthood in current times, Enhancing Personal Resilience, Mindfulness and self-care.

Nationally, contact tracing staff wellbeing support is actively encouraged as is the use of “Trace Space” by local health boards, a peer supported wellbeing network which was started by the National Contact Centre, where contact tracing staff can come together and explore activities which support their psychological wellbeing through art clubs, book readers’ clubs, pet appreciation clubs, competitions and much more. We are implementing this in the T&P service and believe it is something that can be adapted for any staff group and will test this facility also with the wider PH team.

#### Healthy work-life balance

With any large staff group, it is difficult to please everyone, but we recognised that staff were having difficulty achieving a healthy work life balance with our standard early and late 7.5 hour shifts 5 out of 7 days Monday to Sunday, especially since restrictions had lifted. We conducted a scoping exercise with all staff, exploring their shift preference, 7.5 hours or 11.25 hours. Many opted for longer shifts to have more work free days per week. We were able to implement everyone’s preferences without compromising service delivery and now have a rolling rota (which was also preferred) allowing staff to plan ahead, which is working well.

#### **BACKGROUND**

Case Interview and Case Completion Rates have been measured in Lanarkshire since September 2020.

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. From 20/09/21 to 18/10/21 the average case interview rate has been 95.6%.

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. This can be lower than the case interview rate as complexities still have to be investigated after the initial case interview. From 20/09/21 to 18/10/21 the average case closure rate was 91.9%.

## Staff Attrition

Test and Protect Contact Tracing service has Contact Tracers, Contact Tracing Practitioners, Test and Protect nurses, Service Management, and clinical Lead (Nurse Consultant).

There has been steady staff attrition since initial recruitment in September 2020, some leaving to take up Test and Protect posts in neighbouring health boards at higher bands but more recently to permanent posts out with T&P. Temporary contracts ending in less than 6 months are forcing staff to look for permanent posts with a more secure future elsewhere.

To help address this we have been working collaboratively with the National Contact Centre, which has been both encouraged and endorsed by Scottish Government. We have agreement where up to 10 daily (14wte) NCC Contact Tracers from a dedicated pool of NCC trained staff work with us to help us meet government staffing recommendations. No training is required by NHSL except updating staff with local protocols, so there is no cost to NHSL for recruitment nor training. Should case numbers decline to a point where these staff are not needed, NCC will divert them to other work streams as required. This has been in place for two weeks now and is working well.

## **ASSESSMENT**

### Future of Contact Tracing

There is a national SLWG looking at the future of Contact Tracing throughout winter, spring and beyond using both human interaction and digital engagement. The intent is to put maximum effort into cases who are at higher risk of severe illness and those who are at higher risk of transmitting the virus through human interaction, and conversely, put less effort into those at lower risk of severe illness and those who are at low risk of transmitting the virus by digital interaction (Co3 self-contact tracing). Engagement with Co3 is currently low across all boards with the highest engagement being 30%. It is nationally accepted that this platform is not as user friendly as it could be, but work is currently underway to improve this. Co3 auto-closes digitally completed cases unless the case has indicated they have been to a high risk setting e.g. - health or social care setting, custodial setting, travelled internationally within the last 14 days, and for the duration of the United Nations Climate Change Conference, inside the Blue Zone of COP26 will be included as a high risk setting.

Currently focus is on winter pressures but there is growing pressure from health boards throughout Scotland for Scottish Government to plan further ahead.

Meetings of this SLWG have been suspended for two weeks until after COP26.

### Contact Tracing and COP26

It is expected that there will be a rise in Covid 19 cases during the first two weeks in November. There has been a UK and Scottish Government agreed approach to contact tracing during this time. Public Health Scotland have a dedicated team of Contact Tracers from GGC and the National Contact Centre who will interview all Covid 19 cases who have been in the COP26 Blue Zone. Other "business as usual" cases which breach GGC's capacity will be picked up by other health boards through Mutual Aid.

### Roles and Responsibilities

#### **PHS**

- Strategic planning
- Agree and deliver pathways and digital changes required.

- Liaison with Cabinet Office, Scottish Government and UK Health Security Agency
- First contact point for VVIP contact tracing

## **GGC**

- Lead operational delivery of the contact tracing, in collaboration with other Boards as required

## **All other Boards** (including NHSL)

- Support business as usual contact tracing through mutual-aid to support the GGC response, as agreed with TOG
- Identify COP26 Blue Zone cases and re-assign to 'COP26 Blue Zone'
- Tag all COP26 associated cases as nationally directed and reassign to COP26 team.

There remain risks ahead as we learn to live with Covid 19 as safely as we can:

Imminent risk - Volume of people descending on Glasgow and surrounding areas for COP26 with increased risk of transmission with increased risk of Variants of Concern (VOCs) and different mutations becoming prevalent in our communities.

Imminent risk - Increased staff attrition due to securing permanent positions in other services and businesses.

Transmission in education - We continue to work collaboratively with our education colleagues to mitigate risk of transmission.

The T&P team continue to strive to improve effectiveness

It is imperative we maintain a well-resourced service capable of quickly adapting as needed throughout this pandemic.

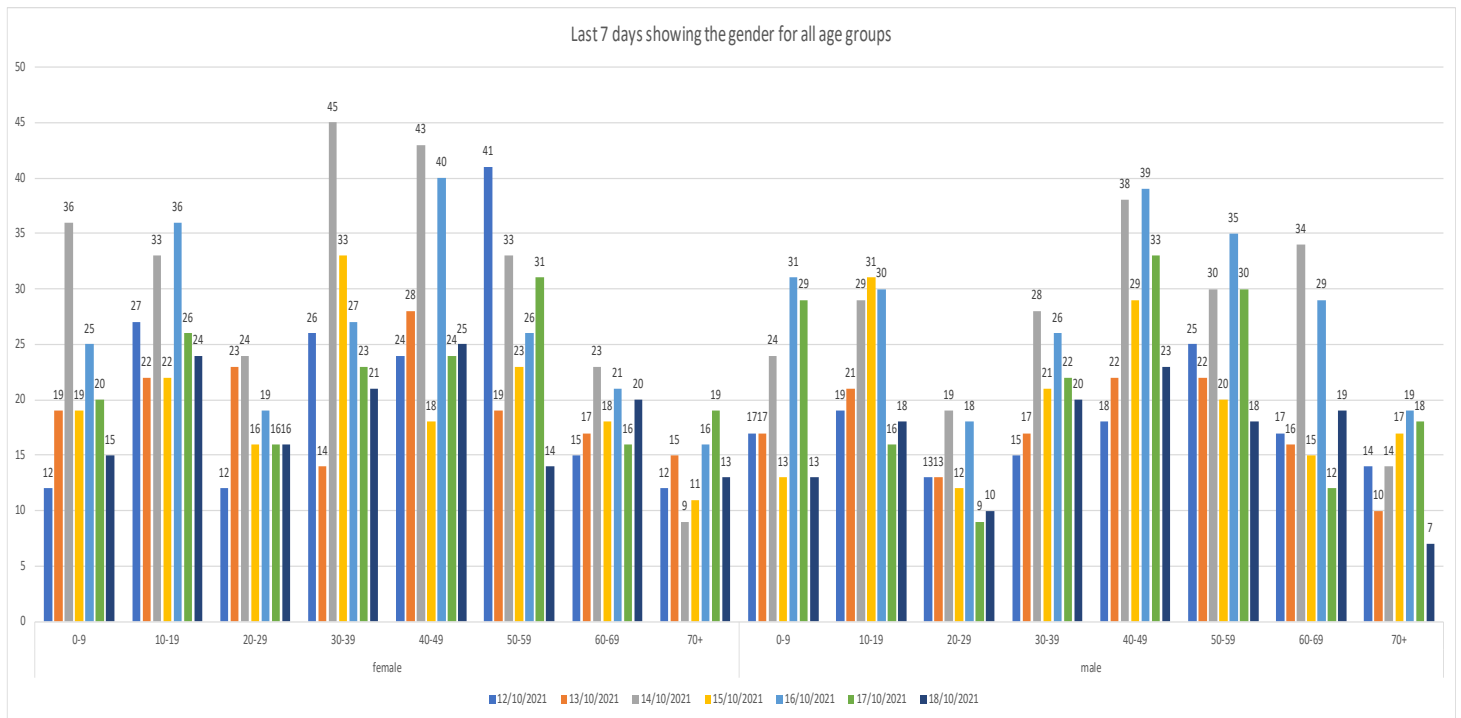
## Festive Season

With the festive season fast approaching comes the expectation that families and friends will gather indoors in large numbers. This is likely to result in increased transmission of Covid 19.

Test and Protect will continue to contact trace throughout this period although we envisage a reduced service will be required on Christmas Day and New Year's day (as was the case last year) to allow most staff to spend time with their families. SG requirements for staffing over the festive period is expected to be announced soon.

## **Age and Rate of Infection**

Covid 19 continues to affect people of all ages. The graph below shows the latest information on cases per age group for the last 7 days in Lanarkshire.



## **RECOMMENDATIONS**

The Board is asked to:

- Consider the effect of the fixed term contracts ending in March 2022
- Note the immediate high risk of further staff attrition
- Recognise and support resourcing of the T&P service to maintain adequate capacity to deliver effective contact tracing and case investigation across Lanarkshire throughout winter and beyond.
- Note, not only the highly fluctuating nature of demand on the service, but also the pace of that fluctuation

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 October 2021