CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 September 2021
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Operational Update and Progress Report on the Health Board's Annual Plan for 2021/22
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Steve Moore, Chief Executive
SWYDDOG ADRODD: **REPORTING OFFICER:**	Steve Moore, Chief Executive

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Board with an update on the ongoing response to the COVID-19 pandemic as well as a wider operational update within the Hywel Dda University Health Board area. It also updates the Board on progress with our Annual Plan for Recovery.

Cefndir / Background

The operational situation across the Health Board has become markedly more challenging over August and into September. COVID-19 infection rates have risen to levels now approaching those seen in the winter of 2020/21. The vaccination programme is demonstrating an undeniable protective effect against serious illness, hospitalisation and long lengths of stay, but admissions of COVID-19 positive patients have been rising, as have admissions to our intensive care facilities.

Added to this, and in common with the rest of Wales, we have been experiencing significant increases in demand at our ED departments in terms of non-COVID-19 emergencies which, when added to rising levels of staff sickness absence and significant challenges in social care provision, is creating an extremely difficult operating environment. This is impacting on our ability to provide planned surgical care at times and the availability of ambulances to respond to some categories of calls. This phase of the pandemic response, coming after 18 months of unprecedented challenges, is perhaps the most difficult and complex we have faced so far and the Executive Team is working closely with our corporate teams and front line staff to find new solutions and approaches to improve the position, reduce waiting times and keep as many services operating as possible.

As a result of this, and in light of the recent resurgence of COVID-19 cases, we have re-established our Tactical Group as a formal element of our weekly Operational Planning & Delivery Group, and re-focused the Integrated Executive Group (which is a joint weekly meeting with Directors of Social Care) to be our joint Health & Social Care Tactical response group. I have also asked all Directors to review their meeting schedules with front line staff to ensure we are freeing up their time to deal with the current pressures. In addition, Director

leads will discuss with committee chairs any areas where planned agenda items requiring papers and/or attendance by operational teams can be postponed or addressed in another way to further support the organisational effort.

The joint virtual briefing meeting with all Independent Members established by the Chair and Chief Executive, and the separate virtual briefing meeting established by the Chair with all Independent Members, both of which had moved to a monthly frequency over the summer, will now revert to their previously fortnightly cycle.

The Vaccination Programme continues to offer doses to all eligible people across the three counties, including first doses to 16 and 17 year olds. The vaccine rate has slowed significantly as we reach saturation point for current eligibility and, at time of writing, guidance has just been issued by Chief Medical Officers on extending the age range and from the JCVI on the recommended approach to the booster programme.

Despite the pressures, work has continued on the delivery of our Plan for Recovery 2021/22 and the latest key developments are set out below. Work is also accelerating on our 3 year Integrated Medium Term Plan (IMTP) for the period 2022/23 to 2024/25, which is the subject of a separate update from the Director of Strategic Development and Operational Planning.

Asesiad / Assessment

Since our last meeting, infection rates have increased significantly. The number of COVID-19 PCR tests giving positive results has also increased.

The table below shows the rate per 100,000 population and positivity rate (the proportion of those tested who receive a positive result) for each county compared to that set out in the July 2021 Board update.

County	Previous update – 7 days to 9th July 2021 (rate per 100k)	Latest update – 7 days to 11th Sept 2021 (rate per 100k)	Previous update – 7 days to 9th July (positivity rate)	Latest update – 7 days to 11th Sept (positivity rate)
Carmarthenshire	89.5	706.1	5.4%	19.2%
Ceredigion	97.7	433.3	6.1%	14.1%
Pembrokeshire	58.8	305.2	3.8%	13.6%
Hywel Dda	**81.1**	**524.7**	**5.1%**	**16.9%**

Infection rates have continue to increase in all age groups but, as reported previously, rates in the older age groups are rising at a markedly lower rate that for the youngest age groups. Rates for the 25 and under age group have risen from approximately 30 per 100,000 in early June to 864 per 100,000 now whilst rates for 60s and over have risen from around 8 per 100,000 to 204 per 100,000 over the same period.

There are some indications of a slowing in both the rate of increase and the positivity rate but, with schools now returning and cooler weather forcing people to mix indoors to a greater degree, this may prove to be short lived.

As infections rise, the risk of outbreaks in hospitals and closure of care homes to admission also rise. At time of writing, there are two outbreaks being managed in Glangwili General Hospital (GGH) and 41 care homes are experiencing COVID-19 related restrictions (28% of all

local care homes). The hospital outbreaks relate to Towy and Steffan wards. The Director of Nursing and Director of Primary Care, Community and Long Term Care will provide verbal updates on the latest position at the Board Meeting.

Vaccination Programme Update

Since the last update, a number of extensions to the vaccination programme have been agreed. Many of these have occurred within days of writing this report so some of the detail on delivery mechanisms were being worked through. In summary these extensions are:

- Third doses for those with severely suppressed immune systems at time of initial vaccination

  The Vaccination Team began vaccinating this group in the latter half of week commencing 13th September. With the national Patient Group Direction (PGD) expected on 17th September, the team have initially started with eligible people who have been referred by their specialist. In these circumstances, the vaccine can be delivered with a prescription from the specialist meaning the programme can get underway whilst the national PGD is developed

- Well 12 to 15 year olds to be given a single Pfizer dose

  The national start date is week commencing 4th October and our plans are in place to commence on this date and possibly sooner although this will, in part be dictated by the development of national resources regarding consent which is a complex issue for this age group. The initial plan is to offer weekend and evening appointments at our MVCs

- Booster programme for all people in JCVI priority groups 1 to 9

  This group (c. 200,000 people) will be offered a single dose Pfizer vaccine or half dose Moderna vaccine. The plan is to start with Care Home residents week commencing 20th September largely through our GP practices. Other groups will be invited to our MVCs from week commencing 27th September, supported by our mobile unit (in partnership with West Wales Fire and Rescue). We are also in discussion with some practices to utilise the additional venues they set up in the earlier stages of the programme to increase geographical spread.

With regard to the earlier extension to the programme, all 16 and 17 year olds have now been offered an appointment and/or had their vaccination dose.

Overall, the vaccination rates have slowed considerably but, at time of writing almost 91% of our eligible population has received one dose and almost 85% have received both (in total population terms, these numbers are 75% and 70% respectively).

Since our last Board Meeting, a further 56,470 doses have been given, with 291,698 first doses and 271,299 second doses now administered to our local population. Whilst the delivery rate has slowed markedly, the vaccination team continue to work with the kind support of the Mid and West Wales Fire and Rescue Service to offer mobile “pop up” clinics across the Hywel Dda area, most recently in Amman Valley and Cross Hands to enhance access and support our Mass Vaccination Centres. As mentioned above, this mobile unit will also support the booster programme.

Alongside this work, the annual Flu' vaccination programme is getting underway. This will be delivered largely by GPs, with community pharmacies supporting, and is also being offered to school aged children. Later in the season, there is a possibility that our MVCs could co-administer the Flu' vaccination alongside COVID-19 vaccinations to further boost uptake.

The Director of Public Health will provide a verbal update on the latest position.

Operational Update

Since the last update, our hospital and community services have seen the pressure increase further with, at times, long ambulance waits and delays in seeing a doctor in our Emergency Departments. Staff are facing considerable workloads and are working in challenging conditions at times. Our ambulance service colleagues are similarly facing very high demand and levels of escalation have led to long waits for ambulances for some people on a number of occasions recently.

As a result of the pressure, we have seen staff sickness absence levels continue to rise. The majority of this rise is not specifically related to COVID-19 symptoms or the need to self-isolate but is in the general sickness category and is likely to reflect, in part, the stresses being experienced. At time of writing, the sickness rate was 7.6% up from a summer low of 6.2% (equivalent to an additional c. 150 WTE absences). The Director of Workforce and OD will provide a verbal update including the work underway to support our staff during this exceptionally difficult period.

The number of COVID-19 patients in our beds continues to rise and is adding to the complexity of operational delivery. At time of writing there were 68 patients (including 3 suspected) in our beds, 8 of which are in Critical Care. Given the level of infection in the community, these numbers are significantly lower than seen in previous waves but are likely to continue to rise. Unlike the previous waves, levels of non COVID-19 emergencies have remained high and capacity in social care for discharges is much more constrained. This has led to the need to postpone planned elective operations, including some for cancer patients, in order to ensure sufficient ward and critical care beds are available for both COVID-19 and non COVID-19 emergencies. These decisions are site specific, being clinically led and under constant review so that, as soon as conditions allow, planned surgery can be restarted.

The Gold Command Group has met a number of times since the last meeting to make decisions on interventions to support our operational response as well as patient safety and both Silver Tactical and the joint Health & Social Care tactical group have been re-started to drive implementation of these decisions.

The level of pressure seems unlikely to reduce in the foreseeable future which places more emphasis on the actions set out in our "Recovery Plan for 2021/22", particularly support for staff health & wellbeing and the work now underway to implement a comprehensive 24/7 out of hospital urgent care response. In relation to the latter, our Physician Streaming, Assessment & Triage Service (PTAS) and Same Day Emergency Care (SDEC) are now operational (part of Planning Objective 5J being led by the Director of Primary Care, Community and Long Term Care) and are providing alternatives to our Emergency Departments for around 6-15 patients per day per site. Additionally the Urgent Primary Care Service underwent a "soft launch" week commencing 6th September 2021. Whilst these initiatives have prevented the operational challenges being even greater, their positive impact is believed to have largely been offset by levels of demand and discharge constraints.

The Director of Operations and Director of Primary Care, Community and Long Term Conditions will provide the latest position at the meeting.

Gold Command Group

The Gold Command Group has met 4 times since the last Board meeting. On 6th August, the Gold Group accepted recommendations from the Public Health Cell to require additional testing for non-household COVID-19 contacts who were members of Hywel Dda staff and to delay relaxation of self-isolation rules for Health Board staff from Saturday 7th August (when national guidance changed for the population of Wales) to as early as possible in week commencing 9th August. These decisions were made to provide an additional layer of protection for staff and patients and went beyond Welsh Government guidance. The specific additional requirements Gold requested to be enacted (over and above Welsh Government guidance) for Hywel Dda UHB staff are:

- Staff meeting the criteria to be able to work would need a risk assessment to be undertaken with their line manager.
- All individuals working within health and social care identified as non-household contacts would be asked to undertake a stringent testing regime, to include PCR and LFD tests, in order for them to be able to return to work.
- If staff declined to undertake testing, the risk assessment would be used to identify risks posed and to agree whether the individual returns to their substantive place of work or undergoes temporary redeployment.
- For those working in non-patient facing, back office roles, testing would be strongly encouraged but not mandated.
- The COVID-19 Testing Delivery Plan is attached at Appendix 1.

The Gold Group met again on 17th August specifically to discuss issues relating to staff returning from Amber list countries having decided previously that case-by-case risk assessments would be undertaken for staff in this position. Again, this was precipitated by changes to national guidelines for self-isolation. Based on advice from the Public Health Cell and the Infection Prevention & Control Team, the Gold Group supported the proposal to treat those members of staff returning from Amber countries in the same way as non-household contacts of COVID-19 cases agreed at its 6th August meeting.

In the recommendations below, the Board is asked to ratify both of these local extensions to the revised Welsh Government policy.

At the request of the Tactical Group, the Gold Group met again on 25th August to consider urgent action to increase capacity to provide for an anticipated rise in Respiratory Syncytial Virus (RSV). Welsh Government have advised Health Boards to plan for a potential 30% - 50% rise in hospitalisations with a peak in November 2021. Welsh Government requested in June that Health Board develop plans for this surge with a mid-July deadline. The development of our local plans highlighted a forecast short fall in our capacity based on the modelling. The proposed solution (involving a demountable stationed at GGH and other works) would usually be subject to a formal procurement process taking an estimated 21 weeks. The Gold Command Group were advised that this would be beyond the date of the expected peak and would potentially lead to patient harm. An 11 week Single Tender Action process was supported to secure the capacity in time to meet the expected surge. The Gold Command Group also supported the funding required (at risk) of £90,966 whilst awaiting final confirmation from Welsh Government that costs would be reimbursed in order that the tactical group could start the procurement immediately.

The Board is asked to ratify both the decision to use the Single Tender Action process and the commitment of funding at risk (pending Welsh Government confirmation of additional support).

At the same meeting, the Tactical Group also sought support for a local proposal to implement enhanced pay rates for staff in urgent care whilst a national policy was in development. The Gold Command Group was asked to consider such a scheme in recognition of significant staffing challenges across the Health Board's urgent care services with the aim of improving rota fill rates and reducing pressure on the front line teams prior to the upcoming August bank holiday. The Gold Command Group agreed the decision for the flexible reward incentive (time +75%) to be offered for a two-week period from 7 a.m. on 26th August 2021 to 7 a.m. on 9th September 2021, noting that communication and marketing of the incentive would be enacted immediately. An evaluation would then follow prior to any further proposals being considered by the Gold Command Group for continuation or cessation.

The Gold Command Group met again on Wednesday 8th September to agree a short extension to the enhanced pay arrangements to allow the evaluation to proceed whilst still offering the incentive in the meantime. With staffing pressures continuing beyond the August bank holiday and the impact being positive although less so than hoped, the Tactical Chair was seeking the extension so that the scheme could continue to be offered up to the point at which a longer term decision could be made (using the evidence from the evaluation).

The Gold Command Group was also advised that there had been an error in the implementation on 27th August involving existing pay enhancements and the intension being not to doubly enhance the pay of staff in receipt of these. The Gold Command Group agreed that although not intended, payment double enhancements would continue temporarily so that existing commitments to staff could be honoured. It asked that this form part of the evaluation process and that a separate paper be provided to the Audit and Risk Assurance Committee setting out the implementation error and financial consequences so that this could be properly scrutinised. The Gold Command Group further agreed to meet on the 16th September to receive the evaluation and consider next steps.

The Board is asked to ratify the extended enhanced pay rates proposal agreed by the Gold Command Group, the completion of an evaluation to inform any longer term decision and agree that a paper be presented to the Audit & Risk Assurance Committee regarding the implementation error.

At time of writing, the Gold Command Group meeting regarding the longer term future of enhanced pay arrangements had not taken place. A verbal update will be provided at Board on the decision made in relation to enhanced pay in light of the evaluation, with ratification sought at the next Public Board meeting.

A further decision to be made at that meeting will be to agree a new Gold Command Requirement in relation to domiciliary care. As reported above, the Integrated Executive Group comprising of Health Board Executives and the three local Directors of Social Care has been re-established as the Health & Social Care Tactical Group as it was in earlier waves. In parallel with Gold Command Group decisions (given the urgency), this group has already established a formal Bronze delivery group focussed on making a significant step change in our ability to discharge patients in light of unprecedented challenges in local domiciliary care provision. The draft Gold Command Requirement is as follows:

- *With recruitment processes starting during week commencing 13th September, the HB's existing Bridging Service will be immediately extended such that it can provide transitional support to all patients awaiting domiciliary care up to the point when an appropriate package of care becomes available or the 31st March 2022 (whichever is sooner). An exit strategy from this arrangement for each individual receiving bridging support will need to be agreed prior to the commencement of that support recognising and planning for the fact that, whilst local authorities would seek prompt transfer from any temporary provision for each individual receiving bridging support, there is a risk that this would not be possible. The proposed model will aim to enhance existing integrated arrangements in each County area and its impact will be closely monitored from inception so that decisions can be made on refinement / cessation as appropriate. The expectation is that there are no/minimal delays for patients deemed ready to leave across all HB services. Arrangements will be designed to prevent negative wider system impact e.g. by avoiding recruitment directly from the existing health and domiciliary care capacity within the region and have a comprehensive risk register to support this. It is not anticipated that the implementation of this service extension includes the opening of Field Hospital capacity as part of the solution which would require Gold Command Group consideration before enacting. The above does not entail setting aside the usual assessment process to establish eligibility and undertaking timely reviews of packages for those in receipt of domiciliary care.*

This significant extension to our Bridging Service is required in order to appreciably rebalance and reduce the system risks we are experiencing and reduce the risk to our patients requiring urgent and emergency care. Whilst there is a need for further modelling work to be done, the Director of Workforce and OD has reasonable confidence that the required scale of recruitment implied by this instruction can be met. Equally, the Director of Finance is confident that the financial implications will not jeopardise our year-end forecasts. Given the scale of this intervention and the speed with which we are working, there are undoubted risks in all this; however, the "perfect storm" we are facing requires action to be taken in a similar manner and pace to our Field Hospital and site configuration actions in the Spring of 2020.

A further verbal update will be provided by the Chief Executive at the Board meeting.

The Board is asked to ratify the additional Gold Command Requirement as set out above.

Gold Level Cell Updates

The Executive Team continues to meet formally on a weekly basis to review and co-ordinate the work of both the Silver Tactical Group and the Gold level Cells. At the time of writing, all Cells were reporting no issues with their latest position and projections.

Update on our Recovery Plan for 2021/22

Work continues on delivery of our Recovery Plan for 2021/22 with good progress being made and the Plan was reviewed at the Strategic Development and Operational Delivery Committee (SDODC) in August 2021. All expected actions for Quarter 1 have been achieved with the exception of two - 5L (dietetics expansion plan) which will now deliver the self-screening tool in Quarter 4 and Gold Command Requirement #1 (establishing sufficient beds to allow for a peak of 945 occupied beds) will establish formal recovery groups in September 2021 (delayed from Quarter 1). The progress made, despite the service pressures we are experiencing demonstrates how hard the system and our teams are working to recover and improve.

The Board has received updates on a number of key Planning Objectives at seminar sessions over the summer and detailed updates will continue at the SDOD committee. I would, however, highlight a few notable developments since our last meeting.

- We have now completed the staff focussed Discovery report (Planning Objective 1H) to seek a deeper understanding of staff experiences during the pandemic. This is the third in a series of discovery reports aimed at capturing the unprecedented changes to services as well as the experiences of our staff, patients and whole population. During the autumn, the Executive Team will be carefully considering the report, reflecting on the current actions we are taking and identify further areas of action that we can take to help our staff to recover and reflect on the momentous events of the last 18 months. This may result in new planning objectives for Board consideration at its November 2021 meeting.

- Our new Interface Asthma Specialist Nurses are now commencing in post (Planning Objective 5Q) which will represent one of the first cluster based initiatives to be brought into mainstream delivery through the Transformation Steering Group (TSG) process. Further proposals are being sought by TSG to ensure we have a strong pipeline of proven beneficial interventions flowing from cluster initiatives as part of the Health Board's developing 3 year Integrated Medium Term Plan.

- In relation to support for members of our local population suffering with long COVID, recruitment is now underway for our multi-disciplinary COVID Recovery & Rehabilitation Team and the establishment of our specialist Multi-Disciplinary Team (MDT) clinics.

- Work on our Programme Business Case (PBC) to deliver on the capital elements of our strategy – *A Healthier Mid and West Wales* – continues and I anticipate being able to present this to Board in November for support prior to forwarding on to Welsh Government for consideration. Support from Welsh Government, if forthcoming will allow the Health Board to move into detailed business case development and land identification in 2022.

- The first version of our new Board Assurance Framework, which sets out a new and comprehensive approach to ensuring we maintain focus on our long term Strategic Objectives, will be presented to Board today by the Board Secretary. I am looking forward to seeing this framework develop, strengthen, and become a driving force for the Board's agenda in the future.

The Executive Team will be reviewing actions in relation to all Planning Objectives that are due to complete by the end of 2021/22 in September and October 2021, in order to identify any delivery risks and agree mitigations. I will update the Board on the outcome of this formally at its meeting in November 2021.

Argymhelliad / Recommendation

The Board is asked to:

- Ratify the Gold Command Group decisions as set out above;
- Ratify the additional Gold Command Requirement as set out above;
- Note the wider update in relation to our Recovery Plan 2021/22 and on-going COVID-19 response.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	853 - Risk that Hywel Dda's response to COVID-19 will be insufficient to manage demand (Score 5) 854 - Risk that Hywel Dda's Response to COVID-19 will be larger than required for actual demand (Score 6) 855 - Risk that UHB's non-covid related services and support will not be given sufficient focus (Score 8)
Safon(au) Gofal ac Iechyd: Health and Care Standard(s): Hyperlink to NHS Wales Health & Care Standards	All Health & Care Standards Apply
Amcanion Strategol y BIP: UHB Strategic Objectives: Hyperlink to HDdUHB Strategic Objectives	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the report
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Hywel Dda University Health Board Gold Command Hywel Dda University Health Board Silver Tactical Hywel Dda University Health Board Bronze Group Chairs

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report.
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	Consideration and focus on risk is inherent within the report. Sound system of internal control helps to ensure any risks are identified, assessed and managed.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report

Gyfrinachedd: **Privacy:**	Not applicable
Cydraddoldeb: **Equality:**	Not applicable

Hywel Dda University Health Board

COVID-19 Testing Delivery Plan

Version 0.10 August 2021

Hywel Dda University Health Board

COVID-19 Testing Delivery Plan

August 2021

Version	Date Issued	Amendment History	Distribution
0.1	3rd August 2020	First draft – circulated for comment	Subject Matter Experts across the UHB
0.2	6th August 2020	Comments incorporated from version 0.1 Sections added for Antibody Testing and Future developments Circulated for comment	Subject Matter Experts across the UHB
0.3	7th August 2020	Comments incorporated from version 0.2	Subject Matter Experts across the UHB PH Gold Cell members
0.4	10th August 2020	Final comments incorporated	
0.5	3rd November 2020	Refreshed plan	Public Board papers
0.6	12th March 2021	Refreshed plan	Subject Matter Experts across the UHB PH Gold Cell members
0.7	16th March 2021	Final comments incorporated	Tactical Group Public Board papers
0.8	26th April 2021	Refreshed plan	Subject Matter Experts across the UHB PH Gold Cell members
0.9	30th April 2021	Comments incorporated	Tactical Group PH Gold Cell Public Board papers
0.10	9th August 2021	Refreshed plan	Subject Matter Experts across the UHB PH Gold Cell members
0.10	30th September 2021	Refreshed plan	Public Board papers

Contents

1.0 Introduction

Hywel Dda University Health Board (the Health Board) first commenced community testing for COVID-19 in March 2020. Since that time, the demand for testing, national strategy and testing infrastructure have changed dramatically. This refreshed COVID-19 Testing Delivery Plan provides a brief description of those changes over time, gives a detailed current position statement and looks ahead to the projected likely requirements for testing over the next 8 months.

The Health Board has developed a robust testing infrastructure, which has been responsive to the changing expectations from Welsh Government, as the national Testing Strategy has developed. The Health Board is able to provide COVID-19 testing to anyone who needs it.

This now includes the provision of testing to:

- Those with COVID-19 symptoms in the community
- Identified contacts of COVID-19 positive individuals
- Patients prior to surgery and chemotherapy
- All patients on admission to hospital
- All inpatients routinely every five days
- Inpatients when they become symptomatic
- Patients prior to discharge to or admission to a care home, or home with domiciliary care support
- Residents within care homes
- All care home and ward residents/patients and staff in response to outbreaks
- The population as appropriate in response to outbreaks or identification of a variant of concern
- Asymptomatic Health Board staff and students routinely with Lateral Flow Devices (LFDs)

The Health Board is currently using a range of testing methodologies including RT-PCR and point of care testing (POCT). Previously the Health Board also provided antibody testing, which has now been discontinued on a national basis.

2.0 National Testing Strategy and the Hywel Dda University Health Board Operational Delivery Plan

On 15 July 2020, Welsh Government published its first Testing Strategy, setting out the testing priorities as we emerged from lockdown in preparation for the winter. The Strategy required Health Boards to develop local Delivery Plans, which set out clear deliverables, timeframes and current and future planning arrangements. These plans were based on local and regional priorities, to ensure testing capacity was maximised to support changing testing requirements as we moved through the autumn and winter 2020/21. This included the need to be agile and flexible, to respond to any changing circumstances, such as the emergence of flu, as we moved towards the winter period.

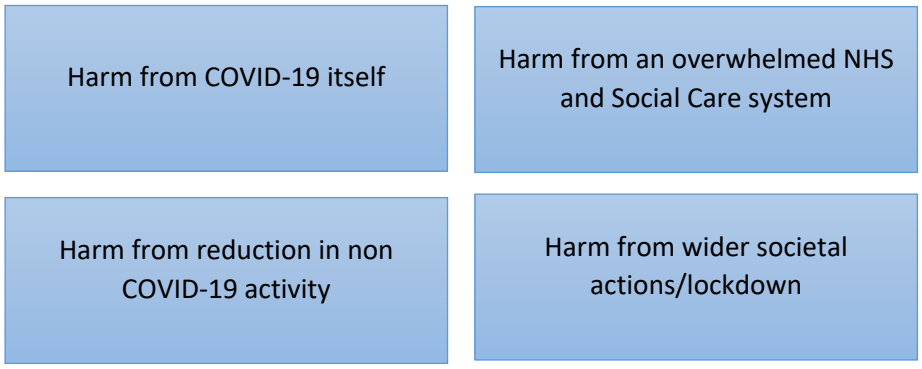
The first version of the Health Board's Delivery Plan was published in August 2020 and identified a number of up and coming challenges that could affect the demand for COVID-19 testing. These included factors that could increase the number of **symptomatic** individuals across our region, significantly increasing the demand for RT-PCR testing, including:

- An increased population due to a rising number of tourists and visitors to the region over the summer months
- A further increase in population due to the re-opening of universities and other higher education facilities
- An increase in the number of individuals with respiratory symptoms from other causes e.g. influenza, leading to requests for COVID-19 testing and possibly multi-viral testing
- At any point we could see a second wave of infection

There was also a need to review the changing Welsh Government expectations regarding **asymptomatic** RT-PCR testing e.g. for pre-operative and pre-diagnostic procedures, hospital admissions and discharges, and care homes/other closed settings, which could create additional demand.

The Delivery Plan was updated in November 2020, with a revised projection for testing demand and review of suitability of testing facilities over the winter period. We also took the opportunity to align testing with parts of the vaccination programme and phlebotomy services to deliver some of these activities on multi-use sites, creating economies of scale in relation to workforce and equipment.

Welsh Government refreshed the national Testing Strategy in February 2021. The refreshed Strategy identified four causes of harm relating to COVID-19.



The Strategy reviewed the national testing priorities:

- To support NHS clinical care – diagnosing those who are infected so that clinical judgments can be made to ensure the best care
- To protect our NHS and social care services and individuals who are our most vulnerable

- To target outbreaks and enhance community surveillance in order to prevent the spread of the disease amongst the population
- To support the education system and the health and well-being of our children and young people and to enable them to realise their potential
- To identify contacts of positive cases to prevent them from potentially spreading the infection if they were to become infected and infectious, and to maintain key services
- To promote economic, social, cultural and environmental wellbeing and recovery

The Strategy was re-set to five key areas of focus:

- Test to diagnose
- Test to safeguard
- Test to find
- Test to maintain
- Test to enable

Test to Diagnose

To identify patients who are infected/infectious as quickly as possible, particularly those presenting to hospital so that they may benefit from specific treatment for COVID-19. A confirmed diagnosis is also important to reduce uncertainty and the need for further investigations.

This includes testing:

- All emergency patients on admission
- Any patients who develop symptoms during admission
- Asymptomatic inpatients five days after admission and every subsequent five days to identify asymptomatic infected/infectious individuals who may have been incubating infection at the time of admission or contracted COVID-19 through nosocomial transmission
- All planned admissions within 72 hours prior to admission to protect patients who would be at increased risk from Covid-19 due to planned procedures (e.g. chemotherapy or surgery)

Test to Safeguard

COVID-19 is a challenge in closed settings such as hospitals, care homes and prisons because it can be difficult to control the spread once infection is introduced. The risk of infection being brought into a closed setting is related to the prevalence of infection in the community, therefore greater vigilance is needed when prevalence within the population is higher.

Infected individuals may enter closed settings as symptomatic or asymptomatic residents, visitors, or staff members. The primary measures to control risk of infection

are the use of appropriate Infection, Prevention and Control procedures. Testing can provide some additional safeguards but cannot be used as a sole means of control.

Aspects of testing include:

- Symptomatic staff, wherever they work, should self-isolate and request a RT-PCR test
- Routine testing of asymptomatic staff working with vulnerable people, using lateral flow tests, including patient-facing NHS staff, public-facing social care staff, care home staff, supported living staff, visiting professionals to care homes, domiciliary care staff, special school staff
- Symptomatic care home residents
- Admissions to care homes from the community, hospitals or other closed settings
- Visitors to care homes

Test to Find

Identifying and isolating COVID-19 cases in the community reduces the transmission of infection, supports contact tracing and helps to slow or stop the spread of the disease.

Reduced prevalence of infection in the community reduces the number of severe infections, protects vulnerable individuals, protects the NHS, and reduces mortality.

- Everyone who thinks they have symptoms of COVID-19 should get a test
- In specific instances e.g. in response to outbreaks in a community or workplace, mass testing could be used to seek out cases. This includes mass testing of care homes with a positive case

Test to Maintain

Regular testing of staff in the workplace, including in education and childcare settings, increases surveillance to identify asymptomatic cases faster. Testing can support other critical measures (such as social distancing) to help reduce the spread of the virus and maintain services.

- Routine asymptomatic LFD testing has been rolled out across a wide range of workplaces including education, public services and private companies and businesses
- LFD tests are available for all who are unable to work from home and cannot access testing via their workplace, and their households, through LFD Collect from most community pharmacies and LFD Direct, with tests ordered on the UK Portal and delivered to their home.

Test to Enable

With regards to the successful vaccination programme and as we move towards lower prevalence of the virus, Welsh Government is now considering how testing can further support a return to normality and meet the sixth testing priority - to promote economic, social, cultural and environmental wellbeing and recovery.

On 7 August 2021, Wales moved to Alert Level 0, with the following changes:

- remove legal restrictions on the number of people who can meet indoors, including in private homes, public places or at events
- all businesses and premises can open, including nightclubs
- people should still work from home wherever possible
- face coverings will remain a legal requirement indoors, with the exception of hospitality premises. This will be kept under review.
- fully vaccinated adults, under 18s and vaccine trial participants will not need to self-isolate if they are a close contact of someone with coronavirus

The lifting of the restriction to self-isolate if identified as a close contact of someone with COVID-19, as long as fully vaccinated or under 18, brings the ability for some individuals to continue working/return to the work place.

In order to provide additional protection for vulnerable individuals being cared for by health and social care staff, a set of criteria and risk assessment process has been agreed to identify staff who **can** or **should not** continue to work in the health and social care setting, if identified as a contact.

The high level summary for the Hywel Dda Region is:

- If the contact is **aged 18 or over** and **is not double/fully vaccinated** they will need to isolate for 10 days as per current guidance.
- If the contact is **aged under 18, not double/fully vaccinated** and **asymptomatic**, they will not need to isolate, **but should not** be considered for returning/continuing to their workplace **in the health and social care sector**. (They may be considered for work by other employers outside of health and social care).
- Regardless of age, if the contact, is **double/fully vaccinated** and **asymptomatic**, they will not need to isolate and **may be** considered for returning/continuing to work within the **health and social care sector** following a risk assessment by the line manager, **as long as they do not live as a household member of a positive case** in addition to other work settings.
- Regardless of age, any health or social care worker, who is **double/fully vaccinated,** who lives as a **household member of a known positive case** does not need to isolate but **should not** be considered for returning/continuing to their workplace **in the health and social care sector**. (They may be considered for work by other employers outside of health and social care).

This refresh of the Health Board's Testing Delivery Plan has fully considered the expectations set by Welsh Government in line with the move to alert Level 0 on 7 August 2021.

We have and will continue to build on our existing Test, Trace and Protect (TTP) Communications Strategy to forecast, review and adapt information and messaging as required for our staff, communities and partners. We have developed strong partnership working across our partner agencies for an aligned, accurate and consistent communications strategy. We have established three county-specific Incident Management Teams (IMTs) and a Regional IMT.

This continues to be a live Delivery Plan, which will be monitored and adapted to meet any changing local circumstances or national policy direction e.g. disadvantaged communities or 'hot spots' which may require more targeted focus and communication. We will continue to utilise a wide range of tactics and platforms, in line with Welsh Government and Public Health Wales (PHW) national campaigns (e.g. Keep Wales Safe) and local strategic operational plans where appropriate. We will continue to collaborate with local agencies in the Hywel Dda area to ensure clear, accurate and consistent messaging that informs and reassures our communities.

3.0 RT-PCR Testing

The viral RT-PCR detection test utilises a throat or dual throat and nose swab, which is analysed in a laboratory. This test detects the presence of viral RNA and can determine whether an individual currently has the infection. It has a high level of sensitivity and specificity.

It is now known that viral ribonucleic acid (RNA) may be detected by RT-PCR in upper respiratory samples for prolonged periods, in some cases more than 120 days, after an initial infection. However, the presence of viral RNA does not necessarily correlate with either the presence of live virus, or indeed infectivity.

The Health Board has developed a testing infrastructure to ensure that anyone who needs an RT-PCR test can access one.

The testing of **symptomatic critical staff and members of the public** is undertaken at a number of community testing sites across Carmarthenshire, Ceredigion and Pembrokeshire (currently four sites). All of this capacity is provided via the Department of Health and Social Care (DHSC) system, booked via the UK Portal or 119, and analysed in UK Lighthouse Laboratories (LHLs). Recently a LHL has opened in Newport, Gwent.

The testing of **symptomatic care home residents and mass testing of care homes** and inpatient wards in response to outbreaks is undertaken by Health Board staff, and analysed by the PHW laboratory in Newport, Gwent.

The **routine weekly RT-PCR testing of asymptomatic care home staff** is undertaken via the UK Portal and analysed in the LHLs.

The **day 2 and day 8 testing advised for all close contacts** of people with COVID-19 (non-health and social care workers) is undertaken via the UK Portal or 119 and analysed by the LHLs.

The **enhanced testing of health and social care staff**, identified as **close contacts** of people with COVID-19 is undertaken immediately through the Health Board's CTUs, analysed by the PHW labs for immediate testing, and via the UK Portal or 119, analysed by LHLs for day 8 testing.

The testing of **asymptomatic pre-operative and pre-chemotherapy patients** within 72 hours before the procedure is managed and delivered by Health Board staff, across all three counties (currently five sites). These swabs are analysed by the Public Health Wales (PHW) laboratory in Newport, Gwent.

Testing of all **emergency and unplanned admissions to our hospitals**, **repeat testing every 5 days after admission or when an inpatient becomes symptomatic** is undertaken by Health Board staff and swabs are analysed within our local Health Board laboratories.

The Regional IMT has developed a list of options to respond swiftly and effectively to community outbreaks or the identification of a variant of concern. Wherever possible this will utilise RT-PCR swabs rather than Lateral Flow Devices (LFDs).

3.1 Controlling and preventing transmission of the virus by supporting contact tracing

Reducing the onward transmission of the virus requires that we know who is infected and in turn requires those individuals to self-isolate to break the chain of transmission.

We will continue to prioritise the testing of symptomatic individuals, encouraging those with wider symptoms of COVID-19 in our communities to request a test. This will include the targeting of communications at the tourist industry and visitors, to enable local testing where an immediate journey home is not practical.

The Hywel Dda region includes a number of university and higher education sites, with significant numbers of students entering the areas of Aberystwyth, Carmarthen and Lampeter. This is an area of particular concern to the Health Board and its partners, as the majority of these students live in houses of multiple occupation or university accommodation, with shared facilities.

We have developed excellent partnership working with our university partners, and local universities form part of our local Incident Management Teams, with robust plans and processes established to support TTP, infection protection and control and management of potential spread across the university population.

This includes the establishment of a walk-in testing option in Aberystwyth for those students without access to transport. We have since established a walk-in testing option in Haverfordwest.

We have established robust Contact Tracing Teams across all three counties and all individuals with a positive RT-PCR result are contact traced to identify others that may be or become infectious. From 7 August 2021, close contacts of identified positive cases are no longer required to self-isolate if they are double/fully vaccinated or under 18. All contacts continue to be contacted by the Tracing Teams and informed/advised regarding self-isolation where required and encouraged to book a RT-PCR test on days 2 and 8 following the last contact with the positive individual. Enhanced testing is available for health and social care staff identified as contacts.

4.0 Point of Care Testing

A number of Point of Care Testing (POCT) methods for COVID-19 have developed over recent months and have started to be implemented at pace across a number of settings. This is to support the 'test to maintain' strand of the Testing Strategy as a routine test for asymptomatic workers and students.

The main POCT being rolled out across Wales is the Innova SARS-CoV-2 Antigen Rapid Qualitative Test, which is a **Lateral Flow Device (LFD)** that uses a nasal swab and gives a result within 30 minutes.

The LFDs have a very high specificity of 99.6%, but a much lower sensitivity of between 50% and 70. The lower sensitivity of LFDs compared to RT-PCR, means that not all positives will be detected, however the tests are more likely to detect people with a high viral load, who are by implication those who are most infectious, rather than people who have had COVID-19 recently and are no longer infectious or are pre-infectious. False positive results will still occur so positive results require confirmation by laboratory RT-PCR.

Routine twice-weekly LFD testing started to be offered to asymptomatic patient-facing staff and students in the Health Board (circa 8,000) in February 2021. This is now available to all Health Board staff, including non-patient facing staff. This testing is not mandatory and staff can reserve the right to decline the offer. The offer of twice-weekly LFD testing is also being made to all Primary Care Contractors.

Staff who choose to take up the offer should upload their results to a UK Portal and any positive results will lead to the requirement to immediately self-isolate and book an urgent RT-PCR test for confirmation. Positive LFD results are now flowing into the Case Record Management system (CRM) so the Tracing Teams are alert to positive results and able to commence contact tracing and follow up with the individual the need for a confirmatory RT-PCR.

From 12 August 2021, health and social care staff identified as contacts of a positive case will be **required** (patient/service user facing) or **strongly recommended** (non-patient/service user facing) to undertake 10 consecutive day LFD testing in order to return to work, where they meet approved criteria.

LFD testing is also being offered to:

- Public-facing social care staff
- Care home staff (in addition to weekly RT-PCR)

- Visiting professionals to care homes
- Domiciliary care workers
- School staff
- Pupils in secondary schools
- University students
- Private industries and businesses
- Anyone who cannot work from home, and their households, where they are unable to access testing through their workplace

In December 2020, LumiraDx POCTs were introduced into the Health Board's admitting units for symptomatic patients to provide a rapid result (within 20 minutes). The use of these kits was suspended at the beginning of February due to concerns linked to a high proportion of false positive results. These were subsequently been suspended across NHS Wales due to two Field Notices recalling specific batches.

The Health Board's Testing Cell is currently considering the introduction of a different POCT into our admitting units and for our paediatric services to detect respiratory syncytial virus (RSV) in addition to COVID-19 and wider respiratory illnesses.

We will continue to review the use of POCT as further developments ensue.

5.0 Antibody Testing

In the summer of 2020, the Health Board provided antibody testing to circa 5,500 school staff, Health Board, Primary Care and Welsh Ambulance Service staff and domiciliary care workers as requested by Welsh Government.

At the time there was no agreed clinical utility to antibody testing and its purpose was to provide information on the prevalence of COVID-19 in different work groups to help us to better understand how the disease spreads.

A positive antibody result means an individual has probably had the virus, however, it does not mean that they are immune to catching the disease again or that they cannot infect other people.

A negative antibody result means that the laboratory reviewing the sample has not detected antibodies to the virus that causes COVID-19. This could be because they have not been exposed to the virus that causes COVID-19, or the test was taken before an antibody response could be generated, or the levels of antibodies are too low to be detected.

Antibody testing has now ceased nationally whilst priority is given to RT-PCR and antigen POCT. Welsh Government is currently considering the use of home testing kits for any future antibody testing requirements.

6.0 Proposed Model for a Sustainable COVID-19 Testing Infrastructure

Our current community RT-PCR testing infrastructure comprises a mixture of Health Board managed Community Testing Units (CTUs) in Aberystwyth, Cwm Cou, Haverfordwest, Carmarthen and Llanelli, one DHSC Regional Testing Centre (RTC) in Carmarthen, and three third party MTUs based in Aberystwyth, Haverfordwest and Llanelli. We also have access to two central reserve MTUs.

The current RT-PCR testing infrastructure uses a mixture of Welsh dry throat swab kits, analysed within the Public Health Wales laboratories and the UK wet dual throat/nose swab kits analysed through the UK LHLs, with dual access points via the Health Board's Command Centre or the UK portal/119.

6.1 Community Symptomatic Testing and Contact Testing

The vast majority of our community symptomatic testing is delivered via the UK model. This includes symptomatic members of the public, critical workers, tourists/visitors and students. Tests are booked through the UK Portal or 119 and swabs are analysed in the LHLs. Testing is also offered to identified contacts of COVID-19 positive cases.

Whilst there were significant issues with the system between August and November 2020, all issues have now resolved and the system is delivering a high quality service with plenty of local sampling capacity and 24 hour results turnaround times circa 96% for those tests that require a rapid response.

The Health Board provides testing to symptomatic individuals who cannot attend a testing site e.g. those that are housebound, and to international travellers with a suspected variant of concern. This is delivered via home visit by the CTU staff.

Modelling work has been undertaken to establish the maximum daily community RT-PCR testing demand through to March 2022 across our three counties. The modelling was based on the possible number of new infections and symptomatic individuals with the following assumptions:

- Baseline population figures, including typical patient flows from North Wales and Powys and second home ownership
- The likely increase in population by County associated with tourists/visitors and university students
- 80% population will be infected
- 66% population will be symptomatic
- 2.7% those who contract the virus will be admitted into hospital (in-line with national models)
- These figures do **NOT** take account of potential clusters/outbreaks or the impact of other respiratory illnesses such as influenza
- These figures do **NOT** take account of the impact of new variants of concern

- These figures do **NOT** include the demand for testing of asymptomatic individuals e.g. pre-operatively and pre-chemotherapy, or contacts identified through contact tracing

Two scenarios have been considered:

- The possible worst-case scenario (scenario 22) using a stepped approach with a range of Rt values e.g. as restrictions are eased, starting at the actual position in January 2021. This scenario anticipates no impact from the vaccination programme, and does not taking into account the impact of new variants of concern or other respiratory illnesses.
- The more likely but still conservative scenario (scenario 23) assumes a 50% positive impact from the vaccination programme but also does not account for the impact of any new variants of concern or other respiratory illnesses.

In both scenarios, possible community testing demand has been calculated based on 5 times the likely infected rate each month over the coming year.

Scenario 23 (with 50% efficacy of the vaccination programme) based on 5 x the likely numbers of infected individuals, equates to a daily demand of 114 community tests per day for the region, from March 2021 tapering off to no demand from December 2021 onwards.

By county, this equates to a decreasing demand month on month to December 2021, from a maximum demand of:

- Carmarthenshire up to 72 tests per day in March 2021
- Ceredigion up to 10 tests per day in March 2021
- Pembrokeshire up to 31 tests per day in March 2021

Scenario 22 (possible worst-case scenario with no positive impact from the vaccination programme) based on 5 x the likely numbers of infected individuals, equates to a daily demand of 262 community tests per day for the region in March 2021. This rises to a peak of 1,058 tests per day in October 2021, before declining rapidly to no testing required by March 2022.

By county, this equates to an increasing demand month on month to a maximum demand of:

- Carmarthenshire up to 613 tests per day at a peak in October 2021
- Ceredigion up to 212 tests per day at a peak in September 2021
- Pembrokeshire up to 243 tests per day at a peak in October 2021

These then taper to no demand by March 2022

The predicted worst-case scenario 22 shows a maximum demand circa 1,000 tests per day, for a short period of time, which equates to only 50% of the routine sampling capacity available across the region without the use of the reserve MTUs (See Table

1). Whilst this demand does not include any consideration of demand from new variants of concern or other respiratory illnesses, the figures are truly worst-case scenario with no impact from the vaccination programme, which gives confidence that sufficient community sampling capacity is available for the coming year.

In reality, the true symptomatic community demand is likely to be somewhere between the two scenarios. The actual testing demand in March 2021 was relatively close to scenario 23.

All contacts of positive cases are now encouraged to undertake a RT-PCR test on days 2 and day 8. These are directed via the DHSC testing system.

To support a safe return to work within the health and social care sector, the following enhanced testing regime has been agreed across the Hywel Dda region. **All staff** identified as a contact of a confirmed positive case of COVID-19, who meet the criteria for continuing to work in the work place and **work in close contact with patients/service users are required to** undertake the enhanced testing regime.

Staff identified as a contact of a confirmed positive case of COVID-19, who meet the criteria for continuing to work in the work place and **do not work in close contact with patients/service users** should be **strongly encouraged** to undertake the enhanced testing regime but it is not a requirement.

The enhanced testing regime for health and social care staff is as follows:

- PCR test as soon as identified as a contact. This will be arranged by the Health Board's Command Centre who will contact the member of staff directly to arrange the test at one of the Health Board's Community Testing Units. **The test result must be negative before the staff member returns to the work place.**
- 10 continuous days of Lateral Flow Device (LFD) tests, undertaken before each shift. **Each test result must be negative before the staff member attends the work place.**
- PCR test on day 8, arranged by the staff member via the UK portal or 119. The staff member **does not** need to stay off work whilst waiting for the result, as long as LFD tests are negative.

Whilst the prevalence is low as it currently is, this will not create any challenge to the system. However, scenario 22 projects a peak of 6,561 new infections in the month of October 2021. Assuming all of these are detected and a worst-case average number of 8 contacts per positive case (currently 5 but expected to rise as restrictions are lifted), each requiring two tests, this equates to circa an additional 3,400 tests per day, which will exceed capacity if the worst-case scenario is experienced. This will be a national challenge and has been flagged as a risk to Welsh Government. In reality, it is unlikely that this amount of contacts will require RT-PCR testing as it is not mandatory and it is likely that a proportion of individuals will decline the offer of a RT-PCR test.

Table 1. Current DHSC Community Symptomatic RT-PCR Sampling Capacity

Testing Facility	Type of Facility	Maximum Daily RT-PCR Swabbing Capacity March 2021
Aberystwyth Canolfan Rheidol	Dual drive-through and walk-in MTU, managed/delivered by 3rd party on behalf of DHSC, UK swab kits and lighthouse labs	500
Haverfordwest Pembrokeshire Archives	Dual drive-through and walk-in MTU, managed/delivered by 3rd party on behalf of DHSC, UK swab kits and lighthouse labs	500
Llanelli Dafan Park	Drive-through MTU, managed/delivered by 3rd party on behalf of DHSC, UK swab kits and lighthouse labs	500
Carmarthen Showground	Drive-through RTC, managed/delivered by 3rd party on behalf of DHSC, UK swab kits and lighthouse labs	500
2 Central Reserve MTUs	For deployment for outbreaks or targeted testing as required*	1000*
Total		**2,000 – 3,000***

*The 2 central reserve MTUs are based in the Carmarthen Showground and have been deployed locally as and when required. They could be called upon to support other parts of Wales, if needed so are not assumed within our local capacity.

The public is also able to access home testing kits, although these are not as timely as attendance at a testing centre and as such are not generally recommended. Due to the geographical and travel challenges for the population served by the Health Board, we will continue to provide an easily accessible solution across a number of sites as shown in Table 1.

6.2 Community Asymptomatic Pre-operative and Pre-chemotherapy Testing

We are currently directing all asymptomatic testing of pre-operative and pre-chemotherapy patients via the Health Board CTUs and PHW laboratories to ensure rapid TATs for results.

The current demand for pre-chemotherapy testing is circa 140 tests per week. We do not anticipate this figure increasing significantly in the future.

Based on pre-COVID planned surgical numbers, the maximum weekly planned operations within the Health Board requiring pre-operative RT-PCR tests are circa 536 per week.

The average number of daily pre-operative and pre-chemotherapy RT-PCR tests required are circa 100/day. Whilst this does not include tests for regional surgery or pre-anaesthetic dental procedures, Table 2 shows that our current community Health Board asymptomatic RT-PCR sampling capacity, is more than sufficient to meet the predicted demands for these groups. If a need arises to increase capacity further,

some of our testing sites have the ability to add an additional room or lane to provide additional testing slots.

From 12 August 2021, the CTUs will also support the immediate testing of health and social care staff identified as contacts in order to support their return to work where appropriate.

These facilities are supporting one-stop clinics for pre-chemotherapy RT-PCR testing and phlebotomy. They are also being utilised as COVID-19 vaccinations centres, maximising facilities and staffing resources. Consideration is being given regarding the longer-term continuation of phlebotomy at such community sites, rather than returning fully to hospital-based phlebotomy services post-COVID.

Health Board testing staff based at these sites are also supporting testing within care homes for symptomatic residents, mass home testing in response to outbreaks and domiciliary testing where required.

Table 2. Current Health Board Community Asymptomatic RT-PCR Sampling Capacity

Testing Facility	**Type of Facility**	**Maximum Daily RT-PCR Swabbing Capacity Aug 2021**
Aberystwyth University Thomas Parry Building,	Walk-in CTU, managed/delivered by Health Board, Welsh swab kits, PHW labs	69
Cwm, Cou, Yr Hen Ysgol Trewen	Walk-in CTU, managed/delivered by Health Board, Welsh swab kits, PHW labs	68
Haverfordwest Picton Centre	Walk-in CTU, managed/delivered by Health Board, Welsh swab kits, PHW labs	135
Llanelli Dafan Yard	Walk-in CTU, managed/delivered by Health Board, Welsh swab kits, Welsh labs	146
Carmarthen Showground	One lane managed/delivered by Health Board, Welsh swab kits, PHW labs	108
Total		**526**

Routine weekly asymptomatic RT-PCR testing of care home staff continues to be managed via the UK on-line portal and direct delivery of swabs to the care homes. As such this does not impact on Health Board or regional sampling capacity.

Over the past year, the Health Board has successfully managed to deliver timely, targeted mass testing in relation to specific outbreaks in care homes, communities or workplaces. Between October 2020 and January 2021 the demand for mass testing, particularly in care homes was a significant challenge. Over recent months we have seen a steadily improving position as the prevalence rate has declined.

The Regional IMT has recently considered how we will rapidly deploy mass testing if required in relation to variants of concern. Based on our experience we are confident that we have implemented a range of actions that make us well placed to seek out cases of COVID-19, including asymptomatic and atypically-symptomatic individuals, identify variants of concern, trace contacts and implement mass testing if required. These include:

- Sufficient community testing capacity in place with the ability to flex to different communities if needed
- A rapidly increasing amount of asymptomatic testing, which will identify asymptomatic cases so we can get on top of them quickly
- Communications to encourage people with wider flu-like symptoms to book a test so are well placed to pick up those with wider symptoms
- All our community swabs are now going to the labs in Newport, where they are available for genomic sequencing
- Robust tracing processes in place to quickly identify potential contacts and source
- Commencement of routine backward tracing
- The ability to rapidly target mass testing in a town/community/workplace due to identification of a variant of concern or due to a cluster/outbreak. We are able to do this by mobilising an MTU and RT-PCR sampling, which will enable sequencing to be undertaken

The Regional IMT has agreed a range of viable options to rapidly respond to community outbreaks, including response to an identified variant of concern (VOC). Wherever possible this will utilise mass RT-PCR testing, only using LFDs where numbers requiring testing are above 1,500-2,000 per day.

6.3 Inpatient RT-PCR Testing

Welsh Government published its Framework for COVID-19 testing for hospital patients in Wales on 9 March 2021. The expectations in the framework are as follows:

- Undertake pre-admission RT-PCR testing in all patients due to be admitted for elective treatment
- Implement the 'discharge to care home' criteria of non-infectiousness for all planned elective admissions with previous history of COVID-19 infection
- Ensure robust and consistent data collection of testing practice for local and national assurance
- Emergency admissions may be tested using LFD or suitable rapid point of care devices like Lumira DX, in addition to RT-PCR, interpreting the results in the context of the likelihood of COVID-19 infection
- Follow the NHSE standard operating procedure for emergency admissions and pathways
- Repeat RT-PCR test at 5 days after an initial negative result and at 5 day intervals and consider retesting at 3 and 7 days in areas of high nosocomial transmission.

- Consider enhanced testing of patients who are clinically extremely vulnerable or receiving dialysis and cancer care in hospital
- Follow published Welsh Government guidance on testing prior to discharge to care homes or other health or social care facilities

The Health Board is now compliant with all of the expectations in the framework.

In addition, we will continue to provide RT-PCR testing within our hospitals for all patients with COVID-19 symptoms, and where appropriate, in response to local outbreaks.

6.4 Laboratory Capacity

Over recent months laboratory capacity has been significantly increased across both the PHW laboratories and the UK LHLs capacity made available to Wales (circa 14,800 tests per day). There is confidence that sufficient lab capacity is available to manage analysis of RT-PCR swabs over the coming year. This has been helped by the opening of both a PHW lab and a LHL in Newport, Gwent, with the ability to send the majority of our community tests and routine inpatient testing to these, relieving pressure on our Health Board laboratories.

7.0 Future Developments

Our approach to testing continues to evolve rapidly and this Operational Delivery Plan will be a live document that will adapt to changes in national policy and local needs.

This will include the introduction of new technologies and testing methods, as they become available e.g. new point of care testing.

We will continue to strengthen and develop our testing approach to ensure that this is sustainable in the future, that we plan for future peaks, so that it can be flexible and responsive to local needs and to ensure that we can adapt to emergent evidence and the development of new technologies. This will require continued strong partnership working in order to adapt to these challenges and strong governance to ensure that we collectively respond as a system across Wales.

Moving forward will require us to utilise data collectively to identify trends and to respond quickly to emergent trends. We will continue to utilise our data to improve our understanding of the virus and how this impacts upon the future delivery of testing approaches across Wales as we move through the coming year.

We must also be clear that testing is just a part of our overall approach to preventing the transmission of the disease across Wales. We all need to play a part to ensure that we follow government guidelines in areas such as social distancing, wearing of face coverings and hand hygiene, in order to keep us all safe and reduce risk.