

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

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Our Ref: AG/LC

4 June 2021

Dear Adrian

Test Trace Protect – Response to Audit Wales Report

I welcome the report from Audit Wales into Test Trace Protect (TTP) and note the recognition that the programme is 'making an important contribution to the management of COVID-19 in Wales'. I would like to re-iterate that this is testament to the hard work, passion and dedication shown by teams across Wales in responding to the pandemic. The strength of the programme continues to be demonstrated with the recent report from the Technical Advisory Group highlighting that TTP reduces R by at least 0.4¹. This is a significant impact on transmission which has prevented and continues to prevent onwards infection and deaths within our communities. High levels of trust and engagement amongst the Welsh public with TTP has been vital to preventing transmission.

I note that, as with any report, the Audit was undertaken at a point in time and the programme has continued to evolve and adapt to the changing circumstances. The scale of testing required has been unprecedented. To build additional resilience into the testing system an investment of £32 million was made in August 2020. This enabled 24/7 operations at regional laboratories across Wales and the establishment of 6 hot labs within hospitals for rapid processing of COVID tests. We have seen significant improvements in turnaround processing times via our NHS Wales laboratories through this investment. We have sought to maximise our strengths and resilience through adopting a hybrid testing system which utilises both our domestic testing and Lighthouse laboratory capacity.

¹Technical Advisory Group, 'Modelling the current Welsh Test, Trace, Protect system', [Technical Advisory Group: modelling the current Welsh Test, Trace, Protect system | GOV.WALES](#), March 21, (Accessed 18/05/21)

A hybrid system has enabled us to access higher volumes of testing capacity via the Lighthouse lab system whilst building on domestic capacity to support testing within hospitals and outbreak situations. We now have the capability to actively and further flex our resources more effectively across Lighthouse Lab channels and PHW channels. Arrangements with the lighthouse laboratory at IP5 have also enabled us to increase the positive samples that are genomic sequenced which helps identify new and current variants of concern. As we look towards recovery from the pandemic and easing in lockdown restrictions it will become increasingly important to quickly identify variants of concerns and prevent them from spreading. Enhanced testing options are available for deployment where variants of concern are identified. Extensive local planning has taken place to quickly operationalise and deploy additional testing, tracing and protect activity where needed. This has factored in the requirements for the end-to-end TTP service and the need to actively engage, communicate and support communities.

A hybrid testing system has increased the resilience of the service were there to be capacity challenges within the Lighthouse lab network across the UK. We were aware of challenges in September 2020 with individuals being unable to book tests via the UK digital booking platform. These were resolved at pace and our local health boards provided and advertised alternative booking routes during this time to ensure that all those who required a test could access one. We have substantial testing capacity available to us via the Lighthouse Lab network and PHW laboratory network and are assured that we can plan and meet future demand.

Noting the challenges for nosocomial transmission in the report, a Patient Testing Framework² was launched to provide a clear approach on testing to help prevent outbreaks and nosocomial transmission within secondary care. The Patient Testing Framework includes guidance on approaches using rapid testing technology and Point of Care devices. Additional safeguards have been put in place across sectors including the NHS through our regular asymptomatic testing programmes utilising Lateral Flow Devices (LFD). The scale of our asymptomatic programmes and access to validated new testing technology has been made possible through close collaboration with the UK government.

Research has demonstrated that 1 in 3 cases of COVID-19 are asymptomatic. Our asymptomatic LFD programmes have helped to identify and isolate these asymptomatic cases and prevent onwards transmission. This has helped us to break chains of transmission and provide early indications of where enhanced targeted testing may be required. LFD tests can provide a result in under 30 minutes enabling quicker, targeted interventions and isolation of cases before the virus can gain a foothold. We have substantially increased access to asymptomatic testing capability through the launch of our LFD Collect and LFD Direct channels alongside workplace

² Gov.Wales, 'Framework for COVID-19 testing for hospital patients in Wales' [42350 Community testing framework English \(gov.wales\)](#), March 21, (Accessed 18/05/21)

testing programmes. Rolling out of LFDs in a targeted manner has provided a different way to engage and encourage testing take up and provided additional safeguards as we move to ease lockdown restrictions. No test is 100% accurate and the use of LFD's has helped routinely identify asymptomatic positive cases that we would not have known about. Using these new technologies as part of a screening and test to find approach helps us to mitigate the challenges of 'false negatives and positives'. Each testing technology deployed in Wales has a unique use providing options for different testing approaches. Direct comparisons between tests fail to recognise the different context and use in which each test is taking place. Use of LFD's aid faster contact tracing which has also evolved since production of the report.

Since launching in June 2020, our contact tracing service has successfully contacted and advised over 170,000 index cases and over 355,000 close contacts reaching 99.7% of positive cases eligible for follow up and almost 95% of close contacts eligible for follow up. The service has continued to develop and improve over time. Using an evidence-based modelling approach, capacity was significantly enhanced in preparation for the Winter peak with over £60 million allocated to health boards and local authorities over the 20/21 financial year to support contact tracing at scale. In response to unprecedented volumes we introduced innovative new measures at pace to keep on top of demand. This included a national roll-out of an electronic form for individuals to record their close contact details to aid contact tracing activity. An All-Wales surge team was rapidly recruited and established to provide support to regions in managing demand. This funding established a total contact tracing workforce of 2,500 full time employees. The contact tracing workforce has since reduced to 2,000 full time employees due to turnover and reducing case volumes.

An additional £32 million has recently been allocated to have a contact tracing service in place until the end of March 2022³ bringing the total funds allocated to contact tracing to £92 million for 21/22. The contact tracing workforce have also been supporting the wider pandemic response including: monitoring of returning travellers from amber list countries; delivering the interim Welsh Vaccination Certificate Service; and supporting the vaccination programme. They have also been offering extra support and guidance to businesses and local employers as restrictions have eased. Going forward the service will provide more tailored support to people who need to isolate. Noting the importance of adherence to self-isolation requirements we have strengthened our Protect offering and continue to work closely with local partners to more effectively tailor and target our support.

The report highlights the challenges for those disadvantaged in society to adhere with the legal requirement to self-isolate. The financial burden for those required to self-isolate has been prominent since the start of the pandemic. We have sought to

³ Welsh Gov, Written Statement: Contact tracing extended to March 2022, 2nd June 2021, [Written Statement: Contact tracing extended to March 2022 \(2 June 2021\) | GOV.WALES](#)

address this through the launch of the Self-Isolation Support payment scheme. The scheme has received over 12,500 successful applications since launching in October 2021. This equates to a value of over £6 million being issued to support individuals to self-isolate. The scheme is closely monitored and upon review in February 2021 the eligibility criteria were expanded to those either:

- In receipt of Statutory Sick Pay or New Style Employment and Support Allowance or less; and/or
- In receipt of £500 NET personal income a week or less.

This increased the numbers of those eligible for payments if asked to self-isolate by an estimated 170,000. The scheme continues to be actively promoted to ensure continued awareness and applications from those who are eligible. Building on good practice, regions have rolled out self-isolation support helplines in line with the successful approach in Cwm Taf Morgannwg. This support is helping to address challenges to self-isolation through signposting to local provision and providing tailored guidance and advice to those self-isolating. Additionally, we are utilising research from the PHW ACTS and CABINS surveys⁴ and insight from delivery partners to help shape our approach to Protect going forward. We have trialled additional support for food and essential items to help people self-isolate in Cwm Taf Morgannwg during their community testing programme and have built on this learning to develop a series of pilots in North Wales. We are piloting Enhanced Protect Support hubs across the region which will build upon existing projects and each of the pilots will be located within some of our most deprived communities. The enhanced Protect offer will provide support across 6 core areas: food poverty, fuel poverty, financial inclusion, access to testing services, mental health support and digital inclusion. We will apply learning from these pilots at a national level to ensure there is holistic support for those impacted by COVID-19 and updated guidance for delivery partners will be published in June to ensure a consistent Protect offer is available across Wales.

As our vaccination coverage increases we are continuing to see stable levels of those presenting for testing. It is paramount that individuals still access testing as we know the vaccine is not 100% effective and the more the virus spreads the greater the opportunities it has to mutate. We have advanced genomic sequencing capabilities in Wales which our TTP service has effectively integrated with. This has increased our epidemiological surveillance capabilities providing early insight and identification of variants of concern enabling targeting of enhanced testing activity. As we move into the next stage of the pandemic and begin to focus on recovery planning our TTP service will be guided by a set of revised strategies. This will

⁴ Richard G. Kyle, Kate R. Isherwood, James W. Bailey, Alisha R. Davies, 'Self-isolation confidence, adherence and challenges: Behavioural insights from contacts of cases of COVID-19 starting and completing self-isolation in Wales', March 21, <https://phw.nhs.wales/publications/publications1/self-isolation-confidence-adherence-and-challenges-behavioural-insights-from-contacts-of-cases-of-covid-19-starting-and-completing-self-isolation-in-wales/>

ensure we have a clear guiding approach to TTP with a service that continues to evolve to meet current and future needs. A crucial element of this will be to retain and build upon our experiences in preparation for future pandemics and leave a lasting legacy.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Andrew Goodall', written in a cursive style.

Dr Andrew Goodall