

TEST, TRACE AND PROTECT IN GWENT

THE CREATION OF THE GWENT CONTACT TRACING SERVICE

BUSINESS CASE V.7

Version	Produced/Updated by	Date	Released to
v.1	Rachel Jowitt	10.06.20	Contact Tracing Sub Group
v.2	Rachel Jowitt	15.06.20	Rob Hartshorn, Mezz Bowley, Eryl Powell for comment
V.3	Rachel Jowitt	19.06.20	Contact Tracing Main Sub Group
v.4	Rachel Jowitt	22.06.20	G10
V.5	Rachel Jowitt	01.07.20	Leadership Group
v.6	Rachel Jowitt / Dan Westwood	15.07.20	Leadership Group
v.7	Rachel Jowitt	16.07.20	Welsh Government & Leadership Group

The National Agenda

On 13th May Welsh Government (WG) published their Test, Trace and Protect overarching plan which is supported by the Public Health Wales (PHW) Public Health Protection Response Plan. These plans clearly outline that Local Health Boards and Local Authorities are central in the strategy to set up regional and local contact tracing structures in our efforts to get out and stay out of lockdown. The overall purpose of the plan and the creation of a new service is to “find, prioritise, act and report”. As evidenced elsewhere around the world a successful and effective contact tracing service can make a significant contribution to the R rate, the resilience and sustainability of our vital services needed to support those in need, to aide economic recovery and to allow our residents to realise a new freedom in these uncertain times. Its importance therefore cannot be overestimated or exaggerated. In a nutshell as local partners we cannot afford to get this wrong.

This document outlines the way forward for the creation, governance and operation of the service across the Aneurin Bevan University Health Board area – for ease of reference called the Gwent Contact Tracing Service (GCTS).

Where are we now / Current Model (July 2020)

Gwent is contact tracing and has been since the beginning of June. A sub-group of the Strategic Coordinating Group (SCG) which has led on the Gwent response to the declaration of the pandemic emergency was set up in May to coordinate this work. This group is chaired by Rob Hartshorn (Caerphilly) and contains representatives from Aneurin Bevan

University Health Board (ABUHB) and the 5 Local Authorities (Blaenau Gwent (BG), Caerphilly (CCBC), Monmouthshire (MCC), Newport (NCC) and Torfaen (TCBC). The group has also been supported by the Shared Resource Service (SRS) for IT and systems development. The group worked effectively together to set this service up in the first 4-6 weeks.

A draft Operational Plan was agreed by the Group on 11th May which was submitted to WG to evidence the work that had been done. This gave confidence that all workstreams were being considered and that there was a clear way forward to meet WG expectations that contact tracing would begin by the end of May/beginning of June.

For 2 weeks an interim system specifically developed (over a weekend) by the SRS was used by partners (excluding BG) to contact trace locally whilst a national system was being developed and implemented. This system worked well and gave confidence that we had the skills and structures in place to successfully contact trace in Gwent.

There are currently over 135 FTE (head count of 160) successfully redeployed, trained and contact tracing in Gwent. The service is able to be covered 8am- 8pm 7 days a week. Redeployments have come from across the 6 partner organisations but all partners agree that this is not a sustainable model for the long term as organisations return to business as usual and services resumed. This interim solution is intended to be in place for 3 months (up until 31st August) whilst the longer term strategy outlined in this Business Case is developed, agreed and implemented.

In the interim period each organisation is making its own arrangements to staff up to a level as advised by the Operational Plan approved in May. It is recognised that the numbers proposed in that document were based on the initial PHW plan and did not take into account the staffing requirements of the IT system that has now been introduced. The table used for the initial set up is at Appendix 1.

For the local teams Clinical leads have been identified by ABUHB and deployed to Local Authority (LA) level and are working as part of an integrated team with tracers/advisors/ administrators/ project managers being sourced from within LAs. ABUHB also has a temporary central project management team leading on communications, testing, outbreak management etc.

As the project has evolved it has become clear that the staffing and resource need is greater than that originally envisaged. At the local level key posts from the flow of work to ensure successful contact tracing were missing. Resourcing of an effective regional oversight technical group was also absent. Finally the resourcing and support for the overall governance, programme management, due diligence and support for the lead organisation was not included in the initial recommendations on how the service should be developed. In a nutshell Gwent is building a multi-million pound new service in a matter of weeks. At its peak it will be an operation of over 400+ employed staff fully supported by an integrated team from the partner organisations to make this a success.

As stated above we cannot afford to get this wrong. This service must be appropriately resourced to meet demands. It must be appropriately governed to ensure aims are met and that public money is being used to best effect. And most importantly it must deliver against its purpose:- **Find, Act, Prioritise and Report; Stay at Home; Save Lives.**

BUILDING A GWENT CONTACT TRACING SERVICE

PURPOSE OF THE SERVICE

Find, Act, Prioritise and Report; Stay at Home; Save Lives

OUR COLLECTIVE AIM

To protect our residents through breaking the chains of transmission of Covid-19 in our communities and places of work.

OBJECTIVES OF THE GCTS SERVICE

Outward Facing

1. To **deliver** the national Test, Trace and Protect strategy
2. To **quickly** identify positive/symptomatic cases
3. To **sensitively** work with our residents to self-isolate and share details of their contacts
4. To **effectively** reach at risk contacts and advise appropriately
5. To **supportively** keep in touch with our at risk residents to **protect** the wider population
6. To **openly** communicate with our residents, to **reassure**, to **explain** their part in this endeavour and **instil confidence** in the Covid response strategy to seek their continued **support** and **commitment**

Internal

7. To create an **effective** and **efficient** GCTS
8. To have a **strong** partnership across the 6 Gwent organisations that **focuses** on **outcomes** and **purpose**
9. To be **supportive** and **equality** focused employers
10. To have **robust** governance arrangements in place
11. To be **adaptable** and **responsive**

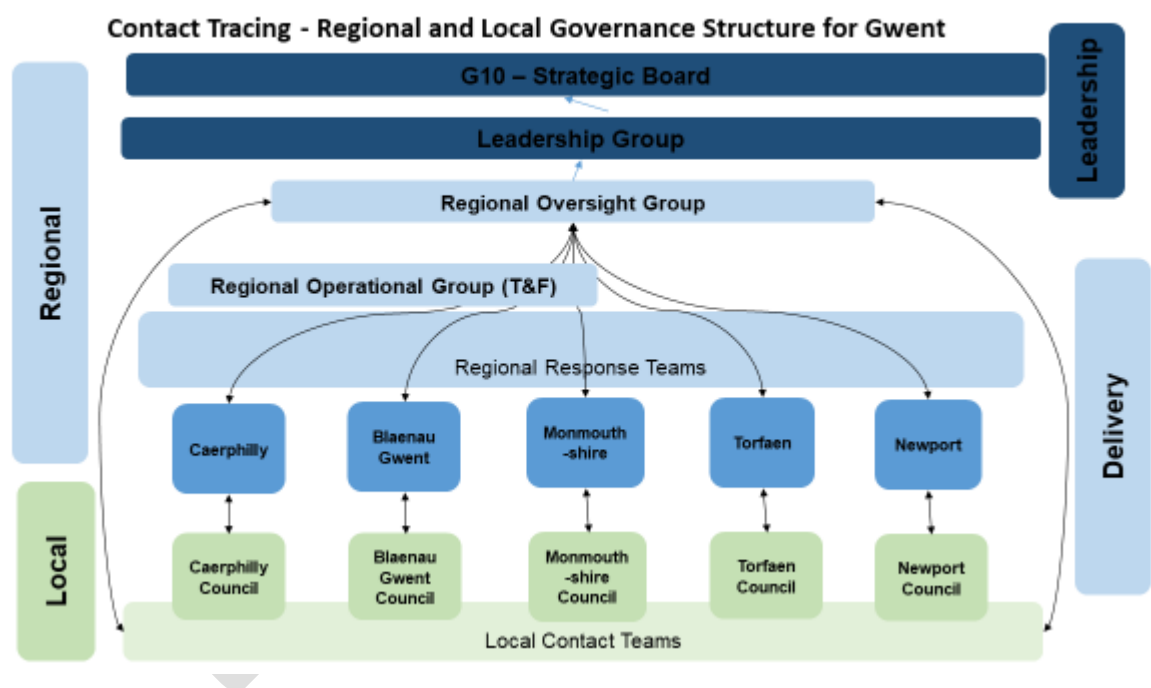
PRINCIPLES OF THE SERVICE

1. Honesty: - essential to instil resident confidence in the performance of the service to ensure continued support for the stay at home: save lives strategy
2. Openness:- transparency on performance, reach, effectiveness with residents, stakeholders and between organisations.

3. Solution focused:- recognition that there will be problems but all committed to ensuring success
4. Working together:- has to be a true partnership, with all committed to the purpose and aims
5. Clarity:- on roles, responsibilities, outcomes and contribution needed from each partner
6. Subsidiarity:- the right work is done at the right level
7. Resourced:- both from a funding (WG) and in kind contribution from partner organisations
8. Mutual aid:- if clusters emerge that partners deploy their resources (where appropriate) to ensure the service can continue to meets its aim and purpose
9. Flexibility:- appreciating that things will evolve, change and also that the service will in/decrease as demand fluctuates

GOVERNANCE

The GCTS will have the following governance framework:



ROLES AND RESPONSIBILITIES

G10 – Strategic Board

- Ensuring The Service is delivering against its stated purpose, aims and objectives
- Ensuring The Service is delivered against its stated principles
- Representing the interests of their respective organisations
- Strategic oversight of the establishment of The Service
- Agreeing the financial framework of The Service noting that commitment of additional resources (financial, human etc.) will be referred back to organisations (where

arrangements have not been made to delegate these functions to the partnership by the constituent bodies)

- Ensuring effective governance, leadership and management of The Service
- Ensuring the effective planning and delivery of The Service
- Scrutinising the performance of The Service
- Ensuring effective decommissioning of and exit strategy for The Service
- Ensuring The Service is operating in alignment with and complimenting wider Covid-19 strategies
- Promoting the interests of The Service to national partners, particularly Welsh Government and Public Health Wales.

The proposed Terms of Reference for the Board are at Appendix 2.

The **Leadership Group** will be responsible for:

- Supporting the Board achieve its aims and purpose
- Supporting the Lead Organisation with recruitment and oversight of the Regional Coordinator
- Ensure their organisations participate fully in the partnership
- Monitor and scrutinise the implementation of the Action Plan
- Monitor and ensure all risks are mitigated and addressed

The proposed Terms of Reference for the LG are at Appendix 3.

The **Lead Organisation** will be responsible for

- the hosting and management of the **Programme Management Office**
- Ensuring appropriate governance and effectiveness of the PMO and the wider service is reported to the Contact Tracing Regional Board

The **Programme Management Office** will be responsible for:

- Administration and support of the Regional Board, Regional Oversight Group and other task and finish groups
- Liaison with partner organisations which have specific lead roles within The Service
- Quality assurance and performance review for the service
- Communications strategy and implementation including stakeholder management
- Risk monitoring and management
- Training strategy, keeping training materials relevant and in line with latest SOPs and national guidance/ changes to CRM
- Strategic HR oversight, monitoring and supporting implementation of organisation specific workforce plans

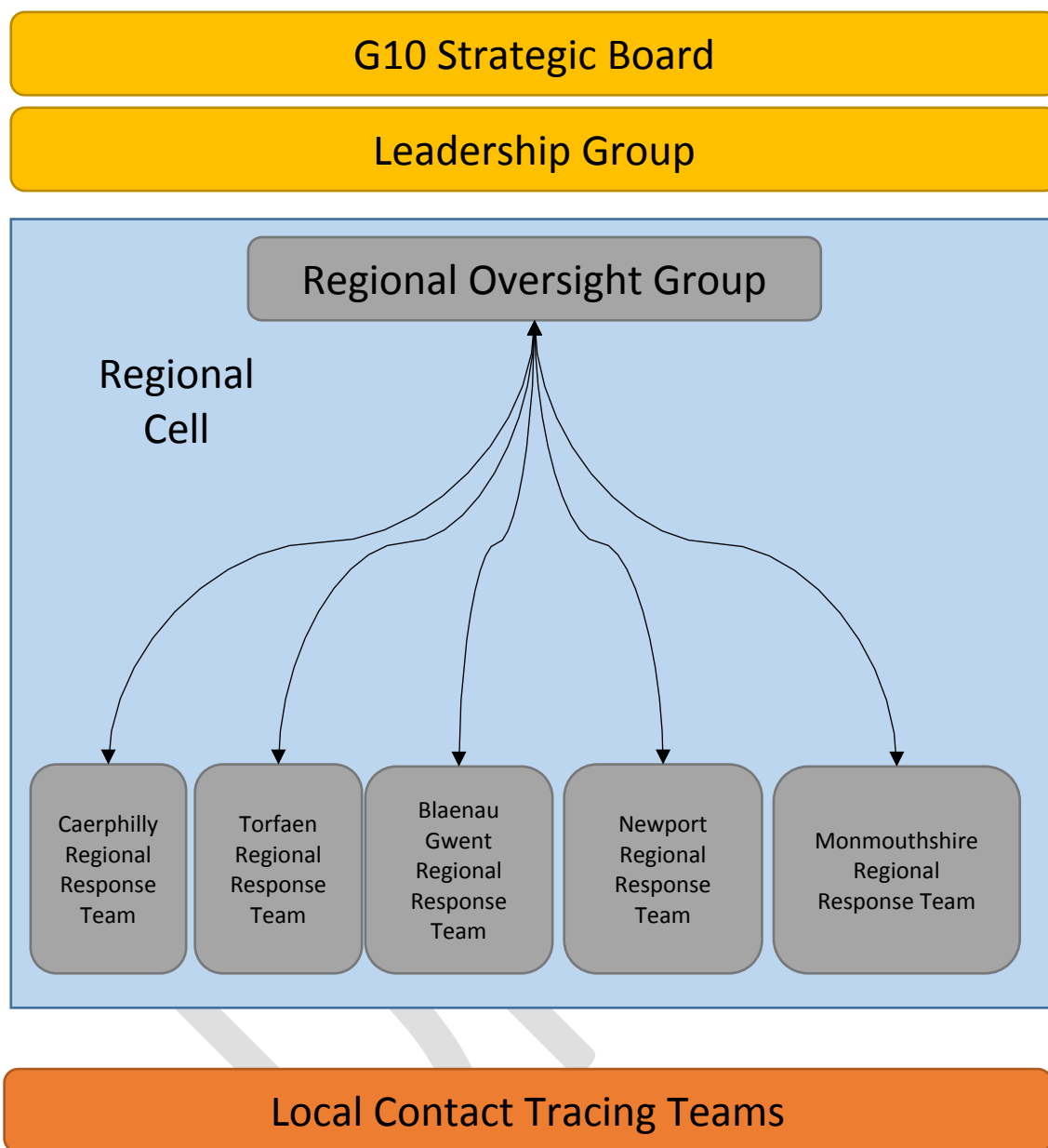
ABUHB Partnership Role

- Provision of clinical leads into local contact tracing teams

- Public Health Wales interface
- Ensuring effectiveness of testing service and its relationship to contact tracing
- Lead finance function for the service
- Specific PMO functions:
 - Data modelling, analytics and predictive forecasting
 - Population surveillance

Regional Cell

- Working pro-actively with settings (such as care homes, schools, large employers) identified as presenting specific risks and respond to small clusters and outbreaks within the region.
- Use surveillance outputs to identify hotspots/clusters with high transmission rates (including sub-population groups) and mobilise local teams accordingly, as well as contribute data to the national dashboard
- The Regional cell comprises of the Regional Oversight Group and Regional Response Teams. This group has support the Regional Operational Group and Data Cell. Additionally, the Cell has a dedicated programme office separate from the Gwent TTP Programme.



Regional Oversight Group

- To support the operation of the Regional Cell
- To guide the work of the Local Contact Tracing Teams
- To provide intelligence from the Local Contact Tracing Teams to inform the GCTS response and strategy

- To escalate issues from local risk registers
- Act as the Regional Outbreak Control Team (as per The Communicable Disease Outbreak Plan for Wales)

Regional Response Teams

- Act as the Local Outbreak Control Team (as per The Communicable Disease Outbreak Plan for Wales) on a LA specific basis

Regional Data Cell:

Regional Data Cell is responsible for collation, analysis and reporting of data related to the TTP Programme. With the requirements for monitoring and analysis of end to end data the key functions within the data cell are:

- Supporting local Contact Tracing teams with workforce demand and capacity intelligence
- Cleanse data received from the national system Case Record Management (CRM) system to identify suitability and allocation of cases for tracing
 - Only appropriate people are directed to the local hubs for contact tracing, by removing care home residents, hospital inpatients with no recent community contacts, deceased.
 - All demographic information is correct to avoid any information governance breaches.
 - identifies and provides additional information, including escalating issues to the clinical leads at an early stage
 - Respond to CRM Regional queue inbox
- Validate CRM data
 - Quality assuring data is essential for accurate reporting. The data captured on the CRM system is checked for completeness, accuracy, and any inconsistencies will be validated with the local teams.
- Collate data for stakeholder reporting (linked to communications and performance function in PMO)
 - This data collection and reporting uses both manual collated data from local teams and access to data from within the National CRM.
- Surveillance
 - To monitor and understand information which is being collected locally with input at national level to provide surveillance and epidemiological data to the Regional Cell.

Regional Operational Group

To prioritise and begin bringing forward and implementing the best operational protocols to manage the relevant day to day internal and inter-regional work.

ABUHB & Lead Organisation

- Sit on national boards representing the service

Every Partner

- Employ their local contact tracing teams and maintain staffing levels as agreed by the modelling and predictions
- Provide robust and timely data
- Sign up to and work in the partnership in line with the principles identified above
- Participate fully at the Regional Oversight Group

WORKFORCE

The GCTS at its peak (winter 2020/21) is estimated to have approximately 400 people (whole time equivalents). This is based on the following assumptions:

- The staffing costs are based on the service operating hours of 7 days per week, 12 hours per day for 39 weeks.
- The calculations to determine the number of the Contact Tracer and Contact Advisor roles has been calculated based on sampling capacity of 12,600 people per week across Gwent (Public Health Wales, 2020a) and a positivity rate of 10% (July – August 2020) and 15% (September 2020 - March 2021). Public Health Wales, 2020b), as outlined in Public Health Wales (2020a; 2020b).
- Recruitment of staff is assumed as 50% for July - August, 75% for September and 100% in post from October 2020.
- The Contact Tracer role has been estimated based on the assumption that each telephone call will last 60 minutes duration.
- The Contact Advisor role has been estimated based on the assumption that each telephone call will last approximately 5 minutes per contact, provided over an average of 7 days, with 30% opting for text follow-up.
 - 10% positivity rate assumes an average of 5 contacts per case.
 - 15% positivity rate assumes an average of 9 contacts per case.

In the interim phase (up until 31st August 2020) the partners will look where possible, to resource the Local Contact Tracing Teams and the Regional Cell from existing resources.

The HR Sub-Group has worked together to develop a regional Workforce Development Plan supported by individual plans for each organisation. This is at Appendix 4. The GCTS is based on a distributed partnership model whereby each organisation has a role to play whilst operating within the same principles and working to the same outcomes. Each organisation, through adoption of this business case and a developing Memorandum of Understanding, will be responsible for the recruitment and management of the identified staff in this business case to ensure successful contact tracing in Gwent.

Through the development of the workforce plans each organisation is clear on its timescales and abilities to scale up to meet increasing demand as per the proposed model outlined above (50%, 75% and 100%). The PMO working with the HR Sub-Group and ROG will advise,

from looking at data and demand, when the next stage of workforce growth needs to commence. Scaling up will only occur if there is a demand rather than following the model of growth.

One of the key principles for managing the workforce will be mutual aid which will be necessary for cluster or outbreak management. However that is only a sustainable model when pressures are only felt in one or two of the LA teams. Scaling up, being flexible and responsive from an HR function will be integral to the success of the GCTS and will be led by the evidence and data emerging from the data cell and the ROG.

Each organisation also has a pool of experienced and trained staff. Whilst they will be returning to their substantive posts in due course there is an expectation that organisations will utilise this capacity flexibly to manage demand and peaks.

Workforce needs are being modelled across an 84 hour week. Overall 36 or 24 hour contracts will be required but completely recognising the flexible and part-time policies of each organisation. The organisation specific plans outline their terms and conditions to ensure that good employment practices are being followed.

Lead Organisation/ Programme Management Office

It is proposed that within the Programme Management Office there will be the following posts:

- Head of Service
- Programme Manager
- Project Officer x 2
- Data/Risk Manager (working closely with Data Cell and commissioning performance management reports)
- CRM System/Training Support
- Training Coordinator
- Quality Assurance
- Communications Officer
- Administration Support x 2

Regional Cell

- Programme Manager
- Cluster Leads
- Programme Support Officer
- Infection Control Nurse
- Environmental Health Officer
- Specialist in Health Protection
- Consultant in Public Health
- Data manager/Analyst
- Administration Support
- Contact Tracers

- Contact Advisors

Local Contact Tracing Teams

- Clinical Leads (ABUHB)
- Team Managers
- Contact Tracers
- Contact Advisors
- Business Co-ordinators

IT & DATA SYSTEMS

Interim Position

The SCG in Gwent took a decision in May that an interim solution was needed to be able commence a pilot of test, trace and protect for the region. The region had to quickly build two key areas of capability:

- the first was a way of contacting citizens. Each Local Authority added to their own existing telephony solutions to enable calls to be made to positively tested citizens.
 - the second was a way of managing citizen data that was collected during the call. The five Local Authorities and ABUHB implemented a common data management system based on Microsoft Forms and Microsoft Teams and delivered it to over 200 staff across the region once.

The National Position

The National system replaced the interim system, going live on June 8th initially with a week of dual running whilst any issues were resolved. From June 15th Gwent were then using only the National system. The National system integrates the two interim capabilities into one solution.

The National system is based on a Microsoft Dynamics Customer Relationship Management (CRM) platform and has a telephony solution integrated into it called Solgari. This means that all contact advisor and contact tracer activity can be performed from within the one screen.

The system is entirely cloud based which means staff can continue to use their corporate equipment and logins to access the system from wherever they need to work.

FINANCIAL MODEL

An initial service financial model was submitted to Welsh Government on 15th June 2020. This outlined the proposed costs of the model from 1st July 2020 to 31st March 2021.

ABUHB are to be the lead finance organisation for the GCTS.

On 29th June 2020 the G10 agreed the following principles for the financial case:

- All costs must be covered, including non-pay

- All costs incurred to date must be covered by WG
 - Service will only operate in the envelope of the funding provided
 - Funding award from WG does not mean spend up to grant level but deliver a proportionate and efficient service
 - Finance build will need to be amended to reflect the need for non-pay and additional IT costs that may be needed
 - WG need to give flexibility for managing the funding award
- It is proposed, through the MoU that funding will be allocated against the budget build in Appendix 5. Each organisation has costed up, based on their T&Cs and payscales the operation they must fulfil as part of this business case (and is in line with the workforce plans identified above). The funding will be held by ABUHB and organisations will submit claims with proof of expenditure monthly to ABUHB for reimbursement.

ABUHB will be expected to produce monthly finance reports of expenditure against profile to the PMO and LG identifying any risks as appropriate.

Appendix 5 shows the latest finance model projections. This is currently showing a need for £10.2m against a budget allocation of £9.6m (which must also cover expenditure between Apr-Jun). However this is assuming expenditure from 1st July 2020. Currently expenditure is not as forecast as organisations are still operating on a redeployment basis, and the Regional Cell and PMO have not yet been formed. Therefore there will be an underspend in July and August to balance the budget need until year end.

A finance working group has been established which is finalising a budget build based on each organisations' workforce plans and pay/T&Cs. The group is also collating the costs incurred before Jul 2020.

The finance model also excludes the £200k allocated by WG to support local IT capital costs.

MEASURES OF SUCCESS

The best measure of success is the ongoing monitoring of the R rate and transmission in the community. SCG has asked for this information and PHW have advised that this cannot be calculated at a regional level. The lower the number the more positive the situation. This is one service where low numbers of staff and not needing to pull on the bank/reserve will be a sign of success. As the CRM system is still developing with further functionality expected in future weeks/months it is proposed that the Data Cell and Head of Service with the partners develops a suite of measures which will include:

- % of positive test cases traced each day
- % of positive cases engaging fully with the service
- % of contacts successfully reached
- % of contact engaging fully with the service i.e. successfully contacted over the 14 day period
- Early identification of and response to clusters

It is anticipated that WG may develop a national suite of measures and therefore it is proposed a dashboard be developed to present to the LG and Board in due course.

LEGAL STATUS

All of the organisations have statutory duties under Public Health legislation to respond to notifiable diseases. Whilst there is not specific legislation placing duties on either the Health Board of the Local Authorities to create a Contact Tracing Service there is absolute recognition that Covid-19 is a global pandemic emergency and the organisations are best placed to develop the necessary trace and protect systems to meet the aims of the national Test, Trace and Protect strategy. However it is also important that the organisations are not acting ultra vires and therefore:

For LAs the key provisions which underpin the creation of this service are:

- The Public Health (Control of Disease) Act 1984 places a statutory obligation on LAs to investigate notifications of infectious diseases in their locality. LAs are also required to appoint a Proper Officer (CCDC) for this purpose. Covid is an infectious notifiable disease.
- The LG Act 2000 gives us the power of well-being – so power to do anything to promote economic, social and environmental well-being. A global pandemic and creating a service to protect public health and the economy is seen as an appropriate use of this power.
- The LG Act 1972 a local authority shall have power to do any thing (whether or not involving the expenditure, borrowing or lending of money or the acquisition or disposal of any property or rights) which is calculated to facilitate, or is conducive or incidental to, the discharge of any of their functions.
- The Health Protection (Coronavirus Restrictions) (No.2) (Wales) Regulations 2020.
- The Health Protection (Coronavirus International Travel) (Wales) (Amendment) Regulations 2020

For ABUHB:-

- The Health Protection (Coronavirus Restrictions) (No.2) (Wales) Regulations 2020.
- The Health Protection (Coronavirus International Travel) (Wales) (Amendment) Regulations 2020

CONCLUSION

This business case outlines the key elements of the creation of the service: aims, principles, governance, operational management, workforce, finance and the legal basis for its operation.

The partners are committed to delivering an effective and impactful contact tracing service in line with this business case and aims to support the regions' and Wales' aspirations to save lives, protect the NHS and protect the economy.

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Appendix 1

Staffing Numbers from SOP May 2020

Local authority area	Population	Contact Tracing Lead	Contact Tracers	Contact Advisors
Blaenau Gwent	69,713	2	6-8	20-24
Caerphilly	181,019	6	18-24	60-72
Monmouthshire	94,142	3	9-12	30-36
Newport	153,302	4-5	12-20	40-60
Torfaen	93,049	3	9-12	30-36
TOTAL	591,225	19	57-76	190-228

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APPENDIX 2

G10 GWENT CONTACT TRACING STRATEGIC BOARD

TERMS OF REFERENCE

The Gwent Contact Tracing Strategic Board is a key partnership body; established to lead and guide the service established in the face of the Covid-19 pandemic.

The G10 is a partnership of the 10 organisations that all sit on the local PSBs and work together to promote well-being and improvement in Gwent. The G10 is exploring with WG the creation of a Gwent-wide PSB. Rather than create another governance layer or new Board for the GCTS the utilisation of this group will test the Gwent PSB hypothesis and demonstrate the organisation's commitment for partnership working and ensuring effective and efficient governance of the service.

The Gwent Contract Tracing Service (herein referred to as The Service) operates in the Gwent area (covering the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen) sitting within the footprint of the Aneurin Bevan University Health Board area.

The G10 is responsible for bringing together the 6 partner organisations:

Aneurin Bevan University Health Board (ABUHB)
Blaenau Gwent County Borough Council (BGCBC)
Caerphilly County Borough Council (CCBC)
Monmouthshire County Council (MCC)
Newport City Council (NCC)
Torfaen County Borough Council (TCBC)

with the collective aim of protecting our residents through breaking the chains of transmission of Covid-19 in our communities and places of work.

Other organisations also sit on G10:

South Wales Fire and Rescue (Chief Fire Officer and Chair)
Gwent Police (Chief Constable)
Police and Crime Commissioner
Natural Resources Wales

Purpose of the Service

Find, Act, Prioritise and Report; Stay at Home; Save Lives

Purpose of the Board/G10

The Board is the key leadership body to oversee The Service

The Board, operating on behalf of their respective organisations, will be responsible for:

- Ensuring The Service is delivering against its stated purpose, aims and objectives

- Ensuring The Service is delivered against its stated principles
- Representing the interests of their respective organisations
- Strategic oversight of the establishment of The Service
- Agreeing the financial framework of The Service noting that commitment of additional resources (financial, human etc.) will be referred back to organisations (where arrangements have not been made to delegate these functions to the partnership by the constituent bodies)
- Ensuring effective governance, leadership and management of The Service
- Ensuring the effective planning and delivery of The Service
- Scrutinising the performance of The Service
- Ensuring effective decommissioning of and exit strategy for The Service
- Ensuring The Service is operating in alignment with and complimenting wider Covid-19 strategies
- Promoting the interests of The Service to national partners, particularly Welsh Government and Public Health Wales.

Delegation Framework

Any delegated functions will be set out in an agreed Memorandum of Understanding and a Scheme of Delegation for the GCTSB

Governance

The Board is supported through the establishment of a Programme Implementation Governance Structure.

- Leadership Group
- A Programme Management Office
- A Regional Oversight Group

5. Chair of the Strategic Board

The Chair of the G10 is determined on a rotational basis.

6. Deputies

The principle of deputies is supported.

Only formally nominated deputies for each voting member will be entitled to vote, when representing their organisation in the absence of the voting member.

For the Local Authority Cabinet Members, this would be another Executive Member and for the Health Board either another Independent Member or Executive Member of the Health Board.

Quorum and Decision Taking

The Board will have a quorum of 6 members and must include either the Chair or Vice Chair. However, wherever possible, decisions will be made on a consensus basis. In the event that consensus cannot be reached, decisions will be taken on a majority vote, with the Chair having the casting vote. The Vice Chair, in the Chair's absence will have the casting vote.

External Scrutiny

The external scrutiny will be via the current Local Authority Scrutiny Committees and appropriate Health Board committees.

Secretariat

Business, project, managerial, secretariat and administrative support for the Board will be provided or arranged by the Programme Management Office. All papers will be circulated one week ahead of scheduled meeting, with any later papers needing Chair approval for late circulation or tabling at the meeting – in exceptional circumstances only.

Reporting

The Board will receive reports from the Leadership Group and the Head of Gwent Contact Tracing Service. These reports will provide an assurance function with regard to the effective and efficient delivery of The Service.

The Board will focus on Key Strategic Decisions. All operational and managerial decisions will be delegated to the Leadership Group, which will engage with all relevant Strategic Partnerships and Service Delivery Teams to deliver the agreed programme.

Frequency and operation of meetings

From August 2020, the Board will meet monthly (if needed), with the Leadership Group meeting weekly, to ensure agreed actions are progressed prior to formal decision making.

Review of Terms of Reference

The Terms of Reference will be reviewed 3 months into operation

APPENDIX 3

GWENT CONTACT TRACING LEADERSHIP GROUP

TERMS OF REFERENCE

The Gwent Contact Tracing Leadership Group is a key partnership body. It is established to lead and guide the service established in the face of the Covid-19 pandemic and specifically to support the G10/Strategic Board in achieving its aims and terms of reference.

The Gwent Contract Tracing Service (herein referred to as The Service) operates in the Gwent area (covering the areas of Blaenau Gwent, Caerphilly, Monmouthshire, Newport and Torfaen) sitting within the footprint of the Aneurin Bevan University Health Board area.

The Leadership Group is responsible for bringing together the 6 partner organisations:

Aneurin Bevan University Health Board (ABUHB)
Blaenau Gwent County Borough Council (BGCBC)
Caerphilly County Borough Council (CCBC)
Monmouthshire County Council (MCC)
Newport City Council (NCC)
Torfaen County Borough Council (TCBC)

with the collective aim of protecting our residents through breaking the chains of transmission of Covid-19 in our communities and places of work.

Purpose of the Service

Find, Act, Prioritise and Report; Stay at Home; Save Lives

Purpose of the Leadership Group

To represent their organisations, ensure the partnership is working effectively and support the Strategic Board through appropriate escalation and due diligence with regards to the governance framework and delegations outlined in the Memorandum of Understanding.

The Leadership Group, operating on behalf of their respective organisations, will be responsible for:

- Ensuring The Service is delivering against its stated purpose, aims and objectives
- Ensuring The Service is delivered against its stated principles
- Representing the interests of their respective organisations
- Strategic oversight of the establishment of The Service

- Agreeing the financial framework of The Service noting that commitment of additional resources (financial, human etc.) will be referred back to organisations (where arrangements have not been made to delegate these functions to the partnership by the constituent bodies)
- Ensuring effective governance, leadership and management of The Service
- Ensuring the effective planning and delivery of The Service
- Scrutinising the performance of The Service
- Ensuring effective decommissioning of and exit strategy for The Service
- Ensuring The Service is operating in alignment with and complimenting wider Covid-19 strategies
- Promoting the interests of The Service to national partners, particularly Welsh Government and Public Health Wales.
- Supporting the Lead Organisation with the recruitment and performance management of the Head of Service and the Programme Management Office.
- Monitoring the implementation of The Service's action plan
- Owning The Service's risk register and ensuring their organisations take the appropriate actions to mitigate and reduce risks
- Ensuring the organisations are working effectively in partnership

Delegation Framework

Any delegated functions will be set out in an agreed Memorandum of Understanding and a Scheme of Delegation for the GCTSB

Contact Tracing Leadership Group Membership

Local Authorities – Five Members

Chief Officers/Directors or Heads of Public Protection

Aneurin Bevan University Health Board –5 members

TBC

Sub-Group Chairs (if not represented above)

HR

Finance

Data/Systems

Communications

Also, any nominated additional lead strategic and operational representatives from the Health Board e.g. Chief Operating Officer, Consultants in Public Health etc

Chair of the Leadership Group

The Chair and Vice Chair will be appointed from within the Leadership Group.

Deputies

The principle of deputies is supported for each organisation represented.

Secretariat

Business, project, managerial, secretariat and administrative support for the Leadership Group will be provided or arranged by the Programme Management Office.

Reporting

The Board will receive reports from the Leadership Group and the Head of Gwent Contact Tracing Service. These reports will provide an assurance function with regard to the effective and efficient delivery of The Service.

The Leadership Group will focus on strategic and managerial decisions. All operational decisions around the technical implementation of The Service will be delegated to the Regional Oversight Group.

Frequency and operation of meetings

Leadership Officer Group are and will meet weekly (if appropriate), to ensure agreed actions are progressed prior to formal decision making.

Review of Terms of Reference

The Terms of Reference will be reviewed 3 months into operation

Appendix 4

Gwent HR Workforce Development Plan

Local Contract Tracing Teams	WTE		Local Authority Area	Population	% Share	
			Blaenau Gwent	69,713	11.79%	
Clinical Leads (NHS Band 7)	6		Caerphilly	181,019	30.62%	
Team Managers (LA Scale pt 40/NHS Band 7)	7.4		Monmouthshire	94,142	15.92%	
Contact Tracers (LA Grade 7/NHS Band 5)	68.8		Newport	153,302	25.93%	
Contact Advisors (LA Grade 5/NHS Band 3)	279.5		Torfaen	93,049	15.74%	
Business Co-ordinators (LA Grade 7)	15.3		ABUHB			
IT Support	0.2					
			TOTAL	591,225	100.00%	
TOTAL	377					
Torfaen	Total WTE	WTE July (50%)	WTE Aug (50%)	WTE Sept (75%)	WTE Oct onwards (100%)	
Team Managers (LA Scale pt 40)	1.0	0.5	0.5	0.8	1.0	
Contact Tracers (LA Grade 7)	8.3	4.2	4.2	6.3	8.3	
Contact Advisors (LA Grade 5)	40.8	20.4	20.4	30.6	40.8	
Business Co-ordinators (LA Grade 7)	2.4	1.2	1.2	1.8	2.4	
TOTAL	52.5	26.2	26.2	39.3	52.5	
BLAENAU GWENT	Total WTE	WTE July (50%)	WTE Aug (50%)	WTE Sept (75%)	WTE Oct onwards (100%)	
Team Managers (LA Scale pt 40)	1.0	0.5	0.5	0.8	1.0	
Contact Tracers (LA Grade 7)	6.2	3.1	3.1	4.7	6.2	

Contact Advisors (LA Grade 5)	30.5	15.3	15.3	22.9	30.5	
Business Co-ordinators (LA Grade 7)	2.0	1.0	1.0	1.5	2.0	
IT Support	0.2	0.2	0.2	0.2	0.2	
TOTAL	40.0	20.1	20.1	30.0	40.0	
CAERPHILLY	Total WTE	WTE July (50%)	WTE Aug (50%)	WTE Sept (75%)	WTE Oct onwards (100%)	
Team Managers (LA Scale pt 40)	1.8	0.9	0.9	1.4	1.8	
Contact Tracers (LA Grade 7)	16.2	8.1	8.1	12.2	16.2	
Contact Advisors (LA Grade 5)	79.3	39.6	39.6	59.5	79.3	
Business Co-ordinators (LA Grade 7)	4.6	2.3	2.3	3.4	4.6	
TOTAL	102.0	51.0	51.0	76.5	102.0	
Monmouthshire	Total WTE	WTE July (50%)	WTE Aug (50%)	WTE Sept (75%)	WTE Oct onwards (100%)	
Team Managers (LA Scale pt 40)	1.0	0.5	0.5	0.8	1.0	
Contact Tracers (LA Grade 7)	8.4	4.2	4.2	6.3	8.4	
Contact Advisors (LA Grade 5)	41.2	20.6	20.6	30.9	41.2	
Business Co-ordinators (LA Grade 7)	2.4	1.2	1.2	1.8	2.4	
TOTAL	53.1	26.5	26.5	39.8	53.1	
Newport	Total WTE	WTE July (50%)	WTE Aug (50%)	WTE Sept (75%)	WTE Oct onwards (100%)	
Team Managers (LA Scale pt 40)	1.6	0.8	0.8	1.2	1.6	
Contact Tracers (LA Grade 7)	13.7	6.9	6.9	10.3	13.7	

Contact Advisors (LA Grade 5)	67.2	33.6	33.6	50.4	67.2	
Business Co-ordinators (LA Grade 7)	3.9	1.9	1.9	2.9	3.9	
TOTAL	86.3	43.2	43.2	64.8	86.3	
ABUHB	Total WTE	WTE July (50%)	WTE Aug (50%)	WTE Sept (75%)	WTE Oct onwards (100%)	
Team Manager (NHS Band 7)	1.0	0.5	0.5	0.7	1.0	
Clinical Leads (NHS Band 7)	6.0	6.0	6.0	6.0	6.0	
Contact Tracers (NHS Band 5)	16.0	8.0	8.0	12.0	16.0	
Contact Advisors (NHS Band 3)	20.5	10.3	10.3	15.4	20.5	
TOTAL	43.5	24.8	24.8	34.1	43.5	
Recruitment						
All agreed on 6 hour shift pattern, 8am - 2pm & 2pm - 8pm, 7 days per week.						
Each LA and HB have developed a recruitment plan which enables them to flex up and down as per demand for service						
Each employer will recruit on temporary basis/fixed term basis, full/part-time including some offering 24 hour contract						
Each employer will use own Terms and Conditions						

Appendix 5

Description	Organisation	WTE	Gross monthly cost Mid-point £	1	2	3	4	5	6	7	8	9	10	11	12	Total YTD	Forecast year-end position
				Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
				£	£	£	£	£	£	£	£	£	£	£	£		
Programme Management Office																	
Head of Gwent Contact Tracing Service (NHS Band8C)	LA	1.00	8,801				4,400	4,400	6,601	8,801	8,801	8,801	8,801	8,801	8,801		68,206
Programme Manager (NHS 8A)	LA	1.00	6,139				3,069	3,069	4,604	6,139	6,139	6,139	6,139	6,139	6,139		47,576
Project Officer (NHS Band 6)	LA	2.00	4,471				4,471	4,471	6,707	8,942	8,942	8,942	8,942	8,942	8,942		69,301
Data/Risk Manager (Reporting and Risk Mgt) (NHS Band 6)	LA	1.00	4,471				2,236	2,236	3,354	4,471	4,471	4,471	4,471	4,471	4,471		34,653
CRM System/Training support (NHS Band 6)	LA	2.00	4,471				4,471	4,471	6,707	8,943	8,943	8,943	8,943	8,943	8,943		69,307
Administration support (NHS Band 3)	LA	2.00	2,504				2,504	2,504	3,756	5,009	5,009	5,009	5,009	5,009	5,009		38,816
Contact Tracing Training Co-ordinator (NHS Band 5)	LA	1.00	3,591				1,796	1,796	2,693	3,591	3,591	3,591	3,591	3,591	3,591		27,830
Quality Assurance Co-ordinator (NHS Band 5)	LA	1.00	3,591				1,796	1,796	2,693	3,591	3,591	3,591	3,591	3,591	3,591		27,830
Communications Officer (NHS Band 5)	LA	1.00	3,591				1,796	1,796	2,693	3,591	3,591	3,591	3,591	3,591	3,591		27,830
Regional Contact Tracing Cell																	
Programme Manager (NHS Band8A) ??	Health	1.00	6,139				3,069	3,069	4,604	6,139	6,139	6,139	6,139	6,139	6,139		47,576
Cluster Leads (NHS Band 7)	Health	5.00	5,272				13,179	13,179	19,769	26,359	26,359	26,359	26,359	26,359	26,359		204,280
Programme Support Officer (NHS Band 6)	Health	2.00	4,471				4,471	4,471	6,707	8,943	8,943	8,943	8,943	8,943	8,943		69,307
Project Manager (NHS Band 7)	Health	1.00	5,272				2,636	2,636	3,954	5,272	5,272	5,272	5,272	5,272	5,272		40,856
Infection Control Nurse (NHS Band 5)	Health	1.00	3,591				1,796	1,796	2,693	3,591	3,591	3,591	3,591	3,591	3,591		27,830
Environmental Health Officer (LA Grade 9)	LA	5.00	4,253				10,632	10,632	15,948	21,264	21,264	21,264	21,264	21,264	21,264		164,794
Specialist in Health Protection (NHS Band 9)	Health	2.54	12,600				0	0	32,024	32,024	32,024	32,024	32,024	32,024	32,024		192,143
Consultant in Public Health (NHS)	Health	2.54	12,600				32,024	32,024	32,024	32,024	32,024	32,024	32,024	32,024	32,024		288,215
Data manager/Analyst (NHS Band 6)	Health	5.08	4,471				11,357	11,357	17,036	22,715	22,715	22,715	22,715	22,715	22,715		176,040
Administration Support (NHS Band 3)	Health	2.00	2,504				2,504	2,504	3,756	5,009	5,009	5,009	5,009	5,009	5,009		38,816
Contact Tracers (NHS Band 5)	Health	10.00	3,591				17,955	17,955	26,933	35,910	35,910	35,910	35,910	35,910	35,910		278,303
Contact Advisors (NHS Band 3)	Health	12.00	2,504				15,026	15,026	22,538	30,051	30,051	30,051	30,051	30,051	30,051		232,895
Local Contract Tracing Teams																	
Clinical Leads (NHS Band 7)	Health	10.00	5,272	0	0	0	26,359	26,359	39,538	52,718	52,718	52,718	52,718	52,718	52,718		408,561
Team Managers (LA Scale pt 40)	LA	7.40	5,364	0	0	0	19,846	19,846	29,769	39,692	39,692	39,692	39,692	39,692	39,692		307,616
Contact Tracers (LA Grade 7)	LA	53.00	3,393	0	0	0	89,912	89,912	134,868	179,825	179,825	179,825	179,825	179,825	179,825		1,393,641
Contact Advisors (LA Grade 5)	LA	259.00	2,660	0	0	0	344,459	344,459	516,689	688,918	688,918	688,918	688,918	688,918	688,918		5,339,118
Business Co-ordinators (LA Grade 7)	LA	15.30	3,393	0	0	0	25,956	25,956	38,934	51,912	51,912	51,912	51,912	51,912	51,912		402,315
IT support. (assume LA Grade 7)	LA	0.20	3,393				339	339	509	679	679	679	679	679	679		5,259
Finance Support																	
	Health	1.00	4,671				2,336	4,671	4,671	4,671	4,671	4,671	4,671	4,671	4,671		39,705
ICT Staffing																	
Project Manager (NHS Band 7)	split 6 ways	1.00	4,671					4,671	4,671	4,671	4,671	4,671	4,671	4,671	4,671		37,369
Network Engineer (NHS Band 5)	split 6 ways	1.00	3,182				3,182	3,182	3,182	3,182	3,182	3,182	3,182	3,182	3,182		28,637
																	0
HR Support	TBC	1.00	4,671				2,336	4,671	4,671	4,671	4,671	4,671	4,671	4,671	4,671		39,705
																	0
TOTAL FORECAST WORKFORCE COSTS		410.06		0	0	0	655,913	665,255	973,273	1,313,315	1,313,315	1,313,315	1,313,315	1,313,315	1,313,315	0	10,174,330
NON PAY COSTS																	
Translation/Printing/TTP Promotion costs							6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000	6,000		54,000
Regional cell and PMO non pay costs							2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000	2,000		18,000
Accommodation costs?																	0
Additional IT costs?																	0
TOTAL FORECAST NON PAY COSTS							8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	8,000	0	72,000
TOTAL FORECAST COSTS							663,913	673,255	981,273	1,321,315	1,321,315	1,321,315	1,321,315	1,321,315	1,321,315	0	10,246,330