

Tower Hamlets LFT Community Testing Service Specification

1. Context

- 1.1. As testing technologies have evolved throughout the pandemic, Tower Hamlets has developed a network of:
 - **symptomatic local testing sites (LTSS)** using PCR tests and which are operated by NHS Test & Trace;
 - **asymptomatic testing sites (ATSS)** using rapid lateral flow tests (LFTs) and which are currently delivered by a provider called 'Hub Logistics', commissioned in December 2020 by Tower Hamlets via a contract held on behalf of 7 NEL boroughs by the Greater London Authority (GLA).
- 1.2. Following the announcement in February 2021 of a roadmap for the government's approach to lifting the current national lockdown, there is a requirement to update our local outbreak control plan, including an expansion of our asymptomatic testing offer to new eligible cohorts, and an offer of LFT home testing via a system called 'Community Collect'.
- 1.3. Alongside the rollout of the vaccine, the expansion of asymptomatic testing will play a vital role in ensuring that the lifting of restrictions is delivered safely and sustainably. As lockdown eases, testing will expand to focus on new groups of people as relevant national restrictions are eased, with an initial focus on the return of schools. Other groups will follow in accordance with the timetable set out in the roadmap.
- 1.4. As national restrictions are further eased with other non-critical sectors reopening, we intend to combat the risk of transmission by supporting these additional groups to conveniently access regular testing near their home, by opening new ways of accessing testing both digitally and in trusted collection points in the community.
- 1.5. This Service Specification describes the operational, day to day delivery of rapid testing via asymptomatic testing sites (ATSS) sites within Tower Hamlets and options for developing additional services, as required.
- 1.6. Central Government funding and ongoing support from DHSC Regional Assistance Teams have been confirmed up to the end of June 2021. This Service Specification will therefore set out anticipated delivery needs within Tower Hamlets from 1st April 2021 to 30th June 2021, with six weekly reviews as newer delivery models such as community collect come online.

2. Current asymptomatic testing sites

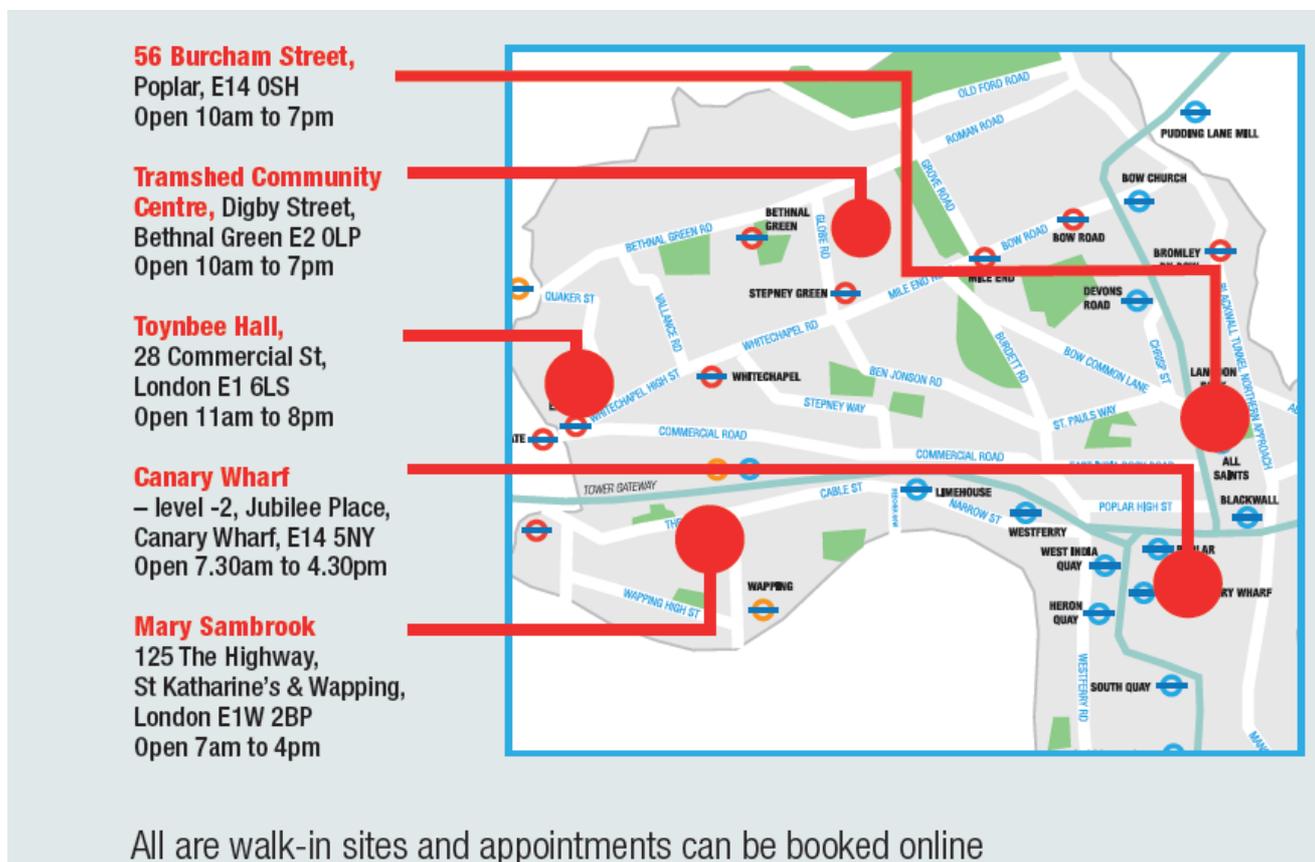
2.1. Rapid Covid-19 tests (Lateral Flow Tests) are available for people who don't have symptoms of Covid-19 but would still like to get tested. The tests are quick and convenient and provide results in under 30 minutes.

2.2. These tests are available for all residents but twice weekly routine LFT testing is recommended, specifically if you are:

- a key worker (carers, tradespeople and essential retail);
- cannot work from home;
- or if others in your household still go out for work.

2.3 There are currently five public asymptomatic testing sites (ATS) in Tower Hamlets:

- 56 Burcham Street, Poplar, E14 0SH. Open 10am to 7pm daily;
- Canary Wharf - level -2, Jubilee Place, Canary Wharf, E14 5NY. Open 11:00am to 8pm on Thursdays, and 7.30am to 4.30pm on all other days;
- Toynbee Hall, 28 Commercial St, London E1 6LS. Open 11am to 8pm daily;
- Mary Sambrook, 125 The Highway, St Katharine's & Wapping, London E1W 2BP. Open 7am to 4pm daily
- Tramshed Community Centre, Digby Street, Bethnal Green, E2 0LP. Open 10am to 7pm daily.



2.4 Due to being under national lockdown restrictions these test sites are situated within a variety of settings. It is possible that we will need to relocate sites as business as usual starts to slowly return and these spaces are required for other activities. Therefore, along with the daily operational duties of running an efficient and safe test site, there may also need to be capacity to flexibility relocate and mobilise other sites quickly and in a cost-effective manner.

3. Daily operational workforce requirements

3.1. The operational workforce requirements for Community Testing Rapid Test Site are set out in the Workforce Blueprint, at the time of writing the latest version is 3.4. Hence this version of the Workforce Blueprint informs this specification document.

3.2. Other key Community Testing documents necessary and unpinning this specification include:

- the Master Clinical SOP,
- Clinical Policy and Protocol,
- the Citizen Journey,
- Quality Checklist Form,
- Risk Assessment Log, and
- Guidance on Site Set Up.

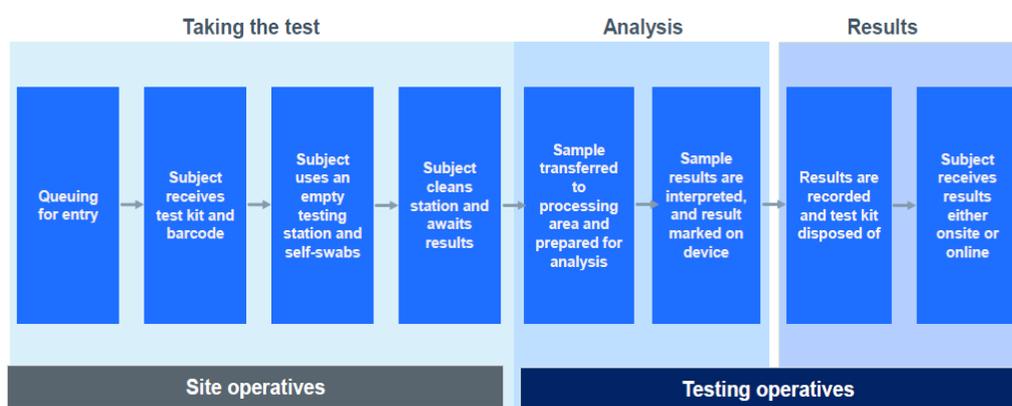
3.3. Tower Hamlets is a diverse borough with areas of deprivation, it is therefore vital that the Community Testing programme is inclusive and culturally sensitive to the barriers and challenges some residents may experience in accessing or participating in rapid testing. The delivery of this Service Specification will also need to reflect an awareness and understanding of these needs.

3.4. Below is the Testing Process from end to end as described in the Workforce Blueprint:



THE TESTING PROCESS

The workforce plan is based on **the participant journey**, and the steps required by the **clinical standard operating procedure (SOP)**. This drives the **roles we have developed** which follow in the next slides. Sites must also comply with, and demonstrate how they are ensuring compliance with the 2 metre rule on **social distancing** e.g. work-space layout, signage, briefings, and on-boarding. It is expected that Test Site Leads will remind on-site teams at their daily briefings.



3.5. The different roles for each test site are described here:

TESTING & TRACE ROLES

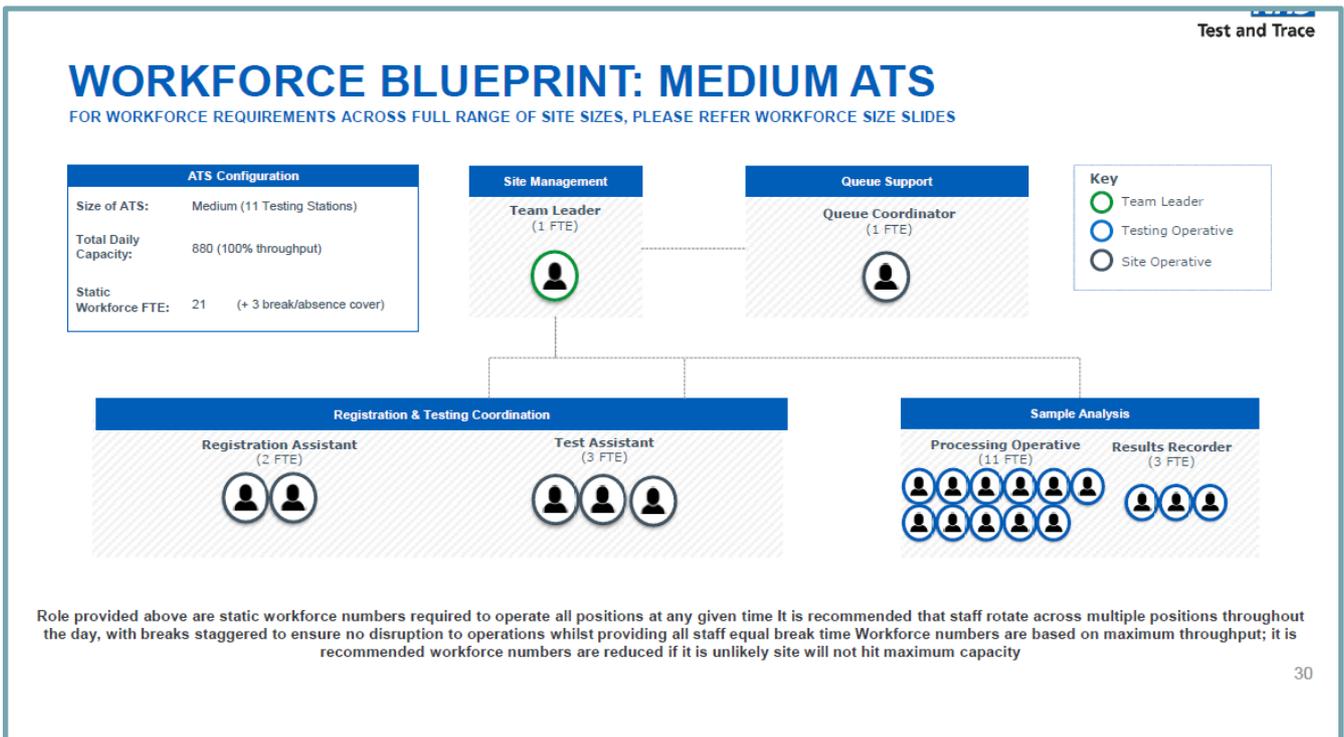
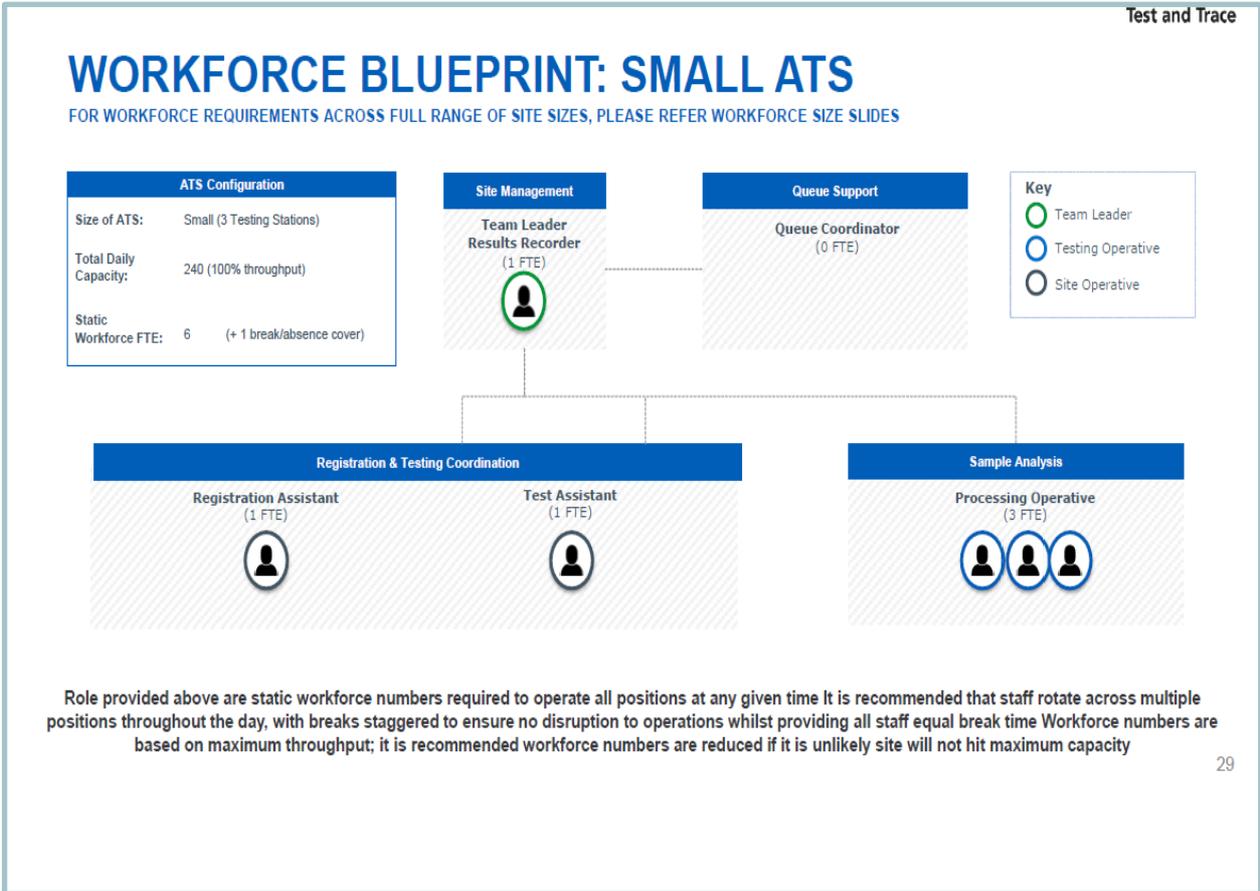
ROLE	KEY RESPONSIBILITIES
Team Leader	Responsible for the overall on-site operations at the test site, including day-to-day workforce management. Several Supervisor or Deputy Team Leader roles may be needed for larger sites – this should be designed at a site level. It is advised the span of control does not exceed 15 people per supervisor role.
Site Operative	Helping manage the site and supporting subjects through the testing process. From queue management, to registration and supporting testing. The role has three positions: Queue Coordinator, Registration Assistant, and Test Assistant.
Testing Operative	Conducting the processing and analysis of tests to ensure the process is conducted accurately and uploaded to the system. The role has two positions: Processing Operative, and Results Recorder. Results will be passed on to existing.
Local Contact Tracers (Optional)	Communicates directly with individuals who have received a positive COVID-19 result to identify close contacts who may be at risk. Ensures index cases continues to self isolate, and advise they reach out to those they have been in contact with. Cases are initially managed at a national tracing level before being triaged to Local Contact Tracers if unable to make contact with cases.

3.6. Roles, positions and responsibilities may need to be adapted on a site by site basis depending on the size and target throughput of your test sites. Roles and positions can be performed by the same person (if appropriate). Ideally we need to be able to scale or merge the workforce in response to test site throughput and delivery.

3.7. The workforce will also need to have the adaptability to deliver at pop up sites and via a mobile testing service. If a Variant of Concern is linked to postcodes within Tower Hamlets, there will also need to be scope to flex the core, trained workforce to support surge testing initiatives.

3.8. With the recent additions of home rapid test kits and Community Collection from Local Testing Stations, Community Pharmacies and rapid test sites, forecasting throughput for each rapid test site is difficult. There is also the high likelihood that a mobile testing service will be required to support residents who continue to struggle to access rapid testing through static or online testing routes. Flexibility, capacity and responsiveness to scale up and scale down is essential to the successful delivery of this service spec.

3.9. Below is the Workforce Blueprint for a 3 and an 11 Booth Test Site as a guide:



3.10. Other UK pilots have found that the inclusion of a Team Leader or an Assistance Team Leader post is best tailored to the size and needs of the testing infrastructure, however supervisory responsibilities should not exceed 15 people.

3.11. Operationally, queue management should be factored in, with the capacity to help those queuing with test registration. Many people find the registration process difficult to navigate due to the number of questions, or the need for a smartphone or internet connected device. This can also slow down the testing process.

3.12. There is a need to coordinate when people enter booths, or access another testing delivery model (pop up, mobile etc), people often ask for or appreciate some direction with the self-swabbing. There is a requirement to ensure deep cleans take place following possible bodily fluid transfers. Finally, due to the number of steps required to process tests it advised that Test Processors focus on one test at a time.

3.13. Suggested Workforce Requirements:

Workforce Resource Requirements by Test Site Size (1/2)

Test and Trace

The table below outlines the indicative number of staff needed to operate a test site per shift to maximum capacity

Additional contingency resource has been added to cover breaks and potential absences. It is recommended that staff rotate across multiple positions throughout the day, with breaks and all staff provided equal break time

Local contact tracers have been included. However, it is at the discretion of the LA as to whether they want an uplift in local contract tracing following testing.

Role	Position	Number of Testing Stations (Test Site Size)													
		1	2	3	4	5	6	7	8	9	10	11	12	13	14
Team Leader		1*	1*	1*	1	1	1	1	1	1	1	1	1	1	1
Site Operations Role	Queue Coordinator	0	0	0	0	0	0	0	1	1	1	1	2	2	2
	Registration Assistant	0	0	1	1	1	1	1	2	2	2	2	3	3	3
	Test Assistant	1	1	1	1	1	2	2	2	2	3	3	3	3	4
Testing Operations Role	Processing Operative	1	2	3	4	5	6	7	8	9	10	11	12	13	14
	Results Recorder	0	0	0	1	1	2	2	2	2	3	3	3	3	3
Break & Absence Cover		0	1	1	1	1	2	2	2	3	3	3	4	4	4
Total		3	5	7	9	10	14	15	18	20	22	24	26	29	31
Daily Capacity (8hr operations)		80	160	240	320	400	480	560	640	720	800	880	960	1040	1120
Contact Tracers**		1	1	1	1	1	1	1	1	1	2	2	2	2	2

Workforce numbers are a guideline only and local decisions should be made on a sensible workforce size on a site by site basis.

* Assumes Team Leader doubles as Results Recorder for small sites
** Contact tracer calculations assume a 2% positivity rate, a 75% reachability rate and 30% of cases dealt with by local authorities
Note: Assumes sufficient workforce to deliver maximum potential capacity (1 test every 6 minutes per testing station)
Note: Daily capacity includes all testing, including retest of void LFD and confirmatory PCR testing

4. Required Service Specification Work Streams

4.1. The following identifies the works streams required to deliver this Service Specification and omits the workstreams which can be delivered in house.

SITE/DELIVERY MANAGEMENT	PARTICIPATION IN SURGE TESTING
OPERATIONS TRAINING	MOBILE TESTING (MTUs)/POP UP COORDINATION
OPERATIONS AUDITING	REPORTING & IT
SAMPLE ANALYSIS COORDINATION	REGISTRATION & TESTING COORDINATION
RESOURCING & CONTRACTING THE WORKFORCE	COLLABORATIVE/FLEXIBLE WORKING
STAFF PROVISIONS & WELFARE	QUEUE MANAGEMENT

4.2. Project Management

Overall project management of the asymptomatic testing infrastructure will be led by Public Health.

4.3. Provider Operations Manager and Team Leaders:

The Provider Operations Manager is responsible for ensuring all policies and processes for the project are carried out by the teams on site in accordance with protocols and procedures as directed by Public Health, Test Operations Manager, policy directives from the DHSC, and key documents such as the Workforce Blueprint. This is through the implementation of SOPs and training and undertaking audits.

The Provider Operational Manager is responsible for the following areas of activity:

- Distribution of SOPs and adherence to the SOP.
- Operational Training, **including the management of NHS Test and Trace LFD** online training
- Management of the LFTS
- Day to day operational reporting
- Overall compliance with Health and Safety guidance
- Reviewing onsite staffing levels
- General Operations - Liaising with the Test Operations Manager to ensure adequate stock of PPE, LFDs, cleaning equipment.

Any personal information relating to staff is obtained, processed and stored in line with the requirements of the GDPR. Full details are available in the Staff Privacy Notice.

The Provider Operations Manager and Team Leaders will support the workforce to participate in Safeguarding and MECC training.

The Team Leader will process, and document all reports on site to the Provider Operations Manager on a daily basis at the end of each shift.

The Team Leader will be responsible for **the operations** of the site including, training/inductions process, site services and welfare for all on site.

In case of emergency the on-site Team Leader will be the point of contact for any emergency services required to come to site.

The Team Leaders will be responsible for the following areas of activity:

- Responsible for the overall on-site operations at the test site, including day-to-day workforce management.
- Running day-to-day operations including adverse incident reporting, on-site workforce management, managing site health & safety and receiving and managing stock
- Point of escalation for any issues on site, and escalates to local public health officials as appropriate

- Ensure adherence to SOP and clinical guidance is maintained throughout operations Responsible for safety and security of the site
- If subjects raise any data privacy concerns, direct subjects to the Data Privacy Notice which explains how their data is used.
- Responsibility for the quality and risk management of the testing and regularly checking that the site meets the standards required

4.4. **Resourcing and Contracts**

To take overall responsibility for resourcing the staff on site and to recruit for a rapid mobilisation of a core trained and competent workforce. Further recruitment will also include posts advertised via Tower Hamlets ITRES in addition to existing provider recruitment channels. This workstream also includes:

- Site 'Do's and Don'ts'
- Organising training

Any personal information relating to staff is obtained, processed and stored in line with the requirements of the GDPR. Full details are available in the Staff Privacy Notice.

Rotas are created each week to outline the staff and contractor requirements for each LFTS location. This will identify which staff members have been engaged for each role.

4.5. **Operational Training**

The Provider Operations Management will oversee the Team Leaders facilitation of the necessary training for all staff, to ensure staff are briefed correctly in order to carry out their roles on site. They will work alongside the Test Operations Manager (providing SOPs for training materials) and Public Health who will quality assure testing delivery.

All staff and contractors attend Training Sessions as outlined below;

- ***NHS Track and Trace LFD online training course***
- Half-day on operating site carried out by the Team Leader

During the first period of training the following overviews are completed:

- Project Overview Training. incl. an outline of org chart, incl. their own roles and how they fit into wider project
- Do's and Don'ts
- PPE Guidelines
- Briefing on SOP's and the importance of the individuals understanding and keeping up to date with the SOP's
- Site specific induction

Further Training Steps include;

- Talk through Process (Methodically working through; Clinical Policy and Protocol, the Citizen Journey.
- Incident management and the Risk Assessment Log
- Supervised on going
- Local Safeguarding and MECC training

Opportunity for any question/clarification is reiterated throughout the entire process.

4.6. **Mobilisation Co-ordination**

Due to the highly flexible nature of this service Specification, it is likely that the Provider Operational Manager for the Testing Workforce (and Team Leaders) will be asked to support the mobilisation of a new site, delivery method or surge testing.

4.7. **Auditing**

The Provider Operations Manager and Team Leaders will be responsible for carrying out on-site audits on processes and SOP's. This will include monitoring and reviewing the implementation of NHS Clinical SOPs, NHS Track and Trace training materials and general site processes.

A regular auditing system will be delivered with support from Public Health. These audits will also include staff wellbeing and mental health.

4.8. **Mobile Testing Service Coordination**

The Provider Operations Manager, Team Leaders and the Test Operations Manager will have oversight of the operation and processes required on site for the coordination and set-up of Mobile Testing Services with support from Public Health.

The MTS Team Leader will work alongside the Test Operations Manager and Public Health to manage and continually review the process for:-

- Establishing locations for MTS'
- Arranging required temporary infrastructure
- Staffing of each MTU
- Creating a schedule for each MTS', as directed by Public Health and the Test Operations Manager.

4.9. **Staff Provisions (Welfare / Feedback)**

The Provider Operations Manager and Team Leaders will be responsible for ensuring necessary provisions are made for all onsite staff. This will include dedicated staff welfare facilities.

Personal welfare is of paramount importance, it is essential that staff have access to information concerning the support available should they test positive on their daily LFT test and need to self-isolate.

Daily briefings and supervision should also provide spaces for staff to give feedback in. Staff welfare will be monitored through the auditing process.

5. KPIs:

Initially the task is to mobilise a workforce to deliver testing across the existing sites in Tower Hamlets. However, it is anticipated that this will change and could include reducing the number of booths across sites and staffing a mobile testing service soon after the commencement of the

contract, and transitioning site to a Community Collect model. With this in mind, 6-weekly reviews will be held to prioritise workstreams and resources to need.

- Daily reporting of tests completed, +ve, -ve and voids;
- Weekly reports collating tests completed across all delivery sites/models;
- Auditing - daily and weekly returns;
- Good quality service delivery as measured through community engagement exercises;
- Flexible and collaborative working as measured through responsive, innovative and safe delivery of mobile and pop up delivery models;
- Safe and reliable delivery as measured through incidents, risk assessments and staff cover for all testing delivery methods.