

Bedford Borough COVID-19 Deep Dive Interim Findings

Bedford Borough Deep Dive Group (Bedford Borough Council; Public Health England; Joint Biosecurity Centre; Bedfordshire Hospitals NHS Foundation Trust; Bedfordshire, Luton and Milton Keynes Commissioning Collaborative).

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Background

The weekly rate of COVID-19 infection in Bedford Borough has diverged from the East of England average since the end of April. Bedford Borough had one of the ten highest rates in the country for the weeks commencing 8th and 15th of June, but it should be noted that the rate of pillar 1 and pillar 2¹ laboratory confirmed infections has fallen since the initial peak in April and we have not seen a surge of infections in recent weeks.

The Deep Dive with Bedford Borough Council, Public Health England (PHE), the Joint Biosecurity Centre (JBC), Bedfordshire Hospitals NHS Foundation Trust and Bedfordshire, Luton and Milton Keynes Commissioning Collaborative aims to answer the following questions:

- 1) What is driving the differential pattern of COVID-19 infection in Bedford Borough, and
- 2) What interventions can be put in place to address this?

Two work streams have been established – one focused on the epidemiology of COVID-19 in Bedford Borough, the other to consider local communications and engagement. Interim findings summarise progress to date (focusing predominantly on the local epidemiology) and interim recommendations, including the next steps before the final report.

What is driving the differential pattern of COVID-19 infection in Bedford Borough?

In order to answer this, we need to consider the following points:

- 1) Are the data on laboratory confirmed infections reliable?
- 2) Is Bedford Borough different to other areas in the East of England in terms of sociodemographic factors associated with transmission of or severity of COVID-19 infection?
- 3) What is the current pattern of COVID-19 infection in Bedford Borough, and who is most affected?

¹ Pillar 1: swab testing in PHE labs and NHS hospitals for those with a clinical need, and health and care workers. Pillar 2: swab testing for the wider population.

- 4) Is there a clear focal point for the ongoing transmission in Bedford Borough, e.g. hospitals, care homes, workplaces, schools or specific communities?

The Deep Dive final report will also consider what is the likely future trend for the area and how effective are various interventions in outbreak prevention and management in Bedford Borough.

1. Are the data on laboratory confirmed infections reliable?

Microbiological surveillance of COVID-19 infections is undertaken by reporting virological test results from individuals by laboratories to the Public Health England Second Generation Surveillance System (SGSS). Patient records of those attending for medical care have been the historic basis of reporting to SGSS and are now termed pillar 1 tests. SGSS has been updated to include individual COVID-19 reports generated from contact with the National Health Service Covid19 Test and Trace system and are now termed pillar 2 tests.

- The PHE East of England Field Service has reviewed the pillar 1 and pillar 2 test databases to check for duplication within and between each pillar and are satisfied that there is no duplication in the reported numbers.
- Initial enquiries established that negative test results from outsourced testing facilities used by Bedford Hospital were not being routinely reported to PHE. This has had the effect of artificially inflating the positivity rate but does not affect the number of positive tests reported (see Action 1).

2. Is Bedford Borough different to other areas in the East of England in terms of sociodemographic factors associated with transmission of or severity of COVID-19 infection?

- Analysis of Google Mobility data by the Joint Biosecurity Centre did not reveal any differential patterns in population mobility (e.g. relating to transport hubs, shopping, work or recreation) that could contribute to the higher rate of infection (see Action 2).
- Bedford Borough is similar to other areas in the East of England in terms of the proportion of the population at risk from severe illness from COVID-19, the prevalence of heart, kidney and lung disease, the proportion of adults who are overweight and the proportion with dementia.
- There are some sociodemographic factors which may contribute to increased transmission and severity of COVID-19 infection in Bedford Borough (see Action 3):
 - The proportion of households that are overcrowded is higher than the regional average (4.3% vs. 3.6%), but lower than Luton, Peterborough, Southend and Thurrock.
 - Compared to other Upper Tier Local Authorities (UTLAs) in the East of England Bedford Borough has a high proportion of residents from Black, Asian and other ethnic minority (BAME) groups. Peterborough has a similar pattern of ethnicity and Luton has the highest proportion of residents from BAME groups.
 - Diabetes prevalence in Bedford Borough is higher than the regional average (7.2% vs. 6.7%).

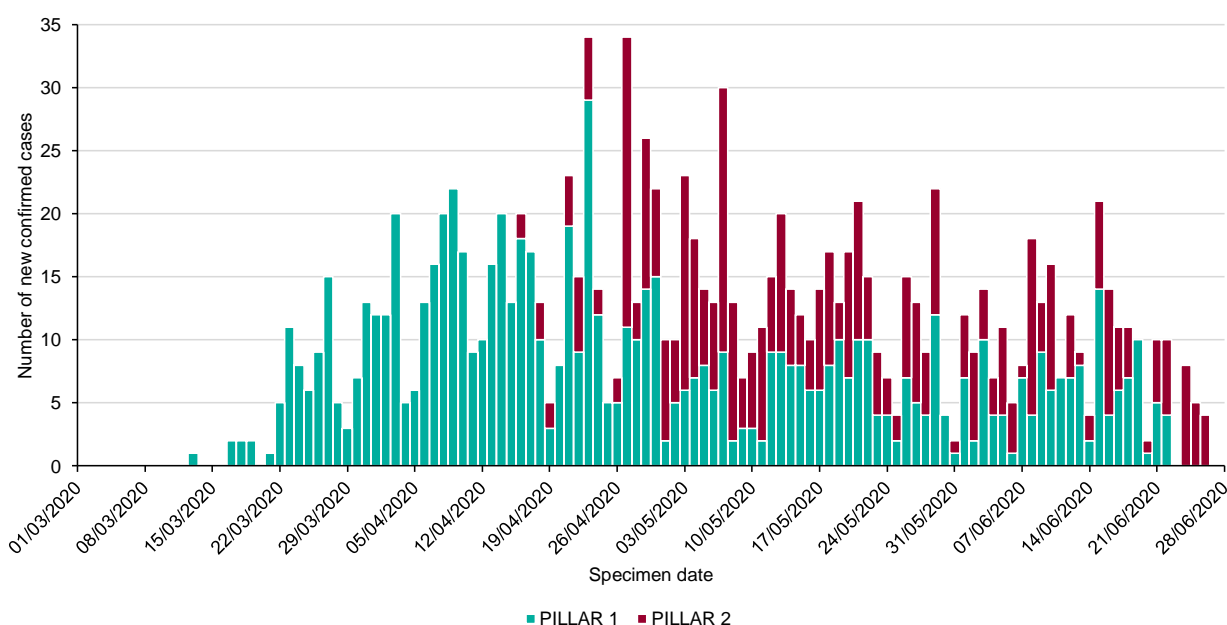
- The number of care home beds per 100 persons aged 75+ is the second highest in the region (11.4) behind Southend-on-Sea (12.9%).
- Small area analysis revealed that Harpur and De Parys Medium Super Output Areas are more vulnerable to COVID-19, as a result of factors including care home density, deprivation, prevalence of chronic health conditions.

3. What is the current pattern of COVID-19 infection in Bedford Borough, and who is most affected?

Since the first confirmed case in Bedford Borough who had a specimen date of 13th March 2020, there have been 1,221 cases of COVID-19 diagnosed amongst residents of Bedford Borough². Overall, 5% of the cases in the East of England have been residents of Bedford Borough, while Bedford Borough’s population represents 2.8% of the population of the East of England.

Figure 1 outlines the daily number of confirmed COVID-19 cases by testing pillar in Bedford Borough. There have been 801 (66%) and 420 (34%) cases identified via pillar 1 and 2, respectively, in Bedford Borough. The first positive Covid19 specimen date for a Bedford resident was 13 March 2020, with peaks of 34 reports with positive specimen dates on each of 23 April and 27 April 2020, followed by a sustained decline, to below 15 cases per day since 15 June 2020.

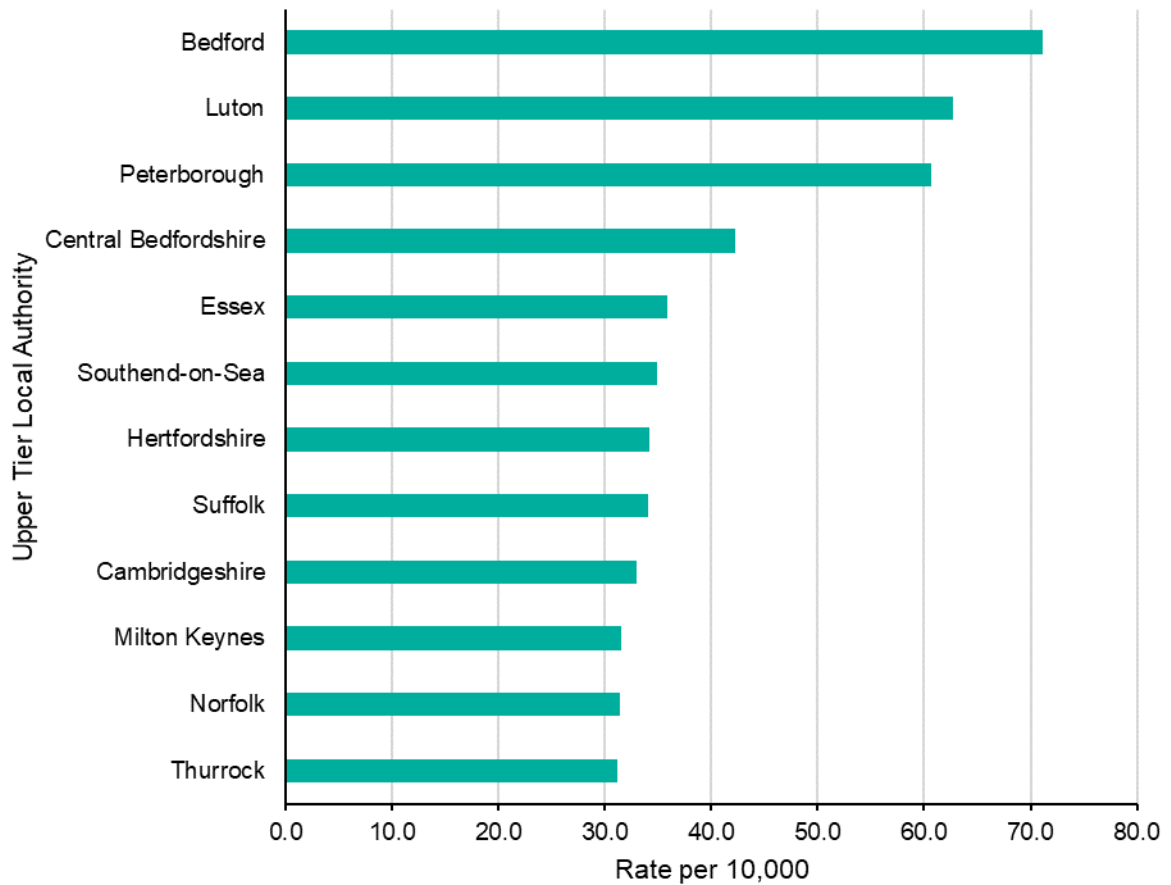
Figure 1 – Daily number of confirmed COVID-19 cases in Bedford Borough by testing pillar (Source: SGSS)



Overall, Bedford Borough has a crude cumulative case rate of 71 cases per 10,000 residents and the East of England region has a crude rate of 37 per 10,000. Bedford Borough has the highest rate of COVID-19 cases in the East of England region by upper tier local authority (UTLA), followed by Luton (63 per 10,000) and Peterborough (61 per 10,000), as shown by figure 2.

² Data up until 28/6/2020, data for the most recent 5 days subject to change due to reporting delays.

Figure 2 – Crude cumulative case rates per 10,000 population of UTLAs in the East of England
(Source: SGSS)



By week, the crude rate of new COVID-19 cases diagnosed in Bedford Borough residents has been declining overall since a peak during the week commencing 6th April 2020 for pillar 1 and week commencing 27th April for pillar 2, with a decrease in weekly rate also being observed regionally for the East of England and nationally for England (figure 3).

Figure 3 – Crude rate per 10,000 population of weekly confirmed cases in Bedford, East of England, and England (up to June 28 2020) (Source: SGSS - retrieved from the PHE nationally produced epidemiological report for Bedford)

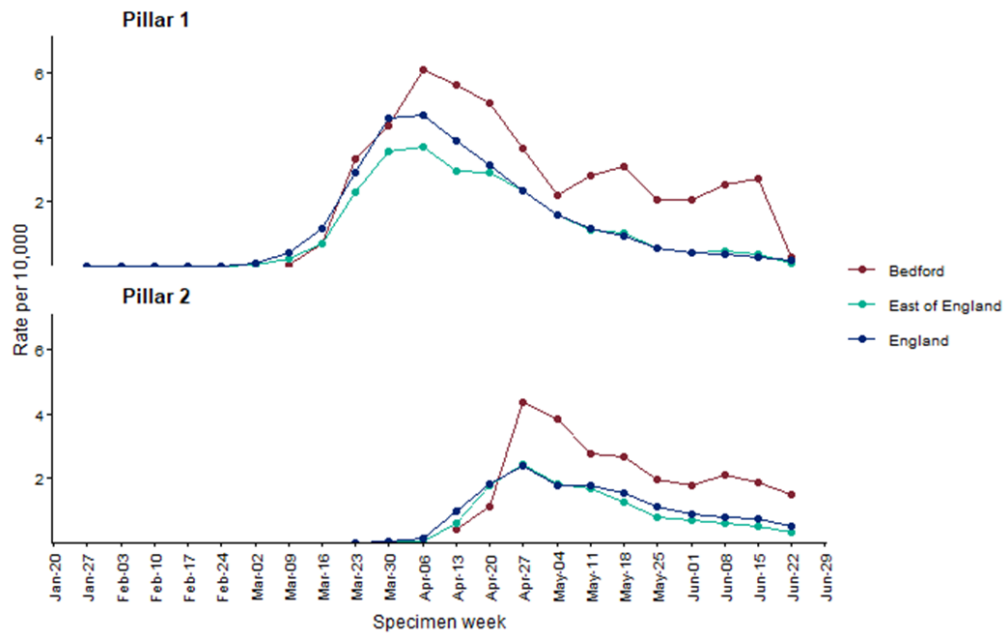


Figure 4 outlines the cumulative crude rate of COVID-19 cases in Bedford by lower super output area (LSOA). Rates are generally highest in the LSOAs surrounding Bedford Town, apart from two LSOAs in Riseley and Wyboston where the high rates are believed to reflect the locations of known settings. When looking at these rates over the past month (27 May – 27 June 2020), figure 5, the LSOAs with the highest rates are still found around Bedford Town. Further work is needed to fully cross-reference the LSOA data with known care home situations in order to establish whether there is higher community transmission in the identified LSOAs (see Action 3).

Figure 4 – Cumulative crude rate per 10,000 of confirmed COVID-19 cases by LSOA, Bedford Borough (Source: SGSS)

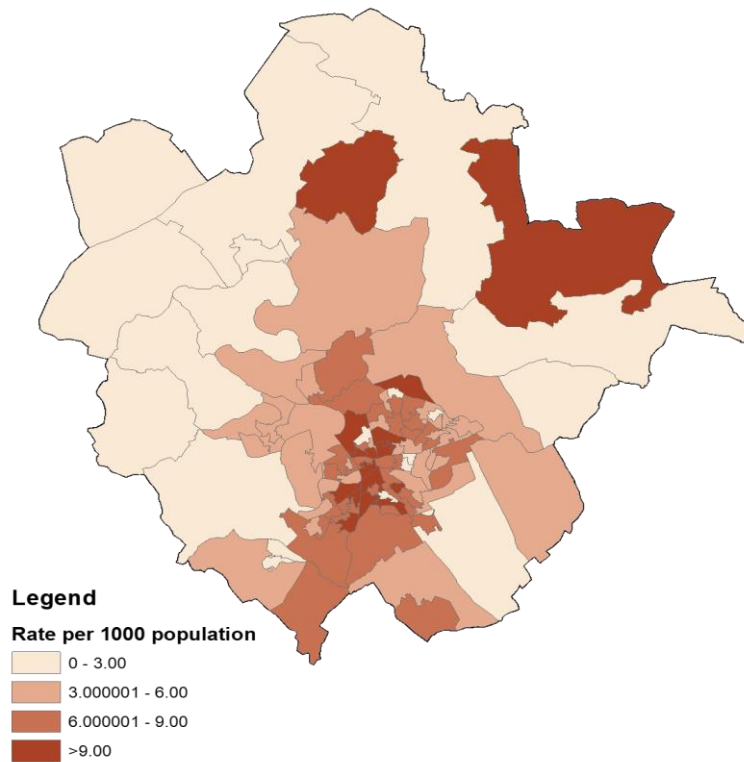


Figure 5 – Crude rate per 10,000 of confirmed COVID-19 cases between 27 May – 27 June 2020 by LSOA, Bedford Borough (Source: SGSS)

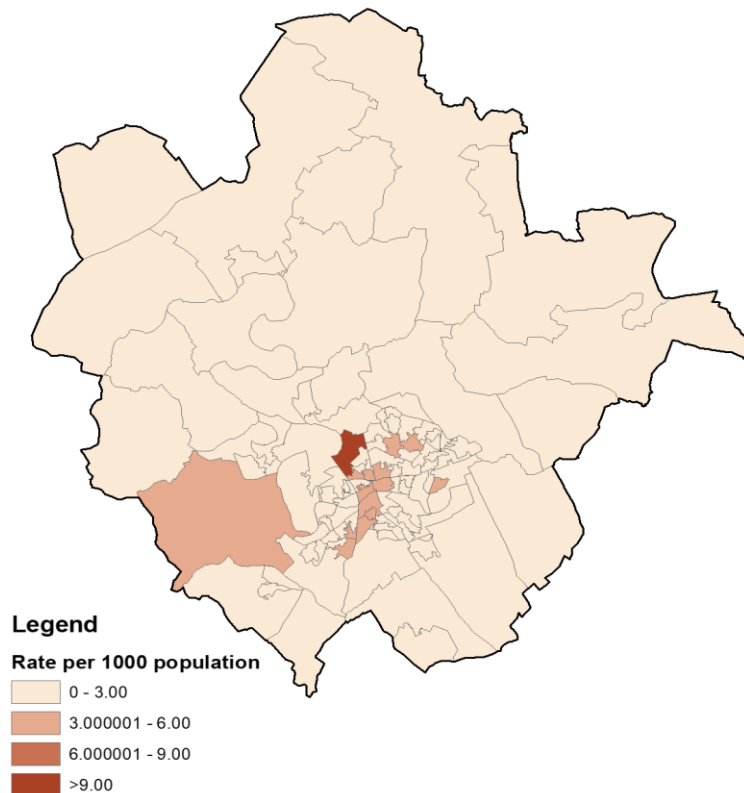
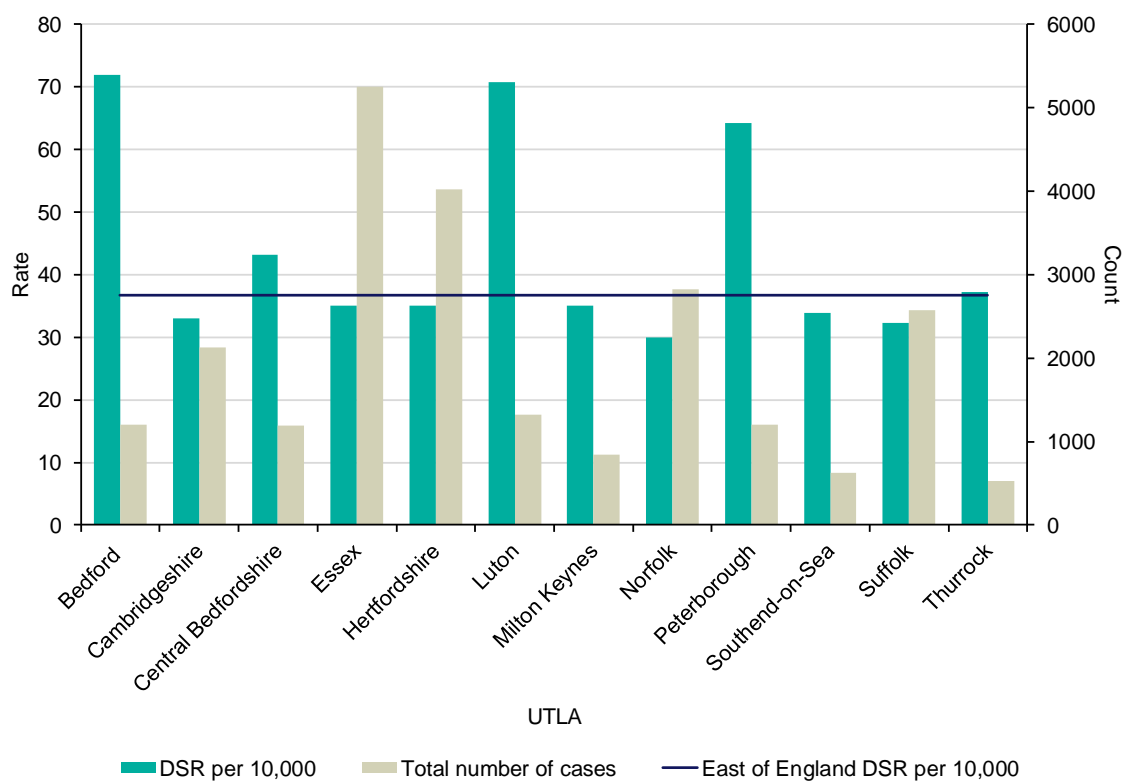


Figure 6 displays age standardised rates (i.e. rates of infection per 10,000 people adjusted for differences in the age structures of the local authority populations), for each UTLA in the East of England region. Here Bedford Borough has the highest directly standardised rate (DSR) of 72 per 10,000, which is more similar to the second and third highest DSRs seen in Luton (71 per 10,000) and Peterborough (64 per 10,000) than when considering the crude rates (figure 2). This suggests that differences in the age structure in Bedford Borough, compared to the other local authorities could be partly responsible for higher observed crude rate. Further description of the demographics of local COVID-19 infection is provided below.

Figure 6 – Age standardised rates per 10,000 of confirmed COVID-19 cases by UTLA in the East of England (Source: SGSS)



Who is most affected?

711 (58%) of cases in Bedford Borough have been female and 506 (42%) have been male. The highest number of cases have been observed in females aged 30 to 59 years old (see Action 3).

The occupation or setting of the person from which the COVID-19 specimen was collected was similar in Bedford Borough to the rest of the East of England. In pillar 1 reports the proportion with no information on setting or occupation was 2% for Bedford and 8% for the East of England. For pillar 1 tests Hospital/NHS trust, care home and healthcare worker³ accounted for 85% of cases for the East of England and 94% for Bedford Borough. For pillar 2 testing, the proportion of reports lacking information on setting or occupation was 29% in Bedford and 36% for the East of England.

³ In the context of COVID-19 testing healthcare workers are individuals who self-identify as working in health or care settings, including medical staff, nursing staff and nursing auxiliaries.

The most common setting and occupation recorded was again healthcare accounting for 34% of reports from Bedford Borough and also from the East of England.

It has not been possible to analyse COVID-19 infections by ethnicity, due to poor data completeness (see Action 4).

4. Is there a clear focal point for the ongoing transmission in Bedford Borough, e.g. hospitals, care homes, workplaces, schools, or specific communities?

Surveillance of incidents and outbreaks has been conducted by Public Health England Health Protection units using a cloud-based application called HP Zone. Refinements have been made to the definitions of incidents and outbreaks attributed to COVID-19.

The number of COVID-19 outbreaks and incidents in HP Zone has ranged from one to a maximum of nine in week beginning 18 May 2020, remaining at four or less each week since week beginning 25 May 2020 to the present.

NHS Hospitals and other inpatient facilities

One hospital outbreak of COVID-19 was reported in Bedford Borough at a private healthcare facility. The outbreak was reported to the PHE Health Protection Team on the 9th April 2020. In total, 23 staff were reported to have symptoms, four of which tested positive for COVID-19. There were no confirmed cases among the hospital's patients. The outbreak was closed on the 7th of May, following 14 days of no symptomatic staff or patients.

In the previous two weeks there have been 57 confirmed COVID-19 cases that had contact with Bedford Hospital, primarily COVID-19 positive inpatients together with newly admitted patients. On one ward, four patients who were asymptomatic on admission tested COVID positive on 14 June. The hospital identified this outbreak at the time and closed the relevant non-COVID ward to new admissions on 15 June. Upon retrospective review of the patient ward movements timeline, this ward was identified to have several COVID-19 cases that were confirmed positive after spending a number of days admitted to the ward.

A timeline of ward movements was completed for all patients in the last two weeks who had contact with the acute non-COVID ward. Of the cases who had previous contact with the ward, the majority had contact in the 7 days prior to testing positive for COVID-19. The majority were present on the ward at the same time as other COVID-19 cases, and half the cases remained on the ward after testing positive (see Actions 5 to 12).

The Trust has assured itself that the appropriate enhancements in response to this situation have been made with regards to the provision and use of PPE. This has included reviewing the daily checklists of PPE provisions and their correct usage at ward level led by the matrons.

It has been recognised that testing provision at Bedford Hospital has been through a number of different suppliers (including Addenbrookes and PHE), and this has complicated the testing process. Whilst longer turnaround times for test results were experienced in the earlier stages of the pandemic, a turnaround time of 24 to 48 hours has been the recent experience of the hospital, but it is acknowledged that this still isn't fast enough to identify COVID-19 positive patients at the time of admission. In recognition of this the Trust has introduced near-patient testing (through the provision

of eight Samba II machines) that will assist in the identification of asymptomatic patients in a more timely fashion (see Action 5).

The Trust’s testing programme currently includes testing all inpatients on first admission, and subsequently throughout their admission, all elective patients prior to surgery, and point prevalence testing of asymptomatic front line staff on a rolling basis.

Testing capacity at the hospital has improved markedly over the last week and the speed of aggregating results (including staff test results) has increased. However, testing throughput remains limited due to the current allocation of reagent compound and the Trust is working closely with NHS England/Improvement to ensure the timely supply of reagents used by the Panther Test apparatus. Increasing the hospital allocation of reagent compound will enable Panther Test apparatus to be fully exploited and increase testing throughput to well in advance of the circa 400 tests/day anticipated (see Action 7).

The figures for Bedford Hospital COVID-19 testing capacity are summarised in the table below.

Test Demand	A&E Admissions c50/day	Inpatient Testing c50/day	Staff Testing c200/day	Total Demand c300 tests/day
Capacity	Samba II output 96 tests/day	Panther Machines c65 tests/day (on current reagent allocations)	Panther Machines c450 tests/day (requires 7 times more reagent allocations)	Current capacity c161 tests/day Potential capacity c546 tests/day

It is essential that adequate reagents are provided to the Trust if an adequate testing capability is to be sustained. Whilst additional resource has been made available to the hospital, this remains insufficient to sustain anticipated demand (see Action 7).

IIMARCH reporting⁴ has recently been introduced by the NHS to record summaries of outbreaks of COVID-19 in NHS commissioned services, with reports made to NHS England/Improvement.

The comprehensive nature of this review process has allowed the Trust to identify a number of opportunities to track patients in an improved manner. The Trust is being assisted by PHE in setting up a COVID-19 case register which will record all cases age, ethnicity, outcome, and duration of stay (see Actions 8 to 10).

Concerns had been raised that Bedford Hospital was routinely reporting circa 150 ‘patients isolated pending swab results’, compared to circa 25 for the Luton and Dunstable Hospital. An earlier investigation by the Trust confirmed that whilst both Trusts were swabbing patients in the same way, Bedford Hospital data included swab results outstanding for patients who were asymptomatic and screened on admission as well as those with suspected COVID-19, whereas the Luton and Dunstable data only included patients who were suspected to be COVID-19 positive (see Action 6).

⁴ IIMARCH (Information, Intent, Method, Administration, Risk Assessment, Communications and Humanitarian Issues) is a structured briefing format used by emergency responders.

Care homes

There have been 50 suspected and confirmed COVID-19 outbreaks in Bedford Borough, 42 of which were in care homes. Regionally, most COVID-19 outbreaks have been in care homes (89%), with a lower number of outbreaks being reported compared to the peak of the pandemic in April 2020, largely due to a reduction in care home outbreaks.

There are a total of 152 care settings in Bedford Borough that are being supported and monitored by the Council and its partners, including residential and nursing homes for older people (N=35), residential homes for people with learning disabilities and/or mental ill health (N=41), extra care housing (N=11), supported living (N=24) and domiciliary care providers (N=41). 78 of these settings are CQC registered care homes.

A similar proportion of care homes in Bedford Borough have had suspected or confirmed COVID-19 outbreaks as other local authorities in the East of England (54% compared to a regional median of 52%), and the average number of residents and/or staff affected per outbreak is also similar. There was evidence to suggest that outbreaks tested under pillar 1 in Bedford Borough care homes were on average 10 days longer than the regional average (37.5 days vs. 27 days). For pillar 2 the difference was 12 days (17 vs. 5) but the difference was not statistically significant. Longer outbreaks could be consistent with multiple introductions of COVID-19 into care homes (see Action 13).

Supporting Infection Prevention and Control

The council is actively supporting the care sector to prevent COVID-19 transmission, and together with partners has taken the following steps:

- Regular communications regarding guidance, funding, staff wellbeing etc. are sent directly to the care settings.
- A clinical lead has been identified for each care home and they provide general support and a minimum weekly check in with each home.
- All care homes have been offered training on donning and doffing PPE as part of the 'train-the-trainer' scheme led by the BLMK Commissioning Collaborative.
- A multi-agency Bedfordshire Care Providers Operational Group has been established and meets weekly to review and plan for the effective management of outbreaks in care settings.
- The Council has been supporting care providers with emergency PPE requirements if they have been unable to procure it from their normal routes.
- Since the 11th May 2020 all care homes for older people have been able to receive whole home testing, and since the 8th June whole home testing has been available to all care homes, including those for under 65s with learning disabilities or mental health problems.
- Domiciliary care providers will be offered free Infection Prevention and Control training in the coming weeks.

Local surveillance

In addition to notifications from PHE and monitoring the CQC activity tracker the Council Care Standards team has regular contact with all care home and home care providers, contacting each of them at least once a week and more frequently if required. The outcomes of the contact are recorded on a comprehensive dashboard which includes:

- Staffing sickness levels, whether staff are working across multiple establishments
- Whether the setting pays statutory sick pay
- Whether the home is open or closed and vacancy levels

- Cases suspected and confirmed, separately for residents and staff
- Date of last positive test in the setting
- Deaths, COVID-19 and non-COVID-19 related
- PPE levels, confidence in using PPE and the ordering processes
- Food levels
- Availability of and confidence in using medical equipment, e.g. thermometers and pulse oximeters
- Any other concerns or issues

The Care Standards team also use relevant information that they receive from partners including the CCG and ELFT (the community health provider) to inform conversations with the care homes, for example following up with those that may not have attended infection prevention and control training or a swabbing seminar.

When care settings become aware of a positive case they inform the Care Standards team directly, which means they are already aware of the majority of notifications that they receive from PHE. The team will immediately contact the home to discuss what actions they have taken and will be taking, and to confirm that they are adhering to the relevant infection prevention and control guidance. The team also re-send the relevant guidance and flowcharts by email.

The public health team monitors the PHE East of England Daily Patch Report and confirms that the Care Standards team is aware of any newly identified outbreaks or clusters in care homes.

The Council does not presently have the data to undertake detailed analysis of care setting outbreaks based on data from, the CQC Capacity Tracker, local dashboard or PHE HP Zone. Routine access to resident-level personal information on COVID-19 infection, illness or death is not currently accessible to the local authority (see Action 13).

Workplaces

There has been one identified workplace outbreak. Twenty individuals who worked at the same warehouse tested positive, with 18 between the 25th May and the last case on 17th June. Within this group, there were two clusters of three and four individuals that were epidemiologically linked.

The Council has established a COVID-19 Infection Control Team, led by Environmental Health to promote safe working practices, deal with complaints and requests for assistance from employees and members of the public, and respond to reports of cases, clusters and outbreaks in local workplaces in Bedford Borough.

Limitations in the contextual data supplied by the NHS Test & Trace service can delay identification of likely workplace transmission. Businesses are being asked to notify cases, clusters and outbreaks to the Local Authority as well as PHE (see Actions 14 and 15).

Environmental Health Officers have written to high risk workplaces (including warehouses and meat processing plants) to offer guidance and support. Working with the Public Health team the EHOs have developed a set of COVID-19 Frequently Asked Questions for workplaces, outlining employer and employee responsibilities under Health & Safety legislation. An infection control checklist has also been produced for use by EHOs in the event of another local workplace outbreak.

Schools

Since schools in Bedford Borough began to open to more year groups on 1st June there have been two confirmed cases of COVID-19 in one primary school. There is no evidence to indicate that schools are a contributory factor in the ongoing transmission of COVID-19 in Bedford Borough.

Custodial institutions

There were two COVID-19 situations reported in custodial institutions in Bedford Borough. Cases identified in prison residents are usually attributed to the local authority of the prison and would count towards that local authority's case numbers and rate (unless the prison resident's home address is used instead, which would need to be reviewed for each unique situation).

The first was an outbreak of COVID-19 at Yarl's Wood Immigration Removal Centre, where there were approximately 24 symptomatic or confirmed cases among staff and residents between 15th March and 30th April 2020.

The second COVID-19 situation in a custodial institution setting was at HMP Bedford, which was reported to the Health Protection Team on 8th April 2020. This situation was closed on 27th June 2020 after no symptomatic residents had been reported since 10th June 2020.

Community clusters

PHE has access to detailed information on laboratory confirmed COVID-19 cases, including postcode of residence. Since 2nd July the local authority has been given access to a weekly data file that includes pseudonymised⁵ records of positive tests and positive cases.

Potential community clusters were identified where there were multiple cases with the same postcode (excluding CQC registered Care Home postcodes) and then filtered by excluding cases that were more than 14 days apart. The numbers and size of these potential clusters are shown in the Table below, and the explanation for these apparent clusters could be community transmission within or between households, occupational transmission (especially in the health and social care settings) or coincident transmission from different sources. Further analysis could examine whether it is consistent that a healthcare worker is the index case in these potential clusters (see Action 16).

Cluster size	Number of clusters	Wards
5	3	Harrold, Chellington & Turvey; Cauldwell & Elstow; Shortstown & Wixams
4	8	Brickhill; Goldington (2 clusters); Queens Park; Kingsbrook; Kempston Central & East; Kempston West & South (2 clusters)
3	18	Not yet analysed
2	120	Not yet analysed

⁵ Pseudonymisation is a data management procedure by which personally identifiable information fields within a data record are replaced by an alternative identifier called a pseudonym. This makes the data record less identifiable while remaining suitable for data analysis.

What interventions can be put in place?

The weekly rate of COVID-19 infection in Bedford Borough has been consistently higher than the East of England average, and one of the ten highest rates in the country for the weeks commencing 8th and 15th June. However, it is important to note that the rate of local COVID-19 infections has fallen since the initial peak in April and we have not seen a surge of infections in recent weeks. The weekly rate of infections is falling (see Figure 1).

Analysis of the deep dive data has not identified a single focal point for the higher rate of COVID-19 infection in Bedford Borough. No specific settings or communities are highlighted, instead there are multiple potential contributory sociodemographic factors that must be accounted for in the local response.

Our communities along with the hospital and other health care settings, our care homes, workplaces, schools and custodial institutions must maintain a high level of adherence to prevention measures and ensure suspected outbreaks are reported swiftly to the local authority and PHE.

Further work is required to improve the epidemiology recording and analysis of COVID-19 cases in Bedford Hospital and to review occupational health arrangements. Enhancements to COVID-19 testing in the hospital are required and ongoing assistance is being provided by the PHE East of England Field Epidemiology Unit to Bedford Hospital to achieve this.

1. What actions have already been taken?

- A comprehensive joint communications strategy has been established, with the aim of:
 - Encouraging residents of Bedford Borough to stay home and observe stringent infection control measures as a result of the increased infection rate in the Borough.
 - Building confidence in the local management of COVID-19 by accurately reporting the findings from the 'Deep Dive' to residents.
 - To influence national messaging to support more localised narratives around outbreaks and potential outbreaks.
- Progress to date includes:
 - A series of videos have been developed in different languages; broadcast TV and radio interviews have been undertaken including input from Elected Members and GPs.
 - Social media messaging has continued, supported by LRF partners.
 - Targeted communications have been developed for faith groups.

2. What further actions are necessary?

Although these are interim findings, initial recommendations have been identified for immediate action. These are structured by theme and assigned to organisations. It should be recognised that further recommendations may be identified for the final report.

Theme	Action	Owner	
Reliability of lab confirmed infections data	1. Bedford Hospital negative tests will be uploaded to PHE database	Bedford Hospital / PHE	
Sociodemographic factors associated with transmission	2. Ongoing review of Google Mobility trends and consideration of novel data sources and advanced analytical approaches that could support the local area	Joint Biosecurity Centre	
	3. Ensure targeted communications and engagement based on possible contributory sociodemographic factors	All partners through the Communications and Engagement workstream	
Current pattern of COVID-19 infection	4. Improve the completeness of ethnicity data, for example, by linking testing data to Hospital Episode Statistics	PHE	
Focal points for transmission - Hospital	5. The additional eight SAMBA II machines, together with the additional personnel, be made operational. N.B: This was completed 26 th June and the machines are fully operational.	Bedford Hospital	
	6. Reporting of swabbing data to be reviewed.	Bedford Hospital	
	7. Additional supplies of the reagent compound be procured so to enable the testing capability to be maximised.	Bedfordshire, Luton and Milton Keynes Commissioning Collaborative	
	8. Establish an epidemiological database of COVID-19 cases, based on the data set from the Deep Dive. This will utilise the PHE Epidata database with support from PHE.	Bedford Hospital	
	9. Increase plotting of COVID19 patient care ward movements of all cases retrospectively and prospectively.	Bedford Hospital	
	10. Continue to identify all transmission events and act to mitigate, having regard to the assistance provided during the Deep Dive in plotting time relations of COVID19 cases.	Bedford Hospital	
	11. Ensure that a process of rapid testing of patients is introduced. N.B: This was completed 26th June.	Bedford Hospital	
	12. Continue to review and monitor the training and usage of PPE as part of ongoing good practice.	Bedford Hospital	
	Focal points for transmission – Care homes	13. To identify whether any further enhancements to care home surveillance can be identified.	Bedford Borough Council N.B: with support from PHE

Theme	Action	Owner
Focal points for transmission – Workplaces	14. Establish more timely and informative sharing of data from NHS Test & Trace	PHE
	15. To identify whether any further enhancements to workplace surveillance information sharing can be identified	Bedford Borough Council and PHE
Focal points for transmission – Community	16. Ensure based on the emerging guidance that processes are aligned so as to improve cluster detection and new transmission networks in the community.	Bedford Borough Council and PHE
Testing availability	17. To review the availability of access to the Military Mobile Test Units so as to provide maximum availability.	Bedfordshire LRF Community Settings Testing cell
Overarching	18. All partners cited in this document are to hold each other to account and ensure that actions are completed.	All partners