

OFFICIAL SENSITIVE - NOT FOR ONWARD CIRCULATION

Durham Antigen LFT – Interim Service Evaluation Report, Michaelmas Term

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Executive summary

Since October 2020, Durham University (DU) has undertaken a service evaluation to assess how effectively Lateral Flow technology can be used at scale to minimise infection and control outbreaks of Covid-19. This report sets out the findings from the University's own reflections to date, along with a rapid mixed methods analysis of the service evaluation undertaken in collaboration with Public Health England.

The purpose of the service evaluation is:

- To test a defined cohort of students and staff regularly to find and isolate positive cases swiftly, thereby reducing transmission.
- To determine how we might test contacts of positive cases regularly to confirm negatives and avoid the need for self-isolation.

Initially, the service evaluation was piloted in a small subset of the University community, across two colleges (Stephenson and Van Mildert), and rapidly scaled up to incorporate all students and staff (a community of up to 25k) in response to the government's plans to use LFTs to support student travel at the end of the Michaelmas Term. A total of 3 large-scale central testing facilities were established alongside testing in 12 of the University's 16 colleges.

A number of key observations and milestones contributed to the success of the project.

- Jacqui Ramagge (Project Sponsor) and Camila Caiado (Scientific Lead) from Durham University built momentum at a critical time. Six workstreams were then identified in order to deliver on the project overall, each with a workstream lead overseen by a Chief of Staff and Director of Operations.
- A LFT Working Group oversaw operational rollout and was supported by a strategic Steering Group comprised of colleagues from across the University representing legal, clinical, health and safety, and colleges expertise. In addition, the Group benefited from insights from a behavioural psychologist who helped shape strategic communications and interpret behavioural trends impacting participation.
- There was broad buy-in from staff, Colleges, University Executive, University Council, and student leaders.
- There was strong support from Public Health England (PHE), the Department of Health and Social Care (DHSC), Durham County Council, and the Lateral Flow Oversight Group.
- Quality training resources were developed by the Durham Centre for Academic Development and tested in focus groups of students. This included dry runs in which no test results were collected or recorded. Samples of the training resources are available at <http://www.durham.ac.uk/coronavirus/lft/evaluation>
- In parallel, a protocol was developed for DHSC approval. Alongside this, data systems were built to manage bookings, training and consent, and work began on a Data Protection Impact Assessment and a Data Sharing Agreement with PHE. An internal

Ethics application was also developed and submitted. The protocol is available as Annex 1.

- Training procedures were tested with two student households before scaling it up further.
- Operational procedures were tested by offering testing to two Colleges, including students in residence and staff, with data submitted voluntarily by participants in order to test data submission procedures. Reporting of negatives increased when data entry was facilitated by staff.
- The University offered mass testing on a voluntary basis to all students and staff of DU from 24 November to 16 December with a view to enabling people to undertake two tests, seven days apart before travelling during the Christmas vacation.
- Take-up and participation in the testing programme was monitored and the programme shaped to maximise participation. The importance of convenience impacted the decision to offer multiple sites across the City and their locations. A review of targeted communications in line with booking and testing trends facilitated further tailoring of communications to reflect those which had generated engagement. Notable communication lessons relate to the platform used (Instagram stories generated most engagement of the social media platforms), and the messages themselves. Specifically, evidence suggests that where a booking link is included, this generates click throughs to the test booking system. In addition, there appears to be a correlation between booking tests and accessing/visiting University facilities e.g. test bookings increased in line with a communication from the library relating to booking study space This indicates a behavioural impact of the testing programme with students recognising the value of testing before visiting communal areas without the need for messages requiring this.
- Over 11,200 lateral flow tests were recorded between 29 October and December 16. Of these, 38 were positive with 5 confirmed positive on PCR.
- 10,523 tests were taken by students, of which 6,485 represent individual students tested. Students with symptoms also reported 313 PCR tests, of which 154 were positive. Therefore, the prevalence amongst those tested was approximately 2% (160/6,800) and the rate of positive LFT followed by negative PCR was approximately 0.29% (33/11,200).
- It is important to note that previous outbreaks occurring in the University in October may have contributed to the slow uptake of the LFT programme, as many students were isolating on commencement. From 5th October, the University recorded a significant jump in the number of daily Covid-19 cases through to the 22nd October when cases began to drop. In this period, 1,263 cases were reported, with the total October cases amounting to 1,850; of the latter, fewer than 5 were initially identified by an LFT.
- It is possible that the October outbreaks which were successfully managed and contained by the University through their Outbreak Control Plan without any evident transmission into the local community impacted uptake and the results of the LFT programme in November and December. In particular, the total number of students choosing to take the LFTs may have been lower in light of the significant numbers of previously confirmed cases on account of the risk of possibly testing positive again during their 90 day post-infectious window. In addition, the total number of confirmatory PCRs taken following a positive LFT returned 5 positives from a total of 38 confirmatory tests.

Whilst not all may have been followed up with PCR, it is possible that previous recent infections during the outbreak may account for these false positives.

Alongside Durham University's own reflections on the service evaluation to date, a rapid mixed methods analysis of the Durham Antigen LFD service, involving the Covid-19 Behavioural Science and Insights Unit of the Public Health Advice, Guidance and Expertise (PHAGE) function within the National COVID-19 Response Centre (NCRC) was initiated. The role of Public Health England in this piece of work was to support and advise Durham University on conducting the service evaluation of their testing programme.

This report presents the findings of this evaluation for Michaelmas Term (October-December 2020).

Activities undertaken so far have included:

- Online survey co-designed between the University and the Covid-19 Behavioural Science Team, and hosted by Durham University for their students and staff to understand barriers and facilitators to testing;
- Conversations with 6 Heads of Colleges running the testing to understand how each college is operating differently and any difficulties they've experienced;
- Conversations with the JCR and MCR (junior and middle common rooms) representatives from one College;
- Walk round of Maiden Castle test centre site;
- Formal interviews with 4 testing centre operatives, i.e. University staff on secondment and student employees, to understand their experiences of providing the service and their barriers and facilitators.

By the end of the term, all 12 Colleges participating allocated household testing slots for those living-in, though they differ in how much emphasis they put on households doing the testing as a group versus how much they emphasise individual flexibility and individual choice. The test centres operate individual booking slots, though individuals can and do book into the same slots as friends or housemates. Colleges report high uptake from staff.

The most frequently mentioned reasons for getting tested in the online survey were: wanting to protect others (90.1%), because it is the right thing to do (81.8%), because it gives peace of mind (71.6%) and because they want to help fight the virus (62.8%).

There were mixed results on the use of incentives, with 5 or fewer students (from 72 respondents) at University College reporting that the prize incentive (of a free meal for the household with best turnout) had motivated them. However, free food was more successful, with 65.31% (32/49) of those who took a test at Van Mildert, which provided pizza and a student experience, and 15.12% (13/86) of respondents at Stephenson, which provided coffee and cakes, reporting 'free food provided' as a reason for getting tested.

There have been social pressures in both directions. Test takers reported that they were motivated to get tested because their household was getting tested, even in sites with individual booking slots. However, non-testers reported being worried about the impact on their household if they tested positive.

What has gone well:

- there has been high uptake by staff and good staff buy-in
- most participants in testing report that the test instructions are easy or very easy to follow
- most participants in testing have very positive or positive views towards repeat asymptomatic testing, and say that they are either very likely or likely to get tested again
- the Colleges have converged on a system of having central test sites
- allocating College households testing slots close before mealtimes may be helpful
- staff at central testing sites have good buy-in and seem to enjoy their roles

Potential improvements:

- photographs of positive LFD devices would be useful and should be considered for the next phase of testing
- possible ways of improving attendance amongst those who did not take a test in Michaelmas include: making it clear that the test is quick and easy, giving support to those who must self-isolate, letting test takers book their own time slot, and providing re-assurance about the reliability of the test.
- any new managers at test sites to have a site visit in advance to a test centre to see how it operates
- updating testing instructions to ensure that the training video corresponds with the way that testing is being done in the test centres; consider whether there should be any revisions to hard copy instructions provided at test sites

One potential improvement identified that has already been implemented relates to the approach to recording results. Initially all participants recorded their own results via an online system. There were high levels of reporting from staff but low levels of reporting from students. When the central sites were set up for the end of term testing the device was read and recorded by a trained member of staff which meant that all results from the venues were recorded. Outcomes suggest that the lack of reporting was most likely due to having no pressing reason to record a negative test. The University as a result, has moved to a protocol whereby staff record tests for students who undertake LFTs in College as soon as staffing levels permit. Tests will remain self-administered, but the default reporting approach now is staff-logging results for students.

The University will continue to evaluate the impact of offering serial testing to all DU students and staff until alternative effective ways of containing the spread of Covid-19 are in place.

In terms of next steps, qualitative interviews with students who have and have not taken part in testing, and who have agreed to be contacted in the survey have been planned to understand barriers and facilitators to testing.

Introduction

Background

Durham University has been piloting antigen testing of staff and students using a Lateral Flow Device (LFD), in order to find and isolate positive cases swiftly, thereby reducing transmission, and to determine how they might test contacts of positive cases regularly to confirm negatives and avoid the need for self-isolation.

Colleges rolled out the testing in serial order, for living-in students and staff, with 12 Colleges participating by the end of semester, and three central test sites that could be booked by any students or staff. The first pilot for the testing was on Thursday 22nd October in Stephenson and a wet run occurred at Hatfield on 23rd of October, with the first dry runs in 28-30 October and more sites joining each week, as follows:

- 28-30 Oct: Stephenson and Van Mildert
- 11-13 Nov: Stephenson Van Mildert and University College
- 19-20 Nov: Stephenson Van Mildert, University College, South, Trevelyan, St John's, and Collingwood
- Week of 23 Nov: Hatfield, Stephenson, Van Mildert, University College, South, Trevelyan, St John's, Collingwood, Ustinov, St Chad's, Josephine Butler, Grey.
- 24 Nov: Mass testing of students commences in Central Testing Centres at Racecourse, Palace Green, and Maiden Castle
- 27 Nov: Mass testing of staff commences in Central Testing Centres
- Mass testing at Central Testing Centres continues until Wednesday 16th December.

Different test sites had their own bespoke procedures for testing and for allocating test slots. Many colleges made use of pre-allocated slots to living-in 'households' of 12-22 students (with some walk-in test slots for those who could not or did not want to attend in their household slot). The central testing centres used individual test booking. Procedures evolved over the weeks of testing. For more information see 'Conversations with Heads of Colleges and student representatives', especially Table 1.

Students' results were supposed to be uploaded to Banner; again different centres had different procedures. Anyone who tested positive was given a follow-up polymerise chain reaction (PCR) test and required to self-isolate for 14 days, as were other members of their household if they lived in.

Aim and objectives

The aims of this analysis were to identify:

- barriers and facilitators to getting tested
- what has worked well in testing so far
- potential improvements

Ethics

This service evaluation is not considered research by the NHS and did not require NHS Health Research Authority (HRA) approval, as per the result from the HRA “Is my study research?” decision tool (<http://www.hra-decisiontools.org.uk/research/result7.html>). Durham University received internal ethical approval for the online survey, with reference MATH-2020-12-02T11_49_38-qkcb87. This service evaluation is owned and led by Durham University.

Latest testing figures

The figures below relate specifically to testing in Michaelmas Term, during which period approximately 17k tests were distributed to colleges and to testing centres. As at the beginning of January 2021, around 2,700 were still in stock in colleges.

Totals for tests to date (as at March 2021) are available in Appendix 3.

Student testing

- 10,523 LFT results have been received, 802 were self-reported and 9721 used the new reporting system where a member of staff reads and enters the test result for the student.
 - Most of the 9,721 were conducted at the 3 testing sites but some were in college sites that chose to follow the central testing model in December.
 - From the 10,523 results, 37 were positive, 36 were invalid and 3 were unknown (self-reported, likely invalid/negative).
- 2,272 PCR test results have been received via self-reporting, most of these are from October when the initial outbreaks and symptomatic individuals were requesting private or NHS tests.
 - 2,087 of those were positive.
- Since November 1st, 313 PCR tests have been reported, 154 of which were positive. 5 of these PCR tests were confirmatory following an LFT. As such, 149 PCR tests were for symptomatic cases.
- 6,485 unique students were tested using LFT. 503 were self-reported and 6178 used the central reporting method.
- There were around 800 unreported tests; some of these may be invalid, but we expect the majority to be negative tests – feedback from the survey indicated that a number of students did not know they needed to report negative results. Others noted difficulties in reporting via the Banner reporting system, which may also have impacted on this number.

Staff testing

- 1,144 LFT results were received for staff. This data is still being analysed to understand how many individuals were tested and how many were via colleges or testing sites, and total positive numbers for both.
- There were very few staff LFT cases (5 or fewer).

Staff training

- 693 staff were trained using the newer system, around 200 were trained in colleges and around 400 were trained using the old system.

Student training

- 7,510 students completed and passed training using the main training system. A handful were trained using the equivalent staff system.

Public Health England data

The following data is up to date as of the 18th of December 2020.

- 11,203 LFD results received via POCT Portal (Assumed a mixture of staff and student data).
- 40 positive LFDs reported since 29/10/2020.
- 38 positive LFDs matched with a PCR result.
- 33 of these positive LFD results were PCR Negative.
- 5 of these positive LFD results were PCR Positive.

*Since testing commenced PHE data suggests false positive rate of 0.29%

** LFD testing was only carried out on asymptomatic students and staff

PHE SGSS data has not been searched for symptomatic tests carried out at LTS/home testing during this period, likely to account for the majority of the 154 positive student PCR results.

Conversations with Heads of Colleges and student representatives

Method

Between 23rd November and 9th December informal conversations were held with the Heads of six Colleges (University, Stephenson, Van Mildert, South College, St. Chads, and Collingwood), and JCR and MCR representatives from University College. A table comparing the different testing regimes was put together and an inductive thematic analysis of those conversations, based on notes was conducted.

Results

Comparison of testing procedures

Colleges are running staff testing separately from students, often giving staff the test slots at the beginning of the day. This section concentrates on differences in the student testing regimes. See Table 1 for a comparison of the different testing regimes in the Colleges consulted and in the central test sites.

Some of the Colleges started off by sending the test kits to the households (St. Chads, Stephenson, and Van Mildert), leaving the trained student superusers to supervise the testing. However, they have now all converged on central testing models. Some of the problems with the earlier model of testing in households were: it took too long, it was a logistical challenge, some students kept the test to use later, students did not put the clinical waste in the bags provided and it being found by housekeepers, and not all superusers did the training so the College could only send out boxes to 2/3 of the households.

The Colleges we spoke to now all use central college sites, often close to the dining room. They all allocate the households testing slots, but many also operate drop-in slots for students who cannot or do not want to attend in the household slots. In the households slots, the household is given a box of tests and they can test in the same area. Many Colleges said that they tried to allocate slots adjacent to mealtimes; one College reported that they thought they got better turnout in slots that were adjacent to mealtimes. University College gives all students a slot 15 minutes before their lunchtime. St Chad's has the process of test booking done by individuals, on the College's own booking system. The students are offered a slot based on their household mealtime but can choose their own preferred time. In contrast, the central testing sites all have the test taker choose their time slot when they book the test.

A key point where practice differed was the use of incentives for students to attend. At Van Mildert they offer pizza and try to make the testing a "student experience opportunity". At

Stephenson they offer coffee and cakes. At Collingwood there was food (lollies, biscuits, sweets) on the way out, but this was not used as an incentive for testing and it was not mentioned in the communications. St Chads did not offer incentives, nor did South College, though South College always has free coffee and tea (and a pool table) in the bar, where the students wait for the results. There were no incentives at the central test sites.

Colleges also differed in who uploaded the results to Banner. At Van Mildert, at the time of the conversation (23rd November), students would hang around the bar to get their test results. They were encouraged to bring their laptop and phone, and sport was on in the bar, so the waiting period was also a part of the student experience. Students then read their own results and inputted them into Banner. At University College students returned after lunch to collect their test result and to upload it. At South College, students waited for 30 minutes in the bar for their test results, but it was the staff who uploaded results to Banner. At Stephenson, students originally waited for results, but now the students put their name on the test and leave; staff upload the results. At Collingwood, St Chads, and the central test sites, the students test and leave; staff upload results. Some colleges specifically said they had decided the upload process in consultation with students, one of these was a college that let staff do the upload to keep testing time down, another was a college where students did the uploading because they wanted to have control over their results.

Comparison of take-up

In Collingwood and Stephenson, it either tended to be the whole household or none of the household coming for testing. St Chads reported that students tended to come in groups of 4 or 5 (about a third of each a household) and they had never had a whole household attend, they speculate this is because they give so much individual flexibility.

Several colleges reported that staff and housekeeping were "really keen to take part". One reported 100% take up amongst staff. One said that the housekeepers could not understand why the students aren't getting tested and that there is "lots of resentment".

Table 1: Comparison of testing regimes for students at different test sites

Test site	Where	Who	When	Incentives	Results
Collingwood	Theatre (near to dining room)	Households, but possibility to come as individuals	Households allocated slots on Fridays (initially 30 mins but decreased to 20 mins); individuals could come at any time; in the third week one hour allocated each day for individual testing (before going home)	Lollies, biscuits, sweets on exit, but not mentioned in the comms	Students test and leave; staff upload results
St Chads	First week: in households Subsequent weeks: Marquee	Individuals; students book through the college's own booking system	Students are offered a slot based on household dining time, but can also choose to come at their preferred time	No	Students test and leave; staff upload results
South College	JCR adjacent to bar	Households, but possibility to come as individuals	Household allocated 30 min slot; wash up at 5pm for people who can't make household slot	Free coffee and tea in the bar, but that is always there	After test students wait for 30 mins in bar for results; staff upload results
Stephenson	Originally: testing inside households Now: a central location	Households	Households allocated 1-hour slot	Coffee and cake	Originally: students waited for results Now: students test and leave
Van Mildert	Week 1: inside households household reps (student living within household) 21 out of 27 households in isolation From Week 2: The bar	Households	Staff tested in the morning before 10.30am, then students allocated slots in household groups	Pizza — a student experience opportunity	Students stay in the bar to receive test results; students upload their own results
University	The bar	Households	The test slot is 15 minutes before lunch, so they can get their results after lunch	Prize of a free meal for the household with the highest percentage testing; tea and cake available	Students upload their own result to banner using their phone
Central sites: Maiden Castle, Palace Green, the Racecourse	Maiden Castle – sports centre, Palace Green – in front of Durham cathedral Racecourse – by river	Booking is done by individual, roommates or households can book themselves into the same slot	Students book 30 min slot, have to arrive within first 20 mins of slot,	No	Students test and leave; staff upload results

Barriers and facilitators to testing for students

The following potential barriers to mass testing were suggested by College Heads:

- Seeing the process as unnecessary because most students in the college had already had the virus
- Students not wondering if they had Covid-19
- Pressure within households not to get tested
- Being put off by the testing process, which can cause gagging and sneezing
- Not wanting to isolate if they test positive (often twinned with the belief that it is those who are socialising or rule-breaking who are not getting tested)
- Being indifferent to the mass testing
- Not seeing the bigger picture benefits of mass testing
- Concern about false positives and false negatives, due to public discussion of efficacy of LFD, there was an article in the student newspaper, <https://www.palatiniate.org.uk/lateral-flow-tests-another-policy-error/>

Facilitators to testing for students

The following potential facilitators to testing were suggested by College Heads:

- Wanting to get a test before the Christmas travel window (including some confusion from international students about whether the LFD result is valid for flights)
- Seeing the potential for using testing to get back to a normal university experience
- Peer pressure to go to the test
- Making the testing itself a student experience
- Making testing convenient by having it just before mealtimes
- Giving students flexibility over booking slots

Barriers and facilitators to uploading results for students

The following potential barriers to uploading test results to Banner were suggested by College Heads:

- Students want their test results but they don't want to report it
- Uploading to Banner requires taking a photo and uploading it is "a bit of a pain"
- Students want to spend a minimal amount of time on testing
- Students know that not everyone is uploading their results to Banner

Site visit and interviews with site operatives

Method

On Thursday 10th December, PHE and NHS Test & Trace had a virtual site visit at Maiden Castle, and conducted structured interviews with four testing operatives. The interview protocol is available in Appendix 1. Data was collated into themes based on the interview questions and themes that were identified in the answers.

Results

Participants

Participants included student workers and staff who were seconded from elsewhere in the university, but not contractors. At least two of them had experience of all three central sites.

The testing process as experienced by the test taker

Students and staff have slightly different processes. Differences are around booking and labelling of tests.

Students do an online training session before booking their test. They log on to the university website, watch a short video, and complete a quiz. They need to get 6 out of 8 answers correct on the quiz and can retake it as many times as they need. The training takes 15-20 minutes according to one operative, half an hour according to another. Completing the test activates the booking system, so they can book online.

For students, booking is through Microsoft Forms, which links back to Banner. They can then choose a booking slot from 10am – 7.30pm Monday to Friday, 10-4pm on Saturday and Sunday. The slot is a half hour, with a maximum of about 65 to each slot. "We had 64 through this morning, the most I've seen", which is maximum capacity we can manage in 30 minutes". Once they book, they get an email notification.

On arrival at Maiden Castle, test takers follow signs round, through the main entrance. There are social distancing marks. On entry at the test centre, the test taker's temperature is taken,

they are asked to show their ID, if they are showing symptoms, and whether they have done the training. Then they are given an introduction about what to expect and how it will work.

After they have been signed in, they are directed by arrows through a one-way system into the sports hall. There is signage all the way down to the booths. There are 82 booths in a space the size of three basketball courts, in a horseshoe formation. The test taker is directed to a clean set of booths that is ready for them. The student superuser will ask if they have done this test before and leave them, but say "if you have any questions, give us a shout, instructions are on the wall".

They enter a "glass-perspex" booth, so staff can help without entering. Inside the booth is a table with tissues, hand sanitiser, test kit and pen. There is a mirror and step-by-step instructions on the wall, a replication of the training. We "have had some people in for about ten minutes", but "once you're an expert" (after doing about eight tests), "it takes about a minute". Another staff member said that test times have gone from more than five minutes to less than five minutes. After doing the test they write time of test (not the time of the booking) and their ID on the bag (the number of the ID tag, not the student ID), put the bag on the tray and leave. Staff members write "staff" because they are logged in a different system. Then they find their way out through the one-way system.

By the time they get home, they will probably have had an email with results. The result can be instantaneous, but it can take 1-2 hours; "99% of the time it arrives within 2 hours", but "there has been the odd situation where it hasn't come through and sat in the junk mail instead". Since the system runs through Banner, results can take a little bit longer at certain times during the day.

Staff roles in the testing process

That morning the team was one manager, one results logger, and five student staff, with 30 booths open. This was described by one staff member as "quite a lean team", but another suggested that there are usually two or three staff on shift with about three students supporting, one of whom is permanently stationed at reception. Students are paid, university staff are seconded, and there are contractors for security and cleaning. The team communicates using walkie talkies.

There are various roles for staff in the test centre:

- Cleaner: to fully clean down booths in between testers
- Registration: gives student information on arrival, is dressed in full PPE

- Kit preparations: prepares the test kits
- Kit replenisher: puts a kit in each booth for the student
- Greeter: to take people to empty booths and ensure distancing; flip card to red when done
- Superuser: stands in the middle of the booths (in the middle of the horse-shoe formation), and supports the test taker to make sure they do the test correctly (to monitor people "without staring at them"); gets them turned around quickly; there are 30 booths and sometimes 60 tests an hour
- Runner: collects the tests with the trays every 10 minutes, take them to the person doing the data entry, replace tests
- Data entry: receives the test, sees if it positive or negative, and does data entry; they must wait 30 minutes before logging the tests; if there is a backlog and it goes past 30 minutes they code them (participant was not sure if results are still good); the logger makes sure someone else sees a positive test and they don't log their own tests

There is a red-green system for cleaning: there is a two-sided card that is turned over to red when someone enters a booth, to show the booth needs cleaning, and then turned to green once the booth is completely cleaned. The exact details of this procedure varies across sites, see below.

There are external cleaners (contractors) and student staff helping clean, as soon as they can see an empty booth and red card they clean it down. There are always cleaners at the booths.

There is hand cream for the staff and heaters, since the test centre is cold.

Changes from the Standard Operating Procedures

In the Standard Operating Procedures (SOPs), all staff wear full PPE (gloves, staff, aprons). This has been adapted so that only certain roles require gloves (since it reduces hand washing), cleaners and those making up kits wear gloves, the rest wash hands and sanitise.

Originally there was a red-amber-green system for booths, which has changed to red-green. Amber meant 'clean but needs a test to be put in'. It needed three cards for each booth and required sending people inside the booth. Having the cleaners work with test replenishers meant that step could be taken out.

Differences between sites

Sites differ in how they operationalise the red-green cards. Some sites place them inside the booth, some outside; some sites have staff turn them over, some sites ask testers to do that.

Some sites give all the students an assigned role, but it is fluid, "so if needed can all jump on cleaning". Other sites have no assigned role, students just do what is needed at the time. "I have found having an assigned role to be the best way".

Difficulties

There were some difficulties at the beginning, starting up the operation:

- There were issues at the beginning getting enough screens in, getting enough test kits, replenishment of stocks "the amount of PPE we get through" due to changing masks every couple of hours
- It would have helped to have a site visit in advance to a test centre to see how it operates, I "didn't know what difficulties we would have"; luckily the first couple of days were quiet, which meant they could all learn on the job, but that it was a "bit frantic hitting the ground running"

There were a number of difficulties identified regarding those who come to be tested:

- not done training
- students coming who are under 18 years old and would need parental consent
- asking to take tests away
- being nervous
- bad reactions to the test, "a couple of nosebleeds and some retching, but no one being sick"
- members of the public have come in wanting to know if they can have a test (they can't)

There were some difficulties with the actual testing itself:

- some people stand there and have to be told instructions are on the wall; but most people just get started
- some people have asked staff to implement the test: "we've had a few people say could you do the test for me"
- test taker getting confused, for instance putting dropper in the bin before they put it in the test
- sometimes there is something wrong with the kit, e.g., no swab in it

- in the training video the students put the liquid in themselves but staff have been doing that, which can confuse test takers, who need to be told about the difference from the training
- students need to be reminded to put their user name, not student number or exam code, and make sure it is legible

After testing, some try to walk their way round the sports hall, rather than follow the one way system.

For staffing, "Sometimes roles are not balanced... 3 people making kits and 2 cleaners when we need 4 cleaners and 1 making kits; it is about making sure the right number of people in each role".

What has worked well

Operatives mentioned a number of things that they thought were going well:

- there were less booths last week—it can be easier to have less booths but turn around the cleaning quicker
- having SOPs but allowing variations, making it work in practice
- it is good to have feedback and shape things
- working together with other university staff
- the students who have taken the training know what to do
- the instructions in the booth are helpful
- we play music to put them at ease
- students coming in a household/ with their own support bubble went well (about half come as individuals and half with households or room mates)
- half hour change over between shift is really useful

Improvements

Operatives mentioned a number of potential improvements:

- one manager said that they would have less booths open, but with more of them in use at any one time
- more moving around instead of using walkie talkies which stop walking (it is cold);
- "it is easier not to have too many staff"
- cut down instructions from 5 cards to 2 or 3 with essentials, now test takers have experience, "it's quite a lot to take in".

- in order to make sure the right number of people in each role, "I have found having an assigned role to be the best way" (but fluid roles, where people are reassigned to whatever needs doing)

Staff safety

The staff felt safe. In particular, they mentioned that they are being tested regularly, "Knowing that everyone is being tested every 2-3 days gives me a lot of confidence", and that they are provided with personal protective equipment. They noted that the least safe jobs were those that have to go inside the booth/ to the other side of the screen (i.e. cleaners and runners). Nevertheless, one staff member said, "as a team we are as safe as we could possibly be".

Testing site staff attitudes to testing

Staff thought that the testing process was useful: "it'll be nipped in the bud quicker", "we'll have fewer of the superspreaders". One noted the importance of positive results in asymptomatic people for stopping the spread. There was also the feeling that they were doing their bit, "even if it reduces cases by a little bit it is nice to say we have played our part in stopping the virus" and that they were pleased to be helping "good to help giving something back to students...when they are relieved after and can go home to their family".

A member of staff who had been a part of the working group before the project went live said that it was "interesting to see it on the site as well". However, "it is full on". Some staff had been seconded from regular duties and were doing it full time, but those still performing their regular role were finding the workload high.

The operatives reported enjoying the job, "Really enjoyed being a part of this", "I'm enjoying it, something completely different", "we (managers and deputy managers) are all managers in our own right in different roles and have done quite a bit of project management in the past, but nothing quite like this".

The workers find the test centre cold, though they don't think it affects the student and staff experience of being tested, which is "positive", "they are in and out so quickly they won't notice the cold". One suggests that it would be better to use the walkie talkies less and move more, because of the cold.

Online survey

Method

An online survey was designed, which could be completed in less than five minutes. It went live on December 17th 2020 and data was drawn down on January 31st 2021. The survey was distributed centrally by the university, and separately through official College, JCR and MCR mailing lists. There was an incentive for taking part, the possibility of leaving an email to be entered into a lottery for three prizes of £50, £30, and £20 vouchers.

The options in the multiple choice questions were informed by our conversations with Heads of Colleges and student representatives. The student representatives from University College saw and commented on the survey questions and answers.

The participants were asked:

- What is your gender? (multiple choice)
- Which best describes you? (multiple choice: living-in undergraduate, living-in graduate, living-out undergraduate, living-out graduate, staff)
- Have you taken a test as a part of University testing? (Y/N)

For those who had been tested:

- When did you conduct your more recent test? (multiple choice of month)
- Where did you conduct the test? (multiple choice from list of test centres)
- If yes, how many tests have you taken? (numeric response)
- If yes, how many tests were negative? (numeric response)
- What made you get tested (select all that apply to you)? (multiple choice)
- Thinking about the most recent test you took, did you upload your result to Banner? (Y/N) If not, why not? (multiple choice)
- How easy was it to follow the test instructions? (1 very easy - 5 very difficult)
- If it was difficult, please tell us why? (free text)
- What would you say your view of repeat asymptomatic testing is (1 very negative - 5 very positive)
- How likely are you to come back and get tested again (1 very unlikely - 5 very likely)
- What might stop you from coming back to get tested again (select all that apply to you)? (multiple choice)

For those who had not been tested:

- What made you decide not to get tested? (multiple choice)
- If you tested positive, how easy or difficult would it be to self isolate? (1 very easy - 5 very difficult)
- What would motivate you to get tested in the future? (multiple choice)

For all:

- Which of these statements best describes what a negative test result means? (multiple choice)
- Thinking about the last 7 days, how often have you followed government guidance on social distancing? (multiple choice)

Participants were also asked if they were willing to be contacted for further research and offered the possibility of leaving an email address (stored separately) to be entered into the prize draw. The full survey is in Appendix 2.

Results

Participants

There were 1,804 total respondents and 1,798 valid entries, 140 (7.8%) staff and 1,656 (92.1%) students, of which there were 616 (34.3%) male, 1147 (63.9%) female, 32 (1.8%) other or who preferred not to say.

Of the student participants who provided this information, 843 were living-in (50.9%), of which 767 were undergraduates and 76 postgraduates, and 813 were living out (49.09%), of which 655 were undergraduates and 158 postgraduates.

Testing behaviours

Of the 1,798 participants, 1577 (87.7%) have taken a lateral flow test as part of the University testing programme, whereas 221 (12.3%) had not. The findings presented in this section represent the questions that were only asked to those who had reported undertaking a test.

Most participants reported conducting their most recent test in December (1,181, 75%), followed by January (262, 16.6%), some reported November (127, 8.1%), and 5 reported October or couldn't remember (5, 0.4%).

Most participants reported conducting their test in one of the three external testing centres (1039, 65.9%). Figure 1 illustrates the breakdown of testing sites.

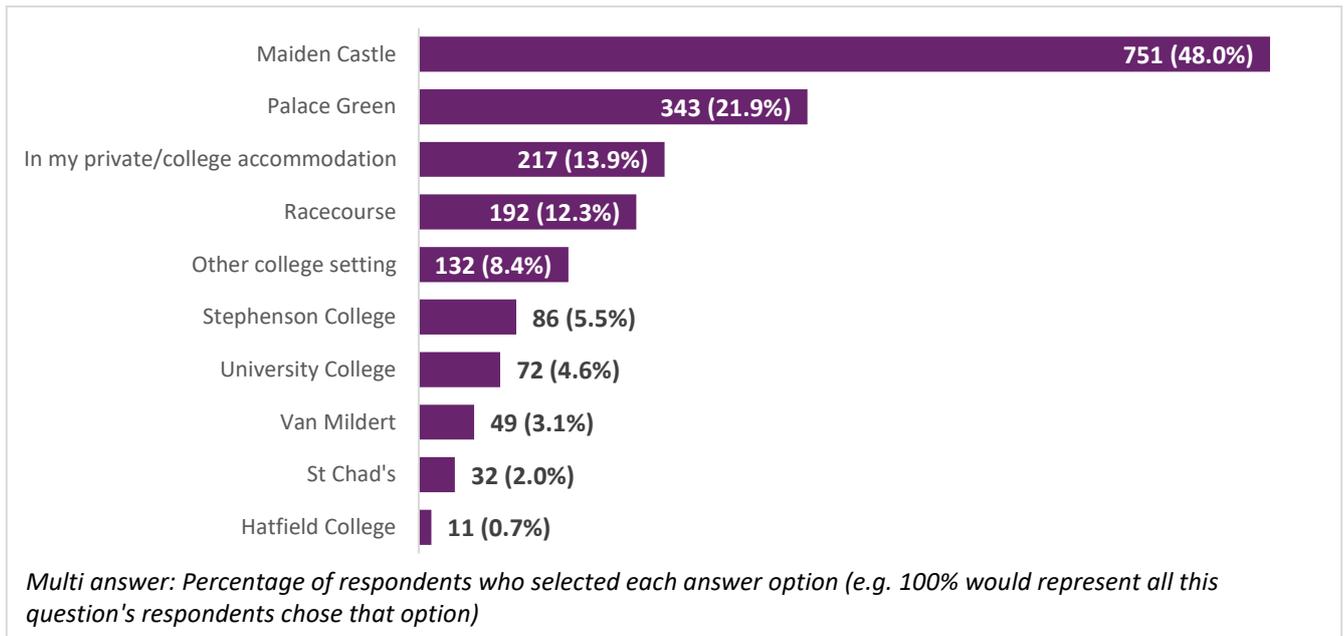


Figure 1: Where did you conduct your test(s)?

When asked why participants got tested, the most popular answers related to altruistic motivations such as wanting to protect others (1420, 90%), because it is the right thing to do (1291, 91.9%), because it gives peace of mind (1128, 71.5%) and because they want to help fight the virus (992, 62.9%). The next most popular answers were 'I want to protect myself' (817, 51.8%), 'I want to return to "normal"' (787, 49.9%), "I want to see vulnerable family members" (687, 43.6%) and "The testing site is convenient" (603, 38.2%).

465 participants (29.5%) reported that they got tested because their household were also getting tested. This was reported across testing sites regardless of whether the site operated a household booking system (Collingwood, Stephenson, South, Van Mildert, and University) or an individual booking system (St Chads, Maiden Castle, Racecourse and Palace Green); however, this option was chosen by 45.8% of the participants in colleges with a household booking system, but only 23.2% of the respondents that attended sites with individual booking systems.

Some of the least commonly chosen facilitators were prize incentives (12, 0.8%) and free food provided (81, 5.1%). The only college which provided a prize incentive was University College, and no one who reported having conducted a test there reported that the prize

incentive had motivated them. Not all colleges offered free food incentives. Two colleges had a notably high number of participants choosing 'free food provided' as a facilitator: Stephenson (13 of 86, 15.12%) and Van Mildert (32 of 49, 65.31%).

Of the free text responses, 23 participants reported that they conducted a test in order to travel home for the Christmas break, 14 reported that they got tested because they work at a testing site, and 13 individuals cited personal appointments, social engagements and wanting to see family as reasons for getting tested.

An illustration of the motivators to test are shown in Figure 2. Please note, participants were able to select multiple responses for this question therefore the percentages provided are calculated based on the total number of respondents for the question, and some options may have had low response rates as they were only relevant to certain colleges i.e. free food and prize incentives.

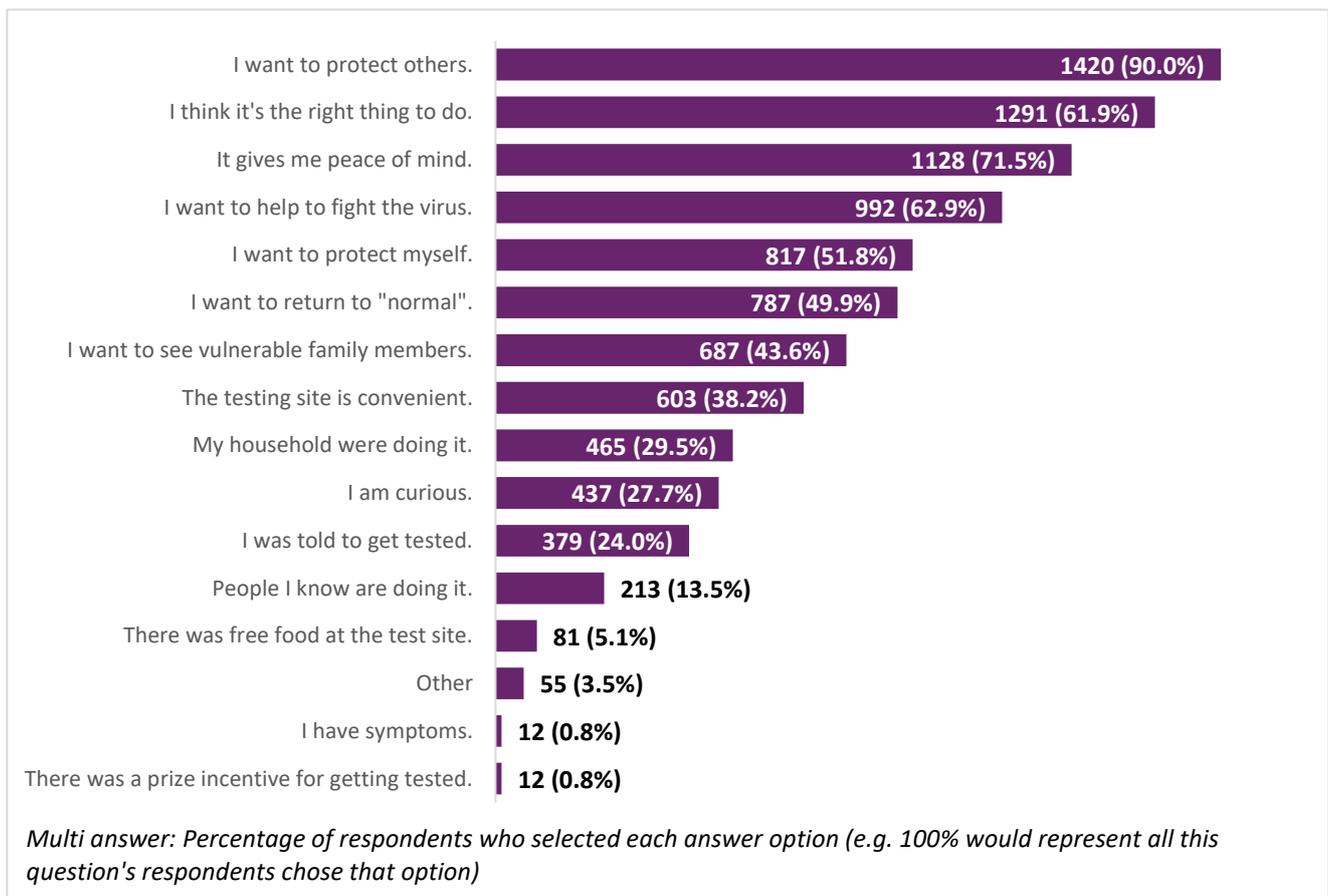


Figure 2: What made you want to get tested?

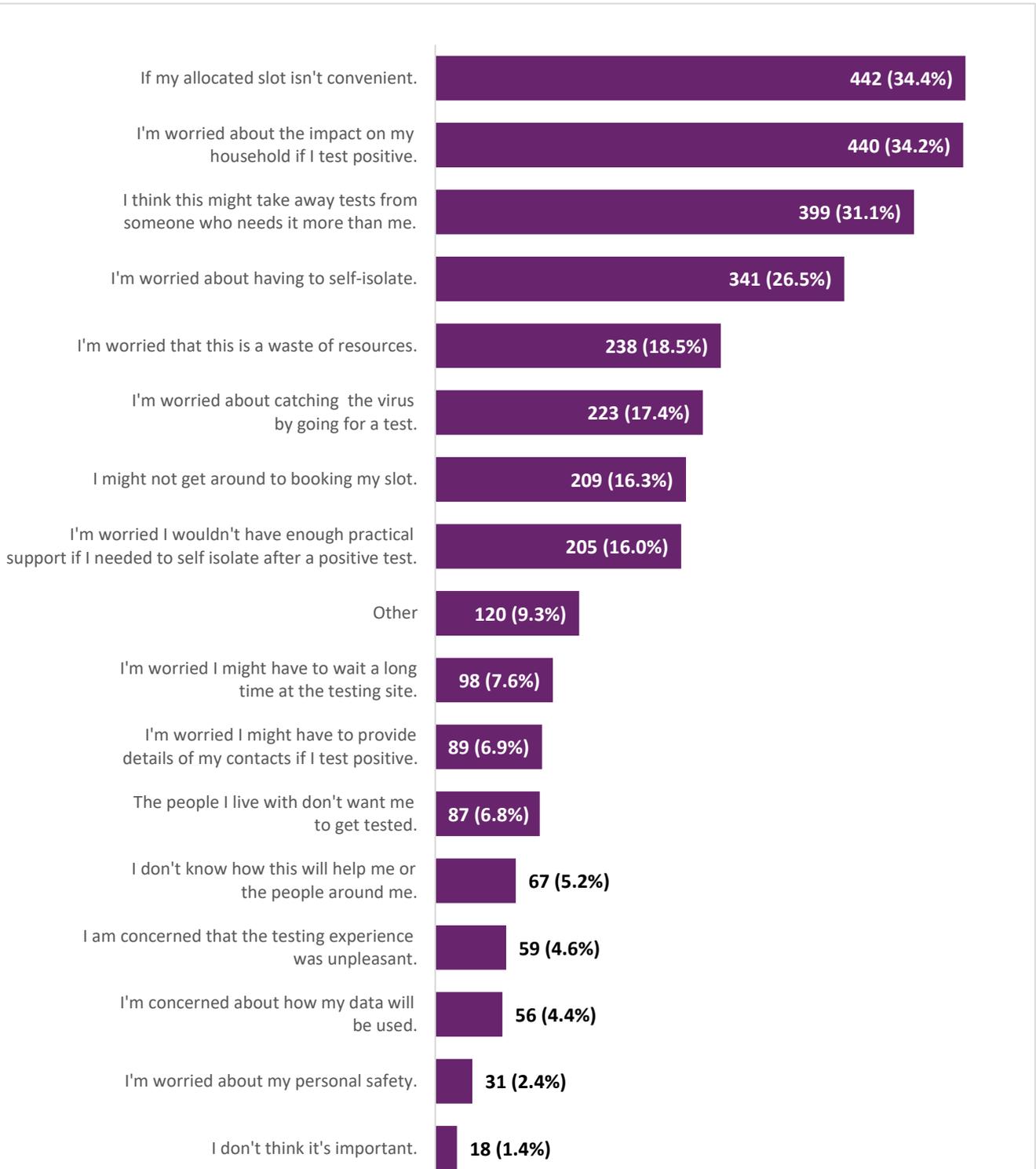
Most participants reported that the instructions for taking a test were very easy (715, 45.3%) or easy (730, 46.2%) to follow. A minority reported that the instructions were very difficult or difficult (28, 1.8%), and 104 (6.6%) reported that it was neither easy or difficult. Those that reported difficulties were asked to provide a free text response to explain their answer, and of those that provided a free text response, 20 reported confusion with the instructions and what they should do, 12 reported they found the process confusing and difficult, 14 reported that the test was uncomfortable/unpleasant/awkward, eight reported issues with swabbing, and three said that the testing centre experience was different to the training provided. Other reasons which had fewer than 5 free text responses included difficulties in using the dropper lid and the vial, feeling nervous, nosebleeds, low lighting and wanting real images in the posters and videos.

Most participants reported very positive (950, 60.3%) or somewhat positive (473, 30%) views towards repeat asymptomatic testing, whereas a minority reported very negative (4, 0.3%) and somewhat negative (37, 2.3%) views, and 112 (7.1%) reported having neither negative nor positive views. Please note, this question was only asked to those who had reported conducting a test, we do not know the views of those who have not conducted a test.

Most participants reported that they were either very likely (1098, 69.7%) or likely (391, 24.8%) to get tested again, whereas a minority reported that they were very unlikely (14, 0.9%) or unlikely (24, 1.5%), and only 49 (3.11%) reported that they were neither likely nor unlikely to get tested again.

The most common reason that might stop participants getting tested in future was if their allocated slot was not convenient (442, 34.4%), only 18 (1.4%) participants reported that they think testing is unimportant. 120 participants (9.3%) provided qualitative responses having selected 'other' from the options. 34 of those free text responses reported concerns over the tests' accuracy and 14 reported that access to a test site is difficult. Other reasons with fewer than 5 respondents included having had Covid-19 previously, lack of privacy at testing sites, concerns around getting a false sense of security, not having the time/too busy, concerns about catching the virus at the testing site, discomfort in taking the test and not being in contact with others.

Figure 3 illustrates the reasons why participants might not get tested again in future. Please note, participants were able to select multiple responses for this question therefore the percentages provided are calculated based on the total number of respondents for the question.



Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent all this question's respondents chose that option)

Figure 3: what might stop you from coming to get tested again?

Views of non-testers

The findings presented in this section represent the questions that were only asked to the 221 individuals who had reported that they had not undertaken a test as part of University testing.

Those who reported having not taken a lateral flow test as part of University testing reported a number of reasons as to why they did not get tested. Of the multiple-choice answers, the most frequently chosen were 'I think this might take away tests from someone who needs it more than me' (54, 24.5%), 'I'm worried about the impact on my household if I test positive' (42, 19.1%), 'I'm worried about having to self-isolate' (41, 18.6%), 'I don't think the test results are reliable enough' (40, 18.2%). Please note, participants were able to select multiple responses for this question therefore the percentages provided are calculated based on the total number of respondents for the question, and Figure 4 illustrates these findings.

A large portion of participants (86, 39.1%) provided qualitative responses having selected 'other' from the options. 38 reported in the free text that they live too far away, six reported that they didn't know they could book a test, five expressed concerns about exposure to the virus at the test site and eight reported having already had Covid-19. Other reasons with four or fewer responses include forgetting, having conducted a PCR test, due to being in isolation or shielding, phobia of getting tested/swabbed, concerns around accuracy of the test, no incentives to get tested, not travelling and therefore do not need one, others in their household have been tested, issues with booking slots and concern about leaving the house.

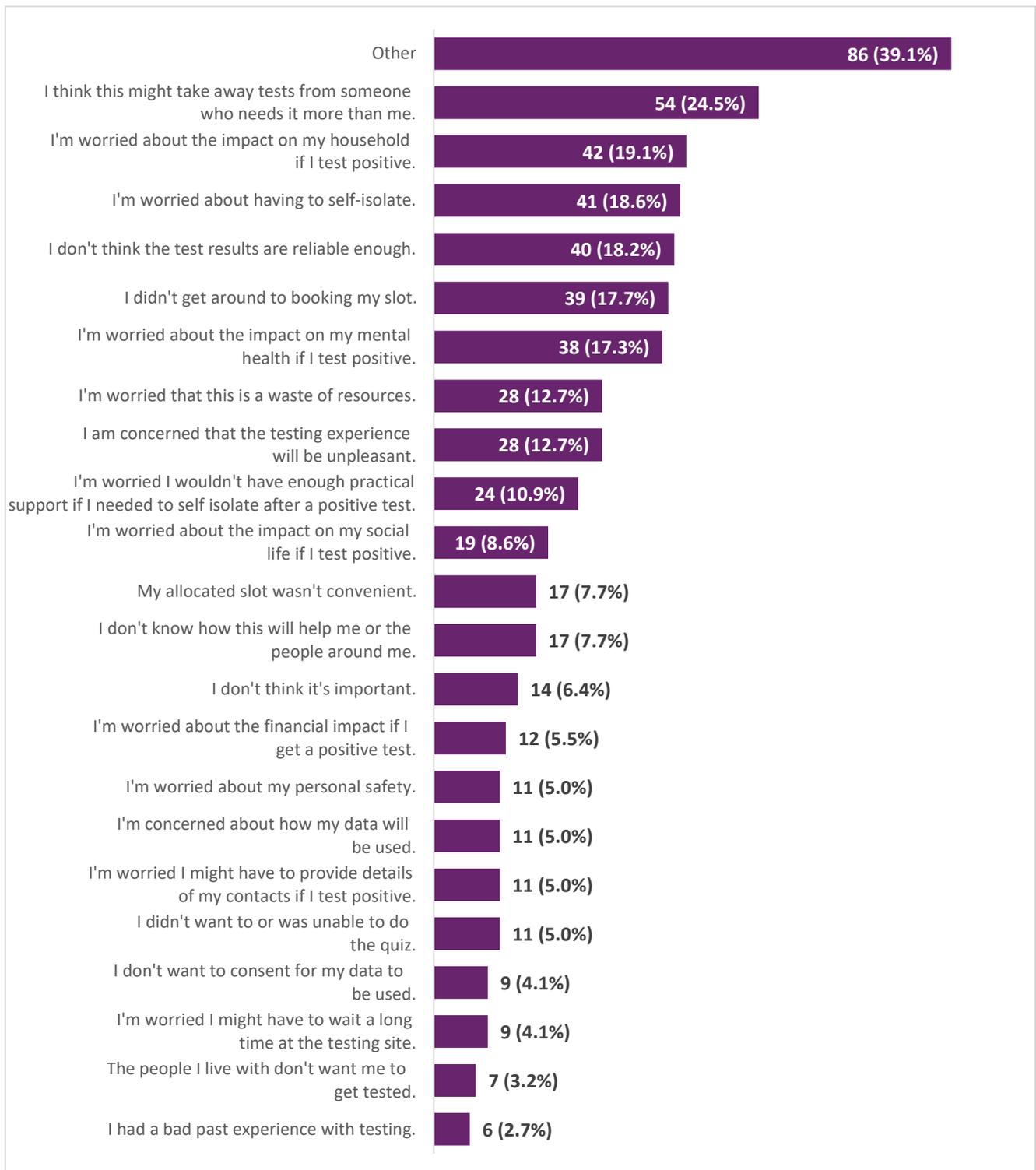


Figure 4: what made you decide to not get tested?

Participants were asked about what would motivate them to get tested in the future. The top four most popular answers were if the test is quick and easy (83, 38.2%), if they received support to self-isolate (73, 33.6%), if they were re-assured about the reliability of the test (71, 32.7%), and being able to book their own time slot 64 (29.5%). Please note, participants were able to select multiple responses for this question therefore the percentages provided are calculated based on the total number of respondents for the question. Thirty seven participants (17.1%) selected 'other' and provided free text responses for what would motivate them to get tested in future. Eleven of those want testing to be at home or nearby, three suggested if the testing was mandatory, five wanted less invasive tests/only the nasal swab. Other motivators with only one response included data protection assurance, getting paid to test, not having to isolate, others in household not having to isolate and having PCR tests rather than LFT tests.

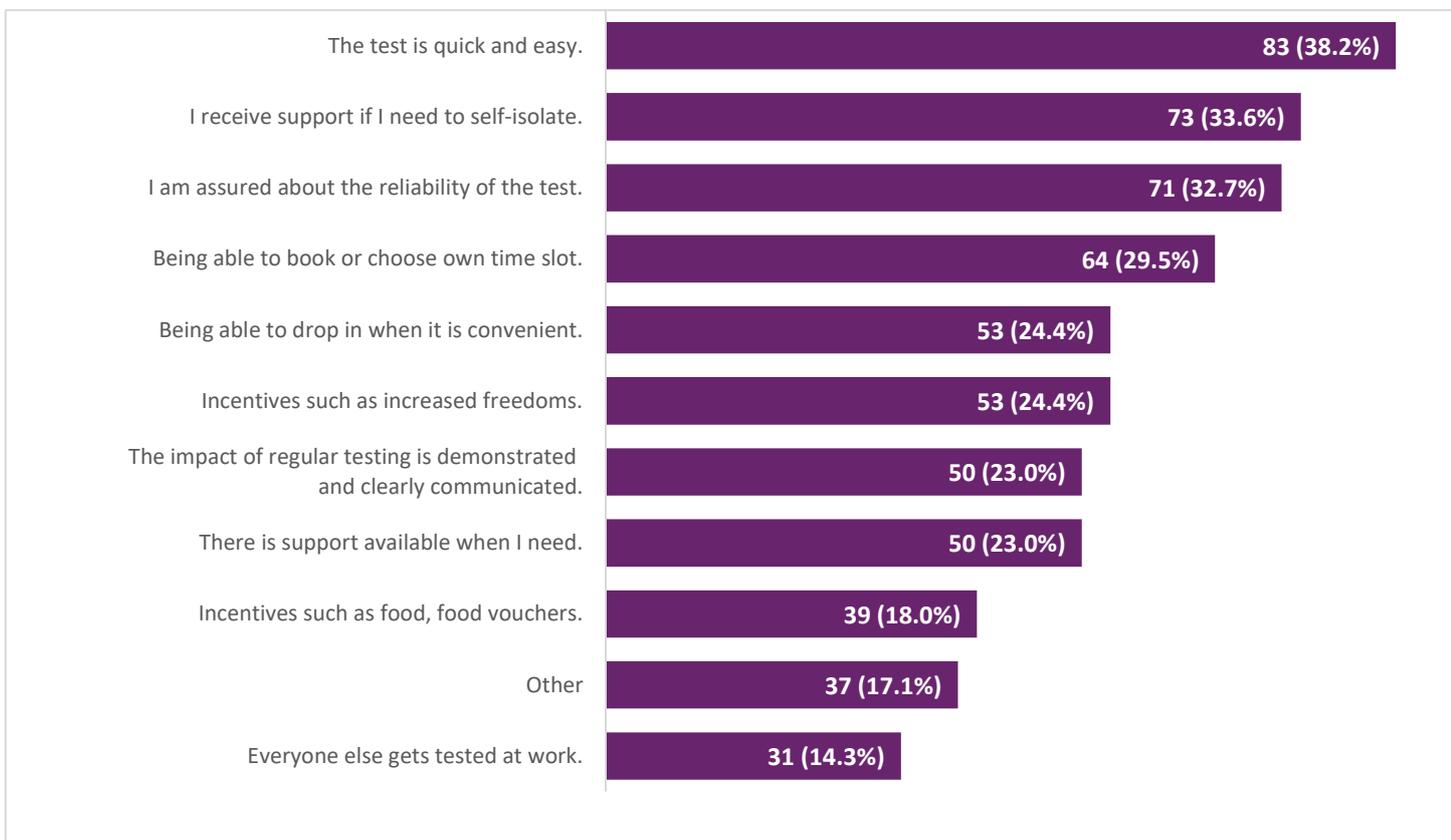


Figure 5: What would motivate you to get tested in the future?

Test results

All participants were asked what the meaning of a negative test result meant. The majority of participants reported that a negative result means the person is probably not infectious (1563, 87.1%), 195 (10.9%) thought it meant that the person is definitely not infectious, 19 thought it meant that the person is probably infectious (1.1%), 7 thought it meant the person was definitely infectious (0.4%) and 11 (0.6%) did not know.

All participants were asked how often had they followed government guidance on social distancing over the previous 7 days. 967 (53.9%) reported following the guidance all of the time, 686 (38.2%) reported that they had most of the time, 116 (6.5%) reported that they had some of the time, 18 (1%) reported that they had not followed the guidelines at all. Eight were unsure or did not know the guidance (0.5%).

Self-isolation

All participants were asked how easy or difficult it would be to self-isolate if they tested positive. Of those who had not undertaken a test, 78 reported that it would be very easy (30, 15%) or easy (48, 24%) to self isolate and 73 reported that it would be very difficult (19, 9.5%) or difficult (54, 27%). 49 (24.5%) reported that it would be neither easy nor difficult to self-isolate if they tested positive. Of those who had taken a test, 518 reported that it would be very easy (104, 7%) or easy (414, 27.8%) to self isolate and 472 reported that it would be very difficult (71, 4.8%) or difficult (401, 26.9%). 499 (33.5%) reported that it would be neither easy nor difficult to self-isolate if they tested positive. Statistically, both groups would find isolation

Recommendations

- The most commonly reported facilitators for getting tested were altruistic motivations such as wanting to protect others, because it is the right thing to do, because it gives peace of mind and because they want to help fight the virus.
- For those who have been tested, prize incentives do not appear to be important motivators, but food incentives have had some success.
- A large portion of participants did not know that they had to upload their test results to Banner.
- The most commonly reported barriers which might prevent testing in future are:

- Inconvenient time slots
- Concern about the impact on their household if they test positive
- Concern that they would be using tests that others might need more
- Concern about having to self-isolate
- The most commonly reported facilitators that would motivate those who have not undertaken a test to get tested in future are:
 - if the test is quick and easy
 - if they received support to self-isolate
 - being able to book their own time slot
 - if they were re-assured about the reliability of the test
- A higher percentage of participants who had not conducted a test, indicated that self-isolating would be difficult, compared to those who had undertaken a test. Further analysis will be required to understand if this is a significant difference.

Potential improvements to the testing process and the test sites:

- percentage of students uploading their results to Banner could be improved; already there is movement towards staff reading and reporting the test result
- photographs of positive LFD devices would be useful and should be considered for the next phase of testing
- new managers at test sites could have a site visit to a test centre in advance to see how it operates
- update testing instructions to ensure that the training video corresponds with the way that testing is being done in the test centres; consider whether there should be any revisions to hard copy instructions provided at test sites.

Next steps

The work in this report will be complemented with a qualitative component and the survey will be revised to examine the impact of testing upon an individual's return to University. Interview schedules will be developed and approval sought to conduct qualitative interviews with students who have and have not taken part in testing to gain an in-depth understanding of the barriers and facilitators to getting tested.

Appendix 1 - interview schedule

Operatives interviews

Introduction to the research

Welcome - We are very grateful for your time. Interview will last a maximum of 10-20 minutes.

Consent - All findings will be anonymised when analysed and reported outwards. All data will be stored securely, and only members of the internal team will have access to raw research data.

If there's anything you don't want to answer, please just let me know and you don't have to answer. As well, you can end this interview whenever you want.

Anything you want to ask before we start?

Participant background:

Are you a student or a member of staff?

What shift do you operate for this testing site?

How long have you been a testing operative?

Do you take part in testing as part of your role?

Testing questions:

Tell me about the testing process and what happens.

Prompt: When the students arrive, conducting the test, when they leave.

Tell me about any difficulties you've experienced.

Prompt: resource, time, space, interest, concern about virus, operational set up, personal difficulties, communication with test takers,

Tell me about what has worked well.

Prompt: convenience, location, cost, time, social, emotional

What would help to make it easier for you to conduct testing in future?

What would help to make it easier for students to attend testing in future?

Tell me about any difficulties there are that stops students from getting tested.

Prompt: Are there any constraints (e.g., resource, time, space, interest, concern about virus)?

What impression do you get of the people attending for testing?

Prompt: Are they the same people each week? Are there many? People arriving in groups or individuals? International students? Undergrad vs postgrad

To what extent do you feel safe in your role?

Prompt: any concerns around safety.

Do you think testing is an effective way of reducing the spread of COVID?

Prompt: Impact on yourself and others?

PROMPT: If No, why not?

Is there anything else you would like to add?

PROMPT: Anything about testing that I haven't asked you about?

Thank participants for their time

Appendix 2 - online survey

#	Question	Answers	Question flow
1	What is your gender?	Female Male Other	
2	Which best describes you?	Living-in undergrad student Living-in postgrad student living-out undergrad student Living-out postgrad student University staff	
3	Have you taken a test as part of University testing?	Yes No	If yes, go to Q.4 If no, go to Q.17
4	When did you conduct your most recent test?	Oct-20 Nov-20 Dec-20 Jan-21 I can't remember	
5	If yes, where did you conduct the test/s?	University College Stephenson College Van Mildert South College St Chads Hatfield College Racecourse Palace green Maiden Castle In my University house	
6	If yes, how many tests have you taken?	(open text)	
7	How many tests were negative?	(open text)	
8		I want to return to "normal"	

	What made you want to get tested? Select all the answers that apply to you.	<p>I want to protect others</p> <p>I want to protect myself</p> <p>There was free food at the test site</p> <p>There was a prize incentive for getting tested</p> <p>It gives me peace of mind</p> <p>People I know are doing it</p> <p>My household were doing it</p> <p>I have symptoms</p> <p>I am curious</p> <p>I want to help to fight the virus</p> <p>I think it's the right thing to do</p> <p>The testing site is convenient</p> <p>I was told to get tested</p> <p>I want to see vulnerable family members</p> <p>Other</p>	
9	Thinking about the most recent test you took. Did you upload your results to Banner?	<p>Yes</p> <hr/> <p>No</p>	If no, go to Q10
10	If not, please tell us why not.	<p>I didn't know I had to upload to Banner</p> <p>I didn't know what to do to upload to Banner</p> <p>I knew what I had to do but it was too difficult/ too much effort</p> <p>My college uploaded it for me</p> <p>I forgot</p> <p>I tried to upload to banner but I wasn't able to (please specify why)</p> <p>I didn't want to upload to Banner (please specify why)</p> <p>Other (please specify)</p>	
11	Thinking about the testing process. How easy was it to follow the instructions to take the test?	<p>Very difficult</p> <hr/> <p>Difficult</p> <hr/> <p>Neither easy nor difficult</p> <hr/> <p>Easy</p> <hr/> <p>Very easy</p>	
12	If it was difficult, please tell us why.	Free text but can proceed if empty	

13	What would you say your view of repeat asymptomatic testing is (getting tested regularly even if you don't have COVID symptoms)?	Very negative	
		Somewhat negative	
		Neither negative nor positive	
		Somewhat positive	
		Very positive	
14	How likely are you to come back to get tested again?	Very unlikely	
		Unlikely	
		Neither likely nor unlikely	
		Likely	
		Very likely	
15	What might stop you from coming to get tested again? (Select all that apply to you)	I don't know how this will help me or the people around me	
		I might not get around to booking my slot	
		If my allocated slot isn't convenient	
		I am concerned that the testing experience was unpleasant	
		I'm worried I might have to wait a long time at the testing site	
		I'm worried that this is a waste of resources	
		I don't think it's important	
		I think this might take away tests from someone who needs it more than me	
		The people I live with don't want me to get tested	
		I'm worried about the impact on my household if I test positive	
		I'm worried I wouldn't have enough practical support if I needed to self isolate after a positive test	
		I'm worried I might have to provide details of my contacts if I test positive	
		I'm concerned about how my data will be used	
		I'm worried about having to self-isolate	
		I'm worried about catching the virus by going for a test	
I'm worried about my personal safety			
Other, please state			
16	If you tested positive, how easy or difficult would it be to self-isolate?	Very difficult	
		Difficult	
		Neither easy nor difficult	
		Easy	
		Very easy	

The following section is for those who answered no to Q3.			
17	What made you decide to not get tested?	I don't know how this will help me or the people around me	
		I didn't want to or was unable to do the quiz	
		I didn't get around to booking my slot	
		My allocated slot wasn't convenient	
		I am concerned that the testing experience will be unpleasant	
		I'm worried I might have to wait a long time at the testing site	
		I'm worried that this is a waste of resources	
		I don't think it's important	
		I think this might take away tests from someone who needs it more than me	
		I'm worried about having to self-isolate	
		I'm worried about the financial impact if I get a positive test	
		I'm worried I wouldn't have enough practical support if I needed to self isolate after a positive test	
		I'm worried I might have to provide details of my contacts if I test positive	
		I'm worried about the impact on my social life if I test positive	
		I'm worried about the impact on my mental health if I test positive	
		The people I live with don't want me to get tested	
		I'm worried about the impact on my household if I test positive	
		I don't want to consent for my data to be used	
		I don't think the test results are reliable enough	
		I had a bad past experience with testing	
I'm worried about my personal safety			
Other, please state			
18	If you tested positive, how easy or difficult would it be to self-isolate?	Very difficult	
		Difficult	
		Neither easy nor difficult	
		Easy	
		Very easy	
19	What would motivate you to get tested in future?	I am assured about the reliability of the test	
		The impact of regular testing is demonstrated and clearly communicated	
		There is support available when I need	
		The test is quick and easy	

		The test result is available immediately I receive support if I need to self isolate Being able to book or choose own time slot Being able to drop in when it is convenient Incentives such as food, food vouchers Incentives such as increased freedoms Everyone else gets tested at work Other, please state	
The following questions are asked to all respondents.			
20	Which of these statements best describes what a negative test result means?	The person is definitely not infectious The person is probably not infectious The person is probably infectious The person is definitely infectious I don't know	
21	Thinking about the last 7 days, how often have you followed government guidance on social distancing?	All of the time Most of the time Some of the time Not at all I'm not sure I don't know the guidelines	
22	Please provide your email address to be entered for a chance to win	Open text	
23	Your inputs will really help us improve the experience in the future. We would love to hear more from you. Would you be open to participating in further discussions?	Yes No	

Appendix 3 – Total Number of Tests to Date

	Students	Staff
Total number LFTs taken (Michaelmas)*	10,593	1,144
Total number of individuals taking LFTs (Michaelmas)*	6,486	743
Total number LFTs taken (Epiphany)**	15,798	2,510
Total number of individuals taking LFTs (Epiphany)**	4,152	768
Total number of tests taken to date	26,391	3,654
Total number of individuals trained	11,475	
Total number of tests taken in University to date	30,045	

**N.B. The total tests taken in Michaelmas presented here are larger than the total provided in the text above. This is due to a small number of additional tests being taken before Christmas, but after the end of the evaluation reporting period covered (up to 16th December).*

***N.B. Epiphany data relates to the period 4th January to 2nd March*