NHS
Test and Trace

GREG CLARK MP
CHAIR
SCIENCE AND TECHNOLOGY SELECT COMMITTEE
HOUSE OF COMMONS
LONDON

SW1A 0AA

12 October 2020

Dear Mr Clark

Thank you for your letter of 8 October, regarding the technical issue around case uploads, discovered by Public Health England (PHE) on Friday 2 October affecting their data systems. I have set out below responses to your questions.

1. **How the missed test results have affected estimates of the R number for the UK as a whole and at the regional level**

As you are aware, a technical issue was identified overnight on Friday 2 October by PHE in the automated process they run which transfers COVID-19 positive lab results into to their data systems. As a result these positive test results were not reported by PHE in the public data, and were not transferred to the contact tracing system. NHS Test and Trace and PHE worked together to quickly resolve the issue and transferred all outstanding cases immediately into the NHS Test and Trace contact tracing system.

The Chief Medical Officer's analysis is that our assessment of the disease and its impact has not substantially changed as a result of the new data.

The delayed reports are all positive cases identified via Pillar 2 testing between 24 September and 1 October. Public Health England and the Joint Biosecurity Centre – part of NHS Test and Trace - have confirmed that this would not have impacted the evidence base on which decisions about local action were taken. The increase in cases were spread proportionally across the country as per the current levels of the virus.

The analysis already takes into account a time lag on specimen dates (i.e. the date the positive case relates to) and therefore only a small number of positive cases which should have been reported during this time period would have been omitted.

A full wash-up of the incident is ongoing. However, including these results has not led to any major change in our understanding of how the epidemic is progressing.

2. **The proportion of potential contacts who were asked to self-isolate within 72 hours of a positive test result (which were delayed in being fed through to the contact tracing system"), in line with SAGE's recommendations**

It is important to note that every single person who tested positive was told that result in the normal way, in the normal timeframe. They were told that they needed to self-isolate, which is of course now required by law.

All outstanding cases were immediately transferred to the contact tracing system by 1am on 3 October by PHE, and a thorough public health risk assessment was undertaken to ensure outstanding cases were prioritised for contact tracing effectively.

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As of the morning of 12 October, 79% of people testing positive have been reached and asked for details of their contacts. Their contacts have in turn been contacted immediately afterwards. We are validating the data for completion of contacts and I will write to you again on or before the 16 October to confirm the figures.

Of these cases, the vast majority (75% / 11,968) related to cases that should have been reported between 30 September and 2 October and so this delay in contact tracing will have had a reduced impact on their likelihood of transmitting the disease, based on typical incubation periods. Contact tracing was prioritised for those within less than 5 days to ensure that the benefit to the public health is greatest.

To achieve this, we brought in 6,000 hours of extra contact tracing, in addition to the 10,000 hours we had already deployed to support contact tracing in outbreak areas. This is alongside working with local Health Protection Teams to ensure they also have sufficient resources to be urgently able to contact all cases. We have also increased the number of call attempts from 10 to 15 over 96 hours. I also wish to reassure the committee that outbreak control in care homes, schools, and hospitals has not been directly affected, because dealing with outbreaks in these settings does not primarily rely on this particular PHE system, and the incident did not affect notifications through the App.

3. **What certification took place of the Microsoft Excel-based system, what consideration was given to the standards required for a safety critical piece of software, and what safeguards are in place to prevent this problem from happening again.**
4. **Whether the use of Microsoft Excel in this way breached any statutory or regulatory requirements for safety.**

The technical issue was not caused by the use of an old format. Rather, PHE have confirmed that there was a failure in the process for preparing some testing data for uploading onto the central system that stores all test results. Increased testing volumes from Pillar 2 meant that some Excel files used in the transfer process exceeded their file size threshold and so were not uploaded.

A rapid mitigation has been put in place by PHE working together with NHS Test and Trace that splits large files and a full end to end review of all systems was immediately instigated to mitigate the risk of this happening again. There are already a number of automated and manual checks that happen throughout the service.

Through a planned programme of upgrades, we had already commissioned a new system to replace the legacy systems which have been used since the start of the pandemic. This new system is currently being built and will be assessed as part of our winter readiness plans. I also wish to reassure the committee that there was at no time any risk to patient data, which is kept within a secure environment in line with data protection regulations.

I hope this answers your questions. We continue to work hard to ensure that we are providing effective support to the government's pandemic response.

Best wishes,

Baroness Harding