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Dear Chair,

**RE: Public Accounts Committee, Twenty-Third Report of Session 2021-22  
Department of Health and Social Care Test and Trace – Update**

In your Committee's recent report on Test and Trace (HC 182), published on 27 October, you asked the UK Health Security Agency (UKHSA) to provide an update in January 2022 on NHS Test and Trace's laboratory and contact centre utilisation for the first 9 months of 2021-22.

***PAC recommendation: UKHSA should establish and monitor clear utilisation targets for both the laboratory and contact centre capacity it pays for. In January 2022, it should write to the committee to provide an update for laboratory and contact centre utilisation for the first 9 months of 2021–22.***

**Laboratories**

As set out in the Treasury Minute published on 20 January 2022, the laboratory network for polymerase chain reaction (PCR) testing is designed to have sufficient capacity to operate on a 24/7 basis with maximum utilisation of 80% to allow for routine training, maintenance and repair. Operating beyond this 80% utilisation level increases turnaround times for test results and creates risks to quality of service.

Utilisation by laboratory and at a network level over the period of April 2021 – December 2021 is presented in Annex A. This data illustrates utilisation capacity over each monthly period as well as the peak daily utilisation experienced within that period.

As peak utilisation data shows, testing volumes vary significantly based on both cyclical weekly demand factors (both Organisation Led Testing and In Person Testing channels deliver reduced demand at the weekend) and in response to the broader evolution of the pandemic.

The testing network is broadly contracted in two ways:

- The ‘Core Lighthouse Laboratory’ network is contracted to provide fixed capacity available to service demand on a consistent basis and is the primary option when planning sample distributions. This element of the network has consistently higher utilisation, subject to operational challenges and other constraints (such as staff illness and isolation due to COVID 19) which can reduce available throughput.
- The ‘Surge Laboratory’ component of the testing network is contracted on a flexible basis and no cost is incurred when these laboratories are not utilised; no minimum volumes are guaranteed for these providers. As a result, low levels of utilisation reflect the requirement at any point in time to process volumes that cannot be accommodated within the Core Lighthouse Laboratory network on peak days or in periods of sustained demand.

Levels of utilisation at different stages of the 9-month period reflect both the progression of the pandemic (e.g. the drop in prevalence through the summer period and later emergence of the Omicron variant) as well as the growth of available laboratory capacity through the latter part of 2021. The UKHSA firmly believes the testing network scale and distribution across the UK has delivered a world-leading testing capability for the UK. Examples of how this has been achieved include:

- Utilisation has shifted towards the core Light House Laboratory network with reduced volumes being processed in surge labs when demand is not at peak/maximum levels.
- Surge contracts are more favourable to negotiate than in 2020 and early 2021 as commercial laboratory capacity in the UK has grown significantly and resulting in lower pricing and no minimum volume commitments in the current contracts.
- Working in concert with the Logistics network, operational maturity and flexibility is now greater than in early 2021; there is more granular detail on forecasting, sample allocations and performance of laboratories allowing better proactive and reactive decision making to manage the network and the allocation of samples in the most appropriate manner.

The balance of capacity and utilisation has provided the ability to service variable testing demand in the short term as well as responding appropriately to scaling of demand in all bar the most extreme of circumstances.

### **Contact Centres**

NHS Test and Trace contact centres are resourced to meet forecast demand. As demand fluctuates from day to day, it is not possible to predict exactly what number of agents should be on shift to meet a set utilisation target. The UKHSA closely manages the performance and utilisation of its contact centres.

As shown in the graph in Annex B, the utilisation of advisors has improved throughout the 9-month period.

The improvements have been made by a number of initiatives and policy changes that have improved efficiency these include:

- Removal of the preview time for advisors to read their screens before discussion with callers.
- Implementation of an automated dialler system.
- Digital self-service implementation 4-hour window where citizens are invited to go online to complete before they are called. This window was extended to 8 hours in December 2021 and in January 2022 it was extended to under 18s.
- Reduction in the number and wording of scripts.
- Reduction in isolation and contact calls: where a citizen provides an email or mobile number, they receive communications via text or email rather than by phone calls.
- Targeting higher utilisation through less conservative re-sizing approach to meet the peaks.
- Re-negotiation of hourly rates charged by suppliers.

Given the contractual lead time with suppliers, after a peak in the number of positive cases referred to the tracing service, it can take up to 5 weeks to reset the full time equivalent (FTE) levels to align with the reduction in demand following that peak.

Yours sincerely



Dame Jenny Harries  
UK Health Security Agency

## Annex A Laboratory Utilisation April 2021- December 2021

### Overall network utilisation

*(only includes Surge + LHL labs, excludes PHE, LAMP, Virology, etc.)*

	April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021
Sample Processed	5,167,028	5,448,141	6,892,212	9,283,724	7,399,639	9,517,504	10,022,657	9,199,058	13,210,251
Average Utilisation	39%	40%	61%	66%	46%	53%	48%	54%	69%
Daily Peak Utilisation	52%	58%	86%	86%	59%	65%	62%	79%	83%

### Utilisation by lab type

Lab Type		April 2021	May 2021	June 2021	July 2021	August 2021	September 2021	October 2021	November 2021	December 2021
Core LHL Network	Sample Processed	5,166,920	5,448,130	6,892,057	9,283,303	7,378,550	8,909,899	9,487,945	9,088,282	12,053,708
	Average Utilisation	39%	40%	61%	67%	47%	60%	54%	59%	71%
	Daily Peak Utilisation	52%	58%	86%	87%	61%	74%	69%	79%	86%
Surge labs	Sample Processed	108	11	155	421	21,089	607,605	534,712	110,776	1,156,543
	Average Utilisation	0%	0%	0%	0%	4%	19%	15%	8%	53%
	Daily Peak Utilisation	0%	0%	0%	2%	13%	43%	39%	40%	87%

## Annex B NHS Trace outbound contact centre utilisation over the period of April 2021 – December 2021:

