

IN THE MATTER OF THE INQUIRIES ACT 2005 AND IN THE MATTER OF THE INQUIRY
RULES 2006

THE UK COVID-19 INQUIRY

OPENING STATEMENT ON BEHALF OF THE CABINET OFFICE FOR MODULE 7
(TEST, TRACE AND ISOLATE (TTI))

Introduction

1. The Cabinet Office including No.10 remains committed to assisting the Inquiry's investigations across all modules.
2. To assist with the Inquiry's investigations in Module 7, the Cabinet Office has provided extensive material and a written corporate statement. My Lady, you are due to hear from two witnesses supported by the Cabinet Office during these hearings.
3. In this opening statement, I will briefly outline some of the key aspects of the Cabinet Office's role in work during the pandemic relating to testing, tracing and isolation.
4. Throughout the response to COVID-19, the Cabinet Office provided advice to ministers to inform the Government's overall strategy, ensuring that it took account of developments in the test and trace programme. To do this, the Cabinet Office worked in collaboration with other departments. Most notably, the Department for Health and Social Care (DHSC) and its agencies, including NHS Test & Trace which was established in May 2020 to lead on the supply and procurement of testing equipment as well as the vast majority of the delivery and rollout of the test and trace programme. In accordance with the Lead Government Department model, ministerial accountability for testing, tracing and isolation policies remained with the Health Secretary throughout the pandemic.
5. At the start of 2020, the UK's existing test and trace capabilities were not sufficient to cope with the demands created by COVID-19. Only NHS pathology laboratories, a few research sites and public health laboratories in the UK, had the scientific ability to test for COVID-19, using the only widely recognised testing methodology available: Reverse Transcription - Polymerase Chain Reaction (RT-PCR). In line with scientific advice at the time, the initial focus was therefore on expanding RT-PCR capacity with a view to testing and tracing symptomatic cases.
6. As the scale and potential impact of the pandemic became more apparent, the Government initiated a huge cross-government effort quickly to build, roll out and

maintain a new system of national-level capabilities. Given the scale and importance of this work, the Cabinet Office took a close interest in its progress, both to understand existing testing capabilities, and to explore opportunities to support and accelerate DHSC's work to scale up testing capacity.

7. As work on testing capabilities increased in scale and complexity, the Cabinet Office sought to ensure effective and innovative governance structures were in place. This included appointing an external expert Chair, Baroness Dido Harding, to lead the programme that became NHS Test and Trace. The Cabinet Office also established the necessary structures to facilitate discussion and collective decision-making by ministers as the pandemic progressed, most notably, the COVID Strategy and Operations committees (COVID-S and COVID-O).
8. Coming out of the first lockdown in May 2020, as NHS Test and Trace was established, the UK Government's aim could be summarised as seeking to reopen the economy and society as extensively as possible while keeping the reproduction number below 1, therefore avoiding exponential growth of the virus. Estimates from the UK Health Security Agency's September 2021 'Canna model' study of the impact of testing, tracing and isolation on COVID-19 transmission suggest that in several periods of the pandemic, testing, tracing and isolation played a critical role in reducing the reproduction number to below 1 and helping to reduce both the duration and the economic impact of non-pharmaceutical interventions (NPIs) such as lockdown. The data collected by the test, trace and isolate system was also vital for the Government's understanding of the prevalence of the virus and emergence of new variants which helped to inform the development and evolution over time of the overarching strategy for managing the pandemic.
9. With the governance structures set up, the Cabinet Office worked to ensure that the overall strategy continued to take into account progress of NHS Test and Trace and provided oversight and assurance for the Prime Minister as the testing programme was rolled out. Given the importance of testing, tracing and isolation to the Government's overarching strategy, a key role of the Cabinet Office was to seek to ensure that all parties involved were challenged to maximise the scale and effectiveness of the programme in order to minimise the spread of the virus, and thereby enable the relaxing of restrictions in the absence of an effective vaccine or drug-based treatment.
10. As capacity for testing increased, the Cabinet Office was involved in helping to determine who would be eligible for tests and exploring the channels through which tests could be delivered most effectively. Increased understanding of asymptomatic transmission, as

well as advances in rapid testing technologies, prompted new ideas about how testing could both continue to protect public health while enabling those who did not have the virus to participate in economic and social activities. Given its role in considering the wider impacts across different sectors, the Cabinet Office was particularly interested in accelerating the large-scale availability of rapid testing technologies in order to support the Government's overarching objective to control the spread of the virus. This work became a key focus for the Cabinet Office between mid-2020 and April 2021 when a universal testing offer was made available in England.

11. A particular role of the Cabinet Office was its work to consider and provide advice to ministers on the constraints and trade-offs of different test, trace and isolation approaches. While other government departments focused on the impacts of test, trace and isolation policies in their specific areas - health (for DHSC), the economy (for His Majesty's Treasury) or specific sector-based impacts (for other government departments) - the Cabinet Office's role at the centre of government was to look across the board and support decision-makers to understand and balance where possible the different trade-offs of different response options.
12. Examples of the relevant constraints and consequential trade-offs that the Cabinet Office considered throughout the period included:
 - a. There were inevitable scientific constraints (which evolved) - the tests needed to detect the virus effectively, but consistently effective lateral flow tests for COVID-19 were not developed until summer 2020.
 - b. There were operational constraints - for example, building testing laboratories takes time, as does procuring lateral flow tests internationally at a time of huge global demand.
 - c. There were enormous fiscal costs - the test, trace and isolation budget in the financial year 2020-21 exceeded that of the Home Office. Even then, there were limits on testing capacity, and at times therefore a need for prioritisation of access to testing.
 - d. Throughout the period, the effectiveness of the test, trace and isolation programme relied on public uptake of the testing offered, and compliance with tracing and isolation policies - public engagement was not guaranteed and individuals' ability and willingness to engage with the test, trace and isolate programme was not equal.

- e. The test, trace and isolation strategy had implications for the wider economy, as illustrated most notably in what was referred to as the 'pingdemic' when so many people were asked to self-isolate (as a result of tracing technology) that risks to the staffing of critical sectors and infrastructure emerged.
13. In this context, the Cabinet Office's role was principally three-fold: first, to provide advice to the Prime Minister and the Chancellor of the Duchy of Lancaster (CDL); second, to provide constructive feedback to NHS Test and Trace on policy-making and delivery, challenging assumptions and identifying opportunities for improvements to be made; and third, to facilitate cross-government collaboration and decision-making, particularly where the constraints, trade-offs or consequences reached beyond the remit of the lead department, DHSC.
14. The Cabinet Office coordinated a cross-government response to overcome the challenges that emerged in relation to testing, tracing and isolation where the input of multiple government departments was required. As an example, the Cabinet Office worked to understand the financial, practical and social barriers preventing people from following self-isolation guidelines, collaborating with experts and reviewing international approaches to consider what could be done to address such issues. One outcome of this was the Cabinet Office's work with departments to design and obtain ministerial approval for the Test and Trace Support Payment, intended to alleviate the financial burden of self-isolation on the lowest income families. This was announced in September 2020 and expanded in January 2021.
15. Given the scale and importance of test, trace and isolation policies and programmes, the Prime Minister, Boris Johnson, remained close to this work throughout the pandemic, including through regular meetings with Baroness Harding, and others closely involved in test, trace and isolation work including the Health Secretary, the Chief Scientific Adviser, Chief Medical Officer.

Conclusion

16. The scale of the challenge to expand test and trace capabilities during the COVID-19 pandemic was unprecedented in peacetime. The Cabinet Office welcomes the opportunity to contribute evidence to this module and is keen to learn lessons to support the response efforts to any such emergency in future.