IN THE MATTER OF THE UK COVID-19 INQUIRY

WRITTEN CLOSING SUBMISSIONS ON BEHALF OF
THE DEPARTMENT FOR EDUCATION ("DfE")
FOR MODULE 7: TEST, TRACE AND ISOLATE

Introduction

1. The DfE is grateful to have had the opportunity to be a Core Participant in Module 7, and hopes that the evidence provided in the witness statement of Tessa Griffiths is helpful to the Inquiry in addressing the issues it has identified for investigation in relation to Test, Trace and Isolate ("TTI"). These brief closing submissions respond to the invitation made by the Trades Union Congress ("TUC") in its opening and closing submissions that the Inquiry focus on, and make recommendations relating to, TTI in education settings.

2. Some of the recommendations made by the TUC in their written[1] and spoken[2] opening submissions, and in oral closing submissions[3], are perceptive and helpful, and accord with the lessons learned by the DfE as set out in Ms Griffiths's statement. The DfE however urges the Inquiry to reflect carefully on whether criticism of the DfE for not having the benefit of that hindsight is justified, and also on whether the recommendations are realistic or desirable in the form sought. The Inquiry will be conscious that these issues were not tested in oral evidence.

Recommendations sought

3. The TUC has suggested that:[4]

    a. There should be a more detailed and cohesive plan for testing, training and isolating in education settings. This should be planned in advance

[1] INQ000587533, paragraph 47 onwards.
[2] 12 May 2025, page 84, line 23 onwards.
[3] Transcript of Module 7 Public Hearing on 30 May 2025 - page 137 - https://covid19.public-inquiry.uk/wp-content/uploads/2025/05/30171105/C-19-Inquiry-30-May-2025-Module-7-Day-12.pdf
[4] INQ000587533, paragraph 63.

of a future pandemic and development in partnership with unions to ensure that will work on the ground.[5]

b. Schools should not "reopen" without a properly functioning TTI system in place.[6]

c. Testing should take place at home or medical settings and schools should not be a testing location.[7]

d. Education staff and pupils should have prompt and effective access to testing, particularly where there is asymptomatic transmission.[8]

e. Education staff should not hold primary responsibility for deploying TTI schemes in educational settings—their role should be limited to co-ordinating and assisting with contact tracing but certainly not administration of tests. Where testing is undertaken at school, it should be self-administered, parents (at home) or by healthcare professionals with appropriate training.[9]

f. Special schools and SEN settings should have distinct guidance given their unique challenges.[10]

4. As to those suggestions:

a. The DfE will of course seek to work with stakeholders including the teaching and non-teaching unions in developing plans for TTI in education settings. It recognises the importance of including "the voice of the customer" as early as possible: see Ms Griffiths' statement at 8.3.2.2. However, the extent to which such plans can be made in advance of a future pandemic, or stakeholders included in detailed planning in the course of a pandemic, may be limited by a number of factors including the nature of the pandemic itself, the need to act quickly on the basis of developing understanding of epidemiology and

[5] *Ibid.,* paragraphs 63(a) and (b).
[6] *Ibid.,* paragraph 63(c).
[7] *Ibid.,* paragraph 63(d).
[8] *Ibid.,* paragraph 63(e) and (i). It is not wholly clear if the TUC are arguing that education staff should have *priority* access.
[9] *Ibid.*, paragraph 63(f) and (g).
[10] *Ibid.*, paragraph 63(h). The TUC also made recommendations regarding PPE and improvement in ventilation (paragraphs 63(j)), this is addressed elsewhere at INQ000203933 at page 279.

transmission rates (see e.g. paragraph 8.1 of Ms Griffiths' statement), and of course testing capacity (see e.g. paragraphs 201 to 229 of Mr Dyson's second statement on behalf of the Department of Health and Social Care).[11] A prescriptive recommendation is unlikely to be helpful in this context.

b. Again, without knowledge of the characteristics of the next pandemic, a prescriptive recommendation cannot be justified here. Given the overwhelming benefit to society generally and young people in particular of keeping schools open, it may be beneficial notwithstanding the risks to staff and pupils to keep schools open. No decision can be made in the abstract on issues that will require a risk/benefit analysis in the particular circumstances.

c. The DfE recognises the burdens and challenges imposed on education settings in relation to on-site testing: see, in particular, paragraphs 8.6-8.8 of Ms Griffiths' statement. However, as set out there, home testing was not an option in January 2021. The use of community testing options should of course be considered, including for the reasons Ms Griffiths sets out, but it would not be appropriate for the Inquiry to make a recommendation that rules out testing taking place in schools and educational settings. Schools physically bring people together and that obviously presents risks regarding transmissions; however, it presents an opportunity for supervised, effective and efficient testing. Indeed, there is no other aspect of society where a quarter of the population report to the same location at the same time every day where there is the space to undertake testing. That is an opportunity for effective and efficient asymptomatic testing on a widescale which should not be dismissed lightly. Further, it is important that any TTI scheme does not 'fight the last war' and retains the flexibility to adapt in the face of the impacts and characteristics of a future pandemic and that may necessitate or warrant school based testing. That said, the DfE fully

[11] INQ000587347; this confirms, for example, that trials of lateral flow tests ('LFTs') were being undertaken as late as November 2020 (paragraph 210), that the large order made in October 2020 would not be delivered in full until December 2020 (paragraph 206), that LFTs had only been confirmed as sufficiently accurate in November 2020 (paragraph 212) and that there was global competition for LFTs (paragraph 206).

accepts that universal at home LFD testing may be preferable and more effective *if available.* The final decision will always depend on the exact characteristics of any pathogen. Finally, school based testing may have significant advantages over home based testing (particularly for some of the most vulnerable children) with regards to record keeping[12] and again these should not be dismissed lightly.[13]

d. As set out at paragraphs 3.43-44 of Ms Griffiths's statement, DfE sought to obtain and prioritise tests for the teaching workforce.[14] However, in any future pandemic, as during this one, there are likely to be other demands on available testing resource and the allocation of testing capacity, if limited, will need to be based on the relative assessments of (e.g.) infection and transmission risk at that time.

e. The DfE recognises the burden that contract tracing placed on education and childcare settings: see Ms Griffiths' statement at paragraph 6.48 and following. However, as set out there, there were significant advantages to contact tracing being handled through education settings. Staff have the relationships, knowledge and contacts to make TTI as effective as possible and given that the entire public sector may well be strained in the face of a future pandemic it is simply not possible to rule out relying on school based staff to undertake TTI. The DfE fully appreciates that this will place a significant burden on such staff and there may be viable alternatives;[15] however, like the judgment on whether testing should take place at school this simply cannot be prescribed in advance.

f. In response to the recommendation that specialist guidance should have been provided for special schools, it is important to note that the needs of pupils with disabilities was recognised in the guidance and practical

[12] Please see Ms Griffiths's statement at paragraphs 5.25 to 5.28.

[13] It is also noteworthy that not all population groups engaged with universal testing at the same rate and a requirement to undertake universal testing at home may inadvertently marginalise certain groups. Please see Ms Griffiths's statement at paragraph 5.35.

[14] See also paragraph 195(d) of Mr Dyson's second statement on behalf of the Department of Health and Social Care at I NQ000587347

[15] Just as in the Covid-19 pandemic, another service may be able to take over contact tracing once capacity within the health service is released. See Ms Griffiths's statement at paragraph 6.43 to 6.49. Please also see paragraph 6.50 where Ms Griffiths commented that some schools would prefer to retain responsibility for tracing contacts.

advice was provided.[16] However, as part of the DfE's commitment to continual improvement the DfE appreciates that this guidance could have been improved by the provision of case studies. The DfE, however, would like to emphasise that additional support was provided for special schools for testing including the provision of specialist staff from outside to undertake testing.[17]

5. As set out in the final section of Ms Griffths's statement, the DfE has already sought to learn a number of lessons specific to TTI from the COVID-19 pandemic. If the Inquiry is minded to make recommendations in this area, it is asked to carefully consider that evidence.

Response to criticisms

6. Underlying the recommendations sought by the TUC are a number of criticisms of provision of testing in school settings which were expanded upon in Ms Bell's statement to the Inquiry.[18] These can be broadly characterised as follows:

    a. The government underestimated the significance of schools and children in transmission.[19]

    b. The government opened schools quickly without effective TTI in place and failed to plan for the return from the Summer holidays adequately.[20]

    c. Staff and pupils lacked sufficient access to testing equipment and this persisted.[21]

    d. An unreasonable burden was placed on staff to establish contact tracing and mass testing arrangements in insufficient time.[22]

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[16] INQ000497787 at page 48.

[17] Please see Ms Grffiths's statement at paragraphs 5.18.3 and 5.40.

[18] INQ0000587569

[19] INQ000587569, paragraph 85.

[20] *Ibid.,* paragraph 85.

[21] *Ibid.,* paragraph 86.

[22] *Ibid.,* paragraph 86. The TUC also criticise the lack of financial support for agency staff including cleaning staff, catering staff and supply teachers and teaching assistants. The DfE recognise these concerns but these fall outside the scope of module 7.

e. Later on, the advice from the government was not sufficiently robust and clear.[23]

f. In particular the instruction to arrange testing immediately after the Christmas break in 2020/21 came too late and was too onerous an undertaking with such little notice.[24]

7. The DfE considers the introduction of widespread asymptomatic LFD testing in schools a significant achievement and it is testament to the character, commitment and resourcefulness of school staff many of whom gave up their holidays.[25] It is also important to acknowledge that this programme helped to provide reassurance to parents and their children, including vulnerable children some of whom may have been clinically vulnerable or living with a clinically vulnerable relative, and therefore it played an important role in helping get them back to school.

8. Before addressing the criticisms in turn, it is important to emphasise that the DfE recognises, and was acutely aware throughout the pandemic of, the critical role schools play in society, but also the risks children were exposed to including from infection, the impact on their families, and the closure of schools to most children. All of this will be the subject of detailed consideration in Module 8.

9. As to the risk of children carrying and transmitting the virus, this was recognised by SAGE from early on and was the primary justification for school closures in March 2020.[26]

10. As will be clear from the evidence in Module 8, the Government, and DfE specifically, has always recognised that nurseries, schools, colleges and universities provide unique services to society and are critically important to children, including in particular the most vulnerable. Their closure, or any restriction on attendance[27], is therefore always best avoided, and when

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[23] *Ibid.,* paragraph 92.

[24] *Ibid.,* paragraph 96.

[25] Ms Griffiths's statement at paragraphs 5.18 to 5.19.

[26] INQ000213040.

[27] These submissions will refer to "closure" and "reopening" as shorthand for the periods when attendance restrictions were imposed, and then removed, in relation to most children. Schools were of course always open to the children of critical workers and vulnerable children.

necessary should be kept to the minimum period possible. Whilst the decision on the timing of closing and reopening schools ultimately rested with the Cabinet and the Prime Minister, the DfE cautions the Inquiry against overtly criticising the government for reopening schools "too soon" on the basis there was an absence of mass testing. When schools were reopened in the summer of 2020 the advent of a more dangerous variant was a possibility whilst the deleterious impact of continuing closure was a certainty. Therefore, even in the absence of mass testing, given the knowledge that existed regarding the virus at the time and its direct impact on children, the DfE considers the decision to reopen schools a first time readily defensible.

11. With regard to the criticisms regarding the burdens placed on school staff, the DfE fully accepts that facilitating and administering testing is outside the normal scope of the work of educators. This is why DfE provided support and guidance to aid schools in this substantial task.[28] However, it is worth remembering that these were not normal times and many staff outside education were taking on new and challenging responsibilities. Further, schools have historically delivered national health measures such as vaccinations, the vision and hearing tests in reception and the National Child Measurement Programme in year 6. That is not to downplay the magnitude of the task that schools were asked to undertake, but to demonstrate that the spheres of education and health are not and never have been mutually exclusive. The DfE did advocate for the transfer of tracing from schools and Early Years settings to NHS Test and Trace and this was done from July 2021.[29]

12. As set out in Ms Griffiths's evidence at paragraph 8.7, the DfE accepts that as part of its continuing improvement plans the DfE should reflect on how best to consult effectively and early for the introduction of an effective testing programme as swiftly and robustly as possible and this could include working with military personnel or advocating for a greater role for public health professionals. However, when confronted with a worsening epidemiological

[28] Please see Ms Griffiths's statement at paragraphs 6.48 to 6.51.

[29] Please see Ms Grffiths's statement at paragraph 6.54.

situation, it is impossible to rule out short notice introduction of testing led by schools.

13. With particular regard to the decision to implement mass LFD testing in schools and colleges at short notice in December 2020, this was driven by the rapidly worsening epidemiological situation in the run up to Christmas 2020. This coincided with the end of pilots of lateral flow testing in October 2020 and a mass testing pilot in November 2020.[30] This meant that when the plan for mass testing was first communicated to schools and colleges on 15 December 2020, very little preparation work had been done. The DfE and government generally were presented with an invidious task of doing nothing and letting schools close or implementing a large scale LFD scheme at short notice in the hope that schools could remain open. Whilst that aspiration could not be fulfilled, the government still considers the right decision was made given the importance of schools to society and young people.

14. The DfE accepts that there is always room for improvement when it comes to communication but that some confusion is almost inevitable when dealing with an unprecedented and fast-changing situation. The DfE went out of its way to explore innovative ways to improve communication and access to information including access to a national "G: Drive" as a repository for information and formed formal stakeholder groups to disseminate information.[31] In the DfE's submissions, the criticisms put forward by TUC regarding communications do not take into account the full extent of the efforts to engage, consult and be open with stakeholders and the novel and changing situation.

15. The DfE will always advocate that schools occupy a unique place in society and that as a result their staff should be prioritised for testing (and PPE) but ultimately when rationing is necessary, the final decision will rest elsewhere.

Conclusion

16. For the reasons set out above, the DfE would be grateful if the Inquiry considers the practicality of some of the TUC's recommendations and the reasonableness

[30] Please see Mr Dyson's second statement to the Inquiry at paragraphs 209 to 213.

[31] Please see Ms Griffiths's statement at paragraph 5.6 and 5.7.

of their criticisms particularly given the practical limitations (e.g. access to LFTs) and the fast pace of events. Finally, as stated above the DfE considers that many of the TUC's observations align with the lessons learned in Ms Griffiths's statement.