To: Chief executives of all NHS trusts and foundation trusts

1 April 2020

Dear colleague

Following our Sunday letter on staff testing, as lab capacity is increasing we now can and must further increase staff/index case testing. We want to max-out all available capacity in doing so, and so are now removing the 15% cap immediately.

Effective today we are therefore asking chief executives of trusts that host an NHS lab doing COVID-19 testing personally to ensure that your lab’s capacity is fully used each and every day.

This can be achieved by using all spare testing for staff/index testing, either from within your own organisation or those of neighbouring acute and ambulance trusts. As soon as this has been implemented, and as extra lab volumes become available, the approach can over the coming days be extended to community, mental health and primary care services, along with social care.

Given the lead time between swabbing and lab testing, it is vital that sufficient numbers of staff/index cases are swabbed today and each successive day to fill the next day’s lab testing capacity. This means immediate action please to ‘industrialise’ staff swabbing processes.

In order to implement this effectively we have today begun an 8.00 p.m. stocktake of staff/index cases swabbed and tests undertaken in the last 24 hours, together with a forward look of staff/index cases that require testing in the next 24 hours.

This information will help us to support you in aligning demand for tests with where current capacity sits, as your collective data suggests that some Pathology Networks are almost up to maximum levels whilst others have significant surpluses. The army will assist you in moving samples around the country as quickly as possible, together with swabs should those required be different to the type used in your local laboratory. We are also working hard to secure additional reagents to further increase capacity, recognising that this remains a key constraint for many laboratories.
Yours sincerely

Pauline Philip DBE
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NHS England and NHS Improvement

Sarah-Jane Marsh
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