

**9<sup>th</sup> October 2020**

Deputy David Cullinane  
Dáil Éireann  
Kildare Street  
Dublin 2

**Re: PQ 25354/20**

**Question: “To ask the Minister for Health the targets, and associated timelines for Covid-19 swabbing, testing, and contact tracing; if there is an ambition to test more than 100,000 a week; if so, the number and timeline for reaching same; and if he will make a statement on the matter.”.**

Dear Deputy Cullinane,

I refer to the above Parliamentary Question which has been referred by the Minister for Health to the Health Service Executive for direct response.

I wish to apologise for the delay in issuing a response to your above question.

Due to the current demands of the Covid-19 pandemic and the numerous queries we have received to date it has taken longer than I would've liked to respond.

We are currently maximising our testing capacity as part of our winter preparedness. Over the past six months, we have rapidly built a robust testing capacity to meet the increasing demand. COVID-19 testing is currently conducted across our laboratory network, which is made up of a 46 public and private laboratories. Today, we have 18,000 per day laboratory capacity – which exceeds the initial 100,000 per week. We are currently also increasing laboratory capacity onshore for November and December. We have plans in place to increase this further by the procurement of new technology and new platforms in our community laboratory network over the coming months.

In terms of community testing, we have scaled up swabbing to meet demand by providing longer opening hours in over 33 community testing sites. Today our sites are open 7 days a week and up to 12 hours per day. About 800 staff are engaged in swabbing, with about 350 roughly working per day. Staff have been redeployed from other community work into community swabbing. We are actively recruiting for a dedicated workforce of community swabbers and currently mid-way through interviews and making job offers. The recruitment campaign for community swabbers closed on Monday 21<sup>st</sup> September with just under 3,500 applications received and interviews commenced immediately. It is anticipated that these new staff will be available to commence swabbing shortly, which will also allow many Allied Health Professional staff to return to their posts. To date over 600 people have passed interviews and are going through compliance checks, garda vetting etc. The first new cohort of staff start on 8<sup>th</sup> October. We expect to take onboard 90-100 per week.

In contact tracing today we have over 300 staff. Many of the staff initially redeployed to tracing have returned to their substantive posts as we have been recruiting for the last few months. Some staff do remain in tracing who will return in the coming weeks. These staff come from Human Resources,

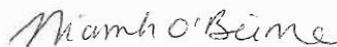
Community Health Organisations, Environmental Health Officers, and some management admin staff. The largest group are Environmental Health Officers, with up to 80 people involved in contact tracing at present. There are approximately 25 Health and Social Care Professionals involved in contact tracing.

The HSE is creating standing capacity for contact tracing with over 500 contact tracers currently being recruited. The first new recruits have commenced training, and as soon as they are fully operational, staff redeployed from other parts of the HSE will return to their usual roles. Over 400 people are through the interview process and moving through to compliance stages. The first 65 will commence this week with a further 70 expected next week. We will continue to onboard in the region of 60-70 per week.

The future service model for testing and tracing is in the final stages of design with implementation underway for priority areas such as workforce recruitment and the test centre estate. This service model will aim to deliver a patient-centred service, accessible, consistent and be flexible to demand. This plan includes the recruitment of a permanent workforce in addition to leveraging the clinical and operational expertise embedded in our community services and this work has already commenced. The operating model will take into account the evolving needs and future potential service demands in the context of Covid19 surges in disease transmission.

I trust this addresses your question.

Yours sincerely,



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**Niamh O'Beirne**  
**National Lead for Testing and Tracing**