Witness Name: Professor Isabel Oliver
Statement No.: 2
Exhibits:
Dated: 12 June 2023

UK COVID-19 INQUIRY

SECOND WITNESS STATEMENT OF PROFESSOR ISABEL OLIVER

I, Professor Isabel Oliver, will say as follows: -

1. This second statement is provided by me pursuant to a Rule 9 request received by UKHSA on 20 March 2023. Through my first statement, UKHSA has responded to 126 of the 139 points within that Rule 9 request **(Exhibit: IO2/0001 - INQ000194054)**. UKHSA also provided documents to the Inquiry as general disclosure.

2. This further supplementary statement provides additional information (pursuant to the Rule 9 request dated 20 March 2023) that was unavailable at the time that statement was signed. The statement also addresses the small number of outstanding points as requested by the inquiry.

3. The matters in my statement rely on a combination of my own experience, the records of UKHSA and its predecessor organisations, and the input from a significant number of colleagues within UKHSA, who were employees of PHE or HPA, and some who have since left but hold relevant knowledge. These colleagues have been consulted as far as is practical, in order to provide as robust an account as possible on behalf of UKHSA.

4. The inquiry has asked for additional information on how the HPA carried out its functions. UKHSA has addressed this in the first supplementary statement, which

describes how HPA delivered its range of functions via examples of its response to key public health threats. UKHSA has also supplied the inquiry with all the annual reports and accounts issued during HPA's lifetime within scope of Module 1 **(Exhibit: IO2/0002-0010 - INQ000187821 - INQ000187829)**. These reports provide additional information on how HPA discharged its functions including key annual business objectives and achievements, and how resources were structured and funded.

5. The HPA provided an integrated response to emergencies bringing together high-quality science with public health delivery in a national service and working on a multi-agency basis. When established in 2003, the HPA included a division of local and regional services (LARS) which incorporated local Consultants in Communicable Disease Control (medically qualified doctors, usually with additional specialist training in public health or medical microbiology) and their teams, regional epidemiology units and other local and regional services. This led to a number of changes including:
    a. The creation of an HPA Regional Director post, which was the key link to the Regional Director of Public Health in the NHS;
    b. The creation of a Regional Microbiologist post to strengthen laboratory surveillance;
    c. The creation of larger Local Health Protection Teams, with consequent increase in surge capacity and peer support;
    d. A remit to work across a broader range of health protection issues;
    e. The development of health protection programmes for key priority areas (e.g. sexual health and antimicrobial resistance) and the establishment of regional leads for each of the programmes;
    f. The standardisation of systems across LARS.

6. The inquiry has asked for information on work initiated within the HPA with regard to a mapping exercise of the existing workforce, identifying skills gaps and framing organisational aspirations prior to the transformation to PHE. From 2011-2013, as part of the transition of HPA to PHE, a programme of work was undertaken to support the transition of HPA functions and staff to Public Health England. This programme included an exercise to map the transfer of functions. This work was

led by the Department of Health (now Department of Health and Social Care) who will hold detailed records of the work undertaken, and final outputs, however the following documents have been provided as exhibits:

a. HPA Board Papers from 2010-13 where the programme of work to support the transition to PHE was discussed **(Exhibit: IO2/0011-21).**
b. Functional mapping documents, prepared as part of the transition. The DHSC central transition team would have held the final versions of these documents. **(Exhibit: IO2/0022-0028)**

7. The inquiry has asked for information on whether pay cuts were made as part of the 2015/16 reorganisation of PHE. This reorganisation is described in more detail in UKHSA's first supplementary statement **(Exhibit: IO2/0001 - INQ000194054, Paras 94 - 97)**. Staff in both PHE and HPA were employed on nationally agreed terms and conditions and were paid in-line with nationally agreed frameworks for pay, respectively, the Civil Service pay Framework and NHS Agenda for Change payscales. Therefore, cuts to individuals' pay were not a mechanism through which either organization delivered cost-savings. As described in UKHSA's previous two statements, budget cuts did occur repeatedly throughout the lifetime of both organisations resulting in service reorganisations, which included changes to staffing structures within directorates.

8. UKHSA has been asked for our view on how the absence of an updated national strategy for infectious diseases between the publication of the national infectious diseases strategy *"Getting ahead of the Curve"* by DHSC in 2002, and the Infectious Diseases Strategy published by PHE in 2019 **(Exhibit: IO2/0030 - INQ000090352),** has impacted the UK's preparedness for a pandemic. This is not a question that we are able to answer with certainty. However, as described in the first supplementary statement, a strategic focus on infectious diseases was maintained during this period of time through alternative strategic approaches, which I describe below.

9. The publication of "Getting ahead of the Curve" led directly to the establishment of the HPA. The HPA made long-term strategic plans to direct its skills and resources in the most effective way to protect public health against a wide range threats.

Those strategic plans were the basis for individual programmes of work and for the annual business plans that the agency agreed with its sponsor, the Department of Health. The agency prepared quarterly reports on its achievements against these plans for its internal management, Board, and the Department of Health. HPA had 11 strategic programmes including one on health threats and emergencies and one on pandemic influenza. The 2010 annual report and accounts are exhibited, and I refer the inquiry to pages 10-12 of this document, where the HPA's approach to strategic planning are described **(Exhibit: IO2/0002 - INQ000187827).**

10. PHE's business plans and objectives were driven by the annual remit letter, which was agreed each year with the Department of Health, and via Strategic Priorities as set out in the multi-annual strategic plans **(Exhibit: IO2/0031-32 - INQ000090342, INQ000090343).** The annual remit letters, and the strategic plans contained objectives and priorities related to infectious diseases and work to strengthen the system of preparedness and response to health protection incidents. The establishment of the National Infections Service (NIS) was a strategic priority and had the aim of driving further improvement in this area of work. This is described in more detail in UKHSA's first supplementary statement **(Exhibit: IO2/0001 - INQ000194054, Paragraphs 126-133).** To drive the strategic direction of the NIS, PHE developed the Infectious Diseases Strategy in 2019. Whilst external partners including DHSC were consulted in its development, it was a PHE strategy and not a whole-system one.

11. UKHSA has been asked to describe the progress of planned updates to 2014 PHE Pandemic Response plan. The aims of this work were twofold: 1) to update the PHE plan to reflect the new organisational arrangements within PHE (e.g. following establishment of the National Infection Service) and 2) to incorporate any changes to PHE's responsibilities as set out within the planned update to the National Pandemic Influenza Strategy (led by DHSC). By January 2020, work to update the National Pandemic Influenza Strategy had not progressed. Due to this and lack of capacity within the PHE team leading the work to update the PHE Pandemic Influenza Response Plan, this work was delayed. Therefore, the subsequent work on updating the PHE Pandemic Response Plan had not significantly progressed, and there are no further updates or reports available about the progress reached at this time. Minutes of the Pandemic Influenza Co-ordination Group where this

work was initiated have been disclosed to the inquiry **(Exhibit: IO2/0033 - INQ000187923).**

12. As described in UKHSA's first corporate statement **(Exhibit: IO2/0049 - INQ000148429)** co-ordination between the national and regional components of PHE incident response was managed via the Centre and Regions Operational Cell (the CROC), the model for which was developed in 2017, and updated in December 2018 **(Exhibit: IO2/0029).** The minutes of the EPRR Delivery Group meeting on the 19th December 2019 identified that the planned transformation of the PHE regions would result in changes that would require updates to the CROC operating model **(Exhibit: IO2/0034 - INQ000178218).** The minutes state that work was being undertaken to assess the impact and what arrangements would need to be amended. The initial consultation representing "Phase One" of the transformation work began in late December 2019 and was not due to complete until mid-February. Therefore, the anticipated updates to the CROC operating model were not implemented prior to the establishment of the PHE COVID-19 incident response in early January 2020. As described in UKHSA's first corporate statement, the CROC operating model was utilised from the outset of the PHE COVID-19 incident response, and then the Regional Operational Cell (ROC) was established part-way through the COVID-19 response following the completion of the PHE Regions transformation work.

13. The inquiry has asked how PHE worked with the private, academic and voluntary sectors in relation to EPRR functions. UKHSA has disclosed numerous documents to the inquiry, that describe PHE's operations which has dealt with this broad question **(Exhibit: IO2/0035-0040 - INQ000090344 – INQ000090349 and IO2/0041-48 - INQ000090404 – INQ000090411).** Local Health Resilience Health Partnerships (LHRPs) played a key role in delivering this work and we have previously described PHE's role within that system **(Exhibit: IO2/0049 - INQ000148429, Section 5).**

14. The inquiry notes that the report of the Ebola Surge capacity exercise **(Exhibit: IO2/0050 - INQ000090428)** contains a recommendation for a generic infectious diseases plan to be developed and has asked for clarification. At the time of this exercise there was already a generic infectious diseases outbreak plan in place,

namely the Communicable Diseases Plan (2014) **(Exhibit: IO2/0051 - INQ000090419).** It is not clear from the report why there was a recommendation to produce a new plan, however we have found no evidence that one was subsequently produced.

15. The inquiry has asked for further details on the design of Exercise Alice, and resulting lessons identified, and how these were actioned. As described in Professor Dame Jenny Harries' statement to the inquiry, Exercise Alice was designed to confirm a shared understanding of England's health capabilities and resources to manage multiple confirmed MERS-CoV cases. When designing exercises, the PHE exercises team took into account of learning from relevant incidents for instance, by consulting previous exercise or incident reports, or by involving individuals with subject matter expertise in the exercise planning process. Learning would have been incorporated during exercise planning meetings, drawing on knowledge from experts.

16. We have provided to the inquiry a response to a freedom of information request which details the actions arising from Alice and for those allocated to PHE, have provided an update on that action **(Exhibit: IO2/0052)** addition to PHE, the key participating organisations were DHSC and NHS England, with individuals from the Cabinet Office and Devolved Administrations attending as subject matter experts. As detailed in previous statements, whilst the PHE Exercises team designed and delivered the exercise and report, it was the role of the exercise commissioner to manage the actions resulting from an exercise, in the case of Exercise Alice, the exercise commissioner was DHSC. Therefore, PHE does not hold an audit trail around which actions were allocated out to other organisations, nor holds records on activity that has been undertaken to address those actions outside of PHE.

17. The inquiry has asked for further details on the project to develop UKHSA's Emergency Preparedness Response and Resilience (EPRR) function, as described in UKHSA's first statement to the inquiry **(Exhibit: IO2/0049 - INQ000148429, Paragraph 641).** This is an ongoing programme which was initiated following learning from the COVID-19 response. This project, known internally as the Next Generation Preparedness, Resilience and Response

(NGPRR) aims to support UKHSA to deliver against its strategic goal to respond to current and emerging threats through a strong, capable, prepared and responsive public health system. Project Initiation Document (PID) for this programme is exhibited **(Exhibit: IO2/0053).**

18. It comprises of a cross-agency programme of work, with supporting governance arrangements, to coordinate projects across the organization, to ensure UKHSA has a fully aligned and well understood end-to-end approach to delivery of preparedness, and response. Examples of specific projects within this programme include:

    a. *Situational awareness and Horizon scanning e.g.* Establishment of a digital situational awareness platform,
    b. *Preparedness e.g.* Development of a cross-agency preparedness plan; which includes the arrangements for identifying and learning lessons from incident, exercises and sources of best practice
    c. *National Response Centre* e.g. an enhanced National Response Centre (to co-ordinate national situational awareness, preparedness and incident response and recovery) as part of a network of regional response centres across UKHSA
    d. *Regional Response Centres* e.g. fully operational centres to co-ordinate preparedness and response at a regional local level)

19. The programme also has cross cutting workstreams focusing on health equity, research, and co-ordination with the devolved administrations and will link with wider UKHSA responsibilities for health security preparedness and response. As described above, this programme is ongoing and currently planned for completion in Q4 of 2023/2024.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false

statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **Personal Data**

Dated 12th June 2023