

Witness Name: Aidan Dawson

Statement No.: 2

Exhibits: 0

Dated: 25 April 2023

UK COVID-19 INQUIRY

SECOND WITNESS STATEMENT OF AIDAN DAWSON

I, Aidan Dawson, will say as follows: -

1.1 I make this statement supplemental to my substantive statement dated 25 April 2023 and described as "First Witness Statement of Aidan Dawson".

1.2 On 4 April 2023 the Inquiry wrote to the Public Health Agency to provide helpful feedback and further direction on the evidence provided by the PHA in draft form. One of the points the Inquiry asked the PHA to consider was as follows:

"Review the Inquiry's List of Issues for Module 1 (attached) to ensure that any evidence that PHA is able to provide is included within the draft statement."

1.3 I have considered the List of Issues and wish to make the following comments thereon in order to better assist the Inquiry.

2. List of Issues

1. *The basic characteristics and epidemiology of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS CoV-2) and Coronavirus disease (COVID-19).*

The PHA considers that the data regarding the issue can be obtained from UKHSA.

2. *Characteristics of SARS CoV-2*

The PHA considers that the data regarding the issue can be obtained from UKHSA. As regards the devolved administration in Northern Ireland and its approach to risk management and civil emergency planning we would suggest that The Executive Office may be able to assist the Inquiry as well as the Department of Health and the Northern Ireland Civil Contingencies Group.

3. *The planning for a pandemic, including forecasting, resources, and the learning from past simulation exercises (including coronaviruses, new and emerging high-consequence infectious diseases and influenza pandemic/epidemic exercises); the emergency plans that were in place; international comparisons and the history of, and learning from, past policy-related investigations.*

The PHA considers that the Inquiry will be particularly assisted by the UKHSA, DHSC and Department of Health. On the issues involving risk registers and risk assessment we take the view that the NI Civil Contingencies Group may be well-placed to assist.

4. *Public health services, including the structure of national, regional and local public health bodies, their development over time and readiness; public health capacity, resources and levels of funding; any impact arising from the UK's departure from the European Union; the way in which relevant bodies monitored and communicated about emerging disease.*

PHA had a team of health protection surveillance and information scientists who were responsible for communicable disease surveillance and epidemiology. The department had no epidemic modelling function or capability. PHA had no staff whose role was as a consultant epidemiologist. PHA is a training location for the UKHSA Field Epidemiology Training Programme (FETP) and prior to the pandemic employed one FETP graduate. Prior to the pandemic, the surveillance team did not have access to information technology that permitted scalable and repeatable data processing and analytical processes, and instead relied on a combination of network storage, SharePoint, R scripts, Microsoft Excel and Microsoft PowerBI. During the course of the pandemic, to deal with much larger datasets, frequency of data and reporting

requirements, PHA adopted a Microsoft Azure platform, which is hosted by Belfast Health and Social Care Trust and was initiated by the Digital Health and Care Northern Ireland (DHCNI) team in the Department of Health, Northern Ireland. PHA contracted with the Strategic Investment Board to provide additional data science expertise, and worked with DHCNI and their contracted data science support, Kainos. This led to the use of modern, scalable, data science infrastructure, reproducible analytical pipelines, formal data engineering processes, code documentation and sharing, workflow management tools, and the deployment of dashboards and automated reports. The team now has some in-house epidemic modelling tools and capability, developed in partnership with SIB and Kainos. The surveillance team structure has been adapted so that it has more professional, technical and management support than in the period immediately prior to the pandemic.

Microbiology is not part of the PHA and is overseen through the pathology network.

5. *Economic planning by relevant Government bodies, including capacity and spending commitments, and efficiency and anti-fraud controls, in the context of emergency planning.*

It may assist the Inquiry to direct queries to The Executive Office, the Department of Health and the Civil Contingencies Group.

6. *Planning for future pandemics; international surveillance and alert systems; the risks of new variants of Covid 19 and other viruses of concern including of a zoonotic origin.*

The UKHSA will lead on such matters and as such it may assist the Inquiry to direct queries thereto.

3. Conclusion

- 3.1 Much of the foregoing will already be within the knowledge of the Inquiry and reflected in its approach to date. I have been asked to consider the List of Issues in the context of my first statement to the Inquiry. The List of Issues has been borne in mind throughout my evidence to the Inquiry to date, however, I considered that some

further brief additional commentary on the List of Issues from the perspective of PHA working relationships may be of some small assistance to the Inquiry. This statement is made in that spirit and is not intended to deflect or redirect the Inquiry away from the PHA and its responsibilities. I acknowledge that the List of Issues affects and includes the PHA and reaffirm the Agency's commitment to assist the Inquiry to the best of our ability.

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.

Personal Data

Signed: _____

Dated: 26 April 2023 _____