

26th September 2022

Our ref: **COVID INQUIRY – MODULE 2 RESPONSE**

Baroness Heather Hallett, Chair of the UK Covid-19 Inquiry
c/o Module Lead Solicitor
UK COVID-19 Public Inquiry

Dear Lady Hallett,

Module 2 of the UK Covid-19 Public Inquiry
Request for Evidence under Rule 9 of the Inquiry Rules 2006
Reference for Request - M2/SAGE/01/RXW

Following your letter of 2nd September 2022, please see below a response to the questionnaire provided. Please note that this response has been provided in coordination with Mr David Seymour (see response to question 3a).

Yours sincerely

Personal Data

Dr Rhoswyn Walker

Director of Strategy

Health Data Research UK

**Irrelevant &
Sensitive**

[Rhoswyn.Walker@](mailto:Rhoswyn.Walker@hdruk.ac.uk)

Irrelevant &

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UK COVID-19 Inquiry: Module 2 - Rule 9 Request to Dr Rhoswyn Walker - Reference: M2/SAGE/01/RXW.

Questionnaire Response

1. *A brief overview of your qualifications, career history, professional expertise and major publications.*

Currently [Director of Strategy at Health Data Research UK \(HDR UK\)](#). Member of HDR UK Executive Committee/Senior Leadership team since the institute was created in 2018. Prior to HDR UK, I worked at the Medical Research Council for 10 years, with my immediate past post as Head of Informatics Research, with responsibility for developing and implementing the MRC's data science strategy. Qualified with a PhD in virus-host interactions from the University of Leeds in 2007.

At HDR UK I have particularly focused on ensuring that the Institute's vision for large scale data and advanced analytics to benefit every patient interaction, clinical trial, biomedical discovery and to enhance public is successfully delivered. This includes management of HDR UK's distributed research teams, based in Universities across the UK, who deliver innovative, interdisciplinary health data science, that a single research organisation would not be able to deliver alone.

2. *A list of the groups (i.e. SAGE and/or any of its sub-groups) in which you have been a participant, and the relevant time periods.*

Provision of reports to SAGE from April 2020 – November 2021.
Attendance at single SAGE meeting – 11th June 2020.

3. *An overview of your involvement with those groups between January 2020 and February 2022, including:*

- a. *When and how you came to be a participant;*

HDR UK, as the national institute for health data science works with researchers and health data custodians across the UK. At the start of the pandemic HDR UK worked with its partners to ensure that the expertise needed to make diverse health data available for research, to directly inform the pandemic response was made available as rapidly as possible. Activities included:

- **Bringing together the community** – we held 36 COVID-19 task force calls with 183 clinical and research health data leaders invited to each meeting. We set up Slack channels for core areas of health data enabled COVID research, which included 1,300 people collaborating on projects and urgent research at certain points during the pandemic
- **Public and Patient Involvement and Engagement (PPIE) on COVID data research** – we convened a virtual group of 62 members of public and patients who worked with us on various projects during the pandemic to provide the public's perspectives
- **Enabling access to health data** – building on the [UK Health Data Research Alliance](#), we worked with the national data custodians across the four nations of the UK, to accelerate safe and secure access to large scale health data research to inform the Covid-19 response
- **Collating research questions** – we used an online form for researchers and stakeholders (including members of the public) to submit questions <https://www.hdrk.ac.uk/covid->

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[19/covid19-research-question-form/](#) to facilitate a more coordinated response to use of health data for Covid-19 research.

These activities were delivered independently by HDR UK. However, they informed HDR UK's input to SAGE reporting as summarised below:

An initial paper was presented to SAGE on the 14th April by Professor Andrew Morris, Director of HDR UK. This paper outlined the opportunity to enable a national health data research capability to support COVID-19 research questions. Following this paper, Health Data Research UK working with partners including members of the UK Health Data Research Alliance, British Heart Foundation Cardiovascular Data Science Centre and CRUK provided weekly updates to SAGE on the progress achieved.

These reports were initially provided on a weekly and then fortnightly basis and provided an update on use of health data research during the pandemic. All 36 reports are listed on HDR UK's website here: <https://www.hdruk.ac.uk/covid-19/our-work-to-help-sage/our-previous-reports-to-sage/>

Professor John Aston, at the time Home Office Chief Scientific Advisor, was nominated as the SAGE recipient of HDR UK's reports. In addition to direct provision to SAGE, the reports were provided directly to the Medical Research Council and National Institute for Health and Care Research to inform their own pandemic responses.

Multiple members across HDR UK contributed to each report. This was coordinated and led by:

- Professor Andrew Morris: HDR UK Research Director
- Caroline Cake: HDR UK CEO – who left HDR UK in January 2022
- David Seymour: HDR UK Director of Infrastructure
- Dr Rhoswyn Walker: HDR UK Director Strategy

On 11th June 2020 this team was invited to attend SAGE to provide a short progress update and request feedback as to whether HDR UK's activities as summarised in the Institute's report were useful and otherwise where HDR UK could focus its efforts to best support the pandemic response.

Following this meeting, HDR UK continued its regular reporting. However, Caroline Cake, David Seymour and Rhoswyn Walker did not attend any further SAGE meetings.

HDR UK concluded its reports to SAGE on 2nd November 2021, but continued to support the UK's scientific response to the pandemic through its joint leadership of the [COVID-19 Data & Connectivity National Core Study](#) with the Office for National Statistics as part of the wider set of [National Core Studies](#).

b. The number of meetings you attended, and your contributions to those meetings;

Attendance at a single SAGE meeting – 11th June 2020.

Provision of a short verbal (5-10min) update alongside Caroline Cake and David Seymour summarising the HDR UK report and requesting feedback from SAGE members (see response to 3a.)

c. Your role in providing research, information and advice.

Contribution as part of the HDR UK leadership team to provision of regular health data research status reports to SAGE. See response to 3a.

4. A summary of any documents to which you contributed for the purpose of advising SAGE and/or its related subgroups on the Covid-19 pandemic. Please include links to those documents where possible.

As outlined above, an initial paper <https://www.hdr.uk.ac.uk/wp-content/uploads/2020/04/200416-COVID19-Research-Data-Final.pdf> was presented to SAGE on the 14th April by Professor Andrew Morris, Director of HDR UK. This paper outlined the opportunity to enable a national health data research capability to support COVID-19 research questions. Following this paper, Health Data Research UK working with partners including members of the UK Health Data Research Alliance, British Heart Foundation Cardiovascular Data Science Centre and CRUK provided weekly updates to SAGE on the progress achieved.

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5. A summary of any articles you have written, interviews and/or evidence you have given regarding the work of the above-mentioned groups and/or the UK's response to the Covid-19 pandemic. Please include links to those documents where possible.

None beyond the reports listed above.

6. Your views as to whether the work of the above-mentioned groups in responding to the Covid-19 pandemic (or the UK's response more generally) succeeded in its aims. This may include, but is not limited to, your views on:

- a. The composition of the groups and/or their diversity of expertise;*
- b. The way in which the groups were commissioned to work on the relevant issues;*
- c. The resources and support that were available;*

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- d. The advice given and/or recommendations that were made;*
- e. The extent to which the groups worked effectively together;*
- f. The extent to which applicable structures and policies were utilised and/or complied with and their effectiveness*

As I only contributed directly to a single meeting, I do not feel that I have sufficient exposure to provide evidence-based views on the questions above.

7. *Your views as to any lessons that can be learned from the UK's response to the Covid-19 pandemic, in particular relating to the work of the above-mentioned groups. Please describe any changes that have already been made, and set out any recommendations for further changes that you think the Inquiry should consider making.*

As I only contributed directly to a single meeting, I do not feel that I have sufficient exposure to provide evidence-based views on the question above.

8. *A brief description of documentation relating to these matters that you hold (including soft copy material held electronically). Please retain all such material. I am not asking for you to provide us with this material at this stage, but I may request that you do so in due course.*

Links to all relevant documents are already provided above.