IN THE MATTER OF THE INQUIRIES ACT 2005
AND IN THE MATTER OF THE INQUIRY RULES 2006

UK COVID-19 INQUIRY

THIRD WITNESS STATEMENT OF CLARA SWINSON

MODULE 2 SUPPLEMENTARY CORPORATE STATEMENT CONCERNING BILATERAL INTERNATIONAL CONTACT, WORK WITH DEVOLVED GOVERNMENTS AND STRUCTURE AND MEMBERSHIP OF ORC COVID-19 INCIDENT MANAGEMENT TEAM

1. I, Clara Swinson, Director General for Global Health and Health Protection at the Department of Health and Social Care, 39 Victoria Street, London SW1H 0EU, will say as follows:

INTRODUCTION

2. The UK COVID-19 Public Inquiry (the Inquiry) has asked for further detail in respect of three matters identified in Sir Christopher Wormald's Third Witness Statement dated 29 March 2023 (referred to in this statement as the First Witness Statement for Module 2), namely international bilateral contact in the early stages of the COVID-19 pandemic, work between the UK Government and the Devolved Governments of Scotland and Wales and the Northern Ireland Executive (the Devolved Governments) and details of members of the Operational Response Centre COVID-19 Incident Management Team (ORC COVID IMT). I use the terms defined in that statement here. In respect of the Devolved Governments, the Inquiry has asked the Department of Health and Social Care (the Department) to address what worked well, as well as what did not, in addition to providing details of collaboration and divergence. In order to answer this aspect of the request, this statement is not limited to events between

January and July 2020 as it is intended to provide the further information sought by the Inquiry.

3. As set out above, and in paragraph 5 of my First Witness Statement dated 28 April 2023, I am the Director General for Global Health and Health Protection at the Department of Health and Social Care. I have been a civil servant since 1997 and a Senior Civil Servant since 2006, holding a number of roles in the Department. I have been a Director General covering international health and domestic public health issues, including Emergency Preparedness, Resilience and Response (EPRR) since November 2016. Since that appointment I have reported to the Permanent Secretary, Sir Chris Wormald, and I have been a member of the DHSC Executive Committee which oversees the management of the Department. I work closely with the Chief Medical Officer (CMO) and the Deputy CMOs (DCMO).

4. I have both international and domestic responsibilities. My responsibilities as Director General have changed slightly between 2016 and the pandemic, depending on government priorities and the organisation of work with the Department, as set out in my first witness statement.

5. As this is a supplementary corporate statement on behalf of the Department it necessarily covers matters that are not within my own personal knowledge or recollection. This statement is to the best of my knowledge and belief accurate and complete at the time of signing. Notwithstanding this, it is the case that the Department continues to prepare for its involvement in the Inquiry. As part of these preparations, it is possible that additional material will be discovered. In this eventuality the additional material will of course be provided to the Inquiry and a supplementary statement will be made if need be.

BILATERAL INTERNATIONAL CONTACT IN THE EARLY STAGES OF THE PANDEMIC

6. The Department is asked to provide further information on bilateral international contact in the early stages of the pandemic. I have defined the early stages as the first phase covered in the First Witness Statement for Module 2, 1 January – 30 July 2020. I do not include every single official level contact, which would be very large in number, nor contacts from the Office of the Chief Medical Officer or our arms-length bodies (ALBs). I also do not cover contact on a multilateral basis, given your request on bilateral contact; but for completeness as set out in paragraph 29 of the First Witness

Statement for Module 2, the Department also engaged regularly and frequently with the World Health Organisation (WHO), WHO EURO, the G7, the G20, the Global Health Security Initiative and the European Commission.

7. I set out in the table below the 29 bilateral meetings which Departmental records show took place between our Ministers or Permanent Secretary and other countries during the early stages of the pandemic.

Date	Participants	Details
12 February 2020	UK/Republic of Ireland	Requested by: This meeting took place in the margins of a wider meeting of very senior officials from the UK Government and Irish Government. Purpose: To share latest updates on COVID-19. Key attendees: UK - Permanent Secretary Ireland - Secretary General, Department of Health **(CS3/1 – INQ000279747)**
28 February 2020	UK/Republic of Ireland	Requested by: The meeting was arranged to follow-up on conversation that took place on 12 February. Purpose: To share latest updates on COVID-19. Key attendees: UK – Permanent Secretary Ireland – Secretary General, Department of Health This meeting was set up as a recurring meeting that was reviewed at each occurrence. **(CS3/1 – INQ000279747)**
9 March 2020	UK/Germany	Requested by: Germany Purpose: To discuss Germany and the UK's response to coronavirus and exchange information. Key attendees: UK – Permanent Secretary Germany – State Secretary, Federal Ministry of Health **(CS3/2 – INQ000279748)**
16 March 2020	UK/United States (US)	Requested by: US Purpose: To discuss travel restrictions. Key attendees: UK – Minister of State for Social Care (MS(C)) US – Deputy Secretary, Department for Health and Human Services (HHS)

		(CS3/3 – INQ000279752)
26 March 2020	UK/Norway	Requested by: Norway Purpose: To share and exchange information on COVID-19. Key attendees: – UK - Permanent Secretary Norway - Secretary General at the Oslo Ministry of Health and Care Services **(CS3/4 – INQ000279772)**
28 March 2020	UK/China	Requested by: China Purpose: To discuss PPE. Key attendees: UK - Parliamentary Under Secretary of State for Innovation (PS(I)) China - Vice Chairman of the Standing Committee of Shandong Provincial People's Congress **(CS3/5 – INQ000279753)**
31 March 2020	UK/US	Requested by: This call follows an initial call held between the Deputy Secretary and MS(C) on 16/03/20. Purpose: To share and exchange updates and views on COVID-19. Key attendees: UK – PS(I) USA - Deputy Secretary, US HHS **(CS3/6 – INQ000279754)**
4 April 2020	UK/The Netherlands	Requested by: Mutual agreement between Secretary of State and the Netherlands' Deputy Prime Minister and Minister for Health. Purpose: To discuss the Netherlands' and the UK's response to coronavirus and exchange information. Key attendees: UK – Secretary of State The Netherlands - Deputy Prime Minister and Minister for Health **(CS3/7 – INQ000279756)**
15 April 2020	UK/US	Requested by: Regular meetings agreed between the UK and the US. Purpose: To share and exchange views on COVID-19, including supply chains and WHO reform. Key attendees: UK – PS(I) US - Deputy Secretary, HHS **(CS3/8 – INQ000279758)**

22 April 2020	UK/China	Requested by: UK Purpose: To discuss COVID-19 including PPE and vaccine development. Key attendees: UK - Secretary of State China – Health Minister **(CS3/9 – INQ000279760)**
22 April 2020	UK/Turkey	Requested by: UK Purpose: To discuss the shipment of PPE that arrived in the UK from Turkey on 22 April 2020. Key attendees: UK – Secretary of State Turkey – Minister of Health **(CS3/10 – INQ000279761)**
30 April 2020	UK/US	Requested by: Regular meetings agreed between the UK and the US. Purpose: To share and exchange views on COVID-19. Key attendees: UK – PS(I) US - Deputy Secretary, HHS **(CS3/11 – INQ000279762)**
15 May 2020	UK/US	Requested by: Regular meetings agreed between the UK and the US. Purpose: To share and exchange views on COVID-19, including the World Health Assembly resolution on COVID-19. Key attendees: UK – PS(I) US - Deputy Secretary, HHS **(CS3/12 – INQ000279769)**
15 May 2020	UK/China	Requested by: China during telephone call on 22 April. Purpose: To share and exchange views on COVID-19 and for technical exchanges on global health issues. Key attendees: UK – Secretary of State China – Health Minister **(CS3/13 – INQ000050655)**

15 May 2020	UK/ Republic of Ireland	Requested by: UK Purpose: To share and exchange on the impact of COVID-19 on adult social care, including outbreaks in care homes. Key attendees: UK - MS(C) Ireland - Minister for Mental Health and Older People **(CS3/14 – INQ000279765)**
18 May 2020	UK/Germany/ France/Italy	Requested by: Italy Purpose: To exchange views with domestic updates on each country's response to coronavirus. Key attendees: UK – Secretary of State France - Minister of Solidarity and Health Germany - Minister of Health Italy – Minister of Health **(CS3/15 – INQ000279767)**
12 June 2020	UK/Republic of Korea	Requested by: UK Purpose: To learn from the Republic of Korea's approach to reducing the spread of COVID-19. Key attendees: UK – PS(I) Republic of Korea - Vice Minister, Ministry of Health and Welfare **(CS3/16 – INQ000279776)**
15 June 2020	UK/Switzerla nd	Requested by: UK Purpose: To share and exchange information on COVID-19. Key attendees: UK – PS(I) Switzerland - Director General of the Swiss Federal Office of Public Health **(CS3/17 – INQ000279775)**
18 June 2020	UK/Sweden	Requested by: UK Purpose: To share and exchange information on the impact of COVID-19 on adult social care, including outbreaks in care homes. Key attendees: UK – MS(C) Sweden - State Secretary, Ministry of Social Affairs **(CS3/18 – INQ000279777)**

18 June 2020	UK/Canada	Requested by: UK Purpose: To share and exchange on the impact of COVID-19 on adult social care, including care home workers. Key attendees: UK – MS(C) Canada - Minister of Health **(CS3/19 – INQ000279778)**
23 June 2020	UK/US	Requested by: Regular meetings agreed between the UK and the US. Purpose: Continued opportunity to share and exchange updates on COVID-19, including vaccines, antibody testing and contact tracing. Key attendees: UK – PS(I) US - Deputy Secretary, HHS **(CS3/20 – INQ000279780)**
24 June 2020	UK/Canada	Requested by: Canada Purpose: To share and exchange views on COVID-19. Key attendees: UK – Permanent Secretary Canada - President of the Canadian Public Health Agency. **(CS3/21 – INQ000109472; CS3/22 – INQ000279782)**
25 June 2020	UK/Germany	Requested by: Germany Purpose: To discuss COVID-19 contact tracing. Key attendees: UK – Secretary of State Germany – German Ambassador **(CS3/23 – INQ000279781)**
30 June 2020	UK/Norway General Secretary	Requested by: Norway Purpose: To share and exchange information on COVID-19, including PPE and vaccines. Key attendees: UK – Permanent Secretary Norway - Secretary General, Oslo Ministry of Health and Care Services **(CS3/24 – INQ000051130)**

1 July 2020	UK/Estonia/Singapore and others	Requested by: Estonia and Singapore (co-hosts) Purpose: Virtual Ministerial event 'Emerging stronger from COVID through digital solutions'. Key attendees: UK – PS(I) Other - Ministers from a number of countries The (then) Department for International Development led on this conference. **(CS3/25 – INQ000279784)**
13 July 2020	UK/Australia	Requested by: UK Purpose: To share and exchange views on COVID-19, in particular test/trace and local outbreak controls. Key attendees: UK – Secretary of State Australia – Minister for Health **(CS3/26 – INQ000279789)**
28 July 2020	UK/Japan	Requested by: UK Purpose: To share and exchange views on COVID-19. Key attendees: UK – PS(I) Japan – Vice Minister, Ministry of Health, Labour and Welfare **(CS3/27 – INQ000279793)**
29 July 2020	UK/Germany	Requested by: UK Purpose: To share and exchange information on the impact of COVID-19 on adult social care, including outbreaks in care homes and relaxation of restrictions for the elderly population. Key attendees: UK – MS(C) Germany - Parliamentary State Secretary **(CS3/28 – INQ000279791)**
30 July 2020	UK/Spain	Requested by: Spain Purpose: To exchange views on COVID-19 and in particular the UK's decision regarding international travel restrictions for the Balearic and Canary Islands. Key attendees: UK – Secretary of State

		Spain - Minister of Health **(CS3/29 – INQ000279792)**

WORK WITH THE DEVOLVED GOVERNMENTS

8. The Department is asked to provide further details of work of the UK Government and Devolved Governments, what worked well and what did not. Prior to the pandemic and EU exit, Ministerial engagement with Devolved Governments was usually ad hoc and officials worked together on specific issues to share information and best practice across the UK. The pandemic response led to a significant and substantial increase in engagement, both formal and informal, across multiple areas. This regular cooperation happened at Ministerial, senior official and operational level. From 1 January 2020 to 28 June 2022 Departmental records show 74 meetings took place between the UK Government and Devolved Government Ministers on COVID-19. Official and operational level engagement was additional to this and happened often daily at a working level across multiple teams.

(CS3/30 - INQ000279755; CS3/31 - INQ000279759; CS3/32 - INQ000279825; CS3/33 - INQ000279870; CS3/34 - INQ000279749; CS3/35 - INQ000279750; CS3/36 - INQ000279751; CS3/37 - INQ000279796; CS3/38 - INQ000279757; CS3/39 - INQ000279763; CS3/40 - INQ000279764; CS3/41 - INQ000279766; CS3/42 - INQ000279768; CS3/43 - INQ000279770; CS3/44 - INQ000279771; CS3/45 - INQ000279773; CS3/46 - INQ000279779; CS3/47 - INQ000279783; CS3/48 - INQ000279790; CS3/49 - INQ000279794; CS3/50 - INQ000279795; CS3/51 - INQ000279797; CS3/52 - INQ000279798; CS3/53 - INQ000279799; CS3/54 - INQ000279800; CS3/55 - INQ000279801; CS3/56 - INQ000279806; CS3/57 - INQ000279807; CS3/58 - INQ000279808; CS3/59 - INQ000279812; CS3/60 - INQ000279813; CS3/61 - INQ000279814; CS3/62 - INQ000279815; CS3/63 - INQ000279816; CS3/64 - INQ000279817; CS3/65 - INQ000279818; CS3/66 - INQ000279819; CS3/67 - INQ000059972; CS3/68 - INQ000279820; CS3/69 - INQ000279822; CS3/70 - INQ000279823; CS3/71 - INQ000279824; CS3/32 - INQ000279825; CS3/73 - INQ000279826; CS3/74 - INQ000279833; CS3/75 - INQ000279836; CS3/76 - INQ000279837; CS3/77 - INQ000279841; CS3/78 - INQ000279843; CS3/79 - INQ000279844; CS3/80 - INQ000279845; CS3/81 - INQ000279846; CS3/82 - INQ000279847; CS3/83 - INQ000279849; CS3/84 - INQ000279850; CS3/85 - INQ000279851; CS3/86 - INQ000279852; CS3/87 - INQ000279853; CS3/88 - INQ000279854; CS3/89 - INQ000279855; CS3/90 - INQ000279856; CS3/91 - INQ000279857; CS3/92 - INQ000279858; CS3/93 - INQ000279859; CS3/94 - INQ000279860; CS3/95 - INQ000279861; CS3/96 - INQ000279862; CS3/97 - INQ000279863; CS3/98 - INQ000279864; CS3/99 -

INQ000279865; CS3/100 - INQ000279866; CS3/101 - INQ000279867; CS3/102 - INQ000279868; CS3/103 - INQ000279869; CS3/104 - INQ000279870))

9. Policy and implementation of the COVID-19 response often sat at the intersection of reserved and devolved competence within an existing health protection legislative framework and required considerable cross-UK, collaborative working between UK Government, Devolved Governments, local government and health and care services. I set out below the legislative framework, the implications of EU exit for legislation and cooperation, decision making and engagement structures, areas of collaboration and areas of divergence.

Legislative Framework

10. The First Witness Statement for Module 2 sets out that whilst health and social care policy is largely devolved to the Welsh and Scottish Governments and the Northern Ireland Executive, the Department has some reserved policy areas with UK-wide responsibility, including international relations. Public health is a devolved matter, and this meant that certain arrangements to respond to the pandemic could be made separately by the Devolved Governments.

11. In England, the functions of the Secretary of State are principally set by the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012 and the Health and Care Act 2022). The equivalent legislation is respectively: the National Health Service (Scotland) Act 1978 and the Public Health etc (Scotland) Act 2008; the National Health Service (Wales) Act 2006; and the Health and Social Care (Reform) Act (Northern Ireland) 2009. The existence of a public health emergency does not change the terms of the existing devolution settlements under which public health, NHS and care functions are predominantly devolved.

12. As set out in paragraph 6 of the First Witness Statement for Module 2, the Secretary of State also has a statutory duty under s. 2A of the Act to take steps he considers appropriate to protect public health in England and a power under s. 2B to support public health improvement. Under s. 2 of the Civil Contingencies Act 2004 (CCA), the Secretary of State has a duty to assess, plan and advise in respect of emergencies.

13. The existing powers that were used by the UK Government and Devolved Governments to combat COVID-19 were largely, but not exclusively, contained in the Public Health (Control of Disease) Act 1984 (as amended) (the 1984 Act), which

extends to England and Wales (with such powers exercisable independently by those in England and Wales), the Public Health etc. (Scotland) Act 2008 and the Public Health Act (Northern Ireland) 1967. These powers were used by the UK and Devolved Governments to make regulations that applied to each nation in order to implement non-pharmaceutical interventions, such as the closure of non-essential retail and social restrictions.

14. The Coronavirus Act 2020 (the CVA) conferred new powers on Ministers in each of the UK nations to take actions in areas including health and was passed with the consent of the devolved legislatures in accordance with the Sewel Convention.

15. Each of the UK nations has its own public health agency charged with responding to health protection issues identified within its own geographical area. In England this was Public Health England (PHE) which was replaced by the UK Health Security Agency (UKHSA) and the Office for Health Improvement and Disparities (OHID) in October 2021. In Scotland the body is Public Health Scotland, in Wales it is Public Health Wales, and in Northern Ireland it is the Public Health Agency.

16. Where a response is required to a UK-wide public health emergency, the UK Government and the Devolved Governments are therefore required to take responsibility for their own areas and to coordinate their actions, insofar as possible. There were existing arrangements through EPRR programmes to facilitate this coordination between Devolved Governments, the Department, PHE and NHS England (NHSE) and NHS Improvement (NHSI) (together NHSE and NHSI are referred to as NHSEI reflecting that they operated under a single leadership model).

17. Prior to and throughout the pandemic some health protection activities were undertaken by the UK Government for the whole of the UK or by the UK Government on a reserved basis, for example, international activity on global health security, including representation at multilateral meetings such as with the World Health Organisation (WHO), the G7, G20 or Commonwealth, or the deployment of the UK Public Health Rapid Support Team overseas. In addition, certain specialist capabilities, such as Category 4 containment laboratories provided by UKHSA (previously PHE) at the Porton Down and Colindale sites, are provided on behalf of the whole of the UK.

Implications of EU Exit for legislation and coordination

18. While public health protection is a devolved competency in the UK, prior to the UK leaving the EU, the UK complied with EU law so the approach to epidemiological surveillance, monitoring, early warning of, and combating, serious cross-border threats to health, including preparedness and response planning related to those activities, to coordinate and complement national policies was consistent across all four nations. The UK left the EU on 31 January 2020 at which point the Implementation Period began. The Implementation Period ended on 31 December 2020. Work was underway prior to the Implementation Period to prepare for the UK's exit from the EU and to ensure that a high level of health protection coordination continued across the UK when EU law no longer applied. In the period covered by this statement, this included the implementation of the UK-European Union (EU) Trade and Cooperation Agreement (the TCA), the Common Framework on Public Health Protection and Health Security and new Regulations, which I cover in turn below.

19. Prior to the UK's departure from the EU, the UK implemented the EU (Withdrawal) Act 2018, which established retained EU law. This had the effect of preserving EU and EU derived law as it stood immediately before the UK's departure. This included rules on UK-wide epidemiological surveillance, monitoring, early warning of, and combating, serious cross-border threats to health, including preparedness and response planning. This maintained a legislative basis for UK-wide coordination.

20. Title 1 (Health Security) of Part Four (Thematic Cooperation) of the TCA was published on 24 December 2020. The agreement provided for ongoing cooperation between the UK and the EU on serious cross-border threats to health and specifically to cooperation between the European Centre for Disease Prevention and Control and the UK body responsible for surveillance, epidemic intelligence, and scientific advice on infectious disease (PHE then UKHSA). The TCA also includes provisions for the EU to invite the UK to participate in its Health Security Committee (HSC) and to provide the UK with ad hoc access to the EU's Early Warning and Responses System (EWRS). The provisions within the TCA require information on health security to be shared across the four UK nations, through the National Focal Point in UKHSA.

21. On 7 June 2021 the Health Security (EU Exit) Regulations 2021 were laid, and came into force on 1 September 2021, under the European Union (Withdrawal) Act 2018 to create a common UK-wide requirement for epidemiological surveillance and the sharing of information in order to monitor serious cross-border threats to health and to

ensure coordination of response. This Statutory Instrument replaced the directly applicable EU law and implemented the health security provisions in the TCA. **(CS3/105 – INQ000279842)**

22. As set out in paragraph 18 of the First Witness Statement for Module 2, the Department, the Devolved Governments and the UK's national public health agencies agreed a Common Framework on Public Health Protection and Health Security (the Common Framework) to ensure there continued to be a robust UK-wide regime on public health protection and health security. The Framework was provisionally agreed first at a working level across the four nations in December 2020. The Framework received provisional agreement from ministers representing England, Scotland and Wales at the Joint Ministerial Committee on EU Negotiations on 6 January 2021, formally operationalising the Framework within these territories. The Minister for Northern Ireland agreed the Draft Framework on 5 March 2021 at the Joint Ministerial Committee on EU Negotiations.

23. Extensive work was carried out with the Devolved Governments to develop and implement the Common Framework and the structures supporting it. A shared work programme for the Common Framework was provisionally agreed by the Four Nations Health Protection Oversight Group members in April 2021 and subsequently approved by the UK Health Protection Committee at its meeting on 12 October 2021. The draft Common Framework was then published on 28 October 2021. **(CS3/106 – INQ000279848); CS3/107 – INQ000279827; CS3/108 – INQ000279830; CS3/109 – INQ000279829; CS3/110 – INQ000279831; CS3/111 – INQ000279832; CS3/112 – INQ000279828; CS3/113 – INQ000279838; CS3/114 – INQ000279840; CS3/115 – INQ000279839)**

Decision making and engagement structures

24. As set out in paragraph 15 of the First Witness Statement for Module 2, existing structures were utilised and additional structures were put in place throughout the pandemic to support policy co-ordination and decision making between the UK Government and the Devolved Governments at official and ministerial level. These were a combination of formal and informal arrangements, and of coordinated regular meetings covering a range of relevant topics and working level contacts between teams on single issues.

25. At ministerial UK Government level, structures included Cabinet Committees run by the Cabinet Office, such as the Cabinet Office Briefing Room (COBR) meetings, Ministerial Implementation Groups (MIGs) and COVID-19 Operations.

26. Within the Department, a regular call was established between the four UK Health Ministers from April 2020. This was normally weekly throughout the period, with additional calls added to the schedule as needed. This UK Health Ministers' Forum provided an important mechanism for regular discussions on key issues across the UK to ensure, and where possible agree, a UK-wide and joined up approach. The forum also worked well in providing a mechanism to discuss areas of policy divergence, differing approaches to the strategic response across the four nations and mitigations for any divergence, including communications to the public. Bilateral Ministerial meetings were also held with the Devolved Governments from March 2020 as needed, to discuss the coordination of the UK and each Devolved Government's approach to the COVID-19 response.

27. At expert level, as set out in paragraph 17 of the First Witness Statement for Module 2, each of the Devolved Governments has its own Chief Medical Officer (CMO), Chief Scientific Officer (CSA) and Deputy Chief Medical Officers (DCMOs). The UK CMOs met frequently and regularly throughout the pandemic, which supported coordinated clinical advice to the UK Government and the Devolved Governments.

28. Within EPPR, the Operational Response Centre (ORC) held regular meetings with the Devolved Governments which worked well as a forum to discuss operational issues. The arrangements for the Daily National Sector calls is set out in paragraph 87 of the First Witness Statement for Module 2.

29. In areas where there were established relationships and ways of working (for example, in emergency response), there was a strong basis for working together throughout the pandemic. In new areas, the Department developed new engagement structures to collaborate on cross-UK policy and responses with Devolved Governments (for example, PPE and vaccine procurement and deployment). In practical terms, individual policy teams within the Department engaged directly with counterparts in the Devolved Governments to discuss and inform decisions made on UK-wide policy and programmes.

30. The Department expanded its Devolution and the Union team to co-ordinate the regular UK Health Minister forum and to support officials to have engagement

structures in place on devolution issues. It increased awareness of UK-wide and devolution considerations in our responsibilities as a Department of State, and was a source of devolution information, advice and assurance for policy teams. The increase in the work carried out by the Devolution and Union Team in response to the pandemic led to an increase in the team over time from three full-time staff in March 2020 to 17 full-time staff in February 2022.

Areas of collaboration

31. While public health is broadly devolved, the UK Government pursued a collaborative approach to working with the Devolved Governments in respect of strategic responses and policies. This began at the start of the pandemic with the COVID-19 Action Plan (the Action Plan) published on 3 March 2020 (see paragraphs 53-56 of the First Witness Statement for Module 2 for further detail) which was published jointly by the UK Government and the Devolved Governments and set out a whole-UK approach. I cover areas of collaboration of clinical advice and data, diagnostics and testing, and countermeasures including PPE, vaccines, and therapeutics.

32. There was extensive coordination on clinical advice between scientific and analytical functions within the UK Government and the Devolved Governments. The Joint Biosecurity Centre (JBC) was established in May 2020 to bring additional and complementary analytical capacity to build on that already in place at a local and regional level across the UK. The UK Government's approach to the JBC was non-legislative and it delivered its UK-wide functions on devolved issues through Agency Agreements with the Devolved Governments.

33. In respect of PPE, as set out in paragraph 212 of the First Witness Statement for Module 2, in April 2020 a Four Nations protocol was developed that shared PPE stocks across the four nations of the UK on the basis of population. The UK Government agreed a subsequent PPE protocol (the PPE Protocol) with the Devolved Governments which set out ways of working between the UK Government and the Devolved Governments to support ongoing collaboration on the sourcing and supply of PPE following a letter from the Secretary of State to the Devolved Governments on 1 March 2021 (**CS3/116 – INQ000279821**).

34. The PPE Protocol was supported by the National Supply Disruption Response function established in the Department which provided a UK-wide service for suppliers of all

categories of products experiencing supply and logistics challenges. The National Supply Disruption Response also assisted the Crown Dependencies. Further details are at paragraph 206 of the First Witness Statement for Module 2. **(CW3/436 – INQ000107089; CW3/437 – INQ000107090)**

35. A shared model of delivering testing operations on a UK-wide basis was led by PHE engaging with its counterparts, then NHS Test and Trace, and then UKHSA. NHS Test and Trace functions transferred to UKHSA when it became operational on 1 October 2021, following a transition period between 1 April 2021 and 1 October 2021. The procurement and processing of tests (polymerase chain reaction tests and lateral flow devices) was carried out on a UK-wide basis, supported by new laboratories across the UK.

36. The UK Government procured COVID-19 vaccines on behalf of the UK, Crown Dependencies and Overseas Territories. Procurement was led by the Vaccine Taskforce, which was established April 2020 in the Department for Business, Energy and Industrial Strategy (BEIS). From March 2021 it became a joint unit between the Department and BEIS. The volumes procured were to cover the population of the UK as a whole. Once vaccines started arriving in the UK, they were distributed to each nation for their own deployment programmes.

37. Vaccine deployment was the responsibility of each nation, but there was strong collaboration on the approach to the roll out of the COVID-19 vaccines. The Secretary of State and the Minister for COVID-19 Vaccine Deployment had regular engagement with the Health Ministers from the Devolved Governments to coordinate UK-wide deployment. In May 2020, as part of regular meetings between the Department and the Devolved Governments officials to discuss routine immunisation programmes, COVID-19 vaccine deployment plans were discussed. Devolved Government representatives attended JCVI meetings, as usual, including for the first JCVI discussions on prioritisation for potential COVID-19 vaccination programmes on 7 May 2020. (**CS3/117 – INQ000279774**) On 16 November 2020, it was confirmed with the Devolved Governments that vaccine allocation had been agreed via Barnett formula percentages for the UK. **(CS3/118 – INQ000279802; CS3/119 – INQ000279804; CS3/120 – INQ000279805; CS3/121 – INQ000279803)** There was regular discussion between the SRO in NHS England and her counterparts on planning for deployment. On 8 December 2020, successful deployment of the Pfizer vaccine across the UK commenced as part of a coordinated effort.

38. On therapeutics, that is medicines for treating COVID 19, there was Ministerial-level agreement with Devolved Governments on UK-wide procurement confirmed in July 2020. (**CS3/122 – INQ000279785; CS3/123 – INQ000279786; CS3/124 – INQ000279787; CS3/125 – INQ000279788**) The principles whereby the Department would continue to procure medicines for the treatment of COVID-19 centrally and Devolved Governments would continue with the management, storage and distribution of their respective therapeutic supply were confirmed again in December 2020. **(CS3/126 – INQ000279809; CS3/127 – INQ000279810; CS3/128 – INQ000279811**) The same principles applied for the procurement of antivirals in 2021. The Therapeutics Taskforce engaged with the Devolved Governments through regular meetings on both policy development and arrangements for supply and distribution. This included the Therapeutics Taskforce Engagement Board, which was set up in November 2020, chaired by the Parliamentary Under Secretary of State for Innovation, Lord Bethell.

Areas of divergence

39. As set out in the legislative framework, the Devolved Governments had autonomy under the devolution settlements to take different approaches to their health protection responses, and this did mean there was divergence at times. This section provides details on non-pharmaceutical interventions, test and trace, contact tracing and the covid pass.

40. On NPIs, the exact restrictions and system of levels were sometimes different in different parts of the UK. For example, in England the use of face coverings in enclosed spaces, such as on public transport was recommended on 11 May 2020, while guidance on the use of face coverings in enclosed spaces had been introduced in Scotland on 28 April 2020.

41. Each of the Devolved Governments were responsible for their respective test and trace strategies and operations. Whilst the Department and UKHSA pursued a collaborative approach in respect of testing procurement and processing (as set out above in paragraph 34) there was divergence in how tests were used. For example, in some points of the pandemic there were different testing policies in each of the UK nations for release from self-isolation.

42. There was divergence between the approach of the UK Government and of the Devolved Governments in Northern Ireland and Scotland in respect of the creation of different contact tracing applications. The Department engaged all the Devolved Governments in the creation of a UK-wide application the Department, but the approach was only agreed with the Welsh Government. The Northern Ireland Executive announced its decision to create its own application on 21 May 2020 (to facilitate interoperability of contract tracing applications around the island of Ireland by using the same technology and provider as the Republic of Ireland) whilst the Scottish Government announced on 31 July 2020 that it also would be developing its own application. A degree of interoperability between applications was achieved, which enabled the different applications to work together.

43. There was divergence between the approach of the UK Government and the Devolved Administrations in respect of certification policies and the COVID-19 pass applications. The Department and the then NHSX (a joint team between the Department and NHSE, the 'X' standing for user experience) offered the English COVID Pass Service to the Devolved Governments. This was on the basis of a recommendation put to the Prime Minister in April 2021 **(CS3/129 – INQ000279834; CS3/130 – INQ000279835)** but noted that it would not be possible to implement without the Devolved Governments' consent, as health is a devolved matter.

STRUCTURE AND MEMBERSHIP OF ORC COVID-19 INCIDENT MANAGEMENT TEAM

44. As set out in paragraph 43 of the First Witness Statement for Module 2, the ORC's COVID-19 IMT was established on 19 January 2020 to formalise and expand the capability to respond to COVID-19. This reflected phase one of the three phases of operation that were agreed by the Executive Committee on 6 February 2020, as described in paragraphs 46 and 47 of the First Witness Statement for Module 2. The ORC response was dynamic with staffing models and levels of resource changing as the response to the pandemic evolved. I cover the Senior Civil Service (that is, Director and Deputy Director levels) and overall staffing model below.

45. Emma Reed, Director of Emergency Preparedness and Health Protection (EPHP) in the Department, was the Strategic Incident Director (SID) for the ORC throughout the pandemic response. Capacity at Director level was enhanced in the first and second

waves to give additional leadership and resilience to the ORC, including when the ORC was run on a 7 day a week basis. Ed Moses, who I appointed as the new EU and Trade Director in the Department in February, acted as joint SID from 24 February to 3 July 2020, and again from 2 November 2020 to 26 March 2021. From March to July 2020, the SIDs were supported by Morwenna Carrington as Deputy Strategic Incident Director. The SIDs reported to me and worked effectively together on leadership, management, recruitment and direction for the ORC, and representing the ORC across government and the health and care system.

46. The number of Deputy Directors in the ORC also varied across the response, ranging from a high of 14 in April 2020 to 4 in January 2022 as shown in the snapshots of DD staffing in the table below. These were largely redeployed DDs from other parts of the Department, with good knowledge of the health and care system, and supplemented with other surge capacity and experienced DDs loaned from other parts of government. They reported to the SIDs.

January 2020	**April 2020**	**January 2021**	**January 2022**
Kevin Dodds	Tim Baxter	Tim Baxter	Clair Baynton
Morwenna Carrington	Simon Cartwright	Sharon Carter	Jane Lindsay
Clair Baynton	Tracy Cottis	Tracy Cottis	Vincent Noone
	Marc Cavey	Jane Lindsay	
	Catherine Davies	Christophe McBride	
	Sarah Gravenstede	Jeremy Mean	
	Peter Howitt	Clair Baynton	
	Jeremy Mean		
	Stuart Miller		
	Clair Baynton		
	Nikki Pitt		

	Naomi Radcliffe		
	Paul Richardson		
	Name Redacted		

47. The number of staff in the ORC also varied across the response in line with the dynamic response staffing models. The ORC expanded in February 2020 when three shift pattern working was introduced, with 07:00-22:00 covered seven days a week and designated on call officers covering night shifts. Around 150 staff worked in the ORC's shift rota at its height in April 2020, drawn from across the Department through Voluntary Emergency Response Team (VERT) surge capacity as well as on loan from OGDs and ALBs. The ORC reduced in size when the incidents were de-escalated or when functions were transferred to other parts of the Department.

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: 04 September 2023