

Witness Name: Annabel Turpie

Statement No. 1

Exhibits: AT

Dated: 19 October 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF ANNABEL TURPIE

In relation to the issues raised by the Rule 9 request dated 20 June 2023 in connection with Module 2A, I, Annabel Turpie, will say as follows: -

1. I am Annabel Turpie, a Director of the Scottish Government, Victoria Quay, Edinburgh, EH6 6QQ. I am currently the Director of Marine Directorate and head of the Operational Delivery Profession in Scotland and have worked in the Scottish Government since 1 June 2015. I was Director of Testing from 6 April 2020 to 8 May 2020 responsible for oversight of operational testing implementation (delivered through both through partners in NHS Scotland and the UK Government) with a structured handover to Jill Young and Christine Mc Laughlin complete by that date. This statement covers the period 6 April 2020 to 8 May 2020 when I was Director of Testing.
2. I have prepared this statement myself with reference to records and material provided to me by the Scottish Government. My witness statement refers to the period of 5 weeks when I was in a Covid role. I have also received assistance from the Scottish Government Covid Inquiry Information Governance Division and from Scottish Government Legal Directorate
3. Unless stated otherwise, the facts stated in this witness statement are within my own knowledge and are true. Where they are not within my own knowledge, they are derived from sources to which I refer and are true to the best of my knowledge and belief.

Role during the Covid-19 pandemic

4. I came into lead the implementation of testing at an early stage in the pandemic. This was before the Test and Protect strategy was in place or settled governance around that was established. I and my team provided advice about testing to Ministers including the FM, DFM and Cabinet Secretary for Health and Sport and in SGoRR (Scottish Government Resilience Room) meetings as requested by First Minister over the 5 week period. We provided data on current availability, capacity and take up of testing (provided by NHS Scotland and UKG), future availability and capacity plans and progress towards them, and implementation policy advice on who could access testing (as capacity started to grow). Members of my team, primarily the Deputy Director Ian Davidson, attended meetings with the UK Government as he led on liaison with the UKG on Scottish access to the testing capacity developed by Deloitte's on behalf of UK Department of Health and Social Care (DHSC).
5. I was asked to provide updates to the Strategic Co-ordinating Group (chaired by Assistant Chief Constable Mark Williams) and I or a senior member of my team attended them as requested. I also attended the NHS Chief Executives COVID-19: NHS Board Planning and Preparedness meeting as requested to provide an update to the Chief Executives of the NHS Boards on progress on building up testing capacity across Scotland (covering both NHS Scotland and UKG capacity). I or a member of my team attended as required the Scottish Testing Oversight Group (then reconstituted as the Scientific Strategic Advisory Board on COVID-19 Testing) chaired by David Crossman that provided scientific and clinical leadership to the testing programme.
6. Engagement with local authorities was largely dealt with by Wendy Wilkinson, a Deputy Director seconded into the team, as we developed the implementation policy advice and then guidance for testing key workers.

Initial understanding and response to Covid 19 (January 2020 to March 2020)

7. During the period January to March 2020 I was the Director for Agriculture Delivery and was not in a Covid role and therefore do not feel in a position to be able to comment on initial understanding and readiness, strategy and decision-making.

Non-pharmaceutical interventions (NPIs)

8. During the period January to March 2020 I was the Director for Agriculture Delivery and was not in a Covid role and therefore do not feel in a position to be able to comment on the decision to adopt a national lockdown as a strategy for responding to Covid-19 in March 2020. Similarly I was not in role from 9 May 2020 onwards and so do not feel in a position to be able to comment on the decision to impose and implement the second national lockdown in January 2021
9. My team provided daily updates on testing capacity for Ministers and senior officials. Over the 5 weeks when I was Director of Testing, we provided advice and analysis on our future testing capacity and progress in increasing capacity, including to support SGoRR deep dive sessions with Ministers. That data and analysis was used by teams considering self-isolation requirements and in turn the setting up of the Test and Protect regime (initially named Trace, Test, Isolate, Support).
10. In my role as operational lead for testing my focus was on providing a real time picture of current testing capacity and availability and forecast for future testing capacity and availability to support policy and clinical considerations and was not involved in the decision-making on NPIs. That said, the focus of our testing policy implementation work to identify how we could safely open up testing capacity (as capacity grew) to key workers while ensuring that health and social care workers had priority access to testing reflects considerations on how to balance the potential wider health, social and economic impacts. Creating confidence that reliable testing was available (and that our capacity would increase to meet future demand) was a factor in delivery of NPIs such as self-isolation.

11. I was not involved in the decision making to the impact of NPIs on 'at risk' and other vulnerable groups.
12. This was a unique period and I felt as if we had a common goal and that came through in my own and other interactions I witnessed with Ministers, colleagues within SG and the wider public sector in Scotland and the UKG and agencies. During my 5 week role, I saw a good (if of necessity rapidly evolving) level of co-ordination and the lack of barriers or siloes getting in the way of working. Developing good working relationships between officials in the SG, NHS Scotland, DHSC and Deloitte (who were supporting DHSC in delivering UK wide testing capacity) was prioritized as we sought to work through how to significantly increase the testing capacity and availability at a scale and speed previously unknown and unimaginable.
13. At the early stage of developing our testing capacity and availability there were challenges to accessing consistent data across a number of sources. Rapid engagement with different providers of data (e.g. on number of tests available each day and take up) helped to iron out issues and enabled us to provide improved assurance around our data. Clear and defined roles (acknowledging that these changed as teams grew and governance become more established) helped contribute to strategy and planning.

Divergence

14. During the 5 week period I was Director of Testing the national lockdown was in place across the whole of the UK. While the SG committed to participating in the UK four nations expert advisory groups and collective decision-making process the SG set out that expert advice may point to different approaches reflecting the specific circumstances in each country [AT/001 - INQ000131025]. My recollection is that divergence in communications and NPIs began to emerge (reflecting the approach set out in public documents and given that decisions on policy on NPIs was the responsibility of Scottish Ministers). An example is the focus in Scotland on 'physical distancing' rather than 'social distancing' as used by UKG.

15. Turning to my specific role in testing, we took decisions about key workers that were broadly aligned to the approach in the UKG but reflected Scotland's economy and nature of our key workers. I consider that we did this at the right time (and again broadly aligned to the UKG approach) and that we worked with UKG colleagues to ensure that testing was available to support our respective key workers lists.

Data and modelling

16. My team contributed information on capacity, availability and take up of PCR tests to provide daily updates to Ministers and senior officials. Working with data and modelling colleagues we provided forecasts for growth of testing capacity and availability and provided analysis on the potential impact of opening up access to testing to new groups such as key workers. This supported decision making on when to open up testing and how to communicate that.
17. I consider that the data and modelling expertise was as good as it could have been given my role covered the early stages of growing testing capacity and as the Test and Protect regime was still in the process of being established. While there were challenges to access to data and coordination at the start, I believe these were hard to avoid and common to most emerging crises while processes and standards are being established. Data and modelling on testing was widely shared and there was a willingness to ensure good working between different bodies (including analysis teams within SG, NHS, Local Authorities and DHSC in UK Government etc.).

Communications

18. Consistent messaging was key to the success of the SG's public health communications. I had no role in decision making on or delivering communications. The daily briefings worked well as they provided the public with up to date assurance and information that came from trusted and known sources.

Legislation and regulations

19. I had no role in decision making or providing advice or briefings on the public health and coronavirus legislation and regulations.

Key challenges and lessons learned

20. I did not provide any written or oral evidence to either the Scottish or UK Parliaments and did not personally contribute to any reviews or lessons learned exercises. I can confirm that I have no other documents to provide as requested for at Annex C of Rule 9 of the Inquiry Rules 2006.

Informal communications and Documents

21. For the period of the 5 weeks I was in the testing role I was a member of the DHSC WhatsApp group (Directors covid) which included Directors and DG who were in the DG Health and Social Care or had been brought in to do Covid roles relating to health or social care. I left that group when I left the testing role and do not have access to either the group or messages as I got a new phone (regular upgrade) later on in 2020 and WhatsApp groups that you are not a member of do not appear on a new phone. My recollection is that this group was used primarily to exchange information or update participants on emails that required urgent or immediate actions. I was also a member of a WhatsApp group set up for DG Economy Directors (DG Economy Directors) as that is the DG I worked in prior and returned to following the director testing role. I do not have any messages from that group due to the phone upgrade, as mentioned above. My recollection is that the purpose of the WhatsApp group was similar but for issues of relevance to DG Economy Directors.

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: _____ 19 October 2023 _____