Witness Name: Ben Dyson

Statement No.: One

Exhibits: BD/1-BD/105

Dated: 27th March 2025

**UK COVID-19 INQUIRY**

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**FIRST WITNESS STATEMENT OF BEN DYSON**

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1. I, Ben Dyson, of the Department of Health and Social Care, 39 Victoria Street, London SW1H 0EU, will say as follows:

## INTRODUCTION

2. I make this statement in response to a request from the UK COVID-19 Public Inquiry (the Inquiry) dated 29 August 2024 made under Rule 9 of the Inquiry Rules 2006 (the Request) asking for a corporate statement on behalf of the Department of Health and Social Care (the Department/DHSC) providing an overview of the structure of the Department and the role it played in Module 7 (test, trace and isolate) during the COVID-19 pandemic between 1 January 2020 and 28 June 2022. This statement covers the corporate context of the Department's role and functions in relation to testing, contact tracing and self-isolation, both before and during the pandemic, and the Department's key relationships.

3. As this is a corporate statement on behalf of the Department, it necessarily covers matters that are not within my personal knowledge or recollection. This statement, to the best of my knowledge and belief, is accurate and complete at the time of signing, in line with the Department's effort to respond, as far as possible, within the Inquiry's deadlines. 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 be provided to the Inquiry, and a supplementary statement will be made, if needed.

4. This statement is submitted to the Inquiry alongside another 3 corporate statements, which together provide the Department's corporate response to the Inquiry on Module 7. The 4 statements are as follows:

    a. This statement (Statement A) provides key context on structures, roles and key decision makers during the relevant period.

    b. Statement B provides a more comprehensive overview of the Department's role in COVID-19 testing during the pandemic.

    c. Statement C explains the Department's role during the pandemic on tracing contacts of those who had a positive test, policy on self-isolation of people with COVID symptoms and people with positive test results and their contacts, policy on tiering regulations, and border measures used as part of the government's response to COVID-19.

    d. Statement D provides an overview of some of the equalities issues that were considered and describes the relevant communications campaigns to raise awareness and/ or encourage compliance and engagement with policy. It also covers lessons learned.

5. As the Department's signatory for these 4 statements, I held roles during the relevant period that provide me with insight into some, but not all, of the relevant subject matter. Between March 2020 and March 2022, I held the following roles in relation to the COVID-19 pandemic response:

    a. Director of the Reasonable Worst-Case Scenario Team (joint with David Lamberti), DHSC, from March 2020 to April 2020

    b. Director of Policy for NHS Test and Trace (NHS T&T), DHSC, from May 2020 to June 2021

    c. Director of Cross-Cutting Policy for NHS T&T, DHSC from June 2021 to October 2021

d. Director of Cross-Cutting Policy and Public & Parliamentary Accountability, UK Health Security Agency (UKHSA) from October 2021 when UKHSA was established, to March 2022

6. I returned to the Department on 14 March 2022 to take up the post of Director of Prevention Services. I am currently Director for the Better Care Fund and Hospital Discharge, a role I have held since December 2022.

7. I have also contributed to the UKHSA Module 7 corporate witness statement with reference to the various roles listed above in paragraph 5.

8. For areas outside of my responsibility, I have relied on departmental records and briefings, and my understanding of the overall approach to the pandemic.

9. As already explained, this statement (Statement A) provides the corporate context of the Department's role and functions in relation to testing, contact tracing and self-isolation. It is structured into 4 sections. These are:

**SECTION 1:** Key Decision-makers and Departmental Functions covers the key decision makers in the Department and key Departmental functions relating to testing, contact tracing and self-isolation.

**SECTION 2:** Cross-agency Cooperation and Partnerships covers how the Department worked with other government departments, the Devolved Administrations, local government, the scientific and academic sectors, private industry and international partners.

**SECTION 3:** Pandemic Preparedness covers the Department's role in pandemic preparedness in relation to testing, contact tracing and isolation facilities.

**SECTION 4:** The Department's Role in Testing, Contact Tracing and Self-Isolation During the COVID-19 Pandemic covers the events in the early pandemic including the set-up of NHS T&T and its transition to UKHSA. It also covers governance and decision-making including national and Departmental governance structures.

## SECTION 1: KEY DECISION-MAKERS AND DEPARTMENTAL FUNCTIONS

10. This section sets out key decision-makers and Departmental functions relating to testing, contact tracing and self-isolation.

**Key Decision-Makers**

11. A list of key decision-makers in the Department in respect of the topics outlined in the Provisional Outline of Scope for Module 7 was provided to the Inquiry in conjunction with this statement. To provide context to the material covered in Statements A to D, those most involved in relevant decision-making are listed here, including ministers, senior officials and other key decision-makers.

*Ministers*

12. This section lists ministers within the Department from the beginning of January 2020 to 28 June 2022, along with a brief explanation of their responsibilities.

    a. Secretary of State for Health and Social Care, responsible for the work of the Department including overall financial control, oversight of NHS policy and performance and oversight of social care policy. During the relevant period, this included:
        i. The Rt Hon Matt Hancock MP (from 9 July 2018 to 26 June 2021)
        ii. The Rt Hon Sajid Javid MP (from 26 June 2021 to 5 July 2022)

    b. Minister of State for Social Care, responsible for adult social care (including assurance and data, funding and winter planning), continuing healthcare and community health services. During the relevant period, this included:
        i. Dame Caroline Dinenage MP (from 9 January 2018 to 13 February 2020)
        ii. Helen Whately MP (from 13 February 2020 to 16 September 2021)
        iii. The Rt Hon Gillian Keegan MP (from 16 September 2021 to 8 September 2022)

    c. Parliamentary Under-Secretary of State for Public Health and Primary Care, whose responsibilities included primary care, prevention and early intervention, the public health system, major diseases and crisis response. This role also included leading the sponsorship of Public Health England (PHE) until October 2021. During the relevant period, this included:
        i. Jo Churchill MP (from 26 July 2019 to 16 September 2021 – also with responsibility for vaccines)
        ii. Maria Caulfield MP (from 17 September 2021 to 7 July 2022 – also with responsibility for patient safety)

d. Parliamentary Under Secretary of State for Minister for Technology, Innovation and Life Sciences, whose responsibilities included research, data and technology, international diplomacy and relations. During the relevant period, this included:
   i. Lord Bethell (from 9 March 2020 to 17 September 2021)
   ii. Lord Kamall (from 17 September 2021 to 20 September 2022)

e. The Special Advisers in position during this period were:
   i. Jamie Njoku-Goodwin (from 10 July 2018 to 20 September 2020)
   ii. Allan Nixon (from 8 October 2018 to 8 October 2021)
   iii. Emma Dean (from 2 September 2019 to 2 January 2022)
   iv. Ed Taylor (from 21 March 2020 to 26 July 2020)
   v. Damon Poole (from 1 September 2020 to 5 July 2022)
   vi. Beatrice Timpson (from 9 November 2020 to 24 September 2021)
   vii. Michael Stott (from 5 May 2021 to 9 June 2021)
   viii. Sam Coates (from 27 June 2021 to 5 July 2022)
   ix. Adam Memon (from 14 July 2021 to 5 July 2022)
   x. Pete Backhouse (from 12 October 2021 to 5 July 2022)
   xi. James Hedgeland (from 25 October 2021 to 5 July 2022)

*Permanent Secretary*

13. The Permanent Secretary supports the Secretary of State, who is in turn accountable to the Prime Minister, Cabinet, Parliament and the public, for the Department's performance.

14. Throughout the relevant period, the Permanent Secretary was Sir Christopher Wormald. He was the most senior civil servant within the Department, responsible for:

    a. ensuring ministers received advice on strategy and objectives for the health and social care system

    b. acting as the Department's chief executive, setting standards and managing risk and assurance

    c. acting as the Department's Principal Accounting Officer (PAO), reporting to Parliament

*Second Permanent Secretary*

15. The role of the Second Permanent Secretary in the Department was created in response to the COVID-19 pandemic. The role was held by David Williams from 12 March 2020 to 5 April 2021, who led on finance (including COVID-19 finance), group operations and business as usual (non-COVID-19 related work for the Department). Increasingly, as COVID-19 became the majority of the Department's work, David Williams acted as the Permanent Secretary's deputy. As Second Permanent Secretary, David was an interim Accounting Officer (AO) and in March 2020 was appointed Senior Departmental Programme Sponsor for the Test and Trace programme **(BD/1 - INQ000544678; BD/2 - INQ000273562)**.

16. In the role of Test and Trace Senior Departmental Programme Sponsor, David Williams attended the weekly Test and Trace Executive Committee (ExCo) meetings (covered below in paragraph 165), and initially chaired the fortnightly Finance, Investment, Risk & Compliance Board from 29 July 2020 until an NHS T&T Chief Financial Officer (CFO) was appointed on 5 April 2021 **(BD/3 - INQ000477256; BD/4 - INQ000561625; BD/5 - INQ000592505).** Governance boards are discussed in more detail in section 4, paragraphs 150 to 169.

17. Shona Dunn was Second Permanent Secretary from 6 April 2021 to 3 June 2024. She was an additional AO on all departmental matters (including NHS T&T until the transition of the programme to UKHSA on 1 October 2021) and acted as deputy to the Permanent Secretary **(BD/6 - INQ000561640)**; she had direct responsibility for all matters relating to finance and group operations until she left the Department.

18. Prior to her appointment as the Second Permanent Secretary, from November 2020 Shona Dunn was the Senior Responsible Owner (SRO) for the Nationwide Mass Testing Programme (also known as the Community Testing Programme), which is covered in more detail in Statement B **(BD/7 - INQ000561630)**. From 28 January 2021, Shona Dunn was appointed SRO for the Managed Quarantine Service (covered in more detail below in paragraphs 34 and 35 and in Statement C) and the International Arrivals Testing Programme **(BD/8 - INQ000561631; BD/9 - INQ000561632)**.

*Chief Medical Officer (CMO) for England*

19. The CMO acts as the UK Government's principal medical adviser and the professional head of all directors of public health in local government and the medical profession in

government. This is an independent position at permanent secretary level in the Department and the CMO is a member of the Department's ExCo and Departmental Board. The CMO advises ministers across government on medical matters. He works closely with CMO colleagues in the Devolved Administrations. The current holder is Professor Sir Chris Whitty who took office on 1 October 2019.

20. The CMO is assisted by Deputy Chief Medical Officers (DCMOs), one of whom is specifically responsible for health protection, which includes infectious threats. The DCMO for health protection from 2017 until March 2022 was Professor Sir Jonathan Van-Tam. He was succeeded in July 2021 by Professor Thomas Waite, initially as interim DCMO and then permanently in April 2022. The second main DCMO normally covers health improvement (non-communicable diseases) but in an emergency is expected also to cover health protection issues. Professor Dame Jenny Harries was the DCMO for health improvement from July 2019 to March 2021 and, therefore, spent much of her time on health protection issues related to COVID-19. Dame Jenny left the role to take up the position of the CEO of UKHSA on 1 April 2021.

21. Each of the Devolved Administrations has its own CMO and DCMOs. The UK CMOs meet regularly and there is collaboration and coordination between the CMOs across the UK Government and the Devolved Administrations, which supports coordinated scientific advice to the UK Government and the Devolved Administrations.

*Directors General (DGs)*

22. Under the leadership of the Permanent Secretary and the Second Permanent Secretary, there were various Directors General (DGs) in the Department during the relevant time period.

23. Clara Swinson, DG for Global and Public Health (formerly DG for Global Health and Health Protection) until 13 September 2024, was responsible for leading teams including emergency preparedness and health protection, international policy, and EU Exit. Clara Swinson was the DG level SRO for the COVID-19 Battle Plan in the Department. During 2020, Clara Swinson's responsibility expanded to include social distancing strategy, oversight of the COVID-19 programme (and Battle Plan), COVID-19 vaccines deployment and the Therapeutics Taskforce.

24. During the relevant period, there were 3 DGs responsible for adult social care. Jonathan Marron was DG, Prevention, Community and Social Care until 18 March 2020 (currently DG for Primary Care and Prevention); Rosamond Roughton was DG, Adult Social Care from 27 April 2020 to July 2020; Michelle Dyson took up the post of interim DG, Adult Social Care on 17 September 2020 and was appointed permanently in May 2021, continuing in this role to the present.

25. When David Williams left the Department in April 2021, Jonathan Marron became NHS T&T Senior Sponsor until NHS T&T transitioned to UKHSA in October 2021. Jonathan Marron was also appointed the SRO for Compliance and Enforcement from 5 February 2021, until this role transferred to Scott McPherson on 26 July 2021 **(BD/10 - INQ000544690; BD/11 - INQ000544691; BD/12 - INQ000544687; BD/13 - INQ000544688)**.

26. The DG for Finance is responsible for ensuring financial accountability of the health and social care system. David Williams held this responsibility from March 2015 to April 2021, with his responsibilities expanding to include group operations from July 2016. Andy Brittain succeeded David Williams as DG for Finance in April 2021.

27. Steve Oldfield, Chief Commercial Officer, was appointed in October 2017. His responsibilities included medicines and medical technology policy, commercial strategy, and development of commercial capability, and sharing of commercial best practice across the wider health family, as well as strategy for and engagement with the life sciences sector. In his role as DG for Commercial and Life Sciences, Steve Oldfield was responsible for continuity of testing supply until 21 July 2020 when this moved to David Williams **(BD/14 - INQ000561624)**. After Steve Oldfield left the Department in October 2022, the role of Chief Commercial Officer was not replaced at DG level. Melinda Johnson was appointed as Commercial Director (July 2017 to August 2023) reporting to Steve Oldfield until he left the Department in October 2022 and to Shona Dunn following that.

*Other Key Decision-makers*

28. As well as the senior officials already described, there were other individuals who had key decision-making roles during the pandemic. The individuals who are most relevant to the content of the Module 7 corporate statements are listed below, providing the most relevant information from the Department's records. The Department does not have complete information for some staff members, from when they transferred to UKHSA on 1 October 2021.

a. Matthew Gould was the CEO of NHSX from May 2019 to January 2022. NHSX was the joint DHSC/NHS England (NHSE) unit responsible for national policy on NHS technology, digital and data.

b. Baroness Dido Harding was the CEO of NHS T&T from May 2020 to May 2021.

c. Professor Dame Jenny Harries was the CEO of NHS T&T from May 2021 to 1 October 2021.

d. Emma Reed was the Director of Emergency Preparedness and Health Protection from February 2018 to October 2024. She was also the Strategic Incident Director for the duration of the pandemic response (this role was held jointly with Ed Moses for the dates listed below).

e. Ed Moses was the Strategic Incident Director from 24 February 2020 to 3 July 2020 and again from 2 November 2020 to 26 March 2021.

f. I, Ben Dyson, was the Policy Director for NHS T&T from May 2020 to June 2021.

g. Kristen McLeod, who was on loan from the Office for Life Sciences (OLS) (then a joint unit with Department for Business, Energy & Industrial Strategy) was the Pillar 2 Director from March 2020 to May 2020. The Government's testing strategy published on 4 April 2020 had 5 pillars to scale up testing across the country. Pillar 2 focused on commercially delivered testing for the general population.

h. Alex Cooper was the Director of the National Testing Programme from 15 May 2020 to 31 December 2020.

i. Tamsin Berry, who worked for the Department on loan from OLS, was the Pillar 3 Director from March 2020 to June 2020. Pillar 3 focused on increased antibody testing to help determine if people had immunity to COVID-19.

j. Sam Roberts, who was on loan from NHSE, was the Director of Testing Supplies from April 2020 to October 2020.

k. Kathy Hall was the Director of Testing from March 2020 to May 2020.

l. Gila Sacks was the Director of Testing Policy and Strategy, NHS T&T, from May 2020 to October 2020.

m. Professor John Newton was the National Coordinator of Test and Trace from May 2020 to July 2020.

n. Tom Riordan, who was on secondment from Leeds City Council, was the SRO for Contain, NHS T&T, from May 2020 to September 2020.

o. Sarah-Jane Marsh was the Director of Testing, NHS T&T, from May 2020 to August 2020.

p. Mike Coupe was the Director of Testing, NHS T&T, from September 2020 to December 2020.

q. Mike Driver was the DG for the Managed Quarantine Service from February 2021 to September 2021.

r. Mark Hewlett was the Testing Chief Operating Officer, NHS T&T, from August 2020 to October 2021.

s. Jonathan Mogford was the SRO of the Borders Managed Quarantine Service from 1 October 2021 to 30 April 2022.

t. Carolyn Wilkins was the Director of Contain, NHS T&T, from July 2020 to June 2021.

u. Rachel Carr was the Director of Communications, DHSC, from July 2017 to present.

v. Wendy Fielder was the Director of Communications, DHSC, from February 2020 to October 2021.

w. James Sorene was the Deputy Director, Test and Trace Communications from May 2020 to September 2020.

x. Victoria O'Byrne was the Director of Communications, NHS T&T, from September 2020 to April 2021.

y. Tom Hurd was the temporary Head of the Joint Biosecurity Centre from May 2020 to June 2020.

z. Clare Gardiner was the DG for the Joint Biosecurity Centre from June 2020.

aa. Tony Prestedge was the Chief Operating Officer, NHS T&T, from May 2020 to August 2020.

bb. David Pitt was the Chief Operating Officer, NHS T&T, from 10 August 2020 to 9 February 2021.

cc. Mark Bailie was the Director of Enable, NHS T&T, from 26 May 2020 to 10 August 2020

dd. Simon Bolton was the Chief Information Officer, NHS T&T, from 12 August 2020 to 9 May 2021.

ee. Cathryn Richardson was the Chief People Officer, NHS T&T, from May 2020 to August 2020.

ff. Gareth Williams was the Chief People Officer, NHS T&T, from 12 August 2020 to 16 July 2021.

gg. Donald Shepherd was the Chief Financial Officer, NHS T&T, from September 2020.

hh. Elizabeth Fagan was the Marketing Strategy Director, NHS T&T, from June 2020 to August 2020.

ii. Ben Stimson was the Chief Customer Officer, NHS T&T, from 23 September 2020 to 15 June 2021.

jj. Steve McManus was the Director of Tracing, NHS T&T, from August 2020 to February 2021.

kk. Scott McPherson was the Director General, Policy and Engagement, Community Testing Programme, NHS T&T, from November 2020 until October 2021.

ll. Jane Cummings was the Director and Senior Adviser for Adult Social Care Testing, DHSC, from May 2020 to June 2021.

mm. Ed Dinsmore was the Programme Director, DHSC, from 18 April 2020 to 18 July 2020.

nn. Tony Keeling was the Trace Director for the Effective Contact Tracing Programme from 27 May 2021 to 31 October 2021.

oo. Tony McArdle was the Programme Director for preventing local outbreaks within workstream 4 from 3 June 2020 to July 2021.

**Departmental Functions**

29. As well as the individuals who had a key decision-making role on testing, contact tracing and self-isolation, a number of functions within the Department and its arm's length bodies played a key role. This section provides some of the context of these functions and organisations, which will help with understanding of the processes and policies described across the 4 statements.

*Operational Response Centre*

30. The Operational Response Centre is a standing incident response team in the Department's Emergency Preparedness and Health Protection Directorate. It provides health system-wide leadership for emergency preparedness and response. A COVID-19 Incident Management team was established on 20 January 2020 **(BD/15 - INQ000544686)**. Throughout the pandemic, Operational Response Centre staff facilitated the flow of information from the health and social care system to ministers and the Cabinet Office.

*National Institute for Health Research (NIHR)*

31. NIHR is one of the nation's major funders of health and care research. Sir Christopher Wormald's First Witness Statement dated 25 November 2022 explains that NIHR is funded and managed by the Department. NIHR evaluated tests and diagnostics for COVID-19. For example, the COVID-19 National Diagnostic Research and Evaluation platform (CONDOR), evaluated COVID-19 tests to provide evidence of the suitability of each test for use in different situations, such as laboratories, GP surgeries and care homes **(BD/16 - INQ000561644)**.

*Joint Biosecurity Centre (JBC)*

32. The Joint Biosecurity Centre (JBC) was established in May 2020 and on 1 June 2020 became a directorate of NHS T&T within the Department **(BD/17 - INQ000220221)**. The JBC provided evidence-based, objective analysis, assessment and advice to inform local and national decision-making in response to COVID-19 outbreaks. This included helping to inform action on testing, contact tracing and local outbreak management in England, informing an assessment of the risks to UK public health from inbound international travel and advising on the COVID-19 alert level. Tom Hurd was appointed temporary head of the Unit in May 2020 and then Clare Gardiner, then Director of National Resilience and Strategy at the National Cyber Security Centre, was seconded to act as the DG in June 2020 **(BD/18 - INQ000561609; BD/19 - INQ000544680)**.

33. The JBC transferred to UKHSA on 1 October 2021. The work of the JBC is covered in more detail in Statements B and C.

*Managed Quarantine Service*

34. The Managed Quarantine Service was set up in February 2021 as a unit in the Department to manage hotel quarantine for individuals travelling from or via red list countries - a list of destinations the UK government defined as particularly high-risk for new and emerging strains of coronavirus. Shona Dunn was appointed as its SRO in January 2021 and Mike Driver as the DG in February 2021.

35. The responsibilities of the Managed Quarantine Service moved to UKHSA on 1 April 2022. The work of the Managed Quarantine Service is covered in more detail in Statement C.

*NHSX*

36. NHSX was a joint unit set up between the Department and NHSE in 2019 to drive digital transformation in health and social care **(BD/20 - INQ000561585).** Matthew Gould was its CEO. In February 2022, its functions transferred to the Digital Transformation Joint Unit between the Department and NHSE, which also incorporated NHS Digital **(BD/21 - INQ000561639)**.

37. NHSX was involved in the development of the NHS COVID-19 app. More detail on the NHS COVID-19 app is provided in Statement C.

*Office for Life Sciences (OLS)*

38. The OLS is a joint unit of the Department of Health and Social Care and the Department for Science, Innovation and Technology (DSIT) (previously Department for Business, Energy & Industrial Strategy). OLS supports the delivery of life sciences and innovation policy across Government. A number of OLS staff were seconded to support the Department's response in testing as outlined above in the key decision-makers list in paragraph 28. The engagement of OLS with NHS T&T is covered in Statement B.

**Health and Social Care Sectors**

39. The health and social care sectors played a key role in supporting testing, contact tracing and self-isolation during the pandemic.

*NHS Trusts in England*

40. NHS T&T regularly engaged with NHS trusts on the testing of healthcare workers. NHS laboratories provided laboratory capacity as part of Pillar 1. Local resilience forums (LRFs) have representatives from NHS trusts as part of their membership.

*The Adult Social Care Sector*

41. The adult social care sector carries out a wide range of activities to promote people's wellbeing and support them to live independently and to stay safe and well. Adult social care for both working age and older adults takes place in a variety of settings, including people's own homes, residential care homes with onsite care workers, and nursing homes where the staff includes a registered nurse to meet assessed needs.

42. As set out in the Third Witness Statement of Jonathan Marron and Michelle Dyson dated 4 September 2024, the Department does not directly fund or deliver adult social care and much of the funding for adult social care is raised locally. The Department's adult social care remit relates to adult social care in England only. The Department has powers, which existed prior to the pandemic, allowing it to provide guidance to local authorities on adult social care issues. These powers include section 78 of the Care Act 2014, which requires local authorities to act under the general guidance of the Secretary of State in carrying out their functions under the Act.

43. Throughout the pandemic, the Department worked with the adult social care sector and issued guidance in relation to testing of care home residents and staff. This is covered in further detail in Statement B of this module.

**The Department's Arm's Length Bodies (ALBs)**

44. A number of the Department's ALBs were involved in the response to the COVID-19 pandemic. Listed below are those most relevant to the scope of Module 7.

*Public Health England (PHE)*

45. PHE was an executive agency of the Department established in April 2013 with the mission to protect and improve the nation's health and address inequalities through working with and supporting government and the NHS. Its responsibilities included surveillance of public health risks, testing for pathogens, contact tracing through health protection teams, and providing advice on border controls and international issues.

46. PHE led the initial response to testing and contact tracing from January 2020 to mid-March 2020 including developing the UK's first COVID-19 test and its initial rollout. From March 2020 onwards PHE was involved in testing provision through its laboratories as part of Pillar 1. This is covered in greater detail in Statement B. PHE continued to provide advice on testing, contact tracing and self-isolation policy until September 2021, with its health protection functions then transferring to UKHSA on 1 October 2021. PHE also continued to provide clinical advice and operational support (for example, responsibility for the quality assurance of new tests) including the ongoing role of its health protection teams in contact tracing, alongside the central tracing teams established by NHS T&T.

47. PHE (and then UKHSA) worked collaboratively with its equivalents in the Devolved Administrations: Public Health Wales, Public Health Scotland and the Public Health Agency (Northern Ireland).

*The UK Health Security Agency (UKHSA)*

48. UKHSA is an executive agency of the Department. It is responsible for England-wide public health protection and planning for and responding to infectious diseases, chemical, biological and nuclear incidents, and other health threats. This includes, as appropriate, testing, contact tracing and self-isolation. It is the Department's permanent standing capacity to prepare for, prevent and respond to threats to health. It provides national

leadership on health security and health protection and ensures a cohesive response across public health functions.

49. UKHSA was set up in April 2021 and became fully operational on 1 October 2021, taking over PHE's health protection functions and other functions from this time. This six-month transition period was designed to protect operational continuity and provide for necessary staff consultations and stakeholder engagement. NHS T&T and JBC transferred to UKHSA on 1 October 2021.The Managed Quarantine Service transferred to UKHSA on 1 April 2022. Professor Dame Jenny Harries has been its CEO since April 2021.

*NHS England (NHSE)*

50. NHSE is an executive non-departmental public body of the Department. It is the name given to the NHS Commissioning Board, a public body established by the Health and Social Care Act 2012 responsible for leading the National Health Service (NHS) in England. NHSE oversees the planning, funding, and delivery of healthcare services, ensuring they are accessible, high-quality, and patient-centred. It works with integrated care boards (ICBs) and local healthcare providers to meet the population's healthcare needs. Its responsibilities include commissioning some healthcare services and promoting innovation in care delivery. NHSE also ensures that the principles of the NHS, such as being free at the point of use, are upheld.

51. NHSE coordinated COVID-19 testing via NHS laboratories as part of Pillar 1, with Dame Pauline Philip, National Director for Emergency and Elective Care, as the SRO for this pillar. This is covered in greater detail in Statement B.

*NHS Digital*

52. NHS Digital was an executive non-departmental body of the Department until its transfer to NHSE in February 2023 and was a national provider of information, data and IT systems for commissioners, analysts and clinicians in health and social care, using information and technology to improve health and care.

53. As part of the NHS T&T programme, NHS Digital's Data Security Centre provided protective monitoring services to provide cyber security and resilience to the underlying infrastructure and operations that supported the NHS T&T programme.

54. NHS Digital was legally directed to collect and analyse COVID-19 testing data for patients in England, including test results. NHS Digital collected this data from PHE and the Department **(BD/22 - INQ000561603)**. NHS Digital then shared the test result data with GPs in England. NHS Digital also analysed and shared relevant COVID-19 testing data with approved organisations for planning, commissioning, monitoring and research purposes related to COVID-19 including sharing pseudonymised data to support NHS T&T and the JBC in surveillance and outbreak management, and to support decision-making.

55. NHS Digital's functions transferred to NHSE on 1 February 2023 **(BD/23 - INQ000544692)**.

*The National Institute for Health and Care Excellence (NICE)*

56. NICE issues guidance to the NHS and the wider health and social care system. The guidance is intended to improve the care that the NHS and others deliver.

57. NICE published an evidence standards framework for COVID-19 diagnostic tests in June 2020. The framework was a 3-stage approach to collecting the best possible data and evidence in the short and long term, while tests were being quickly developed and validated during the COVID-19 pandemic. The framework was produced for anyone working on testing for COVID-19 and aligned with the government's testing strategy (covered in Statement B), building on the MHRA guidance on COVID-19. This assessment helped to inform the Department's and NHSE's COVID-19 diagnostic strategy, providing a framework to enable accelerated evaluation of tests in future development of guidance **(BD/24 - INQ000561645)**.

*The Medicines and Healthcare Products Regulatory Agency (MHRA)*

58. The MHRA is an executive agency of the Department that regulates medicines, medical devices, and blood components for transfusion in the UK. Throughout the pandemic, the MHRA published information for members of the public, patients, professionals and industry about COVID-19 tests and testing kits, including how they work, the different types of tests and the specifications manufacturers need to follow **(BD/25 - INQ000561595; BD/26 INQ000544682; BD/27 - INQ000544681)**.

59. In May 2020, MHRA fast tracked the development and production of a reagent to support COVID-19 testing **(BD/28 - INQ000561593)**. In December 2020, the MHRA provided

exceptional use authorisations for lateral flow devices (LFDs) to allow them to be introduced to the UK market **(BD/29 - INQ000561643)**. This is the regulatory process used in the UK for products that have not yet been assessed by a UK approved body. Further details on LFDs are provided in Statement B.

60. In July 2021, the Department introduced the Medical Devices (Coronavirus Test Device Approvals) (Amendment) Regulations 2021 to make MHRA (on behalf of the Secretary of State) the approval body for COVID-19 tests **(BD/30 - INQ000561638)**. Prior to this, COVID-19 tests were regulated through CE (Conformité Européene) marking.

*Care Quality Commission*

61. The CQC is an executive non-departmental public body, sponsored by the Department. It independently regulates health and social care services in England. The CQC supported the Department on the rollout of adult social care testing. This is covered in further detail in Statement B.

## SECTION 2: CROSS-AGENCY COOPERATION AND PARTNERSHIPS

62. The government's response to the pandemic required unprecedented collaboration and cooperation, both nationally and internationally. The scale of the response required working at pace with a range of organisations and partners. This section of the statement provides an outline of the organisations and advisory bodies the Department worked with across national government, the Devolved Administrations, local government, international partners and the private and academic sectors.

63. As previously set out in paragraph 18 of Sir Christopher Wormald's Third Witness Statement for Module 2, dated 29 March 2023, the Department worked closely with a number of other national public health organisations across the UK (including PHE/UKHSA) in responding to COVID-19. This included agreeing a robust common framework for health protection and security for the whole of the UK **(BD/31 - INQ000106904)**.

64. Throughout this corporate statement and further statements, I provide examples that demonstrate how the Department worked with specific departments to facilitate testing, contact tracing and self-isolation.

*No.10 and the Cabinet Office*

65. In March 2020, the Government moved to a whole government response and overall policy responsibility was assumed by No.10 and the Cabinet Office.

66. Departmental officials regularly met with the Prime Minister and No.10 officials throughout the pandemic to discuss testing, contact tracing and self-isolation.

67. The Cabinet Office played a key role in coordinating cross-governmental decisions on the use of non-pharmaceutical interventions (NPIs), including testing, contact tracing and self-isolation, with the aim of minimising lives lost from COVID-19 and maximising health, economic and social outcomes. The Cabinet Office managed the COBR process and established COVID-O and COVID-S cabinet committees described below in paragraph 154. This Cabinet level governance structure regularly discussed and, where necessary, made decisions on NHS T&T strategy and operations. In May 2020, the Cabinet Office established the COVID-19 Taskforce with which the Department worked closely.

*The Ministry of Housing, Communities and Local Government (MHCLG)*

68. The Ministry of Housing, Communities and Local Government (MHCLG) was renamed the Department for Levelling Up, Housing and Communities (DLUHC) in September 2021. In the period from May 2006 to January 2018, which is relevant to some issues of pandemic preparedness discussed below, it was called the Department for Communities and Local Government (DCLG). In July 2024, it reverted to its previous name (MHCLG). For the purposes of this statement, we refer to this department as MHCLG when describing its role during the COVID-19 pandemic. As previously set out in Sir Christopher Wormald's First Witness Statement dated 25 November 2022, the Department and MHCLG worked closely together on a number of areas, including emergency and pandemic preparedness and helping local authorities to identify available workforce capacity in planning for community testing. MHCLG has overall responsibility in central government for local government funding and for supporting effective local government, including supporting the work of local resilience forums (LRFs) in helping local emergency responders fulfil their duties under the Civil Contingencies Act 2004. We discuss LRFs further in paragraphs 96 to 98 and testing in adult social care is covered in Statement B.

69. MHCLG was a member of the Pandemic Flu Readiness Board (PFRB), the cross-government group, co-chaired by DHSC and the Civil Contingencies Secretariat, responsible for managing pandemic preparedness activity across government. Further

detail of the board is provided in Sir Christopher Wormald's First Witness Statement dated 25 November 2022. One of the workstreams of the PFRB was for the Department and MHCLG to collaborate on engagement with local government, to ensure robust pandemic influenza planning. This included supporting advice on best practice through the development of a National Resilience Standard. The Department and MHCLG worked together to engage the LRFs, who led on local preparedness planning and emergency response.

70. The Department also worked with MHCLG on the delivery of testing and contact tracing in adult social care and on local containment measures. This is covered in Statements B and C.

*Government Office for Science (GO-Science)*

71. As previously set out in paragraph 187 of Sir Christopher Wormald's First Witness Statement dated 25 November 2022, GO-Science was previously part of the Department for Business, Energy & Industrial Strategy (BEIS) and is now part of DSIT. GO-Science advises the Prime Minister and members of the Cabinet, to ensure that Government policies and decisions are informed by the best scientific evidence and strategic long-term thinking. GO-Science is led by the UK Government Chief Scientific Adviser (GCSA) and supports SAGE, which provides scientific and technical advice to support government decision-makers during emergencies (see paragraphs 99 to 101).

*Department for Education (DfE)*

72. The Department engaged with DfE on guidance on testing, contact tracing and self-isolation and the provision of testing in educational settings including schools and universities.

73. Both the Department and DfE supported COVID-O and COVID-S in making decisions on the COVID-19 response in educational settings, including opening and closing of schools, the education testing strategy, procurement of tests for teachers and students, and self-isolation of school contacts.

74. In February 2021, to protect the health of the teaching workforce and keep as many staff, pupils and students in schools, colleges and universities as possible, DfE with the partnership of the Department made rapid lateral flow COVID-19 tests available to schools and colleges and higher education institutions **(BD/32 - INQ000561633)**. The use

of rapid lateral flow tests enabled the identification of individuals with COVID-19 who did not have symptoms. This is covered in more detail in Statement B.

*Home Office*

75. The Department engaged with the Home Office on the provision of testing for the police as key workers through the daily workplace testing scheme. This included guidance on how testing and contact tracing would operate for police officers in combination with using personal protective equipment (PPE) and guidance for police personnel **(BD/33 - INQ000561606; BD/34 - INQ000544683; BD/35 - INQ000561610; BD/36 - INQ000544684)**. The Department also engaged with the Home Office regarding testing and contract tracing within detained settings.

76. The Department engaged with the Home Office alongside the police and the Crown Prosecution Service (CPS) on the enforcement of the legal duty for specified individuals to self-isolate, which was introduced in September 2020. This is covered in more detail in Statement C.

77. The Department worked with the Home Office on the introduction of health measures at the border, and travel regulations. This is covered in more detail in Statement C.

*The Police and the Crown Prosecution Service (CPS)*

78. The Department engaged with the police and the CPS on the enforcement of the legal duty to self-isolate, which was introduced in September 2020. This is covered in more detail in Statement C.

*His Majesty's Revenue and Customs (HMRC)*

79. HMRC worked with the Department on the Test and Trace Support Payment (TTSP) scheme **(BD/37 - INQ000510826)**. The scheme ran from 28 September 2020 to 24 February 2022 and provided a £500 support payment to people on low incomes if they were under a legal obligation to self-isolate and would lose income because they could not work from home. HMRC provided local authorities, who administered the scheme, with data used to establish eligibility. This is covered in further detail in Statement C.

*His Majesty's Treasury (HMT)*

80. As with all government spending, the Department worked with HMT on the financial allocations for testing, contact tracing and self-isolation programmes. Some spend required HMT sign off depending on the level and the circumstances. Financial cost is covered in Statements B and C.

*Ministry of Justice*

81. The Department engaged with the Ministry of Justice on testing, contact tracing and self-isolation in the justice system including prisons. This is covered in greater detail in Statements B and C.

*Department for Transport (DfT)*

82. The Department engaged with DfT on advice regarding testing and other measures at the UK border. DfT advised COVID-O with the Department providing input where required. This is covered in greater detail in Statement C.

**Devolved Administrations**

83. 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 each of the Devolved Administrations was responsible for its own testing, contact tracing and self-isolation strategies and operations. This meant that certain arrangements to respond to the pandemic could be and indeed were made separately by the Devolved Administrations.

84. The approach to testing, contact tracing and self-isolation in England is set out in this statement and in Statements B and C. The Department is unable to comment on the approaches taken by the Devolved Administrations, but information and experience were widely shared.

85. Prior to the COVID-19 pandemic, there had been official level engagement in place with the Devolved Administrations on health and social care issues, including a number of existing fora across areas such as supply of medicines and medical goods; EU and trade policy; adult social care; and emergency preparedness, resilience and response (EPRR).

The need to work together to respond to the pandemic precipitated considerable additional collaborative working between the UK Government and the Devolved Administrations. Numerous structures, both existing and newly established, were used throughout the pandemic to support policy coordination and decision-making between the UK Government and the Devolved Administrations at official and ministerial level, including formal UK Government Cabinet Committee structures like Cabinet Office Briefing Room (COBR) meetings, Ministerial Implementation Groups (MIGs) and COVID Operations Committees. Regular discussions also took place between the UK Government and the Health and First Ministers of Scotland and Wales and the Northern Ireland Executive.

86. UK Health Ministers established regular, dedicated conversations on the health and social care COVID-19 response from 10 March 2020. These provided an important forum for the discussion of key issues and coordination on responses and communications in areas of devolved competence. These meetings were typically held weekly, with ad hoc additional meetings where required. From March 2020, bilateral ministerial meetings were also held when needed.

87. Each of the Devolved Administrations has its own CMO, CSA and DCMOs. The UK CMOs meet regularly and there is collaboration and coordination between the CMOs and CSAs across the UK Government and the Devolved Administrations, which supports coordinated scientific advice to the UK Government and the Devolved Administrations. Throughout the pandemic, the UK CMOs provided advice on self-isolation periods. This is covered in greater detail in Statement C.

**Local Government**

88. The Department worked closely with local authorities and their chief executives throughout the pandemic, including in relation to support for the adult social care sector, management of local outbreaks and coordinating national and local action on testing, contact tracing and support for self-isolation.

89. The COVID-19 contain framework, developed by NHS T&T and published by the Government, was a guide for local decision-makers in England. It set out how national, regional and local partners would work in partnership with each other and with the public, businesses and other community partners to prevent, manage and contain COVID-19 outbreaks **(BD/38 - INQ000257076; BD/39 - INQ000497451)**.

90. In June 2021, all upper tier local authorities published Local Outbreak Management Plans setting out how they would respond to COVID-19 outbreaks. Development of these plans was led by local directors of public health. Management of local outbreaks was led by specialist teams from the relevant local authority or PHE. Statement C includes more information on the contain framework and Local Outbreak Management Plans.

91. Local authorities and their community partners played an essential role in preventing, managing and responding to local outbreaks, including the effective implementation of testing, contact tracing and self-isolation. On 4 June 2020, Baroness Dido Harding presented to COVID-O the progress in increasing capability and capacity to manage local outbreaks. The discussion concluded with a recommendation for locally-led asymptomatic community testing and contract tracing operations with due central oversight **(BD/40 - INQ000561612; BD/41 - INQ000088838; BD/42 - INQ000561608; BD/43 - INQ000088798)**.

92. Local authorities developed their own contact tracing capabilities. Local tracing partnerships announced on 10 August 2020 were partnerships between local authorities and NHS T&T. The partnerships comprised council employees and in some cases volunteers, working under the supervision of local health protection teams. All staff were trained by NHS T&T to use national contact tracing systems.

93. NHS T&T and local authorities worked together to help ensure that people understood their obligations on self-isolation and why it was important to self-isolate – and help them access any support they needed to do so. Local authorities focused on the principle of encouraging, educating and supporting self-compliance – they were not expected to enforce the legal requirements on individuals. Where there was clear evidence that someone was not following the rules, the police determined what follow-up action to take and, where appropriate, issued fixed penalty notices **(BD/44 - INQ000592512).**

94. Local authorities administered the Test and Trace Support Payment (TTSP) scheme, and some implemented their own schemes to provide further support. The TTSP scheme is covered in greater detail in Statement C.

*Local Health Resilience Partnerships (LHRPs)*

95. LHRPs were established in 2013 to deliver the national emergency preparedness resilience and response (EPRR) strategy in the context of local risks. They bring together

the health sector organisations involved in emergency preparedness and response at local resilience forum (LRF) level.

*Local Resilience Forums (LRFs)*

96. As described in paragraph 199 of Sir Christopher Wormald's First Witness Statement dated 25 November 2022, LRFs are multi-agency partnerships made up of representatives from local public services, including the emergency services, local authorities, the NHS, the Environment Agency and others. These agencies are known as Category 1 Responders, as referred to in the Civil Contingencies Act.

97. LRFs oversee local preparations for pandemics and other emergencies and the Department worked closely with MHCLG and the Cabinet Office to support LRFs. National resilience standards to inform LRF planning, including for pandemic influenza, are published on GOV.UK. These are exhibited at **(BD/45 - INQ000023122).**

98. As described in Sir Christopher Wormald's First Witness Statement dated 25 November 2022, the Pandemic Influenza Preparedness Programme (PIPP) Board had membership from DCLG and its successor, MHCLG. Local partners including the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS) were also invited to attend. Exercises at both national and local level formed an essential element of developing capabilities and competences and assuring preparedness levels. Following Exercise Cygnus, in January 2017 LRFs and stakeholders in the voluntary sector were consulted on the development of guidance for the health and social care sector in England for pandemic preparedness exhibited at **(BD/46 - INQ000023136)**.

**Scientific and Academic Bodies**

*Scientific Advisory Group for Emergencies (SAGE)*

99. SAGE provides the Government with scientific and technical advice during emergencies. SAGE meetings were usually attended by the CMO, DCMO, and PHE/UKHSA as experts. Departmental officials often attended as observers. SAGE meeting attendees are set out for each meeting in the relevant minutes.

100. SAGE provided advice throughout the pandemic on testing, contact tracing and self-isolation, including advice on self-isolation periods.

101. From the outset of the pandemic, SAGE provided advice on best practice and strategy for testing, contact tracing and self-isolation, including the required capacity and optimal timeframes for testing and contact tracing and how to understand and improve the effectiveness of testing, contact tracing and self-isolation. Where SAGE provided specific advice, this is outlined in Statements B and C.

*Advisory Committee on Dangerous Pathogens (ACDP)*

102. The ACDP is an expert committee of the Department. It provides scientific advice on the risks of exposure to pathogens. Early in the pandemic, the ACDP endorsed advice from the Health and Safety Executive (HSE) on the Hazard Group classification of SARS-CoV-2 which had implications for which level of laboratory could test for SARS-CoV-2. This is covered in more detail in Statement B.

*Scientific Pandemic Infections Group on Modelling (SPI-M)*

103. The Scientific Pandemic Infections Group on Modelling (SPI-M) is an advisory group providing expert advice to the UK Government on scientific matters relating to the UK's response to a pandemic, based on infectious disease modelling and epidemiology. Before the COVID-19 pandemic, it primarily focused on pandemic influenza. However, it was formally agreed in 2018 that the group could provide advice on other areas where appropriate. This reflected how the group operated in practice.

104. Between January 2020 and March 2022, the group's operational counterpart (SPI-M-O) was stood up as a sub-group of SAGE. SPI-M-O is a separate group to SPI-M, and it reported exclusively through SAGE structures during the pandemic.

105. Throughout the course of the pandemic the Department had access to modelling and other scientific advice provided by SAGE and its subgroups, including on testing and contact tracing.

*Scientific Pandemic Insights Group on Behaviours (SPI-B)*

106. SPI-B is a subgroup of SAGE. It provides independent, expert, social and behavioural science advice. Throughout the pandemic SPI-B provided advice on testing, contact tracing and self-isolation.

*New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG)*

107. NERVTAG is an expert committee of the Department, which advises the CMO and, through the CMO, ministers, DHSC and other government departments. It provides scientific risk assessment and mitigation advice on the threat posed by new and emerging respiratory viruses and on options for their management.

108. NERVTAG provided scientific advice on testing, contact tracing and self-isolation throughout the pandemic. This is covered in Statements B and C.

*Academics and Academic Institutions*

109. Academic institutions contributed to the early scaling up of pandemic testing capacity from March 2020 as part of Pillar 2, as set out in Statement B. Academic institutions also played a key role in research and surveillance studies which are covered in more detail in Statements B and C. Professor John Bell at the University of Oxford played a role in advising the government on new testing technologies and working with PHE to validate them. This is covered in further detail in Statement B.

**Private Industry**

110. From early in the pandemic, the Department established key partnerships with private industry. Private industry played an important role in the development of COVID-19 commercial tests and reagents, the provision of testing capacity and the end-to-end testing process including distribution, processing and logistics. Private industry also engaged with the UK Government on the longer-term development of the UK diagnostic industry. This is covered in further detail in Statement B.

**International Cooperation**

111. Given the global nature of the pandemic and the need to reduce transmission between countries, cooperation between different jurisdictions and across borders was an important component of managing the pandemic. In particular, the UK worked with the World Health Organization (WHO) and the Testing and Contact Tracing International Forum to share information and insight on testing, contact tracing and isolation.

*The World Health Organization (WHO)*

112. The UK is a member state of the WHO and as such participates in the Governing Body Meetings of the WHO at both global and regional levels. The UK is an active participant at the Executive Board and the World Health Assembly, the latter of which includes a delegation of Departmental ministers and officials. In May 2020, the UK began a 3-year term as a member of the WHO Executive Board, with the CMO sitting as a Board Member. The Department regularly engaged with the WHO throughout the pandemic, including bilateral and multilateral relationships of an informal nature in addition to formal structures.

*Testing and Contact Tracing International Forum*

113. Throughout the pandemic the Department interacted with other countries and international partners to identify best practice with regard to testing and contact tracing.

114. The Department established the Testing and Contact Tracing International Forum to share insight and learning from other countries' testing and contact tracing programmes. Attendees included representatives from the UK, South Korea, Canada, Spain, Singapore, France and Germany **(BD/47 - INQ000223474)**. They met on 21 occasions in 2020 and 2021 to discuss different topics relating to testing and contract tracing. The minutes for all the International Testing and Contact Tracing Forum meetings have been sent to the Inquiry as general disclosure.

## SECTION 3: TESTING, CONTACT TRACING AND ISOLATION PRIOR TO THE COVID-19 PANDEMIC

115. This section of the statement provides an overview of the Department's infectious disease outbreak preparedness, as it related to testing, tracing and isolation, prior to 1 January 2020. To assist the Inquiry, I have provided details of some of the pre-pandemic preparedness work carried out by PHE that was shared with or carried out in partnership with the Department. Previous instances of preparations in responses to infectious disease outbreaks are described in the following paragraphs.

## Testing

116. As set out in Statement B of the Department's response to the Inquiry on Module 7, the Department was not involved in testing for pathogens prior to the COVID-19 pandemic. As set out in section 1 of this statement, overall testing and health surveillance was the responsibility of PHE. The Department provided oversight of PHE and, through the Operational Response Centre, worked with PHE on specific policies relating to potential epidemics.

## Contact Tracing

117. Prior to the pandemic, the Department did not have a significant role in contact tracing. Responsibility sat with PHE and was conducted by health protection teams (HPTs) in collaboration with local authorities. HPTs operate at the regional level and are staffed by public health professionals, including consultants in communicable disease control and health protection nurses. Statement C includes more information on contact tracing prior to and since the pandemic, including during the MERS, Ebola and Mpox outbreaks.

118. At the start of the pandemic, PHE used established procedures for detecting and isolating the first cases of COVID-19 and for rapid tracing of their close contacts. The Department's Emergency Preparedness and Health Protection Directorate engaged closely with PHE, as the lead for operational management of the response. As the situation in Wuhan escalated and the first cases were confirmed outside of China, the Department became increasingly involved. The first national lockdown began on 23 March 2020 and all households in effect began self-isolating.

119. When deciding to ease restrictions imposed by the first lockdown, the Government decided that, contact tracing should be integral to the strategy to reduce transmission during the next phase of the Government's response. Routine contact tracing was restarted in mid-April 2020 and the need for additional contact tracing capacity contributed to the decision to create NHS T&T in May 2020. This established central teams who were responsible for tracing contacts, working alongside regional health protection teams. From summer 2020, local tracing partnerships were established to enable local authorities to use localised expertise to carry out some tracing, working closely with NHS T&T.

### Isolation Facilities

120. Isolating individuals who may have symptoms or been exposed is generally used to limit the spread of infectious diseases, particularly high consequence infectious diseases (HCIDs). While HCIDs are rare in the UK, outbreaks in the UK can be caused by individuals travelling to areas where recent disease outbreaks have occurred and returning to the UK.

121. While the Department does not generally hold data on isolation and quarantine facilities, prior to the pandemic, NHSE had 2 specialist High-Level Isolation Units and 5 specialist airborne high consequence infectious diseases centres available as surge facilities to isolate suspected cases of HCIDs. Statement C provides further details on these.

## SECTION 4: THE DEPARTMENT'S ROLE IN TESTING, CONTACT TRACING & SELF-ISOLATION DURING THE COVID-19 PANDEMIC

122. Sections 1 and 2 of this statement set out the structures and functions within the Department that are relevant to the content of Module 7. Section 3 explained that the Department did not have a significant role in testing, contact tracing or isolation practices prior to COVID-19, which are described in more detail in Statements B and C.

123. This section describes how the role of the Department evolved once the pandemic started. The specific circumstances of the COVID-19 pandemic and the need to respond at pace to demand for testing and contact tracing services meant that the Department's role changed early in 2020, and its role continued to evolve alongside the government's response. This section summarises the key features of this changing role and, where relevant, refers to where topics are covered in more detail in Statements B, C and D.

### Department's Role and Function

124. While its role during the pandemic in relation to testing, contact tracing and isolation was broader than previously, the Department has permanent responsibilities for health that mean it is involved in planning and decision-making on a longer-term basis. The Secretary of State has a statutory duty under section 1 of the National Health Service Act 2006 (NHS Act 2006) to continue the promotion in England of a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and in the prevention, diagnosis and treatment of physical illness. The

Department's purpose is to support and advise the Government's health and social care ministers by shaping policy and helping set strategic direction for the health and care system and through this to fulfil the Secretary of State's duty.

125. The Secretary of State also has a statutory duty under section 2A of the NHS Act 2006 to take steps he considers appropriate to protect public health in England and a power under section 2B to support public health. The principal route for the discharge of these responsibilities through UKHSA and its predecessor organisations (which for the purpose of this statement includes PHE). Both the Department and UKHSA (and PHE before it) have responsibilities for planning for and managing the response to emergencies and health protection incidents and outbreaks, delivered through an extended team working across Government.

126. Under section 2 of the Civil Contingencies Act 2004 (CCA), the Secretary of State has a duty to assess, plan and advise in respect of emergencies. The duties under the CCA are fulfilled through the Department's role as lead government department for pandemic preparedness and emergency response.

127. The Department secures funds for the NHS and remains accountable for this funding, which is allocated to the most appropriate local level. The Department does not directly fund or deliver adult social care and much of the funding for adult social care is raised locally. Local authorities in England commission services from a predominantly private market of around 14,000 provider organisations. The Department is responsible for setting national policy and the legal framework, while MHCLG oversees local authority funding and the financial framework

**Early Pandemic**

128. From January 2020, as part of its wider response to the evolving global situation, the Department worked closely with PHE as it established a national capability to test for the new virus and processes for isolating the first cases and tracing their contacts. The decisions and policies relating to the earliest response to the virus are set out in more detail in Statements B (on testing) and C (on contact tracing and self-isolation).

129. From March 2020, as demand for testing and contact tracing increased, the Department began to take a greater role in deciding how to prioritise resources and coordinating work to increase capacity and capability to meet growing demand and anticipate future needs, as is described in more detail in Statements B and C.

*The Coronavirus Action Plan*

130. On 3 March 2020, the Department published the Coronavirus Action Plan, which had an impact on how policy on testing, contact tracing and self-isolation would be taken forward. The plan set out 4 phases to the Government's response:

    a. **Contain:** To detect early cases, follow up close contacts, and prevent the disease taking hold in this country for as long as was reasonably possible.

    b. **Delay:** To slow the spread in this country, if it did take hold, lowering the peak impact and pushing it away from the winter season.

    c. **Research:** To better understand the virus and the actions that would lessen its effect on the UK population; innovate responses including diagnostics, drugs and vaccines; use the evidence to inform the development of the most effective models of care.

    d. **Mitigate:** To provide the best care possible for people who became ill, support hospitals to maintain essential services and ensure ongoing support for people ill in the community to minimise the overall impact of the disease on society, public services and on the economy.

131. When the action plan was published, the UK was still in the Contain phase, although this was to change within a week as community transmission escalated. At the time of publication, the Government had already carried out a number of actions including the introduction of port health measures, repatriation of British nationals and their dependants, and public health legislation (all three of which are covered in greater detail in Statement C). Guidance and advice were published for the healthcare and adult social care sectors and for employers, the justice system and the education system. To put things in context, while at the start of March 2020 there had been around 100 confirmed positive cases in the UK, there had been close to 12,000 confirmed positive cases by the end of March 2020.

132. On 12 March 2020, the UK Government announced the move from the Contain to the Delay phase of the action plan. This announcement included advice on self-isolation for anyone with certain symptoms. It also indicated that the Government would be introducing further social distancing measures for older and vulnerable people, asking them to self-isolate regardless of symptoms **(BD/48 - INQ000544677)**. Further non-

pharmaceutical interventions were being developed and were announced over March 2020 as part of the Delay phase as covered in section 2 of Statement C.

133. The increased spread of COVID-19 meant that there were increased pressures on the resources needed to test suspected cases and arrange contact tracing. By mid-March 2020, PHE had decided to prioritise testing based on clinical need and vulnerability and prioritise contact tracing in high-risk settings **(BD/49 - INQ000561586)**.

*The First National Lockdown*

134. The introduction of the first national lockdown on 23 March 2020 meant that households were in effect isolating from wider social contacts and slowing down transmission. On 16 April 2020, the Foreign Secretary announced a 3-week extension to lockdown measures setting out 5 tests that needed to be met before measures could be eased **(BD/50 - INQ000561589)**.

135. As part of a wider set of measures to manage the impact of COVID-19 once the first national lockdown ended, the Government decided to introduce a more widespread system of testing and contact tracing. The Government recognised that bringing testing, contact tracing and self-isolation together would be more effective than managing them as distinct processes. NHS T&T was announced in May 2020 as a unit in the Department, with responsibility for policy development and operations for testing, contact tracing and self-isolation in England.

**Establishment of a Joint Testing and Tracing Programme**

136. From the outset of the pandemic, testing and contact tracing formed part of the response to COVID-19 **(BD/51 - INQ000561594)**. As set out in Statement B, testing provided a wide range of benefits, including but not limited to its role in allowing contacts of positive cases to be traced and given appropriate public health advice or instructions to help break chains of transmission. The ability to trace the contacts of positive cases relied on the availability of testing to identify those positive cases.

137. By April 2020, it was clear that a more comprehensive approach to both testing and contact tracing was needed following the first national lockdown to help reduce transmission of COVID-19 whilst also supporting wider health, economic and social benefits. The Government also recognised that bringing together policy and operations for testing, contact tracing and self-isolation would be more effective than managing them

as distinct processes. This marked the beginning of the Test and Trace programme, with a command team led by David Williams, Ed Dinsmore and Matthew Gould, with Ed Dinsmore as Programme Director, and with assigned leads for the NHSX App, contact tracing, wider technology and testing, supported by design groups for user journeys and modelling, policy/science and technology and enabling groups for data and analytics, cross-government engagement, public engagement, piloting and commercial suppliers **(BD/52 - INQ000561591)**.

138. The challenge of successful delivery of the objectives of the Test and Trace programme was recognised from early on, with discussions focusing on the need for leadership across a range of functions. As well as the leadership role assigned to David Williams as Senior Departmental Sponsor and Accounting Officer for the programme, leadership roles for the Test and Trace App and Chair for the Test and Trace programme were also discussed **(BD/53 - INQ000544679)**.

139. In May 2020, the Department formally set up NHS T&T as a unit in the Department. NHS T&T was responsible for developing policy on testing, contact tracing and self-isolation, and for overseeing operational systems for testing and contact tracing **(BD/54 - INQ000107094**).

140. The Secretary of State announced on 7 May 2020 that Baroness Dido Harding, Chair of NHS Improvement, had been appointed as the Executive Chair of NHS T&T, initially reporting directly to the Prime Minister and Cabinet Secretary **(BD/55 - INQ000107093)**. Baroness Harding's role included leading on swab and antibody testing, contact tracing, development of a contact tracing app, national surveillance and immunity certification.

141. It was also announced that Professor John Newton would support the science of the programme together with the DCMOs.

142. NHS T&T launched on 27 May 2020 **(BD/54- INQ000107094)**.

143. From the inception of NHS T&T, until its functions transferred to UKHSA on 1 October 2021, the Department was responsible for all policy development and operations relating to testing, contact tracing and self-isolation **(BD/56 - INQ000257090)** As set out in paragraph 231 of Sir Christopher Wormald's Third Witness Statement dated 29 March 2023, ministerial accountability for NHS T&T remained at all times with the Secretary of State.

144. On 18 August 2020, the Government announced that it was immediately bringing PHE, NHS T&T and the JBC under the interim leadership of Baroness Harding, with a single command structure and operating model to tackle the COVID-19 pandemic, and that this was the first step towards establishing a single organisation for health protection (the National Institute for Health Protection, which was subsequently re-named the UK Health Security Agency) **(BD/57 - INQ000561626)**.

**Transition to UKHSA**

145. On 25 March 2021, a submission was sent to Secretary of State to agree the list of functions delivered by PHE and NHS T&T that would be transferred to UKHSA **(BD/58 - INQ000544689; BD/59 - INQ000561636)**.

146. On 29 March 2021, the Department published a policy paper 'Transforming the public health system: reforming the public health system for the challenges of our times', which outlined that a new organisation, UKHSA, would take on the health protection capabilities of PHE and NHS T&T **(BD/60 - INQ000561635)**. This was also set out on 28 May 2021 in a letter from Lord Bethell to Jenny Harries titled *'UK Health Security Agency Strategic Remit and Priorities'* **(BD/61 - INQ000561637)**.

147. After the establishment of UKHSA in April 2021, PHE and NHS T&T began to prepare for transition into UKHSA. On 1 October 2021, all NHS T&T staff transferred to UKHSA **(BD/56 - INQ000257090).** At this point, UKHSA took responsibility for testing and contact tracing policy and operations, and the Department took on a sponsorship role, similar to the one it had previously held with PHE.

**Governance and Decision-making**

148. Between the start of the pandemic and the formal handover of responsibilities to UKHSA, the Department worked closely with all related functions and other government departments to oversee the delivery of testing, contact tracing and self-isolation policy.

149. This required effective governance and oversight, involving key functions within the Department (such as described in section 1), as well as broader national oversight across government. This section provides further explanation of some of the key processes and bodies that supported governance and decision-making relating to testing, contact tracing and self-isolation.

*National Governance*

150. Given the impact of COVID-19 and the health measures taken in response to COVID-19 on all parts of society and all public services and business sectors, national governance structures were needed to help inform Departmental decision-making and actions and to support collective decision-making across government where needed.

151. From 24 January 2020 when the first meeting COBR on COVID-19 was announced, COBR (the Government's Cabinet committee that convenes for major incidents) led initial decisions on repatriations and NPIs particularly in the early phase of the pandemic **(BD/62 - INQ000106060; BD/63 - INQ000056218)**. The Secretary of State chaired a further 5 meetings on 29 January, 5 February, 12 February, 18 February and 26 February 2020. The Prime Minister then chaired from 2 March 2020 onwards. From 17 March 2020, COBR meetings were supplemented by often daily Prime Ministerial chaired meetings.

152. From 16 March 2020, 4 Ministerial Implementation Groups (MIGs) were introduced to support COBR decision-making. The Healthcare Ministerial Implementation Group (HMIG) was chaired by the Secretary of State **(BD/64 - INQ000106237)**.

153. On 26 May 2020, HMIG was updated on the launch of the new Test and Trace Programme. The Group discussed the objective of an "Integrated and world-class NHS Test and Trace Programme, designed to control the virus and enable people to live a safer and more normal life". The slides presented at the meeting described the proposed operating model and how the programme would develop **(BD/65 - INQ000561596; BD/66 - INQ000083680; BD/67 - INQ000083678; BD/68 - INQ000306530; BD/69 - INQ000083699)**.

154. On 29 May 2020, the MIG system was replaced by the COVID Operations Committee (COVID-O) and the COVID Strategy Committee (COVID-S) that acted as the forum for collective COVID-19 decision-making including, where appropriate, decisions on testing, contact tracing and self-isolation policy. Where decision-making was taken through these forums, this is described in Statements B and C.

*Departmental Governance*

155. The Department developed its governance over time in response to COVID-19 and particularly in the period at the start of the pandemic. For the first 23 days of 2020, as the Department continued to monitor and learn about the virus in the early stages, the

response largely comprised internal and ad hoc cross-Government meetings, after which the bodies described below were most relevant to departmental governance, as set out in Sir Christopher Wormald's First Witness Statement dated 25 November 2022.

Executive Committee

156. The Executive Committee (ExCo), chaired by the Permanent Secretary, oversees the management of the Department. It oversees the strategy, finance, performance and core departmental business including Secretary of State and other ministers' priorities; system-wide finance; matching resources to priorities; and departmental pay policy decisions. ExCo meets monthly, except in August, and ad hoc when the Department's business needs require. Its current membership includes the Second Permanent Secretary, CMO, CSA, Directors General, Director of Human Resources, Director of Information Risk Management & Assurance, and Director for Ministers, Accountability and Strategy. ExCo does not create departmental policy. Its role is to set standards and procedures in the Department.

The Oversight Board

157. The Oversight Board, set up on 4 March 2020 and chaired by the Director General for Global and Public Health, coordinated and assured the Department's COVID-19 response via the Battle Plan explained in paragraph 159 below. The Oversight Board met weekly until the end of June 2021. From July 2021 onwards, the Board agreed a frequency of meetings to reflect the level of assurance needed at different phases of the pandemic response.

Gold Structure

158. From 11 June 2020, the Department implemented a Gold structure. Weekly meetings (also known as Local Action Committee meetings), chaired by the Secretary of State, managed national action to support local containment of the virus, including action relating to testing, contact tracing and self-isolation **(BD/70 - INQ000561611)**. The agenda included briefings from the JBC on data on the latest epidemiological assessment; assurance of containment action underway; discussion of the implications of any trends identified; and proposed issues to escalate further **(BD/71 - INQ000106469; BD/72 - INQ000544685)**. Final decisions were taken by ministers following recommendations to COVID-O and COVID-S.

The Battle Plan

159. The Battle Plan was the Department's internal tool to organise the Department's programme to deliver the health and social care response to COVID-19. It provided a single overview of the Department's COVID-19 response, tracked progress, managed interdependencies, facilitated coordination and ensured that planning reflected the reasonable worst-case scenarios and assumptions. The first Battle Plan was commissioned by the Prime Minister at a meeting on 20 March 2020 **(BD/73 - INQ000049742; BD/74 - INQ000049743)**. It was then presented to the Health Ministerial Implementation Group and the Prime Minister and agreed on 22 March 2020 **(BD/75 - INQ000106279; BD/76 - INQ000106289)**. The work of the Battle Plan was initially split into 6 workstreams, each with an SRO and a number of Key Performance Indicators. While the Battle Plan continued to evolve, it remained broadly consistent and covered the work done by the Department and its ALBs.

160. The various iterations of the Battle Plan show how the Department's role in testing, contact tracing and self-isolation evolved and how this formed part of the Department's wider response, from March 2020 through to 2022.

161. Within the Department, ExCo and COVID-19 Oversight Board oversaw the Department's implementation of the COVID-19 Battle Plan. Progress on the workstreams was reported to the Oversight Board by individual workstream SROs or their deputies on a weekly basis.

162. With exhibits referencing the notable iterations of the plan, the following provide examples of the focus on testing and contact tracing as part of the Department's overall approach to responding to the pandemic:

    a. In Version 1.0 (22 March 2020) 'Test & Trace' was part of Workstream 3 '(a) Increasing NHS/PHE capacity to diagnose patients, (b) Increasing frontline testing of key workers and (c) Establishing mass market antibody testing. Kathy Hall was named as SRO **(BD/77 - INQ000106297)**.

    b. In version 2.0 (11 May 2020) 'Test & Trace across the population' was moved to part of Workstream 4, with 3 sub workstreams: 4(a) Scaling up testing programmes with Kathy Hall as programme director, 4(b) Effective contact tracing with Ed Dinsmore as programme director and 4(c) Digital tools to support test & trace with David Brown and Geraint Lewis as programme

directors. David Williams was SRO for 4(a) and 4(b) and Matthew Gould was SRO for 4(c) **(BD/78 - INQ000107087; BD/79 - INQ000106506)**.

c. In version 3.0 (21 July 2020), 'NHS Test & Trace' was part of Workstream 4, with 5 sub workstreams: 4(a) Test: National Test Programme (NTP) with Sarah-Jane Marsh as programme director, 4(b) Trace: Effective Contact Tracing with Haroona Franklin as programme director, 4(c) Contain: Prevent local outbreaks with Tom Riordan as programme director, 4(d) JBC with Clare Gardiner as programme director and 4(e) Enable with Mark Baillie as programme director. Baroness Harding was SRO **(BD/80 - INQ000106542; BD/81 - INQ000106543; BD/82 - INQ000106544**).

d. In version 3.1 (1 October 2020), 'NHS Test & Trace & Community Testing' was part of Workstream 4, with 4 sub workstreams: 4(a) Test: National Test Programme (NTP) with Sarah-Jane Marsh as programme director, 4(b) Trace: Effective Contact Tracing with Haroona Franklin as programme director, 4(c) Contain: Prevent local outbreaks with Carolyn Wilkins as programme director and 4(d) JBC with Clare Gardiner as programme director. Baroness Harding was SRO **(BD/83 - INQ000401296)**.

e. In version 4.0 (9 February 2021), 'Test and Trace' was part of workstream 4, with 5 sub workstreams: 4(a) Test: national testing programme with Mark Hewlett as programme director, 4(b) Trace: effective contact tracing with Steve McManus as programme director, 4(c) Contain: prevent local outbreaks with Carolyn Wilkins as programme director, 4(d) JBC with Clare Gardiner as programme director and 4(e) Community Testing. Baroness Harding was SRO for 4(a)(b)(c)(d) and Shona Dunn was SRO for 4(e) **(BD/84 - INQ000401334)**.

f. In version 5.1 (20 September 2021), 'UKHSA Test and Trace' was part of workstream 4, with 4 sub workstreams: 4(a) Test: national testing programme with Mark Hewlett as programme director, 4(b) Trace: effective contact tracing with Tony Keeling as programme director, 4(c) Local Engagement and Response: prevent local outbreaks with Tony McArdle as programme director and 4(d) Data Analytics and Surveillance Group (including New Variants) with Ian Davies as programme director. Jenny Harries (UKHSA) was SRO **(BD/85 - INQ000287686)**.

g. In version 6.0 (28 April 2022), 'Test & Trace' was part of workstream 4 'Protect, Prepare, Progress', with 2 sub workstreams: 4(a) Testing to protect (incl. settings, outbreaks & accessing antiviral treatments) with Hannah Taylor as programme director and 4(b) Ongoing monitoring and detection (incl. surveillance, data analytics & assessment) with Edward Wynne-Evans as programme director. Jenny Harries (UKHSA) was SRO **(BD/86 - INQ000401403)**.

Testing Prioritisation Board

163. In June 2020, the Testing Prioritisation Board was set up to respond to new requests for testing from across Government, businesses and local areas, following the expansion of eligibility for testing in line with growing testing capacity **(BD/87 - INQ000561621)**. The Board was chaired by the DCMO Professor Sir Jonathan Van-Tam, met fortnightly, and its role was to:

a. maintain an overview of testing capacity across the programme, monitoring demand, supply and activity and aligning these to agreed priorities

b. consider new requests for testing, or significant changes to current testing provision

c. apply the latest scientific and clinical advice and the latest insight from the JBC, to agree clear priorities and principles on matters such as asymptomatic testing and antibody testing

NHS T&T Governance

164. NHS T&T had its own governance structures which developed over the course of the pandemic (**BD/88 - INQ000561601**; **BD/89 - INQ000561602**; **BD/3 - INQ000477256)**. From the outset, NHS T&T had an Executive Chair, Baroness Dido Harding, and a Departmental senior sponsor, David Williams. Its executive leadership team included a Chief Operating Officer, Chief People Officer and Chief Financial Officer as well as a JBC Lead and a number of SROs (later Divisional Directors). It also at times included a Clinical Leadership Coordinator, John Newton, and a Joint Chief Medical Officer, the late Paul Cosford.

NHS T&T Executive Committee

165. The NHS T&T ExCo met weekly and was chaired by Baroness Dido Harding **(BD/90 - INQ000561614; BD/91 - INQ000561615; BD/92 - INQ000561616; BD/93 - INQ000561617; BD/94 - INQ000561618; BD/95 - INQ000561620; BD/96 - INQ000561622; BD/97 - INQ000561623)**. The ExCo set the strategic agenda for NHS T&T and discussed future organisational design, resourcing at a senior level and financial controls and investment management.

NHS T&T Programme Board

166. The NHS T&T Programme Board met fortnightly and was chaired by the NHS T&T Chief Operating Officer. The first meeting was held on 28 May 2020 **(BD/98 - INQ000561604; BD/99 - INQ000561605)**. The Programme Board discussed progress and was the key programme decision-making body (cross-cutting issues, trade-offs across workstreams, strategic risk overview).

Weekly Containment Group

167. The Weekly Containment Group was responsible for reviewing and evaluating local outbreak responses and considering further action or escalation. It assessed the latest local and national epidemiological picture and was attended by CMO, senior officials and PHE colleagues **(BD/100 - INQ000561628)**.

Daily Containment and Service Delivery Group

168. The Daily Containment and Service Delivery Group provided situational awareness on the latest outbreaks and epidemiological picture. It reviewed and evaluated local outbreak response, decided whether the situation required further investigation and determined the response where necessary. It also actioned extra support as appropriate. The Daily Containment Group was chaired by NHS T&T's Chief Operating Officer and attended by NHS T&T Executive, senior officials from government departments and PHE **(BD/100 - INQ000561628)**.

Finance, Investment, Risk and Compliance Board

169. The Finance, Investment, Risk and Compliance Board met weekly to discuss financial budgeting, oversight and reporting. It was also responsible for approving investments of greater than £1 million. It was initially chaired by David Williams and then by the CFO for

NHS T&T **(BD/101 - INQ000592505; BD/102 - INQ000592507; BD/103 - INQ000592508; (BD/104 - INQ000592509; BD/105 - INQ000561627)**.

**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:** 27 March 2025