Witness Name: Steve Bates
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THE INDEPENDENT UK COVID-19 INQUIRY

WITNESS STATEMENT OF STEVE BATES OBE ON BEHALF OF THE UK BIOINDUSTRY ASSOCIATION

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Section 1: Introduction

1.1. I, Steve Bates of the UK Bioindustry Association ('**BIA**'), make this statement on behalf of BIA in response to the Inquiry's Rule 9 request dated 17 December 2024 (**the Rule 9 request**) in respect of the period 1 January 2020 to 28 June 2022 ('**the relevant period'**).

Section 2: My role and background

2.1. I am the CEO of BIA, the UK's Trade Association for innovative life science companies with over 550 members. I have held the position of CEO since 2012. I also serve on the UK Government's Life Sciences Council and the UK Biosecurity Leadership Council.

2.2. I was a founding member of the UK Government's Vaccine Taskforce in the Covid-19 pandemic, sitting on its Steering Board. I am an active member and former chair of the International Council of Biotech Associations and have been a board member of EuropaBio since 2015.

2.3. I have championed, with the government, effective industrial incentives like the Biomedical Catalyst, which have crowded in private sector investment into UK Small and Medium Sized Enterprises ('**SMEs'**). I am a driving force behind the scale up agenda, spearheading policy agenda to unlock UK pension fund capital into productive UK growth in life sciences. I forged several links for the sector across the USA, Europe and in China. In my time at BIA, I have developed new member groups focused on cell and gene therapy, genomics and engineered biology. I am a strong advocate of partnership working, and champion sector collaboration with research charities and academia.

2.4. Before joining BIA in 2012, I worked for Genzyme (a large biotechnology company) and was Special Advisor to John Reid in the Tony Blair Government. Between 2001 and 2007 I worked in Northern Ireland office, Cabinet Office, Department of Health, Ministry of Defence and Home Office. I was made OBE for services to innovation in 2017 and became a Fellow of The Academy of Medical Sciences in 2020.

2.5. In the Rule 9 request I have been asked to provide a view on a number of areas which I do not consider are within my personal knowledge or expertise, and which do not reflect the work of BIA. BIA's involvement in the work of test, trace and isolation ('**TTI**') was limited, and its primary focus throughout the pandemic was to develop the work of the Vaccine Taskforce. As such I have not addressed some aspects of the Rule 9 request in any detail in this statement. I have however sought to assist the Inquiry as far as I am able to do so by setting out the details of BIA's role during the relevant period, our engagement with government decision makers, our efforts to bolster communication with industry, and my reflections on lessons to be learned for any future pandemics.

Section 3: Overview of the work of the Bioindustry Association

3.1. BIA was established in 1989, and is an award-winning trade association with over 600 members including:

a) Start-ups, biotechnology and innovative life science companies;

b) Pharmaceutical and technological companies;

c) Universities, research centres, tech transfer offices, incubators and accelerators; and

d) A wide range of life science service providers: investors, lawyers, IP consultants, IR agencies.

3.2. Biotechnology (**'Biotech'**) is the manipulation of biological systems to generate new medicines (antibodies, cell and gene therapies etc.) but also new diagnostics, research tools and many other biology-based products. It is a rapidly growing area of research within the life science field. Biotech is mostly applied in areas such as pharmaceuticals, agriculture, environmental cleanup and energy production. In relation to pharmaceuticals in particular, biotech plays a significant role in developing new drugs and vaccines.

3.3. Prior to the pandemic, BIA focused on a number of key areas:

a) Advocacy, community connection and business solutions for SMEs;

b) Growing the sector;

c) Engaging with government on sector strategies and innovation policy;

d) Research and Development tax Credits;

e) The Role of Innovate UK;

f) Promoting cell and gene therapy; and

g) Running an annual bioprocessing conference for the UK medicines manufacturing community.

3.4. BIA is governed by a Board of Directors, an Executive Board Committee and an Audit Committee. The Board of Directors comprises of 18 members plus the Chair elected at the AGM for three-year terms. The Board meets quarterly and acts as the representatives of the membership and sets the strategic direction.

3.5. BIA currently has 31 members of staff and two contracted consultants. The senior leadership team is responsible for the day to day running of the organisation. I sit on the senior team as CEO, along with the Chief Operating Officer and Managing Director. Further details on the governance and structure are provided at SB-7/01 – INQ000573873.

Section 4: Overview of UKBIA's role and involvement with respect to TTI during the relevant timeframe.

4.1. In this section, I provide an overview of the UKBIA's involvement and contribution to TTI policy, strategy, practical operations and delivery of TTI systems prior to, and in response to the Covid-19 pandemic during the relevant timeframe.

4.2. As set out in my Module 5 statement, during the pandemic the primary role of BIA was convening industry to set up the Covid-19 Vaccine Taskforce in February 2020, working alongside Oxford University and Imperial College London to focus on scaling up capacity and capability for UK manufacturing. This was a key component of what became the successful model for the creation of the Government's Vaccine Taskforce, announced by the Rt Hon Lord Alok Sharma on 17 April 2020 [SB-7/02 – INQ000553821].

4.3. In addition to helping shape, establish and guide the Vaccine Taskforce, BIA undertook the following activities in respect of TTI during the Pandemic:

a) Organising broad webinars with BIA members, government and life science sector companies trying to organise what became TTI to help connect suppliers with UK government. For example, on 23 April 2020 I chaired an industry facing webinar with the Rt Hon Matt Hancock and Sam Roberts, NHS England, for several hundred companies with all trade associations in life science. Further, between March to July 2020 BIA led weekly webinars with its members. These gave emerging leaders in testing like Professor Chris Molloy (CEO, Catapult Medicine Discovery) a platform to explain the developing programme to a key industrial audience, and to issue calls for assistance and advice which I understand everyone benefitted from. This led to strong engagement with SMEs, pharma, Contract Research Organisations and suppliers, enabling access to reagents (used to carry out laboratory tests), equipment, leadership, and core staffing.

b) In April 2020 a partnership called the 'Testing Methods Sourcing Platform' was formed between the DHSC, BIA, British In Vitro Diagnostics Association and the Royal College of Pathologists. This was a new crowdsourcing platform for solutions on viral detection assays and PCR tests which sought new and novel solutions to help deliver (in the first instance) 100,000 Covid-19 tests a day by the end of April 2020 [SB-7/03 – INQ000553823, SB-7/04 – INQ000553824]. It was clear at this stage that new testing methods were being sought, and I tried to find a way to help the government explain to innovators what it was they were trying to develop. Where possible I wanted to help deliver an efficient process that could enable a route to scale and harness the UK's innovators to what was an industrial scale endeavour.

c) On or around 20 March 2020, the government took the approach to set up a separate organisation which was based on building a relationship with a capable global player in Thermo Fisher. This strategy led by Dominic Cummings was to start a centralised lab which would be the workhorse of the UK to do tests at scale. Deloitte, Thermo Fisher, Number 10 and myself (in my capacity within the BIA) spent a weekend in late March enabling the first lighthouse lab to be set up. This work was done before the TTI system was formally established but demonstrated early thinking on the separate processes and structure the government envisaged as part of TTI. As there were similarities with the work undertaken on vaccines, I supported the government by making connections between key people and simplifying communications for businesses.

4.4. My limited engagement with the development of the testing regime ended in late Spring 2020 once the Vaccine Taskforce (and associated therapeutics work) was established. This became the focus of mine, and BIA's efforts, as we felt it was the place where we could have most impact. BIA was not asked to formally become part of what became the TTI programme. I had confidence that Professor Chris Molloy and his team were doing a great job of organising industry leadership, input, volunteering, oversight and rigour to the TTI organisation. Thanks to his work the UK was able to deliver 150 million tests in 2 years, at quality standards that rivalled anything else across the globe.

Section 5: Lessons Learned and Recommendations in respect of TTI

5.1. I am asked to provide a summary of any lessons that can be learned and key recommendations of relevance to TTI.

5.2. Overall, my reflections are that the government did not make effective use of the systems and expertise that were already in place, for example regional labs, veterinary labs, path lab services and local hospitals.

5.3. In respect of lessons learned for any future pandemic, I would highlight the importance of clear communication between government and the life sciences sector from the start of any emergency as well as during 'business as usual' times. During the pandemic I often felt this was lacking and took on the role to provide clarity and communication between government and the sector where possible.

5.4. As I set out in my Module 5 statement, an effective communications approach harnessing public, private and academic capability is necessary for any new process to be effective. If it is not possible for people to link into a national system (perhaps because they cannot integrate with the required IT and volume is needed quickly) then an effective strategy would consider other ways those industries could engage. For example, getting involved in testing on a smaller scale for one factory or care home. Not everyone who offers help will fit a national system, but they can still contribute to the overall response.

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: 30/04/2025

Annex A: Exhibit Schedule

Please see attached.