Witness Name: Maggie Throup
Statement No: 2
Exhibits: MT2/1 – 9
Dated: 16/05/25

UK COVID-19 INQUIRY
MODULE 7

WITNESS STATEMENT OF MAGGIE THROUP

I, Maggie Throup OBE, will say as follows: -

INTRODUCTION

1. I make this statement in response to a request from the UK COVID-19 Public Inquiry dated 31 March 2025 made under Rule 9 of the Inquiry Rules 2006 asking for a personal statement for my recollection of issues relating to the approach to testing, tracing and isolation in England, Wales, Scotland and Northern Ireland between 30 January 2020 to 28 June 2022.

2. This statement covers the period set out above. Where it is necessary to refer to events outside the date range, I will make that clear and explain why I have referred to the event. This statement is to the best of my knowledge and belief accurate and complete at the time of signing. Notwithstanding this, it is the case that the Department of Health and Social Care ("the Department") continues to prepare for their involvement in the Inquiry. As part of these preparations, it is possible that additional material will be discovered. In this eventuality the additional material will of course be provided to the Inquiry and a supplementary statement will be made if need be. I shall refer to parts of the corporate witness statement filed on behalf of the Department where appropriate and necessary.

Recollection/Recall

3. Given the time constraints, the Department has not been able to conduct a full search of all potentially relevant documents but has sought to find relevant documents which highlight the essential issues which this witness statement raises. I have also been unable to go through all the documents I received during this period given the need to finalise this witness statement.

Overview of role, function and responsibilities

4. I was Parliamentary Undersecretary of State (Minister for Vaccines and Public Health) from 17 September 2021 to 7 September 2022.

5. By way of background, I obtained an Honours Degree in Biology from Manchester University and then worked as a biomedical scientist at the Calderdale Health Authority for seven years. During my time there I became a Fellow of the Institute of Biomedical Science specializing in Haematology. I then moved into medical diagnostic sales and marketing with a pharmaceutical company before establishing my own marketing company.

6. I became involved in politics through my involvement with a community campaign to save an area of green belt from development. I have since gone on to lead a number of similar campaigns, including opposing the construction of the East Midlands HS2 Hub on the green belt at Breaston.

7. I held the Derbyshire County Constituency of Erewash from May 2015 to July 2024 for the Conservative Party. In 2015, I was elected to serve on the House of Commons Health Select Committee and simultaneously served on the Scottish Affairs Select Committee. I have served as Parliamentary Private Secretary to the Secretary of State for Health and Social Care, as a Government Whip and Lords Commissioner to HM Treasury, and as Parliamentary Under-Secretary of State for Vaccines and Public Health **(MT2/1- INQ000472396)**.

8. I believe that I was appointed as Minister for Vaccines and Public Health because of this background. It was quite a normal progression given my role on the Health Select

Committee and then as the Government Whip for the Department. I understood the science behind the vaccines and would challenge civil servants and other Ministers if necessary and if I thought they had misinterpreted Government policy. Given my background I was a good fit for the role.

9. The transfer of ministerial responsibility from Rt Hon Jo Churchill MP to myself was effective and uneventful. The handover process was the same for this reshuffle as it was for any other reshuffle. I was given a full day 1 briefing and the civil servants within the department ensured that I was briefed on and aware of everything that I needed to be aware of. The handover process was thorough and detailed, and I felt fully able to effectively and properly take on the role from day 1 of my appointment.

10. When I became Minister for Vaccines and Public Health the Secretary of State for Health and Social Care was Sir Sajid Javid. Later on in my post, on 5 July 2022, the role was taken by Steve Barclay. The Secretary of State led the daily meetings within the Department **(MT2/2 - INQ000472318); (MT2/3 - INQ000472322)**. Over time, I began to lead more meetings within the department and with external agencies such as UKHSA. I also attended and later chaired the Gold Meetings where several different matters were considered, including data collection and allocation of resources for vaccines and testing **(MT2/4 – INQ000257482)**. It was clearly logical for me to attend these meetings given my role as Minister and the division of responsibilities between myself and the Secretary of State was drawn appropriately. It should be recognised though that the division was not rigid as there were a lot of meetings and it was a team effort to ensure that they were covered by an appropriate individual in the department.

11. The breadth of the role was huge as my portfolio covered vaccines, test and trace and public health, but it was not unmanageable. When I took up post the focus was still on tackling the pandemic and the public health parts of my role were secondary. However, as we moved into 2022 the public health workload increased.

12. I worked with the UKHSA (once it became operational on 1 October 2021, having previously been Public Health England) and Jenny Harries, NHS England, and the Joint Biosecurity Centre. The main way in which information was shared with me by

these bodies was in meetings and by way of submissions. UKHSA were accountable to me as the Sponsor, and I acted as the link between the body and government.

13. There were regular meetings with the Chief Executive (Jenny Harries) and Chairman (Ian Peters) of the UKHSA as it was a newly established body. I dealt with both governance and BAU running. The Sponsorship of UKHSA was particularly important as it was a newly established body and governance was being developed.

14. Representatives from local government would attend the weekly Gold Meetings, as would the Directors of Public Health, who would represent their area of the UK. Professor Kevin Fenton would also attend the Gold Meetings; he was very influential, particularly within ethnic communities.

15. I did not have much contact with the devolved administrations, due to health being a devolved matter. The contact I did have was usually via Teams meetings. As such, I did not work with them on matters like disparities in coverage or mistrust.

16. I am asked whether I had responsibility for the following areas:

    a. Supply (medicines and testing) or test and trace: testing, trace, technology;
    b. NHS Covid-19 App;
    c. UKHSA Covid matters (as minister responsible for UKHSA sponsorship and with portfolio responsibility for TTI, technology, variant tracing and Covid-status certification.

17. At the stage I was appointed, Test and Trace had already been implemented and my role was to maintain its effective function. I was also involved in the transfer from PCR to Lateral Flow Tests. My role increased once the Omicron variant arose as it became necessary to ensure immediate access to Lateral Flow tests. I had no involvement with the supply of medicines, my role and the scope of Module 7 is limited to Test, Trace and Isolate.

18. By September 2021, the majority of issues with the NHS Covid-19 App had been resolved, responsibility for the app sat within the NHS. I did receive queries, and I passed these onto the relevant team to deal with issues as and when they arose.

TTI Decision Making and Policy Development

19. Test and Trace was already established at the time I took up my role in September 2021, shortly thereafter responsibility Test and Trace transferred to UKHSA. I was not involved in the establishing of TTI or the policies which led to its introduction.

20. My role principally focused on refining the use of Test and Trace. I would consider submissions from the UKHSA such as the need for those who were immunosuppressed to have immediate access to PCR tests.

21. The key decisions that I made include the following:

    a. The transition between PCR tests and LFD tests;
    b. The introduction of the Covid-19 pass;
    c. Maintaining Test and Trace on a BAU basis.

22. I exhibit as (**MT2/5- INQ000606817**) a submission that was received from UKHSA regarding the end of testing, this shows the justification for the decision and also the form of submissions that were being received.

Specific Areas of Interest

23. I was involved in the implementation of Living with Covid-19 Strategy as it was necessary to legislate for the changes that arose as a result of it. This was a Cabinet Office document but it required the input of UKHSA.

24. My focus was on ensuring the regime was right for the conditions in which we were operating. By the time I became Minister, we knew much more about the pandemic and so it was easier to understand the transmission and the needs of TTI.

25. I consider that the correct balance was struck and appropriate trade-offs made in respect of free testing. At the stage we reduced testing, **(MT2/6 - INQ000606815)** we

ensured that this remained in place for those in the NHS, care homes, domiciliary care and those who were dealing with those who were considered 'at risk' **(MT2/7-INQ000606816)**.

26. I was not part of the decision not to introduce testing at UK ports in March 2020.

27. I was not involved in the development of financial support throughout the pandemic, there were measures put in place to limit the impact.

28. I took the decision to approve the ramp-down of private consultants, these individuals had been experts in their field and we would not have been able to function without them. In a number of instances, these private consultants left prior to their contracts being terminated. This was done in a managed way and was an effective way to manage the pandemic whilst reducing cost exposure.

Collaboration and Co-Working

29. I primarily worked with the UKHSA and was responsible for considering their submissions. On 1 October 2021, the Joint Biosecurity Centre (JBC) became part of the UK Health Security Agency.

30. Number 10 were predominantly involved with vaccines, I primarily worked with Cabinet Office in respect of test and trace.

31. I regularly met with the CMO, COVID-O and COVID-S.

32. I was not involved in establishing TTI, the UKHSA were responsible for the data and modelling which existed prior to me commencing my role as Minister. The UKHSA would utilise the data and modelling to develop policy which would then be presented to me in the form of submissions which I would either approve or reject (or seek further information).

33. I was presented with any relevant expert evidence in the form of submissions, it was not my role to consider the underlying data but to consider the advice that I received from the UKHSA.

Devolved Administrations

34. The relationship with Devolved Administrations was dealt with, in respect of TTI, through Cabinet Office. We did not require the Devolved Administrations to follow the same strategy that we were employing.

Adherence and Enforcement

35. The question of whether to make it a legal requirement was taken prior to the date I became Minister. I was not involved in the decision to introduce the Health Protection (Coronavirus, Restrictions) (Self Isolation) (England) Regulations 2020 which came into force on 28 September 2020. I was not a minister at the Department for Health and Social Care at this time.

36. The rules in respect of adherence and enforcement had been established. However, as we took the decision to relax the rules, this had to be communicated to Parliament and legislated for.

37. I did not have any role in monitoring enforcement.

38. I was not involved in the development of financial support throughout the pandemic.

39. The analysis of adherence was carried out by UKHSA and the Home Office. The decisions that I took related to the relaxing of restrictions rather than the tightening of them.

Inequalities and Enforcement

40. My focus was on those who were clinically at risk to ensure that they had adequate support. During my time in post if those who were vulnerable had any symptoms then they could have ready access to monoclonal therapy. They were supplied with testing kits to keep at home and if they developed symptoms and tested positive, there was rapid access to monoclonal therapy through the CMDUs. The focus was on the fact that the sooner these individuals could get monoclonal therapy, the less chance there was of them being hospitalized. There were times when I had to communicate decisions/developments in this area to the House of Commons.

41. As I have set out previously, I was not involved in the introduction of TTI and so did not have involvement with these matters.

42. Jenny Harries, in her role as Deputy Chief Medical Officer had put in place systems prior to her appointment as CEO of UKHSA and issues of equality continued to be considered during this period.

Lessons Learned

43. Covid-19 created some very difficult challenges as it was by its very nature unpredictable, making it hard, if not impossible, to be one step ahead of the virus. In my view, given the data and knowledge in our possession at the time, the correct steps were taken and the correct policy was put in place. There remained a degree of unknown and so it was important to maintain TTI.

44. In terms of lessons learned, I think government-backed volunteer schemes, such as NHS Volunteer Responders who played an important role in testing centres, were invaluable during the pandemic. I hope that moving forwards the volunteer workforce that was created will remain as a "Reserve Workforce" should there be any similar situations in the future, in the same way that there are reserve workforces for the Armed Forces and Special Constables. I exhibit as (**MT2/8 - INQ000472317**) an article from The Guardian where I encouraged Londoners to get vaccinated. I was also incredibly grateful to the volunteers which I sought to express where possible as can be seen in (**MT2/9- INQ000472323**).

45. My view is that there needs to be an ongoing use of Community and Faith Leaders to communicate health messages. These tactics were used during the Mpox outbreak in the Gay and Bisexual community in 2022 – using leaders in this community helped to provide a better understanding of the infection, manage the messaging on who was eligible for vaccination and to allay fears.

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: 16 May 2025