Witness name: University Court of the University of Glasgow

Statement No.: 1

Exhibits:

Dated: 5 June 2025

UK COVID-19 PUBLIC INQUIRY

MODULE 7

WITNESS STATEMENT

UNIVERSITY COURT OF THE UNIVERSITY OF GLASGOW

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1. Please find included here the University Court of the University of Glasgow's (the "**University's**") submission to the Inquiry as requested in your letter to Ms Rachel Sandison of 29th of August 2024 (the "**Rule 9 Request**") which concerns the approach to testing, tracing and isolation adopted during the COVID-19 pandemic (the "**pandemic**") in England, Wales, Scotland and Northern Ireland from January 2020 until February 2022.

2. As per the instructions accompanying the Rule 9 Request, this response relates only to the University's role in the Testing, Tracing and Isolation ("**TTI**") approach adopted during the pandemic. It does not cover the ongoing research at the University in areas that are related to health policy, epidemiology, pandemic preparedness or any advice that may have been requested / provided to UK or Scottish Government by experts unless this is directly related to TTI.

3. The response is given on behalf of the University by me, Dr David Duncan, Chief Operating Officer and University Secretary. While I had no direct role in the University's involvement and support of the matters set our herein, the individuals who had such a direct involvement and would otherwise have been asked to provide this witness statement no longer work at the University. For further context, the Glasgow Lighthouse Laboratory closed in September 2023. I have therefore prepared this, perhaps more limited, response on behalf of the University in order that the University might assist the Inquiry to the best of its ability.

Background

4. Under the leadership of Professor Dame Anna Dominiczak, former Vice Principal and Head of the University College of Medical, Veterinary and Life Sciences ("**MVLS**"), and now Chief Scientist (Health) for the Scottish Government, and Dr Carol Clugston, former Chief

Operating Officer for MVLS (now retired), the University established, at speed, a high throughput Covid-19 testing facility, known as the Glasgow Lighthouse Laboratory (the "**LLiG**") in mid-March 2020. The LLiG functioned as a COVID-19 swab PCR testing laboratory for Scotland, outside the NHS. It received samples from regional and mobile test centres for PCR testing. Contracts underpinning the LLiG formation can be provided on request. The LLiG was situated at the Queen Elizabeth University Hospital campus, in Glasgow. The LLiG was operational between April 2020 and September 2023 and processed over 22 million samples, during this period.

5. While operational, the LLiG received and processed samples and uploaded the results of the PCR testing to the national Test, Trace and Isolate (TTI) system. The University was not involved in the collection of the samples; samples were delivered to it. Nor was it involved in contacting people with the results of tests or in providing guidance on whether to isolate etc. Its role was solely to receive samples, to conduct mass PCR testing, and to upload the results to the national system. Samples were delivered to the LLiG according to the established UK national protocols.

6. The LLiG involved a collaboration of, and input from, universities, the NHS, and private sector companies. In establishing and operating the LLiG, the University worked with NHS Greater Glasgow and Clyde ("**NHS GG&C**") (in the provision of equipment, facilities, and personal protective equipment), and the University of Dundee (in the development of the Dundee laboratory management system (LIMS system)). Biotech companies, BioAscent Discovery Limited (SC442915), and BioClavis Limited (SC575642), worked on the establishment of workflows and laboratory set up, and laboratory automation, respectively. Contracts with these partners can be provide on request.

7. Professor Dominiczak and Dr Clugston were responsible within and on behalf of the University for the establishment of the LLiG, and decision making around the expansion requests from the UK government (Department of Health and Social Care) ("**DHSC**") when the LLiG was operational.

TTI Infrastructure and Capacity

8. The University had (and has) a vibrant life sciences ecosystem with access to standard research wet laboratory facilities, equipment (e.g., PCR machines) and expertise in laboratory techniques. However, this was in the context of individual laboratories established and operated for academic research purposes. The University did not have a high throughput (automated) testing facility, and nor did it have (prior to the establishment of the LLiG) any experience in, or capacity for, such testing.

9. The University, in partnership with NHS GG&C, has a Teaching and Learning Centre at the heart of the Queen Elizabeth University Hospital campus. This provided a ready space for

establishing and housing the LLiG as in-person teaching was suspended for much of the early period of LLiG operation.

10. With leadership from Professor Dominiczak and Dr Clugston, the University initially pivoted staff (professional service colleagues, academics and researchers) towards the establishment, coordination and subsequent expansions of the LLiG infrastructure under contract with the DHSC. The University subsequently employed further dedicated technicians and other staff to operate the LLiG.

11. The provision of equipment and technology was coordinated by the UK Government. For example, key equipment such as automated liquid handling machines (from Hamilton Robotics) was purchased and supplied by the UK Government. Without access to robotics and automation, the LLiG would not have been able to operate at the speed and scale that it did. At its peak, the LLiG had capacity to process 120,000 samples per day by a workforce of approximately 800 people, operating on a 24 hours a day, 7 days a week basis. It ultimately operated to ISO15489 standards and had a fully operational laboratory quality management system. Details and relevant standard operating procedures are available upon request.

Lighthouse Laboratory Network

Overview

12. The LLiG became part of the national UK Lighthouse Laboratories Network at the point it was established. Regular meetings were held with Directors from the other UK Lighthouse Laboratories to enable the sharing of best practice and laboratory management systems. At the request of the DHSC, LLiG staff were also involved in providing training to staff for the UK "Mega-Lab" (the Rosalind Franklin laboratory, a purpose-built high-output laboratory dedicated to COVID-19 testing).

13. The LLiG Laboratory Director participated in national Lighthouse Laboratory Director meetings (usually, weekly) with other Lighthouse Laboratory Directors and the centralised UK Government team. Information was disseminated locally to ensure the LLiG operated in line with national policy and procedures.

14. Decisions around scale-up (capacity) of testing at the LLiG were made, following request from the UK Government and discussion around feasibility, timing, and resourcing. For example, the LLiG was expanded to occupy additional floors in the building to increase testing capacity when required. By 2022, the LLiG occupied the entire Teaching and Learning Centre.

Interaction with UK Government

15. The University was involved in establishing the LLiG, which it did at the request of the UK Government, under Pillar 2 of the UK Government's strategy for scaling up testing capacity.

16. In terms of the wider Network, Professor Dominiczak became Director of Laboratories for the Network, in August 2020, having been seconded by the University, and continued to work closely with the LLiG in that coordinating role. Professor Dominiczak's personal Inquiry response should be referred to for detail of her work on the Network and interactions with the NHS, the Cabinet Office, No. 10 officials and the Scientific Advisory Group for Emergencies ("**SAGE**").

17. The MRC-University of Glasgow Centre for Virus Research ("**CVR**") was an academic partner in the COVID-19 Genomics UK ("**COG-UK**") Consortium sequencing response. COG-UK collected, sequenced, and analysed UK samples of SARS-CoV-2 genomes, allowing for a detailed study of the transmission and evolution of the virus in the UK. This work informed vaccine development, policy decisions, and public health responses. University academics sat on the COG-UK steering committee, sequenced approximately 16,000 genomes from across Scotland, and wrote advisory documents for SAGE and the UK Health Security Agency ("**UKHSA**"). The CVR provided training to the NHS on how to sequence the virus and also provided data on the first introduction of COVID-19 to Scotland and on the evolution of the virus over time, particularly in relation to vaccine response and severity of infection with regard to genetic variants.

18. Oversight of LLiG activity was provided through the analysis of daily data (with a focus on capacity and turnaround time) by the team led by the Director of Laboratories, and the regular meetings among the DHSC, and Lighthouse Laboratory site Directors.

Testing Regime

19. The University itself had no direct role in the development of the UK network or in the UK Government's strategy for TTI or the design / development of the national testing regime. The LLiG followed national testing strategies and procedures as directed by the UK Government and staff worked under this direction to establish the LLiG core infrastructure. Testing capacity was increased in response to requests from the Government by introducing automation, increasing equipment, floorspace and workforce.

20. Targets (capacity) were requested by the UK Government as noted at paragraph 14 above. The LLiG was able to meet the targets that were agreed throughout its operational period.

21. Outside of TTI activities outlined elsewhere in this document, LLiG processed a small number of samples that were derived from clinical trials sponsored by UK sponsors conducting Covid-19 research. There was no role for the LLiG in pharmaceutical or diagnostic support, in the development of testing for variants or in the development of asymptomatic testing.

Partnership and Cooperation

22. As noted at paragraph 6 above, the University worked in collaboration with both private and public sector entities to establish, operate and up-scale the LLiG.

23. Biotech companies, BioAscent Discovery Limited (SC442915), and BioClavis Limited (SC575642), assisted the University to bring industry-standard processes and efficiencies to the LLiG. This included expertise and experience in the use of robotics to increase testing capacity of the laboratory.

24. The University also worked with the University of Dundee in the development of the laboratory information management system (LIMS), and NHS Greater Glasgow & Clyde and the Cancer Research UK Beatson Institute in the provision of resource and facilities.

25. The University did not have much, if any, involvement with PHE, although we understand there was sharing of knowledge between Lighthouse Laboratories and NHS Laboratories.

26. The University and its partners were not directly involved in the development of the wider Network, but LLiG took instruction directly from the UK government in all aspects of the centralised Network relating to testing policy and procedures and cooperated with the National Network Delivery Programme that was established by the UK Government. As noted at paragraph 13 above, the primary channel of communication that existed between local infrastructure and the centralised Lighthouse Laboratories were the frequent (usually weekly, if not more frequently) meetings among the Laboratory Directors and the central UK Government team. There were also individual meetings between the LLiG and the central UK Government team and various site visits to the LLiG from UK Government and the Director of Laboratories.

27. The University is not best placed to comment on the impact of centralisation of the National Testing Programme and TTI. As a member of the Network, the University saw benefit in the sharing of knowledge, expertise and equipment, centralised procurement of consumables and additional equipment, centralised allocation of samples for testing, and the standardisation of approach (following common SOPS and the like). A decentralised approach may have been difficult to control and manage and may have led to a divergence of testing procedures across the UK.

Expertise, Advice and Previous Learning

28. To the extent not covered above, the University has nothing further to add in response to the questions asked under this heading. The University input into the national TTI system and actively engaged in the weekly Laboratory Director meetings from which we understand central decisions were made.

Robustness and Efficacy

29. Initially, the LLiG did not require full accreditation from the United Kingdom Accreditation Service ("**UKAS**"). However, in 2021 the LLiG commenced the full accreditation process, demonstrated by the attainment of ISO 14589 accreditation in that year. Throughout, LLiG personnel were trained and worked to standard operating procedures that were provided by the UK government and were subject to checks by a central quality assurance team. The laboratory was formally closed in September 2023 and archiving procedures mandated by the UK government were followed.

30. In addition, the LLiG operated under contract with UK Government that specified requirements in terms of quality and accuracy of testing as well as timeliness of delivery of result. The LLiG consistently complied with UK Government requirements in these regards.

31. All data was uploaded to the national system under standard operating procedures supplied by the UK Government. Data sharing was restricted to UK Government organisations under the contract with the UK Government. No additional analysis was performed by the LLiG.

32. The LLiG did experience staff turnover, particularly as COVID-19 related restrictions began to be lifted. Many of the initial staff at the LLiG, for example, were research academics who had answered the emergency call to support this vital national project. Understandably, they returned to their previous academic careers when it was appropriate and possible for them to do so. The LLiG was successful at recruiting and training new staff (either as replacements or in response to calls to scale-up). As noted above, the LLiG also provided training to staff for other Lighthouse laboratories.

Vulnerability and Inequalities Considerations

33. The LLiG adopted and implemented policies set out by the UK Government. The University therefore has no additional evidence to present in answer to the questions in this section. It should be noted that the LLiG received anonymised samples (identifiable by means of a barcode, the key to which was not held by the University). Thus, the LLiG had no personal data (such as names, ethnicity, or other data) by which to analyse samples processed by it and thereby contribute directly to any discussions around specific categories of people.

Compliance

34. The University did not have a role in relation to public compliance.

Lessons for the Future

35. The University was involved in informal discussions with both the UK and Scottish Governments about the potential legacy of the LLiG both in respect of the preservation of residual high throughput testing capacity (and the potential to participate in a national diagnostic testing system) and the potential to develop a network of trained individuals for future pandemic preparedness. However, no decisions were taken which would have

preserved the LLiG at the University and, accordingly, the LLiG was closed, the space returned to its previous use at the University, and any residual equipment returned or repurposed for research use.

Statement of Truth

I believe 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: 5 June 2025