

Witness name: Professor Andy Neely

Statement No.: 1

Exhibits: 2

Dated: 7th May 2025

**UK COVID-19 INQUIRY
MODULE 7**

WITNESS STATEMENT OF PROFESSOR ANDY NEELY

I, Professor Andy Neely, former Senior Pro-Vice-Chancellor for Enterprise and Business Relations of the University of Cambridge will say as follows: -

- 1 Between 1 March 2017 and 29 February 2024 I served as Pro-Vice-Chancellor: Enterprise and Business Relations at the University of Cambridge. Throughout the COVID-19 pandemic, I led many aspects of the University's response to covid, including the establishment of a PPE logistics hub, a COVID-19 test centre and an associated student testing programme. I chaired the University's COVID-19 recovery taskforce, defining a suite of 13 projects covering the future of education, research, staffing, estates, and finances. Once the COVID recovery programme had been approved by the University's Council, I was asked to oversee its implementation.

- 2 I make this statement in response to a letter dated 29 August 2024 sent on behalf of the Chair of the UK Covid-19 Public Inquiry (the "Inquiry"), pursuant to Rule 9 of the Inquiry Rules 2006. This statement is made for the purposes of Module 7 of the Inquiry, which is examining the approach to testing, tracing and isolation adopted during the pandemic. As requested, this statement covers the period from January 2020 to June 2022 (the "relevant period").

Overview

- 3 In April 2020, the University of Cambridge (the "University") collaborated with AstraZeneca UK Limited ("AZ") and GlaxoSmithKline Research & Development Limited ("GSK") to establish a testing centre, known as the Cambridge Covid19 Testing Centre (the "Cambridge Testing Centre"). The Cambridge Testing Centre was established in the University's Anne McLaren Building ("AMB"), with the aim of building

capacity to process up to 30,000 diagnostic tests per day for SARS-CoV-2 as part of the UK government's need to expand existing Covid-19 testing.

- 4 The purpose of the collaboration was to establish a testing centre to receive and test samples and to generate results – it did not include sample collection from patients, distribution of samples to testing centres, or communication of the result to patients.
- 5 AZ was the lead partner in the collaboration. At a high level, AZ and GSK provided the project management, expertise in testing and research and development, equipment and consumables, and the majority of management staff, with the University providing the building (the AMB), additional staff (such as postdoctoral researchers who had relevant skills) and some equipment.

Early discussions and mobilisation

- 6 The University was first approached by AZ on 1 April 2020. AZ asked if they could have access to one of the University's buildings on the Cambridge Biomedical Campus to create testing facilities. AZ explained that the government (via the Secretary of State for Health and Social Care) had made requests for testing centres and that the testing centre AZ was aiming to set up in the AMB was in response to this request. This was a verbal discussion and no documentation exists in relation to this. I am aware of the date of the discussion due to a review of diaries from that time.
- 7 Various people at the University discussed this request but for various reasons the building AZ enquired about was not deemed suitable.
- 8 On 2 April 2020 one of the University staff members involved in the discussions noted that the AMB had space and was likely be suitable for AZ. The AMB had only recently opened so there was plenty of space within the building, and AZ already had some class 2 biological safety cabinets in the building. Furthermore, it had a containment level 2 laboratory with a controlled environmental barrier and sufficient autoclave (sterilisation) capacity to deal with inactivation of the waste from testing which would be required.
- 9 The government's Lighthouse Laboratories project had already been announced at this stage but there was still a need to scale up with further testing facilities – the Cambridge Testing Centre was therefore in addition to the Lighthouse Laboratories; it was not part of the Lighthouse Laboratory Network ("LLN") initially, although it was integrated into the LLN at a later stage. I have not been able to determine the date that

the Cambridge Testing Centre was integrated into the LLN. The University was not involved in the decision. My understanding is that this did not change the way the Cambridge Testing Centre operated.

- 10 On 3 April 2020, University staff met with AZ staff at the AMB and discussed how the laboratories could work as a large testing centre and agreed in principle to progress the project, at significant pace. A copy of the email sent after this meeting summarising the discussion is attached at AN/1 - INQ000547714.
- 11 By the end of the day on 3 April 2020, senior leadership within the University had met and agreed to provide space within the AMB to AZ. The University had also agreed to work jointly with AZ to create a Covid-19 testing centre in this space. The University understood at this point that GSK would also be involved the collaboration.
- 12 Whilst legal agreements were not in place, and there was therefore a financial risk in proceeding, all parties immediately started making decisions and taking action to ensure the Cambridge Testing Centre was up and running as soon as possible.
- 13 Nine key workstreams were identified and it was agreed which party or parties would lead each workstream for the initial stages of the collaboration, as follows:
 - 13.1 Site operations – University lead
 - 13.2 External liaison – University lead
 - 13.3 Scientific Operations – AZ lead
 - 13.4 Data Analysis & LIMS – GSK lead
 - 13.5 Science sustainability – GSK lead
 - 13.6 HR – GSK lead
 - 13.7 Procurement – AZ lead
 - 13.8 Legal – all parties' lead
 - 13.9 Communication – AZ and GSK lead
- 14 Although the University was not leading each workstream at a collaboration level, it appointed a member of staff to each of these workstreams internally so there was a specific member of staff responsible for each workstream at University level.

- 15 Site operations included issues such as building fit-out, waste management, staff safety, security and catering. External liaison included issues such as liaison with PHE and NHS England to establish the supply of swabs and determining the process for accreditation of the laboratory.
- 16 Some examples of immediate actions taken to ensure the Cambridge Testing Centre was set up and ready for testing as soon as possible are set out below. Many of the actions were taken together as a collaboration but each party led various aspects – naturally some of the examples below are therefore focussed on the University's actions but both AZ and GSK were equally taking immediate steps that are not referred to below (for example ensuring supply of equipment and consumables):
 - 16.1 On 4/5 April 2020, relevant staff from the University met on site at AMB to discuss how the welfare facilities would be put in place for those working at the Cambridge Testing Centre. Site preparation began almost immediately (at significant financial risk) and by 10 April 2020, ground works had already started. The welfare facilities (known as 'Debs Diner') were built and in place within a couple of weeks and before the first tests arrived on site.
 - 16.2 As set out above in paragraph 13, nine workstreams were identified and the University appointed staff to lead each workstream by 6 April 2020. The University's Senior Leadership Team also approved a significant amount of funding for the project at this point.
 - 16.3 A Joint Steering Committee ("JSC") between all three parties was created and first met on 6 April 2020, and thereafter met twice per week in the early stages of the project. The JSC was updated on major issues and made decisions to drive the project forward.
 - 16.4 A Joint Management Committee ("JMC") was also set up between the parties. The JMC was more involved in the day-to-day operations, for example reviewing the draft Standard Operating Procedures ("SOPs").
 - 16.5 On 10 April 2020, University staff met with the Department for Health and Social Care ("DHSC") for the first time (although we understand AZ had been in regular communication with DHSC before this as AZ was the lead partner). This was to discuss the current progress in setting up the Cambridge Testing Centre and the key questions the parties needed answers to in order to accelerate the

project. A copy of the email sent after this meeting summarising the discussion is attached at [AN/2 - INQ000547713](#).

- 16.6 From around 15 April 2020, staff from the University, AZ and GSK met with the Crown Commercial Service on a daily basis in order to make decisions and agree actions.
- 16.7 SOPs for the Cambridge Testing Centre were drafted and went through the sign-off procedures. GSK and AZ were more heavily involved in the scientific SOPs and the University was more involved in SOPs relating to the building itself, for example waste streams.
- 16.8 Steps were taken to ensure post-doctoral researchers from the University and staff from AZ and GSK who wished to volunteer / work at the Cambridge Testing Centre could do so. The staff for the laboratory needed to be highly skilled with certain experience (for example experience doing high-throughput RNA extractions and working with human biological specimens) – key requirements and role descriptors were drafted in early April 2020 and onboarding began around 20 April 2020.
- 16.9 Led by GSK, a document management solution was put in place and by around 24 April 2020 the granting of access to different groups began.
- 17 By 27 April 2020 the infrastructure of the Cambridge Testing Centre was ready and the accreditation check by NHS England took place. AZ was more closely involved in this as it largely related to the scientific parts of the project (rather than the building or staffing which the University was more heavily involved in). AZ are therefore best place to provide any details around the validation of the Cambridge Testing Centre and ongoing quality control.
- 18 By 28 April 2020, the first live samples arrived on site and processing of tests started shortly after this.
- 19 All staff who worked at the Cambridge Testing Centre were given a building induction on their first day by University staff. This covered items such as welfare facilities, building access, safety and emergency information, repairs and maintenance, the entry protocol and so on.
- 20 A testing centre such as this would ordinarily take six months to set up and open, but – testament to all those involved – the Cambridge Testing Centre was up and running

in around 5 weeks. Throughout April 2020, over 2000 workdays were committed to this project by the collaboration partners.

- 21 Once up and running, the Cambridge Testing Centre was led by a senior member of staff from AZ, initially with around four teams of eight people, each with a team leader. University staff were part of these teams but were not team leaders. By around mid-May, I understand there was around 40 people working per shift.

The collaboration agreement

- 22 Whilst the Cambridge Testing Centre was being set up, legal agreements were negotiated in the background.
- 23 The funding for the Cambridge Testing Centre was provided by the DHSC. As explained above, AZ led the discussions with the DHSC and entered into a separate funding agreement with DHSC. The University and GSK were permitted to recover some of their costs from DHSC, but this was done via AZ.
- 24 Separately, the University, AZ and GSK entered into a 'Phase 1' Collaboration Agreement. This was signed on 28 April 2020.
- 25 The intention was for Phase 1 to end on 31 July 2020. However, due to delays in agreeing a new location for the testing centre, Phase 1 was extended to 31 August 2020.
- 26 The University and AZ later entered a 'Phase 2' Collaboration Agreement (GSK was not a party to Phase 2). The Phase 2 Collaboration Agreement was from 1 September 2020 and ended on 25 May 2021.
- 27 In terms of inputs, the University provided equipment, staff (post-doctoral researchers) and the building for the Cambridge Testing Centre (the AMB and welfare facilities), and AZ (and GSK for phase 1) provided project management, equipment and consumables, staff and expertise in testing and research and development.

Phase 1

- 28 Prior to the collaboration, AZ leased three rooms in the AMB. As part of the collaboration, the University granted a licence to occupy to AZ for an additional seven rooms in the AMB. These ten rooms became the new Cambridge Testing Centre. Those working in the Cambridge Testing Centre were also able to use welfare facilities

adjacent to the AMB. As explained above, the welfare facilities were built throughout April 2020 to ensure those working in the Cambridge Testing Centre had access to catering through the day.

- 29 During Phase 1, staff from AZ and GSK and post-doctoral researchers from the University worked at the Cambridge Testing Centre.
- 30 The post-doctoral researchers worked under the supervision of AZ staff. They worked to SOPs which had been signed off by the DHSC and other relevant agencies, such as NHS England and the Health and Safety Executive. These SOPs were on the document management system that GSK initially set up, which neither I nor others within the University have access to any more.
- 31 The JSC provided strategic oversight of Phase 1 and was a forum to support the JMC and to help resolve any issues. The University, AZ and GSK each had two representatives on the JSC. The JSC's decision-making process worked by requiring at least one representative from each of the University, AZ and GSK voting in favour of it. Initially, University representatives were myself and Professor Chris Abell.
- 32 The JMC was responsible for the day-to-day operation of the Cambridge Testing Centre and the day-to-day operations teams' carrying out testing. The JMC had 15 members. The University only had one member on the JMC, Karl Wilson. However, the University's JMC membership did not require the University to be responsible for the day-to-day operation of the testing facility. The phase 1 Collaboration Agreement set out the University was accountable only for its deliverables i.e. the physical infrastructure for the testing facility (the AMB) and welfare facilities, together with the provision of post-doctoral researchers to work under AZ's supervision.
- 33 Both the JSC and JMC officially came into effect on or around 4 May 2020 but, as explained above, due to the speed with which decisions and actions were required in order to set up the Cambridge Testing Centre, the JSC and JMC were already in place and making decisions in early April 2020.
- 34 As referred to above, the aim of the Cambridge Testing Centre was to build up to conducting up to 30,000 diagnostic tests per day. Initially, under the Collaboration Agreement, the Cambridge Testing Centre aimed to provide 10,000 tests per day by 1 May 2020, and 30,000 per day by mid-May 2020.

- 35 As would be expected, the Cambridge Testing Centre experienced peaks and troughs in the number of samples it received for testing, in line with the peaks and troughs of infection rates amongst the public. It was therefore a question of balancing resource, capacity and need. It was necessary to keep a baseline level of staff within the Cambridge Testing Centre in order to deal with the peaks but equally there were times when staff were waiting for samples to arrive.
- 36 In theory, the Cambridge Testing Centre had the space, infrastructure and staff to process 30,000 tests per day but I do not know if that figure was ever reached. The University does not have the specific numbers but expect that AZ will do.
- 37 My understanding is that when there was demand, the Cambridge Testing Centre would have been processing well over 20,000 tests per day and that by the end of phase 1, around 500,000 samples had been processed. This is based on information presented by AZ at the end of the project in May 2021.

Phase 2

- 38 As explained above, the Cambridge Testing Centre moved during Phase to although it remained within the AMB, as there were few suitable premises available.
- 39 During phase 2, AZ agreed with the DHSC to provide capacity for up to 22,000 tests per day. My understanding is that this capacity was available from November 2020.
- 40 As referred to above, GSK were not part of phase 2 of the collaboration.
- 41 Another change in phase 2 of the collaboration was that the University only provided the premises and some support services (such as IT and waste management) – it did not provide any post-doctoral researchers.
- 42 During phase 2, the testing was subcontracted by AZ to Charles River Laboratories International, Inc. which in turn subcontracted to Charles River Research Services UK Limited.
- 43 Where the Testing Facility had excess capacity, DHSC agreed testing could be carried out for Cambridge University Hospitals NHS Foundation Trust (known as Addenbrookes), at Addenbrooke's cost. It was estimated this would be around 1,000 tests per day and these tests were used as part of a staff screening programme aimed at limiting transmission.

- 44 In addition, DHSC funded up to 200 additional tests per day for the University to use initially in collaboration with the NHS and local authorities for 'Focused Service Testing'.
- 45 The Focused Service Testing capacity was primarily used to demonstrate the feasibility and effectiveness of screening asymptomatic university students in "household" pools with implementation at the start of the University term on 5th October 2020.
- 46 The JSC and JMC remained in place, as per phase 1. However, GSK no longer had representatives as they were not part of phase 2 of the collaboration.
- 47 An AZ representative chaired the JSC. The University continued to only have one member of the JMC, again being Karl Wilson.
- 48 The Phase 2 Collaboration Agreement signed between the University and AZ was in force until 25 May 2021. The last day of testing was on 25 April 2021 and the AMB building was exited throughout May 2021. My understanding is that by this time, the Cambridge Testing Centre had processed around 3.25m tests. This is based on information presented by AZ at the end of the project in May 2021.
- 49 Many of the staff moved to work within other testing laboratories and much of the equipment was incorporated into the Government's 'megalab' in Leamington Spa.

Lighthouse Laboratory Network

- 50 As explained above, the Cambridge Testing Centre was not part of the LLN at the outset. At a later stage it was integrated into the LLN.
- 51 The Cambridge Testing Centre did have contact with those running and working in the Lighthouse Laboratories in order to share best practice and learn lessons, for example there were discussions around innovation in the testing process to improve it and make it more efficient. However, the University had no role in the LLN. There was no direct contact between those who worked for the University and the LLN but there were discussions at the JSC and so I am aware that there was contact in relation to sharing experiences and learning lessons.
- 52 The Cambridge Testing Centre was set up to process the tests it received. It had no involvement with policy decisions or public compliance.

The University's wider role in the Covid-19 pandemic

- 53 Aside from contributing to the set up and running of the Cambridge Testing Centre, the University was involved in other aspects of the Covid-19 pandemic. For example, the University co-led the Covid-19 Genomics UK Consortium which was focused on sequencing the SARS-CoV-2 virus to detect the presence and circulation of variants. However, this did not take place at the Cambridge Testing Centre.
- 54 In this statement I have focused on the University's contribution to setting up and running the Cambridge Testing Centre.

Lessons for the Future

- 55 AZ led the internal lessons learned review and so they would be best placed to provide evidence on that review. My understanding is the University commented on materials used in the lessons learned review via the JSC but had no input beyond the JSC.
- 56 In terms of lessons for the future, in the early stages of setting up and running the Cambridge Testing Centre, there were serious difficulties in accessing basic consumables such as gloves and test tubes, particularly as other parts of the world were facing high Covid-19 infection rates before the UK and so were ahead of us in terms of ordering such supplies. It would therefore be helpful to ensure the UK has a stockpile of basic consumables for use in any future pandemic, or a supply chain ready and waiting in order to rapidly build up a stock of consumables. In our view, this would ensure an improved ability to respond quickly and at scale to any future pandemic.
- 57 This would apply equally to machinery and equipment that was used during the Covid-19 pandemic. Much of the equipment and machinery was not easy to source – now it has been, consideration should be given to preserving and maintaining it for use in a future pandemic.
- 58 In the University's view, one of the reasons it was possible to set up the Cambridge Testing Centre and ensure it was successful was because the University, AZ and GSK had worked together before and there was a good level of trust between us. Cambridge as a city is relatively unique in that it has these types of private companies and a University which could come together to do this, but it is not the only one with this type or other types of unique specialisms. To plan and work with other cities now to ensure there is a network of local partners in certain specialist hubs ready to work together in a future pandemic is an option that could be considered.

- 59 When planning for any future pandemic, it may also be worth exploring what can and should be done at a local level. For example, during the Covid-19 pandemic, in Cambridge there were a lot of local organisations getting in touch with the hospital to offer them PPE such as gowns and gloves. This was naturally done on an ad hoc basis and so the University set up a PPE hub in one of the University Colleges. Anyone could deliver PPE to the hub and a stock list was kept. The hospital was therefore able to say what it needed and the hub knew whether it was in stock and in what quantities. Empowerment of local groups to solve some issues can mean the issue is solved quicker, and it can also lead to innovation and improvement more rapidly as often it is easier to implement change on a smaller scale. When planning for future pandemics, certain activities could be categorised as suitable for local leadership and plans could be put in place for that.
- 60 Finally, the UK is very fortunate that it has a national asset of capability within its universities (as well as physical infrastructure). It would be worth considering how to harness and deploy that capability in any future pandemic or crisis. The post-doctoral researchers from the University who worked at the Cambridge Testing Centre had a unique set of skills that they chose to contribute to the national effort. There are likely to be other university cities with the infrastructure and staff or students with unique skill sets which could be deployed in a range of future pandemics. If there were plans in place for such deployment, it would enable a more rapid and efficient response.

Methodology

- 61 From the University's side, the collaboration with AZ and GSK was led by Professor Chris Abell, Pro-Vice-Chancellor for Research. Sadly, Professor Abell passed away in October 2020. As a result, the detail set out above comes from a mixture of my own experience and the input of several colleagues who were involved in the collaboration, including reviewing documentation provided by these colleagues.
- 62 While I have met with colleagues to discuss the questions posed by the Inquiry in the Rule 9 request, and they have sought to provide all relevant material to me, naturally there are some areas where I am able to provide more detail than others. I understand that the Inquiry will request further detail on any matter if they require it.

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: 7th May 2025