

Witness Name: **PAUL WYATT**  
Statement No: 1  
Exhibits: 52  
Dated: 12 June 2025

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF PAUL WYATT

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I, Mr PAUL WYATT, of Defence and Security Policy, Ministry of Defence, Whitehall, SW1A 2HB, will say as follows -

#### **A. INTRODUCTION**

1. I am employed as a senior Civil Servant in Ministry of Defence (“**MOD**”). I previously served as Director of National Security at the MOD from the beginning of the Covid-19 outbreak in the UK in March 2020 through to June 2022. In June 2022, I was promoted to Director General (“**DG**”) Security Policy. As DG Security Policy, I was responsible for the MOD’s international security policy across all regions, and for policy advice on cross cutting and thematic issues including counter state threats, counter terrorism, cyber, building stability overseas, conflict prevention and support to the civil authorities in the UK. I am currently appointed as Director General Policy as of 31 March 2025, following Defence Reform restructures and processes. I remain responsible for the MOD’s international security policy across all regions, including cross-cutting thematic policy around issues such as homeland defence, counter adversary policy, strategic stability, and economic warfare and for support to the civil authorities in the UK.
2. This statement has been prepared at the request of the UK Covid-19 Inquiry (“**the Inquiry**”) to assist the Inquiry in relation to Module 7: on the approach to testing, tracing and isolation during the pandemic (the “**Module 7 Request**”). This statement has been produced with the assistance of a wide range of officials within MOD with specific responsibilities for areas covered in the Module 7 Request, Counsel and the Government Legal Department. It draws from a range of reports and written documents, which are exhibited. Where I have indicated information in this statement to be sourced from available documents or from other MOD personnel (or MOD more broadly), it is not within my own knowledge.
3. As requested, this witness statement replicates the subheadings used in the Module 7 Request. Those headings are:

- a. Section B: Background;
- b. Section C: Pandemic preparedness and planning;
- c. Section D: Co-Working;
- d. Section E: Testing;
- e. Section F: Contact tracing;
- f. Section G: Isolation;
- g. Section H: Data and modelling;
- h. Section I: Equalities;
- i. Section J: Lessons learned;

## **B. BACKGROUND**

4. MOD has played an important role in assisting civil authorities in preparing for and responding to pandemic events and other civil emergencies. This is additional to its primary obligation to protect the UK from external military threats. MOD is a government department led by the Secretary of State for Defence. The essential role of MOD is to protect the people of the United Kingdom, prevent conflict, and be ready to fight our enemies. It is civil authorities who take the lead in responding to any emergencies or non-military threats to the safety and security of the UK and its citizens. However, Government departments or civil authorities may call upon the armed forces, civil servants, and others as necessary to assist in the planning for, or response to an emergency.
5. I have been asked to provide a high-level overview of the structure and responsibilities of MOD. This matter has already been covered in the Witness Statement of David Peter Williams to Module 1 of the Inquiry (the "**Williams Statement**"). I therefore refer you to paragraphs 12 to 17 of the Williams Statement, which are annexed to this statement for convenience.
6. I have also been asked to outline changes to MOD from 1 January 2020 to 28 June 2022 (the "**Relevant Period**"), which tracks the course of the Covid-19 pandemic (the "**Pandemic**"). Again, this matter has already been covered in the Williams Statement, at paragraphs 98 to 102. These are annexed to this Statement.
7. At the outset, the following overarching points should be highlighted:
  - a. MOD played only a supporting role in the national response to testing, tracing and isolation ("**TTI**") and acted on the policy devised by Other Government Departments ("**OGDs**"). The MOD did not shape the national response to TTI, but

rather sought to support what other areas of Government were doing to the best of its ability. The majority of this support was provided under Military Aid to Civil Authorities (“**MACA**”) arrangements. However, some instances of MOD support were provided beyond such arrangements (for example, the Government request from Defence Science and Technology Laboratory (“**DSTL**”) to assist with the development and planning of the TTI programme did not occur under MACA arrangements).

- b. In order to ascertain the necessary information for this Statement, I have had regards to the information in the many MACA requests that were the basis for MOD’s supporting role with TTI (with the exception of DSTL’s support). It is important that I am clear with the Inquiry as to the limitations of information sourced from MACA requests. A MACA document records a request made for assistance. It is not a record of whether that assistance was actually provided, nor what was in fact done. It does not record actual events. Therefore, where I have sourced information from a MACA request, I do not have external information on this event outside of the MACA document. MOD has instead used these MACA documents as a source of information to help guide us on what we think may have happened, but we need to be clear with the Inquiry that we have not been able to subsequently confirm if those requests reflect actual events. In light of this, I have made clear in this Statement where information is sourced from such requests.
  - c. Finally, the matters which I have been asked to address in this Statement are of great breadth. There was a vast array of MOD teams, and individuals, involved in delivering MOD’s support to TTI during the Relevant Period. For this reason, it has been difficult to source an exhaustive account of all relevant matters. This Statement represents the information that I, alongside MOD, have been able to gather. However, there may be further information available which may be of relevance, which this Statement does not cover.
8. For completeness, I further highlight that I understand the Module 7 Request to be focused on how MOD supported the development and deployment of the national response to TTI adopted during the Pandemic by the UK Government and the Devolved Administrations. For this reason, and in order to keep the statement focused as requested, I have concentrated on this within my Statement. Whilst there exists further information and documentation surrounding Defence’s own internal policies and approaches to TTI of its Departmental workforce, I have not currently focused on this.

## **C. PANDEMIC PREPAREDNESS AND PLANNING**

### *(a) Overview*

9. I have been asked to set out a high-level overview of (i) the Defence Public Health Unit (“DPHU”); (ii) the processes in place for the MOD to provide support during civil emergencies; and (iii) the MOD’s pandemic influenza preparations. These matters are addressed in the Williams Statement at (i) paragraphs 19 to 23; (ii) paragraphs 42 to 71 and (iii) paragraphs 87 to 94, respectively. I have annexed these to this Statement.

### *(b) International approaches considered as part of the MOD’s pandemic preparations*

10. In this section, I address the extent to, which international approaches were considered as part of the MOD’s pandemic preparations.
11. As aforementioned, the MOD’s role during the Pandemic – and the role it planned for in its preparations – was a supporting one to other areas of Government. As part of its pandemic preparations, to the best of my knowledge, the MOD had not done any prior examination or benchmarking of how other international armed forces intended to support their respective civilian authorities. Rather, once the Pandemic had begun - and the MOD commenced its role of supporting other areas of Government - it did become a matter of interest for the MOD to understand what other militaries internationally were doing to assist in such a role. This allowed the MOD to understand the scope and scale of what it might do within its own role. Therefore, Defence Attachés and others reflected on how other governments internationally were using their militaries to best assist their civilian authorities and understand whether the MOD could act in a similar manner. Through Defence Attaché reporting, the MOD learned about what other countries did in relation to Mobile Testing Units. Another example given to me by DSR is that policy staff reviewed DipTel reporting from UK Embassies and High Commissions on foreign government responses to Covid-19.
12. Beyond this, I have been informed by MOD personnel that the internal pandemic plans which MOD had in place prior to the Pandemic were all informed by HMG policy, and also World Health Organisation (“WHO”) pandemic guidance. Equally, the internal Covid-19 policies developed by MOD after the Pandemic had begun were also informed by HMG policy (and aligned with it, insofar as possible). Further, at the start of the Relevant Period, there continued to be significant uncertainty around the Covid-19 virus’ mode of

transmission, the clinical picture of cases emerging (albeit these appeared similar to that of a novel influenza virus) and the effectiveness of potential countermeasures. The advice from Scientific Advisory Group for Emergencies (“**SAGE**”) to HMG was that it should continue to plan by using the assumptions made for an influenza pandemic.

13. Therefore, international approaches only began to be increasingly incorporated into MOD’s pandemic preparations as more information became available from across the global situation. MOD has sourced the following example: in February 2020, the DPHU produced a Defence Instruction Notice (“**DIN**”)<sup>1</sup>. This referenced existing pandemic guidance for Defence, but also incorporated learning from the global situation, in particular from the early experiences in mainland China and from updates provided by the WHO.

14. More broadly, MOD inevitably had to have regard to international approaches in respect of its pandemic preparations due to the fact it carries out overseas operations. To offer some examples personnel within MOD have provided to me:

a. Before the Pandemic, immunisation policy was discussed at the Communicable Disease Steering Group (“**CDSG**”) and the MOD’s approach to policy relied on Joint Committee on Vaccination and Immunisation (“**JCVI**”) updates. During the pandemic, the MOD assimilated advice from JCVI, Public Health England (“**PHE**”) and Public Health Advice, Guidance and Expertise (“**PHAGE**”).<sup>2</sup> Then, for overseas MOD locations, the MOD’s approach was based on FCDO advice, feedback from NATO partners, and host nation public health authority policy and direction (where this existed).

b. The Royal Navy worked with host nations to understand the evolving international situation in relation to the risks to its deployments. Guidance and directions for Royal Navy assets operating overseas therefore reflected local host nation requirements, whilst also remaining cognisant of HMG and Defence guidance on Covid-19 generally and TTI in particular.

*(c) Suitability of pre-existing plans in meeting the needs of the Pandemic*

15. I have been asked to consider paragraph 2.3 of MOD’s statement to the House of Commons Defence Committee (“**HCDC**”) on 29 June 2020, namely:

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<sup>1</sup> [PW/1 - [INQ000592969](#)]

<sup>2</sup> For completeness, PHAGE was a PHE-led meeting to discuss emerging issues in relation to Covid-19. MOD Public Health Consultants attended and could access the group for public health advice.

*“The Department held resilience plans at Departmental and Command / Enabling Organisation level based on government pandemic flu guidance and we had completed an assessment of our readiness for pandemic flu in 2017. Commands and Enabling Organisations were asked to review these as Covid-19 developed overseas; and subsequently to revise them against updated planning assumptions as the likelihood of a pandemic increased and our understanding of the specific challenges of Covid-19 grew. The Departmental plan was subsequently revised and reissued as a specific Covid-19 Defence management Plan and incorporated into a Chief of Defence Staff Planning Directive which brought together Defence resilience and Defence support to the national response.”*

16. Taking this into account, I have been asked to consider how suitable I believe that pre-existing plans were in meeting the needs of the Pandemic specifically in relation to coordinating a multi-organisational structure for TTI.
17. MOD has been unable to find any contemporary evidence in respect of whether pre-existing plans were considered suitable in this manner. The reality is that previous Defence pandemic response plans did not consider the need for requirements for TTI: Departmental response plans were based on the Government’s 2011 UK Influenza Pandemic Preparedness Strategy which did not include any policy of TTI, and therefore would not have included any requirements for coordinating a multi-organisational structure for TTI. Only once government guidance was issued on TTI did MOD’s plans on Covid-19 develop to address it also.
18. Therefore, I do not feel I can properly comment on the suitability of such plans, specifically in terms of their suitability for coordinating a “*multi-organisational structure for*” TTI. It was not MOD’s role to coordinate any such multi-organisational structure for TTI: rather, its role was to support elements of the TTI response, largely through MACA requests.
19. What I can say is that, looking beyond pandemic plans, MOD did and continues to have an architecture in place that allows it to support OGDs in civil emergencies like the Pandemic: the MACA process. This allows MOD to interact with OGDs and local government resilience architecture and was a process that was well suited to allowing MOD to deliver its supporting role during the Pandemic. Further, this was and is supplemented by a practice of embedding Defence personnel into government departments receiving MOD support, in order to allow that department to have an organisational connection with the MOD and to provide a ‘customer planning function’, such that these Departments can effectively interact with and make demands of MOD. Therefore, whilst MOD’s pre-existing plans did not specifically address the requirement for coordinating a multi-organisational structure for TTI, MOD did have an architecture in place

that allowed it to deliver against its role of supporting the wider Government. In other words, this architecture allowed MOD to slot into the multi-organisational structure which did emerge for TTI and do so very rapidly.

#### **D. CO-WORKING**

(a) Collaboration with Devolved Administrations in respect of testing, tracing and isolating

20. I have been asked to consider paragraph 3.3 of the MOD's statement to HCDC dated 29 June 2020, namely:

*"Defence maintained and enhanced its existing contacts with the Devolved Offices and, in addition to our existing Joint Military Command representation, embedded additional liaison and staff officers within the Devolved Administrations' crisis organisations and health organisations. Across the Scottish response structures Defence increased its liaison network to 55. In addition, a military team of eight supported the Scottish Government Resilience Room. The Welsh network consisted of 28 liaison officers, with a further seven planners supporting the Welsh ambulance service to improve capacity and decontamination. The Northern Ireland network was augmented with an additional five officers. This enabled the Covid-19 response team in MOD HQ and SJC(UK) to understand the nation-specific resilience arrangements and explore where Defence assistance could be beneficial."*

21. In light of this, I have been asked to state how effective I consider the collaboration with the Devolved Administrations to have been insofar as it relates to TTI.

22. MOD has a network of regionally aligned Joint Regional Liaison Officers ("**JRLOs**") whose role it is to liaise with civilian authorities on potential requests for military assistance. During the Pandemic, those JRLOs aligned to the devolved administrations received augmentation to ensure that the nation-specific COVID responses of Scotland, Wales, and Northern Ireland were able to request military assistance in a timely manner.

23. It may be useful to outline, briefly, some examples of how MOD's collaboration with the Devolved Administration worked specifically in respect of TTI. I have sourced the following examples from SJC personnel within the MOD, and from MACA requests, and therefore I refer the Inquiry to the caveat I have outlined in respect of such requests at paragraph 7.b above:

- a. In Scotland, the military assisted with the crisis management of the Pandemic. A Military Liaison Team ("**MLT**") was established to provide support to the Scottish

Government Resilience Room following a MACA request.<sup>3</sup> The MLT attended key weekly meetings to maintain an understanding of different concerns and provide early indications/warnings of issues (including within the community testing programme). Several military planning support teams were also requested, via a MACA request, to deploy to support the Scottish Government, Local Authorities and Health Boards in order to operationalise the deployment of community testing nationwide in Scotland.<sup>4</sup> The military also assisted more generally with the testing effort (including through the provision of MTUs in April – August 2020).

- b. In Wales, a military liaison officer (“**MLO**”) was embedded within NHS Wales, and was able to provide a regional picture and understanding of the pressures on local health boards, including in respect of testing. They were then able to use this to plan and anticipate future requests for military support.
- c. In Northern Ireland, the military was not used to support TTI. Instead, informal support was provided through its JRLO network.

24. In terms of how effective I consider this collaboration to have been, specifically in respect of TTI, it is very difficult to properly comment. This is because this collaboration with the Devolved Offices was really part of a general effort, rather than a response specific to TTI. In other words, I can only comment on how effective this collaboration was in general.

25. MOD has sought views, for the purposes of this Statement, on this matter amongst the different teams within MOD. Overall, it is felt that the deployment of staff to other departments and sites worked well in practice. The following views and accompanying information have been shared with me by MOD personnel:

- a. One view from within Defence Medical Services (“**DMS**”) was that the deployment of MLOs and the embedding of planning staff by Headquarters Standing Joint Command UK (“**SJC**”), into multiple partners across Government and Devolved Administrations was found to have been effective. It provided a greater understanding of the involved parties’ respective requirements, such that genuine conversations could take place which then ensured informed decision-making. This also allowed the best use to be made of the limited resources available, as DMS

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<sup>3</sup> [PW/2 - INQ000592984]

<sup>4</sup> [PW/3 - INQ000592986]

was able to compare 'demand signals' across its partners in a more objective fashion (rather than simply acceding to the most persistent demands). Some specific examples were highlighted to me. For example, the SJC Medical Liaison Officer was deployed into NHS Emergency Preparedness, Resilience and Response ("EPRR"), and therefore was able to sit alongside decision-makers to advise on MACA requests. In addition, Med Liaison Officers were deployed in the Regional Points of Commands ("RPOCs") and became an essential part of the DMS' 'neural network', so to speak: they could visit an organisation as part of a Military Assessment Team and, if appropriate, assist them to develop MACA requests. The organisation requesting support often had no experience of MACAs, and the Medical Liaison Officers could help them to understand the process and the capacity and capability of DMS to provide assistance, resulting in a more realistic, and in some ways standardised, demand signal.

- b. Another view shared with me in respect of the Directorate Counter Terrorism and United Kingdom Operations ("CT UK Ops") and SJC, was that the deployment of liaison officers to other Government and Devolved Administrations was found to be a vital enabling element of MOD's response to Covid-19. This was for similar reasons: in terms of MACA, deployed liaison officers provided essential 'on the ground' advice to policy and response teams within other government/devolved administrations, helping them to better understand military capabilities. This might assist to better define requests in language accessible to MOD, and also identify at an early-stage requests, which MOD would not be able to support. Alongside this, they often provided MOD with 'early warning' of potential requests before they were made, enabling concurrent planning activity and therefore a swifter response.

26. MOD also discussed with the relevant teams, for the purposes of this Statement, whether, in retrospect, there is anything that ought to have been done differently. The following suggestions have been raised and shared with me by individual personnel:

- a. I have described how beneficial DMS considered the deployment of its Medical Liaison Officers above. Given this, one view was that it could potentially have done more of this and utilised a greater range of military medical personnel in such roles.
- b. A number of other government departments were assisted by the deployment of generalist planning support from MOD. One view shared with me was that, whilst this can be a helpful resource when faced with an immediate crisis, there should

be awareness of the limitations of such support. Military officers are highly trained in planning military activity. The processes and procedures used can be translated to other activity to some good effect, however, such individuals will often not have the specialist experience or understanding that existing policy teams have. Therefore, as a 'burst' of planning support, enabling the subject matter experts, there can be value in military planning support in a crisis. This cannot, however, be in place of the existing expertise of the responsible department and – as ever - all other alternatives (including consultants from the open market) should ordinarily be exhausted before requesting military support.

*(b) Nation-specific resilience arrangements*

27. The approach to TTI was, of course, not entirely homogenous throughout the UK. MOD therefore had to ensure it understood nation-specific resilience arrangements when collaborating with the Devolved Offices. MOD has not yet been able to identify any examples of nation-specific resilience arrangements: those would have been developed by the nations themselves rather than MOD, as it did not have responsibility for the oversight of such strategic/political-level plans. However, the approach taken by MOD was that it should understand and integrate itself, to the best of its ability, with the approaches taken by different local regions.
28. MOD therefore adapted its approach to work with nation-specific arrangements. MOD has sourced an example of this within a Covid-19 testing guidance and lessons document developed by MOD in July 2020.<sup>5</sup> This contained a framework intended for rapidly deploying an effective, intelligence led, testing regime within a local region. It was not intended to be either prescriptive or exhaustive, but rather a framework for future Rapidly Deployable Outbreak Support Teams (“**RDOST**”) to work with and made clear such teams should operate accounting for the nuances of the local conditions in, which they find themselves operating.
29. Further, I am told by other personnel within MOD that MOD's own internal Covid-19 guidance - including in respect of TTI - was derived from Government guidelines (and interpreted for MOD's own context). Therefore, where guidelines differed across the four nations, this was then reflected in MOD policy for Defence personnel to follow depending on their geographic location.

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<sup>5</sup> [PW/4 - INQ000592961]

## **E. TESTING**

### *(a) The scope of the MOD's role in relation to testing during pandemic*

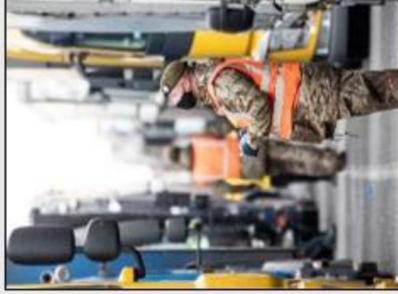
30. MOD's mission during the Pandemic was to provide nationwide support, not only by assisting with community testing but by also supporting the development of processes and techniques to improve efficiencies in testing capacity. Defence support in respect of the Pandemic was provided under Operation RESCRIPT, which included support to the national testing programme from January 2020 to April 2022.
31. As a broad overview, the information MOD has been able to gather from documents and personnel indicate that the main ways in which it performed this supporting role included:
- a. The development of Mobile Testing Units that deployed to mobile testing sites across the UK;
  - b. Working with laboratories to help increase PCR testing capacity, including the Milton Keynes Laboratory;
  - c. Through military biomedical scientists supporting the Department of Health and Social Care ("**DHSC**") and PHE as part of a MACA in validating, verifying and developing standard operating procedures, as well as delivering training for laboratories rolling out new diagnostic capabilities, including LAMP testing (a type of molecular test similar to a PCR test);
  - d. The deployment of military personnel to assist with delivering community testing to the public;
  - e. Through DSTL, which provided laboratory testing capacity to meet MOD's testing needs, and whose scientists and analysts undertook research and helped provide advice across Government.
32. I address all of these in greater detail in the subsections below. However, to assist in understanding MOD's role, I have included here an excerpt from the Storyboard provided by MOD to the Inquiry (the "**MOD Storyboard**"), which offers an overview of MOD's involvement in supporting testing during the Pandemic:

## HQ (SJC) STORYBOARD OP RESCRIPT - TESTING

### Op RESCRIPT Testing in numbers January 2020 to April 2022

- 21 Other Government Departments and all Devolved Administrations supported
- 414 of the 576 Military Aid to the Civil Authorities (MACA) tasks delivered under Op RESCRIPT
- 22,000 military personnel under command or held at readiness
- 39 Testing Military Aid to the Civil Authorities (MACA) tasks delivered under Op RESCRIPT
- Over 2.5 million Tests conducted
- c110 NHS Health Boards and Integrated Care Systems
- c.450 Testing sites
- 17,249 Service Personnel
- £75.1m in Recoverable Costs
- Conducted over 900 days total

- **Liverpool Whole Town Testing.** 1,000 Service Personnel conducted over 200,000 tests across the city.
- **Mobile Testing Units.** A small team developed the MTU concept in a week. 3,000 Service Personnel and 218 Mobile Testing Units have delivered over 1.6 million tests.
- **Haulier Testing – Op ROSE.** 900 Service Personnel conducted 130,000 tests, and provided food and water to 8,000 drivers on Manston Airport.
- **Laboratory Testing Capacity.** Defence logisticians deployed to Milton Keynes laboratory helping them increase daily testing capacity from 300 to 30,000 tests.



**“Military support was akin to a shot of adrenalin in the arm at exactly the time the NHS needed it.”**

Prof Keith Willeits, SRO Vaccine Deployment, former Director of the NHS EPRR Team (Emergency Preparedness Resilience and Response)

*(b) The role of Defence Science and Technology Laboratory in relation to testing*

33. The role of DSTL within MOD generally was explained in paragraphs 27 to 29 of the Williams statement. I have annexed them to this Statement. The information I set out below in this section has been provided to me by other personnel within MOD, including from DSTL and DMS.
34. Within the response to the Pandemic, DSTL's expertise was drawn upon by Government to support the 'Test, Trace and Isolate' aspects of the national response.
35. It did not, however, ultimately have a role in national testing. In March 2020, PHE requested that DSTL set up a SARS-CoV-2 PCR testing laboratory utilising its existing expertise to support the need for surge capacity nationally. This capability was rapidly developed and validated, and was ready to declare Initial Operating Capability by mid-April 2020. The laboratory was able to be set up very quickly because DMS, DSTL and PHE had pre-existing relationships (having responded to the Ebola crisis, delivering a laboratory, together in Sierra Leona). However, developments in surge capacity nationally and difficulties with the logistics around the transfer of samples from the NHS and PHE to DSTL meant that the laboratory was not used in this role.
36. Instead, DSTL helped to meet Defence's own testing needs (i.e. MOD's own personnel) and maintain the UK's military capability during the first half of the Pandemic. In mid-April 2020, DSTL entered into a partnership with Defence Pathology to form the Defence Covid Lab ("DCL"), as it was recognised that MOD had specific testing requirements that could not be fully met by the UK's National Testing Programme at that time (for example, the need to obtain testing to permit deployment).<sup>6</sup> This initiative also allowed MOD to avoid using national testing capacity, when resources in the latter were already strained. Following ministerial endorsement from the previous government in June 2020, the DCL was initially put to use to test MOD personnel and units sporadically where there were operational security concerns. However, MOD then issued an Action Order for asymptomatic testing, which specified the DCL as the main laboratory for COVID-19 testing for Defence, committing the DCL to testing 500 samples per day from September 2020. On some days, the DCL tested over 800 samples and covered sensitive operational

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<sup>6</sup> [PW/5 - INQ000592996]

personnel, personnel pre-deployment, those entering quarantine before very high priority training, and trial staff. The DCL then ceased operation on 28 May 2021, having processed 76,000 samples, as the national capacity for testing was by then sufficient to meet the needs of MOD without compromising the NHS.

37. Beyond this, DSTL also had more ad hoc roles in assisting with the national testing programme. For example:

- a. Between February and September 2020, high containment trained laboratory scientists from DSTL were deployed to bolster PHE laboratories' teams and help process the number of tests being received. 108 separate deployments took place by 25 staff to four locations (Manchester, Cambridge, Newcastle and Birmingham).
- b. Between April and June 2020, at the request of PHE, DSTL worked with it to identify appropriate low burden and rapid point of care assay-based tests (i.e. rapid tests that could be delivered outside of a clinical setting).<sup>7</sup> A preliminary evaluation of ten commercial off the shelf rapid and low burden serology assays in lateral flow format was undertaken using a limited sample set.
- c. In December 2020, DSTL provided short-notice analytical support to assist in managing freight queue backlogs at Dover caused by a combination of regulatory changes and the COVID-19 testing regime. DSTL staff assessed the effectiveness of the queuing and COVID-19 testing strategies employed at the port to provide improved solutions and resolve the issue.

38. Its role was not limited to testing. DSTL also provided some assistance in the design, development and trialling of the UK's 'Test, Trace and Isolate' systems. For example:

- a. From March 2020, it provided ad-hoc technical and systems support to PHE for 2 months to help develop a Covid-19 testing strategy for the UK. A DSTL staff member was consulted on a variety of issues including end-to-end process design for Covid-19 testing, allocation and consumption of reagents and test kits, as well as approaches to improved regional Covid-19 testing. This input from DSTL will have formed part of the evidence base supporting decision making within PHE.

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<sup>7</sup> [PW/6 - INQ000592987]

- b. From April to October 2020, seconded DSTL staff provided analytical support to assist the DHSC to integrate the data from various sources (including Pillar 1 and Pillar 2 of the Government's 'five pillar' testing strategy) into a single reporting process as part of the development of the National Testing Programme. The seconded staff then helped DHSC to build the appropriate analytical capability to generate summary statistics and answer queries.
- c. From July to December 2020, a small team of DSTL personnel provided statistical analytical support and data engineering expertise to the DHSC Track, Trace, Certify and Enable function (which later became 'NHS Test and Trace'). The team assisted with the creation of NHS Test & Trace's integrated data hub to allow real time analysis, reporting and decision-making. This included supporting NHS Test & Trace in developing models to understand any vulnerability of different geographical areas of England based on the population demographics and other socio-economic indicators.

*(c) The role of the MOD in providing assistance on the design, development and trialling of the UK's 'Test, Trace and Isolate' systems*

39. I have already addressed how the DSTL provided assistance with the design, development and trialling of the UK's 'Test, Trace and Isolate' systems in the section above. Beyond this, to the best of my knowledge, MOD not been able to source any further information that it was otherwise involved with this.

*(d) The work of the MOD in developing mobile testing units*

40. The information in this section has been sourced from other MOD personnel, and relevant documents which I have exhibited.

41. During the Pandemic, Mobile Testing Units ("MTUs") were used as part of the national testing strategy. I understand these consisted of an 8-12 person team with a van and support vehicle, able to deliver up to 500 tests per day, supplied by DHSC via regional testing sites.

42. I have sourced an overview of the work of MOD in developing and deploying mobile testing units from the MOD Storyboard:

HQ SJG(UK)

MILITARY SUPPORT TO MOBILE TESTING UNITS: OVERVIEW

- Since Apr 20, MOD has delivered Pillar 2 testing capability across England, Wales and Scotland\*
- Defence involved from the outset, from providing proof-of-concept demonstrator, planning and generation of 3,134 military personnel in 218 MTUs through to the hand-over/take-over (HOTO) to c.5,700 civilian contractors.
- MTUs facilitate pre-booked self-tests, supporting ~350 tests daily per unit.
- The capability consisted of 12 personnel (MoD) and vehicle/equipment (DHSC)
- Tasking directed by joint military / DHSC team.
- MTU training delivered by Defence Mobile Testing Support Teams (MTST).
- Operation of MTUs assured by MOD with DHSC oversight.

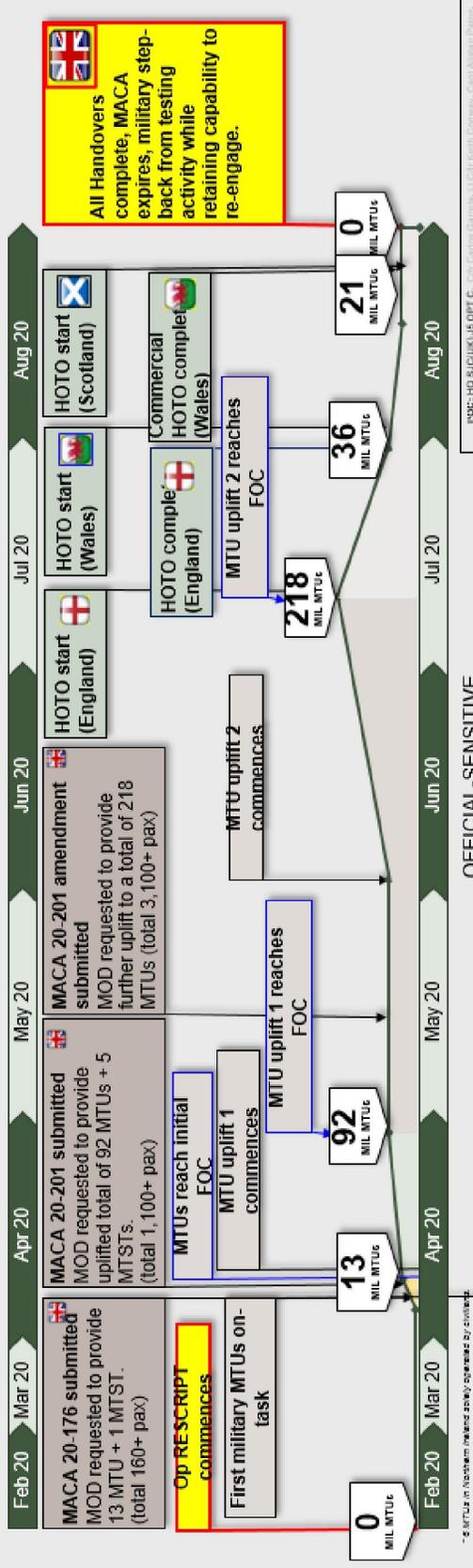


At the peak, Defence delivered  
**218** MTUs across  
**10** JMC regions in  
**3** UK administrations

**c930,000** tests conducted by MTUs to 31 August

mil pax were involved in delivering MTUs.

**87,200** Peak Daily Testing Capacity



\* 6 MTUs in Northern Ireland jointly operated by elements

43. I therefore understand from this that MOD became involved in developing the MTUs from April 2020.

44. I also understand that the process began with MOD assisting in the development of a prototype for MTUs. This arose from a MACA request from DHSC,<sup>8</sup> which requested the design and building of a prototype mobile testing facility complying with DHSC clinical and operational protocols. Due to the pace at which the critical testing programme was being rolled out, the military offered the most expeditious way to identify and deliver the testing of key workers (albeit a sustainable long-term commercial solution was also explored concurrently by DHSC). The MACA therefore requested the MOD to provide *“the design and build of a prototype/concept Mobile testing facility by Tue 14 Apr 20. This is in order to get clinical feedback and DHSC authority to proceed with the prototype. With this authority in place, the remaining build can then proceed to deliver the required number of platforms to deliver the testing targets”*.<sup>9</sup>

45. I then understand from the available documents that the subsequent prototype (i.e. the MTU van that deployed to mobile testing sites across the UK) was developed by the Royal Electrical and Mechanical Engineers (**“REME”**). The testing procedure itself was developed and directed by the DHSC to ensure the necessary requirements were met (according to information I have sourced from other MOD personnel). The documents state that the REME developed this prototype as follows:<sup>10</sup>

- a. Over the Easter weekend of 2020, a team of military infrastructure engineers from 66 Works Group Royal Engineers, responded instantly to deliver a prototype for the MTUs. Members of this team had recently assisted in setting up a drive-through testing facility in Nottingham, and therefore had a good working knowledge of what was required and could adapt quickly to the task.
- b. The team set up an innovation space in their workshop, researched what other countries had attempted and began to develop concept designs using shipping containers, train carriages, vans and tents, ice cream vans and recruiting trailers. Ultimately, a van and tent system was selected. Once this occurred, a team of

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<sup>8</sup> [PW/7 - INQ000592999]

<sup>9</sup> Ibid.

<sup>10</sup> [PW/8 - INQ000593001]

mechanics, fitters and combat engineers then stripped out a crew transport van before improvising and adapting to build a workable prototype with clinically segregated areas and cool storage units. This was demonstrated in London after only 3 days. Expertise was pulled in from across the Royal Engineers, including the use of the engineering workshops at the military engineering training school in Chatham.

46. Subsequently, MOD Storyboard explains that military personnel assisted with the operation of the MTUs until this was handed over to civilian contractors. In respect of this:

- a. The information shared with me by other personnel within MOD is that:
  - i. SJC retained operational command of Force Elements of personnel deployed on Operation RESCRIPT. Tasks were aligned to MTUs through the DHSC and issued by SJC.
  - ii. The Army (102 Logistics Brigade), alongside DHSC, coordinated the training and distribution of MTUs, and supported their delivery of testing. It also delivered the training of mobile training support teams (“**MTSTs**”): an MTST was trained to deliver the first package and then a subsequent eight MTSTs were trained giving each of the nine Joint Military Commands (“**JMC**”) a training team. The 102 Logistics Brigade also liaised with DHSC, JMCs, Local Resilience Forums, and SJC(UK) HQ, providing support and advice from Subject Matter Advisers regarding operational effectiveness. Regionally, JMCs deployed and supported the MTUs, trained and maintained the MTST, and liaised with MTUs and SJC(UK) HQ. The MTU teams each received a day’s training in Prince William of Gloucester Barracks, Grantham, and then were deployed the following day.
- b. Further, MOD has been able to source MACA requests, which demonstrate how it was being requested to assist with the operation of the MTUs during this task.<sup>11</sup> The same caveat I provided at paragraph 7.b of this Statement applies:

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<sup>11</sup> See: (i) [PW/9 - INQ000592998] (ii) [PW/11 - INQ000592950] (iii) [PW/10 - INQ000592960] (iv) [PW/12 - INQ000592962]

- i. MOD was requested to provide military crews for MTUs in order to allow for the continued development and delivery of testing until their operation could be handed over to a civilian workforce.<sup>12</sup> MOD was also requested to provide personnel to help manage the MTU fleet, and assist with coordination and planning at various different levels.<sup>13</sup> This included personnel to take on Command & Control roles, serve as Tactical Planners to support the JMCs and form part of the MTSTs. By around May 2020, MOD had been asked to make available over 200 MTUs (including their 12 person crews) and over 3000 personnel to support the MTU and Central Operations Room Workforce.<sup>14</sup> I understand, however that, in Northern Ireland, testing facilities were fully managed by civilian contractors.
  
- c. MOD has sourced the following diagram, which also illustrates the personnel required, and their roles, in an MTU:<sup>15</sup>

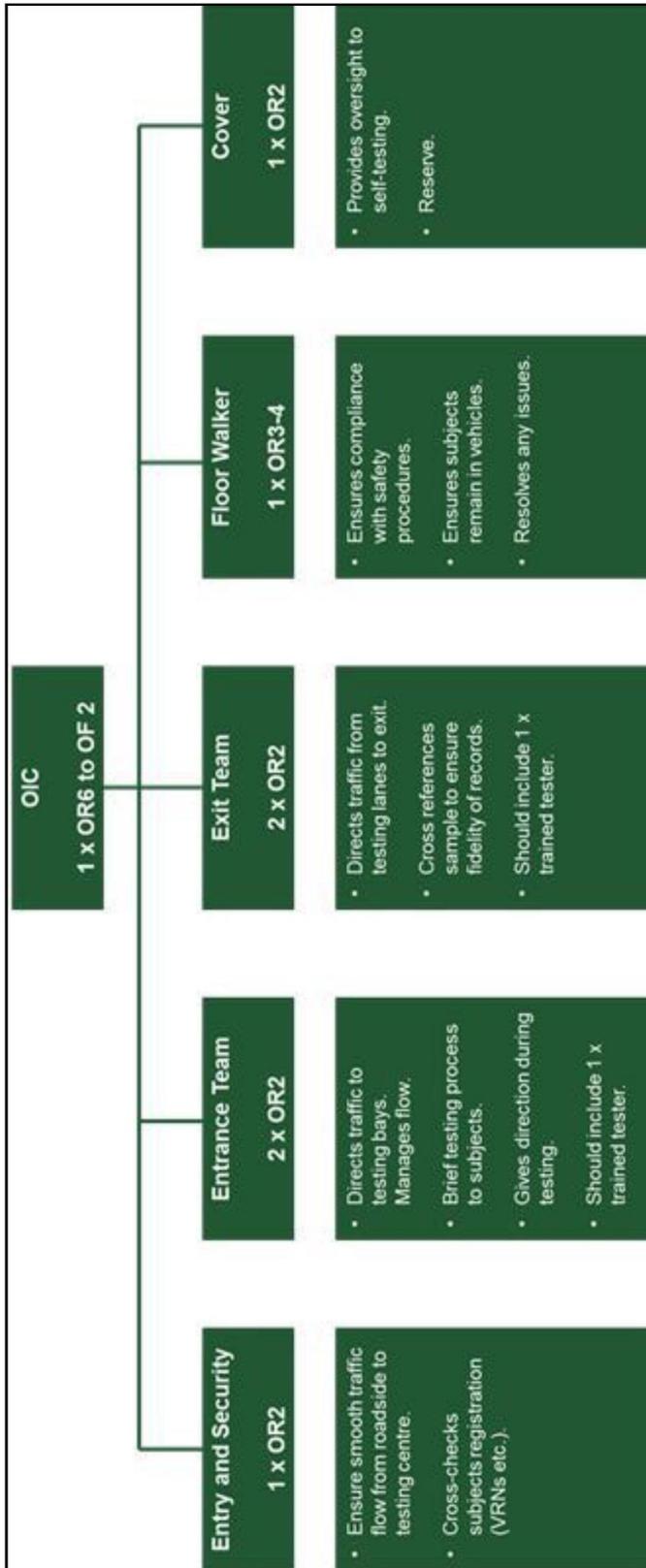
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<sup>12</sup> See, for example: [PW/11 - INQ000592950]

<sup>13</sup> See, for example: [PW/12 - INQ000592962]

<sup>14</sup> Ibid.

<sup>15</sup> In this diagram, "OR6"- "OF2" refers to the rank of Sergeant to Captain; "OR2" refers to the rank of Private; "OR3"- "OR4" refers to the rank of Lance Corporal to Corporal.



47. The information MOD has been able to source from its personnel, and relevant documents such as the above MOD Storyboard, is that the conclusion of this MACA and more broadly the main military effort in assisting with MTUs was initiated in July 2020. I understand from this that handover to civilian contractors occurred through a phased integration of personnel between July 2020 and September 2020.<sup>16</sup>
48. In summary, therefore, the MOD Storyboard shows that the MTUs were operated by MOD from approximately mid-April 2020 until August 2020. MOD has not been able to ascertain precise information as to how widespread the MTUs were, or precisely how many units were deployed in total over the Relevant Period. However, it can say that MTUs were deployed to various locations throughout the United Kingdom and MOD's assistance with their operation was provided everywhere with the exception of Northern Ireland. Further, according to MOD Storyboard above, at the task's peak MOD deployed over 200 MTUs.
49. For completeness, I have also been informed by MOD personnel that:
- a. Defence Pathology was involved separately with the DHSC in undertaking an independent validation of DHSC Mobile Testing Vans using LAMP technology in early 2021. Defence Pathology assessed a mobile unit loaned by DHSC following an agreement. It then provided the information gathered to DHSC, which contributed to knowledge of how the MTUs should be used (i.e. on sample numbers, the staffing needed, the assay required).
  - b. MOD has also been able to source the exhibited storyboards, which state that over the course of November – December 2020 various military personnel assisted in different capacities with the design and construction of different types of mobile processing capabilities.<sup>17</sup>
  - c. Further, MOD has also identified a MACA request from Mass Testing in January 2021. Whilst the caveat I outlined above at paragraph 7.b applies, the MACA shows MOD was requested to provide REME personnel to “*support the design, build and delivery of multiple mobile processing capabilities.*”<sup>18</sup> An extension request was made for this MACA in February 2021.<sup>19</sup>

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<sup>16</sup> [PW/13 - INQ000592954]

<sup>17</sup> [PW/14 - INQ000592990]

<sup>18</sup> [PW/15 - INQ000592975]

<sup>19</sup> [PW/16 - INQ000592968]

(e) The role of the MOD in helping the Milton Keynes laboratory to increase its testing capacity:

50. The Milton Keynes laboratory was part of the Government's Lighthouse Laboratory programme. I understand from the MOD Storyboard that defence logisticians worked with the Milton Keynes laboratory to help them increase polymerase chain reaction ("PCR") testing capacity from 300 to 30,000 tests a day, through the provision of logistics support.<sup>20</sup>
51. MOD has had to source the further information in this section from several MACA requests, and therefore the same caveat which I outlined at paragraph 7.b applies.
52. The Office for Life Sciences ("OLS") requested support in March 2020, through a MACA request, with its work on the non-NHS delivered element of the testing programme aimed at helping key-workers return to work. The MACA explained that the Milton Keynes Laboratory was the only operational facility at the time for the analysis of test samples and was not equipped to handle the expected escalation in demand: therefore, the OLS requested for MOD to provide a 15-person logistical support team to the Laboratory.<sup>21</sup> The documents MOD has sourced then tell us that SJC deployed a planning team into the Milton Keynes laboratory.<sup>22</sup>
53. As to what personnel did to assist the laboratory team, I can only refer you to what the MACA requests show was asked of MOD (and refer you again to my caveat at paragraph 7.b).<sup>23</sup> This was to assist the laboratory in setting up the testing process, until a commercial solution had been implemented. This included through providing training and mentoring to the commercial/civilian staff at the laboratory, as well as providing contingency test operatives and testers, whilst long-term employees for the laboratory were recruited. Assistance was requested to Milton Keynes from 1 April to 8 May 2020 (following requests for extensions to the MACA)<sup>24</sup> to prevent it from failing to achieve the national target sample tests per day. MOD's support, therefore ensured that there was no gap in the delivery of testing services by the laboratory until a commercial solution was implemented.
54. Other planning teams were also requested to be deployed at different locations effectively mirroring this exercise. Again, this information is sourced from the same MACA requests, alongside other documents MOD has been able to source, and the caveat I have outlined

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<sup>20</sup> [PW/17 - MOD00003762] [PW/18 - INQ000592991, slide 7]

<sup>21</sup> [PW/19 - INQ000592989]

<sup>22</sup> [PW/20 - INQ000592958]

<sup>23</sup> See: (i) (i) [PW/19 - INQ000592989]; (ii) [PW/21 - INQ000592970]; (iii) [PW/22 - INQ000592963] and (iv) [PW/23 - INQ000592978]

<sup>24</sup> [PW/23 - INQ000592978]

above at paragraph 7.b applies. For example, at laboratories in Alderley Park<sup>25</sup> and Glasgow:

- a. At Alderley Park, 15 logistical military personnel were requested to be deployed from April to May 2020 until a commercial solution could be put in place to replace the MOD team.<sup>26</sup> The latter were to help stabilise the stock situation, establish standard operating procedures and were asked to fulfil logistical roles in lieu of a commercial provider at Alderley Park. They also were asked to give mentoring to civilian staff at the laboratory once they were acquired.
- b. At Glasgow, military personnel were requested to offer support with testing activity from April 2020.<sup>27</sup> The MACA requests explain that the Glasgow laboratory was a re-purposed Glasgow University facility and did not have pre-existing management and staff structures. Therefore, MOD's logistical expertise was needed to help define the laboratory's requirements prior to mass recruitment of civilian personnel. The MOD team was requested to provide mentoring and help hand over to a civilian team until the end of May 2020. It also was requested to assist in optimising on-site logistical processes, executing sample handling, unboxing activities and setting up a new warehouse. It was felt that, without this assistance, the rate of testing volume would have been impacted and the laboratory would have had reduced capacity due to resource shortfall.
- c. Progress towards establishing a commercial solution varied by site, which was reflected in the individual MACA requests to extend military assistance.

(f) The work of the MOD in the deployment of personnel to assist with community testing

55. MOD also assisted with community testing. From the information MOD has been able to gather, it is clear that this area of MOD support (i.e. "assistance with community testing") is an extremely broad category. MOD did not assist one single initiative to assist with community testing, but rather contributed its support to various initiatives. For this reason, it is difficult to give precise dates for MOD's involvement: it was involved throughout the Relevant Period. The specific reasons for its involvement will have varied from initiative to initiative, but as a general theme I understand (from information shared with me by other

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<sup>25</sup> [PW/20 - INQ000592958]

<sup>26</sup> See: (i) [PW/21 - INQ000592970]; (iii) [PW/23 - INQ000592978]; (iiii) [PW/22 - INQ000592963]

<sup>27</sup> See: (i) [PW/ 21 - INQ000592970]; (iii) PW/23 - INQ000592978]; (iiii) [PW/22 - INQ000592963]

MOD personnel) that it was because community systems could not cope with the demands they were facing and commercial alternatives could not be provided at the scale, or in the time, required.

56. Therefore, this section encompasses various different forms of assistance by MOD. I have sought to order this section by providing a high-level (and non-exhaustive) summary of the different ways in, which the MOD assisted with community testing, alongside some examples.

57. First, MOD personnel were deployed to different localities to assist with local testing efforts. I now outline some examples.

58. I have been informed by other personnel within the MOD that:

- a. From April 2020, the Armed Forces supported the UK's COVID-19 testing efforts including programmes in Birmingham, Nottingham, Merthyr Tydfil, Liverpool, Kent, Manchester and Scotland to help identify and break chains of transmission. Around 5,300 personnel deployed in support of this task between April and August 2020. In Kent, 900 personnel conducted 130,000 tests to 8,000 drivers at Manston Airport. Reserve personnel were also involved, with 262 personnel deployed to Greater Manchester and Kent to support the NHS Trusts in delivering testing to the public and to HGV drivers.
- b. In Bolton County Council, the MOD Storyboard shows personnel assisted in delivering PCR tests to the local community and operated MTUs and Asymptomatic School Testing sites across Bolton.<sup>28</sup>
- c. Military personnel provided support at Regional Testing Sites ("RTSS"). These were fixed location sites run by Government contractors. On 6 April 2020, the first 'Train the Trainer' event took place where military personnel worked with Boots, learning how to conduct testing and how to train others, so that further training sessions could be conducted around the UK to train more personnel. Military personnel were spread across the RTSS, their role being to conduct and collect tests.

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<sup>28</sup> [PW/17 - MOD00003762] [PW/18 - INQ000592991, slide 40]

- d. Military personnel also conducted surge activity to assist with community testing. For example, in Greater Manchester such personnel assisted with surge testing of at-risk members of the public.<sup>29</sup>
- e. Whilst this occurred, Defence medical teams provided advice into all MACAs regarding the health protection of military personnel at testing centres.

59. I also offer some examples of MACA requests which MOD received. Whilst the caveat I have outlined above paragraph 7.b applies – illustrate the sort of assistance MOD was being asked to provide:

- a. A MACA shows that military personnel were requested to assist in the delivery of community / whole population Lateral Flow Testing (“LFT”). For example, Kirklees Council requested for the military to support the operation of four LFT testing sites from 17 December 2020, in order to help address its civilian staffing shortfall and pending further recruitment.<sup>30</sup> The Council appears to have considered this assistance successful, given that *“the successful setting up of the 4 ATS throughout the district was only achieved due to the assistance afforded by the support from the military”* and therefore requested an extension of support until the end of January 2021.<sup>31</sup> To give another example, the MOD also received a MACA request to assist Kent County Council with a mass testing programme: the Council requested military support to operate asymptomatic testing sites and assist with delivery planning activity from 4 January – 19 February 2021.<sup>32</sup> Further, a MACA request from the Lancashire Local Resilience Forum requested MOD support from December 2020 – February 2021 to provide surge capacity for delivering a 6 week mass asymptomatic testing programme (this included activities such as delivering Lateral Flow Tests and training civilian staff to deliver such tests).<sup>33</sup>
- b. MACA requests also show that military personnel were asked to assist with self-testing initiatives. For example, a MACA request requested a temporary military workforce of 100 personnel to assist with Birmingham’s ‘Drop and Collect’ self-test initiative in September - November 2020. The personnel were stated to be needed

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<sup>29</sup> Another example of a request for assistance: military personnel were requested via a MACA request (to which the caveat at paragraph 7.b applies) to support Greater Manchester local authorities in delivering asymptomatic testing in December 2020: see 20201219-RESCRIPT-MACA-Greater\_Manchester\_Community\_Testing\_20\_424.

<sup>30</sup> [PW/25 - INQ000592985]

<sup>31</sup> [PW/26 - INQ000592974]

<sup>32</sup> [PW/27 - INQ000592973]

<sup>33</sup> [PW/28 - INQ000592981]

to augment the existing civilian workforce in the delivery and collection of tests from private properties.<sup>34</sup>

60. Second, MOD personnel provided support with testing efforts designed to target the most vulnerable individuals. An example I have been given from personnel within MOD is that the military worked with DHSC to provide testing support to English care homes. Working in pairs, military crews helped to ease the burden on carers, by dropping off and collecting testing kits using vehicles with climate controlling capabilities. Over 100,000 testing kits were couriered to care homes. MOD has also been able to identify a MACA request, which – whilst the caveat I have outlined above paragraph 7.b applies – shows that the MOD was requested in May 2020 to provide personnel to assist MTUs in dropping off and collecting test kits from care homes.<sup>35</sup>

61. Third, MOD personnel were also deployed to support the management and planning side of the national testing programme. One example MOD has been able to source of this, is that MOD worked with DHSC, and other stakeholders, to establish nine regional assistance teams designed to support Local Authorities in their efforts to support testing in the community. These regional assistance teams formed part of a broader management network within which they worked.<sup>36</sup> Further, MOD has again been able to locate some MACA requests which – whilst the caveat I have outlined above at paragraph 7.b applies – illustrate how MOD was being asked to provide such management and planning support:

- a. MOD received a MACA request from the OLS in March 2020 aimed at helping the OLS deal with short-notice staffing shortfalls and requesting that MOD provide both planning and on the ground support. The request was to provide: (i) a dedicated small command and control team to the DHSC's programme management office which could monitor emerging risks to the delivery of the testing programme and control the short-term deployment of military personnel; and (ii) a pool of approximately 180 military personnel to be able to deploy where required to established test centres to carry out testing roles or assist with the training of other testers.<sup>37</sup>

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<sup>34</sup> [PW/29 -INQ000592952]

<sup>35</sup> [PW/30 - INQ000592953]

<sup>36</sup> [PW/31 - INQ000592966]

<sup>37</sup> [PW/19 - INQ000592989]

- b. A MACA request from the OLS sought the deployment of Regional Activation Teams (also known as Regional Liaison Teams) by MOD to help deliver mass testing in the North East, North West and Yorkshire & Humber in November/December 2020. The request was for the teams to “engage with Local Authorities and Directors of Public Health at the Regional Level to catalyse the planning process for Regional Mass Testing and identify where future Public Sector planning effort may be sourced from”. Further, they were also to triage available resources and identify any areas lacking in resource.<sup>38</sup> Later, an extension to the request was sought to deploy such teams to all 9 English Regions.<sup>39</sup> Such teams were requested to be deployed until approximately the end of March 2021, following subsequent MACA extension requests.
- c. MOD was requested by the Scottish Government, via a MACA request in November 2020, to support a mini mass testing programme through the deployment of a “National Planning Support team, Health Board Advise and Assist Planning Teams (North, Central and South) plus 5 x Mass Testing Planning Teams to NHS Lothian, Greater Glasgow and Clyde, Forth Valley, Lanarkshire, and Ayrshire & Arran”.<sup>40</sup> The request explains that local Public Health authorities had a shortfall in capacity and experience to undertake such an operation. The teams were requested to help with matters such as the refinement of the mini mass testing plan and helping to identify further potential MACA demands. Following this, another MACA request in December 2020 shows MOD was requested to provide additional planning support teams as this testing scheme was rolled out across Scotland<sup>41</sup> and support was requested to continue until 31 March 2021.

62. Fourth, MOD assisted with mass testing pilots, particularly which occurred in Liverpool, as demonstrated within the MOD Storyboard:<sup>42</sup>

- a. MOD has been able to source a Storyboard from SJC which explains its support to the Liverpool testing programme.<sup>43</sup> This states that “on 30 October 2020, the MOD was directed by the Prime Minister to enable the delivery of DHSC Mass Testing, accelerating the NHS Test and Trace Programme by taking the Whole Town Testing (WTT) approach to the City of Liverpool”. The latter commenced on

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<sup>38</sup> [PW/32 - INQ000592983]

<sup>39</sup> [PW/32 - INQ000592983]

<sup>40</sup> [PW/33 - INQ000592967]

<sup>41</sup> [PW/34 - INQ000592971]

<sup>42</sup> [PW/17 - MOD00003762] [PW/18 - INQ000592991, slide 38]

<sup>43</sup> [PW/35 - INQ000593000]

6 November 2020 and over 200,000 tests were conducted. Further, the programme “pioneered the nation’s first city-wide asymptomatic pilot, informed national level policy and assisted the design of future roll-out. Lessons from the pilot, originally known as Mass Asymptomatic Serial Testing (MAST), now forms the basis of new targeted methods of delivery in Systematic Meaningful Asymptomatic Repeated Testing (SMART)”. As the Storyboard explains, the success of this allowed the city to exit Tier 3 restrictions on 3 December 2020 allowing Liverpool to optimise its economy. Further, when military support ended, its legacy was “32 civilian-operated ATS, a sustainable delivery model, a trained workforce in excess of 500, a T3 cadre and a mobile ATS concept in DHSC’s hands”. Additionally, the military “helped evolve asymptomatic testing, from Mass Testing to targeted SMART Community Testing” and its ‘in-flight lessons’ were “shared across Defence and HMG”.

- b. Following the success of the above, the same Storyboard shows that further military support in a second pilot expanded SMART to include the other five Merseyside boroughs of Halton, Knowsley, Sefton, St Helens and Wirral. For example, MOD has located a MACA request “for military delivery of LFD testing in support of the Liverpool City Region” until 12 December 2020, including to assist the City to transition to a sustainable testing delivery model, run by civilian/commercial staff.<sup>44</sup>

63. Fifth, MOD personnel were also deployed to assist with schools testing. To give some examples:

- a. MOD has been able to source a document outlining MOD support provided to an Antigen Test Pilot in Schools in the South West.<sup>45</sup> This states that Service personnel deployed to two local schools, South Wiltshire Grammar (in October 2020) and Poole Grammar (in November 2020) and helped deliver tests.
- b. MOD has also located MACA requests which illustrate how MOD was being requested to support testing in schools (to be clear, the caveat I have outlined above at paragraph 7.b applies). For example, a MACA request asked MOD to provide personnel to support the delivery of asymptomatic lateral flow testing to 42 educational establishments in the Bury, Oldham, and Salford local authority

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<sup>44</sup> [PW/36 - INQ000592965]

<sup>45</sup> [PW/37 - INQ000592980]

areas. The request asked for personnel to assist in providing a liaison 'link' with the local authorities, as well as training staff on how to conduct testing and delivering testing in June – July 2021.<sup>46</sup>

*(g) Other areas of MOD involvement in relation to the testing programme*

64. One further area of MOD involvement which I have not yet addressed was the support provided by military biomedical scientists to both DHSC and PHE as part of Pillar 1 of the Testing programme (i.e. NHS Testing). The information I provide here in relation to this has been shared with me by MOD personnel within DMS. This arose as part of a MACA where the scientists assisted in developing a new test for Covid-19 which needed to be rolled out at scale. They helped by validating, verifying and developing standard operating procedures, as well as delivering training for laboratories rolling out new diagnostic capabilities.

**F. CONTACT TRACING**

*(a) The role of the MOD in the development, testing/trialling and implementation of the contact tracing apps*

65. DSTL, beyond what has already been addressed above at paragraph 38, was also involved in supporting the development of the NHSx Covid-19 contact tracing application. I have sourced information as to this from other personnel within MOD, and the available documents, which I exhibit alongside this section:

- a. This came about following a request by NHSx in March 2020 and lasted for 2 months, until May 2020.
- b. The support was comprised of providing scientific assurance to the governance board of the NHSx app, including providing peer review of the NHSx app's underlying model's configuration and modelling (no support was provided in respect of cyber risk or information assurance considerations). In this period, DSTL were also invited by NHSx to support the scientific assurance of the behavioural science aspects of the NHSx developed app, and provided advice on linguistics, communications & messaging. For example, DSTL experts provided

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<sup>46</sup> [PW/38 - INQ000592982]

'Top Tips' for communication and messaging based on behavioural science.<sup>47</sup> They also provided advice on "*key considerations to make, to ensure optimum language use when communicating with the user via an app*", based on previous psychological and behavioural findings/recommendations surrounding Covid-19 communications.<sup>48</sup>

66. Another example of support which MOD has been able to identify from available documents is that MOD assisted in progressing the NHS Contract Tracing App, through providing personnel to trial the app:

a. This has been sourced from a timeline set out in Annex C of MOD's written evidence to the HCDC.<sup>49</sup> It explains how this occurred in May 2020, and involved MOD providing personnel to play out a number of 'real life scenarios' in order to allow NHSx to "*develop their technical understanding of the impact of these anomalies, improve performance across different operating systems and develop appropriate patches to fix issues*".

b. MOD has also identified that on 8 May 2020, NHSx made an initial request via MACA to use military personnel to trial their trace and track application.<sup>50</sup> An additional two MACA requests were submitted for repeat trials on 27 May and 3 June 2020,<sup>51</sup> and were to replicate the initial assurance testing of the app as previously requested. The task was required to ensure the government's launch of the Test, Trace & Certify programme in June 2020 was not compromised by insufficient field assurance testing of the App due to circumstances caused by the lockdown. Service personnel were requested to work with the NHSx application development team to test the technical proximity detection capability in everyday scenarios. As I understand this information relates to MACA requests, I highlight once again that the caveat outlined above at paragraph 7.b applies.

67. Beyond this, other areas of MOD had a very limited role in any such apps. I can only provide the following information which MOD has been able to source from other personnel:

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<sup>47</sup> [PW/39 - INQ000592977]

<sup>48</sup> [PW/40 - INQ000592979]

<sup>49</sup> [PW41 - INQ000497459]

<sup>50</sup> See: (i) [PW/42 - INQ000592951]; and (ii) [PW/43 - INQ000592957]

<sup>51</sup> See: (i) [PW/44 - INQ000592955]; (ii) [PW/45 - INQ000592959]

- a. I exhibit here a document detailing that MOD provided logistics support to the NHSx “Tracing, Testing and Certification Trial” in the Isle of Wight.<sup>52</sup>
- b. Whilst not in respect of ‘contract tracing apps’ *per se*, I am told JHub (UK Strategic Command’s innovation hub) was involved with Project Oasis, where it was commissioned to manage third party ‘Symptom Tracking apps’ from 4 April and 8 August 2020 in support of NHSX’s response to the COVID-19 crisis. The aim was to collect and aggregate data from such third-party apps, and make it available to the NHS to understand the spread of COVID-19 at a national and local level. Whilst a design specification was produced, ultimately the capability was not exploited by NHSx and follow-on funding to the commercial supplier was not made available. NHSx sought that Project Oasis be shut down on 7 August 2020, on the basis that DHSC was in the final stage of contracting another commercial app supplier to permit user data capture (including symptom data).<sup>53</sup>
- c. I have been asked to address whether MOD assisted with testing the contract tracing app at RAF sites. From the information MOD has been able to gather from its personnel, I understand that NHSx approached MOD to conduct an experiment of the contact tracing app using personnel at a single RAF station. However, the information that MOD has been able to source suggests this did not ultimately go ahead. It may be that further information exists, but MOD is a large organisation and this represents what it has currently been able to gather.

68. From the information MOD has sourced from its personnel, I understand MOD did not collect and collate data from contact tracing apps as a result of the above. It only used information passed on to it from contact tracing apps to inform its own internal health protection measures (i.e. the way any other organisation with personnel using the contract tracing apps would). In particular, DSTL personnel have explained that it did not have access to the data processed, collected or stored by any of the contact tracing apps.

69. Finally, I also understand from the information MOD has been able to gather, that it did not play any role in the closure of any contract tracing apps.

*(b) Involvement of the MOD in other aspects of the national contact tracing programme*

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<sup>52</sup> [PW/46 - MOD00003764]

<sup>53</sup> [PW/47 - INQ000592972]

70. The information in this section has been sourced from information provided by other personnel within MOD.

71. I understand that MOD did not have any further involvement with the national contact tracing programme, beyond the fact it supported it by engaging with NHS Test and Trace and PHE Health Protection Teams as part of case and outbreak management of its own personnel. MOD developed its own Covid-19 reporting mechanism. This enabled it to collate information on suspected and confirmed cases of Covid-19, ensure cases were isolated in accordance with national guidance (interpreted through Defence Advice Notes) and that contacts were appropriately followed up. In the course of this, DPHU worked with PHE and representatives from the national Test & Trace team to ensure information kept flowing between the organisations. The results of these discussions were that Test & Trace and PHE agreed to include Defence specific processes for case and contact management in their protocols to ensure consistency. This activity was for internal MOD purposes and did not influence the overall effectiveness of national contact tracing outside of MOD settings.

72. For completeness only, I also highlight the following examples of MOD support with TTI activity, which I understand to have occurred (from information provided by other personnel within MOD):

- a. In August 2020, an MOD consultant in Public Health provided public health advice to a Military Advisory Team, which had been deployed to Leicester, to support a local enhanced response to civilian outbreak management. This was an 'observe and support' role only.
- b. DMS had public health trainees on placements with PHE during the Pandemic. They will have been involved in supporting TTI activity, but under PHE's direction rather than MOD's.
- c. Planners and other experts also worked alongside DHSC and NHS England HQ staff supporting decision making and coordination. This involved a team from MOD being deployed to provide support to 'Test and Trace', to bring in programmatic coherence and undertake a variety of roles. This team was under DHSC's direction.

## **G. ISOLATION**

(a) The MOD's involvement in the isolation programme

73. The information in this section has been sourced from information provided by other personnel within MOD.
74. From the information MOD has been able to gather, it had no significant involvement in the national isolation programme needed. Any involvement in isolation policy appears to have been limited to interpreting and enacting national guidance for its own Personnel and for its Defence Estate in the UK and overseas. In doing so, MOD sought to cohere with national policy and guidance around isolation wherever possible but deviating from national policy where necessary for operational purposes.<sup>54</sup>
75. Beyond this, any further involvement was ad hoc. One example MOD has been able to locate is that in January 2021, DSTL supported the UK Border Force, using its behavioral science expertise, to develop a range of options to influence passengers to adhere to the UK's Covid-19 laws and guidance and ensure they will self-isolate. This was a short task carried out from 21 January 2021 to 31 January 2021. It considered the strengths and weaknesses of approaches available to promote self-isolation and produced an advice note for the Border Force.<sup>55</sup>

**H. DATA AND MODELLING**

76. In this section, I briefly outline any further data collection and/or analysis undertaken relating to MOD's involvement in the TTI programmes during the Pandemic. The information which follows has been sourced from other personnel within MOD, and any available supporting documents:
- a. The principle 'data collection' exercise to highlight is that a team from DSTL assisted the Scientific Pandemic Influenza Group on Modelling Operational sub-group ("**SPI-M-O**", this being the group responsible for providing epidemiological modelling advice to SAGE) to streamline epidemiological modelling data. The team acted as a data broker to clean, handle and store sensitive data and subsequently generate anonymised, non-attributable data streams on matters such as hospital admissions and deaths. These streams were then used by the independent groups

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<sup>54</sup> For example, I am told that in March 2020, DPHU worked with the PHE Covid-19 Guidance Cell and DSR to interpret national household isolation advice into draft advice for the Defence Estate, in order to reflect differences between household settings and communal living in military barracks style accommodation.

<sup>55</sup> [PW/48 - INQ000592988]

of modellers working for SPI-M-O to generate forecasts of the reproduction number (R) daily incidence, deaths and hospitalisations. Following this process, a separate team at DSTL then combined those forecasts into a single, robust estimate. In other words, they “*combined the outputs of between three and 15 world-class models into a single, robust estimate that could inform decisions within hours*”.<sup>56</sup>

- b. A further instance of such an activity, which I have been informed about was a zero-surveillance study of Service Personnel in a London Barracks conducted by PHE but supported by DMS Public Health Specialty Registrars. I understand the published results informed the New and Emerging Respiratory Virus Threats Advisory Group (“**NERVTAG**”) in relation to live virus isolation and transmission dynamics.

## **I. EQUALITIES**

- 77. MOD has not yet been able to source any information in relation to it conducting or participating in any equality impact assessments specifically relating to the impact of the pandemic (and particularly the impact of test, trace and isolate measures) on those with protected characteristics. I note that, because MOD undertook a supporting role – particularly with TTI – it would not be usual for MOD to have been responsible for conducting any such equality impact assessments itself, as it was effectively just providing its workforce and expertise to policies designed and put in place by other areas of Government. Such material may exist, but MOD is a large organisation, and it has not yet located any such information.
- 78. There are only two examples MOD has been able to gather from its personnel, which may be useful to note.
- 79. First, MOD did consider the equalities impact of its own Defence-specific Covid-19 policies (i.e. policies produced drawing on guidance from PHE but written for military health care professionals managing military personnel) and there exists material as to this. However, given MOD’s understanding of the scope of this Statement (as outlined at paragraph 8 above), we do not understand such assessments to be particularly relevant to the Inquiry and I therefore have not addressed this further in this section.

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<sup>56</sup> [PW/49 - INQ000592993]

80. Second, I have been informed there was some concern within DMS regarding the access to 'test and trace' by personnel based or deployed overseas. Therefore, the impact of COVID-19 on overseas bases was considered: for example, Defence Intelligence monitored the impact of the Pandemic on bases in the British Overseas Territories. This included MOD civilians, UK Nationals and dependents serving at UK Strategic bases and Sovereign territories.

## **J. LESSONS LEARNED**

81. As an overarching point, I note that various lessons learned exercises will have been conducted by MOD with respect to the Pandemic generally. However, such lessons learned exercises have been broad, rather than specifically tailored to the issue of TTI. To the best of my knowledge, there have not been any lessons learned exercises by MOD in respect of the national TTI programme specifically.

82. I have been asked to outline the lessons learned exercises conducted and their outcomes. This has already been addressed in the Williams Statement at paragraphs 128 to 138, which I have annexed to this Statement.

83. I have also been asked to describe MOD's critical reflections on (i) its involvement in the pandemic; and (ii) the work being done, from MOD's perspective, in relation to planning for future pandemics. This has also been addressed in the Williams Statement at paragraphs: (i) 158 to 159 and (ii) 139 to 157, as annexed to this statement.

84. Beyond this, there is only one further example which may be worth addressing. I have been informed that DMS Organisational Learning established a lessons capture process during the Pandemic.<sup>57</sup> This was an internal process, and it was emphasised to me that perspectives outside the DMS were not captured. Instead, input was received from across the DMS, single Services (sS) Healthcare representatives and operational areas including PJHQ SJC(UK) and the Covid Logistics Cell responsible for supplying and monitoring MOD usage at Authorised testing sites. This culminated in valuable observations and insights being captured, which were then presented at a Mission Exploitation Seminar in 2020: this intended to capture and analyse the observations/lessons learned from all phases of the Pandemic.<sup>58</sup> However, within this process little evidence of operational/strategic lessons learned was captured specifically in respect of 'TTI.

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<sup>57</sup> [PW/50 - INQ000592976]

<sup>58</sup> [PW/51 - MOD00003726]

**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: Paul Wyatt, DG Policy

**Personal Data**

Dated: 12.06.2025