

Written evidence submitted by the Ministry of Defence

Defence contribution to the UK's pandemic response

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Questions posed by the Committee are incorporated throughout the memorandum in italics.

1. Executive summary

1.1. Since March 2020, support to the national COVID-19 response has been Defence's highest priority, after the continuation of its non-discretionary tasks, such as the Continuous At Sea Deterrent. The Department's response grew rapidly from supporting the January 2020 assisted departure of British nationals and other eligible people from Wuhan, China. Defence quickly established a COVID-19 Response Team, reinforced the Standing Joint Commander (UK) (SJC(UK)) as Joint Commander for military activity within the UK and established a COVID Support Force (CSF) tailored to the whole of Government response. Defence personnel have been engaged at all levels of the rapidly evolving national effort and contributed their unique skills, versatility, resilience and commitment throughout the ongoing response. Given COVID caused a near unprecedented scale and tempo of requests for Defence support, both domestically and abroad, the Defence Secretary took an early decision to delegate authorisation of support to civil authorities to the Regional Commanders, except for those requests which were novel or contentious. Ministers maintained scrutiny and oversight through regular reporting, but such delegation ensured that life-saving and critical support was not unduly delayed.

1.2. By 1st June, 163 tasks – all those formally requested – had been conducted at the request of the civil authorities and Devolved Administrations, and at its daily height at that point, 3,943 Defence military personnel were deployed, outside of their normal duties, as part of the response. Tasks covered a variety of activity, from the widely-reported assistance to temporary hospitals (including Nightingale hospitals) and the National Testing Programme, to providing behind the scenes logistical, analytic, planning and commercial expertise. Defence also supported repatriations from overseas and delivered military support to the Caribbean Overseas Territories. Military and civilian specialists from the three Services, as well as Defence Intelligence, Defence Equipment and Support (DE&S), Defence Science and Technology Laboratory (Dstl) and several other enabling organisations all contributed to our response.

1.3. The Department maintained its core outputs and non-discretionary tasks throughout, as well as the training that directly supports current and future operations. Abroad, we adjusted our deployed operational footprint to mitigate the growing medical risk posed by COVID-19, while augmenting the Permanent Joint Overseas Bases (PJOBs) to prepare for outbreaks. Throughout, the safety and welfare of our people were, and continues to be, paramount and the Department has measures in place to safeguard and reduce the risks to them and their families, consistent with wider Government guidance.

1.4. Defence is now establishing an effective and sustainable 'new normal' to continue delivering its core and wider outputs under the constraints of COVID-19 for however long that is required. Concurrently, we are maintaining a rebalanced CSF that can fulfil current tasks and respond to future requests or increases in demand. This approach continues to be managed through the specially established senior Defence COVID-19 Governance Board, with oversight from the Secretary of State for Defence and his Ministers.

2. MOD planning and preparedness for a pandemic

To what extent were Defence personnel involved in developing national plans for a pandemic response?

2.1. Defence plans for, and maintains capability to, respond to a broad range of threats and disruptive challenges the UK faces, however, it is the civil authorities who lead planning for, and responding to, most domestic emergencies. The Department does not have a lead role for domestic focused National Security Risk Assessment (NSRA) risks or National Resilience Capabilities Programme (NRCP) capability areas. We do engage fully in the planning for NSRA risk owned by lead government departments. The Department's support to HMG's pandemic response, the NSRA's top risk, is driven by Cabinet Office guidance, including the NRCP and the Pandemic Flu Readiness Board.

2.2. Defence personnel engage at all levels throughout the national crisis planning process. The Department has been an active participant in the National Security Council (Threat Hazards Resilience and Contingencies) sub-committee, which oversaw the Cabinet Office's compilation of the NSRA and the wider NRCP. This engagement includes working with partners in departments and responder agencies on planning and analysis, developing and reviewing the Military Assistance to Civilian Authorities (MACA) arrangements, exercises and the testing of capability. This engagement ensures that we understand the potential need for Defence capabilities, avoid duplication of niche capability, such as those related to Chemical, Biological, Radiological and Nuclear (CBRN), and maintain awareness of how Defence could provide support. Defence is configured to deliver its own outputs (including niche capabilities not available to the civil authorities). It has, however, equipment, personnel, expertise and knowledge to be able to effectively assist the civil authorities in a wide range of scenarios. This includes a pandemic where the roles and capabilities Defence might be asked to fulfil are not significantly different to those for any other emergency.

What specific preparations had the MOD/Armed Forces made for pandemic response?

2.3. 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.

2.4. The plan was enacted through a MOD HQ based multi-disciplinary COVID-19 Response Team that provided appropriate policy direction to the Department on managing the impacts of COVID-19 on Defence, facilitated the strategic HQ function to direct the COVID-19 response, and managed the outward facing MACA delivery. Having plans and resources in place, coupled with effective MACA mechanisms to call upon Defence capabilities, was key to delivering the Department's response. It was also important that the Whole Force of Regular, Reserves, Civil Servants and contractors could be mobilised as needed to provide a surge capacity of trained personnel.

What lessons were learned/implemented from previous emergencies and exercises?

2.5. The Department's well-developed lessons process forms part of any operation or exercise, and has ensured that our approach to responding to crises and emergencies remains current and effective. National and local training, exercises and live operations test interoperability with other responders and agencies and provide valuable opportunities to capture lessons. The Department constantly reviews the ways in which it is anticipated to support the civil authorities and lessons inform short- or longer-term action, including revisions of standing operational plans and cross-government MACA agreements. While unprecedented in nature and scale, operations BROADSHARE and RESCRIPT benefited from lessons learned from previous operations, for example:

2.5.1. The role of SJC(UK) in Op RESCRIPT, including the authority to deploy and employ capabilities, was based on experience of SJC(UK)'s role during Op OLYMPICS.

2.5.2. Op REDFOLD, Defence's contribution to Op YELLOWHAMMER, the Government's no-deal Brexit, provided many lessons on generating and holding large numbers of military personnel at readiness and redeploying MOD civil servants to support other parts of Government.

2.5.3. Defence's ability to respond as part of a complex inter-agency incident was improved through Op MORLOP our response to the use of Novichok in Salisbury 2018.

3. Coordination between Defence and the national and local level

How effective has coordination between MOD and other government departments/agencies been?

How have the MOD and the Armed Forces interacted with the Devolved Administrations?

3.1. Defence staff routinely engage with colleagues across the civil authorities and with responders developing crisis response capability and undertaking operations and exercises. This engagement develops productive relationships and mutual understanding. As the pandemic unfolded, the Department's COVID-19 response team and SJC(UK) HQ built on existing touchpoints and relationships across Government departments, the Devolved Administrations and responding agencies to quickly understand the situation and identify possible support needs.

3.2. The unprecedented national response to the COVID-19 crisis not only saw the expansion of existing stakeholders but many new national and local ones engage with Defence. Different and separate organisational processes, unfamiliarity of some with the MACA process and the sheer volume and scale of the requests for support provided some early challenges. Defence quickly expanded its liaison network with military and civilian personnel embedded in, supporting and working closely with, Government departments, the Devolved Administrations, NHS, local authorities and responders. This network included military planners, medical liaison officers and other subject matter experts providing specialist advice and support to the domestic response and our assistance overseas.

3.3. 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.

3.4. At the regional level we expanded our existing Joint Military Command liaison network in each Local Resilience Forum with 160 additional Liaison Officers. The regional Joint Military Command HQs were also reinforced with personnel conducting a range of tasks across the regional response. In addition to the liaison network, planners and specialist personnel were provided to across a variety of forums through separate MACA requests.

3.5. Given the scale and tempo of requests for Defence support, both domestically and overseas, the Defence Secretary took an early decision to delegate authorisation of support to civil authorities and Devolved Administrations to the Regional Commanders, except for those requests which were novel or contentious. Ministers maintained scrutiny and oversight through regular reporting.

3.6. Defence has a permanent liaison officer embedded in the Cabinet Office Civil Contingencies Secretariat and, in response to COVID-19, we increased that presence fourfold, providing capacity to quickly respond to emerging issues. Defence also provided a team of seven operational analysts and other specialists as required. We seconded two senior civil servants to reinforce the duty Chief of Staff function. Elsewhere in the Cabinet Office we reinforced the central COVID-19 Secretariat with 40 civil servants and military officers supporting strategy work, programme management, central coordination functions and rapid response activity.

3.7. As the Department of Health and Social Care (DHSC) response and NHS England headquarters expanded, over 60 military officers and civil servants provided liaison, planning and operational support, working in the incident response and other teams including testing, temporary hospitals and PPE distribution. The Foreign and Commonwealth Office (FCO) repatriation cell was supported by a military team of six linking into the MOD overseas repatriation team. Ten liaison officers and planners were embedded in the Ministry of Housing, Communities and Local Government (MHCLG). Liaison officers were also embedded in Ministry of Justice and the Department for Business Energy and Industrial Strategy. Defence continued its close relations with other departments through existing networks.

3.8. Strategically, Defence Ministers and officials represented the Department at cross-Government committees and meetings, including COBR and Ministerial Implementation Groups. The Minister for the Armed Forces spoke to each Devolved Administration to discuss how the MOD might assist and support devolved services in coping with the pandemic. There were regular discussions between Defence officials and military officers with the Devolved Administrations, departments and agencies on a wide range of COVID-19 related matters.

3.9. The liaison and planning officer network was a major contributor to the MACA process's effectiveness and ensured requests for military and other assistance, where appropriate, and could be delivered effectively. The presence of these liaison officers, especially in DHSC, NHS England and the MHCLG, was well received and encouraged a swift, effective cycle of information sharing to enable the Government's response. The medical military liaison officers embedded alongside the NHS National Emergency Preparedness, Resilience and Response organisation were crucial in the timely progression of MACAs through the system. Military staff worked closely with NHS England to help redesign the personnel protective equipment (PPE) distribution system and with DHSC staff to develop, create and operate the Mobile Testing Unit model. Military planners also assisted the FCO to plan an unprecedented number of repatriations of British nationals and other eligible people.

4. How Defence supported the civilian authorities during the pandemic

What capabilities can the Armed Forces offer and have these been employed appropriately and in good time?

4.1. In capability terms, for COVID response and support more generally, Defence can employ skilled, trained and equipped personnel in numerous types of situations and at pace. The capabilities that Defence can provide are broad and not only military in nature. While some capabilities are specific to a task, many will have general utility across a broad spectrum of responses. A response may comprise a package from specific trades such as logisticians, engineers, drivers and medics; aviation assets; and generalist personnel to provide manpower to assist in, for example, floods, wildfires and snow. The Defence estate may also be provided. Defence maintains certain niche assets to assist with counter-terrorism, explosive ordnance and CBRN emergencies. Personnel and capabilities can be held at varying states of readiness for a task and be drawn from units specifically suited to the task or geographically close. In providing support and assistance, the Department is mindful that this meets an immediate need and, where required in the longer term, is replaced by sustainable solutions. Such non-COVID support continued for necessary tasks throughout, such as responding to fires in moorland or emergency medical evacuations to move a patient by air to specialist care across the nations.

4.2. For the response to the pandemic, Defence stood up the CSF and brought Defence capabilities to readiness in anticipation of calls from the civil authorities for assistance. The CSF was established in March and held at readiness to provide support to the civil authorities and deploy overseas as required. The force comprised some 20,000 military personnel from all three services covering skills that included planning, logistics, and medical. In addition, military and civilian specialists from the three Services, Defence Intelligence, DE&S, Dstl and others contributed to the response. Military air transport, both fixed and rotary wing, assisted in the rapid transfer of critically ill patients and the transport of essential medical stores and personnel from the more remote locations of the UK, Crown Dependencies and internationally. Medical personnel were a strategic asset supporting the nation's health departments and NHS. Planners and other military capabilities were able to rapidly deploy to support the Overseas Territories. The understanding and insight provided by the liaison and planning officer network enabled Defence to anticipate the level and type of support potentially sought. Defence was able to respond in a timely manner to all requests.

What have been the primary contributions/achievements of Armed Forces to date?

4.3. Early analysis of potential Government and civil authority requests for military support indicated the need for up to 20,000 Defence personnel at high readiness prepared to support the direct delivery of public services. Defence set up the CSF, a significant proportion of which was comprised of general duties personnel. In practise, the impacts of COVID have not been as severe as the worst-case planning assumptions anticipated and public services have proven resilient. The actual requirement on Defence has often been for a resilient workforce with specific skills such as logistics, engineering, analysis and project management. By 1st June, 163 tasks had been conducted at the request of the civil authorities and Devolved Administrations, of which 127 had been completed. At its daily height at that point, 3,943 Defence military personnel of the CSF were deployed, with over a third providing specialist skills. Annex A lists the Op RESCRIPT MACA tasks. The support Defence provided included:

4.3.1. **Liaison and planning support.** From the outset, Defence deployed hundreds of liaison officers and planners across the UK into Government departments; within NHS national, regional and local structures; and to numerous local agencies and resilience forums.

- Personnel were not only able to advise on potential options for broader Defence support and the processes by which to request it, but were able to bolster plans to best delay, contain and manage the impact of the virus across several sectors and themes. Defence personnel were able to offer a different perspective and constructive challenge function to these processes, providing important additional intellectual input to the planning.
- Defence also provided the aforementioned specialist assistance in areas including medical, logistics, engineering, programme and commercial, data analytics, problem-solving and analysts, and information management.
- Defence provided in-depth planning support during the construction of Nightingale facilities, demonstrating the ‘Rehearsal of Concept’ method of detailed planning, which DHSC, NHS and PHE had not experienced before, and subsequently used for other projects.

4.3.2. **Temporary hospital facilities.** Beginning with the first Excel London Nightingale facility, Defence supported the delivery and operation of the Nightingale, Louisa Jordan and Dragon Hearts hospitals.

- Defence provided Military Mentoring and Advisory Teams with expertise in infrastructure, logistics, project management and medical advice assisting the design, build and early operation.
- Over 800 engineers, electrical and plumbing trades, planners, project and commercial specialist and general duties personnel supported the build of these essential facilities. Engineer and logistics reservist officers exploited their industry experience to accelerate the project’s delivery.
- Defence medical personnel supported the hospitals’ early operation.

4.3.3. **Defence Medical Service.** Defence Medical Services contributed more of its staff to the COVID-19 response than any other part of Defence.

- Over half of the 6,500 strong Defence Medical Services were involved in the pandemic response, or ready to do so. This included 1,600 clinicians who were already employed within NHS hospitals (to maintain clinical currency and prepare for operations), 1,000 in Defence Primary Healthcare and 150 deployed overseas treating our personnel, and 750 medical staff held at very high readiness to deploy on operations.
- A COVID Medical Support Force was drawn from across Defence to provide additional clinicians who were intelligently deployed to meet local NHS and DHSC need.
- Drawing on experience from recent operations, we developed and deployed innovative medical capabilities, such as ten Critical Care Transfer Teams to move seriously ill patients between hospitals and aeromedical teams to support the evacuation patients back to the UK and transfer seriously ill patients within the UK.
- The service established the Clinical Research And Innovation Gateway (CRAIG) to harness ideas and spread best practice.

4.3.4. **Testing.** Military personnel continue to play an important supporting role in the development and management of the national testing programme.

- With DHSC civil servants, the Army designed and deployed mobile testing units whose number has significantly increased to meet demand with some 1,150 involved in their delivery. Military personnel also helped organise and carrying out tests within regional testing centres and couriered over 100,000 testing kits to care homes.
- Planners and specialists from several fields assisted in the design, development and trialling of Test and Trace.
- Planners and other experts have worked alongside DHSC and NHS England HQ staff supporting decision making and coordination.
- Dstl has provided laboratory testing capacity along with its scientists and analysts undertaking research and providing advice across Government.

4.3.5. **Logistics.** Defence continues to support the delivery of PPE across the UK.

- A logistics team supported the NHS distribution system to deliver unprecedented amounts of PPE from an initial customer base of 242 hospital Trusts through to circa 50,000 end users across the primary, secondary and social care sector.
- Defence reinforced staff at the national medical distribution centres including the PPE deep stockpile. Planners supported the daily planning and operation of the complex supply and distribution of PPE.
- Immediate Replenishment Groups made last resort deliveries of PPE to prevent NHS Trusts from closing and delivered over 5 million items of PPE directly to the Trusts.
- The Defence logistic hub at Donnington in Shropshire distributed over 10,500 different pieces of critical care medical equipment, including over 3,700 ventilators, to NHS Trusts and hospitals. The hub also stored and distributed ventilator spares to reduce pressure on NHS and commercial supply chains.

4.3.6. **Commercial support.** Defence provided departments with expert procurement and commercial support and advice.

- A ‘New Buy PPE’ team based in DE&S was formed and led by supply chain, procurement and technical quality assurance experts. The team triaged and undertook commercial action to enable DHSC to approve and place orders for approaching 10 billion items of PPE worth £5.3 billion with suppliers all over the world, many of which were hard-to-source items.
- Procurement, engineering and logistic advice was provided to the Government’s Ventilator Challenge team and supported the acquisition of hard-to-source ventilator components.
- Defence commercial staff continue to support other COVID-19 procurement activities across government, including the Vaccines Taskforce.

4.3.7. **Innovation.** Defence offered a number of innovations, two examples of which being:

- MOD personnel provided advice to Cabinet Office officials designing an analytical tool to use publicly available location data to assess the scale of crowding in public spaces; providing decision makers with daily updates on geographic hotspots where social distancing was not being observed.
- The logistic support to the NHS enabled new distribution initiatives, including the development, by a reservist using his commercial experience, of an eBay/Amazon-like online PPE portal to facilitate access by small care providers and GPs.

4.3.8. **Repatriation of British citizens.** Supporting FCO charter flights and using spare capacity on RAF flights, Defence personnel played a key role in the repatriation of British citizens from several countries and also assisted international partners repatriating their nationals.

- Military planners were embedded in the FCO to assist planning.
- Teams (including medical personnel) deployed on the ground to assist repatriations including Cuba and Peru.
- Military flights directly repatriated British and other nationals from several countries including Kenya, Afghanistan and Ukraine.
- Aircraft, personnel and facilities have also been held at readiness should they be required.

4.3.9. **Overseas Territories.** The military played an important role in supporting the Overseas Territories’ local government and civil authorities to manage their response.

- Defence provided military planners and where requested additional military support.
- A Critical Care Medical Team, supplies and an oxygen generation plant were sent to the Falkland Islands.
- Food and medicines were delivered to Gibraltar and urgent PPE transported to Ascension and St Helena.
- In the Caribbean, a twenty strong Security Assistance Team was deployed to the Turks and Caicos Islands. HMS MEDWAY and RFA ARGUS were also operating in the region.

5. Impact on readiness and operational requirements

Has military readiness been maintained throughout the pandemic?

Have ongoing operational requirements been met during the pandemic?

5.1. The Department prioritised operations and the delivery of critical Defence outputs (such as the deterrent, Quick Reaction Alert and counter-Da'esh operations) and the maintenance of training and direct support required to do so. Royal Navy vessels continued operations including HMS Queen Elizabeth continuing her operational sea training. RAF Quick Reaction Alert has been sustained throughout the crisis without any loss of readiness, including providing NATO air policing missions. Readiness to support the UK police in security emergencies, such as Op TEMPERER where large numbers of military personnel may be required, has not been degraded even when some 20,000 military personnel were at readiness for the COVID-19 response.

5.2. All parts of Defence that were delivering, preparing for or at readiness for operations continued to achieve core outputs throughout the lockdown process. Where it was prudent to do so, however, the Department proactively drew down personnel on some operations and other deployments. Following Government guidance personnel only attended the workplace where absolutely necessary and training and exercises were reduced to a minimum which from April onwards has progressively been recovered.

5.3. The focus for the overseas bases, operations and Defence network, has been to understand and mitigate the risk posed by COVID-19, drawing down non-essential activity (such as routine training tasks) while ensuring critical Defence activities can continue. Defence personnel have remained overseas and returning to the UK where there was a compelling medical and/or security rationale, and where appropriate, aligned with FCO decisions to drawdown core staff. The exemption from mandatory self-isolation on arriving in the UK for crown servants, government contractors, and personnel from Visiting Forces who are undertaking work necessary to the delivery of essential Defence activity will ensure that critical operations and programmes are maintained.

5.4. While we prioritised training required for critical Defence outputs, it was also important to continue training of units and individuals due to be deployed on operations in the immediate and near-term. Further work is required to understand the full impact of COVID-19 on the Armed Forces. Early signs are that the long-term impact on Defence outputs will be minimal. The Armed Forces have worked towards a safe and coherent training recovery with most either resumed or planned to re-start in the next few months. Where training was able to continue, appropriate COVID-19 protective measures were adopted. Training institutions, such as the Defence Academy, quickly enabled on-line delivery of their residential courses. The pandemic response has forced the pace of intended change in some areas and, once fully evaluated, some innovations may remain in the long-term.

5.5. Armed Forces recruitment ceased all face-to-face activity in accordance with COVID-19 guidance. People who had been engaged were switched to on-line and phone support to continue their recruitment. Medical provision and assessments remain key to fully restarting recruiting and allowing the Armed Forces to complete the recruitment process for candidates. PPE has been sourced and medical and dental support are due to resume by mid-June. On the back of a successful 2019/20 recruiting year, the Armed Forces have been able to allocate start dates to some candidates out to the autumn and certain trades are already full.

5.6. The Defence supply chain is essential to ensuring Defence operations and programmes are maintained. We have continued to track the impact of COVID-19 on the resilience of the supply chain, focusing on disruption to Defence outputs and the longer term resilience of the Equipment Programme. The Department is working with our suppliers to ensure critical supplies and activity is maintained and we have supported their compliance with government guidance, including ensuring that, where appropriate, their staff return to work safely. To maintain outputs, the Department was prepared to issue PPE in support of its key commercial partners. Wherever possible, we expect our suppliers to continue to deliver to plan and will hold them to account in line with contractual agreements. Acknowledging, however, the reality of restricted supply chains, we can, where necessary, amend contracts. Regular discussions with the wider supply network and trade bodies complement routine project team contact and provides reassurance and early warning of emerging issues to be mitigated. Conscious of the financial challenges suppliers face, we are ensuring invoices are paid promptly and payments flow down the supply chain and expect our direct suppliers to safeguard their subcontractors, particularly vulnerable small and medium-sized suppliers. While a small number of contract awards have been delayed, more than 500 contracts have been placed during the lockdown period which is comparable to last year.

6. The wider impact of COVID-19 on Defence

Have Armed Forces personnel been adequately protected undertaking their work?

6.1. The safety and welfare of our people is paramount, and the Department has measures in place to safeguard them and reduce the risks to them and their families. We have followed Government public health guidance throughout. Workplaces have been adjusted to meet COVID-19 guidance for when people have needed to work on site. All symptomatic personnel and household members have been eligible for COVID-19 testing, consistent with Government guidance. The Department issued a range of advice explaining and articulating national and departmental COVID-19 policy and guidance for a Defence context.

6.2. All service personnel working in clinical settings, including those carrying out COVID-19 testing, are equipped with the appropriate PPE in accordance with Government guidance. Guidance on the requirement for wearing PPE has been distributed widely across Defence. Defence has maintained an adequate supply of PPE throughout the crisis, closely integrating its demands into the DHSC allocation and prioritisation process. Where training has continued, all reasonable precautions are taken to protect those taking part. For those personnel where it was deemed appropriate, enhanced force health protection measures were recommended that may offer some additional protection to COVID-19.

6.3. For those serving overseas, in particular at the PJOBS, the Department also implemented a comprehensive range of measures, including: social distancing, isolation, school closures, returning those classed as 'vulnerable' to the UK, reducing the routine flow of personnel into and out of the bases and issuing appropriate PPE. COVID-19 testing was introduced for all personnel preparing to deploy outside the UK and for selected personnel held at high readiness. Testing when carried out alongside quarantine, isolation, enhanced hygiene and other measures, ensured that the risk of a COVID-19 outbreak was minimised as far as reasonably practicable and met any entry requirements imposed by host nations or coalition partners.

6.4. The Defence Medical Services established bedding down facilities to care for COVID-19 symptomatic Service personnel who could not self-care. Isolation facilities were provided for Service personnel who could not isolate at their normal place of residence. These safe and secure environments allowed personnel to recover and return to duty and reduce dependency on the NHS. Service personnel who experienced severe COVID-19 symptoms were admitted to NHS hospitals. Defence has established a medical wing at the Defence Medical Rehabilitation Centre for those that need respiratory, multisystem disease, cardiac and psychological support and rehabilitation in recovering from COVID-19.

6.5. Defence has seen reported absence rates broadly in-line with those across the public sector. An initial spike of 11.3% in the week beginning the 29th March has steadily declined. The Defence absence rate was well within both the Reasonable Worst-Case Scenarios issued by SAGE for COVID-19 and for Pandemic Influenza in the National Risk Assessment that Defence initially planned against.

Have funding levels and budgetary arrangements for these activities been adequate?

6.6. The cost of Defence's support to the Government's COVID-19 response and the additional costs the Department faces because of the pandemic are yet to be fully determined. The priority has been to deliver MACA where needed and manage Defence activity. Costs have been recorded and the marginal costs of conducting COVID-19 associated activity should be recovered by the Department. It will take several months before the financial implications of COVID-19 on Defence are fully understood.

6.7. The single Services and Top Level Budget holders retained existing financial delegations with SJC(UK) acting as the financial authority for COVID-19 MACA taskings, monitoring both the marginal and full (if appropriate) costs of activity, in accordance with standard MACA procedures. To ensure that costs were not a barrier, a separate financial cell was created to respond in a timely and appropriate manner. Cost recovery could begin as early as the summer, although this will not be the case for all activity. Departments in receipt of a large amount of support will likely receive, where possible, consolidated invoicing and updates. Cost recovery could span into the next financial year. It will also take some time before the total additional costs falling to Defence are fully known. Costs will include items such as PPE, additional IT and accommodation to support isolation. HM Treasury have been responsive and supportive across government during the crisis response, and while specific budgetary cover has not been allocated to Defence, the Department is in discussions on the additional pressure placed on the Defence budget as a result of the pandemic.

Are there lessons to be learnt from how other countries have employed their armed forces in this context?

6.8. It is too early to learn from how other countries have employed their Armed Forces supporting their civil authorities and identify best practice. Most nations are, unsurprisingly, still gathering observations and insights, and beginning their analysis which will, in due course, be shared with partners. Some early observations have been shared but are not yet mature enough to inform the current UK response.

6.9. The Department has long-established, trusted international lesson sharing relationships with many countries and NATO. Alongside formal mechanisms, the

Department has undertaken international comparator exercises, seeking to proactively identify lessons that might be learned. We have seen other nations employ their militaries in testing and the establishment of field hospitals in support of their respective health services, in similar ways to the UK.

6.10. Nationally, the MOD HQ COVID-19 response team, SJC(UK) and PJHQ have already begun to gather observations. All observations will be brought together in a formal evaluation event later in the year to determine how agreed lessons identified should be addressed and resolved. The Department will actively support any cross-Government lessons activity.

29 June 2020

Annexes

Annex A: Op RESCRIPT MACAs

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Annex C: Op RESCRIPT and Op BROADSHARE Time Line

Op RESCRIPT MACAs

Full list of Op RESRIPT MACAs that supported COVID (closed and open) **Correct as of 01 Jun 20**

By Department:

Department of State	Number of MACAs
Department for Business, Energy & Industrial Strategy	1
Cabinet Office	8
Department for International Development	1
Department for Transport	1
Department for Health & Social Care	93
Foreign & Commonwealth Office	1
Home Office	1
Ministry of Housing, Communities & Local Government	25
Ministry of Justice	5
Northern Ireland Office	2
Office of the Secretary of State for Scotland	9
Office of the Secretary of State for Wales	16
Grand Total	163

Activity Description:

Serial	Department of State	Summary
1	Department for Business, Energy & Industrial Strategy (BEIS)	Provision of planner to support BEIS work on the planning and reporting of manufacture and delivery of COVID-19 vaccinations.
2	Cabinet Office	Provision of up to 6x Communication Information Systems operators to COBR Technical Team for resilience.
3	Cabinet Office	Transportation of medical diagnostic equipment to centralised location in Milton Keynes.
4	Cabinet Office	Provision of support to Government Communications Service with detecting and monitoring misinformation and disinformation domestically and internationally.
5	Cabinet Office	Provision of Project, Programme and Portfolio Management practitioners to support Programme Management Office.
6	Cabinet Office	Provision of military intelligence operators, trained in open source intelligence analysis to reinforce their civil servant team.
7	Cabinet Office	Provision of military personnel to provide military planning expertise.
8	Cabinet Office	Provision of military personnel to install software tool onto Cabinet Office system, to assist with monitoring lockdown effectiveness.
9	Cabinet Office	Provision of planner to support Civil Contingencies Secretariat in planning for excess deaths and body storage.
10	Department for International Development	Provision of 2x MOD analysts.
11	Department for Transport	Use of RAF WADDINGTON for Maritime and Coastguard Agency aircraft.
12	Department for Health & Social Care (DHSC)	Provision of military personnel in support of the NHS (England).
13	Department for Health & Social Care	Provision of rotary wing aero-medical evacuation from Isles of Scilly to Newquay Airport for critically ill patient.
14	Department for Health & Social Care	Provision of oxygen drivers to reinforce NHS (England) oxygen supply chain.
15	Department for Health & Social Care	Provision of logistics planner to NHS (England) London.

16	Department for Health & Social Care	Support to mortuary services.
17	Department for Health & Social Care	Support to NHS PPE distribution.
18	Department for Health & Social Care	Use of Defence estate and possibly medical personnel to conduct testing for COVID-19.
19	Department for Health & Social Care	Non-medical personnel, with understanding of hospitals, to support University Hospitals of Coventry and Warwickshire NHS Trust to run operations room type facility.
20	Department for Health & Social Care	Full use of in-service military co-responders to bolster South Central Ambulance Service frontline services.
21	Department for Health & Social Care	Workforce, logistics, procurement and planners support to NHS (England) Excel facility (Project NIGHTINGALE), not involving providing clinical care.
22	Department for Health & Social Care	Provide general duties military personnel to assist with bed construction and other duties for Project NIGHTINGALE.
23	Department for Health & Social Care	Support to Project NIGHTINGALE.
24	Department for Health & Social Care	Provision of military personnel to conduct body handling at 2x temporary mortuary sites in London.
25	Department for Health & Social Care	Provision of skilled and unskilled labour to assist with build of Excel London (Project NIGHTINGALE).
26	Department for Health & Social Care	Engineering support to Guys Hospital to fit oxygen pipework extension.
27	Department for Health & Social Care	Provision of team of medical stores handlers to Excel London (Project NIGHTINGALE).
28	Department for Health & Social Care	Planning guidance and support to University Hospital Birmingham project team (Project NIGHTINGALE).
29	Department for Health & Social Care	Provision of military electrical engineers to Excel London (Project NIGHTINGALE).
30	Department for Health & Social Care	Military Mentoring and Advisory Team to embed into North West NHS (England) planning team.
31	Department for Health & Social Care	Provision of personnel to support to COVID testing sites.
32	Department for Health & Social Care	Provision of geospatial planners for NHS NIGHTINGALE expansion project.
33	Department for Health & Social Care	Support relocation of hospital equipment and set up in multiple locations across Cumbria.

34	Department for Health & Social Care	Tiger Team to review NHS (England) East of England PPE logistics supply chain.
35	Department for Health & Social Care	Support to Project NIGHTINGALE.
36	Department for Health & Social Care	Provide logistics support to NHS (England) London to collect and deliver ventilators around London as they become available.
37	Department for Health & Social Care	Support to planning, technical project management, medical operations and logistics and procurement for NIGHTINGALE Harrogate.
38	Department for Health & Social Care	A military planning support team, comprising an infrastructure engineer and draughtsman, to University Hospital Birmingham project team to enable the concept design at NEC Birmingham to be agreed and refined.
39	Department for Health & Social Care	Provision of logistics supply chain Tiger Team to bolster the NHS (England) Midlands logistic team.
40	Department for Health & Social Care	Provision of intensive treatment unit nurse for University Hospital Birmingham.
41	Department for Health & Social Care	Deployment of non-medical military volunteers across East England Ambulance Service region in lieu of normal military functions or other COVID Support Force taskings.
42	Department for Health & Social Care	Provision of 10x Transfer Teams (Critical Care) to London Ambulance Service.
43	Department for Health & Social Care	Military Mentoring and Advisory Team embed into South West NHS (England) BRONZE regional surge hospital facility at University of West England.
44	Department for Health & Social Care	REME medical/dental technician support to London Ambulance Service.
45	Department for Health & Social Care	Provision of planners to uplift NHS (England) South West.
46	Department for Health & Social Care	Support to NHS (England) Midlands University Hospital Birmingham NEC.
47	Department for Health & Social Care	Reshape NHS (England) GOLD Command structure.
48	Department for Health & Social Care	Provision of logistics supply chain Tiger Team to bolster the NHS (England) Midlands logistic team.
49	Department for Health & Social Care	Support to NHS (England) Hants & Isle of Wight in conversion of St Mary's Hospital to provide 200 additional beds.
50	Department for Health & Social Care	Support to Government of Jersey to deliver critical capabilities.

51	Department for Health & Social Care	Support to NIGHTINGALE Harrogate.
52	Department for Health & Social Care	Logistics support to NHS (England) North East.
53	Department for Health & Social Care	Additional support to NIGHTINGALE Excel Centre.
54	Department for Health & Social Care	Support to University Hospital Birmingham and Project NIGHTINGALE.
55	Department for Health & Social Care	Provision of Logistics Support Surge Team.
56	Department for Health & Social Care	Training support to NHS England & Improvement 'Leading in Crisis' mentor and NHS leadership in crisis programmes.
57	Department for Health & Social Care	Provision of non-intrusive maintenance activities on oxygen delivery system at Watford General Hospital NHS(England).
58	Department for Health & Social Care	Support to NHS supply chain across South West England.
59	Department for Health & Social Care	Provision of plumbing services for University Hospital Birmingham.
60	Department for Health & Social Care	Provision of logistics support to Bristol facility.
61	Department for Health & Social Care	Provision of military personnel to conduct handling of deceased and manage receipt and dispatch at the collection/storage facility.
62	Department for Health & Social Care	Military Mentoring and Advisory Team to Bristol and Exeter NIGHTINGALEs.
63	Department for Health & Social Care	Provision of Critical Care Support Workers to NIGHTINGALE Bristol.
64	Department for Health & Social Care	Provision of mortuary staff to NIGHTINGALE Manchester.
65	Department for Health & Social Care	Provision of operational analysts to assist NHS England GOLD.
66	Department for Health & Social Care	Provision of military personnel to collect data in support of NHS.
67	Department for Health & Social Care	Provision of military personnel with at least category C1 driving licence and blue light training to transfer COVID-19 patients between hospitals by ambulance.
68	Department for Health & Social Care	Provision of personnel to assist in fitting and plumbing commercially sourced Portacabins for Dorset County Hospital Emergency Dept in Dorchester.

69	Department for Health & Social Care	Design and build prototype/concept mobile testing facility. Build and implement a scalable number of mobile testing facilities.
70	Department for Health & Social Care	Provision of planning support to Project NIGHTINGALE.
71	Department for Health & Social Care	Provision of clinical staff to cover 12x intensive treatment unit beds at Excel (Project NIGHTINGALE).
72	Department for Health & Social Care	Reinforcement and support within Daventry to the PPE supply chain across NHS (England).
73	Department for Health & Social Care	Provision of personnel with category C1 driving licence to support ambulance provision at NIGHTINGALE Bristol.
74	Department for Health & Social Care	Provision of military personnel to provide General Duties tasks assisting internal patient movement, PPE robing/dis-robing, equipment maintenance general mortuary duties and stores management/distribution.
75	Department for Health & Social Care	A Registered Nurse (with appropriate Infection Prevention Control (IPC) experience and qualification) to deploy to the NIGHTINGALE Bristol to lead the provision of IPC to support the build phase and the site handover.
76	Department for Health & Social Care	Support London Ambulance Service through augmentation of existing clinical staff remote assessment capability.
77	Department for Health & Social Care	Use of Defence estate in London to conduct training on the set-up, delivery and testing procedures for operating Pop Up Testing Centres.
78	Department for Health & Social Care	Motorised military vehicles to transport supplies from Daventry, Northamptonshire to Bicester, Oxfordshire.
79	Department for Health & Social Care	MOD quantity surveyors to support the Commercial Directorate of NHS (England) and improve coordinated response to COVID-19 specific requirements.
80	Department for Health & Social Care	Military subject matter expert to support the NHS (England) East of England and Cambridge University Hospital procurement team to improve PPE stock supply and control systems.
81	Department for Health & Social Care	Provision of Military Mentoring and Advisory Team to support NIGHTINGALE Exeter.
82	Department for Health & Social Care	Support to DHSC testing.
83	Department for Health & Social Care	Support to Hants and Isle of Wight NHS (England) South East to develop best practice and Standard Operating Procedures for enduring use of PPE. SME support from CBRN Simulant Agent Training
84	Department for Health & Social Care	Additional expert analytical support to HQ South West.

85	Department for Health & Social Care	Design and build of a prototype/concept Mobile Testing Unit facility.
86	Department for Health & Social Care	Provision of Military Mentoring and Advisory Team to support NIGHTINGALE Exeter.
87	Department for Health & Social Care	Provision of support to establish a PPE Central Distribution Point for Local Resilience Forum Northamptonshire.
88	Department for Health & Social Care	Support to DHSC led programme to accelerate, integrate and upscale Test, Track, Trace and Certify activity.
89	Department for Health & Social Care	Continuation in post of the temporary 'Information Manoeuvre Element' embedded within NHS England's HQ at Skipton House.
90	Department for Health & Social Care	Provision of personnel to support Supply Chain Coordination Limited with tracking inbound logistics of clinical PPE.
91	Department for Health & Social Care	Deliver Fit Tests, to temporarily uplift the numbers of Mask Testers and Mask Testing Machines in NHS and mentor NHS testers to improve the resilience of NHS fit testing personnel and procedures.
92	Department for Health & Social Care	Provision of personnel to conduct communications tests of NHSx tracking App.
93	Department for Health & Social Care	Provision of additional logistics personnel to assist in identifying, collecting and subsequently following-up on items that require quality assurance.
94	Department for Health & Social Care	Temperature controlled location able to securely store test kits to support the national testing strategy.
95	Department for Health & Social Care	Air movement of critical care team and confirmed COVID-19 patient from Northern Ireland to Leicester.
96	Department for Health & Social Care	Provision of planners and project managers to assist in developing standby, reactivation and decommissioning plans with options for potential future use.
97	Department for Health & Social Care	'Pseudo Satellite' Mobile Testing Units to collect pre-made test kits and deliver them to care homes within Joint Military Command boundaries, then collect and deliver for assessment.
98	Department for Health & Social Care	Logistics and supply chain planners to support NHS (England) North West.
99	Department for Health & Social Care	Provision of military personnel as Information Manoeuvre Element experts to assist NHS England data collection, analysis and interpretation.
100	Department for Health & Social Care	Provision of military intelligence analyst to the Joint Biosecurity Centre and establish capability alongside civil service analysts.
101	Department for Health & Social Care	Provision of planners to develop and deliver key Hampshire and Isle of Wight NHS projects.

102	Department for Health & Social Care	Military Contingency Force to support Regional Testing Sites to provide testing and the associated support personnel.
103	Department for Health & Social Care	Support to NHS Contact Tracing App – Round 2.
104	Department for Health & Social Care	Provision of personnel to maintain tasking for all military staff within University Hospital Birmingham and NEC (Project NIGHTINGALE).
105	Foreign & Commonwealth Office	Provision of air planners to assist with repatriation planning.
106	Home Office	Logistics support to Police National Supply Chain.
107	Ministry of Housing, Communities & Local Government	MOD planners support English Local Resilience Forums to assist in shaping, refining and stress testing existing pandemic flu response plans to reflect COVID-19.
108	Ministry of Housing, Communities & Local Government	Provision of more MOD Planners to support Local Resilience Forums in planning local authority social care elements of COVID-19 response.
109	Ministry of Housing, Communities & Local Government	Provision of logistics planners to MHCLG Resilience and Emergencies Directorate to develop plans for delivery of goods to vulnerable people self-isolating.
110	Ministry of Housing, Communities & Local Government	Provision of Intelligence Analyst Capability to London Resilience Group.
111	Ministry of Housing, Communities & Local Government	Use of hangar at RAF WOODHALL as a temporary mortuary.
112	Ministry of Housing, Communities & Local Government	Support of military planners to Local Resilience Forums.
113	Ministry of Housing, Communities & Local Government	Provision of planners to support Northamptonshire County Council Local Resilience Forum.
114	Ministry of Housing, Communities & Local Government	Military planners to West Mercia Tactical Coordination Group.
115	Ministry of Housing, Communities & Local Government	Provision of hard standing to house 2x body storage units at RAF HENLOW plus water/power and guarding.
116	Ministry of Housing, Communities & Local Government	Military Planners for Thames Valley Local Resilience Forum.
117	Ministry of Housing, Communities & Local Government	Military planners to Surrey Local Resilience Forum.
118	Ministry of Housing, Communities & Local Government	Military planners to Sussex Local Resilience Forum.

119	Ministry of Housing, Communities & Local Government	Military planners to Surrey Local Resilience Forum.
120	Ministry of Housing, Communities & Local Government	Provision of excess deaths body storage facility at RAF COSFORD.
121	Ministry of Housing, Communities & Local Government	Support to NHS (England) Hants & Isle of Wight to assist in conversion of St Mary's Hospital to provide 200 additional beds.
122	Ministry of Housing, Communities & Local Government	Support to Portsmouth City Council.
123	Ministry of Housing, Communities & Local Government	Provision of facility to place temporary body storage units at Albermarle Barracks.
124	Ministry of Housing, Communities & Local Government	Rehearsal of Concept Drill support at Tilbury Docks.
125	Ministry of Housing, Communities & Local Government	Local Resilience Forum PPE distribution and audit.
126	Ministry of Housing, Communities & Local Government	Provision of military planners to support Norfolk County Council Recovery planning.
127	Ministry of Housing, Communities & Local Government	Support to Thames Valley Local Resilience Forum to provide advice and guidance to PPE management, process, accounting and distribution tasks.
128	Ministry of Housing, Communities & Local Government	Provision of gymnasium at RAF HIGH WYCOMBE for mortuary task. Support to local Muslim community to enable ghusl (ritual washing of bodies pre-burial).
129	Ministry of Housing, Communities & Local Government	Military supply logistics experts to provide support and resilience to Hampshire and Isle of Wight Local Resilience Force's operation to ensure Local Resilience Forum can continue to deliver its PPE strategy effectively.
130	Ministry of Housing, Communities & Local Government	Provision of logistics manager with warehouse/stores management experience.
131	Ministry of Housing, Communities & Local Government	2x teams of 2x persons to enhance the capacity of Local Resilience Forum Multi-Agency Intelligence Cell to enable a broad spectrum of analysis to support local decision makers. Support to the trial of this concept following the recommendations of the interim operational review.
132	Ministry of Housing, Communities & Local Government	Provision of planners to support Northamptonshire County Council Local Resilience Forum.
133	Ministry of Justice	Casualty evacuation aviation task for Government of Jersey.
134	Ministry of Justice	Use of secure undercover storage, vehicles and staff to store, manage and distribute PPE to island wide organisations as directed by Health Resources and PPE cell.

135	Ministry of Justice	Use of secure covered infrastructure and experienced staff to store, manage and distribute PPE to Jersey wide organisations as directed by the Health Resources and PPE Cell.
136	Ministry of Justice	Contingent use of RAF ODIHAM, as an alternative landing location during the closure of Southampton Airport, for the Governments of Jersey and Guernsey.
137	Ministry of Justice	Provision of COVID-19 Testing Teams to prisons across England and Wales.
138	Northern Ireland Office	Air movement of COVID-19 patient from Northern Ireland to North East England.
139	Northern Ireland Office	Casualty evacuation of 1x COVID patient from Aldergrove to Leicester Glenfield Hospital via East Midlands Airport.
140	Scotland Office	Provision of military assistance to transfer confirmed COVID-19 patient.
141	Scotland Office	Coordinated planning assistance to Scottish Government and NHS Scotland Health.
142	Scotland Office	Ongoing medical evacuation support to NHS Scotland.
143	Scotland Office	Medical evacuation support to Scottish Ambulance Service.
144	Scotland Office	Medical evacuation support to Scottish Ambulance Service.
145	Scotland Office	Logistics Support to NHS Fife.
146	Scotland Office	Provision of PPE fitting and testing facility to NHS Greater Glasgow and Clyde.
147	Scotland Office	Set up Central Distribution Centre.
148	Wales Office	Military planning support to Welsh Ambulance Services NHS Trust for non-patient facing tasks.
149	Wales Office	Specialist planners to support Welsh Government.
150	Wales Office	Provision of ambulance drivers to deliver a pan-Wales capability for Welsh Ambulance Service Trust.
151	Wales Office	Military Liaison Officer support to COVID-19 Director Non-Health.
152	Wales Office	Provision of military personnel to deploy across Wales as driver and assist with enhanced decontamination of ambulances.

153	Wales Office	Support to better understanding of and discipline in PPE distribution.
154	Wales Office	Support to Cardiff and Vale Health Board.
155	Wales Office	Military assistance to provide expert training to assist front-line hospitals to rapidly improve PPE stock supply and control systems.
156	Wales Office	To review Vacuum Insulated Evaporator (VIE) systems across Wales, recommending where VIE could be moved if required and identify any requirement for support from Defence. Support to better understanding of and discipline in VIE system distribution.
157	Wales Office	Establishing of a Regional Testing Site.
158	Wales Office	Military assistance in the offload of 2x aircraft of PPE supplies for the UK PPE supplies solution and the subsequent unload of commercial transport following transfer to Welsh Government shared services warehouse.
159	Wales Office	Provision of military med planning assistance to Swansea Bay University Health Board.
160	Wales Office	Provision of MOD operations staff to assist Welsh Government with establishment of the Wales testing programme.
161	Wales Office	Provision of operational delivery of access to the Wales testing strategy to translate the Public Health Wales plan into orders for the partners to execute.
162	Wales Office	Mobile Testing Units in Wales to transport NHS clinical staff to deliver testing activities to shielded communities.
163	Wales Office	Provision of PPE Supply Management training to NHS Wales.

Op RESCRIPT and Op BROADSHARE Command and Control

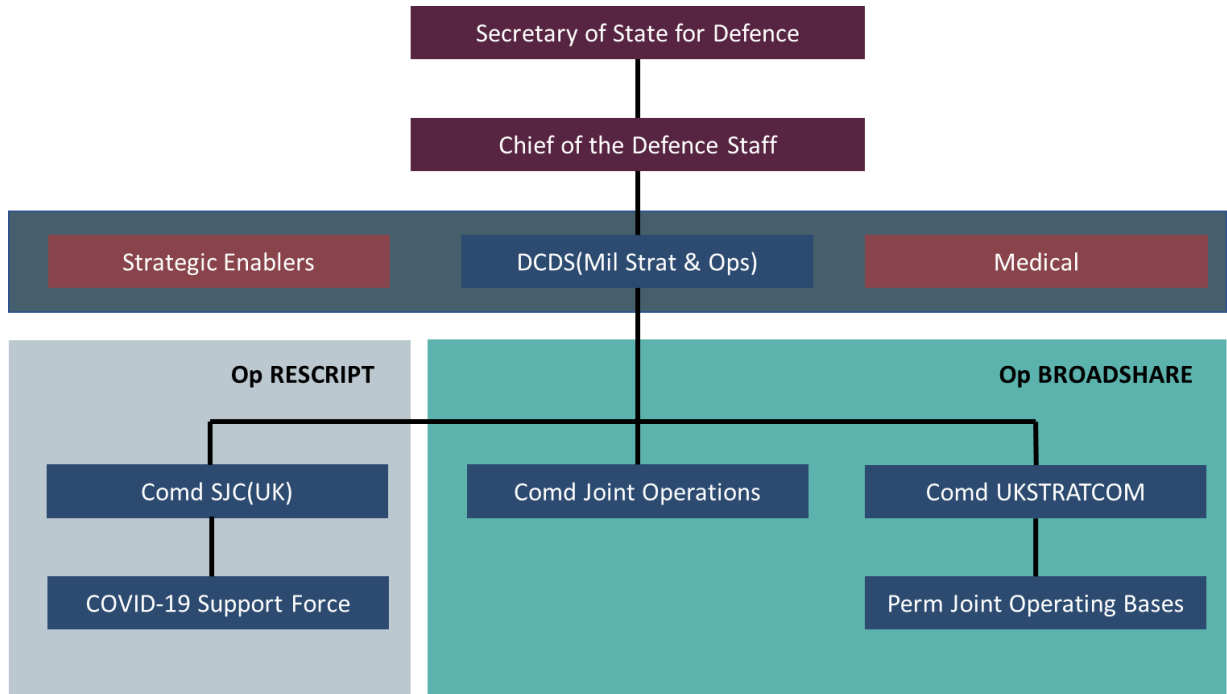
The pandemic was expected to affect operations overseas and at home, military training, the Permanent Joint Operating Bases and normal departmental business as Defence observed Government guidance on working from home where possible, social distancing and essential movement. The Department's response, therefore, was not only the contribution to the Government's effort to mitigate the effects of COVID-19 but encompassed its internal resilience activity. Two operations were activated:

- Op RESCRIPT to deliver COVID-19 activity in the UK and Crown Dependencies, including Departmental business continuity and resilience, MACA, and other support to Government departments and local responders.
- Op BROADSHARE delivering operations and activity outside the UK, including the PJOBS, the Defence overseas network, overseas training teams, support to the Overseas Territories, and government overseas operational and business continuity activity.

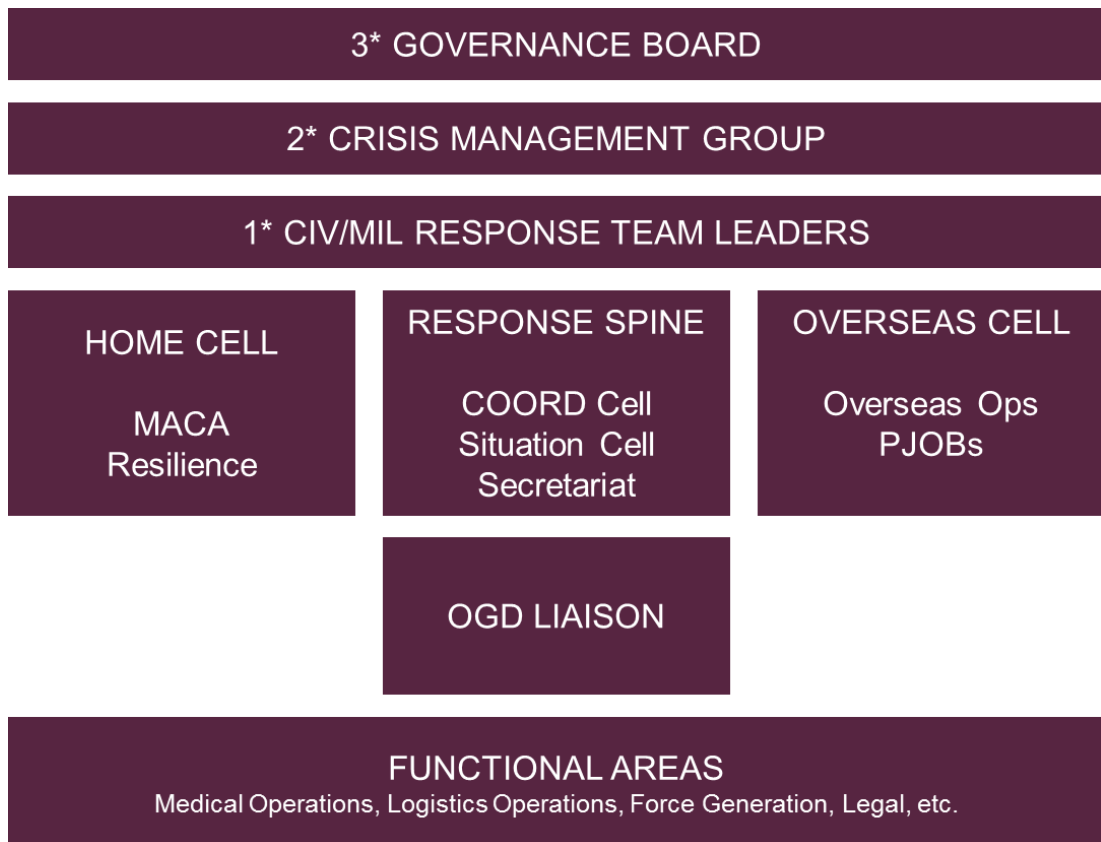
Both operations evolved, particularly as Defence transitioned from preparing to responding. The focus was on support to the NHS through expanding acquisition and distribution capacity, the temporary hospital programme and COVID-19 testing, and support to MHCLG and Local Resilience Forums.

To ensure the effectiveness of the operations, Defence established the robust command and control and governance structures shown below:

COVID response military command and structure

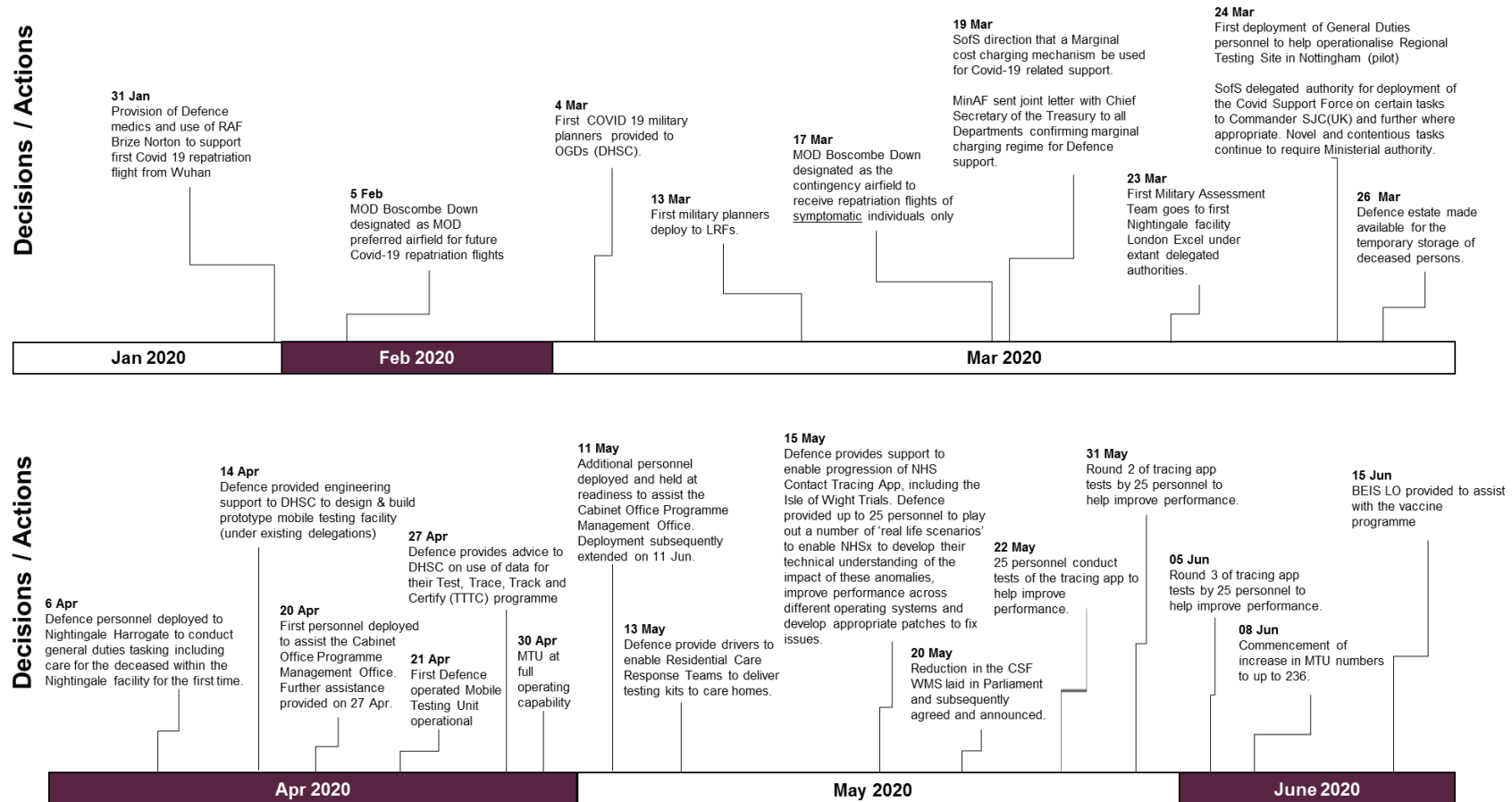


COVID response MOD Head Office governance structure



Op RESCRIPT and Op BROADSHARE TimeLine

- A timeline of the key Op RESCRIPT events to mid-June 2020 is shown below:



- A timeline of the key Op BROADSHARE's events to June 2020 is shown below:

