Witness Name: Alastair Henderson
Statement No.:
Exhibits:
Dated:

UK COVID-19 INQUIRY

RULE 9 REQUST – MODULE 1

WITNESS STATEMENT OF ALASTAIR HENDERSON

I, Alastair Henderson, will say as follows: -

1. I am the Chief Executive Officer of the Academy of Medical Royal Colleges. I have held this post since 2010. I am due to retire from the Academy on 31st March 2023.

Role and Scope of the Academy

2. The Academy of Medical Royal Colleges ('The Academy') is the membership body for medical royal colleges and faculties in the UK and in Ireland. It was established in 1996 from the previous Conference of Medical Royal Colleges. The organisation is a registered charity and a company limited by guarantee.

3. The Academy seeks to speak on behalf of its members on standards of care and medical education across the UK. By bringing together the expertise of the medical Royal Colleges and Faculties it drives improvement in health and patient care through education, training and quality standards.

4. The Academy's policy and position on healthcare issues is determined by its Council which comprises the Presidents of all the member organisations as well as representatives of patients, trainee and SAS doctors.

5. Postgraduate education and training of doctors is at the core of the work of the Academy and its members, but clinical standards and quality of care are of equal importance. The Academy also actively engages on health policy issues such as workforce supply, regulation and system reform. Matters relating to the terms and conditions of service of doctors are not within the remit of the Academy.

6. The Academy actively engages with government and arm's length bodies responsible for healthcare in particular having close relationships with the UK CMOs and NHS England Medical Director. Those relationships were considerably intensified and more active during the COVID–19 pandemic.

Engagement with Government prior to 2020 on pandemic preparedness

7. The inquiry has asked specifically about the Academy's engagement on influenza pandemic preparations as referred to in the PIPP Board minutes of September 2017, the Pandemic Influenza Briefing Paper: NHS Surge and Triage dated 9 October 2017 and the Pandemic Influenza briefing paper: Community health care and social care dated January 2018.

8. The Academy was actively involved in discussions with NHS England at this time. In July 2017 Professor Keith Willett, Medical Director, Acute Care, NHS England, approached the Academy asking us to facilitate engagement with senior college representatives (Physicians, Emergency Medicine, Paediatrics and GPs) to review the NHS England scenarios for handling a possible flu pandemic on a confidential basis. Following an initial scoping meeting in September 2017, there was a full meeting responding to specific scenarios on 17 November 2017. The intention was for experienced clinicians outside of Government/NHS England to review and assess the scenarios and proposals to give a view if they seem logical and practical from a clinical perspective.

9. At that meeting, the College representatives were broadly supportive of the NHS plans whilst giving their particular clinical perspectives and views. NHS England appeared appreciative of the College input.

10. The Academy had no specific involvement in the drafting of the specific documents referred to and were not consulted on the documents prior to publication. However, the timing of the Academy event would have enabled those views to feed into any documents.

11. It may be a matter of interest that our files show that in April 2008, before I joined the organisation, the Academy was consulted by the Scottish Government acting on behalf of the Department of Health seeking College input on the issue of service prioritisation during an influenza pandemic.

Academy's engagement with government post 2020 on pandemic preparedness

12. Post January 2020, the Academy had extremely close engagement with Government primarily in the form of the England Chief Medical Officer Professor Sir Chris Whitty and NHS England Medical Director Professor Sir Steve Powis.

13. The Academy facilitated contact and engagement with colleges as whole group. A first briefing for all College Presidents with the England CMO was held on 30 January 2020. It is understood that other CMOs held similar briefings with college representatives.

14. Following that briefing we set up weekly calls with the England CMO and similar calls with the NHS Medical Director. These informal meetings (which did not have formal agendas or minutes taken) were not simply about preparedness but increasingly included discussions around management of the pandemic, which we anticipate will be covered further in Module 3.

15. These regular meetings were felt to be invaluable from the Academy and Colleges' perspective, providing the opportunity for up to the minute briefing from the medical leaders but also the opportunity, actively sought by the CMO and NHSMD, to feed in both clinical advice and local intelligence on the position on the ground.

16. If there were concerns at times throughout the pandemic they were about specific decisions and opportunities for comment on particular advice or guidance, not

about the opportunities or process for engagement with the country's medial leaders.

Pandemic Preparedness: General observations of the UK situation

17. The Academy has not sought views of all its members on the question of the general state of UK preparedness. However, in response to the Inquiry's Rule 9 request we have had discussions with the Royal College of Pathologists and the Faculty of Public Health in relation to the specific issues of testing capacity and arrangements and public health and emergency planning preparedness.

Royal College of Pathologists

18. The Royal College of Pathologists' position is that the necessary safeguards were not in place for the UK. They note that UK Influenza Preparedness Strategy 2011 that was in place was of too narrow focus, and not informed by the necessary experts.

19. They also highlight that the last large-scale exercise undertaken to test this strategy, prior to the COVID-19 pandemic, appears to be 'Exercise Cygnus' in 2016. Again, this was seen as insufficient for dealing with Covid-19 pandemic as the exercise missed the opportunity to gain valuable insights into the potential gaps in, and risks posed by, the existing strategy, and learn how these gaps might be bridged and risks avoided or mitigated.

20. A key area of concern for the Royal College of Pathologists was that there was a general state of understaffing in the pathology speciality as the pandemic began. This meant that whilst the system adapted to the pandemic, the appropriate staff were not available. This had a damaging effect on healthcare delivery throughout the pandemic.

Faculty of Public Health

21. The Faculty of Public Health's observations are that prior to the pandemic, there were limited opportunities for multiagency response exercises (to prepare for a pandemic) outside of the workforce who directly work in health protection, public health and emergency planning. They note that this is further exacerbated by a complex legislative framework for health protection (including port and border health). The Faculty rightly highlight that national pandemic planning was focused almost solely on a novel influenza virus and there was little consideration for other potential organisms and required capabilities.

22. Changes to the delivery of public health following the Health and Social Care Act 2012 also changed how well prepared the UK was for a pandemic. They highlight how as a result of these changes, there was a lack of capacity for pandemic preparedness and response at regional and local levels within and across public health organisations.

23. Regarding national guidance, the Faculty highlight that at the time of the pandemic, the national guidance was outdated and did not relate to contemporary structures, roles and responsibilities. The national strategy and guidance did not cover the range of public health interventions that were utilised during the pandemic response – particularly absent were references to non-pharmaceutical interventions (NPIs) such as social distancing measures, population level test-and-trace programmes, the use of face-coverings in public, school closures or wider societal 'lockdowns'.

24. The Faculty has highlighted that there was not sufficient workforce capacity in the system as the pandemic started. They have noted that the generalist specialist workforce (which includes consultants in public health and health protection) were central to the UK response to the pandemic and much in demand, although the workforce demands far outstripped supply.

Preparing for future emergencies

25. One of the challenges in preparing for future emergencies is that the circumstances will be, if not unique, then at least particular to the specific

emergency. Indeed, the COVID-19 pandemic was not the same as a flu pandemic would have been. However, there are clearly common issues and themes particularly in relation to a medical pandemic.

26. In July 2020 the Academy published "Preparing for COVID-19 surges and winter". This was written after the first acute phase of the pandemic and sought to identify lessons and actions required for leaders nationally and locally in future surges. These would be applicable for preparing for future emergencies. Set out below are the key issues identified for action at national level: -

21.a - Capacity

- Ensuring sufficient hospital capacity through use of temporary facilities or private sector capacity
- A vigorous vaccination programme
- Support and sufficient resource for alternative arrangements for EDs
- Support and sufficient resources for diagnostics
- To continue work to identify interventions which do not add value (e.g. Evidence Based Interventions, Choosing Wisely) and ensure these are eliminated or reduced.

21. b - Workforce

- Clear arrangements for utilisation of “returnees” workforce including practical support and funding arrangements
- National staff wellbeing resources

21.c - Infection Prevention and control (IPC) and Personal Protective Equipment (PPE)

- Continued national purchase of PPE ensuring that stock is built up and always sufficient to ensure supply and distribution to the NHS and care sectors.
- Clarity on Infection Prevention Control requirements
- Ensuring PPE and IPC advice is kept up to date and evolves as required and changes are communicated widely
- Clearer communication to the public on infection control requirements.

21.d - Testing

- A clear national strategy which focusses on clinical pathway requirements and not arbitrary numerical targets
- Clear advice for the public and staff on testing including when and how they should access each type of test, what the test will involve and why, how to interpret results and their subsequent required behaviour
- The capacity to deliver the testing required and to flex capacity as appropriate.

21.e - Communications

- Absolute clarity of national roles and responsibilities and communication routes
- Commitment to ensuring national stakeholders are kept informed of relevant forthcoming announcements so they can support the dissemination of the messages
- Clear plans for joint public messaging on key issues between national bodies, professional organisations and patient groups
- Plans for better co-ordination of messaging between the four nations which has been at times confusing and even damaging for the public and health professionals.

21.f - Care Homes

We did not feel qualified to make specific recommendations in relation to care homes. However, we felt that it was essential nationally to ensure clarity of responsibility in the system for care homes and that correct arrangements are in place to provide the support that care home would need in any upsurge/new pandemic.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: _____ Personal Data

Dated: _____11/04/2023