UK Covid-19 Inquiry: Module 1 Rule 9 Request to Valerie Watts M1/WATTS/01

Introduction

1. Over the course of the last forty years, and prior to my retirement from full-time permanent employment in September 2020, I held a number of positions across the public sector in Northern Ireland and Scotland, including a number of senior management posts working at a strategic level and dealing with complex organisational matters. Please see posts listed below:

Position	Dates
Assistant Chief Executive and Director of Corporate Services, East Dunbartonshire Council	1 April 2000 – 31 August 2008
Town Clerk and Chief Executive, Derry City Council	1 September 2008 – 28 February 2011
Chief Executive, Aberdeen City Council	1 March 2011 – 30 June 2014
Chief Executive, Health and Social Care Board for Northern Ireland	1 July 2014 – 10 September 2020

2. As the Chief Executive of Health and Social Care Board for Northern Ireland, I was accountable for the efficient and effective management of the commissioning of Health and Social Care Services for all citizens of Northern Ireland (approx. population of 1.9million). I was responsible for ensuring that the Health and Social Care Board (HSCB) met the objectives set by the Minister and Department of Health in the discharge of its key functions of commissioning, resource management and the performance management of health and social care services. I was the Accountable Officer for the HSCB and in that capacity I was directly responsible to the Permanent Secretary of the Department of Health for a budget of approximately £6 billion per annum.

3. I have been asked in this Statement to focus on the preparedness, resilience and planning of the HSCB for a pandemic during my term as Chief Executive. In responding to the Inquiry's request, I have structured my response in five sections as follows:

   a. Part 1 – Overview of HSCB Structure and Functions

b. Part 2 - Key HSCB Related Emergency Planning and Resilience Policies, Structures & Plans

c. Part 3 - Testing, Monitoring and Reporting on HSCB Emergency Preparedness

d. Part 4 - Impact of Funding and Structure of HSC on Emergency Preparedness

e. Part 5 - Lessons learned and considerations for future pandemic preparedness

4. For reference a glossary of acronyms and list of exhibits is included at the end of the Statement.

5. In preparing this Statement I have primarily relied on my recollection of structures, policies and procedures in this area at the time of my employment with the HSCB and have sought to check the factual accuracy of this with former colleagues as far as possible. I have not requested access to records which remain internal to the former HSCB in preparing this Statement.

Part 1 - Overview of HSCB Structure and Functions

6. While this Statement is primarily focussed on providing the Inquiry with details of the emergency planning and readiness arrangements implemented by the HSCB during my term in office, it is important to contextualise this against the overarching structure and core functions of the HSCB at that time. The paragraphs that follow provide this background and context, along with information on the HSCB's key relationships with other HSC organisations in Northern Ireland.

7. The regional HSCB was established under section 7 of the Health and Social Care Reform Act 2009 (the Reform Act) on 1 April 2009. It replaced the four former area based Health and Social Services Boards under the wider Review of Public Administration in Northern Ireland that was launched by the NI Executive in 2002.

8. The HSCB was an Arm's Length Body (ALB) of the Department of Health (the Department), and the roles and responsibilities of the HSCB during my term in office were as outlined in the Department of Health, Social Services and Public Safety Framework Document September 2011 [EXHIBIT VW/1 (INQ000188742)]. These functions were summarised as Commissioning, Performance Management and Service Improvement, and Resource Management. Pursuant to Article 34 of the Health and Personal Services (Quality, Improvement and Regulations) (Northern Ireland) Order 2003 (The 2003 Order), the HSCB also had a duty of quality.

9. The Framework Document [EXHIBIT VW/1 (INQ000188742)] also clearly notes the anticipated interaction between the HSCB and the Public Health Authority (PHA) in discharging their respective statutory functions. As a result, the HSCB and the PHA worked together in an integrated manner to support the commissioning processes at local and regional levels, as well as to support providers to improve performance and deliver desired outcomes. This close working relationship between the HSCB and PHA was also inherent in respect to emergency planning arrangements as is outlined within this Statement.

10. The Department led on policy and direction and the HSCB worked with HSC providers in regards to agreeing contracted levels of service, making payments and other administrative duties associated with the oversight of service delivery. HSCB's responsibilities in respect of using resources in the most effective and efficient way were set out in chapters 2, 3 and 6 of the Framework Document [EXHIBIT VW/1 (INQ000188742)]. A temporary amendment to the Department's Framework document was made for the period from June 2020 in response to Covid and to support the rebuild of health and social care services.

11. The HSCB, working in conjunction with the PHA, commissioned health and social services for the population of Northern Ireland to meet assessed need and promote general health and wellbeing. In doing this the HSCB established five committees known as Local Commissioning Groups (LCGs), the role of each was to focus on the planning and resourcing of health and social care services to meet the needs of its local population.

12. The HSCB also performance managed the HSC providers that directly delivered these services. The performance management aim was to ensure that service delivery achieved optimal quality and value for money in line with relevant government targets and within the budget envelope available. HSC Trusts (which operated as ALBs of the Department of Health) were the main providers of health and social care services to the public and were established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991.

13. The HSCB remained in place throughout my time in office and no legislative changes were made to the structure of HSCB during this time period. Subsequent to my retirement the HSCB migrated to become the Strategic Planning and Performance Group (SPPG) of the Department of Health on 1st April 2022 under the Health and Social Care Act 2022.

14. As Chief Executive of the HSCB I was directly accountable to the Chair and Non-Executive Members of the HSCB Board for ensuring that HSCB decisions were implemented, that the organisation worked effectively in accordance with government policy and public service values, and for the maintenance of proper financial stewardship.

15. I was also accountable to the HSCB Board for ensuring that the organisation met objectives set by the Minister and the Department. As Accounting Officer for HSCB, I was directly accountable to the Permanent Secretary of the Department for its annual budget and was ultimately answerable to the Health Minister.

16. Throughout my time in office as HSCB Chief Executive I was supported by a team of Directors that, together with myself, formed the Senior Management Team of the HSCB. The Directors with a specific responsibility for the emergency planning and resilience functions of the HSCB during my term in office were as follows:

    - Mr Michael Bloomfield (Head of Corporate Services) (2011 – 2018); and
    - Mrs Lisa McWilliams (Interim Director of Performance Management and Service Improvement from 2018). I understand that Lisa was subsequently confirmed as the Director of Strategic Performance from 2021.

17. As previously outlined, as Chief Executive of the HSCB I ultimately had oversight responsibility for the emergency planning and resilience functions of the HSCB, however I did not typically have a direct involvement in the development, testing, updating and monitoring of emergency planning arrangements. I would have received regular updates and assurance on such matters from the Head of Corporate Services (2014 to 2018), and subsequently the Interim Director of Performance Management and Service Improvement, as outlined above. The paragraphs that follow outline my recollection of the key emergency planning and resilience policies and procedures in place during my tenure in office and the effect that these had on the readiness of the HSCB to deal with a future pandemic.

Part 2 - Key HSCB Related Emergency Planning and Resilience Policies, Structures & Plans

Emergency Preparedness DoH Policy Circular

18. At the commencement of my tenure in office at the HSCB in 2014, there were already well established arrangements in place in respect to emergency preparedness across

the NI Health and Social Care organisations. These reflected the requirements which were defined in a Policy Circular that was issued by the Department of Health in 2010 titled '*1/2010 – Emergency Preparedness for Health and Social Care Organisations*'. I have attached a copy of this as an exhibit to this Statement [VW/2 EXHIBIT (INQ000188755)].

19. This 2010 Policy Circular [VW/2 EXHIBIT (INQ000188755)] clarified the requirements, roles and responsibilities for the Department and HSC organisations, including the HSCB, in relation to emergency preparedness. All of the listed organisations in the Policy Circular [VW/2 EXHIBIT (INQ000188755)] were instructed to give a high priority to putting in place and testing plans and arrangements that would deliver an effective response to threats and hazards.

20. The specific HSCB responsibilities in regard to emergency preparedness were outlined in the 2010 Policy Circular (see paragraphs 3.18 to 3.25 of VW/2 EXHIBIT (INQ000188755)) as follows:

    a. Working in partnership with the PHA and, within the context of the available allocated resources, as HSCB/PHA develop commissioning plans and service and budget agreements, the HSCB should give due regard to the resources HSC Trusts require to fulfil their emergency preparedness and response responsibilities;

    b. Ensuring that service and budget agreements (SBAs) with HSC Trusts and other front line service providers, specify requirements in respect of emergency preparedness:

        - SBAs should specify effective liaison and co-operation with other relevant organisations, the emergency services and other agencies to ensure an integrated response to major incidents or emergencies; and
        - SBAs should specify that effective business continuity management and recovery strategies are in place.

    c. Liaising closely with the PHA in reviewing performance in the areas for which the PHA is the lead organisation (this includes emergency preparedness as part of the PHA Health Protection function);

    d. Working with the PHA as part of performance management processes to ensure that HSC Trusts and other front line service providers maintain emergency plans and that these are regularly reviewed, validated and tested, the HSCB will:

- Participate in quality assurance of HSC Trust major incident or emergency preparedness plans;
- Ensure that HSC Trusts conduct risk assessments for potential hazards within their geographical area; and
- Facilitate the co-ordination of HSC emergency plans at a regional level and liaison with other agencies and the emergency services as and when required;

e. Along with PHA, jointly leading the co-ordination of the HSC response to an incident or emergency involving more than one HSC Trust, but which does not require cross-department or cross-government co-ordination, i.e. when an emergency is categorised as significant. This includes the setting up and running of an Emergency Operations Centre where necessary. The HSCB/PHA balance of the decision making team and chair will be dependent on the specifics of the incident;

f. Taking the lead in co-ordinating emergency preparedness in primary care;

g. Ensuring that effective business continuity measures and plans are in place in line with good corporate governance principles and practice;

h. Contributing fully to the joint PHA/HSCB/Business Services Organisation (BSO) annual report on emergency planning activities provided to the Department by the PHA, in the agreed format.

21. The 2010 Policy Circular also placed a requirement on organisations to report on these arrangements through annual controls assurance standards returns (see reference to this later in Part 3 of this Statement).

Command Structure in an Emergency

22. As Chief Executive I was familiar with the overarching structures, systems and processes involved in responding to an emergency, which were defined within the Department's Emergency Response Plan (ERP). Tiers of emergency response command within the Health system are generally referred to as Health Gold, Health Silver and Health Bronze and refer respectively to the strategic, tactical and operational response to an emergency.

23. Health Silver comprises the collective tripartite of the HSCB, the PHA, and the BSO, any one of which may lead a tactical level response depending on the nature of the incident. Where Health Silver is activated, it will jointly lead the tactical coordination of

a HSC response when an incident or emergency involves more than one HSC Trust, i.e. when an emergency is categorised as 'significant' but does not require involvement by central Government. In line with the principle of subsidiarity, Health Silver may be stood up without Health Gold. Health Bronze refers to the operational or HSC Trust level response.

Governance Arrangements for Emergency Preparedness

24. As Chief Executive I was assured that governance structures were in place to ensure the HSCB's requirements under the 2010 Policy Circular [VW/2 EXHIBIT (INQ000188755)] described at paragraphs 18 to 20 above were being achieved. The groups in place in this regard included the NI Health Emergency Planning Forum, the Joint Emergency Planning Board and the Joint Emergency Planning Team. Further details on the role, composition and remit of these groups is detailed in the paragraphs below. Details of the Emergency Planning structures were outlined in the joint PHA/HSCB/BSO Annual Report on Emergency Preparedness which was submitted to the HSCB's SMT and Governance and Audit Committee each year (as further detailed in Part 3 of this Statement). Furthermore, the HSCB was required to report and evidence compliance of Emergency Planning structures to the Department through the annual controls assurance standards returns (as further detailed in Part 3 of this Statement). The Emergency Planning Standard of the controls assurance standards included a specific criterion on 'Leadership' that sought evidence of clearly defined lines of accountability throughout the organisation leading to the management board and Chief Executive.

NI Health Emergency Planning Forum

25. The **NI Health Emergency Planning Forum**, was chaired by the Department and the PHA, and met on a quarterly basis. The role and remit of this group was to:

    a. Advise and inform all HSC organisations about aspects of emergency preparedness and to act as a two way channel of communication;

    b. To share good practice;

    c. To facilitate the promotion of continual improvement in emergency preparedness;

    d. Provide feedback on emergency preparedness strategies and policies (including Controls Assurance Standards/Core Standards); and

    e. Provide a forum for discussion of training needs and best practice.

26. Representation on this Group consisted of the Emergency Planning Leads from the HSCB, HSC Trusts, NI Fire and Rescue Service (NIFRS), NI Ambulance Service (NIAS), BSO, NI Blood Transfusion Service (NIBTS) and the British Red Cross.

Joint Emergency Planning Board

27. To ensure the requirements of the 2010 Policy Circular [VW/2 EXHIBIT (INQ000188755)] were met from a Health Silver perspective, a **Joint Emergency Planning Board** (JEP Board) was established in 2014/15, which was co-chaired by the HSCB and the PHA and supported by the Emergency Planning leads in the HSCB, PHA and BSO. The Department and each of the HSCB and PHA directorates were represented on the JEP Board, with meetings held on a quarterly basis. The purpose of the JEP Board was:

    a. To seek assurance on HSC preparedness to manage a response to emergency incidents in adherence to the 2010 Policy Circular and within the context of the NI Civil Contingency Framework;

    b. Ensuring an appropriate and proportional level of HSC preparedness across the HSCB, PHA and BSO to enable an effective HSC response to emergencies which have a significant impact on the local community.

Joint Emergency Planning Team

28. To support the work of the JEP Board a **Joint Emergency Planning Team** was also established in 2014/15 with meetings chaired by the Emergency Planning Lead in the PHA, and held on a quarterly basis following the JEP Board meetings. The purpose of these meetings was to:

    a. Take forward any operational issues identified by the JEP Board in respect of emergency preparedness across the three organisations; and

    b. Develop appropriate plans as required for various planned major events. An example of such a major event during my term in office was the Open Golf in July 2019.

HSCB/PHA/HSC Trust Emergency Preparedness Group Meetings

29. In addition to the above groups, the HSCB and PHA co-chaired Emergency Planning Group meetings with the Emergency Planning leads in HSC Trusts. These meetings included representation from Social Care within the HSCB, and were held also on a quarterly basis. This group facilitated a forum for Emergency Planning leads to raise

any concerns or queries in respect of emergency preparedness, discuss training, learning from incidents and horizon planning for major events and associated risk assessments. The meetings also enabled issues to be identified which required to be escalated for consideration to the Department's Emergency Planning Branch (EPB).

HSCB Emergency Response Plans

30. In addressing the HSCB's emergency preparedness roles and responsibilities as set out in the 2010 DoH Policy Circular [VW/2 EXHIBIT (INQ000188755)], a number of important plans were developed and versions of these were in place prior to my appointment to the HSCB. At that time the emergency response plans in place included the HSCB/PHA/BSO Joint Response Emergency Plan and the HSCB Business Continuity Plan as detailed in the paragraphs below.

31. Although I was not always personally involved in the detailed drafting, testing, and / or updating of these plans, I was familiar with their content, was satisfied that they adequately clarified the roles and responsibilities of each of the HSC organisations involved, and was aware of the robust testing being undertaken on the plans at points in time. I was also responsible for the approval of versions of these plans via the HSCB Senior Management Team. Furthermore, details of the existence and robustness of these plans was also referenced as underlying evidence within the controls assurance standards annual return, which was signed off and submitted by me to the Department (as further detailed in Part 3 of this Statement).

32. Other emergency response related plans were later established during my tenure at the HSCB, including the Regional Unscheduled Care Escalation Plan, the HSC Mass Casualty Plan, and the NI HSC Pandemic Plan, which are also referred to below.

Joint Response Emergency Plan

33. When I was appointed the Joint Response Emergency Plan ('JREP') was in place, having been originally developed in 2010 as the Health Silver Emergency Response Plan of the PHA, HSCB and BSO. The JREP was a comprehensive plan that described the processes and arrangements for a joint response in an emergency, thereby ensuring the response of the three regional HSC organisations would be co-ordinated and effectively managed.

34. The JREP clarified the roles and responsibilities of each organisation and the resources that could be utilised, and provided a clear authority structure. It also

provided detailed arrangements for responding to incidents and emergencies, including advising on the range and nature of incidents and the levels of response.

35. I understood that the JREP was scheduled to be reviewed on an annual basis when not activated, or more regularly if circumstances changed, such as following the occurrence of a major emergency. Updated versions of the JREP were shared for approval with the HSCB Senior Management Team on each occasion it was amended. Furthermore, these were approved by the HSCB's Governance and Audit Committee.

36. The completeness and robustness of the JREP was further maintained through its activation and through testing exercises. Such activations and testing exercises enabled the processes and procedures within the documents to be tested, and any lessons learned were considered and built into updated versions. Examples of such activations / testing during this time period included Ebola 2015, Exercise Cygnus 2016, Marauding Terrorist Exercise 2016, Mass Casualty Exercise (REVLIS) 2017, Development of the HSC Mass Casualty Plan 2018 (subsequently tested again in 2019 EMERGO training), and in response to HSC wide Industrial Action in 2019, (which related to industrial action taken by health service workers from November 2019 – January 2020). Further detail of the testing exercises is referenced in Part 3 of this Statement. The JREP was activated in January 2020 following the outbreak of COVID-19.

HSCB Business Continuity Plan

37. The HSCB also had in place a Business Continuity Plan which identified critical services of the HSCB that were required to be provided during an interruption in business – including significant staff absence due to sickness such as in a pandemic situation.

38. The Business Continuity Plan was in place at the commencement of my time at the HSCB, and it was subsequently tested, activated, reviewed and updated regularly. Similar to the JREP, any updates or revisions to the Business Continuity Plan were shared for approval with the HSCB Senior Management Team, and were also approved by the HSCB's Governance and Audit Committee.

39. I was further satisfied in regards to the completeness and robustness of the Business Continuity Plan given the testing of the plan that was undertaken in the timeframe of my tenure. It was tested in 2015 through an SMT desktop exercise which I was involved in, was reviewed and tested again in 2016 as part of Exercise Cygnus, and

was further reviewed and updated in 2019 in preparation for the potential impacts of EU Exit. The Business Continuity Plan was then activated in 2020 at the start of COVID-19.

HSCB Regional Unscheduled Care Escalation Plan

40. During my tenure, the HSCB established a Regional Unscheduled Care Escalation Plan. It was first issued in February 2016 following regional agreement to provide support for HSC Trusts implementing escalation procedures. This plan provided HSC Trusts with guidance in relation to the effective implementation of escalation procedures for adult unscheduled care arrangements should a critical incident arise. During my tenure the plan was tested in 2016 as part of Exercise Cygnus, and was subsequently updated in 2019.

HSC Mass Casualty Plan

41. Following marauding terrorist incidents in Paris, Barcelona, London and Manchester, at the request of the Department's Chief Medical Officer in 2017/18, the HSCB, along with PHA was tasked with the development of a HSC Mass Casualty Plan for Northern Ireland, and to develop mutual aid arrangements for a mass casualty response.

42. Although I was not directly involved in the development of this plan, I was aware that the project was led by emergency planning leads in the PHA and HSCB, and was overseen by a Task and Finish Group, which was co-chaired by the PHA Director of Public Health and the HSCB Director of Performance and Corporate Services. Along with HSCB colleagues from the Integrated Care and Social Care directorates, the group also included representatives from the Department's Emergency Planning Branch, BSO, NI Blood Transfusion Service, NI Critical Care Network, NI Major Trauma Network and HSC Trusts (including NIAS).

43. I submitted the resulting 2018 Mass Casualty Plan to the Department's Chief Medical Officer, along with the learnings of Exercise REVLIS (which is further detailed in Part 3 of this statement). Prior to its submission I was fully briefed on the development work undertaken and the resulting content of both the Mass Casualty Plan and the learnings of Exercise REVLIS.

Draft NI HSC Pandemic Plan

44. In November 2018 I was requested by the Department's Chief Medical Officer to establish a Task and Finish Group to take forward the review of (then) current

pandemic guidance, and the development of a draft NI HSC Pandemic Plan. Membership of the Task and Finish Group included senior representation from the Department, the HSCB, the PHA and BSO.

45. The Task and Finish Group produced a draft Northern Ireland Health and Social Care Influenza Pandemic Surge Guidance, which was submitted to the Department's Emergency Planning Branch in draft form in July 2019.

Summary

46. The above polices, structures and plans (and activation and testing thereof) were essential in enabling the HSCB to fulfil its obligations in regards to emergency planning and preparedness as set out in the 2010 Policy Circular [VW/2 EXHIBIT (INQ000188755)]. In this regard, it is important to note that Northern Ireland is a relatively small health economy, and to its best endeavours, the HSCB emergency planning team sought to build on the research, evidence and learnings from across the HSC as well as from the work undertaken in this area across the other UK jurisdictions. I believe that this was reflected in the quality of the documentation and plans established, and the positive impact that they had in enabling the HSCB to respond in a timely manner to the onset of the Covid pandemic.

47. I refer in particular to the work undertaken by the HSC emergency planning team in 2017/18 in relation to the development of the HSC Mass Casualty Plan, with the HSCB, PHA and BSO working collaboratively with HSC Trusts and other key stakeholders. I believe that this work enabled clear triggers, actions and communications to be agreed, as well as exercised. The development of the HSC Mass Casualty Plan built on the existing JREP, and the regular review and testing carried out thereon. I believe that the culmination of this work had a positive material impact on the pandemic readiness of the HSCB in performing its role in Health Silver during the Covid pandemic, particularly in regards to the quality and timeliness of information flows.

48. Furthermore, the period of industrial action taken by health service workers from November 2019 – January 2020 served as a very timely test of the JREP arrangements, as the plan was activated and the HSCB led the Health Silver response to this action. Part of the response to the industrial action was the development of a suitable SitRep template. That template was used to capture the relevant information in order to obtain a regional position on the impact to the service of the protracted

period of industrial action. There were teleconference meetings each day (and sometimes more frequent meetings) with HSC Trusts, which tested the battle rhythm for reporting of up to date information through to the Department. This process was only stood down a short period of time before the JREP was again activated in response to the Covid situation.

Part 3 – Testing, Monitoring and Reporting on HSCB Emergency Preparedness

Testing of HSCB Emergency Response Plans

49. In my role as Chief Executive I was aware that the HSCB participated in a number of training and testing exercises undertaken within the NI HSC system in respect to readiness and preparedness. It should be noted that while the HSCB was a participant in these exercises it did not typically lead on them. This regime of training and testing was a valuable tool to ensure that the plans in place remained clear, robust and fit for purpose and I believe had a positive material impact on the overall readiness of the HSCB in responding to the Covid pandemic.

50. Examples of the exercises undertaken at that time included the following (noting that this is not intended to be a comprehensive list and is based on my best recollection of the information shared with myself and the Senior Management Team):

    a. **Viral Haemorrhagic Fever (VHF) (2015)** - In response to the emergence of Viral Haemorrhagic Fever (Ebola) in Sierra Leone, the HSCB worked with the PHA and HSC Trusts in 2015 in the development of a patient pathway plan for possible presentation of patients with this disease at HSC Trust Emergency Departments.

    b. **Exercise Cygnus (2016)** - Led by Public Health England, this large scale cross government exercise aimed to assess the UK's preparedness for and response to a pandemic influenza outbreak. The HSCB, along with PHA and BSO, were involved in the planning for and participation in Exercise Cygnus. The exercise itself was presented as being in week 7 of a pandemic and ran over three days simulate the peak of a reasonable worst case pandemic. This tested a number of the HSCB's emergency plans in place at that time, with a particular focus on the JREP and BCP. The exercise involved the establishment of an Emergency Operations Centre, Health Silver, an Incident Control Team, and the development and daily population of a Silver SitRep to Health Gold. Health Silver provided input to the debrief held at the end of the exercise. Learnings from the exercise

were later shared by PHE and considered by the HSCB in its subsequent reviews of the HSCB emergency plans.

c. **Mass Casualty Exercise REVLIS (2017/18)** – The HSCB participated in a regional table top mass casualty exercise which was led by PHA in 2017. A de-brief was held between the HSCB, PHA and BSO in early 2018. The outcomes of this exercise, called Exercise REVLIS, helped inform the development of the HSC Mass Casualty Plan referred to in Part 2 above.

d. **Ebola Virus Disease (2018)** – The VHF pathway plan was further reviewed, revised and updated following a further outbreak of Ebola in Dominican Republic in 2018. Again, HSCB worked with PHA and the HSC Trusts on the development and sharing of this pathway with key stakeholders.

e. **Exercise EMERGO (2019)** – This exercise was delivered by Public Health England, funded by the HSCB, and held at the Belfast HSC Trust's Royal Victoria Hospital. It was a live casualty test that ultimately tested the HSC Mass Casualty Plan and involved the stakeholders that has been involved in its original development. The attendees included representatives of the Department, HSCB, PHA, HSC Trusts (including NIAS), NI Trauma Network, and PSNI.

51. While I no longer personally have access to the exact details of the learnings from each of these simulation exercises, as Chief Executive I would have received such feedback as part of routine updates provided to the HSCB Senior Management Team by the HSCB Director responsible for emergency preparedness. I was aware that relevant feedback was being duly assessed, and that key learnings were being reflected within the subsequent updates to the HSCB's Emergency Plans outlined at Part 2 above. Feedback from these exercises and any resulting actions were also typically included within the joint PHA/HSCB/BSO Annual Report on Emergency Preparedness (as further detailed in the paragraphs that follow) which I reviewed as part of its submission to the HSCB's SMT and Governance and Audit Committee each year. Furthermore, details of testing exercises and any resulting actions would also have been referenced as evidence within the annual controls assurance standards returns, which I submitted to the Department (as further detailed in the paragraphs that follow).

Monitoring and Reporting of Emergency Preparedness

Controls Assurance Standards (to 2018)

52. The Department's 2010 Policy Circular referred to in Part 2 above, [VW/2 EXHIBIT (INQ000188755] required HSC organisations to maintain a level of preparedness and for this to be reported on to the Department via core standards and annual reports. The HSCB and PHA were responsible for providing assurance to the Department on an annual basis that HSC Trusts had comprehensive, robust and flexible plans in place to address any major incident or emergency situation and that these plans were being regularly reviewed, tested and validated.

53. In the period to 2018, the Department had 22 Controls Assurance Standards (CAS) in place which included governance, risk management and financial management. One of the specific controls assurance standards was Emergency Planning which sought to ensure that relevant organisations had planned and prepared a well-developed and practiced response to all major incidents and emergency situations which affected the provision of normal services.

54. Due to the nature of the relationship between the HSCB and the PHA in regards to emergency preparedness and the joint working arrangements which underpinned Health Silver, the HSCB and the PHA completed a joint annual CAS return to the Department's Emergency Planning Branch (EPB). This involved a detailed and evidence based self-assessment of compliance against 11 separate Emergency Planning criteria. The CAS return included information in relation to the consideration of compliance against areas such as Leadership, Emergency Preparedness Plans, Validation, Training and Testing of Emergency Preparedness Plans, and Review of Plans. Any gaps in compliance, had to be duly accompanied with details of the actions that would be implemented to enable full compliance.

55. The CAS return was essentially a detailed self-assessment report, including narrative, evidence and compliance scores for each criteria. It was initially prepared by the Emergency Planning Leads in the HSCB and PHA, and was then ratified and signed by the relevant Director with responsibility for Emergency Planning and Preparedness. The results of the CAS return, along with the outcomes of the review and scoring of the other 21 controls assurance standards were then signed off, and I submitted them to the Department. I was also sighted on the table of achieved levels of compliance for controls assurance standards as part of my sign off of the Governance Statement included in the HSCB Annual Report and Accounts. The detailed nature of the self-assessment work underpinning the CAS returns, and the fact that it had been reviewed and signed off by the HSCB Director responsible for emergency planning and

preparedness, gave me further confidence in relation to the overall readiness of the organisation in regard to emergency preparedness and resilience.

Core Standards Framework for Emergency Preparedness (from 2019)

56. In 2019, the Emergency Planning CAS was replaced by the Department with the Core Standards for Emergency Planning Framework. The current version of these standards as contained on the Department's website is exhibited to this statement as [EXHIBIT VW/3 (INQ000)]. A self-assessment was required to be undertaken by the HSCB against the range of emergency planning criteria shown in [EXHIBIT VW/3 (INQ000)]. This includes governance; duty to assess risk; duty to maintain plans (emergency plans and business continuity plans); command and control; duty to communicate with the public; information sharing; co-operation; training and exercising; preparedness; and decontamination of equipment.

57. As Chief Executive, this annual self-assessment, reporting and monitoring regime to the Department provided me with a further level of regular testing and assurance in regards to the HSCB's emergency planning structures and pandemic readiness. Similar to the previous CAS returns, the HSCB Director responsible for emergency preparedness signed off on the Core Standards return. Details of this were then signed off by me through the submission of the Core Standards return to the Department and the Governance Statement included in the HSCB Annual Report and Accounts. This included a table of achieved levels of compliance for those standards applicable.

Joint PHA/HSCB/BSO Emergency Preparedness Annual Report

58. In addition to the above Departmental returns, the HSCB's Senior Management Team, and the Governance and Audit Committee received and approved an Annual Report on Emergency Preparedness arrangements through the Joint PHA/HSCB/BSO Emergency Preparedness Annual Report.

59. The Joint Emergency Preparedness Annual Report sought to provide an overview and update on emergency preparedness arrangements across these organisations, as well as outlining the work that had been undertaken to consider the emergency preparedness and associated accountability arrangements of the HSC Trusts. It outlined the meetings of the JEP Board throughout the period, along with the key areas of planning, testing exercises, and associated lessons learned and actions arising. This was a further useful report that provided me with confidence in regards to

the status of emergency plans and testing exercises, and the resulting overall readiness of the organisation in regards to emergency preparedness.

Summary

60. Collectively the above reporting arrangements required a comprehensive analysis of emergency planning preparedness to be undertaken by the HSCB, in conjunction with the PHA, on an annual basis. I believe that the robust and adept manner in which these processes were undertaken by the emergency planning individuals within the HSCB was fundamental in ensuring that the HSCB remained responsible, active and ready in its ability to implement the joint emergency response and business continuity structures and plans in a timely manner at the onset of an emergency. This was demonstrated at the time of the Covid outbreak in that, (following the timely activation of the JREP and Business Continuity Plans), the Health Gold, Silver and Bronze command structures were immediately established, the daily Sitrep reporting flows commenced, and the Emergency Operations Centre was readily established and resourced by senior staff from across the HSCB. In terms of Business Continuity, the HSCB's critical functions were maintained with the majority of staff being successful in transitioning to home working through the use of portable technology and communication channels.

Part 4 – Impact of Funding and Structure of HSC on Emergency Preparedness

61. Although the overall funding of the HSC in my tenure as Chief Executive was challenging in light of budgetary constraints and increasing demand for services, I am unaware of any policy or funding issue within the HSC which impacted on the preparedness and resilience of the HSCB in relation of Emergency Preparedness.

Part 5 – Lessons learned and considerations for future pandemic preparedness

62. In terms of lessons learned I can only reasonably comment in respect to my involvement in the first few months of the Covid pandemic prior to retirement in September 2020.

63. While the HSCB was theoretically and practically in a good state of readiness for a pandemic (as is demonstrated in the earlier parts of this Statement in regards to the emergency preparedness governance structures, plans and processes in place), the scale and impact of the Covid pandemic was unprecedented. It was the ultimate test

on the emergency preparedness and resilience of the HSCB, which would have been virtually impossible to have simulated as part of any testing exercise.

64. I believe that the robustness of the governance structures and plans in place, and the rigour, commitment and timeliness with which these plans were activated by the HSCB and partner organisations in the first wave, appeared to be a satisfactory response to what was a very novel, challenging and complex situation. Again, it is important to note that Northern Ireland is a relatively small health economy and as such inherently relied on the intelligence and relations with the wider UK jurisdictions in this situation.

65. As I was not present to oversee the ultimate out workings and impact of the HSCB response in the longer term on the wider HSC system I do not feel that I can comment on changes that would improve the HSCB's overall readiness for future pandemics. Colleagues within the HSC system for the full period of the Covid response would be better placed to comment in an informed manner on these aspects.

ACRONYMS USED IN THIS STATEMENT:

Ref	Detail:
ALBs	Arm's Length Bodies
BCP	Business Continuity Plan
BSO	Business Services Organisation
DoH / Department	Department of Health
EPB	Emergency Planning Branch
ERP	Emergency Response Plan
HSC	Health and Social Care It should be noted that there is no legal or formal construct of 'HSCNI' in Northern Ireland – HSC NI is an informal umbrella term used to cover all areas of health and social care in Northern Ireland, including the Department of Health and its ALBs.
HSC Trusts	Health and Social Care Trusts
HSCB	Health and Social Care Board
JEP	Joint Emergency Planning
JREP	Joint Response Emergency Plan
LCGs	Local Commissioning Groups
NIAS	NI Ambulance Service
NIBTS	NI Blood Transfusion Service
NIFRS	NI Fire and Rescue Service
PCC	Patient and Client Council
PHA	Public Health Agency
PSSID	Performance, Safety and Service Improvement Directorate
RQIA	Regulation and Quality Improvement Authority
SBAs	Service and Budget Agreements
SPPG	Strategic Planning and Performance Group
VHF	Viral Haemorrhagic Fever

LIST OF EXHIBITS

Ref	Description
VW/1 (INQ000188742)	Department of Health, Social Services and Public Safety Framework Document September 2011
VW/2 (INQ000188755)	DoH 2010 Policy Circular Emergency Preparedness for Health and Social Care Organisations
VW/3 (INQ000)	HSC Core Standards for Emergency Planning Framework FY22/23

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: 29.06.2023