Witness Name: Peter Watson
Statement No.: 1
Exhibits:
Dated:

UK COVID-19 INQUIRY - MODULE 5

WITNESS STATEMENT OF PETER WATSON

I, **Peter Watson**, of Trust Headquarters, 2nd Floor, Non Clinical Support Building, Royal Victoria Hospital, Belfast, BT12 6BA will say as follows: -

Overview of the role, functions and activities of the Belfast Health & Social Care Trust

1. The Belfast Health and Social Care Trust (Belfast Trust) is one of the largest integrated health and social care trusts in the United Kingdom and delivers a wide array of treatment and care to the citizens of Belfast, as well as providing most regional specialist services for Northern Ireland.

2. BHSCT operates 5 large hospitals: the Royal Victoria Hospital (known as RVH), Belfast City Hospital (known as BCH), Mater Infirmorium Hospital (known as the Mater), Musgrave Park Hospital (known as MPH) and Royal Belfast Hospital for Sick Children, (known as RBHSC), as well as a series of other care establishments including 14 day centres, 5 residential homes, 5 supported living facilities, together with the provision and operation of 11 children's homes. It has a workforce of approximately 22,500 people (twice the size of the largest private employer in Northern Ireland, and larger than the entire Northern Ireland Civil Service combined).

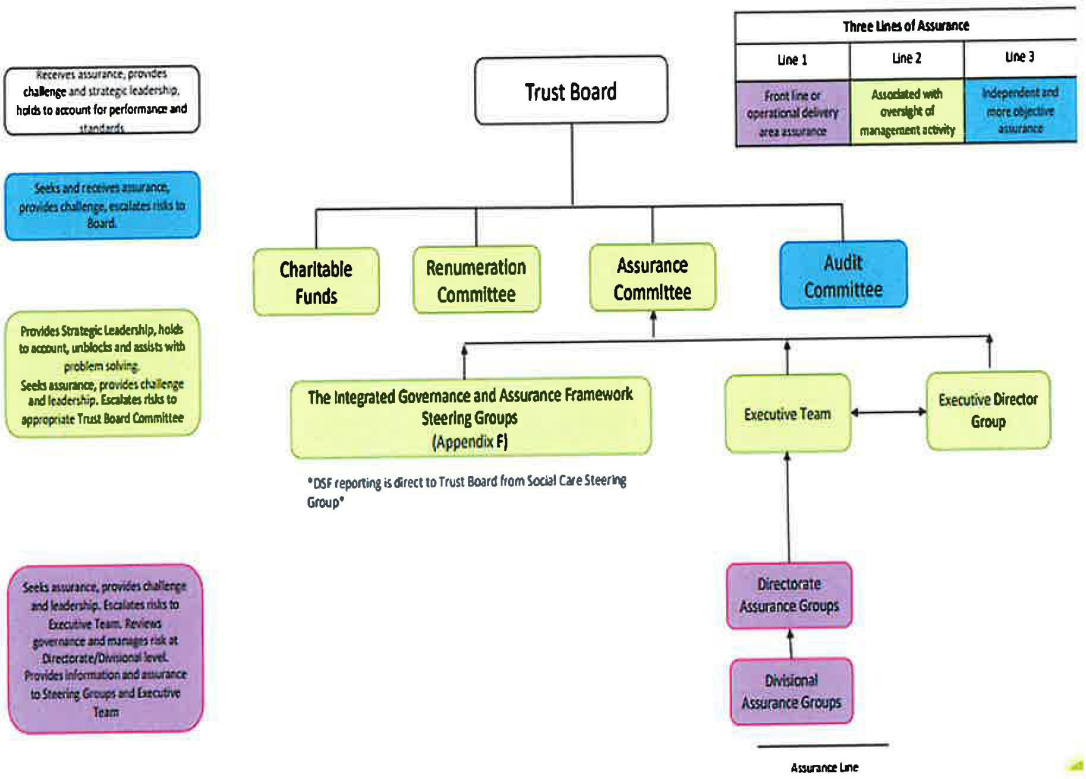
3. The Belfast Trust has an annual budget of approximately £1.9 billion. That is about one sixth of the entire funding provided to the Northern Ireland Executive by the

United Kingdom Government (commonly referred to as the Block Grant). Almost half the Block Grant moves through the Northern Ireland Department of Health (NI DoH), at present approximately £6.5 billion. Just under one third of that health funding allocation is then utilised to fund the Belfast Trust and the care it provides.

4. The Belfast Trust was commissioned by NI DoH to host the only "Nightingale Hospital" in Northern Ireland. Due to its size, and the extent of the services it provides, the Belfast Trust has been and continues to be the effective health trust of last resort in Northern Ireland. During the pandemic the Belfast Trust designated the Mater Infirmorum Hospital (Mater Hospital or MIH) site as a Covid-19 Regional Respiratory Centre.

5. The Belfast Trust is a large and complex organization with eight service directorates, each led by a service director. The directorates are further subdivided into divisions each led by a collective leadership team of a Chair (doctor), Co-Director (manager) and Divisional Nurse.

6. The Belfast Trust operates an integrated governance and assurance framework, which is hopefully helpfully illustrated by the diagram below.



Engagement with Relevant Stakeholders and Bodies

7. The Belfast Trust sought to implement a robust command and control structure through the formal establishment of a Covid-19 Oversight Group. It was established on 6 March 2020. It was led by the Trust's Medical Director, and consisted of an Interim Operations Director, Co-Director for Older People's Services, and a Deputy Director of Nursing to oversee and lead on the Covid-19 plan. The Covid- 19 Oversight Group was supported by a small number of senior managers and administrators and reported through to Executive Team.

8. The Covid-19 Oversight Group operated in a similar fashion to an incident management team, coordinating information and updates from each Belfast Trust directorate and division on a daily basis to inform decision making at Trust level, and to inform a report to Silver Command (Health and Social Care Board (or HSCB) and the Public Health Agency (or PHA) every day for onward submission

to Gold Command (DoH NI). The Belfast Trust Executive Team had a daily meeting to review:

- Daily activity
- Assess capacity to deliver ongoing services,
- Staff availability and safety
- Provision of PPE stocks and usage
- Receive a report from COVID-19 Oversight team
- Decision making and identify issues for further escalation

9. The Belfast Trust Chief Executive participated in a call with other Chief Executives and HSCB three times per week, and had a twice weekly call with the DoH NI Permanent Secretary and other policy leads, including the Chief Medical, Nursing and Pharmaceutical officers, in Gold Command at the beginning of the pandemic.

Business Services Organisation Procurement and Logistics Services (BSO PaLS)

10. BSO PaLS undertakes and manages all aspects of procurements for the Belfast Trust. This includes the procurement of PPE and any equipment or services that were required during the Covid Pandemic.

Construction Procurement and Delivery (CPD).

11. The Construction Procurement and Delivery (CPD) service provided procurement and contractual advice to the Trust during the pandemic. This included CPD visits to the Royal Victoria Hospital, Mater and Musgrave Park Hospital sites on 5/3/21, 11/3/21 and 26/3/21 respectively. Reports, including recommendations, were issued to the Trust following these visits.

Public Health Agency

12. During the pandemic, the Belfast Trust worked with the Public Health Agency on a range of matters including the availability of suitable PPE; development of frequently asked questions (FAQs) for HSC staff. In addition, a regional group was quickly formed and consisted of regional Human Resources staff, Public Health

Agency and Occupational Health representatives. The Occupational Health representative liaised with the DoH NI medical cell whenever necessary. The group met weekly initially and reviewed all relevant guidance, updating resources to support staff and managers and ensuring consistency across HSC. The group engaged with Trade Union representatives ensuring they had sight of all guidance and the opportunity to provide feedback where appropriate.

Trade Union/Workforce engagement

13. A workforce group was established within the Belfast Trust and comprised senior managers/co-directors from each directorate as well as Trade Union representation. The group was chaired by the co-director for Human Resources. Within this workforce group were separate groups for medical, nursing and AHP staffing.

14. There was a weekly call between Trade Union representatives, the Chief Executive and the Director of HR and her senior team. This ensured early identification of any issues, and also sought a sense check across the organisation of staff morale and wellbeing.

The VentillatorChallengeUK Consortium, Cabinet Office, Government Commercial Function and others involved in the Ventilator Challenge

15. The Northern Ireland Critical Care Network procured critical care equipment, including ventilators, on behalf of Belfast Trust.

The Medicines and Healthcare Regulatory Authority (MHRA)/Medicines Optimisation Innovation Centre (MOIC)

16. As part of the BSO Regional Supply Chain BHSCT worked with Medicines Optimisation Innovation Centre (MOIC) to scientifically assess new products before clinical use.

Experiences of Belfast HSC Trust during the pandemic in relation to the procurement and distribution of key medical equipment and supplies

17. The BHSCT followed regional guidance, which was interpreted by the Regional Infection Prevention & Control (IPC) Cell (a group established during Covid, chaired by PHA), for implementation to individual Trusts. Changes to guidance were frequently received by the Trust on a Friday. In the first surge of Covid, the Trust initially tried to share IPC guidance and information as quickly as possible however it was realised that information going out at weekends caused confusion among staff. Learning from this, The Trust tried to disseminate information earlier in the working week. An IPC Nurse represented BHSCT on the Regional PPE sub-group, which was chaired by the Director of Operations, BSO.

18. Rapid changes in guidance, particularly in the first surge of Covid-19, resulted in the interpretation and dissemination of guidance to staff being, at times, challenging. The Belfast Trust disseminated and implemented IPC guidance to its staff (including notifying staff when changes were made to IPC guidance) in the following ways:

Digital Resources:

- Covid-19 Oversight Group disseminated guidance updates to all users via email and corporate communications messaging.
- A Covid-19 section was created on the Trust Hub which centralised information and linked with the IPC Team page and PHE. Alerts were placed on items on the Hub so staff knew what information was 'new'.
- Presentations and embedded resources were available on the Trust Hub and updated as guidance changed. These resources were emailed to the Independent Care home managers and support team for dissemination.
- The IPCT created posters to aid staff to safely Don and Doff PPE, which were available on the Trust Hub. Circulation of amended posters occurred through Divisional and HCAI group members.

Educational sessions:

- January and February 2020. IPC Link person meetings (RVH, MIH, MPH, Community and Mental Health) raised awareness of Covid-19.

- February 2020 to April 2020. Commencement of weekly education sessions.
- April 2020. Commenced 'Zoning' strategy, the IPCT visited all acute wards with updates and provided educational resources to all wards.
- December 2020 – February 2021. Undertook weekly "Learning from Covid-19 Outbreaks" educational sessions.
- March 2021 to March 2022. Undertook monthly acute and community (including private care homes) Covid-19 update sessions via MS Teams.
- IPC team attended Belfast Trust and site specific sit rep meetings to provide guidance.

19. The BHSCT followed regional guidance, which was interpreted and issued to Trusts for implementation by the Regional IPC Cell. The Trust disseminated and implemented IPC guidance to its staff including notifying staff when changes were made to IPC guidance during the relevant period in the following ways:

    - Live education sessions, the intranet housed printable posters, presentations, leaflets as well as links to guidance.
    - Corporate communications team disseminated updates to all Trust users.
    - The IPC Team participated in table top exercises and emergency planning and attended Trust and site specific meetings with frequencies depending on assessed need.

20. The BHSCT IPC Team followed regional guidance as stated in paragraphs 17 & 18 above. Respective Royal College Guidance, such as Obstetrics and Dental advised differently to the National Guidance. In some cases the National Guidance was not flexible in acknowledging the risk of Covid transmission in specialities such as neonatology. In such instances, the IPC Team met with the respective speciality to review the risks associated with the speciality and other similar specialities. This process also involved input from the PHA. The outcome of this engagement, including details of any risks, were presented by the particular speciality or IPC team to the Covid oversight group for consideration and approval.

21. The BHSCT had access to relevant IPC and PPE guidance via an internet link to national guidance that was available to staff from the Belfast Trust intranet site.

22. The Trust's Covid Oversight Group coordinated the Trust's response to updates in IPC and PPE guidance. As part of that arrangement, service areas had a fortnightly meeting with the Oversight Group to discuss any issues and concerns. Meetings occurred weekly until November 2020. Thereafter until April 2023 approximately 34 weekly meetings were cancelled.

23. Changes to guidance was frequently received by the Trust on Fridays. In such cases, posters and information leaflets were not easily updated in a timely fashion leading to the potential for multiple versions to be in circulation. To reduce this likelihood of this occurring, the Trust issued updated guidance early in the working week using the approach described above.

PPE supplied by the UK central Government and BSO PaLS

24. Guidance for visitors entering an area with an ongoing Aerosol Generating Procedures (AGP) (e.g. ventilation etc.) was unclear during the pandemic. In such cases Trust staff implemented mitigating measures as per the 'BHSCT IPC considerations during Aerosol Generating Procedures (AGPs)' memo

25. Visitors were offered the same level of PPE as staff, however, fit testing for visitors was not readily accessible. Fit testing programs were attended by staff, at times on multiple occasions due to fails and/or changes in FFP3 availability. Following publication of national rapid review of AGPs in October 2022, selected clinical procedures were no longer defined as AGPs and therefore excluded. This resulted in visitors no longer requiring higher level of PPE.

26. There were a number of clinical spaces across the RVH site that have no mechanical ventilation and are completely dependent on natural ventilation (e.g. manual opening of windows) to cool the environment and provide air changes within the ward/department. The risk of acquiring aspergillosis from ongoing external construction work rendered the use of natural ventilation not possible.

27. Accessible versions of PPE (transparent mask), for staff and clinical services such as Audiology and Speech and Language Therapy, along with social distancing measures and screens were not conducive when trying to model sounds whilst working with children/adults with hearing impairment.

28. Patient facing staff requiring accessible versions of PPE were redeployed to other roles as the Type IIR facemask or earlier transparent masks were either a communication barrier or not fluid resistant, for those individuals who rely on being able to see someone's lips and whole face to communicate. In November 2022, a Regional protocol for use of the ClearMask™ product was available to Trusts; however, this product was not tested to ensure that it was fluid repellent. This particular product (ClearMask™) may not have offered protection against respiratory droplets. Therefore additional COVID-19 safe measures were required e.g. social distancing. In September 2022, two Transparent Face Masks met the UK Government specification for fluid resistant facemasks . These masks were available for use along with additional Covid safe measures where required.

29. PPE/IPC guidance was communicated to staff using a combination of digital education routes as previously described. Additionally, a standard operating procedure (SOP) was developed for independent care home teams within Belfast. PPE/IPC guidance was also distributed to care team managers via email with hard copies also provided to each care home. In addition, the independent care home teams attended the IPC Team live update sessions.

30. The Belfast Trust followed relevant guidance on the use of PPE. The early Aerosol Generating Procedure (AGP) list of clinical procedures delayed and significantly reduced the re-establishment of dental services.

31. The Covid oversight group reviewed any variations to PPE/IPC guidance and developed mitigating measures to maximize the communication of any variations.

32. Posters were developed locally to provide advice and guidance on the use of PPE. However, frequent changes to issued guidance introduced the potential for multiple versions of the posters in circulation leading to staff confusion.

33. The procurement of PPE was managed by PaLS on behalf of BHSCT. The BHSCT did not experience any challenges with the supply, distribution or quantities of PPE.

34. In some cases PPE was received without EU certification leading to concerns for both the BHSCT and independent sector. Examples of concerns relating to the PPE procured include:-
    - Goggles available to order were non-compliant with guidance in that some had vents or gaps on the sides, therefore not fully enclosing the eye area.
    - During phase 1 of the pandemic there was limited stock of disposable visors
    - Aprons were not supplied in rolls and were not compatible with PPE dispensers. The perforated edges on some aprons were poorly manufactured, this caused ripping of the next apron making it unusable. Some aprons were too short to adequately protect a HCWs uniform.

35. The type of mask available to be worn frequently changed, with on occasion little or no notice that a new mask was being introduced leading to an inevitable impact on fit-testing. The initial masks used were up to twelve years old, although they had been re-tested within the manufacturer's specification and were confirmed fit for purpose. Within Northern Ireland, there was an agreement with the PPE Supply Cell that each HSC Trust would be allocated specific masks. Some of the older masks did not afford as good a seal as the newer masks, and, as a result, there was a higher fail rate recorded with these older masks.

36. The shortage of masks and changes to the availability of mask types, in some cases caused staff confusion along with the need to staff to be fit-tested again.

37. The Belfast Trust was involved in a successful collaboration (along with colleagues from Supply Cell Team, Business Services Organisation, all HSC Trusts in Northern Ireland, and a commercial partner (Denroy)) in the development of a new mask for use in Northern Ireland. The "Denpro" mask was manufactured and tested throughout the Northern Ireland region. This was to aid the shortage of masks to the region but also reduced the need for re-fit testing.

38. As BSO PaLS managed all aspects of the procurement of PPE for the BHSCT, they were responsible for management of issues including product recalls, and concerns about counterfeit products. Some products brought to the Regional PPE sub-group for review lacked CE certification.

39. PPE was accessible to all staff within the BHSCT. It was more difficult to fit Type IIR fluid resistant masks securely on a person with low/flat nose-bridge. Individuals with small facial features often failed FFP3 for testing. Individuals with facial hair had to ensure they were clean shaven to ensure accurate fit of an FFP3 mask. Visors and goggles were difficult to wear for individuals requiring reading/distance glasses or both. The limitations of the types of masks limited the availability of small masks that could be used for both ethnic groups and between male and female workers. Masks were initially agreed by infection control teams based on suitability for infection control rather than based on whether they had a good enough fit that ensured safety.

40. In early March 2020, HCID PPE was no longer required for symptomatic, unconfirmed cases meeting the COVID-19 case definition, but HCID PPE was still required for confirmed cases. As of 19 March 2020, COVID-19 was no longer considered to be a HCID in the UK, therefore droplet precautions required for suspected and confirmed COVID-19 cases (unless an AGP).

41. The reason(s) for the changes in PPE was not widely known and this resulted in frontline staff raising concerns. The change in guidance was discussed at the IPC cell and BHSCT COVID oversight group and the local IPC Team provided rationale

during update sessions. COVID-19 Risk assessments were continuous for all areas - template/samples were available to all clinical and non-clinical areas. The IPC Team ensured rationale and resources were shared with all staff within the BHSCT and independent care homes within Belfast.

42. In June 2020, Belfast Trust identified a number of staff (less than one per cent) as having been incorrectly fit tested. This issue was raised regionally and resulted in a Serious Adverse Event (SAI) investigation led by the Public Health Agency. The total number of staff ultimately affected by this issue within the Belfast Trust was 1,385. All staff involved were invited back for a fit test to ensure the mask was re-fitted to the UK standard. The Trust did not undertake analysis of characteristics of staff who had been incorrectly FIT tested, the focus was on the result of Pass or Fail.

43. The impact of the discovery of this problem to the fit-testing process was reduced confidence that it was a safe test; having to plan extra fit tests into already very tightly controlled schedules; the extra reporting from the fit test team to the SAI investigation team overseeing the initial response. It did allow the Belfast Trust to review all the assurance processes in place for fit testing. The "Regulations of Fit Testing Policy – Provision of Respiratory Equipment (RPE)" was updated in August 2020 to include recent best practice, and legal advice related to male beards and the wearing of FFP3 masks. Reproduced below is the 29 June 2020 reply to the HSENI in respect of this issue.

44. Prior to the pandemic, the Belfast Trust could carry out five tests per day (25 per week). Demand obviously soared due to the pandemic. Fittest.ie confirmed its ability to meet the required increase in demand by increasing the number of their trained fit testers. By early March 2020 there were 200 tests being conducted per week, rising to 2,400 per week by 13 April 2020. This enabled the Belfast Trust to carry out fit-testing twenty hours per day, over seven day periods, for a number of months. This ensured all appropriate staff had been tested, or were retested if the mask changed. Fit testing was carried out on every site within Belfast Trust on either a regular basis (for central sites) or a planned as required basis (for those sites outside of Belfast e.g. Muckamore Hospital and Knockbracken Healthcare Park).

45. At the end of the pandemic a write off was completed for I&S disposable masks totalling £53,940, these masks were out of date and were donated to a registered Charity.

46. Visors were not readily available in Phase 1 of the pandemic. Donations were received from local businesses and reviewed by the IPC Team. This was a short term measure at the beginning of the pandemic are were available in the MIH and BCH sites.

47. Procurement by the Belfast HSC Trust and supply chain.

Please set below in tabular form, a list of contractors/suppliers to whom the Belfast HSC Trust awarded contracts for PPE. In respect of each one, please set out:

Question	BHSCT Response
The value of the contract	£309,400 (2 contracts x £154,700) Craigmore Ltd, Procured via PaLS
The type of PPE Supplied	Reusable 3M FFP3 Masks
The volume of PPE supplied	I&S Reusable masks
Whether the PPE was used by the Belfast HSC Trust and, if not, please indicate the reason why it was not (e.g. excess to requirements, wrong type of PPE procured, PPE non-compliant with technical specifications or IPC guidance, poor quality of PPE);	Contracts let April/May 2020 - Reusable 3M FFP3 Masks were purchased as contingency in the event of disposable being unavailable, whilst they were not utilised during the pandemic they are currently part of BHSCT Emergency Planning stock
Whether the contract was satisfactorily performed and in the event the contact was not satisfactorily performed, please set out: (i) How much of the cost was recouped or written off and	The contract was performed satisfactorily

(ii)	Whether the contract ended in litigation or referral to law enforcement	N/A N/A

48. BSO PaLS managed all aspects of the procurement of PPE for the BHSCT, the Trust not procuring PPE other than through BSO PALS.

49. BSO PaLS managed all aspects of the procurement of PPE for the BHSCT. Where required, advice on Direct Award Contract and compliance was obtained from BSO PaLS compliance unit and buying teams.

50. Procurement for BHSCT is via BSO PaLS and BHSCT did not set up any new supply chains. BHSCT were required to set up receipt and distribution stores with offline processes for PPE and other demand managed products that were provided by BSO PaLS within a very short timeframe.

51. Any approaches from PPE suppliers were forwarded to BSO PaLS who reviewed them on a regional basis. Products were reviewed by the regional PPE sub-group and the outcomes discussed at Regional Supply Chain Cell meetings.

52. There was no competition between Trusts as supplies were managed on a regional basis by PaLS. BHSCT actively participated in daily regional operational supply chain meetings and weekly strategic meetings led by PaLS. Mutual aid - when a Trust highlighted low stock levels of a product, another Trust/Trusts when possible provided mutual aid.

53. The process was transparent. BHSCT actively participated in daily regional operational supply chain meetings and weekly strategic meetings led by PaLS. Decisions were collective and distribution was via BSO PaLS internal stores.

54. BHSCT did not purchase consumable PPE. Modelling for PPE was led on a regional basis by the Department of Health and shared with the Regional Supply Chain Cell. BSO PaLS procured and distributed PPE.

55. An offline manual PPE stock counting system was employed. PPE Stock figures were reported by BHSCT twice weekly at the height of the pandemic, reducing to

weekly and then to monthly. This was time consuming but essential to manage stock across the region. BSO PaLS collated stock figures for the region.

56. BSO PaLS led the Regional Supply Cell throughout the pandemic and BHSCT actively participated in this at an operational and strategic level. BHSCT did not set up a separate supply chain as procurement was via BSO PaLS and distributed by internal stores. BHSCT were required to set up two stores to manage the sharing and distribution of PPE and other essential products across the Trust and the independent sector within our locality. The stores were required to manage items pushed to the Trust by PaLS. Offline systems had were swiftly established to manage a full receipt, distribution and logistics processes. Internal processes were set up for ordering across the Trust and independent sector with suitable governance arrangements to accurately record, receipt, manage and control stock and distribute the products. This was directed by the DoH in March 2020 and staff were redeployed from across the Trust to assist.

57. BSO PALS procured for BHSCT and for our local IS providers and delivered required goods to Belfast for onward distribution to the Independent Sector by the Trust. BHSCT were fully funded for all goods through additional COVID monies. The Trust always had sufficient PPE and we are not aware of any shortages in the IS once we were ordering and delivering on their behalf. Challenges yet another offline process, with its own authorisation frameworks to ensure good governance.

58. Contracts for the supply of PPE were put in place by BSO PaLS on behalf of the HSC (NI).
An IPC Nurse represented BHSCT on the Regional PPE sub-group, which was chaired by the Director of Operations, BSO.

59. The procurement of PPE and key medical equipment did not differ from pre-pandemic practise. The distribution of PPE and key medical equipment was managed via the Regional Supply Chain which continues to meet. Funding was provided by the Strategic Planning and Performance Group (SPPG).

60. Visors were not readily available in Phase 1 of the pandemic. Donations received from local businesses were reviewed and approved for use by the IPC Team. This was a short term measure these were available in the MIH and BCH sites.

61. Reusable 3M FFP3 Masks were purchased via BSO PaLS as contingency in the event of disposable being unavailable at the outset of the pandemic. This amounted 0.42% of overall PPE spend for the period 1st Jan 2020 to 28th June 2022. Whilst this re-usable PPE was not utilised during the pandemic it forms part of the current BHSCT Emergency Planning stock

62. All staff and contractors working on site had access to PPE training. PPE was also available within the care environment in which they were working.

63. BHSCT actively participated in daily regional operational supply chain meetings and weekly strategic meetings led by BSO PaLS. Representatives from Finance, Infection Control, Fit testing, Emergency Planning, BHSCT PPE and Demand Management Stores were involved in these meetings. In addition, mutual aid measures, designed to allow other Trusts to provide support (e.g. PPE etc.) to those Trust(s) who identified low stock levels of PPE etc., were put in place.

64. Stock was counted manually and PPE stock figures were reported by BHSCT twice weekly at the height of the pandemic, reducing to weekly and then to monthly. This was time consuming but essential to accurately gauge stock across the region. Stock was fast moving and regularly rotated, the stores were topped up at least twice weekly by BSO PaLS.

65. The BHSCT was directed by the DoH to provide PPE to the independent care home sector. In March 2020 the BHSCT was directed by DoH to provide PPE to the care sector. This involved setting up full receipt and distribution processes, with appropriate governance to manage the administration and logistics for this PPE. Further detail on changes in supply of PPE to the independent sector is outlined in the NIAO report.

66. Two (2) Direct Awards for Reusable 3M FFP3 Masks were put in place by BHSCT. The goods were procured via BSO PaLS All other PPE was procured and provided by BSO PaLS .

67. The pre-pandemic critical care equipment that existed within the Belfast Trust, located on 4 BHSCT sites (BCH, MIH, MPH and RVH), was supplemented by further critical care equipment from the Critical Care Network (Northern Ireland) (CCaNNI) (Regional Response) and from NHS England stock allocation (National Response). This supported the increase in critical care beds to a total of 75, set up within the BCH Tower Block.

68. There were no issues or concerns experienced by the Belfast HSC Trust pertaining to the number of ventilators, or the supply or distribution of ventilators and related medical equipment available for use during the pandemic. In addition there no instances when nitric oxide therapy was not available for the management of ventilated patients with severe hypoxia.

69. There were no issues or concerns experienced by the Belfast HSC Trust pertaining to the quality, safety, appropriateness or effectiveness of any of the ventilators or related medical equipment and supplies procured during the pandemic.

70. There were no issues around the ability of staff to use newly delivered ventilators or the training required in order to use them safely.

71. There were no delays in obtaining sufficient ventilators

72. There were no Major incidents called by the Belfast HSC Trust as a result of intensive care or ventilator capacity being full or nearly full.

73. There was no point during the pandemic when a patient who needed a ventilator was not able to get access to one.

Oxygen

74. The pandemic gave rise to significantly increased demand for oxygen on all sites. This had the potential to cause a rapid drop in the pressure in oxygen supply pipes, leading to a failure of oxygen delivery systems throughout the hospital, including to patients on mechanical ventilation. There was also a risk of rapid and

unpredictable depletion of the VIE. These risks were further highlighted by the publication of an NHS England Estates and Facilities Alert, indicating that demand from multiple wall oxygen outlets may exceed the maximum capacity of the VIE and delivery system (Vacuum Insulated Evaporator i.e. the main storage vessel for bulk medical oxygen supply). Therefore, close monitoring of oxygen consumption was undertaken, and additional VIEs (and infrastructure) were installed to meet predicted demand. No oxygen supply issues, at a patient level, were encountered at any stage. Neither were any bulk liquid oxygen supply issues experienced, with the increased demand being met through the existing BSO PaLS regional contract for supply of oxygen.

75. Extensive work was required on both the Mater (MIH) and Belfast City Hospital (BCH) sites to ensure piped oxygen was available at the bed spaces where ventilated patients were likely to be managed. In order for MIH DPU and BCH Day of Surgery Unit, and the second and third floors of the Tower Block to be suitable for critical care patients, the medical gas infrastructure had to be reviewed and additional outlets installed for Medical 4bar Air, Vacuum and Oxygen at each bed space.

76. The BHSCT engaged proactively in the DoH group coordinating the provision of medical gases. This regional collaboration worked effectively to ensure clinical needs, in respect of medical gas provision, were fulfilled throughout the period of the pandemic

Testing

77. The Regional Laboratory Procurement Group approach, co-ordinated by BSO PaLS, had laid the firm foundation of the newly awarded Regional Automated Medicine Systems contract that facilitated an agile, consistent and co-ordinated procurement response from all Trusts to the emerging pandemic.

78. PaLS colleagues worked very effectively with all Trusts via the Pathology Network Regional Respiratory Testing Group meetings (supported by PHA) to highlight supply chain issues and agree/manage the procurement and distribution of PCR tests.

79. Clinicians and scientists within the BHSCT's Regional Virology Laboratory (RVL) provided regional advice and were directly involved at a regional and national level in relation to world-wide supply chain issues for PCR test kits and consumables. Public Health England (PHE) effectively agreed the monthly NI PCR kit allocation at a national level in line with our stated capacity requirements and BSO PaLS ensured that HSC Trusts were allocated PCR tests in line with the regionally agreed breakdown of the Trust's testing capacity.

80. No outages were experienced and Trusts co-operated routinely either by moving PCR testing (usually to RVL) for analysis or sending spare kits to another site for short-term cover if there was spare supply.

Diagnostic and other medical equipment

81. To support MIH DPU, BCH Day of surgery Unit, and floors 2 and 3 in the BCH Tower Block to open additional critical care beds, the medical gas infrastructure had to be reviewed with additional outlets installed by estates for Medical 4bar Air, Vacuum and Oxygen at each bed space. Additional power outlets were required and installed; 4 gang extension leads were deployed where this was not possible. There were no UPS/IPS sockets installed due to limited resources and time pressures, this is a recommendation under HBN 04- 02.

82. Between May and August 2020, there was preparation for Surge 2 with the reconfiguration of floor 2 in the BCH Tower Block, remedial estates work was completed in clinical areas post surge 1, including two new designated fluid storage areas, one new large store, and improved donning and doffing areas.

83. In September 2020 there was a plan to move the ICU in the Dempsey Building to Ward F to enable an increase from 6 to 14 beds. Estates works were completed to prepare the area for use. Due to the increase in the number of beds required, BCH Tower Block remained the Covid-19 Critical Care unit. In October 2020 Floor 2 in the BCH Tower Block opened as a Critical Care

84. In October 2020 Floor 2 in the BCH Tower Block opened as a Critical Care floor with capacity for 24 patients. In November 2020 Floor 3 in the BCH Tower Block was prepared for a further 24 beds.

85. Ultimately a very significant effort from staff meant that ways were found to make sure there was sufficient equipment, and that buildings were adapted sufficiently to cope with what was occurring.

Lessons Learnt

86. The BHSCT (RVL) developed the first Covid-19 test in Northern Ireland and supported the planning and delivery of PCR testing. The RVL worked at pace from development of the initial in-house assay (RVL was among the first twelve UK SARS CoV2 testing sites) with limited capacity (initially 360 tests per week) to increase their testing capacity (rising to 8,516 tests per week from 18th April 2020) and improve turnaround times. The Trust established a drive-through Covid-19 testing centre for its staff and staff from other public services.

87. The RVL capacity allowed the BHSCT test staff as well as patients within regional guidance and provided support to other HSC Trusts when their testing capacity was exceeded; subject to supply chain availability of testing reagents, kits and consumables that were rationed by allocation via PHE.

88. The BHSCT proactively facilitated remote access to its digital systems allowing its staff to work remotely. In addition, staff across the BHSCT led by example in proactively applying guidance designed to reduce the spread of Covid.

89. The knowledge and experience gained through implementing remote working for a larger number of staff will be directly applicable to similar circumstances that may arise in the future.

90. The BHSCT staff displayed a positive, proactive approach to meeting and mitigating the challenges and risks presented by the Covid pandemic. Staff leadership and support was clearly evident across all levels of BHSCT staff.

91. The Regional Supply Chain continues to meet on a quarterly basis or more frequently as required if any urgent issues arise. This provides a regional forum that can react quickly to challenges that may arise in the supply chain.

92. The BHSCT procured all Covid related key medical equipment and supplies via BSO PaLS. This approach worked and responded well to challenges presented by the Covid 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: Name Redacted

Peter James Watson
Head of Office of the Chief Executive
Belfast Health and Social Care Trust

Dated: 20/11/2024