

Witness Name: Owen Harkin

Statement No.: 1

Exhibits: 9

Dated: 3 January 2025

UK COVID-19 INQUIRY - MODULE 5

WITNESS STATEMENT OF OWEN HARKIN

I, **Owen Harkin** of Northern Health and Social Care Trust (**NHSCT**) Trust Headquarters, Bretten Hall, Bush Road, Antrim, BT51 2RL will say as follows: -

Introduction:

1. I, Owen Harkin, have been Executive Director of Finance, with the Northern HSC Trust, since 1 September 2015. In May 2016, I also took on responsibility for the Estates function within the Trust, and have been Deputy Chief Executive and Director of Finance and Estates since 1 April 2020.
2. I have prepared this statement on behalf of the NHSCT in response to the UK Covid-19 Inquiry's Request for Evidence under Rule 9 of the Inquiry Rules 2006, reference M5/NHSC/01, dated 16 August 2024. It will address the Inquiry's request for evidence with regard to an overview of the role, functions and activities of the NHSCT, how the NHSCT worked with partner organisations during the pandemic, PPE procurement and distribution, PPE supply and governance, ventilators / medical equipment and Supply.
3. The statement is based on my best recollection of events as well as review of relevant notes and correspondence and following engagement with relevant staff within the Trust who had knowledge, experience and access to relevant information to inform my statement.

Background

4. The Northern HSC Trust was established by The Northern Health and Social Services Trust (Establishment) Order (Northern Ireland) 2006.
5. The Trust provides a range of health and social care services to a population of approximately 490,000 people across a geographical area of 1,733 square miles (2,773 square km) making it the largest geographical trust in Northern Ireland. The Trust has an income of around £1.2 billion and employs approximately 12,000 staff across a full range of medical, health and social care disciplines. The Trust also commissions care from Independent Sector partners in respect of Nursing and Residential Care Homes and Home Care Providers.
6. Services are delivered from over 150 facilities including two major general hospital sites, a mental health hospital, local community hospitals, health centres, social services, and a significant network of community services as well as provision of care in the home.
7. The Trust's corporate objectives are:
 - N** – Build **N**orthern partnerships and integrate care
 - O** – Continue to improve **O**utcomes and experience
 - R** – Deliver value by optimising **R**esources
 - T** – Nurture our people, enable our talent and build our **T**eams
 - H** – Improve population **H**ealth and address health and social care inequalities
8. The Trust covers four local council areas: Antrim and Newtownabbey, Causeway Coast and Glens, Mid and East Antrim and Mid Ulster. The Northern Trust has the largest older population and the largest child population, when compared to other health and social care Trusts in Northern Ireland.

Working with Others

9. At an early stage of the developing pandemic, the Permanent Secretary and Senior Department of Health (**DoH**) Officials had very frequent regional conference calls with Trust Chief Executives. This included the NHSC Trust Chief Executive. By April 2020, given

that sub-structures had now been established, a pattern of a twice-weekly conference calls had developed. These meetings later became online/zoom meetings.

10. In June 2020, the Rebuilding Management Board (**RMB**) was established, with weekly zoom meetings. This group was chaired by the Permanent Secretary and membership included Senior DoH officials and Trust Chief Executives.

11. The Health and Social Care Board (**HSCB**) hosted daily (7/7) Health Silver calls throughout the pandemic. All Trusts were represented on these calls, which began as teleconference calls and then moved to Zoom. The Northern Trust was initially represented by Seamus O'Reilly (Medical Director) and then from late March 2020 by Neil Martin (Director of Planning), with the Director on Call covering weekends and bank holidays. These calls were used by the Public Health Agency (**PHA**) /Health and Social Care Board (**HSCB**) to disseminate information to Trusts and for Trusts to escalate issues requiring regional guidance, action or advice.

12. My Estates colleagues also had regular engagement with Department of Health colleagues in related to the physical infrastructure of our sites, particularly with regard to the Acute Oxygen Supply Working Group; Estates Oxygen Working Group; Oxygen reporting; and prioritisation of upgrades and assets. There was also engagement with BSO (PaLS) in respect of procurement of medical devices.

13. The Trust had extensive engagement with Business Services Organisation (**BSO**) Procurement and Logistics Service (**PaLS**) on issues such Personal Protective Equipment (**PPE**) supply and distribution including on the establishment of revised protocols and pathways at the outset of the pandemic and latterly through the regular Supply Cell. This was chaired by BSO PaLS and included a wide range of representatives from Trusts. This group met regularly - daily, then bi-daily and then weekly at the height of the pandemic. This group discussed supply and demand issues of PPE and it was used to co-ordinate and monitor and distribution of stocks of PPE across the region. Work was also done to support PaLS on forecasting of PPE usage. Where the Trust identified a potential source or established a local short-term arrangement, this source was passed on to BSO PaLS to enable regional arrangements where possible. The Trust also set up stores in conjunction with PaLS to set up additional storage centres. PaLS used these meetings to inform on their procurement and delivery timescales. The Trust also distributed PPE to the Independent Sector on

behalf of HSC / BSO PaLS behalf - this meant that we needed to set up additional infrastructure to do this.

14. The Trust also engaged with Construction and Procurement Delivery (**CPD**) during the pandemic in respect of significant matters such as the management of Term Service contractors and delivery of the major scheme to establish the regional Nightingale facility at Whiteabbey Hospital by November 2021.
15. The Trust also had regular engagement with the Chief Pharmaceutical Officer for Northern Ireland through the involvement of the Trust hosted Medicines Optimisation and Innovation Centre (**MOIC**). Which played a key role in advising the regional Infection Prevention and Control (**IPC**) and Supply cells with regard to the safety and standards of equipment and PPE to be introduced into the NI HSC. There were regular meetings with Heads of Pharmacy and Medicines Management, MOIC for PPE and Oxygen. This also extended to the supply cell calls regionally.
16. A Medical Directors Forum has been in place for many years prior to the pandemic, chaired by either the Chief Medical Officer or a deputy. This group continued to meet throughout the pandemic.
17. During the pandemic the Department of Health established a group in response to the early stage of the enquiry, chaired by the Permanent Secretary, with attendance from Senior Officers of DoH, HSCB, PHA, BSO and HSC Trusts. In August 2020 the Department moved from this initial emergency response to business continuity with the establishment of a temporary Rebuilding Management Board (RMB) with representatives from DOH, PHA, HSCB, BSO and HSC Trusts.
18. The Trust had no direct engagement with the VentilatorChallengeUK. All engagement with regard to critical medical equipment took place within Northern Ireland structures.
19. In the early stages of the pandemic the Trust established engagement with our Trade Union colleagues to ensure regular updates on issue of concern to our staff and to provide reassurance that any concerns raised were being addressed and responded to in a timely manner. This arrangement was maintained throughout the review period.
20. The Trust worked very closely with Trade Unions (**TU**) both locally and regionally on a variety of key workforce issues. Daily and weekly updates, including written updates

following on from Trust Bronze, were provided. At the outset engagement focussed on health and safety concerns with daily calls with lead TU representatives to discuss issues such as the provision of PPE, social distancing (particularly in Departments where staff work in close proximity and across services such as Homecare and Children's services where car sharing is a regular feature of service delivery), testing and arrangements for vulnerable staff across all of the professional groups. There was also daily engagement on a number of key pay and conditions issues such as: pay for those who had to isolate, pay for staff who were redeployed to areas of greatest need and other terms issues such as excess mileage. Working in partnership with TU's was also critical in responding to the regional expansion of ICUs beds across Northern Ireland. Extensive work was carried out with TU colleagues to ensure NHSCOT contributed to the regional expansion of ICU beds. This involved significant work to redeploy staff, provide additional training and supervision and to engage directly with large groups of affected staff many of whom were anxious to transfer. The Trust also worked closely with TU colleagues to support the COVID-19 response in Care Homes and across vulnerable community based services. The Trusts Equality Diversity and Inclusion (EDI) network responded to the risks for BAME staff and in partnership agreed a range of terms to protect and support this vulnerable group of staff (eg. Enhanced special leave). At a regional level, HR and TU colleagues worked on a daily basis to deliver regional covid guidance for staff which included one set of workforce FAQs on a wide range of key terms and conditions issues including sickness absence and redeployment arrangements. Senior leaders within Human Resources, TU's and the DoH held twice weekly tripartite calls to oversee the COVID-19 response for the HSC workforce.

21. The Trust engaged as appropriate with MHRA in respect of any Field Safety Notices issued. *An example, FSN-2021-069 is exhibited to this statement as OH/01 [INQ000508388].* We also engaged with the Northern Ireland Adverse Incidents Centre (NIAIC) in respect of issues with PPE, such as NIA-2020-02 and risks associated with Alcohol Based Hand Sanitisers.
22. My team also had regular engagement with our local council in respect of access to council facilities for covid testing and vaccination. The local councils included: Antrim & Newtownabbey Borough Council; Mid & East Antrim Borough Council; Mid Ulster Borough Council; and Causeway Coast & Glens Borough Council.

Experiences & Concerns

23. NHSCT governance arrangements were refined and developed to address the consequences of the global pandemic and ensure the organisation continued to operate with adequate and effective governance during COVID-19. Additional governance structures were established in March 2020 primarily through the Trust Bronze Group and associated sub groups. These complimented the existing key governance structures within the NHSCT, such as Trust Board, Audit Committee, Assurance Committee and Charitable Trust Fund Committee which continued to meet throughout this period.
24. The Trust Bronze Command Group met daily and was supported by senior officers allocated on a rotational basis, consisting of all Directors, a Communications Lead, Senior Governance Staff and a representative from each of the supporting Antrim Site, Causeway Site and Community Groups.
25. The role of the Group was to strategically lead and support the Trust preparedness and planning to ensure the safe and effective operational management of COVID-19 for the various phases of response, to include monitoring, containment and surge, for example:
- Determining, with others, priorities in allocating resources and obtaining further resources as required, for example equipment, PPE and staff.
 - Communicate and Liaise with Health Silver.
 - Monitor the overall staff and service impact throughout the Trust and address as necessary. Planning and co-ordinating tasks, for example in relation to services stood down.
 - Overseeing the operational response to ensure that actions were completed from the previous day (action log management), for example communication issues, PPE/ general supplies.
 - Oversee and support the Bronze sub-groups, including awareness of any issues and approval of measures required to address them.
 - Awareness, interpretation and implementation planning regarding any changes in Covid-19 IPC guidance including PPE and testing.
 - Sign off and submission of daily SitRep reports received from Coordination Teams (Antrim, Causeway and Community) to HSCB/PHA by 11.00am.
26. Trust Bronze reported to HSC Silver through the Lead Director who joined a daily teleconference. In addition, a weekly update report was provided to the Trust Non-

Executive Directors (Trust Board & Trust Governance Committee) and a monthly update report was provided to Trust Board and to relevant Trust Governance committee.

27. The above reporting arrangements and responsibilities developed over time and in March 2020 the Trust established 3 Co-ordination Groups which consisted of two hospital Models (Antrim and Causeway) and a single Community COVID-19 Group. These groups met daily and were chaired by an Assistant Director on a rotational basis and included representatives from each service area, Infection Prevention and Control Team, Pharmacy, Laboratory, Corporate Support Services including Porterage and Domestic Services, HR, Governance and Finance. The role of these groups was to manage the day to day operational response to COVID-19, for example:

- Allocation of resources, for example staff and PPE.
- Awareness, interpretation and implementation planning regarding any changes in Covid-19 IPC guidance including PPE and testing.
- Reorganisation of Trust activities to facilitate short term escalation issues, for example reorganisation of wards to facilitate the potential admissions of COVID-19 inpatients.
- Consideration and escalation of critical safety issues for example wards / facilities with no bed capacity.
- Identification of issues which require escalation to Trust Bronze – for example issues which could not be resolved at Local Group level.
- Review of daily SitReps from both hospitals and the community to ensure decisions and actions were logged daily and submitted to Trust Bronze by 10 am daily.

28. The Trust also established a range of other supporting workstreams to take forward particular areas of work, including:

- COVID 19 Provider Partnership Hub
- Technology & Innovation
- Clinical Pathways Group
- Surge Planning Group
- Strategic Infection Prevention and Control Committee
- Infection Prevention Control and Environmental Hygiene Committee
- Safer Workplaces Group
- COVID-19 Testing Task and Finish Group (including staff testing transition to LFT)

29. Various Trust representatives also engaged with the following regional workstreams to escalate issues and contribute to responses:

- PPE Supply
- IPC Product Review Group (Reviewed and assessed PPE, Disinfectant and Hand Hygiene products). Attended by IPC and MOIC
- IPC Cell hosted by PHA
- IPC Lead Nurse Forum
- HCAI and Outbreak working Group hosted by PHA
- Effective Utilisation of PPE Task and Finish Group
- Regional Review of Visiting Arrangements
- Oxygen
- Core Critical Care Medicines Group

30. At the beginning of the pandemic BSO PALS were not able to manage the demand for PPE through normal procurement routes. This led to the Trust investigating other supply routes and making some purchases outside PALS supply chain (hand sanitiser for example). BSO PALS moved to pushing stock out to Trusts which meant that at the start of the pandemic the Trust needed to set up PPE stores and additional logistic routes to distribute this to services. As we progressed through the pandemic, central ordering from PALS was reinstated but the Trust continued to require storage and distribution - normal ordering and distribution was reinstated in October 23.

31. One of the main challenges for clinical staff was that the PPE supplied was different from their usual stock. There were concerns throughout the pandemic about lead times of deliveries during the height of the pandemic, in addition the Trust were getting types of PPE that we had never used before and needed to have staff trained. Some of the deliveries were not fit for purpose and the Trust was left with managing these - including mutual aid with other organisations, finding alternative uses or disposal.

32. FFP2 masks were not used in NI however there was an occasion that FFP2 masks were supplied to Antrim Area Hospital ICU which was investigated as a SAI. *This SAI Review Report is exhibited to this statement as OH/02 [INQ000508389].* FFP2 masks had been delivered although FFP3 masks had been ordered. Like all PPE there were challenges including distribution, delivery issues and new products that the Trust had not used before or were used which required additional FIT testing.

33. There was a withdrawal of some FFP3 masks due to the expiration date of March 2021 being reached. The masks were withdrawn on this date. There was also one withdrawal of a FFP3 mask, managed regionally. There was recall of some non-PPE items such as hand sanitiser.
34. There were a number of recalls of products during the pandemic such as hand sanitiser (Virapro), eye protection (CEM_CMO_2020_021 - SSU2007 Tiger Eye Protector) and Type II masks (Cardinal – ICA 002, DSBJ). *The letter from Department of Health and Social Care in relation to the Tiger Eye Protector is exhibited to this statement as OH/03 [INQ000508390]* . These were alerted regional and normal recall procedures were used to complete the withdrawals as advised. A process for recall of PPE from Independent Sector providers was produced by the Trust as this supply route was new to the pandemic.
35. There were no concerns with regard to CE Certification of PPE (or lack of it) or about counterfeit products, as the majority of PPE came through BSO supply chain (with IPC Cell assurance), and other sources of PPE were via existing or verified supply routes.
36. The majority of PPE purchased by the Trust was sourced from BSO PALS. However there were stages of the pandemic that the Trust needed to make purchases off-framework to maintain stock of products. These sources were able to provide small contingency supplies only and therefore outside of regional supply routes. The Trust identified a local supplier of gowns, which was subsequently utilised regionally.
37. Some masks were rejected by PPE group because they were too small, no nose strap or did not stay in place. At the beginning of the pandemic, some aprons supplied were of poor quality and fit. These concerns triggered the development of the PPE assessment review team regionally.
38. The BSO Supply Cell was the process for regional formal engagement and dialogue with BSO PaLs. Issues and complaints about PPE were followed up - this resulted in a number of complaints being logged with BSO supply chain.
39. Pre-pandemic fit testing was arranged by individual wards and locations as and when it was required. All fit testing was provided by an external provider. From February 2020, a team of temporary staff were recruited/seconded to manage the booking of

appointments, assisting with the identification of staff that required fit testing and maintaining the associated data.

40. Weekly meetings were arranged with Finance, Pharmacy and Fit Testing lead with a focus on linking PPE supply and demand, IPC guidance and FIT testing requirements.
41. Challenges included; staff requiring repeated testing within short periods of time due to the unpredictable nature of FFP3 mask supply with an appropriate length of an expiry date; regular changes in guidance on the requirement for FFP3 caused some confusion and concern amongst staff resulting in increased demand for fit testing; the regional introduction of a mask that had a poor pass rate resulted in additional testing for staff.
42. An audit of fit testing results during the period January 2020 to 12 June 2020 was undertaken in June 2020 following concerns raised in another HSC Trust. Due to issues with the incorrect settings used by the external provider a number of staff had been informed they had passed their fit test, which was found to be incorrect based on the UK standard of testing. A total of 418 staff were identified and had to be urgently recalled for retesting.
43. A safety alert was issued by the Health and Social Care Board and Public Health Agency in July 2020, later revised in February 2021, following concerns regarding fit testing. *This safety alert, LL/SAI/2020/038, is exhibited to this statement as OH/04 [INQ000508391].* This safety alert set out learning and requirements for HSC Trusts, primary care and the independent sector providers. All requirements were implemented within the Trust. *This Trust response in respect of compliance with Safety Alert LL/SAI/2020/038 as reported to the Public Health Agency is exhibited to this statement as OH/05 [INQ000508392].*
44. All efforts were made to test staff on all mask options. In the case where staff failed all available masks procedures were developed and put in place. This included, managers being updated and advised that; staff should refrain from duties that required a FFP3 mask and if this was not possible they should be redeployed to an alternative area; or staff could be referred to IPC for alternative PAPR hood PPE; if/when a new mask became available those staff members who had failed all available masks would be prioritised for recall for testing.

45. Due to a lack of a regional contract for fit testing, there was no standardised, collaborative approach to fit testing across the region. In relation to procurement for fit testing, each Trust had to arrange individual Direct Award Contracts (**DACs**) to cover the fluctuating demand. The limited number of suppliers available to carryout fit testing in Northern Ireland resulted in HSC Trusts competing for urgent fit testing sessions to cope with the ever increasing demand.
46. The cost of all PPE was expended through the Trusts Income & Expenditure account, any balances of PPE may have a notional value. The Trust continues to use PPE as part of Business as Usual and therefore all stock held, that is still in date, is utilised for PPE or the Trust has sought alternative internal use or has mutually aided this to other partner organisations. Stock that was out of date was written-off and disposed through the Trusts normal processes. PPE stock at a cost of £388,350 (relating to 647,250 masks) was written off in April 2022 with the approval of the Department of Health. This stock was assessed as unsuitable for clinical use by the HSC IPC team.
47. There was significant offers of donations and some which were actively given to the Trust. Donations were given by local businesses, members of the public freely and spontaneously. For example at the beginning of the reporting period donations of safety goggles were received from schools and visors were received from some companies and other organisations. Volunteer groups were set up, which made donations of scrubs (approx. 400), bags (approx. 600), caps (approx. 300) and masks (approx. 50). The donations were assessed for suitability, in line with other PPE sources, for appropriateness before use, the process of assessment / approval included IPC, Health and Safety & Pharmacy in the assessment. If deemed suitable then this stock was used alongside PPE from other sources. The main donations that we received were scrubs, cloth masks and hand sanitisers. The Trust did not invite any donations of PPE or other items.

Procurement & Distribution

48. The Trust established close working relationships between Senior Finance staff and procurement and store staff within the Pharmacy department. This group worked to seek to address any projected short-term shortages in PPE through a combination of mutual aid requests to other Trusts and seeking to use contacts with verified suppliers to identify opportunities for short term supply arrangements. These opportunities were also notified to BSO PaLS for consideration regionally.

49. The procurement expertise was provided by senior Finance and Pharmacy staff and normal Trust processes for approval of DACs was followed and monitored throughout.

50. The total Trust spend on PPE and other consumables (scrubs, hand sanitiser, soap etc.) was circa.£54m. The total spend on local purchasing via DACs was approximately £0.9m. Items purchased via DACs were either used during the pandemic, had an alternative use or are still in storage available for use on request. Total spend on PPE via BSO central procurement and contracts was 98% of the total PPE purchased. DACs were sought for the following:

Title of DAC	Total Spend against DAC
FFP3 masks	£119,999
FFP3 masks	£219,480
Alcohol Sanitiser/ Disinfectant Product	£63,300
Gowns	£421,284
Hooded Suits & FFP1 masks	£86,462

51. The Northern Trust did not identify any instances of suspected fraud or counterfeiting through local processes.

52. As the Trust only used verified suppliers through local procurement arrangements, there were few concerns with regard to due diligence. The Trust did make one payment in advance of supply in respect of an initial order from a local supplier for gowns. The pre-payment was £20,000 to facilitate cash flow a scaling up of manufacturing. The goods were supplied in full and were of good standard. This supplier was subsequently engaged by BSO PALS in a regional contract.

53. Throughout March 2020, PALS colleagues had been highlighting increasing challenges in securing supply across an increasing number of product lines, most notably in respect of PPE and cleaning consumables. These challenges were as a result of significantly increased demand across these lines as the service responded to the challenge of Covid-19.

54. By late March, this resulted in PaLS moving to a “push” strategy on those areas in which supply was challenging due to demand increases. PaLS initially determined their “push” strategy based on the Business As Usual (**BAU**) historical supply to each Trust. The Northern HSC Trust share was approximately 17%. Product lines included in the push strategy increased from 119 lines at 31 March 2020 to 209 as at 20 April 2020. These lines continued to grow as stock supplies in a number of areas fell below the PaLS 6 week stock levels.
55. The PaLS move to “push” strategy transferred a huge responsibility to Trusts at very short notice, leading to challenges for Trusts to establish extended stores, picking, logistic arrangements and set up distribution points to Wards, clinical areas, Community Facilities, Hospice and to Independent Sector providers.
56. Regular adjustments to PPE policy led to a review of Trust modelling, identifying significant increases in demand, across all settings, but particularly in Community settings. This was followed by the building of a Trust model of projected PPE usage, developed following extensive engagement with Service and IPC Leads to understand potential demand across each service area based on best available guidance. This resulted in an increase in the NHSCT share of PaLS push stock distribution from 17% to 24.5%. This modelling was largely consistent with regional modelling.
57. While, regionally, a welcome coordinated approach to modelling had been developed, the response, necessarily, required a constant drive to identify new supply chains. While this was understandable, this led to a changing picture on the availability key items of PPE, notably FFP3 masks. This required regular communication of the evolving Trust strategy in respect of Fit Testing, to ensure that staff groups were prepared, with sometimes on 2 or 3 week notice, of the expected supply of particular masks. *An example of internal Trust communication with staff regarding availability of FFP3 masks and fit testing is exhibited to this statement as OH/06 [INQ000508393]*. This led to repeated changes in mask deployment with a significant knock-on effect on the logistical challenge of repeated Fit Testing.
58. All additional PPE expenditure was funded by the Health and Social Care Board, with funding released following the submission of revenue business cases, with related monitoring against this budget.

59. The vast majority of PPE used by NHSCT during the pandemic was sourced through the regional BSO PaLS Services. The areas where in Trust secured local contracts are listed in paragraph 50 above.
60. Only selected items of PPE were purchased as reusable, primarily reusable eye protections equipment. These items were well received by staff who were able to have own named eye protections.
61. All staff working within NHSCT facilities or providing services on our behalf, were treated equitably with regard to use and provision of PPE, regardless of employment status.
62. The Trust fully contributed to the work of the regional Supply cell, led by BSO PaLS and with membership from all HSC Trusts, this included discussions and arrangements made for mutual aid across HSC organisations. Where the Trust identified a potential source or established a local short term arrangement this source was passed on to BSO PaLS to enable regional arrangements where possible.
63. The Trust also established a system of monitoring stock received from BSO as well as distributed to our various distribution points, including Hospital Wards, Community Facilities, Independent Sector Providers and Covid Assessment Centres. The existing teams had to be extended including extra hours of operation, increased monitoring of expansive stock lines. *An example of an internal Trust Stock Monitoring Report is exhibited to this statement as OH/07 [INQ000508394]*. The Trust engaged with a commercial company to manage and distribute cleaning consumables due to the volume of stock now being pushed by PaLS. Further containers had to be sourced to accommodate PPE and Oxygen therapy products now being managed by Pharmacy.
64. The Trust did not experience any issues regarding competition for medical equipment and supplies within HSC and did not require any direct purchasing of these from abroad. All equipment needs were met either through regional procurement or direct procurement with local suppliers. The Trust did not experience any issues with stockpiling of key medical equipment and supplies or rationing of these by BSO PaLS. Some equipment was supplied by the region that was not asked for or required. In these instances the equipment was kept in storage until such times as it could be returned. The impact of equipment shortages was lessened for the Northern Trust due to its proactive 7 year replacement programme. Several orders had been processed and

deliveries received just prior to the pandemic and all equipment that had been replaced was retained and available for use.

65. 3 Direct Award Contracts (then referred to as Single Tender Actions (STAs)) were used to procure vital lines of equipment to support the Trust's response to COVID 19. These were as follows:

Title of DAC/STA	Value of DAC	Total Spend against DAC
7 portable ventilators (subsequently reduced to 3 no. as 4 were supplied by the region)	£80k	£34,724
30 non-invasive ventilators	£107k	£106,326
2 portable RO water systems	£20k	£18,326

66. In March 2020, in advance of receipt of DoH COVID-19: Guidance For Nursing And Residential Care Homes In Northern Ireland (17 March 2020), NHSCT commenced planning in respect of processes and resources required for establishment of a Covid-19 Provider Partner Hub and was in a position to respond quickly upon receipt of guidance. *A copy of the guidance is exhibited to this statement as OH/08 [INQ000508395].* The Partner Hub was established for support and advice and the effective and efficient management and distribution of PPE to staff and Independent Sector Providers across all community services during the COVID- 19 outbreak. *An example of Trust communication regarding arrangements to access the Partnerhub is exhibited to this statement as OH/09 [INQ000508396].*

67. The aim was to centralise processes for the management and distribution of PPE and create a more efficient and responsive process for community services and ISP. The service areas this process included were Community Care, Mental Health, Learning Disability and Community Wellbeing, Children's services, Care Homes, Independent Domiciliary Care providers and other independent sector providers such as charities.

68. The objectives of the Partnerhub were to:

- provide appropriate advice to Partner organisation queries

- provide PPE to organisations within the guidance set by the Department of Health
- monitor and track the amounts of PPE being issued and to ensure appropriate supply is in place
- recall PPE as directed by BSO or the Trust and manage this process
- escalate to appropriate centre any concerns from Partners in relation to PPE
- link with other Trusts to ensure standardisation of approach with the provision of PPE to Partners
- provide appropriate PPE for Aerosol Generating procedures in line with Department of health guidance
- work closely with the Fit testing team to ensure staff working in Care Homes and with Complex cases in the Community with AGPs are fit tested appropriately and have appropriate supply
- maintain database of Fit testing outcomes for staff of Care Homes and Domiciliary Care Independent providers to ensure effective monitoring
- manage any concerns regarding supply and demand
- act as a source of advice for Trust staff and Link workers
- provide data as requested and complete weekly Department of health returns

69. Significant amounts of PPE were processed weekly via the Partnerhub with close working with the Trust's Community Equipment Stores. Clear and robust processes were established with partner organisations for the supply of PPE as required from the Trust. Partner organisations, depending on their choice, could collect supplies or have supplies delivered by the Trust. Out of hours access to emergency supplies of PPE for partner organisations was also established.

70. An example of early activity - Between 23rd March and 5th June 2020 the Partnerhub dealt with 2,743 requests for COVID-19 advice and PPE orders. During the period March 2020 to June 2022, 69,000 items of PPE and associated consumables were supplied to Independent Domiciliary Care, Care Homes and Supported Living facilities at a cost of £12m. This represents 22% of the total spend (£55m) over this period.

71. The DoH wrote to Registered Managers for Nursing and Residential Homes and Domiciliary Care Providers on 21 March 2023 advising of a decision to end the provision of free PPE to the independent sector from 1 April 2023. The Trust ceased providing this support to Care Homes from 31 March 2023 and after this date dealt with ad-hoc queries.

VENTILATORS

72. In the early stages of the pandemic, the Trust established an Equipment, Estates and Accommodation Group reporting into Trust Bronze. This group initially focussed on scoping the potential demand for essential equipment to support increased capacity in Critical Care, Covid treatment wards, Assessment Centres and in Community Beds.
73. The site was scoped in relation to accommodation and a surge plan developed to include the number of ventilators that may be required. The surge plan allowed the Trust to scope available opportunity of space to create ICU space and then the number of ventilators required. Initially there was a concern in relation to non-invasive ventilation (NIV) machines however regionally machines were bought and whilst these were not the most common used in NHSCT, respiratory consultants set up training for nursing and medical staff.
74. By early March, the Trust had shared with Department of Health an analysis of additional equipment required in order to double Critical Care capacity during surge including an increase from seven Critical Care Beds in Antrim Hospital and three in Causeway Hospital. The Trust also assessed the additional requirement for acutely ill patients who did not require critical care but needed enhanced monitoring and clinical intervention. These equipment requests included items such as Respiratory Equipment, Infusion Pumps, Syringe Drivers, and Medical Gas Analysers, ICU patient monitors, Cardiac Defibrillator, Haemodialysis Systems, Ultrasound Scanners and Ventilators. These items were procured via a combination of regional contracts and in conjunction with regional purchasing strategy.
75. All service critical equipment had been secured and installed in advance of need. The Trust never surged beyond the levels of equipment available. We received 18 Airvo's that were ordered by Trust. The Regional order for Airvo was cancelled as these could not be supplied. 70 Vincent Medical model VUN-001 were however received from the Region. 30 prisma Vent ventilators were ordered by Trust and 30 prisma Vent ventilators were received from BHSCT (regional). There were 20 Caire Vision Aire Oxygen concentrators delivered by Ministry of Defence; these were ordered regionally.
76. At the time of these procurements NHSCT were in the process of upgrading all existing ICU ventilators (16 no.) from Drager V500 to Drager V800 models. 15 additional Drager

V800 ventilators were supplied by the region in December 2020 and the Trust's previous stock of V500s were kept as a reserve in case additional ventilators were required. All technicians were therefore already fully trained on Drager V500 and V800 models. No other ventilators were procured or used.

77. There were no major incidents recorded by Northern HSC Trust as a result of intensive care or ventilator capacity being full or nearly full. The Trust developed guidance for inpatient teams managing COVID patients and respiratory escalation and this was developed on the basis of college guidance. It is important, however, to recognise that the Northern HSC Trust acted as part of the regional critical care network throughout the pandemic, thus ensuring appropriate transfers of suitable patients to or from elsewhere in Northern Ireland to maintain safe capacity levels.

OXYGEN

78. NHSCT Estates representatives attended the Regional Acute Oxygen Supply Working Group and Estates sub-group to provide information on Oxygen capacity and usage, which was used to enable surge planning and to inform decisions around the prioritisation of upgrades to Oxygen infrastructure throughout NI. Regional Covid-19 treatment facilities (Nightingale) were identified as Belfast City Hospital, Ulster Hospital and Altnagelvin Hospital and were prioritised for infrastructure upgrades. Improvement works were completed at Causeway Hospital and Antrim Area Hospital on 15/1/21 and 26/2/21 respectively.

79. There were initial concerns regarding the Oxygen capacity at Causeway Hospital. Upgrades were completed by BOC on 15/1/21 which increased the maximum flow rate from 50m³/hr to 150 m³/hr.

80. There were initial concerns about maximum flows available throughout various parts of the piped Oxygen infrastructure. A detailed study was undertaken by Estates with maximum allowable flow rates relayed to clinical teams via the Trust's Medical Gas/Oxygen Covid 19 Update Meeting and Bronze Command. These figures informed decisions around how many patients requiring high flow Oxygen could be located in each part of the hospital. The pipework supplying Respiratory Wards A3/A4 was increased to 28mm in April 2020 which effectively doubled the Oxygen capacity in this area and enabled the Trust to cohort patients requiring high flow Oxygen. Flow meters were

installed to automatically log site usage and an additional bulk oxygen tank (VIE) was installed by BOC on 26/2/21 to increase the overall site capacity and storage. As a result of these works the overall Oxygen capacity more than doubled with the number of beds capable of being provided 10 l/m of Oxygen simultaneously increasing from 180 to 400.

81. Significant upgrades to the Oxygen infrastructure at Whiteabbey Hospital were carried out as part of the Nightingale Ward project. It was agreed that this second regional Nightingale facility would provide step down for Covid-19 positive patients and those recovering from Covid-19. The facility opened, on a phased basis, from 20 November 2020. These works included an upgraded VIE and evaporators, a new 42mm piped supply, internal pipework upgrades and the installation of a reserve manifold specifically for the Nightingale Wards.
82. There were initial concern about the availability of high flow Oxygen equipment however all needs were met. Prior to Covid-19 NHSCT owned 18 no. Airvos. During the pandemic a further 17 no. were procured which were sufficient for the needs of the Trust. 35 no. humidifier heaters (Vincent Medical VUN-001) were procured by the Region but were never used as not preferred by clinical staff. 60 no. CPAP units (Prisma Vent) were supplied by the Ministry of Defence.

DIAGNOSTIC AND OTHER EQUIPMENT

83. Trust managers worked closely with clinicians, estates colleagues and procurement colleagues to continually assess and predict equipment requirements and were able to predict and secure sufficient appropriate equipment to be able to meet the clinical needs of our patients. This included a very proactive approach to undertake works in a number of wards to upgrade infrastructure to ensure that sufficient volumes of oxygen could be supplied to respiratory wards to support enhanced care of patients with COVID 19 at ward level.

LESSONS LEARNED

84. In discussion with Trust colleagues I would flag up the following issues as opportunities for Lessons Learned with regard to the areas covered by Module 5:
- There have been lessons learned with regard to Emergency Planning and the proactive use of Command Structures to support local delivery. The need to clear

and regular communications to staff teams, especially in a large and geographically dispersed organisation such as the Northern HSC Trust was also essential, supported by regular formal and informal engagement with staff side representatives as well as external communication to the public and to other local authorities. The Trust has successfully applied these lessons through recent periods of Industrial Action and in the implementation of the Encompass project within the Trust.

- The development of local supply chain options has been beneficial, for example with Denroy manufacturing FFP3 masks locally, giving HSC a much more stable and reliable supply chain.
- The lack of a regional contract framework for Fit Testing presented a real challenge for all Trusts in the face of the need to urgently secure Fit Testing, and to repeat Testing to respond to an unstable supply chain. The Northern HSC Trust did not have an internal Fit Testing service at the outset of the pandemic and relied on a Direct Award contract with a single supplier throughout. The Trust has learned from this position, and has now established an internal Fit Testing team which maintains a staff database in respect to Fit Testing requirements and the cycle for timely re-testing. This team retains the ability to escalate service in the event of a pandemic through further training of our own staff as Fit Testers and/or use of the regional framework for Fit Testing services.
- With respect to procurement of equipment, the Trust benefited from the equipment replacement cycle already in place, which meant that we had already secured access to sufficient supply of clinical equipment, with familiar manufacturers and specifications, thus reducing the need to retraining of clinical or engineering staff.
- It should be noted that the Trust response in the areas of PPE evaluation, procurement, distribution and stock monitoring was only possible through flexibility, innovation, professionalism and commitment of the range of a wide range of staff within the Pharmacy, Finance and Estates functions. Similarly the Trust relied on the excellent working relationships between our clinical teams and our engineering and estates teams to ensure the safe maintenance and delivery of essential medical equipment and oxygen supply

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.

Personal Data

Signed: _____