

Witness Name: Aidan Dawson

Statement No.: 1

Exhibits: 24

Dated: 25 April 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF AIDAN DAWSON

I, Aidan Dawson, will say as follows: -

1 Introduction

1.1 The Public Health Agency (PHA) was established as the Regional Agency for Public Health & Social Well-being under Section 12(1) of the Health & Social Care (Reform) Act (Northern Ireland) 2009. PHA is a statutory body and as such has specific powers to act as a regulator, contract in our own name and act as a corporate trustee. Its functions can be summarised under three broad headings:

- a. Improvement in health and social well-being – with the aim of influencing wider service commissioning, securing the provision of specific programmes and supporting research and development initiatives designed to secure the improvement of the health and social well-being and reduce health inequalities in the population of Northern Ireland.
- b. Health protection – with the aim of protecting the community (or any part of the community) against communicable disease and other dangers to health and social well-being, including dangers arising from environmental hazards and the public health response to major incidents and other emergencies.
- c. Service development – working with the Strategic Planning and Performance Group (SPPG – formerly the Health and Social Care Board, 2009 - 2022) with

the aim of providing professional input to the commissioning of health and social care services that meet established safety and quality standards and support innovation. Working with SPPG, the PHA has an important role to play in providing professional leadership to the HSC.

- 1.2 The Health & Social Care (Reform) Act (Northern Ireland) 2009 is the legislation under which the PHA was founded and Schedule 2 of the Act sets out requirements for the Agency's officers, remuneration, committees, accounts and annual report.
- 1.3 Additionally, there are a number of other pieces of primary and secondary legislation under which PHA operates. The key legislation includes:
 - a. The Public Health Act (Northern Ireland) 1967 sets out the statutory requirements on doctors in Northern Ireland to inform the Director of Public Health about notifiable diseases. (COVID-19 was declared a notifiable disease on the 5th March 2020). Work was underway around 2016 to update and reform the Public Health Act. This was led by the Chief Environmental Health Officer at DHSSPS (DoH) and PHA officers contributed to the process. However, due to the suspension of the NI Assembly they could not be progressed and with the onset of the COVID pandemic very shortly after the reinstatement of the Assembly, it has not yet been completed. The Health and Personal Social Services Order (Northern Ireland) 1972 which sets out requirements, roles and functions of various bodies in the health and social care (HSC) system in Northern Ireland;
 - b. The Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003 which places a statutory duty of quality on HSC bodies in the delivery of their services and allows the regional regulator (RQIA) to review and inspect these services in order to evaluate the quality of them;
 - c. The Health and Social Care Act (Northern Ireland) 2022 which dissolved the regional HSC Board and in a very small number of cases, changes references in other legislation from HSCB to PHA.
- 1.4 The Reform Act referenced above imposed a statutory duty of involvement on certain HSC bodies. This means that they must, by law, involve and consult patients and service users, families, carers and local communities on the planning, delivery and evaluation of services. The PHA has the responsibility for leading implementation of PPI policy across the HSC and for ensuring that HSC Trusts meet their PPI statutory

and policy responsibilities. This involves the Patient Client Experience team analysis of the experiences of patients, clients, carers, relatives (collectively referred to as service users) and staff through a number of tested data collection methods, including the Care Opinion online user feedback system, and 10,000 More Voices, to ensure that the voices of the service user and their experience results in change and improvement in the system.

- 1.5 The Department of Health, Social Services and Public Safety (DHSSPS now DoH NI) continues to lead on policy and strategy development and on the Health and Social Care response to emergencies requiring cross-government and cross- department working.
- 1.6 The PHA Chief Executive has overall responsibility for all functions of the PHA including those of emergency preparedness and response. The Director of Operations has lead responsibility for business continuity matters within the PHA and coordinating the risk assessment functions of the organisation. The Director of Public Health (DPH) has overall responsibility for all public health functions including emergency preparedness; the development of public health emergency plans for major incidents; and support for Trusts and other Health and Social Care (HSC) and non-HSC organisations as required. Within the Public Health Directorate these functions are led by the ADPH Health Protection [Head of Health Protection]. Operational responsibility within HP is with the Senior Emergency Planner who leads the Emergency Preparedness and Environmental Hazards team (EPEH). This team is responsible for giving public health advice to HSC organisations, multi-agency partners and to the public on more 'slow burning' chronic environmental hazards issues that could pose a threat to the health of the population and also includes the statutory Consultee role of PHA in responding to applications under the Industrial Pollution Prevention and Control (IPPC) legislation.
- 1.7 The policy circular, Emergency Preparedness for Health and Social Care Organisations (2010) (INQ000102839) outlines the roles and responsibilities of HSC organisations in relation to emergency preparedness and outlines requirements regarding monitoring and annual reporting. And the NI Civil Contingencies Framework (2005) was developed to provide guidance for NI public service organisations to enable them to discharge their civil contingencies responsibilities. Both documents are now superseded by the following;
 - a NI Civil Contingency Framework 2021
 - b DoH and HSC Emergency Planning Policy Circular 2022

- 1.8 The Department of Health, Social Services and Public Safety (DHSSPS)[now DoH] Emergency Powers Directions (2010) (no. 2 direction) (INQ000102850 & INQ000102856) when signed, gives the HSCB, PHA and BSO the collective authority (HSC Silver) when an emergency affects the operational area of two or more trusts, to direct and redeploy all necessary HSC resources to deliver an effective response for a health emergency. These directions will only be enacted after all other measures have been exhausted. These directions were reviewed in January 2020 and (reviewed in January 2021).
- 1.9 In adherence to the legislative framework outlined above, the PHA works closely with all parts of HSCNI including DOH, HSCB (now SPPG), BSO, Trusts, community services and primary care and a wider range of bodies outside HSCNI including District Councils, PSNI, NI Fire and Rescue Service [etc] including, where relevant cross-border emergency preparedness.
- 1.10 Prior to the establishment of PHA, Port Health was the responsibility of the legacy health boards. Different structures and processes were in place according to the port health needs in each locality. Port health is now a statutory health protection function of the PHA. The DPH is responsible for: statutory health protection functions, including receipt of statutory notification of infectious diseases; Port Health Officer duties; International Health Regulation obligations; and, liaison and communication of port health matters between the relevant agencies. This responsibility is discharged through the ADPH (Health Protection) by the EPEH team.
- 1.11 Arrangements for port health are complex. There is overlap in the roles of different agencies working in port health. Throughout the United Kingdom, agencies have had both sole and joint responsibilities for aspects of port health, according to national and international legislation. In response to the recognised complexities and recent changes in legislation, in 2006, the Health Protection Agency (later PHE and now UKHSA), the Department of Health England and the Home Office jointly reviewed port health arrangements in the United Kingdom, the 2006 Port Health Review. Similarly, the updated International Health Regulations (2005) and regional health structure reforms prompted the need to review current port health arrangements in Northern Ireland and develop a standardised approach for the region.
- 1.12 In summary, the PHA has a responsibility for the following areas of port health in Northern Ireland's ports:

- a. Responds to Health Protection events and issues both infectious disease control and non-infectious issues such as emergency preparedness and environmental hazards.
 - b. Ensure efficient medical service for Immigration Control.
 - c. Ensure provision of health care for assessing travellers presenting with illness
 - d. Maintain global rules of International Health Regulations 2005
- 1.13 The PHA Senior emergency planner chairs the NI Port Health Forum. This group meets on a quarterly basis. (INQ000102857)

2 Development of the PHA

- 2.1 From 11 June 2009 to 21 January 2020 there were no changes or developments to the legal and statutory frameworks under which the PHA operates or to the structure of the PHA.
- 2.2 The EPEH team was operational shortly after the establishment of PHA in 2009 and at that time consisted of two Consultants in Health Protection (CHP) and two Emergency Planning Officers (EPO). One CHP was the team lead and also responsible for leading in environmental hazards. The other consultant led in emergency preparedness. [note both consultants had other HP responsibilities]. There were personnel and structural changes to the team in the period defined, most notably the appointment of a Senior Emergency Planner in April 2017 replacing the Consultant Lead in Emergency Preparedness and the reduction of the establishment of EPOs to one. Prior to the pandemic, the team consisted of Consultant Lead (covered by ADPH (HP)), the Senior Emergency Planner and one EPO. Funding for an additional EPO with responsibilities for environmental hazards was approved but not appointed at the time of the onset of the pandemic.
- 2.3 From 2009- to January 2020 the PHA emergency planning lead co-chaired, with the DOH Emergency Planning Branch Lead, the NI Health Emergency Planning Forum (NIHEPF) (INQ000102858). This group met three times each year.
- 2.4 On 11th December 2012 the PHA and HSCB established the Flu Weather Major Events (FWME) group. This joint group was established to provide a coordinating, oversight and support role to existing operational planning arrangements for flu, severe weather and the HSC preparedness for the 2013 major events.

- 2.5 The success of the HSC planning for the large scale and high security major events in 2013, namely the G8 Summit, the All Ireland Fleadh, and the World Police and Fire Games has been widely recognised. Learning identified in the post event debrief along with the new establishment of CCGNI (Civil Contingencies Group N Ireland) local groups and the growing CBRN emergency preparedness agenda prompted the need to review PHA's joint planning arrangements. Based on the success of the FWME group, this planning group was reconstituted, with membership at a senior level from each of the three organisations, to form the Joint Emergency Preparedness Board (JEP Board) (INQ000102859) in 2014. The Joint Emergency Preparedness Team (JEP Team) was also established to implement the decisions of the JEP Board. [figure 1 outlines the emergency planning reporting structures and interfaces for the PHA from 2014 -2017]. The JEP Board Terms of Reference (2018) illustrate the reporting groups from 2017-21 January 2020.
- 2.6 The revised model for NI sub -regional civil contingencies was implemented by The NI Executive Office (TEO) in June 2017. This model comprised three Emergency Preparedness Groups (EPGs) instead of the previous five. The PHA continued as the public health representative on the CCGNI Sub Regional Emergency Preparedness Group. The function of this group is to oversee the corporate governance of co-ordination across the SCEPGs, including commissioning of workstreams/ work programmes for local action level and the provision of advice/ information on strategic matters and on CCG (NI) workstreams/ decisions. The role of the PHA on the Sub Regional Emergency Preparedness Group is to provide public health advice to the relevant workstreams as and when required.

3. Readiness and Preparation of the PHA in Practice

- 3.1 The NI Civil Contingency Framework (CCF) (2005-2021) set out the Northern Ireland arrangements for effective emergency management, identifying the processes involved in preparing for, responding to and recovering from an emergency. This generic guidance is for all types of emergencies. In terms of governance, it is complementary to the Civil Contingencies Act of 2004 (CCA), and provides tools to those responsible for drawing up emergency plans. It draws upon best practice and lessons learned from previous emergencies, both within Northern Ireland and from UK, Republic of Ireland (ROI) and global experiences. Unlike the UK Civil Contingencies Act (2004), the NI CCF is not supported by secondary legalisation, there is no legal onus on lead government Departments to conform to the framework.

Multi-agency planning and governance structures are supported at operational level by emergency preparedness groups instead of local Resilience Forums (England and Wales) or local Resilience Partnerships (Scotland).

- 3.2 In adherence to the legislative and policy documents referenced above and the NI CCF (2005), the PHA addressed preparedness for incidents and events
- 3.3 PHA engaged with the UK Health Protection Agency (HPA) (2009-2013) and Public Health England (PHE)(2013-2020). HPA/ PHE took the lead on national incidents and events, including horizon scanning. PHA and its equivalents in the other devolved nations, were engaged by HPA/ PHE as part of planning and response based on the outcome of a risk assessment, epidemiological intelligence and impact on population health. Communication in relation to incidents which occur outside the UK were co-ordinated via the PHE National Focal Point (NFP).
- 3.4 The PHA is accountable to the DoH for planning and preparedness. Accountability was completed via submission of the annual Controls Assurance Framework (2009-2018) (INQ000102860) and the Emergency Planning Core Standards (2018-present) (INQ000102861) (& cover letter (INQ000102862)). In addition, the PHA submitted a joint emergency preparedness annual report (PHA, HSCB and BSO) to DoH (INQ000102840).
- 3.5 A dedicated recurring emergency planning budget of £30,000 per annum was agreed with the DHSSPSNI in 2012. This budget is managed by the Senior Emergency Planner in PHA and covers the provision of an annual emergency planning training programme for the PHA, HSCB, BSO, and six HSC Trusts. When required, additional funding is sought for the provision of additional training for PHA staff.
- 3.6 The PHA's responsibilities for planning, preparedness and response are outlined in the PHA, HSCB and BSO Joint Response Emergency Plan (JERP) (INQ000102841) and the NI Infectious Diseases and Outbreak Management Plan (INQ000102842). These documents are supported by operational health protection specific plans and Standard Operational Procedures (SOPS) for the management of specific communicable diseases and HCID.
- 3.7 Accountability for the provision of training and exercises is to JEP Board and the PHA AMT.
- 3.8 As part of Business Continuity Management preparations, the PHA Business Continuity Policy was developed in 2011 and approved by the PHA Board in

February 2012. The Policy was amended slightly in January 2015 in order to reflect requirements in the new International Standard (ISO 22301) and was reviewed again in February 2018. The aim of the Policy is to detail a comprehensive framework for Business Continuity Management so PHA can continue to function during an operational interruption.

- 3.9 The PHA Business Continuity Plan (INQ000102843) has been developed in line with the requirements of ISO 22301. The Plan is designed to assist the PHA Incident Management Team, at a Corporate Level, through the necessary steps from an incident's occurrence to the resumption of business as usual. It is kept 'live' by regular testing, review, consideration of business process planning and monitoring by Senior Managers and the Project Team on an ongoing basis.
- 3.10 The BCP focuses on two elements, the first being immediate incident response to prevent further injury, damage, loss, tending to the injured and evidence gathering. The second element concerns addressing the damage, restoring service continuity to normal and providing information to staff, the public and Media.
- 3.11 Training and exercises are regularly completed. Specifically, the following exercises were completed during the reporting period:
- PSNI CBRN conference November 2010
 - PSNI CBRN Conference October 11
 - HSC Severe weather workshop October 11 (INQ000102844)
 - CBRN training 2013
 - Ebola Preparedness 2014, 2015
 - Cross Border CBRN exercise 2015
 - Exercise Stannis – multi-agency outbreak exercise 2015 (INQ000102845)
 - Exercise Socrates January 2016 (Marauding Terrorist Firearm Activity)
 - Exercise Cygnus- October 2016 (INQ000102846)
 - Exercise Incendio- February 2017
 - COMAH Site Exercise series - Off Site emergency plans – 2017
 - Exercise Revlis- Mass Casualties HSC Regional Exercise - December 2017 (INQ000102847)

- Port Health Exercise- November 18
- NI Water- Exercise Damocles- October 19
- NI water- Exercise Cicada- January 18
- 4 Nations communications exercise- UKHSA 22.01.20
- Delivery of Emergency Preparedness Module- Masters in Public Health (QUB) (2012- present)

3.12 During the reporting period, the PHA health protection service was involved in the following incident responses;

- H1N1 (Swine Flu) (INQ000102848)
- 2010/11 winter freeze/thaw event
- Pseudomonas Outbreak NI Neonatal units- 2012 (INQ000102849)
- NI E-coli Outbreak – 2013 (INQ000102851)
- Ebola 2014- national response
- Middle East Respiratory Syndrome (MERS)- PHE led national planning and response- 2015
- Invasive Pneumococcal Pneumonia Outbreak- Belfast- 2015
- Rabies 2015
- Zika – 2015

3.13 As part of planning, the PHA health protection service led on HSC planning for the following major events (mass gathering);

- Paralympics- 2012 (NI participation and training camps)
- G8 June 2013
- World Police and Fire Games July 2013
- All Ireland Fleadh- August 2013

- Giro D 'Italia 2014
- 148th Open Golf Championships 2019

3.14 The following internal and external reviews and assessments of PHA readiness and preparedness are relevant;

- annual returns to DHSSPSNI now DoH NI- Controls Assurance Standard (2009-2018) and EP Core Standards (2018- present)
- submission of EP annual report to DHSSPSNI (now DoH NI)
- Debrief reports- post incident, training, events planning and exercise reports
- 2014 Ebola learning event
- The Hussey Report- Rapid, focused external review of the PHA for NI's resource requirements to respond to the Covid-19 Pandemic over the next 18-24 months – December 2020. (INQ000102852)
- Review of HSC Silver AMT/SMT Daily Huddle (INQ000102853)

3.15 The Public Health Agency (PHA) NI and the HSE Health Protection Surveillance Centre (RoI) each have a statutory responsibility for the health and wellbeing of the population they serve. Both organisations work collaboratively as part of business as usual arrangements in line with their legislative framework and the International Health Regulations (2005). Both organisations are legally obliged as part of the professional duty to share case information for the following reasons;

- Prevent the spread of infectious diseases or other diseases that threaten the health of the population.
- Check that the care being provided is safe
- Plan and manage services

The PHA is also a member of the multi-agency Cross Border Emergency Management Group (INQ000102854).

4. Resources and Levels of Funding of the PHA

- 4.1 The PHA is funded in the main through an annual revenue resource allocation from DoH. In 2021/22 the PHA received total funding of £148million including £225k in capital funding.
- 4.2 As part of the £148million, we received £15.21million of ring-fenced funds to deliver Covid-related work in 2021/22. This covered the costs of initiatives such as the operation of the regional Contact Tracing Centre, further development of the Health Protection function; enhancing the level of staffing within Infection Prevention and Control Nursing; and to provide ongoing support and guidance across the region and increase the level of flu vaccinations available to the public. PHA was required to produce proportionate business cases for DoH Finance Directorate to a specific template for Covid-19 funding in order to ensure appropriate and proportionate governance over this spend.

5. UK's Departure from the European Union

- 5.1 The onset of the UK exit from the European Union stimulated the need to develop an enhanced Memorandum of Understanding regarding the management of cross-border incidents and outbreaks of communicable disease. This was in place in late 2019 just before the onset of the pandemic. The land border with RoI posed a unique challenge for PHA compared to the other Nations. As there are two separate jurisdictions on the island of Ireland, it was inevitable that guidance, advice and legislation would differ, sometimes significantly so. Fortunately, the Health Protection service had established good relationships with colleagues on the other side of the border and this was applied to situations arising during the course of the pandemic.

6. Monitoring and Communication about Emerging Disease by the PHA

- 6.1 PHA is a small organisation covering a relatively small population in Northern Ireland (1.885m, 2019). Monitoring emerging infectious diseases in this population is not possible without reference to the wider population both in the UK and the island of Ireland. Communication around emerging infectious diseases is completed within the UK via the UKHSA National Focal Point (NFP). UKHSA (previously PHE and HSA). Health Protection staff in PHA are in constant communication with colleagues

in PHE/UKHSA and the other devolved nations (Scotland and Wales) as well as the Republic of Ireland. This takes place through the HP Acute Response Team (Duty Room and out of hours on-call). HP staff also take part in 4 Nation or 5 Nation training events and conferences. PHA HP consultants will also be invited to significant Outbreak Control Team meetings for incidents arising outside NI. There are agreed pathways for informing PHA of such incidents and meetings.

- 6.2 Contact arrangements (in hours and out of hours) for UKHSA, Public Health Scotland and Public Health Wales as well as all of the Public Health offices in RoI are held by the PHA health protection service and likewise all of these colleagues have access to the PHA health protection service on a 24 hour basis.
- 6.3 When necessary, PHA will establish a Northern Ireland Incident Management Team based on the outcome of the incident risk assessment and potential public health risk to the NI population. The process by which this occurs is reflected in the NI Infectious Disease Incident/ Outbreak Plan (see: INQ000102842).
- 6.4 A public health (health protection) consultant has assigned responsibility for new and emergency infections. Their role is to represent the PHA on national groups chaired by UKHSA for new and emerging infections and work with multi- agency partner organisations as part of planning and response e.g. NI Department for Agriculture, Environment and Rural Affairs (DAERA).
- 6.5 Monitoring of new and emergency infections is monitored on a UK basis via UKHSA and the Department for Environment, Food and Rural Affairs (DEFRA) where zoonotic infections are concerned.

7. Planning for a pandemic

- 7.1 Throughout the course of the time for this response, the PHA health protection service was engaged in planning for a pandemic as outlined in this document. Planning focused predominately on avian influenza not on a coronavirus pandemic. As outlined in paragraph 6.1, Communication around emerging infectious diseases is completed within the UK via the UKHSA National Focal Point (NFP). UKHSA (previously PHA and HSA). Health Protection staff in PHA are in constant communication with colleagues in PHA/UKHSA and the other devolved nations (Scotland and Wales) as well as the Republic of Ireland. This takes place through the HP Acute Response Team (Duty Room and out of hours on-call). HP staff also

take part in 4 Nation or 5 Nation training events and. conferences. PHA HP consultants will also be invited to significant Outbreak Control Team meetings for incidents arising outside NI. There are agreed pathways for informing PHA of such incidents and meetings.

The groups shown below related specifically to pandemic preparedness:

- Joint Emergency planning (JEP) Board
- NI Health Emergency Planning Forum (HEPF)
- HSCB- PHA- Trust Emergency Preparedness Group
- Emergency Medicines Group
- NI Pandemic Oversight Group
- PHA and HSCB (now SPPG) Pandemic Preparedness Working Group (chair)
- Task and Finish Group (January – June 2019) (included in submission dated 9 August 2022).

8. Forecasting by the PHA

- 8.1 The PHA relied on its relationship with the UK Health Protection Agency (2004-2013), Public Health England (2013-2021) and the UK-wide pandemic response arrangements (including SPI-M) for epidemic modelling and forecasting capability. PHA did not have a dedicated function for this.
- 8.2 PHA used HP Zone as well as ad hoc databases and information management processes for monitoring cases of emerging infectious diseases in Northern Ireland.
- 8.3 PHA consumed intelligence supplied by HPA, PHE, ECDC and WHO about emerging infectious diseases. This included Early Warning and Response System reports from ECDC and information communicated through the International Focal Point under the International Health Regulations.

9. Learning by the PHA from Past Simulation Exercises and Near Pandemic Events

- 9.1 Over the course of the timeframe for this submission, the PHA health protection service participated in a number of exercises as reflected in this document. Debriefs were completed to identify lessons learned and best practice following a response to

an incident. In general, lessons learned were focused on improving communications, development of networks for planning and response.

9.2 Lessons learned from events and exercises are incorporated into the review of plans.

Plans reviewed include;

- PHA, HSCB and BSO Joint Response Emergency Plan
- NI infectious Diseases and Outbreak Management Plan
- Joint response (PHA; HSCB; BSO) Pandemic Operational Plan (INQ000102855)
- Emergency Response Standard Operational Procedures (SOPs)
- PHA Business Continuity Plan

10. Emergency Plans of the PHA

10.1 The following plans reflect the PHA emergency response arrangements;

- The PHA;SPPG;BSO Joint Response Emergency Plan (see INQ000102841)
- NI Infectious Diseases and Outbreak Management Plan (see INQ000102842)
- Joint Response (PHA; HSCB; BSO) Pandemic Operational Plan (see INQ000102855)
- PHA Port Health Plan
- PHA CBRNe; HazMat Response Plan
- Public Health Guidance on the Management of Individual Exposures including Fatalities
- Scientific and Technical Advice cell (STAC) Arrangements in NI.
- NI Health and Social Care Influenza Pandemic Preparedness and Response Guidance
- PHA Business Continuity Plan
- HSC Tactical (Silver)Severe Weather Warning, Command and Control Plan
- Viral Haemorrhagic fever SOPs
- Disease specific SOPS
- NI Civil Contingencies Framework

11. Biosecurity Issues for the PHA

Biosecurity is not an area of responsibility for the PHA. The organisation does not have any biosecurity assets as part of their remit.

12. Planning for Future Pandemics- **Irrelevant & Sensitive**

12.1 The health protection (HP) service has quickly adapted and responded to the COVID-19 pandemic showing that the service model was fit for purpose. However, experience to date highlighted that the key issues remain around HP capacity, the enhancement of specialist knowledge and career pathways for multidisciplinary staff. The PHA has recently been reviewing its health protection response to the pandemic, and has noted a range of issues including inter alia:

- In 2019, a paper was produced on the development of PHA's Health Protection Service which highlighted that the service needed to be brought up to full established strength and as a first step key posts required to be funded and recruited. This was called Phase 2 of HP development and was agreed and funded by PHA and DoH.
- COVID-19 has severely tested both the model and the service but to date, despite unprecedented pressures, HP service has coped in large part due to the quality of staff working in the service and their clear understanding of the roles and responsibilities of Health Protection in a pandemic. It must also be acknowledged that PHA staff outside the Health Protection team have also played a vital role in ensuring a coordinated response.
- Covid-19 has shown that numerically, the requirements outlined in Phase 2 of the HP Service Development Plan were not sufficient and more Health Protection staff at all levels would be required. Staff would be needed to provide surge capacity in the event of future severe outbreaks.
- There is an opportunity with enhanced staffing to develop better training programmes and career pathways, particularly for Health Protection Nursing and Surveillance staff / epidemiologists.

12.2 The PHA is currently at time of writing undergoing an Organisational change programme to introduce a new Operating model and ensure that it is fit for purpose as the lead Public Health organisation in Northern Ireland. This change management programme is supported by the DoH and informed through the experiences and learning of the Covid-19 pandemic response. (We note that this programme falls outwith of the date range framing Module 1 of the Covid-19 Public Inquiry but further programme details can be provided to the Inquiry team if required).

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: _____

Dated: 26 April 2023 _____