Wednesday, 12 July 2023
(10.00 am)

LADY HALLETT: Mr Keith.
MR KEITH: Good morning, my Lady. The first witness today is Michelle O'Neill, the former deputy First Minister of Northern Ireland.

## MS MICHELLE O'NEILL (affirmed)

 Questions from LEAD COUNSEL TO THE INQUIRYMR KEITH: Could you give the Inquiry, please, your full name.
A. Michelle O'Neill.
Q. Ms O'Neill, whilst you give evidence, could you please remember to keep your voice up, but also to speak as slowly as you can for the benefit of our hard-working stenographer.

Thank you for the assistance that you have so far given. You've provided a witness statement to the Inquiry. It is INQ000183409, dated 19 April 2023. Page 23 contains your signature, and a declaration of truth.

Ms O'Neill, may I start, please, with an account of your positions in the Northern Ireland government. You were Minister for Agriculture and Rural Development between May 2011 and May 2016; is that right?
A. That's correct.
Q. You were nevertheless -- or in the meantime you were appointed vice president of Sinn Féin, which you were from 10 February 2018, and then in January of 2020 were you appointed deputy First Minister of Northern Ireland?
A. That's correct.
Q. You held that post until 4 February 2022. Was that a post that you held because the Assembly and the Executive had been re-formed after that interregnum of three or so years following the agreement known as the New Decade, New Approach agreement?
A. That is correct.
Q. Then, having been appointed deputy First Minister on 11 January, did you automatically lose your position on 14 June 2021 when Baroness Foster, from whom we heard yesterday, resigned as First Minister?
A. That is correct.
Q. You then, I think, regained your post three days later when Paul Givan MLA was nominated as First Minister in place of Baroness Foster, and you then re-took your position as deputy First Minister?
A. That is correct.
Q. In February 2022, you once again lost your position as deputy First Minister because Mr Givan resigned as the First Minister, in relation to, I think, arguments about the Northern Ireland Protocol. There was then a set of
Q. Then between 25 May 2016 and 22 March 2017 were you Minister of Health at the Department of Health in Northern Ireland?
A. That's correct.
Q. Now, we need to look for a few moments at why your tenure of the position of Minister of Health ended in March 2017. Did the late Martin McGuinness, who was then first Deputy Minister, resign on 9 January 2017 from the Executive of Northern Ireland?
A. That's correct, in the event of the RHI scandal.
Q. Then, as a result of that, was the Assembly and the Executive dissolved, which they were on 16 January 2017, but you continued to be Minister of Health until the Northern Ireland Assembly elections which took place on 2 March?
A. That's correct, in a caretaker capacity.
Q. Slow down a little bit, please.
A. Okay.
Q. So in a caretaker capacity you continued until the elections on that day, but no Assembly or Executive was formed thereafter, for a variety of reasons that we needn't explore, and so as a result of that there was a collapse in the power-sharing agreement and no ministers held any posts thereafter?
A. That's correct.

2
elections on 5 May, Northern Ireland Assembly elections, but it wasn't possible thereafter for the Executive and Assembly to be re-formed for further political reasons relating to the Assembly process.
A. Again, that's correct.
Q. So is that a fair summary of the position, rather complex as it is?

I want to ask you about the unique constitutional position of the Northern Ireland Assembly and the Executive Office.

Both are institutions, are they not, which came into existence as a result of the Good Friday Agreement, the Good Friday 1998 agreement, and the Northern Ireland Act 1998 which followed; is that correct?
A. May I make a few brief comments, my Lady, before I answer the questions?
LADY HALLETT: Provided they're --
A. Brief?

LADY HALLETT: Well, provided they're pertinent, yes.
A. Okay. May I first just say that I'm grateful to be here and to assist with the Inquiry, and to put on record my condolences to all the bereaved families, because to lose a loved one in the best of times is difficult, but to do so through these pandemic times has been -exasperated(sic) the situation. So I wanted to put that
on record today.
And secondly, just to add my gratitude and appreciation to all those in the health service and our frontline services that really took to the -- you know, went above and beyond to get us through these times.

And finally just for me, by way of opener, we were very much a fledgling Assembly and Executive when the pandemic struck but I am grateful to the approach of the five parties of the collective Executive that worked together with unity and purpose to get us through the pandemic.
LADY HALLETT: Thank you.
A. Thank you.

MR KEITH: So the Northern Ireland Assembly has a number of members, 90 members, it's elected by a single transferable vote, and it exercises full legislative powers in Northern Ireland; is that correct?
A. Yes.
Q. But the central government body within the Assembly is the Executive Committee of the Northern Ireland Assembly, the body known more familiarly as the Northern Ireland Executive?
A. That's correct.
Q. Unlike the Westminster system, where the leader of the party which has the greatest number of seats, the 5
obviously ministerial autonomy for all the other departments.
Q. But in relation to matters which are divisive or cross-cutting or significant, the First Minister and the deputy First Minister are statutorily mandated to reach agreement and they essentially rule jointly?
A. That's correct, it's a joint office.
Q. Are the First Minister and deputy First Minister accountable to the Northern Ireland Assembly for the policies day to day that the Executive Committee bring together?
A. They are responsible for the policies of the Executive Office, but in terms of each ministerial department, they have their own ministerial autonomy, and they are accountable directly to the Assembly. So each minister from each department is accountable to the Assembly.
Q. Is there a system of collective Cabinet responsibility in the Executive Office or the Northern Ireland Executive, or does each minister generally exercise exclusive executive competence within their own ministry?
A. It is the latter. How we work is not comparable to a Westminster situation, or even a Scottish or a Wales -- Welsh situation. We are special and unique
majority of seats, becomes Prime Minister, must there be, in the Northern Ireland Executive, a coalition government?
A. Yes, it's a mandatory coalition situation that comes about because of the Good Friday Agreement, and it's underpinned by the 1998 legislation and subsequent pieces of legislation.
Q. Please go a little slower, Ms O'Neill, you're going very fast.

Must that coalition government therefore comprise the two parties representing Unionists and Nationalists, essentially?
A. Yes.
Q. So does it follow that the discharge of ministerial functions in the Northern Ireland Executive must always be operated or maintained to ensure that power-sharing approach, so an inclusive approach, if you like?
A. That's correct.
Q. Is it for that reason that whilst the Northern Ireland Executive comprises the committee of ministers which perform Executive functions in Northern Ireland, largely speaking decisions in the Northern Ireland Executive must be agreed by the First Minister and the deputy First Minister?
A. Within the remit of the Executive Office, there is

6
insofar as our devolution arrangement.
Q. There are eight other departments beyond the Executive Office. One of them is the Department of Health, plainly, and is that the department of which you were minister between May 2016 and March 2017?
A. That's correct.
Q. I want to now turn to the issue of civil contingencies generally.

Are civil contingencies a matter within the exclusive preserve of the Executive Office, putting aside health emergencies?
A. That's correct.
Q. Can you just tell us a little bit more about the degree to which the Executive Office drives forward arrangements concerning civil contingencies, which you will know about having been deputy First Minister from January 2020? Does it form a core part of the Executive Office's functions? How significant is the issue of civil contingencies in the plethora of functions that the Executive Office performs?
A. Well, it's hugely significant. It's obviously an area of policy responsibility for the Executive Office. It was very clear from the first day brief that we would have received in January that this was a responsibility that fell, the operation of civil contingencies as
a whole, albeit the health response is a separate response, but it was very clear to me from that first day brief that that was our responsibility.
Q. The response of the Northern Ireland government to the pandemic properly falls within Module 2C, which is for next year, but do you recall the briefing document or the briefing material with which you were provided in January 2020, insofar as civil contingencies were concerned? And please, Ms O'Neill, try to speak as slowly as you can.
A. I apologise.
Q. There is no need for an apology.
A. Yes, I do recall the first day brief. I now have the luxury of being able to look at that brief again from the briefing papers, and it's very clearly set out that this is a responsibility under the Executive Office.
Q. When you were Minister for Agriculture and Rural Development in May '11, and when you were Minister of Health in May 2016, were the essential parts of the civil contingencies structure in Northern Ireland brought to your attention, do you recall?
A. Not that I recall.
Q. Do you recall in either ministerial post having the essential policy arrangements, the Northern Ireland Central Crisis Management Arrangements, brought to your 9
Q. That wasn't until October 2016. You were appointed Minister of Health on 25 May 2016. Would you not have been briefed about the risks of an influenza pandemic prior to October?
A. No. In terms of the first day brief that I would have received, it was clear to me that in the event of a health emergency, that we were the lead department. But it didn't go into any other -- more in-depth detail than that. So it was more high level.
Q. There are a number of policy documents and guidance frameworks, the details of which I won't trouble you with, but they deal with a guide to risk assessment, guides to the civil contingencies framework in Northern Ireland, guides to plan preparation, planning arrangements and so on, and there is a considerable amount of documentation.

Did you ever inform yourself concerning those arrangements and the detail of those plans, frameworks and guidance?
A. So, again, l'd be aware of all those things from a high-level perspective, but as someone who has been in a number of departments, I would also understand that, underneath the high-level briefing, there will be a whole range of policy areas, guidance documents and things that would underpin the briefing. So more at 11
attention?
A. I would have on different occasions, because of responding to different emergency situations, such as flooding or -- there was a great snow in, I think, 2012. So albeit a lesser status of response to the pandemic, I would have been aware of different responses in terms of more localised emergencies.
Q. Would you therefore have been briefed about the way in which those arrangements worked, the way in which there was a body within the Northern Ireland government called the Civil Contingencies Policy Branch, CCPB NI, and also the existence of the operational centre, the Hub? Were all those things with which you were familiar?
A. All those things would be familiar.
Q. Now, turning to influenza pandemic. Influenza pandemic was the highest Tier 1 risk for the United Kingdom Government. It was in Northern Ireland described, as far back as 2013, as a very high risk, the highest risk that there was under the then nomenclature. What were you told, as Minister of Health, about the risk of an influenza pandemic?
A. I would recall that the first time that that would have came to my attention would have been in a submission I would have received from departmental officials in regards to Operation Cygnus. 10
a high-level understanding as opposed to an in-depth understanding.
Q. The Inquiry has heard evidence from other politicians and ministers that when they took office they immersed themselves in the detail of the policy areas or the important policy areas relating to their department and the discharge of their ministerial functions. Did you make yourself aware of the detail of the civil contingencies and health emergency materials relating to pandemic influenza when you were appointed?
A. Into the DFM role?
Q. Into the detail of what plans were in place for dealing with the greatest risk facing Northern Ireland, which was a pandemic influenza, when you were appointed Minister of Health in May 2016?
A. So initially I would have received that high level briefing. Operation Cygnus, as I said, would have been the first time that I would have had more detail provided to me in terms of the significance of the risk and the fact that there was need for resilience planning, preparation and the Operation Cygnus itself. So I was aware from that perspective.
Q. When you became aware of Exercise Cygnus and, no doubt, the importance of the risk faced by Northern Ireland in terms of pandemic influenza, did you seek to educate 12
yourself further about the planning, the contingencies, the arrangements that would need to be operated in the event of a emergency?
A. So if I may, at this juncture, perhaps, my Lady, explain that in my short time in the Health Department it was very evident to me from very early on that we needed to transform how we deliver healthcare, as many people have set out before the Inquiry the challenges that our local health and social care system have. It was my priority from day one to bring forward a plan to transform the health service.

A number of your witnesses have referred to Professor Bengoa and his piece of work around transforming health and social care. It was clear to me that there was report fatigue in the Department of Health from day one and what we needed to see was an action plan to actually start to transform and fix our health service, tackle health inequalities, and be very focused on health outcomes for individuals and better people's lives.

So my priority in those short number of months was, in the first instance, to take receipt of the Professor Bengoa report and to take it, alongside two former pieces of work, the Donaldson piece of work and Transforming Your Care, which were two other research 13
time, to receive the feedback and the report and the evaluation from that exercise. Unfortunately, before the formal report came I was out of office, and even before any informal report came -- I don't ever recall receiving even an informal report from my own officials as to the effectiveness of the operation.
LADY HALLETT: Sorry to interrupt. Looking back, as an incoming minister, do you think that it would have been better had you received, even at a high level, briefing about the risks facing the department you were taking over?
A. I think that's correct. I think that's a fair reflection.
MR KEITH: The issues of health improvement policies and emergency planning, preparedness and response inside the Department of Health in fact rested within what is known as the Chief Medical Officer Group, CMOG, and the CMO was then, and remains, Professor Sir Michael McBride, who you will know.

Whilst you were Minister of Health, were you able to review the structural system within the CMOG for the governance and maintenance of the arrangements in the DoH concerned with emergency health planning?
A. So normally whenever you enter a department two things will happen: you will come with your political
pieces, to combine those two things but to turn that into an actual plan that could command the support of the service and those that work within the service and with the political system, and for the very first time I was able to launch a document in October of 2016 that commanded the support of the entire Executive, which was the first time that a report to transform the health service had ever achieved that cross-political support. That was my priority in my time in Health, to bring that forward. I regret that we haven't been able to progress a lot of the transformation work that I set out, but that was a priority piece of work, so I wanted to put that in the context of what we were doing in Health at that time.
Q. We will come back to the report and review from Professor Rafael Bengoa in a moment. But plainly, as the Minister of Health, as the person who chaired, therefore, the Department of Health board, the person who, to use a terrible expression, holds the risk register for the department, the issue of what risks Northern Ireland faced in terms of health emergency couldn't have been far from the forefront of your mind, may we presume?
A. Absolutely, and I think whenever Operation Cygnus occurred I would have expected, through the passage of 14
priorities and the things that you want to achieve --
Q. Slow down, Ms O'Neill, I'm sorry, it's very hard for our stenographer.
A. Sorry.
Q. You come into office with priorities?
A. With priorities, and my number one priority was to transform the health and social care system, to tackle health inequalities, and deliver better outcomes. I was very focused on that piece of work.

The other thing that happens is that at any time if senior officials within your department feel that there are issues that need to come to your attention, they would do so, and I would expect them to do so. So I never had any reason to, in the time that I was there -- in which to review the structure or had any reason to expect that the structure wasn't fit for purpose, but I suppose Operation Cygnus was the opportunity in which to hear how effective we were in response to that, to which I was out of office before we got a response.
Q. But it was nevertheless open to you to make enquiries of your own, to seek to delve in greater detail into the system for health emergencies, and to find out what the state of play was within your department. That was never denied to you as a possibility, was it?

16
A. It was not denied to me, but also equally was never brought to my attention as something that we should be concerned about.
Q. It's apparent from the evidence, Ms O'Neill, that structurally, and indeed as with the other devolved administrations, there is or there was at that time within the health emergency structures a divide between policy and planning and operation, a divide between planning and response. In the case of Northern Ireland there is a split in function between civil contingencies, within the Executive Office, as you've described, and health emergency civil contingency planning, within the Department of Health, and also a significant failure to update much of the key documentation, some of which preceded your appointment as Minister of Health by some four or six years. One key document goes back over ten years.

Wouldn't you have expected these structural and policy issues concerning the lack of bringing the material up to date to be brought to your attention? Isn't that something that is expected to be addressed by a minister, a new minister in a department?
A. That's a very reasonable expectation.
Q. But it's an expectation that wasn't met in this case?
A. (Witness nods)

If we look at page 6 , please, firstly, we will see a risk identified in the Department of Health risk register which reads as follows:
"The health and social care sector may be unable to respond to the health and social care consequences of any emergency (including those for which the [Department of Health] is the Lead Government Department) due to inadequate planning and preparedness which could impact on the health and well-being of the population."

Now, the fact that there is a risk doesn't mean, of course, that it necessarily eventuates. It may not come to pass or develop. As Minister of Health, wouldn't you expect to be told of the main departmental risks facing the department of which you were minister?
A. That's correct.
Q. But you say this was never brought, along with the other risks, to your attention specifically?
A. No.
Q. Page 24, please, the risk DR6 is examined in greater detail, and on the right-hand side of the page you will see a column "Action Planned, Target Date \& Owner" identifying the features which officials believe are necessary to be put in place in order to mitigate the identified risk.

The general emergencies to which this risk goes are 19
Q. Are you aware that following your tenure as deputy First Minister, or perhaps in the last few weeks of your tenure, a review was commissioned which addressed not just the need to bring paperwork and policy and guidance up to date but to restructure the CMO Group? Were you aware of that?
A. Not to restructure the CMO Group, no.
Q. All right.

One important part of the maintenance and the management of the Department of Health was the department risk register, and as the Minister of Health you would have been aware of the risk register, would you not?
A. That is not something that was ever brought to my attention.
Q. Did you ever sit on the board or attend the board meetings of the Department of Health, the overarching supervisory body for the Department of Health?
A. I don't believe that that was something that I would have done in the time I was there.
Q. Could we please have INQ000185379. This is a departmental risk register, Ms O'Neill, for after your time as Minister of Health. We didn't have the risk register for 2016 to 2017 or 2017 to 2018 that would have overlapped with your tenure as Minister of Health. 18
identified at the top of the page: chemical, biological, radiological, nuclear or explosive incident, CBRNE; disruption of medical supply chains; and then human infectious diseases.

If you could just look, please, Ms O'Neill, at column 8 you will see the first two actions there identified for dealing with that risk:
"- Develop ... strategic frameworks ...
"- Review and develop [the] pan flu preparedness in [Northern Ireland] ..."

Then, over the page:
"- oversee development of pan flu guidance for [Northern Ireland] incorporating [importantly] primary, secondary and social care ...
"- deliver a work programme to include Training, Testing and Exercising ..."

Then finally, at the bottom of the page:
"- Management of Health Countermeasure Stockpiles ..."

These are, I'm sure you would agree, highly significant actions. They are proportionate, sensible and obviously carefully designed to meet the identified risk.

Were you never told that these were actions which were required to be carried out in your department in
order to meet the risk within your departmental risk register?
A. So obviously this is a document post my time in office, yes, correct.
Q. It is.
A. But you would expect that if that was in a previous document that would be brought to the minister's attention.
Q. Exactly, right, so do you recall, in light of your earlier answer about non-attendance on the board meetings and the lack of recollection of risk registers particularly, do you recall from an earlier emanation of this document being told about those actions being necessary for the years 2016 to 2017, when you were in office?
A. I don't recall that.
Q. These sorts of actions go very much to the heart of what a Department of Health does, would you agree?
A. They do.
Q. Therefore you would have expected these to be brought to your attention in a properly maintained system?
A. That's correct.
Q. Sir Michael McBride, to whom I made reference earlier, Ms O'Neill, said in his witness statement that:
"There is simply not the agility and responsiveness

Northern Ireland, there were people who were saying
"Well, Exercise Cygnus is taking place to test our response to a possible pandemic, we need to know that we've got the resources to be able to meet the demands of such a pandemic were it to eventuate". Why were those issues or questions not being ventilated at your level in the department? It seems to be vital to the issue of preparedness and your response to the exercise to know whether or not you had the resources to be able to deal with a pandemic.
A. I think that that would have come naturally as a result of the feedback from the exercise itself, and our ability to participate and our preparedness that would have been judged result of the exercise itself. So I would suspect that, as a minister in the aftermath of such an exercise, when the official feedback and report comes, along with it would come recommendations from the relevant official to what we need to do, and particularly in relation to resourcing what we need to do.
Q. So is it your supposition that until Northern Ireland was placed in a position of dealing with Exercise Cygnus, perhaps little or no thought was actually given to its state of preparedness for health emergencies prior to that time?

23

21
within the Department [of Health] to adequately resource or respond to multiple competing/urgent demands in an emergency."

He goes on to say:
"It has to be acknowledged that this is an area of vulnerability and risk to the Department."

When you were Minister of Health, was that vulnerability and risk brought to your attention, in short that there were inadequate resources to be able to respond to multiple competing urgent demands in an emergency?
A. Perhaps not per se to an emergency, but that there was a distinct lack of resource in which to basically run our health and social care system, and that would have been across the board, every area within the responsibility of the Department of Health would have dealt -- or would have found it very difficult to manage within the resource that they had, particularly as a direct result of austerity.
Q. Exercise Cygnus, to which we'll come in a moment, was a Tier 1 exercise commissioned by the Department of Health in Westminster, but an exercise in which the devolved administrations took full part, to test the UK's response to a serious influenza pandemic. Surely, at a high level within the Department of Health in 22
A. I don't think that would be fair to say that. I think that clearly from listening to the CMO's evidence to the Inquiry where he spoke about the different areas of work that they were concerned with and working on, I've no doubt that they have, and he has referenced himself, the challenges that they faced in terms of planning for and making preparedness arrangements. So the point I'm making is that I would expect those things to come to me, to which I can't recall any issue ever coming to me in terms of -- or in that regard.
Q. So although it may have been discussed at the CMO level and senior official level in the Department of Health, it doesn't appear it ever came to the ministerial level?
A. That's correct.
Q. That is regrettable, is it not?
A. It is indeed.
Q. In the exercise, the exercise was formed and planned by the United Kingdom Government, but the devolved administrations all played their part in it, a full part in it, and do you recall that the operational remit of the exercise was designed to include DA-specific issues. So Scotland, Wales and Northern Ireland were all asked: what particular specific objectives do you want to see flowing from this exercise? Do you recall that?
A. Yes, I do.
Q. Do you recall being briefed on the exercise in advance of it taking place in October 2016 ?
A. I recall the briefing that I would have received, which has now been provided to me again, which points out the areas in which the exercise would focus on. I don't recall any specific conversations with officials in terms of their participation. That would have came, I suppose, in the aftermath of the feedback from the operation itself.
Q. Do you recall being invited to attend the exercise? I ask because my Lady has heard evidence that two Welsh ministers attended Exercise Cygnus and played their part in the role play part of Exercise Cygnus, but there were no ministers attending from Northern Ireland. Do you know why that was?
A. So, as you can see from the documentation, I was fully committed to Operation Cygnus and had fully intended to attend the role play scenario. I did delegate to my CMO at that time and I can -- when I spoke earlier about the transformation plan, my Lady, it was launched just a number of days after Operation Cygnus operation and the -- I suppose the part to which I was invited as a minister. So I thought that the CMO would give it the attention that it deserved, and I was focused on trying to achieve political agreement for the transformation 25
executive meetings trying to get political support for the plan, financial meetings with the Finance Minister and, again, with the wider service, just to try to get that full -- so to give the plan the very, very best chance it had to actually start to fix things that were wrong.
Q. Could we have, please, INQ000188775.

Ms O'Neill, this is a Department of Health lessons learned report on Exercise Cygnus, which you will see did take place between 18 and 20 October.

If we turn to page 3, paragraph 1.2.1, you will see there that:
"The UK objectives were initially agreed with the 4 UK Countries as follows:
"1. To exercise organisational pandemic influenza plans at local and national levels ...
"2. To exercise co-ordination of messaging ...
"3. To exercise strategic decision-making processes ... at both local and national levels during an influenza pandemic ...
"4. To exercise the provision of scientific advice, including SAGE ..."

Then, over the page, in addition to -- actually perhaps we could go back to the bottom of the first page, page 3, please. Yes, thank you.
plan, the finances to back it up and the system response, because I thought I had one chance at getting buy-in for this plan and eventually starting to turn things around and fix our health service.
Q. It should be said that Professor Sir Michael McBride did play a very full part in --
A. He did.
Q. -- Exercise Cygnus.

You refer, then, to the obligation to try to get the review out at that time. Are you referring to the fact that the review by Professor Rafael Bengoa was made available in October of 2016, the same time as Exercise Cygnus?
A. No.
Q. Is that what the issue was?
A. No, the review was made available to me at the end of July 2016, and I, for that number of months between that and I think it was around 20 October when I launched the -- my response to Professor Rafael Bengoa's review, and I spent those short number of months going out into the health and social care system, speaking to service users, service providers, trying to get whole scale report for -- once and for all for a plan that actually could actually turn things around. And in those days in the lead-up to my launch in October I was engaged in 26
"The following additional objectives were added by England in 2016 however these were not being tested by the Devolved Administrations."

Then the list is set out there, at:
"5. To explore the social care policy implications during a pandemic.
"6. To explore the use of the 3rd sector ..."
By which we -- we think that's a reference to the voluntary and community sector, VCS:
"... to support the response.
"7. Exercise the coordination of resources ...
"8. Identify issues raised around the impact of flu in the prison population."

Now, that point number 5 , to explore the social care policy implications during a pandemic, it's apparent from the fact that that is in that list that that was not one of the areas that was tested by Exercise Cygnus.

In the context of you being the Minister of Health, and de facto social care, would you agree that that was a significant lacuna in the test process that was Exercise Cygnus that devolved administrations, but in particular Northern Ireland, didn't look at, to the same degree it was looking at other aspects of the healthcare system, social care policy implications that might arise during a pandemic?
A. Yes, I agree.
Q. Do you recall, Ms O'Neill, whether or not you were briefed about or had raised with you the extent to which Exercise Cygnus was going to explore the impact on the social care sector of a pandemic?
A. I don't recall any specific briefing, but we are an integrated health and social care system, which is distinctly different from the system in England --
Q. Indeed.
A. -- and I would assume that when we're testing our planning we do so across health and social care.
Q. But the reality was, wasn't it, that the social care planning and the policy guidance for Northern Ireland wasn't tested as part of Exercise Cygnus, was it?
A. Clearly not, from that document.
Q. Therefore, by the time of the pandemic in 2020 , the guidance, particularly in relation to social care and the planning for social care, had fallen behind, had it not, the planning and the guidance and the preparedness features for other parts of the healthcare system in Northern Ireland?
A. I know that's certainly the evidence of the Chief 22

Medical Officer, when he spoke with you.
Q. Yes, and you of course were faced with the consequences of that when you took office in January 2020?
the healthcare systems in devolved administrations had not been as thorough as it might have been and that generally the focus on clinical management had come at the expense of social care.

Is that not a significant feature of Exercise Cygnus which was relayed to the United Kingdom Government in London which you would expect to have been relayed to the actual minister of the department with which this was concerned?
A. That is correct.
Q. But it was not; is that your evidence?
A. That's right.
Q. By the time you left office on 2 March 2017, do you accept that the evidence appears to show that Exercise Cygnus had not fully tested the healthcare systems in Northern Ireland for a prospective pandemic?
A. I think that's a reasonable assessment, yes.
Q. And that the result of Exercise Cygnus was that certain workstreams were identified as being necessary to bring the system up to scratch -- after the event, not all those workstreams were fully implemented, although that was of course after you left office?
A. Post my time in office, but I have listened to the evidence of the Chief Medical Officer and others who have referred to that.
A. That's correct.
Q. So that's another regrettable feature of the run-up to the pandemic, isn't it, that there was that failure to explore the social care side consequences of a planned or prospective pandemic?
A. That's correct.
Q. The exercise gave rise to a further document which is of relevance to us, INQ000006210.
"Exercise Cygnus: CCS [Civil Contingencies
Secretariat] Round Table with Devolved Administrations."
There is there a very short summary of the debate that was held, Ms O'Neill, between the devolved administrations and the CCS within the Cabinet Office in London.

Importantly, within the heading -- under the heading of "DA [devolved administrations] Feedback", the section in the middle of the page, the penultimate bullet point says this:
"Although the DAs were complimentary of the planning on clinical management, some felt it was at the cost of social care."

So the Cabinet Office was made aware following Exercise Cygnus, and this would appear to have been a document prepared fairly soon after October 2016, of the fact that the examination of the social care side of 30
Q. There is evidence before my Lady from officials in the Department of Health that Northern Ireland was "falling behind the rest of the United Kingdom in terms of preparedness". It is impossible to say whether or not that parlous state of affairs commenced whilst you were Minister of Health, but it was certainly a feature by December 2018.

Would you agree with this proposition: that in terms of resourcing and in terms of keeping the departmental eye on the ball in terms of emergency preparedness, that is something that should have been done under your tenure?
A. So, if you could put that to me again, just?
Q. Yes.
A. Yeah.
Q. Were you aware, and if you were not do you accept, that the issue of resourcing and the general level of preparedness in Northern Ireland for health emergencies were important matters that should have been within the view, the brief, the discharge of the functions of the minister of health?
A. I would probably make a few points on that.
Q. Please.
A. Firstly, there are many things there that should have been brought to the minister's attention, and you would 32
accept or expect that that would be what happens.
On the issue of resourcing, austerity has been so detrimental to all of our public services, not least the health service, and I think when we -- and we'll come back to this later when we reflect on lessons learned, austerity decimates public services, austerity puts -undermines our Health Department and other departments' ability to be resilient when faced with adversity and, in this case, when faced with a pandemic.

So I think the resourcing point would be a point that you will find me well on the record having raised in a general sense, and our ability to be able to deliver first class health and social care for everybody.

But I think that there are certainly issues that you have now raised that I'm aware of because of the information that we have received where you would expect those things to be elevated to a minister, particularly if there are areas of concern.
Q. Thank you.

May we now then look at the consequences of the collapse in the power-sharing agreement between 2017 and 2020.

I'm sure you would agree that the presence of ministers is of absolutely fundamental importance to the 33
certainly has led to -- I suppose has made a significant difference in two ways. The first way, I would suggest, as you have, the general lack of leadership, direction, and secondly, I think, on a more specific health-related point, the fact that there wasn't the political leadership to carry on the work which I had started in transforming the health and social care system.

So I think for those two general points I agree with the absence of the Executive meant that we couldn't -we weren't as advanced in that health reform as we should have been.
Q. You very fairly make the point in your witness statement, Ms O'Neill, that, from the viewpoint of January 2020, having an elected Assembly and Executive, a locally elected Assembly and Executive, was undoubtedly the most effective way to protect public health. It must follow, surely, that therefore the absence of an Assembly and Executive is bound to have damaging consequences on the protection of public health?
A. Yeah, I think all of us in political leadership have a responsibility to try to make the political system work, to find the compromises where we can, to find ways to work together, and that's all of us in terms of the political parties in the north, but given our special
proper maintenance of government?
A. It's a fundamental.
Q. Internally, only ministers can give proper direction to the civil service and the officials, set priorities, determine resourcing issues, change resourcing priorities and so on. Externally, only ministers can liaise with ministers in other countries, so for example with the Republic of Ireland, and only ministers in Northern Ireland can really speak to other UK ministers. You also provide, do you not, democratic accountability, you engender trust on the part of the population in the policies of the government of the day?
A. That's correct.
Q. So would you agree that the absence of the power-sharing agreement after 2017 was itself, putting aside austerity for the moment, and we'll come back to that, was of itself damaging to the general state of health of Northern Ireland?
A. Well, I think that in politics we're always much more successful when we work together. I believe in our power-sharing agreement, I believe in making politics work, and I believe in working with the other parties of the Executive in our special and unique system of governance. I do accept, as I have done in my statement, that the absence of political leadership 34
and unique circumstances, it's also the role and responsibility of both the British and the Irish governments.
Q. But beyond the generic harm, I mean, obviously there is damage done to the body politic in Northern Ireland by virtue of the absence of proper governance arrangements.
You accept in your statement that had there been an Executive in place prior to January 2020, you're of the opinion that local preparedness would have been better, so you link the absence of the Executive and the Assembly to the issue of local preparedness.

What did you mean by that? What areas of local preparedness did you have in mind as being damaged by the absence of the Executive and the Assembly?
A. I think in the main I'm referring to the transformation of the health service, so that we would have a health service that when a pandemic hit or when the pandemic hit that would have been much more resilient, that we would have been advanced in terms of our transformation work, that we would have been able to have waiting lists under control, that we would have been able to fix the things that we've identified that require to be fixed.

So I think when I refer this -- to my statement, I'm referring to -- as I said, in two general points: one, political leadership as a whole is necessary; and 36

37

| secondly, I think that the advancement of that | 1 |
| :--- | ---: |
| healthcare reform was not at the state of readiness | 2 |
| where it should have been had we have been on the | 3 |
| journey from 2016 when I announced it, which was | 4 |
| a ten-year plan, we would have been, you know, | 5 |
| four years into that transformation work. | 6 |
| Q. Try to go a little slower, please, Ms O'Neill. | 7 |
| $\quad$ So in essence you identify the generic political | 8 |
| harm, but also, because of the frustration of your | 9 |
| health and social care reforms, a general lack of | 10 |
| resilience and a general degrading in the standard of | 11 |
| healthcare in Northern Ireland by 2020; they're at those | 12 |
| levels, would you agree? | 13 |
| A. $\begin{array}{l}\text { They're at those levels. It was very clear from 2016 } \\ \text { that we were on -- and Professor Bengoa's report refers } \\ \text { to this, that we were on a certain trajectory with our } \\ \text { health service, and if we didn't intervene that we would } \\ \text { be in a much worse state than we were in 2016. And } \\ \text { I think }-- \text { I regret the fact that we weren't able to }\end{array} 14$ |  |
| progress those reforms and that's why I make that | 15 |
| statement. | 16 |
| Q. $\begin{array}{l}\text { Does it perhaps go further, Ms O'Neill? I want to ask }\end{array}$ | 17 |
| you whether you would agree with the following | 18 |
| propositions, primarily from Sir David Sterling, who was | 19 |
| formerly head of the Civil Service in Northern Ireland | 20 |

Q. Would there also have been an inability on the part of the civil servants to change broad spending patterns and priorities? So in the absence of ministers, if there is a particular department or an area of importance to the governance of Northern Ireland, for example civil contingencies and health emergency planning, only ministers can change the spending priorities in order to make good deficiencies in the system, only they can order that further resources be made available and spending priorities be changed; is that correct?
A. It's correct that there are certainly limitations to what a civil servant can do in the absence of having locally elected ministers in place.
Q. With a particular eye on your speciality from 2016 to 2017 as Minister of Health, Mr Swann has said that there was, in the Department of Health, an adverse effect on the preparedness of the health and social care system, inadequate staffing levels, decisions not being taken, an unsustainable gap between demand and health and social care capacity. Would you agree with all that?
A. I do.
Q. Now, you've referred to the review by

Professor Rafael Bengoa, the Basque Country minister who prepared an expert panel review called Systems, Not
Structures, and you've told us that you were given 39
and also permanent secretary of the Executive Office.
He says that the three-year period from 2017 to 2020
left public services and the Civil Service in
Northern Ireland in a state of decay and stagnation, and he points to the fact that there had been an inability to put into place direction over the Civil Service, proper ministerial direction over public services generally, and also the required programme for government that the Executive of course in Northern Ireland brings to the governance of that country.

Would you agree that there was a general malaise on top of the areas that you've identified?
A. So, yes, I don't disagree with what David Sterling has said. And I know, my Lady, you don't want us to stray into the politics, so I will try not to, but I do think that I would just make this one point, that from the collapse of the institutions, the Executive, every day I work to try to restore the Executive because I believe in local power sharing, and I believe that politics will work better and we serve our population better if we can work together. So every effort was made from 2017 until we eventually got there in January 2020 to have a restored Executive, and that is still my determination today.

38
a copy of that review in July 2016. I think it was made publicly available in October when you published your own governmental response, and your plans.

To what degree, prior to you leaving office, was it possible to put into practical operation the recommendations from Professor Bengoa?
A. So in terms of the action plan itself that accompanied the delivering together, which is my response and the action plan for the next ten years, 2016 to 2026, it was called Delivering Together 2026, there were 15, I believe, recommendations, some of which we were able to progress, and some of which I'm aware that the CMO reported have been implemented, but that was just the start of a process, that was the first 12 months of a ten-year programme. So not everything has been advanced.
Q. May we presume that because it was a ten-year programme, resourcing decisions were required to be made, personnel were expected to be appointed to carry out new functions and new posts within that broad review; it's one thing to have a mandate or a plan, it's a different thing to bring about practical change. Was it possible in that relatively short period to bring about any practical change?
A. So, yes, there was, we were able to progress some of the 40
areas where we needed to look at how we delivered services, for example, and I think the former health minister referred to some of these in his evidence, for example elective care centres, so prioritising routine surgeries, that it wasn't interrupted by emergency surgery, for example, there was a number of strategies as part of those first recommendations that have been taken forward -- which I'm happy to confirm for the Inquiry, if that's helpful, at another stage -but it was very clear to me, and I made this as a very public statement at the time, if we were going to be successful in transforming health and social care, we needed two things. We needed a plan in which to do so, to which I believe we had and for the very first time commanded that cross-party political support. Secondly, we needed the resources in which to do so, and the austerity budgets that were being imposed upon us year after year were making it very, very difficult to do that. I was very confident that if we were going to be successful in a transformation agenda we needed to be able to do what we need to do every day in the health service but alongside that we need additional funding from the British Treasury in order to do the transformation work. That would have been the case that

## collaboratively.

Q. Therefore, Ms O'Neill, I must ask you whether, as a -it's not a personal question, but as a politician in Northern Ireland and as with all the politicians in Northern Ireland, you carry a share of the responsibility for the fact that the power-sharing arrangement was not able to continue and was, therefore, not able to bring about the benefits of which you have spoken this morning. It is a political failure, in essence, is it not?
A. Well, I think it's the duty of all political leaders.

We all have a responsibility in which to make politics work. As I said, I am committed to the power-sharing arrangement and day after day will attempt to have it restored, because obviously it's not sitting even as we speak today.
Q. Therefore, from the vantage point of the citizens of Northern Ireland, to whom there was a duty owed to protect them, to put them in the best possible place to ensure that they would survive the trauma of a health emergency, perhaps not one expected to be as severe as Covid, that there was a general failure to discharge that duty of care, because they are the ones who paid the price?
A. I think we all -- as I said, we all have our political

41

I would have continued to make throughout that period of the hiatus.
Q. But you were not able to do so because of the collapse of the power-sharing agreement in Northern Ireland.

Now turning to the North South Ministerial Council, about which the Inquiry has already heard. Does it follow that the collapse of the power-sharing agreement meant that after January 2017 the North South Ministerial Council was no longer able to met?
A. That's right.
Q. Had you been a member of that council as Minister of Health?
A. Yes.
Q. May we presume that that arrangement, that cross-border ministerial forum, had very real utility, it was a beneficial system, and therefore its absence would have had deleterious consequences?
A. That's correct. It had huge potential and demonstrated its potential on a number of occasions, where we find areas of co-operation where we can -- you know, mutual co-operation -- assist to develop services on an all-island basis, and we were able to do that across cardiac care for children, for example, cancer services. There's a whole range of examples we can point to where we were successful in being able to work 42
responsibility. That's all of the political parties in the north. It's also the responsibility of the British Government and the Irish Government. So I think we all have to bear the responsibility and we all have the responsibility to ensure that it does work.
Q. Can I now turn to the question of the issue of the extent to which, as the Minister of Heath, you were aware of the way in which the Northern Irish approach to pandemic flu preparedness was aligned with the UK position, or I should say the Westminster position.

Were you familiar with the United Kingdom 2011 strategy on pandemic influenza from which the Northern Irish 2013 guidance was very heavily drawn?
A. Yes, so I was aware of the 2011 strategy, and as -- if you refer to my statement, I've said that I'm aware of it, what I wasn't quite sure is how it integrates into our local scenario.
Q. Now, nobody has, it must be said, come forward and said they were aware that there were a number of strategic flaws in the strategy concerning the absence of debate about the inherent unpredictability of viral characteristics, so the need to debate differing transmission levels, differing levels of severity, incubation period and so on, and therefore a failure to debate what possible countermeasures might be required. 44

But in your statement, you make, in another context, 1 a point about the uniqueness of the Northern Irish position, insofar as it shares a land border with another country and it is, of course, itself part of an island epidemiologically and geographically. There is no nod, no reference to that in the 2013
Northern Irish strategy for dealing with a pandemic influenza.

That is an issue which must have been apparent to everybody. It's a feature of life in Northern Ireland.
Why was that not addressed in the strategy when you were Minister of Health?
A. So you're referring to a document that was produced in 2013, but I can make a general point that, and this was a recurring position that was advanced by many professors throughout the pandemic,
Professor Gabriel Scally, for example, is one person who advocated the all-island approach.

You know, I have been Minister for Agriculture, and
when it comes to plant health and animal health we have a Fortress Ireland approach, where we work collectively across the island to ensure that we protect the whole of the island from potential disease.

It follows logically, in my opinion, and certainly in the opinion of others that have expressed it 45

Coming back to the question that I asked you, which is: given that you were surely aware, as Minister of Agriculture from 2011 to May 2016, of the issue of the potential advantage to be gained from considering, epidemiologically, Northern Ireland as part of the island of Ireland, and given that you were aware in public health terms of the advantages, or the possible consequences, why was that thinking not applied to the area of pandemic flu preparedness and that 2013 strategy?
A. So I can't speak to something that happened prior to my time. What I can say is that it became very evident in January 2020, when it came to the response to the pandemic, that it became evident that we didn't have the same kind of policy in place as we had for plant and animal health. And whilst there are many areas of co-operation, which is evident, this is one area where there's a distinct lack of joined-up-ness.

I know that the Chief Medical Officer has referred to, and in his evidence refers to, good working relationships across the island, and that is a welcome thing. We need formalised structures in which to deal with the areas of mutual co-operation.
Q. Ms O'Neill, as Minister of Health, you were aware of the 2013 strategy. You may not have been aware that it
throughout the last number of years, that we should have the same approach when it comes to public health. So I suggest that as a learning and going forward that this is something that must be a feature.

I would go even further than just an all-island approach, I think, because that in itself gives you a geographical advantage, I think that both the British and Irish Government should collaborate in terms of a two-island approach. And if I may offer an example of where I thought that we could have been really joined up, and that's in the issue of travel.

My Lady, the Common Travel Area to which we're all part, I and the Exec, the entire Executive, had advocated that we approach the issue of travel in relation to the pandemic together. That's something that could be planned for in advance, in my opinion. We advocated that position, the Welsh Government advocated that position, the Scottish Government advocated that position, but that never came through in terms of a response to the pandemic, and I think that that's something that needs to be taken forward in the lessons learned and potentially then shaping future documents that will assist us to deal with any future pandemic.
Q. Well, you've got your licks in early but that's a matter for the response in Module 2C.

46
required rapid refresh, to use the expression, and that it was out of date to a large extent and you may not have been aware of the strategic flaws that we now know it contained, but that 2013 strategy addressed the primary risk facing Northern Ireland, how to deal with a pandemic influenza. Surely, when that strategy was brought to your attention by your civil servants, you would have thought to yourself: well, it just doesn't deal with the very important point, the epidemiological island point that you have regarded as being of great importance in the related fields of public health and agriculture and travel. Why was that possibility of developing the strategy missed?
A. So I think a couple of points I would make in relation to that. Firstly, as I've said, my focus was on the transformation agenda, the change agenda. Secondly, when I made the point earlier that I would expect that if there are issues of concern that those would be elevated to me and to my ministerial office, and there was no area of concern in relation to this that was elevated. It was only whenever -- we come to the January 2020 and the issue of the pandemic when this becomes very much a feature of -- and I suppose a shock to a lot of people that we didn't have a similar formalised approach as we do in Fortress Ireland 48
approach.
Q. I'm now going to turn to the issue of the Chief Scientific Adviser in Ireland, who you will recall was Professor Young.

As Minister of Health did you have many dealings with the scientific advisory structure in Northern Ireland?
A. Not that I recall. At any time any of the officials in the department are available to the minister; had I have ever needed the Chief Scientific Adviser I would have asked for him.
Q. Were you aware that there was a Chief Scientific Adviser in your department? That there are two in the
Northern Irish government, one in your Department of Health --
A. Yes.
Q. -- and also one --
A. In my former department of DAERA.
Q. DAERA.

Were you aware that there was no chief government scientific adviser?
A. So the first time I became aware of that is obviously our experience of the pandemic itself, and it's very clear that that was identified as something that we needed to address.

49
A. That's right.
Q. When you became deputy First Minister, or a couple of months after you became deputy First Minister, there was established by Professor Sir Michael McBride, in April of 2020, a new body called the Strategic Intelligence Group that attempted to bring together scientific advice in a more Northern Ireland-centric way and to include in it properly and sensibly a greater amount of Northern Irish data.

May we presume that those steps were taken and that SIG was set up because it was realised that there was a lacuna in the process; hitherto the government in Northern Ireland had not had sufficient or adequate access to the sort of scientific data it needed?
A. That's correct.
Q. All right.

LADY HALLETT: Are you moving to a different subject?
MR KEITH: My Lady, that's a convenient moment.
LADY HALLETT: Certainly.
We will ensure that we finish your evidence before we break for lunch.
THE WITNESS: Thank you.
LADY HALLETT: But we will take a break now, and I shall return at 11.25 .
(11.11 am)

I'm glad to say -- and we may want to come on to this at a future module -- but I'm very glad to say that we have went out to recruitment, identified this as an area that the Executive requires its own chief scientific and technology adviser. We have went out to recruitment on that post, and one of the job description points is that that post should then become integrated with all the other UK Government structures where you would expect to see your Chief Scientific Adviser.
Q. Because Professor Young was -- and I don't mean this pejoratively -- only the CSA for the Department of Health; he wasn't, therefore, a Government Chief Scientific Adviser, and therefore he wasn't linked by virtue of that position into the UK CSA network. Was that the problem?
A. Yes, that's correct.
Q. And at the same time Northern Ireland had no automatic right to be a full participant in any SAGE that was called, and the system of scientific advice depended, therefore, did it not, to a very great extent on the personal or the day-to-day relationships between the United Kingdom Chief Medical Officers and whatever advice and information that might be relayed to Northern Ireland by observer status or participant status in the other various committees?

50

## (A short break)

(11.25 am)

MR KEITH: The final topic, Ms O'Neill, please, it concerns the general nature of communications between Northern Irish ministers and ministers in London. It's notable that the emergency preparedness, response and resilience arrangements, and the guidance and the paperwork in Northern Ireland, makes no specific arrangements for co-ordination to take place at ministerial level, and there's plenty of evidence which suggests that the Chief Medical Officers across the United Kingdom liaise very closely together and that there is a system in place, by way of scientific advisory committees and COBR briefing room meetings and so on, where, in the event of a specific emergency or exigency, communications take place.

Outwith those particular arrangements, did you find as Minister of Health and then latterly as deputy First Minister that there was an easy flow of communication at ministerial level with London?
A. That wouldn't be my experience. And I can, I suppose, testify to this more in regards to the pandemic response. So not to stray into future modules, but I can only speak to my experience over this period, which reflects, in fact, I believe, a finding from the 52

Cygnus report which you, I think, shared with
Robin Swann, the previous Health Minister. I found that meetings were called at short notice, documentation wasn't shared in advance, and that would have been to the detriment of planning for such a meeting for the minister, but equally to the detriment of the officials who were trying to brief the minister.

I found that these were meetings to hand down the decision that had already been taken by the British Government, as opposed to any attempt to find an agreed way forward. So I felt that quite -- on many occasions they were what I would describe as ad hoc and tick box meetings.
Q. As Minister of Health, did you have a large number of meetings with other ministers? Did the demands of that post require you to speak regularly with other ministers?
A. I don't recall in terms of the time in Health in 2016, however I'm quite sure at that time I would have had regular engagement with my counterpart. So I think the experience probably would be at a minister-to-minister level with your counterpart, that probably is something that happens more naturally and organically, as does the CMO engagement. But I think as a systems-wide engagement, British Government to devolved arrangement, 53

MR LAVERY: I will use my discretion, my Lady.
I want to ask you about scientific input into decision-making, and about Professor Young and his role as Chief Scientific Adviser.

You have been asked about this already, but what I wanted to do was put to you what Sir Patrick Vallance said to the Inquiry on 22 June 2023. He concluded that scientific advisers:
"... need to be a part of the everyday activity and the policy and operational discussions taking place in those departments, so that they can bring in science and science advice to areas which perhaps a policymaker who's not from a scientific background wouldn't ... think that science technology, innovation or engineering might have a part to play."

I think that's described sometimes as horizon scanning or horizon planning. Is that a concept that you were aware of?
A. It is, particularly in relation to the last number of years in the pandemic itself.
Q. During your period as Minister for Health, is that something that you were conscious of and what sort of advice were you receiving from the Chief Scientific Adviser?
A. So I would have called on the Chief Scientific Adviser 55

I don't think that's a very well structured engagement.
Q. It sounds from what you've saying that those particular problems that you identified were more prevalent after January 2020 under the extreme demands of the pandemic as opposed to being apparent to you when you were Minister of Health; would that be fair?
A. Probably because it just -- the nature of the situation meant that there was more intense engagement or the need for more intense engagement.
MR KEITH: Thank you.
My Lady, those are all the questions I have for Ms O'Neill. There are a number of areas in relation to which you've granted permission for 15 minutes of questions to be asked by Covid-19 Bereaved Families for Justice Northern Ireland.

LADY HALLETT: Mr Lavery.

## Questions from MR LAVERY KC

MR LAVERY: Thank you.
Ms O'Neill, my name is Lavery, and I represent the Northern Ireland Covid-19 Bereaved Families for Justice, and, as you've just heard, her Ladyship has permitted me to ask you about a couple of issues, some of which, my Lady, have been covered to some extent, so I won't deal for very long with the first issue.
LADY HALLETT: Thank you.
54
as I would have called on any other departmental official as and when required. So there was never any reluctance, you know, to call on Professor lan Young; had I have needed him I would have done so. I was very aware that he was part of the team that was developing policies, working with the CMO, so probably more limited in terms of my time in the Health Department, but obviously more frequently engaged with him throughout the pandemic.
Q. That advice, then, when you became deputy First Minister, that advice ought to have really fed back in through the Department of Health into the Executive Office as well?
A. That's correct, and Professor Young became an invaluable component part to how we responded to the pandemic, and he was regularly part of our Executive meetings throughout the period.
Q. But there was no scientific advice given in the five years prior to the pandemic?
A. I don't think that speaks to a reluctance to bring in Professor Young in particular from a Health perspective, his scientific advice. It just -- perhaps given there was three years where the institutions weren't sitting, and in those other two years I suspect there wasn't an occasion on which he was required. But I will say 56
this, that it's very evident to me, having now come through this experience, having been in the position of the Executive Office, that we clearly need a chief scientific adviser to the Executive, and further to that we need a chief scientific and technology adviser, which we have tried to recruit for. That process hasn't been successful but we intend to go out again to recruit, because I think that's a necessary part of government.
Q. A necessary part of that role would be to be proactive and bring scientific advice rather than waiting to be asked for advice?
A. Yes, absolutely, I think that, and that's very clear from the job description which we have now set out, that we want the chief scientific and technology adviser to be part of all the other structures, so that we have that coherence of information, knowledge share, horizon sharing and all those parts on which you speak.
Q. Lady Foster in her statement was of the view that Northern Ireland was well plugged into UK-wide scientific advice, and Mr Keith earlier put to you the various organisations that either had observer status on or no representation on SAGE prior to March 2020.

Would you describe us as well plugged in or do you think we're at a disadvantage in terms of not being fully part of those organisations? 57
legislate. That's something that I would be open to going forward, particularly if it's a lesson learned from the Inquiry, which seems to be the wisdom of many people who have presented.
Q. This was one of the recommendations of Cygnus, isn't that right?
A. Well, again, those recommendations came after my time in office.
Q. Yes. But was this ever discussed at the Executive Office level?
A. No. So we were in post for just a short number of weeks before the pandemic hit and then we were actively into the response stage at that time.
Q. Now, in his statement, Peter May, the former permanent secretary for the Department of Health, says that, in the absence of ministers, civil servants at the request of the Chief Medical Officer took the decision in 2017 to divert resources away from the development of a Northern Ireland Public Health Bill to other areas, stalling its progress.

Now, do you -- I'm sure -- were you aware of that?
Was that something which was brought to your attention?
A. No, so that would have been in the period that we were not in office.
Q. Can you explain why there was no
A. Well, I think it's right and proper that we are part of the organisations, and I think that's been accepted across the board, and that's why I think, given our experience of the pandemic, that we're now moving to recruit our own scientific adviser that can be part of those structures but also be part of how we conduct our business in the Executive going forward.
Q. I want to ask you about the civil contingencies legislation now and the 2004 Act. A large part of that which contained obligations on public authorities didn't apply to Northern Ireland, doesn't apply to Northern Ireland, and you're probably aware as well that when the Act was brought in, in 2005, the Secretary of State -- the expectation was that devolved legislation would be brought in, in those specific areas.

Is that something that you're aware of, and is that something that you were conscious of during your time as Minister for Health, that there was a legislative lacuna, or gap, to use plain speaking?
A. It's something that I'm aware of now, given my role or my short time -- previous role in DFM in the Executive Office. And I've listened to many of the evidence sessions where reference has been made to -- further to the guidance that we now have, to go further and to 58

Northern Ireland-specific pandemic preparedness or civil contingency legislation brought in, because there's significant enough timescale, it's almost 20 years from the 2004 Act?
A. I can only draw on the evidence that you've heard to this point, and particularly from those people within the Civil Service that have been engaged in the civil contingency planning. You will be aware, and we'll probably come on to this at a later stage again, that since the pandemic we have taken a number of different pieces of guidance and actually brought them into one document and going forward. That obviously marks some improvement. However, we may need to go that much further and, if legislation is required, then I think that's what we actually should -- we absolutely should do.

I'm also aware from listening to some of the evidence that the broad principles in terms of preparedness and planning have been the same throughout that period, and that there have been some adaptions made to strategies and plans. However, if there's room for improvement, then we must improve.
Q. Would you agree that Northern Ireland is at a disadvantage without legislative obligations on public authorities?
A. Well, I could say it a different way. I probably could say that I didn't disagree with Denis McMahon whenever he said that legislation would be helpful.
Q. Yes, I think I put that to Lady Foster yesterday, that there were three areas, and I won't repeat those, you probably heard that evidence.

In terms of the decision that was made to stall the Public Health Bill, and that was made in the absence of ministers, do you agree that it was an inappropriate position for the Chief Medical Officer and civil servants to be in, to have to make that decision in the absence of ministerial oversight?
A. I think that there is no doubt that that would have been a very difficult decision to make. There is no doubt that the -- throughout that period, particularly in regards to Operation Yellowhammer, when we were preparing for a potential Brexit -- or no-deal Brexit, that so much, so many resources were taken off their day job, if you like, off their normal function and put on to this area of work. That's always going to lead to adverse scenario for the areas of work that they should have been working on, and I think that's borne out by some of the evidence that we saw from different people within the department, particularly the statement in relation to being 18 months behind because of work being 61

LADY HALLETT: Thank you very much indeed, Ms O'Neill.
THE WITNESS: Thank you.
LADY HALLETT: Thank you for your help and thank you for nearly avoiding politics.
THE WITNESS: I tried. Thank you.
LADY HALLETT: Thank you.
(The witness withdrew)
MR KEITH: My Lady, would you rise for five minutes, please, whilst we make arrangements for the next witnesses?
LADY HALLETT: Yes, because we have three witnesses together, so people understand, so we need to allow time for that.
(11.41 am)

## (A short break)

(11.45 am)

LADY HALLETT: I hope you've got enough room there.
MS BLACKWELL: Thank you, my Lady.
In the witness box we have three witnesses representing the local government associations of England, Wales and Northern Ireland.

As you can see them, from right to left, they are Chris Llewelyn, Mark Lloyd and Alison Allen. May they be sworn, please?
LADY HALLETT: Please.
redirected.
Q. So was it inappropriate for them to be put in that position?
A. Well, I think that the favoured position always should be that we have power-sharing up and working, that we're working together in the Executive and that we're making politics work. That should always be the number one go-to.
MR LAVERY: Ms O'Neill, thank you very much.
Thank you, my Lady.
MR KEITH: My Lady, may I just make one observations, if I may be permitted to do so. There is obviously a point to be made about the absence of progress on the Public Health Bill in Northern Ireland, but insofar as my learned friend suggested that Northern Ireland was without legislative obligations on public authorities, my Lady has received evidence that part 1 of the Civil Contingencies Act certainly did and does apply in Northern Ireland, and you'll recall there was evidence that the Police Service of Northern Ireland and the coastguard, the MCA, are Category 1 responders and telecom operators are Category 2 responders.
LADY HALLETT: Thank you very much.
MR KEITH: My Lady, that concludes the evidence of Ms O'Neill.

62

## MR CHRIS LLEWELYN (affirmed) MR MARK LLOYD (affirmed) MS ALISON ALLEN (affirmed) Questions from COUNSEL TO THE INQUIRY

## MS BLACKWELL: Thank you.

Mr Llewelyn, you are chief executive of the Welsh Local Government Association. You took up office there in January of 2019, having joined the organisation as Director of Lifelong Learning, Leisure and Information in 2002, and you were also the deputy chief executive from 2010.

Mr Lloyd, you are chief executive of the Local Government Association, and you were appointed to that role in November of 2015, having previously worked in local government as chief executive of Cambridgeshire County Council and before that Durham County Council.

Ms Allen, you are chief executive of the Northern Ireland Local Government Association, a role that you have held since February of 2022. You have 20 years' experience in public service, including a wide range of roles in Belfast City Council, Antrim Borough Council, and the Electoral Office for the Northern Irish Assembly. Is that right? Thank you very much.

I'm going to deal with the organisations that you represent in the same order.

The Welsh Local Government Association, Mr Llewelyn, is a membership organisation that represents all 22 local authorities in Wales, the three fire and rescue authorities and the three national park authorities as well. Is that right?
MR LLEWELYN: Yes, that's correct.
MS BLACKWELL: The Local Government Association is a cross-party organisation with the overall purpose to promote, improve and support local government. It has a membership body of all but two of the 333 principal councils in England, and indeed the 22 principal Welsh councils are also members through a corporate membership scheme. Is that right?
MR LLOYD: Yes, other than from April 2023 there was local government reorganisation in parts of England that has now reduced the number of councils from 333 to 317.
MS BLACKWELL: Right, thank you very much for correcting me.
The Northern Ireland Local Government Association is a council-led representative body for the local authorities in Northern Ireland, and the members are drawn from each of the 11 councils; is that right?
MS ALLEN: That's correct.
MS BLACKWELL: Thank you.
For the sake of completeness, there is also a Scottish organisation called the Convention of 65
annually together.
MS BLACKWELL: Thank you.
The first topic is the Civil Contingencies Act of 2004 and its associated guidance. My Lady has heard that the Act is the statutory framework in relation to civil contingencies, certainly in England and Wales, where all principal local authorities are Category 1 responders, but it does not apply in precisely the same way in Northern Ireland.

Ms Allen, is it right that there is a Northern Irish Civil Contingencies Framework that was brought into being in 2005 by the Office of First Minister and deputy First Minister, as it then was, as a reaction to the Act coming into force the previous year?
MS ALLEN: That's correct, and that document was subsequently updated in 2011.
MS BLACKWELL: Right, and does that document note that one of its aims was to ensure civil protection standards in Northern Ireland were brought into line with those provided by the Act?
MS ALLEN: I believe that was the ambition of the document.
MS BLACKWELL: Thank you.
The Inquiry has heard evidence about the statutory duties that Category 1 responders hold, which include the duty to assess risk of emergencies and put in place

That's point 1.
Point 2, the Act is silent on the involvement of local democratic leaders and we think that's an oversight. They're important, community leaders. They can also ensure that there is scrutiny and oversight of the proposals in a local resilience forum. So there's more that we need to do to engage local leaders.

Point 3, government has increasingly looked to local resilience forums to respond to a range of issues that one wouldn't naturally describe as an emergency. So EU exit, for example, the death of the monarch, for example. So we need to be clear about what they're for. But with those qualifications I think we're in a good place.
MS BLACKWELL: Thank you.
One issue which you raise in your witness statement is the government's willingness to share critical planning information with local responders, both in a timely way or indeed at all.

We'll come to this in more detail later on in your evidence, but at a high level at this stage, what are the challenges in relation to ensuring that local government are in receipt of crucial planning information?

69
agency. That was a standing example -- a standing practice in our engagement with central government.
MS BLACKWELL: Right, thank you.
Moving to look at local government emergency preparedness structures, Ms Allen, you outline in your witness statement to the Inquiry the series of changes that have occurred with the local government structures in Northern Ireland during the time period of Module 1, and it is right to say, I think, that as of January 2020 emergency preparedness functions at a local level in Northern Ireland were primarily delivered through what are called emergency preparedness groups, or EPGs; is that right?
MS ALLEN: That's correct.
MS BLACKWELL: And there are three: north, south and Belfast.
MS ALLEN: That's correct.
MS BLACKWELL: The regional resourcing model in place to support local multi-agency arrangements included a local government regional officer, and three resilience managers; is that right?
MS ALLEN: That's correct, yes.
MS BLACKWELL: The EPGs fed into the Northern Irish EPG, which itself is a subgroup of the Civil Contingencies Group?

MR LLOYD: Councils were expected to lead a response in their community to a whole range of issues. We were learning of the issues and the expected response in the afternoon press conferences in the same way as the rest of the nation. Our communities were looking to council leaders and senior officers for what that meant, what it was going to mean in their communities, and quite frankly we did not know.

So that's at the highest level, but then we can go through all aspects of the response, like the support for businesses, what the furlough scheme was, what the expectations are around shielding extremely vulnerable people. Local government were not sighted on the detail and were having to interpret statements by way of local interventions and support.
MS BLACKWELL: Was that experience during the Covid pandemic a reflection of what you would see as a lack of information provided to local organisations in the previous planning stages?
MR LLOYD: Yes, I would. I've already mentioned the preparation for EU exit as an example. When it came to port authorities trying to access information about the likely impact on their transport infrastructure of a no-deal exit from the EU, we could not access, without extreme pressure, data from the relevant government 70

MS ALLEN: Yes.
MS BLACKWELL: Thank you.
Did that structure allow for issues to escalate down from -- or rather, cascade down from the central group to the local groups and also escalate up the other way round, and was that effective, do you think?
MS ALLEN: Speaking from a local government perspective, if I start at the Civil Contingencies Group level, a lead chief executive from local government in
Northern Ireland has a seat to represent the local government sector at that level, and it's important in the context of providing a sectoral view in support of wider public services and emergency planning. The next level at the Northern Ireland emergency preparedness group level, each -- each of those groups -- sorry, the Northern Ireland group, is co-chaired by the police and local government, again by a lead chief executive. The three emergency preparedness groups are also co-chaired by council and by police.

So the prominence of local government's role in facilitating information sharing both within the sector but also up and down through those structures was -- I'm informed that it was effective in the context of our sector. I obviously can't speak to others.
MS BLACKWELL: Yes, of course you weren't in position at the 72
time.
MS ALLEN: That's correct, yes.
MS BLACKWELL: Thank you for that.
Mr Llewelyn, the Inquiry has heard evidence in relation to the Welsh structures at a high level. Did they include the Wales Resilience Forum, the Welsh local resilience forums and also the Wales Resilience Partnership Team?
MR LLEWELYN: Yes, they did.
May I go back in terms of -- I agree with my
colleague's comments in terms of the Civil
Contingencies --
MS BLACKWELL: Yes, certainly.
MR LLEWELYN: -- Act, but I think it is important to recognise that the arrangements under the Act were put in place to deal with one-off time limited events, and emergency planning is a dynamic context. If you look at the changes since the Civil Defence Act in 1948, it's a constantly changing environment which -- and experiential learning is so central to it.

When the Civil Contingencies Act was passed, I don't
think the -- an event like a global pandemic was
conceived of where there would have been a national
lockdown. Because it was seen as a response to, as
I say, one-off, time-limited events, the democratic 73
devolving to a local -- down to a local level as much as possible -- as an association we often talk about -- we reflect, you know, there, it's not just in emergency planning, that the role of central government is to set the strategy nationally, and the role of local government is to interpret that national strategy and deliver locally based on local circumstances.

We know within a Welsh context local circumstances varied considerably, and especially at the outbreak of Covid, authorities and other partners had to respond very quickly before government was able to put guidance in place.

So the system going forward needs to learn from that experience and accommodate as much (inaudible) decentralisation, subsidiarity, allowing partners at a local level to make plans and to be involved in implementation as much as possible.
MS BLACKWELL: Thank you.
Mr Lloyd, the English system relies primarily on a series of local resilience forums, of which there are, I think, 38. Is that still right?
MR LLOYD: That's right.
MS BLACKWELL: Yes. The Inquiry has heard some evidence about the local resilience fora structure. Are they multi-agency partnerships responsible for identifying 75
oversight wasn't a particularly strong feature in it, and one of our concerns would be that the -- moving forward, we need to recognise and learn from this experience, and accommodate greater democratic oversight, the involvement of local members, of leaders, and greater accountability through the political processes, rather than allow those to develop in a responsive and in an ad hoc way. The structures you've mentioned, the Wales Resilience Forum, and others, were in place, operated effectively, but had to be supplemented with other arrangements.
MS BLACKWELL: Going forwards, if those relationships are to be strengthened, how is that best arranged? Is that through a series of regulations or by drawing up plans with the people who are in the roles that you've just set out, or is it something more dramatic than that?
MR LLEWELYN: I think we need a whole-system approach, we need to engage all partners in the way we reform or re-design those arrangements.

I think the -- we know that the current model by and large works very effectively, which is why I'm suggesting supplementing or adding to it rather than changing it in a drastic way, but some of the principles we outline, I think, in our evidence, in terms of trust and confidence in the system, of subsidiarity, of 74
and planning for local civil resilience risks, and do the local authorities work closely with other respondents such as the police and fire and rescue services and also the voluntary sector and business groups?
MR LLOYD: Ms Blackwell, your description is perfect, yes.
MS BLACKWELL: Thank you very much.
Key responsibilities of the fora include supporting the preparation of multi-agency plans and protocols, documents and, as we will come to, exercises and training.

What is, though, Mr Lloyd, the community risk register about which the Inquiry has heard a small amount of evidence so far?
MR LLOYD: So we have the National Risk Register, and in the same way that Mr Llewelyn's talked about identifying the things that could impact nationwide, the community risk register looks at the particular community that the local resilience fora serves, and spots things in that particular context that are a risk. So if we have rivers, if we've got large industrial sites, if -you know, the kinds of things where incidents are likely or possible to occur, it's to make sure that partners locally understand all of those risks and have plans in place should the worst happen.

76

| MS BLACKWELL: In terms of geography, the local resilience | 1 |
| :--- | :--- |
| fora are based on a police force area, so can they | 2 |
| include vastly varying different numbers within them? | 3 |
| MR LLOYD: Again, you're exactly right. We have some parts | 4 |
| of the country where the coterminosity between a local | 5 |
| resilience fora, police force area and local authorities | 6 |
| is tidy. There are parts of the country where that is | 7 |
| not the case and we therefore have many local | 8 |
| authorities engaging in a single local resilience forum. | 9 |
| Overall, local government's view in England would be | 10 |
| that the arrangement works well still. | 11 |
| MS BLACKWELL: Historically, am I right in saying that there | 12 |
| was no funding provided to support the secretariats | 13 |
| needed to run the fora, and is that still the position? | 14 |
| MR LLOYD: Historically you are correct, the funding of the | 15 |
| local resilience fora fell to the local partners. That | 16 |
| changed during EU exit preparation when some resources | 17 |
| came in. | 18 |
| During the period that you're referencing, | 19 |
| of course, local authorities were subject to significant | 20 |
| financial pressures. During that period the resources | 21 |
| that councils were able to invest in local resilience | 22 |
| fora decreased by some $35 \%$. Local authorities' wider | 23 |
| budgets faced very significant reductions as well. So | 24 |
| the resilience, the capability and the capacity within | 25 | 77

Would you expand on that, please.
MR LLOYD: Of course.
So the principal link between national government and the local resilience fora comes through the Department for Housing and Communities, DLUHC as we now know it. They have officers that are linked to each of the local resilience fora, and that's a strong link.

As we now know, when central government is acting on a national incident, much of the activity is driven through the Cabinet Office, and then the responsibility for a pandemic sits with the Department of Health and Social Care, so you can see the fragmentation immediately in the relationship and the work that we expect of our colleagues in DLUHC to manage that interface. So they've got a big challenge that I know you've explored with their witnesses to date.

So -- and we've also got the added complication that DHSC would default to using their existing channels through the NHS for much of their communication, and to another partnership called the local health resilience partnership, that shares the same footprint as LRFs but has a distinct focus on health issues and health resilience. So the key thing we need to do at a local level is to make sure that the health resilience partnership and the local resilience fora integrate
local government to respond to events has been put under increased pressure throughout this time period.

So back to your core question, local partners needed to fund the LRFs, the amount we could put into them was reducing, some money came in during EU exit, and there are still some resources coming in, but at relatively modest levels.

## MS BLACKWELL: All right.

Did the input of funding in the way in which you describe during the exit from Europe confuse the situation or improve the situation?

MR LLOYD: It helped. Partners were exercising more activity together, we were working together more frequently on that particular instance, which actually gave us a stronger platform for when we faced the events of the pandemic. So I think that's a positive overall.

MS BLACKWELL: Just focusing on planning at the local level for a moment, I want to ask you, first of all, Mr Lloyd, the extent to which government departments as risk owners at the national level are involved with those particular risks at a local level, because you describe in your witness statement that communication, for example, from the Department of Health and Social Care to non-health bodies such as the local resilience fora, was highlighted as being poor.
together, and the key person in this regard, when we were going into pandemic planning, is the director of public health, who play a pivotal and critical role.
MS BLACKWELL: Right, thank you.
Would better engagement between the Department of Health and Social Care and local resilience fora improve the position about which my Lady has heard some evidence of concern that's been expressed in relation to preparedness and resilience of adult social care?
MR LLOYD: Undoubtedly so.
MS BLACKWELL: All right.
How might that be achieved?
MR LLOYD: So I've already referenced the financial pressures that local government was under. Of course local government fund a significant proportion of the adult social care market, both care homes and domiciliary care. Those providers of that care are also -- were also fragile at the period that we're talking about as a consequence of what we'll call austerity. Understanding how they can respond to a pandemic, how they can link in to the local resilience fora is absolutely key. We've got the Care Quality Commission, of course, that oversee and regulate the whole of the care market, and trying to knit together health and social care with the local resilience fora, 80
with DHSC, CQC and others, is a key element of our
response to a pandemic and it could have been better.
LADY HALLETT: You're going very quickly, I'm afraid.
Sorry.
MS BLACKWELL: Sorry.
We're moving into local government public health. Before I ask about the Health and Social Care Act of 2012 and the fundamental changes that that brought, is there anything, Ms Allen or Mr Llewelyn, that you want to add to the evidence just given by Mr Lloyd?
MS ALLEN: No, thank you.
MR LLEWELYN: Can I just add that I think the four police forces in Wales, the LRF footprint followed the police force footprints. In some instances there is coterminosity with other public service structures, but that isn't the case in every instance. By and large the arrangements work very effectively. Sometimes it can be tempting to look to restructure or regionalise in response to crises and different events, but in this instance we think that the focus should be on making existing arrangements work as effectively as possible rather than trying to reform or restructure.
MS BLACKWELL: Thank you.
The Inquiry has heard evidence about the Health and Social Care Act coming into force in 2012 and, as I have

UK would recognise that local government is all about the well-being of its place, including public health, and by bringing the public health function firmly back into local governments, it ensured that in everything we do around tackling homelessness, the work we do around employment and jobs, the things that we do to support anybody that has any kind of vulnerability, we started to view that through the public health lens.

So not only did we move the relatively small public health teams in, we turned councils in their entirety into public health organisations.

That's a great big win.
Yes, there are still some join-ups that we have to work on from that point to today with our colleagues in the NHS, and making sure that the commissioning and the planning of a wide range of services is effective. But day in, day out, our colleagues that lead the public health function, together with regional health protection teams, deal with hundreds and thousands of incidents across the country that will never get the attention of groups like this.

So it's a good -- it was a good transition and one that we applauded, and we'll keep working to join up the silos that it might have created.
MS BLACKWELL: Thank you.

81
said, bringing with it fundamental change, because since that time local authorities and Public Health England, as it then was, jointly held primary responsibility for the delivery and management of public health.

You've already made mention, Mr Lloyd, of the directors of public health and the important role that they fulfil in terms of public health at a local level.

You say in your written evidence that the responsibilities imposed by the Act had a considerable impact on emergency planning, and you also say that there was some fragmentation of health protection, intelligence architecture and commissioning functions, and also some duplication and overlap which council public health teams have argued limited their capacity to effect the significant change that arrived.

That was in 2012. Are you able to explain to the Inquiry how matters have progressed between that date and now?
MR LLOYD: So everything you've described reflects our evidence and we stand by that. But -- and if I could underline that "but", I would -- the changes the Act put in and the transfer of public health back to local governments in 2013 is probably one of the best parts of that Act.

Local government across, I think, the whole of the 82

## Mr Llewelyn?

MR LLEWELYN: Yes, I recognise Mark's comments and agree completely. The position in Wales is different, and we outlined the differences in our written evidence. Historically we've argued for a similar arrangement in Wales to that that exists in England. For some of the reasons that l've mentioned already, we think that local government is -- it's (inaudible) subsidiarity, we think that local government is so close to the communities and the people they represent that more of the public health function should reside within local government. Almost everything that local government does relates to public health and the health and well-being of the people that they serve. In this instance we think there's probably an unnecessary fragmentation. We've got a tier of government which is close to those communities. There are other -- there are environmental, health, trading standards, other support activities that local authorities discharge that align very closely with the public health function, and, as I say, historically we've argued for that to be returned into local government. There are aspects of community care which we think could be delivered by local government as well, and we think that the Covid experience emphasises the effectiveness of local government in that arena.

84

As I say, we outline this more fully in the written evidence.

MS BLACKWELL: Yes, thank you very much.
I should say that, although I didn't formally ask for your statements to be published, I will ask for permission for that to be done now. Thank you, my Lady.

Ms Allen, you appeared to be nodding in approval when Mr Lloyd was setting out his support for public health being managed at a local level. Is that right, and it is there anything else you would like to add from a Northern Ireland perspective?
MS ALLEN: Thank you. I was nodding my support around the initial comments about the unique position of local authorities being embedded in their communities, both at a political and officer level, and how that places them in a very special position to understand the needs and to respond quickly. It's not the position of local government in Northern Ireland that they are advocating for a transfer of public health powers.
MS BLACKWELL: Right, thank you very much for clarifying that.

Mr Lloyd, back to you. Is it right that directors of public health do not sit on the local resilience fora?
MR LLOYD: There is not one answer to that question. Each 85
issues with the risk assessment processes which mean that risk assessments do not significantly assist an area's ability to respond to an issue always.

What are those either perceived or actual concerns in terms of the efficacy of a local risk assessment and planning in that regard?
MR LLOYD: So you've already asked me to expand on the purpose of the community risk register.
MS BLACKWELL: Yes.
MR LLOYD: In addition, councils, the local resilience fora,
will want to respond, have plans in place to respond to issues identified in the National Risk Register. We had plans in place to respond to an influenza pandemic, we did not have plans in place to respond to a Covid-like pandemic. That's the core issue that we have here.

The vast majority of councils, $87 \%$, say that they adapted their flu pandemic plans well to respond to Covid, but quite simply a Covid-like response was not in the local plan.
MS BLACKWELL: Right. I just want to focus for a moment on why that might have been, and whether or not there are problems that you have perceived from your role in the information that's contained within the National Security Risk Assessment filtering down and being made available for those at a local level.
local resilience forum will have a different structure.
MS BLACKWELL: Right.
MR LLOYD: If we're into a response mode, it would be unthinkable that directors of public health wouldn't be in the strategic co-ordinating group that would be set up and leading very important strands of work, and in a long-term response to an event like a pandemic we do need to have a number of people taking on lead roles in the local resilience fora, including chairing them, and during periods through the pandemic directors of public health took on that most senior role, and rightly so.
MS BLACKWELL: Right, so that isn't a procedure that needs any further formalisation; it's working well, as you've described? Thank you.

Staying with you, please, Mr Lloyd, I want to move on to local risk assessment and emergency planning, which we've touched upon in terms of the perhaps perceived difficulty of information flowing in to the Local Government Association members who have the responsibility of performing the community risk assessments.

Category 1 responders indeed do have a duty to undertake these risk assessments and to devise emergency plans within their areas. You say in your witness statement, Mr Lloyd, however, that there are a number of 86

You may know that Catherine Frances, the director general for the Local Government, Resilience and Communities division, gave evidence to my Lady already, and she said to the Inquiry that the NSRA is shared with every local resilience forum in England. She made it clear that there are elements of it that have to remain secure, such as those parts which are deemed to be official-sensitive, but that they can be accessed through secure routes, and that local resilience fora nominate a person who has access to that interpretation.

It may be my interpretation, and I don't put it any higher than that, but Ms Frances appeared to suggest that there was no difficulty with that process, and that it was effective as far as she was concerned.

Does that accord with your experience, Mr Lloyd?
MR LLOYD: So, the trickiness in here is that the local resilience fora are planning entities, they are not legal entities in any sense.
MS BLACKWELL: What effect does that have?
MR LLOYD: That the responsibility for the actual response beyond the planning sits in the -- with the Category 1 and Category 2 responders --
MS BLACKWELL: Right.
MR LLOYD: -- and ensuring that information flows into those organisations in a way that means they can form proper, 88
fulsome plans is a core issue here.
It does come back to the issue that I, Mr Llewelyn and I think Ms Allen have raised around trust and ensuring that we get to a place where local partners are involved in identifying the issues that should be in the National Risk Register and how we will be part of the response, in the way that Mr Llewelyn said, to those issues, and also ensuring that we provide the challenge to the approaches that are being proposed in the national register, like, for example, the omission of non-pharmaceutical interventions in that register.

So I just think whilst, of course, Ms Frances's assessment of a flow is right, whether that allows for effective planning at a local level is the question that we should debate further.
MS BLACKWELL: So there may not be much of a problem in the information cascading down, but I think -- I've interpreted your evidence as meaning that there may be a continuing difficulty in allowing the information to flow sideways in to your partners?
MR LLOYD: That's right. With -- there are instances where it's been specified that a named individual receive information on a confidential basis. In a planning partnership that's not an effective way of engaging a wide range of different organisations. 89
responsibilities. As I say, protocols, written, some kind of codification of how information is shared and the appropriate channels of information sharing.
MS BLACKWELL: Thank you.
Ms Allen, you tell us in your witness statement that a Northern Ireland risk register was produced by the Office of First Minister and deputy First Minister, as it then was, in 2013. But, as it was marked "official-sensitive" that wasn't shared with all local government representatives, nor were local councils involved in its creation.

Do you have any views on the failure to share that risk register with the local government representatives?
MS ALLEN: Thank you, and just, yes, to agree with the points that have been made by my colleagues, that it speaks to a need to improve the trust between regional government and local government, and that is something that's very important in a Northern Ireland context as well.

I think the impact of that is the ability at an individual council level and both in a multi-agency context to be able to appropriately plan in the context of not fully understanding the level of risk that has been deemed to potentially exist. And I think in that context, just to speak that obviously pandemic planning 91
MS BLACKWELL: What's the solution?
MR LLOYD: We need that trusted local relationship with the
Category 1 responders, so that we are part of the
solution, building from local to national to global in
our response to issues facing our nation.
MS BLACKWELL: Mr Llewelyn?
MR LLEWELYN: I wanted to respond to your point about
information cascading down.
I think that there is an issue in relation to
devolved administrations. It isn't always clear that
the UK Government shares information in non-devolved
areas with local authorities and other public sector
partners in those areas. Again, we mentioned this in
our written evidence. I think we need to look at
communication in a wider sense than just simply the one
you were referring to in your last question. But
I think there is a substantive issue and we need to
develop better understandings and possible protocols in
terms of how information is shared to whom, when and so
on.
MS BLACKWELL: So you would advocate a more substantial
consideration, perhaps involving a structural change, or
is it more of a clarity of understanding of roles and
how the information needs to be shared?
MR LLEWELYN: Certainly clarity on roles and
90
in Northern Ireland context was deemed to be regional, so local government's involvement in that was extremely limited and was limited to the areas in which we had statutory duties, which were around bereavement services. So that was the extent of our involvement in pandemic planning in Northern Ireland.
MS BLACKWELL: So because the Northern Ireland risk register, the national document, and indeed the process that lay behind it, had no input at a regional or local level, and the product of it wasn't shared at a local level, it was impossible for those with the responsibility at a local level to engage in that at all?
MS ALLEN: To fully understand the risks as they were assessed at a regional level and, just to further emphasise some points from colleagues, obviously at a local council level but also on a multi-agency basis, understanding of the risks and analysis of risks are key to developing both emergency plans and business continuity plans, and that was done at a local level, but obviously there is a significant difference between the risks as understood at a regional or indeed national level and something which is local to a particular place.
MS BLACKWELL: Thank you.

In terms of local emergency plans and moving back to England for a moment, l'd like to look at the extent to which the 2011 influenza pandemic strategy provided local planners with sufficient guidance to develop a pandemic plan that was suitable to respond to a pandemic such as Covid-19.

Mr Lloyd, was it suitable? You've mentioned already the fact that at a local level there was an inability to plan for non-pharmaceutical interventions, and of course that's not something that is covered in any detail in the strategy. Did the strategy then guide the local plans, and was it possible for those responsible for drafting the local plans and taking things forwards to have an input of any areas that were missing from the strategy, or is that an unreasonable expectation?
MR LLOYD: So, councils in England have not reported to us ahead of the Inquiry concerns about the strategy that you've highlighted, and the survey that we conducted on behalf of the Inquiry identifies that councils believed that they had plans and that they thought those plans were effective and that they'd been tested in a good number of cases. So I don't have a more substantial response to your question. I'm happy to follow up afterwards, if it's helpful.
MS BLACKWELL: Thank you.

MS BLACKWELL: Thank you.
Just returning to you momentarily, Mr Lloyd, if I may, in your witness statement you describe that many existing plans were ripped up when Covid arrived because they didn't reflect the situation. Is that something which local authorities have reported back to you during the course of your survey, which, I think it's right to say, was undertaken by both England and Wales in preparation for this Inquiry?
MR LLOYD: So our plans were prepared for an influenza pandemic with no non-pharmaceutical interventions. We were in a different scenario. "Ripped up" is probably an emotive word in this. Councils definitely adapted, and adapted quickly, to make sure that they were in a position to evolve their influenza plans into a Covid plan, to deliver the financial support, to protect the clinically extremely vulnerable, to work with rough sleepers, to support our schools, to support businesses. So we adapted, I think would be my summary.
MS BLACKWELL: All right, thank you very much.
Ms Allen, you explain to us in your written evidence that post local government reform, each new council in Northern Ireland developed its own internal emergency plan, and that in relation to multi-agency plans, each council now participates as a partner in its local

Mr Llewelyn, the Pan-Wales Response Plan, did that in your view provide a particular focus to local planners on what local pandemic plans should look like?
MR LLEWELYN: I think -- as has been expressed by my colleagues already, I think the scale and scope of the pandemic wasn't anticipated and expected. Our survey shows that authorities thought that they were well prepared for an influenza epidemic, but the scale and scope of Covid was not something they had expected or had planned for.

There is, I think, significant evidence of the effectiveness of the emergency plans that were in place. The -- at the start of 2020, I think it was Storm Dennis, the flood -- the floods and the impact of that storm were widely felt in South Wales. Authorities were very effective in responding and were prepared.

It's interesting to note as well that the arrangements that had been put in place through the WLGA for mutual support came to the fore, in that instance, so we had authorities from North Wales, Flintshire for example providing support for Rhondda Cynon Taf, when they had floods. So the arrangements that were in place, all the evidence suggests they worked very effectively. But, as I say, the scale and scope of Covid caught everybody by surprise. 94
emergency preparedness group, which we've already described.

Are you aware of any concerns in respect of local emergency plans in Northern Ireland and their ability to withstand what's described as an unforeseen challenge posed by Covid-19?
MS ALLEN: That's quite difficult to comment on, and I say that specifically because the direction give to us was that pandemic planning would be undertaken at a regional level, and that was made on a number of occasions. Indeed, in the local government division circular 07/06 it specifically recognises that a communicable disease pandemic should be dealt with by the Department of Health, so local government was very much told to plan on the basis of its own services and business continuity, which it did.
MS BLACKWELL: Right, thank you.
I'm moving on now to look at some of the exercises about which the Inquiry has heard, and turning first of all to Winter Willow, which is at INQ000056627, reminding ourselves that this was an influenza pandemic exercise in 2007 but a number of points of learning flowed from this exercise which are relevant to the local authority planning.

If we turn to page 4, first of all, please, so that 96
we can set the scene, it was an exercise delivered in two stages. Stage 1 was held on 30 January 2007 and comprised a national-level tabletop exercise meeting of the Civil Contingencies Committee that simulated a United Kingdom alert level 2 of World Health Organisation Phase 6.

Then there was a second stage between 16 and 21 February which followed up the decisions taken in stage 1, with a full national exercise held over several days.

Now, if we move, please, to page 5 and paragraph 5, we can see that -- thank you.
"The Exercise also highlighted the need for better engagement with the public and communities and particularly community responsibility for vulnerable people. There was a need for clearer advice to the public on the use of antiviral drugs, facemasks and other measures and on the stocking of home supplies."

If we can move to page 11, please, and look at the fifth bullet point. Thank you.
"The Exercise also showed the need to improve linkages between the established regional and local resilience structures and their equivalents in the National Health Service ... In particular, a better separation needed to be created between crisis response 97
situation and what it calls a "rising tide" situation,
like the spread of a pandemic, and it does require a different kind of response.

And, Ms Blackwell, I think when we get to the recommendations in the Winter Willow evaluation, it highlights the need for national/local links to be improved around policy and information, and we agree, in English local government, as I'm sure my colleagues will in Wales and Northern Ireland. So there are lessons that were highlighted that have not been learned as we have gone forward over the years, and we will come to other exercises that perhaps trigger even deeper emotions in due course.
MS BLACKWELL: Thank you.
Mr Llewelyn, is there anything that you would like to add?
MR LLEWELYN: No, I agree with those comments, nothing to add.
MS BLACKWELL: Ms Allen?
MS ALLEN: Just to advise that participation in Winter Willow did not extend to local government in Northern Ireland, it's our understanding that took place at a regional level, so we are not aware of the recommendations in any detail.
MS BLACKWELL: Thank you.
and recovery roles at the local level. It was recognised that the management of a 'rising tide' event was significantly different to a sudden incident and some regions identified the need for greater clarity in individual roles and the trigger for establishing Regional Nominated Co-ordinators, and their equivalents in the devolved administrations, under the Civil Contingencies Act 2004."

Finally, then, page 12 and paragraph 4, please:
"The Exercise highlighted the need for the process for the collection of regular data and information at the local level, and its collation into reports to the centre, to be reviewed. There were several possible communication routes between local responders and the centre with the potential to lead to confusion. The templates for reporting data also needed some revision to ensure a consistent picture of the emerging situation."

Now, these were all areas in which issues remained in January of 2020, some 13 years after this exercise took place.

Mr Lloyd, coming to you first, would you agree with that?
MR LLOYD: I would. The report helpfully reminds us of the difference between a blue light emergency services led 98

There was limited local resilience fora involvement in Exercise Cygnus and, Mr Lloyd, you tell us in your witness statement that only eight of the local resilience fora took part in the exercise. Is it possible that some of the other local resilience fora may have had some informal engagement with the exercise about which the LGA may not be aware?
MR LLOYD: So the exercise was first planned in 2014, with a larger number of local resilience fora lined up to participate, delayed and delayed and eventually exercised in 2016, by which time some had dropped out. To the best of my knowledge, there were eight that participated in the final exercise.
MS BLACKWELL: Do you think that there should have been a more formalised arrangement for the remaining local resilience fora to be part and parcel of the exercise?
MR LLOYD: Well, we hope that the Inquiry will conclude that we need a systematic approach to rehearsing a whole set of potential incidents across the country, that are planned involving local as well as national, so that we can know what we're going to deal with over the five or ten years.

So, yes, of course we would like to have seen more involvement, and Ms Blackwell, I guess the core thing that creates a reaction in English local government is 100
the fact that Exercise Cygnus, the conclusions of it, its recommendations, were kept secret from local government.
MS BLACKWELL: Well, I'm going to come on to that in a moment, but the poor attendance -- and I don't mean that in any pejorative sense, but the numbers of local resilience fora and their involvement being so low is particularly concerning, isn't it, given that the -well, one of the overarching findings of the report was that the United Kingdom was not equipped for a pandemic?
MR LLOYD: Yeah, and I think it comes back to the recommendations that Bruce Mann's put to you about needing a more people-focused resilience structure in our country.

If in an exercise like Cygnus we recognise this is actually about every community across the country, you would want your local communities and their response mechanisms involved in an exercise like this. But at the moment it's seen as a top-down approach to these kinds of events and local government is brought in as a participant on a small scale rather than at the core of the exercise.

MS BLACKWELL: Before we break for lunch, I'm going to ask you to expand on the evidence that you've just given about the fact that the report was kept secret from you. 101

MS BLACKWELL: But those were judicial processes which had been commenced by the Local Government Association?
MR LLOYD: No, that's not the case, they were commenced by members of the legal profession -- sorry, the medical profession, forgive me.
LADY HALLETT: So they started judicial review proceedings?
MR LLOYD: (Witness nods)
MS BLACKWELL: Is that a convenient moment?
LADY HALLETT: Certainly. How are we doing for time?
MS BLACKWELL: I think we're all right, actually, having
a normal length of lunch break, thank you.
LADY HALLETT: I shall return at 1.45.
(12.45 pm)

## (The short adjournment)

( 1.45 pm )
LADY HALLETT: Ms Blackwell.
MS BLACKWELL: Thank you, my Lady.
Just before we broke for lunch, Mr Lloyd, we were discussing the fact that few local resilience fora were involved in Exercise Cygnus, and you were telling my Lady that in fact it took a JR, a judicial review process being launched in order for the report from Exercise Cygnus to be provided, which I think was eventually done in June of 2020.

Taking place during the same year as Exercise Cygnus

[^0]102
was Exercise Alice. Is it right, Mr Lloyd, that the Local Government Association did not become aware of Exercise Alice taking place until the autumn of last year, 2022?
MR LLOYD: That is correct.
MS BLACKWELL: All right.
You tell us in your witness statement that the fact that the exercise taking place was kept a secret from the Local Government Association was itself surprising and regrettable. Why was it regrettable?
MR LLOYD: So Exercise Alice was a desktop exercise exploring the consequence of the UK experiencing a SARS, MERS outbreak. The local government family, I think that applies to the whole of the nation, didn't become aware of the exercise having taken place, nor its conclusions, until the report became known through the work of this Inquiry.

Why it matters, having now retrospectively seen that work, it was the first time when issues like quarantine featured in planning. It would have changed what we were doing in our local planning to have knowledge of that kind of intent should we experience a pandemic of those strains.
MS BLACKWELL: Is there a culture of secrecy, do you think, that exists between what's going on in central

104
government and what is allowed to be known at the local level?
MR LLOYD: So Exercise Winter Willow conclusions were shared without negative consequence back in 2017. Cygnus wasn't, Alice wasn't, more recently. I think that takes me to answer your question as: yes, there is an approach to secrecy around the conclusions.
MS BLACKWELL: And the ramifications of not disclosing, I mean, the existence of an exercise but, perhaps as importantly, the report that flows from the exercise to local government level, is that there is a lack of knowledge which affects the level of preparation and planning?
MR LLOYD: So, as I think as all three of us have made clear, the local-national interface -- this is a shared endeavour to manage the nation through events, like the tragic event of a pandemic. If we're not sighted on the recommendations like the 22 set out in Exercise Cygnus, like recommendation 21 around excess death management and the consequences for us at a local level, we're not planning in the way that we should be. So you're absolutely right, it has significant consequences.
MS BLACKWELL: Mr Llewelyn?
MR LLEWELYN: Thank you.
We weren't sighted on Alice, as was the case with 105
services, and that no matter how difficult we find that as public servants that we should be able to find a way to manage that.

Our experience certainly is there have been
significant improvements in the revised Civil
Contingencies Framework in Northern Ireland in 2021, which we feel properly reflects the contribution that councils and local multi-agency structures can make in an emergency response.
MS BLACKWELL: Thank you.
LADY HALLETT: Can I just go back to Exercise Alice.
You said, Mr Lloyd, the Local Government Association only became aware and, by the sounds of it, so did other local government associations. Does that mean that no local bodies were involved in Exercise Alice? Cygnus you said eight, I think it was.
MS BLACKWELL: Yes.
MR LLOYD: That's right, so in Cygnus there was the engagement of eight local resilience fora. To the best of my knowledge there was no local government involvement in the desktop exercise known as Exercise Alice.
LADY HALLETT: So no input and then you're not even told what the recommendations are?
MR LLOYD: That's correct.
the $\mathrm{NJ}(?)$, but I think it is interesting to note that Wales ran its own Cygnus exercise in 2014, in October of that year. It was a Wales-only exercise, it was national and local, and the collective recommendations were shared and were discussed within the Wales Resilience Partnership Team.

It's also interesting to note that the recommendations refer to preparations for an influenza outbreak, which would not have helped in preparation for Covid, but there was nothing -- none of the recommendations covered non-pharmaceutical interventions or made reference to, for example, schools closing. So in that sense perhaps the recommendations might not have been as useful in preparedness for Covid, but it is interesting to note, I think, that the recommendations were shared collectively. It didn't cover things like an all-Wales risk register, which in hindsight would have been useful as well.
MS BLACKWELL: Ms Allen, is there anything that you would like to add?
MS ALLEN: Thank you. Just speaking to the difference in public services delivery in Northern Ireland, particularly with the public health function being managed by a separate organisation, however NILGA would feel that the public have a right to integrated public 106

MS BLACKWELL: Or even the existence of the exercise having taken place.

Moving towards from 2016 and from Exercise Cygnus which we know took place in October of that year, a key workstream included the development of a pandemic flu standard as part of the National Resilience Standards, intended to assist the local resilience fora with planning, but, as we know, that workstream was delayed due to preparations for a no-deal EU exit.

I would like to look, though, at a local resilience forum pandemic flu preparedness report which we have at INQ000023154.

This is a report that is England-centric and it was prepared by RED. It was, as we can see from the executive summary, a questionnaire which was developed and commissioned to support the work of the Pandemic Flu Readiness Board prior to Covid, and:
"This summary of the LRF responses represent the situation at the point of collection in February 2020 ..."

So outside, just, of our time period. But it:
"... has been repurposed to support preparations for Covid-19. A range of actions are recommended that fall to the local and national tiers to take forward ..."

I'm particularly interested to go to page 6, please, 108

| and to look at what the LRF concerns were. | 1 |
| :--- | :--- |
| If we can highlight the paragraph under "LRF | 2 |
| concerns", please: | 3 |
| "Recommendation 9 -- government to continue to share | 4 |
| guidance on pandemic preparedness to allow refers to | 5 |
| review their arrangements. | 6 |
| "Concerns broadly covering one or more of the | 7 |
| following, often interlinked, areas [were these]: | 8 |
| "Excess Deaths; | 9 |
| "Supply of Appropriate Equipment/Medicines; | 10 |
| "C3; | 11 |
| "Logistics; | 12 |
| "Information/guidance from Central Government; | 13 |
| "Health and Social Care sector capacity; | 14 |
| "Ethics/Complex Decisions; | 15 |
| "Skilled staff; Roles \& Responsibilities; | 16 |
| "Critical Care; | 17 |
| "Testing/'First few hundred'; | 18 |
| "Finance; | 19 |
| "Legislation; | 20 |
| "Essential Services; | 21 |
| "Business Continuity; | 22 |
| "Planning assumptions ... | 23 |
| "Scope of Plan; | 24 |
| "Communications; | 25 |

109
local resilience fora, for example working with the voluntary community sector's an omission, so we would have added some value to this document.
MS BLACKWELL: Thank you.
I want to move on to deal with the abolition of the
Government Offices Resilience Manager role, which you talk about in your witness statement, Mr Lloyd.

Do you think that there is an argument for a regional level approach and that particular office, of Government Officer of Resilience, to be -- well, consideration at least to be given to its reinstatement?
MR LLOYD: My answer isn't straightforward. So the Department for Levelling Up, Housing and Communities does have link officers with local resilience fora. They do a good job of acting as a liaison point into that department. The core issue, if we believe that our response in this country should be local to national, the question really relates to what does each local resilience forum require to be more effective. Some have mass and scale. I immediately think of Greater Manchester when I say that. Some are smaller and could benefit from mutual aid and support from near neighbours. So I think there's -- arrangements may vary across the country to allow the scale and capacity to respond to incidents. I wouldn't simply say it must be 111
"Recovery;
"Quarantine;
"Vulnerable people;"
If we go over the page:
"Bereavement and social issues; and
"Discharge protocols."
Now, these matters, some of these matters we now know, from our discussion of the recommendations in Winter Willow, and of Cygnus and Alice in more recent times, some of these issues had been flagged for many years.

When, Mr Lloyd, did you first become aware of this report from RED?

MR LLOYD: My short answer is: in preparation for this Inquiry.
MS BLACKWELL: Right. Did you know of its existence prior to that?
MR LLOYD: Personally I did not.
MS BLACKWELL: Right. Would you, as chief executive of the LGA, expect to have been informed, firstly, that a report of this nature had been prepared and, perhaps taking it back a stage, that the local resilience fora had been engaged with RED in order to provide their opinion on these matters?
MR LLOYD: Yes. There would additions to this list from 110
a regional answer. It's what will work in each circumstance.
MS BLACKWELL: Remaining with you for the moment, if I may, Mr Lloyd, I also want to ask you about assurance, because when Catherine Frances gave evidence to the Inquiry, she confirmed that, in terms of plans, the central government organisations and groups do not have any level of assurance role over the local government plans.

Is there a need for there to be any level of assurance provided by central government or, in your opinion, is the local assurance working and there's no need for looking at altering or potentially improving the system?
MR LLOYD: So I think my answer to both of your questions is no. So I think what's missing at the moment is, as Mr Llewelyn said earlier in our evidence session, the engagement of democratically elected leaders in a place who can provide both leadership for community, oversight of the work of local resilience fora, scrutiny and challenge around what the plans look like. Point one.

Point two, I think there's the potential for LRFs who are all trying to do the same thing in their different ways to peer review each other's activities. This is something the Local Government Association has 112
proposed on previous occasions, and has not been taken up by our central government colleagues, to put in place an arrangement that would allow competent, able, experienced people in the local resilience fora to go to other places, test plans and check. I would start there before introducing some kind of top-down assessments.
MS BLACKWELL: Is it right that in fact -- I don't mean this in any critical way, but at the moment all that's happening is that each local resilience forum is effectively marking its own homework, they are assuring their own plans?
MR LLOYD: That plays exactly to the point I'm making. By inviting other experts in the field, other LRFs, who know the issues they're grappling with in their local community risk register, to look into other LRFs and test whether their plans are robust, comprehensive, inclusive, include the voluntary community, et cetera, et cetera, we don't have that arrangement at the moment, and it would add value.
MS BLACKWELL: Thank you.
Mr Llewelyn, do you want to make any comments on assurance?
MR LLEWELYN: In terms of arrangements in Wales, and the political engagement in particular, we recognised the democratic deficit early on within the -- and during the 113

LADY HALLETT: Sorry, could I go back to Mr Llewelyn. You said that you had added democratic process. What do you mean in actual terms, what happened, what did you change?
MR LLEWELYN: So what we -- at some points during the Covid crisis we would arrange meetings of the 22 local authority leaders with government ministers which provided, as I said, democratic oversight, an alternative forum for discussion of various aspects of the response. At key stages during the crisis these meetings took place on a daily basis, on weekends. We were able to respond as and when. As we went through the crisis they occurred less frequently but we were able to stand up these arrangements at incredibly short notice, sometimes within a matter of hours.
LADY HALLETT: Thank you.
MS BLACKWELL: Mr Lloyd, Catherine Frances explained to the Inquiry that ResilienceDirect is the key platform to share strategy and planning documents between central government and the local resilience fora.

Is that, in your opinion, an effective platform for the sharing of such documents?
MR LLOYD: So I think it's important I put on the record that I personally do not have access to that platform, so I'm sharing reports with you. Access to documents is 115
restricted to certain people within a local resilience forum or within some of the Category 1 responders.

Then, during the EU exit preparations and during Covid, other channels for sharing documents and information were used by our colleagues in Department for Levelling Up, Housing and Communities, so it wasn't consistently through ResilienceDirect, but I don't have a critique of the system to share with you from those people that do have access.
MS BLACKWELL: Right.
Do you think, from your point of view and from your position, that consideration might be given to expanding the pool of organisations and partners that might have access to it?
MR LLOYD: That's implicit in my answers. Let me make it explicit. I have said earlier on in my evidence that local resilience fora are a planning partnership. They are utterly dependent on the Category 1 and sometimes Category 2 responders to bring to life those plans, so ensuring the key personnel within those responder organisations have sight of key documents is very important.
MS BLACKWELL: Have your members made any comments to you about the length and complexity of planning documents?
MR LLOYD: There's a call for documents to be consolidated 116
in one place, which plays to your core points, for them to be simplified and for them to be up to date. So yes.
MS BLACKWELL: So those three aspects.
Mr Llewelyn, is that mirrored in your knowledge from your members?
MR LLEWELYN: Yeah, more or less, I think, yes.
MS BLACKWELL: And Ms Allen?
MS ALLEN: Yes, particularly the point about documents being kept up to date.
MS BLACKWELL: Up to date, thank you very much.
Inequalities and vulnerabilities should form part of the consideration for preparedness response and recovery. So you say, Ms Allen, in your witness statement to the Inquiry.

You also refer to the fact that the CCG(NI) Vulnerable People Protocol, which was established in 2016, should form a normal part of all preparation and activation.

Is that currently being done, do you think?
MS ALLEN: Speaking from a local government perspective, I can say that our preparation is very much person-centred, which is how we plan and respond, particularly as councillors are democratically elected and are held very accountable at that local level.

I think in a Northern Ireland context that is 117
and can represent them very effectively, and connect with other organisations who can share their experiences. So I think the ability to be able to fully try and anticipate their needs is core to any effective emergency plan and response.

What I would say is obviously, from our own perspective, some of the impacts of Covid-19 weren't anticipated. I think that's reflective of my colleagues' contribution as well. But the -- our experience in local government is that the training and experience of emergency planners is a very unique -it's a very unique method of doing a full 360 to understand what the potential direct impacts may be, but, more importantly, some of the unintended consequences of decisions. It's a very valuable insight that we very much value in our sector.
MS BLACKWELL: Mr Llewelyn, is there anything that you would like to add?
MR LLEWELYN: I think this is -- vulnerability is a very difficult and complex issue, and the reality is -I think you were alluding to this -- that we're all vulnerable in different settings and in different contexts and, depending on the nature of the emergency or the crisis, there is a significant contextual dimension to it. Our survey reflects the local
brought to life with additional legislation via the section 75 of the Northern Ireland Act 1998 which, rather than just being a protocol, places a statutory duty on all public bodies to give due consideration in the delivery of public services to any disadvantage that may be felt by protected groups, of which there are a number, and I think also that is brought to life through the involvement of the voluntary community and faith sector, which bring important insight in supporting vulnerable people, and I can give you the assurance that those sectors are very heavily represented at a sub-regional and regional level in our responses.
MS BLACKWELL: The Inquiry has heard evidence from witnesses who say it's impossible to fully pre-empt the groups of people who will be most severely affected by an incident such as a pandemic. However, do you believe that in the work at local government level there is much that can be done in order to identify which vulnerabilities are likely to be most exacerbated by the onset of a pandemic?
MS ALLEN: The answer is yes, and I'll explain that answer.
First of all, local government is completely embedded in the communities it serves. Our councillors and our officers know very deeply the needs of those communities 118
authority views in terms of their preparedness and the way they responded.

There is a high degree of awareness of the public sector equality duty under the Equalities Act and the need to respond to the needs of those with protected characteristics, and again those needs will vary according to the nature of the crisis, which in turn determines the vulnerability.

What I think is clearly evident from the Covid experience is, as has been mentioned, that local authorities are embedded in their communities both in terms of elected members and officers, and I think the evidence of the way -- certainly in Wales, but I believe it's the case across the United Kingdom -- when we look at the initial interventions when schools were closed, the first Monday of the closure, local authorities were able to provide school meals to vulnerable children, those in receipt of free school meals, care workers and so on.

The shielding scheme, similarly, the local authority assessment of vulnerability was able to extend far beyond any statutory responsibility. Because those officers and members were rooted in their communities, they were able to provide bespoke responses before any government guidance had been provided.

120
It's part of that thread of subsidiarity that runs through our evidence. Central government is well positioned to provide strategic direction, but it's only those bodies -- local authorities but also their partners, the voluntary sector, the business sector -that are able to interpret that strategy and provide a response which is bespoke to the needs of their community.
So I think in every instance authorities were able to go beyond any immediate or proscribed definition of vulnerability.
MS BLACKWELL: Mr Lloyd, is there anything which you would like to add?
MR LLOYD: To amplify, if I may, the dynamic nature of vulnerability in an incident. So it does depend on what's happened, what the response is, what the circumstances are of the affected individuals and what their support systems look like.
An example that springs to my mind from running councils is dealing with flooding, and I'm immediately concerned about homelessness. But if the flooding takes out the power supply, I become concerned about the people in the care home up the hill. So it changes depending on what's happening.
That was certainly the case in councils, as both my 121
changing circumstances and demands made of them.
Because they are so service and delivery focused,
I think that they're able to respond in a way that perhaps other tiers of government aren't able to.

So in -- it's clear that the possibility of
a no-deal departure from the European Union had an impact on local government in terms of preparedness.
Concerns about supply chains and workforce issues were clearly evident.

Local authorities in Wales worked very closely with the Welsh Government in terms of that preparedness, but for most of the time it would have been an operational focus. And, as I say, authorities are able to -- they are incredibly fleet of foot and are able to adapt and respond to changing circumstances very, very quickly.

I mentioned earlier the response to Storm Dennis at the start of 2020, and it's an interesting example of the way local authorities were involved in recovery following the floods of Storm Dennis but also equally involved in the response to Covid, and that's the same principles apply in terms of a no-deal Brexit. Authorities were making preparations, their emergency planning teams were focused on it, but they were also focused on other areas as well.
MS BLACKWELL: Right, thank you.
colleagues have illustrated, during the pandemic, with elected councillors rooted in their communities being absolutely sighted on the issues in their community and the need for a council to bring a whole organisation, a whole partnership response, including the voluntary and community sector, to supporting the community through what was, as I said earlier, a torrid time for us all.

So I do think councils responded effectively to vulnerability, but recognising there's more for us all to do, much learning for us, around understanding in the Covid context the different transmissions, the different vulnerabilities, the different susceptibilities and the different treatments.

## MS BLACKWELL: All right.

Now, Mr Llewelyn, you mentioned the survey, and we're going to come to that shortly, but before we do, I'd just like to ask about the impact of preparing for a no-deal EU exit and what level of local authority resources were funnelled into that and away from preparedness so far as your experience or the experience of your members is concerned.
MR LLEWELYN: The immediate thing to say is that local authorities are incredibly flexible and agile and fleet of foot and are able to respond with some immediacy to 122

Mr Lloyd, in your witness statement to the Inquiry, you tell a slightly different story in terms of the experience of one council officer and the advice that he was receiving from central government, in that he had contacted government about an area of risk away from Brexit and was told: if it's not Brexit, it's not happening.

Is that also an experience that has been reflected to you by other members?
MR LLOYD: I think it's important I say that my organisation on the issue of Brexit had no political position, we just set out to deal with the consequences.
MS BLACKWELL: Thank you.
MR LLOYD: So, having said that -- so there's a plus and a minus on this. So the plus, the work on no-deal Brexit preparation actually brought partners together and meant that we were working on issues that provided a helpful starting point for the very, very significant challenges that then came our way.

On the negative side, the consequence of that focus so rigorously on no-deal preparation did mean that routine activity, the reviewing of plans, the testing and training, work on pan flu, et cetera, was deferred.

There is a definite consequence. Local government, as Mr Llewelyn has said, is very dynamic and we will 124
move resources around to the issue that's presenting to our community, but we in the main have to do it with the resources that we've got. You've had previous witnesses that talked about the increase in capacity in central government to deal with Yellowhammer. Local government didn't increase its capacity, we had to move staff around. The consequence of moving staff around was some things had to go. Add to that my previous reference to the impact of financial cuts in councils, typically emergency planning staff halved during that decade, so there was less capacity anyway going into no-deal planning.
MS BLACKWELL: Ms Allen, anything which you would like to add?
MS ALLEN: Just to agree with Mr Lloyd's comments. MS BLACKWELL: Thank you very much.

Then let's turn, please, to look at the results of the survey which the Local Government Association and the Welsh Local Government Association have conducted specifically in preparation for my Lady's Inquiry.

We can see if we look at page 42, please, and table 18, the results of the survey in terms of adequacy of funding. Thank you.

If we look at table 18, at the lower part of the page, we can see that less than a fifth of respondents, 125
authorities, is there any point to be made about that?
MR LLOYD: So different roles and responsibilities, so the
single tier councils carry responsibility for adult social care and children's services. District councils have vital services in their communities, but they don't have those demand-led services around adult social care or children's.
MS BLACKWELL: Thank you.
Could we now go to page 46, please, and look at some of the underlying responses from the survey respondents, which I think reflect upon what you have just set out.

In fact, can we go to the next page, please.
Thank you.
What do we see in table 20 here, Mr Lloyd?
MR LLOYD: We see councils that are recognising that they're under stress and capability in their workforce, that during the period that's preceded councils have seen -councils don't have people on standby waiting to respond to a crisis. We need to deploy staff -- re-deploy staff in those circumstances, and we see here those stresses being reported.
MS BLACKWELL: In your witness statement, you tell the Inquiry that councils in England have had their core funding from central government reduced by $£ 15$ billion over the ten-year period from 2010 to 2020, in cash
that's 18\% in England and 14\% in Wales, considered that in January 2020 they were adequately funded for a national emergency, and in England the proportion was slightly higher in shire districts than single tier authorities and counties.

Mr Lloyd, is there any reason for that, that springs to mind?
MR LLOYD: So if I may, please, record my thanks to Covid Bereaved Families for Justice UK for highlighting an error in the original version of this survey. We transposed those numbers. The results, as they show at the moment, illustrate the fact that councils were financially stressed with, say, over four-fifths saying we don't have resources in place to deal with a national emergency and we do need to look to national government to respond. Councils have limited access to financial reserves, and once they're gone, we can't use them for other critical vital services.

So this highlights the overall stress that was facing councils financially, and the need then for government to help us in our emergency response -- which did follow, I hasten to add, but that will be Module 2.

## MS BLACKWELL: Right.

In terms of the fact that the proportion was
slightly higher in shire districts than single tier 126
terms, and that that in your estimation is a real terms reduction of $57 \%$.

When Ms Frances gave evidence to the Inquiry, she told my Lady that that is not a measure of the resources available to local government, particularly because it doesn't include resources from council tax. Do you agree with her assessment of your setting out of the figures?
MR LLOYD: Okay, it all depends on how one wants to present the argument, to be frank. If we were looking at central government grant to local councils, I could say to you, under oath, that 60p in every pound of government grants was reduced.

Catherine Frances will talk about core spending power of councils, which includes our ability to raise council tax, and she's right, but the degree to which councils can raise council tax is constrained by central government and is set, normally, at a level flow inflation, so we have a diminishing resource base.

So I think the easiest way to agree this between ourselves and the Department for Levelling Up, Housing and Communities is probably to refer to the National Audit Office and the Public Accounts Committee, who do acknowledge that there were very significant cuts in local government funding, and they put the overall 128
reduction in spending by local government at $26 \%$.
That's probably a good place to land between the two presentations.
MS BLACKWELL: All right. Thank you very much, that sounds very fair, if I might say so.

Mr Llewelyn, what comments do you have for the Inquiry in terms of funding in Wales?
MR LLEWELYN: The period of austerity had a massive impact on local government finances, inevitably with a period of cuts around ten years. What happens is that authorities are forced to focus on their statutory services.

Wales has 22 unitary authorities. They deliver
social services, adult and children's education and
other statutory services. Inevitably, when their
budgets are cut so significantly, they can compensate to
a very small extent through increases in council tax,
but with all the restrictions that have been mentioned,
what in reality happens is that non-statutory services
are cut, culture, leisure, other discretionary services.
It has had an impact on emergency planning services as well. They would have been reduced.

There are other further consequences as well, in
terms of the -- as spending on council services is reduced we also know that demand for council services 129
restraints but also workforce capacity?
MR LLEWELYN: And knock-on consequences.
MS BLACKWELL: Thank you.
Ms Allen, you tell us in your witness statement that individual councils in Northern Ireland do not receive specific funding to undertake emergency planning, and that it's for each council to determine the resource that they will internally provide based on their local assessment?
MS ALLEN: That's correct.
MS BLACKWELL: Are there any comments that you would like to
make about the level of budgetary provision in the
run-up to Covid for the local authority organisations
that you represent?
MS ALLEN: Yes, and it speaks to the point a couple of colleagues have made in relation to the wider pressures on council finances, particularly in the context where in Northern Ireland it is a discretionary enabling power for councils under Article 29 of Local Government Order, so the --
LADY HALLETT: Could you go more slowly, please.
MS ALLEN: I'm sorry.
It is a discretionary enabling power in relation to council roles and emergency planning, and in that context discretionary services often suffer under
increases during a period of austerity as well. In weaker communities and parts of the economy that impact is disproportionate and is exaggerated. In many parts of Wales, local government is one of the best -- one of the few employers and, again, in cutting local government services, it has a detrimental effect on the wider economy as well and on the supply chain within that local economy. So we see services diminish, demand for services increase, and the impact is inevitably felt more widely.

Then, in terms of going forward, the lack of financial resilience, both within local government in Wales but also the Welsh Government as well, the Welsh Government in terms of its reserves is very restricted as well.

During -- in response to the Covid crisis, because of the lockdown, because local government services had been closed down, some of the leisure centres, leisure services and others that I mentioned, authorities could redeploy those staff, but it's not inconceivable that in a future crisis that capacity to redeploy wouldn't be there in the same way, which is why we say that more thought and more planning needs to be put into that, the process of redeploying.
MS BLACKWELL: All right, so not just a matter of budgeting 130
financially constrained times in terms of prioritisation. So we definitely believe that more resource is needed to support preparedness.
MS BLACKWELL: Thank you.
Finally I would like to look at table 21 of the survey which is, I think, at pages 48 to 50 -thank you -- and talk about factors negatively impacting readiness.

Could we move forwards, please, to the next page, and the next page, please. Thank you.

Now, I'm going to seek to summarise what we have here, because of course the survey itself will be published following the evidence of the three of you today, but the authorities were asked, were they not, to identify any factors between 2009 and 2020 that negatively affected their state of preparedness for Covid-19.

Is it right, Mr Lloyd, l'll come to you, that two factors were identified by markedly more respondents in England than the others, and those were: national guidance related to pandemic preparation and plans not reflecting the challenges due to a full lockdown never being anticipated, and in fact the same number of authorities, $87 \%$, identified those two factors, lack of national guidance and no reference whatsoever to 132
lockdown, as being two of the greatest challenges?
MR LLOYD: That's exactly the case. I think that's run through the evidence of Mr Llewelyn, Ms Allen and myself, that councils were -- have robust local plans to deal with significant incidents, we had really good plans in place for pandemic flu, we did not have plans in place for a Covid-like incident in this country, and because of that, having not modelled the MERS and SARS consequences, we did not model the non-pharmaceutical interventions and we had to adapt and change to reflect those circumstances.

MS BLACKWELL: Mr Llewelyn, is there anything which you would like to add?

MR LLEWELYN: No, I think that's a very good summary, I've nothing to add.
MS BLACKWELL: Ms Allen?
MS ALLEN: I agree.
MS BLACKWELL: Thank you very much.
My Lady, that concludes my questions. You have provisionally provided permission, I think, to both Covid Bereaved Families for Justice UK and also the Northern Ireland group to ask a small collection of questions to the panel.
LADY HALLETT: Thank you.
MS BLACKWELL: Thank you.
problems with a lack of candour in terms of the report not being published?
MR LLOYD: Mr Weatherby, thanks first for notice of the question. Yes is the short answer. Local governments with our partners have been concerned about the issues of managing increases in death rates in our communities for some time. The example that starts my evidence relates to the swine flu outbreak and the work that we did in that regard around speeding up death certification a decade ago, so that we could maintain dignity for bereaved people at those moments in time.

That work carried over into our pandemic flu planning, and recognising at that point across councils that local government, despite having the obligation that you've highlighted, in the main almost entirely does not own mortuaries and is dependent mostly on NHS and undertakers.

That carried forward into the work that you've identified in Cygnus that was kept secret, and there is a recommendation -- sorry, a lesson, lesson 21 in the Cygnus report, that requires the Cabinet Office, Home Office, the former DCLG, MoD, Department for Work and Pensions, Ministry of Justice, Department of Health, to do work on excess death planning. To the best of our knowledge that's not been taken forward.

LADY HALLETT: Mr Weatherby.
Questions from MR WEATHERBY KC
MR WEATHERBY: I thought the microphone genie had struck, but it hasn't.

I'm going to ask a very small number of questions on behalf of Covid Bereaved Families for Justice UK. They're going to be directed primarily at you, Mr Lloyd, but we represent families from across the UK, bereaved families from across the UK, so no doubt the Inquiry will be assisted if there's anything that any of the three of you want to say.

It's a discrete topic, and it's excess death management, and in particular the aspect of that which is the treatment of the deceased and the bereaved, issues of dignity.

Mr Lloyd, in your witness statement at paragraph 232 you deal with this to some extent, and this is a section of your statement where you deal with the issues about Exercise Cygnus that you've already given evidence about.

In your statement you make the point that the Cygnus report found uneven levels of resilience and limited capacity in some areas to surge resources into excess death management.

Now, does that provide us with an example of the 134

MR WEATHERBY: I'm going to come on to that if I may in a moment, but that's really helpful, and the fact that you didn't know about the Cygnus recommendation until 2020 meant that you and local partners couldn't use that work to make progress yourselves.

Now, at paragraph 232 you highlight also that in preparation for assisting this Inquiry this was a topic which was then raised by local government with you, but you also referred, and I think you've already spoken to this, that independently you had feedback about these topics, so these were very real, persistent and ongoing issues for local government.

Is it right that the planning that had been done by local government focused primarily on mass fatality events rather than a broader focus on excess death management during a pandemic, or a more prolonged period?
MR LLOYD: So I think both are true --
MR WEATHERBY: Yes.
MR LLOYD: -- and, as we've illustrated through our evidence today, different local resilience fora in their local plans have different issues they need to grapple with. Some would be catering for both the things you describe, some just the latter.
MR WEATHERBY: Yes.

| MR LLOYD: And councils during -- we'll come on to this in | 1 |
| :--- | :--- |
| Module 2, I'm sure, Mr Weatherby, but councils were | 2 |
| working with the Civil Contingencies Secretariat with | 3 |
| RED to try and be clear in the pandemic around probable | 4 |
| numbers that we would need to grapple with. | 5 |
| MR WEATHERBY: Yes. | 6 |
| MR LLOYD: And I think it's fair to say that we had to act | 7 |
| locally at risk in the absence of numbers being given to | 8 |
| us to make sure that we, as local councils through our | 9 |
| local resilience fora, were ensuring dignity in death | 10 |
| should that occur -- | 11 |
| MR WEATHERBY: Yes. | 12 |
| MR LLOYD: -- by commissioning extra capacity. | 13 |
| MR WEATHERBY: Yes. And of course dealing with the sheer | 14 |
| number of excess deaths is one side of it and then the | 15 |
| other side of the equation is the dignity side of it, | 16 |
| which is very important, and there are many reports, | 17 |
| including from those we represent, of very upsetting | 18 |
| circumstances of where people have not been able to have | 19 |
| post death rituals or personal items have been disposed | 20 |
| of and very severely time limited funerals, so all of | 21 |
| those issues are issues that arise in this excess death | 22 |
| management area, aren't they? | 23 |
| MR LLOYD: Exactly, they are, and local government is | 24 |
| absolutely concerned about the family, faith | 25 | 137

it's right, I think, that there is a draft consultation document provided by the Department of Levelling Up, dated 22 May 2018.

I'll give the reference but for time I'm not going to put it up because you've seen it, Mr Lloyd, but it's INQ000108395.

That is clearly headed "Draft for consultation. A Framework for Planners preparing to manage deaths".
You've seen it today, but I'm right, I think, that you've never seen it before?
MR LLOYD: So I've checked with the colleagues within the LGA that would deal with this, and there's a small number of them, and I can report that none of them have seen this document.
MR WEATHERBY: Yes, and that kind of illustrates the point we were just discussing, doesn't it, that if there is work to be done on this, then it just be done in collaboration with local partners and local government associations across the UK.
MR LLOYD: Exactly.
MR WEATHERBY: So it's right that there has been some work done on this, and in fact that document does make passing reference to dignity in a couple of areas. But in fact in terms of contingency planning options, it has a whole annex which goes on -- annex D, which I think
obligations, et cetera, at those moments in time.
MR WEATHERBY: Would you agree that there is, therefore, a need for clarity and the assistance of clear national guidance to ensure standard, minimum standards, perhaps, are applied across this area to deal with dignity?
MR LLOYD: So, Mr Weatherby, in playing back the conclusions from Cygnus, you will have noted the omission of local government from the parties that have an interest in this.
MR WEATHERBY: Yes.
MR LLOYD: Which illustrates the lack of the join-up between central and local that I think we've all illustrated through our evidence session, so the answer to your question is: yes, we do need a plan, but that plan cannot be produced just by a list of government departments.
MR WEATHERBY: No. It should in fact -- if it is to be national guidance, it should be developed in association with yourselves --
MR LLOYD: It should be co-produced, yes.
MR WEATHERBY: Yes. That brings me on to my next point, which is -- I was going to ask you whether you were aware of, in fact, a consultation document, but we provided that to you today so that you're not ambushed by my question, and so I know the answer to this, but 138
you've seen -- which refers to the other side, the practical excess death management, but doesn't in fact refer to any issues affecting -- positively affecting dignity at all, does it?
MR LLOYD: My fast reading agrees with your conclusion, but I would want to look in more detail at the document.
MR WEATHERBY: Sure. That's, if I may say, a perfectly reasonable answer.

So there is a need, isn't there, for
a people-centred approach to excess death management and clear and consistent standards to help everybody, including local government, to understand the issues? Is that a fair way of putting it?
MR LLOYD: That's right, and it needs to be produced not just with local government but our colleagues that run the hospitals --
MR WEATHERBY: Yes.
MR LLOYD: -- with our colleagues in the funeral director companies, et cetera, so it's a wide range of interests.
MR WEATHERBY: Yes, and that guidance should include specific post death rites for particular communities, for example the Jewish community or the Muslim communities, many other communities as well, and it should deal with communication with the bereaved where the extent of funerals, for example, need to be

140
curtailed, so manage the way in which that is done. So it needs to be a holistic approach doesn't it?
MR LLOYD: 100\% agree.
MR WEATHERBY: Yes.
Finally, this: you've dealt with assurance in other respects but in terms of this area, would you agree that there is a role for ensuring that different geographical areas, local resilience fora, other areas of local government, are assured with respect to this very important issue?
MR LLOYD: So I think there's a precursor to your point. I believe that if we do as Mr Llewelyn and Ms Allen have said, and we properly involve locally democratic -local democratically elected leaders in our planning processes --
MR WEATHERBY: Yes.
MR LLOYD: -- they will be defending the rights of people in the plans for managing death.

Then, secondly, we need to do that peer review of each other's plans across LRF --
MR WEATHERBY: Okay. The specifics of it might be for another time but you would agree there needs to be some kind of assurance in order to ensure that each geographical area does have a sufficient concentration and planning with respect to this important area? 141
and develops and champions government, local government by developing policy, and am I right that that is, in the main, not mandatory, in terms of any policies that you communicate on to councils, but it's in the main not on a statutory footing; is that correct?
MS ALLEN: That's correct. So we build policy positions from our member councils up, and we work to develop consensus and build our positions from that.
MS CAMPBELL: So just building on, really, the visual image that Ms Blackwell gave us of you cascading information down to local councils and then elevating or escalating information up to the regional level: I mean, is it your experience that individual councils are actively engaged in that process both, one, to learn and to share their experiences?
MS ALLEN: I think given our small size as a region I think that is much easier in terms of sharing information. We are 11 councils. NILGA provides the -- obviously, as a political body, the opportunity to share political perspectives and input and the Society of Local Authority Chief Executives is the officer network. Both organisations meet monthly and they also meet together in the sharing of information, and I participate in their meetings and they participate in our meetings. So I think it is -- there's always room for improvement in 143

MR LLOYD: I think it would be very odd to disagree with that proposition.
MR WEATHERBY: Yes.
Thank you very much indeed.
LADY HALLETT: Thank you, Mr Weatherby.

## Ms Campbell.

MS CAMPBELL: My Lady, l'll just rearrange the furniture, if I may. I won't be very long.
LADY HALLETT: As long as you don't jinx the microphone, Ms Campbell.
MS CAMPBELL: No, or the water. Thank you. Questions from MS CAMPBELL KC

MS CAMPBELL: Now, if I might just introduce myself, my name is Brenda Campbell and I represent, together with others, the Northern Irish bereaved families, which means it follows, Ms Allen, that many of my questions, if not all of them, are for you, but if I may just thank all of you for the clarity and the depth of your answers.

Ms Allen, the first topic is on really how the Northern Ireland Local Government Association functions to bridge that gap between, I suppose, local and regional levels, and you deal with this in your statement when you set out that the NILGA, the Northern Irish Local Government Association, promotes 142
the sharing of information, but at the moment no issues have been particularly highlighted to me.
MS CAMPBELL: Yes. I suppose that across the board all three of you would really champion a very vibrant and active local community, but one of the unique things that certainly we think about Northern Ireland is that we do have a very engaged population at community level and a very engaged civil society, and you would agree with that.

In terms then of escalating information up to government departments, you describe in your statement, and for the record it's paragraph 1.7, that in the past government departments have regularly consulted with the predecessor organisation, the ALANI on matters such as proposed legislation, and then you go at a later stage to see that NILGA had previously had involvement in local government emergency planning, and civil contingencies policy.

Is it your experience, or does the organisation consider -- perhaps I should put it that way -- that the Executive in Northern Ireland currently makes sufficient use of NILGA and its position and its expertise in relation to the development of local government and emergency planning and guidance?
MS ALLEN: I'll respond to that, I suppose, by first of all 144
highlighting that we are also a small association, and local government in Northern Ireland is a much smaller sector than would be the case in the rest of the UK. However, we feel we have a massive contribution to make because of the points already raised. I think particularly because NILGA is a political organisation, so whenever NILGA speaks, NILGA speaks with a mandate, a political mandate coming from the 11 councils, and I think it is always useful to have that political oversight and scrutiny. So we would be happy to be used more, particularly practically, in the way that the other local government associations are clearly embedded in the development of policy.
MS CAMPBELL: Well, that really brings me on to another question really: are there forums that you have identified within local government, perhaps emergency management groups or civil contingency groups in Northern Ireland, that NILGA's voice could and should be heard where perhaps it currently hasn't been or isn't adequately heard?
MS ALLEN: So obviously not being in post at the time but certainly nothing has been highlighted to me particularly and I think that is down to the separation of function between NILGA as a strategic --
MS BLACKWELL: Sorry to interrupt, I think the stenographer 145
the north.
Does NILGA have a position on that? Do you consider that to ensure consistency in responses from councils throughout the north, particularly given restrictions on funding and diversions of resources, that there should be statutory guidance in relation to emergency preparedness?
MS ALLEN: So the short answer is yes. I'll explain why. First of all, a statutory duty means partners are compelled. As things stand at present, the council cannot compel any partner to participate in emergency preparedness. It is therefore a coalition of the willing.

We also think that a statutory duty would go some way to protecting the resources, given those push/pull factors around financial pressures, and we think a statutory duty would also go some way to codifying roles, responsibilities and appropriate governance.
MS CAMPBELL: Well, we know from your statement that in the past NILGA and your predecessor had been involved in those discussions, particularly in fact around the civil contingencies Bill back in 2004. Where did those discussions -- or can you tell us why those discussions stopped approaching 20 years ago? Or did they?
MS ALLEN: So I can't speak as far back as that. I can only 147
is really finding it very difficult. If you could continue to keep your speech at a slower level.
MS ALLEN: Certainly.
The separation of what is a political role and what is an operational function. So the -- as you'll have seen from my previous evidence, the Society of Local Authority Chief Executives are very heavily embedded in the operational management of emergency preparedness and response, right from council level right up to their involvement in the Civil Contingencies Group.

If those chief executives highlighted to us that there was a need for political input via the mechanisms that I have already highlighted, then we would of course step in at that point.
MS CAMPBELL: Are you aware of that having happened in the past?
MS ALLEN: Not specifically in relation to preparedness but in relation to other matters, yes.
MS CAMPBELL: Well, I wonder, then, if I could pick up on some of your evidence in relation to the fact that emergency preparedness is really a discretionary power at local government level, and you'll be aware that one of the aspects of the evidence that this Inquiry has heard is whether or not there should be more firmer or a statutory footing for civil contingency planning in 146
advise what I'm advised most recently, that NILGA has been highlighting the need for legislation for a significant period of time. The reasons for that are best outlined in the chief executive review of local council roles and responsibilities in a post 2015 context, following local government reform, so I can't speak as far back as that, but the NILGA -- the role of NILGA now is very much supported by the multi-agency regional resilience team, so they have stepped very much into the operational co-ordination role which NILGA may have occupied before, under the 26 -council arrangement, and we work very closely with them to make sure that we support in relation to matters that need highlighting with central government, particularly politically --
MS CAMPBELL: Just slow down a little bit again, sorry. It may be that the accents are familiar it's a bit easier for some of us to follow than others.

Sorry, had you finished?
MS ALLEN: Yes.
MS CAMPBELL: Okay.
Just picking up on your answer, back to the guidance of 2015 and the developments back then, can we bring it up to modern or to the current timeframe. Are you being asked for your opinion as to what that statutory footing might look like or what ought to properly go into

148
a statutory framework to enable local councils in
Northern Ireland to respond to any future pandemic?
MS ALLEN: Not to the best of my knowledge in relation to legislation.
MS CAMPBELL: Do you think that you should be?
MS ALLEN: Yes, I have every confidence that if those discussions start that NILGA would be involved, as well as the Society of Local Authority Chief Executives. I am not aware of those discussions commencing at the moment.

MS CAMPBELL: Thank you very much.
LADY HALLETT: Thank you, Ms Campbell.
MS BLACKWELL: My Lady, that completes the evidence of these three witnesses.

LADY HALLETT: Thank you very much indeed, you have all been extremely helpful and, just to assure those in Scotland, we'll obviously make sure that your Scottish colleague -- any contributions he or she -- I think it's a she --
MS BLACKWELL: It is.
LADY HALLETT: -- wishes to make will be taken into consideration, so thank you again for all your help.
(The witnesses withdrew)
LADY HALLETT: I think we have pushed our luck as far as our patient, I hope --
A. They are my witness statements, and they are true to the best of my knowledge, and I should perhaps just acknowledge that I have had considerable help in developing those because I wasn't there during the period.
Q. All right. Well, we'll deal with that in a moment.

Can I just note that you speak quite quietly,
Mr Dawson, so please keep your voice up during your evidence and speak into the microphones directly so that -- I think the position you're in now is fine -the stenographer can hear you for the transcript.

You are chief executive of the Public Health Agency in Northern Ireland, but, as you have just noted, you took up that role in June of 2021, and so we appreciate that you were not in post during the time period with which this module is concerned, and during which some of the evidence that's to be elicited by the questions will be based. But I hope that, given the assistance that you have had in preparing your witness statements and the role that you currently occupy, that you will be able to speak to most, if not all, of the issues.

You have a 30-year experience of working within the health service in Northern Ireland. You have held various roles and responsibilities in the Belfast Health and Social Care Trust, including holding responsibility 151

MS BLACKWELL: And brave.
LADY HALLETT: -- and brave stenographer is concerned, so we will break now and return at 3.05.
MS BLACKWELL: Thank you, my Lady. ( 2.50 pm )

## (A short break)

(3.05 pm)

LADY HALLETT: Ms Blackwell.
MS BLACKWELL: Thank you, my Lady. The final witness of the day is Aidan Dawson. May he be sworn, please.

MR AIDAN DAWSON (sworn)
Questions from COUNSEL TO THE INQUIRY
LADY HALLETT: Sorry to keep you waiting, Mr Dawson,
I gather you have been hanging around.
THE WITNESS: Thank you, my Lady.
LADY HALLETT: We do our best not to inconvenience people, but it doesn't always work.

MS BLACKWELL: Thank you, my Lady.
Mr Dawson, thank you for the assistance you have so far given to the Inquiry.

You have provided two witness statements. The first is at INQ000187474. Thank you. The second witness statement is at INQ000179733. Can you confirm that those are your witness statements and that they're true to the best of your knowledge and belief?

## 150

for mental health services, and you've also worked with the British Red Cross and Disability Action

What was your experience specifically in public health prior to joining the PHA?
A. I probably don't have -- I don't have a background in public health, but I joined PHA as the chief executive. It wasn't a requirement. However, having worked in health and social care sector in the community and voluntary sector for quite a period of time, I have an understanding of it. I also would have worked during that period of time, when I worked in the trust, with representatives of the Public Health Agency, because one of the responsibilities for the agency is to provide professional advice to commissioning arrangements across Northern Ireland in the health and social care sector and to the Health and Social Care Board, and therefore I would have met regularly with representatives of Public Health Agency.
Q. So no direct experience of public health, but lots of experience of health in Northern Ireland --
A. Yes.
Q. -- and you knew how the system worked?
A. Yes, I've worked, I think as you outlined, across most of the health and social care. I had worked in the acute sector, I'd worked in the community sector, I had 152
worked in children's, elderly care and mental health, as you said, elective and acute services. I'd even worked in Central Services Agency, which was the precursor of BSO. I had worked in the Health and Social Care Board previously as well, so I had a broad range of health and social care positions across those 30 years, and had worked across much of the sector as well, therefore I had a good understanding of it.
Q. BSO being the Business Services Organisation?
A. Business Services Organisation, yes.
Q. My Lady has heard evidence already during the course of the Inquiry about the creation and history of the Public Health Agency, and so, Mr Dawson, I will confine myself to a very high-level summary of the agency itself in that it was established under the Health and Social Care (Reform) Act (Northern Ireland) 2009, and has functions under three broad headings: improvement in health and social well-being, including: reducing health inequalities; second, health protection; and third, service development, which is providing input into the commissioning of health and social care services. Is that right?
A. That's right. There are a few other elements as well. Do you wish me to outline them?
Q. Well, I'm going to come on to roles and responsibilities 153
knows everyone, we have really good relationships with the Department of Health, and therefore we are very much dependent -- co-dependent on each other for the delivery of our services.
Q. The Public Health Agency does indeed work very closely with the Health and Social Care Board and the BSO. In terms of its responsibilities for emergency planning and response, do they include, so far as PHA is concerned, responding to public health emergencies through the provision of local arrangements, working with the HSCB to ensure that trusts and other frontline service providers maintain emergency plans, working to facilitate the training of and emergency preparedness exercises relating to staff provision, including the promotion of training initiatives, participating in multi-agency emergency preparedness and response, providing organisations with emergency preparedness guidance, and co-ordinating and providing an annual report, together with the HSCB and the BSO, on emergency planning activities to the Department of Health?
A. Yes, that is correct. Up until April of this year, obviously HSCB was in existence.
Q. Yes.
A. Obviously at the beginning of April this year, the Health and Social Care Board closed and became -- its 155
in a moment, which I hope will reflect upon the other areas which you have in mind, and please say so if they don't.

Before I do so, is the Public Health Agency to be described as an arm's length statutory body?
A. We are an arm's length statutory body, yes.
Q. To what extent, then, is the agency properly described as being independent from the influence of ministers?
A. I'm not sure that that's a wholly accurate statement, because we --
Q. Right.
A. I am accountable to the board of the Public Health Agency, and the chair and the non-executive directors of that board, and there are seven non-executive directors, are appointed by the minister and are there to ensure that the agency carries out the roles and desires of the minister.
Q. Right. So there is a level of influence, you would say, naturally, because it is a statutory arm's length body?
A. It is a statutory arm's length body, yes, but we also work very closely with the Department of Health, who are our sponsorship body in Northern Ireland.

It is a very small nation, we've only a 1.8 million population, the health service system in Northern Ireland is very small, and everyone perhaps 154
responsibilities were then absorbed, migrated into the Department of Health, and they now sit as the Strategic Planning and Performance Group within the Department of Health. However, we are still working with them very closely in the delivery of commissioning as well.
Q. I appreciate it's only been a matter of a couple of months or so since that change. Have you in your position as chef executive of the agency noticed any practical change with the movement or migration, as you describe, of those services from the HSCB over to the Department of Health?
A. I think that transfer is still ongoing. We are still working under a draft framework document which would set out the roles and responsibilities of both organisations, and inevitably some things have to change, because previously, say, there was a temporary change in maternity services in one of the trusts, it would have been up to the Public Health Agency and the Health and Social Care Board to consider that and make a recommendation to the department. But obviously as now SPPG is part of the department, that ensures that there has to be a change in the way that we work together. So, yes, there is a change in our relationship which is still developing. And also I think that's influenced by our commissioning
arrangements are changing and we are piloting ICS Northern Ireland, which is an Integrated Care System in Northern Ireland, at this time. It is being developed. Without legislation, it can't come into being until April of next year and can only come into being if we have legislation to allow that to happen. So our relationship is changing as well around how we commission services and discussions are ongoing between the two organisations and the department about how that relationship is transacted in the future.
Q. Thank you.

So far as EPRR stretches are concerned, my Lady has heard evidence that in England the directors of public health are employed by local authorities, and in fact Professor McManus, who is the president of the Association of Directors of Public Health, has confirmed that whilst there are 152 local authorities in England, there are 130 or so directors of public health because some share an authority.

Is it right, Mr Dawson, that across Northern Ireland there is only one director of public health for the whole of the population?
A. That's correct.
Q. Right, and that director of public health is employed by the Public Health Agency and is accountable to the Chief 157
A. It has changed. I mean, in the bringing together of the Health and Social Care Boards into one agency, all of the director -- there were previously four directors of public health or -- sitting under those. They all came together in one group, so there would be a reduction, obviously, because there was duplication at that point in time.

Now, in talking this through with my team, it has changed considerably, so there would have been two consultants in public health initially which looked after emergency planning. That sort of reduced around sort of 2015 to one. Then there was an appointment of a band 8c around about 2017/18 into that role, and I think the headcount now is there is a public health consultant who has emergency planning as part of her role. There is the 8c senior emergency planning officer. There are two band 7 s reporting to her, and there's one band 4. But I think overall the headcount -- but I think it's -- has perhaps stayed the same, but the multidisciplinary nature of the team has changed, so I think it's a different approach.
Q. Right, and in your view, looking at it from the position that you occupy, are there any concerns about, perhaps not the reduction in numbers but the reduction in focus that can be given to emergency preparedness by the team 159

Medical Officer for Northern Ireland?
A. Well, they're an executive director at the Public Health Agency and are accountable to me in that role. However, they would also have a line of professional responsibility to the CMO as well.
Q. Right. Does the director of Public Health have overall responsibility for all public health functions, including emergency preparedness and the development of public health emergency plans?
A. Yes, she does.
Q. All right.

What is the Emergency preparedness/environmental hazards team, or the EPEH team?
A. Sorry, say that to me again.
Q. The Emergency preparedness/environmental hazards team.
A. They're the team which sits under Joanne, and across the bodies as well, that looks across Northern Ireland for being -- emergency preparedness for reacting to emergencies.
Q. So they sit with the director of Public Health?
A. Yes.
Q. All right.

Do you know whether or not that team has been reduced in numbers over the ten-year period with which this module is concerned?

158
as it's currently constituted?
A. Yes. I think that is fair to say. I would like
a bigger emergency planning team. We are currently undergoing a review within the organisation which Ernst \& Young are facilitating, both ourselves and our sponsorship branch under the CMO, to look at how the organisation is formed, how it is set up, the functions that it provides, et cetera, and emergency planning will come into that. But I suppose, in direct answer, yes, I would have concerns that it is not big enough perhaps to take on all the roles which we would wish it to in the future.
Q. Moving on to public health laboratories. The Inquiry has heard from the Chief Medical Officer, Professor Sir Michael McBride, that prior to Covid-19, each of the five HSC trusts in Northern Ireland had its own hospital laboratory, which included microbiology and serology capacity with them, and there is also a regional virology laboratory and regional services for genetic testing.

Now, in your second witness statement to the Inquiry, you've told us that microbiology is not part of the PHA and is overseen through the Pathology Network.

So then, did Northern Ireland have a modest network 160
of microbiology and public health laboratories which were part of the HSC Trust, and is that sufficient, do you think? Because we've also heard that certain aspects of the work which needs from time to time to be done is outsourced over to Public Health England's laboratory at Colindale.
A. Yes. I mean, we don't -- I know Public Health Wales is different from us and they sort of run laboratories across Northern Ireland. There is a current project under way with NIBTS as well looking to bring all the laboratories in Northern Ireland under one structure --
Q. What's NIBTS, please?
A. Northern Ireland Blood Transfusion Service. Sorry for the use of acronyms. And that is progressing. But I think the point that you make is that we have a small service. We're obviously a very small region, as outlined previously, and they're looking to bring about efficiencies of scale by bringing it under one management structure. But there is no doubt that we have to at times send stuff to England, which is not ideal.
Q. Is there any prospect of there being an expansion of the capacity within Northern Ireland so that the need to engage with Colindale is removed?
A. I wouldn't be able to answer that question. As I say, 161
broader powers under their Acts --
Q. Yes.
A. -- and they -- we -- the 1967 Act tends to focus on disease, whereas in England, Scotland and Wales they've now sort of got a much broader scope to consider all hazards, like biological, radiological, nuclear and environmental hazard. So it was more -- in my understanding, it's more an expansion in the roles.

Also it would have expanded the number of diseases which are notifiable, which would be very much helpful, because, 1967, there's a lot more pathogens out there now than there -- which are identifiable, and we don't have powers for those to be notifiable, that's --
Q. Right, so an urgent need, I'm going to describe it as, for that 1967 legislation to be updated?
A. Yes.
Q. Thank you.

Epidemic modelling. You tell us that the department has or had no epidemic modelling function or capability and no staff whose role was to act as a consultant epidemiologist.
A. We would have public health consultants and we would have epidemiologists working in the Public Health Agency. We wouldn't -- sorry, could you repeat that for me ?
we don't manage the laboratory services. There is a -as I've said, I don't wish to repeat myself, but there is an ongoing project looking at that. I'm not aware -what I can say is I'm not aware of any move to increase that capacity so as we don't have that reliance on Colindale.
Q. All right, thank you. In terms of surveillance, you tell us in your second witness statement that:
"[The Public Health Agency] had a team of health protection surveillance and information scientists who were responsible for communicable disease surveillance and epidemiology."

But in your first witness statement, you have already told us that work to update the Public Health Act (Northern Ireland) 1967, which sets out the statutory notifiable disease requirements, was under way in 2016 but was not progressed due to the suspension of the Northern Ireland Assembly.

In terms of surveillance and what is currently set out within the 1967 Act, are you able to help us with what proposals or amendments were proposed?
A. I'm sorry, I wouldn't have that detail. I know, as I said in the statement, that we are -- it was being reviewed. I think the expansion -- if we look at our colleagues in England, Scotland and Wales they have much 162
Q. Yes. In your second witness statement, you say this:
"The department had no epidemic modelling function or capability. [It] had no staff whose role was [to act] as a consultant epidemiologist."
A. Yes. That would be correct. We did not have the capacity before Covid to do modelling of disease progression within Northern Ireland. That was developed in -- with the Department of Health and Queen's and others contributing to that, under the sort of Chief Scientific Adviser, Professor lan Young.
Q. Should there have been a consultant epidemiologist employed by the agency?
A. I think in hindsight, yes, but also in hindsight the ability to have our own Northern Ireland modelling capabilities there, because one of the varying factors that we have which is not seen in the rest of the UK is that we have an open land border with the Republic of Ireland, which may have had a variation impact on disease progression within Northern Ireland, and therefore the ability to monitor and have realtime monitoring -- or modelling, I should say, in Northern Ireland was important.
Q. Well, let's have a look, please, at the witness statement of Professor lan Young, the Chief Scientific Adviser to the Department of Health.

164

Thank you very much. For the record, it's INQ000185346. Paragraph 16, he tells the Inquiry this: "Northern Ireland did not have established capacity in pandemic modelling which could be immediately stood up at the outset of the pandemic. In the initial stages of the pandemic, Northern Ireland relied on UK modelling which was presented to SAGE. I established
[a Northern Ireland] modelling group at the end of March 2020 at the request of the [Chief Medical Officer] when I returned to work, and this group played an important role in informing [Northern Irish] policy as the pandemic progressed. UK modelling (which included modelling of the pandemic in [Northern Ireland] by UK groups) was helpful, but generally lagged behind NI local modelling which used the most up-to-date data to inform advice to the Minister of Health and the [Northern Ireland] Executive."

If at the time the Public Health Agency didn't have its own modelling capability, does it follow that it didn't have the means to challenge any forecasting or modelling provided to it by the Health Protection Agency which became Public Health England?
A. Yes, and I think it says in the statement that we are -Public Health Agency are consumers of sort of modelling and advice from Public Health England, and currently 165

We had done that by bringing in consultants who are specialists in data management, plus also input from one of our public health consultants as well. And we have developed and strengthened that.

As I said, the agency is currently under review. It is our intention, learning from where we've come from through Covid, as part of that review we have identified that we will establish a new directorate of digital and information and innovation and appoint a director to that.

Now that is an area which we're currently getting into, but we have maintained those modelling skills and analytic platforms that are required to do that, so that we are able, if this was to happen tomorrow, to have that ability to carry out some data analytics.

It is still very much in development, but I see it as a key way forward for the organisation in order to be able to deliver on its responsibilities.
Q. Right. Well, just reflecting upon what you've said and what's within the review of Dr Hussey in terms of evidence and data, could we go to page 15 of the report and highlight at page 15 the penultimate paragraph, please. Because Dr Hussey concluded that:
"Evidence and data are the 'life blood' of public health practice. The [Public Health Agency] should be 167

UKHSA as well, and we wouldn't have had the ability to challenge because we wouldn't have had the data to do that.
Q. Right, thank you.

Can we take that down, please, and look at the Hussey review, which is at INQ000102852.

This is the report from December of 2020 of a:
"Rapid, focused external review of the Public Health Agency (PHA) for Northern Ireland's resource requirements to respond to ... Covid-19 ..."

Whilst appreciating immediately that, again, this is outside of the Module 1 time period, I'd like to nevertheless look at some of the results of the review.

If we can go to page 8, please, thank you.
Now, we can see here that "The effective use of evidence, health information, epidemiology and research" identifies a series of specific points raised.

If we look at the sixth bullet point down, we can see that there was concern in relation to limited modelling skills available in the Public Health Agency, despite some academic supplementation.

Is that something which you recognised when you came into your role as chief executive?
A. Yes. It was evident when I came into this role that we had developed a modelling approach within the agency. 166
a leader in developing and using science and intelligence to inform its work. Modern public health practice requires access to a broad base of sciences, such as epidemiology, microbiology, behavioural, economic and data sciences to name a few."

Is it your experience, Mr Dawson, that, moving forwards, various elements of medicine and clinical practice, and indeed behavioural, economic and data sciences, are all necessary in order to provide the Public Health Agency with the skills and the tools needed to prepare for the next pandemic that's coming down the line?
A. Yes. I mean, the reason that we are looking to develop that new directorate, currently we have three executive directors: Operations, the director of Public Health, and the director of Nursing and AHPs. The development of a further director focused on digital and information and innovation will have a remit to look across those areas. Probably we haven't defined it as well as it is defined there, but it is one of the areas which we intend to develop closely with partners in the Department of Health and EY over the next year.
Q. Right, thank you.

I'd like to look at two further features, please, of improvements to the way in which the Public Health 168

Agency carries forwards its responsibilities in terms of EPRR and pandemic planning.

The first is to go back to another aspect of the
witness statement of Professor lan Young at INQ000185346.

This time, please, can we look at page 6, paragraph 21, and read only from the final sentence of this page, and over the page on to page 7 . He says here, dealing with pandemic modelling, at the bottom:
"In terms of inequalities, one area which requires
improvement is coding of ethnicity within the Electronic
Health Care Record. Due to inadequacies of ethnicity coding, it was not possible for us to analyse differential impacts of the pandemic according to ethnicity in our general population, although it is also important to note that Northern Ireland has a much smaller proportion of ethnic minorities than other parts of the UK. In contrast, we were able to look at the influence of social deprivation on various impacts of the pandemic."

Taking on board what Professor Young says about the smaller proportion of ethnic minority people in the population of Northern Ireland, is it, though, necessary, going forwards, to ensure that ethnicity coding forms part of the Electronic Health Care Record? 169
organisation that you've just named, but is it right
that, prior to the pandemic, the surveillance team
within PHA didn't have access to information technology that permitted scalable and repeatable data processing and analytical processes?
A. That is correct. I mean, I think I said earlier that brought in consultants during Covid to help us establish an analytics platform, and that is one of our major drivers going forward, is to enhance and drive better use of analytical platforms and innovative ways of handling data.
Q. All right, thank you.

Please could we return momentarily to the Hussey review at INQ000102852 -- thank you -- and look at some of the points raised under "Health Protection Service and Emergency Preparedness", in particular at point 7:
"The lessons learned so far not yet undertaken -- no time to reflect."

Then towards the bottom -- thank you.
"IT inadequate -- hardware and software, phones and internet crashing."

If we could go further down, please, on to the next page, thank you, we can see at the bottom bullet point under the next section:
"Working environment poor -- IT and accommodation."
A. Yes. I think it might be helpful to understand that coding in England is much better than it would have traditionally been in Northern Ireland, partly because England operates a tariff system and the tariff is based on the coding. Northern Ireland has a block contract system of commissioning. It is less reliant on coding to ensure payment from the commissioner or purchaser through to the trust. Therefore I don't think we've ever had the same focus on coding as probably counterparts in England and Wales would have had.

The second thing that I would come to is that Northern Ireland is currently in the process of a major reform of the patient records, electronic records system. That project is entitled "Encompass" and that is currently being piloted, in terms of roll-out, to one of the trusts in the South Eastern trust, with the view that it will roll out over other trusts as well. And therefore the coding would come under that group, which sits within -- l'm going to use another acronym, which is DHCNI, which I think stands for Digital Health and Care Northern Ireland, which is a directorate of the Department of Health.
Q. Thank you. We can take that down, please, off the screen.

I don't know whether this has any bearing upon the 170

Under "Contact Tracing Service", penultimate bullet point:
"New IT system established at pace."
Was there a problem within public health and the Public Health Agency in terms of the IT that it was using, the systems and the capabilities of those systems?
A. I think it was somewhat limited, yes, which is why we've moved to better analytical platforms and why we've invested in that, and we are continuing to look at how we could do better modelling not only in health protection areas but on the wider public health issues as well going forward. And IT has been a significant issue for us, yes.
Q. Just reminding ourselves that this review and report was commissioned in -- well, towards the end of 2020. Were these matters not appreciated before Dr Hussey performed her review? And if so, why not?
A. Obviously that was before I was there, and --
Q. Yes.
A. But my assessment would be, looking at it, was they weren't appreciated. I think the review was necessary, and -- so I would accept that there was probably an impact over a period of time that we had a number of interim chief executives, over a period of years, which 172
may have contributed to that.
Q. All right. Thank you, we can take that down.

I want to move on to funding, please. To what extent within the Public Health Agency are funds spent on pandemic preparedness ringfenced?
A. They do have a budget. There is that team which is established. So to that extent they are ringfenced, and haven't changed to any great extent year on year.
Q. Did the Public Health Agency feel that the provision of budget in relation to pandemic preparedness and EPRR functions was adequate, or did the agency, over the period of time with which this module is concerned, feel that it was underfunded?
A. In preparing, I did consider that, and discussed it with my team. They have advised me that the team was small, it did -- but it could do within the resource that it had. I suppose my observation back to them was: well, it was not on the risk register as a concern, and therefore the only thing that I could lead to or conclude from that is that it hadn't been considered a significant enough risk, therefore must have been considered adequate at that time.
Q. Do you mean that funding wasn't identified on the risk register?
A. That's correct.
that something that you recognise?
A. Yes, and I think if we -- one of the other issues

I think you'll probably raise with me is planning for EU -- Brexit.
Q. Yes.
A. And one of the significant factors there would be that we have a small team, as I outlined earlier --
Q. Yes.
A. -- and when they were doing Brexit, that was the team that was focused in preparing for Brexit, and therefore you have the opportunity cost of: if they were doing that, then they couldn't be focused on emergency planning in the sense that they generally were.
Q. Before we turn to look at the effects on the agency of being caused to focus on the possibility of a no-deal EU exit, I just want to cover emergency response plans. Because, at a very high level, would you agree with other witnesses from whom the Inquiry has heard that there was a plethora of plans within all aspects of health in Northern Ireland, that the situation could and should be simplified, and that that is because too many plans, too many strategies cause significant confusion?
A. Yes. I would agree. I agree on that, and I think the outcome of one of the exercises, maybe it was Stannis, was that there was a recognition of the number of plans
Q. All right.

What about the training budget? Is there a separate budget for training within the department?
A. There is a budget of $£ 30,000$ per year, and there is an option to seek an enhancement of that for additional training and exercise --
Q. Sorry to interrupt you, but was there a plea put forwards for that to be increased to $£ 50,000$ in the year 2018 to 2019?
A. Now, there might have been but I'm not aware of that, and it's not something that was brought to my attention.
Q. All right. Is that something which you would support? Is there a need for the training budget to be increased?
A. I think going forward, and as we take the lessons out of Covid as we go through the review, I would imagine that is one of the things that we would look to increase, as I imagine the training may take a different approach going forward as well. So I think it will have to increase.
Q. One of the matters which was raised by Michelle O'Neill in her witness statement to the Inquiry, and indeed one of the findings in the Hussey review, was that there were overstretched staffing problems, insufficient training budget, and that was across the emergency prevention, preparedness and response capability. Is 174
that could lead to confusion and a need to simplify the system of emergency planning.

I think it also recognised that those that worked in the system seemed to know what they were doing and how they should interact, et cetera, and how they should respond. But there was a recognition that simplicity, especially in the face of an emergency and a need to respond at scale, would benefit from a more simplified approach.
Q. Thank you.

Coming then to the impact of the United Kingdom's exit from the European Union.

From your perspective -- and I appreciate coming into the role when you did in 2021 -- what have your colleagues told you about the practical effect on them being asked to focus upon ensuring that plans were in place for the possibility of a no-deal Brexit and how that affected their level of preparation for emergencies?
A. I think in -- 2017 saw the appointment of the emergency planning officer, band 8c. In speaking to her, she would advise me that the biggest issue was that she wasn't doing the emergency preparedness to the extent that she should have been, that they were -- also had a number of vacancies at that time and therefore all her 176
focus was into Brexit and preparing for that, and therefore there was an opportunity cost, because it's one team, they could only do that one thing at a time, and therefore there were perhaps missed opportunities to focus on planning for the pandemic.
Q. The Inquiry has received a witness statement from Peter May, who tells my Lady that in July of 2019 the task and finish group submitted the draft Northern Ireland health and social care influenza pandemic surge guidance to the department, but the department considered that the draft didn't fully meet the brief, and that subsequent consideration and reflection upon it really just fell by the wayside because of the need to refocus on the possibility of a no-deal EU exit.

Did the Public Health Agency have any involvement in the preparation and drafting of that guidance?
A. Yes.
Q. All right.
A. The Public Health Agency were one of the lead agencies in developing that guidance, and I think it was submitted by Dr Carolyn Harper, who was then the DPH in the Public Health Agency.
Q. Right.

So are you able to assist us, Mr Dawson, with when
and structures should be put in place to prepare for future planning on an all-island basis at an official level as well as at a political level. Do you agree with that?
A. At the minute there are no formal structures between

Northern Ireland and the Republic of Ireland. There are very good operational and professional relationships where we exercise together, we share information, et cetera. I do think it would be helpful, because we are an island with an open border, if we did have some degree of formal structures to enable us to have those regularised points of contact and not be reliant on individual relationships.

To what extent that should be developed would obviously be a government matter, and I wouldn't wish to comment further on that, and that would be sitting between the two jurisdictions and governments. But as a Public Health Agency who have responsibility, I feel -- as does my organisation -- it would be helpful to have regularised and formal relationships to take away the risk that if individuals, left the relationships may deteriorate or no longer exist.

I would hope that that wouldn't happen, but clarity and process and structure, which is embedded, would -is always more helpful than dependent on individuals

177
that guidance was once again picked up and reconsidered and whether or not it's been finalised?
A. I spoke to my team about this last week, and what they advised me was that the first that they'd heard that it didn't quite meet the brief was when they'd seen that in Peter May's statement.
Q. Right. So --
A. And therefore we haven't officially heard back any commentary from the department on that guidance since it was submitted.
Q. And if that was in the process currently of being reflected upon, and perhaps parts of it being redrafted, that would be done with the assistance and involvement of the Public Health Agency, would it not?
A. Yes, it would
Q. So can we therefore take it that that piece of work has not yet been finalised?
A. It has not been finalised, that's correct.
Q. And you don't have any update to provide to the Inquiry as to when that might be done, because you've not heard anything back from the Department of Health?
A. That is correct.
Q. Thank you.

Finally, the Inquiry has heard that, as Ireland is a single epidemiological unit, formal systems, processes 178
having relationships.
Q. Thank you very much.
A. Does that answer the question?

MS BLACKWELL: Yes, it does, thank you very much.
My Lady, that completes my questioning for
Mr Dawson. I know that provisional permission has been given to Covid Bereaved Families for Justice
Northern Ireland to ask a short collection of questions.
I don't know whether it's Mr Lavery or Ms Campbell King's Counsel.
LADY HALLETT: I've got Ms Campbell on my list.
MS BLACKWELL: Great. Well, I'll hand over to her, then. LADY HALLETT: Ms Campbell.

## Questions from MS CAMPBELL KC

MS CAMPBELL: Mr Dawson, thank you. As you've just heard, my name is Brenda Campbell and I, together with others, represent the Northern Ireland Covid Bereaved Families for Justice.

The primary question that we have for you -- and I'll break it down in a moment, but if I can let you know what it is -- is whether you agree, from your reflection as well as your current post, that in significant respects the Northern Ireland Executive and the Public Health Agency appears to have been unprepared or ill prepared for the pandemic that hit us. Now,

180
that's a very broad question. Are you able to give us a yes/no answer?
A. I can give you a yes/no answer, I think, on the Public Health Agency. And on reflection, in discussion with people that worked in post in the agency at the time, it is fair to say that they were not prepared for the pandemic in the scale that it arrived. So you asked for a broad answer; I can comment on the agency on that. However, I don't think any part of the system of healthcare in Northern Ireland was prepared for that, and perhaps government.

In terms of commenting on the Executive, I don't have enough information, I feel, and I don't know that it's my place to comment on the Executive because it's part of government. I would feel comfortable in commenting on my own organisation that I have responsibility for now, but I -- whilst I wish to be helpful to the Inquiry, as I sit here, I don't feel that I am in a position to give an appropriate answer on the preparation and preparedness of the Executive.
Q. Well, I think that's fair, and therefore for the remainder of my questions, if we can focus on your role and the role of the Public Health Agency before you, if you like, came on board.

The evidence may point to the fact that there were 181
Q. Well, as it happens, to a significant or perhaps greater or lesser extent, those three issues prevail: we still don't have or we currently don't have an Assembly; you may have heard the evidence of Professor Sir Michael McBride that the situation for health and social care is perhaps worse than it was in 2020; and of course there are still pressures in relation to Brexit.

So the question from the Public Health Agency's perspective is: well, what can be done to ensure that as an agency, given that those issues still prevail, there is sufficient focus on pandemic preparedness in future?
A. I think we are, as I said earlier in my evidence, undergoing a review as an organisation, that has been ongoing now for about a year and we've still probably got a year left to run, about how we organise ourselves, how we create better resilience within our workforce, how we provide better training, how we provide better IT and analytic platforms, and also how we better model impacts of things that we might do in terms of the space of public health to improve health and social wellbeing going forward, to ensure that we're adopting best practice in those fields.
Q. Well, we know, including the answers that you've just given, that you've told us about the need for a bigger emergency planning team within your department, the need 183
both macro issues and also micro issues. The macro issues facing Northern Ireland that we have heard about are the collapse of the Assembly, the impact of austerity and financial restraints in particular on the health and social care services, and the diversion of resources away from pandemic planning to preparation for a no-deal EU exit.

Do you recognise those three significant strands as having an impact on the Public Health Agency's preparedness?
A. As part of the Northern Ireland health and social care system, we all faced those pressures, and therefore I would suggest obviously it would have had an impact upon the Public Health Agency, as it would have the wider health and social care system, and the sort of Delivering Together and work of Professor Bengoa indicated that we needed to move towards a more resilient population, one with better health and one with better health and social -- one with better mental wellbeing as well, and I don't think that we progressed that in the way that we could have, as a society, across Northern Ireland.
Q. And is that prior to the pandemic, or in preparation for?
A. I think prior to the pandemic.
for a significant and urgent review of the 1967 public health legislation, the employment of a consultant epidemiologist, the need to ensure consistent modelling capacity, the improved IT, the need to code for ethnicity minorities to ensure we understand the community that any response has got to reflect.

It's a very significant amount of work that needs to be undertaken in the Public Health Agency?
A. It is.
Q. And if it is going to be achieved within the next year, bearing in mind we don't know what the future holds, I mean, on behalf of the bereaved families, what assurance can you give us that it's achievable and will be achieved?
A. I don't think we -- what we're trying to achieve in the next year is to build the platform and foundation for that. I imagine it will take a number of years after that to get all the pieces in place. And I would say in terms of public health, healthcare is just one part of it. The other bits of what defines your health are the environments in which you live in, your income, the job, your education, the places that you work. So it really takes a cross-departmental approach, and one of the things which we know is -- there, is making life better -- which was the sort of approach to the strategy 184
document for improving public health and providing that better resilience -- has come to an end in 2023. There is a new all-party -- sorry, it's not all-party --all-departmental officials working group to be established under Professor Sir Michael McBride as CMO, which we will contribute to, to ensure that we try and build that better society which is more resilient with all of the parts of government playing into that.
Q. But are we not in some sense circular, because although we can have building blocks and cross-departmental discussions and recognitions, if we don't have finances and a functioning Executive and elected representatives, there is a limit to which you can fulfil those ambitions? 14
A. Yeah. There will always be a limit to what a Public 15 Health Agency working in isolation can achieve. It does require all of government and all of society to improve and step forward, and I suppose, as others have said, the absence of a working Assembly perhaps takes away the drive or impetus to achieve that. MS CAMPBELL: Thank you very much. 21

Thank you, my Lady. 22
LADY HALLETT: Thank you, Ms Campbell. 23
MS BLACKWELL: My Lady, that concludes the evidence of 24 Mr Dawson, and indeed the evidence for today. 25

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LADY HALLETT: Thank you very much indeed for your help,
    Mr Dawson.
THE WITNESS: Thank you, my Lady.
                                    (The witness withdrew)
LADY HALLETT: 10 o'clock tomorrow?
MS BLACKWELL: Yes, please.
LADY HALLETT: Thank you.
(4.00 pm)
(The hearing adjourned until 10 am on Thursday, 13 July 2023)
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Questions from LEAD COUNSEL TO THE 1
INQUIRY

Questions from MR LAVERY KC

MR CHRIS LLEWELYN (affirmed) ...................... 64

MR MARK LLOYD (affirmed) ........................... 64

MS ALISON ALLEN (affirmed) ......................... 64

Questions from COUNSEL TO THE INQUIRY ...... 64

Questions from MR WEATHERBY KC134

Questions from MS CAMPBELL KC ............... 142

MR AIDAN DAWSON (sworn) ......................... 150

Questions from COUNSEL TO THE INQUIRY ..... 150

Questions from MS CAMPBELL KC 180

LADY HALLETT:
[45] 1/3 4/17 4/19 5/12 15/7 51/17 51/19 51/23 54/16 54/25 62/23 63/1 63/3 63/6 63/10 63/16 63/24 81/3 103/6 103/9 103/12 103/16 107/11 107/23 115/1 115/16 131/21 133/24 134/1 142/5 142/9 149/12 149/15 149/21 149/24 150/2 150/8 150/13 150/16 180/11 180/13 185/23 186/1 186/5 186/7
MR KEITH: [10] 1/4 1/9 5/14 15/14 51/18 52/3 54/10 62/11 62/24 63/8
MR LAVERY: [3]
54/18 55/1 62/9
MR LLEWELYN: [19] 65/6 73/9 73/14 74/17 81/12 84/2 90/7 90/25 94/4 99/17 105/24 113/23 115/5 117/6 119/19 122/23 129/8 131/2 133/14
MR LLOYD: [77]
65/14 66/7 66/20 68/13 70/1 70/20 75/22 76/6 76/15 77/4 77/15 78/12 79/2 80/10 80/13 82/19 85/25 86/3 87/7 87/10 88/16 88/20 88/24 89/21 90/2 93/16 95/10 98/24 100/8 100/17 101/11 102/5 102/23 103/3 103/7 104/5 104/11 105/3 105/14 107/18 107/25 110/14 110/18 110/25 111/12 112/15 113/12 115/23 116/15 116/25 121/14 124/10 124/14 126/8 127/2 127/15 128/9 133/2 135/3 136/18 136/20 137/1 137/7 137/13 137/24 138/6 138/11 138/20 139/11 139/20 140/5 140/14 140/18 141/3 141/11 141/17 142/1
MR WEATHERBY:
[20] 134/3 136/1 136/19 136/25 137/6 137/12 137/14 138/2 138/10 138/17 138/21 139/15 139/21 140/7 140/17 140/20 141/4

141/16 141/21 142/3
MS ALLEN: [36]
65/22 67/15 67/21
71/14 71/17 71/22 72/1 72/7 73/2 81/11 85/12 91/14 92/14 96/7 99/20 106/21 114/14 117/8 117/20 118/22 125/15 131/10 131/15 131/22 133/17 143/6 143/16 144/25 145/21 146/3 146/17 147/8 147/25 148/19 149/3 149/6
MS BLACKWELL:
[115] 63/17 64/5
65/7 65/17 65/23
66/15 67/2 67/17
67/22 69/16 70/16 71/3 71/15 71/18 71/23 72/2 72/25 73/3 73/13 74/12 75/18 75/23 76/7 77/1 77/12 78/8 78/17 80/4 80/11 81/5 81/23 83/25 85/3 85/20 86/2 86/12 87/9 87/20 88/19 88/23 89/16 90/1 90/6 90/21 91/4 92/7 92/25 93/25 95/1 95/20 96/17 99/14 99/19 99/25 100/14 101/4 101/23 102/20 103/1 103/8 103/10 103/17 104/6 104/24 105/8 105/23 106/19 107/10 107/17 108/1 110/16 110/19 111/4 112/3 113/7 113/20 114/11 114/25 115/17 116/10 116/23 117/3 117/7 117/10 118/14 119/17 121/12 122/15 123/25 124/13 125/13 125/16 126/23 127/8 127/22 129/4 130/25 131/3 131/11 132/4 133/12 133/16 133/18 133/25 145/25 149/13 149/20 150/1 150/4 150/9 150/18 180/4 180/12 185/24 186/6
MS CAMPBELL: [15] 142/7 142/11 142/13 143/9 144/3 145/14 146/15 146/19 147/19 148/15 148/20 149/5 149/11 180/15 185/21 THE WITNESS: [5]
51/22 63/2 63/5 150/15 186/3

| 'First [1] 109/18 |
| :--- |
| 'life [1] 167/24 |
| 'rising [1] 98/2 |
| $\mathbf{0}$ |
| $\mathbf{0 6 ~ [ 1 ] ~ 9 6 / 1 1 ~}$ |
| $\mathbf{0 7 / 0 6}$ [1] 96/11 |
| 1 |
| 1.2 .1 [1] 27/11 |
| 1.45 [1] 103/12 |
| 1.45 pm [1] 103/15 |
| 1.7 [1] 144/12 |
| 10 am [1] 186/9 |
| 10 February 2018 [1] | 3/3

10 o'clock [1] 186/5 10.00 am [1] $1 / 2$

100 [1] 141/3
11 [2] 97/19 143/18
11 councils [2] 65/21 145/8
11 January [1] 3/13
11.11 am [1] 51/25
11.25 [1] 51/24
11.25 am [1] 52/2
11.41 am [1] 63/13
11.45 am [1] 63/15

12 [1] 98/9
12 July 2023 [1] 1/1
12 months [1] 40/14
12.45 pm [1] 103/13

13 July 2023 [1]
186/10
13 years [1] 98/20
130 or [1] 157/18
14 [1] 126/1
14 June 2021 [1]
3/14
15 [3] 40/10 167/21 167/22
15 billion [1] 127/24
15 minutes [1] 54/13
152 local [1] 157/17
16 [2] 97/7 165/2
16 January 2017 [1]
2/12
18 [5] 27/10 125/22
125/24 126/1 159/13
18 months [1] 61/25
19 [9] 54/14 54/20
93/6 96/6 108/23
119/7 132/17 160/15
166/10
19 April 2023 [1]
1/18
1948 [1] 73/18
1967 [6] 162/15
162/20 163/3 163/11 163/15 184/1
1998 [4] 4/13 4/14
6/6 118/2
$\left\lvert\, \begin{aligned} & \mathbf{2} \\ & \mathbf{2} \text { March [1] 2/15 } \\ & \mathbf{2} \text { March 2017 [1] } \\ & 31 / 13 \\ & 2.50 \text { pm [1] 150/5 } \\ & \mathbf{2 0 ~ [ 1 ] ~ 1 2 7 / 1 4 ~} \\ & 20 \text { October [2] 26/18 } \\ & 27 / 10\end{aligned}\right.$
20 years [2] 60/3 147/24
20 years' [1] 64/20
2002 [1] 64/10
2004 [3] 67/4 98/8
147/22
2004 Act [2] 58/9 60/4
2005 [2] 58/13 67/12
2007 [2] 96/22 97/2
2009 [2] 132/15
153/16
2010 [2] 64/11
127/25
2011 [6] 1/24 44/11
44/14 47/3 67/16 93/3
2012 [4] 10/4 81/8
81/25 82/16
2013 [7] 10/18 44/13
45/6 45/14 48/4 82/23

## 91/8

2013 strategy [1] 47/10
2014 [3] 100/8 102/6 106/2
2015 [4] 64/14 148/5 148/22 159/12
2016 [28] 1/24 2/1 8/5 9/19 11/1 11/2 12/15 14/5 18/24 21/14 25/2 26/12 26/17 28/2 30/24 37/4 37/14 37/18 39/14 40/1 40/9 47/3 53/18 100/11 102/6 108/3
117/17 162/17
2017 [18] 2/1 2/7 2/8 2/12 8/5 18/24 18/24 21/14 31/13 33/22 34/15 38/2 38/22 39/15 42/8 59/18 105/4 176/20
2017/18 [1] 159/13
2018 [5] 3/3 18/24
32/7 139/3 174/9
2019 [3] 64/8 174/9 177/7
2020 [31] 3/3 8/17
9/8 29/16 29/25 33/23 5 35/14 36/8 37/12 38/2 38/23 47/13 48/22 51/5 54/4 57/22 71/9 94/13 98/20 102/15 103/24 108/20 123/17 126/2 127/25 132/15

136/4 165/9 166/7 172/16 183/6
2021 [4] 3/14 107/6 151/14 176/14
2022 [4] 3/6 3/22 64/19 104/4
2023 [6] 1/1 1/18 55/7 65/14 185/2 186/10
2026 [2] 40/9 40/10
21 [4] 105/19 132/5
135/20 169/7
21 February [1] 97/8
22 [1] 105/18
22 June 2023 [1] 55/7
22 local [2] 65/3 115/6
22 March 2017 [1] 2/1
22 May 2018 [1]
139/3
22 principal [1] 65/11
22 unitary [1] 129/13
23 [1] 1/19
232 [2] 134/16 136/6
24 [1] 19/19
25 May 2016 [2] 2/1 11/2
26 [1] 129/1
26-council [1] 148/11
29 [1] 131/19
2C [2] 9/5 46/25

## 3

3.05 [1] 150/3
3.05 pm [1] 150/7

30 January 2007 [1] 97/2
30 years [1] 153/6
30,000 [1] 174/4
317 [1] 65/16
333 [2] 65/10 65/16
35 [1] 77/23
360 [1] 119/12
38 [1] 75/21
3rd [1] 28/7
4
4 February 2022 [1]
3/6
4 UK [1] 27/14
4.00 pm [1] 186/8

42 [1] 125/21
46 [1] 127/9
48 [1] 132/6
5
5 May [1] 4/1
50 [1] 132/6
50,000 [1] 174/8
57 [1] 128/2

| 7 | absence [17] 34/14 34/25 35/9 35/18 36/6 | $\begin{gathered} 168 / 18174 / 24182 / 21 \\ \text { act [34] } 4 / 1358 / 9 \end{gathered}$ | $\begin{array}{\|l\|} \hline 173 / 11173 / 22 \\ \text { adequately [3] } 22 / 1 \end{array}$ | $\begin{aligned} & \text { 59/7 98/20 } 159 / 11 \\ & 184 / 17 \end{aligned}$ |
| :---: | :---: | :---: | :---: | :---: |
|  |  |  |  |  |
| ] | $\begin{aligned} & 36 / 1036 / 1439 / 3 \\ & 39 / 1242 / 1644 / 20 \end{aligned}$ | 58/13 60/4 62/18 67/3 | $\begin{aligned} & \text { 126/2 145/20 } \\ & \text { adjourned [1] 186/9 } \end{aligned}$ | $\begin{aligned} & \text { aftermath [2] } 23 / 15 \\ & 25 / 8 \end{aligned}$ |
| 8 | $\begin{aligned} & \text { 59/16 61/8 61/12 } \\ & 62 / 13137 / 8185 / 19 \\ & \text { absent [1] } 66 / 2 \end{aligned}$ | $\begin{aligned} & \text { 68/9 68/14 68/18 69/2 } \\ & 73 / 1473 / 1573 / 18 \end{aligned}$ | adjournment [1] <br> 103/14 | afternoon [1] 70/4 afterwards [1] 93/24 |
|  |  |  |  |  |
|  |  | 73/21 81/7 81/25 82/9 | administrations [11] |  |
| $176 / 21$ | absent [1] 66/2 absolutely [8] 14/24 33/25 57/12 60/15 |  | $\begin{aligned} & 17 / 622 / 2324 / 1928 / 3 \\ & 28 / 2130 / 1030 / 13 \end{aligned}$ | $\begin{array}{ll} 9 / 1411 / 20 & 25 / 4 \\ 32 / 13 & 27 / 3 \\ 59 / 7 & 60 / 9 \end{array}$ |
|  |  | 114/6 118/2 120/4 |  |  |
|  | $33 / 25$ 57/12 60/15 $80 / 22$ 105/22 122/3 | $162 / 20 \text { 163/3 163/20 }$ |  | $\begin{aligned} & 72 / 17 \quad 77 / 490 / 13 \\ & 120 / 6130 / 5148 / 15 \end{aligned}$ |
|  | $\begin{aligned} & 80 / 22 \text { 105/22 122/3 } \\ & 137 / 25 \end{aligned}$ |  | adopting [1] 183/21 |  |
|  | absorbed [1] $156 / 1$ <br> academic [1] $166 / 21$ <br> accents [1] $148 / 16$ <br> accept [6] $31 / 14$ <br> $32 / 16 ~ 33 / 1$ $34 / 24$ <br> 36/7  | 16 | adult [5] 80/9 80/16 | 149/22 158/14 166/1 |
| 90 |  | $\begin{aligned} & \text { acting [2] } 79 / 8 \\ & 111 / 15 \\ & \text { action [5] } 13 / 17 \\ & 19 / 2140 / 740 / 9 \quad 152 / 2 \end{aligned}$ | 127/3 127/6 129/14 advance [3] 25/1 | 178/1 agencies [1] 177/20 |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  | $\begin{aligned} & 20 / 21 \text { 20/24 21/13 } \\ & 21 / 17 \text { 108/23 } \end{aligned}$ |  | 1/21 92/17 95/24 |
| , | accepted [1] 58/2 |  |  | $\begin{aligned} & 107 / 8 \text { 148/8 151/12 } \\ & 152 / 12152 / 13152 / 18 \end{aligned}$ |
| 4 164/20 |  |  |  |  |
|  |  | $\begin{array}{\|l} 21 / 17 \text { 108/23 } \\ \text { activation [1] } 117 / 18 \end{array}$ |  | 153/3 153/13 153/14 |
| able [49] 9/14 14/5 | 115/24 115/25 116/9 | active [1] 144/5 actively [2] 59/12 |  | 154/4 154/7 154/13 |
| 15/20 22/9 |  |  | advantages [1] 47/7 | 154/16 155/5 155/16 |
| 20 |  | $\begin{aligned} & \text { actively [2] } 59 / 12 \\ & 143 / 13 \end{aligned}$ |  | $\begin{aligned} & \text { 156/8 156/18 157/25 } \\ & 158 / 3 \text { 159/2 } 162 / 9 \end{aligned}$ |
| 36/21 37/19 40/11 | $\begin{aligned} & 171 / 3 \\ & \text { accessed [1] 88/8 } \end{aligned}$ | activities [4] 84/18 |  |  |
| 40/25 | accommodate [2] 112/24 114/23 155/20 |  |  | 163/24 164/12 165/18 |
| 22 42/25 | $74 / 475 / 14$ <br> accommodation [1] | activity [4] 55/9 |  | 165/21 165/24 166/9 |
| 68/7 |  | 78/13 79/9 124/22 | $50 / 1950 / 2351 / 6$ | 166/20 166/25 167/5 |
| 82 | 171/25 | Acts [1] 163/1 actual [5] 14/2 31/8 | 55/12 55/23 56/10 |  |
| 113/3 115/ | accompanied [1] |  | 56/11 56/18 56/22 | 167/25 168/10 169/1 |
| 119/3 120/17 120 | 40/7 | $\begin{aligned} & \text { actual [5] } 14 / 231 / 8 \\ & 87 / 488 / 20 \\ & 115 / 3 \end{aligned}$ | $\begin{aligned} & 57 / 1057 / 1157 / 20 \\ & 97 / 16124 / 3152 / 14 \end{aligned}$ | 173/11 175/14 177/16 |
| 120/24 121/6 |  | $\begin{aligned} & 87 / 488 / 20115 / 3 \\ & \text { actually [12] } 13 / 17 \end{aligned}$ |  | 177/20 177/23 178/14 |
| 25 123/3 | accord [1] 88/15 according [2] 120/7 | 23/24 26/23 26/24 | 97/16 124/3 152/14 165/16 165/25 | 179/18 180/24 181/4 |
| /13 123/1 | 169/14 | 10123 | advise [3] 99/20 | 181/5 181/8 181/23 |
| 151/21 161/25 162 | account [1] 1/21 | 60/15 78/14 101/16 <br> 103/10 124/16 | 148/1 176/22 <br> advised [3] 148/1 | 182/14 183/10 184/8 |
| /18 |  |  |  | 185/16 |
|  | accountability [2] 34/10 74/6 | $\begin{aligned} & \text { 103/10 124/16 } \\ & \text { acute [2] } 152 / 25 \end{aligned}$ | $\begin{aligned} & \text { advised [3] 148/1 } \\ & 173 / 15178 / 4 \end{aligned}$ | $\begin{aligned} & \text { Agency's [2] 182/9 } \\ & 183 / 8 \end{aligned}$ |
| 1] | $\begin{aligned} & \text { accountable [7] 7/9 } \\ & 7 / 157 / 16117 / 24 \end{aligned}$ | 153/2 | adviser [16] 49/3$49 / 10$ 49/12 49/21 |  |
| about [82] 3/24 4/8 |  | $\begin{aligned} & \text { ad [3] } 53 / 1266 / 19 \\ & 74 / 8 \end{aligned}$ |  | agenda [4] 41/21 |
| 6/5 8/13 8/16 10/8 | $\begin{aligned} & 7 / 157 / 16117 / 24 \\ & 154 / 12157 / 25158 / 3 \end{aligned}$ |  | $\begin{aligned} & 49 / 1049 / 1249 / 21 \\ & 50 / 550 / 950 / 1355 / 4 \end{aligned}$ | 48/16 48/16 66/17 |
| 10/20 11/3 13/1 15/10 | Accounts [1] 128/23 | ad hoc [1] 53/12 55/24 55/25 57/4 57/5 |  | $5 \begin{aligned} & \text { agile [1] } 122 / 24 \\ & \text { agility [1] } 21 / 25 \\ & \text { ago [2] } 135 / 10 \\ & 147 / 24 \end{aligned}$ |
| 17/3 21/10 21/13 | accurate [1] 15 | adapt [2] 123 | 57/14 58/5 164/10 |  |
| 25 |  |  | 164/2 |  |
| 40/23 42/6 |  | adapted | advisers [1] |  |
| 45/2 54/22 55/2 55/3 | achieve [5] 16/1 25/25 184/15 185/16 | 95/13 95/14 95/19 | advisory [2] 49/6 | agree [34] 20/20 21/18 28/19 29/1 32 |
| 55/5 58/8 62/13 67 |  |  | 5 | 21/18 28/19 29/1 32/8 |
| 69/13 70/22 75/2 | $\begin{aligned} & \text { 185/20 } \\ & \text { achieved [4] } 14 / 8 \end{aligned}$ | add [16] 5/2 81/10 | advocate [1] 90/21 <br> advocated [5] 45/18 | $33 / 2434 / 1435 / 8$$37 / 1337 / 23 ~ 38 / 12$ |
| 75/24 76/13 76/16 |  |  |  |  |
| 80/7 80/19 81/7 81/2 | 80/12 184/10 184/14 acknowledge [2] | $\begin{array}{ll} 99 / 18 & 106 / 20 \\ 113 / 19 \\ 114 / 13 & 119 / 18 \\ 121 / 13 \end{array}$ | $\begin{aligned} & 46 / 1446 / 1746 / 17 \\ & 46 / 18 \end{aligned}$ | 39/20 60/23 61/9 |
| 83/1 85/13 90/7 93/1 |  |  |  | 73/10 84/2 91/14 98/22 99/7 99/17 |
| 96/19 100/7 101/12 | $\begin{aligned} & \text { acknowledge [2] } \\ & 128 / 24151 / 3 \end{aligned}$ | $\begin{aligned} & 114 / 13 \text { 119/18 121/13 } \\ & 125 / 8 \text { 125/14 126/22 } \end{aligned}$ | 46/18 advocating [1] 85/18 |  |
| 101/16 101/25 111/7 | acknowledged [1] | $\begin{aligned} & \text { 125/8 125/14 126/22 } \\ & 133 / 13133 / 15 \end{aligned}$ | $\text { affairs [1] } 32 / 5$ | 125/15 128/7 128/20 |
| 112/4 116/24 117/8 | $22 / 5$ | added [4] 28/1 79/17 | $\left\|\begin{array}{c} \text { affected [4] 118/16 } \\ 121 / 17132 / 16 \\ 176 / 18 \end{array}\right\|$ | $\begin{array}{llll}133 / 17 & 138 / 2 & 141 / 3 \\ 141 / 6 & 141 / 22 & 144 / 8\end{array}$ |
| 121/21 121/22 122/18 | acronym [1] 170/19 acronyms [1] 161/14 | $\begin{aligned} & 111 / 3115 / 2 \\ & \text { adding [1] } 74 / 22 \end{aligned}$ |  |  |
| 123/8 124/5 125/4 |  |  | $121 / 17$ 132/16 176/18 affecting [2] $140 / 3$ | 41/6 141/22 144/8 |
| 127/1 128/14 131/12 | across [31] 22/15 | addition [2] $27 / 23$$87 / 10$ | $\begin{aligned} & 140 / 3 \\ & \text { affects [1] } 105 / 12 \end{aligned}$ | 179/3 180/21 |
| 132/7 134/19 134/20 | 29/11 42/22 45/22 |  |  | $\begin{aligned} & \text { agreed [3] 6/23 27/13 } \\ & 53 / 11 \end{aligned}$ |
| 135/5 136/3 136/10 | 47/21 52/11 58/3$82 / 25 ~ 83 / 20 ~ 100 / 19 ~$ | $87 / 10$ <br> additional [4] 28/1 | affects [1] 105/12 affirmed [8] 1/7 64/1 |  |
| 137/25 144/6 153/12 |  | 41/23 118/1 174/5 | 64/2 64/3 187/2 187/9 | agreement [13] 2/23 |
| 157/9 159/13 159/23 | 101/16 111/24 120/14 | 4 additions [1] 110/25 | 187/11 187/13 | 3/9 3/10 4/12 4/13 6/5 |
| 161/17 169/21 174/2 | $\begin{aligned} & 134 / 8 \text { 134/9 135/13 } \\ & 138 / 5139 / 19141 / 20 \end{aligned}$ | address [1] 49/25 <br> addressed [4] 17/21 | afraid [1] $81 / 3$ <br> after [16] 3/8 18/22 | 7/6 25/25 33/22 34/15 |
| 176/15 178/3 182/2 |  |  |  | agrees [1] 140/5 <br> agriculture [5] 1/23 <br> 9/17 45/19 47/3 48/12 |
| 83/14 183/15 183/24 | $\begin{aligned} & 138 / 5139 / 19141 / 20 \\ & 144 / 3152 / 14152 / 23 \end{aligned}$ | $\begin{aligned} & \text { addressed [4] } 17 / 21 \\ & 18 / 345 / 1148 / 4 \\ & \text { adequacy [1] } 125 / 22 \\ & \text { adequate [3] } 51 / 13 \end{aligned}$ | $\begin{aligned} & \text { after [16] } 3 / 8 \text { 18/22 } \\ & 25 / 2130 / 2431 / 20 \\ & 31 / 2234 / 1541 / 18 \\ & 42 / 843 / 1451 / 354 / 3 \end{aligned}$ |  |
| ] 5 | 153/6 153/7 157/2 |  |  |  |
|  | 158/16 158/17 161/9 |  |  |  |

(49) 75 - agriculture

A
ahead [1] 93/17
AHPs [1] 168/16
aid [1] 111/22
Aidan [3] 150/10 150/11 187/21
Aidan Dawson [1] 150/10
aims [1] 67/18
ALANI [1] 144/14
albeit [2] $9 / 1$ 10/5
alert [1] 97/5
Alice [9] 104/1 104/3
104/11 105/5 105/25
107/11 107/15 107/22 110/9
align [1] $84 / 19$
aligned [1] 44/9
Alison [3] 63/22 64/3 187/13
Alison Allen [1] 63/22
all [109] 4/22 5/3 7/1
10/13 10/14 11/20
18/8 24/19 24/22
26/23 31/20 33/3
35/21 35/24 39/20 42/22 43/4 43/11 43/12 43/25 43/25 44/1 44/4 44/4 45/18 46/5 46/12 50/8 51/16 54/11 57/15 57/17 65/2 65/10 66/11 67/7 69/20 70/10 74/18 76/24 78/8 78/18 80/11 83/1 91/9 92/13 94/23 95/20 96/20 96/25 98/19 102/11 102/18 103/10 104/6 105/14 106/17 112/23 113/8 114/25 117/17 118/4 118/23 119/21 122/8 122/10 122/15 128/9 129/4 129/18 130/25 137/21 138/12 140/4 142/17 142/18 144/3 144/25 147/9 149/15 149/22 151/6 151/21 158/7 158/11 158/22 159/2 159/4 160/11 161/10 162/7 163/5 168/9 171/12 173/2 174/1 174/12 175/19 176/25 177/19 179/2 182/12 184/18 185/3 185/3 185/4 185/8 185/17 185/17 all right [19] 18/8 51/16 78/8 80/11 95/20 103/10 104/6 114/25 122/15 129/4 130/25 151/6 158/11 158/22 171/12 173/2

174/1 174/12 177/19 all-departmental [1] 185/4
all-island [1] 45/18 all-party [2] 185/3 185/3
Allen [23] 63/22 64/3 64/17 67/10 71/5 81/9 85/7 89/3 91/5 95/21 99/19 106/19 114/12 117/7 117/13 125/13 131/4 133/3 133/16 141/12 142/16 142/20 187/13
allow [7] 63/11 72/3 74/7 109/5 111/24 113/3 157/6
allowed [1] 105/1 allowing [2] 75/15 89/19
allows [1] 89/13 alluding [1] 119/21 almost [4] 60/3 84/11 114/4 135/15 along [2] 19/16 23/17 alongside [3] 13/23 41/23 114/5
already [18] 42/6
53/9 55/5 70/20 80/13 82/5 84/7 87/7 88/3 93/7 94/5 96/1 134/19 136/9 145/5 146/13 153/11 162/14
also [68] 1/13 10/11 11/22 17/1 17/13 34/10 36/1 37/9 38/1 38/8 39/1 44/2 49/17 58/6 60/17 64/10 65/12 65/24 69/5 72/5 72/18 72/22 73/7 76/4 79/17 80/18 80/18 82/10 82/13 89/8 92/17 97/13 97/21 98/16 106/7 112/4 114/3 117/15 118/7 121/4 123/19 123/23 124/8 129/25 130/13 131/1 133/21 136/6 136/9 143/22 145/1 147/14 147/17 152/1 152/10 154/20 156/24 158/4 160/18 161/3 163/9 164/13 167/2 169/15 176/3 176/24 182/1 183/18
altering [1] 112/13 alternative [1] 115/9 although [6] 24/11 30/19 31/21 85/4 169/15 185/9 always [12] 6/15 34/19 61/20 62/4 62/7 87/3 90/10 143/25 145/9 150/17 179/25

185/15
am [13] 1/2 5/8 43/13
51/25 52/2 63/13
63/15 77/12 143/2 149/9 154/12 181/19 186/9
ambition [1] 67/21
ambitions [2] 66/20 185/14
ambushed [1] 138/24
amendments [1] 162/21
amount [5] 11/16 51/8 76/14 78/4 184/7 amplify [1] 121/14 analyse [1] 169/13
analysis [1] 92/18
analytic [2] 167/13 183/18
analytical [3] 171/5 171/10 172/9
analytics [2] 167/15 171/8
animal [2] 45/20 47/16
annex [2] 139/25 139/25
announced [1] 37/4
annual [1] 155/18 annually [1] 67/1 another [9] 30/2 41/9 45/1 45/4 79/20 141/22 145/14 169/3 170/19
answer [23] 4/16 21/10 85/25 105/6 110/14 111/12 112/1 112/15 118/22 118/22 135/4 138/13 138/25 140/8 147/8 148/21 160/9 161/25 180/3 181/2 181/3 181/8 181/19
answers [3] 116/15 142/19 183/23
anticipate [1] 119/4 anticipated [3] 94/6 119/8 132/23
antiviral [1] 97/17 Antrim [1] 64/21 any [61] 2/24 11/8 15/4 16/10 16/14 16/15 19/6 24/9 25/6 29/6 40/23 46/23 49/8 49/8 50/18 53/10 56/1 56/2 68/4 83/7 86/13 88/11 88/18 91/12 93/10 93/14 96/3 99/24 101/6 112/8 112/10 113/8 113/21 116/23 118/5 119/4 120/22 120/24 121/10 approval [1] 85/7


132/15 134/10 140/3 143/3 147/11 149/2
149/18 156/8 159/23 161/22 162/4 165/20 170/25 173/8 177/16 178/8 178/19 181/9 184/6
anybody [1] 83/7 anything [11] 81/9 85/10 99/15 106/19 114/12 119/17 121/12 125/13 133/12 134/10 178/21
anyway [1] 125/11 apologise [1] 9/11 apology [1] 9/12 apparent [4] 17/4 28/15 45/9 54/5
appear [2] 24/13 30/23
appeared [2] 85/7 88/12
appears [2] 31/14 180/24
applauded [1] 83/23
applied [2] 47/8 138/5
applies [1] 104/14 apply [5] 58/11 58/11 62/18 67/8 123/21 applying [1] 68/11 appoint [1] 167/9 appointed [10] $3 / 2$ 3/4 3/12 11/1 12/10 12/14 40/19 64/13 66/22 154/15
appointment [3] 17/15 159/12 176/20 appreciate [3]
151/14 156/6 176/13 appreciated [2] 172/17 172/22
appreciating [1] 166/11
appreciation [1] $5 / 3$ approach [27] 3/10 5/8 6/17 6/17 44/8 45/18 45/21 46/2 46/6 46/9 46/14 48/25 49/1 74/17 100/18 101/19 102/21 105/6 111/9 140/10 141/2 159/21 166/25 174/17 176/9 184/23 184/25
approaches [1] 89/9 approaching [1] 147/24
appropriate [5] 68/3 91/3 109/10 147/18 181/19
appropriately [1] 91/22

65/14 155/21 155/24 157/5
April 2023 [1] 65/14 architecture [1] 82/12
are [185] 4/11 4/11 7/3 7/5 7/8 7/12 7/15 7/25 8/2 8/9 11/10 16/12 18/1 19/22 19/25 20/20 20/21 26/10 29/6 32/24 33/15 33/19 39/11 43/23 47/16 48/18 49/9 49/13 51/17 54/11 54/12 58/1 62/21 62/22 63/21 64/6 64/12 64/17 65/12 65/20 67/7 68/3 68/7 68/10 69/22 69/24 70/12 71/12 71/15 72/18 74/12 74/15 75/20 75/24 76/20 76/22 77/2 77/7 77/15 78/6 78/20 79/6 80/17 82/16 83/13 84/17 84/17 84/22 85/18 86/25 87/4 87/21 88/6 88/7 88/17 88/17 89/4 89/9 89/21 90/3 92/18 96/3 96/23 99/9 99/23 100/19 102/17 103/9 107/24 108/23 111/21 112/23 113/10 113/16 114/15 116/17 116/18 117/23 117/24 118/6 118/11 118/19 120/11 121/6 121/17 122/24 122/25 123/2 123/13 123/14 123/14 127/15 129/11 129/16 129/20 129/23 131/11 136/18 137/17 137/22 137/24 138/5 141/9 142/17 143/13 143/18 145/1 145/12 145/15 146/7 146/15 147/9 148/3 148/16 148/23 150/24 151/1 151/1 151/12 153/23 154/6 154/14 154/15 154/15 154/21 155/2 156/4 156/12 157/1 157/1 157/8 157/12 157/14 157/17 157/18 158/3 159/17 159/23 160/3 160/5 162/20 162/23 163/10 163/12 165/23 165/24 167/1 167/13 167/14 167/24 168/9 168/13 172/10 173/4 173/7 177/25 179/5 179/6 179/10 181/1 182/3 183/7 183/12 184/20 185/9
(50) ahead - are
area [20] 8/21 22/5 22/15 39/4 46/12 47/9 47/17 48/20 50/4 61/20 77/2 77/6 124/5 137/23 138/5 141/6 141/24 141/25 167/11 169/10
area's [1] $87 / 3$
areas [35] 11/24 12/5 12/6 24/3 25/5 28/17 33/19 36/12 38/13 41/1 42/20 47/16 47/23 54/12 55/12 58/16 59/19 61/5 61/21 86/24 90/12 90/13 92/3 93/14 98/19 109/8 123/24 134/23 139/23 141/8 141/8 154/2 168/19 168/20 172/12
aren't [2] 123/4 137/23
arena [1] 84/25
argued [3] 82/14 84/5 84/21
argument [2] 111/8 128/10
arguments [1] $3 / 24$
arise [2] 28/24 137/22
arm [1] 114/22
arm's [5] 114/20
154/5 154/6 154/19 154/20
around [29] 13/13 26/4 26/18 26/24 28/12 70/12 83/5 83/5 85/12 89/3 92/4 99/7 105/7 105/19 112/21 122/11 125/1 125/7 125/7 127/6 129/10 135/9 137/4 147/16 147/21 150/14 157/7 159/11 159/13
arrange [1] 115/6
arranged [1] 74/13
arrangement [11] 8/1
42/14 43/7 43/14
53/25 77/11 84/5
100/15 113/3 113/18 148/11
arrangements [33]
8/15 9/24 9/25 10/9 11/15 11/18 13/2 15/22 24/7 36/6 52/7 52/9 52/17 63/9 71/19 73/15 74/11 74/19 81/17 81/21 94/18 94/22 109/6 111/23 113/23 114/1 114/6 114/7 114/14 115/14 152/14 155/10 157/1
arrived [3] 82/15 95/4 181/7
Article [1] 131/19 Article 29 [1] 131/19 as [304]
As I say [1] 85/1 aside [2] 8/11 34/15 ask [19] 4/8 25/11 37/22 43/2 54/22 55/2 58/8 66/15 78/18 81/7 85/4 85/5 101/23 112/4 122/18 133/22 134/5 138/22 180/8
asked [11] 24/22 47/1 49/11 54/14 55/5 57/11 87/7 132/14 148/24 176/16 181/7 asking [1] 66/3
aspect [2] 134/13 169/3
aspects [8] 28/23
70/10 84/22 115/9 117/3 146/23 161/4 175/19
Assembly [25] 2/11 2/14 2/20 3/7 4/1 4/3 4/4 4/9 5/7 5/14 5/19 5/21 7/9 7/15 7/17 35/14 35/15 35/18 36/11 36/14 64/23 162/18 182/3 183/3 185/19
assess [1] 67/25 assessed [1] 92/15 assessment [11] 11/12 31/17 86/16 87/1 87/5 87/24 89/13 120/21 128/7 131/9 172/21

## assessments [4]

86/21 86/23 87/2
113/6
assist [7] 4/21 42/21 46/23 68/23 87/2 108/7 177/25
assistance [5] 1/16 138/3 150/19 151/18 178/13
assisted [1] 134/10 assisting [1] 136/7 associated [1] 67/4 association [24] 64/7 64/13 64/18 65/1 65/7 65/18 68/13 75/2 86/19 102/3 102/12 103/2 104/2 104/9 107/12 112/25 114/1 125/18 125/19 138/18 142/21 142/25 145/1 157/16
associations [4]
63/19 107/14 139/19 145/12
assume [1] 29/10

## assumptions [1] 109/23

assurance [10] 112/4 112/8 112/11 112/12 113/22 114/14 118/11 141/5 141/23 184/13 assure [1] 149/16 assured [1] 141/9
assuring [1] 113/10 asylum [1] 66/10 at [195]
at present [1] 147/10 attempt [3] 43/14 53/10 102/3
attempted [1] 51/6 attend [3] 18/16 25/10 25/18
attendance [2] 21/10 101/5
attended [1] 25/12 attending [1] 25/14 attention [17] 9/21 10/1 10/23 16/12 17/2 17/20 18/15 19/17 21/8 21/21 22/8 25/24 32/25 48/7 59/22 83/21 174/11 audit [3] 114/16 114/21 128/23
austerity [10] 22/19 33/2 33/6 33/6 34/15 41/17 80/20 129/8 130/1 182/4
authorities [43]
58/10 60/25 62/16 65/3 65/4 65/4 65/20 66/1 66/13 67/7 68/7 70/22 75/10 76/2 77/6 77/9 77/20 82/2 84/19 85/14 90/12 94/7 94/15 94/20 95/6 120/11 120/16 121/4 121/9 122/24 123/10 123/13 123/18 123/22 126/5 127/1 129/11 129/13 130/19 132/14 132/24 157/14 157/17 authorities' [1] 77/23 authority [11] 66/4 96/24 115/7 120/1 120/20 122/19 131/13 143/21 146/7 149/8 157/19
automatic [1] 50/17 automatically [1] 3/13
autonomy [2] 7/1 7/14
autumn [1] 104/3 available [8] 26/12 26/16 39/9 40/2 49/9 87/25 128/5 166/20 avoiding [1] 63/4 aware [48] 10/6

11/20 12/8 12/22 12/23 18/1 18/6 18/12 30/22 32/16 33/16 40/12 44/8 44/14 44/15 44/19 47/2 47/6 47/24 47/25 48/3 49/12 49/20 49/22 55/18 56/5 58/12 58/17 58/21 59/21 60/8 60/17 96/3 99/23 100/7 102/10 102/14 104/2 104/15 107/13 110/12 138/23 146/15 146/22 149/9 162/3 162/4 174/10
awareness [1] 120/3 away [6] 59/18
122/20 124/5 179/21 182/6 185/19

## B

back [33] 10/18
14/15 15/7 17/17 26/1 27/24 33/5 34/16 47/1 56/11 73/10 78/3 82/22 83/3 85/22 89/2 93/1 95/6 101/11
105/4 107/11 110/22
115/1 138/6 147/22
147/25 148/7 148/21
148/22 169/3 173/17
178/8 178/21
background [2]
55/13 152/5
ball [1] 32/10
band [4] 159/13
159/17 159/18 176/21
band 4 [1] 159/18
band 7s [1] 159/17
band 8c [1] 176/21
Baroness [2] 3/14
3/19
Baroness Foster [2] 3/14 3/19
base [2] 128/19
168/3
based [5] 75/7 77/2 131/8 151/18 170/4 basically [1] 22/13
basis [7] 42/22 66/19
89/23 92/17 96/15 115/11 179/2
Basque [1] 39/23 be [209]
bear [1] 44/4
bearing [2] 170/25 184/11
became [13] 12/23
47/12 47/14 49/22
51/2 51/3 56/10 56/14 102/13 104/16 107/13 155/25 165/22
because [60] 3/7
3/23 4/22 6/5 10/2

25/11 26/2 33/16 37/9 38/19 40/17 42/3
43/15 43/23 46/6
50/10 51/11 54/7 57/8
60/2 61/25 63/10
73/24 78/21 82/1 92/7
95/4 96/8 112/5
120/22 123/2 128/5
130/16 130/17 132/12
133/8 139/5 145/5
145/6 151/4 152/12
154/10 154/19 156/16 157/18 159/6 161/3
163/11 164/15 166/2
167/23 170/3 175/17
175/21 177/2 177/14
178/20 179/9 181/14 185/9
become [5] 50/7 104/2 104/14 110/12 121/22
becomes [2] 6/1 48/23
been [124] 3/8 3/12 4/24 8/16 10/6 10/8 10/23 11/3 11/21 12/17 14/10 14/22 15/9 18/12 22/15 23/14 24/11 25/4 30/23 31/2 31/2 31/7 32/11 32/19 32/25 33/2 35/11 36/7 36/9 36/18 36/19 36/20
36/21 37/3 37/3 37/5 38/5 39/1 40/13 40/15 41/8 41/25 42/11 45/9 45/19 46/10 47/25 48/3 53/4 53/9 54/23 55/5 57/2 57/6 58/2 58/24 59/23 60/7 60/19 60/20 61/13 61/22 66/25 73/23 78/1 80/8 81/2 87/21 89/22 91/15 91/24 93/21 94/4 94/18 99/10 100/14 103/2 106/14 106/18 107/4 108/22 110/10 110/20 110/21 110/23 113/1 114/8 120/10 120/25 123/12 124/8 129/18 129/22 130/18 135/5 135/25 136/13 137/19 137/20 139/21 144/2 145/19 145/22 147/20 148/2 149/15 150/14 156/6 156/18 158/23 159/9 164/11 170/3 172/13 173/20 173/21 174/10 176/24 178/2 178/17 178/18 180/6 180/24 183/13
before [26] 4/15 13/8 15/2 15/4 16/19 32/1
before... [20] 51/20
59/12 64/16 75/11
81/7 101/23 102/15
102/24 103/18 113/6
120/24 122/17 139/10
148/11 154/4 164/6 172/17 172/19 175/14 181/23
begin [1] 66/3
beginning [1] 155/24
behalf [3] 93/19 134/6 184/12
behavioural [2] 168/4 168/8
behind [5] 29/18 32/3 61/25 92/9 165/14
being [57] 9/14 19/9
21/13 21/13 23/6 25/1 25/10 28/2 28/18 31/19 36/13 39/18 41/17 42/25 48/10 54/5 57/24 61/25 61/25 66/9 67/12 68/24 78/25 83/2 84/13 85/9 85/14 87/24 89/9 101/7 103/22 106/23 117/8 117/19 118/3 122/2 127/21 132/23 133/1 135/2 137/8 145/21 148/23 153/9 153/18 154/8 157/3 157/4 157/5 158/18 161/22 162/23 170/15 175/15 176/16 178/11 178/12
Belfast [3] 64/21 71/16 151/24
belief [1] 150/25
believe [16] 18/19
19/22 34/20 34/21
34/22 38/19 38/20
40/11 41/14 52/25
67/21 111/16 118/17
120/13 132/2 141/12
believed [1] 93/19
beneficial [1] 42/16
benefit [3] 1/14
111/22 176/8
benefits [1] 43/8
Bengoa [7] 13/13
13/23 14/16 26/11
39/23 40/6 182/16
Bengoa's [2] 26/19 37/15
bereaved [14] 4/22
54/14 54/20 126/9
133/21 134/6 134/8
134/14 135/11 140/24 142/15 180/7 180/17 184/12
bereavement [2]
92/4 110/5
bespoke [2] 120/24 121/7
best [16] 4/23 27/4 43/19 66/13 74/13 82/23 100/12 107/19 130/4 135/24 148/4 149/3 150/16 150/25 151/2 183/21
better [25] 13/20 15/9 16/8 36/10 38/21 38/21 80/5 81/2 90/18 97/13 97/24 170/2 171/9 172/9 172/11 182/18 182/19 182/19 183/16 183/17 183/17 183/18 184/25 185/2 185/7
between [36] 1/24 2/1 8/5 17/7 17/8 17/10 26/17 27/10 30/12 33/22 39/19 50/21 52/4 66/5 77/5 79/3 80/5 82/17 91/16 92/21 97/7 97/22 97/25 98/14 98/25 104/25 115/19 128/20 129/2 132/15 138/11 142/22 145/24 157/8 179/5 179/17
beyond [6] 5/5 8/2 36/4 88/21 120/22 121/10
big [3] 79/15 83/12 160/10
bigger [2] 160/3 183/24
biggest [1] 176/22
Bill [4] 59/19 61/8
62/14 147/22
billion [1] 127/24
biological [2] 20/1 163/6
bit [5] 2/17 8/13
66/20 148/15 148/16
bits [1] 184/20
Blackwell [6] 76/6
99/4 100/24 103/16
143/10 150/8
block [1] 170/5
blocks [1] 185/10
Blood [1] 161/13
blood' [1] 167/24
blue [1] 98/25
board [17] 14/18
18/16 18/16 21/10 22/15 58/3 108/17 144/3 152/16 153/4 154/12 154/14 155/6 155/25 156/19 169/21 181/24
Boards [1] 159/2 bodies [5] 78/24 107/15 118/4 121/4 158/17
body [15] 5/19 5/21 $\quad$ British Treasury [1] 10/10 18/18 36/5 51/5 41/24
65/10 65/19 114/20
broad [8] 39/2 40/20
143/19 154/5 154/6 $\quad$ 60/18 153/5 153/17
154/19 154/20 154/22
border [4] 42/14 45/3 164/17 179/10
borne [1] 61/22
Borough [1] 64/21
both [24] 4/11 27/19
36/2 46/7 69/19 72/21
80/16 85/14 91/21
92/19 95/8 112/15
112/19 120/11 121/25
130/12 133/20 136/18
136/23 143/14 143/21
156/14 160/5 182/1
bottom [5] 20/17
27/24 169/9 171/19 171/23
bound [1] 35/18
box [2] 53/13 63/18
branch [2] 10/11 160/6
brave [2] 150/1 150/2
break [9] 51/21 51/23 52/1 63/14 101/23 103/11 150/3 150/6 180/20
Brenda [2] 142/14 180/16
Brenda Campbell [2] 142/14 180/16
Brexit [13] 61/17
61/17 123/21 124/6
124/6 124/11 124/16 175/4 175/9 175/10 176/17 177/1 183/7
bridge [1] 142/22
brief [11] 4/15 4/18
8/23 9/3 9/13 9/14 11/5 32/20 53/7 177/12 178/5
briefed [4] 10/8 11/3 25/1 29/3
briefing [10] 9/6 9/7
9/15 11/23 11/25
12/17 15/10 25/3 29/6 52/14
bring [18] 7/10 13/10 14/9 18/4 31/19 40/22 40/23 43/8 51/6 55/11 56/20 57/10 116/19 118/9 122/4 148/22 161/10 161/17
bringing [6] 17/19
82/1 83/3 159/1 161/18 167/1
brings [3] 38/10
138/21 145/14
British [7] 36/2 41/24 44/3 46/7 53/10 53/25 152/2
British Government
[3] 44/3 53/10 53/25

168/3 181/1 181/8
broader [3] 136/15
163/1 163/5
broadly [1] 109/7
broke [1] 103/18
brought [25] 9/21
9/25 17/2 17/20 18/14 19/16 21/7 21/20 22/8
32/25 48/7 58/13
58/15 59/22 60/2
60/11 67/11 67/19
81/8 101/20 118/1
118/7 124/16 171/7 174/11
Bruce [1] 101/12
Bruce Mann's [1] 101/12
BSO [4] 153/4 153/9 155/6 155/19
budget [7] 173/6
173/10 174/2 174/3
174/4 174/13 174/24
budgetary [1] 131/12
budgeting [1] 130/25
budgets [3] 41/17
77/24 129/16
build [4] 143/6 143/8
184/16 185/7
building [3] 90/4
143/9 185/10
bullet [5] 30/17 97/20 166/18 171/23 172/1
business [10] 58/7
68/24 76/4 92/19
96/15 109/22 114/17
121/5 153/9 153/10
businesses [2] 70/11
95/18
but [184] 1/13 2/13 2/20 4/2 4/23 5/8 5/19 7/3 7/13 9/2 9/6 11/8 11/12 11/21 14/1 14/11 14/16 16/17 16/21 17/1 17/24 18/5 19/16 21/6 22/12 22/22 24/18 25/13 28/21 29/6 29/12 31/11 31/23 32/6 33/15 35/25 36/4 37/9 38/16 40/13 41/10 41/23 42/3 43/3 45/1 45/14 46/19 46/24 48/4 50/2 51/23 52/23 53/6 53/24 55/5 56/7 came [18] 4/11 10/23 56/18 56/25 57/7 58/6 59/9 62/14 65/10 $\quad 46 / 1947 / 13$ 59/7 66/25 67/8 68/2 69/14 70/21 77/18 78/5 69/22 70/9 72/22
73/14 74/10 74/23
78/6 79/21 81/15

81/19 82/20 82/21 83/16 87/18 88/8 88/12 89/17 90/16 91/8 92/17 92/21 94/8 94/24 96/22 101/5 101/6 101/18 103/1 105/9 106/1 106/10 106/14 108/8 108/21 113/8 114/3 115/13 116/7 119/9 119/14 120/13 121/3 121/4 121/21 122/10 122/17 123/11 123/19 123/23 125/2 126/22 127/5 128/16 129/18 130/13 130/20 131/1 132/14 134/4 134/8 136/2 136/8 137/2 138/14 138/23 138/25 139/4 139/5 139/9 139/23
140/2 140/5 140/15 141/6 141/22 142/17 143/4 144/1 144/5 145/21 146/17 148/7 150/17 151/13 151/18 152/6 152/19 154/20
156/20 159/18 159/19 159/20 159/24 160/9 161/14 161/19 162/2 162/13 162/17 164/13 165/14 167/12 167/16 168/20 171/1 172/12 172/21 173/16 174/7
174/10 176/6 177/10
179/17 179/23 180/20
181/17 185/9
buy [1] 26/3
buy-in [1] 26/3

## C

C3 [1] 109/11
Cabinet [5] 7/18
30/13 30/22 79/10 135/21
Cabinet Office [4]
30/13 30/22 79/10 135/21
call [3] 56/3 80/19 116/25
called [13] 10/10
39/24 40/10 50/19 51/5 53/3 55/25 56/1 65/25 68/13 71/12
79/20 114/21
calls [1] 99/1 Cambridgeshire [1] 64/15

46/19 47/13 59/7
$70 / 21$ 77/18 78/5
94/19 124/19 159/4
166/22 166/24 181/24
Campbell [13] 142/6

## C

Campbell... [12]
142/10 142/12 142/14 149/12 180/9 180/11 180/13 180/14 180/16 185/23 187/19 187/25 can [84] 1/14 8/13 9/10 25/16 25/19 34/3 34/6 34/9 35/23 38/21 39/7 39/8 39/12 42/20 42/24 44/6 45/14 47/12 52/21 52/24 55/11 58/5 59/25 60/5 63/21 66/13 66/15 69/5 70/9 77/2 79/12 80/20 80/21 81/12 81/17 88/8 88/25 97/1 97/12 97/19 100/21 107/8 107/11 108/14 109/2 112/19 117/21 118/10 118/18 119/1 119/2 125/21 125/25 127/12 128/17 129/16 139/13 147/23 147/25 148/22 150/23 151/7 151/11 157/5 159/25 162/4 166/5 166/14 166/15 166/18 169/6 170/23 171/23 173/2 178/16 180/20 181/3 181/8 181/22 183/9 184/13 185/10 185/13 185/16
can't [7] 24/9 47/11 72/24 126/17 147/25 148/6 157/4
cancer [1] 42/23
candour [1] 135/1 cannot [3] 68/21 138/15 147/11 capabilities [2] 164/15 172/6 capability [6] 77/25 127/16 163/19 164/3 165/19 174/25
capacity [20] $2 / 16$ 2/19 39/20 77/25 82/14 109/14 111/24 125/4 125/6 125/11 130/21 131/1 134/23 137/13 160/18 161/23 162/5 164/6 165/3 184/4
cardiac [1] 42/23
care [75] 13/9 13/14 13/25 16/7 19/4 19/5 20/14 22/14 26/21 28/5 28/14 28/19 28/24 29/5 29/7 29/11 29/12 29/17 29/18 30/4 30/21 30/25 31/4 33/13 35/7 37/10 39/17 39/20 41/4

41/12 42/23 43/23 78/24 79/12 80/6 80/9 80/16 80/16 80/17 80/17 80/22 80/24 80/25 81/7 81/25 84/22 109/14 109/17 120/18 121/23 127/4 127/6 151/25 152/8 152/15 152/16 152/24 153/1 153/4 153/6 153/15 153/21 155/6 155/25 156/19 157/2 159/2 169/12 169/25 170/21 177/9 182/5 182/11 182/15 183/5 care homes [1] 80/16
Careful [1] 102/11 carefully [1] 20/22 caretaker [2] 2/16 2/19
Carolyn [1] 177/22 carried [3] 20/25 135/12 135/18 carries [2] 154/16 169/1
carry [5] 35/6 40/19 43/5 127/3 167/15
cascade [1] 72/4 cascading [3] 89/17 90/8 143/10
case [12] 17/9 17/24 33/9 41/25 77/8 81/16 103/3 105/25 120/14 121/25 133/2 145/3
cases [1] 93/22 cash [1] 127/25 Category [11] 62/21
62/22 67/7 67/24
86/22 88/21 88/22
90/3 116/2 116/18 116/19
Category 1 [7] 62/21 67/7 67/24 86/22 90/3 116/2 116/18
Category 2 [3] 62/22 88/22 116/19 catering [1] 136/23 Catherine [4] 88/1 112/5 115/17 128/14 Catherine Frances
[4] $88 / 1112 / 5$ 115/17 128/14
caught [1] 94/25 cause [2] 66/10 175/22
caused [1] 175/15
CBRNE [1] 20/2 CCG [1] 117/15 CCPB [1] 10/11 CCS [2] 30/9 30/13 central [23] 5/19 9/25 characteristics [2] 66/11 71/2 72/4 73/20 44/22 120/6 75/4 79/8 104/25 check [1] 113/5 148/14 153/3
centre [3] 10/12 98/13 98/15
centred [2] 117/22
140/10
centres [2] 41/4 130/18
centric [2] 51/7 108/13
certain [4] 31/18
37/16 116/1 161/3
certainly [18] 29/22
32/6 33/15 35/1 39/11
45/24 51/19 62/18
67/6 73/13 90/25 103/9 107/4 120/13 121/25 144/6 145/22 146/3
certification [1] 135/10
cetera [8] 113/17 113/18 124/23 138/1 140/19 160/8 176/5 179/9
chain [1] 130/7
chains [2] 20/3 123/8
chair [2] 66/21
154/13
chaired [3] 14/17
72/16 72/18
chairing [1] 86/9
challenge [6] 79/15
89/8 96/5 112/21
165/20 166/2
challenges [6] 13/8
24/6 69/23 124/19 132/22 133/1
champion [1] 144/4
champions [1] 143/1
chance [2] 26/2 27/5
change [17] 34/5
39/2 39/7 40/22 40/24 48/16 82/1 82/15 90/22 115/4 133/10 156/7 156/9 156/16 156/17 156/22 156/23
changed [7] 39/10 77/17 104/20 159/1 159/9 159/21 173/8 changes [6] 68/14 71/6 73/18 81/8 82/21 121/23
changing [6] 73/19
74/23 123/1 123/15 157/1 157/7
channels [3] 79/18
91/3 116/4
[1] $113 / 5$

109/13 112/7 112/11 checked [1] 139/11 113/2 115/19 121/2 chef [1] 156/8 124/4 125/4 127/24 chemical [1] 20/1 128/11 128/17 138/12 chief [43] 15/17

29/22 31/24 47/19 49/2 49/10 49/12 49/20 50/4 50/9 50/12
50/22 52/11 55/4
55/23 55/25 57/3 57/5 57/14 59/17 61/10 64/6 64/10 64/12 64/15 64/17 72/9
72/17 110/19 143/21
146/7 146/11 148/4
149/8 151/12 152/6
157/25 160/14 164/9
164/24 165/9 166/23 172/25
children [2] 42/23 120/17
children's [4] 127/4
127/7 129/14 153/1
choice [1] 102/11
Chris [3] 63/22 64/1 187/9
Chris Llewelyn [1] 63/22
circular [2] 96/11 185/9
circumstance [1] 112/2
circumstances [10]
36/1 75/7 75/8 102/2
121/17 123/1 123/15
127/20 133/11 137/19
citizens [1] 43/17
City [1] 64/21
civil [50] $8 / 7$ 8/9 8/15
8/19 8/25 9/8 9/20
10/11 11/13 12/8
17/10 17/12 30/9 34/4
37/25 38/3 38/6 39/2
39/5 39/12 48/7 58/8 59/16 60/1 60/7 60/7 61/10 62/17 67/3 67/6 67/11 67/18 68/21 71/24 72/8 73/11 73/18 73/21 76/1 97/4 98/7 107/5 114/6 137/3 144/8 144/17 145/17 146/10 146/25 147/21
clarifying [1] 85/20 clarity [6] 90/23
90/25 98/4 138/3
142/18 179/23
class [1] 33/13
clear [16] 8/23 9/2
11/6 13/14 37/14
41/10 49/24 57/12
69/13 88/6 90/10
105/15 123/5 137/4
138/3 140/11
clearer [1] 97/16
clearly [8] 9/15 24/2
29/15 57/3 120/9
123/9 139/7 145/12
clinical [3] 30/20
31/3 168/7
clinically [1] 95/17
close [3] 84/9 84/16 114/3
closed [3] 120/15 130/18 155/25
closely [9] 52/12
76/2 84/19 123/10 148/12 154/21 155/5 156/5 168/21
closing [1] 106/12
closure [1] 120/16
CMO [12] 15/17 18/5
18/7 24/11 25/18
25/23 40/12 53/24
56/6 158/5 160/6
185/5
CMO's [1] 24/2
CMOG [2] 15/17 15/21
co [15] 27/17 42/20
42/21 47/17 47/23
52/9 68/1 72/16 72/18
86/5 98/6 138/20
148/10 155/3 155/18
co-chaired [2] 72/16 72/18
co-dependent [1] 155/3
co-operate [1] 68/1 co-operation [4] 42/20 42/21 47/17 47/23
co-ordinating [2] 86/5 155/18
co-ordination [3]
27/17 52/9 148/10
Co-ordinators [1] 98/6
co-produced [1] 138/20
coalition [4] 6/2 6/4 6/10 147/12
coastguard [1] 62/21
COBR [1] 52/14
code [1] 184/4
codification [1] 91/2
codifying [1] 147/17
coding [8] 169/11
169/13 169/25 170/2
170/5 170/6 170/9
170/18
coherence [1] 57/16
Colindale [3] 161/6
161/24 162/6
collaborate [1] 46/8
collaboration [1]
139/18
collaboratively [1]
43/1

## C

collapse [6] 2/23
33/22 38/18 42/3 42/7 182/3
collation [1] 98/12
colleague [1] 149/18
colleague's [1] 73/11 colleagues [16]
79/14 83/14 83/17
91/15 92/16 94/5 99/8
113/2 116/5 122/1
131/16 139/11 140/15
140/18 162/25 176/15
colleagues' [1] 119/9
collection [4] 98/11
108/19 133/22 180/8
collective [3] 5/9
7/18 106/4
collectively [2] 45/21
106/16
column [2] 19/21 20/6
column 8 [1] 20/6
combine [1] 14/1
come [35] 14/15
15/25 16/5 16/12
19/12 22/20 23/11
23/17 24/8 31/3 33/4
34/16 44/18 48/21
50/1 57/1 60/9 66/18
69/21 76/10 89/2
99/11 101/4 122/17
132/18 136/1 137/1
153/25 157/4 157/5
160/9 167/6 170/11
170/18 185/2
comes [6] 6/4 23/17
45/20 46/2 79/4
101/11
comfortable [1]
181/15
coming [10] 24/9
47/1 67/14 78/6 81/25
98/22 145/8 168/11
176/11 176/13
command [1] 14/2
commanded [2] 14/6 41/15
commenced [3] 32/5
103/2 103/3
commencing [1]
149/9
comment [4] 96/7
179/16 181/8 181/14
commentary [1]
178/9
commenting [2]
181/12 181/16
comments [10] 4/15 73/11 84/2 85/13
99/17 113/21 116/23 125/15 129/6 131/11
commission [2]

80/23 157/8 commissioned [4] 18/3 22/21 108/16 172/16
commissioner [1] 170/7
commissioning [8] 82/12 83/15 137/13 152/14 153/21 156/5 156/25 170/6
committed [2] 25/17 43/13
committee [5] 5/20
6/20 7/10 97/4 128/23 committees [2]
50/25 52/14 common [2] 46/12 66/10
communicable [2] 96/12 162/11 communicate [1] 143/4
communication [6] 52/19 78/22 79/19 90/15 98/14 140/24 communications [3] 52/4 52/16 109/25 communities [25] 66/14 68/23 70/5 70/7 79/5 84/9 84/16 85/14 88/3 97/14 101/17 111/13 116/6 118/24 118/25 120/11 120/23 122/2 127/5 128/22 130/2 135/6 140/21 140/23 140/23
community [29] 28/9
66/5 68/24 69/4 70/2 76/12 76/17 76/18 84/22 86/20 87/8 97/15 101/16 111/2 112/19 113/15 113/17 118/8 121/8 122/3 122/6 122/6 125/2 140/22 144/5 144/7 152/8 152/25 184/6 companies [1] 140/19
comparable [1] 7/23 compel [1] 147/11 compelled [1] 147/10 compensate [1] 129/16
competence [1] 7/21 competent [1] 113/3 competing [2] 22/2 22/10
competing/urgent [1] 22/2
completely [2] 84/3 118/23
completeness [1] 65/24
completes [2] 149/13

180/5
complex [3] 4/7
109/15 119/20
complexity [1] 116/24
compliance [1] 68/5 complication [1] 79/17
complimentary [1] 30/19
component [1] 56/15
comprehensive [1] 113/16
comprise [1] 6/10
comprised [1] 97/3
comprises [1] 6/20
compromises [1] 35/23
conceived [1] 73/23
concentration [1] 141/24
concept [1] 55/17
concern [6] 33/19
48/18 48/20 80/8
166/19 173/18
concerned [17] 9/9
15/23 17/3 24/4 31/9
88/14 121/21 121/22
122/22 135/5 137/25 150/2 151/16 155/8
157/12 158/25 173/12
concerning [5] 8/15
11/17 17/19 44/20
101/8
concerns [11] 52/3
74/2 87/4 93/17 96/3 109/1 109/3 109/7 123/8 159/23 160/10 conclude [3] 68/15 100/17 173/20
concluded [2] 55/7 167/23
concludes [3] 62/24 133/19 185/24
conclusion [3]
102/15 102/25 140/5
conclusions [6]
101/1 102/13 104/16 105/3 105/7 138/6
condolences [1] 4/22
conduct [1] 58/6
conducted [2] 93/18 125/19
conferences [1] 70/4
confidence [2] 74/25 149/6
confident [1] 41/20
confidential [1]
89/23
confine [1] 153/13
confirm [2] 41/8 150/23
confirmed [2] 112/6
157/16
confuse [1] 78/10 confusion [3] 98/15 175/22 176/1
connect [1] 119/1
conscious [2] 55/22 58/18
consensus [1] 143/8
consequence [6]
80/19 104/12 105/4
124/20 124/24 125/7
consequences [14]
19/5 29/24 30/4 33/21
35/19 42/17 47/8
105/20 105/22 119/15
124/12 129/23 131/2
133/9
consider [5] 144/20
147/2 156/19 163/5
173/14
considerable [3]
11/15 82/9 151/3
considerably [2]
75/9 159/9
consideration [7]
90/22 111/11 116/12 117/12 118/4 149/22 177/12
considered [4] 126/1 173/20 173/22 177/11 considering [1] 47/4 consistency [1] 147/3
consistent [3] 98/17
140/11 184/3
consistently [1]
116/7
consolidated [1]
116/25
constantly [1] 73/19
constituted [1] 160/1 constitutional [1] 4/8
constrained [2]
128/17 132/1
constructed [1]
68/18
consultant [5]
159/15 163/20 164/4
164/11 184/2
consultants [5]
159/10 163/22 167/1
167/3 171/7
consultation [3]
138/23 139/1 139/7
consulted [1] 144/13
consumers [1]
165/24
contact [2] 172/1 179/12
contacted [1] 124/5
contained [3] 48/4
58/10 87/23
contains [1] 1/19
context [18] 14/13
28/18 45/1 72/12

72/23 73/17 75/8 76/20 91/18 91/22
91/22 91/25 92/1
117/25 122/12 131/17 131/25 148/6
contexts [1] 119/23
contextual [1] 119/24
contingencies [31]
8/7 8/9 8/15 8/19 8/25
9/8 9/20 10/11 11/13
12/9 13/1 17/11 30/9
39/6 58/8 62/18 67/3
67/6 67/11 71/24 72/8
73/12 73/21 97/4 98/8
107/6 114/6 137/3
144/18 146/10 147/22
contingency [6]
17/12 60/2 60/8
139/24 145/17 146/25
continue [3] 43/7
109/4 146/2
continued [4] 2/13
2/19 42/1 114/8
continuing [2] 89/19
172/10
continuity [4] 92/20
96/16 109/22 114/17
contract [1] 170/5
contrast [1] 169/18
contribute [1] 185/6
contributed [1] 173/1
contributing [1]
164/9
contribution [3]
107/7 119/9 145/4
contributions [1]
149/18
control [1] 36/21
convenient [2] 51/18 103/8
Convention [1] 65/25
conversations [1] 25/6
coordination [1] 28/11
copy [2] 40/1 102/4
core [11] 8/17 78/3 87/15 89/1 100/24 101/21 111/16 117/1 119/4 127/23 128/14
corporate [1] 65/12 correct [52] 1/25 2/4
2/10 2/16 2/25 3/5
3/11 3/16 3/21 4/5
4/14 5/17 5/23 6/18
7/7 8/6 8/12 15/12
19/15 21/4 21/22
24/14 30/1 30/6 31/10
34/13 39/10 39/11
42/18 50/16 51/15
56/14 65/6 65/22
67/15 71/14 71/17
71/22 73/2 77/15
correct... [12] 104/5
107/25 131/10 143/5 143/6 155/21 157/23 164/5 171/6 173/25 178/18 178/22
correcting [1] 65/17
COSLA [1] 66/1
cost [4] 30/20 114/10 175/11 177/2
coterminosity [2]
77/5 81/15
could [43] 1/9 1/12 14/2 18/21 19/8 20/5 26/24 27/7 27/24 32/13 46/10 46/16 61/1 61/1 70/24 76/17 78/4 81/2 82/20 84/23 111/22 115/1 127/9 128/11 130/19 131/21 132/9 135/10 145/18 146/1 146/19 163/24 165/4 167/21 171/13 171/22 172/11 173/16 173/19 175/20 176/1 177/3 182/21
couldn't [4] 14/22
35/9 136/4 175/12
council [31] 42/5
42/9 42/11 64/16
64/16 64/21 64/22
65/19 70/5 72/19
82/13 91/21 92/17 95/22 95/25 114/16 122/4 124/3 128/6 128/16 128/17 129/17 129/24 129/25 131/7 131/17 131/24 146/9 147/10 148/5 148/11
council tax [3] 128/6 128/16 128/17
councillors [3]
117/23 118/24 122/2
councils [47] 65/11 65/12 65/16 65/21 70/1 77/22 83/10 87/10 87/16 91/10 93/16 93/19 95/13 107/8 114/23 114/24 121/20 121/25 122/9 125/9 126/12 126/16 126/20 127/3 127/4 127/15 127/17 127/18 127/23 128/11 128/15 128/17 131/5 131/19 133/4 135/13 137/1 137/2 137/9 143/4 143/7 143/11 143/13 143/18 145/8 147/3 149/1
COUNSEL [7] 1/8 64/4 150/12 180/10 187/4 187/15 187/23

Countermeasure [1] 20/18
countermeasures [1] 44/25
counterpart [2]
53/20 53/22
counterparts [1] 170/10
counties [1] 126/5
countries [2] 27/14 34/7
country [12] 38/11
39/23 45/4 77/5 77/7 83/20 100/19 101/14 101/16 111/17 111/24 133/7
County [2] 64/16 64/16
couple [6] 48/14 51/2
54/22 131/15 139/23 156/6
course [21] 19/11 29/24 31/22 38/9 45/4 72/25 77/20 79/2 80/14 80/23 89/12 93/9 95/7 99/13 100/23 102/21 132/12 137/14 146/13 153/11 183/6
cover [3] 106/16 114/2 175/16 covered [3] 54/23 93/10 106/11 covering [1] 109/7 Covid [42] 43/22
54/14 54/20 70/16 75/10 84/24 87/14 87/18 87/18 93/6 94/9 94/25 95/4 95/15 96/6 106/10 106/14 108/17 108/23 114/1 114/8 115/5 116/4 119/7 120/9 122/12 123/20 126/8 130/16 131/13 132/17 133/7 133/21 134/6 160/15 164/6 166/10 167/7 171/7 174/15 180/7 180/17 Covid-19 [9] 54/14 54/20 93/6 96/6 108/23 119/7 132/17 160/15 166/10
CQC [1] 81/1 crashing [1] 171/21 create [1] 183/16 created [2] 83/24 97/25
creates [1] 100/25 creation [2] 91/11 153/12
crises [1] 81/19
crisis [13] 9/25 97/25 114/1 114/9 114/10 115/6 115/10 115/13

119/24 120/7 127/19 130/16 130/21
critical [5] 69/18 80/3 109/17 113/8 126/18 critique [1] 116/8 cross [8] 7/4 14/8 41/15 42/14 65/8 152/2 184/23 185/10 cross-border [1] 42/14
cross-cutting [1] 7/4 cross-departmental [1] 185/10 cross-party [1] 41/15 cross-political [1] 14/8
crucial [1] 69/24
CSA [2] 50/11 50/14
culture [2] 104/24
129/20
current [5] 66/9
74/20 148/23 161/9 180/22
currently [15] 117/19 144/21 145/19 151/20 160/1 160/3 162/19 165/25 167/5 167/11 168/14 170/12 170/15 178/11 183/3
curtailed [1] 141/1
cut [2] 129/16 129/20
cuts [3] 125/9 128/24 129/10
cutting [2] 7/4 130/5
Cygnus [46] 10/25
12/17 12/21 12/23
14/24 16/17 22/20
23/2 23/23 25/12
25/13 25/17 25/21
26/8 26/13 27/9 28/17 28/21 29/4 29/14 30/9 30/23 31/5 31/15 31/18 53/1 59/5 100/2 101/1 101/15 103/20 103/23 103/25 105/4 105/18 106/2 107/15 107/18 108/3 110/9 134/19 134/21 135/19 135/21 136/3 138/7
Cynon [1] 94/21
Cynon Taf [1] 94/21

## D

DA [2] 24/21 30/16
DA-specific [1] 24/21
DAERA [2] 49/18
49/19
daily [1] 115/11
damage [1] 36/5
damaged [1] 36/13
damaging [2] 34/17
35/19
DAs [1] 30/19
data [15] 51/9 51/14

70/25 98/11 98/16 165/15 166/2 167/2 167/15 167/21 167/24 168/5 168/8 171/4 171/11
date [10] 17/20 18/5 19/21 48/2 79/16 82/18 117/2 117/9 117/10 165/15
dated [2] 1/18 139/3
David [2] 37/24 38/14
David Sterling [1] 38/14
Dawson [14] 150/10 150/11 150/13 150/19 151/8 153/13 157/20 168/6 177/25 180/6 180/15 185/25 186/2 187/21
day [20] 2/20 7/10
7/10 8/23 9/3 9/13 11/5 13/10 13/16
34/12 38/18 41/22 43/14 43/14 50/21 50/21 61/18 83/17 83/17 150/10
day one [2] 13/10 13/16
days [4] 3/17 25/21 26/24 97/10
DCLG [1] 135/22 de [1] $28 / 19$
de facto [1] 28/19 defines [1] 184/20
deal [36] 11/12 23/10 definite [1] 124/24 46/23 47/22 48/5 48/9 definitely [2] 95/13 54/24 61/17 64/24
70/24 73/16 83/19
100/21 108/9 111/5
122/19 123/6 123/21
124/12 124/16 124/21
125/5 125/11 126/14
133/5 134/17 134/18
138/5 139/12 140/24
142/23 151/6 175/15
176/17 177/15 182/7
dealing [7] 12/12
20/7 23/22 45/7
121/20 137/14 169/9
dealings [1] 49/5
dealt [3] 22/17 96/13 141/5
death [15] 69/12 delivering [3] 40/8 105/19 134/12 134/24 40/10 182/16

| $135 / 6 ~ 135 / 9135 / 24$ | delivery [6] 82/4 |
| :--- | :--- |

136/15 137/10 137/20 106/22 118/5 123/2
137/22 140/2 140/10 155/3 156/5
140/21 141/18
deaths [3] 109/9
137/15 139/8
debate [5] 30/11
44/20 44/22 44/25 89/15
decade [3] 3/10
125/10 135/10

132/2
definition [1] 121/10 degrading [1] 37/11
degree [6] 8/13 28/23 40/4 120/3 128/16 179/11
delayed [3] 100/10 100/10 108/8
delegate [1] 25/18 deleterious [1] 42/17 deliver [9] 13/7 16/8 20/15 33/13 68/7 75/7 95/16 129/13 167/18
delivered [5] 41/1
68/19 71/11 84/23 97/1
delve [1] 16/22
demand [4] 39/19 127/6 129/25 130/8 demand-led [1] 127/6
demands [6] 22/2
22/10 23/4 53/15 54/4 123/1
democratic [9] 34/10
69/3 73/25 74/4
113/25 114/5 115/2
115/8 141/13
democratically [4] 112/18 114/19 117/23 141/14
demonstrated [1] 42/18
denied [2] 16/25 17/1
Denis [1] 61/2
Denis McMahon [1] 61/2
Dennis [3] 94/14
123/16 123/19
department [84] 2/2
7/14 7/16 8/3 8/4 11/7 12/6 13/5 13/15 14/18 14/20 15/10 15/16 15/24 16/11 16/24 17/13 17/22 18/10 18/11 18/17 18/18 19/2 19/6 19/7 19/14 20/25 21/18 22/1 22/6 22/16 22/21 22/25
23/7 24/12 27/8 31/8 32/2 33/7 39/4 39/16 49/9 49/13 49/14 49/18 50/11 56/7 56/12 59/15 61/24 78/23 79/5 79/11 80/5 96/13 102/23 111/13 111/16 116/5 128/21 135/22 135/23 139/2 154/21 155/2 155/20 156/2 156/3 156/11 156/20 156/21 157/9 163/18 164/2 164/8 164/25 168/22 170/22 174/3 177/10 177/11 178/9 178/21 183/25 departmental [9] 10/24 18/22 19/13 21/1 32/9 56/1 184/23 185/4 185/10 departments [8] 7/2 8/2 11/22 55/11 78/19 138/16 144/11 144/13

## departments' [1]

33/7
departure [1] 123/6
depend [1] 121/15
depended [1] 50/19
dependent [5]
116/18 135/16 155/3
155/3 179/25
depending [2]
119/23 121/24
depends [2] 66/20 128/9
deploy [2] 127/19 127/19
deprivation [1] 169/19 depth [3] 11/8 12/1 142/18
deputy [18] $1 / 52 / 8$ 3/4 3/12 3/20 3/23 6/23 7/5 7/8 8/16 18/1 51/2 51/3 52/18 56/10 64/10 67/12 91/7 describe [10] 53/12 57/23 69/11 78/10 78/22 95/3 136/23 144/11 156/10 163/14 described [9] 10/17 17/12 55/16 82/19 86/14 96/2 96/5 154/5 154/7
description [3] 50/6 57/13 76/6
deserved [1] 25/24
design [1] 74/19
designed [2] 20/22 24/21
desires [1] 154/16 desktop [2] 104/11 107/21
despite [2] 135/14 166/21
detail [15] 11/8 11/18 12/5 12/8 12/12 12/18 16/22 19/20 69/21 70/13 93/10 99/24 102/14 140/6 162/22 details [1] 11/11 deteriorate [1] 179/22
determination [1] 38/24
determine [2] 34/5 131/7
determines [1] 120/8 detriment [2] 53/5 53/6
detrimental [2] 33/3 130/6
develop [10] 19/12 20/8 20/9 42/21 74/7 90/18 93/4 143/7 168/13 168/21
developed [8] 95/23 108/15 138/18 157/3 164/7 166/25 167/4 179/14
developing [8] 48/13
56/5 92/19 143/2 151/4 156/24 168/1 177/21
development [11] 1/23 9/18 20/12 59/18 108/5 144/23 145/13 153/20 158/8 167/16 168/16
developments [1]
148/22
develops [1] 143/1 devise [1] 86/23 devolution [1] 8/1 devolved [14] 17/5 22/23 24/18 28/3 28/21 30/10 30/12 30/16 31/1 53/25 58/14 90/10 90/11 98/7
devolving [1] 75/1
DFM [2] 12/11 58/22
DHCNI [1] 170/20
DHSC [2] 79/18 81/1 DHSC's [1] 102/16 did [52] $2 / 73 / 13$ 11/17 12/7 12/25 18/16 25/18 26/5 26/7 27/10 36/12 36/13 49/5 50/20 52/17 53/14 53/15 62/18 70/8 72/3 73/5 73/9 78/9 83/9 87/14 93/11 94/1 96/16 99/21 104/2 107/13 110/12 110/16 110/18 115/4 124/21 126/22 133/6 133/9 135/9 147/22 147/24 160/25 164/5 165/3 173/9 173/11 173/14 173/16 176/14 177/16 179/10 didn't [21] 11/8 18/23 28/22 37/17 47/14 48/24 58/10 61/2 85/4 95/5 102/8 102/23 104/14 106/16 125/6 136/3 165/18 165/20 171/3 177/11 178/5 difference [4] 35/2 92/21 98/25 106/21 differences [1] 84/4 different [33] 10/2 10/3 10/6 24/3 29/8 40/21 51/17 60/10 61/1 61/23 77/3 81/19 discussed [4] 24/11 84/3 86/1 89/25 95/12 59/9 106/5 173/14 $98 / 3$ 99/3 112/24 discussing [2] 119/22 119/22 122/12 103/19 139/16 122/12 122/13 122/14 discussion [3] 110/8 124/2 127/2 136/21 136/22 141/7 159/21 161/8 174/17
differential [1]
169/14
differing [2] 44/22 44/23
difficult [9] 4/23
22/17 41/18 61/14 96/7 107/1 114/15
119/20 146/1
difficulty [3] 86/18
88/13 89/19
digital [3] 167/8
168/17 170/20
dignity [7] 134/15 $\quad$ distinct [3] 22/13 135/11 137/10 137/16 47/18 79/22
138/5 139/23 140/4 distinctly [1] 29/8
dimension [1] 119/25 District [1] 127/4
diminish [1] 130/8 districts [2] 126/4
diminishing [1] $126 / 25$
128/19
direct [4] 22/19
119/13 152/19 160/9
directed [1] 134/7
direction [6] 34/3
35/3 38/6 38/7 96/8
121/3
directly [2] 7/15 151/9
director [14] 64/9
80/2 88/1 140/18 157/21 157/24 158/2 158/6 158/20 159/3 167/9 168/15 168/16 168/17
directorate [3] 167/8 168/14 170/21
directors [11] 82/6
85/22 86/4 86/10
154/13 154/14 157/13
157/16 157/18 159/3
168/15
Disability [1] 152/2
Disability Action [1] 152/2
disadvantage [3]
57/24 60/24 118/5
disagree [3] 38/14
61/2 142/1
discharge [6] 6/14
12/7 32/20 43/22 84/19 110/6
disclosing [1] 105/8
discrete [1] 134/12
discretion [1] 55/1
discretionary [5]
129/20 131/18 131/23 131/25 146/21

115/9 181/4
discussions [8]
55/10 147/21 147/23
147/23 149/7 149/9
157/8 185/11
disease [7] 45/23
96/12 162/11 162/16
163/4 164/6 164/19
diseases [2] 20/4
163/9
disposed [1] 137/20
disproportionate [1] 130/3
disruption [1] 20/3
dissolved [1] 2/12
diversion [1] 182/5
diversions [1] 147/5
divert [1] 59/18
divide [2] 17/7 17/8 division [2] 88/3
96/11
divisive [1] 7/3
DLUHC [2] 79/5 79/14
do [109] 4/24 9/6
9/13 9/21 9/23 15/8
16/13 16/13 21/9
21/12 21/19 23/18
23/20 24/20 24/23
24/24 24/25 25/1
25/10 25/14 29/2
29/11 31/13 32/16
34/10 34/24 38/16
39/12 39/21 41/13
41/16 41/18 41/22
41/22 41/24 42/3
42/22 48/25 55/6
57/23 59/21 60/16
61/9 62/12 66/13 68/9 68/15 68/17 69/7 72/6 76/1 79/23 83/5 83/5
83/6 85/23 86/7 86/22
87/2 91/12 100/14
102/21 104/24 111/8
111/15 112/7 112/23
113/21 115/3 115/24
116/9 116/11 117/19
118/17 122/9 122/11 122/17 125/2 126/15 127/14 128/6 128/23 129/6 131/5 135/24 138/14 141/12 141/19 144/7 147/2 149/5 150/16 153/24 154/4 155/8 158/23 161/2 164/6 166/2 167/13 172/11 173/6 173/16 173/23 177/3 179/3 179/9 182/8 183/19 document [23] 9/6 14/5 17/17 21/3 21/7 21/13 29/15 30/7 30/24 45/13 60/12 67/15 67/17 67/21 92/8 111/3 138/23 139/2 139/14 139/22 140/6 156/13 185/1
documentation [4] 11/16 17/15 25/16 53/3
documents [12]
11/10 11/24 46/22
76/10 115/19 115/22
documents... [6]
115/25 116/4 116/21 116/24 116/25 117/8 does [37] 6/14 7/20 8/17 21/18 37/22 42/6 44/5 53/23 62/18 67/8 67/17 68/2 84/12 88/15 88/19 89/2 99/2 107/14 111/14 111/18 114/18 121/15 134/25 135/16 139/22 140/4 141/24 144/19 147/2 155/5 158/6 158/10 165/19 179/19 180/3 180/4 185/16
doesn't [10] 19/10 24/13 48/8 58/11 68/9 128/6 139/16 140/2 141/2 150/17
DoH [1] 15/23
doing [8] 14/13 103/9 104/21 119/12 175/9 175/11 176/4 176/23 domiciliary [1] 80/17 don't [45] 15/4 18/19 21/16 24/1 25/5 29/6 38/14 38/15 50/10 53/18 54/1 56/20 73/21 88/11 93/22 101/5 113/7 113/18 116/7 126/14 127/5 127/18 142/9 152/5 152/5 154/3 161/7 162/1 162/2 162/5 163/12 170/8 170/25 178/19 180/9 181/9 181/12 181/13 181/18 182/20 183/3 183/3 184/11 184/15 185/11
Donaldson [1] 13/24
done [20] 18/20
32/11 34/24 36/5 56/4 85/6 92/20 103/24 117/19 118/19 136/13 139/17 139/17 139/22 141/1 161/5 167/1 178/13 178/20 183/9 doubt [6] 12/23 24/5 61/13 61/14 134/9 161/19
down [24] 2/17 16/2 53/8 66/16 72/3 72/4 72/22 75/1 87/24 89/17 90/8 101/19 113/6 130/18 143/11 145/23 148/15 166/5 166/18 168/12 170/23
171/22 173/2 180/20
DPH [1] 177/22
Dr [4] 167/20 167/23 172/17 177/22
Dr Carolyn Harper [1] 177/22

| Dr Hussey [3] | $167 / 20$ | $113 / 25$ |
| :--- | :--- | :--- | 167/23 172/17

DR6 [1] 19/19 draft[5] 139/1 139/7 156/13 177/8 177/11 drafting [2] 93/13 177/17
dramatic [1] 74/16
drastic [1] 74/23 draw [1] 60/5 drawing [1] 74/14 drawn [2] 44/13 65/21
drive [2] 171/9 185/20
driven [1] 79/9
drivers [1] 171/9 drives [1] $8 / 14$ dropped [1] 100/11 drugs [1] 97/17 due [7] 19/7 99/13 108/9 118/4 132/22 162/17 169/12
duplication [2] 82/13 159/6
Durham [1] 64/16 during [36] 27/19 28/6 28/15 28/25 55/21 58/18 70/16 71/8 77/17 77/19 77/21 78/5 78/10 86/10 95/6 102/20 103/25 113/25 115/5 115/10 116/3 116/3 122/1 125/10 127/17 130/1 130/16 136/16 137/1 151/4 151/8 151/15 151/16 152/10 153/11 171/7
duties [4] 67/24 68/5 68/10 92/4
duty [10] 43/11 43/18 43/23 67/25 86/22 118/4 120/4 147/9 147/14 147/17
dynamic [3] 73/17 121/14 124/25

## E

each [22] 7/13 7/16 7/16 7/20 65/21 66/18 72/15 72/15 79/6 85/25 95/22 95/24 111/18 112/1 112/24 113/9 114/15 131/7 141/20 141/23 155/3 160/15
earlier [14] 21/10 21/12 21/23 25/19 48/17 57/20 102/19 112/17 116/16 122/7 123/16 171/6 175/7 183/12
early [3] 13/6 46/24
easier [2] 143/17 148/16
easiest [1] 128/20
Eastern [1] 170/16
easy [1] 52/19
economic [2] 168/5
168/8
economy [3] 130/2
130/7 130/8
educate [1] 12/25
education [2] 129/14 184/22
effect [5] 39/16 82/15
88/19 130/6 176/15
effective [14] 16/18
35/16 72/6 72/23
83/16 88/14 89/14
89/24 93/21 94/16
111/19 115/21 119/4
166/15
effectively [9] 74/10
74/21 81/17 81/21
94/24 113/10 114/7
119/1 122/9
effectiveness [4]
15/6 84/25 94/12
102/7
effects [1] 175/14
efficacy [1] 87/5
efficiencies [1] 161/18
effort [1] 38/22
efforts [1] 102/2
eight [5] 8/2 100/3 100/12 107/16 107/19 either [3] 9/23 57/21 87/4
elderly [1] 153/1
elected [11] $5 / 15$
35/14 35/15 39/13
112/18 114/19 117/23
120/12 122/2 141/14 185/12
elections [4] 2/14
2/20 4/1 4/1
elective [2] 41/4 153/2
Electoral [1] 64/22
electronic [3] 169/11
169/25 170/13
element [2] 81/1 102/9
elements [3] 88/6 153/23 168/7
elevated [3] 33/18
48/19 48/21
elevating [1] 143/11
elicited [1] 151/17
else [1] 85/10
emanation [1] 21/12
embedded [6] 85/14
118/23 120/11 145/12
146/7 179/24

| emergencies [10] | $107 / 19112 / 18113 / 24$ |
| :--- | :--- | 8/11 10/7 16/23 19/25 114/3

23/25 32/18 67/25 engaging [2] 77/9
155/9 158/19 176/19 $89 / 24$
emergency [85] 10/3 engender [1] 34/11 11/7 12/9 13/3 14/21 engineering [1]
15/15 15/23 17/7
17/12 19/6 22/3 22/11 England [28] 28/2
22/12 32/10 39/6 41/6 6 29/8 63/20 65/11 43/21 52/6 52/15 68/1 69/11 71/4 71/10 71/12 72/13 72/14 72/18 73/17 75/3
82/10 86/16 86/23
92/19 93/1 94/12
95/23 96/1 96/4 98/25 107/9 114/17 119/5 119/11 119/23 123/22 125/10 126/3 126/15 126/21 129/21 131/6 131/24 144/17 144/24 145/16 146/8 146/21 147/6 147/11 155/7 155/12 155/13 155/16 155/17 155/19 158/8 158/9 158/12 158/15 158/18 159/11 159/15 159/16 159/25 160/3 160/8 171/16 174/24 175/12 175/16 176/2 176/7 176/20 176/23 183/25
emerging [1] 98/17
emotions [1] 99/13
emotive [1] 95/13
emphasise [1] 92/16 emphasises [1] 84/24
employed [3] 157/14 157/24 164/12
employers [1] 130/5
employment [2] 83/6 184/2
empt [1] 118/15
enable [2] 149/1
179/11
enabling [2] 131/18 131/23
Encompass [1]
170/14
end [4] 26/16 165/8 172/16 185/2
endeavour [1]
105/16
ended [1] 2/6
engage [4] 69/7
74/18 92/12 161/24
engaged [7] 26/25
56/8 60/7 110/23
143/13 144/7 144/8
engagement [14]
53/20 53/24 53/25
54/1 54/8 54/9 71/2
80/5 97/14 100/6

65/15 67/6 77/10 82/2
84/6 88/5 93/2 93/16
95/8 108/13 126/1
126/3 127/23 132/20
157/13 157/17 161/20
162/25 163/4 165/22
165/25 170/2 170/4 170/10
England's [1] 161/5
England-centric [1] 108/13
English [3] 75/19
99/8 100/25
enhance [1] 171/9
enhancement [1] 174/5
enough [5] 60/3
63/16 160/10 173/21 181/13
enquiries [1] 16/21
ensure [20] 6/16
43/20 44/5 45/22
51/20 67/18 69/5
98/17 138/4 141/23
147/3 154/15 155/11
169/24 170/7 183/9
183/21 184/3 184/5 185/6
ensured [1] 83/4
ensures [1] 156/21
ensuring [9] 68/4
69/23 88/24 89/4 89/8
116/20 137/10 141/7 176/16
enter [1] 15/24
entire [2] 14/6 46/13
entirely [1] 135/15
entirety [1] 83/10
entities [2] 88/17 88/18
entitled [1] 170/14
environment [2]
73/19 171/25
environmental [4]
84/17 158/12 158/15 163/7
environments [1] 184/21
EPEH [1] 158/13
EPG [1] 71/23
EPGs [2] 71/12 71/23
epidemic [4] 94/8
163/18 163/19 164/2
epidemiological [2]
48/9 178/25
epidemiologically [2] 45/5 47/5
epidemiologist [4]
163/21 164/4 164/11 184/3
epidemiologists [1] 163/23
epidemiology [3]
162/12 166/16 168/4
EPRR [3] 157/12 169/2 173/10
Equalities [1] 120/4 Equalities Act [1] 120/4
equality [1] 120/4
equally [3] 17/1 53/6 123/19
equation [1] 137/16
Equipment [1]
109/10
Equipment/Medicine
s [1] 109/10
equipped [1] 101/10
equivalents [2] 97/23
98/6
Ernst [1] 160/5
error [1] 126/10
escalate [2] 72/3 72/5
escalating [2] 143/11 144/10
especially [2] 75/9 176/7
essence [2] 37/8 43/10
essential [3] 9/19 9/24 109/21
essentially [2] 6/12 $7 / 6$
establish [2] 167/8 171/7
established [9] 51/4
97/22 117/16 153/15 165/3 165/7 172/3 173/7 185/5
establishing [1] 98/5 estimation [1] 128/1 et [8] 113/17 113/18 124/23 138/1 140/19 160/8 176/5 179/9 et cetera [8] 113/17 113/18 124/23 138/1 140/19 160/8 176/5 179/9
Ethics [1] 109/15 Ethics/Complex [1] 109/15
ethnic [2] 169/17 169/22
ethnicity [5] 169/11 169/12 169/15 169/24 184/5

EU [12] 69/12 70/21 70/24 77/17 78/5 108/9 116/3 122/19 175/4 175/15 177/15 182/7
EU exit [5] 69/12 70/21 77/17 78/5 116/3
Europe [1] 78/10
European [2] 123/6 176/12
European Union [2] 123/6 176/12
evaluate [1] 102/7
evaluation [3] 15/2
99/5 102/9
even [10] 7/24 15/3 15/5 15/9 43/15 46/5 99/12 107/23 108/1 153/2
event [9] 2/10 11/6
13/3 31/20 52/15 73/22 86/7 98/2 105/17
events [8] 73/16 73/25 78/1 78/15 81/19 101/20 105/16 136/15
eventually [4] 26/3
38/23 100/10 103/24 eventuate [1] 23/5 eventuates [1] 19/11 ever [10] 11/17 14/8 15/4 18/14 18/16 24/9 24/13 49/10 59/9 170/9
every [11] 22/15
38/18 38/22 41/22 81/16 88/5 101/16 102/8 121/9 128/12 149/6
everybody [4] 33/14 45/10 94/25 140/11 everyday [1] 55/9 everyone [2] 154/25 155/1
everything [4] 40/15 82/19 83/4 84/12 evidence [71] 1/12 12/3 17/4 24/2 25/11 29/22 31/11 31/14 31/24 32/1 41/3 47/20 51/20 52/10 58/23 60/5 60/18 61/6 61/23 62/17 62/19 62/24 67/23 69/22 73/4 74/24 75/23 76/14 80/7 81/10 81/24 82/8 82/20 84/4 85/2 88/3 89/18 90/14 94/11 94/23 95/21 101/24 112/5 112/17 116/16 118/14 120/13 121/2 128/3 132/13 133/3

134/20 135/7 136/20 $\quad$ Executive Office's [1] $122 / 19$ 175/16 176/12 138/13 146/6 146/20 8/18 182/7
146/23 149/13 151/9 executives [5]
151/17 153/11 157/13 $143 / 21$ 146/7 146/11
166/16 167/21 167/24 149/8 172/25
181/25 183/4 183/12 exercise [84] 7/20
185/24 185/25
evident [8] 13/6 47/12 47/14 47/17 57/1 120/9 123/9 166/24
evolve [1] 95/15 exacerbated [1] 118/20
exactly [6] 21/9 77/4
113/12 133/2 137/24
139/20
exaggerated [1] 130/3
examination [1] 30/25
examined [1] 19/19
example [24] 34/7
39/5 41/2 41/4 41/6 42/23 45/17 46/9 66/9 69/12 69/13 70/21 71/1 78/23 89/10 94/21 106/12 111/1 121/19 123/17 134/25 135/7 140/22 140/25 examples [1] 42/24 exasperated [1] 4/25 excess [10] 105/19 109/9 134/12 134/23 135/24 136/15 137/15 137/22 140/2 140/10 exclusive [2] 7/21 8/10
Exec [1] 46/13
executive [79] 2/9
2/12 2/20 3/8 4/2 4/10 5/7 5/9 5/20 5/22 6/2 6/15 6/20 6/21 6/22 6/25 7/10 7/13 7/19 7/20 7/21 8/2 8/10 8/14 8/18 8/20 8/22 9/16 14/6 17/11 27/1 34/23 35/9 35/14 35/15 35/18 36/8 36/10 36/14 38/1 38/9 38/18 38/19 38/24 46/13 50/4 56/12 56/16 57/3 57/4 58/7 58/22 59/10 62/6 64/6 64/10 64/12 64/15 64/17 72/9 72/17 108/15 110/19 144/21 148/4 151/12 152/6 154/13 154/14 156/8 158/2 165/17 166/23 168/14 180/23 181/12 181/14 181/20 185/12 Executive Office [4] 7/13 8/10 38/1 59/10

12/23 15/2 22/20
22/21 22/22 23/2 23/8 23/12 23/14 23/16 23/23 24/17 24/17 24/21 24/24 25/1 25/5 25/10 25/12 25/13 26/8 26/13 27/9 27/15 27/17 27/18 27/21 28/11 28/17 28/21 29/4 29/14 30/7 30/9 30/23 31/5 31/15 31/18 96/22 96/23 97/1 97/3 97/9 97/13 97/21 98/10 98/20 100/2 100/4 100/6 100/8 100/13 100/16 101/1 101/15 101/18 101/22 102/5 102/8 103/20 103/23 103/25 104/1 104/3 104/8 104/11 104/11 104/15 105/3 105/9 105/10 105/18 106/2 106/3 107/11 107/15 107/21 107/22 108/1 108/3 134/19 174/6 179/8
Exercise Alice [6]
104/1 104/3 104/11
107/11 107/15 107/22 experienced [1]
Exercise Cygnus [26] 113/4
12/23 22/20 23/2 experiences [2]
23/23 25/12 25/13 119/3 143/15
26/8 26/13 27/9 28/17 experiencing [1] 28/21 29/4 29/14 30/9 104/12
30/23 31/5 31/15 experiential [1] 31/18 100/2 101/1 73/20
103/20 103/23 103/25 expert [1] 39/24
105/18 108/3 134/19 expertise [1] 144/23
exercise's [1] 102/13 experts [1] 113/13
exercised [1] 100/11 explain [7] 13/4
exercises [6] 5/16 59/25 82/16 95/21
76/10 96/18 99/12
155/14 175/24
exercising [2] 20/16 78/12
exigency [1] 52/16
exist [2] 91/24
179/22
existence [6] 4/12
10/12 105/9 108/1
110/16 155/22
existing [3] 79/18
81/21 95/4
exists [2] 84/6
exit [13] 69/12 70/21
70/24 77/17 78/5
78/10 108/9 116/3
expand [3] 79/1 87/7 101/24
expanded [1] 163/9
expanding [1] 116/12
expansion [3] 161/22
162/24 163/8
expect [12] 16/13
16/16 19/13 21/6 24/8
31/7 33/1 33/17 48/17
50/9 79/14 110/20
expectation [4]
17/23 17/24 58/14 93/15
expectations [1]
70/12
expected [10] $14 / 25$
17/18 17/21 21/20 40/19 43/21 70/1 70/3 94/6 94/9
expecting [1] 66/24
expense [1] 31/4
experience [29]
49/23 52/21 52/24
53/21 57/2 58/4 64/20
68/16 70/16 74/4
75/14 84/24 88/15
104/22 107/4 119/10
119/11 120/10 122/21
122/21 124/3 124/8
143/13 144/19 151/22
152/3 152/19 152/20
168/6

102/1 118/22 147/8
explained [1] 115/17
explicit [1] 116/16
explore [6] 2/22 28/5
28/7 28/14 29/4 30/4
explored [1] 79/16
exploring [1] 104/12
explosive [1] 20/2
expressed [3] 45/25
80/8 94/4
expression [2] 14/19 48/1
extend [2] 99/21
120/21
extent [19] 29/3 44/7
48/2 50/20 54/23 66/5
78/19 92/5 93/2
(58) epidemiologically - extent

| E | 18 | financially [3] 126/13 | flowing [2] 24 |  |
| :---: | :---: | :---: | :---: | :---: |
| extent... [10] 129/17 |  |  |  |  |
| 134/17 140/25 154/7 |  | fin | flows [2] |  |
| 173/4 173/7 173/8 |  |  |  | formalisa |
| 176/23 179/14 183/2 | 14/22 76/14 88/ | 52/17 53/10 68/23 | flu [13] 20/9 20/12 | 86/ |
| external [1] 166/8 | 102/10 120/21 122/21 | 107/1 10 | 28/12 44/9 47/9 87/ | formalised |
| Externally [1] 34/6 | 147/25 148/7 149/24 | finding [2] 52/25 | 108/5 108/11 108/1 | 48/25 100/ |
| extra [1] 137/13 | 20 155/8 157/12 | 146 | 124/23 133/6 135/8 | rmally [1] |
| extreme [2] 54/4 |  | 2] | 135/12 | $\text { [5] } 2 / 21$ |
| $70 / 25$ | fatality [1] 136/14 | fine [1] | 48/15 79/22 81 | $\text { rmer [6] } 1 / 5 \quad 13$ |
| extremely [4] 70/1 92/2 95/17 149/16 | fatigue [1] 13/15 | finish [2] 51/20 | 87/20 94/2 123/13 | 41/2 49/18 59/14 |
|  | favoured [1] 62/4 | finished [1] 148/18 | 124/20 129/11 136/1 | 35/22 |
| eye [2] | feat | fire [2] | 159/24 163/3 170/9 | formerly |
|  | 32/6 45/10 46/4 48/2 | firmer [1] 146/24 | 176/16 177 | orms [1] |
| F | 74 | firmly [1] 83/3 | 177/5 181/22 183/1 | Fortress [2] 45/2 |
| face [1] 1 | featured [1] |  | focused [12] |  |
| faced [9] 12/24 14/21 | features [3] 19/22 | 3/4 3/12 3/15 | 25/24 101 | ress |
| 24/6 29/24 33/8 33/9 | 8/24 | /24 | 3/23 | 48/25 |
| 77/24 78/15 182/12 | February [6] 3/3 | 6/23 6/24 7/4 7/5 7/8 | 136/14 166/8 168/17 | forum [12] |
| facemasks [1] 97/17 | 3/22 64/19 97/8 | 7/8 8/16 8/23 9/2 9/13 | 175/10 175/12 | 69/6 73/6 |
| facilitate [1] 155/13 | 108/20 |  | focusing [1] | 6/1 88/5 108/11 |
| facilitating [2] 72/2 | February 2020 | 13/22 14/4 14/7 18/1 | follow [7] 6/14 35/1 | 11/19 113/9 1 |
| 160/5 | 108/2 | 20/6 27/24 33/13 35/2 | 42/7 93/23 126/22 | 16/2 |
| fa | Februar |  |  | ums |
| 15/10 19/14 48/5 | 3/22 | 49/22 51/2 51/3 52/18 | followed [3] 4/14 | 73/7 75/20 145/1 |
| 126/20 182/2 | fed [2] 5 | 67/3 | 81/13 97/8 | forward [25] |
| fact [35] 12/20 15 | feedback [7] | 67/12 67/13 78/18 | following [9] 3/9 | 13/10 14/10 |
| 19/10 26/10 28/16 | 23/12 23/16 25/8 | 91/7 91/7 96/19 96/25 | 28/1 30/22 37/23 | 44/18 46/3 46/21 |
| 30/25 35/5 37/19 38/5 | 30/16 102/10 136/10 | 98/22 100/8 104/19 | 109/8 123/19 132/ | 53/11 58/7 59/2 6 |
| 43/6 52/25 68/9 68/10 | feel [10] 16 | 110/12 118/23 120 | 148/6 | 4/3 75/ |
| 93/8 101/1 101/25 | 106/25 107/7 145 | 135/3 142/20 144/25 | follows [4] 19/3 | 108/24 130/11 135 |
| 103/19 103/21 104/7 | 173/9 173/12 179/19 | 147/9 150/21 162/13 | 27/14 45/24 142/16 | 135/25 167/17 |
| 113/7 117/15 126/12 | 181/13 | 169 | foot [2] 122/25 | 172/13 174/14 174/18 |
| 126/24 127/12 132/23 | fell [3] 8/25 77/16 | Fi |  | 83/21 185/18 |
| 136/2 138/17 138 | 177/13 | 8 3/24 6/23 | footing [3] | orwards [7] |
| 139/22 139/24 140/2 | felt [5] 30 | 7/4 7/8 67/12 | /2 | 93/13 132/9 |
| 146/20 147/21 157/14 | 94/15 118/6 130/9 | firstly [4] | footprint [2] 7 | 169/1 169/24 174 |
| 18 | fe | 48/15 110/20 |  | oster [4] 3/14 3/1 |
| facto [1] | 32/22 103/19 109/18 |  | footprints | /18 61/ |
| factors [7] 132/7 | 130/5 153/23 168/5 | five [5] 5/9 56/19 | fora [40] 75/24 76/8 | found [4] 22 |
| 132/15 132/19 132/24 | few weeks [1] 18/2 | 63/8 100/21 160/16 | 76/19 77/2 77/6 77/14 | 53/8 134/22 |
| 147/16 164/15 175 | field [1] 113/13 | five minutes [1] 63/8 | 77/16 77/23 78/25 | undation [ |
| failure [6] 17/14 30/3 | fields [2] 48/11 | five years [1] 56/19 | 79/4 79/7 79/25 80 | 184/16 |
| 43/9 43/22 44/24 | 183/22 | fix [4] 13/17 26/4 | 80/22 80/25 85/24 | four [7] |
| 12 | fifth [2] | 27/5 36/21 | 86/9 87/10 88/9 88/17 | 66/6 66/18 81/12 |
| fair [10] 4/6 15/12 | fifths [1] 126/13 | fixed [1] 36/2 | 100/4 100/5 | 6/13 |
| 24/1 54/6 129/5 13 | figures [1] 128/8 | flagged [1] 110/10 | 100/9 100/16 101/7 | ur years [1] |
| 140/13 160/2 181/6 | filtering [1] 87/24 | flaws [2] 44/20 48/3 | 102/7 103/19 107/1 | our fifths [1] |
| 181/21 | final [5] 52/3 100/13 | fledgling [1] 5/7 | 108/7 110/22 111/1 | ragile [1] 80/18 |
| fairly [2] 30/24 35/12 | 102/23 150/9 169/7 | fleet [2] 122/24 | 111/14 112/20 113/4 | entation [3] |
| faith [2] 118/9 137/25 | finalised [3] 178/2 | 123/14 | 116/17 136/2 | 9/12 82 |
| fall [1] 108/23 | 178/17 178/18 | flexibilit | 4 | [7] 11/ |
| fallen [1] 29/18 |  |  | [ | 67/11 107/6 |
| falling [1] 32/2 | 32/5 141/5 |  | 1/14 81 | 149/1 156/1 |
| falls [1] 9/5 | 178/24 | shire [1] 9 | [1] 129/1 | eworks |
| familiar [4] | Finance [2] 27/2 | od [1] 94/14 | ces [1] 81/13 | 1/11 11/18 20/8 |
| 10/14 44/11 | 109/19 | flooding [3] 10 | [1] 94/19 | ances [6] 88 |
| [1] | fin | 21/21 | ecasting [1] | 8/12 112/5 115/1 |
| families [12] 4/22 | 129/9 131/17 185/11 | floods [3] 94/1 | 165/20 | 128/3 12 |
| 54/14 54/20 126/9 | fin | 123/1 | efron | 's [1] |
| 133/21 134/6 134/8 | /13 95/16 | flow [4] 52/19 89/1 | forgive [1] 103/5 | frank [1] 128/10 |
| 134/9 142/15 180/7 | $\begin{aligned} & \text { 125/9 126/16 130/12 } \\ & \text { 147/16 182/4 } \end{aligned}$ | 89/20 128/18 <br> flowed [1] 96/23 | $\begin{aligned} & \text { form [4] } 8 / 1788 / 25 \\ & 117 / 11117 / 17 \end{aligned}$ | frankly [1] 70/8 free [1] 120/18 |

(59) extent... - free

| F | G | goes [4] 17/17 19/25 | 109/13 111/6 111/10 | 165/1 |
| :---: | :---: | :---: | :---: | :---: |
| frequency [1] 66/24 | Gabriel [1] 45/17 |  |  | [1] 100/24 |
| frequently [3] 56/8 | gained [1] 47/4 | 29/4 41/11 41/20 46/3 | 114/20 114/22 115/7 | 11/19 11/24 18/4 |
| 78/14 115/13 | gap [3] 39/19 58/20 | 49/2 58/7 59/2 60/12 | 115/20 117/20 118/18 | 20/12 29/13 29/17 |
| Friday [3] 4/12 4/13 | $142 / 22$ | 61/20 64/24 68/6 70/7 | 118/23 119/10 120/25 | 29/19 44/13 52/7 |
|  | gave [6] 30/7 78/15 | 74/12 75/13 80/2 81/3 | 121/2 123/4 123/7 | 58/25 60/11 67/4 |
| frontline [2] 5/4 | 88/3 112/5 128/3 | 100/21 101/4 101/23 | 123/11 124/4 124/5 | 68/12 75/11 93/4 |
| -1/ | $143 / 10$ | 104/25 122/17 125/11 | 124/24 125/5 125/5 | 109/5 109/13 120 |
| tion [1] 37/9 |  | 130/11 132/11 134/5 | 125/18 125/19 126/15 | 132/21 132/25 |
| fulfil [2] 82/7 185/13 | 32/17 33/12 34/17 | 134/7 136/1 138/22 | 126/21 127/24 128/5 | 138/18 140/20 144 |
| fulfilled [1] 68/10 | 35/3 35/8 36/24 | 39/4 153/25 163/14 | 128/11 128/13 128/18 | 147/6 148/21 155 |
| full [10] 1/9 5/16 | 37/11 38/12 43/22 | 169/24 170/19 171/9 | 128/25 129/1 129/9 | 177/10 177/17 17 |
| 22/23 24/19 26/6 27/4 | 45/14 52/4 88/2 | 17 |  | 178/1 178/9 |
| 50/18 97/9 119/12 | 169/15 | 183/21 184/10 | 130/13 130/14 130/17 | guide [2] 11/1 |
| 132/22 | general for [1] | gone [2] 99/11 | 131/19 135/14 136/8 | guides [2] |
| fully [11] 25/16 25/17 | generally [6] 7/20 8/8 |  |  |  |
| 31/15 31/21 57/25 | 31/3 38/8 165/14 |  |  | H |
| 85/1 91/23 92/14 | 175/13 | /5 |  | had [101] 3/8 |
| 118/15 119/3 177/ | generic [2] 36/4 37/8 | 69 |  | had [101] 3/8 |
| fulsome [1] 89/1 | genetic [1] 160/19 |  |  |  |
| function [12] 17/10 | genie [1] 134/3 | 133/5 133/14 153/8 | 144/17 144/24 145 |  |
| 61/19 83/3 83/18 | geographical [3] | 155/1 179/7 | 14 |  |
| 84/11 84/20 106/23 | 46/7 141/7 141/24 | Good Friday [1] 4/13 | 148/6 148/14 179/1 |  |
| 114/16 145/24 146/5 |  | got [17] 16/20 23/4 | 181/11 181/15 185/8 | 36/7 37/3 38/5 41/14 |
| 163/19 164/2 | 45/5 | 38/23 46/24 | 185 | 15 42/1 |
| fu | g | 66/10 66/12 76/21 | governme | 42/18 46/13 47/15 |
| 185/12 | get [11] 5/5 5/10 26/9 | 79/15 79/17 80/22 | 69/18 72/20 77/10 | 50/17 5 |
| functions [14] 6/15 | 26/22 27/1 27/3 83/20 | 84/15 125/3 163/5 | 92 | 53/9 5 |
| 6/21 8/18 8/20 12/7 | 89/4 99/4 102/23 | 184/6 | tal [1] | 57/21 66/21 |
| 32/20 40/19 71/10 | 184/18 | governance [6] | 40 |  |
| 82/12 142/21 153/16 | getting [2] 26/2 | $\begin{aligned} & 15 / 2234 / 2436 / 6 \\ & 38 / 1039 / 5147 / 18 \end{aligned}$ | governments [6] <br> 36/3 66/9 82/23 83 | 94/18 94/20 94/22 |
| 158/7 160/7 173/11 | 167/11 | government [178] | 135/4 179/17 | 100/6 100/11 103/1 |
| fund [2] 78/4 80/15 | Givan [2] 3/18 3/2 | $1 / 225 / 196 / 36 / 109 / 4$ | grant [1] 128 | 110/10 110/21 110/23 |
| fundamental [4] | give [13] 1/9 1/12 | 10/10 10/17 19/7 | granted [1] 54/13 | 115/2 120/25 123/6 |
| 33/25 34/2 81/8 82/ | 25/23 27/4 34/3 96/8 | $24 / 18 \text { 31/6 34/1 34/12 }$ | grants [1] 128/13 | 124/4 124/11 125/3 |
| funded [1] 126/2 | 118/4 118/10 139/4 | 38/9 44/3 44/3 46/8 | grapple [2] 136/22 | 125/6 125/8 127/23 |
| funding [12] 41/23 | 181/1 181/3 181/19 | $46 / 17 \text { 46/18 49/14 }$ | grapplı | 129/8 129/21 130/17 |
| 77/13 77/15 78/9 | 184/13 | $49 / 2050 / 8 \text { 50/12 }$ |  | 133/5 133/10 134/3 |
| 125/23 127/24 128/2 | given [26] 1/17 23/24 | $51 / 1253 / 1053 / 25$ | grateful [2] 4/20 5/8 | 136/10 136/13 137/7 |
| 129/7 131/6 147/5 | $35 / 2539 / 2547 / 247 / 6$ | 57/8 63/19 64/7 64/13 | gratitude [1] 5/2 | 144/16 144/16 147/20 |
| 173/3 173/23 | 56/18 56/22 58/3 | 64/15 64/18 65/1 65/7 | great [6] 10/4 48/10 | 148/18 151/3 151/19 |
| funds [1] 173/4 | 58/21 81/10 101/8 | 65/9 65/15 65/18 | $50 / 2083 / 12173 / 8$ | 152/24 152/25 153/4 |
| funeral [1] 140/18 | 101/24 111/11 116/12 | 68/11 68/13 | 180/12 | 153/5 153/6 153/8 |
| funerals [2] 137/21 | 134/19 137/8 143/16 | 68/22 68/25 69/9 | greater [9] | 160/16 162/9 163/19 |
| 140/25 | 147/4 147/15 150/20 | 69/24 70/13 70/25 | $\mathbf{g}$ | 64/2 164/3 164/18 |
| funnelled [1] 122/20 | 151/18 159/25 180/7 | 71/2 71/4 71/7 71/2 | 98/4 111/21 114/2 | 166/1 166/2 166/25 |
| furlough [1] 70/11 | 183/10 183/24 | $72 / 7 \text { 72/9 72/11 72/17 }$ | 183/1 | 167/1 170/9 170/10 |
| furniture [1] 142/7 | gives [1] 46/6 | 75/4 75/6 75/11 78/1 | Greater Manches | 172/24 173/17 176/24 |
| further [19] 4/3 13/1 | glad [2] 50/1 50/2 | 78/19 79/3 79/8 80/14 | [1] 111/21 | 182/13 |
| 30/7 37/22 39/9 46/5 | global [2] 73/22 90/4 | 80/15 81/6 82/25 83/1 | greatest [3] 5/25 | n't [1] |
| 57/4 58/24 58/25 | go [32] 6/8 11/8 | 84/8 84/9 84/11 84/12 | $12 / 13133 / 1$ | halved [1] 125/10 |
| 60/14 66/23 86/13 | 21/17 27/24 37/7 | 84/16 84/22 84/23 | group [20] 15/17 | hand [3] 19/20 53/8 |
| 89/15 92/15 129/23 | 37/22 46/5 57/7 58/25 | 84/25 85/18 86/19 | 18/5 18/7 51/6 71/25 | 180/12 |
| 168/17 168/24 171/22 | 60/13 62/8 70/9 73/10 | 88/2 90/11 91/10 | 72/4 72/8 72/15 72/16 | handling [1] 171/11 |
| 179/16 | 107/11 108/25 110/4 | 91/13 91/17 91/17 | 86/5 96/1 133/22 | hanging [1] 150/14 |
| future [11] 46/22 | 113/4 115/1 121/10 | 95/22 96/11 96/14 | 146/10 156/3 159/ | happen [5] 15/25 |
| 46/23 50/2 52/23 | 125/8 127/9 127/12 | 99/8 99/21 100/25 | 165/8 165/10 170/18 | $76 / 25157 / 6167 / 14$ |
| 130/21 149/2 157/10 | 131/21 144/15 147/14 | 101/3 101/20 10 | $17$ | 179/23 |
| 160/12 179/2 183/11 | 147/17 148/25 166/14 | 102/12 102/18 103/2 |  | happened [4] |
| 4, | 167/21 169/3 171/22 | 104/2 104/9 104/13 | 72/5 72/15 72/18 76/5 | $115 / 3121 / 16 \text { 146/15 }$ |
| Féin [1] 3/2 | $\begin{aligned} & \text { 174/15 } \\ & \text { go-to [1] 62/8 } \end{aligned}$ | 105/1 105/11 107/12 <br> 107/14 107/20 109/4 | 83/21 112/7 118/6 <br> 118/15 145/17 145/17 | $\begin{aligned} & \text { happening [3] 113/9 } \\ & 121 / 24 \text { 124/7 } \end{aligned}$ |

happens [6] 16/10 33/1 53/23 129/10 129/19 183/1
happy [3] 41/8 93/23 145/10
hard [2] 1/14 16/2 hard-working [1] 1/14
hardware [1] 171/20
harm [2] 36/4 37/9
Harper [1] 177/22
has [83] 4/24 5/14
5/25 11/21 12/3 22/5 24/5 25/4 25/11 33/2 35/1 35/1 38/14 39/15 40/15 42/6 44/18 47/19 54/21 58/24 62/17 65/9 65/15 67/4 67/23 68/13 69/9 72/10 73/4 75/23 76/13 78/1 79/22 80/7 81/24 83/7 88/10 91/23 94/4 96/19 105/22 108/22 112/25 113/1 114/16 118/14 120/10 124/8 124/25 129/13 129/21 130/6 139/21 139/24 145/22 146/23 148/1 153/11 153/16 156/22 157/12 157/16 158/23 159/1 159/8 159/15 159/19 159/20 160/14 163/19 169/16 170/5 170/25 172/13 175/18 177/6 178/16 178/18 178/24 180/6 183/13 184/6 185/2
hasn't [3] 57/6 134/4 145/19
hasten [1] 126/22
have [316]
haven't [4] 14/10 168/19 173/8 178/8 having [22] 3/12 8/16 9/23 33/11 35/14 39/12 57/1 57/2 64/8 64/14 70/14 103/10 104/15 104/18 108/1 124/14 133/8 135/14 146/15 152/7 180/1 182/9
hazard [1] 163/7
hazards [3] 158/13 158/15 163/6
he [20] 22/4 24/3
24/5 26/7 29/23 38/2
38/5 50/12 50/13 55/7 56/5 56/16 56/25 61/3 124/3 124/4 149/18 150/10 165/2 169/8 head [1] 37/25
headcount [2] 159/14 159/19 headed [1] 139/7 heading [2] 30/15 30/15
headings [1] 153/17 health [282] health-related [1] 35/4
healthcare [9] 13/7 28/23 29/20 31/1 31/15 37/2 37/12 181/10 184/19 hear [2] 16/18 151/11 heard [31] 3/14 12/3 25/11 42/6 54/21 60/5 61/6 67/4 67/23 73/4 75/23 76/13 80/7 81/24 96/19 118/14 145/19 145/20 146/24 153/11 157/13 160/14 161/3 175/18 178/4 178/8 178/20 178/24 180/15 182/2 183/4 hearing [1] 186/9 heart [3] 21/17 68/22 68/25
Heath [1] 44/7 heavily [3] 44/13 118/11 146/7 held [10] $2 / 243 / 63 / 7$ 30/12 64/19 82/3 97/2 97/9 117/24 151/23 help [8] 63/3 126/21 140/11 149/22 151/3 162/20 171/7 186/1 helped [2] 78/12 106/9
helpful [13] 41/9 61/3 93/24 124/18 136/2 149/16 163/10 165/14 170/1 179/9 179/19 179/25 181/18 helpfully [1] 98/24 her [10] 54/21 57/18 128/7 159/15 159/17 172/18 174/21 176/21 176/25 180/12 her Ladyship [1] 54/21
here [10] 4/20 87/15 88/16 89/1 127/14 127/20 132/12 166/15 169/9 181/18
hiatus [1] 42/2
high [13] 10/18 11/9
11/21 11/23 12/1
12/16 15/9 22/25
69/22 73/5 120/3
153/14 175/17
high-level [2] 11/23 153/14
higher [3] 88/12
126/4 126/25
highest [3] 10/16 10/18 70/9
highlight [3] 109/2 136/6 167/22
highlighted [10] 78/25 93/18 97/13 98/10 99/10 135/15 144/2 145/22 146/11 146/13
highlighting [4] 126/9 145/1 148/2 148/13
highlights [2] 99/6 126/19
highly [1] 20/20
hill [1] 121/23
him [3] 49/11 56/4 56/8
himself [1] 24/5
hindsight [3] 106/17
164/13 164/13
his [8] 13/13 21/24 41/3 47/20 55/3 56/22 59/14 85/8
historically [4] 77/12
77/15 84/5 84/20
history [1] 153/12
hit [4] 36/17 36/18
59/12 180/25
hitherto [1] 51/12
hoc [3] 53/12 66/19 74/8
hold [1] 67/24
holding [1] 151/25
holds [2] 14/19 184/11
holistic [1] 141/2 home [3] 97/18 121/23 135/22
Home Office [1] 135/22
homelessness [2] 83/5 121/21
homes [1] 80/16 homework [1] 113/10
hope [6] 63/16 100/17 149/25 151/18 154/1 179/23
horizon [3] 55/16 55/17 57/16
hospital [1] 160/16
hospitals [1] 140/16
hours [1] 115/15
Housing [4] 79/5
111/13 116/6 128/21 how [43] 7/23 8/18 13/7 16/18 41/1 44/16 I could [5] 61/1 82/20 48/5 56/15 58/6 66/3
66/17 68/7 68/10
68/18 74/13 80/12
80/20 80/21 82/17
85/15 89/6 90/19
90/24 91/2 103/9
157/9 160/6 160/7
172/10 176/4 176/5

53/19 60/13 60/21
86/25 106/24 118/17
145/4 152/7 156/4
158/3 181/9
HSC Trust [1] 161/2 165/7
155/19 155/22 156/10 181/13
hundreds [1] 83/19
Hussey [6] 166/6

I
I agree [5] 29/1 35/8
73/10 133/17 175/23
I also [2] 112/4
152/10
I am [5] 5/8 43/13
149/9 154/12 181/19
I announced [1] 37/4
I answer [1] 4/16
I apologise [1] 9/11
I appreciate [2]
156/6 176/13
I ask [3] 25/11 66/15
81/7
I asked [1] 47/1
I became [1] 49/22
I become [1] 121/22
I believe [10] 34/20
34/21 34/22 38/19
40/11 41/14 52/25
67/21 120/13 141/12
I came [1] 166/24
I can [14] 25/19
45/14 47/12 52/21
52/24 60/5 117/21
162/4 180/20 181/3 181/8
I can't [4] 24/9 47/11 147/25 148/6

128/11 146/19 173/19 142/13 173/14
I didn't [2] 61/2 85/4
I do [8] 9/13 24/25
34/24 38/16 39/21

107/1 117/22 128/9 $\quad 122 / 9$ 154/4 179/9 142/20 152/22 157/7 I don't [27] 15/4 18/19 21/16 24/1 25/5 29/6 38/14 50/10
176/17 183/15 183/16 $53 / 18$ 54/1 56/20 183/17 183/17 183/18 $73 / 21$ 88/11 93/22
however [12] 28/2 113/7 116/7 152/5
162/2 170/8 170/25
180/9 181/9 181/12
181/13 181/18 182/20 184/15
HSC [2] 160/16 161/2 I established [1]
HSCB [4] 155/10 I feel [2] 179/19
Hub [1] 10/12 I felt [1] 53/11
huge [1] 42/18 I first [1] 4/20
hugely [1] $8 / 21$ I found [2] 53/2 53/8
human [1] 20/3 I gather [1] 150/14
humanitarian [1] I go [2] 73/10 115/1
114/9 I guess [1] 100/24
hundred' [1] 109/18 I had [7] 26/2 35/6
152/24 152/25 153/4 153/5 153/8
167/20 167/23 171/13 I hasten [1] 126/22
172/17 174/22 I have [12] 31/23
34/24 45/19 49/9
54/11 56/4 81/25
116/16 146/13 151/3
152/9 181/16
I hope [4] 63/16
149/25 151/18 154/1 118/10 139/13 147/25 I mean [7] 36/4 105/9

I could [5] 61/1 82/20 I might [2] 129/5
I did [3] 25/18 110/18 I must [1] 43/2

I imagine [2] 174/17
184/17
I immediately [1]
111/20
I joined [1] 152/6
I just [6] 81/12 87/20
89/12 107/11 151/7 175/16
I know [8] 29/22
38/15 47/19 79/15
138/25 161/7 162/22 180/6
I launched [1] 26/18
I made [3] 21/23
41/10 48/17
I make [2] 4/15 37/20
I may [9] 13/4 62/12
95/3 112/3 121/14
126/8 136/1 140/7
142/8
mean [7] 36/4 105/9
$143 / 12$ 159/1 168/13
171/6 184/12
I mentioned [2]
123/16 130/19

I never [1] 16/14
I now [2] 9/13 44/6
I obviously [1] 72/24
I outlined [1] 175/7

I
I participate [1] 143/23
I personally [1] 115/24
I probably [1] 152/5
I put [2] 61/4 115/23
I recall [3] 9/22 25/3 49/8
I refer [1] 36/23
I regret [2] 14/10 37/19
I represent [2] 54/19 142/14
I returned [1] 165/10
I right [2] 77/12 143/2 I said [10] 12/17
36/24 43/13 43/25
115/8 122/7 162/23
167/5 171/6 183/12
I say [9] 73/25 84/20
91/1 94/24 96/7 111/21 123/13 124/10 161/25
I see [1] 167/16
I set [1] 14/11
I shall [2] 51/23 103/12
I should [5] 44/10 85/4 144/20 151/2 164/21
I sit [1] 181/18
I spent [1] $26 / 20$
I spoke [2] 25/19 178/3
I start [2] 1/21 72/8
I suggest [1] 46/3
I suppose [12] 16/17 25/8 25/22 35/1 48/23 52/21 142/22 144/3 144/25 160/9 173/17 185/18
I suspect [1] 56/24 I therefore [1] 68/14 I think [146] 3/17 $3 / 24$ 10/4 14/24 15/12 15/12 23/11 24/1 26/18 31/17 33/4 33/10 33/15 34/19 35/4 35/8 35/21 36/15 36/23 37/1 37/19 40/1 41/2 43/11 43/25 44/3 46/6 46/7 46/20 48/14 53/1 53/20 53/24
55/16 57/8 57/12 58/1 58/2 58/3 60/14 61/4 61/13 61/22 62/4 69/14 71/9 73/14
74/17 74/20 74/24
75/21 78/16 81/12 82/25 89/3 89/17 90/9 90/14 90/17 91/20 91/24 94/4 94/5 94/11

| $94 / 13$ | $95 / 7$ | $95 / 19$ | $99 / 4$ | $172 / 23$ | $174 / 15$ | $175 / 23$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | $102 / 11105 / 17109 / 2$ 101/11 103/10 103/23 179/23 181/15 182/13 104/13 105/5 105/14 $\quad$ 184/18

106/15 107/16 111/23 I wouldn't [4] 111/25 112/15 112/16 112/22 161/25 162/22 179/15 114/7 115/23 117/6 I'd [8] 11/20 68/19 117/25 118/7 119/3 93/2 122/18 152/25 119/8 119/19 119/21 153/2 166/12 168/24 120/9 120/12 121/9 I'II [8] 118/22 132/18 123/3 124/10 127/11 128/20 132/6 133/2 133/14 133/20 136/9 136/18 137/7 139/1 139/9 139/25 141/11 142/1 143/16 143/16 143/25 145/5 145/9 145/23 145/25 149/24 151/10 152/23 156/12 156/25 159/14 159/18 159/19 159/21 160/2 161/15 162/24 164/13 165/23 170/1 170/20 171/6 172/8 172/22 174/14 174/18 175/2 175/3 175/23 176/3 176/20 177/21 181/3 181/21 182/25 183/12 I thought [4] 25/23 26/2 46/10 134/3 I tried [1] 63/5 I want [9] 4/8 8/7 37/22 55/2 58/8 78/18 86/15 111/5 173/3 I wanted [4] 4/25 14/12 55/6 90/7 139/4 142/7 144/25 147/8 180/12 180/20 I'm [49] 4/20 16/2 20/20 24/7 33/16 33/24 36/15 36/23 40/12 41/8 44/15 49/2 50/1 50/2 53/19 58/21 59/21 60/17 64/24
66/24 68/6 72/22
74/21 81/3 93/23
96/18 99/8 101/4 101/23 108/25 113/12 115/25 121/20 131/22 132/11 134/5 136/1 137/2 139/4 139/9 148/1 153/25 154/9 162/3 162/4 162/22 163/14 170/19 174/10 I'm afraid [1] 81/3 I've [13] 24/4 44/15 48/15 58/23 70/20 80/13 84/7 89/17 133/14 139/11 152/23 162/2 180/11 Ian [4] 56/3 164/10 164/24 169/4

102/11 105/17 109/2 121/14 121/21 124/6 125/21 125/24 126/8 128/10 129/5 134/10 136/1 138/17 139/16 140/7 141/12 142/7 142/13 142/17 142/17 146/1 146/11 146/19 149/6 151/21 154/2 157/5 162/24 165/18 166/14 166/18 167/14 171/22 172/18 175/2
ill [1] 180/25
illustrate [1] 126/12
illustrated [3] 122/1
136/20 138/12
illustrates [2] 138/11
image [1] 143/9
imagine [3] 174/15
174/17 184/17
immediacy [1]
122/25
immediate [2] 121/10
122/23
immediately [5]
79/13 111/20 121/20 165/4 166/11
immersed [1] 12/4 immigration [1] 66/10

I was [17] 12/22 14/5 ICS [1] 157/1 15/3 16/8 16/14 16/19 ideal [1] 161/21 18/20 25/16 25/22 25/24 26/25 41/20 44/14 56/4 85/12 138/22 172/19 I wasn't [2] 44/16 151/4
I will [5] 38/16 55/1 56/25 85/5 153/13 I wish [1] 181/17 I won't [3] 11/11 54/23 61/5
I wonder [1] 146/19 I work [1] 38/19 I worked [1] 152/11 I would [48] 10/2 10/6 10/22 10/24 11/5 if 11/22 12/16 12/18 14/25 16/13 18/19 23/15 24/8 25/3 29/10 32/22 35/2 38/17 46/5 48/14 48/17 49/10 53/12 53/19 55/25 56/1 56/4 59/1 66/3 70/20 82/21 98/24 108/10 113/5 119/6 132/5 140/6 152/17 160/2 160/10 170/11
identifiable [1] 163/12
identified [19] 19/2 19/24 20/1 20/7 20/22 31/19 36/22 38/13 49/24 50/3 54/3 87/12 98/4 132/19 132/24 135/19 145/16 167/7 173/23
identifies [2] 93/19 166/17
identify [4] 28/12 37/8 118/19 132/15 identifying [4] 19/22 75/25 76/16 89/5 if [87] 6/17 13/4 16/10 19/1 20/5 21/6 27/11 32/13 32/16 33/19 37/17 38/21 39/3 41/9 41/11 41/20 44/14 46/9 48/18 59/2 60/14 60/21 61/19 62/11 68/22 72/7 73/17 74/12 76/20 76/21 76/21 82/20 86/3 93/24 95/2 96/25 97/11 97/19 101/15
importantly [4] 20/13 171/22 172/18 175/2 15/1460/1360/22 175/11 178/11 179/10 $143 / 25$ 153/17 169/11 179/21 180/20 181/22 improvements [2] 181/23 184/10 185/11 107/5 168/25
impact [21] 19/8
28/12 29/4 70/23
76/17 82/10 91/20
94/14 122/18 123/7
125/9 129/8 129/21
130/2 130/9 164/19
172/24 176/11 182/3
182/9 182/13
impacting [1] 132/7 impacts [5] 119/7 119/13 169/14 169/19 183/19
impetus [1] 185/20 implementation [1] 75/17
implemented [2] 31/21 40/13
implications [3] 28/5 28/15 28/24
implicit [1] 116/15 importance [4] 12/24 33/25 39/4 48/11 important [20] 12/6 18/9 32/19 48/9 69/4 72/11 73/14 82/6 86/6 91/18 115/23 116/22 118/9 124/10 137/17 141/10 141/25 164/22 162/4 174/16 174/19 165/11 169/16
improving [2] 112/13 185/1
inability [3] 38/5 39/1 93/8
inadequacies [1] 169/12
inadequate [4] 19/8
22/9 39/18 171/20
inappropriate [2]
61/9 62/2
inaudible [2] 75/14 84/8
incident [6] 20/2 79/9
98/3 118/16 121/15 133/7
incidents [5] 76/22 83/20 100/19 111/25 133/5
include [12] 20/15
24/21 51/7 67/24 73/6
76/8 77/3 102/8
113/17 128/6 140/20 155/8
included [4] 71/19 108/5 160/17 165/13 includes [1] 128/15 including [12] 19/6 27/22 64/20 83/2 86/9 122/5 137/18 140/12 151/25 155/14 158/8 183/23
including: [1] 153/18 including: reducing [1] 153/18
inclusive [2] 6/17 113/17
income [1] 184/21
incoming [1] 15/8
inconceivable [1] 130/20
inconvenience [1] 150/16
incorporating [1]
20/13
increase [7] 66/25
125/4 125/6 130/9
162/4 174/16 174/19
$\overline{\text { increased... [2] 174/8 }}$
174/13
increases [3] 129/17 130/1 135/6
increasingly [1] 69/9 incredibly [3] 115/14 122/24 123/14
incubation [1] 44/24 indeed [17] 17/5 24/16 29/9 63/1 65/11 69/20 86/22 92/8 92/22 96/11 142/4 149/15 155/5 168/8 174/21 185/25 186/1 independent [2] 114/22 154/8 independently [1] 136/10
INDEX [1] 186/11 indicated [1] 182/17 individual [6] 89/22 91/21 98/5 131/5 143/13 179/13
individuals [4] 13/19 121/17 179/21 179/25 industrial [1] 76/21 inequalities [5] 13/18
16/8 117/11 153/19 169/10
inevitably [4] 129/9
129/15 130/9 156/15
infectious [1] 20/4
inflation [1] 128/19
influence [3] 154/8 154/18 169/19
influenced [1] 156/25
influenza [21] 10/15
10/15 10/21 11/3 12/10 12/14 12/25 22/24 27/15 27/20
44/12 45/8 48/6 87/13 93/3 94/8 95/10 95/15 96/21 106/8 177/9 inform [3] 11/17 165/16 168/2
informal [3] 15/4 15/5 100/6
information [39] 33/17 50/23 57/16 64/9 68/1 69/19 69/25 70/18 70/22 72/21 86/18 87/23 88/24 89/17 89/19 89/23 90/8 90/11 90/19 90/24 91/2 91/3 98/11 99/7 109/13 116/5 143/10 143/12 143/17 143/23 144/1 144/10 162/10 166/16 167/9 168/17 171/3 179/8 181/13
Information/guidanc
e [1] 109/13
informed [2] 72/23 110/20
informing [1] 165/11 infrastructure [1] 70/23
inherent [1] 44/21 initial [3] 85/13 120/15 165/5 initially [3] 12/16 27/13 159/10 initiated [1] 114/5 initiatives [1] 155/15 innovation [3] 55/14 167/9 168/18 innovative [1] 171/10 input [9] 55/2 78/9 92/9 93/14 107/23 143/20 146/12 153/20 167/2
INQ000006210 [1] 30/8 INQ000023154 [1] 108/12
INQ000056627 [1] 96/20
INQ000102852 [2]
166/6 171/14
INQ000108395 [1] 139/6
INQ000179733 [1] 150/23
INQ000183409 [1] 1/18
INQ000185346 [2] 165/2 169/5
INQ000185379 [1] 18/21
INQ000187474 [1] 150/22
INQ000188775 [1] 27/7
INQUIRY [56] 1/8 1/9 1/18 4/21 12/3 13/8 24/3 41/9 42/6 55/7 59/3 64/4 67/23 71/6 73/4 75/23 76/13 81/24 82/17 88/4 93/17 93/19 95/9 96/19 100/17 102/1 102/12 104/17 110/15 112/6 115/18 117/14 118/14 124/1 125/20 127/23 128/3 129/7 134/9 136/7 146/23 150/12 150/20 153/12 160/13 160/22 165/2 174/21 175/18 177/6 178/19 178/24 181/18 187/5 187/15 187/23
inside [1] 15/15 insight [2] 118/9 119/15
insofar [4] 8/1 9/8 45/3 62/14
instance [7] 13/22
78/14 81/16 81/20
84/14 94/19 121/9 instances [2] 81/14 89/21
institutions [3] 4/11 38/18 56/23
insufficient [1] 174/23
integrate [1] 79/25 integrated [4] 29/7 50/7 106/25 157/2 integrates [1] 44/16 intelligence [3] 51/5 82/12 168/2
intend [2] 57/7 168/21
0 intended [2] 25/17 108/7
intense [2] 54/8 54/9
intent [1] 104/22
intention [1] 167/6
interact [1] 176/5
interest [2] 66/12 138/8
interested [1] 108/25 interesting [5] 94/17
106/1 106/7 106/15 123/17
interests [1] 140/19 interface [2] 79/15 105/15
interim [1] 172/25 interlinked [1] 109/8 internal [2] 95/23 114/16
internally [2] 34/3 131/8
internet [1] 171/21 interpret [3] 70/14
75/6 121/6
interpretation [2] 88/10 88/11
interpreted [1] 89/18
interpreting [1] 68/11
interregnum [1] 3/8
interrupt [3] 15/7 145/25 174/7
interrupted [1] 41/5
intervene [1] 37/17
interventions [7]
70/15 89/11 93/9
95/11 106/11 120/15 133/10
into [61] 4/11 11/8 12/11 12/12 14/2 16/5 16/22 26/20 37/6 38/6 38/16 40/5 44/16 50/14 52/23 55/2 56/12 57/19 59/12 60/11 67/11 67/14 67/19 68/18 71/23 78/4 80/2 81/6 81/25 83/4 83/11 84/21 86/3

88/24 95/15 98/12
144/21 145/2 145/18 111/15 113/15 122/20 $149 / 2$ 151/13 151/23 125/11 130/23 134/23 $152 / 15$ 152/20 153/16 135/12 135/18 148/10 $154 / 22$ 154/25 157/2 148/25 149/21 151/9 153/20 156/1 157/4 157/5 159/2 159/13
160/9 166/23 166/24 167/12 176/14 177/1 185/8
introduce [1] 142/13
introducing [1] 113/6 invaluable [1] 56/14
invest [1] 77/22
invested [1] 172/10
invited [2] 25/10 25/22
inviting [1] 113/13 involve [1] 141/13 involved [12] 75/16 78/20 89/5 91/11 101/18 102/6 103/20 107/15 123/18 123/20 147/20 149/7
involvement [13]
69/2 74/5 92/2 92/5 100/1 100/24 101/7 107/21 118/8 144/16 island [12] 42/22 146/10 177/16 178/13 45/5 45/18 45/22 involving [2] 90/22 100/20
Ireland [167] 1/6 1/22 2/3 2/9 2/14 3/4 3/25 4/1 4/9 4/13 5/14 5/17 5/20 5/22 6/2 6/15 6/19 6/21 6/22 7/9 7/19 9/4 9/20 9/24 10/10 10/17 11/14 12/13 12/24 14/21 17/9 20/10 20/13 23/1 23/21 24/22 25/14 28/22 29/13 29/21 31/16 32/2 32/18 34/8 34/9 34/18 36/5 37/12 37/25 38/4 38/10 39/5 42/4 43/4 43/5 43/18 45/10 45/21 47/5 47/6 48/5 48/25 49/3 49/7 50/17 50/24 51/7 51/13 52/8 54/15 54/20 57/19 58/11 58/12 59/19 60/1 60/23 62/14 62/15 62/19 62/20 63/20 64/18 65/18 65/20 67/9 67/19 71/8 71/11 72/10 72/14 72/16 85/11 85/18 91/6 91/18 92/1 92/6 92/7 95/23 96/4 99/9 99/22 106/22 107/6 114/15 114/21 114/21 117/25 118/2 131/5 131/18 133/22 142/21 144/6

157/3 157/20 158/1 158/17 160/16 160/25 161/9 161/11 161/13 161/23 162/15 162/18 164/7 164/14 164/18 164/19 164/22 165/3 165/6 165/8 165/13 165/17 169/16 169/23 170/3 170/5 170/12 170/21 175/20 177/9 178/24 179/6 179/6 180/8 180/17 180/23 181/10 182/2 182/11 182/22
Ireland's [1] 166/9 Irish [16] 36/2 44/3 44/8 44/13 45/2 45/7 46/8 49/14 51/9 52/5 64/22 67/10 71/23 142/15 142/25 165/11
Irish Government [2] 44/3 46/8
is [439]
island [12] 42/22
$45 / 545 / 1845 / 22$
45/23 46/5 46/9 47/6 47/21 48/10 179/2 179/10
isn't [10] 17/21 30/3 59/5 81/16 86/12 90/10 101/8 111/12 140/9 145/19
isolation [1] 185/16 issue [31] 8/7 8/19 14/20 23/8 24/9 26/15 32/17 33/2 36/11 44/6 45/9 46/11 46/14 47/3 48/22 49/2 54/24 69/17 87/3 87/15 89/1 89/2 90/9 90/17
111/16 119/20 124/11 125/1 141/10 172/14 176/22
issues [47] 15/14 16/12 17/19 23/6 24/21 28/12 33/15 34/5 48/18 54/22 66/8 69/10 70/2 70/3 72/3 79/22 87/1 87/12 89/5 89/8 90/5 98/19 104/19 110/5 110/10 113/14 122/3 123/8 124/17 134/15 134/19 135/5 136/12 136/22 137/22 137/22 140/3 140/12 144/1 151/21 172/12 175/2 182/1 182/1 182/2 183/2 183/10
it [330]
it's [85] 5/15 6/4 6/5 7/7 8/21 8/21 9/15 16/2 17/4 17/24 28/15 34/2 36/1 39/11 40/20 40/21 43/3 43/11 43/15 44/2 45/10 49/23 52/6 57/1 58/1 58/21 59/2 60/3 66/25 72/11 73/18 75/3 76/23 83/22 84/8 85/17 86/13 89/22 93/24 94/17 95/7 99/22 101/19 106/7 112/1 115/23 118/15 119/12 119/15 120/14 121/1 121/3 123/5 123/17 124/6 124/6 124/10 130/20 131/7 134/12 134/12 137/7 139/1 139/5 139/21 140/19 143/4 144/12 148/16 149/18 156/6 159/19 159/21 160/1 163/8 165/1 174/11 177/2 178/2 180/9 181/14 181/14 184/7 184/13 185/3
items [1] 137/20 its [33] 23/24 42/16 42/19 50/4 59/20 67/4 67/18 83/2 91/11 95/23 95/25 96/15 98/12 101/2 102/17 104/15 106/2 110/16 111/11 113/10 114/16 114/17 125/6 130/14 144/22 144/22 155/7 155/25 160/16 165/19 167/18 168/2 169/1
itself [15] 12/21
23/12 23/14 25/9 34/15 34/17 40/7 45/4 46/6 49/23 55/20 71/24 104/9 132/12 153/14
J
January [20] 2/8 2/12 3/3 3/13 8/17 8/24 9/8 29/25 35/14 36/8 38/23 42/8 47/13 48/22 54/4 64/8 71/9 97/2 98/20 126/2
January 2017 [1] 42/8
January 2020 [11]
8/17 9/8 29/25 35/14 36/8 38/23 47/13 48/22 54/4 71/9 126/2
Jewish [1] 140/22
jinx [1] 142/9
Joanne [1] 158/16
job [6] 50/6 57/13 61/19 66/13 111/15 184/21
jobs [1] 83/6
join [3] 83/13 83/23 138/11
join-up [1] 138/11 join-ups [1] 83/13 joined [4] 46/10 47/18 64/8 152/6 joined-up-ness [1] 47/18
joining [1] 152/4 joint [1] 7/7
jointly [2] 7/6 82/3 journey [1] 37/4 JR [1] 103/21
judged [1] 23/14 judicial [6] 102/14 102/21 102/24 103/1 103/6 103/21
July [5] 1/1 26/17 40/1 177/7 186/10 July 2016 [2] 26/17 40/1
juncture [1] 13/4 June [4] 3/14 55/7 103/24 151/14 jurisdictions [1] 179/17
just [67] 4/20 5/2 5/6 8/13 18/4 20/5 25/20 27/3 32/13 38/17 40/13 46/5 48/8 54/7 54/21 56/22 59/11 62/11 66/21 74/15 75/3 78/17 81/10 81/12 87/20 89/12 90/15 91/14 91/25 92/15 95/2 99/20 101/24 103/18 106/21 107/11 108/21 114/14 118/3 122/18 124/12 125/15 127/11 130/25 136/24 138/15 139/16 139/17 140/15 142/7 142/13 142/17 143/9 148/15 148/21 149/16 151/2 151/7 151/13 167/19 171/1 172/15 175/16 177/13 180/15 183/23 184/19
Justice [8] 54/15 54/20 126/9 133/21 134/6 135/23 180/7 180/18
Justice UK [1] 134/6

## K

KC [8] 54/17 134/2
142/12 180/14 187/7 187/17 187/19 187/25
keen [1] 66/22
keep [5] 1/13 83/23

146/2 150/13 151/8
keeping [1] 32/9
Keith [2] 1/3 57/20
kept [5] 101/2 101/25 104/8 117/9 135/19
key [14] 17/14 17/17 76/8 79/23 80/1 80/22 81/1 92/18 108/4 115/10 115/18 116/20 116/21 167/17
kind [8] 47/15 83/7
91/2 99/3 104/22
113/6 139/15 141/23
kindred [1] 66/7
kinds [2] 76/22 101/20
King's [1] 180/10
King's Counsel [1] 180/10
Kingdom [10] 10/16 24/18 31/6 32/3 44/11 50/22 52/12 97/5 101/10 120/14
Kingdom's [1] 176/11
knew [1] 152/22 knit [1] 80/24
knock [1] 131/2
knock-on [1] 131/2
know [46] 5/4 8/16 15/19 23/3 23/9 25/15 29/22 37/5 38/15 42/20 45/19 47/19 48/3 56/3 70/8 74/20 75/3 75/8 76/22 79/6 79/8 79/15 88/1 100/21 108/4 108/8 110/8 110/16 113/14 118/25 129/25 136/3 138/25 147/19 158/23 161/7 162/22 170/25 176/4 180/6 180/9 180/21 181/13 183/23 184/11 184/24
knowledge [10]
57/16 100/12 104/21 105/12 107/20 117/4 135/25 149/3 150/25 151/2
known [6] 3/9 5/21 15/16 104/16 105/1 107/21
knows [1] 155/1 L
laboratories [4]
160/13 161/1 161/8 161/11
laboratory [4] 160/17 160/19 161/6 162/1 lack [12] 17/19 21/11 22/13 35/3 37/10 47/18 70/17 105/11 130/11 132/24 135/1

138/11
lacuna [3] 28/20 51/12 58/20
Lady [41] 1/4 4/15 13/4 25/11 25/20 32/1 38/15 46/12 51/18 54/11 54/23 55/1 57/18 61/4 62/10 62/11 62/17 62/24 63/8 63/17 67/4 80/7 85/6 88/3 103/17
103/21 128/4 133/19 142/7 149/13 150/4 150/9 150/15 150/18 153/11 157/12 177/7 180/5 185/22 185/24 186/3
Lady Foster [2] 57/18 61/4
Lady's [1] 125/20
Ladyship [1] 54/21
lagged [1] 165/14
land [3] 45/3 129/2 164/17
large [6] 48/2 53/14
58/9 74/21 76/21 81/16
largely [1] 6/21
larger [1] 100/9
last [6] 18/2 46/1
55/19 90/16 104/3 178/3
late [1] $2 / 7$
later [5] 3/17 33/5
60/9 69/21 144/15
latter [2] 7/23 136/24
latterly [1] 52/18
launch [2] 14/5 26/25
launched [3] 25/20
26/18 103/22
Lavery [5] 54/16
54/17 54/19 180/9
187/7
lay [1] 92/9
lead [15] 1/8 11/7
19/7 26/25 61/20 70/1
72/8 72/17 83/17 86/8 98/15 173/19 176/1 177/20 187/4
lead-up [1] 26/25
leader [2] 5/24 168/1
leaders [9] 43/11
69/3 69/4 69/8 70/6
74/5 112/18 115/7 141/14
leadership [7] 34/25
35/3 35/6 35/21 36/25 66/21 112/19
leading [1] 86/6
learn [3] 74/3 75/13
143/14
learned [7] 27/9 33/5
46/22 59/2 62/15
99/10 171/17
learning [8] 46/3 64/9
68/17 70/3 73/20
96/22 122/11 167/6
least [3] 33/3 66/25 111/11
leaving [1] 40/4
led [4] 35/1 65/19
98/25 127/6
left [6] 31/13 31/22
38/3 63/21 179/21 183/15
legal [3] 68/8 88/18 103/4
legislate [1] 59/1
legislation [16] 6/6 6/7 58/9 58/15 60/2 60/14 61/3 109/20 118/1 144/15 148/2 149/4 157/4 157/6 163/15 184/2
legislative [4] 5/16 58/19 60/24 62/16
leisure [4] 64/9
129/20 130/18 130/18
length [7] 103/11
114/20 116/24 154/5
154/6 154/19 154/20
lens [1] 83/8
less [5] 115/13 117/6
125/11 125/25 170/6
lesser [2] 10/5 183/2
lesson [3] 59/2
135/20 135/20
lesson 21 [1] 135/20
lessons [6] 27/8 33/5
46/21 99/9 171/17 174/14
let [2] 116/15 180/20
let's [2] 125/17
164/23
level [77] 11/9 11/21
11/23 12/1 12/16 15/9
22/25 23/7 24/11
24/12 24/13 32/17
52/10 52/20 53/22
59/10 66/5 68/6 69/22
70/9 71/10 72/8 72/11
72/14 72/15 73/5 75/1
75/16 78/17 78/20
78/21 79/24 82/7 85/9
85/15 87/25 89/14
91/21 91/23 92/10
92/11 92/12 92/15
92/17 92/20 92/23
93/8 96/10 97/3 97/5
98/1 98/12 99/23
105/2 105/11 105/12
105/20 111/9 112/8
112/10 117/24 118/12 118/18 122/19 128/18
131/12 143/12 144/7
146/2 146/9 146/22
153/14 154/18 175/17
176/18 179/3 179/3
(64) it's - level
level 2 [1] 97/5
Levelling [4] 111/13 116/6 128/21 139/2
Levelling Up [1]
139/2
levels [10] 27/16
27/19 37/13 37/14
39/18 44/23 44/23
78/7 134/22 142/23
LGA [3] 100/7 110/20 139/12
liaise [2] 34/7 52/12
liaison [2] 66/25
111/15
licks [1] 46/24
life [5] 45/10 116/19 118/1 118/7 184/24
Lifelong [1] 64/9
light [3] 21/9 68/15 98/25
like [42] 6/17 61/19 66/3 70/10 73/22 83/21 85/10 86/7 87/14 87/18 89/10 93/2 94/3 99/2 99/15 100/23 101/15 101/18 104/19 105/16 105/18 105/19 106/16 106/20 108/10 112/21 114/12 119/18 121/13 121/18 122/18 125/13 131/11 132/5 133/7 133/13 148/25 160/2 163/6 166/12 168/24 181/24
likely [3] 70/23 76/22 118/20
limit [2] 185/13 185/15
limitations [1] 39/11
limited [13] 56/6
73/16 73/25 82/14 92/3 92/3 100/1
102/11 126/16 134/22
137/21 166/19 172/8
line [3] 67/19 158/4 168/12
lined [1] 100/9
link [5] 36/10 79/3
79/7 80/21 111/14
linkages [1] 97/22
linked [2] 50/13 79/6
links [1] 99/6
list [5] 28/4 28/16
110/25 138/15 180/11
listened [2] 31/23 58/23
listening [2] 24/2 60/17
lists [1] 36/20
little [7] 2/17 6/8 8/13 23/23 37/7 66/20 148/15
live [1] 184/21 lives [1] 13/20 living [1] 114/10 Llewelyn [25] 63/22 64/1 64/6 65/1 73/4 81/9 84/1 89/2 89/7 90/6 94/1 99/15 105/23 112/17 113/21 115/1 117/4 119/17 122/16 124/25 129/6 133/3 133/12 141/12 187/9
Llewelyn's [1] 76/16 Lloyd [36] 63/22 64/2 64/12 66/3 68/9 75/19 76/12 78/18 81/10 82/5 85/8 85/22 86/15 86/25 88/15 93/7 95/2 98/22 100/2 102/1 103/18 104/1 107/12 110/12 111/7 112/4 115/17 121/12 124/1 126/6 127/14 132/18 134/7 134/16 139/5 187/11
Lloyd's [1] 125/15 local [283] local-national [1] 105/15
localised [1] 10/7 locally [6] 35/15 39/13 75/7 76/24 137/8 141/13
lockdown [4] 73/24
130/17 132/22 133/1 logically [1] 45/24 Logistics [1] 109/12 London [4] 30/14 31/7 52/5 52/20
long [4] 54/24 86/7 142/8 142/9
longer [2] 42/9 179/22
look [43] 2/5 9/14 19/1 20/5 28/22 33/21 majority [2] 6/1 87/16 41/1 71/4 73/17 81/18 make [36] 4/15 12/8 90/14 93/2 94/3 96/18 97/19 108/10 109/1 112/21 113/15 120/14 121/18 125/17 125/21 125/24 126/15 127/9 132/5 140/6 148/25 160/6 162/24 164/23 166/5 166/13 166/18 168/18 168/24 169/6 169/18 171/14 172/10 174/16 175/14
looked [2] 69/9 159/10
looking [11] 15/7 28/23 70/5 112/13 128/10 159/22 161/10 161/17 162/3 168/13 172/21
looks [2] 76/18 158/17
lose [2] 3/13 4/23
lost [1] 3/22
lot [3] 14/11 48/24 163/11
lots [1] 152/19
loved [1] 4/23
low [1] 101/7
lower [1] 125/24
LRF [5] 81/13 108/18
109/1 109/2 141/20
LRFs [7] 78/4 79/21
102/8 102/10 112/22
113/13 113/15
luck [1] 149/24
lunch [4] 51/21

$|$| $101 / 23$ 103/11 103/18 |
| :--- |
| luxury [1] 9/14 |
| $\mathbf{M}$ |
| macro [2] 182/1 <br> $182 / 1$$\|$ |

made [29] 21/23
26/11 26/16 30/22
35/1 38/22 39/9 40/1 40/18 41/10 48/17 58/24 60/21 61/7 61/8 62/13 66/2 82/5 87/24 88/5 91/15 96/10 102/2 105/14 106/12 116/23 123/1 127/1 131/16
main [6] 19/13 36/15 125/2 135/15 143/3 143/4
maintain [3] 68/24
135/10 155/12
maintained [3] 6/16 21/21 167/12
maintenance [3] 15/22 18/9 34/1 major [2] 170/12 171/8
majority [2] $6 / 1 \quad 87 / 16$
make [36] $4 / 15 \quad 12 / 8$ 16/21 32/22 35/12 35/22 37/20 38/17 39/8 42/1 43/12 45/1 45/14 48/14 61/11 61/14 62/11 63/9 75/16 76/23 79/24 95/14 107/8 113/21 116/15 131/12 134/21 136/5 137/9 139/22 145/4 148/12 149/17 149/21 156/19 161/15 makes [2] 52/8 144/21
making [13] 24/7
24/8 27/18 34/21 41/18 55/3 62/6 66/12 81/20 83/15 113/12 123/22 184/24
malaise [1] 38/12
manage [7] 22/17 79/14 105/16 107/3 139/8 141/1 162/1 managed [2] 85/9 106/24
management [18]
9/25 18/10 20/18
30/20 31/3 82/4 98/2 105/19 134/13 134/24
136/16 137/23 140/2 140/10 145/17 146/8 161/19 167/2
Manager [1] 111/6
managers [1] 71/21
managing [2] 135/6 141/18
Manchester [1] 111/21
mandate [3] 40/21
145/7 145/8
mandated [1] 7/5
mandatory [2] 6/4 143/3
Mann's [1] 101/12
many [19] 13/7 32/24 45/15 47/16 49/5
53/11 58/23 59/3
61/18 66/17 77/8 95/3
110/10 130/3 137/17
140/23 142/16 175/21 175/22
March [7] 2/1 2/7
2/15 8/5 31/13 57/22 165/9
March 2017 [2] 2/7 8/5
March 2020 [2] 57/22 165/9
Mark [3] 63/22 64/2 187/11
Mark Lloyd [1] 63/22
Mark's [1] 84/2
marked [1] 91/8
markedly [1] 132/19
market [2] 80/16 80/24
marking [1] 113/10
marks [1] 60/12
Martin [1] 2/7
Martin McGuinness
[1] 2/7
mass [2] 111/20
136/14
massive [2] 129/8
145/4
material [2] 9/7 17/20
materials [1] $12 / 9$
maternity [1] 156/17
matter [7] 8/9 46/24
107/1 115/15 130/25 156/6 179/15
matters [12] $7 / 3$
32/19 82/17 104/18

110/7 110/7 110/24 144/14 146/18 148/13 172/17 174/20
may [61] $1 / 21$ 1/24
1/24 2/1 4/1 4/15 4/20 8/5 9/18 9/19 11/2 12/15 13/4 14/23 19/4
19/11 24/11 33/21
40/17 42/14 46/9 47/3
47/25 48/2 50/1 51/10
59/14 60/13 62/11
62/12 63/22 66/2
73/10 88/1 88/11
89/16 89/18 95/3
100/6 100/7 111/23
112/3 118/6 119/13
121/14 126/8 136/1
139/3 140/7 142/8
142/17 148/10 148/16
150/10 164/18 173/1
174/17 177/7 179/22
181/25 183/4
May '11 [1] 9/18
May 2011 [1] 1/24
May 2016 [5] 1/24
8/5 9/19 12/15 47/3
May's [1] 178/6
maybe [1] 175/24
MCA [1] 62/21
McBride [7] 15/18 21/23 26/5 51/4 160/15 183/5 185/5
McGuinness [1] 2/7
McMahon [1] 61/2 McManus [1] 157/15 me [34] 5/6 9/2 11/6 12/19 13/6 13/14 17/1 24/9 24/9 25/4 26/16 32/13 33/11 41/10 48/19 54/21 57/1 65/17 87/7 103/5 105/6 116/15 138/21 144/2 145/14 145/22 153/24 158/3 158/14 163/25 173/15 175/3 176/22 178/4
meals [2] 120/17 120/18
mean [20] 19/10 36/4 36/12 50/10 70/7 87/1 101/5 102/22 105/9 107/14 113/7 115/3 124/21 143/12 159/1 161/7 168/13 171/6 173/23 184/12
meaning [1] 89/18
means [4] 88/25
142/16 147/9 165/20
meant [6] 35/9 42/8 54/8 70/6 124/17 136/4
meantime [1] 3/1
measure [1] 128/4
measures [1] 97/18
mechanism [1] 68/21 mechanisms [2]
101/18 146/12
medical [13] 15/17
20/3 29/23 31/24
47/19 50/22 52/11
59/17 61/10 103/4
158/1 160/14 165/9
medicine [1] 168/7
Medicines [1] 109/10
meet [7] 20/22 21/1
23/4 143/22 143/22
177/11 178/5
meeting [2] 53/5 97/3
meetings [14] 18/17
21/11 27/1 27/2 52/14
53/3 53/8 53/13 53/15
56/16 115/6 115/11
143/24 143/24
member [3] 42/11 114/2 143/7
members [13] 5/15
5/15 65/12 65/20 74/5 86/19 103/4 116/23 117/5 120/12 120/23 122/22 124/9
membership [3] 65/2 65/10 65/12
mental [3] 152/1 153/1 182/19
mention [2] 66/1 82/5
mentioned [10]
70/20 74/9 84/7 90/13
93/7 120/10 122/16
123/16 129/18 130/19
MERS [2] 104/13
133/8
messaging [1] 27/17
met [3] 17/24 42/9
152/17
method [1] 119/12
Michael [7] 15/18
21/23 26/5 51/4
160/15 183/4 185/5
Michael McBride [4]
15/18 51/4 160/15 185/5
Michelle [5] 1/5 1/7
1/11 174/20 187/2
Michelle O'Neill [3]
1/5 1/11 174/20
micro [1] 182/1
microbiology [4]
160/17 160/22 161/1 168/4
microphone [2]
134/3 142/9
microphones [1] 151/9
middle [1] 30/17
might [19] 28/24 31/2 44/25 50/23 55/15

80/12 83/24 87/21 mitigate [1] 19/23 106/13 116/12 116/13 MLA [1] 3/18 129/5 141/21 142/13 MoD [1] 135/22 148/25 170/1 174/10 mode [1] 86/3 178/20 183/19 migrated [1] 156/1 migration [1] 156/9 million [1] 154/23 mind [6] 14/22 36/13 121/19 126/7 154/2 184/11
minimum [1] 138/4 minister [82] $1 / 5$ 1/23 2/2 2/6 2/8 2/13 3/4 3/12 3/15 3/18 3/20 3/23 3/24 6/1 6/23 6/24 7/4 7/5 7/8 7/8 7/16 7/20 8/5 8/16 modest [2] 78/7 9/17 9/18 10/20 11/2 12/15 14/17 15/8 15/20 17/16 17/22 17/22 18/2 18/11 18/23 18/25 19/12 19/14 22/7 23/15 25/23 27/2 28/18 31/8 32/6 32/21 33/18 39/15 39/23 41/3 42/11 44/7 45/12 45/19 47/2 47/24 49/5 49/9 51/2 51/3 52/18 52/19 53/2 53/6 53/7 53/14 53/21 53/21 54/6 55/21 56/11 58/19 67/12 67/13 91/7 91/7 154/15 154/17 165/16 minister's [2] 21/7 32/25
ministerial [15] 6/14 7/1 7/13 7/14 9/23 12/7 24/13 38/7 42/5 42/9 42/15 48/19 52/10 52/20 61/12 ministers [22] 2/24 6/20 12/4 25/12 25/14 33/25 34/3 34/6 34/7 34/8 34/9 39/3 39/7 39/13 52/5 52/5 53/15 53/17 59/16 61/9 115/7 154/8 ministry [2] 7/22 135/23
minorities [2] 169/17 184/5
minority [1] 169/22
minus [1] 124/15
minute [1] 179/5
minutes [2] 54/13 63/8
mirrored [1] 117/4
missed [2] 48/13 177/4
missing [2] 93/14 112/16
model [4] 71/18 74/20 133/9 183/18 modelled [1] 133/8 modelling [21]
163/18 163/19 164/2 164/6 164/14 164/21 165/4 165/6 165/8
165/12 165/13 165/15 165/19 165/21 165/24 166/20 166/25 167/12 169/9 172/11 184/3 modern [2] 148/23 168/2
modest [2] 78/7
160/25 module [10] 9/5 46/25 50/2 71/8 126/22 137/2 151/16 158/25 166/12 173/12
Module 1 [2] 71/8 166/12
Module 2 [2] 126/22 137/2
Module 2C [2] 9/5 46/25
modules [1] 52/23
moment [21] 14/16
22/20 34/16 51/18 78/18 87/20 93/2
101/5 101/19 103/8
112/3 112/16 113/8
113/18 126/12 136/2
144/1 149/10 151/6
154/1 180/20
momentarily [2] 95/2 171/13
moments [3] 2/5 135/11 138/1
monarch [1] 69/12
Monday [1] 120/16
money [1] 78/5
monitor [1] 164/20
monitoring [1]
164/21
monthly [1] 143/22
months [7] 13/21
26/17 26/20 40/14
51/3 61/25 156/7
more [56] 5/21 8/13
10/7 11/8 11/9 11/25 12/18 34/19 35/4
36/18 51/7 52/22
53/23 54/3 54/8 54/9
56/6 56/8 69/7 69/21
74/16 78/12 78/13
84/10 85/1 90/21 90/23 93/22 100/15 100/23 101/13 105/5 109/7 110/9 111/19 114/10 117/6 119/14

122/10 130/10 130/22 130/23 131/21 132/2 132/19 136/16 140/6 145/11 146/24 163/7 163/8 163/11 176/8 179/25 182/17 185/7 morning [2] 1/4 43/9 mortuaries [1]
135/16
most [10] 35/16 66/9 86/11 118/16 118/20
123/12 148/1 151/21
152/23 165/15
mostly [1] 135/16 move [11] 83/9 86/15 97/11 97/19 111/5
125/1 125/6 132/9
162/4 173/3 182/17
moved [1] 172/9
movement [1] 156/9
moving [11] 51/17
58/4 71/4 74/2 81/6 93/1 96/18 108/3
125/7 160/13 168/6
Mr [89] 1/3 3/23
39/15 54/16 54/17 57/20 63/25 64/2 64/6 64/12 65/1 66/3 68/9 73/4 75/19 76/12
76/16 78/18 81/9 81/10 82/5 84/1 85/8 85/22 86/15 86/25 88/15 89/2 89/7 90/6 93/7 94/1 95/2 98/22 99/15 100/2 102/1
103/18 104/1 105/23 107/12 110/12 111/7 112/4 112/17 113/21 115/1 115/17 117/4 119/17 121/12 122/16 124/1 124/25 125/15 126/6 127/14 129/6 132/18 133/3 133/12 134/1 134/2 134/7 134/16 135/3 137/2 138/6 139/5 141/12 142/5 150/11 150/13 150/19 151/8 153/13 157/20 168/6 177/25 180/6 180/9 180/15 185/25 186/2 187/7 187/9 187/11 187/17 187/21
Mr Dawson [11] 150/13 150/19 151/8 153/13 157/20 168/6 177/25 180/6 180/15 185/25 186/2
Mr Givan [1] 3/23
Mr Keith [2] $1 / 3$ 57/20
Mr Lavery [2] 54/16 180/9
Mr Llewelyn [22]

64/6 65/1 73/4 81/9 84/1 89/2 89/7 90/6 94/1 99/15 105/23 112/17 113/21 115/1 117/4 119/17 122/16 124/25 129/6 133/3 133/12 141/12
Mr Llewelyn's [1] 76/16
Mr Lloyd [32] 64/12 66/3 68/9 75/19 76/12 78/18 81/10 82/5 85/8 85/22 86/15 86/25 88/15 93/7 98/22 100/2 102/1 103/18 104/1 107/12 110/12 111/7 112/4 115/17 121/12 124/1 126/6 127/14 132/18 134/7 134/16 139/5
Mr Lloyd's [1] 125/15 Mr Swann [1] 39/15 Mr Weatherby [5] 134/1 135/3 137/2 138/6 142/5
MS [67] 1/7 $1 / 12$ 1/21 6/8 9/9 16/2 17/4 18/22 20/5 21/24 27/8 29/2 30/12 35/13 37/7 37/22 43/2 47/24 52/3 54/12 54/19 62/9
62/25 63/1 64/3 64/17 67/10 71/5 76/6 81/9 85/7 88/12 89/3 89/12 91/5 95/21 99/4 99/19 100/24 103/16 106/19 114/12 117/7 117/13 125/13 128/3 131/4 133/3 133/16 141/12 142/6 142/10 142/12 142/16 142/20 143/10 149/12 150/8 180/9 180/11 180/13 180/14 185/23 187/2 187/13 187/19 187/25
Ms Allen [19] 64/17 67/10 71/5 81/9 85/7 89/3 91/5 95/21 99/19 106/19 114/12 117/7 117/13 125/13 133/3 133/16 141/12 142/16 142/20
Ms Blackwell [6]
76/6 99/4 100/24 103/16 143/10 150/8
Ms Campbell [7]
142/6 142/10 149/12 180/9 180/11 180/13 185/23
Ms Frances [2] 88/12 128/3
Ms Frances's [1]
89/12
Ms O'Neill [22] 1/12

Ms O'Neill... [21]
1/21 6/8 9/9 16/2 17/4 18/22 20/5 21/24 27/8 29/2 30/12 35/13 37/7 37/22 43/2 47/24 52/3 54/12 54/19 62/25 63/1
much [55] 5/7 17/14 21/17 34/19 36/18 37/18 48/23 60/13 61/18 62/9 62/23 63/1 64/23 65/17 68/10 75/1 75/14 75/17 76/7 79/9 79/19 85/3 85/20 89/16 95/20 96/14 114/25 117/10 117/21 118/18 119/16 122/11 125/16 129/4 133/18 142/4 143/17 145/2 148/8 148/9 149/11 149/15 153/7 155/2 162/25 163/5 163/10 165/1 167/16 169/16 170/2 180/2 180/4 185/21 186/1
multi [9] 71/19 75/25
76/9 91/21 92/17
95/24 107/8 148/8 155/16
multi-agency [7]
71/19 75/25 76/9 95/24 107/8 148/8 155/16
multidisciplinary [1] 159/20
multiple [2] 22/2 22/10
Muslim [1] 140/22 must [12] 6/1 6/10 6/15 6/23 35/17 43/2 44/18 45/9 46/4 60/22 111/25 173/21
mutual [4] 42/20
47/23 94/19 111/22
my [124] $1 / 44 / 15$
4/21 5/2 10/23 13/4 13/5 13/9 13/21 14/9 14/9 15/5 16/6 17/2 18/14 21/3 25/11 25/18 25/20 26/19 26/25 31/23 32/1 34/24 36/23 38/15 38/24 40/8 44/15
45/24 46/12 46/16 47/11 48/15 48/19 49/18 51/18 52/21 52/24 53/20 54/11 54/19 54/23 55/1 55/1 56/7 58/21 58/22 59/7 62/10 62/11 62/14 62/17 62/24 63/8 63/17 67/4 73/10 80/7

85/6 85/12 88/3 88/11 $110 / 21$ 119/23 120/7 91/15 94/4 95/19 99/8 100/12 103/17 103/21 near [1] 111/22 107/20 110/14 111/12 nearly [1] 63/4 112/15 116/15 116/16 necessarily [1] 19/11 119/8 121/19 121/25 necessary [9] 19/23 124/10 125/8 125/20 126/8 128/4 133/19 133/19 135/7 138/21 138/25 140/5 142/7 142/13 142/16 146/6 149/3 149/13 150/4 150/9 150/15 150/18 151/1 151/2 153/11 157/12 159/8 163/7 172/21 173/15 173/17 174/11 177/7 178/3 179/19 180/5 180/5 180/11 180/16 181/14 181/16 181/22 183/12 185/22 185/24 186/3 my Lady [35] 1/4 4/15 13/4 25/11 25/20 32/1 38/15 46/12 51/18 54/11 54/23 55/1 62/17 62/24 63/8 63/17 67/4 80/7 85/6 88/3 103/17 103/21 128/4 149/13 150/4 150/9 150/15 150/18 153/11 157/12 177/7 180/5 185/22 185/24 186/3
my Lady's [1] 125/20 myself [4] 133/4 142/13 153/13 162/2

## N

name [5] 1/10 54/19 142/13 168/5 180/16 named [2] 89/22 171/1
nation [6] 68/16 70/5 90/5 104/14 105/16 154/23
national [34] 27/16 27/19 65/4 73/23 75/6 76/15 78/20 79/3 79/9 87/12 87/23 89/6
89/10 90/4 92/8 92/22 97/3 97/9 97/24 99/6 100/20 105/15 106/4 108/6 108/24 111/17 126/3 126/14 126/15 128/22 132/20 132/25 138/3 138/18
national/local [1] 99/6
Nationalists [1] 6/11 nationally [1] 75/5 nationwide [1] 76/17 naturally [4] 23/11 53/23 69/11 154/19 nature [7] 52/4 54/7
necessary [9] 19/23
$21 / 1431 / 1936 / 25$ 57/8 57/9 168/9 169/24 172/22
need [64] 2/5 9/12 12/20 13/2 16/12 18/4 23/3 23/18 23/19 41/22 41/23 44/22 47/22 54/8 55/9 57/3 57/5 60/13 63/11 69/7 69/13 74/3 74/17 74/18 79/23 86/8 90/2 90/14 90/17 91/16 97/13 97/16 97/21 98/4 98/10 99/6 100/18 112/10 112/13 120/5 122/4 126/15 126/20 127/19 136/22 137/5 138/3 138/14 140/9 140/25 141/19 146/12 148/2 148/13 161/23 163/14 174/13 176/1 176/7 177/14 183/24 183/25 184/3 184/4
needed [18] 13/6 13/16 41/1 41/13 41/13 41/16 41/21 49/10 49/25 51/14 56/4 77/14 78/3 97/25 98/16 132/3 168/11 182/17
needing [1] 101/13
needn't [1] 2/22
needs [17] 46/21
68/17 75/13 85/16 86/12 90/24 118/25 119/4 120/5 120/6 121/7 130/23 140/14 141/2 141/22 161/4 184/7
negative [3] 68/12
105/4 124/20
negatively [2] 132/7 132/16
negotiations [1] 66/11
neighbours [1] 111/23
NEILL [2] $1 / 7187 / 2$
ness [1] 47/18
network [4] 50/14 143/21 160/24 160/25 never [10] 16/14 16/25 17/1 19/16 20/24 46/19 56/2 83/20 132/22 139/10 nevertheless [3] 3/1 16/21 166/13
new [12] $3 / 103 / 10$ 17/22 40/19 40/20 51/5 66/21 95/22
167/8 168/14 172/3 185/3
next [15] 9/6 40/9 63/9 72/13 127/12 132/9 132/10 138/21 157/5 168/11 168/22 171/22 171/24 184/10 184/16
NHS [3] 79/19 83/15 135/16
NI [3] 10/11 117/15 165/15
NIBTS [2] 161/10 161/12
NILGA [16] 106/24 142/24 143/18 144/16 144/22 145/6 145/7 145/7 145/24 147/2 147/20 148/1 148/7 148/8 148/10 149/7
NILGA's [1] 145/18 NJ [1] 106/1 no [70] 2/20 2/23 9/12 11/5 12/23 18/7 19/18 23/23 24/5 25/14 26/14 26/16 42/9 45/6 45/6 48/20 49/20 50/17 52/8 56/18 57/22 59/11 59/23 59/25 61/13 61/14 61/17 70/24 77/13 81/11 88/13 92/9 95/11 99/17 103/3 107/1 107/14 107/20 107/23 108/9 112/12 112/16 122/19 123/6 123/21 124/11 124/16 124/21 125/11 132/25 133/14 134/9 138/17 142/11 144/1 152/19 161/19 163/19 163/20 164/2 164/3 171/17 175/15 176/17 177/15 179/5 179/22 181/2 181/3 182/7
no-deal [2] 124/21 125/11
no-deal Brexit [2] 61/17 124/16
nobody [1] 44/18 nod [1] 45/6 nodding [2] 85/7 85/12
nods [2] 17/25 103/7
nomenclature [1] 10/19
nominate [1] 88/10 nominated [2] 3/18 98/6
non [11] 21/10 78/24
89/11 90/11 93/9

95/11 106/11 129/19 133/9 154/13 154/14

## non-attendance [1]

 21/10non-devolved [1] 90/11
non-executive [2]
154/13 154/14
non-health [1] 78/24 non-pharmaceutical
[5] 89/11 93/9 95/11 106/11 133/9
non-statutory [1] 129/19
none [2] 106/10 139/13
nor [2] 91/10 104/15
normal [3] 61/19
103/11 117/17
normally [2] 15/24 128/18
north [8] 35/25 42/5
42/8 44/2 71/15 94/20
147/1 147/4
North Wales [1] 94/20
Northern [173] 1/6
1/22 2/3 2/9 2/14 3/4 3/25 4/1 4/9 4/13 5/14 5/17 5/20 5/22 6/2 6/15 6/19 6/21 6/22 7/9 7/19 9/4 9/20 9/24 10/10 10/17 11/14 12/13 12/24 14/21 17/9 20/10 20/13 23/1 23/21 24/22 25/14 28/22 29/13 29/21 31/16 32/2 32/18 34/9 34/18 36/5 37/12 $37 / 2538 / 438 / 1039 / 5$ 42/4 43/4 43/5 43/18 44/8 44/13 45/2 45/7 45/10 47/5 48/5 49/7 49/14 50/17 50/24 51/7 51/9 51/13 52/5 52/8 54/15 54/20
57/19 58/11 58/12 59/19 60/1 60/23 62/14 62/15 62/19 62/20 63/20 64/18 64/22 65/18 65/20 67/9 67/10 67/19 71/8 71/11 71/23 72/10 72/14 72/16 85/11 85/18 91/6 91/18 92/1 92/6 92/7 95/23 96/4 99/9 99/22 106/22 107/6 114/15 114/21 114/21 117/25 118/2 131/5 131/18 133/22 142/15 142/21 142/25 144/6 144/21 145/2 145/18 149/2 151/13 151/23 152/15 152/20
(67) Ms O'Neill... - Northern

Northern Ireland's [1] 151/7 169/16
noted [2] 138/7 151/13
nothing [4] 99/17 106/10 133/15 145/22 notice [3] 53/3 115/15 135/3 noticed [1] 156/8
notifiable [3] 162/16 163/10 163/13
November [1] 64/14 now [59] 2/5 8/7 9/13 10/15 19/10 25/4 28/14 33/16 33/21 39/22 42/5 44/6 44/18 48/3 49/2 51/23 57/1 57/13 58/4 58/9 58/21 58/25 59/14 59/21 65/16 66/15 79/5 79/8 82/18 85/6 95/25 96/18 97/11 98/19 104/18 110/7 110/7 122/16 127/9 132/11 134/25 136/6 142/13 148/8 150/3 151/10 156/2 156/21 159/8 159/14 160/21 163/5 163/12 166/15 167/11 174/10 180/25 181/17 183/14
NSRA [1] 88/4 nuclear [2] 20/2 163/6
number [39] 5/14
5/25 11/10 11/22 13/12 13/21 16/6 25/21 26/17 26/20 28/14 41/6 42/19 44/19 46/1 53/14 54/12 55/19 59/11 60/10 62/7 65/16 66/8 86/8 86/25 93/22 96/10 96/22 100/9 118/7 132/23 134/5 137/15 139/13 163/9 172/24 175/25 176/25 184/17
number 5 [1] 28/14 number one [1] 16/6 numbers [7] 77/3 101/6 126/11 137/5 137/8 158/24 159/24 Nursing [1] 168/16 0
o'clock [1] 186/5
O'Neill [26] $1 / 5$ 1/11
1/12 1/21 6/8 9/9 16/2 17/4 18/22 20/5 21/24 27/8 29/2 30/12 35/13 37/7 37/22 43/2 47/24 52/3 54/12 54/19 62/9 62/25 63/1 174/20
oath [1] 128/12
objectives [3] 24/23 27/13 28/1
obligation [2] 26/9 135/14
obligations [4] 58/10 60/24 62/16 138/1 observation [1] 173/17
observations [1] 62/11
observer [2] 50/24
57/21
obtain [1] 102/4
obviously [28] 7/1
8/21 20/22 21/3 36/4 43/15 49/22 56/8
60/12 62/12 72/24 91/25 92/16 92/21 114/16 114/19 119/6 143/18 145/21 149/17 155/22 155/24 156/20 159/6 161/16 172/19 179/15 182/13
occasion [1] 56/25
occasions [5] 10/2
42/19 53/12 96/10 113/1
occupied [1] 148/11 occupy [2] 151/20 159/23
occur [2] 76/23 137/11
occurred [3] 14/25
71/7 115/13
October [12] 11/1 11/4 14/5 25/2 26/12 26/18 26/25 27/10 30/24 40/2 106/2 108/4
October 2016 [3] 11/1 25/2 30/24
odd [1] 142/1
off [5] 61/18 61/19
73/16 73/25 170/23
offer [1] 46/9
office [43] $4 / 106 / 25$
7/7 7/13 7/19 8/3 8/10
8/14 8/20 8/22 9/16
12/4 15/3 16/5 16/19 17/11 21/3 21/15
29/25 30/13 30/22
31/13 31/22 31/23 38/1 40/4 48/19 56/13 57/3 58/23 59/8 59/10 59/24 64/7 64/22 67/12 79/10 91/7 111/9 114/22 128/23 135/21 135/22
Office's [1] 8/18
officer [16] 15/17
29/23 31/24 47/19 59/17 61/10 71/20 85/15 111/10 124/3
143/21 158/1 159/17

160/14 165/9 176/21 officers [8] 50/22 52/11 70/6 79/6 111/14 118/25 120/12 120/23
Offices [1] 111/6 official [7] 23/16 23/18 24/12 56/2 88/8 91/9 179/2
official-sensitive [2] 88/8 91/9
officially [1] 178/8 officials [11] 10/24 15/5 16/11 19/22 25/6 32/1 34/4 49/8 53/6 114/19 185/4 often [3] 75/2 109/8 131/25
Okay [5] 2/18 4/20 128/9 141/21 148/20
omission [3] 89/10 111/2 138/7

## on [228]

once [5] 3/22 26/23
66/25 126/17 178/1
one [73] $4 / 238 / 3$
13/10 13/16 16/6 17/16 18/9 26/2 28/17 36/24 38/17 40/20
43/21 45/17 47/17 49/14 49/17 50/6 59/5
60/11 62/7 62/11
67/17 69/11 69/17
73/16 73/25 74/2
82/23 83/22 85/25
90/15 101/9 109/7
112/21 117/1 124/3
128/9 130/4 130/4
137/15 143/14 144/5
146/22 152/12 156/17
157/21 159/2 159/5
159/12 159/18 161/11
161/18 164/15 167/2
168/20 169/10 170/15
171/8 174/16 174/20
174/21 175/2 175/6
175/24 177/3 177/3
177/20 182/18 182/18
182/19 184/19 184/23
one-off [2] 73/16
73/25
ones [1] 43/23
ongoing [5] 136/11
156/12 157/8 162/3 183/14
only [25] 34/3 34/6
34/8 39/6 39/8 48/21
50/11 52/24 60/5 83/9
100/3 102/9 102/13
106/3 107/13 121/4
147/25 154/23 156/6
157/5 157/21 169/7
172/11 173/19 177/3
onset [1] 118/20
open [4] 16/21 59/1 164/17 179/10
opener [1] 5/6
operate [1] 68/1 operated [3] 6/16 13/2 74/10
operates [1] 170/4 operation [18] 8/25
10/25 12/17 12/21
14/24 15/6 16/17 17/8 25/9 25/17 25/21
25/21 40/5 42/20
42/21 47/17 47/23 61/16
Operation Cygnus
[7] 10/25 12/17
12/21 14/24 16/17
25/17 25/21

## Operation

Yellowhammer [1] 61/16
operational [8] 10/12
24/20 55/10 123/12 146/5 146/8 148/10 179/7
Operations [1] 168/15
operators [1] 62/22
opinion [8] 36/9
45/24 45/25 46/16
110/24 112/12 115/21 148/24

## opportunities [1]

 177/4opportunity [4] 16/18 143/19 175/11 177/2 opposed [3] 12/1 53/10 54/5
option [1] 174/5
options [1] 139/24
or [126] $2 / 203 / 13 / 9$ 6/16 7/3 7/4 7/19 7/20 7/24 7/24 9/6 10/4 12/5 16/15 17/6 17/16 18/2 18/16 18/24 19/12 20/2 22/2 22/17 23/6 23/9 23/23 24/10 29/2 29/3 30/5 32/4 33/1 36/17 39/4 40/21 44/10 47/7 50/21 50/24 51/2 51/13 52/15 54/8 55/14 55/17 57/22 57/23 58/20 58/21 60/1 61/17 66/1 66/17 66/18 68/4 68/12 69/20 71/12 72/4 74/14 74/16 74/18 74/22 76/23 78/11 81/9 81/18 81/22 87/4 87/21 90/22 92/9 92/22 93/15 94/9

100/21 106/12 108/1 109/7 112/11 112/13 116/2 117/6 119/24 121/10 122/21 127/7 136/16 137/20 140/22 142/11 143/11 144/19 145/17 145/19 146/24 146/24 147/23 147/24 148/23 148/25 149/18 156/7 156/9 157/18 158/13 158/23 159/4 162/21 163/19 163/19 164/3 164/21 165/20 170/7 173/11 173/19 178/2 179/22 180/9 180/25 182/23 183/1 183/2 183/3 185/20
order [14] 19/23 21/1 39/7 39/9 41/24 64/25 102/3 103/22 110/23 118/19 131/19 141/23 167/17 168/9
ordinating [2] 86/5 155/18
ordination [3] 27/17
52/9 148/10
ordinators [1] 98/6
organically [1] 53/23
organisation [22]
64/8 65/2 65/8 65/25 66/22 68/4 97/6
106/24 122/4 124/10 144/14 144/19 145/6 153/9 153/10 160/4 160/7 167/17 171/1 179/19 181/16 183/13 organisational [1] 27/15 organisations [22] 57/21 57/25 58/2 64/24 66/4 66/6 66/7 66/18 66/24 70/18 83/11 88/25 89/25 112/7 116/13 116/21 119/2 131/13 143/22 155/17 156/15 157/9 organise [1] 183/15 original [1] 126/10 other [65] 7/1 8/2 11/8 12/3 13/25 16/10 17/5 19/16 28/23 29/20 33/7 34/7 34/9 34/22 50/8 50/25 53/15 53/16 56/1 56/24 57/15 59/19 65/14 68/2 72/5 74/11 75/10 76/2 81/15 84/17 84/18 90/12 97/18 99/12 100/5 107/13 113/5 113/13 113/13 113/15 116/4 119/2 123/4 123/24 124/9 126/18 129/15 129/20 129/23 137/16

140/1 140/23 141/5 141/8 145/12 146/18 153/23 154/1 155/3 155/11 169/17 170/17 175/2 175/18 184/20 other's [2] 112/24 141/20
others [12] 31/24
45/25 72/24 74/10 81/1 130/19 132/20 142/15 148/17 164/9 180/16 185/18 ought [2] 56/11 148/25
our [107] 1/14 5/3 8/1 9/3 13/8 13/18 16/2 22/14 23/2 23/12 23/13 26/4 29/10 33/3 33/7 33/12 34/20 34/23 35/25 36/19 37/16 38/21 43/25 44/17 49/23 56/16 58/3 58/5 58/6 66/11 66/12 66/20 66/22 66/23 68/16 68/23 70/5 71/2 72/23 74/2 74/24 79/14 81/1 82/19 83/14 83/17 84/4 90/5 90/5 90/14 92/5 94/6 95/10 95/18 99/22 101/14 104/21 107/4 108/21 110/8 111/16 112/17 113/2 116/5 117/21 118/12 118/24 118/24 119/6 119/9 119/16 119/25 121/2 124/19 125/2 126/21 128/15 135/5 135/6 135/12 135/24 136/20 137/9 138/13 140/15 140/18 141/14 143/7 143/8 143/16 143/24 149/24 149/24 150/16 154/22 155/4 156/23 156/25 157/6 160/5 162/24 164/14 167/3 167/6 169/15 171/8 183/16
ourselves [6] 66/7
96/21 128/21 160/5 172/15 183/15
out [37] 9/15 13/8 14/11 15/3 16/19 16/23 20/25 25/4 26/10 26/20 28/4 40/19 48/2 50/3 50/5 57/7 57/13 61/22 74/16 83/17 85/8 100/11 105/18 121/22 124/12 127/11 128/7 142/24 154/16 156/14 162/15 162/20 163/11 167/15 170/15 170/17 174/14
outbreak [4] 75/9 104/13 106/9 135/8 outcome [1] 175/24 outcomes [2] 13/19 16/8
outline [4] 71/5 74/24 85/1 153/24
outlined [5] 84/4
148/4 152/23 161/17
175/7
outset [1] 165/5
outside [2] 108/21
166/12
outsourced [1] 161/5 Outwith [1] 52/17 over [26] 15/11 17/17 20/11 27/23 38/6 38/7 52/24 97/9 99/11 100/21 110/4 112/8 114/23 126/13 127/25 135/12 156/10 158/24 161/5 168/22 169/8 170/17 172/24 172/25 173/11 180/12
overall [7] 65/8 77/10 78/16 126/19 128/25 158/6 159/18
overarching [2]
18/17 101/9
overlap [1] 82/13
overlapped [1] 18/25
oversee [2] 20/12
80/23
overseen [2] 114/18
160/23
oversight [9] 61/12
69/4 69/6 74/1 74/5
112/19 114/2 115/8
145/10
overstretched [1] 174/23
owed [1] 43/18
own [19] 7/14 7/21 15/5 16/22 40/3 50/4 58/5 95/23 96/15 106/2 113/10 113/11 114/16 119/6 135/16 160/16 164/14 165/19 181/16
Owner [1] 19/21
owners [1] 78/20
P
pace [1] 172/3
page [32] 1/19 19/1 19/19 19/20 20/1 20/11 20/17 27/11 27/23 27/25 27/25 30/17 96/25 97/11 97/19 98/9 108/25 110/4 125/21 125/25 127/9 127/12 132/9 132/10 166/14 167/21 167/22 169/6 169/8

169/8 169/8 171/23
page 11 [1] 97/19
page 12 [1] 98/9
page 15 [2] 167/21 167/22
Page 23 [1] 1/19
Page 24 [1] 19/19 page 3 [2] 27/11 27/25
page 4 [1] 96/25
page 42 [1] 125/21
page 46 [1] 127/9
page 5 [1] 97/11
page 6 [3] 19/1 108/25 169/6 page 7 [1] 169/8 page 8 [1] 166/14 pages [1] 132/6 pages 48 [1] 132/6 paid [1] 43/23
pan [4] 20/9 20/12 94/1 124/23
pan flu [2] 20/12 124/23
Pan-Wales [1] 94/1
pandemic [114] 4/24
5/8 5/11 9/5 10/5
10/15 10/15 10/21
11/3 12/10 12/14
12/25 22/24 23/3 23/5 23/10 27/15 27/20 28/6 28/15 28/25 29/5 29/16 30/3 30/5 31/16 33/9 36/17 36/17 44/9 44/12 45/7 45/16 46/15 46/20 46/23 47/9 47/14 48/6 48/22 49/23 52/22 54/4 55/20 56/9 56/15 56/19 58/4 59/12 60/1 60/10 68/17 70/16 73/22 78/16 79/11 80/2 80/21 81/2 86/7 86/10 87/13 87/15 87/17 91/25 92/6 93/3 93/5 93/6 94/3 94/6 95/11 96/9 96/13 96/21 99/2 101/10 102/18 104/22 105/17 108/5 108/11 108/16 109/5 118/17 118/21 122/1 132/21 133/6 135/12 136/16 137/4 149/2 165/4 165/5 165/6 165/12 165/13 168/11 169/2 169/9 169/14 169/20 171/2 173/5 173/10 177/5 177/10 180/25 181/7 182/6 182/23 182/25 183/11
panel [2] 39/24 133/23
papers [1] 9/15

| $\mathbf{P}$ | 182 | 63 | personnel [2] 40 | $11$ |
| :---: | :---: | :---: | :---: | :---: |
| paperwork [2] 18/4 |  |  |  |  |
| 52/8 | 21/12 22/18 23/19 |  |  |  |
| paragraph [10] 27/11 |  |  |  | 24/17 30/4 46/16 $94 / 10$ 100/8 100/20 |
| 97/11 98/9 109/2 |  | /16 |  |  |
| 134/16 136/6 144/12 | $74$ | 121/23 | 119/7 176/13 183/9 | 102/6 |
| 165/2 167/22 |  |  | perspective | did |
| paragraph 1.2.1 [1] | 117/23 128/5 131/17 | 150/16 169/22 181/5 | 143/20 | 94/3 119/11 139/8 |
|  | 144/2 145/6 145/ |  |  | planning |
|  | 145/23 147/4 147/21 | people-focus | Peter [3] | 12/21 13/1 15/15 |
|  |  | 101/13 | 8/6 | 15/23 17/8 |
|  | pa | per [2] 22/12 174/4 | Peter May [2] | 19/8 24/6 29/11 29 |
|  |  |  |  | 29/18 29/19 30/19 |
|  |  | perceived [3] | Peter May's | 39/6 53/5 55/17 60 |
|  | partly [1] | 87/4 87/22 | PHA [6] 152/4 1 | 60/19 69/19 69/24 |
|  | partner [2] 95/2 | $1]$ | 155/8 160/23 166 | 70/19 72/13 73/1 |
|  |  | perfectly [1] 140 | 17 | 75/4 76/1 78/17 80 |
| 1] 98 | partners | pe | p | 82/10 83/16 86/16 |
|  | 75/10 75/15 76/2 | Performance [1] | 3/ | 7/6 88/17 88/2 |
| 97/11 | 77/16 78/3 78/12 89/4 | 156/3 | 06/11 133/9 | 89/14 89/23 91/2 |
| paragraph und | 89/20 90/13 116/13 | performed [1] | Phase [1] 97/6 | 92/6 96/9 96/24 |
|  | 121/5 124/16 135/5 | performing [1] 86/20 | phones [1] 171/ | 102/18 104/20 10 |
|  | 136/4 139/18 147/9 | performs [1] 8/20 | pick [1] 146/19 | 105/13 105/21 108 |
|  | 168 | perhaps [31] 13/4 | picked [1] 178 | 109/23 115/19 116/1 |
|  | partnersh | 18/2 22/12 23/23 | picking [1] 148/ | 116/24 123/23 125/1 |
|  | 79/20 79/21 79/25 | 27/24 37/22 43/21 | picture [1] 98/17 | 125/12 129/21 130/23 |
| $8 / 17 \text { 18/ }$ | 89/24 106/6 116/1 | 55/12 56/22 86/17 | piece [5] 13/13 13/2 | 131/6 131/24 135/13 |
| 22/23 24/19 24/19 | 122/5 | 90/22 99/12 105/9 | 14/12 16/9 178/16 | 135/24 136/13 139/24 |
| 25/12 25/13 25/22 | partners | 106/13 110/21 123/4 | pieces [5] 6/7 13/24 | 141/14 141/25 144/17 |
|  | 75/25 | 138/4 144/20 145/16 | 14/1 60/11 184/18 | 144/24 146/25 155/7 |
|  | parts [13] 9/19 29/20 | 145/19 151/2 154/25 | piloted [1] 170/15 | 155/20 156/3 159/11 |
| 55/9 55/15 56/5 56/15 | 57/17 65/15 77/4 77/7 | 159/19 159/23 160/10 | piloting [1] 157/1 | 159/15 159/16 160/3 |
| 56/16 57/8 57/9 57/15 | 82/23 88/7 130/2 | 177/4 178/12 181/11 | pivotal [1] 80/3 | 160/8 169/2 175/3 |
| 57/25 58/1 58/5 58/6 | 130/3 169/17 178/1 | 183/1 183/6 185/19 | place [54] 2/14 3/19 | 175/13 176/2 176/21 |
| 58/9 62/17 68/21 89/6 | 185/8 | period [32] 38/2 | 12/12 19/23 23/2 25/2 | 177/5 179/2 182/6 |
| 90/3 100/4 100/16 | party [5] | 40/23 42/1 44/24 | 27/10 36/8 38/6 39/13 | 183/25 |
|  | 65/8 185/3 185 | 52/24 55/21 56/1 | /15 5 | plans [52] 11/18 |
| 117/17 121/1 125/24 | pass [1] 19/12 | 59/23 60/20 61/15 | 52/13 52/16 55/10 | 12 27/16 40/3 |
| 156/21 159/15 160/23 | passage [1] 14/25 | 71/8 77/19 77/21 78/2 | 67/25 69/15 71/18 | 60/21 68/1 74/14 |
| 61/2 167/7 169/25 | passed [1] 73/2 | 80/18 108/21 127/17 | 73/16 74/10 75/12 | 5/16 76/9 76/24 |
| /9 181/15 182/11 | passing [1] 139/ | 1 | 76/25 83/2 87/ | 1 |
|  | past [3] 144/12 | 130/1 136/17 148/3 | 87/13 87/14 89/4 | 87/14 87/17 89/1 |
|  | 146/16 147 | 151/5 151/15 152/9 | 92/24 94/12 94/18 | 92/19 92/20 93/1 |
|  | pathogens [1] | 152/11 158/24 166/12 | 94/23 98/21 99/22 | 93/12 93/13 93/20 |
| participant [3] $50 / 24101 / 21$ | 163 | 172/24 172/25 173/12 | 102/6 103/25 104/3 | 93/20 94/3 94/12 95/ |
|  | Pathology [1] 160/23 | periods [1] 86/10 | 104/8 104/15 108/2 | 95/10 95/15 95/24 |
| 100/10 143/23 143/24 | patient [2] 149/25 | permanent [2] 38/ | 108/4 112/18 113/2 | 96/4 112/6 112/9 |
|  | 170/13 | 59/15 | 114/2 115/11 117/1 | 112/21 113/5 113/11 |
|  |  | pe | 126/14 129/2 133/6 | 113/16 116/19 124/2 |
|  | patterns [1] 3 | [2] 38/1 59/15 | 133/7 176/17 179/1 | 33/4 1331 |
|  | Paul [1] | permission [4] 54/13 | 181/14 184/ | 33/6 136/22 141/18 |
|  | Paul Givan | 180 | placed [1] | 141/20 155/12 158/9 |
|  | payment [1] | permitted [3] 54/2 | [4] | 175/16 175/19 175/2 |
| 155/15 | peer [2] 112/ |  | 113/5 118/3 184 | 175/25 176/16 |
| participation [2] 25/7 |  | 1 | plain [1] 58/20 | nt [2] 45/20 47/15 |
| 99/20 | 112/24 141/19 |  | plan [31] 11 | $5 / 21115 / 24$ |
| particular [20] 24/23 | pejorative [1] | $\begin{aligned} & 14 / 1845 / 1780 / 1 \\ & 88 / 10117 / 22 \end{aligned}$ | plan [31] 11/1 13/17 14/2 25/2 | 115/18 115/21 115/24 171/8 184/16 |
| $39 / 439 / 14$ | pejoratively [1] 50/11 | person-centred [1] | 26/3 26/23 27/2 27/4 | platforms [4] 167/13 |
| 76/18 76/20 78/14 | Pensions [1] 135/23 | 117/22 | 37/5 40/7 40/9 40/2 | 171/10 172/9 183/18 |
| 78/21 | penultimate [3] | personal [3] 43/3 | 41 | lay [6] 16/24 25/13 |
| 7 | 30/17 167/22 172/ | 50/21 137/20 | 93/5 93/9 94/1 95/16 | 25/18 26/6 55/15 80/3 |
| 134/13 140/21 171/16 | people [30] 13/7 23/1 | personally [2] 110/18 | 95/24 96/14 102/7 | played [3] 24/19 |
| 134/13 140/21 171/16 | 48/24 59/4 60/6 61/23 | 115/24 | 109/24 114/17 114/17 | 25/12 165/10 |

(70) paperwork - played
playing [2] 138/6 185/8
plays [2] 113/12 117/1
plea [1] 174/7
please [51] 1/9 1/12 1/21 2/17 6/8 9/9 18/21 19/1 19/19 20/5 27/7 27/25 32/23 37/7 52/3 63/8 63/23 63/24 66/16 79/1 86/15 96/25 97/11 97/19 98/9 102/1 108/25 109/3 125/17 125/21 126/8 127/9 127/12 131/21 132/9 132/10 150/10 151/8 154/2 161/12 164/23 166/5 166/14 167/23 168/24 169/6 170/23 171/13 171/22 173/3 186/6
plenty [1] 52/10
plethora [2] 8/19 175/19
plugged [2] 57/19 57/23
plus [3] 124/14
124/15 167/2
pm [5] 103/13 103/15 150/5 150/7 186/8 point [47] 24/7 28/14 30/17 33/10 33/10 35/5 35/12 38/17 42/24 43/17 45/2 45/14 48/9 48/10 48/17 60/6 62/12 68/20 69/1 69/2 69/9 83/14 90/7 97/20
108/19 111/15 112/21 112/22 113/12 116/11 117/8 124/18 127/1 131/15 134/21 135/13 138/21 139/15 141/11 146/14 159/6 161/15 166/18 171/16 171/23 172/2 181/25
point 1 [2] 68/20 69/1 Point 2 [1] 69/2
Point 3 [1] 69/9
point 7 [1] 171/16 points [17] 25/4 32/22 35/8 36/24 38/5 48/14 50/7 68/19 91/15 92/16 96/22 115/5 117/1 145/5 166/17 171/15 179/12 police [8] 62/20
72/16 72/19 76/3 77/2 77/6 81/12 81/13
policies [6] 7/10 7/12 15/14 34/12 56/6 143/3
policy [22] 8/22 9/24 10/11 11/10 11/24 12/5 12/6 17/8 17/19 18/4 28/5 28/15 28/24 29/13 47/15 55/10 99/7 143/2 143/6 144/18 145/13 165/11 policymaker [1] 55/12
politic [1] 36/5
political [31] 4/3 14/4 14/8 15/25 25/25 27/1 34/25 35/5 35/21 35/22 35/25 36/25 37/8 41/15 43/9 43/11 43/25 44/1 66/21 74/6 85/15 113/24 124/11 143/19 143/19 145/6 145/8 145/9 146/4 146/12 179/3
politically [1] 148/14
politician [1] 43/3 politicians [2] 12/3 43/4
politics [7] 34/19
34/21 38/16 38/20 43/12 62/7 63/4
pool [1] 116/13
poor [3] 78/25 101/5 171/25
population [10] 19/9 28/13 34/11 38/21 144/7 154/24 157/22 169/15 169/23 182/18 port [1] 70/22 posed [1] 96/6 position [35] 2/6 3/13 3/20 3/22 4/6 4/9 23/22 44/10 44/10 45/3 45/15 46/17 46/18 46/19 50/14 57/2 61/10 62/3 62/4 72/25 77/14 80/7 84/3 85/13 85/16 85/17 95/15 116/12 124/11 144/22 147/2 151/10 156/8 159/22 181/19 positioned [1] 121/3 positions [4] 1/22 143/6 143/8 153/6 positive [3] 68/12 68/15 78/16 positively [1] 140/3 possibility [6] 16/25 48/12 123/5 175/15 176/17 177/14 possible [16] $4 / 2$ 23/3 40/5 40/22 43/19 44/25 47/7 75/2 75/17 76/23 81/21 90/18 93/12 98/13 100/5 169/13
post [19] 3/6 3/7 3/17
9/23 21/3 31/23 50/6

50/7 53/16 59/11 95/22 114/8 137/20 140/21 145/21 148/5 151/15 180/22 181/5 post-Covid [1] 114/8 posts [2] 2/24 40/20 potential [9] 42/18 42/19 45/23 47/4 61/17 98/15 100/19 112/22 119/13
potentially [3] 46/22 91/24 112/13
pound [1] 128/12
power [16] 2/23 6/16 33/22 34/14 34/21 38/20 42/4 42/7 43/6 43/13 62/5 121/22 128/15 131/18 131/23 146/21
power-sharing [10] 2/23 6/16 33/22 34/14 34/21 42/4 42/7 43/6 43/13 62/5
powers [4] 5/17
85/19 163/1 163/13
practical [6] 40/5
40/22 40/23 140/2 156/9 176/15
practically [1] 145/11 practice [5] 71/2 167/25 168/3 168/8 183/22
pre [1] 118/15
pre-empt [1] 118/15 preceded [2] 17/15 127/17
precisely [1] 67/8 precursor [2] 141/11 153/3
predecessor [2] 144/14 147/20
preparation [21] 11/14 12/21 70/21 76/9 77/17 95/9 105/12 106/9 110/14 117/17 117/21 124/16 124/21 125/20 132/21 136/7 176/18 177/17 181/20 182/6 182/23 preparations [5] 106/8 108/9 108/22 116/3 123/22
prepare [2] 168/11 179/1
prepared [10] 30/24
39/24 94/8 94/16
95/10 108/14 110/21 180/25 181/6 181/10 preparedness [58]
15/15 19/8 20/9 23/8 23/13 23/24 24/7 29/19 32/4 32/10 32/18 36/9 36/11 36/13 39/17 44/9 47/9

52/6 60/1 60/19 71/5 71/10 71/12 72/14 72/18 80/9 96/1
106/14 108/11 109/5 117/12 120/1 122/21 123/7 123/11 132/3 132/16 146/8 146/17 146/21 147/7 147/12 155/13 155/16 155/17 158/8 158/12 158/15 158/18 159/25 171/16 173/5 173/10 174/25 176/23 181/20 182/10 183/11
preparedness/enviro nmental [2] 158/12 158/15
preparing [7] 61/17 122/18 139/8 151/19 173/14 175/10 177/1
prescribe [2] 68/2 68/10
presence [1] 33/24
present [2] 128/9
147/10
presentations [1] 129/3
presented [2] 59/4 165/7
presenting [1] 125/1
preserve [1] $8 / 10$
president [2] 3/2 157/15
press [1] 70/4
pressure [2] 70/25 78/2
pressures [6] 77/21
80/14 131/16 147/16 182/12 183/7
presume [4] 14/23
40/17 42/14 51/10
prevail [2] 183/2 183/10
prevalent [1] 54/3
prevention [1] 174/25
previous [9] 21/6
53/2 58/22 67/14
70/19 113/1 125/3
125/8 146/6
previously [6] 64/14
144/16 153/5 156/16
159/3 161/17
price [1] 43/24
primarily [5] 37/24
71/11 75/19 134/7
136/14
primary [4] 20/13
48/5 82/3 180/19
Prime [1] 6/1
Prime Minister [1] 6/1
principal [4] 65/10
65/11 67/7 79/3
principles [3] 60/18
74/23 123/21
prior [14] 11/4 23/25
36/8 40/4 47/11 56/19 57/22 108/17 110/16 152/4 160/15 171/2 182/23 182/25
priorities [8] 16/1 16/5 16/6 34/4 34/6 39/3 39/7 39/10 prioritisation [1] 132/2
prioritising [1] 41/4 priority [5] 13/9 13/21 14/9 14/12 16/6
prison [1] 28/13
proactive [1] 57/9
probable [1] 137/4
probably [21] 32/22
53/21 53/22 54/7 56/6
58/12 60/9 61/1 61/6
68/19 82/23 84/14
95/12 128/22 129/2
152/5 168/19 170/9
172/23 175/3 183/14
problem [3] 50/15 89/16 172/4
problems [4] 54/3
87/22 135/1 174/23
procedure [1] 86/12
proceedings [1] 103/6
process [16] 4/4
28/20 40/14 51/12 57/6 88/13 92/8 98/10 103/22 114/5 115/2
130/24 143/14 170/12 178/11 179/24
processes [10] 27/18 74/7 87/1 102/14 102/21 102/24 103/1
141/15 171/5 178/25
processing [1] 171/4 produced [5] 45/13 91/6 138/15 138/20 140/14
product [1] 92/10 profession [2] 103/4 103/5
professional [3]
152/14 158/4 179/7
Professor [27] 13/13 13/23 14/16 15/18 26/5 26/11 26/19 37/15 39/23 40/6 45/17 49/4 50/10 51/4 55/3 56/3 56/14 56/21 157/15 160/14 164/10 164/24 169/4 169/21 182/16 183/4 185/5
Professor Bengoa
[4] 13/13 13/23 40/6 182/16
Professor Bengoa's [1] 37/15

Professor Gabriel
Scally [1] 45/17
Professor lan Young
[4] 56/3 164/10
164/24 169/4
Professor McManus
[1] 157/15
Professor Rafael
Bengoa [3] 14/16
26/11 39/23
Professor Rafael
Bengoa's [1] 26/19
Professor Sir [5]
15/18 51/4 160/14
183/4 185/5
Professor Sir
Michael [1] 26/5
Professor Young [6] 49/4 50/10 55/3 56/14 56/21 169/21
professors [1] 45/16
programme [4] 20/15
38/8 40/15 40/17
progress [7] 14/10
37/20 40/12 40/25
59/20 62/13 136/5
progressed [4] 82/17
162/17 165/12 182/20
progressing [1]
161/14
progression [2]
164/7 164/19
project [3] 161/9
162/3 170/14
prolonged [1] 136/16
prominence [1]
72/20
promote [1] 65/9
promotes [1] 142/25
promotion [1] 155/15
proper [6] 34/1 34/3
36/6 38/7 58/1 88/25
properly [8] 9/5
21/21 51/8 68/20
107/7 141/13 148/25 154/7
proportion [5] 80/15 126/3 126/24 169/17 169/22
proportionate [1] 20/21
proposals [2] 69/6 162/21
proposed [4] 89/9
113/1 144/15 162/21
proposition [2] 32/8 142/2
propositions [1]
37/24
proscribed [1] 121/10
prospect [1] 161/22
prospective [2] 30/5 31/16
protect [4] 35/16
43/19 45/22 95/16 protected [2] 118/6 120/5
protecting [1] 147/15
protection [9] 35/19
67/18 82/11 83/19
153/19 162/10 165/21
171/15 172/12
protocol [3] 3/25
117/16 118/3
protocols [4] 76/9
90/18 91/1 110/6
provide [17] 34/10
89/8 94/2 110/23 112/19 114/2 120/17 120/24 121/3 121/6 131/8 134/25 152/13 168/9 178/19 183/17 183/17
provided [20] 1/17
4/17 4/19 9/7 12/19
25/4 67/20 70/18
77/13 93/3 103/23
112/11 115/8 120/25
124/18 133/20 138/24
139/2 150/21 165/21
providers [3] 26/22
80/17 155/12
provides [3] 114/23 143/18 160/8
providing [6] 72/12
94/21 153/20 155/17 155/18 185/1
provision [5] 27/21 131/12 155/10 155/14 173/9
provisional [1] 180/6 provisionally [1] 133/20
public [122] $33 / 3$
33/6 35/16 35/19 38/3 38/7 41/11 46/2 47/7 48/11 58/10 59/19 60/24 61/8 62/13 62/16 64/20 72/13 80/3 81/6 81/15 82/2 82/4 82/6 82/7 82/14 82/22 83/2 83/3 83/8 83/9 83/11 83/17 84/10 84/12 84/20 85/8 85/19 85/23 86/4 86/10 90/12 97/14 97/17 106/22 106/23 106/25 106/25 107/2 118/4 118/5 120/3 128/23 151/12 152/3 152/6 152/12 152/18 152/19 153/12 154/4 154/12 155/5 155/9 156/18 157/13 157/16 157/18 157/21 157/24

157/25 158/2 158/6 158/7 158/9 158/20 159/4 159/10 159/14 160/13 161/1 161/5 161/7 162/9 162/14 163/22 163/23 165/18 165/22 165/24 165/25 166/8 166/20 167/3 167/24 167/25 168/2 168/10 168/15 168/25 172/4 172/5 172/12 173/4 173/9 177/16 177/20 177/23 178/14 179/18 180/24 181/3 181/23 182/9 182/14 183/8 183/20 184/1 184/8 184/19 185/1 185/15
publicly [1] 40/2 publish [1] 102/24 published [4] 40/2 85/5 132/13 135/2 pull [1] 147/15 purchaser [1] 170/7 purpose [4] 5/10 16/17 65/8 87/8 push [1] 147/15 push/pull [1] 147/15 pushed [1] 149/24 put [31] $4 / 214 / 25$ 14/12 19/23 32/13 38/6 40/5 43/19 55/6 57/20 61/4 61/19 62/2 67/25 73/15 75/11 78/1 78/4 82/21 88/11 94/18 101/12 113/2 114/1 115/23 128/25 130/23 139/5 144/20 174/7 179/1
puts [1] 33/6
putting [3] 8/10 34/15 140/13
qualifications [1] 69/14
Quality [1] 80/22 quarantine [2] 104/19 110/2
Queen's [1] 164/8 question [19] 43/3 44/6 47/1 78/3 85/25 89/14 90/16 93/23 105/6 111/18 135/4 138/14 138/25 145/15 161/25 180/3 180/19 181/1 183/8
questioning [1] 180/5
questionnaire [1] 108/15
questions [26] 1/8
4/16 23/6 54/11 54/14
54/17 64/4 112/15

133/19 133/23 134/2 134/5 142/12 142/16 150/12 151/17 180/8 180/14 181/22 187/4 187/7 187/15 187/17 187/19 187/23 187/25
quickly [6] 66/15 75/11 81/3 85/17 95/14 123/15 quietly [1] 151/7 quite [9] 44/16 53/11 53/19 70/7 87/18 96/7 151/7 152/9 178/5

## R

radiological [2] 20/2 163/6
Rafael [4] 14/16
26/11 26/19 39/23
raise [4] 69/17
128/15 128/17 175/3
raised [10] 28/12
29/3 33/11 33/16 89/3
136/8 145/5 166/17
171/15 174/20
ramifications [1] 105/8
ran [1] 106/2
range [10] 11/24
42/24 64/21 69/10
70/2 83/16 89/25
108/23 140/19 153/5
rapid [2] 48/1 166/8
rates [1] 135/6
rather [9] 4/6 57/10
72/4 74/7 74/22 81/22
101/21 118/3 136/15
re [5] $3 / 83 / 194 / 3$ 74/19 127/19
re-deploy [1] 127/19
re-design [1] 74/19
re-formed [2] 3/8 4/3
re-took [1] $3 / 19$
reach [1] 7/5
reached [1] 102/24
reacting [1] 158/18
reaction [2] 67/13
100/25
read [1] 169/7
readiness [3] 37/2
108/17 132/8
reading [1] 140/5
reads [1] 19/3
real [3] 42/15 128/1
136/11
realised [1] 51/11
reality [3] 29/12
119/20 129/19
really [17] 5/4 34/9
46/10 56/11 111/18
133/5 136/2 142/20
143/9 144/4 145/14
145/15 146/1 146/21
155/1 177/13 184/22
realtime [1] 164/20 rearrange [1] 142/7 reason [5] 6/19 16/14 16/16 126/6 168/13
reasonable [3] 17/23 31/17 140/8
reasons [4] 2/21 4/3 84/7 148/3
recall [23] 9/6 9/13
9/21 9/22 9/23 10/22
15/4 21/9 21/12 21/16
24/9 24/20 24/24 25/1 25/3 25/6 25/10 29/2 29/6 49/3 49/8 53/18 62/19
receipt [3] 13/22
69/24 120/18
receive [3] 15/1
89/22 131/5
received [9] 8/24
10/24 11/6 12/16 15/9 25/3 33/17 62/17 177/6
receiving [3] 15/5
55/23 124/4
recent [1] 110/9
recently [3] 105/5 114/10 148/1
recognise [7] 73/15
74/3 83/1 84/2 101/15 175/1 182/8
recognised [4] 98/2
113/24 166/22 176/3
recognises [1] 96/12
recognising [3]
122/10 127/15 135/13
recognition [2]
175/25 176/6
recognitions [1] 185/11
recollection [1] 21/11
recommendation [5] 105/19 109/4 135/20 136/3 156/20
recommendation 21
[1] 105/19
recommendations
[20] 23/17 40/6
40/11 41/7 59/5 59/7
99/5 99/24 101/2
101/12 102/17 102/19 105/18 106/4 106/8
106/11 106/13 106/15
107/24 110/8
recommended [1] 108/23
reconsidered [1]
178/1
record [9] 4/21 5/1
33/11 115/23 126/8
144/12 165/1 169/12
169/25
records [2] 170/13
records... [1] 170/13
recover [1] 68/24
recovery [4] 98/1
110/1 117/13 123/18
recruit [3] 57/6 57/7
58/5
recruitment [2] 50/3 50/6
recurring [1] 45/15
RED [5] 108/14
110/13 110/23 137/4 152/2
redeploy [2] 130/20 130/21
redeploying [1]
130/24
redirected [1] 62/1
redrafted [1] 178/12
reduced [7] 65/16
127/24 128/13 129/22 129/25 158/24 159/11
reducing [2] 78/5
153/18
reduction [5] 128/2
129/1 159/5 159/24
159/24
reductions [1] 77/24
refer [7] 26/9 36/23
44/15 106/8 117/15
128/22 140/3
reference [9] 21/23
28/8 45/6 58/24
106/12 125/8 132/25 139/4 139/23
referenced [2] 24/5 80/13
referencing [1] 77/19 referred [6] 13/12
31/25 39/22 41/3
47/19 136/9
referring [5] 26/10
36/15 36/24 45/13
90/16
refers [4] 37/15
47/20 109/5 140/1
reflect [8] 33/5 75/3
95/5 127/11 133/10
154/1 171/18 184/6
reflected [2] 124/8
178/12
reflecting [2] 132/22 167/19
reflection [5] 15/13
70/17 177/13 180/22 181/4
reflective [1] 119/8
reflects [4] 52/25
82/19 107/7 119/25
refocus [1] 177/14
reform [8] 35/10 37/2
74/18 81/22 95/22
148/6 153/16 170/13
reforms [2] 37/10 37/20
refresh [1] 48/1 regained [1] 3/17 regard [4] 24/10 80/1 87/6 135/9
regarded [1] 48/10 regards [3] 10/25 52/22 61/16
region [2] 143/16 161/16
regional [21] 71/18 71/20 83/18 91/16 92/1 92/9 92/15 92/22 reliance [1] 162/5 96/9 97/22 98/6 99/23 reliant [2] 170/6 111/9 112/1 118/12 179/12 118/12 142/23 143/12 relied [1] 165/6 148/9 160/18 160/19 relies [1] 75/19 regionalise [1] 81/18 reluctance [2] 56/3 regions [1] 98/4 register [22] 14/20 18/11 18/12 18/22 18/24 19/3 21/2 76/13 76/15 76/18 87/8 87/12 89/6 89/10 89/11 91/6 91/13 92/8 rem 106/17 113/15 173/18 173/24
registers [1] 21/11 regret [2] 14/10 37/19
regrettable [4] 24/15 30/2 104/10 104/10 regular [2] 53/20 98/11
regularised [2] 179/12 179/20 regularly [4] 53/16 56/16 144/13 152/17 regulate [1] 80/23 regulations [1] 74/14 rehearsing [1] 100/18
reinstatement [1] 111/11
related [3] 35/4 48/11 132/21
relates [3] 84/12 111/18 135/8 relating [4] 4/4 12/6 12/9 155/14 relation [28] 3/24 7/3 23/19 29/17 46/15 48/14 48/20 54/12 55/19 61/25 67/5 69/23 73/5 80/8 90/9 95/24 131/16 131/23 144/23 146/17 146/18 146/20 147/6 148/13 149/3 166/19 173/10 183/7
relationship [6]
66/23 79/13 90/2
156/24 157/7 157/10
relationships [9] 47/21 50/21 74/12 155/1 179/7 179/13 179/20 179/22 180/1 relatively [3] 40/23 78/6 83/9
relayed [3] 31/6 31/7 50/23
released [1] 102/20
releasing [1] 102/16 relevance [1] 30/8 relevant [3] 23/18
70/25 96/23 179/12

56/20
remain [1] 88/6
remainder [1] 181/22
remained [1] 98/19
remaining [2] 100/15 112/3
remains [1] 15/18
remember [1] 1/13
reminding [2] 96/21

## 172/15

reminds [1] 98/24
remit [3] 6/25 24/20 168/18
removed [1] 161/24 reorganisation [1] 65/15
repeat [3] 61/5 162/2 163/24
repeatable [1] 171/4 report [33] 13/15
13/23 14/7 14/15 15/1 15/3 15/4 15/5 23/16
26/23 27/9 37/15 53/1
98/24 101/9 101/25
102/4 102/17 103/22
104/16 105/10 108/11
108/13 110/13 110/21
134/22 135/1 135/21
139/13 155/19 166/7
167/21 172/15
reported [4] 40/13
93/16 95/6 127/21
reporting [2] 98/16 159/17
reports [3] 98/12
115/25 137/17
represent [11] 54/19
64/25 72/10 84/10
108/18 119/1 131/14
134/8 137/18 142/14
180/17
representation [1] 57/22
representative [2]
65/19 66/2
representatives [5]
91/10 91/13 152/12
152/17 185/12
represented [1]
118/12
representing [2] 6/11
63/19
represents [1] 65/2
Republic [3] 34/8 164/18 179/6
repurposed [1]
108/22
request [2] 59/17 165/9
require [5] 36/22
53/16 99/2 111/19
185/17
required [9] 20/25
38/8 40/18 44/25 48/1
56/2 56/25 60/14
167/13
requirement [1] 152/7
requirements [4]
68/8 68/12 162/16 166/10
requires [4] 50/4
135/21 168/3 169/10
rescue [2] 65/3 76/3
research [2] 13/25
166/16
reserves [2] 126/17 130/14
reside [1] $84 / 11$
resign [1] $2 / 8$
resigned [2] 3/15 3/23
resilience [74] 12/20
37/11 52/7 69/6 69/10
71/20 73/6 73/7 73/7
74/9 75/20 75/24 76/1
76/19 77/1 77/6 77/9
77/16 77/22 77/25
78/24 79/4 79/7 79/20
79/23 79/24 79/25
80/6 80/9 80/21 80/25
85/23 86/1 86/9 87/10
88/2 88/5 88/9 88/17
97/23 100/1 100/4
100/5 100/9 100/16
101/7 101/13 102/7
103/19 106/6 107/19
108/6 108/7 108/10
110/22 111/1 111/6
111/10 111/14 111/19
112/20 113/4 113/9
115/20 116/1 116/17
130/12 134/22 136/21
137/10 141/8 148/9
183/16 185/2
ResilienceDirect [2]
115/18 116/7
resilient [4] 33/8
36/18 182/18 185/7
resource [8] 22/1
22/13 22/18 128/19 131/7 132/3 166/9 173/16
resources [21] 22/9
23/4 23/9 28/11 39/9
41/16 59/18 61/18
77/17 77/21 78/6
122/20 125/1 125/3
126/14 128/4 128/6
134/23 147/5 147/15
182/6
resourcing [9] 23/19
32/9 32/17 33/2 33/10
34/5 34/5 40/18 71/18
respect [3] 96/3
141/9 141/25
respects [2] 141/6 180/23
respond [31] 19/5
22/2 22/10 68/21
69/10 75/10 78/1
80/20 85/17 87/3
87/11 87/11 87/13
87/14 87/17 90/7 93/5
111/25 115/12 117/22
120/5 122/25 123/3
123/15 126/16 127/18
144/25 149/2 166/10
176/6 176/8
responded [3] 56/15 120/2 122/9
respondents [4] 76/3
125/25 127/10 132/19
responder [1] 116/20
responders [12]
62/21 62/22 67/8
67/24 68/2 69/19
86/22 88/22 90/3
98/14 116/2 116/19
responding [3] 10/3
94/16 155/9
response [60] 9/1
9/2 9/4 10/5 15/15
16/19 16/20 17/9
22/24 23/3 23/8 26/2
26/19 28/10 40/3 40/8
46/20 46/25 47/13
52/7 52/23 59/13
68/21 70/1 70/3 70/10
73/24 81/2 81/19 86/3
86/7 87/18 88/20 89/7
90/5 93/23 94/1 97/25
99/3 101/17 107/9
111/17 114/3 114/9
115/10 117/12 119/5
121/7 121/16 122/5
123/16 123/20 126/21
130/16 146/9 155/8
155/16 174/25 175/16
184/6
responses [7] 10/6
68/25 108/18 118/13
120/24 127/10 147/3
responsibilities [15]
76/8 82/9 91/1 109/16 127/2 147/18 148/5 151/24 152/13 153/25 155/7 156/1 156/14 167/18 169/1
responsibility [27] 7/18 8/22 8/24 9/3 9/16 22/16 35/22 36/2 43/6 43/12 44/1 44/2 44/4 44/5 79/10 82/3 86/20 88/20 92/12 97/15 120/22 127/3 151/25 158/5 158/7 179/18 181/17
responsible [4] 7/12 75/25 93/12 162/11
responsive [1] 74/8
responsiveness [1] 21/25
rest [4] 32/3 70/4 145/3 164/16
rested [1] 15/16
restore [1] 38/19
restored [2] 38/24 43/15
restraints [2] 131/1 182/4
restricted [2] 116/1 130/15
restrictions [2]
129/18 147/4
restructure [4] 18/5 18/7 81/18 81/22
result [7] 2/11 $2 / 22$
4/12 22/19 23/11 23/14 31/18
resulted [1] 102/16 results [4] 125/17 125/22 126/11 166/13 retrospectively [1] 104/18
return [4] 51/24
103/12 150/3 171/13
returned [2] 84/21 165/10
returning [1] 95/2 review [34] 14/15 15/21 16/15 18/3 20/9 26/10 26/11 26/16 26/19 39/22 39/24 40/1 40/20 103/6 103/21 109/6 112/24 141/19 148/4 160/4 166/6 166/8 166/13 167/5 167/7 167/20 171/14 172/15 172/18 172/22 174/15 174/22 183/13 184/1
reviewed [2] 98/13 162/24
reviewing [1] 124/22
revised [1] 107/5 revision [1] 98/16 RHI [1] 2/10
Rhondda [1] 94/21 right [92] 1/24 18/8 19/20 21/9 31/12 42/10 50/18 51/1 51/16 58/1 59/6 63/21 64/23 65/5 65/13 65/17 65/21 67/10 67/17 71/3 71/9 71/13 71/21 75/21 75/22 77/4 77/12 78/8 80/4 80/11 85/9 85/20 85/22 86/2 86/12 87/20 88/23 89/13 89/21 95/7 95/20 96/17 103/10 104/1 104/6 105/22 106/25 107/18 110/16 110/19 113/7 114/25 116/10 122/15 123/25 126/23 128/16 129/4 130/25 132/18 136/13 139/1 139/9 139/21 140/14 143/2 146/9 146/9 151/6 153/22 153/23 154/11 154/18 157/20 157/24 158/6 158/11 158/22 159/22 162/7 163/14 166/4 167/19 168/23 171/1 171/12 173/2 174/1 174/12 177/19 177/24 178/7 right-hand [1] 19/20 rightly [1] 86/11 rights [1] 141/17 rigorously [1] 124/21 ringfenced [2] 173/5 173/7
ripped [2] 95/4 95/12 rise [2] 30/7 63/8 rising [1] 99/1 risk [55] 10/16 10/18 10/18 10/20 11/12 12/13 12/19 12/24 14/19 18/11 18/12 18/22 18/23 19/2 19/2 19/10 19/19 19/24 19/25 20/7 20/23 21/1 21/1 21/11 22/6 22/8 48/5 67/25 76/12 76/15 76/17 76/20 78/20 86/16 86/20 86/23 87/1 87/2 87/5 87/8 87/12 87/24 89/6 91/6 91/13 91/23 92/7 106/17 113/15 124/5 137/8 173/18 173/21 173/23 179/21
risk owners [1] 78/20
risks [12] 11/3 14/20 15/10 19/14 19/17

76/1 76/24 78/21 92/14 92/18 92/18 92/22
rites [1] 140/21 rituals [1] 137/20 rivers [1] 76/21 Robin [1] 53/2 Robin Swann [1] 53/2
robust [2] 113/16 133/4
role [36] 12/11 25/13 25/18 36/1 55/3 57/9 58/21 58/22 64/14 64/18 72/20 75/4 75/5 80/3 82/6 86/11 87/22 111/6 112/8 141/7 146/4 148/7 148/10 151/14 151/20 158/3 159/13 159/16 163/20 164/3 165/11 166/23 166/24 176/14 181/22 181/23
roles [18] 64/21
74/15 86/8 90/23
90/25 98/1 98/5
109/16 127/2 131/24
147/18 148/5 151/24
153/25 154/16 156/14
160/11 163/8
roll [2] 170/15 170/17 roll-out [1] 170/15 room [4] 52/14 60/21 63/16 143/25
rooted [2] 120/23 122/2
rough [1] 95/17
round [2] 30/10 72/6
routes [2] 88/9 98/14
routine [2] 41/5
124/22
rule [1] 7/6
ruling [1] 102/23
run [8] 22/13 30/2
77/14 131/13 133/2
140/15 161/8 183/15
run-up [2] 30/2
131/13
running [1] 121/19
runs [1] 121/1
Rural [2] 1/23 9/17

## S

SAGE [4] 27/22
50/18 57/22 165/7
said [36] 12/17 21/24 26/5 36/24 38/15 39/15 43/13 43/25 44/15 44/18 44/18 48/15 55/7 61/3 82/1 88/4 89/7 102/5
107/12 107/16 112/17
115/2 115/8 116/16
122/7 124/14 124/25

141/13 153/2 162/2 162/23 167/5 167/19 171/6 183/12 185/18 sake [1] 65/24
same [18] 26/12
28/22 46/2 47/15
50/17 60/19 64/25
67/8 70/4 76/16 79/21
103/25 112/23 123/20 $46 / 18$ 65/25 66/1
130/22 132/23 159/20 149/17
170/9
SARS [2] 104/12
133/8
saw [2] 61/23 176/20
say [53] 4/20 19/16
22/4 24/1 32/4 44/10 47/12 50/1 50/2 56/25 61/1 61/2 71/9 73/25 82/8 82/10 84/20 85/1 85/4 86/24 87/16 91/1 94/24 95/8 96/7 102/20 111/21 111/25 117/13 117/21 118/15 119/6 122/23 123/13 124/10 126/13 128/11 129/5 130/22 134/11 137/7 140/7 154/2 154/18 156/16 158/14 160/2 161/25 162/4 164/1 164/21 181/6 184/18
saying [4] 23/1 54/2 77/12 126/13
says [6] 30/18 38/2 59/15 165/23 169/8 169/21
scalable [1] 171/4 scale [10] 26/22 94/5 94/8 94/24 101/21 111/20 111/24 161/18 176/8 181/7
Scally [1] 45/17
scandal [1] 2/10
scanning [1] 55/17
scenario [4] 25/18
44/17 61/21 95/12
scene [1] 97/1
scheme [3] 65/13
70/11 120/20
school [2] 120/17
120/18
schools [3] 95/18 106/12 120/15
science [4] 55/11
55/12 55/14 168/1
sciences [3] 168/3
168/5 168/9
scientific [29] 27/21
49/3 49/6 49/10 49/12
49/21 50/5 50/9 50/13
50/19 51/6 51/14
52/13 55/2 55/4 55/8
55/13 55/23 55/25
56/18 56/22 57/4 57/5 seek [4] 12/25 16/22
seek... [2] 132/11 174/5
seemed [1] 176/4 seems [2] 23/7 59/3 seen [13] 73/24 100/23 101/19 104/18 127/17 139/5 139/9 139/10 139/14 140/1 146/6 164/16 178/5
send [1] 161/20
senior [5] 16/11
24/12 70/6 86/11 159/16
sense [8] 33/12
88/18 90/15 101/6
106/13 114/4 175/13
185/9
sensible [1] 20/21
sensibly [1] 51/8
sensitive [2] $88 / 8$ 91/9
sentence [1] 169/7
separate [3] 9/1
106/24 174/2
separation [3] 97/25 145/23 146/4
series [4] 71/6 74/14 75/20 166/17
serious [1] 22/24
serology [1] 160/17
servant [1] 39/12
servants [5] 39/2
48/7 59/16 61/11
107/2
serve [2] 38/21 84/14 serves [2] 76/19 118/24
service [33] 5/3
13/11 13/18 14/3 14/3 14/8 26/4 26/21 26/22 27/3 33/4 34/4 36/16 36/17 37/17 37/25
38/3 38/6 41/23 60/7 62/20 64/20 81/15 97/24 123/2 151/23 153/20 154/24 155/11 161/13 161/16 171/15 172/1
services [49] 5/4
33/3 33/6 38/3 38/7 41/2 42/21 42/23 72/13 76/4 83/16 92/5 96/15 98/25 106/22 107/1 109/21 118/5 126/18 127/4 127/5 127/6 129/12 129/14 129/15 129/19 129/20 129/21 129/24 129/25 130/6 130/8 130/9 130/17 130/19 131/25 152/1 153/2 153/3 153/9 153/10 153/21

155/4 156/10 156/17 157/8 160/19 162/1 182/5
session [2] 112/17 138/13
sessions [1] 58/24 set [22] $3 / 25$ 9/15 13/8 14/11 28/4 34/4 51/11 57/13 66/17 74/16 75/4 86/5 97/1 100/18 105/18 124/12 127/11 128/18 142/24 156/13 160/7 162/19 sets [1] 162/15 setting [2] 85/8 128/7 settings [1] 119/22 seven [1] 154/14 several [2] 97/9 98/13
severe [1] 43/21 severely [2] 118/16 137/21
severity [1] 44/23 shall [2] 51/23 103/12
shaping [1] 46/22 share [13] 43/5 57/16 68/1 69/18 91/12 109/4 115/19 116/8 119/2 143/14 143/19 157/19 179/8
shared [12] 53/1 53/4 88/4 90/19 90/24 91/2 91/9 92/10 105/3 105/15 106/5 106/16
shares [3] 45/3 79/21 90/11
sharing [20] 2/23
6/16 33/22 34/14 34/21 38/20 42/4 42/7 43/6 43/13 57/17 62/5 72/21 91/3 115/22 115/25 116/4 143/17 143/23 144/1
she [11] 88/4 88/5 88/14 112/6 128/3 149/18 149/19 158/10 176/21 176/22 176/24
she's [1] 128/16
sheer [1] 137/14
shielding [2] 70/12 120/20
shire [2] 126/4 126/25
shock [1] 48/23
short [18] 13/5 13/21 22/9 26/20 30/11 40/23 52/1 53/3 58/22 59/11 63/14 103/14 110/14 115/14 135/4 147/8 150/6 180/8 shortly [1] 122/17 should [53] 17/2 26/5 32/11 32/19 32/24

35/11 37/3 44/10 46/1 Sir [9] 15/18 21/23 46/8 50/7 60/15 60/15 26/5 37/24 51/4 55/6 61/21 62/4 62/7 68/4 160/14 183/4 185/5 76/25 81/20 84/11 85/4 89/5 89/15 94/3 96/13 100/14 104/22 105/21 107/2 111/17 117/11 117/17 137/11 138/17 138/18 138/20 140/20 140/24 144/20 sister [1] 66/23 145/18 146/24 147/5 sit [6] 18/16 85/23 149/5 151/2 164/11 114/5 156/2 158/20 164/21 167/25 175/21 181/18
176/5 176/5 176/24
179/1 179/14
show [2] 31/14
126/11
showed [1] 97/21
shows [1] 94/7
sic [1] $4 / 25$
side [8] 19/20 30/4
30/25 124/20 137/15 137/16 137/16 140/1 sideways [1] 89/20
SIG [1] 51/11
sight [1] 116/21
sighted [6] 70/13 102/13 102/19 105/17 105/25 122/3
signature [1] 1/19 significance [1]
12/19
significant [33] 7/4
8/18 8/21 17/14 20/21 28/20 31/5 35/1 60/3 68/14 77/20 77/24
80/15 82/15 92/21
94/11 102/17 105/22
107/5 119/24 124/19
128/24 133/5 148/3
172/13 173/21 175/6
175/22 180/23 182/8
183/1 184/1 184/7
significantly [3] 87/2
98/3 129/16
silent [1] 69/2
silos [1] $83 / 24$
ilar [2] 48/24 84/5
similarly [1] 120/20
simplicity [1] 176/6
simplified [3] 117/2
175/21 176/8
simplify [1] 176/1
simply [4] 21/25
87/18 90/15 111/25
simulated [1] 97/4
since [6] 60/10 64/19
73/18 82/1 156/7
178/9
single [6] 5/15 77/9 126/4 126/25 127/3 178/25
Sinn [1] 3/2
Sinn Féin [1] $3 / 2$
sites [1] 76/21
sits [4] 79/11 88/21
158/16 170/19
sitting [4] $43 / 15$
56/23 159/4 179/16
situation [14] 4/25
6/4 7/24 7/25 54/7
78/11 78/11 95/5
98/18 99/1 99/1
108/19 175/20 183/5
situations [1] 10/3
six [1] 17/16
six years [1] 17/16
sixth [1] 166/18
size [1] 143/16
Skilled [1] 109/16
skills [3] 166/20
167/12 168/10
sleepers [1] 95/18
slightly [4] 114/15
124/2 126/4 126/25
slow [4] $2 / 17$ 16/2
66/16 148/15
slower [3] 6/8 37/7
146/2
slowly [3] 1/14 9/10 131/21
small [15] 76/13 83/9 101/21 129/17 133/22 134/5 139/12 143/16 145/1 154/23 154/25 161/15 161/16 173/15 175/7
smaller [4] 111/21 145/2 169/17 169/22
snow [1] 10/4
so [258]
social [63] 13/9
13/14 16/7 19/4 19/5
20/14 22/14 26/21
28/5 28/14 28/19
28/24 29/5 29/7 29/11
29/12 29/17 29/18
30/4 30/21 30/25 31/4
33/13 35/7 37/10
39/17 39/20 41/12
78/23 79/12 80/6 80/9
80/16 80/25 81/7
81/25 109/14 110/5
127/4 127/6 129/14
151/25 152/8 152/15

152/16 152/24 153/4 153/6 153/15 153/18 153/21 155/6 155/25 156/19 159/2 169/19 177/9 182/5 182/11 182/15 182/19 183/5 183/20
social care [14] 13/9 20/14 28/5 28/14
28/19 28/24 29/5 29/12 29/17 29/18 30/4 30/21 30/25 31/4 society [7] 143/20 144/8 146/6 149/8 182/21 185/7 185/17
software [1] 171/20 solution [2] 90/1 90/4 some [73] 17/15 17/16 30/20 40/11 40/12 40/25 41/3 54/22 54/23 60/12 60/17 60/20 61/23 68/15 68/17 74/23 75/23 77/4 77/17 77/23 78/5 78/6 80/7 81/14 82/11 82/13 83/13 84/6 91/1 92/16 96/18 98/4 98/16 98/20 100/5 100/6 100/11 102/6 102/9 110/7 110/10 111/3 111/19 111/21 113/6 115/5 116/2 119/7 119/14 122/25 125/7 127/9 130/18 134/17 134/23 135/7 136/23
136/24 139/21 141/22 146/20 147/14 147/17 148/17 151/16 156/15 157/19 166/13 166/21 167/15 171/14 179/10 185/9
someone [1] 11/21 something [28] 17/2 17/21 18/14 18/19 32/11 46/4 46/15
46/21 47/11 49/24
53/22 55/22 58/17
58/18 58/21 59/1
59/22 74/16 91/17
92/23 93/10 94/9 95/5
112/25 166/22 174/11 174/12 175/1
sometimes [4] 55/16 81/17 115/15 116/18 somewhat [1] 172/8 soon [1] 30/24 sorry [20] 15/7 16/2 16/4 72/15 81/4 81/5 103/4 115/1 131/22 135/20 145/25 148/15 148/18 150/13 158/14 161/13 162/22 163/24 174/7 185/3
sort [10] 51/14 55/22
159/11 159/12 161/8 163/5 164/9 165/24 182/15 184/25
sort of [9] 51/14
55/22 159/11 159/12 161/8 163/5 165/24 182/15 184/25
sorts [1] 21/17
sounds [3] 54/2
107/13 129/4
south [5] 42/5 42/8 71/15 94/15 170/16
South Wales [1] 94/15
space [1] 183/19
speak [15] 1/13 9/9
34/9 43/16 47/11
52/24 53/16 57/17 72/24 91/25 147/25 148/7 151/7 151/9 151/21
speaking [8] 6/22
26/21 58/20 66/15 72/7 106/21 117/20 176/21
speaks [5] 56/20 91/16 131/15 145/7 145/7
special [4] 7/25
34/23 35/25 85/16
specialists [1] 167/2
speciality [1] 39/14
specific [12] 24/21
24/23 25/6 29/6 35/4
52/8 52/15 58/15 60/1 131/6 140/21 166/17
specifically [7] 19/17
68/3 96/8 96/12
125/20 146/17 152/3
specifics [1] 141/21
specified [1] 89/22
specify [1] 114/14
speech [1] 146/2
speeding [1] 135/9
spending [6] 39/2
39/7 39/10 128/14 129/1 129/24
spent [2] 26/20 173/4
split [1] 17/10
spoke [4] $24 / 325 / 19$ 29/23 178/3
spoken [2] 43/9
136/9
sponsorship [2] 154/22 160/6
spots [1] 76/19
SPPG [1] 156/21
spread [1] 99/2
springs [2] 121/19 126/6
staff [10] 109/16

125/6 125/7 125/10 $147 / 6$ 147/9 147/14 127/19 127/19 130/20 $147 / 17$ 148/24 149/1 155/14 163/20 164/3 $154 / 5$ 154/6 154/19 staffing [2] 39/18 174/23
stage [9] 41/9 59/13 60/9 69/22 97/2 97/7 97/9 110/22 144/15 stage 1 [2] 97/2 97/9 stages [4] 70/19 97/2 115/10 165/5
stagnation [1] 38/4 stall [1] 61/7
stalling [1] 59/20 stand [3] 82/20 115/14 147/10
standard [3] 37/11 108/6 138/4 standards [5] 67/18 84/18 108/6 138/4 140/11
standby [1] 127/18 standing [2] 71/1 71/1
stands [1] 170/20
Stannis [1] 175/24 start [9] 1/21 13/17 27/5 40/14 72/8 94/13 113/5 123/17 149/7 started [3] 35/6 83/7 103/6
starting [2] 26/3 124/18
starts [1] 135/7
state [10] 16/24
23/24 32/5 34/17 37/2
37/18 38/4 58/14
102/16 132/16
statement [45] 1/17 21/24 34/25 35/13 36/7 36/23 37/21 41/11 44/15 45/1 57/18 59/14 61/24 69/17 71/6 78/22 86/25 91/5 95/3 100/3 104/7 111/7 117/14 124/1 127/22 131/4 134/16 134/18 134/21 142/24 144/11 147/19 150/23 154/9 160/21 162/8 162/13 162/23 164/1 164/24 165/23 169/4 174/21 177/6 178/6
statements [6] 70/14 85/5 150/21 150/24 151/1 151/19
status [4] 10/5 50/24 50/25 57/21
statutorily [1] 7/5 statutory [21] 67/5 67/23 92/4 118/3 120/22 129/11 129/15 129/19 143/5 146/25

154/20 162/16
stayed [1] 159/19
Staying [1] 86/15
stenographer [5]
1/15 16/3 145/25
150/2 151/11
step [2] 146/14 185/18
stepped [1] 148/9
steps [1] 51/10
Sterling [2] 37/24 38/14
still [15] 38/24 75/21 77/11 77/14 78/6 83/13 156/4 156/12 156/12 156/24 167/16 183/2 183/7 183/10 183/14
stocking [1] 97/18
Stockpiles [1] 20/19
stood [1] 165/4
stop [1] 68/23
stopped [1] 147/24
storm [4] 94/14
94/15 123/16 123/19
Storm Dennis [3]
94/14 123/16 123/19
story [1] 124/2
straightforward [1] 111/12
strains [1] 104/23
strands [2] 86/6 182/8
strategic [9] 20/8
27/18 44/19 48/3 51/5 86/5 121/3 145/24 156/2
strategies [3] 41/7
60/21 175/22
strategy [20] 44/12
44/14 44/20 45/7
45/11 47/10 47/25
48/4 48/6 48/13 75/5
75/6 93/3 93/11 93/11
93/15 93/17 115/19
121/6 184/25
stray [2] 38/15 52/23
strengthened [2]
74/13 167/4
stress [2] 126/19 127/16
stressed [1] 126/13
stresses [1] 127/20
stretches [1] 157/12
strong [2] 74/1 79/7
stronger [1] 78/15
struck [2] 5/8 134/3
structural [3] 15/21
17/18 90/22
structurally [1] $17 / 5$
structure [11] 9/20

| $16 / 15$ | $16 / 16$ | $49 / 6$ |
| :--- | :--- | :--- |
| $72 / 3$ | $130 / 7$ |  |

$75 / 2486 / 1$ 101/13 support [29] 14/2
161/11 161/19 179/24 14/6 14/8 27/1 28/10

| structured [1] 54/1 | $41 / 15$ 65/9 68/23 |
| :--- | :--- |

structures [18] 17/7 $70 / 1070 / 15$ 71/19
39/25 47/22 50/8
57/15 58/6 68/3 71/5
71/7 72/22 73/5 74/8
81/15 97/23 107/8
179/1 179/5 179/11
stuff [1] 161/20
sub [1] 118/12
subgroup [1] 71/24
subject [2] 51/17

77/20
submission [1] 10/23
submitted [3] 177/8
177/22 178/10
subsequent [2] 6/6 177/12
subsequently [1]
67/16
subsidiarity [4]
74/25 75/15 84/8 121/1
substantial [2] 90/21 93/22
substantive [1] 90/17 surely [4] 22/24 successful [5] 34/20 3 35/17 47/2 48/6
41/12 41/21 42/25 57/7
such [12] 10/3 23/5 23/16 53/5 76/3 78/24 88/7 93/6 115/22
118/17 144/14 168/4
sudden [1] 98/3
suffer [1] 131/25
sufficient [6] 51/13
93/4 141/24 144/22
161/2 183/11
suggest [5] 35/2 46/3
68/6 88/12 182/13
suggested [1] 62/15
suggesting [1] 74/22
suggests [2] 52/11 94/23
suitable [2] 93/5 93/7
sum [1] 68/19
summarise [1]
132/11
summary [7] 4/6
30/11 95/19 108/15
108/18 133/14 153/14
supervisory [1]
18/18
supplementation [1]
166/21
supplemented [1] 74/11
supplementing [1]
74/22
supplies [1] 97/18
supply [5] 20/3
109/10 121/22 123/8

72/12 77/13 83/6
84/18 85/8 85/12
94/19 94/21 95/16 95/18 95/18 108/16 108/22 111/22 121/18
132/3 148/13 174/12
supported [1] 148/8
supporting [3] 76/8
118/10 122/6
suppose [12] 16/17
25/8 25/22 35/1 48/23
52/21 142/22 144/3
144/25 160/9 173/17
185/18
supposition [1] 23/21
sure [17] 20/20 33/24
44/16 53/19 59/21
66/12 76/23 79/24
83/15 95/14 99/8
137/2 137/9 140/7
148/12 149/17 154/9
surge [2] 134/23
177/10
surgeries [1] 41/5
surgery [1] 41/6
surprise [1] 94/25
surprising [1] 104/9
surveillance [5]
162/7 162/10 162/11
162/19 171/2
survey [11] 93/18
94/6 95/7 119/25
122/16 125/18 125/22
126/10 127/10 132/6
132/12
survive [1] 43/20
susceptibilities [1] 122/13
suspect [2] 23/15
56/24
suspension [1] 162/17
Swann [2] 39/15 53/2
swine [1] 135/8
swine flu [1] 135/8
sworn [4] 63/23
150/10 150/11 187/21
system [42] 5/24
7/18 13/9 14/4 15/21
16/7 16/23 21/21
22/14 26/1 26/21
28/24 29/7 29/8 29/20
31/20 34/23 35/7
35/22 39/8 39/17
42/16 50/19 52/13
74/17 74/25 75/13

## s

system... [15] 75/19
112/14 116/8 152/22
154/24 157/2 170/4
170/6 170/14 172/3
176/2 176/4 181/9
182/12 182/15
systematic [1] 100/18
systems [8] 31/1 31/16 39/24 53/24 121/18 172/6 172/7 178/25

## T

table [5] 30/10 125/22 125/24 127/14 132/5
table 18 [2] 125/22 125/24
table 20 [1] 127/14 tabletop [1] 97/3 tackle [2] 13/18 16/7
tackling [1] 83/5 Taf [1] 94/21
take [16] 13/22 13/23
27/10 51/23 52/9
52/16 108/24 160/11
166/5 170/23 173/2
174/14 174/17 178/16 179/20 184/17
taken [14] 39/18 41/8 46/21 51/10 53/9 60/10 61/18 68/18 97/8 104/15 108/2 113/1 135/25 149/21
takes [4] 105/5 121/21 184/23 185/19
taking [11] 15/11 23/2 25/2 55/10 86/8 93/13 103/25 104/3 104/8 110/22 169/21
talk [4] 75/2 111/7 128/14 132/7
talked [2] 76/16 125/4
talking [2] 80/19 159/8
Target [1] 19/21
tariff [2] 170/4 170/4
task [1] 177/8
tax [4] 128/6 128/16 128/17 129/17
team [23] 56/5 73/8 106/6 148/9 158/13 158/13 158/15 158/16 158/23 159/8 159/20 159/25 160/3 162/9 171/2 173/6 173/15 173/15 175/7 175/9 177/3 178/3 183/25
teams [4] 82/14
83/10 83/19 123/23
technology [5] 50/5 55/14 57/5 57/14 171/3
telecom [1] 62/22 tell [10] 8/13 91/5 100/2 104/7 124/2 127/22 131/4 147/23 162/8 163/18
telling [1] 103/20 tells [2] 165/2 177/7 templates [1] 98/16 temporary [1] 156/16 tempting [1] 81/18 ten [9] 17/17 37/5 40/9 40/15 40/17 100/22 127/25 129/10 158/24
ten years [4] 17/17 40/9 100/22 129/10 ten-year [2] 127/25 158/24
tends [1] 163/3
tenure [5] 2/6 18/1 18/3 18/25 32/12
term [1] 86/7
terms [69] 7/13 10/6 11/5 12/19 12/25 14/21 24/6 24/10 25/7 32/3 32/8 32/9 32/10 35/24 36/19 40/7 46/8 46/19 47/7 53/18 56/7 57/24 60/18 61/7 73/10 73/11 74/24 77/1 82/7 86/17 87/5 90/19 93/1 102/17 112/6 113/23 115/3 120/1 120/12 123/7 123/11 123/21 124/2 125/22 126/24 128/1 128/1 129/7 129/24 130/11 130/14 132/1 135/1 139/24 141/6 143/3 143/17 144/10 155/7 162/7 162/19 167/20 169/1 169/10 170/15 172/5 181/12 183/19 184/19
terrible [1] $14 / 19$ test [5] 22/23 23/2 28/20 113/5 113/16 tested [5] 28/2 28/17 29/14 31/15 93/21 testify [1] 52/22 testing [5] 20/16 29/10 109/18 124/22 160/20

## Testing/'First [1]

 109/18than [25] 11/9 37/18 46/5 57/10 65/14 74/7 74/16 74/22 81/22 88/12 90/15 101/21 118/3 125/25 126/4 126/25 132/20 136/15

145/3 148/17 163/12 169/17 170/2 179/25 183/6
thank [114] 1/16 5/12 5/13 27/25 33/20 51/22 54/10 54/18 54/25 62/9 62/10 62/23 63/1 63/2 63/3 63/3 63/5 63/6 63/17 64/5 64/23 65/17 65/23 67/2 67/22 69/16 71/3 72/2 73/3 75/18 76/7 80/4 81/11 81/23 83/25 85/3 85/6 85/12 85/20 86/14 91/4 91/14 92/25 93/25 95/1 95/20 96/17 97/12 97/20 99/14 99/25 103/11 103/17 105/24 106/21 107/10 111/4 113/20 114/11 114/25 115/16 117/10 123/25 124/13 125/16 125/23 127/8 127/13 129/4 131/3 132/4 132/7 132/10 133/18 133/24 133/25 142/4 142/5 142/11 142/17 149/11 149/12 149/15 149/22 150/4 150/9 150/15 150/18 150/19 150/22 157/11 162/7 163/17 165/1 166/4 166/14 168/23 170/23 171/12 171/14 171/19 171/23 173/2 176/10 178/23 180/2 180/4 180/15 185/21 185/22 185/23 186/1 186/3 186/7
thank you [88] 1/16
5/12 5/13 27/25 33/20 51/22 54/10 54/18 54/25 63/2 63/3 63/3 63/5 63/6 63/17 64/5 65/17 65/23 67/2 67/22 69/16 71/3 72/2 73/3 75/18 80/4 81/11 81/23 83/25 85/6 85/12 86/14 91/4 91/14 92/25 93/25 95/1 96/17 97/12 97/20 99/14 99/25 103/11 103/17 105/24 106/21 107/10 111/4 113/20 114/11 115/16 123/25 124/13 125/23 127/8 127/13 132/4 132/7 132/10 133/24 133/25 142/5 149/12 149/22 150/4 150/9 150/15 150/18 150/19 150/22 157/11 162/7 163/17 166/14 168/23

170/23 171/12 171/14 $117 / 2$ 119/1 123/1 171/19 171/23 173/2 $\quad 126 / 17$ 139/13 139/13 176/10 178/23 180/15 $142 / 17$ 148/12 153/24 185/22 185/23 186/3 186/7
thanks [2] 126/8 135/3

## that [1173]

that's [104] 1/25 2/4 2/10 2/16 2/25 3/5 4/5 5/23 6/18 7/7 8/6 8/12 15/12 15/12 17/23 19/15 21/22 24/14 28/8 29/22 30/1 30/2 30/6 31/12 31/17 $34 / 13$ 35/24 37/20 41/9 42/10 42/18 44/1 46/11 46/15 46/20 46/24 50/16 51/1 51/15 51/18 54/1 55/16 56/14 57/8 57/12 58/2 58/3 59/1 60/15 61/20 61/22 65/6 65/22 67/15 69/1 69/3 70/9 71/14 71/17 71/22 73/2 75/22 78/16 79/7 80/8 83/12 87/15 87/23 89/21 89/24 91/18 93/10 96/7 103/3 107/18 107/25 113/8 116/15 119/8 123/20 125/1 126/1 127/17 129/2 131/10 133/2 133/2 133/14 135/25 136/2 140/7 140/14 143/6 151/17 153/23 154/9 156/25 157/23 163/13 168/11 173/25 178/18 181/1 181/21
their [60] 7/14 7/21
12/6 12/7 24/19 25/7 25/12 61/18 61/19 66/2 66/13 68/8 70/2 70/7 70/23 79/16 79/18 79/19 82/14 83/10 85/14 86/24 87/17 95/15 96/4 97/23 98/6 101/7 101/17 102/15 109/6 110/23 112/23 113/11 113/14 113/16 119/2 119/4 120/1 120/11 120/23 121/4 121/7 121/18 122/2 122/3 123/22 127/5 127/16 127/23 129/11 129/15 131/8 132/16 136/21 143/14 143/24 146/9 163/1 176/18
them [25] 8/3 16/13 43/19 43/19 60/11 62/2 63/21 77/3 78/4 85/15 86/9 117/1

176/15
themselves [1] $12 / 5$ then [57] 2/1 2/8 2/11 $3 / 33 / 123 / 173 / 19$ 3/25 10/19 15/18 20/3 20/11 20/17 26/9 27/23 28/4 33/21 46/22 50/7 52/18 56/10 59/12 60/14 60/22 67/13 70/9 79/10 82/3 91/8 93/11 97/7 98/9 107/23
116/3 124/19 125/17 126/20 130/11 136/8 137/15 139/17 141/19 143/11 144/10 144/15 146/13 146/19 148/22 154/7 156/1 159/12 160/25 171/19 175/12 176/11 177/22 180/12
there [228]
there's [20] 42/24 47/18 52/10 60/2 60/21 68/17 69/7 84/14 111/23 112/12 112/22 116/25 122/10 124/14 134/10 139/12 141/11 143/25 159/18 163/11
thereafter [3] 2/21 2/24 4/2
therefore [34] 6/10 10/8 14/18 21/20 29/16 35/17 42/16 43/2 43/7 43/17 44/24 50/12 50/13 50/20 68/14 77/8 138/2 147/12 152/16 153/7 155/2 164/20 170/8 170/18 173/19 173/21 175/10 176/25 177/2 177/4 178/8 178/16 181/21 182/12
these [24] 4/24 5/5 17/18 20/20 20/24 21/17 21/20 28/2 41/3 53/8 86/23 98/19 101/19 109/8 110/7 110/7 110/10 110/24 115/10 115/14 136/10 136/11 149/13 172/17
they [105] 2/12 4/11 7/6 7/12 7/14 7/15 11/12 12/4 12/4 16/12 20/21 21/19 22/18 24/4 24/5 24/6 39/8 43/20 43/23 44/19 53/12 55/11 61/21 63/21 63/22 66/13 69/5 73/6 73/9 75/24

## T

they... [75] 77/2 79/6 80/20 80/21 82/7 84/10 84/14 85/18 87/16 88/8 88/17 88/25 92/14 93/20 93/20 94/7 94/9 94/22 94/23 95/5 95/14 103/3 103/6 111/15 113/10 115/13 116/17 120/2 120/24 123/2 123/13 123/23 126/2 126/11 127/5 128/25 129/13 129/16 129/22 131/8 132/14 136/22 137/23 137/24 141/17 143/22 143/24 147/24 148/9 151/1 151/1 154/2 155/8 156/2 158/4 158/20 159/4 161/8 162/25 163/3 172/21 173/6 173/7 173/15 175/9 175/11 175/12 175/13 176/4 176/5 176/5 176/24 177/3 178/3 181/6
they'd [3] 93/21 178/4 178/5
they're [15] 4/17 4/19 37/12 37/14 69/4 69/13 113/14 123/3 126/17 127/15 134/7 150/24 158/2 158/16 161/17
they've [4] 79/15 114/8 114/8 163/4
thing [11] 16/10
40/20 40/21 47/22 79/23 100/24 112/23 122/23 170/11 173/19 177/3
things [29] 10/13 10/14 11/20 11/25 14/1 15/24 16/1 24/8 26/4 26/24 27/5 32/24 33/18 36/22 41/13 76/17 76/19 76/22 83/6 93/13 106/16 125/8 136/23 144/5 147/10 156/15 174/16 183/19 184/24
think [186] 3/17 3/24 10/4 14/24 15/8 15/12 15/12 23/11 24/1 24/1 26/18 28/8 31/17 33/4 33/10 33/15 34/19 35/4 35/8 35/21 36/15 36/23 37/1 37/19 38/16 40/1 41/2 43/11 43/25 44/3 46/6 46/7 46/20 48/14 53/1 53/20 53/24 54/1 55/14 55/16 56/20

57/8 57/12 57/24 58/1 58/2 58/3 60/14 61/4 61/13 61/22 62/4 66/7 68/17 69/3 69/14 71/9 72/6 73/14 73/22
74/17 74/20 74/24 75/21 78/16 81/12 81/20 82/25 84/7 84/8 84/14 84/23 84/24 89/3 89/12 89/17 90/9 90/14 90/17 91/20 91/24 94/4 94/5 94/11 94/13 95/7 95/19 99/4 100/14 101/11 103/10 103/23 104/13 104/24 105/5 105/14 106/1 106/15 107/16 111/8 111/20 111/23 112/15 112/16 112/22 114/7 115/23 116/11 117/6 117/19 117/25 118/7 119/3 119/8 119/19 119/21 120/9 120/12 121/9 122/9 123/3 124/10 127/11 128/20 132/6 133/2 133/14 133/20 136/9 136/18 137/7 138/12 139/1 139/9 139/25 141/11 142/1 143/16 143/16 143/25 144/6 145/5 145/9 145/23 145/25 147/14 147/16 149/5 149/18 149/24 151/10 152/23 156/12 156/25 159/14 159/18 159/19 159/21 160/2 161/3 161/15 162/24 164/13 165/23 170/1 170/8 170/20 171/6 172/8 172/22 174/14 174/18 175/2 175/3 175/23 176/3 176/20 177/21 179/9 181/3 181/9 181/21 182/20 182/25 183/12 184/15
thinking [1] 47/8 third [1] 153/19 this [117] 8/24 9/16 13/4 17/24 18/21 19/16 19/25 21/3 21/13 22/5 24/24 26/3 27/8 30/18 30/23 31/8 32/8 33/5 33/9 36/23 37/16 38/17 41/10 43/9 45/14 46/3 47/17 48/20 48/22 50/2 50/3 50/10 52/22 52/24 55/5 57/1 57/2 59/5 59/9 60/6 60/9 61/20 69/21 69/22 74/3 78/2 80/1 81/19 83/21 84/14 85/1 90/13 95/9 95/13 96/21 96/23

98/20 101/15 101/18 $134 / 3$
104/17 105/15 108/13 thousands [1] 83/19 108/18 110/12 110/14 thread [1] 121/1 110/21 110/25 111/3 three [24] 3/9 3/17 111/17 112/25 113/7 $38 / 2$ 56/23 61/5 63/10 timeframe [1] 148/23 119/19 119/21 124/15 63/18 65/3 65/4 66/23 timely [1] 69/20 126/10 126/19 128/20 $68 / 19$ 71/15 71/20 times [7] 4/23 4/24 133/7 134/17 134/17 $\quad 72 / 18$ 105/14 117/3 136/7 136/7 136/10 $132 / 13134 / 11144 / 4$ 137/1 137/22 138/5 138/9 138/25 139/12 139/14 139/17 139/22 three days [1] 3/17 141/5 141/6 141/9 three years [1] 56/23 141/25 142/23 146/23 three-year [1] 38/2 151/16 155/21 155/24 through [40] 4/24 5/5 157/3 158/25 159/8 $\quad$ 5/10 14/25 46/19 164/1 165/2 165/10 56/12 57/2 65/12 166/7 166/11 166/24 167/14 169/6 169/8 170/25 172/15 173/12 178/3
thorough [1] 31/2 those [113] 5/3 10/9 10/13 10/14 11/17 11/18 11/20 13/21 14/1 14/3 19/6 21/13 23/6 24/8 26/20 26/24 31/21 33/18 35/8 37/12 37/14 37/20 41/7 48/18 51/10 52/17 54/2 54/11 55/11 56/24 57/17 57/25 58/6 58/15 59/7 60/6 61/5 67/19 68/19 68/25 69/14 72/15 72/22 74/7 74/12 74/19 76/24 78/21 80/17 84/16 87/4 87/25 88/7 88/24 89/7 90/13 92/11 93/12 93/20 99/17 102/8 102/19 103/1 104/23 114/7 116/8 116/19 116/20 117/3 118/11 118/25 120/5 120/6 120/18 120/22 121/4 126/11 127/6 127/20 127/20 130/20 132/20 132/24 133/11 135/11 137/18 137/22 138/1 146/11 147/15 147/21 147/22 147/23 149/6 149/9 149/16 150/24 151/4 153/6 156/10 159/4 163/13 167/12 168/18 172/6 176/3 179/11 182/8 182/12 183/2 183/10 183/22 185/13
though [3] 76/12 108/10 169/23
thought [9] 23/23
25/23 26/2 46/10 48/8 93/20 94/7 130/23

68/16 70/10 71/11 72/22 74/6 74/14 79/4 79/10 79/19 83/8 86/10 88/9 94/18 104/16 105/16 114/18 115/12 116/7 118/8 121/2 122/7 129/17 133/3 136/20 137/9 138/13 155/9 159/8 160/23 167/7 170/8 174/15
throughout [9] 42/1 45/16 46/1 56/8 56/17 60/19 61/15 78/2 147/4
Thursday [1] 186/10 tick [1] 53/13
tide [1] 99/1
tide' [1] 98/2
tidy [1] 77/7
tier [6] 10/16 22/21
84/15 126/4 126/25 127/3
Tier 1 risk [1] 10/16 tiers [2] 108/24 123/4
time [72] 10/22 12/18 13/5 14/4 14/7 14/9 14/14 15/1 16/10 16/14 17/6 18/20 18/23 21/3 23/25 25/19 26/10 26/12 29/16 31/13 31/23 41/11 41/14 47/12 49/8 49/22 50/17 53/18 53/19 56/7 58/18 58/22 59/7 59/13 63/11 71/8 73/1 73/16 73/25 78/2 82/2 100/11 103/9 104/19 108/21 122/7 123/12 135/7 135/11 137/21 138/1 139/4 141/22 145/21 148/3 151/15 152/9 152/11 157/3 159/7 161/4 161/4 165/18 166/12 169/6 171/18 172/24 173/12 transcript [1] 151/11
transfer [3] 82/22
85/19 156/12
transferable [1] 5/16
transform [5] 13/7
13/10 13/17 14/7 16/7
transformation [9]
14/11 25/20 25/25
36/15 36/19 37/6
41/21 41/25 48/16
transforming [4]
13/14 13/25 35/7 41/12
Transfusion [1] 161/13
transition [1] 83/22
transmission [1] 44/23
transmissions [1] 122/12
transport [1] 70/23 transposed [1] 126/11
trauma [1] 43/20
travel [4] 46/11 46/12 46/14 48/12
Treasury [1] 41/24
treatment [1] 134/14
treatments [1]
122/14
trickiness [1] 88/16
tried [2] 57/6 63/5
trigger [2] 98/5 99/12
triggered [1] 102/15
trouble [1] 11/11
true [3] 136/18
150/24 151/1
trust [9] 34/11 74/24
89/3 91/16 151/25
152/11 161/2 170/8
170/16
trusted [2] 68/20 90/2
trusts [5] 155/11
156/17 160/16 170/16
170/17
truth [1] $1 / 20$
try [10] 9/9 26/9 27/3 35/22 37/7 38/16 38/19 119/4 137/4 185/6
trying [9] 25/24 26/22 27/1 53/7 70/22 80/24 81/22 112/23 184/15
turn [11] $8 / 7$ 14/1 26/3 26/24 27/11 44/6 49/2 96/25 120/7 125/17 175/14
turned [1] 83/10
turning [3] 10/15 42/5 96/19
two [27] 6/11 13/23
13/25 14/1 15/24 20/6

25/11 35/2 35/8 36/24 $163 /$ 41/13 46/9 49/13 understandings [1] 56/24 65/10 97/2 112/22 129/2 132/18 132/24 133/1 150/21 157/9 159/9 159/17 168/24 179/17 two years [1] 56/24 typically [1] 125/9

## U

UK [23] 27/13 27/14 34/9 44/10 50/8 50/14 57/19 66/9 83/1 90/11 104/12 126/9 133/21 134/6 134/8 134/9 139/19 145/3 164/16 165/6 165/12 165/14 169/18
UK Government [1] 50/8
UK governments [1] 66/9
UK position [1]
44/10
UK's [1] 22/24
UK-wide [1] 57/19
UKHSA [1] 166/1
Ukraine [1] 114/9
unable [1] 19/4
under [36] 9/16
10/19 30/15 32/11
36/21 54/4 73/15 78/1 80/14 98/7 109/2 114/6 120/4 127/16 128/12 131/19 131/25 148/11 153/15 153/17 156/13 158/16 159/4 160/6 161/10 161/11 161/18 162/16 163/1 164/9 167/5 170/18 171/15 171/24 172/1 185/5
under way [2] 161/10 162/16
underfunded [1] 173/13
undergoing [2] 160/4 183/13
underline [1] 82/21 underlying [1] 127/10
undermines [1] 33/7
underneath [1] 11/23 underpin [1] 11/25 underpinned [1] 6/6 understand [9] 11/22 63/11 76/24 85/16 92/14 119/13 140/12 170/1 184/5 understanding [11] 12/1 12/2 80/20 90/23 91/23 92/18 99/22 122/11 152/10 153/8
understood [1] 92/22 undertake [2] 86/23 131/6
undertaken [4] 95/8
96/9 171/17 184/8 undertakers [1] 135/17
undoubtedly [2] 35/16 80/10
uneven [1] 134/22
unforeseen [1] 96/5 Unfortunately [1] 15/2
unintended [1] 119/14
Union [2] 123/6 176/12
Unionists [1] 6/11
unique [8] 4/8 $7 / 25$ 34/23 36/1 85/13 119/11 119/12 144/5
uniqueness [1] 45/2
unit [1] 178/25
unitary [1] 129/13
United [11] 10/16
24/18 31/6 32/3 44/11
50/22 52/12 97/5
101/10 120/14 176/11
United Kingdom [7]
24/18 32/3 44/11
50/22 52/12 101/10 120/14
United Kingdom's [1] 176/11
unity [1] $5 / 10$
unless [1] 68/22
Unlike [1] 5/24
unnecessary [1] 84/15
unpredictability [1]
44/21
unprepared [1] 180/24
unreasonable [1]

## 93/15

unsustainable [1] 39/19
unthinkable [1] 86/4
until [12] 2/13 2/19
3/6 11/1 23/21 38/22 104/3 104/16 136/4 155/21 157/4 186/9 until 2020 [1] 136/4 up [52] 1/13 17/20 18/5 26/1 26/25 30/2 31/20 46/11 47/18 51/11 62/5 64/7 68/19 72/5 72/22 74/14
83/23 86/6 93/23 95/4 95/12 97/8 100/9
111/13 113/2 115/14

116/6 117/2 117/9 $\quad 168 / 7$ 169/19 117/10 121/23 128/21 vary [2] 111/23 120/6
131/13 135/9 138/11 varying [2] 77/3
139/2 139/5 143/7 $164 / 15$
143/12 144/10 146/9 vast [1] 87/16
146/19 148/21 148/23 vastly [1] 77/3
151/8 151/14 155/21
VCS [1] 28/9
156/18 160/7 165/5 165/15 178/1
update [3] 17/14
162/14 178/19
updated [2] 67/16
163/15
upon [10] 41/17
86/17 127/11 154/1
167/19 170/25 176/16
177/13 178/12 182/14
ups [1] $83 / 13$
upsetting [1] 137/18
urgent [4] 22/2 22/10
163/14 184/1
us [47] 5/5 5/10 8/13
30/8 35/21 35/24
38/15 39/25 41/17
46/23 57/23 78/15 91/5 93/16 95/21 96/8 98/24 100/2 104/7
105/14 105/20 122/8
122/10 122/11 126/21
131/4 134/25 137/9
143/10 146/11 147/23
148/17 160/22 161/8
162/8 162/14 162/20
163/18 169/13 171/7
172/14 177/25 179/11
180/25 181/1 183/24
184/13
use [13] 14/19 28/7
48/1 55/1 58/20 97/17
126/17 136/5 144/22
161/14 166/15 170/19

## 171/10

used [3] 116/5
145/10 165/15
useful [3] 106/14
106/18 145/9
users [1] 26/22
using [3] 79/18 168/1 172/6
utility [1] 42/15
utterly [1] 116/18
v
vacancies [1] 176/25
Vallance [1] 55/6
valuable [1] 119/15
value [3] 111/3
113/19 119/16
vantage [1] 43/17
variation [1] 164/18
varied [1] 75/9
variety [1] 2/21
various [6] 50/25
57/21 115/9 151/24
ventilated [1] 23/6
version [1] 126/10
very [131] 5/7 6/8
8/23 9/2 9/15 10/18
13/6 13/6 13/19 14/4
16/2 16/9 17/23 21/17
22/17 26/6 27/4 27/4
30/11 35/12 37/14
41/10 41/10 41/14
41/18 41/18 41/20
42/15 44/13 47/12
48/9 48/23 49/23 50/2
50/20 52/12 54/1
54/24 56/4 57/1 57/12 61/14 62/9 62/23 63/1
64/23 65/17 66/15
66/22 74/21 75/11
76/7 77/24 81/3 81/17
84/19 85/3 85/16
85/20 86/6 91/18
94/16 94/23 95/20
96/14 114/7 114/25
116/21 117/10 117/21
117/24 118/11 118/25
119/1 119/11 119/12
119/15 119/16 119/19
123/10 123/15 123/15
124/18 124/18 124/25
125/16 128/24 129/4
129/5 129/17 130/14
133/14 133/18 134/5
136/11 137/17 137/18
137/21 141/9 142/1
142/4 142/8 144/4
144/7 144/8 146/1
146/7 148/8 148/9
148/12 149/11 149/15
153/14 154/21 154/23
154/25 155/2 155/5
156/4 161/16 163/10
165/1 167/16 175/17
179/7 180/2 180/4
181/1 184/7 185/21
186/1
via [2] 118/1 146/12 vibrant [1] 144/4
vice [1] $3 / 2$
vice president [1]
3/2
view [10] 32/20 57/18
68/9 72/12 77/10 83/8
94/2 116/11 159/22
170/16
viewpoint [1] 35/13
views [2] 91/12 120/1
viral [1] 44/21
virology [1] 160/19

V
virtue [2] 36/6 50/14
visual [1] 143/9
vital [3] 23/7 126/18 127/5
voice [3] 1/13 145/18
151/8
voluntary [8] 28/9
76/4 111/2 113/17
118/8 121/5 122/5
152/9
vote [1] 5/16
vulnerabilities [3]
117/11 118/19 122/13
vulnerability [9] 22/6
22/8 83/7 119/19 120/8 120/21 121/11 121/15 122/10
vulnerable [8] 70/12
95/17 97/15 110/3 117/16 118/10 119/22 120/17

## W

waiting [4] 36/20
57/10 127/18 150/13
Wales [33] $7 / 25$
24/22 63/20 65/3 67/6 73/6 73/7 74/9 81/13 84/3 84/6 94/1 94/15 94/20 95/8 99/9 106/2 106/3 106/5 106/17 113/23 114/9 120/13 123/10 126/1 129/7 129/13 130/4 130/13 161/7 162/25 163/4 170/10
want [24] 4/8 8/7 16/1 24/23 37/22 38/15 50/1 55/2 57/14 58/8 68/23 78/18 81/9 86/15 87/11 87/20 101/17 111/5 112/4 113/21 134/11 140/6 173/3 175/16
wanted [4] 4/25 14/12 55/6 90/7
wants [1] 128/9
was [331]
wasn't [24] 4/2 11/1 16/16 17/24 29/12 29/14 35/5 41/5 44/16 50/12 50/13 53/4 56/24 74/1 91/9 92/10 94/6 105/5 105/5 116/6 151/4 152/7 173/23 176/23
water [1] 142/11
way [45] 5/6 10/8 10/9 35/2 35/16 44/8 51/7 52/13 53/11 61/1 67/9 69/20 70/4 70/14 72/5 74/8 74/18 74/23

76/16 78/9 88/25 89/7 89/24 105/21 107/2 113/8 120/2 120/13 123/3 123/18 124/19 128/20 130/22 140/13 141/1 144/20 145/11 147/15 147/17 156/22 161/10 162/16 167/17 168/25 182/21
ways [4] 35/2 35/23 112/24 171/10
wayside [1] 177/13 we [411] we haven't [1] 168/19
we'll [10] 22/20 33/4 34/16 60/8 69/21 80/19 83/23 137/1 149/17 151/6
we're [22] 29/10 34/19 46/12 57/24 58/4 62/5 62/6 69/14 80/18 81/6 86/3 100/21 102/10 103/10 105/17 105/20 119/21 122/17 161/16 167/11 183/21 184/15
we've [23] 23/4 36/22
66/10 66/11 66/21
76/21 79/17 80/22 84/5 84/15 84/21 86/17 96/1 125/3 136/20 138/12 154/23 161/3 167/6 170/8 172/8 172/9 183/14
weaker [1] 130/2 Weatherby [7] 134/1 134/2 135/3 137/2 138/6 142/5 187/17
Wednesday [1] 1/1 week [1] 178/3
weekends [1] 115/11
weeks [2] 18/2 59/11 welcome [1] 47/21 well [83] 4/19 8/21 19/9 23/2 33/11 34/19 43/11 46/24 48/8 54/1 56/13 57/19 57/23 58/1 58/12 59/7 61/1 62/4 65/5 68/24 77/11 77/24 83/2 84/13 84/23 86/13 87/17 91/19 94/7 94/17 100/17 100/20 101/4 101/9 106/18 111/10 114/4 114/10 114/24 119/9 121/3 123/24 129/22 129/23 130/1 130/7 130/13 130/15 140/23 145/14 146/19 147/19 149/7 151/6 153/5 153/7 153/18 153/23 153/25 156/5 157/7 158/2 158/5

| $158 / 17$ | $161 / 10$ | $164 / 23$ | $184 / 15$ | $184 / 20$ | $185 / 15$ | $157 / 15$ | $159 / 15$ | $162 / 10$ |
| :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | :--- | 166/1 167/3 167/19 what's [8] 90/1 96/5 $167 / 1$ 177/7 177/22 168/19 170/17 172/13 $104 / 25$ 112/16 121/16 $\quad 179 / 18$ 172/16 173/17 174/18 $121 / 24$ 161/12 167/20 who's [1] 55/13 179/3 180/12 180/22 whatever [1] 50/22 181/21 182/20 183/1 whatsoever [1] 183/9 183/23

well positioned [1] 121/3
well-being [5] 19/9 68/24 83/2 84/13 153/18
wellbeing [2] 182/20 183/20
Welsh [14] 7/25
25/11 46/17 64/6 65/1 65/11 73/5 73/6 75/8 114/4 123/11 125/19 130/13 130/14
Welsh Government [5] 46/17 114/4 123/11 130/13 130/14 went [4] 5/5 50/3 50/5 115/12
were [202]
were: [1] 132/20 were: national [1] 132/20
weren't [7] 35/10 37/19 56/23 72/25 105/25 119/7 172/22
Westminster [4] 5/24
7/24 22/22 44/10
what [98] 10/19
12/12 13/16 14/13 14/20 15/16 16/23 21/17 23/18 23/19 24/23 26/15 33/1 36/12 36/12 38/14 39/12 40/4 41/22 44/16 44/25 47/12 53/12 54/2 55/5 55/6 55/22 60/15 66/5 68/3 69/13 69/22 70/6 70/6 70/11 70/11 70/17 71/11 76/12 80/19 87/4 88/19 94/3 99/1 100/21 102/2 102/21 104/20 105/1 107/24 109/1 111/18 112/1 112/21 115/3 115/3 115/3 115/5 119/6 119/13 120/9 121/16 121/16 121/17 122/7 122/19 127/11 127/14 129/6 129/10 129/19 132/11 146/4 146/4 148/1 148/24 148/25 152/3 154/7 158/12 162/4 162/19 162/21 167/19 169/21 173/3 174/2 176/4 176/14 178/3 179/14 180/21 183/9 184/11 184/12

## 132/25

when [72] $3 / 143 / 18$
5/7 9/17 9/18 12/4
12/10 12/14 12/23
21/14 22/7 23/16
25/19 26/18 29/10
29/23 29/25 33/4 33/5 43/18 90/19 175/18 33/8 33/9 34/20 36/17 whose [2] 163/20 36/17 36/23 37/4 40/2 164/3
45/11 45/20 46/2
47/13 48/6 48/17
48/22 51/2 54/5 56/2
56/10 58/13 61/16 70/21 73/21 77/17 78/15 79/8 80/1 85/8 90/19 94/22 95/4 99/4 102/14 102/20 104/19 wide [6] 53/24 57/19 110/12 111/21 112/5 64/20 83/16 89/25 115/12 120/14 120/15 140/19
128/3 129/15 142/24 152/11 165/10 166/22
166/24 175/9 176/14
177/25 178/5 178/20
whenever [5] 14/24 15/24 48/21 61/2 145/7
where [32] 5/24 24/3
33/17 35/23 37/3 41/1
42/19 42/20 42/24
45/21 46/10 47/17
50/8 52/15 56/23
58/24 66/10 67/7
73/23 76/22 77/5 77/7 89/4 89/21 131/17
134/18 137/19 140/24 145/19 147/22 167/6 179/8
whereas [1] 163/4
whether [15] 23/9
29/2 32/4 37/23 43/2
87/21 89/13 113/16
138/22 146/24 158/23
170/25 178/2 180/9
180/21
which [213]
whilst [10] 1/12 6/19 15/20 32/5 47/16 63/9 89/12 157/17 166/11 181/17
who [34] 2/7 11/21 14/17 14/19 15/19 23/1 31/24 37/24 39/23 43/23 45/17 49/3 53/7 59/4 66/22 74/15 80/3 86/19 88/10 112/19 112/23 113/13 118/15 118/16 119/2 128/23 154/21

29/23 29/25 33/4 33/5 whom [5] 3/14 21/23
whole [16] 9/1 11/24
26/22 36/25 42/24
45/22 70/2 74/17
80/24 82/25 100/18 104/14 122/4 122/5 139/25 157/22
wholly [1] 154/9
whom [5] 3/14 21/23
why [19] $2 / 523 / 5$
25/15 37/20 45/11 47/8 48/12 58/3 59/25
74/21 87/21 104/10 104/18 130/22 147/8 147/23 172/8 172/9 172/18
widely [2] 94/15 130/10
wider [8] 27/3 72/13 77/23 90/15 130/7 131/16 172/12 182/15 will [58] 8/16 11/23 14/15 15/19 15/25 15/25 19/1 19/20 20/6 27/9 27/11 33/11 38/16 38/20 43/14 46/23 49/3 51/20 51/23 55/1 56/25 60/8 76/10 83/20 85/5 86/1 87/11 89/6 99/8 99/11 100/17 112/1 114/18 118/16 120/6 124/25 126/22 128/14 131/8 132/12 134/10 138/7 141/17 149/21 150/3 151/17 151/20 153/13 154/1 160/8 167/8 168/18 170/17 174/18 184/13 184/17 185/6 185/15
willing [1] 147/13
willingness [1] 69/18
Willow [5] 96/20 99/5 99/21 105/3 110/9
win [1] $83 / 12$
Winter [5] 96/20 99/5
99/20 105/3 110/9
Winter Willow [4]
96/20 99/5 105/3 110/9
wisdom [1] 59/3
wish [5] 153/24
160/11 162/2 179/15
181/17
wishes [2] 102/18
wishes... [1] 149/21 withdrew [3] 63/7 149/23 186/4
within [62] 5/19 6/25
7/21 8/9 9/5 10/10
14/3 15/16 15/21
16/11 16/24 17/7
17/11 17/13 21/1 22/1
22/15 22/18 22/25
30/13 30/15 32/19
40/20 60/6 61/24
72/21 75/8 77/3 77/25
84/11 86/24 87/23
106/5 113/25 115/15
116/1 116/2 116/20
130/7 130/12 139/11
145/16 151/22 156/3
160/4 161/23 162/20
164/7 164/19 166/25
167/20 169/11 170/19
171/3 172/4 173/4
173/16 174/3 175/19
183/16 183/25 184/10
without [5] 60/24
62/16 70/24 105/4
157/4
withstand [1] 96/5
witness [37] 1/4 1/17 17/25 21/24 35/12 63/7 63/18 69/17 71/6 78/22 86/24 91/5 95/3
100/3 103/7 104/7
111/7 117/13 124/1
127/22 131/4 134/16
150/9 150/21 150/22
150/24 151/1 151/19
160/21 162/8 162/13
164/1 164/23 169/4
174/21 177/6 186/4
witnesses [10] 13/12
63/9 63/10 63/18 79/16 118/14 125/3
149/14 149/23 175/18
WLGA [1] 94/18
won't [4] 11/11 54/23 61/5 142/8
wonder [1] 146/19 word [1] 95/13 words [1] 102/11 work [69] 7/23 13/13 13/24 13/24 14/3 14/11 14/12 16/9 20/15 24/4 34/20
34/22 35/6 35/23
35/24 36/20 37/6
38/19 38/21 38/22
41/25 42/25 43/13
44/5 45/21 61/20
61/21 61/25 62/7 66/4
66/8 76/2 79/13 81/17 81/21 83/5 83/14 86/6
95/17 104/17 104/19

108/16 112/1 112/20 118/18 124/15 124/23 135/8 135/12 135/18 135/22 135/24 136/5 139/17 139/21 143/7 148/12 150/17 154/21 155/5 156/22 161/4 162/14 165/10 168/2 178/16 182/16 184/7 184/22
worked [20] 5/9 10/9
64/14 94/23 114/7 123/10 152/1 152/7 152/10 152/11 152/22 152/23 152/24 152/25 153/1 153/2 153/4 153/7 176/3 181/5
workers [1] 120/18 workforce [4] 123/8 127/16 131/1 183/16 working [25] 1/14 24/4 34/22 47/20 56/6 61/22 62/5 62/6 78/13 83/23 86/13 111/1 112/12 124/17 137/3 151/22 155/10 155/12 156/4 156/13 163/23 171/25 185/4 185/16 185/19
works [2] 74/21 77/11
workstream [2] 108/5 108/8
workstreams [2]
31/19 31/21
World [1] 97/5
worse [2] 37/18 183/6
worst [1] 76/25 would [204]
wouldn't [15] 17/18
19/13 52/21 55/13
69/11 86/4 111/25
130/21 161/25 162/22 163/24 166/1 166/2 179/15 179/23
written [6] 82/8 84/4
85/1 90/14 91/1 95/21
wrong [1] 27/6
Y
Yeah [5] 32/15 35/21
101/11 117/6 185/15
year [28] 9/6 37/5
38/2 40/15 40/17 41/17 41/18 66/18 67/14 103/25 104/4 106/3 108/4 127/25 151/22 155/21 155/24 157/5 158/24 168/22 173/8 173/8 174/4 174/8 183/14 183/15 184/10 184/16
years [21] 3/9 17/16

17/17 21/14 37/6 40/9
46/1 55/20 56/19
56/23 56/24 60/3
98/20 99/11 100/22 110/11 129/10 147/24
153/6 172/25 184/17
years' [1] 64/20
Yellowhammer [2]
61/16 125/5
yes [103] 4/19 5/18
6/4 6/13 9/13 21/4
24/25 27/25 29/1
29/24 31/17 32/14
38/14 40/25 42/13
44/14 49/16 50/16
57/12 59/9 61/4 63/10
65/6 65/14 70/20
71/22 72/1 72/25 73/2
73/9 73/13 75/23 76/6
83/13 84/2 85/3 87/9
91/14 100/23 105/6
107/17 110/25 117/2
117/6 117/8 118/22
131/15 135/4 136/19
136/25 137/6 137/12 137/14 138/10 138/14 138/20 138/21 139/15 140/17 140/20 141/4 141/16 142/3 144/3
146/18 147/8 148/19
149/6 152/21 152/23
153/10 154/6 154/20
155/21 155/23 156/23
158/10 158/21 160/2
160/9 161/7 163/2
163/16 164/1 164/5
164/13 165/23 166/24
168/13 170/1 172/8
172/14 172/20 175/2
175/5 175/8 175/23
177/18 178/15 180/4
181/2 181/3 186/6
yesterday [2] 3/15 61/4
yet [2] 171/17 178/17 you [513]
you know [6] 5/4
37/5 42/20 45/19 56/3 76/22
you'll [4] 62/19 146/5
146/22 175/3
you're [13] 6/8 36/8 45/13 58/12 58/17 66/15 77/4 77/19 81/3
105/21 107/23 138/24 151/10
you've [40] 1/17
17/11 38/13 39/22
39/25 46/24 54/2
54/13 54/21 60/5 63/16 74/9 74/15 79/16 82/5 82/19 86/13 87/7 93/7 93/18 101/24 102/5 125/3

134/19 135/15 135/18 136/9 139/5 139/9 139/10 140/1 141/5 152/1 160/22 167/19 171/1 178/20 180/15 183/23 183/24
Young [11] 49/4
50/10 55/3 56/3 56/14 56/21 160/5 164/10 164/24 169/4 169/21 your [141] 1/9 1/13 1/19 1/22 2/5 3/13 3/17 3/19 3/22 9/21 9/25 13/12 13/25 14/22 15/25 16/11 16/12 16/22 16/24 17/15 17/20 18/1 18/2 18/22 18/25 19/17 20/25 21/1 21/9 21/21 22/8 23/6 23/8 23/21 31/11 32/11 35/12 36/7 37/9 39/14 40/2 40/3 45/1 46/24 48/7 48/7 49/13 49/14 50/9 51/20 53/22 55/21 58/18 59/22 63/3 69/17 69/21 71/5 76/6 78/3 78/22 82/8 85/5 86/24 87/22 88/15 89/18 89/20 90/7 90/16 91/5 93/23 94/2 95/3 95/7 95/21 100/2 101/17 104/7 105/6 111/7 112/11 112/15 115/21 116/11 116/11 116/23 117/1 117/4 117/5 117/13 122/21 122/22 124/1 127/22 128/1 128/7 131/4 134/16 134/18 134/21 138/13 140/5 141/11 142/18 142/23 143/12 144/11 144/19 146/2 146/20 147/19 147/20 148/21 148/24 149/17 149/22 150/24 150/25 151/8 151/8 151/19 152/3 156/7 159/22 160/21 162/8 162/13 164/1 166/23 168/6 176/13 176/14 180/21 180/22 181/22 183/25 184/20 184/21 184/22 186/1
yourself [4] 11/17 12/8 13/1 48/8 yourselves [2] 136/5 138/19


[^0]:    Explain to the Inquiry, please, Mr Lloyd, the circumstances of that and what efforts were made by the Local Government Association in order to attempt to obtain a copy of the report.
    MR LLOYD: So in -- the exercise, as you've said, was planned in 2014, took place in 2016, involved some local resilience fora. The plan to evaluate the effectiveness of the exercise didn't include those LRFs in every element of evaluation, it was only some.

    The feedback, as far as we're aware, to the LRFs was limited, if at all. Careful choice of words for the Inquiry. The Local Government Association was not sighted on the exercise's conclusions and we only became aware of the detail when judicial processes were triggered in 2020 that, before their conclusion, resulted in DHSC's Secretary of State releasing the report. Its recommendations are significant in terms of pandemic planning and all local government wishes we were sighted on those recommendations earlier.
    MS BLACKWELL: When you say it was released during the course of the approach to judicial processes, what do you mean by that?
    MR LLOYD: We didn't get to a final ruling. The department decided to publish before the judicial processes reached a conclusion.

