Witness Name: Dr Joanne McClean
Statement No.:
Exhibits: INQ000213333 – INQ000213338
Dated: 22 June 2023

**UK COVID-19 INQUIRY**

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**WITNESS STATEMENT OF DR JOANNE McCLEAN**

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I, Dr Joanne McClean, will say as follows: -

1. I was appointed as Director of Public Health (DPH) for the Public Health Agency of Northern Ireland (PHA) in July 2022 and took up post on 1st September 2022.

2. I hold a primary medical degree (MBBCh BAO) awarded by Queen's University Belfast in July 1999. I also hold a Masters in Public Health awarded by the University of Manchester. I am a member of the Faculty of Public Health of the Royal College of Physicians and secured membership by passing the membership examinations. I am a registered doctor with a license to practice and am on the GMC specialist register for public health medicine.

3. Given that I was not in post as DPH until September 2022, I am unable to comment on the levels of pre-pandemic preparedness within the Agency from a perspective as a DPH. However, during my time as DPH I have been involved in lookback exercises in respect of the Covid-19 pandemic as well as planning for a future escalation of Covid-19 or other infectious diseases using the learning from our experience Covid-19.

4. PHA has submitted a statement in respect of emergency planning between 2014 and 2020 so I will not repeat the detail again here. PHA had significant experience not only participating in planning exercises but also from its involvement in the

response to other infectious diseases that post a risk to the population in Northern Ireland and beyond. These included the response to MERS Ebola in other parts of the world. I believe PHA had actively prepared for a pandemic and taken steps to be able to respond in the event of one.

5. Through various planning exercises and experience gained in managing near-pandemic events, PHA gained practical experience in cross-organisational working and learned the importance, for example, of a full understanding of roles and responsibilities of different organisations. Detailed plans and procedures were developed in order to implement learning from these events and follow-up debriefs were a useful way to share learning across the PHA. Good relationships were established and communication channels opened. PHA has always had strong working relationships with our colleagues in the Republic of Ireland and these were invaluable. Similarly, a close and respectful relationship with the Department of Health meant that we were able to engage with them from the outset.

6. My view is that there has been significant learning for PHA in the wake of the pandemic. Firstly, planning and experience in near-pandemic events had been predicated on relatively short periods of infection that required focused and intensive activity and support for a brief period. The Covid-19 pandemic was sustained across years and a new approach was required in order to manage the timescale alone. The outworkings of the Covid-19 pandemic challenged the established thinking and necessitated new response management across a range of disciplines and there has been significant change in PHD and PHA as a whole as a result.

7. Secondly, much of the focus on pandemic preparedness was on influenza as this was thought to be the most likely candidate to be the next global pandemic. While Covid-19, like flu, is a respiratory infection, the features of Covid-19 were different. Asymptomatic spread was a new challenge with Covid-19.

8. The scale and spread of Covid-19 required real-time data not only to record and report on the progression of the disease, but to stage swift and effective public health interventions as required. A traditional approach to contact tracing, as

envisioned in pandemic plans, was employed during the very early stages of the pandemic. However, it was not possible to continue this approach given the growth in case numbers. It became clear that scale up, using digital resource to facilitate this was required.

9. PHA worked closely with Digital Health & Care NI (DHCNI) to develop and deliver a range of new products to record and monitor cases. This system fed directly into an analytics platform (now called the Northern Ireland Healthcare Analytic Platform or NIHAP) and a range of real-time dashboard and reports produced to support our functions across the pandemic. Traditional epidemiology was retained and alongside the real time operational data was used to provide more in-depth reporting and evaluation of trends. NIHAP continues to be used for a range of other analytics functions within PHA such as vaccination. The development of this system and approach will strengthen our preparedness for future pandemics.

10. Contact tracing has always been part of the PHA's response to managing outbreaks of infectious disease. A small team of public health nurses and doctors have traditionally managed these operations as part of our acute response, but – as with so much of the Covid-19 pandemic – the unprecedented scale and spread of the disease meant that this was quickly identified as unsustainable. However, even with recruitment of hundreds of tracers and the introduction and ongoing refinement of the technological platforms such as Digital Self Trace and the proximity App (StopCovid19); it was clear that PHA had to be able to enhance this response to manage peaks of activity. A reflexive and responsive approach was developed whereby PHA staff were trained in contact tracing and became part of the resource available to the CTS. This required PHA to invoke its own business continuity plan and reprioritise other work several times. This experience has led us to think differently about job roles and functions and we are using this learning in the update of our pandemic plans which is currently underway.

11. Over the course of the timeframe for this submission, the PHA has carried out a number of debriefs about different aspects of our response to Covid-19 with staff. Debriefs are completed to identify lessons learned and best practice following a

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

12. Lessons learned from events and exercises are incorporated into the review of plans. Plans reviewed include;
    - PHA, HSCB and BSO Joint Response Emergency Plan (INQ000213333)
    - NI infectious Diseases and Outbreak Management Plan (INQ000213334)
    - Joint response (PHA, HSCB, BSO) Pandemic Operational Plan (INQ000213335)
    - Emergency Response Standard Operational Procedures (SOPs) (INQ000213337)
    - PHA Business Continuity Plan (INQ000213338)

13. Additionally, as part of preparing for a future wave of Covid-19 and to ensure lessons have been learned for other outbreaks of infectious disease, we have updated the Agency's Escalation Plan for future waves of Covid-19 or indeed any other significant outbreak. This document sets out the PHA's approach to further waves of Covid-19 and outbreak management going forward. Processes for establishing a large-scale tracing Service, securing the required public health staff , updating technology, securing IT equipment and licenses are clearly set out. This is a tangible asset that not only retains the learning form the pandemic, but also prepares us better for the next one. We will be using it to inform our updated pandemic plan.

14. Since the pandemic, PHA has begun a programme of reform and transformation. This builds on the work presented by the various "in-flight" reviews where strengths and weaknesses brought into focus in the pandemic can be used to improve organizational performance overall. The programme is ongoing.

**Statement of Truth**

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false

statement in a document verified by a statement of truth without an honest belief of its truth.

Personal Data

**Signed**: _____

22 June 2023

**Dated**: _____