Witness Name: Peter May
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UK COVID-19 INQUIRY

WITNESS STATEMENT OF Peter May, Permanent Secretary,
Department of Health, Northern Ireland

UK COVID-19 INQUIRY:
MODULE 1 - DEPARTMENT OF HEALTH (NI) - M01/NIDOH/01 AND M01/HSCNI/01

I, Peter May, will say as follows: -

Introduction

1. On 4 April 2022, I took up post as Permanent Secretary for the Department of Health. I previously held Permanent Secretary positions in the Department of Justice, Department for Infrastructure and the Department of Culture, Arts and Leisure.

2. My predecessor in the Department of Health was Richard Pengelly who was in post from 2014.

3. Given my recent appointment, I have limited first-hand knowledge of the events and issues set out. In preparing this statement, I have relied on my staff who have carried out a thorough review of the documentary evidence held by the Department. I have also discussed the substance of this statement with senior colleagues, who had first-hand experience of the matters described.

4. The focus of this statement is around the Department's resilience and preparedness to deal with a pandemic including resourcing, risk management and pandemic readiness. It includes input on Health and Social Care (HSC) preparedness from the then Health and Social Care Board (HSCB), now Strategic Planning and Performance Group (SPPG), in the Department. It should be noted that there is no legal or formal construct of 'HSCNI' in Northern Ireland – HSC NI is not

and never has been an organisation, but rather is an informal umbrella term used to cover all areas of health and social care in Northern Ireland. The inputs in this statement relate solely to the role of the Department and former HSCB, not the entire HSC.

5. There were 17 Arm's Length Bodies (ALBs) during the pandemic, reduced to 16 following the dissolution of the Health and Social Care Board (HSCB) in March 2022.

6. Prior to April 2022 the Department's principal service delivery objectives for HSC commissioners and HSC Trusts were set out in detail in the annual Health and Social Care Commissioning Plan Direction. The annual Health and Social Care Commissioning Plan Direction was issued by the Department to the Health and Social Care Board (HSCB), the ALB responsible for the commissioning of health and social care services in NI. In April 2022 the HSCB was dissolved, and its functions were, in the main, transferred to the Department, and its staff were transferred to the HSC Business Services Organisation (BSO). The dissolution of the Health and Social Care Board meant that there was no longer any requirement for the Department to issue an annual Health and Social Care Commissioning Plan Direction.

7. To avoid duplication, this statement does not cover scientific, technical and medical advice and support which was provided by the Department's Chief Medical Officer and Chief Scientific Adviser as this will be covered in M01/CMOCSA/01. It also does not cover resilience, planning and preparedness of other key parts of the HSC system such as the Public Health Agency (PHA), Business Services Organisation (BSO) or HSC Trusts who have responsibility for pandemic preparedness in their own organisations. Finally, this statement does not cover decision-making during the period of the Covid-19 response itself which is the subject of Module 2C. However, as required in the outline scope, this statement does cover pandemic preparedness in the former HSCB (now SPPG) as well as how HSC organisations engage with the Department in emergency preparedness and response.

8. In 2016, restructuring took place in the NI Civil Service which led to the closure and amalgamation of some Departments and the renaming of others, e.g., the Department of Health, Social Services and Public Safety (DHSSPS) became the Department of Health (DoH) and the Office of the First and Deputy First Minster (OFMdFM) became The Executive Office (TEO). In 2021 the UK Health Security Agency (UKHSA) was formed, replacing Public Health England (PHE). On 31 March 2022 NI's Health and Social Care Board (HSCB) was closed and its functions transferred to the newly created Strategic Performance and Planning Group (SPPG) in the Department of Health on 1 April 2022. In the statement below, I will generally refer to the institutions as they were known at the time.

9. I have structured the statement around the outline scope of Module 1 as follows:

- Part 1: NI Government's, Department's and HSCB's structure and role
- Part 2: Emergency Preparedness
- Part 3: Institutional learning
- Part 4: Public health services and resources
- Part 5: Cooperation and Engagement
- Part 6: Lessons learned and future risk.

PART 1: NI GOVERNMENT AND DEPARTMENT'S STRUCTURE AND ROLE

The NI Government and Department of Health structures and roles, as they are relevant to emergency preparedness, are set out in the sections below.

The Executive Office (TEO) and Civil Contingencies Group Northern Ireland CCG(NI)

10. The NI Executive is made up of the First Minister, deputy First Minister, and eight departmental Ministers. The Executive Office (TEO) is the Executive department responsible for contributing to and overseeing the co-ordination of Executive policies and programmes to deliver a peaceful, fair, equal and prosperous society. Within TEO, Civil Contingencies Policy Branch (CCPB) is responsible for promoting and encouraging the public sector to develop effective emergency preparedness to mitigate the effects of a civil emergency on the public and the environment. As part of its role in good civil contingencies practice, CCPB works across the public sector to develop an overarching framework of civil contingencies policy, guidance and advice as set out in the Northern Ireland Civil Contingencies Framework (2011) [INQ000188739], the extant framework at the time of the pandemic.

11. The 2011 Civil Contingencies Framework set out ten key principles on how public sector organisations should behave in relation to their civil contingencies responsibilities including principles on leadership, risk assessments, development of plans, communication and coordination. The main aim of the Framework was to ensure that the people of Northern Ireland received a level of protection and emergency response which was consistent with elsewhere in the UK and which met their needs and expectations. The framework was updated in 2021 by TEO to take account of lessons learned from the response to Covid-19, EU Exit, EU Transition and smaller scale emergencies, '*Civil Contingencies Framework (2021)*' [INQ000188740].

12. CCPB supports the effective functioning of the Civil Contingencies Group (Northern Ireland) (CCG (NI)), the principal strategic civil contingencies preparedness body for the public sector. At the time of Covid-19, CCG (NI) was chaired by the Head of Civil Service (HOCS) and membership comprised of representation from all NI government Departments as well as local government, Food Standards Agency, emergency services and the Met Office. CCG(NI) is responsible for providing strategic leadership to civil contingencies preparedness by agreeing policy and strategy on cross cutting issues. It exercises a corporate governance function for civil contingencies preparedness at regional level and oversees delivery of an agreed work programme to enhance resilience in NI. CCG(NI) has oversight and responsibility for pandemic planning in non-health areas in NI including sector resilience (see also Pandemic Flu Preparedness Board PFRB paragraphs 93; 100-110 and CCG(NI) sub-group paragraphs 94-96).

13. In an emergency, a sub-group of CCG(NI), the NI Emergency Preparedness Group (NIEPG), may be established to ensure work at the sub-regional and local level is in line with the strategic direction set by CCG(NI). This group is jointly chaired by local government and the Police Service NI (PSNI).

Northern Ireland Central Crisis Management Arrangements (NICCMA)

14. When an emergency occurs which is likely to have a serious impact on all or part of Northern Ireland, central crisis management arrangements can be activated to enable a clear understanding that organisations within the framework have moved from PREPARE to RESPONSE mode. The Northern Ireland Central Crisis Management Arrangements or 'NICCMA' states that "*when a major emergency has occurred or is anticipated which is likely to have a serious impact either locally or regionally in Northern Ireland, central strategic co-ordination arrangements can be activated as required to co-ordinate the response both within and outside of Northern Ireland.*' NICCMA Protocol 2016 [INQ000188741].

15. CCG(NI) is a key information sharing body that participates in the effective delivery of the NI Central Crisis Management Arrangements as necessary during an emergency. Until January 2023 the Department's representative was the Director of Population Health and/or the Deputy CMO for Public Health. Since January 2023 the member has been the Director of the newly created Health Surveillance, Emergency Planning, Contingency Planning and Covid-19 Transition Directorate.

The Department of Health's Structure and Role

16. The Department of Health ("the Department") is one of nine departments which comprise the Northern Ireland Executive. The Department's role, functions, and responsibilities both prior to and during the pandemic fundamentally remained the same. The Department's statutory responsibilities under the Health and Social Care (Reform) Act (Northern Ireland) 2009 are to promote an integrated system of health and social care (HSC) designed to secure improvement: in the physical and mental health of people in Northern Ireland; the prevention, diagnosis and treatment of illness; and the social wellbeing of people in Northern Ireland.

17. The Department discharges these responsibilities, both by direct Departmental action and through its ALBs by developing appropriate policies; determining priorities; securing and allocating resources; setting standards and guidelines; securing the commissioning of relevant programmes and initiatives; monitoring and holding to account its ALBs; and promoting a whole system approach.

18. The senior officials and professional officers in the Top Management Group and the Departmental Board have responsibility for the overall corporate governance of the Department and ensuring that the Minister's policies and priorities are implemented in compliance with all statutory, regulatory and financial management requirements to which NI Executive departments adhere. Both the Top Management Group and the Departmental Board are chaired by me as the Department's Accounting Officer. My role as the Permanent Secretary includes being Chief Executive of the Health and Social Care system, Accounting Officer for all of the Department of Health budget, including its ALBs and Principal Policy Adviser to the Minister of Health. The Top Management Group has regular weekly meetings. The Departmental Board, which also has two Non-Executive Directors among its membership, meets every two months. The Top Management Group is the main vehicle for managing the Department on a day-to-day basis whereas the Departmental Board has oversight for monitoring the effective discharge of corporate governance.

19. The Department's Chief Medical Officer Group has been led by the Chief Medical Officer, Professor Sir Michael McBride since taking up post in 2006. At the time the pandemic emerged in January 2020 two Deputy Chief Medical Officers (DCMOs) and three Directorates sat within Chief Medical Officer Group – 'Population Health Directorate', 'Quality, Safety and Improvement Directorate' and 'Pharmacy Directorate'. In addition, the Chief Dental Officer and the Chief Environmental Health Officer reported to the CMO.

20. As the TMG member who leads and manages CMOG, the CMO holds overall policy responsibility for emergency planning, preparedness and response, including pandemic preparedness, as well as holding the medical professional lead in the Department. Responsibility for emergency planning was delegated to the Director of Population Health Directorate (PHD) until January 2023, who was also the policy lead for health protection and health improvement. The Director of PHD reports to DCMO Public Health, who is responsible for management and policy oversight of Population Health Directorate and for providing public health advice, which includes ensuring that all necessary action is taken to protect public health and to learn lessons from outbreaks, incidents and inquiries.

21. Since 2009, the PHD Director's post has changed hands several times with the most recent postholder, Elizabeth Redmond, in place since January 2017. Responsibility for emergency planning transferred from the Director of Population Health Directorate to Christopher Matthews, the newly created post of Director of Health Surveillance, Emergency Planning, Contingency Planning and COVID-19 Transition, from January 2023. Former post holders were Andrew Elliott (2005-10), Gerard Mulligan (2015-16) and Gerald Collins (2016-17)

22. The current DCMO Public Health, Dr Naresh Chada, was appointed to the post in April 2019, having previously held the position of Senior Medical Officer in the Department (from October 2001 to March 2019) with responsibility for advising on, inter alia, planning and preparedness for a civil/CBRN (chemical, biological, radiological, nuclear) emergency. This post was previously occupied by Dr Elizabeth Mitchell (2010-14), Dr Anne Kilgallen (2014-15) and Dr Lorraine Doherty (2018).

23. Reporting to the Director of Population Health, the Head of Emergency Planning Branch has delegated responsibility for pandemic and civil emergency planning, preparedness and response. This includes day-to-day responsibility for the management of Departmental budgets for pandemic and civil contingencies preparedness and bidding for resources annually to ensure that we have the necessary funding to fulfil our part of UK and local planning.

Strategic Planning and Performance Group/Health and Social Care Board

24. The Health and Social Care Board (HSCB) was established under section 7 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 on 1 April 2009. At that time the HSCB replaced the four former area-based Health and Social Services Boards under the wider Review of Public Administration in Northern Ireland (which was launched by the NI Executive in 2002). As an Arm's Length Body of the Department of Health, the HSCB roles and responsibilities are

outlined in the Department of Health, Social Services and Public Safety Framework Document September 2011 [INQ000188742]. These functions were Commissioning, Performance Management and Service Improvement, and Resource Management. (A temporary amendment to the Department's Framework document [INQ000188743], [INQ000188744], [INQ000188746], [INQ000188747] was made for the period June 2020 – May 2022 in response to Covid.) Pursuant to Article 34 of the Health and Personal Services (Quality, Improvement and Regulations) (Northern Ireland) Order 2003 (The 2003 Order), the HSCB also had a duty of quality.

25. The Strategic Planning and Performance Group (SPPG) of the Department of Health was established on 1 April 2022 under the Health and Social Care Act 2022 at which time the HSCB was dissolved, and its previous functions were transferred to the SPPG. With the exception of the legislative change to dissolve the HSCB and establish the SPPG, no other legislative changes were made to the structure of HSCB during the timeframe of Module 1 of the Covid-19 UK Inquiry. SPPG has continued with the same functions as HSCB, albeit under different organisational structures, reporting directly to a Deputy Secretary within the Department of Health rather than as an ALB. This statement is drafted to reference the HSCB which was the HSC entity during the timeframe of Module 1.

26. The role of the HSCB was, broadly, to arrange or commission health and social services for the population of Northern Ireland and to performance manage Health and Social Care (HSC) Trusts that directly provided these services. The performance management aim was to ensure that service delivery achieved optimal quality and value for money in line with relevant government targets and within the budget envelope available. The HSCB was also required by the Health and Social Care (Reform) Act (Northern Ireland) 2009 to establish five committees known as Local Commissioning Groups, each focussing on the planning and resourcing of health and social care services to meet the needs of its local population. Local Commissioning Groups are co-terminus with the five HSC Trusts.

27. The HSCB essentially had oversight of the health and social care system on behalf of the Department. The Department led on policy and direction; the HSCB worked with HSC providers in regard to agreeing contracted levels of service, making payments and other administrative duties associated with the oversight of service delivery. HSCB's responsibilities in respect of using resources in the most effective and efficient way are set out in chapters 2, 3 and 6 of the Framework Document.

Key Decision Making Individuals in the HSCB

28. During the period 1 April 2009 – September 2020, the HSCB had three Chief Executives all of whom had emergency preparedness and resilience within their remit:

- Mr John Compton (2009 – 2014);
- Mrs Fionnuala McAndrew (Interim) March – July 2014; and
- Mrs Valerie Watts (July 2014 – September 2020)

29. Within the tenures of the three Chief Executives above, the following HSCB Directors held specific responsibility for Emergency Preparedness and resilience functions:

- Mr Bernard Mitchell (Programme Director Corporate Management) (2009 – 2011)
- Mr Michael Bloomfield (Head of Corporate Services) (2011 – 2018); and
- Mrs Lisa McWilliams (Interim Director of Performance Management and Service Improvement from 2018, and subsequently Director of Strategic Performance from 2021) (2018 – current).

A copy of the HSCB Senior Personnel from 2009 – 2022 is exhibited at [INQ000188748]

30. HSC Trusts (which operate as ALBs of the Department of Health) were established under Article 10 of the Health and Personal Social Services (Northern Ireland) Order 1991 and are the main providers of health and social care services to the public. There were originally 18 Trusts, however as part of the NI Executive Review of Public Administration reforms led to six Health and Social Care Trusts (HSC Trusts) being established in April 2007. These six HSC Trusts continue to operate in Northern Ireland and are as follows: Belfast Health and Social Care Trust; South Eastern Health and Social Care Trust; Northern Health and Social Care Trust; Southern Health and Social Care Trust; Western Health and Social Care Trust, and the Northern Ireland Ambulance Service Trust (NIAS) which is a regional Trust.

Department's Role as a Lead Government Department (LGD)

31. Guidance and Best Practice for Lead Government Department (LGDs) was developed by Civil Contingencies Secretariat (CCS) in Cabinet Office '*The Lead Government Department and its role – Guidance and Best Practice', (March 2004).* In line with the principle of subsidiarity, the nominated LGD will retain ownership for emergency management expertise in their area of

statutory responsibility in Northern Ireland. As the LGD for health issues, the Department is required to maintain a state of readiness and build resilience to allow it to effectively lead the response to such health emergencies where they occur in, affect, or have the potential to affect, Northern Ireland.

32. In August 2012, the Department defined its LGD role [INQ000188749] in line with Cabinet Office guidance and best practice as responding to the health consequences of emergencies arising from chemical, biological, radiological and nuclear incidents (CBRN); disruptions to the medical supply chain; human infectious diseases; and mass casualties. The Cabinet Office LGD principles were endorsed by the Head of the Northern Ireland Civil Service, in *"A Guide to Emergency Planning Arrangements in Northern Ireland"* published by the Executive Office, (refreshed) in September 2011. [INQ000188750]

33. The 2011 Civil Contingencies Framework also required the Department to maintain, review and update its Emergency Response Plan and to test and exercise the plan's emergency response arrangements. The Department is also required to provide strategic health and social care policy advice and/or direction in support of the efforts of others across NI government, including ALBs, in response to emergencies for which it has been designated lead.

34. In a serious or catastrophic health emergency, the Minister of Health is required to lead, direct and co-ordinate the response for NI, reporting as necessary to the NI Executive under the NICCMA Protocol. When an emergency requires a cross-departmental or cross-governmental response, a Minister-led strategic co-ordination group is responsible for setting the overall strategy for the NI response. This group, known as the Ministerially-led Crisis Management Group (CMG), may link with UK Government to feed into Cabinet Office Briefing Rooms (COBR) in the case of UK wide emergency situations. In the absence of a NI Health Minister the decision to activate Health Gold structures in response to a serious or catastrophic health emergency would fall within my responsibility. Further detail about the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018 is included at paragraph 149.

Department of Health Emergency Response Plan

35. The structures, systems and processes involved in responding to an emergency are defined within the Emergency Response Plan (ERP) 2019. It was this response plan that was activated in January 2020 in response to the emergence of the SARS-CoV-2 virus which is responsible for the disease that became known as Covid-19. Emergency Planning Branch (EPB) in the Department's Population Health Directorate (until January 2023) is responsible for maintaining reviewing and

updating the plan. A review of the ERP, in consultation with stakeholders, is carried out after live exercises or when incidents have led to the activation of all or part of the plan. The 2019 ERP is currently under review to take account of lessons learned from Covid-19.

36. Previous versions of the plan were published by the Department between 2009 and 2013 and the plan is generally reviewed annually by the Department's EPB to ensure it remains fit for purpose. [INQ000188751].

37. The Department's ERP 2019 defines an emergency as: "*An event or situation which threatens serious damage to human welfare in a place in the UK, the environment of a place in the UK, or the security of the UK or of a place in the UK".* [INQ000184662]. The severity and complexity of an emergency will dictate the level of involvement of the Department in response to it.

38. The ERP is designed to be modular in structure and therefore flexible and scalable, capable of escalation and de-escalation. It sets out how the Department will carry out effectively the responsibilities and functions associated with its role as LGD. It describes the key processes and disciplines necessary in planning for and responding to health crises. The design of the ERP is based on the principle of preparation, response and recovery to enable an effective joint response to and recovery from any emergency. It provides assurance in the ability of the Department to deal with a range of HSC emergencies in Northern Ireland, from short term emergencies which are sudden, unexpected and relatively brief, to longer term 'rising tide events' such as pandemic influenza.

39. The ERP is informed and underpinned by a number of key documents and published guidelines including the Department's Emergency Operations Centre Standard Operating Procedures (SOP) (ERP 2019 Annex A, Page 52) [INQ000188752], including 'A Guide to Emergency Planning Arrangements in Northern Ireland', and a 'Guide to Plan Preparation' [INQ000190669] and the CCG (NI) Protocol for the NI Central Crisis Management Arrangements (NICCMA) 2016' all published by OFMdFM and the 'National Risk Register of Civil Emergencies 2017' [INQ000190671] published by the Cabinet Office. Most of these guidance documents have since been rescinded under the revised 'Civil Contingencies Framework 2021' and the National Risk Register was updated in 2020. [INQ000190670]

40. The ERP includes organograms identifying the managerial roles in responding to a level 1 to level 3 threat at Annexes B, C, and D (located at pages 54-56).

41. Within the ERP, the oversight of managing an emergency falls to Health Gold Command which consists of two key elements: the Strategic Cell and the Emergency Operations Centre (EOC). The Strategic Cell provides strategic health and social care policy advice to the Minister. It also provides health, social care and public safety advice, direction and leadership to HSC organisations and to other departments and organisations. The second element, the Emergency Operations Centre, is responsible for management of the flow of information into and out of the Strategic Cell between the Department and HSC sector, and the wider NI Executive departments and UK Government. Activation of the EOC is not reliant on the full activation of both key elements of the Health Gold Command structure. The EOC can operate without activation of the Strategic Cell in lower-level emergencies requiring a degree of central coordination, however, the Strategic Cell requires the support of the EOC to function.

42. Tiers of emergency response command within the Health system are generally referred to as Health Gold, Health Silver and Health Bronze and refer respectively to the strategic, tactical and operational response to an emergency [see Table 1 'Activation Protocol Summary, page 13 of the ERP].

43. Should the Department's ERP be activated, it will be supported by Health Silver. This comprises the collective tripartite of the Public Health Agency (PHA), the Strategic Performance and Planning Group (SPPG) (formerly the Health and Social Care Board), and Business Services Organisation (BSO), any one of which may lead a tactical level response, depending on the nature of the incident. Where Health Silver is activated, it will jointly lead the tactical coordination of a HSC response when an incident or emergency involves more than one HSC Trust, i.e., when an emergency is categorised as 'significant' but does not require involvement by central Government. In line with the principle of subsidiarity, Health Silver may be stood up without Health Gold. Health Bronze refers to the operational or Trust level response.

PHA, HSCB, BSO Joint Response Emergency Plan (JREP)

44. Further detail about the roles and responsibilities of Health Silver and its interaction with Health Bronze was set out in the PHA/HSCB/BSO Joint Response Emergency Plan (JREP) 2018. The Joint Response Emergency Plan (JREP) was developed in 2010 as the Health Silver Emergency Response Plan of the PHA, HSCB and BSO. The JREP described the processes and arrangements for a joint response in an emergency, thereby ensuring the response of the three

regional HSC organisations is co-ordinated and effectively managed. The document was intended as a guideline to aid an effective response to an incident irrespective of its cause and complies with the requirements of the NI Civil Contingencies Framework as outlined above.

45. The JREP [INQ000188753] clarifies the roles and responsibilities of each organisation and the resources that may be utilised, as well as providing a clear authority structure. It provided detailed arrangements for responding to incidents and emergencies – including the periods before, during and immediately following a major incident in order to meet statutory requirements and the JESIP (Joint Emergency Services Interoperability Programme) principles. The JREP advised of the range and nature of incidents and the levels of response.

46. The HSCB along with the PHA and BSO would jointly lead the co-ordination of the HSC response when an incident or emergency involved more than one Trust, but did not require cross-department or cross-government co-ordination, i.e. when an emergency was categorised as significant or serious. The HSCB/PHA/BSO balance of decision-making team and chair was dependent upon the specifics of the incident. The HSCB role in respect to the JREP continues to be undertaken by the SPPG in the Department.

47. The JREP is, as far as possible, and when not activated, tested and reviewed jointly on an annual basis by SPPG (formerly HSCB), PHA and BSO. Learning from incidents and activations are included within revisions to the document. In the years since the development of the JREP in 2010, the plan has been activated or tested and reviewed regularly. Examples of activation include the Severe Weather of 2010, and 2013, and in response to HSC wide Industrial Action in 2019. Further the principles of the plan are enacted in the planning for major events. For example, this may include a situation reporting process being established to ensure information flows and communication, the development of a care pathway for visiting VIPs/athletes, the establishment of an Emergency Operations Centre or an 'incident management team'. Over the years this has included preparation for visiting athletes to training camps for the London 2012 Olympics, planning and preparation for the G8 summit held in NI in 2013, the World Police Fire Games and NI City of Culture also in 2013, Giro D'Italia in 2014, Queens' Baton Commonwealth Games 2014, Ebola 2015, the 148th Open Golf Tournament held in NI in 2019, and planning for EU Exit during 2019. Testing of the plan included in recent years, Exercise Cygnus in 2016, Exercise REVLIS 2017 and EMERGO in 2019, both which were part of the mass casualty planning and preparation. The detail of these tests is referenced below. The JREP was activated in January 2020 following the outbreak of COVID-19 and was reviewed and updated to take cognisance of the learning from COVID as well as the migration of the HSCB to the SPPG in April 2022. [INQ000188754]

Command structure in an emergency

48. The Gold/Silver/Bronze structure adheres to the four nationally accepted tiers, or categories, of emergency: Local (requiring Health Bronze activation); Significant (requiring Health Silver activation in conjunction with Health Bronze); Serious or Catastrophic, (the two latter both requiring Health Gold Command in conjunction with Health Silver and Health Bronze). These structures exist for routine preparedness, resilience and emergency assessment and can be escalated or deescalated depending on the nature of the emergency. **Local Level** - where the outcomes are confined to a relatively small area or number of people, and local or sub-regional organisations deliver the response. In this type of emergency, it is expected that the relevant HSC Trust would stand up their Health Bronze arrangements and would be able to deliver the response by implementation of its Major Incident Plan (MIP) with input and direction from Health Silver organisations, formally or informally, as required.

- **Level 1** response to a significant emergency – refers to a relatively localised response in one geographical area or sector but the scale of the emergency has surpassed the ability of an individual HSC Trust to cope and mutual aid may be required from other Trusts. In such circumstances, the Joint Response Emergency Plan (JREP) may be invoked and the operational response will be co-ordinated by Health Silver.

- **Level 2** response to a serious emergency - where the extent or severity of the emergency is such that a large number of local, sub-regional and regional organisations are involved in delivering the response and strategic/Gold level co-ordination is required.

- **Level 3** response to a catastrophic emergency - one which has a high and potentially UK-wide impact, requiring immediate central Government direction and support. The overall response may be led by Cabinet Office with NI health consequences managed by the Department/Gold. In addition, the NI Central Crisis Management arrangements (NICCMA) may be invoked.

49. The Department maintains out of hours Health Gold Command On-Call Duty Officer arrangements to ensure that if an emergency occurs the Department can respond by activating Health Gold Command (including cascade arrangements).

Emergency Preparedness for Health and Social Care Organisations Policy Circular 2010

50. In 2010, the then Director of Population Health, Andrew Elliott, issued a policy circular to Health and Social Care (HSC) organisations. Emergency Preparedness for Health and Social Care

Organisations, [INQ000188755] clarifying requirements, roles and responsibilities for the Department and HSC organisations in relation to emergency preparedness. This circular stressed that the purpose of planning for emergencies in the HSC sector was to ensure preparedness for an effective response to any major incident or emergency. All HSC organisations, other contracted health and social care providers, local authorities and other local organisations were instructed to give a high priority to putting in place and testing plans and arrangements that would deliver an effective response to threats and hazards. Organisations are required to report on these arrangements through core standards returns (see paragraphs 68-76).

51. The circular was revised and reissued in 2022 by the CMO (HSS(MD) 44/2022) [INQ000188756] following the closure of the Health and Social Care Board (HSCB) and migration of its functions to the SPPG. Although SPPG now sits within the Department's structure, it has retained its responsibilities as a key member of the Health Silver tripartite. As set out in the 2022 circular, SPPG continues to have responsibility for enhanced monitoring and performance management; horizon-scanning and risk assessments for major events in NI; and agreeing and enhancing the regional HSC annual accredited training programme. The role of the Department as LGD, setting standards and key targets for HSC emergency preparedness, resilience and response continues to be carried out by EPB within the Department's Chief Medical Officer Group (CMOG).

Health Protection

52. The Department leads on policy relating to infectious diseases affecting humans, including (insofar as the human health aspects are concerned) those that are zoonotic (affecting both animals and humans). Therefore, the policy lead in NI for high consequence infectious diseases (HCID), endemic infectious diseases and pandemics, including the Covid-19 pandemic, lies with the Department and the Minister of Health in NI. This includes setting policy direction on disease prevention and control, including vaccination and immunisation programmes, other public health measures and pandemic preparedness.

53. Within the Department during the period 2009 until the emergence of the pandemic in 2020, responsibility for providing health protection policy advice to the Minister of Health sat with the CMO, supported by the DCMO, for Public Health and the Director of Population Health. Within Population Heath Directorate the Health Protection Branch (HPB) and Emergency Planning Branch (EPB) undertook work to formulate policy advice in the areas referred to above. Since the end of October 2022, the arrangements have changed, while the policy lead remains with CMO, the support for HCID and endemic infectious disease now falls to the remit of the newly created

post of Director of Health Protection (Grade 5/SCS1). As of 1 January 2023, the support for emergency preparedness, including pandemic planning, falls to the remit of different newly created post of Director of Emergency Preparedness, Resilience and Response (Grade 5/SCS1).

PART 2: EMERGENCY PREPAREDNESS

54. There are a range of structures and processes in place in the Department, across NICS and at UK level to support emergency planning and preparedness including risk assessments, information-sharing fora and core standards. The latter are set by the Department and HSC organisations are required to adhere to them. These various elements are set out in more detail below.

National Risk Register

55. The UK government is responsible for undertaking risk assessments at the level of the UK and maintains the National Risk Register (NRR), first published in 2008. The National Security Risk Assessment (NSRA) underpins the NRR and is a sensitive and unpublished document, (first produced in 2019). The UK government, led by Cabinet Office, works at all levels across the UK to assess and mitigate the risk from emergencies facing the country as a whole. The NSRA and NRR are usually updated every two years.

56. The threat description and analysis of the risk (in terms of both likelihood and impact) has been kept updated in subsequent iterations of both the public-facing National Risk Register (NRR) and the internal NSRA. Risks in the NRR outline the key malicious and non-malicious risks that could affect the UK based on Reasonable Worse Case Scenarios (RWCS). These RWCS are informed by expert advice and represent the worst plausible manifestation of that particular risk once highly unlikely variations have been discounted.

57. The NSRA and NRR are intended to capture the range of emergencies that might have a major impact on all, or significant parts of, the UK. These are events which could result in significant harm to human welfare: casualties, damage to property, essential services, and disruption to everyday life. The risk of a pandemic has been high on the risk matrix on every update of the NSRA and NRR since it was first established and remains the threat with the highest impact.

58. The NRR is published on the Cabinet Office's website and provides resilience guidance for pandemic influenza planning assumptions and an assessment of the likelihood and potential impact of a range of different malicious and non-malicious national security risks. This assessment

informed the Department's approach to pandemic preparedness planning (as the LGD for this risk in NI), guided by the RWCS planning assumptions. The NRR also sets out advice to individuals, communities, and families on preparing for human disease and reducing the risk of viruses spreading.

Departmental Risk Register

59. Emergency planning and preparedness is recognised as a key corporate function and as such is included in the Departmental Risk Register, the purpose of which is to record and update the key risks threatening the achievement of the Department's strategic objectives and to identify the controls in place to mitigate and manage those risks. At the time of the Covid-19 outbreak the Department had noted its responsibility on the 2018/19 risk register [INQ000185379] "to ensure that adequate health and social care provision is available to citizens of NI in the event of any emergency". A key mitigating action was to review and develop pandemic influenza preparedness in NI by participating in the UK Pandemic Flu Readiness Board and leading the CCG(NI) subgroup on pandemic influenza in NI, in order to contribute to the draft UK Bill and to oversee development of pandemic influenza guidance for NI incorporating primary, secondary and social care (see PFRB paragraphs 93; 100-110). There were additional mitigating actions around reviewing internal guidance such as the ERP, conducting training and exercising and maintaining an emergency stockpile. Although most actions had been completed by the end of the 2018/19 financial year, it was noted that a diversion of resources to EU Exit work had created a delay in progress on the pandemic flu Bill.

Information Sharing Groups

60. The Health Emergency Planning Forum (HEPF) was established in 2008 to act as a two-way channel of communication between the Department and HSC organisations in NI, including the former HSCB, PHA, BSO, Trusts, NI Fire and Rescue Service (NIFRS), NI Blood Transfusion Service (NIBTS) and, from the third sector, British Red Cross. Prior to the emergence of the Covid-19 pandemic the group met quarterly and was jointly chaired by the Department and PHA. HEPF facilitates information-sharing on all aspects of emergency planning including incident updates, best practice and lessons learned through training and exercising. Meetings were paused between September 2019 and September 2020 as HEPF members were diverted to managing the first wave of the Covid-19 pandemic response from early 2020. The Forum also had a role in providing feedback on emergency preparedness strategies and policies (including Controls Assurance Standards/Core Standards) and in facilitating discussion on training needs and best practice. Representation on the Forum consisted of Emergency Planning (EP) Leads from the HSCB, HSC

Trusts, NIFRS, NI Ambulance Service (NIAS), BSO, NIBTS and the British Red Cross. EP leads from HSC tended to be managers between Band 7 and Band 8B.

61. The Critical Threats Preparedness (CTP) Steering Group sits under the auspices of CCG(NI). It is chaired by the Department of Justice (DoJ) and has members from Government Departments, agencies and key stakeholder groups, who have a key role in preparing for, and managing, a multi-agency response to critical threats. The role of the CTP Steering Group is to understand the critical threats picture for Northern Ireland (taking account of the National Security Risk Assessment (NSRA) and other pertinent national and local information and data); and to set the strategic direction for, and provide oversight of, an effective co-ordinated multi-agency preparedness and response capability in respect of critical threats in Northern Ireland. The term "critical threat" refers to a CBRN incident, HazMat (hazardous material) incident or a Marauding Terrorist Attack. This group is supported by the Critical Threats Preparedness Tactical Working Group who are responsible for tactical planning. The Department is represented at the Steering Group by the DCMO Public Health, Director of Population Health and/or a representative from Emergency Planning Branch (EPB) and at the Tactical Group by a representative from EPB. The last formal meeting of the Steering Group took place in August 2020, however the Critical Threats Preparedness Tactical Working Group has continued to meet quarterly.

Health Silver Preparedness Structures

62. Further, to ensure the requirements of the 2010 Emergency Preparedness for Health and Social Care Organisations Policy Circular were met from a Health Silver perspective, the ***Joint Emergency Planning Board*** (JEP Board) was established in 2014/15, which was co-chaired by the HSCB and the PHA and supported by the Emergency Planning leads in the HSCB, PHA and BSO. The Department and each of the HSCB and PHA directorates were represented on the Board, with meetings held on a quarterly basis. The purpose of the JEP Board was to seek assurance on HSC preparedness to manage a response to emergency incidents (in adherence to the Department Policy Circular (2010) and within the context of the NI Civil Contingency Framework), and to ensure an appropriate and proportional level of HSC preparedness across the three organisations to enable an effective HSC response to emergencies which have a significant impact on the local community.

63. To support the work of the JEP Board the ***Joint Emergency Planning Team*** was established in 2014/15, with meetings chaired by the Emergency Planning Lead in the PHA, and held on a quarterly basis following the JEP Board meetings. The purpose of these meetings was to take forward any operational issues identified by the JEP Board in respect of emergency

preparedness across the three organisations, and to develop appropriate plans as required for various planned major events, such as Giro D'Italia, World Police and Fire Games 2013, and the Open Golf in July 2019.

HSCB/PHA/HSC Trust Emergency Preparedness Group Meetings

64. The HSCB and PHA co-chaired EP Group meetings with the EP leads in HSC Trusts. These meetings included representation from Social Care within the HSCB, and were held also on a quarterly basis. The Group facilitated a forum for EP colleagues to raise any concerns or queries in respect of emergency preparedness, discuss training, learning from incidents and horizon planning for major events and associated risk assessments. The meetings also enabled issues to be identified which required to be escalated for consideration to the Department's EPB.

Emergency Plans of HSCB

65. During its lifetime the HSCB had in place a ***Business Continuity Plan*** which identified the critical services of the HSCB (and now SPPG) that require to be provided during an interruption in business and the strategies which were developed to ensure the continued development of these key areas. One of the scenarios identified that could lead to a serious interruption was, for example, significant staff absence due to sickness such as in a pandemic situation.

66. The Business Continuity Plan, developed in 2012 as an internal management tool for HSCB, has been tested, activated, reviewed and updated regularly. In the years since development it has been tested by HSCB in 2012 and jointly with the PHA in 2013 in 'Exercise Open Skies', which was a desktop exercise involving adverse weather and flooding at the Headquarters of HSCB and PHA which resulted in the HQ not being available for a number of days. The Plan was further tested in 2015, was reviewed and tested in 2016 as part of Exercise Cygnus, and was reviewed and updated in 2019 as part of preparation for EU Exit. [INQ000188757] The Business Continuity Plan was activated in 2020 at the start of COVID-19, and has been further updated in April 2022 [INQ000188758] to reflect the learning from COVID-19 and the business functions of the former HSCB migrating into the SPPG in the Department. A summary of the changes made to the Business Continuity Plan over the period since its development in 2012 is contained within the Revision History table shown at page 4 of the most recent Business Continuity Plan for April 2022.

67. Further the HSCB had in place a ***Regional Unscheduled Care Escalation Plan.*** [INQ000188759] This plan provides HSC Trusts with guidance in relation to the effective

implementation of escalation procedures for adult unscheduled care arrangements where a critical incident arises. It sets out the regional escalation processes extending from the point at which significant site pressure is identified through to the point where an early alert of a potential critical incident as a result of business continuity challenges is issued to the Department. The 2016 Unscheduled Care Escalation Plan was tested during Exercise Cygnus, was updated in 2019 and was further updated in 2021 and 2023. [INQ000188760]

Core Standards

68. The 2010 policy circular referred to above, '*Emergency Preparedness for Health and Social Care Organisations*', (paragraph 50) required HSC organisations to maintain a level of preparedness and for this to be reported on to the Department via core standards and annual reports. The former HSCB (now SPPG) and PHA are responsible for providing assurance to the Department on an annual basis that Trusts have comprehensive, robust and flexible plans in place to address any major incident or emergency situation and that these plans are regularly reviewed, tested and validated.

69. The Department began to introduce Controls Assurance Standards (CAS) in 2002/03 and by 2007/08, the full programme of 22 Standards was complete. These standards included governance, risk management and financial management and were a key component of HSC governance and accountability arrangements. The purpose of the CAS was to provide evidence that Arm's Length Body Boards were doing their reasonable best to meet their objectives and protect stakeholders against risk. The Emergency Planning Standard sought to ensure that relevant organisations had planned and prepared a well-developed and practiced response to all major incidents and emergency situations which affected the provision of normal services.

70. Each organisation was assessed on the following:

I. Leadership;
II. Risk Assessment (based on prioritising the Civil Contingencies activities);
III. Consultation and Co-ordination;
IV. the Emergency Preparedness Plan, and Pandemic Flu Preparedness and Response, including demonstration that there was a scalable emergency preparedness plan to enable the organisation to respond to a range of emergency situations, and that there were pandemic influenza preparedness/response plans in place which were regularly reviewed;
V. Validation, Training and Testing of Emergency Preparedness Plans;
VI. Review of Plans;

VII. Communication Strategy;

VIII. Business Continuity Management Systems and Recovery;

IX. Performance Indicators showing improvements in emergency planning and/or providing early warnings of risk; and

X. Independent Assurance, i.e. that the Management Board seeks independent assurance that an effective system of managing emergency planning and response is in place.

71. Further, organisations were required to demonstrate either full, partial or non-compliance by providing narrative against each criterion to include evidence. If there were any gaps in compliance, organisations had to demonstrate actions that would be implemented to enable full compliance and provide an associated Action Plan. This included a nominee for lead responsibility and target completion dates. HSC Organisations, including HSCB, submitted their completed templates with evidence to the Emergency Planning Branch of the Department.

72. The former HSCB in conjunction with the PHA completed a joint CAS return to Emergency Planning Branch (EPB) due to their role in emergency preparedness and joint working arrangements of Health Silver. However, it should be noted that whilst Health Silver is a tripartite arrangement to include BSO, they submitted their own return due to the specific business functions they have within an emergency response. The Controls Assurance Standards process was in place from 1 April 2002 – 31 March 2018.

73. Given the significant changes in the structure of the Department since 2002, in 2016 the Department undertook a review to assess whether these 22 standards should be updated. At this time, it was agreed that the Department no longer had the expertise to assess some of the more specialist standards, and consultation with policy leads and their ALB counterparts indicated that some of the standards were duplicative and subjective and that for many of the standards a more appropriate assurance mechanism already existed.

74. In 2019, the Emergency Planning CAS was replaced with the Core Standards Framework for Emergency Preparedness [INQ000188761], [INQ000188762]. This framework is based on the NHS England Core Standards Framework and is adapted for Northern Ireland. There are two core standards - one for Emergency Planning (EP) and a second relating to HAZMAT (Hazardous Materials). All HSC organisations are required to complete the EP Core Standards, while Trusts, NI Ambulance Service (NIAS) and NI Fire and Rescue Service (NIFRS) must also complete the ·HAZMAT standards. Relevant HSC organisations must demonstrate compliance by completing a self-assessment which is then submitted to the Department to analyse and identify any areas of concern.

75. The criteria that are assessed include: governance; duty to assess risk; duty to maintain plans (emergency plans and business continuity plans); command and control; duty to communicate with the public; information sharing; co-operation; training and exercising; preparedness; and decontamination of equipment. Specifically, in relation to Criteria 3, organisations were requested to ensure Plans referenced Pandemic Influenza and Infectious Disease Outbreak to include generic roles all parts of the organisation have in relation to emergency response.

76. As per the reporting arrangements of the CAS, the former HSCB in conjunction with the PHA submitted a joint Controls Assurance response to EPB on an annual basis. As outlined, any areas in which "full" assurance could not be determined, ALBs were required to identify the action they propose to attain full compliance. This included a nominee for lead responsibility and target completion dates. Revised arrangements in 2022 following dissolution of the HSCB required PHA, SPPG and BSO to submit individual returns in respect of the Core Standards to EPB.

Emergency Powers Direction

77. At the time of the closure of the HSCB on 31 March 2022, the Department held five separate Emergency Powers Directions giving it the authority to direct and redeploy all necessary Health and Social Care resources across the HSCB, PHA, BSO, HSC Trusts and Special Agencies to deliver an effective health response for the duration of a health emergency. Each Direction is designed to be generic and to operate independently to ensure that it complies with the powers under which each organisation functions and that they remain fit for purpose. Each Direction is held in draft form and can only be signed if all other measures have been exhausted and health service partners are not compliant with the wishes of the Department, during an ongoing emergency. To date, none of the Directions have been required and the Department continues to expect that normal emergency planning arrangements would be invoked and operate throughout the course of any emergency.

78. The Directions are informally reviewed annually and issued to HSC, ALB Chief Executives and copied to trade union representatives for consideration. The latest iteration of the Emergency Powers Directions was approved and issued in January 2023 [INQ000188763], [INQ000188764], [INQ000188765] revoking the previous iteration of January 2020.

Winter Preparedness

79. Every year, EPB provides the CMO and me as the Permanent Secretary with a paper outlining how each HSC organisation has prepared for winter pressures which are experienced annually in the health and social care system. This includes an update on health protection initiatives such as the seasonal flu programme as well as assurances that Trust Surge and Winter Delivery Plans are in place. and information on any additional pressures that may be affecting services. Organisations that contribute annually include PHA, HSCB (now SPPG), NIAS, NIFRS and HSC Trusts. Similar assurance is sent to CCG(NI) to update on HSC resilience.

Military Support

80. Military personnel support in an emergency or crisis situation, in the UK, is officially known as Military Aid to the Civil Authorities (MACA). With robust business continuity and flexible emergency planning arrangements in place the Department is expected to manage most crises without the need for military assistance. However, it is recognised that in certain situations, where all other avenues have been exhausted, the Department can request military assistance from the Ministry of Defence (MoD). It is understood however, that there is no guarantee that any military support or assets would be released, and any support provided must be funded by the Department. A protocol and process map for requesting a MACA and intended for use within the Department is held and updated by EPB.

UK Influenza Pandemic Preparedness Strategy 2011

81. During the Covid-19 response, the extant strategy in place was the UK Influenza Pandemic Preparedness Strategy published in November 2011 [INQ000188766] and the Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance, published in January 2013 [INQ000188767]. Both the strategy and guidance were intended to inform the development of and/or updating of pandemic response operational plans by local organisations and emergency planners across health providers in Northern Ireland.

82. The UK Influenza Pandemic Preparedness Strategy 2011 provided proposals for a UK-wide strategic approach to planning for and responding to the demands of an influenza pandemic. This UK strategy was developed to take account of the experience and lessons learned from the H1N1 (2009) influenza pandemic and the latest available scientific evidence at the time.

83. The 2013 Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance, prepared by the Department, was designed to support preparedness and

response planning guidance for HSC organisations should an emergency response to an influenza pandemic be necessary. This guidance is closely linked to the 2011 UK Strategy.

84. Both the UK strategy and the HSC guidance outline the "reasonable worst case" planning assumptions and three main principles that must underpin pandemic planning and response, which are:

- Precautionary – plan for an initial response that reflects the level of risk, based on information available at the time, accepting the uncertainty that will initially exist about the scale, severity, or level of impact of the virus.
- Proportionality – plan to be able to scale up and down in response to the emerging epidemiological, clinical, and virological characteristics of the virus and its impact at the time.
- Flexibility – plan for the capacity to adapt to Northern Ireland circumstances that may be different from the overall UK picture – for instance in hotspot areas.

85. Drawing from the strategy, each HSC organisation was required to have plans in place for an influenza pandemic to provide:

- a clear definition of roles and responsibilities;
- reporting and collation of surveillance requirements;
- swabbing and testing of samples and the issue of antiviral medication before Antiviral Collection Points (ACP) have been set up;
- surge plans for primary, secondary, and critical care;
- plans for the implementation of the National Pandemic Flu Service;
- plans for the implementation of a Pandemic Specific Vaccination (PSV) programme; and
- plans for recovery and the return to business as usual.

86. Updated plans were also required to be validated and tested through regular review and exercises. Confirmation that these plans were in place was sought through the Controls Assurance Standards and subsequently through the Core Standards (see paragraphs 68-76)

87. The UK Influenza Pandemic Preparedness Strategy 2011 and the Department's 2013 Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance were under review as part of the Pandemic Flu Preparedness Board (PFRB) programme following Exercise Cygnus (see next section). However, this review was delayed in 2019 as resources were diverted to enable preparations for EU Exit under 'Operation

Yellowhammer'. Work has since recommenced under the UK Pandemic Disease Capabilities Board. (see paragraph 110).

Exercise Cygnus

88. In October 2016, the Department participated in Exercise Cygnus, a Tier 1 (UK national level) multi agency, cross-government exercise. Delivered by Public Health England (PHE) over three days, Cygnus provided the Department and colleagues from across the health and social care sectors the opportunity to test the national, strategic health and social care preparation and response to a pandemic influenza outbreak that was close to the UK's worst case planning scenarios. Over 950 participants nationally contributed to the exercise, with over 40 Departmental staff from across all policy areas including the CMO and senior professional and policy leads taking part. From a health perspective, the Department took the lead in planning the NI response to the exercise with input from Health Silver (PHA, HSCB and BSO), The Executive Office, and the Department's Internal Audit Branch who provided two evaluators to assess the Department's role across the three days.

89. Planning and preparation for Exercise Cygnus began as early as 2013 with Phase 1 taking place in May 2014. However, due to the Ebola outbreak in 2014 a decision was taken by UK Government to postpone Phase 2 a few days before the scheduled date. During the subsequent period the Department continued its preparations and planning for Phase 2, including participation in Exercise Cygnet, a discussion-based exercise delivered by Public Health England's Exercises Team with support from Department for Communities and Local Government (DCLG) and Department of Health (now DHSC) Whitehall colleagues.

90. Plans available at the time of the Exercise included the Department's ERP, the HSC JREP, the JREP Pandemic Influenza Plan 2015, the Escalation Plan and the Paediatric Escalation Plan. From a JREP perspective the test involved the establishment of an Emergency Operations Centre, Health Silver, an Incident Control Team, and the development and daily population of a Silver SitRep to Health Gold. [INQ000188768] Members of Health Silver attended a meeting of the RHCC Strategic Gold and the Civil Contingencies Group for NI as part of the exercise. Health Silver provided input to the debrief held at the end of the exercise. [INQ000188769] The HSC Trusts were not involved in this test. Further relevant plans tested include the Cygnus Operational document October 2016 (HSCB/PHA/BSO) [INQ000188770]; CCANNI Regional Adult Critical Care Escalation Plan [INQ000188771]; Paediatric Intensive Care Escalation Plan [INQ000188772]; JEP Board Pandemic Influenza Plan 2015. [INQ000188773]

91. In November 2016, the department submitted its 'Evaluation Questionnaire on behalf of Northern Ireland' directly to the PHE. [INQ000188774] PHE produced a report on the key learning from Exercise Cygnus, the following year (2017). This report identified lessons relevant to all of the participating organisations and was not restricted to lessons reflecting only the experience of health organisations. Similarly, the Department developed a Northern Ireland specific post exercise report [INQ000188775], taking into account the lessons learnt from the PHE report and also analysis of NI feedback. Ten key areas of emergency preparedness and response which require further work within NI were identified, in respect to policy development and functions to improve pandemic preparedness planning and response both for the protection and improvement of the public's health.

92. While Cygnus was concerned with pandemic influenza, many of the lessons learnt within the Northern Ireland context, particularly in relation to the Department's guidance and procedures, applied across responses to a range of emergencies with health and social care consequences. A key output from the recommendations was the revision of the Department's 2013 ERP and the commissioning by the Department to develop a modern, fit for purpose Emergency Operation Centre. This investment, along with the revision of the ERP, enhanced the Department's effectiveness to manage emergencies, building on its capability and capacity with defined structures and identifiable roles and responsibilities. Providing these dedicated resources enabled the Department to improve exercising, training and validation of procedures, people and processes. To date, all ten key recommendations identified in the Northern Ireland specific report have been considered and as appropriate implemented either internally by the Department, on a UK wide level under the auspices of the Pandemic Influenza Readiness Board (PFRB) or through preparations for EU Exit under 'Operation Yellowhammer'. It is important to state that there are a number of strategic plans covering emergency preparedness on both a UK and NI level which require modifications to enable NI to conclude on all its recommendations following Cygnus and we continue to engage with key partners and across Governments to complete and implement our findings.

Pandemic Flu Readiness Board (PFRB)

93. Exercise Cygnus had reinforced the position that the UK as a whole was well prepared to manage a mild to moderate pandemic but had also identified gaps in capabilities to overcome a severe pandemic, indicating that there were still some significant challenges to be tackled. With pandemic influenza remaining the top risk on the National Risk Register and in light of learning from Exercise Cygnus, a cross-government Pandemic Flu Readiness Board (PFRB) was established to provide oversight for a UK-wide programme designed to deliver the plans and

capabilities to manage the wider consequences of pandemic influenza. The Board was established in England in February 2017 with the Devolved Administrations invited to participate from May 2017. The Board was co-chaired by DHSC (Whitehall) and Cabinet Office. The PFRB reported to the National Security Council for Threats, Hazards, Resilience and Contingencies (NSC(THRC)) and had representation from across government. The programme was divided into five workstreams:

I. Healthcare
II. Community Care
III. Excess Death
IV. Sector Resilience
V. Cross-cutting enablers (legislation; communication; moral and ethical issues).

CCG (NI) Pandemic Flu Sub-Group

94. In March 2018, the Department, in collaboration with the Department of Justice and TEO, formally established a CCGNI pandemic flu Northern Ireland sub-group to engage as part of the UK-wide Pandemic Flu Readiness Board (PFRB). The sub-group was chaired by the Department's Director of Population Health, and its aim was to provide oversight for a programme of work to deliver the plans and capabilities to manage the health and wider consequences of pandemic flu in NI.

95. The group sought to work collaboratively with NI and UK partners, to oversee the delivery of work aimed at improving NI's resilience in the key areas set out in the PFRB programme.

96. To ensure buy-in from across all sectors, the work of the NI sub-group was placed under the auspices of CCG(NI) via the Resilience Programme [INQ000188776]. This required the Department, supported by DoJ and TEO, to review and update guidance and to prepare plans and arrangements covering the health, excess deaths and wider impacts of an influenza pandemic.

NI Pandemic Flu Oversight Group

97. To take forward the work on pandemic preparedness and response capabilities specifically in relation to health and social care, the Department established an NI Pandemic Flu Oversight Group (NIPFOG) in 2018. The primary objective of the NIPFOG, was to oversee development of service-facing surge and triage guidance for the Health and Social care system in NI incorporating Primary, Secondary and Social Care. The group was chaired by the Director of Population Health and membership included policy leads from across the Department, PHA and the then HSCB.

98. In November 2018, the CMO wrote to the Chief Executive of HSCB (who at the time was also Interim Chief Executive of the PHA) to inform them of the establishment of NIPFOG and to request their support in the establishment of a 'Task and Finish Group' to produce pandemic flu surge and triage guidance. In 2019, the PHA, in conjunction with HSCB, formed the Task and Finish Group with the aim of having the current guidance reviewed and any additional plans or arrangements put in place by the end of June 2019. It was agreed that the guidance would focus solely on surge. In July 2019, the Task and Finish Group submitted the draft Northern Ireland Health and Social Care Influenza Pandemic Surge Guidance to the Department. However, the Department considered that the draft did not fully meet the brief and that further discussions were required. At that time, emergency planning resources both at UK level and in NI had been diverted to planning for EU Exit and the need for a further iteration of the pandemic flu surge and triage guidance was not discussed between the Department and the Task and Finish Group. In addition, work in the other UK countries on surge guidance had not progressed, and it was felt that there would be merit in having further discussions on a four-country basis before seeking to further develop work on the NI guidance. For that reason, the guidance had not been discussed with or endorsed by the Department prior to the Covid-19 pandemic emerging.

99. Although predominantly leading on health elements of the PFRB, the Department also led on aspects of preparedness identified as important cross-cutting enablers including legislation, communications and the moral and ethical workstream. The roles and remits of these workstreams/working groups are outlined below.

UK PFRB Legislation Workstream

100. The primary legislation pertaining to public health in NI is the Public Health Act (NI) 1967. A review of the Act to ascertain whether it remained fit for purpose was concluded in 2016 [INQ000188777] with a recommendation that the public health legislation should be updated. The main concern was the narrow scope of the Act, which is concerned almost exclusively with protecting the public's health against infectious diseases, whereas other UK countries have moved to the 'all hazards' approach, i.e., provisions in law to protect the population against different kinds of contamination as well as other threats to the public's health.

101. To align the Act with other jurisdictions and future proof NI's public health powers, following conclusion of the review in 2016 the Department began to prepare to seek agreement from the NI Executive to include a Public Health Bill in its legislative programme for the next Assembly mandate. The Department commenced work on proposals for new public health primary

legislation. However, despite initial approval for a dedicated resource to lead this work, a diversion of resources to other priority areas including emergency planning and development of a UK and NI Antimicrobial Resistance Action Plan meant work was paused in 2017 following consideration of a request to do so by the Department's Chief Medical Officer. Despite the lack of resource to bring forward public health legislation in NI, the Department along with other Devolved Governments, sat on the PFRB and were key partners in developing the draft Pandemic Influenza (Emergency) Bill (the draft UK Pandemic Flu Bill) described below, work which commenced around the same time as the Department's work on a Public Health Bill was paused. Work on the Pandemic Flu Bill also took into consideration measures to address gaps in the Public Health Act (Northern Ireland) 1967 that would be relevant in the event of an influenza pandemic affecting NI.

102. The legislative workstream was established at UK level under the auspices of PFRB in summer 2017 and aimed to address one of the four key learning outcomes demonstrated by Exercise Cygnus '*the introduction of legislative easements and regulatory changes to assist with the implementation of the response to a worst-case scenario pandemic should be considered'.* This PFRB workstream took forward work on preparing a draft UK Pandemic Flu Bill. The aim of the draft Bill was to ensure that the UK Government and Devolved Administrations (DAs) had considered and developed, so far as possible, a range of options for relaxing legislative requirements or invoking additional temporary powers which would come into effect to support a swifter and more effective response in the event of a severe influenza pandemic. The Bill would be held in draft and fast-tracked through Parliament only in the event of a future pandemic.

103. The Department, through high level stakeholder engagement, sought to ensure relevant provisions for NI were in place. The Department engaged in a targeted way with relevant partners and stakeholders. The draft Bill provided a menu of options to be used in an emergency situation. These were intended to be measured and proportionate and to protect society as a whole.

104. This work proved critical during the emergence of SARS-CoV-2 as the draft Bill was the prelude to the Coronavirus Act 2020. Receiving Royal Assent in March 2020, the Coronavirus Act 2020 contained legislative measures to provide the Department and other Executive departments in NI with the necessary emergency powers to act in a rapid and effective way to deal with the evolving and severe pandemic.

105. The 1967 Act did not provide regulation making powers equivalent to the main provisions of Part 2A of the Public Health (Control of Disease) Act 1984 for England and Wales, or similar legislation in Scotland. Therefore, the provisions included in Section 48, Schedule 18 of the Coronavirus Act 2020, sought to replicate the main provisions of Part 2A of the Public Health

(Control of Disease) Act 1984 for England and Wales to provide similar regulation making powers for NI with a view to achieving a level of legislative parity across the four nations of the UK. The provisions temporarily amended the 1967 Act to allow the Department to bring forward proposals for regulations to the NI Assembly that would allow for measures to be introduced to help delay or prevent further transmission of SARS-CoV-2 virus. These provisions were subsequently used to make the The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021, The Health Protection (Coronavirus, Wearing of Face Coverings) Regulations (Northern Ireland) 2020 and The Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2021

UK PFRB Moral and Ethical Workstream

106. The aim of this workstream was to build on the previous work undertaken by the Committee on Ethical Aspects of Pandemic Influenza (CEAPI) and to provide Government with the tools to ensure the response to an influenza pandemic was informed through engagement with experts on moral and ethical issues. In October 2019 the PFRB established the Moral and Ethical Advisory Group (MEAG) to consider learning from Exercises Cygnus. Membership of MEAG was drawn from across the UK and consisted of experts and advisers who could inform government on the development of policies and response plans on moral, ethical and faith considerations both in advance of, and during, a pandemic. The MEAG based its decision making on the ethical framework for policy and planning developed by MEAG's predecessor the CEAPI and published in 2007 [INQ000191134]. The Department of Justice in NI nominated a NI representative to this group in 2020 and it met throughout the Covid-19 pandemic, providing advice to the Department of Health & Social Care (DHSC).

107. In parallel the NI CMO commissioned a Covid-19 HSC Clinical Ethical Ethics Forum to develop guidance to assist clinical decision-making during the pandemic period, in particular should situations arise when demand for clinical care exceeded resources available. Membership was drawn from existing Trust Clinical Ethics Committees and others with relevant expertise. The Covid-19 Guidance for Ethical Advice and Support Framework [INQ000188778] was issued to the service in June 2020, with an easy read and plain version becoming available. The Covid-19 Clinical Ethics Forum was re-established in July 2020 with a wider membership base to become the HSC Clinical Ethics Forum with a mandate to support Trust Clinical Ethics Committees, improve training and awareness of ethical issues in clinical decision-making and advise the Department on policy.

UK PFRB Communications Workstream

108. Preparing for, responding to, and recovering from an influenza pandemic depends significantly on co-operation and coordination across all Governments. An effective mutual communications strategy that positively engages each of the four UK nations is key before and during a pandemic. Building on the development of the UK Wide Pandemic Influenza Communications Strategy (2012), work to refresh the UK Communications Strategy became a major strand of preparations under the PFRB cross cutting programme. In collaboration with the health departments from across the Devolved Administrations (DAs) and key partners across HSC and the Executive, the Department led and coordinated the development of a Northern Ireland Action Plan for inclusion into a more comprehensive UK-wide pandemic influenza health-focused communications strategy. While work to finalise the overall UK wide plan paused in preparation for EU Exit, the Northern Ireland Action Plan [INQ000188779], intended for use by all relevant NI Departments' communications teams, the Department, and the relevant communications teams in Arm's Length Bodies (ALBs) within the Health and Social Care (HSC) system in Northern Ireland, was provided to the DHSC (Whitehall) for inclusion in the communications Strategy.

Excess Deaths Working Group

109. The Department was invited to the first meeting of the NI Excess Deaths Working Group (EDWG) in September 2017. The EDWG was established and led by the Department of Justice to develop a detailed operational plan to help manage the impact of an excess deaths scenario in Northern Ireland arising from pandemic influenza. The group was made up of representatives from NI Executive Departments and Agencies. One of the main aims was to develop practical clear concise operational guidance relating to burials and cremations. The Department provided information on the death certification and registration process in Northern Ireland. DoJ fed into the UK PFRB workstream for excess deaths as well as into the CCG(NI) sub-group.

Pause of PFRB in 2018

110. Work on EU Exit preparations meant that resources were diverted from pandemic influenza preparations in 2018 with PFRB Board meetings paused between November 2018 and November 2019. The PFRB met for the last time in January 2020 while the NI sub-group last met in October 2020. The PFRB was replaced with the Pandemic Disease Capabilities Board (PDCB) which met for the first time in July 2021. An NI PDCB sub-group, jointly chaired by the Department and TEO, was established shortly after.

PIPP Countermeasures

111. The Pandemic Influenza Preparedness Programme (PIPP) was established in 2007 and is the DHSC (Whitehall) -led programme for managing pandemic preparedness with the PIPP Board overseeing the work. The main principle outlined in the 2011 pandemic influenza strategy is that the UK should adopt a "defence in depth" strategy, aimed at minimising illness and death; reducing the burden on the health service; and reducing the economic impact of a pandemic. This is to be achieved through a combination of behavioural and non-pharmaceutical measures, such as good respiratory and hand hygiene and self-isolation of patients with influenza, alongside the availability of antivirals, antibiotics and vaccine. Clinical countermeasures are a key part of the programme and the 2011 strategy confirms the need for each UK country to continue to maintain its own stockpiles and distribution arrangements for antivirals, antibiotics and vaccines.

112. Below the PIPP Board is the Clinical Countermeasures Management Board (CCMB) which is chaired by UKHSA (previously PHE) with membership from the Devolved Administrations (attended by the Head and Deputy head of EPB from the Department). This Board oversees procurement, management and storage of clinical countermeasures required to respond to a pandemic via a range of contracts. Part of the stockpile is held on a 'Just In Case' (JIC) basis with PHE/UKHSA maintaining arrangements for further provision of stock on a 'Just In Time' (JIT) basis. When procuring stockpile products, processes are in place to ensure that they meet the required specification/quality.

113. CCMB identifies the PIPP stockpile products and required volumes to be held based on expert and scientific advice provided by groups such as New and Emerging Respiratory Virus Threats Advisory Group (NERVTAG), Advisory Committee on Dangerous Pathogens (ACDP), and the Joint Committee on Vaccination and Immunisation (JCVI). The Department provides input as well as providing the necessary approvals and funding for the NI contribution to costs to ensure PIPP stockpiles are held in line with expert advice.

114. The National Pandemic Flu Service (NPFS) is a UK-wide mechanism to support the distribution of anti-viral medication in the event of an Influenza Pandemic. Its key role is to relieve pressure on Primary Care arrangements. It enables symptomatic people to be able to receive information in relation to their symptoms (using an agreed clinical algorithm) and to access anti-viral medication over the phone or internet when it is no longer practical for all those with symptoms to be individually assessed by a doctor or other prescribers to access antiviral medicines. The Department contributes to the NPFS which comprises an online and telephony self-assessment service. The Department, along with other stakeholders, participate in annual system-testing to provide assurance to the NPFS Operational Preparedness Board that the applications and

services can be mobilised within the agreed timescales and that where manual processes remain, these can be executed successfully.

115. The Department was also represented on the Pandemic Specific Vaccine Project Board to establish an Advanced Purchase Agreement (APA) contract to enable procurement of a Pandemic Specific Vaccine (PSV) for influenza. This provided the UK with reserved production capacity for enough PSV doses for the entire UK population and to be available within four to six months of an influenza pandemic outbreak. Northern Ireland contributes financially to the APA on an annual basis.

116. The Department leads on arrangements for storage, management, cycling and distribution of the NI held countermeasures. The Department has established contracts and agreements for the storage and distribution of PIPP stockpile and work closely with partners including Regional Pharmacy, Public Health Agency and Business Services Organisation to maintain the stockpile.

117. Emergency planning arrangements for medicine stockpiles are managed by the Department in conjunction with pharmacists, public health consultants and emergency planners from SPPG, PHA and the Regional Pharmaceutical Procurement Service (RPhPS) based at Northern HSC Trust. This includes ensuring that pandemic medicines are stored and distributed in accordance with all regulatory requirements, cycled to HSC organisations appropriately to minimise waste and that antiviral distribution arrangements for pandemic flu are functional and tested.

Operation Yellowhammer (2018/19) – Planning

118. Operation Yellowhammer was the UK Government's codename for planning for a 'no deal' exit from the EU. The Cabinet Office-led planning included cross-government emergency planning both at UK and NI level, impacting across the Department and HSC providers. As part of its Yellowhammer preparations, in 2018 the Cabinet Office established a 'C3' workstream referring to Command, Control and Co-ordination of a response to a disorderly exit from the EU. The workstream included consideration of information management and flows, resourcing, security and resilience, planning, training and exercising. The C3 model was derived from existing civil contingencies emergency management frameworks across UK government and the devolved administrations. In NI, TEO led on coordinating C3 work plans, establishing a cross-government C3 group to lead on Yellowhammer plans. This group continued to meet through the Covid-19 pandemic and in 2021 was formalised as a working group that supports Civil Contingencies Policy Branch (CCPB) in TEO in the coordination of civil contingency arrangements as part of the CCG(NI) network. Further information is included under 'Part 3: Institutional Learning' (see

paragraphs 132-135). A Concept of Operations (ConOps) was developed to describe how the C3 structures would operate in order to manage the impacts of civil contingencies emergencies.

Mass Casualties

119. Conventional accidents, public health emergencies (such as outbreaks of infectious diseases), Marauding Terrorist Attacks (MTAs, previously Marauding Terrorist Firearms Attacks) or the accidental or deliberate release of chemical, biological, radiological, or nuclear (CBRN) material might all cause incidents with mass casualties. While the probability of some of these events may be considered low, their impact could be significant. Following a number of terrorist attacks across Europe, the Department published the Health and Social Care Mass Casualties Incidents: A Framework for Planning Strategic Guidance for HSC in March 2018 [INQ000188780] This framework provides guidance and policy to assist NI HSC organisations to plan for a major incident of extremely serious proportions, involving potentially large numbers of casualties (i.e. casualty numbers that are beyond the capacity created by the local implementation of major incident plans), or other major disruptive challenges to the delivery of health care, regardless of the cause.

120. In 2017 the Department requested the HSCB and PHA to develop (i) a Mass Casualty Plan for Northern Ireland on behalf of the wider HSC in conjunction with all the relevant stakeholders and (ii) mutual aid arrangements for a mass casualty response. The Emergency Planning leads in the PHA and HSCB led the development of this plan and it involved the establishment of a Task and Finish Group chaired by the PHA Director of Public Health and the HSCB Director of Performance and Corporate Services. The Department's Emergency Planning Branch, BSO, NI Blood Transfusion Service, NI Critical Care Network, NI Trauma Network and HSC Trusts (including NI Ambulance Service) participated in this Task and Finish Group, along with Primary Care and Social Care directorates within the HSCB. The work focused on building capacity and resilience across key specialities; continuity of services; logistics including access to equipment and blood products; patient tracking and documentation; and mutual aid including cross border cooperation. The plan involved the development of HSC Trust Casualty Capability Charts, and the creation of capacity across the HSC system to support the mass casualty response to a terrorist incident involving large numbers of casualties with traumatic injuries.

121. At the instigation of this work, the Department issued a draft Mass Casualty Framework in order to assist HSC colleagues in the development of their Mass Casualty Plans. The finalised framework was issued in 2018 with the HSC plan finalised shortly after. Regional planning for a health response to a mass casualty incident was consolidated in a regional Mass Casualty Training

Exercise in December 2017 which built on a five month project of joint planning, training and shared learning with colleagues from Manchester and Public Health England. Participants in the exercise were those organisations involved in the Task and Finish Group referred to at paragraph 120. A de-brief from the exercise known as 'Exercise REVLIS' was held between HSCB/PHA and BSO in January 2018 which captured lessons identified and observations and strengths. This report, as well as learning received from the HSC Trusts involved in the Exercise was shared with the Department in May 2018.

122. As a result of the Mass Casualty Planning a number of meetings were held between HSCB, PHA and DoH with colleagues from the Health Service Executive (HSE), Ireland to discuss collaboration in the event of a mass casualty incident in terms of mutual support. These meetings were led and chaired by the PHA and involved the HSE Assistant National Director for Emergency Management, the HSE National Emergency Management lead for Acute Hospitals, the HSE Emergency Management Officers from the Eastern and Western Regions, and a representative of the RoI Department of Health. As part of Business as Usual a memorandum of understanding (MOU) is in place between the Northern Ireland Ambulance Service (NIAS) and the National Ambulance Service (ROI) for mutual support routinely and at times of pressure. NIAS also have an arrangement in place as part of a national agreement with the Scottish Ambulance Service to provide mutual aid for cross cover with control rooms. This is a buddy support arrangement where each provider links with another provider.

123. During May 2019, the HSC Mass Casualty Plan [INQ000188781] was further tested at Exercise 'EMERGO' delivered by Public Health England and facilitated and held at Belfast HSC Trust. This dynamic 'live casualty' exercise was funded by HSCB, and HSCB was also represented at the Exercise, along with the Department, all HSC Trusts, and a wide range of key stakeholders involved in the development of the HSC Mass Casualty Plan. The attendance list for the EMERGO training event advises of the stakeholders involved. A copy of the Silver Debrief report from Exercise REVLIS is provided [INQ000188782]. The attendance list for the EMERGO training exercise is also provided [INQ000188783].

124. Alongside this work and specifically in relation to MTAs, a capability gap analysis exercise was carried out in Northern Ireland in line with the National Risk Assessment and the UK 2016 planning assumptions. The findings of the gap analysis identified that NI Ambulance Service (NIAS) did not have the capability to respond to an MTA incident in NI in line with national protocols. Following a Home Office workshop event to determine the level of overall UK preparedness, planning for development of an NI MTA response commenced and NIAS developed proposals to deliver an appropriate MTA response in 2017. Enhancements included upgrades to

equipment and expansion of full time Hazardous Area Response Team (HART) capabilities during 2018, including additional recruitment and a HART officer to be available 24/7. All enhancements were implemented by March 2018 and NIAS contribute to the Core Standards Framework annually (see paragraphs 68-76) to provide assurances that MTA/HART capabilities remain compliant.

PART 3: INSTITUTIONAL LEARNING

125. The Department places emphasis on the importance of training and exercising both on a national and local level. Throughout the period in question the Department engaged in training and exercising both internally and on a multi-agency basis at both a UK and regional level and in a range of roles including organising, participating and observing. The training and exercising were designed to test the Department's plans for responding to a variety of incidents including pandemic/infectious disease outbreaks, mass casualty and marauding terrorist incidents. Multi-agency partners in NI included other NI Executive Departments, local government, PSNI, Ministry of Defence (MoD) and Maritime and Coastguard Agency (MCA) as well as health partners in NI and on a UK basis. Generally, participation in training and exercising would lead to a review or revision of core documents such as the ERP, desk aids and Standard Operating Procedures. Loggist training was delivered regularly to EPB staff and volunteers from across the Department by a UK-based training and information company. Log keeping is recognised by the Department as a critical role during an emergency response with loggists responsible for ensuring key decisions are recorded. Some specific examples of training and exercising have already been referred to above or are noted in the sections below e.g. Operation Yellowhammer, Exercise Cygnus, and mass casualty training.

126. Throughout the period in scope a number of events took place in NI which required bespoke multi-agency planning e.g. the G8 Summit in Enniskillen (2013); World Police and Fire Games in Belfast (2013); and the Golf Open in Portrush (2019). Although health organisations were not in the lead on planning for these major events, Departmental officials and HSC representatives participated in planning and ensured that HSC plans were in place. For example, Exercise Atticulus (May 2013) tested communications, information flows and activation of specific plans (such as surge capacity, business continuity and establishing Mass Prophylaxis Centres) in advance of the G8 Summit.

127. The Department did not participate in the following exercises which appear to have been organised to test responses in healthcare in England: Exercise Valverde (2015), Exercise Northern Light (2016), Exercise Typhon (2017), Exercise Broad St (2018), Exercise Cerberus (2018) or Exercise Pica (2018).

128. The Department was invited to participate in Exercise Alice in 2016 but did not attend. It should be noted that it is not unusual for representatives from NI not to attend exercises which are designed to test processes, systems and responses in England (as opposed to UK).

129. The Department participated in Exercise Winter Willow in 2007 however this pre-dates the Department's electronic records management system and searches have not resulted in locating information in relation to this exercise.

130. Since the Covid-19 pandemic TEO have commenced a NICS-wide Learning and Development programme aimed at developing emergency planning and EOC arrangements across Departments. EPB will seek to ensure that this programme extends to training of SCS staff.

131. The Department and HSCB participated in a number of exercises undertaken within the NI HSC system in respect to readiness and preparedness during the period under review. This included involvement with the PHA and HSC Trusts in the development of a patient pathway i.e. how a patient progresses through healthcare services including diagnostics, decision to treat, treatment and ongoing care for possible presentation of patients at HSC Trust emergency departments with viral haemorrhagic fever (including Ebola Virus Disease)[INQ000188785]. This was developed in response to the emergence of Ebola in Sierra Leone in 2015. This plan was reviewed, revised and updated following a further outbreak of Ebola in Dominican Republic in 2018 [INQ000188786]. Again, HSCB worked with PHA and the HSC Trusts on the development and sharing of this pathway with key stakeholders.

Operation Yellowhammer Exercises

132. Northern Ireland participated in the UK national C3 exercises for Operation Yellowhammer which had been established to manage the 'no deal' EU Exit related issues and impacts. As part of the operation, TEO led a comprehensive programme to validate the NI C3 arrangements. TEO's Civil Contingencies Policy Branch (CCPB) worked in conjunction with the Emergency Planning College (EPC) and the NICS Centre for Applied Learning (CAL) to devise and deliver role-based training for Emergency Operations Centre (EOC) staff. The training programme commenced in January 2019 with Yellowhammer Induction training, both in-person and online and was followed by role specific training, and Exercise Internal Prepare, a control-post exercise run by TEO to test NICS EOCs. TEO also led NI participation in Exercise Yellow Rehearse, the Cabinet Office-led exercise held in October 2019.

133. In addition to the preparations led by TEO, the Department's EPB also developed and delivered training to its cohort of 63 volunteers in order to deal with any disruption to the delivery of health and social care services in Northern Ireland. This included role-based training and familiarisation sessions for working in an EOC as well as training in Resilience Direct, the UK's secure web platform for exercising, planning, response, and recovery which was to be used to share information. In addition, the Department hosted a table-top exercise in February 2019 which was attended by Departmental representatives and HSC colleagues from PHA, HSCB and Trusts. The Department developed desk aids for EOC staff and reviewed its existing EOC Standard Operations Procedures (SOP) [INQ000188787]. In addition, the Department attended multi-agency table-top exercises in NI and participated in UK exercises including Exercise Tiamat, led by DHSC (Whitehall).

134. Although the Yellowhammer training and exercising was not directly linked to pandemic planning it had the benefit of helping to clarify process, roles, and responsibilities for emergency response within the Department and meant the Department had a cohort of recently trained staff who were able to assist with the response to the Covid-19 pandemic from the outset, and in particular to resource the Department's EOC during the initial phase of the Covid-19 response. In addition, the development of core documents such as desk aids and SOPs proved crucial during the Covid-19 response as they served as a template to be adapted as the response progressed.

135. A 'lessons learned' [INQ000188788] exercise conducted by the Department in June 2019 concluded that overall, staff who had worked in Health Gold felt that the planning and preparations for EU Exit had gone well. Departmental contingency plans had received commendation from the Cabinet Office, and the C3 structures had been sufficient to mount an effective response during the exercises. It was also considered that relationships with colleagues in DHSC (Whitehall) and other devolved administrations had been strengthened, and the future resilience of the Department to respond to a health and social care emergency, whether EU Exit related or not, had improved.

Exercise Causeway Alpha (2018)

136. Following a complete turnover of staff in Emergency Planning Branch during 2017/18, Emergency Planning College (EPC) were engaged to train and guide EPB and PHD staff who were new to their roles. This commenced with an introduction to the role and functions of an EOC before completion of a guided exercise examining the Department's response to a mass casualty incident. Lessons identified from the exercise were considered as part of the redraft of the ERP, published in 2019. Arising from the engagement with the EPC was a recommendation to organise

decision loggist training which also took place in 2018. The relationship with EPC continued with additional training on exercising plans and debriefing arranged for March 2020 but this was ultimately postponed due to the pandemic outbreak. This training eventually took place in November 2021. Between 2018 and 2020, Departmental staff attended training arranged as part of Operation Yellowhammer.

Strategic Emergency Crisis Management training (2018)

137. EPB staff arranged and delivered training, facilitated by Emergency Planning College, for Departmental Senior Civil Servants to prepare for their role as a member of a Strategic Cell and to participate in Health Gold should this be required. This training was organised in conjunction with EOC familiarisation to ensure both levels strengthened the capability of the Department to respond to a crisis in which there are health and social care consequences. Participants were expected, by the end of the course, to explain how the multi-agency emergency management and response is directed and co-ordinated; to analyse emergencies and identify the strategic challenges, priorities and issues; to create and maintain shared situational awareness in order to define the strategy, strategic aim and the objectives of the multi-agency response; to make justifiable and appropriate decisions as part of a multi-agency team in a variety of exercises and to represent the organisation as effective members or chair of a Strategic Cell. Feedback on the training was positive with attendees indicating that their understanding and skills in relation to emergency response had increased.

Mass Casualty Exercise December 2017

138. As noted in paragraph 121, a major regional mass casualty exercise was led by PHA in 2017. The plan was further tested in 2019 during an 'Emergo Train' exercise, organised by the Belfast Trust and facilitated by PHE. The Emergo Train System (ETS) is a simulation system used for education and training in emergency and disaster management. It is used worldwide and can test and evaluate incident command system, disaster preparedness, the effect on the medical management system and resilience within an organisation.

Exercise Cygnus and Exercise Cygnet (August 2016)

139. Exercise Cygnet was a discussion-based exercise which was part of the build up to Exercise Cygnus. The Exercise was delivered by PHE's Exercises Team with support from UKG Departments, Department for Communities and Local Government (now Department of Levelling up Housing and Communities) and DHSC colleagues. DAs were invited to the exercise as

observers and the Department's Head of Emergency Planning Branch attended the event. The Exercise's aim was to provide an opportunity for colleagues from the health and social care sectors to consider the national, strategic response to a pandemic influenza outbreak ahead of broader Cygnus play in October 2016 (see paragraphs 88-92). Following Cygnet, a number of key issues around assurances and preparedness, mutual aid arrangements, managing public expectations and resources were identified from a NI perspective and helped to inform our wider participation in Exercise Cygnus.

Impact of EU Exit on pandemic planning and preparedness

140. In line with the scale up of EU Exit related work that took place across government to focus on planning and preparing for EU Exit, both 'deal' and 'no deal' scenarios, the Department moved resource to focus on EU Exit. Work on the UK PFRB programme was paused in November 2018, The Programme Board did not meet again during 2019 and met for the final time in January 2020, as the Covid-19 pandemic response then took priority. Work of the NI PFRB sub-group was similarly paused. Some elements of EU Exit preparations created additional public health and system resilience such as improved emergency response capability as a result of training and exercising of staff across the Department as part of Yellowhammer. This generic emergency response preparation placed the Department in a stronger position to activate the ERP, and to set up and staff the EOC in the early stages of the Covid-19 pandemic.

Impact of EU Exit on medicines and medical supplies

141. In August 2018 officials from the Department joined the DHSC (Whitehall) led Medicines Supply Contingency Planning Programme, established to mitigate risks to the continuity of medicines supply across the UK arising from EU Exit. Through this programme a multi-layered approach to continuity of supply was implemented in the UK, including stockpiling, trader readiness, rerouting shipments, securing additional freight capacity, and developing enhanced UK-wide arrangements for managing medicines shortages.

142. In January 2019, the UK Medicines Shortage Response Group (MSRG) was established and has met fortnightly since then, with additional ad hoc meetings called if urgently required. Northern Ireland is represented on this group by the Chief Pharmaceutical Officer's team and the NI Medicines Shortages Team based at the Regional Pharmaceutical Procurement Service in Northern HSC Trust.

143. The local management of shortages is overseen by the Northern Ireland Medicines Shortages Advisory Group (NIMSAG), established by the Department in September 2019. NIMSAG has since met on a fortnightly basis aligned with meetings of the UK MSRG.

Northern Ireland Protocol

144. In January 2021, DHSC (Whitehall) established a NI Protocol Programme Board to provide a coordinated approach to the continuity of medical supply into NI. Departmental officials attend these meetings which continue to meet as required. In addition, a Department led European Union (EU) Exit/Northern Ireland (NI) Protocol Programme was established in July 2021 and meetings ran until 23 September 2022.

145. Medical supply issues relating to EU exit and the NI protocol were monitored with updates provided from October 2020 to August 2022 to the Department's Top Management Group (TMG). Department officials provided the Health Committee with updates on EU Exit transition and the NI Protocol between 17 September 2020 and 16 December 2021.

146. In the context of preparedness and communications, representatives from the Department's ALBs attended meetings with Departmental officials and were updated on issues relevant to the HSC related to EU exit and the implementation of the NI Protocol. These meetings took place at regular intervals from October 2020 to January 2022.

147. The Department has not undertaken any analysis or other exercise to determine the impact on our pandemic response caused by the EU Exit.

Collapse of the NI Executive

148. The restoration of the NI Executive on 11 January 2020 involved the appointment of a new Minister to the Department, just before the start of the Covid-19 pandemic. This restoration followed a hiatus of three years when the Department had operated without a Minister due to the collapse of the previous NI Executive. The Department has not undertaken any analysis or other exercise to determine the impact on our pandemic response caused by the absence of the NI Executive. However, in the period leading up to the pandemic, there were a range of general consequences for the Department arising from the fact that there was no Minister in place. The consequences included: the limited ability to take major decisions, to instigate new policy directions or make primary and certain secondary legislation; the policy and financial uncertainty and constraints on opportunities to act on cross-cutting issues.

149. The extent of the exercise of functions in the absence of Ministers from 2017 to 2020 was determined by relevant Court judgements and by the provisions of the Northern Ireland (Executive Formation and Exercise of Functions (EFEF)) Act 2018. The exercise of civil contingencies planning functions by the Department was not affected by the absence of Ministers during this period. No civil contingency policy matters arose during that period for consideration by the Executive. In 2017 in response to Storm Ophelia, CCG(NI) was called and chaired by the then Head of the Civil Service, David Stirling. However, there were no instances of the activation of the arrangements in NICMMA being brought into operation.

North South Ministerial Council

150. The North South Ministerial Council (NSMC) was established under the Belfast/Good Friday Agreement (1998), to develop consultation, co-operation and action within the island of Ireland. The Health Council met to make decisions on common policies and approaches in areas such as accident and emergency planning, co-operation on high technology equipment, cancer research and health promotion. Cross-border emergency planning such as mass-casualty mutual aid arrangements was discussed on occasion by NSMC e.g., when approaching EU Exit. Further detail on the mass-casualty cross-border engagement is set out at paragraph 122.

PART 4: PUBLIC HEALTH SERVICES AND RESOURCES

Public Health

151. The Department of Health does not have operational responsibility for the day-to-day provision of public health services in NI. Within the HSC(NI), the Public Health Agency has a health protection role which entails the prevention and control of communicable disease and other dangers to health and wellbeing, including those arising out of environmental or public health grounds or arising out of emergencies. The role of the PHA is set out in the Framework document (paragraph 24) which in turn is informed by the Health and Social Care (Reform) Act (Northern Ireland) 2009 which established the PHA (known in the legislation as the regional agency for public health and social wellbeing). As per the framework document, the Department has a role in setting the wider policy and legislative environment in which the PHA operates. It also has an oversight and monitoring role regarding the level of preparedness of the PHA to manage infectious disease outbreaks.

Infectious Disease Outbreaks

152. Where an infectious disease outbreak presents no immediate risk to the population of NI, the PHA leads on surveillance and communication working in partnership with HSC Trusts and other Health and Social Care organisations as appropriate. An Early Alert system operates for the Department to be notified if there is an outbreak of greater concern, for example relating to children, or where urgent regional action is required. In this scenario, the Department and PHA will work in partnership with other organisations if necessary, for example local councils, the NI Environment Agency or Food Standards Agency and ensure that all required action is being taken.

153. Where an outbreak presents a significant risk to population health in Northern Ireland (as determined through a structured risk assessment), emergency response arrangements including Health Gold may be activated. Decisions relating to activation of emergency response arrangements will be informed by the level of risk and the expected level of response required to mitigate and manage the risk(s) identified. For example, during the Zika Virus outbreak in 2015/16, Northern Ireland did not have the mosquitoes that transmitted Zika virus and therefore the risk to the NI population was related to travel to and from infected areas. The PHA's Health Protection Service, working closely with colleagues in the former Public Health England, monitored the situation and advised on all appropriate actions required in Northern Ireland. The PHA wrote to all GPs and HSC Trusts in December 2015 and February 2016 alerting them to the spread of Zika virus and asking them to ensure that travellers, especially pregnant women, received appropriate advice and that clinicians were aware of the symptoms in returning travellers.

154. Middle East Respiratory Syndrome Coronavirus (MERS Co-V) first emerged in Saudi Arabia in 2012 with a small number of travel-related cases presenting in the UK in 2012/13 and 2018. A significant outbreak occurred in South Korea in 2015 but the risk of infection from MERS-CoV in the UK remained very low and there continued to be no travel restrictions or special precautions for the public or travellers returning from the Middle East or South Korea. The Chief Medical Officer reminded all staff of the need for vigilance and to ensure that rigorous infection prevention control procedures were in place, as for any infectious disease.

155. The protocol for both Zika Virus and MERS Co-V was and still is that Public Health England (now UKHSA) alerts PHA by email of any International Health Regulations (IHR) events that occur. These alerts are an important source of information and intelligence for the PHA.

156. The Northern Ireland Infectious Disease Incident/Outbreak Plan 2018 [INQ000191133] developed by the PHA in liaison with the Department is based on the most up-to-date guidance available on leading and managing an incident or outbreak. It was developed as part of the

implementation of the recommendations arising from the Regulation and Quality Improvement Authority (RQIA) Review of Outbreaks of Pseudomonas aeruginosa in Neonatal Units in Northern Ireland. The outbreak, linked to contaminated tap water affected the Western, Belfast, Northern and Southern Trusts and resulted in the death of four babies in neonatal units in 2011/12. As the outbreak affected more than one Trust, Health Silver was set up and provided daily Situation Reports (SitReps) to the Department, but it was not considered necessary to stand up the Department's EOC. Having recently managed the H1N1 pandemic, EPB were able to provide advice to HPB on managing the flow of information and establishing a SitRep process to ensure information was properly collated and could be used to inform decision-making and communications.

157. Building on the weekly meetings between PHA and CMO Group established during the Covid-19 pandemic, bi-weekly Public Health Incident meetings are held in which the CMO, DCMOs and Health Protection policy colleagues are briefed by the PHA Director of Public Health and senior PHA colleagues both on current outbreaks and emerging concerns with a strong focus on infectious disease incidents.

Antimicrobial Resistance (AMR)

158. The emergence and spread of organisms that are resistant to existing antibiotics and other antimicrobials is one of the most serious and pressing global threats to health and healthcare. Antimicrobial Resistance (AMR) requires a strategic, integrated, inter-agency and inter-disciplinary response covering human health and healthcare, agriculture, the food chain, veterinary medicine, and the environment. Antimicrobial resistance can make infections much more difficult to treat. Being prescribed a single course of antibiotics increases a person's chance of acquiring resistant bacteria. If the use of antibiotics remains unchecked, common infections will become more dangerous. Antimicrobial-resistant infections already cause illness and death, and disrupt care in hospitals. Reducing the use of antibiotics where they are not necessary now will help keep antibiotics working in the future. In recognition of this, the Department (then the Department of Health, Social Services and Public Safety) published a five-year Strategy for Tackling Antimicrobial Resistance (STAR 2012-2017) in 2012.

159. The tasks of preventing and reducing antimicrobial resistant infections, and reducing antimicrobial consumption are led at a policy level in Northern Ireland by the Department's Strategic Antimicrobial Resistance and Healthcare-associated Infection (SAMRHAI) group, which includes representatives responsible for animal and environmental as well as human health. For translating policy and strategy into action for human health, the Public Health Agency leads a multi-

agency group, the Healthcare-associated Infection and Antimicrobial Stewardship Improvement Board, which has a number of themed subgroups that are responsible for regional efforts to reduce harm from antimicrobial use and resistance in different settings. One of the key objectives of STAR 2012-2017 was "to establish and maintain systems to monitor antimicrobial usage and surveillance of resistance". The annual "Surveillance of Antimicrobial Use and Resistance in NI" Report produced by PHA, under the auspices of the Improvement Board, is a product of the systems that have been established in response to this goal.

160. During 2018/19, the Department completed the development of a One Health five-year action plan to address the threat of AMR in Northern Ireland. The five-year AMR Action Plan 2019 - 2023 for Northern Ireland is linked to the UK 20-year Vision and a five-year UK Action Plan and was launched in May 2019. SAMRHAI was paused during the pandemic through lack of capacity but was reconvened in January 2023 with the intention of meeting every six months. This multi-agency group is co-chaired by the Chief Medical Officer and Chief Veterinary Officer and is tasked with overseeing implementation of the 2019-2024 NI Action Plan on AMR and will oversee the development of the NI implementation plan for the next five-year UK-wide National Action Plan.

Departmental Resources

161. The bulk of emergency planning is coordinated by a small branch (7-8 team members), Emergency Planning Branch. Prior to Yellowhammer there was an expectation that colleagues in Population Health Directorate would provide back-up to Emergency Planning Branch (EPB) in an emergency. During Yellowhammer, staff from across the Department were trained to work in the Emergency Operations Centre, providing much needed support to PHD. This list of trained volunteers from across the Department was crucial to staffing of the EOC during the initial period of response to the Covid-19 pandemic in 2020 and will be maintained to enhance Departmental preparedness for future emergencies requiring Health Gold activation. During the Covid response, a total of 52 staff were involved in working in the EOC, which operated for 12 hours per day (plus out of hours cover), and seven days per week during the surge. The EOC scaled up and down its hours in accordance with requirements.

Funding for Pandemic Preparedness Clinical Countermeasures

162. During the period 2015-2020 the Department allocated revenue and capital budget to support pandemic and civil contingencies preparedness which includes contributions to UK-wide preparedness initiatives as well as costs specific to NI. Examples of expenditure consist of

contribution to the National pandemic Flu Service, purchase of clinical countermeasures and associated consumables and PPE.

163. The outturn on emergency preparedness has fluctuated annually to reflect the expiry profile of the PIPP stockpile and cost of replenishment to agreed targets as well as disposal and one-off cost such as establishment of the Department's EOC. The table below details the actual cost incurred against the pandemic preparedness budget for the 5 years immediately preceding the emergence of Covid-19.

Year	Pandemic Preparedness Outturn
19-20	5,032,458
18-19	3,565,252
17-18	2,666,620
16-17	3,581,349
15-16	2,117,904

EOC Relocation

164. In 2014 a recommendation was made to TMG to relocate the Department's Emergency Operations Centre (EOC) which had been located in the Castle Buildings lecture theatre and which was deemed unsuitable owing to poor lighting, lack of mobile phone signal and the inability to restrict access as the room was situated in a main thoroughfare. The room also lacked appropriate equipment, being set up with furniture designed for meetings instead of workstations and with whiteboards for manual completion instead of electronic equipment to record actions and a Common Recognised Information Picture (CRIP). This recommendation in relation to relocation was reiterated following Exercises Cygnus in 2016 and Alpha in 2018. In 2018, precipitated by the need to plan for a no-deal exit from the EU and utilising funding made available for these preparations, the Departmental library was vacated and the EOC was relocated there following a refurbishment to upgrade lighting and air-conditioning as well as installation of IT equipment and workstations which facilitated information-sharing and situational awareness. The refurbishment was completed in 2019 with the new facility tested during Operation Yellowhammer and ready for use in January 2020 to manage the response to Covid-19.

Grants

165. EPB provides a small grant to the British Red Cross (BRC) for their emergency/contingency planning work. As the leading provider of first aid and emergency response in Northern Ireland and an auxiliary to the government, BRC has a key responsibility in supporting the emergency services in attending and responding to all major incidents, security alerts and severe weather events. This includes provision of Red Cross volunteers, equipment and vehicles. BRC works with multi-agency partners to support development of community emergency plans and identify and assist the most vulnerable. They have been mobilised with increasing frequency to support emergency services and local communities during everyday emergencies such as incidents of missing persons, fire and security alerts, flooding and severe weather which continue to be recognised as the primary risk in Northern Ireland, UK and Europe. In response to this common pan national risk, British Red Cross in Northern Ireland is committed to working in and with communities to build preparedness for any future flooding events.

PART 5: COOPERATION AND ENGAGEMENT WITHIN NORTHERN IRELAND

166. The Northern Ireland Civil Contingencies Framework 2011 outlines the external entities which the HSCB and other HSC organisations worked with in terms of preparedness and response to emergencies. All NI public service organisations are required to discharge their civil contingencies under this framework (updated 2021). In the main the Department worked with other government Departments through its participation at a regional level in groups such as CCG(NI) and C3, and with HSC through groups such as HEPF and NIPFOG, referred to in more detail above.

167. HSCB worked at sub-regional and local level with relevant parties as included in the 2021 Framework, namely representatives from government departments, local councils, and a wide range of other multi-agency organisations. This included representatives from government departments such as Education, Agriculture and Rural Development, Employment and Learning, Finance and Personnel, Environment, Justice, Regional Development, Social Development, local councils, as well as PSNI, NI Fire and Rescue Service, NIAS and the Maritime and Coastguard Agency. Further the HSCB was a member of the Belfast Emergency Preparedness Group which was chaired by Belfast City Council and whose membership included: local HSC Trusts, emergency services and local government departments, as well as groups such as NI Water, NI Electricity, BT, NI Housing Executive, Translink, Phoenix Gas, and the Met Office. The remit of the Belfast Emergency Preparedness Group, (which was originally established in 2005 under the name of the Belfast Resilience Forum), is to agree in advance how the multi-agency organisations will work together in emergency planning, response and resilience.

Across the UK

168. In addition to the dedicated meetings to discuss specific issues such as pandemic planning and countermeasures, described in earlier sections of this statement, e.g., via PFRB and CCMB, regular meetings took place on a four-nation basis to discuss policy and operational issues, the former with emergency planning representatives from DHSC, Scotland and Wales and the latter with NHS(E), Scotland and Wales.

169. The Health Protection Committee and Health Protection Oversight Groups provide opportunities for the four UK nations to work together to progress a broad health protection agenda and the Department and PHA are represented on both.

170. Following the main JCVI meetings which take place three times a year, four-nations vaccination policy meetings are arranged to discuss vaccination and immunisation issues. In addition to this, public health officials from the PHA meet with their counterparts across the UK to discuss operational issues arising from vaccination programmes. Meetings also take place on an ad-hoc basis to discuss new and emerging threats and these were rapidly expanded in response to the emerging Covid-19 pandemic.

171. The Department established the Vaccination and Immunisation Policy (VIP) group in 2010 to consider all vaccination and immunisation issues recommended by JCVI and any other vaccination and immunisation issues specific to Northern Ireland. This includes childhood vaccines, seasonal flu vaccines and vaccines for a pandemic, both pre-pandemic and pandemic specific. The group is chaired by the Head of Vaccination and Screening policy branch (previously chaired by the Head of Health Protection) and includes relevant stakeholders from across the Department, including SPPG, the regional pharmaceutical procurement service and the lead consultant on vaccination from the PHA. Meetings are arranged to occur after the three main JCVI meetings which are held in February, June and October.

With the Republic of Ireland and Internationally

172. Engagement takes place at a tactical and operational level with colleagues in the Republic of Ireland via fora such as the Cross Border Emergency Management Group (CBEMG) which was established in 2014 to increase co-operation between all the statutory agencies involved in emergency management within the border counties of Northern Ireland and Ireland. As stated in paragraph 122, meetings were held between the HSCB, PHA and DoH with colleagues from the

Health Service Executive in Ireland to discuss mass casualty planning and an MoU is in place between NIAS and the National Ambulance Service for mutual support.

173. TEO, in conjunction with PSNI and local government, lead on resilience, planning and preparedness at a sub-regional and local level. Multi-agency sub-regional civil contingencies work is discharged via five sub-regional civil Emergency Preparedness Groups (EPGs) based on location. The Department is not routinely represented on these groups which were instead attended by HSC organisations including PHA and Trusts.

174. The British-Irish Council was established as part of the Belfast / Good Friday Agreement in April 1998. The membership of the British-Irish Council comprises representatives from the Irish Government; UK Government; Scottish Government; Northern Ireland Executive; Welsh Government; Isle of Man Government; Government of Jersey and Government of Guernsey.

The British-Irish Council's objectives are wide-ranging. It was established to:

- further promote positive, practical relationships among the people of the islands; and
- to provide a forum for consultation and co-operation.

175. The British-Irish Council meets primarily in two formats – bi-annual summit meetings with Heads of Administrations and work sector meetings of Ministers and of officials. The Department of Health in Northern Ireland is represented on the drugs and alcohol work sector, which is chaired by Ireland. This work sector has been in place for many years and continued to meet in the absence of NI Ministers.

Expert Bodies

176. The role of expert bodies and professionals is covered in detail in M01/DOH/CMOCSANI/1. Groups such as NERVTAG (New and Emerging Respiratory Virus Threats Advisory Group) and ACDP (Advisory Committee on Dangerous Pathogens) are expert committees of DHSC (Whitehall) that provide advice which help to inform decision-making in relation to policy development and decision-making.

177. Several professionals are employed by the Department to provide independent, specialist advice in their field including medical, pharmacy and nursing and this expertise is also used to inform policy development and decision-making both in 'prepare' and 'response' phases.

PART 6: LESSONS LEARNED AND FUTURE RISKS

178. After any response it is good practice to carry out a review into how well an incident or risk was handled, to establish any learning or areas for improvement. Many of the lessons identified from incidents or training and exercising have already been covered in earlier sections of this statement, including Exercise Cygnus. Below is some additional information on lessons including a report on the Emergency Operations Centre handling of the first wave of the Covid-19 response.

H1N1 pandemic influenza lessons

179. In March 2009 the Department published the Northern Ireland Contingency Plan for a Health Response for an Influenza Pandemic. [INQ000188789] This document described the Department's strategic approach to and preparations for an influenza pandemic and provided general information on the likely impact and some of the key assumptions for use in response planning. The document aimed to guide and support contingency planning and preparations for pandemic influenza in health and social care organisations.

180. In April 2009 the first cases of new swine influenza A (H1N1) virus were confirmed in Mexico and the USA with the Department's EOC activated shortly after to facilitate communication and coordination of the Department's response in the face of the emerging threat. The first confirmed case of H1N1 influenza in Northern Ireland occurred in May. Rates of infection in NI were much lower during the early months of the pandemic compared with hotspots of infection in other parts of Great Britain.

181. At the time, the health service in NI had just undergone major restructuring, adding to the challenges as new organisations sought to manage the response. Despite this, a 'lessons learned' review [INQ000188790] published in November 2010 pointed to the many successes in managing the pandemic response which it concluded were characterised by well organised plans and strategies in the Department and across the HSC system. The review also pointed to good leadership and clearly defined roles as contributing to the response. While the number of cases was less than expected, the pandemic presented a valuable learning opportunity and handling of the response produced many long-term benefits for the Department.

182. Significant learning was taken from the pandemic both internally for the Department and how it organised itself as well as for the wider HSC system in relation to issues such as the use of data, surveillance, implementation of a new vaccine, investment in training and effective communications to both HSC and the public. The lessons from the H1N1 pandemic, in conjunction

with the Hine Review [INQ000188791] contributed to the Department's revised ERP. For example it reflected the new roles and responsibilities brought about by changes to the HSC landscape post April 2009 and established formal on-call arrangements [INQ000188792], [INQ000188795], [INQ000188796]

Ebola Virus Disease – Lessons

183. The Ebola outbreak in West Africa in 2013 was declared a Public Health Emergency of International Concern (PHEIC) by the World Health Organisation (WHO). The outbreak was the largest of its kind and cases were recorded in the UK as well as other European countries and the USA. Whilst there were no confirmed cases of Ebola in NI, a number of measures were put in place to mitigate against importation of disease and to deal with repatriation of UK residents exposed to the virus overseas.

184. Health Protection Branch (HPB) has policy responsibility for infectious diseases and led preparations in the Department, supported by colleagues from EPB. A range of protocols were developed in conjunction with PHA including patient care pathways, monitoring of returning healthcare workers as well as advice for a range of professions such as funeral directors, immigration officers, education authorities and police. A major regional exercise (Exercise Gueckedou) led jointly by the Department and PHA was held in October 2014 to review local preparedness and response arrangements to the presentation of a suspected Ebola case at a hospital in Northern Ireland. A post-exercise report contained a number of recommendations, many of which were specific to managing Ebola but also more general recommendations such as that the Department put in place arrangements for a telephone helpline and that staff in all HSC organisations should be aware of their organisations' emergency response plans. In addition, a Departmental 'lessons learned' exercise was conducted in 2015 to inform handling of future infectious disease outbreaks.

Preliminary Lessons from operation of emergency response structures during Covid-19

185. The DoH EOC was activated on 27 January 2020 in response to the emerging threat of what came to be known as the Covid-19 pandemic. The EOC formally stood down on 12 August 2020. Lessons were identified in relation to the operation of the EOC. A total of 52 staff were involved in working in the EOC, which operated for 12 hours per day (including out of hours cover), and seven days per week during the surge. The EOC scaled up and down its hours in accordance with requirements.

186. Following stand-down of the EOC, EPB established a review team to engage with key stakeholders to examine the EOC's effectiveness internally as well as how it interfaced with the NI Hub and HSC Silver. Two separate questionnaires were developed: one online survey for all staff who had completed a shift in the EOC and one questionnaire which was sent to key staff who had interacted with the EOC including Departmental policy leads and senior staff as well as the NI Hub1 and HSC. There was also a debrief session for core EOC staff including press office and senior medics. The overall themes explored were:

- Incident response
- Strategic and policy/subject-specific cells
- Communication
- Governance
- People and skills

187. The scope of the findings in the Lessons Learnt Report range from 27 January to 30 July 2020. A total of 20 lessons and recommendations were identified during the review period [INQ000188797]. The majority of the lessons identified were around early engagement with key partners on situational awareness as the emergency evolved and establishing good communications internal and external to the Department, specifically in establishing effective reporting rhythms and developing accurate, timely and relevant Situational Reports from HSC and Departmental ALBs. Other lessons covered training, resources and defining responsibilities for managing PPE during a pandemic, including when and how the emergency stockpile is used. These lessons and recommendations have all been considered by the Department's Emergency Planning Branch and have been incorporated into the next iteration of the Departmental Emergency Response Plan, which is currently in progress.

188. In July 2020, the HSCB organised and facilitated a debrief of Health Silver for Surge 1 of the Covid-19 Pandemic. This debrief was facilitated in order to inform the overarching Departmental debrief and was shared with the Department in September 2020. The debrief took place over two sessions: session one being the 'contain' phase which had been led by PHA and related to the early detection of cases, follow up of close contacts and prevention of the disease taking hold in the country. Session two was the 'delay' phase (which related to response in slowing the spread of the disease and lowering the peak impact) had been led by HSCB. Representatives from the three organisations that make up Health Silver attended both sessions. The event was facilitated

[1] The NI Hub is the enhanced information fusion centre run by TEO. Its aim is to centrally coordinate information during an emergency response, across all NI Departments and key partners, providing situational awareness to enhance decision making at all levels, primarily the Civil Contingencies Group.

by the Emergency Planning leads of PHA and the HSCB and comprised a series of questions, which were posed and then discussed with attendees. These topics included:

- Overall Management of the Incident;
- What went well and what could be changed/improved?
- Whether roles and responsibilities were clearly understood.
- Adequacy of staffing and resources adequate.
- Communication with HSC (Silver/DOH),
- Reporting (Battle Rhythm)/Meetings structure and frequency,
- Data availability/Situation Reports,
- Decision Making – Silver/Gold (to include timeliness),
- Governance- Leadership and Accountability,
- Key challenges moving forward.

189. The report on the de-brief [INQ000188798] included a series of recommendation as highlighted by Health Silver which was shared with the Department in September 2020. The recommendations included:

- The need for a Regional Information Governance and Data Access agreement;
- Reviewing the current planning assumptions to ensure they are fit for purpose – requirement to establish a clear protocol for transfer of patients who require ECMO (Extra Corporeal Membrane Oxygenation) treatment;
- Reviewing arrangements in respect of the management of the Regional PPE stockpile.

190. In addition, the CMO commissioned an 'in-flight' assessment of the Health & Social Care service coordination in response to the pandemic in March 2020 [INQ000188799], [INQ000188800], [INQ000188801] to review the Department's emergency management structures. The Top Management Group recognised that these emergency structures, which had been designed to cope with short-term emergencies, could not sustain the effective management of the HSC over the period of a long pandemic. A new business model was required to both manage the long-term emergency response to the pandemic and progressively reinstate HSC routine service delivery as the demand for Covid-19 treatment fluctuated across the pandemic waves. This assessment assisted with informing changes to HSC governance arrangements to make these as efficient as possible within the challenging situation for service delivery arising from the pandemic.

191. Work continues in regard to considering and implementing measures to improve planning, preparedness and readiness for future pandemics. Most recently national reports from the Centre for Pandemic Planning and Covid behaviours – Cross Government Impact Assessment have been drafted and are being considered by the Department's CMOG and EPB.

STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: Personal Data

Dated: 1 June 2023

Chronology

2004 Publication *The Lead Government Department and its role – Guidance and Best Practice'* by Cabinet Office (paragraph 31)

2007 Publication *Responding to Pandemic Influenza The Ethical Framework for Policy and Planning* by the Committee on Ethical Aspects of Pandemic Influenza (paragraph 106)

2007 Establishment of Pandemic Influenza Preparedness Programme (PIPP) Board (paragraph 111)

2008 Establishment of Health Emergency Planning Forum (paragraph 60)

2009 Publication *Northern Ireland Contingency Plan for a Health Response for an Influenza Pandemic* by DPSSPS (paragraph 179)

2009 Health and Social Care (Reform) Act (Northern Ireland) 2009 (paragraphs 16, 24, 26, 151)

2009 H1N1 (swine flu) pandemic (paragraphs 179-182)

2009 Publication *DHSSPS Emergency Response Plan* by DHSSPS (paragraphs 33, 35)

2010 Publication '*Northern Ireland Central Crisis Management Arrangements'* by OFMdFM (paragraph 14)

2010 Publication *1/2010 Policy Circular: Emergency Preparedness for Health and Social Care Organisations* by DHSSPS (paragraphs 50, 62, 68)

2011 Publication '*Northern Ireland Civil Contingencies Framework'* by OFMdFM (paragraph 10, 166)

2011 Publication '*A Guide to Emergency Planning Arrangements in Northern Ireland'* by OFMdFM (paragraphs 32, 39)

2011 Publication *UK Influenza Pandemic Preparedness Strategy* by Department of Health (paragraphs 81, 82, 87)

2011 Publication DHSSPS Framework document (paragraph 24, 27, 151)

2011/12 Pseudomonas aeruginosa outbreak (paragraph 156)

2012 Publication Strategy for Tackling Antimicrobial Resistance (paragraph 158)

2012 – Publication 'Role of the DHSSPS as a Lead Government Department' by DHSSPS (paragraph 32)

2013 Revised *DHSSPS Emergency Response Plan* by DHSSPS (paragraph 33)

2013 Publication *Northern Ireland Health and Social Care Influenza Pandemic Preparedness and Response Guidance* by DHSSPS (paragraphs 81, 83)

2013 G8 Summit, Enniskillen (paragraphs 47, 126)

2013 World Police and Fire Games, Belfast (paragraph 47, 126)

2013 Ebola Outbreak, West Africa (paragraphs 183-184)

2014 Establishment Cross Border Emergency Management Group (paragraph 172)

2015/16 Zika Virus outbreak (paragraphs 153, 155)

2016 Publication *Review of Public Health Act 1967* by DHSSPS (paragraph 100)

2016 Revised '*Northern Ireland Central Crisis Management Arrangements'* by ODFdFM (paragraph 14)

2016 Exercises Cygnet and Cygnus (paragraphs 88 - 92)

2017 Establishment of NI Excess Deaths Working Group (paragraph 109)

2017 Publication *National Risk Register for Civil Emergencies* by Cabinet Office (paragraphs 39, 55-58)

2017 Establishment of UK Pandemic Flu Readiness Board – four nations group (paragraph 93)

2018 Publication *Health and Social Care Mass Casualties Incidents: A Framework for Planning Strategic Guidance for HSC* by DoH (paragraph 119)

2018 Establishment of CCG(NI) Pandemic Flu sub-group – NICS group (paragraph 94-96)

2018 Establishment of NI Pandemic Flu Oversight Group – DoH and HSC group (paragraph 97)

2018 Publication '*Joint Response Emergency Plan'* by PHA, HSCB, BSO (paragraphs 44-47)

2018 Agreed draft NI Action Plan to the UK Pandemic Flu Comms Strategy (paragraph 108)

2018 Exercise Causeway Alpha (paragraph 136)

2018 SCS Strategic Emergency Crisis Management training (paragraph 137)

2018 DoH joined Medicines Supply Contingency Planning Programme (paragraph 141)

2018 Publication Northern Ireland infectious Disease Outbreak Plan by PHA (paragraph 156)

2018/19 Operation Yellowhammer (paragraph 118)

2018/19 Refurbishment of DoH Emergency Operations Centre (paragraph 164)

2019 Publication AMR Action Plan (paragraph 160)

2019 Establishment UK Medicines Shortage Response Group (paragraph 142)

2019 Establishment NI Medicines Shortages Response Group (paragraph 142)

2019 Establishment HSC Surge Plan Task and Finish Group (paragraph 141)

2019 Revised *DoH Emergency Response Plan* by DoH (paragraph 35)

2019 Introduction of Core Standards (paragraph 74)

2019 Establishment UK PFRB Moral and Ethical Advisory Group (paragraph 106)

2019 148th Golf Open championship, Portrush (paragraph 47,126)

2019 Emergo Train Mass Casualty Exercise (paragraphs 47, 123, 138)

2019 Identification of SARS CoV-2 novel virus in China

2020 Declaration of Public Health Emergency of International Concern and Covid-19 pandemic

2020 Publication *National Risk Register* by Cabinet Office (paragraph 39)

2020 Royal Assent of Coronavirus Act (2020) (paragraph 104)

2020 Publication *Covid-19 Guidance for Ethical Advice and Support Framework* by DoH (paragraph 107)

2021 Revised *Civil Contingencies Framework (2021*) by The Executive Office (paragraph 11)

2021 Formalised C3 working group – NICS group (paragraph 118)

2021 Establishment UK Pandemic Disease Capabilities Board – four nations group (paragraph 110)

2021 Establishment NI Pandemic Disease Capabilities Board sub-group - NICS group (paragraph 110)

2021 Establishment DHSC-led NI Protocol Programme Board (Paragraph 144)

2021 Establishment DoH-led EU Exit Northern Ireland Protocol Programme (paragraph 144)

2022 Publication *Emergency Planning, Policy, Governance and Reporting Changes* by DoH (paragraph 51)