

**FROM:** Name Redacted

**DATE:** 11 November 2021

**TO:** Liz Redmond

**DEPARTMENT OF HEALTH: EMERGENCY PLANNING BRANCH REPORT; A  
REVIEW OF HEALTH GOLD COMMAND RESPONSE TO SARS-COV-2/COVID-19**

**SUMMARY:**

<b>Issue:</b>	The purpose of this submission is to provide you with an update on lessons learnt from the first wave of the COVID 19 pandemic and recommendations for your consideration.
<b>Timescale</b>	The scope of the findings in the Lessons Learnt Reports range from 27 January 2020 – 30 July 2020
<b>FOI</b>	Elements of this submission may be exempt under S.35 (provision of advice / formulation of policy), subject to a public interest test.
<b>Financial Implications</b>	N/A
<b>Executive Referral</b>	N/A
<b>Recommendation:</b>	<p>That you note the background to this submission and consider the reports attached at:</p> <p><b>Annex A:</b> COVID-19 Lessons Learned – summary and recommendations, and <b>Annex B:</b> Update on progress</p>

**Introduction**

1. The DoH Emergency Operations Centre (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. The following lessons are in relation to the operation of the EOC, not the wider Departmental or HSC response. These lessons will be used to inform the next

iteration of the Departmental Emergency Response Plan and how the EOC will operate in future emergencies.

## **Background**

2. EOC staff were responsible for managing the flow of information between the Department, HSC, NI Hub and UK Governments, including Situation Reports (SitReps) and for providing input to SitReps for other organisations including the NI Hub and the Department of Health and Social Care (DHSC).
3. The Strategic Cell activated later on 11 March 2020. Chaired by CMO, it included representation from Senior Medical Officers and key policy leads from across the Department and was responsible for strategic decision-making and providing direction to the Department and to Health Silver Command,
4. 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 7 days per week during the surge. The EOC scaled up and down its hours in accordance with requirements.
5. Following stand-down of the EOC, Emergency Planning Branch (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.
6. 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 including Departmental policy leads and senior staff as well as the NI Hub 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

7. 27 responses were received from 52 questionnaires sent to the EOC, a return rate of 52%. 23 responses were received from 40 questionnaires sent to policy leads and senior staff, a return rate of 58%.
8. The findings overlap across the themes explored and are therefore not grouped accordingly. Many of the difficulties and challenges faced could be resolved with good communication both within the EOC as well as with the wider Department, HSC, NICS and beyond. A summary and recommendations are below at **Annex A** with an update on progress at **Annex B**. Where responsibility for an action lies outside EPB, i.e. with Directors of Corporate Management and Infrastructure and Investment, these have been discussed and agreed with them.
9. Since the start of the pandemic there were significant demands for legislation including the Coronavirus Act and numerous regulations for restrictions, face coverings and international travel. These were extremely resource-intensive and required small teams to work very long hours for prolonged and sustained periods. Although not a role for the EOC, the issues were raised by respondents to the questionnaire and were significant for the Population Health Directorate which was also leading the EOC.

#### **Recommendation**

10. That you note the background to this submission and consider the reports attached at:

**Annex A:** COVID-19 Lessons Learned – summary and recommendations

**Annex B:** Update on progress

**Name Redacted**

**Emergency Planning Branch**

**Copied to:**

**Name  
Redacted**

**Name  
Redacted**

## Lessons Learned Summary and Recommendations

### What went well?

- Establishment of the Briefing Cell was useful. Briefing was kept up to date and used by staff across the Department.
- Strategic Cell and establishment of policy cells was useful as were the information-sharing calls.  
*Recommendation 1: early establishment of Strategic Cell, Briefing Cell and relevant policy cells.*
- Digital response – although there were initial problems with WebEx this was soon addressed and the Department acted quickly to ensure staff had sufficient equipment and appropriate software to work from home and to attend virtual meetings.
- EOC facility – the Department's Emergency Operations Centre had been recently refurbished and equipped and staff had been trained to work in it as part of preparations for Operation Yellowhammer during 2019. Although the room does not have windows or fresh air, it was generally felt that it was a good facility and lent itself to facilitating good situational awareness. Following the introduction of working from home and social distancing an attempt was made at remote operation of the EOC. However, it was widely felt that the pace and volume of work was better addressed on site in Castle Buildings.
- Staff were advised to take regular breaks away from the EOC.
- EOC information management – filing system was clear and easy to understand. However, the sheer number of emails received meant it was not possible to name and store emails individually.
- Leadership – it was felt that there was strong, visible leadership particularly from the Minister, CMO, DCMOs and chief professionals.
- Staff response – it was generally felt that staff in the EOC and across the wider Department were professional, committed and genuinely wanted to do the right thing.
- Experience of pandemic can help to shape future training

## What didn't go so well?

- **Release of PIPP stock** – there was a sense of panic across the HSC and Independent Sector in relation to PPE and an expectation that DoH would release its entire emergency stockpile (PIPP) to BSO without appropriate justification, including items already in good stock across Trusts. There was delay in setting up a PPE cell and then confusion about the role of the PPE cell. The process improved following recommendations arising from the PPE audit conducted by Internal Audit in April 2020. There is now a template for BSO to complete for release of PIPP which has streamlined the process.  
*Recommendation 2: Roles and responsibilities for managing PPE during a pandemic, including when and how the emergency stockpile (PIPP) is used, need to be established and embedded in emergency plans*
- **Helpline** – there was an agreed process between DoH and NI Direct to establish a helpline. However, this did not work well initially with delays over set-up and staff employed through NI Direct giving incorrect information to callers. There was confusion about responsibility for producing scripts (DoH or PHA) and challenges with keeping scripts updated as advice and guidance changed frequently. The helpline then moved to NHS 111 under the Digital Cell command but it required significant resource to run and ensure appropriate public health input.  
*Recommendation 3: EPB to liaise with NI Direct re processes for standing up Helpline. CDIO Group to liaise with PHA to draw up process and agree responsibilities*
- **Resources for initial response** – at the beginning of the response, there was significant pressure on a small team of staff in the Emergency Operations Centre, Health Protection Branch, Press Office and senior medics. This team had to cover all aspects of the response including SitReps, briefing, meetings and weekend cover. There was a delay in setting up the Strategic Cell and policy cells and in providing adequate resources from across the Department.  
*As with Recommendation 1: set up Strategic Cell, Briefing Cell and relevant policy cells from the outset.*

*Recommendation 4: TMG to rapidly redeploy resources from across the Department to assist with the response including out of hours cover as early as possible.*

- **NI Hub** – the Hub stood up several weeks after the DoH Emergency Operations Centre was established and, during first response, created significant pressure on those working there. This came in the form of demands for data with unrealistic timescales; requests for DoH to respond to rumour; requests for information out of hours prior to the establishment of formal out of hours arrangements; confusion over the role of NIO who had been embedded in the Hub; demands for DoH to rearrange an already-established reporting rhythm to meet their own needs; interpretation of DoH data and information and inclusion of this in the NI SitRep without clearance through DoH; lack of feedback/DownRep on issues that had been escalated by DoH; initial confusion about the role of the liaison officer.

*Recommendation 5: at the outset Chief of Staff from DoH to meet with Chief of Staff from NI Hub to agree arrangements for reporting.*

*Recommendation 6: EPB to liaise with TEO to consider improvements to how NI Hub is organised and operated.*

- **Military aid to Civilian Authorities (MACA)** – there were processes in place between the Department, NIO and MoD but these were not clearly understood by HSC who had unrealistic expectations of the level of support that MoD would be able to provide, e.g. in relation to patient transfers. This improved following work between HSCB and Scottish Ambulance Service to set up a commercial arrangement for patient transfers from NI to GB.

*Recommendation 7: Review MACA process and ensure it is clearly understood by DoH and HSC colleagues.*

- **Gold-Silver Communications** – there were some difficulties initially with poor quality SitReps from Silver; inappropriate escalation of issues to Gold that should have been resolved at a lower level; criticism from Silver about slow decision-making by Gold. This improved over time with key adjustments to the process including: adjustment to the reporting rhythm to allow Bronze-Silver meeting to take place in the morning which in turn allowed time for the SitRep



to be QA'd; revision of the SitRep template by Gold; addition of a dedicated resource in Gold to track actions and decisions; latterly invitations extended to policy leads to attend meetings to aid informed discussion of issues and hasten decision-making.

- *Recommendation 8: the above steps to be taken to ensure appropriate resources in place at the start of a response;*
- *8.1: reporting rhythm to follow Bronze-Silver-Gold-NI Hub reporting through the day*
- *8.2: make-up of Gold and Silver to be similar with input from policy/cell leads as appropriate*
- *8.3: Gold to establish DownRep from the outset*

**SitReps** – Silver SitRep was overly long initially and included many issues that did not need to be escalated. This improved following redesign of the template and reorganisation of the reporting rhythm but there remained confusion about Silver's use of the RAG status which rated non-urgent issues red if they were not immediately cleared. The NI Hub SitRep gave a good overview of all Departments; it was not used for decision-making in DoH. However a Gold SitRep was developed and streamlined over time, from 7<sup>th</sup> April 2020, and this was well received and used daily by senior staff.

*Recommendation 9: Early engagement on Department's expectations of content and use of RAG status in SitRep.*

*Recommendation 10: Early implementation of Gold SitRep*

- **Data** – there was significant pressure on EOC and Information Analysis Directorate (IAD) staff to produce datasets in extremely tight timescales. Demands came from DHSC, Cabinet Office, NI Hub and NIO and there was little or no recognition of the difficulties in collating some of this data, some of which were completely new datasets.

*Recommendation 11: EOC Chief of Staff to hold early meetings with relevant partners seeking data and manage expectations.*

- **Departmental policy cells** – there was initial confusion about roles and responsibilities particularly in relation to decision making with too many decisions escalated.



*Recommendation 12: Cell leads to understand principle of subsidiarity in relation to decision-making and to encourage communication across cells instead of escalating through Strategic Cell.*

*Recommendation 13: Individual cells to draw up ToR defining purpose and membership. All ToR and contact details to be kept updated and published on the intranet.*

- **EOC information boards** – these contributed to situational awareness in the room but could be shared with the wider Department. Once EOC was embedded, tendency for EOC staff to become task-focused (i.e. sending emails, producing SitReps) instead of focusing on situational awareness and communication. There was some initial confusion about roles and responsibilities but this improved over time.

*Recommendation 14: Include SCS and staff from across the Department in training and exercising, including orientation in the function and interpretation of EOC information boards.*

- **Emails** – email management was a problem across the Department in terms of volume; mailbox sizes; duplication; scattergun approach to sharing and replying to emails; lack of clarity about action/response expected; and users of shared mailboxes not always including their name and contact details. This improved over time with mailbox sizes increased and more discipline in management of emails applied.

*Recommendation 15: email protocols to be drawn up and adhered to.*

*Recommendation 16: EOC staff to undertake MS Outlook training.*

- **Dual roles** – many staff were expected to respond to the pandemic as well as continue with their normal duties. This placed significant pressure and strain on key staff.

*Recommendation 17: staff in response roles to be fully released from normal duties with appropriate back-filling or suspension for key duties and the Department's business continuity plan should be fully activated with all non-essential work stood down.*

- **Training, validating and review:** Despite training from Operation Yellowhammer during 2019, at the beginning of the response there were insufficient fully trained staff to cope with the volume of information or the

pace of the pandemic. The Department must consider how it ensures that it has the capacity and capability to respond to future health emergencies and how staff training is kept up to date. All staff who were involved in the effort are to be commended for their commitment and dedication.

*Recommendation 18: EPB to arrange appropriate emergency planning training for Departmental staff to ensure skills are refreshed and structures are reviewed to take account of lessons learnt.*

- **Cleaning/social distancing** – provision of hand sanitiser was slow to EOC and other parts of the building where staff were unable to work from home. Additional cleaning was arranged by the Chief of Staff in the EOC and staff brought their own hand sanitiser until this was rectified. It was difficult to fully implement social distancing in the EOC and staff were not asked to attend in person without their consent however, it was widely felt that it was not possible to operate the response properly without a physical presence. Larger meetings took place in C3.18 conference room. Entrance to the EOC was monitored to ensure social distancing measures observed. Fortunately no cases of COVID-19 were associated with working in the EOC
- **Catering** – There was significant upset among those staff who continued to work in Castle Buildings and who were not provided with food or fresh water. Both the canteen and coffee shop were closed and the canteen was locked so staff were prevented from accessing chilled, filtered water. This created particular difficulties for those who had to work long hours and who had no time to go to shops where there were often lengthy queues. Kitchen facilities were available but could only be accessed by one member of staff at a time to comply with social distancing while water in the kitchens is lukewarm and unpleasant to drink. Staff reported feeling undervalued and forgotten about particularly as staff in the NI Hub in the same building were being provided with food deliveries every day.

*Recommendation 19: Early consideration of provision of food to staff working long and intense hours particularly in a protracted response*

- **SCS staff** – many of the key SCS staff had to work well outside their contracted hours for a considerably protracted period without any uplift in pay or leave allowances. Some staff reported feeling undervalued and stressed.

- Senior medic support staff – CMO and DCMOs were overwhelmed with meetings and emails and had to borrow staff from across the Department to assist with minute-taking and email management.

*Recommendation 20: resource senior medics with additional support staff on a full-time basis from the outset.*

## Annex B

### COVID-19 Lessons Learned and Recommendations – Update on progress

Recommendations	Lead	Progress
<b>Rec 1</b> Early establishment of Strategic Cell and relevant policy cells.	EPB	Ongoing - To be included in revised ERP and Standard Operating Procedures (SOP) and updated as needed
<b>Rec 2:</b> Roles and responsibilities for managing PPE during a pandemic, including when and how the emergency stockpile (PIPP) is used, need to be established and embedded in emergency plans	EPB	Completed – new procedures in place for release of PIPP
<b>Rec 3</b> EPB to liaise with NI Direct re processes for standing up Helpline. CDIO Group to liaise with PHA to draw up process and agree responsibilities	EPB/CDIOG	<p>Ongoing - Email correspondence with Stephen McMullan in DoF to discuss and progress.</p> <p>EPB to liaise with CDIO group to discuss future processes and responsibilities in conjunction with PHA and policy leads. To discuss again with</p> <p><b>Name Redacted</b> and will discuss further once COVID pressures are lessened</p>

<p><b>Rec 4</b> TMG to rapidly redeploy resources from across the Department to assist with the response including out of hours cover as early as possible.</p> <p>As with Recommendation 1: set up Strategic Cell and relevant policy cells from the outset.</p>	EPB	ONGOING – to be included in revised ERP and SOP
<p><b>Rec 5</b> At the outset Chief of Staff from DoH to meet with Chief of Staff from NI Hub to agree arrangements for reporting.</p>	EPB	ONGOING – to be included in revised ERP and SOP
<p><b>Rec 6</b> EPB to liaise with TWO to consider improvements to how NI Hub is organised and operated</p>	TEO	Completed – meetings were held between TEO and DoH in August 2020 and changes made to the NI Hub procedures and methods of working which resulted in a more productive relationship during the second wave in autumn 2020.
<p><b>Rec 7</b> Review MACA process and ensure it is clearly understood by HSC colleagues.</p>	EPB	To be actioned following revision of the Civil Contingency Framework – target date end October 2021.

**Commented** Review Recommendation Possibly being transferred to SPPG - work in progress

<p><b>Rec 8:</b> the above steps to be taken to ensure appropriate resources in place at the start of a response;</p> <p><b>8.1:</b> reporting rhythm to follow Bronze-Silver-Gold-NI Hub reporting through the day</p> <p><b>8.2:</b> make-up of Gold and Silver to be similar with input from policy/cell leads as appropriate</p> <p><b>8.3:</b> Gold to establish DownRep from the outset</p>	EPB	ONGOING– to be included in revised ERP and SOP
<p><b>Rec 9</b> Early engagement on Department's expectations of content and use of RAG status in SitRep.</p>	EPB	ONGOING – to be included in revised ERP and SOP
<p><b>Rec 10</b> Early implementation of Gold SitRep</p>	EPB	ONGOING – to be included in revised ERP and SOP
<p><b>Rec 11</b> EOC Chief of Staff to hold early meetings with relevant partners seeking data and manage expectations</p>	EPB	ONGOING – to be included in revised ERP and SOP
<p><b>Rec 12</b> Cell leads to understand principle of subsidiarity in relation to decision making and to encourage communication across cells instead of escalating through Strategic Cell</p>	EPB	To be included in revised ERP and training for senior staff to be included in EPB Business Plan for 2022/23.
<p><b>Rec 13</b> Individual cells to draw up ToR defining purpose and membership. All ToR and contact details to be kept updated and published on the intranet.</p>	EPB	ONGOING – to be included in revised ERP and SOP
<p><b>Rec 14</b> Include SCS and staff from across the Department in training and exercising.</p>	EPB	Training for senior staff to be included in EPB



		Business Plan for 2022/23.
<b>Rec 15</b> Email protocols to be drawn up and adhered to.	EPB	ONGOING – to be included in revised ERP and SOP
<b>Rec 16</b> EOC staff to undertake MS Outlook training	EPB	Training is available through CAL. Suggestion for training included in ERP and SOP.
<b>Rec 17</b> Staff in response roles to be fully released from normal duties with appropriate back-filling for key duties and the Department's business continuity plan should be fully activated with all non-essential work stood down	EPB	ONGOING – recommendation to be included in ERP
<b>Rec 18</b> EPB to arrange appropriate emergency planning training for Departmental staff to ensure skills are refreshed and structures are reviewed to take account of lessons learnt.	EPB	ONGOING – To be included in EPB business plan and carried out every 1-2 years
<b>Rec 19</b> Early consideration of provision of food to staff working long and intense hours particularly in a protracted response	Director of Resource & Corporate Management Group	ONGOING – recommendation to be included in ERP
<b>Rec 20</b> Resource senior medics with additional support staff on a full-time basis from the outset	Director of Corporate Management	Completed Wording added to ERP and agreed with the of the Corporate Management