

## **UK COVID-19 INQUIRY**

**Before the Right Honourable Baroness Hallett D.B.E.**

### **OPENING STATEMENT IN MODULE 2C**

#### **Made on behalf of the Department of Health**

1. This is an opening statement, made on behalf of Northern Ireland's Department of Health, referred to as 'the Department'.
2. The purpose of this opening statement is to outline the evidence that has, and will be given in respect of the systems, structures, and processes relevant to the Department's response to the pandemic in Northern Ireland.
3. At the outset of Module 2C, the Department would like to say that it expresses its deepest sympathies to all those who suffered and lost loved ones in the pandemic. The Department offers its sincere condolences to all those who were bereaved as a result of Covid-19 and extends its sympathy to the wider public who suffered as a result of the far-ranging effects of the pandemic. The disruption and grief caused by Covid-19 is ongoing, and the Department recognises that its effects are still being felt.
4. The Department acknowledges the huge burden that Government guidance placed on individuals and families, particularly in respect of the restrictions that led to the isolation of loved ones who were unwell or dying. The people of Northern Ireland bore this burden with the utmost dignity and selflessness.
5. The Department understands that the Inquiry has asked for a written submission ahead of the oral opening statement, and the Department wishes to use this medium to clearly state that it is for the betterment of our citizens that we welcome the opportunity for the Inquiry to examine the decision making and political governance in Northern Ireland during the Covid-19 Pandemic.
6. The Department's overriding priority during the pandemic was always to protect Northern Ireland's citizens from the virus, to minimise the loss of life, and to support efforts to contain the spread of the virus. The loss of life - and the individuals and families affected - must remain at the forefront of everyone's thoughts throughout this Inquiry.

7. The Department also wishes to again praise the bravery, commitment and professionalism of health and social care workers across Northern Ireland.
8. Further, the Department repeats its thanks to those who responded to the pandemic. These thanks are extended to all those who worked in hospitals, care homes and the community, members of the charity and volunteering sector, staff in the Department and throughout the Northern Ireland Civil Service, as well as every individual who observed the laws and guidance that the government introduced to suppress the virus, which saved lives and bought vital time for vaccines and treatments to be developed.
9. The Department is fully supportive of this Inquiry process and stands ready to learn lessons on foot of this Inquiry. The Department wishes to acknowledge the delays which have occurred in the timely provision of Departmental responses to this Inquiry, and the frustration this has caused. The Department apologises for these delays, and emphasises that they were in no way due to any lack of commitment or respect for these proceedings. As already acknowledged by the Inquiry, the Department of Health does not have comparable resources to those of the UK Government, and the Department's participation as a core participant in two other ongoing public inquiries has created competing deadlines.
10. The Department is also a core participant in several Modules in this Inquiry, including this Module 2C. As a public body, the Department understands the responsibility it owes to the Inquiry and to the people of Northern Ireland, and it will continue to support the Inquiry's work in any way it can.
11. Module 2C will consider the core political and administrative decision-making in relation to the Covid-19 pandemic between early January 2020 and May 2022 in Northern Ireland. In particular, the Inquiry will examine (*inter alia*) the decision-making of key groups and individuals within the Department between early January and late March 2020 when the first national lockdown was imposed. Module 2C will examine the core political and administrative decision-making by the Devolved Administration in Northern Ireland in response to the pandemic. Accordingly, the Department understands that the purpose of this Inquiry will be to ascertain Northern Ireland's preparedness for and response to the Covid-19 pandemic, the impact of the pandemic, and the lessons to be learned.
12. The Department welcomes the Inquiry's examination of its decision-making. The scrutiny that comes with such an examination may sometimes be

uncomfortable, but the Department recognises its importance to ensure that Northern Ireland will be best prepared for any future emergency.

13. The Department is conscious that the wider public may not know what the Department is or does, or its role in the overarching framework of the government of Northern Ireland. This opening statement, therefore, contains a brief introduction to the Department, to explain its roles, particularly those relevant to this Module of the Inquiry. Health in Northern Ireland is a devolved matter, and so it was our local Executive which was responsible for core decision-making in the response to the pandemic in the health sector in Northern Ireland.
14. For a wider audience outside Northern Ireland, it should be noted that the healthcare system in Northern Ireland is fundamentally different from the NHS elsewhere in the UK, and to this end, it is apposite to clarify some important aspects of the structure of the Department and the health and social care system in Northern Ireland.
15. The Department's key statutory responsibilities arise on foot of the Health and Social Care (Reform) Act (Northern Ireland) 2009. These core responsibilities are to promote an integrated system of health and social care, to secure improvement in the physical and mental health of people in Northern Ireland; in the prevention, diagnosis and treatment of illness; and in the social wellbeing of people in Northern Ireland. Accordingly, the Department is responsible for health and social care legislation and policy and is the Lead Government Department for responding to the health consequences of emergencies. It was in this role, that the Department assumed responsibility for the health response to the Covid-19 pandemic.
16. The Department is headed by a Permanent Secretary, who during the pandemic was Mr Richard Pengelly. The role of the Permanent Secretary in the Department is to act as the Principal Accounting Officer and the Principal Adviser to the Minister for Health. The newly appointed Minister for Health when the pandemic occurred was Mr Robin Swann, MLA. The roles of the Chief Medical Officer and Chief Scientific Advisor are explained in detail in their respective witness statements to the Inquiry; however, it is worth reiterating that both are accountable to the Minister of Health and the Permanent Secretary in the Department of Health. Their respective roles are

to provide independent professional advice to the Minister of Health and whilst accountable to the Minister, their professional advice remains independent of political consideration or influence. Further, it should be noted that the Professor Young was the CSA for the Department alone, and not for the government of Northern Ireland. Additionally, the role of Professor Sir Michael McBride, as CMO, is unlike that of his counterpart in the UK, whose duties are performed in a separate and external office to the department of health. The position of CMO in Northern Ireland sits within the Department.

17. Another important aspect of the Department's structures is that, until April 2022, it had 17 Arm's Length Bodies. These Arm's Length Bodies helped the Department achieve its objectives. However, in March 2022, one of those Arm's Length Bodies, the Health and Social Care Board, was dissolved, and its functions were transferred, in the main, to the Department. Those functions now largely reside within the newly established Strategic Planning and Performance Group (SPPG) in the Department. The exception is for Social Care and Children's functions, which were placed directly upon Health and Social Care Trusts.
18. The functions of the Department and its Arm's Length Bodies are often referred to by the umbrella term "Health and Social Care (HSC)", and similarly, reference is made to Arm's Length Bodies as being "HSC bodies". The Department believes that it is important to note that these terms are colloquialisms, and "HSC" is used as shorthand for the health and social care system in Northern Ireland. There has never been an organisation called "Health and Social Care Northern Ireland". Whilst Arm's Length Bodies are accountable to the Department, it is emphasised that they are separate legal entities.
19. In giving this high-level overview of the Department, it should be noted that organisationally the Department believes that it had a clear internal structure, all of which worked together to provide a level of protection and emergency response to the people of Northern Ireland, which was consistent with elsewhere in the UK.
20. Following the introduction of the Civil Contingencies Act in 2004, the NI Civil Contingencies Framework was first published in 2005 by the Office of the

First and deputy First Minister (which has been known as The Executive Office (TEO) from 2016). An updated version of the Framework was published in 2011. Despite the Framework not being a statutory instrument, it is implemented in the same way as if it was legislation. The Framework required the Department to maintain, review and update its Emergency Response Plan.

21. TEO is responsible for leading civil contingencies preparedness and response, as well as the non-health pandemic planning and the wider consequence management in Northern Ireland, including the management of excess deaths. TEO is also responsible for co-ordinating both health and non-health advice to the Northern Ireland Executive, to assist Ministers in making decisions which are cross-cutting in nature.
22. The TEO Civil Contingencies Policy Branch chairs the Civil Contingencies Group Northern Ireland (CCG(NI)) whose membership comprises all of the NI Departments and relevant Arm's Length Bodies and Agencies. CCG(NI) is responsible for: providing strategic leadership and corporate governance in relation to civil contingencies preparedness at a regional level; overseeing the delivery of a cross cutting work programme to enhance resilience across the public sector; sharing key information on civil contingency risks and preparedness; participating in the effective delivery of the Northern Ireland central crisis management arrangements (known as NICCMA), and; reporting to Ministers. This affords Northern Ireland the same level of protection and emergency preparedness as elsewhere in the UK.
23. The Department undertakes emergency preparedness and planning on an ongoing basis, to maintain readiness to respond to any emergency with health and social care consequences. As part of the Department's responsibility for leading the health response to a pandemic, it participated in UK-wide Pandemic influenza planning, as well as participating in working groups and UK governance structures, and a range of activities to test and exercise plans. Consequently, the Department has been able to benefit from lessons learnt and revise the Department's Emergency Response Plan.
24. When the World Health Organisation declared the Coronavirus outbreak as a 'Public Health Emergency of International Concern' in January 2020, it became rapidly apparent that Covid-19 would challenge the existing

emergency response mechanisms globally, as well as locally in Northern Ireland.

25. The rapid spread of the virus also highlighted the importance of cooperation across the UK and further afield, and the sharing of information, which the Department carried out with its counterparts in the Republic of Ireland. The Department and HSC organisations activated their Emergency Response Plans, and followed the command-and-control structures, systems and processes (which had previously been put in place) in order to manage the response.
26. The experience of the pandemic has highlighted that the timely exchange of information and coordination of measures between the devolved administrations, to assist in containing the spread of the virus, was a crucial element for an effective and coherent response.
27. The Department benefitted from the dedication of civil servants, personnel in Arm's Length Bodies, and front-line HSC workers, who all worked tirelessly to manage and overcome the pandemic. Nevertheless, the Department recognises there are lessons to be learned, and hopes that the Inquiry will help identify these lessons, to ensure it is better prepared for the future.
28. In this, Module 2C, the Inquiry's focus will be on the Department's role in Northern Ireland in government decision making and political governance in response to the pandemic. The Department has provided evidence to the Inquiry in a wide range of areas, including how decisions were made to be able to increase capacity for diagnosing, laboratory testing, and procedures for testing and contact tracing, in consequence of the implementation and adaption of their preparedness plans.
29. This opening statement can only allude to the level of detail that has been provided in preparation for this hearing in the form of numerous documents and witness statements lodged with the Inquiry by several key professionals. For this module alone, the Department has provided 13 statements to the Inquiry. The Department's Corporate Statement runs to 527 pages, which has been underpinned by the 33,000 documents disclosed by the Department. The scale of the Department's input to the Inquiry in this module not only demonstrates its commitment to assisting the Inquiry, but also illustrates the

enormity of the task that was undertaken by the Department during the pandemic in Northern Ireland.

30. Throughout the pandemic the Department worked closely with health authorities and government departments across the UK and Ireland, to significantly contribute to the general understanding of how the virus spread, to assist in controlling its further spread, and in providing support as necessary.
31. It is noted that additional funding was provided from the UK Government to assist in addressing the challenges of the pandemic. In circumstances such as the pandemic, the inescapable reality is that smaller administrations, like Northern Ireland, will inevitably need to look to the more extensive resources in other parts of the UK to help it react in a timely way.
32. Furthermore, the Department would wish it to be understood that all the decisions required of the devolved administration were taken locally by Executive Ministers on advice from the NICS. The size of Northern Ireland and its bespoke political structure underpinned the way decisions had to be taken for Northern Ireland which, at times may have differed from other parts of the UK. The Minister for Health was significantly assisted by the CMO, Professor Sir Michael McBride and the CSA, Professor Ian Young, to advise the NI Executive how best to make optimal health decisions in response to the pandemic. In making these decisions, the Department and the Health Minister were guided by how decisions were impacting the health of Northern Ireland citizens, and what was in their best health interests.
33. The evidence submitted by the Department has shown how learning occurred throughout the pandemic. This learning was, in part, because of increased and evolving scientific understanding of the virus, its transmission, disease severity and development and persistence of immunity. Through these first stages, there were improvements in Northern Ireland's response to the pandemic, because of increased availability of testing; improvements in pandemic modelling; improved understanding of individual and population behaviours, and how they were influenced by modelling; by the development of vaccines and their rapid deployment; and by the impact of non-pharmaceutical interventions (including contact tracing and isolation)

and novel therapeutic treatments. These various developments informed policy, and appropriate responses.

34. A brief reference should also be made about the preparations Northern Ireland had undertaken for a no-deal EU Exit. Whilst these preparations undoubtedly diverted focus away from specific pandemic preparedness planning (as was the case for all four nations of the UK), on the positive side, the many aspects of additional emergency planning training, improvements in the resilience of supply chains, and the preparedness to manage the potential consequences meant the necessary arrangements for dealing with any emergency situation had been recently tested. The advantages from this approach included local and regional increased buffer stocks and stockpiles for medicines and medical devices/clinical consumables, and the enhanced multi-agency command and control training, undertaken across all NI Government Departments and multi-agency responders. These EU Exit preparations also helped to finalise the development of a dedicated and bespoke Departmental Emergency Operations Centre facility, and clarify processes, roles, and responsibilities for emergency responses within the Department. This also 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.
35. While it is fair to say that no-one could reasonably have anticipated the scale of the challenges caused by the pandemic, or anticipated the various steps necessary to prevent our health and social care system from being overwhelmed, nonetheless, there are important lessons for the future. The Department is motivated to ensure that there is longer-term horizon scanning to identify future risks, in tandem with actively building future capacity and capability to identify and respond to those possible future risks.
36. Undoubtedly, managing a pandemic on this scale is the most significant challenge for any government – and it was particularly difficult for a newly formed Executive, after three years with no government. The Department has identified several disadvantages arising from the lack of an Executive in Northern Ireland in the years preceding the pandemic. Despite this, the Department's exercise of civil contingencies and pandemic planning functions was not affected by the absence of Ministers.

## Conclusion



37. The Department recognises that the Inquiry is uniquely placed to identify learnings and recommendations that should help shape future responses. It is for these reasons that the Department places the utmost importance on this Inquiry.
38. As such, the Department reiterates its firm commitment to this Inquiry and stands ready to assist in any way it can.
39. Given the potential for another pandemic, it is essential that lessons are identified and fully learned across health and social care and all parts of Government.

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