

The Witness Name: Professor Sir

Michael McBride

Statement No.: **M2C-**

Exhibits:

Dated: 22/03/2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF PROFESSOR SIR MICHAEL MCBRIDE

I, Professor Sir Michael McBride, will say as follows: -

1. I, Professor Sir Michael McBride, Chief Medical Officer for Northern Ireland, make this statement in response to the request from the UK Covid-19 Public Inquiry (“the Inquiry”) dated the 24 January 2024 under Rule 9 of the Inquiry Rules 2006 (SI 2006/1838), requiring the Department of Health hereafter the referred to as the Department to provide the Inquiry with a witness statement in respect of specified matters relating to scope of Module 2C. I have prepared this statement as a personal statement and to reflect the corporate response of the Department with respect to the guidance and advice provided on deaths during the Covid-19 pandemic.

2. A particularly distressing aspect of the pandemic response, with undoubted significant emotional and psychological consequences for those bereaved, was the introduction of measures necessary to reduce the risk of transmission of infection associated with the remains of deceased persons and funeral services and burials. The associated guidance and regulations had significant impact on the cultural and spiritual rituals and religious rites associated with the marking of respect for the deceased and the normal expression of condolences and support to those bereaved. Every effort was made to keep the associated guidance and regulations under regular review to ensure a proportionate and balanced approach, recognising the need to balance the risks of infection with the significant adverse human impact on those bereaved and grieving. Despite these efforts I recognise that these measures and restrictions were extremely distressing and for some this may sadly have exacerbated the normal grief reaction at the loss of a loved one. That this was the case was deeply regrettable.

3. In preparation of this statement, I have sought and had the benefit of liaising with and receiving input from the Head of the Death Certification Policy and Legislation Branch (DCPLB) who presented the Northern Ireland Government position at the weekly meetings between the UK Cabinet Office and the funeral sector, and the Medical Advisor to the branch (Dr Julian Johnston). The DCPLB was one part of the Quality, Safety and Improvement Directorate under my command, and hence, I am making this statement. Given the complexity and pace of events, the significant number of key decisions made, and advice provided, with the passage of time it is inevitable that some of my recollections may be incomplete. The input of the Head of DCPLB and the Medical Advisor has helped prompt my recall of events as they occurred and the changes in guidance as they were made. I have also considered the written records available to me where my recollection was less clear. In all these instances I have indicated where that this is the case, however in all instances the recollection of events are my own.

4. From early April 2020, the UK Cabinet Office set up twice weekly meetings initially with representatives of each of the devolved administrations liaising with representatives of the funeral sector including funeral director and cremation associations and faith groups. The purpose of these meetings was to provide updates on the position across the UK. Both the Head of the DCPLB and the Medical Advisor were part of the subsequent "Cell" I requested to be established to provide guidance and advice on death during the Covid-19 pandemic. In preparing this statement and others, I have also necessarily reviewed documentation generated by this "Cell" and others which I would not have had sight of or reviewed at the time unless the issue had been escalated to the Strategic Cell for action or decision. I have covered this in paragraphs 6 - 11 below.

5. Prior to the pandemic, as CMO, I co-chaired (along with the Registrar General for Northern Ireland) the Death Certification Steering Group which oversaw improvements to the existing death certification and registration processes in Northern Ireland. This steering group which was established on 22 August 2008, included cross departmental representation with membership from the Department of Finance (DoF) with responsibility for the General Register Office, the Department of Justice (DoJ), with responsible for the Coroners Service NI and the Department for Communities which had and continues to have responsibility for burial and cremation policy).

6. The primary focus of this group was to consider reforms to the existing death certification and registration process. This included the introduction of an Independent Medical Examiner system to scrutinize deaths, a concept that was being considered across the UK at that time. It was decided however that reforms (detailed in paragraph 7) should be put in place initially before the Independent Medical Examiner concept could be further considered, as it was felt there was a need for a mechanism to enable a review of deaths to take place in a timely manner without causing delay to funerals and further distress to families given the cultural traditions and practice in NI for funerals, burials and cremations to take place normally within days of the death of a loved one.

7. In order to make progress, the Department agreed to lead co-ordination across the policy responsibility of other departments, and the Death Certification Policy and Legislation Branch (DCPLB), within the Chief Medical Officers Group (CMOG), took forward this work to ensure the implementation of improvements across the system. Reforms included the addition of the certifying doctors' name and their General Medical Council (GMC) number on the Medical Certificate of Cause of Death (MCCD), enhanced training for students at Queens University of Belfast Medical School, and the development of an extensive range of guidance documents to assist medical practitioners following a death. It further included the development of the Regional Mortality and Morbidity Review system (RM&MRs) to ensure all hospital deaths were electronically recorded and subject to a multi-disciplinary team review to identify any learning for the future. This work was progressed with the agreement of Ministers in respective departments with responsibility for the various aspects of policy and legislation with respect to death certification, registration, burials, and cremation.
[MM/XX: INQ000458706 (DoH Ref: MMcB/0500)].

8. This work sought to provide enhanced assurance to families following the death of a loved one on the cause of death and to improve the quality and accuracy of MCCD data which is important for statistical and public health policy purposes, as it identifies the major causes of morbidity and mortality, and any changes over time, which in turn indicates progress or areas for further policy development and intervention.

9. In addition, the DCPLB was responsible for the development of policy and prototypes for an Independent Medical Examiner system in Northern Ireland. With the introduction of the RM&MRs on the Northern Ireland Electronic Care (NIECR) system, all hospital

deaths have an electronic MCCD, and a clinical summary of the period just prior to death, available for viewing by an independent senior clinician immediately the MCCD has been completed. This has allowed the Department to conduct a prototype Independent Medical Examiner service, reviewing a percentage of deaths in hospital. Further prototypes are being considered to help identify the full implications of introducing a statutory Independent Medical Examiner Service for Northern Ireland in the future. It is my professional view that the establishment of this independent scrutiny of deaths in hospital and in the community is essential to ensuring continuous learning, improvements in care ensuring patient safety and in maintaining public confidence.

10. Following the activation of “Health Gold Command” on 9 March 2020, which I have addressed in paragraphs 47 to 52 in my first M2C-CMO-01 statement, a specific “Cell” to develop and provide guidance on deaths and funerals during the Covid-19 pandemic was established. While I will not repeat here matters covered in relevant paragraphs in my first M2C statement, in summary the activation of Health Gold is the most significant response level available to the Department. It is reserved for emergencies when the Department is responsible for leading and coordinating the health response for an emergency that has been categorised as Serious (Level 2) or Catastrophic (Level 3 - the highest level), requiring a cross-departmental or cross-governmental response. This involved the activation of the Emergency Operations Centre (EOC) to manage information flows; producing situation reports (SitReps) and maintaining a watching brief of the incident particularly through monitoring SitReps from Health Silver arrangements led by the Health and Social Care Board (HSCB), the Public Health Agency (PHA) and the Business Services Organisation (BSO) and the Northern Ireland Fire and Rescue Service (NIFRS).
11. The full activation of the Health Gold arrangements on the 9 March 2020 saw the establishment of the Health Gold Strategic Cell which I chaired by exception unless otherwise engaged and then delegated to a member of the Department’s Top Management Group (TMG). The activation of the Strategic Cell saw the establishment of multiple subject-specific Cells (Groups) focusing on specific areas of response to the pandemic reporting to and supporting me as CMO and Chair of the Strategic Cell. As described in my first statement to Module 2C of the Inquiry, the principle of subsidiarity applied within each Cell, with the Cell being largely responsible for responding to the impact of the pandemic in its specified service delivery and or policy area and in addressing matters raised by Health Silver. As such, each of the Cell

leads [Exhibit MM/11 **INQ000103633**] provided key leadership to areas of the response and support to me.

12. All of this required the ability to respond to new and complex emergent issues through the development of new processes, guidance or policy. Where necessary, such matters were escalated to Health Gold Strategic Cell. Following the establishment of the Strategic Cell on 9 March 2020, DCPLB was given responsibility by myself to consider and deal proactively with all issues relating to deaths that might arise during the pandemic as I recognised this was likely to involve extremely sensitive and complex matters given cultural and faith-based traditions in Northern Ireland. The branch was relatively small and comprised of 4 Departmental officials - 1 Principal Officer (Mr David Best, Head of branch), 2 Deputy Principals and a part-time Medical Advisor (see paragraph 14 below). Once established on 9 March 2020, the Cell which effectively became eponymously known as the “Deaths Cell”, as a shorthand for ‘death certification policy and legislation branch cell’ which was too unwieldy to use in everyday conversation, (henceforth in this statement referred to as the “Cell”), reported effectively directly to me through the Strategic Cell and more generally on all policy aspects, given the absence on health grounds from 2 April 2020, of the then Acting Director of Quality, Safety and Improvement Directorate (QSID), within the CMO Group to whom the head of branch would otherwise normally have reported.
13. One of the primary functions of the Cell was to draft guidance on Covid-19 issues with respect to death. This included guidance for funeral directors and the public of Northern Ireland on handling infection risks when caring for the deceased and managing funerals; for health professionals on the completion and issuing of MCCD and Stillbirth Certificates; on Death Certification and Registration; and for Verifying Life Extinct during the pandemic. As the Covid-19 pandemic progressed, and with greater understanding of the nature and spread of the disease, and with consideration to the particular wider non-pharmaceutical interventions (NPIs) in place at any time, revisions were made to the guidance on a regular basis. In addition, it was also important to ensure that the guidance was in accordance with the restrictions agreed and put in place by the NI Executive at any particular time. Over a period of 22 months, the guidance was revised 19 times.
14. In terms of domestic restrictions, the Executive took decisions on the introduction of new restrictions or relaxations of existing ones throughout the pandemic response.

Initially, the Department developed the Executive papers in respect of which decisions had been taken, and those proposed with input from other departments regarding the social and economic impacts of those restrictions and their practical application. These Executive papers took account of both medical and scientific advice from myself and the CSA. However, in 2021 and the latter period of regulations, The Executive Office (TEO) took the lead in developing Executive papers on the introduction of new restrictions or relaxation of existing restrictions and sought the Department's input from myself and the CSA.

15. DCPLB was also required to respond to queries from a wide range of organisations and individuals to assist with clarification and understanding of the extant guidance. These included churches, clergy, local councils, funeral directors, other Government Departments, the Police Service of Northern Ireland (PSNI), the Coroners Service and private individuals. Examples included queries around the number permitted to attend funerals [MM/XX **INQ000458707**] (DoH Ref: MMcB/0501), advice to the funeral sector around gatherings [MM/XX **INQ000458709**] (DoH Ref: MMcB/0502), queries on vaccination [MM/XX **INQ000458711**] (DoH Ref: MMcB/0503) and issues around policing [MM/XX **INQ000458712**] (DoH Ref: MMcB/0504). In addition, the Head of the Branch presented the Northern Ireland Government position at weekly meetings between the UK Cabinet Office and the funeral sector to deal with any concerns and issues arising.
16. The Medical Adviser to the "Cell", Dr Julian Johnston, was an integral member of DCPLB prior to the pandemic. He had worked as a Consultant Anaesthetist primarily in Intensive Care Medicine and latterly as the Assistant Medical Director in the Belfast Health and Social Care (HSC) Trust. He was seconded to the DCPLB in 2015 at my request to develop and update guidance relating to death certification and processes around death. With his considerable professional experience and awareness of the professional, organisational considerations and the very personal impact on families and those bereaved in traumatic circumstances, he was appropriately experienced, empathetic and subsequently instrumental in providing professional leadership in the development and implementation of the Regional Mortality and Morbidity Review system and the policy development of the Independent Medical Examiner prototypes. In March 2020, in light of his previous considerable professional experience I tasked him to assist the Department's response to the Covid-19 pandemic, in a full-time posting. I am extremely grateful to Dr Johnston for coming out of partial retirement to undertake this important task. This included providing advice on the guidance relating

to death certification and funeral directors specific to changes caused by the Covid-19 pandemic; establishing and chairing the Strategic Clinical Advisory Cell (SCAC); and responding to clinical matters from DoH Health Gold Ops Cell and Silver Cell. Dr Johnston has since retired from the Department.

17. The SCAC was established at my request to ensure the effective communication of best practice guidance and clinical protocols with respect to the treatment and care of people with Covid-19 and to ensure this was kept up to date. The SCAC was made up of a multidisciplinary team from the Department, the PHA, the HSCB, the 5 HSC Trusts, Social Services and representatives from the primary care Covid-19 Centres. I asked that SCAC link with the other devolved administrations, NHS England, the Royal Colleges and Clinical Networks in NI to disseminate clinical advice and guidance including specific guidelines and protocols to the HSC. This included, for example, the consideration and dissemination of the Covid-19 rapid clinical reviews by the National Institute for Health and Care Excellence (NICE), and the Royal College of Obstetricians and Gynaecologists (RCOG) advice on Covid-19 in pregnancy.

Examples of the work of the SCAC also included:

- Advice on the establishment of a Regional Clinical Ethics Forum;
- Clinical Prioritisation guidelines to assist clinicians and health care Trusts in the coordination and or potential prioritisation of ICU admission for patients within a hospital, including the admission of patients from the community into hospital (it should be noted that this proposed coordination and prioritisation support role for SCAC was however not subsequently required);
- Advice on the ongoing consideration and approval of Covid-19 Rapid NICE guidelines;
- Advice on the ongoing care needs of Covid-19 patient with symptoms following discharge from hospital - as requested by the Health Minister. SCAC at my request formulated a new clinical working group to consider the immediate and longer-term rehabilitation needs of Covid-19 patients following discharge from hospital and with continued symptoms following Covid-19 including those with post Covid symptoms or syndrome including those with Long Covid;
- Advice on the development of Workforce related Guidance for example in supporting the Workforce Policy Cell on clinically related aspects of workforce issues, which included issues relating to pregnancy in the both the wider public sector and healthcare workers; and

- Advice on Shielding including input to the 4 Nations Shielding Forum, advice on social Distancing and the implementation of badges and lanyards to help identify the clinically vulnerable.
18. In addition, the SCAC provided clinical advice with respect to the CEV and CV supporting the work of the CEV Cell which informed my consideration of related guidance.
 19. The DCPLB had responsibility for drafting the guidance on Covid-19 issues with respect to death, with medical input from the Medical Advisor and in consultation with colleagues from the PHA, the National Association of Funeral Directors (NAFD) in Northern Ireland, local Councils, Irish Council of Churches, and the City of Belfast Crematorium. Advice was also obtained when required from the Chief Scientific Advisor (CSA), Professor Ian Young. Once the guidance was drafted it was issued to myself and subsequently the Health Minister for our agreement and approval that it be published on the Department's website and also the PHA website.
 20. From early in 2020, it had become clear that the Covid-19 pandemic would have a significant impact on the number of deaths occurring in Northern Ireland. Departmental officials from DCPLB had already built up a good working relationship with the NAFD in Northern Ireland who were represented on groups involved in improving the death certification and registration process. The Department of Justice has Lead Government Department responsibility for emergency preparedness and excess deaths in Northern Ireland through their Excess Deaths Working Group which had developed an operational plan for a pandemic situation. The DCPLB had some involvement in the development of that emergency plan in regard to death certification processes but became more involved in Project Dignity, which was established by the Department of Justice on 23 March 2020 to replace the Excess Deaths Working Group and to ensure effective arrangements were in place to deal with death management issues arising from the pandemic. More generally, the Department of Health is the Lead Government Department (LGD) for the health consequences, including preparation and planning for excess casualties in any emergency, including the health service response.
 21. When the first Covid-19 related death occurred in Northern Ireland on 18 March 2020, the NAFD, given the established and close collaborative working as described at paragraph 7, directly contacted the Head of DCPLB seeking an urgent meeting to

discuss their concerns and seek guidance as to the protocols and processes they should follow after a death. On 20 March 2020, officials from DCPLB met representatives of the NAFD. The NAFD sought guidance around dealing with remains of deceased persons where Covid-19 had been detected, the families of the deceased, funeral and cremation processes, the health and well-being of their own staff, and what effect the pandemic may have on the Funeral Director industry [MM/XX INQ000458713] (DoH Ref: MMcB/0505)].

22. The NAFD also discussed the requirement for key messages to the public in relation to the process of “disposal” of the deceased’s remains to protect the family of the deceased, the public and funeral directors and members of the industry. Members of the Clergy had already verbally expressed their concerns to the NAFD that they needed appropriate safeguards and guidance to officiate at funerals and the City of Belfast Crematorium I understand had already informed funeral Directors that from Monday 23 March 2020 no mourners would be permitted in the Crematorium chapel for committals. It is my understanding that the Head of DCPLB also received verbal confirmation and communication by telephone from the Belfast City Council of these arrangements at the City of Belfast Crematorium.

23. At that time, it had been anticipated that national guidance for funeral directors would be issued by Public Health England (PHE) but there were delays in it being published. PHA colleagues were in regular contact with counterparts in PHE to determine when the guidance would be published [MM/XX: INQ000458714] (DoH Ref: MMcB/0506)] and [MM/X: INQ000458715] (DoH Ref: MMcB/0507). Understandably, given the different cultural traditions in NI and the particular importance of wakes and the remains of the deceased person “resting” at home and the tradition of large funerals as mark of respect and support there was increasing concern and pressure from the funeral sector through telephone calls and email communication [MM/XX INQ000466475] (DoH Ref: MMcB/0508)] to publish specific guidance for Northern Ireland given these considerable differences in the customs and cultural aspects associated with death and funerals in NI. A critical difference between Northern Ireland and the rest of the UK was the widespread practice of disposal of the remains of the deceased person, especially burial, occurring soon after death, usually within 3-5 days. In addition, as described, it is very often the custom that the body of the deceased person is brought home “to rest”, the coffin remains open for viewing of the deceased person, and that friends and family visit to pay their respects and celebrate the life of the deceased

before the burial or cremation takes place. The percentage of burials in Northern Ireland is of the order of 75% which is significantly higher than the rest of the UK and during the pandemic only one Crematorium (the City of Belfast Crematorium) was in operation in Northern Ireland. These were in my view material considerations and there were particular issues that were specific to NI although perhaps less of a consideration elsewhere in the UK given some differences in cultural traditions. While it is debatable as to whether DoJ given their responsibilities for the management of excess deaths and Project Dignity could have addressed these issues, what was clear to me was that these matters needed to be addressed expeditiously in order to seek to minimise risk of infection to the living which remained a responsibility of the Department and PHA, while at the same time attempting to reduce the potential consequences emotionally and psychologically to those bereaved as a result of any restrictions required to reduce those risks.

24. Due to these differing practices and cultural aspects associated with death and funerals, I asked the Cell on 27 March 2020 to draft guidance for Funeral Directors taking account of PHE guidance and the unique cultural practices in Northern Ireland regarding handling of the deceased to ensure that funerals and burials could proceed. While I fully accept the limitations and the significant human impact and additional distress caused, it remains my view that this was a proportionate and responsible precautionary course of action. The consequences of my advice and the decisions made by Ministers for those bereaved remains a source of significant professional and personal regret.
25. Following discussion, consultation and collaboration with representatives of the NAFD, and infection prevention & control staff and medical colleagues within the PHA and the Department, DCPLB officials drafted the first guidance document for Funeral directors. A submission enclosing the draft guidance was issued to me on 31 March 2020 for review and approval and subsequently sent to the Health Minister, for his approval [MM/XX **INQ000458716**] (DoH Ref: MMcB/0509) and [MM/XX **INQ000458717**] (DoH Ref: MMcB/0510)]. The Department published the first iteration of the guidance '*Interim Guidelines for Funeral Directors on managing infection risks when handling the deceased*' on 2 April 2020. I also wrote to key organisations on 1 April 2020 about this guidance asking that it be cascaded to all relevant stakeholders as a matter of urgency. I further advised that as the situation evolved the guidance would be updated [MM/XX **INQ000458718**] (DoH Ref: MMcB/0511)].

26. I was very aware that the publication of this guidance would have a serious impact on the usual customs around bereavement and funerals and might adversely affect those who would not be able to grieve or pay their respects in the normal way. However, the initial guidance and the various revisions made over the period of the pandemic were designed to ensure that the remains of the deceased and the bereaved family were treated with dignity, sensitivity and respect notwithstanding the restrictions which were unfortunately necessary at the time. The differing cultural practices were respected and adhered to as closely as circumstances permitted with the safety of families, clergy, funeral directors and council workers at the graveside or Crematorium always being paramount. I am acutely aware that the restrictions and measures introduced very significantly added to the grief and distress of those bereaved and at all times we sought to appropriately reflect this in our assessment of all of the risks.
27. I viewed the evidence given to the Inquiry by the Bereaved Families. None of us could have failed to be deeply moved by the clear distress expressed by those bereaved as they reflected on the impact of restrictions including any perceived stigma attaching to infection or the remains of their loved one being considered dangerous or toxic. I fully understand that the personal protection equipment (PPE) used by staff and funeral directors as well as the specific infection prevention and control measures needed at the time in the handling of the deceased remains, could add to the distress of families in the midst of their grief and could have led relatives to feel that their loved one was being treated as toxic. This was never the intention of the guidance: rather the intention was focused on reducing transmission risk and protecting those who were vulnerable to infection. Equally I understand how distressing it must have been for families not being able to prepare and dress the remains of a parent or loved one for burial, or any circumstances that may have created any perception that a loved one was being treated disrespectfully.
28. Where relatives felt that this was the case it is deeply regrettable, and I do not wish to in any way underestimate this. I am assured that the intention and practice of all those concerned was to treat the deceased with the utmost respect and dignity. The culture and traditions around death and burial are deep seated and important to all of us in NI personally, and professionally. The establishment of the "Cell" itself was an acknowledgment of the importance of this to the Department, the Minister and myself. Any additionally distress caused or any such perception in normal times would be inexcusable and unconscionable. These tragically were not normal times. I know that

all involved in the Cell and all stakeholders were fully committed to doing their very best to ensure that funerals, burials, and cremations continued to respect the important cultural and very human considerations in NI as far as possible at that time. At all times all our efforts were designed to protect the public and those who were most vulnerable while respecting the important traditions around death, grief and bereavement. This was yet another example of the extremely difficult if not impossible choices that the pandemic forced upon us as a society. No one ever would want to add to the distress of grieving families, yet the threat from Covid-19 was all too real and previously unthinkable measures were required.

29. This interim guidance, which was informed by PHE guidance on the risks of transmission of the virus, set out the infection risks for funeral directors explaining that the virus could be spread from person to person through droplets from the nose or mouth of a person infected or via contact with contaminated surfaces. It advised that the act of moving a recently deceased person might be enough to expel air or viral droplets from the lungs and thereby present a minor risk of transmission. It further advised that those coming into direct contact with the deceased should be aware that there was likely to be a continuing risk of transmission of infection from the bodily fluids or tissues when Covid-19 had been identified. Guidance was also provided on the Personal Protective Equipment (PPE) that was recommended, what Funeral Directors should do when collecting and preparing a body, how to support the family when making funeral arrangements and information that families should be advised that only immediate family (up to a maximum of 6) could attend. It is my understanding that this maximum number was verbally requested by the NAFD who were extremely concerned that large numbers would attend a funeral, creating a potential risk for further spread of infection and putting the safety of their staff, clergy and council workers at risk. The Cell considered that a maximum of 6 people was a reasonable request from the NAFD in order that funerals and burials could continue and there would be no disruption at a time when Funeral Directors were fearful for their own safety. The objective of the Cell at all times remained to balance the risk of infection, protect the most vulnerable, while providing appropriate and evidence informed advice to all, in order to address concerns and anxieties so that the traditions, rituals and practices with regards to deaths, expressions of respect and condolences, burial and cremations could be facilitated in so far as was possible.
30. Following publication of the interim guidance there were some queries from funeral directors, the PHA and HSC Trust colleagues in respect of the appropriate method of

safely and securely transporting the remains of the deceased person, PPE, embalming the deceased and those who were permitted to attend funeral services or committals. An updated version of the guidance was therefore required to provide clarification.

31. Following extensive consultation with the PHA and NAFD, alongside work to establish the position across the UK, **Version 2** of the guidance [MM/XX INQ000458723] (DoH Ref: MMcB/0512)] was drafted by DCPLB officials. A submission enclosing the draft was issued to me on 14 April 2020 for review and approval and subsequently sent to the Health Minister for his approval. [MM/XX INQ000458724] (DoH Ref: MMcB/0513)]. Following the Minister's approval, I wrote to key organisations on 16 April 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX INQ000458725] (DoH Ref: MMcB/0514)].
32. Concerns had been raised during the drafting of the interim guidance regarding the appropriate level of PPE being recommended in cases where Covid-19 had not been confirmed or suspected. The updated guidance made specific recommendations about the level of PPE required, namely that a disposable apron should replace a long-sleeved water-resistant gown, where there was a confirmed or suspected Covid-19 case. It further recommended that Funeral Directors conduct a risk assessment in other cases.
33. There were other revisions to the interim guidance that brought our guidance more in line with the UK position. This was due to changes in practice of other Northern Ireland organisations (City of Belfast Crematorium and NAFD) in relation to the safe removal of the deceased. Amendments were made to provide a detailed rationale for the reasons why embalming was not recommended but if such a procedure was to be undertaken, the guidance stipulated the additional PPE that must be worn. Viewing of the remains of the deceased person was still not recommended, but the guidance provided some additional flexibility to permit viewing in circumstances where strict controls, such as maintaining a safe distance and restricting contact with the deceased, were in place.
34. A revision was also made to align the guidance with the current stipulations by local councils regarding the numbers permitted to attend committal services at the graveside. Local councils in Northern Ireland had stipulated a maximum of 10 mourners in attendance and whilst this went further than the national guidance (which did not state a maximum figure), it reflected the custom and practice of large numbers

attending funeral and committal services here; a practice which was felt to increase the risk of spreading infection. The Cell had no involvement in making this decision but was aware of the stipulation through frequent telephone contact with the representative of the Local Government Civil Contingencies Team.

35. Following the publication of the updated guidance, officials continued to monitor the situation taking account of the changes to guidance across the UK, through Cabinet Office meetings, daily contact with officials in the devolved administrations, and colleagues in other government Departments. Officials were also receiving an increasing number of queries from funeral directors and the public through e-mail correspondence and telephone calls about the management of funerals, particularly focusing on aspects of the guidance relating to viewings, wakes, and taking the deceased home to rest. Officials were able to address these concerns by providing oral advice or by directing the querists to the appropriate source of information, it not known by the Cell.
36. At that time Departmental officials had also received communication from both Churches and Funeral Directors [MM/XX INQ000458730] (DoH Ref: MMcB/0515) expressing concern that more than 10 mourners were attending funerals. As a result, DCPLB officials met with representatives from the Irish Council of Churches and the NAFD who requested that re-enforcement of social distancing messages be made in respect of funerals and committals whilst acknowledging the sensitivities around the issue [MM/XX INQ000458731] (DoH Ref: MMcB/0516).
37. Due to the nature of the concerns being expressed, the Cell drafted **Version 3** of the guidance for Funeral Directors and the public [MM/XX INQ000458732] (DoH Ref: MMcB/0517). A submission enclosing the draft guidance was issued to me on 9 June 2020 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX INQ000458733] (DoH Ref: MMcB/0518). Following the Minister's approval, I wrote to key organisations on 11 June 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX INQ000458734] (DoH Ref: MMcB/0519).
38. This revised guidance now applied to any death occurring during the pandemic and while the Cell as indicated at paragraph 28 had been acutely aware from the outset of the need to balance the needs of the bereaved to mourn and show their respects to

the deceased person with the need to reduce and minimise the spread of Covid-19, it was felt that this should be expressly acknowledged in the guidance itself, and so that acknowledgment was included in this version which specifically acknowledged the need to balance the needs of the bereaved to mourn, while minimising the spread of Covid-19 infection. Whilst the guidance reiterated that wakes must not be held and that the deceased must not be taken home to rest, it acknowledged that this would be difficult for the families and friends. However, it was necessary for the safety of the public and to minimise the potential for spread of the infection. That position was based on the fact that when a body was taken home to rest, there was potential that friends and family from outside the household would feel the need to visit the family home to pay their respects and give some comfort to the grieving family. In such circumstances, it would have been very difficult to manage social distancing, thus increasing the risk of transmission of Covid-19 not only to those within households and immediate family members but also would increase the risk to other households potentially establishing further chains of transmission.

39. A section on funerals and family gatherings was added to the guidance to re-enforce the message that there was an increased risk of transmission of Covid-19 when families and communities came together following the death of a loved one, from any cause. The guidance explained that the actions outlined were recommended to reduce the spread of infection and to protect those who may be at increased risk of severe disease.
40. The section on funerals continued to reflect the local councils' decision to limit the number of people (a maximum of 10) attending funeral and committal services at the graveside. It is my understanding that the Cell had no involvement in making this decision. This restriction continued to be endorsed by the majority of councils with some councils introducing measures to restrict numbers entering council cemeteries in advance of planned committals.
41. A new section on cremation was included in the guidance. This highlighted the necessity for medical practitioners to 'see and identify' the remains of the deceased person for cremation certification purposes and advised how Funeral Directors could facilitate this if the deceased person had been removed to their premises before the doctor had an opportunity to view the remains of the deceased.

42. The main amendment to the guidance was to permit the viewing of the deceased by family and friends on Funeral Home premises where Covid-19 was not a factor in the death. This followed discussions with Professor Ian Young (CSA) [MM/XX **INQ000458739**] (DoH Ref: MMcB/0520)] and the NAFD, and was regarded as a safe and acceptable way forward, provided that the strict conditions under which viewings were to be conducted were adhered to, recognising the difficulties for the bereaved family and next of kin.
43. Due to the announcement by the First Minister and the Deputy First Minister on 29 June 2020 [MM/XX **INQ000458740**] (DoH Ref: MMcB/0521)] to allow an increase from 10 to 30 persons for outdoor gatherings, **Version 4** of the guidance was drafted by DCPLB officials [MM/XX **INQ000458741**] (DoH Ref: MMcB/0522)]. A submission enclosing the draft guidance was issued to me on 1 July 2020 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458742**] (DoH Ref: MMcB/0523)]. Following the Minister's approval, I wrote to key organisations on 3 July 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458743**] (DoH Ref: MMcB/0524)].
44. The revised guidance indicated that a maximum of 30 people were permitted to gather at the front of the City of Belfast Crematorium; prior to this the City of Belfast Crematorium had not allowed any mourners to enter through the cemetery gates.
45. The Executive had decided that churches could re-open and funeral services were now allowed to be held indoors in places of worship or funeral homes. The CSA and I had joined a call with Church Leaders on 24 June and provided advice to assist places of worship to prepare for re-opening in a manner that was safe and in line with social distancing guidelines. The size and circumstances of the building determined the maximum number of people that could attend whilst still facilitating social distancing and this was determined by those managing the venue.
46. A further change to the guidance was in relation to the language used in respect of the holding of wakes, the remains of the deceased person being taken home to rest, and funeral services being conducted in private homes. The previous guidance (**Version 3**) stated that such practices "must" not take place, but this was revised to "strongly recommend" but given that there was no legislative prohibition of the matters, "strongly recommend" was more appropriate language than "must" and this was changed accordingly. Communities, organisations and individuals were strongly advised to take

action to reduce the risk of spreading Covid-19 infection among mourners who may wish to pay their respects. This was to ensure that society was protected, especially the clinically vulnerable and those more likely to develop severe illness if infected with Covid-19.

47. The guidance reiterated that it was understood how difficult this advice was for the families and friends of lost loved ones; however, the guidance was in place for the safety of the public.
48. The Department, with Executive agreement, introduced *The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020* on 28 March 2020. These Regulations made provisions to enable a number of public health measures to be taken to reduce the public health risks posed by the spread of Covid-19 and provided for a range of restrictions and closures. Restrictions on funerals were contained within these Regulations and the subsequent amendments to the Regulations. On 23 July 2020, the Regulations were replaced by *The Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2020*.
49. As a result of subsequent amendments to the Regulations which brought about changes to the restrictions on gatherings with effect from 25 August 2020 [MM/XX **INQ000458748** (DoH Ref: MMcB/0525)], DCPLB officials drafted **Version 5** of the guidance [MM/XX **INQ000458749** (DoH Ref: MMcB/0526)]. A submission enclosing the draft guidance was issued to me on 27 August 2020 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458750** (DoH Ref: MMcB/0527)]. Following the Minister's approval, I wrote to key organisations on 28 August 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458751** (DoH Ref: MMcB/0528)].
50. The requirement to revise the guidance provided an opportunity to broaden the scope of its title to '*Guidance for handling the infection risks when caring for the deceased and managing their funerals*'. It was hoped that the expressed reference to funerals in the expanded title would help address concerns raised by the NAFD. I understand that communication at that time from the NAFD indicated a concern that families were choosing Funeral Directors who may not have been following the guidance and would bring their deceased loved one home and for the funeral service to be held at home.

51. With the approach at that time being one of the easing of some restrictions, consultations took place with the CSA to discuss the potential to allow the remains of the deceased to be returned home. It was agreed that for non-Covid-19 related deaths only, a deceased person could be taken home and wakes and funeral services could be held in the family home. This was subject to a maximum of 10 people from 4 households gathering indoors at a private dwelling, in line with the Executive decision at that time.
52. Where a death was due to suspected or confirmed Covid-19, the guidance continued to strongly recommend that wakes were not held, remains were not taken home to rest, and that funeral services were not held in family homes. Because of the introduction of variance between requirements and restrictions for Covid-19 related and non-related deaths, further detail was provided within the guidance to help determine and distinguish between these two circumstances. The advice provided took account of PHA and PHE information at that point relating to the length of time that infection was likely to be present.
53. For gatherings for funeral services conducted in a place of worship or at a funeral home, the maximum number in attendance was determined by the size and circumstances of the venue. It was strongly recommended that face coverings were used for all indoor services, and for outdoor gatherings social distancing guidance were observed.
54. Mourners who were self-isolating for 14 days and the clinically vulnerable were facilitated to attend the funeral in person, should they wish to do so. These mourners were advised they should notify funeral directors and other mourners that they were self-isolating or clinically vulnerable, they should follow social distancing measures maintaining a 2-metre distance from others, they should wear a face covering, and use their own transport to the funeral.
55. Following the Executive's decision to introduce time bound restrictions with effect from 16 October 2020 [SR 2020 No. 224] which included limiting the numbers attending a funeral or committal to a maximum of 25 and an announcement that there would be no pre or post funeral gatherings [MM/XX INQ000458756 (DoH Ref: MMcB/0529)], DCPLB officials drafted **Version 6** [MM/XX INQ000458757 (DoH Ref: MMcB/0530)]. A submission enclosing the draft guidance was issued to me on 21 October 2020 for review and approval and subsequently sent to the Health Minister for his approval

[MM/XX **INQ000458758**] (DoH Ref: MMcB/0531)]. Following the Minister's approval, I wrote to key organisations on 22 October 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458759**] (DoH Ref: MMcB/0532)].

56. This guidance applied to time bound restrictions from 16 October 2020 for a 4-week period. The Executive extended these restrictions for a further 4-week period from 13 November 2020 and during this period funerals were not permitted in private dwellings.
57. The guidance also reiterated the position that certain practices such as viewing the remains of the deceased person to pay respects were an important part of the grieving process, but due to the pandemic, many of the traditional rituals and practices could not continue and this may have an impact on the bereaved. To provide those bereaved with support, sources of bereavement assistance and advice were detailed within the guidance.
58. The Executive decided to amend the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Amendment No.19) (Northern Ireland) 2020 [SR 2020 No. 323] with effect from 11 December 2020. DCPLB officials drafted **Version 7** of the guidance [MM/XX **INQ000458764**] (DoH Ref: MMcB/0533)]. A submission enclosing the draft guidance was issued to me on 10 December 2020 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458765**] (DoH Ref: MMcB/0534)]. Following the Minister's approval, I wrote to key organisations on 10 December 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458766**] (DoH Ref: MMcB/0535)].
59. For funeral services conducted in a place of worship or at a funeral home, the maximum number of people in attendance was determined by the size and circumstances of the venue, whilst mourners observed social distancing of at least 2 metres wherever possible.
60. For non-Covid-19 related deaths only, the revised guidance permitted funeral services to be held in a private dwelling subject to a maximum limit of 10 people from no more than 4 households in attendance inside the private dwelling. The limit on the numbers attending was in line with the restriction on gatherings in a private dwelling at that time that had been agreed by the Executive. Where a death was due to suspected or

confirmed Covid-19, remains were not to be taken to a private dwelling and funeral services were not to be held in family homes.

61. With increasing community transmission and ongoing pressures on the health service compounded by the arrival of the more transmissible Alpha variant, the Executive decided to amend the Health Protection (Coronavirus, Restrictions) (No 2) (Amendment No.24) Regulations (Northern Ireland) 2020 [SR 2020 No.356] with effect from midnight on the 25 December 2020. DCPLB officials drafted **Version 8** [MM/XX **INQ000458771**] (DoH Ref: MMcB/0536)]. A submission enclosing the draft guidance was issued to me on 21 December 2020 for review and approval and subsequently to the Health Minister for his approval [MM/XX **INQ000458772**] (DoH Ref: MMcB/0537)]. Following the Minister's approval, I wrote to key organisations on 22 December 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458773**] (DoH Ref: MMcB/0538)].
62. Funeral Services were again no longer permitted in a private dwelling and wakes were not to be held, regardless of the cause of death. These changes were as a consequence of the increase in community transmission and the arrival of the Alpha variant, and the Executive decisions on amendments to the restrictions as described in paragraph 58 above which restricted the number of people permitted to gather indoors at a private dwelling and the number permitted to attend a funeral service in a place of worship.
63. For funeral services conducted in a place of worship or at a Funeral Directors' premises, the maximum number of 25 people in attendance was re-introduced as agreed by the Executive. This also applied to committals at a graveside or at the City of Belfast Crematorium. Contact details of all those attending a funeral service now had to be obtained for "Test, Trace and Protect" purposes.
64. For non-Covid-19 related deaths only, remains were allowed to be taken to a private dwelling. Only those from the household where the remains were taken, and its linked household were permitted to gather to view the remains of the deceased person or pay their respects. No more than 10 people from the 2 linked households were permitted inside the dwelling at any time. This was based on the Executive restriction on gatherings indoors at a private dwelling at that time. No-one else was allowed inside and wakes were not permitted. This was to ensure that the risk of infection was reduced when people from multiple households mixed.

65. Following the Executive decision to ease restrictions and the subsequent amendments to the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment Regulations) (Northern Ireland) 2021 [SR 2021 No.97] with effect from 9.00am on 12 April 2021 [MM/XX **INQ000458778** (DoH Ref: MMcB/0539)], DCPLB officials drafted **Version 9** of the guidance [MM/XX **INQ000458779** DoH Ref: MMcB/0540]. A submission enclosing the draft guidance was issued to me on 12 April 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458780** (DoH Ref: MMcB/0541)]. Following the Minister's approval, I wrote to key organisations on 13 April 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458781** (DoH Ref: MMcB/0542)].
66. The main amendment to the guidance related to the Executive's decision to remove the maximum number of 25 people permitted to attend a funeral. Instead, the number of people permitted to attend a funeral service at a burial ground or the City of Belfast Crematorium was determined subject to a risk assessment of the particular venue by the venue operator.
67. New wording was also included in the guidance to advise on the need for adequate ventilation at venues which was reflected in advice from the Department and PHA to reduce the risk of transmission, and to re-iterate that those not attending the service should not congregate outside the premises or line the route of the funeral procession.
68. Following the Executive decision to further ease restrictions [SR 2021 No. 117] with effect from Friday 30 April 2021 [MM/XX **INQ000458786** (DoH Ref: MMcB/0543)], it was necessary to make some minor amendments to the guidance and DCPLB officials drafted **Version 10** [MM/XX **INQ000458787** (DoH Ref: MMcB/0544)]. A submission enclosing the draft guidance was issued to me on 28 April 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458788** (DoH Ref: MMcB/0545)]. Following the Minister's approval, I wrote to key organisations on 29 April 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458789** (DoH Ref: MMcB/0546)].
69. The amendments to the guidance related to the numbers permitted to gather outdoors (15 people from no more than 3 households) at a private dwelling and included

reference to people travelling to Northern Ireland from outside the Common Travel Area.

70. In this version of the guidance, the Cell took the opportunity to revise the definition of what constituted a Covid-19 death. Previously it had been indicated that if Covid-19 was stated on the MCCD, the funeral director should consider that the infection was confirmed or suspected. Consequently, viewing, embalming or taking the remains home were not permitted.
71. As the rate of transmission was reducing and the Covid-19 vaccination programme was underway, the revised guidance indicated that the focus should now be on the risk of infection (either continuing risk or negligible risk) from the deceased person's remains, rather than the content of the MCCD. Features that suggested a continuing risk to funeral personnel, families and others included whether less than 14 days had elapsed since the onset of Covid-19 symptoms or a positive test, if Covid-19 was or had been present in the previous 14 days, or whether the deceased had been treated in a Covid-19 ward in hospital. As a result of this change (which was agreed between the PHA and colleagues in the PHE), more families were able to view their loved ones and take remains home in cases where the continuing risk of infection was negligible. Also, in those circumstances embalming was now permitted, when previously it had not been recommended when Covid-19 was stated on the MCCD. Where it was clear that the risk of transmission of Covid-19 infection was negligible, for example, when the death was sudden and in known circumstances, remains were allowed to be taken to a private dwelling; not so if there was a continuing risk.
72. Following the Executive decision to further ease restrictions [SR 2021 No.130] with effect from Monday 24 May 2021 [MM/XX I{INQ000458794}](DoH Ref: MMcB/0547)], it was necessary to make further revisions to the guidance and DCPLB officials drafted **Version 11** [MM/XX {INQ000458795} DoH Ref: MMcB/0548)]. A submission enclosing the draft guidance was issued to me on 21 May 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX {INQ000458796} DoH Ref: MMcB/0549)]. Following the Minister's approval, I wrote to key organisations on 24 May 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX {INQ000458797} (DoH Ref: MMcB/0550)].
73. The use of limousines had not been permitted since the beginning of the pandemic. With the easing of restrictions and a general decrease in the number of Covid-19

infections, it was considered an opportune time to allow the use of limousines once again. From 24 May 2021, limousines could be used to transport mourners and up to 6 people from no more than 2 households could travel together in the vehicle. This limit on numbers and mixing of households was again based on the Executive agreed restriction on the number of people permitted to gather indoors at that time.

74. From 24 May 2021, household mixing indoors at a private dwelling was permitted, with the amended regulations as agreed by the Executive stipulating that 6 people from 2 households were allowed to gather indoors at a private dwelling. The guidance was revised to reflect this, however funeral services were still not yet permitted from private dwellings.
75. The Executive also announced the intention that pre and post funeral gatherings could resume. The numbers allowed to attend a pre or post funeral gathering were determined by the size of the venue and subject to a risk assessment by the venue operator. This change was included in the revised guidance.
76. Following the Executive decision to further ease restrictions [SR 2021 No.199] with effect from Monday 5 July 2021 [MM/XX [INQ000458802](#)] (DoH Ref: MMcB/0551)], it was necessary to make revisions to the guidance and DCPLB officials drafted **Version 12** [MM/XX [INQ000458803](#)] (DoH Ref: MMcB/0552)]. A submission enclosing the draft guidance was issued to me on 5 July 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX [INQ000458804](#)] (DoH Ref: MMcB/0553)]. Following the Minister's approval, I wrote to key organisations on 6 July 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX [INQ000458810](#)] (DoH Ref: MMcB/0554)].
77. The main amendment to the guidance related to the Executive decision to increase in the number of households permitted to gather outdoors at a private dwelling and remove an upper limit of 500 people who were permitted to gather at an outdoor venue. Previously, a maximum of 15 people from 3 households were permitted to gather outdoors at a private dwelling. The amended regulations removed the limit of 3 households increasing it to 5 households, with the maximum number of people remaining at 15.
78. Following the Executive decision to further ease restrictions [SR 2021 No. 217] with effect from Monday 26 July 2021 [MM/XX [INQ000458810](#)] (DoH Ref: MMcB/0555)], it

was necessary to make revisions to the guidance and DCPLB officials drafted **Version 13** [MM/XX **INQ000458811**] (DoH Ref: MMcB/0556)]. A submission enclosing the draft guidance was issued to me on 23 July 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458812**] (DoH Ref: MMcB/0557)]. Following the Minister's approval, I wrote to key organisations on 23 July 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458813**] (DoH Ref: MMcB/0558)].

79. The only change made to the revised guidance related to the number of people permitted to gather outdoors at a private dwelling. Previously, a maximum of 15 people from 5 households were permitted to gather. The amended Regulations, from Monday 26 July 2021, removed the limit of 5 households and allowed up to 15 people from an unlimited number of households to gather outdoors at a private dwelling.
80. Following the Executive decision to further ease restrictions [SR 2021 No. 220] with effect from Monday 27 July 2021 [MM/XX **INQ000458818**] (DoH Ref: MMcB/0559)], it was necessary to make revisions to the guidance and DCPLB officials drafted, **Version 14** [MM/XX **INQ000458819**] (DoH Ref: MMcB/0560)]. A submission enclosing the draft guidance was issued to me on 28 July 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458821**] (DoH Ref: MMcB/0561)]. Following the Minister's approval, I wrote to key organisations on 29 July 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458821**] (DoH Ref: MMcB/0562)].
81. The number of people permitted to gather indoors at a private dwelling was amended by the Executive to permit 10 people (not including children aged 12 or under) from no more than 3 households; or if one household had 10 people, the maximum was increased to 15 people (not including children aged 12 or under) from no more than 2 households to gather indoors at a private dwelling.
82. The second change related to the requirement for the wearing of face coverings in places of worship. Previously face coverings were mandatory when entering, leaving and throughout the funeral service in a place of worship or funeral home. The amended regulations no longer required a person in a place of worship or a place where beliefs were practised during an act of worship, to wear a face covering, except when entering or leaving the premises. The guidance was clear however, that it remained a strong recommendation for face coverings to be worn for the duration of

the service to reduce the risk of transmitting infection when singing or moving around the venue.

83. In line with previous versions of the guidance 'an act of worship' included a funeral service. However, as funeral homes were not deemed as places of worship, Version 14 of the guidance stated that face coverings continued to be mandatory throughout a service in a funeral home.
84. Following the Executive decision to further ease restrictions [SR 2021 No.233] with effect from 16 August 2021 [MM/XX **INQ000458826**] (DoH Ref: MMcB/0563)] it was necessary to make revisions to the guidance and DCPLB officials drafted **Version 15** [MM/XX **INQ000458827**] (DoH Ref: MMcB/0564)]. A submission enclosing the draft guidance was issued to me on 16 August 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458828**] (DoH Ref: MMcB/0565)]. Following the Minister's approval, I wrote to key organisations on 19 August 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458829**] (DoH Ref: MMcB/0566)].
85. The main decision affecting funerals was the increase in numbers permitted to gather outdoors at a private dwelling. Previously a maximum of 15 people were permitted to gather; this restriction was removed and from 16 August 2021 there was no limit on the numbers who could gather outdoors at a private dwelling.
86. Given the weakening of the link between infection and severe disease associated with the further roll out of the vaccine, increasing population immunity and the availability of new antivirals, it was also an appropriate time to again permit people to call at a private dwelling to express condolences, provide support to the bereaved or, if circumstances permitted, view the remains and hold funeral services. Numbers gathering inside were restricted to a maximum of 10 from no more than 3 households and if there was a continuing risk of transmitting Covid-19 infection, the remains were still not to be taken to a private dwelling. These numbers were based on the Executive decision to restrict the number of people who could gather indoors at a private dwelling at that time.
87. Following the Executive decision to further ease restrictions [SR 2021 No.251] with effect from Friday 10 September 2021 [MM/XX **INQ000458834**] (DoH Ref: MMcB/0567)] it was necessary to make revisions to the guidance and DCPLB officials

drafted **Version 16** [MM/XX **INQ000458835**] (DoH Ref: MMcB/0568)]. A submission enclosing the draft guidance was issued to me on 10 September 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458836**] (DoH Ref: MMcB/0569)]. Following the Minister's approval, I wrote to key organisations on 10 September 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458837**] (DoH Ref: MMcB/0570)].

88. The main Executive decision affecting funerals was the increase in numbers permitted to gather indoors at a private dwelling. Previously a maximum of 10 people from no more than 3 households were permitted to gather but this was increased by the Executive, to a maximum of 15 from no more than 4 households.
89. Another significant change in the guidance related to embalming and viewing of the deceased. Since the start of the pandemic, the guidance was that when the death was Covid-19 related, embalming was not recommended, and viewing should not take place. Embalming was regarded as an Aerosol Generating Procedure (AGP), with the inherent risk of airborne transmission. The guidance was revised to explain that embalming was permitted, including for those who had died with a continuing risk of transmitting Covid-19 infection, provided that it was overseen and undertaken by an appropriately trained funeral director or embalmer, and subject to their agreement and discretion. This also meant that viewing a deceased person in such circumstances was now permitted in a funeral home under a controlled environment.
90. The amendment to the advice on embalming and viewing was in the context of changing circumstances including a lower risk profile due to the success of the Covid-19 vaccination programme, evidence that suggested a low risk of transmission from the deceased, and mitigation measures including the wearing of appropriate and required PPE.
91. Following the Executive decision to further ease restrictions [SR 2021 No.283] with effect from Thursday 14 October 2021 [MM/XX **INQ000458842**] (DoH Ref: MMcB/0571)] it was necessary to make revisions to the guidance and DCPLB officials drafted **Version 17** [MM/XX **INQ000458843**] (DoH Ref: MMcB/0572)]. A submission enclosing the draft guidance was issued to me on 13 October 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458844**] (DoH Ref: MMcB/0573)]. Following the Minister's approval, I wrote to

key organisations on 14 October 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458845** (DoH Ref: MMcB/0574)].

92. The main decision affecting funerals was the Executive decision to increase in numbers permitted to gather indoors at a private dwelling. Previously a maximum of 15 people from no more than 4 households were permitted to gather but this was increased to a maximum of 30 with no restrictions on the number of households.
93. Other amendments related to the removal of the recommendation to maintain a 2-metre social distance at various places including places of worship, funeral homes and private dwellings. These changes were made given the relaxation of social distancing requirements elsewhere. The 2-metre social distancing advice was replaced with more general advice regarding taking appropriate precautions to avoid close contacts between households.
94. Following the Executive decision to introduce new restrictions from 26 December 2021 [SR 2021 No.349] to limit the spread of the Covid-19 Omicron variant [MM/XX **INQ000458850** (DoH Ref: MMcB/0575)], it was necessary to make minor revisions to the guidance as described in paragraph 97 and DCPLB officials drafted **Version 18** [MM/XX **INQ000458851** (DoH Ref: MMcB/0576)]. A submission enclosing the draft guidance was issued to me on 23 December 2021 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458852** (DoH Ref: MMcB/0577)]. Following the Minister's approval, I wrote to key organisations on 23 December 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458853** (DoH Ref: MMcB/0578)].
95. The Executive strongly recommended that anyone attending an indoor event at that time should take a lateral flow device (LFD) test before attending the event. Additionally, businesses were required to promote compliance with the wearing of face coverings and take reasonable measures to ensure visitors complied with social distancing. As funeral director premises were classed as businesses, this requirement was reflected in the revised guidance.
96. On Tuesday 15 February 2022 both the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021, and the Health Protection (Coronavirus, Wearing

of Face Coverings) Regulations (Northern Ireland) 2020, were revoked. The Cell understood that this removed certain legal requirements limiting the numbers permitted to gather indoors at a private dwelling and the mandatory wearing of face coverings in certain situations, with the intention that restrictions be replaced with advice and guidance. DCPLB officials drafted **Version 19** of the guidance [MM/XX **INQ000458858** (DoH Ref: MMcB/0579)]. A submission enclosing the draft guidance was issued to me on 18 February 2022 for review and approval and subsequently sent to the Health Minister for his approval [MM/XX **INQ000458859** (DoH Ref: MMcB/0580)]. Following the Minister's approval, I wrote to key organisations on 18 February 2022 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [MM/XX **INQ000458860** (DoH Ref: MMcB/0581)].

97. All references to the revoked legislation were removed from the guidance and specific wording amended to reflect the move from a legal obligation to general advice and guidance. However, the Cell considered it important to retain guidance for handling the infection risks when caring for the deceased and managing funerals in relation to Covid-19. In view of the continued potential for further spread of infection, the revised guidance strongly recommended that if the deceased died with a "continuing risk of transmitting Covid-19 infection", the remains should not be taken home and that funeral services should not take place at a private dwelling. In such circumstances, any viewing of the remains of the deceased person should take place at the funeral home, at the discretion of the Funeral Director. Ultimately, the funeral director was the individual responsible for caring for the deceased and it was at their discretion whether viewing would be permitted when there was continuing risk of infection.
98. Following consultation with the PHA and the CSA, the definition of what constituted a "continuing risk of transmitting Covid-19 infection" was revised with the period of time for infectivity being reduced from 14 to 10 days from the onset of symptoms or a positive test for Covid-19.
99. Whilst there were no legal limits on the number of people who could attend a funeral or committal, it was explained that those attending or organising such events should be aware that it would be more difficult to manage the risk of transmitting Covid-19 if space was crowded. As a result, the revised guidance recommended that venue operators carry out a risk assessment to determine the number who could attend a funeral service safely, taking account of the advice to maintain 2-metre social distancing between different households. This would continue to have an impact on the

numbers who could attend, as the size of the premises and capacity would vary from venue to venue.

100. Whilst the legal requirement to wear face-coverings in certain places had been removed, the revised guidance recommended that face coverings should be worn indoors for funeral services or viewing a deceased person. This was consistent with the advice from the CSA and myself that face covering should continue to be worn in indoor places.
101. Throughout the period from 11 January 2020 – 15 February 2022, revisions to the guidance for handling the infection risks when caring for the deceased and managing funerals, were drafted to reflect the evolving situation and the decisions taken by the Executive. The Cell was not involved in shaping the decision making of the Executive in relation to restrictions and regulations.
102. Throughout the pandemic the Cell responded to a wide range of Covid-19 related queries from various organisations and individuals, including churches, clergy, local councils, funeral directors. Government Departments, PSNI, Coroners, and members of the public [MM/XX: INQ000458865 (DoH Ref: MMcB/0582)]; [MM/XX: INQ000458866 (DoH Ref: MMcB/0583)]; [MM/XX: INQ000458867 (DoH Ref: MMcB/0584)]; [MM/XX: INQ000458868 (DoH Ref: MMcB/0585)]; and [MM/XX: INQ000000000 (DoH Ref: MMcB/0586)]. Many Funeral Directors and clergy sought advice about the particular restrictions in place at any one time, primarily relating to the numbers who could attend funerals at home, in churches or at the Crematorium. The guidance was designed to protect the safety of everyone and limit the spread of Covid-19 infection where possible.
103. Officials had many discussions with the Irish Council of Churches and individual clergy on different aspects of the guidance, providing advice about the numbers who could attend funeral services and allaying any fears they had. This was particularly relevant at the start of the pandemic when Churches were not open for worship and clergy had concerns about funerals and committals. At this time, the Cell was in frequent often daily contact with the Irish Council of Churches usually by phone and they were consulted each time revisions were being made to the guidance. Again, it was emphasised that the guidance was designed to protect the safety of everyone involved following a death and to limit the spread of infection. In addition, the CSA and I had separate and regular engagement with faith leaders in NI throughout the pandemic.

Completion of Medical Certificate of Cause of Death (MCCD)

104. I will now turn my attention to the certification of death as Covid-19. Doctors are under a statutory obligation to complete a MCCD to the best of their knowledge and belief following a death. The cause of death section is set out in two parts in accordance with World Health Organisation recommendations. In Part 1, the doctor must state the disease or condition directly causing the death on line 1a and then state, on lines 1b and 1c, any morbid conditions that gave rise to the direct cause, stating the underlying cause of death last. In Part 2, the certifying doctor must state other significant conditions that contributed to the death but were not related to the disease or condition that caused it.
105. While there were changes to the death certification process to include widening the pool of medical practitioners who could complete a MCCD if the attending practitioner was unavailable and requiring the MCCD to be sent electronically to the General Register Office, to my knowledge there were no specific concerns or challenges in terms of certifying death as Covid-19 in Northern Ireland. On 23 April 2020, I issued a circular providing guidance on death certification during the Covid-19 pandemic [MM/XX **INQ000458871**] (DoH Ref: MMcB/0587)] **HE1/24/50540**. The guidance aimed to assist medical practitioners with their statutory and professional responsibilities for appropriate certification of death through the completion of an MCCD and to ensure its accuracy to the best of their knowledge with the adoption of uniform terminology of the disease.
106. The circular set out information on who could complete a MCCD following changes introduced through the Coronavirus Act 2020 and advised on the preferred terminology to be used when there had been a laboratory confirmed positive Covid-19 test. It further set out the acceptable terminology to be used in the absence of a confirmed positive test for Covid-19 and advised that the certifying doctor should consider any available evidence and apply their clinical judgement as to whether the disease caused or contributed to the death.
107. It is entirely possible that Covid-19 could have been stated as either the direct or underlying cause of death in Part 1, or as a significant condition that contributed to the death in Part 2.

Bereavement Support and Funeral Guidance

108. In the very early stages of the pandemic in addition to the establishment of the "Cell" to provide guidance on Covid-19 issues with respect to death, it became apparent to me that the pandemic would have a great psychological impact especially on all those bereaved during this period. In March 2020, I commissioned a paper, "*Mitigation Plan for Psychological Aftermath of the Covid-19 Pandemic*" [Exhibit MMcB/6027 **INQ000458872**] to address the wider societal issues of the pandemic. The paper focused on a number of areas, one being "Individuals who die during the Covid-19 pandemic". This addressed the following issues: the impact on the relatives of those who died of or with Covid-19, as well as those who died from non-Covid-19 illnesses during the pandemic. Apart from the bereavement itself, the impact of grief was compounded by the significant change in arrangements for the management of deceased persons and in public gatherings such as church services and wakes. Family and public recognition or remembrance of loss during the pandemic period became a distressing issue for many people. A mitigation plan for this was developed to provide clear information and support to grieving families and staff. This is reflected in the plan which outlines the issues, identifies current and later risks, and any mitigation measures or action required.
110. To address the majority of the actions required in the mitigation plan, I established the Department of Health NI Bereavement Care Workstream, expanding on the already established HSC Bereavement Network. The membership consisted of representatives from the voluntary sector, hospices, chaplains, NI General Practitioners Committee, Independent Health and Care Providers, NICS Departments such as the Department for Communities and Department of Education, HSCB (now the Strategic Planning and Performance Group (SPPG)), the Northern Ireland Social Care Council (NISCC), the Patient Client Council (PCC), the PHA and HSC Trusts.
111. The workstream identified and produced a number of resource materials/booklets, for the general public (including children), HSC professionals and care home staff, and residents, providing advice to those who had been affected by a death with signposting to services for further support, if required (i.e. Trust Bereavement Support Teams, pastoral services, children's services and wellbeing resources). Some of the resources produced were:

- Saying Goodbye When Someone Special Dies video and workbook for children, [Exhibit MMcB/6028 **INQ000458873**]
- Pathway and Good Guidelines for Bereavement Support in NI during Covid-19, [Exhibit MMcB/6029 **INQ000458874** Pathway & Good Practice Guidelines for Bereavement - 1 (pagetiger.com)];
- Grief and bereavement during the Covid-19 pandemic: Supporting yourselves and others, [Exhibit MMcB/6030 **INQ000458875**]
- Death during the Covid-19 pandemic: Practical Guidance, [Exhibit MMcB/6031 **INQ000458876**]
- Death and grieving in a care home during the Covid-19 pandemic: A guide to supporting staff, residents and their families, [Exhibit MMcB/6032 **INQ000458877**] and
- Death and grief during the Covid-19 pandemic: Supporting each other following the death of a colleague, [Exhibit MMcB/6033 **INQ000458878**]

112. The HSC Trusts also built on their existing and well-developed services by turning a predominantly workforce facing bereavement service through policy development, service improvement, collaborative training and engagement, into a public facing activity by providing Trust Care Call services. This significant new public-facing service was led by the Trust Bereavement Coordinators, supported by additional staff who had to be redeployed from the frontline because of personal risk from the virus. It involved contacting relatives of those who died in hospital to offer support and guidance, provide them with bereavement support packs which contained a number of PHA Covid-19 specific booklets, signposting to support services where needed and a follow-up telephone call(s) as required.

113. The work of the Department of Health NI Bereavement Care Workstream culminated in a report entitled "*Covid-19 Guidance: Bereavement Advice and Support*" [Exhibit MMcB/6034 INQ000000]. This report made seven recommendations, one of which was "That the HSC Bereavement Network membership is expanded to become the Northern Ireland Bereavement Network, with responsibility for developing and leading the strategic bereavement plan for the next 10 years. The Northern Ireland Bereavement Network should include all relevant cross-departmental and community organisations and agencies" (Recommendation 2). To take forward this recommendation, I appointed Dr Patricia Donnelly as Chair of the Northern Bereavement Network in March 2021. Under Dr Donnelly's leadership, the members

of the Northern Ireland Bereavement Network have been responsible for taking forward the remaining recommendations in the report.

114. In conclusion, I would wish to emphasise that whilst one of DCPLB's and the Cell's primary roles was to draft guidance on handling the infection risks when caring for the deceased and managing funerals, it was the responsibility of myself and the Health Minister to approve the content of the guidance for publication. When revisions to the guidance were made, it was to ensure that the advice was aligned to any restrictions that had been put in place by the Executive, or when more information became known about the virus as the situation evolved, in order to ensure a balanced risk-based approach.
115. Whilst the guidance had a significant and regrettable impact on the normal customs and cultural practices around death and funerals, the safety of the population in Northern Ireland was paramount at all times. I fully appreciate that these additional restrictions added further to the distress of bereaved families, and we sought to reflect this not only in the guidance but also in the bereavement support provided during the pandemic. I fully accept that despite this work and the efforts made to mitigate the adverse emotional and psychological impact, some individuals and families bereaved during the pandemic will have been caused significant additional distress. That this was the case is a matter that I regret professionally and personally.
116. 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.

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