

Expert Report for the UK Covid-19 Public Inquiry

Module 2C: Core UK decision-making and political governance – Northern Ireland

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Author statement

I confirm that this is my own work and that the facts stated in the report are within my own knowledge. I understand my duty to provide independent evidence and have complied with that duty. I confirm that I have made clear which facts and matters referred to in this report are within my own knowledge and which are not. Those that are within my own knowledge I confirm to be true. The opinions I have expressed represent my true and complete professional opinions on the matters to which they refer.

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Part One: The Constitutional Arrangements of Northern Ireland

KEY POINTS

- Northern Ireland has a unique set of political and administrative structures that have meant that its political and policy responses do not emerge from the same working environment as the rest of the UK.
- Since power-sharing was established in 1998, the road has been far from linear. Progress has stalled on numerous occasions and existing agreements have required renegotiation.
- Northern Ireland is governed by a multiparty forced coalition where governing parties often do not share perspectives on the nature of policy interventions, the role of the state, social policies or national identities.

INTRODUCTION

1. The constitutional arrangements for Northern Ireland (NI) take account of its troubled past. The current arrangements have evolved from the Belfast/Good Friday Agreement (GFA, 1998). The Northern Ireland Act 1998 (and as subsequently amended by the St Andrew's Agreement, 2006, and Stormont House Agreement, 2014) is the basis for the constitutional structures in Northern Ireland. In the paragraphs below, we briefly outline the parts of the agreements most relevant to understanding the constitutional arrangements in NI.
2. By way of introduction, the Belfast/Good Friday 1998 Agreement set out a system for multi-levelled government in Northern Ireland through the 'three strands' of the Multi-Party Agreement.
 1. Strand 1 provided for the creation of democratic institutions in Northern Ireland
 2. Strand 2 co-operation between NI Executive and the Irish government through the North South Ministerial Council and north-south implementation bodies
 3. Strand 3 provided for intergovernmental or east-west dimension through the creation of: the British-Irish Council (BIC), and the bilateral British-Irish Intergovernmental Conference (BIIC)
3. These agreements established power-sharing between Unionist and Nationalist communities, represented by their political parties. A timeline is presented below in order to demonstrate that power-sharing has not been straightforward. The institutions have spent more than 40% of their time to date not functioning and various agreements and programmes outlined below were required to amend the Belfast/Good Friday Agreement in order to restore political confidence in the system.



THE NORTHERN IRELAND ACT

4. The Northern Ireland Act 1998 implemented the Belfast / Good Friday Agreement and made provisions for the devolved Assembly and power sharing Executive which were

elected and formed in 1998-99. The Act set out the powers of the Assembly and Executive in relation to transferred, excepted and reserved matters. It also stated that laws passed by the Assembly could not contradict European law and Human Rights legislation.

5. Transferred matters are issues on which the Assembly has full legislative powers. This relates to a wide range of social policy responsibilities including health and social care, education, agriculture, social security, employment and skills, economic development, environmental issues and transport (section 4, Northern Ireland Act, 1998). Excepted matters are those for which only the UK government in Westminster can legislate. These include international treaties and national security (Schedule 2 Northern Ireland Act, 1998).
6. The Act set out arrangements for the appointment of the First and deputy First Minister and NI Ministers under the d'Hondt system following Assembly election. Each candidate for the office of First Minister and the deputy First Minister must stand for election jointly with a candidate for the other office. The two candidates standing jointly required the support of a majority of the members voting in the election - a majority of the designated Nationalists voting and a majority of the designated Unionists voting. The Act also set out how cross-community support for certain decisions would be required. This means that a law will only pass if it has the support of a majority of both Unionists and Nationalists in the Assembly.

CROSS COMMUNITY VOTING

7. The Act also made provision for cross community voting in the Assembly (Northern Ireland Assembly Education Service). Cross-community support for an Assembly decision can be achieved in two ways:
 - a. parallel consent requires Aye votes from 50% of MLAs in the Chamber, plus 50% of unionists and 50% of nationalists;
 - b. weighted majority requires the support of 60% of all those in the Chamber plus 40% of unionists and 40% of nationalists. These voting arrangements are intended to protect the minority from domination by the majority.
8. MLAs who do not wish to be designated as 'nationalist' or 'unionist' are considered to be 'others'. The Alliance Party, Green Party and People before Profit Alliance do not designate as unionists or nationalists. They object to a system of voting which does not take their views into account on sensitive issues.
9. The use of the 'petition of concern' has, at times, been very controversial. If a party has enough MLAs, they can use the mechanism to block a decision supported by a majority of MLAs.

PETITION OF CONCERN

10. If 30 or more MLAs do not like a decision made by the Executive, they can trigger a 'Petition of Concern'. The Petition of Concern was one of the safeguards in the Belfast/Good Friday Agreement to ensure that key decisions in the Northern Ireland Assembly are taken on a cross community basis. This means that a decision can be blocked until it receives cross-community support (a majority of both nationalist and unionist members). Under a reform of the Petition of Concern in 2022 it can only be triggered by two or more parties (Secretary of State for NI, 2022).

NORTHERN IRELAND ACT 2000

11. Following the suspension of the Assembly Direct Rule was imposed in February 2000. The Northern Ireland Act 2000 was then introduced to make provision for the suspension of the

operation of the devolved government. Under this legislation, during a period of suspension the Assembly and its committees could not meet, no legislation could be passed by the Assembly and no minister could continue to hold office. Junior NIO ministers were given control of a number of Northern Ireland departments. The functions of the North/South Ministerial Council, the British Irish Council and the British/Irish Intergovernmental conference could not be exercised.

ST ANDREWS'S AGREEMENT 2006

12. The St Andrew's Agreement formed the basis for the restoration of the Assembly and Executive which was suspended in 2002 and Direct Rule introduced. Key elements of the agreement included the acceptance of the Police Service of Northern Ireland (PSNI) by Sinn Féin, restoration of the Northern Ireland Assembly and a commitment by the DUP to power-sharing with republicans and nationalists in the Executive. The Act included changes to how the First and deputy First Ministers were elected to a process whereby they are nominated, respectively, by the largest party within the largest political designation and the largest party within the second-largest political designation.
13. Other changes resulting from the Act included the introduction of a legally binding ministerial code (Northern Ireland Executive, 2015).
14. Under the Code ministers have a duty to bring matters to the attention of the Executive Committee regarding any matter which (Northern Ireland Executive, 2015):
 - i. cuts across the responsibilities of two or more Ministers;
 - ii. requires agreement on prioritisation;
 - iii. requires the adoption of a common position;
 - iv. has implications for the Programme for Government;
 - v. is significant or controversial and is clearly outside the scope of the agreed programme referred to in paragraph 20 of Strand One of the Agreement;
 - vi. is significant or controversial and which has been determined by the First Minister and deputy First Minister acting jointly to be a matter that should be considered by the Executive Committee; or
 - vii. relates to a proposal to make a determination, designation or scheme for the provision of financial assistance under the Financial Assistance Act (Northern Ireland) 2009 shall be brought to the attention of the Executive Committee by the responsible Minister to be considered by the Committee.
15. It was also agreed that the Northern Ireland Act 2000 Act would be repealed and that the introduction of Direct Rule would require primary legislation. We consider the implications of the suspended Assembly (2017-2020) where Direct Rule was not introduced and no Direct Rule Ministers were appointed in the absence of local Ministers. This lack of governance in the run up to the pandemic will have affected preparedness as highlighted.

STORMONT HOUSE AGREEMENT 2014

16. This agreement addressed a number of challenges and disputes which had threatened to bring down the power sharing institutions. Key aspects of the agreement related to the specific Northern Ireland problems of dealing with the past, flags and parades but the remainder covered the topics of welfare reforms, new financial powers and institutional reform which are of relevance to devolution more generally. Linked to additional Treasury financial support were proposals for institutional reform. This was aimed in part at cutting

administrative costs by reducing civil service numbers and the number of government departments (from 12 to 9) and, in part, at making the institutions more efficient through a number of measures. These include a new protocol on blocking mechanisms, facilitating an official opposition and streamlining Executive business. The UK Government also committed to considering further potential areas of devolution and changes to intergovernmental machinery (Birrell, 2015; Northern Ireland Office, 2014).

THE PRIME MINISTER'S OFFICE

17. The Prime Minister is represented in Northern Ireland by the Secretary of State (and vice versa).

THE SECRETARY OF STATE AND THE NORTHERN IRELAND OFFICE

18. The Secretary of State for Northern Ireland (SoS) is appointed by the King on the recommendation of the Prime Minister. They have overall responsibility for the constitutional settlement and in promoting the effective working of the institutions set up under the Belfast/GF Agreement. The SoS has responsibility in excepted matters – such as national security and foreign affairs and reserved matters. Their role has been described as representing Northern Irish interests at UK government level and the interests of the UK Government in Northern Ireland. The Northern Ireland secretary is not regarded as a key Cabinet post (Rutter and Sargeant, 2019), especially since the devolution of policing and justice in 2010, and there is also a high turnover of Secretaries of State and Ministers in the NIO. Chris Heaton-Harris is the eighth Secretary of State since 2008. This makes it difficult for the UK Cabinet to develop sustained relationships with the political structures (parties and officials) in Northern Ireland. We believe this to be worthy of note as many GB MPs are often unfamiliar with Northern Ireland and need time to learn its governance structures, societal schisms and contentious issues. In a crisis, personal and institutional relationships are important, particularly when navigating Northern Ireland's complex devolution arrangements and relationships with the Republic of Ireland and indeed the other devolved regions of the UK.
19. Headed by the Secretary of State for Northern Ireland, the Northern Ireland Office (NIO) is a UK government Department responsible for Northern Ireland affairs. Since devolution its role is to 'maintain and support' the devolution settlement. It has responsibility for:
 - a. Electoral law
 - b. Human rights and equality
 - c. National security in Northern Ireland
 - d. Maintaining and supporting the devolution settlement
20. The NIO has responsibility for three non departmental public bodies: the Northern Ireland Human Rights Commission, the Parades Commission and the Boundary Commission. The Institute for Government notes how the NIO's decline in stature in Whitehall since the 1980s and 1990s when Northern Ireland was a key prime ministerial priority, has resulted in it struggling to attract talented, ambitious civil servants (Rutter and Sargeant, 2019).
21. Its role though does depend, in part, on the status of the Northern Ireland political institutions and during periods when Direct Rule has been reintroduced (2002-2007 for example), the NIO has had to increase its capacity given policy responsibilities and role in supporting negotiations to restore power-sharing. The role of the NIO during the pandemic is discussed later on.

THE ELECTORAL SYSTEM

22. Unlike much of the UK, Northern Ireland uses a system of proportional representation to elect its MLAs and Councillors. First Past the Post is in place for Westminster elections. This is important to note as the electoral system has a direct effect on the composition of the institutions. The proportional representation system in place is Proportional Representation: Single Transferable Vote (PR-STV). PR-STV has many benefits, but it is widely recognised that it encourages politicians to think locally rather than nationally (or regionally in the case of Northern Ireland). At elections politicians often compete within parties and between parties on the ballot paper. The electorate may cast their preferences for any candidates that they wish. In the Republic of Ireland, where the system is also used, national politicians generally need to have strong local credentials to get elected. In Northern Ireland, voting tends to be along community lines (Unionist-Nationalist), with tactical voting also evident, where in some constituencies people use their multiple preferences to vote against a party rather than for a party. These two points are worth noting as they explain the political make-up of the Stormont Assembly.
 - a. In PR-STV voters vote for individual candidates rather than parties
 - b. voting tends to be along ethno-community lines
 - c. voters may vote tactically voting against a particular party or person rather than in favour of a party or person
23. The system is argued to facilitate the representation of smaller parties in the Assembly.

THE SELECTION OF MINISTERS

24. The number of Ministers nominated by each party is determined under the d'Hondt formula by its share of seats in the Assembly, which means the number of Ministers each party has, broadly reflects its share of the vote. The only exception is the Minister for Justice who is elected following a cross-community vote of the Assembly.
25. As noted earlier, the adoption of a statutory Ministerial code following the St Andrew's Agreement set out detailed procedures for the way the NI Executive was to operate. In the words of the St Andrews Agreement, the Executive would be the forum for: the discussion of, and agreement on, issues which cut across the responsibilities of two or more Ministers, including in particular those that are the responsibility of the Minister of Finance – this is particularly noteworthy with regard to some decision making during the pandemic. The classification of the pandemic as a health pandemic allowed for devolution to the devolved jurisdictions. Of relevance for Northern Ireland, the response to the pandemic required cross-cutting measures across government departments, meaning that the Executive Committee should have taken a lead role in the response.

THE ROLE OF THE EXECUTIVE

26. The consociational design of the executive in Northern Ireland sets the NI Assembly apart from its more traditional Westminster-style parliamentary systems. Power-sharing in the executive explicitly reflects sectarian divisions in Northern Ireland. Nationalist and Unionist parties share power 'not as a result of any pre- or post-election negotiations, but rather because they are obliged by law to share power with each other' (McGrath, 2005). Ministerial portfolios are allocated on the basis of party representation in the Assembly according to the d'Hondt formula. In reality this means that all parties – the nationalist and unionist communities as well as the non-aligned Alliance Party – have held at least one portfolio since 2007. Neither the First Minister nor the Deputy First Minister has the ability to dismiss Ministers (from another party) for any reason. That power resides with the Assembly.

27. Unlike the rest of the UK, the Executive does not assume cabinet collective responsibility (explained later). The Northern Ireland Executive Ministerial Code states that decisions of the Executive Committee should be 'reached by consensus wherever possible' (para 2.12). This does not equate to collective responsibility and even the attempt to encourage a convention of collective responsibility has met with limited success when Ministers publicly criticise Executive colleagues. Each minister is responsible for their own department and each permanent secretary is responsible to their committee, or as accounting officer, to the Public Accounts Committee. This is a long standing problem and has been shown to have an impact on decision-making, resource allocation and resource sharing. In 2002, giving evidence to the Select Committee on the Constitution, Lord Paul Bew spoke of the absence of collective responsibility as 'a major problem' (Select Committee on Constitution, 2002).
28. Legally (under the Northern Ireland Act 1998) Ministers must participate with Executive colleagues in the preparation of a Programme for Government (PfG) which sets out the policy priorities for that mandate. As discussed, there are a range of circumstances in which Ministers must bring matters to the Executive: where any matter cuts across the responsibilities of two or more Ministers; is significant or controversial and outside the scope of the agreed Programme for Government. Since the introduction of the ministerial code there have been several judicial reviews of alleged breaches of the code. This arises, at least in part, from the autonomous nature of departments. For example, in 2013 Edwin Poots (DUP), when Minister for Health, was subject to judicial review for not bringing a ban on homosexual men giving blood to the Executive; and again in 2013, the then Agriculture Minister, Michelle O'Neill (SF) when she allocated £100m of Common Agricultural Policy funding without Executive approval (Knox, 2015).

THE ROLE OF SPECIAL ADVISERS (SPAD)

29. The role of the SpAd was changed as part of the NDNA agreement. The government that took office in January 2020 will have been the first to adhere to the new code of conduct. They are to provide Ministers with political advice. They are temporary civil servants and support their Minister and the Executive as a whole. They must comply with the civil service code of ethics but are not appointed on merit and of course are not expected to be politically impartial. Their functions are in line with those generally expected, but it is worth drawing attention to what special advisers must not do:
 - a. authorise the expenditure of public funds;
 - b. exercise any power in relation to the management of any part of the Northern Ireland Civil Service, except in relation to another special adviser;
 - c. otherwise exercise any power conferred by or under any statutory provision, or any power under the prerogative;
 - d. be involved in the line management of civil servants or in matters affecting a civil servant's career such as recruitment, promotion, reward and discipline; or
 - e. ask civil servants to do anything which is inconsistent with their obligations under the Northern Ireland Civil Service Code of Ethics or behave in a way which would be inconsistent with standards set by their employing department.
30. Further, in carrying out their duties, they can 'review and comment on – but not change, suppress or supplant – advice submitted to Ministers by civil servants' (Department of Finance, 2020). As we will see in later sections, this addition to the code of conduct was important following the Renewable Heat Incentive Inquiry.

CROSS CUTTING ISSUES

31. As noted earlier, the Ministerial Code also identifies the circumstances under which matters should be brought to the Executive Committee by a Minister. With regards to the pandemic, this is particularly relevant in relation to the requirement to bring cross cutting issues to the Executive. This is important as responsibility for policy interventions during the pandemic could, under certain circumstances, be regarded as the prerogative of the Minister, while when viewed differently, be required to be brought to the Executive Committee. Point VI of the code (see previous section) is of particular relevance. We will return to this later in the report (Section on Hub). Also of note in the Ministerial Code is the enhanced role for the Minister of Finance (point vii of the code, mentioned above).

THE NORTHERN IRELAND ASSEMBLY

32. Members of the Legislative Assembly (MLAs) are elected by the people of NI under proportional representation. Under power sharing, the more MLAs a party has elected, the more Ministerial posts it is offered. All MLAs must be designated as either Nationalist, Unionist or Other.
33. Apart from electing a Speaker, the NI Assembly cannot act unless posts of First Minister and deputy First Minister are filled. The Assembly makes decisions on all matters, apart from those reserved and excepted. Reserved powers may one day be transferred. Excepted powers are expected to remain at Westminster (referenced earlier).

THE ROLE OF ASSEMBLY DEPARTMENTAL COMMITTEES

34. The current structural relationship between the Northern Ireland Assembly's statutory (departmental) committees and Northern Ireland departments is that there is one committee for each department, reflecting the need to ensure balanced representation for political parties. Committees are chaired by an MLA from a different party than the MLA holding the Ministerial position. A move to cross-cutting committees was considered by an Assembly Committee Review Group in 2013 but not pursued.
35. Each Department has a Departmental Committee – chaired by an MLA from a different party, nominated through the d'Hondt system. As in the case in the rest of the UK, the Assembly committees examine Bills at Committee Stage and possess the power to call persons and papers. While committees have the power to introduce legislation to the Assembly, it has been rarely used in NI (an example is a bill around the enforcement of the Assembly's Code of Conduct and the appointment of an Assembly Commissioner for Standards passed in 2011). Committees can scrutinise legislation, hold Inquiries and call witnesses.

THE STANDING COMMITTEES

36. The Assembly & Executive Review, Audit, Procedures, Public Accounts, Standards & Privileges Committees sit alongside Departmental Committees.

THE PUBLIC ACCOUNTS COMMITTEE

37. The Public Accounts Committee (PAC) is the only committee where civil servants appear to speak on their own account and not on behalf of their Minister. The NI PAC has been found to work in a non-partisan way and to be effective in holding officials to account (Foster, 2015; Foster and Knox 2022).
38. Ad Hoc Committees may also be established as required. On Tuesday 31 March 2020 the Assembly appointed an Ad Hoc Committee to receive oral statements from Ministers on matters relating to the Covid-19 response and to question Ministers on such statements. All

Members of the Assembly were members of the Committee. The Chairperson of the Committee was the Speaker or, in their absence, the Deputy Speaker. The committee met four times in April, three times in May, twice in June and once in July. The committee did not meet again until December and then met once in each of the months: January, March and April 2021.

THE NI ASSEMBLY AND THE Civil Contingencies Act

39. The Assembly was not intended to play a role under the Civil Contingencies Act (CCA) 2004, however, as set out above, the Assembly did set up an ad hoc committee to oversee governance of the pandemic.

DEPARTMENTAL STRUCTURES IN NORTHERN IRELAND

40. There are nine departments in Northern Ireland, reduced from twelve in 2016. Each department in Northern Ireland is its own separate legal entity. This means that individual Ministers have responsibility for policy and operational matters within their own departments. There is no cabinet collective responsibility. This is important to note as it directly affects the day to day running of the government. We will return to this later in the report.

THE ROLE OF PERMANENT SECRETARIES

41. In Northern Ireland permanent secretaries are not politically appointed. In accordance with the Civil Service Commissioners' Recruitment Code, appointments to the NICS are made under the 'merit principle', where the best person for any given post is selected in fair and open competition. An independent (non-political) panel, usually including the Head of the Civil Service, appoints permanent secretaries.
42. Permanent secretaries are the accounting officers for the main departments and are responsible for advising Ministers. Ministers must listen to their advice, but do not need to follow it. Ministers will also receive advice from political advisers (technically temporary civil servants), political parties, lobby and interest groups, as well as independent experts. The old adage: Permanent Secretaries advise; Ministers decide. In a further nuance for Northern Ireland, the Head of the Civil Service cannot dictate to permanent secretaries nor can they control policy within any of their arms lengths bodies. This too is important to note as we will see that it influences the joined up nature of government.

WHAT IS MEANT BY THE TERM ACCOUNTING OFFICER?

43. Each organisation in central government – department, agency, trading fund, Health and Social Care body, Non-Departmental Public Body (NDPB) or other significant Arm's Length Bodies (ALBs) – must have an Accounting Officer. This person is usually its senior official. In line with the Corporate Governance Code, it is now usual for the Accounting Officer to be supported by a board whose structure should be agreed with the responsible Minister(s) where it is not set in statute. Formally the Accounting Officer in a public sector organisation is the person who the Assembly calls to account for stewardship of its resources. The equivalent senior business managers of other public sector organisations are expected to deliver equivalent standards (Managing Public Money NI, 2023). In NICS the permanent secretary is usually the accounting officer of the department. This role can be split or devolved to a grade three, as has sometimes been the case in The Executive Office.

MINISTERIAL DIRECTIONS

44. Where a permanent secretary disagrees with a Minister they can ask for a Ministerial Direction. An accounting Officer should seek direction if any of the criteria below are met (Managing Public Money NI, 2023):

- a. Regularity – if the proposal is outside the legal powers, NI Assembly consents, or Department of Finance delegations;
 - b. Propriety - if the proposal breaches NI Assembly control procedures; and/or
 - c. Poor value for money – if an alternative proposal, or doing nothing, could deliver better value for money.
45. Over the course of the pandemic, 51 Ministerial Directions were issued to permanent secretaries in Northern Ireland with a direct relation to the pandemic – the majority in relation to the Economy¹. While much higher than usual, Northern Ireland permanent secretaries are well versed in the use of such directions, having a much higher use than the rest of the UK 1998-2020 NI (Ministerial Directions in Northern Ireland, 2023):

	Number of Ministerial Directions			
	Northern Ireland	Scotland	Wales	England
1998-2020	36	5	1	56
2020-2022	69	0	0	26

Table 1

LOCAL GOVERNMENT

46. It is also noteworthy that Northern Ireland’s local government had recently been restructured (2015). Twenty-six local authorities were amalgamated, becoming eleven Councils with enhanced responsibility, including Community Planning powers. As part of this restructuring, three Emergency Preparedness Groups (EPGs) were established: Northern, Southern and Belfast. We are unable to ascertain the importance or usefulness of these EPG areas. Presumably, had Ministers wanted to pursue more localised lockdowns or regional responses to the pandemic, these EPG areas and the associated local government authorities would have been most useful. It would therefore be useful to explore the relationship between regional and local government and the effectiveness of information flow between these levels during the pandemic. It would also be useful to understand the technical, financial and administrative capacity of local government to be able to respond in a pandemic.

THE CIVIL CONTINGENCIES ACT

47. The Civil Contingencies Act 2004 applies to England, Wales, Scotland and partially to Northern Ireland. Civil contingencies in Northern Ireland are largely a devolved matter with responsibilities lying with The Executive Office and Northern Ireland government departments. The Civil Contingencies Policy Branch in The Executive Office is responsible for civil contingencies preparedness in Northern Ireland and maintaining arrangements for strategic crisis management in serious and catastrophic emergencies. Sub-regional and local coordination is achieved by a variety of arrangements, including those involving the Police Service of Northern Ireland, next step agencies, non departmental public bodies and local authorities.
48. The NI Civil Contingencies Framework (NICCF) in place at the start of the pandemic was published in 2011 (Office of the First and Deputy First Minister, 2011) (with a revised version in 2021). The 2011 version, in setting out the principles of civil contingencies policy and strategy in Northern Ireland, remained largely unchanged since it was initially published in

¹ Between 11 January 2020 (when the NI Assembly returned from suspension) and 28 October 2022 (when caretaker ministers were no longer in post), 69 MDs were issued by ministers, representing approximately £1.9 billion of budgeted public spending. Of this number, 51 (representing £1.4 billion of budgeted expenditure) were sought and issued as a direct result of the COVID-19 pandemic, with the majority issued by the Department for the Economy and the Department of Health. In the same period, no MDs were issued in Scotland or Wales and 26 were issued in England, of which 15 were COVID-19 related.

November 2005 (by the Direct Rule Ministers in the NIO) (The Northern Ireland Civil Contingencies Framework, 2005).

SUMMARY

49. Devolution and power-sharing have been far from straightforward in Northern Ireland. While the Agreements have been successful in managing violent conflict (although these groups had seen their support fall significantly by 1998 and as has been recently revealed, were highly infiltrated by the security services), they have been less successful in managing the day to day politics and public policy. These Agreements set Northern Ireland apart from the rest of the UK. The governance and government structures are different. We will explain these in more detail and how these structures influence the role of the civil servant in the following sections. Institutions, and in particular large bureaucracies are slow to change. As Northern Ireland's governance structures have changed, the roles of the institutions – including the NIO – have had to change too. While in many cases the statutory role remains the same, how this role is carried out or how the aims are achieved, may need to change. Also of particular note is the cross-cutting nature of the pandemic and the implications of this for policy and politics in Northern Ireland. Finally, the role of new local Councils in Northern Ireland should be considered. Since their creation in 2015 they have received community planning powers (which includes responsibility to assess local need and to make representation to statutory bodies and departments²) and, in the absence of Ministers for prolonged periods, together with MPs, have been the only constant source of political representation in the region.

² Community planning places duties on councils, departments and community planning partners. The process provides a platform for the integration and planning of public sector services and investment. It is vital that the Community Planning Partnership shows strong and sustained shared leadership and commitment to delivering the vision set out in the community plan

Part Two: Power-sharing in practice: from 1972 to 2020

50. Unlike the rest of the UK, civil servants have become accustomed to supporting the governance structures rather than serving Ministers and, more recently, the Executive.
51. The role of the Special Adviser has been controversial in the recent past. Significant problems between the parties since 2014.
52. The paragraphs below are based on excerpts from a book chapter (Rouse and O'Connor, 2020) in the '*Handbook of the Public Servant*' prepared for publication immediately before the pandemic. They provide a background to the relationship between politicians and bureaucrats before the Belfast/Good Friday Agreement (phase one), and three subjectively identified phases following the Belfast/GFA. It is only when we have an understanding of the nature of the environment within which decision-making during the pandemic took place, can we learn the lessons. As we have seen in section one, the governing structures of Northern Ireland differ from the rest of the UK. We will see in this section how these structures have been operationalised in the recent past.
53. These phases are:
 - a. direct rule (pre Belfast/GFA)
 - b. devolution (first Executive),
 - c. a honeymoon period where powersharing became established, and finally
 - d. the power-splitting phase where the political parties split power along ethno-political lines.
54. Drawing on interviews conducted by Dr Michelle Rouse, and evidence presented to the Renewable Heat Incentive Inquiry, we discuss each of these phases in turn below.

PHASE ONE: DIRECT RULE

55. The proroguing of NI's Parliament in 1972 as a response to escalating civil conflict heralded a period of direct rule from London. During this period, temporary administrative arrangements for Northern Ireland involved the appointment of a Secretary of State and up to four junior Ministers. These interim arrangements became entrenched as a state of "permanent impermanence" (Bloomfield 1998 in Knox and Carmichael 2005, p97) until devolution to a new Northern Ireland Assembly in 1999.
56. Direct rule Ministers were frequently responsible for up to two NI departments in addition to their Westminster and constituency obligations. In this regional context, the nature of direct engagement between Ministers and NI bureaucrats was considered "sporadic and superficial" (Carmichael and Osborne 2003, p208). Bureaucrat relationships with local politicians were equally distant. Legislation from Northern Ireland processed at Westminster was largely processed by virtue of statutory instrument. Unlike parliamentary bills, statutory instruments are not subject to amendment. In the absence of an active scrutiny role, NI bureaucrats could anticipate similarly sporadic and superficial engagement with local politicians over the course of their career.
57. The policy role of the NI bureaucrat during the period of direct rule was circumscribed to one of modest adaptation and delivery of policy designed at Westminster. As one senior civil servant commented:

"We didn't do much policy in Northern Ireland because we didn't have to. Policy was something that arrived from Westminster and the job, not to oversimplify it, was

scoring out 'England and Wales' and inserting 'Northern Ireland' in a policy paper or a piece of legislation. When you are not exercising a skill over a long period of time, it tends to atrophy. We also lost whatever political astuteness that we had – we had become disconnected from the local body politic because for 30 years it wasn't necessary to listen to people. It was only necessary to look to Westminster" (From Knox 2009)

58. In summary, dynamics from above (the Whitehall model) and below (drivers for symmetry in conflict management) evidence a strong neutrality norm within the bureaucracy during this period. The role of the bureaucrat during the direct rule period is further characterised by limited interface with politicians, the absence of a scrutiny role, and a stalling in NICS policy development capacity and responsiveness. The absence of locally elected politicians further limited a drive for executive leadership with the bureaucrat role firmly rooted in neutral competence.
59. The Belfast/Good Friday Agreement, the Northern Ireland Act (1998) and subsequent Northern Ireland Act (2000) were transformative, not only for politicians, but for civil servants and the functioning of the civil service. The civil service shifted from a delivery focused organisation to an organisation that was involved in the policy making and policy delivery process.

PHASE TWO: DEVOLUTION 1999–2005

60. This section examines the politician bureaucrat relationship in the context of the transition from serving a remote majoritarian government in Westminster to the serving a complex multiparty system in Stormont. This required a shift for the NICS from its previous delivery function under direct rule to a live policy-making environment. The new political landscape required a high degree of sophistication in the development of policy that could be both responsive to locally determined priorities and sufficiently nuanced to accommodate the diverse ideological perspectives within the multiparty Executive. In this regard, the NICS were distinctly unprepared. Knox (2014) and McMahon [INQ000187620] note that many civil servants lacked requisite skills in policy formulation because of their reliance under direct rule on the “read-across” of policies from Westminster. The combination of a need to develop capacity within the civil service bureaucracy taken with the need for politicians to deliver on policies reveals an immediate mismatch in expectation and capacity. Put differently, politicians needed to show their electorate their value, while the civil service, in this period, needed time and investment to adjust to the new political reality.
61. Initially a legacy of distrust between politicians in NI and bureaucrats developed over Direct Rule persisted. Local politicians had traditionally regarded NI bureaucrats as “remote and unresponsive” (Carmichael and Osborne 2003, p214) and were keen to assert their newfound authority. Equally, senior NI bureaucrats were distinctly underwhelmed by the calibre of local politicians, the majority of whom had no direct experience of policy making, regarding them as “parochial and lacking in strategic vision” (Carmichael and Osborne 2003). Additionally, arrangements for Northern Ireland Assembly Committees differed dramatically from the “light-touch” approach NI bureaucrats had previously experienced within the Westminster committee system. Carmichael (2002: 182) recounts how the proactive approach to scrutiny taken by some Assembly Committees caused a measure of “discomfort and resentment” among some senior officials. This seemed to be the case despite evidence that there were significant limitations in the way that committees exercised their scrutiny function – at least in the early years of devolution (Wilford and Wilson, 2001).
62. The development of relations between politicians and civil servants during this period was significantly inhibited by intermittency and inability to consolidate new power-sharing arrangements. During the period, the institutions were suspended on four separate occasions. Formal direct rule from Westminster was reintroduced between 11 February

2000 and 20 May 2000 with two 1-day suspensions (11 August 2001 and 21 September 2001). The inability to secure requisite political consensus for the institutions culminated in the eventual decision in October 2002 to reintroduce Direct Rule.

PHASE THREE: POWER-SHARING 2007–2011

63. Following elections in November 2003, the DUP and Sinn Féin emerged as the largest parties, from the respective unionist and nationalist electorate, fundamentally altering the balance of power in NI. The DUP's refusal to share power with Sinn Féin, however, precipitated a further collapse of the Northern Ireland Assembly. A parallel process of confidence-building measures ensued. A deal brokered by the British and Irish Governments at St Andrews in October 2006 ushered in a new period of power sharing.
64. In this phase, relationships between the NICS and politicians stabilised with political consensus enabling common purpose. The then Head of the Civil Service, Sir Bruce Robinson (2008–2011), described civil servants as the “mortar” between the political bricks, further acknowledging that civil servants had to “win the trust of politicians” who were initially wary of NICS – an organisation which had for years been controlled from London (Chambers 2010).
65. It is important to acknowledge that maintaining trust in this relationship in the context of the new political dispensation required a heightened political awareness among civil servants. For example, Chambers quotes Sir Bruce Robinson as referring to: “Ministers... testing out some of the points and tabling some of the issues that you're conscious other parties will be concerned about – all with the objective of facilitating an outcome that's satisfactory to the Minister” (Chambers 2010) and thus found themselves hammering out a consensus or common view. They therefore played a pivotal role in the day-to-day management of power-sharing (O'Connor, 2012) - a substantial departure from the role of the traditional civil servant.
66. In his evidence to the RHI inquiry, Sir Malcolm McKibben, Head of the Northern Ireland Civil Service, (2011–2018) summarised politico-administrative relations during our phase two and phase three:

“Very briefly, if you go back to 2007 whenever the Executive was formed, it brought together five different parties with very different economic, social and constitutional aspirations, and that first mandate between 2007 and 2011 was really about building trust between the parties, getting them to learn how to work together, and to stabilise the institutions.” (Renewable Heat Incentive Inquiry 2018a p.64)

67. Of particular note is the role the civil servant played in supporting the power-sharing structures. They had gained the confidence of the Ministers and vice versa and civil servants would support politicians to find agreement on policy implementation issues. Given the nature of the government, these discussions were often, necessarily, political in nature, particularly in the Executive Office, or what was then the Office of the First and Deputy First Minister. Serving two diametrically opposed political parties (not only on the conflict, but often also on social and economic issues) meant that civil servants had to negotiate a way forward relying on their political nous.

The Rise of the Special Adviser

68. This period also witnessed the emergence of the special adviser (SPAD) as a key player in the decision-making process. While Special Advisers (N=11) were an integral part of the 1998 Belfast/Good Friday Agreement, their power and influence were maximised in this period. Their number had increased to 16 (now reduced to 14) and as we will see in the following paragraphs, they played a significant role in decision-making within Northern

Ireland during this period. What had previously been a two-way relationship between politicians and civil servants, had now become a tripartite relationship: this created a “new way of working that civil servants hadn’t seen before.... that the papers are filtered through special advisers” (Interview 19). In the days of phase two above (Mallon and Trimble – First and Deputy First Minister), the SPAD “was just a filter in the sense that the papers would arrive with Mallon and Trimble still intact from they left the civil service but with their comments added,” whereas in this new phase, this ‘has changed quite substantially in what gets to the Minister is heavily changed before it gets there and that’s probably where things changed quite dramatically’ (Interview 19, 2018).

69. We will return to the influence of the special adviser in Phase Four.

PHASE FOUR: POWER-SPLITTING 2011–2017

70. Following changes to parliamentary rules, in 2016, both the SDLP (Nationalist) and UUP (Unionist) rejected their entitlement to seats in the multi-party executive in favour of forming the first official opposition since devolution. Governance arrangements almost collapsed four times during this phase. In 2013, Richard Haass and Meghan O’Sullivan attempted to broker a deal to resolve legacy issues from the conflict culminating in the Stormont House Agreement in 2014. In 2015, the Fresh Start Agreement focused on selected residual issues including the role of paramilitaries, the budget, welfare reform, legacy, and corporation tax. This period was characterised by political instability and institutional fragility, and, at times, the institutions were on the verge of collapse and, indeed, did collapse following the resignation of the Deputy First Minister in January 2017 (Renewable Heat Incentive Inquiry 2018a, p65). During this period, we argue that power was now split between both main parties, as opposed to “shared” in the context of an inclusive Executive. Politicians during this period were ‘combative’, however in a difference from the previous era, they were now more distant from civil servants due to the increased assumed power of the special adviser. Civil servants were no longer able to mediate political differences to the same extent.

71. The level of engagement between the civil service and political level is demonstrated by Sir Malcolm McKibbin’s evidence to the RHI Inquiry, which clearly articulates a brokering role for the bureaucrat between opposing political protagonists:

“The biggest difference, I suppose, that my role involved during the time that I was head of Civil Service was the engagement in the annual political crisis negotiations. I mean, they took up months — months. I mean, there was a huge number of hours put into those negotiations, either between the five parties or, indeed, between the two parties and the British and Irish Government. I mean, that was a huge difference between what I would’ve done in another Department and what I was doing in OFMDFM. And that wasn’t part of the job spec, let me tell you, at the beginning.” (Renewable Heat Incentive Inquiry 2018a, p68)

72. The role of the elite civil servant had changed. The civil servants, while still perceiving their role to “serve the government of the day” found this task now involved a higher level of real politics than they were comfortable with. At the RHI Inquiry, permanent secretary Dr. Andrew McCormick was asked if there was an unwillingness on the part of the civil service to say “No” to Ministers, to which he responded:

“There’s probably a bit of apprehension that, if we raise these issues too often, we’ll be seen as awkward. You know, unhelpful.” (Renewable Heat Incentive Inquiry 2018b, p19)

73. The relationship narrative identified here resonates strongly with that identified in phase two where an imbalance of power and a level of mistrust characterises the working relationship

between the civil servant and political actors. A key distinction, however, between this phase and phase two is that the bureaucrat's access to the Minister is now mediated by the special adviser in a tripartite arrangement and an assumption that you couldn't get to the Minister other than through the special adviser, and that's what the Minister was comfortable with. Dr Andrew McCormick was directly questioned by the chair of the Inquiry on the nature of the power dynamics between himself as departmental permanent secretary and the special adviser when it was revealed that potentially sensitive emails had been exchanged between two special advisers in respect of delays in the implementation of cost controls to prevent abuse of the flawed scheme. When pressed by the chairman if he, in his capacity as departmental accounting officer, may have asked to see the emails, Dr. McCormick responded:

"they were mentioned to me in a way that in — in a way that conveyed quite clearly that I wasn't gonna see them." (Renewable Heat Incentive Inquiry 2018b, p44)

74. When pressed further, McCormick responded that even if he had asked for the emails:

"I don't think I would've been given them...In the atmosphere and context of that time, that did not occur to me, and I'm clear I would've been rebuffed....I think the reality of what we'd got used to was that they were in charge, and had made — they'd made that very clear, from 2007 onwards, that things would be done their way." (Renewable Heat Incentive Inquiry 2018b, p44)

75. Dr. McCormick's account of the power imbalances in the relationships between officials and special advisers is affirmed by that of Sir David Sterling, was then permanent secretary of the Department Enterprise, Trade and Investment who indicated that he had no knowledge of discussions which took place between the special advisers in his department with a special adviser in another department in respect of the scheme (Renewable Heat Incentive Inquiry 2018, p16). It is clear that special advisers were now a major part of the political-administrative landscape in Northern Ireland. The implications are that Ministers were more distant from civil servants in this era. Civil servants were no longer able to mediate between different political interests to try and operationalise high level political goals in terms of public policy. The role of the Adviser came under particular scrutiny at the RHI Inquiry and resulted in a change to their code of conduct.
76. This phase describes the last time politicians and Ministers had meaningful interaction before returning in January 2020. Government in Northern Ireland had been operating in an adversarial and dysfunctional manner. Trust between political parties was low. The role of Ministerial Adviser (Special Adviser) was changed following the RHI Inquiry, and this administration (January 2020) was the first to see the new rules operationalised. At the time power-sharing ended, there were significant problems with how government was operating. While the issue of SpAds had been dealt with, it remains to be seen if this was effective. We have no knowledge on the role of SpAds during the pandemic but this would have been a good opportunity to understand if/how the new code of conduct was operationalised.
77. In the period before January 2017, the NI bureaucrat served a two-party coerced coalition as opposed to the inclusive, consensus-based grand coalition envisaged by Lijphart (1969), in his original prescription for plural societies, upon which the governance arrangements in NI are based.
78. The limits on the power of civil servants to make decisions was tested during the period of suspension from 2017 to 2020. A good example is when permanent secretary, Peter May, was found by the High Court not to have the appropriate lawful authority to issue the planning consent for an incinerator in Hightown/Mallusk, north of Belfast, in the absence of a Minister in charge of the Department. In 2018, the Northern Ireland (Executive Formation and Exercise of Functions) Act 2018 was introduced which in effect allowed civil servants to

make decisions ‘in the public interest’, in the absence of Ministers. As we will set out later in our report, this is not an acceptable situation and one that compromises the independence and neutrality of the bureaucracy to which it aspires.

79. In January 2020, the Executive returned until January 2022. The remainder of the report will focus on this period.
80. At the outset of the pandemic, the recommendations of the RHI Inquiry were being implemented by NICS. A report by the Northern Ireland Audit Office identified that ‘significant progress has been made against the recommendations grouped under the Governance and Financial Controls theme; reasonable progress has been made against recommendations concerning Record Keeping and limited progress has been made in addressing recommendations on how the public, businesses and civil servants are raising concerns’ (Northern Ireland Non-Domestic Renewable Heat Incentive Scheme, 2022).

SUMMARY – CONSEQUENCES OF SUB-OPTIMAL POWER-SHARING STRUCTURES

81. As is evident from Sir David Sterling’s testimony and the collective evidence of Sir Malcolm McKibben, Sir David Sterling and Dr Andrew McCormick to the RHI Inquiry, much of the attention of the senior civil service had been devoted to mediating political differences in Northern Ireland: not typically a role of a civil servant. Political confidence in the NICS has grown over the past 25 years – most notably, Sir Malcolm McKibben was asked to chair the all-party talks that led to the Stormont House agreement. One cannot imagine too many previous permanent secretaries having the confidence of all political parties in Northern Ireland. This is to the credit of NICS, however, it comes at a cost. Time is not an infinite resource. It runs out. Priorities are made and, depending on resources, some things do not get done. While senior civil servants devote time to securing power-sharing governance arrangements, this can come at the expense of administrative reform, policy change or policy implementation. Did civil servants continue in this unofficial role of supporting the powersharing structures in NI during the pandemic?
82. This may have some bearing on questions asked in module one [INQ000187620; McMahon statement] about the working of the CCG in Northern Ireland including the attendance of senior staff at the CCG pre pandemic. For the purposes of module 2c, we emphasise the different role that the civil servant fills in Northern Ireland compared to the rest of the UK. We have set out how this role has emerged through various stages – from working with new Ministers, to experienced Ministers to no Ministers plus the impact of the evolving role of Minister’s Advisers.

Part Three: Presence/Absence of Ministers

83. Without a functioning Assembly and Executive, there is no one to enact primary legislation regarding the devolved functions. So, while progress on many social policy issues, including health reforms was unlikely with Ministers in place, the absence of Ministers made progress impossible. This is particularly the case given the number of times the Assembly and Executive collapsed with negative impact culminating over a number of years. At a fundamental level Northern Ireland has not had a final Programme for Government since 2015 meaning that there has been no agreed set of parties with regard to social policy.
84. Some public services have experienced decades of under investment, including education with policy and budgetary allocation not taking account of historically lower levels of spending per pupil than in England and the growing need with regard to special educational needs provision (see for example the House of Commons report on The funding and delivery of public services in Northern Ireland (Northern Ireland Affairs Committee, 2024).
85. In the context of a failure to implement changes to the health system over a number of years, the 2016 Bengoa Review warned of the unplanned collapse of the health service if transformation did not take place. The failure to address issues in the social care sector over 25 years of devolution has had consequences for those requiring those services but has also increased pressure on the acute health sector. The absence of Ministers has meant that there has not been a multi-year budget since 2011-2015 which has implications for effective policy development, service planning and delivery. Effective policy making and implementation requires a sustained focus. This means that the Assembly and Executive don't just need to be in place, they need to function effectively and evidence suggests that this has not been the case (Northern Ireland Affairs Committee, 2023; Northern Ireland Affairs Committee, 2024; Horgan and Gray, 2012; Gray and Birrell, 2012; Pivotal, ND).

ABSENCE OF MINISTERS JAN 2017-JAN 2020

86. During the period immediately preceding the pandemic (2017-Jan 2020), civil servants needed to take the place of Ministers. Many permanent secretaries became more visible and attempted to be more accountable directly to the public. This placed civil servants in a difficult position, and a position that could potentially work to jeopardise the independence of the organisation. A comprehensive overview of the period without Ministers has been prepared by the Institute for Government (Rutter and Sargeant, 2019).
87. Of further relevance, the absence of Ministers also impacted the functioning of inter-Ministerial meetings/ North-South, British-Irish Council meetings.
88. During this period the Westminster Government demonstrated a willingness to legislate on some issues - marriage equality, the legal right to abortion and a compensation scheme for victims of historical institutional abuse.

PRESENCE OF MINISTERS (JAN 2020-FEB 2022)

89. The presence of Ministers during the early stages of the pandemic will presumably have ensured that the key concerns of citizens were highlighted to civil servants and that these concerns fed into the advice proposed to Ministers. The absence of Ministers until January 2020 may have impeded the informal networks between politicians at the regional and local level and therefore also between regional and local civil servants. Ministers, and indeed politicians in general, are very close to the electorate in Northern Ireland and the restoration of the Assembly just before the pandemic meant that politicians were in place to represent the interests of the electorate.

90. Given the numerous ethnopolitical crises facing NI politicians, the presence of Ministers may not have had an influence on the readiness of government to respond to the pandemic. Given the various challenges facing the government of Northern Ireland, it is possible that given constitutional and other priorities, they may not have focused on a crisis like the pandemic. Ministers have priorities. The electorate do not tend to reward politicians for preparing material that will sit on a shelf indefinitely. Nonetheless, this is a key function of the civil service. However, when budgets and staff are cut to the lowest levels since the Belfast/GFA, and that same administration is faced with the biggest challenges since Devolution - EU-Exit and the reestablishment of power-sharing that secures the peace, or absence of violent conflict, priorities are listed and some things that ought to be done never make it to the top of the list.

ABSENCE OF MINISTERS 2022 (FEB-MAY)

91. When First Minister Paul Givan submitted his resignation on the 3rd of February 2022, deputy First Minister, Michele O'Neill, also had to resign. However, unlike previous breakdowns, Ministers remained in post and the assembly continued to meet in shadow form and was able to pass legislation until the next election (May 2022). The Executive was not able to meet. As major issues need to be discussed by the Executive, Ministers were not able to make significant changes to health or social care provision, should they have been minded.

SUMMARY

92. While it is our considered opinion that the presence of Ministers may not have advanced some reforms substantively – for example in areas such as equality issues, education or health (due to the need for consensus in the Executive), the absence of Ministers ensured that no reform could possibly take place. As demonstrated by the judicial review into the decision by Permanent Secretary, Peter May, to construct a waste plant in Mallusk (Queen's Bench Division, 2018) (where the High Court ruled that he had no power to approve the planning application). Permanent Secretaries, during this period, could not take significant decisions to ensure Northern Ireland was prepared for an emergency.
93. Further, the absence of Ministers meant that formal political relationships at regional level and between the regional level and local level and between the jurisdictions were not as strong as they could have been at the outset of the pandemic.
94. In 2024 the House of Commons Northern Ireland Affairs Committee reporting on the funding and delivery of public services in Northern Ireland, including the consequences of collapse of the institutions, notes: 'During the course of our inquiry, we heard that the funding and delivery of public services was "extremely challenging", "precarious" and "at breaking point". We received evidence from organisations working in health, education, infrastructure, criminal justice, and in the voluntary, community and social enterprise and business sectors, all struggling with similar issues (para 10, Northern Ireland Affairs Committee, 2024).

Part Four: Health as a Public Priority

95. While Health is a public priority, the dominant parties tend to eschew the Health portfolio or choose the portfolio as a final option.
96. Where minority parties hold the portfolio, they risk condemnation by other Ministers in the government if they make unpopular choices.
97. Lack of an agreed and detailed programme for government makes it difficult for Ministers to make progress on unpopular issues.

A NOTE ON THE SELECTION OF THE HEALTH MINISTER

98. The Health Ministry has typically been one of the departments least favoured by parties when making nominations under the d'Hondt formula. In 1999, it was second from bottom (Sinn Fein). In 2007, the UUP lost heavily to the DUP (the other main Unionist party) and prioritised Health as their first choice with the intention of demonstrating their value to the electorate (Research and Information Service, 2023).
99. This was the only time that Health was chosen as a priority department. In 2011, Health was again second from bottom (DUP). In 2016, Health was bottom of the departments allocated under d'Hondt (Sinn Fein). In January 2020, Health was second from bottom (UUP).
100. Political importance attributed to leading the department is low. With one exception, Health has not been prioritised politically by political parties. That being said, each Programme for Government has acknowledged that health is a key concern of the population. As demonstrated in the table below, each Programme for Government identifies health improvements as one of its limited outcomes or indicators. Unfortunately, apart from a 2009 reform, we have not seen significant improvements in our health and social care structures and outcomes.

Programme for Government	Health Priority
Building Forward 2023	"Health of the Population"
2016/2019/2021 Draft Outcomes Framework (Research and Information Service, 2021)	"We enjoy long, healthy, active lives"
Programme for Government 2011-2015	"Reform and modernise the delivery of Health and Social care"
Programme for Government 2008-2011	"Promote , tolerance, inclusion and health and well-being"
Programme for Government 2001	"Working for a healthier people: A Healthy Society"

Table 2

101. The Department for Health continues to attract the majority of the funding in Northern Ireland (Draft Budget 2022-25, 2021) However, due to necessary structural reforms and the inadequacy of the total funding allocation (when set against need), this financial support is not sufficient to create a fit for purpose health care system. The Nuffield Trust has recently prepared a report on the funding of Northern Ireland's Health and Social Care system indicating the financial support compared to other regions of the UK (Nuffield Trust, 2022)
102. There have been a number of high-level reviews of the health and social care system in Northern Ireland. These include:

- a. 2002 Developing Better Services and Modernising Structures (Minister Barbara De Brun, SF)
 - b. 2011 Transforming Your Care, a review of health and social care in NI (Minister Edwin Poots, DUP)
 - c. 2014 Donaldson Report (The Right Time: The Right Place) (to advise on governance arrangements across the health and social care system – although went beyond this remit - ‘design of the system hinders high quality, safe care’) (Minister Jim Wells, DUP)
 - d. 2016 Bengoa Report Systems not Structures (Minister Michelle O’Neill, SF).
103. Each of these reports has made recommendations – however, given advances in science and technology, these recommendations are now dated and will require rethinking before adoption and implementation. Also notable is that while each were ‘badged’ as health and social care reviews, the primary focus was on health care services with little detailed analysis or policy attention accorded to social care. Separate policy documents on social care have not progressed to policy, resulting in social care legislation in Northern Ireland being considerably outdated with implications for care provision. Duffy et al (2015) refer to the complexion of adult social care legislation in Northern Ireland as being ‘...typified by disparate and dated pieces of law which are disconnected and without any sense of coherency in theme’.

SUMMARY

104. Health is an electoral priority for the people of Northern Ireland. Politicians, despite agreeing to commission independent reviews of how Health (and to a limited extent Social Care) should be organised, have not agreed on how these plans should be implemented. As previously mentioned, Northern Ireland government lacks a cabinet collective responsibility. This means that a Minister for Health, from a minor party of government, would find themselves politically isolated should they decide to repurpose or close a hospital or centralise care, should this be the preferred expert policy recommendation. Similarly, if one of the main Unionist or Nationalist parties takes a controversial decision, they may be subject to the ire of the other political parties within their own government. Similar instances of non-decision making are recognised in other parts of the public sector in Northern Ireland. This is a recognisable feature of our government: decisions that add value to the public, but are maybe not valued by the public are often not taken.

Part Five: Civil Service Structures (General)

105. Staffing levels at the outset of the pandemic were inadequate and led to a series of intergovernmental roles not being carried out or not being carried out effectively.
106. There were very experienced senior civil servants at the outset of the pandemic, but through necessity, were forced to prioritise core business rather than reform and ideas exchange.
107. The flow of information across government departments needs to be improved. The Hub needed up-to-date information from across government in a timely and digestible fashion to facilitate advice to Ministers/CCG(M).
108. The loss of a significant number of senior leaders part-way through the pandemic cannot have been helpful – had the organisation been appropriately staffed, perhaps people would have stayed in post or perhaps burnout would have been reduced across the public and civil service.
109. Absence of cabinet collective responsibility encourages silo-working. Mitigating structures need to be put in place, and our understanding from Jenny Pyper's (interim HOCS during the second stage of the pandemic) statement is that progress has been made in this arena.
110. Intergovernmental communication with the Republic of Ireland was underdeveloped. Multi-level UK government communication pathways were historically poor, described by Professor Nicola McEwan as having 'long been the weak link in the UK's system of devolution' (McEwan, 2022). She notes that the Joint Ministerial Committee established to facilitate cooperation met infrequently in the first decade of devolution and its ineffectiveness was further exposed by Brexit and then by the COVID 19 pandemic. As outlined in para 187-188, reform of the structures of intergovernmental communication within the UK has taken place. However, there is a potential role for the NIO to facilitate collaboration both with the RoI and with the Home Civil Service.
111. Northern Ireland's civil servants continued to 'serve the government of the day' throughout the pandemic. However, as alluded to in part one, serving a mandatory coalition cannot be equated with serving a voluntary coalition or single party government. The two largest parties in Northern Ireland hold very different world views. The socio-cultural divisions of these parties goes beyond nationalist/unionist perceptions. Significant differences exist in term of the role of the state, education policy, health and social care policy and other social policy issues including equality issues. (There is however some alignment in economic policy.) Serving a government with disparate and indeed conflicting priorities and values is an additional reality for Northern Ireland Civil Servants.

THE INDEPENDENCE OF NICS FROM THE UK HOME CIVIL SERVICE

112. The NICS is constitutionally separate from the Home Civil Service. It serves the Northern Ireland Executive, a coalition government, comprising nine Executive Departments, each of which is a separate legal entity. The NICS Board – chaired by the Head of the Civil Service comprises all Permanent Secretaries and meets weekly. Minutes are generally freely available online.

DEPARTMENTAL BOARD

113. Each Department has a Board, comprising senior management and two non-executive members, appointed on the basis of their complementary skills and experience. A key role of the non-executive members is to provide constructive challenge and scrutiny, and to guard against any tendency towards groupthink. In particular, each Board has an Audit and Risk Management Committee, which is chaired by a non-executive member. In a similar

vein, the NICS Board has decided to appoint a minimum of two non-executive members. The specification for the roles has been developed to ensure a broad range of experience to provide more diverse challenges to the board [INQ000421714].

THE IMPORTANCE OF APPROPRIATE STAFFING LEVELS (NICS)

114. At 1st April 2023 there were 22,818 full-time equivalent staff (FTE) in the Northern Ireland Civil Service (NICS), which was an increase of 1.3% on the figure at 1 April 2022, and a decrease of 13.2% from 1 April 2013. NICS staff numbers dramatically decreased in 2007 (Pidgeon and Research and Information Service, 2011) See table 6 in appendix.
115. It is often the networks between and within organisations that provide the space and opportunity for creativity and problem solving. The senior civil servant, however, must also be aware of their role within an accountable and hierarchical structure. The balance between informal network creativity and formal hierarchical accountability is very fine indeed. It takes an experienced civil servant to navigate this path. Fortunately, at the outset of the pandemic, NICS had many such civil servants. The amalgam of experience and expertise which existed at the top of NICS meant that at the outset of the pandemic, it had experienced civil servants in post that could navigate the system effectively and efficiently, formally and informally. These people had the experience of not just dealing with the usual demands of being senior civil servants, but were all practised in the art of governance in Northern Ireland.
116. However, this context within which civil servants were operating deserves sufficient attention. A brief glance at NICS employment figures (above) suggests a tumultuous period. The service was just returning to capacity at the outset of the pandemic, meaning that many people would have been new to post. The service had been radically reduced in size, without a corresponding reduction in its responsibilities (See planning as an exception). Compounding matters, the number of departments had been reduced from 12 to 9. Rather than responsibilities being allocated to local government, the majority of functions were simply amalgamated – for example the former Departments for the Environment and Department of Agriculture (having already merged with the Department for Regional Development) were simply amalgamated to become the Department for Agriculture, the Environment and Rural Affairs. Departments were understaffed for many years before the pandemic. This would have meant that staff development may not have taken place as one would expect in a learning organisation. It also would have meant that many tasks would either not have been done, or given sufficient attention.
117. Further, an absence of Ministers for more than eleven of the previous 25 years, and six of the previous ten years, plus an inability on the part of the Executive to reach consensus on some substantive issues resulted in a hiatus in Social Policy. Successive attempts to implement restructuring of the health system in Northern Ireland have failed, partially due to the absence of Ministers but also because of political nervousness about reorganising acute services. Where there has been some progress, for example with regard to the introduction of multi-disciplinary teams in general practice, roll out has been slower than expected and geographically uneven. Apart from some small changes, similar stagnation is evident in Education, Child Care provision, Social Care, Housing, and Equality Policy. While powersharing has succeeded in suspending the violent conflict, it has not succeeded in improving standards of public service or innovation in policy making.
118. We outline below some of the NICS structures that are relevant to the Inquiry. Collectively, these are often referred to as ‘C3’ (Command, Control and Coordination)³ :

³ An inflight review entitled ‘C3 Covid-19 Response Lessons Learned Review and Future Road Map’ provides an excellent overview of the operation of the C3 structures.

- a. **The NI Civil Contingencies Policy Branch (CCPB)** is located within the Executive Office. Its role is to work across the public sector to ensure the development of effective emergency preparedness and crisis management arrangements within government to deal with the most serious types of emergencies.
 - b. **The NI Civil Contingencies Group (officials) (CCG)(O)** is chaired by the Head of the NICS and is attended by departmental permanent secretaries, the Chief of Staff of the NI Hub, the PSNI and other key agencies. The role of the CCG is to support the Executive to make strategic decisions based on evidence.
 - c. **Departmental Operations Centre (DOCs)** are the operations centre for the management and co-ordination of the response by each department. DOC's report to the CCG(O) via the NI HUB.
 - d. **The NI Hub** (headed by a Chief of Staff) is the 'operations room' for CCG to compile insights from across government departments and prepare NI wide Situation Reports. The NI HUB has no decision making authority.
119. It is our understanding that the system is designed as follows (whether or not this worked in practice is to be determined):
120. Departmental information, be this from community groups, civil society, the CMO, Translink or business sector, is fed to each Departmental Operations Centre. This Centre needs to be sufficiently staffed with experienced civil servants. Each DOC collates and distils the information it receives and presents it in a coherent format for the Hub. The Hub is a central unit, accountable to the HOCS. The Hub should then collate the information and this information should be packaged in an accessible format for Permanent Secretaries when they attend CCG(O). This group in turn presents the material to CCG(M) (the political mirror of CCG(O), composed of all Ministers). Presumably, CCG(O) and CCG(M) would run sequentially, or in exceptional circumstances concurrently, so as to ensure the information was received by all Ministers in a timely fashion.
121. This system design should ensure that Ministers receive information on this cross-cutting issue in an accessible format and in a timely fashion. Ministers receive the information from other departments at the same time. Of course, they will already have had access to the information held by the DOC in their own Department.

PRIORITISING MATERIAL FOR MINISTERS

122. The civil service, and in this instance, CCG(O) must advise Ministers of their legal responsibilities. Ministers do not need to follow the advice of permanent secretaries, but they must listen to their advice. A key role of a senior civil servant under new public governance is to coordinate debate and discussion on a given topic. The senior civil servant relies on internal departmental advice, broader NICS advice, external advice from stakeholders, other levels of government, partner governments, academic and thinktank reports and papers etc. Sometimes decisions must be made without scientific evidence, sometimes political ideology is regarded as more important by Ministers. There is a need to make sure that information to the Minister is prioritised and communicated in an accessible format. The primary source of local/regional scientific and technical advice to Ministers should have been via the Hub.

COLLATING ADVICE FOR MINISTERS

123. Governance is indeed messy, Government needn't be. The web of actors involved in advising Ministers is necessarily complex. However, the formal advice mechanisms for Ministers should be clear. The Northern Ireland system of government is supported by the generalist civil servant. Civil servants need access to expert advice. Their unique skill is

sourcing this advice and preparing this advice in a systematic way for the Minister. An effective civil servant will have to be on good terms with their formal partners at all levels of government and both within and outwith government. An effective department will be on good terms with their formal and informal partners both within and outwith government. This makes for a 'messy' picture, but a clear hierarchical structure. Such formal and informal relationships need to be maintained for information to flow. Formal meetings, combined education and training programmes, learning events, think-ins and away days all support this flow of knowledge and information. The CMO, in his evidence to the Inquiry, has highlighted excellent professional links across the UK and Ireland. These networks must be of great help, provided the information can be efficiently fed back to Ministers or to where it is needed most. Unfortunately, it is our reading that support for non-specialist civil and public servants to exchange ideas across governments and levels of government had not been in place for many years and that professional development opportunities for civil and public servants had been severely curtailed.

124. While decision-making in a multiparty executive within a heavily contested, but post violent-conflict society, will be difficult, the civil service can assist in the governance process by ensuring accurate and up-to-date information is presented to politicians (the Assembly and Ministers) in a digestible and coherent manner. It is our understanding that the Hub was designed to be the primary source of civil service advice to CCG(O) which in turn was to support CCG(M). We now turn to the role of the hub in this regard.

THE HUB

125. The Hub, established in NICS to respond to the pandemic was to act as a link between various departments and units across government. While Mr. Anthony Harbinson refers to issues in setting up the Hub, the structures were in place to effectively share information across departments and upwards to CCG(O) and CCG(M). Were there sufficient qualified staff in place to ensure the quality of information? Were staff effectively motivated and managed/supported to work to the best of their ability to ensure effective information sharing? Our indicative opinion is that the service was understaffed and morale not sufficiently high. A look at the NICS people survey (2020) results highlight the very high proportions of staff that believe that they have a supportive manager and that they are trusted to do their jobs. Of particular note, is the significant increase in the proportion of staff that feel proud to tell others that they work for their particular department, would recommend their department as a good place to work, and feel supported in their work. However, while there has been a significant improvement, these metrics rarely break the 50% mark, highlighting the need for greater investment in supporting staff within a learning organisation. (Northern Ireland Civil Service People Survey 2020, 2021) Note: given the remit of the report, we have deliberately taken the 2020 figures. 2023 figures are available.

The Hub as potential for good practice

126. While the Hub was stood up for while necessary during the pandemic, similar structures could be employed in the future for tackling 'wicked' policy problems. This inter-departmental information gathering unit, under the auspices of the HOCS, had the potential to be a valuable support to permanent secretaries and Ministers. It also had the potential to provide a tangible mechanism for cross department information sharing. The extent to which it did so, is questioned by Jenny Pyper's need to establish the Executive Covid Taskforce (ECT) during the second phase (Lockdown II autumn 2020) of the pandemic. If the Hub structures were adequately supported to become part of the normal operation of government, they could be developed and attuned to the realities of public policy making in Northern Ireland, meaning both people and structures are fit for purpose when the need for scaling up arises. How these collaborative 'Hubs' and 'DOCs' hierarchically 'fit' within the system would need careful attention. Potential consideration

could be given to TEO, however this department will be under the auspices of the two main parties which could make minor parties sceptical of these teams. A further option would be to place the Hubs and DOCs under the direction of the Head of the Civil Service – in essence giving HOCS the responsibility for facilitating information flow between departments. Permanent Secretaries and Ministers would need to fully support the idea as information and budgetary sharing between departments is often lacking in the existing system.

127. Jenny Pyper's statement informs us that she established an Executive Covid Taskforce (ECT) that was to have the effect of encouraging cross departmental working. While she points to limited success of this initiative, its structural top-down design does not suggest that it would be effective in the medium to long term.

THE PURPOSE OF CCG(M)

128. If CCG(M) were not making decisions based on the information that was being communicated from the Hub, then what was their purpose? From the written submissions to the Inquiry, we see that many of the decisions were taken by Ministers in the relevant departments, with very few decisions being taken by this group (Pengelly, INQ000421703, para 109). With most decisions being taken by individual Ministers – this does not give the impression of a joined up, cabinet-style response to the pandemic. As noted previously, departments are separate entities in NI, and the Economy, Health, Communities, and TEO may have had different objectives during the pandemic. A central Ministerial cabinet (CCG(M)) should have been a useful decision-making forum for Ministers.

COLLECTIVE RESPONSIBILITY

129. Collective responsibility has two main components. First, the principle that Ministers should be able to have free and frank discussions prior to coming to a collective decision, and that these discussions should remain confidential. Second, that once a position has been agreed in cabinet, all ministers are expected to abide by that position and vote with the government, or else resign from office (Zodgekar, 2019).
130. It is our view that the lack of collective responsibility can lead to a forced siloing of decision making and budgets. While the excessively large Westminster cabinets of recent years can indeed make the idea of 'collective responsibility' difficult to enforce, cabinets with 12-15 Ministers, should, in the Northern Ireland context, be able to jointly agree and implement a programme for government under the collective responsibility convention. However, the ideological polarisation within the mandatory makes consensus on many substantive issues improbable. This is particularly evident with regard to high level cross departmental policies and strategies as evidenced by the challenges in formulating and agreeing an anti-poverty strategy, a sexual orientation strategy, a childcare strategy and race equality policies. Even when agreement on policy can be reached, progress can be hindered by the challenges of securing resource allocation across departments.
131. There has at times been positive relationships and significant engagement in the Executive Office (TEO) between the FM, dFM and two junior Ministers. While this has slowed down, or indeed in some cases prevented decision making, with appropriate political support departments could collaborate more effectively on outputs. Initiatives such as 'Delivering Social Change', 'Together Building a United Community' and some trade and tourism initiatives have managed to receive cross party support, as did mitigation measures for welfare reform policies. However, many issues such as equal marriage and reproductive rights had been stalled requiring Westminster intervention to bring about policy change. Policy continues to be stalled in substantive areas – for example, there remains no anti-poverty strategy for Northern Ireland and there is no agreement on post primary school transfer.

JOINED UP GOVERNMENT

132. Recall, each government department is its own legal entity in Northern Ireland. While this, in and of itself is not a problem, collaboration across government is a problem. The flow of information across government departments needs to be improved. The Hub needed up-to-date information from across government in a timely and digestible fashion to facilitate advice to Ministers/CCG(M). A review conducted by Dr Andrew McCormick, an experienced civil servant, highlighted, among other findings, that lines of communication between the Hub and DOCs (located in each Ministry) were poor and that the CCPB lacked experienced and trained officials. This can be attributed to two main reasons: collaboration across government and training and staff development. Therefore while the process appears to have been in place, there were apparent difficulties in the operationalisation of the process. In her statement to the inquiry, Jenny Pyper [INQ000411509], HOCS during the second phase of the pandemic, stresses that each Minister guarded their own policy responsibilities and any data and evidence relating to their departments carefully.
133. Joined up government requires Ministers to agree to civil servants devoting time to cross departmental and shared goals. It also requires Ministers to prioritise funding of outputs that support outcomes that are multi departmental or multi jurisdictional. While commitments to cross departmental working and commitments to programmes for government are amiable, it requires Ministers financially and politically to support outputs within another Ministerial department. Within a structure where each permanent secretary is responsible for providing advice to their own Minister, this may be difficult. While they are responsible to the Assembly as a whole as accounting officers, it could be difficult for a permanent secretary to justify spend in an area not within the direct competence of their Minister. Indeed, a Minister may take issue with another Minister either interfering in their departmental remit or with their funds being used to support the electoral aims of another Minister, potentially of a different party. These are tensions that exist elsewhere in the UK under different government structures, but they haven't restricted policy-making to the extent that they have in Northern Ireland. The failure to develop such fundamental interdepartmental strategies as an anti-poverty strategy points to this challenge. In Westminster Ministers are answerable to the Prime Minister and appointed by the Prime Minister. This is not the case in Northern Ireland.
134. Recall (paragraph 42), the Head of the Civil Service cannot dictate policy to permanent secretaries of other departments. Until the retirement of Sir David Sterling, the Head of the Civil Service was also the permanent secretary of the Executive Office (previously the Office of the First Minister and deputy First Minister). Sir David's successor was to be appointed from a list of names, resulting from a merit based process, by the agreement of the First and Deputy First Minister. The First Minister and Deputy First Minister failed to appoint a candidate from the list of names presented, resulting in the appointment of an external (and very experienced) 'interim Head of the Civil Service'. The appointment process was changed in September 2021 to facilitate the recruitment of a permanent Head of the Civil Service (Recruitment Code, 2021). At this time the Head of the Civil Service post was decoupled from the Permanent Secretary role of the Executive Office. This meant that the Head of the Civil Service did not have a department, nor could they dictate policy to permanent secretaries.
135. We have no concerns relating to the ability and expertise of the interim Head of the Civil Service. Her experience in public sector management will have been of great benefit to NICS. However a large organisation needs stable leadership in times of crisis. This does not necessarily mean that the same people need to be in charge, but that effective succession planning is in place. The failure to appoint a permanent Head of the Civil Service to succeed Sir David Sterling in a timely fashion will have caused uncertainty and an absence of strong leadership when it was needed most.

THE IMPORTANCE ATTRIBUTED TO CIVIL EMERGENCIES PREPARATION

136. It is clear from the written evidence submitted to the Inquiry that preparation for a civil emergency situation was not accorded the priority it should have been. This includes both receiving and giving briefings. For example, according to her evidence to the Inquiry [INQ000436641], Minister O'Neill (as then Health Minister), was not briefed about the risk of an influenza pandemic on taking up office, only becoming aware of the risk when it was contained in a submission from departmental officials in regard to Operation Cygnus. She also notes that she did not take part in the Cygnus Exercise, appointing the CMO Michael McBride to stand in her place as she was focusing on the health and social care transformation agenda (post publication of the Bengoa report). While civil servants need to prioritise material and cannot be expected to bring everything to the attention of the Minister, Ministers also have an obligation to prioritise their Ministerial duties.
137. Ministers have priorities and civil servants need to use their political nous to ensure departmental priorities are effectively communicated to politicians. It is, of course, up to politicians to make policy and political decisions and they can use a Ministerial Direction to disregard a civil servant's advice if the advice fits into the categories outlined above.

ACCESS TO INFORMATION

138. In the early stages of the pandemic the Civil Service in Northern Ireland should have had access to expertise directly from (i) CMO NI (ii) and the CSA for Health, (iii) UK SAGE, (iv) COBR and The National Public Health Emergency Team (NPHET) (RoI) - through contact between CMOs in NI and RoI. Cooperation and collaboration between the Departments of Health in NI and RoI in response to COVID-19 was formalised in a Memorandum of Understanding in April 2020. This focused on facilitating greater co-operation on a range of issues relating to information sharing including; public health messaging, research, programmes of behavioural change, evidence base, modelling, and non-pharmaceutical measures (Memorandum of Understanding, ND). It is our understanding that this MoU was not operationalised due to differences in data collection methods, procurement methods etc. It is noteworthy that the MoU was signed by the Chief Medical Officers and not the Permanent Secretary/Secretary General or indeed the Ministers.
139. An Emergency Covid-19 Taskforce was set up by the Executive Office in February 2021 to lead and coordinate an integrated programme of work in response to, and recovery from, the Covid-19 pandemic across Civil Service Departments. Work was to be conducted through four workstreams: Protect; Recovery; Adherence; and, Strategic Communication on an all-Northern Ireland basis. It was chaired by the Interim Head of the Civil Service and other members included the Permanent Secretary from the: Department of Health; Department for Economy; Department for Communities; Department of Justice; the TEO Director of COVID Response and the Head of Executive Information Service. A response to a FOI request on the taskforce notes that further expertise is 'drawn from across the public and private sectors and academia, as required' (Head of the Civil Service Office, 2021). It is not clear to what extent this was the case or who additional members were.
140. A Covid-19 Cross Departmental Working Group was set up in March 2021 consisting of representatives from all Departments, local government and the PSNI. It was to act as an advisory panel to the Emergency Covid Taskforce, referred to earlier as set up by Jenny Pyper.

OVERSIGHT OF THE CIVIL SERVICE: SUMMARY OF OVERSIGHT:

141. Civil service oversight is particularly important. During this period, civil servant accountability structures were maintained as follows:

- a. NI Assembly continued to sit and hold plenary sessions (online).
- b. NI Assembly held an ad hoc committee on Covid (Northern Ireland Assembly, 2023).
- c. Other Committees – health, justice, education, communities also looked at Covid issues and decisions NI Assembly Committee for Executive Office have produced very few evidence sessions/reports re COVID, yet many on Brexit and the protocol.
- d. The Northern Ireland Audit Office published three reports on the Executive Office's response to the pandemic (The Comptroller and Auditor General, 2020).

Part Six: Civil Service Structures (Health)

DEPARTMENT OF HEALTH

142. The purpose of the Department of Health Emergency Response Plan (2019) was essentially to deploy and operate an effective and resilient response. Required actions could be triggered by the permanent secretary or the CMO. The plan sets out the Department's preparedness to respond to four types of emergencies and the responsibilities of, and actions to be taken by, various senior officials within the Department (Department of Health, 2019). This includes ensuring appropriate resources and staffing were in place and could be redeployed.
143. The Department of Health, (formerly Department of Health, Social Services and Public Safety) has reduced substantially in size from 2008. Of particular note is the reduction at mid management (6/7 DP) levels. (See table 3 in the appendix).
144. Together with the organisational restructuring that would have been necessary following such a reduction in staffing levels, the loss of experienced staff without adequate replacement is also worthy of note. If such a reduction in staff was part of a planned organisational strategy it could have left the department in a more positive place to tackle a pandemic. If such a reduction in staff was in response to budgetary pressures across the public sector, it would have left the department understaffed and lacking in a breadth of experience/expertise to face the challenges of a pandemic.

THE PERMANENT SECRETARY FOR HEALTH ROLE

145. The permanent secretary for Health is an onerous and incredibly large portfolio. The permanent secretary is also responsible for the Health and Social Care system in Northern Ireland. Their role is therefore incredibly important in ensuring readiness and leading a response to a health pandemic. The permanent secretary, as chief executive, would be aware of the capabilities and capacity, formal and informal, to coordinate an administrative response to a health pandemic. A chief executive would have a good working relationship with the directors of the various health agencies and be responsible for ensuring that information flowed to the CCG(M). An effective relationship with the Health DOC and the NI Hub would therefore have been essential so as to demonstrate the importance of the hub to collating an effective information flow. The coordinating role of the permanent secretary for Health is crucial in ensuring that the necessary information reaches the Health DOC and in turn to the Hub so that it could be presented to the CCG(O)/CCG(M) along with the information from the other departments. Of course he would be able to speak to this evidence at CCG(O) and if invited, CCG(M).

THE ROLE OF THE CHIEF MEDICAL OFFICER FOR NORTHERN IRELAND

146. The Chief Medical Officer for NI is a civil servant in a senior role within the Department for Health. He is responsible for policy and strategy in relation to Public Health, Quality and Safety and Research and Development and responsibility for providing strategic advice to the Minister and other Government departments on health related matters. Within the Department of Health he has sponsorship responsibility for the PHA (as outlined in para 159). The CMO also has a role in keeping the public informed on health issues of high public concern and explaining the government's response.
147. The role of the CMO in England is broadly similar. In his statement to the COVID Inquiry the CMO for England described his role as: 'principally a senior advisory role to Government at Permanent Secretary level. The CMO provides independent advice to Ministers across Government on medical and public health issues. This is however not an exclusive responsibility... Alongside this are a number of scientific advisory committees covering

many aspects of health and, of particular relevance to this Inquiry, infectious diseases... In addition to clinical, public health and scientific advice within Government the CMO has always had a responsibility to communicate to the public on health matters in times of emergency, and to be part of the collective leadership of the medical and public health professions.' [INQ000184638].

148. The CMO role is quite different to that of other civil servants. For example, unlike the convention that civil servants have a low profile, the CMO is expected to have a public presence in many systems with a remit to speak directly to citizens about public health issues. The experience of the pandemic has generated analysis and debate about the role of CMOs including an argument that they juggle sometimes competing duties to the government, the medical and public health communities and the general public (MacAulay, *et al*, 2022). Analysis by the Institute for Government has suggested that having the CMO and Government Chief Scientific Adviser co-chair UK SAGE while also acting as intermediaries between experts and decision-makers risks blurring the distinction between scientific and policy advice (Haddon, Sasse, and Nice, 2020). In Northern Ireland the key role of the CMO is evident from the DOH Emergency Plan [INQ000184662] which sets out the CMO remit as including:
 - a. Chair of Health Gold Command,
 - b. professional medical and environmental health advice to Ministers and business areas, to inform policy decisions throughout DoH,
 - c. public health policy, including health protection, health improvement, health development, emergency planning and environmental health,
 - d. safety and quality policy, including standards and guidelines and professional regulation.
149. Under the plan the CMO has legislative provisions to authorise the 'Emergency Powers Directions', empowering them to redeploy resources across all HSC organisations, as necessary, for the duration of an emergency (Department of Health, 2019).
150. Statements to the Inquiry indicate the importance of the advisory and strategic role of the CMO during the pandemic (statements to Inquiry from DoH Permanent Secretary; Minister of Health). He was a key conduit of scientific information and professional advice to the Executive, appeared with the FM and DFM at press briefings and engaged regularly with the media. Membership of the UK CMOs group is identified as an important forum for information sharing and the CMO is identified as a key link in North/South engagement through his contact with the CMO Ireland and his lead on an MOU between NI and RoI. During the pandemic the CMO established a number of bodies to address limitations within existing NI structures, including:
 - a. A NI Modelling group (March 2020)
 - b. Strategic Intelligence Group (April 2020 to provide scientific advice to CMO and CSA)
 - c. Expert Advisory Group on Testing (March 2020, led from PHA).
151. The CMO (para100) makes reference to one-to-one Ministerial briefings (often accompanied by the CSA and potentially an official). This would have been a very time consuming exercise and could be attributed to the structure of government in Northern Ireland? Could a Joint address to CCG(M), where necessary, have sufficed? Given the range of responsibilities that rested with the CMO, it is difficult to see how these could have

been discharged by a single person. We will return to the interactions between the CMO and his counterparts in the multi-level governance section.

THE ROLE OF THE CHIEF SCIENTIFIC ADVISER FOR NORTHERN IRELAND

152. A 2020 document published by the UK Government Office for Science describes the role of CSAs as performing an independent challenge function to their department through ensuring that evidence and advice is robust, relevant and high quality (Government Office for Science, 2020). Unlike other jurisdictions of the UK, NI did not, at the time of the pandemic, have a General (or cross governmental CSA). It had two departmental CSAs – one in the Department of Health and one in the Department of Agriculture and Rural Affairs. Each of the CSA's are answerable to the relevant Minister with the CSA for health reporting to the Chief Medical Officer. In announcing the appointment of the CSA for Health in NI in November 2015 the Department of Health states the roles of the post to be: Health and Social Care (HSC), which includes policy and legislation for hospitals, family practitioner services and community health and personal social services;
- a. Public Health, which covers policy, legislation and administrative action to promote and protect the health and well-being of the population;
 - b. Public Safety, which covers policy and legislation for fire and rescue services and,
 - c. leadership of the HSC Research and Development (R&D) function, including the delivery of the research and development strategy (Department of Health, 2015).

In his statement to the COVID Inquiry (module 1) the CSA stated:

'In my CSA role, I have specific and exclusive responsibility for research and development. In executing this responsibility, I work closely with staff in the Public Health Agency's Health and Social Care (HSC) Research and Development Division and HSC Trusts' Directors of Research. In addition, I provide input and advice as required on a number of areas to policy colleagues in the Department, particularly in relation to genomics and rare diseases. I am also Head of Profession for the Healthcare Science Workforce (Chief Scientific Officer role). I had no specific responsibilities for pandemic preparedness and planning, which lay elsewhere in the Department. However, I did attend one session of Exercise Cygnus as an observer'.
[INQ000185346, para 5]

153. In February 2021, due to the demands of the pandemic, an interim Deputy CSA was appointed to the Northern Ireland Department of Health.

THE ABSENCE OF A GENERAL CSA

154. The lack of a general CSA in NI has a number of potential implications (as set out by the NI CSA for Health in his statement to the Inquiry). One example is NI representation on the UK Chief Scientific Advisers' Network where only one NI representative was permitted to attend. Prior to, and during the pandemic, this was the DAERA CSA. A request by the NI CSA for Health that both NI CSAs should be part of the network was declined by the UK CSA on the basis that there was only one representative for each of the devolved administrations. During the Covid-19 pandemic the DAERA CSA continued to be the point of contact with the UK network. The CSA has stated his opinion that given his links with SAGE and other groups he did not see the need to attend the CSA network instead of the DAERA CSA [para 44, CM2C-IYO 001]. The CSA has also referenced that he 'met regularly in a variety of contexts with CSAs from other UK nations' [INQ000185346, para 8].
155. The CSA did attend SAGE meetings from 29 March 2020.

SCIENTIFIC CONNECTIONS

156. Some structures were in place pre-pandemic for cooperation between Chief Scientific Officers and Chief Medical Officers across the jurisdictions. For example, a UK CSA network which includes CSA's from the devolved administrations which meets weekly. A Government Office for Science paper (2020) on guidance for CSAs and their officials lists the following role of the network:
- a. Provides collective advice to Ministers
 - b. Discusses and facilitates implementation of policy on science and engineering
 - c. Identifies and promulgates good practice in science and engineering including use in government decision making, particularly in the context of policy making
 - d. Facilitates communication on particular, high-profile science, engineering and technology issues and those posing new challenges for government
 - e. Provides a forum for departmental CSAs to share good practice across government and maximises the collective expertise of the CSA network to identify and resolve cross departmental problems
 - f. Provides a two-way communication channel with the GCSA and the Government Office for Science and their stakeholders within and outside of government.
157. The lack of a general CSA in NI was out of step with other jurisdictions. A question for the Inquiry is the extent to which this had implications for communication and the flow of scientific information to other government departments and the Executive Office. The CSA notes in evidence to the Inquiry that, prior to the pandemic, he had not provided advice to the Executive.
158. The Joint Biosecurity Centre (JBC) set up in June 2020 was to make provision for involvement of the devolved administrations [INQ000269372, para 92]. Its UK wide powers included advising on reserved matters such as international travel restrictions and easements.

THE PUBLIC HEALTH AGENCY

159. The Public Health Agency (PHA) was established as an arms length body in 2009 following the Health and Social Care (Reform) Act (Northern Ireland) 2009. It is governed by an appointed board and a chief executive and as an arms length body is accountable to the Department of Health. Within the Department of Health sponsorship responsibility for the PHA rests with the CMO. The PHA has four key functions:
- a. health and social wellbeing improvement;
 - b. health protection;
 - c. public health support to commissioning and policy development;
 - d. HSC research and development.
160. Its four directorates include a Public Health Directorate with specific responsibilities for health protection, including a statutory health protection function that includes emergency preparedness, delivery of public health emergency plans and supporting the five Health and Social Care Trusts and other agencies including local authorities. The remit of the PHA is also to coordinate intersectoral working to tackle the underlying causes of poor health and

to reduce health inequalities. It would therefore be expected to have a strong coordinating role in the pandemic response.

OTHER PUBLIC HEALTH BODIES OR EXPERTS IN NORTHERN IRELAND

161. The Regulation and Quality Improvement Agency (RQIA) is an arms length body accountable to the Department of Health. It is governed by an appointed board and a chief executive. Within the Department of Health sponsorship responsibility for the RQIA rests with the CMO. Its remit includes assuring the quality of services provided by Health and Social Care (HSC) Board (abolished 2022) and HSC Trusts reaches the standards (and safety requirements) laid down by the Department of Health. This would have included provision in hospitals, care homes and other residential facilities.
162. A memo sent by the DoH Permanent Secretary in March 2020 to Arms Length Bodies (Department of Health, 2020). 'COVID-19: Preparations For Surge' included instructions to RQIA to reduce the frequency of its statutory inspection activity (as set out in The Regulation and Improvement Authority (Fees and Frequency of Inspections) Regulations (Northern Ireland) 2005) and cease its non-statutory inspection activity and review programme with immediate effect. This is worthy of note given the implications for maintenance of standards and safety. It seems counterintuitive to remove checks at a time when they would be needed most. In June 2020, the acting chair and six non-executive board members resigned leaving RQIA without a board. The members cited the reasons for this to be (i) the lack of effort made by the department to consult with them on key decision affecting the statutory remit of RQIA in particular the decision by the department at the end of March to redeploy the RQIA chief executive to the PHA (Nicholl, Hutchens and Clark, 2021).
163. The Health and Social Care Board (HSCB) was established in 2009 as a centralised quango with a board of directors and a chief executive, accountable to the Department of Health. The Department led on policy and direction with the HSCB having oversight of the system on behalf of the Department [INQ000215123, para 27]. The specific remit of the HSCB remit included commissioning, resource management and performance and improvement management. In 2016 the decision was taken to abolish the Board as part of the wider plans for the transformation of health and social care. The reason cited was the need to enhance the strategic system of leadership and streamline decision making. On 1 April 2022 responsibility for all functions passed to the Department of Health, specifically to the Strategic Planning and Performance Group (SPPG) of the Department of Health. In a witness statement to the Inquiry [INQ000215123], the Permanent Secretary for the Department of Health notes that between April 2009 and September 2020 the CEOs of the HSCB had emergency preparedness within their remit (para 28). The following Directors held specific responsibilities for emergency preparedness and resilience functions: The Programme Director for Corporate Management (2009-11); the Head of Corporate Services (2011-2018) and the Interim Director of Performance Management and Service Improvement (from 2018) (para 29).

EMERGENCY PLANNING BRANCH

164. The Emergency Planning Branch (EPB) is part of the Department of Health's Emergency Response Plan (tiered as Gold, Silver and Bronze). It is our understanding that the EPB collates information from the Health and Social Care Board, the Public Health Authority and the Health and Social Care Trust Emergency preparedness groups and reports to the CMO via the Director of Population Health, and according to the witness statement of Valerie Watts, these departmental reporting structures were well established allowing them to be scaled up effectively.

JOINT BIOSECURITY CENTRE

165. In addition to SAGE and COBR and the professional networks of the CMO, CSA and Permanent Secretary for Health, decision makers in NI were to have access to data, information and analysis through the Joint BioSecurity Centre (established in June 2020). It brought together the Secretary of State for HSC and the Health Ministers from the devolved jurisdictions. Its purpose was to share data, information and analysis to the four CMOs. Evidence to the inquiry points out 'The Political Agreement notes that devolved staff would be invited to embed themselves — virtually or physically - within the JBC to facilitate a four nations approach' [INQ000269372, para 92]. It is not entirely clear what that meant in practice, but Henderson notes that it offered consistent representation for the devolved nations during its short existence.

A NI MODELLING GROUP

166. At the start of the pandemic NI did not have established capacity in pandemic modelling. This group was established in March 2020 and a lead modeller was brought into the Public Health Agency to produce modelling estimates using more locally relevant parameters at pace. These were published as weekly summaries for the public in the R Paper (Department of Health and Social Care, 2023) and were thought necessary so that the requests from key decision makers for updated modelling reflecting local circumstances could be met.
167. This group was chaired by the CSA for Health and of the 13 members of the group listed (Department of Health, 2020) four are external to NI Health and Social Care structures with three from QUB and UU and one from the Strategic Investment Board - though the CSA notes that the membership changed throughout the pandemic.
168. The CSA refers to initial terms of referencing for this group including consideration for modelling on an all island basis, something which was later considered infeasible, due to data incompatibilities.

STRATEGIC INTELLIGENCE GROUP

169. This group was set up in April 2020. The remit of this group is described by the Department of Health as 'to consider the scientific and technical concepts and processes that are key to understanding the evolving Covid-19 situation and potential impacts in Northern Ireland, and mitigating these. The group will apply the advice coming to the four nations from appropriate sources of evidence and information to inform the CMO and the Minister of Health to aid with decision making in Northern Ireland during the pandemic' (Strategic Intelligence Group, 2021).
170. The CSA notes that the advice provided by the Committee was not provided directly to the public but did inform the public advice given by the CMO and CSA [M2C-IYO-001].
171. Membership listed as of April shows that the group was chaired by the CSA and that 5 of the membership were from outside NI HSC structures and were from QUB and UU.

EXPERT ADVISORY GROUP ON TESTING

172. Set up in March 2020, this group was led by the Public Health Agency. Information on who was in this group or minutes of the group were not readily available. As the CSA has made reference to the lack of capacity for testing early in the pandemic, this information may be relevant to the inquiry.
173. At the outset of the pandemic, NICS had an experienced NICS leadership team. It had been understaffed for many years, undergone a reorganisation in both size and structure

and was working in a dysfunctional political environment. A willingness to share power is different from an effective political environment. As outlined above, the NI Institutions throughout their existence have failed to address substantive social policy issues. The NI Health and Social Care Service had been impacted by years of budgetary constraints and staffing shortages. These financial constraints, and the lack of stable funding together with the political environment and lowest common denominator approach to social policy making, had hampered progress with the organisational transformation of the system. The NI Audit Office references high and rising staff vacancy rates in late 2019 (Northern Irish Audit Office, 2021). Without a stable Executive in place and planning for the long term, assisted by multi-year budgets, it would be virtually impossible to achieve the transformation of the Health and Social Care Service required in Northern Ireland. In addition, many of the challenges facing the Northern Ireland population are determined, as elsewhere, by a wider set of social and economic factors. The broader failure of the Executive to tackle poverty, educational underachievement, and lack of economic growth contributes to a growing demand for health and social care.

174. There is evidence that Northern Ireland was unprepared for the pandemic. The PHA confirmed in evidence to the Inquiry that Health Protection plans were not sufficient and it lacked capacity in terms of staff. It relied on its relationship with Public Health England and UK wide pandemic response arrangements.
175. There is a question for the Inquiry about the availability and use of adequacy of specialist expertise – including the extent to which TEO and the Department of Health drew on independent expertise and how experts were identified and whether a broad enough range of advice was sought and used.
176. Evidence to the Inquiry has identified the importance of the limited testing capacity in NI, including the ability to have test, track and trace processes in place early enough and to scale up when required [M2C-IYO-001].

THE EXTENSIVE RESPONSIBILITIES PLACED ON THE CMO.

177. The CMO's role is, in essence, to understand the science and effectively communicate this to Ministers. The Permanent Secretary role is to ensure that their staff make best use of their time and that the necessary advice reaches the Minister or Ministers. The CMO had a very extensive remit and oversight of two major directorates in the PHA, which included health protection. Perhaps the pressure felt by the CMO could have been relieved had the DoH filtered information to Ministers via the Hub. The Hub seems, by design, to be the single routine source of advice for Ministers and Permanent Secretaries. Of course, CCG(M) and CCG(O) would be able to call on follow up advice from across the service. In practice, it appears that much of the pressure was placed on the CMO and his team (including the CSA). Had requests for information from the CMO and CSA been limited to the Hub and 'normal' communication lines, with enhanced direct support to the CCG(M) upon request, the pressure on the CMO and his team could have been better managed.

TOO MUCH PRESSURE ON ONE DEPARTMENT

178. In our view, too much pressure was placed on one department: Health. It is clear that TEO Ministers wanted to take the lead at certain points in the pandemic, while other Ministers appeared to support a policy change or intervention, subject to the agreement of the Health Minister, thereby (perhaps inadvertently) placing undue pressure on one Minister from one party in a multi party system. Had the CCG(M) operated effectively, such pressures would have been shared. Further, frustrations among (then) smaller political parties, particularly Alliance and SDLP, would have been eased as they would have been fully part of the decision-making process rather than the focus being simply on TEO and Health.

COMMUNICATION

179. The way in which some messages were communicated is difficult to rationalise. A good example is the requirement regarding the wearing of face masks on public transport. This requirement came from the Infrastructure Minister rather than CCG (M) or the Executive. While an obvious cross-cutting issue, the requirement had a direct impact on DoJ in terms of enforcement (Department for Infrastructure, 2020).
180. Language such as: 'it remained DE and the Education Minister's responsibility to determine the policy on school closures' (para167 McBride) demonstrates the disjointed nature of decision-making. Policy tools and instruments, when working together, can address a wicked policy problem. Decisions taken in silos, will often not have the full intended effect. School closures again should have been perceived as a cross cutting issue and a responsibility for CCG(M).

HUB CAPACITY

181. While the Hub served to collate information from across the government(s), to what extent were the CCG(O) and CCG(M) able to work to consider policy solutions based on this information across economy, education, health, social services etc.? Would a cross departmental policy advisory group, working with the Hub information and reporting to CCG (O)/CCG (M) have been beneficial? For example, evidence by Hale et al [INQ000257925] reports on the relationship between economic support and public compliance with Covid-19 health measures (such as isolation). While the UK government made provision through the Furlough Scheme and uplift to Universal Credit, devolved administrations had responsibility for other areas of discretionary financial support. While schemes were introduced in NI by the Department for Communities and local authorities in cooperation with NGO's, was there assessment of whether these were effective in achieving compliance with isolation requirements at different points in the pandemic.

Part Seven: Multi Level Governance and Intergovernmental Relations

Key Points:

- a. NICS-Whitehall (NI-GB) relationships were underdeveloped at the outset of the pandemic.
- b. Could the EPGs have been used to bring decision-making closer to the citizen.
- c. New structures in place to improve Whitehall-regional relationships.

WHAT IS MEANT BY MULTI-LEVEL GOVERNANCE?

182. Put simply, multilevel governance is the dispersion of authority to jurisdictions within and beyond national states (Hooghe et al, 2019). For our purposes, we are interested in the power and decision-making relationships between levels of government within the UK (local, regional and national) and between the regional government in Northern Ireland and the National Government in the Republic of Ireland.

DECISION-MAKING AS CLOSE AS POSSIBLE TO THE CITIZEN

183. It is sensible that decisions re opening and closing of facilities are taken as close as possible to the citizen. Such geographic decentralisation allows for the 'curve' to be managed regionally. The principles upon which these decisions are taken should be shared and mutually understood. Decisions to close schools in Northern Ireland are best taken on the available evidence in NI, if this evidence is available. If Council areas mirrored routine population movements, Council areas would be an appropriate level to manage opening and closing of schools and indoor recreation facilities and suchlike, however Council areas do not generally mirror population movements in Northern Ireland. Nonetheless, three Emergency Preparedness Groups (EPGs) (referenced in section one): Northern, Southern and Belfast that were established for the purposes of civil contingencies, could have been used as mechanisms to bring decision-making closer to the citizen.
184. Further, using such geographical districts for decision-making may have depoliticised decision-making. Decisions would be made closer to the citizen and not as a Northern Ireland jurisdiction, making it more difficult to polarise communities.

A SHARED UNDERSTANDING NORTH AND SOUTH/EAST AND WEST

185. As there was very little communication between NI and RoI between January and March, the opportunity for an effective collaborative response did not arise. A shared understanding is very important in delivering public policy. Where a dominant narrative is absent, public servants follow their own personal or indeed organisational narratives. In the sections below we outline where these shared narratives could have been expected to develop.

NI-GB RELATIONSHIPS

Coordination/cooperation led by the NIO

186. The pandemic required the NIO to establish effective links and communication channels between the NI government and the Home Civil Service. Clark [INQ000148325] suggests that the NI Office attended 'a significant number' of COBR meetings at the invitation of the Cabinet Office. The NIO set up four groups at the start of the pandemic: health, economic, public sector and international (the latter included coordination with the RoI, which Holly

Clark, in her evidence to the inquiry, claims was the primary means of engagement with the RoI. According to Clark, the information flowed from the NIO to NICS senior officials attending the meetings of NI Civil Contingencies Group (O). It is unclear to us if this information from the four sub groups was delivered directly to CCG(O) or fed to the Hub, where it could be collated, distilled and presented in an accessible manner, together with the other relevant information.

187. Summary of NIO role:
 - a. NIO was represented at the four nations quad meeting;
 - b. NIO senior officials attended meetings of NI Civil Contingencies Group;
 - c. Also attended four nations group meetings which included representatives from all devolved administrations plus the Secretaries of State;
 - d. Attended COVID Taskforce UK coordination meetings;
 - e. Key questions relate to the flow of data between the jurisdictions, the application of UK wide data to NI and the adequacy of and use of local level data.
188. Clark (NIO), in a statement to the Inquiry [INQ000148325] references a varied level of understanding of devolution across the various UK government departments which resulted in some failings in information sharing processes with the devolved administrations. Examples provided include some decisions being announced by the UK government before devolved institutions were informed/consulted with specific reference made to the readout of the 4 nations group meeting of 29 June 2020 (para 88). This is attributed to 'a lack of coordination between the UK government and the NIE and the NICS' and where this occurred it 'hindered the ability to adapt a collaborative UK wide approach and had a negative impact on public confidence' (para 90).
189. The lack of a formalised and effective system for inter-governmental relations, combined with informal relations damaged by Brexit has led to a weakening of trusted formal and informal networks between Northern Ireland and Whitehall. Investment is required to reestablish these networks to allow for learning and collaborations to effectively develop.

SAGE and the devolved nations

190. In the early stages of the pandemic, the devolved administrations had input into the UK-wide Joint Action Plan, were consulted on the measures contained in the UK Coronavirus Act and took part in a UK-wide scheme to procure Personal Protective Equipment (PPE) (although PPE was a devolved responsibility) (Department of Health and Social Care, 2020).
191. Advice from SAGE was received by the CSA. Prof. Young notes that SAGE advice and outputs were used to inform pandemic modelling in NI and would also have been considered by the CMO. It is also clear that SAGE advice was a component of the advice distributed to other groups in NI, including the Strategic Intelligence Group. The minutes from the SIG are very sparse and it is difficult to get a sense of what was discussed or concluded. It would be important to understand the means through which SAGE advice was delivered to the CCG (M) so they could incorporate this advice into their decision-making.
192. In terms of input into SAGE, there was no academic from NI appointed to the main SAGE meetings (apart from those with a government role [INQ000269372]. This is important as it would facilitate expert jurisdictional input.

Intergovernmental review of relations

193. A Review of Intergovernmental Relations published in January 2022 (Cabinet Office and the Department for Levelling Up, Housing and Communities, 2022) has been signed up to by the UK and devolved governments. It sets out a number of new structures and the principles aimed at 'maintaining positive and constructive relations, based on mutual respect for the responsibilities of the governments and their shared role in the governance of the UK'. These include a Prime Minister and Heads of Devolved Governments Council which will provide strategic direction, an Interministerial Standing Committee which would meet monthly and provide oversight over a number of Interministerial Groups working on policy-specific issues. Notably, a new joint secretariat – with officials from the four governments - would be responsible for deciding if issues over which there is disagreement should be escalated.
194. The measures reflect a more formalised system. New bodies are to meet regularly and not just when 'needed'. The jury is out on whether the new structures will accommodate a greater voice for the devolved governments. However, perhaps importantly, given that many inter-governmental disputes have been about funding (McEwen, 2022), the dispute resolution process states that disagreements about funding may only be escalated where there is reason to believe that a principle of the Statement of Funding Policy may have been breached) - "policy decisions on funding are strictly reserved to Treasury Ministers, with engagement with the devolved administrations as appropriate" (HM Treasury, 2021, p.14).

The role of COBR viz Northern Ireland

195. During Covid-19 pandemic, rather than using the Joint Ministerial Committee (JMC) [which is a set of committees that comprises Ministers from the UK and devolved governments] most intergovernmental discussion took place through the Government's Civil Contingencies Committee (COBR) and four new Ministerial Implementation Groups (MIGs). Criticism of JMC as an effective mechanism for intergovernmental relations is long standing (Birrell, 2012; McEwan et al, 2020) (Birell, 2012). The JMC was not regarded as an effective mechanism for intergovernmental cooperation. In the context of the pandemic, the focus on COBR could have the potential to be more effective than the JMC as the devolved regions had lost confidence in these structures.
196. The First Minister and deputy First Minister of Northern Ireland attended their first COBR meeting on 2 March 2020; the Minister for Health and the CMO began attending COBR meetings from 24 January 2020. Other Ministers, as relevant, attended MIG meetings. The NI Chief Scientific Adviser (CSA) for Health was not invited to attend COBR meetings. In his statement to the Inquiry, the CSA expressed the view that there may have been some advantages to him attending (Draft CSA statement M2C-IYO-001, para 28).

Cooperation between the four nations

197. There is some consensus that in the early stages of the pandemic cooperation there was cooperation between the four governments with UK and devolved Ministers meeting regularly at COBR and in the four MIGs to coordinate various aspects of the policy response to C.19. Cooperation and coordination through these mechanisms was not sustained; COBR met less regularly and the UK Government disbanded the MIGs in June 2020 (Covid-19 and the Coronavirus Act 2020 inquiry, 2020). The decision to replace these with new Coronavirus Cabinet Committees with no commitment to involving devolved government decision makers weakened potential for joint working across the jurisdictions (Scottish Affairs Committee, 2020).

198. We also must disaggregate cooperation and collaboration from hierarchical communication. We are unable to establish if COBR and the Coronavirus Cabinet Committees were mechanisms for two-way exchange of ideas and a sharing upwards of on the ground issues or if they were a top down communication tool from national government to regional government.

The role of SAGE and its sub groups viz Northern Ireland.

199. There was a high reliance on SAGE data and advice, especially in the early stages of the pandemic with data for NI drawn from UK modelling, scaled down to NI. There was no capacity for modelling in NI at the outset of the pandemic although this was quickly rectified.
200. The NI representation on and attendance at SAGE is difficult to establish. SAGE minutes note that those attending in an observing capacity were not consistently recorded. The CMO was not a member of SAGE but had access to SAGE Papers and SAGE Sub Group papers which were shared with officials in TEO and senior officials in the Department of Health. The CSA for Health did not attend early SAGE meetings but following a request from him to the SAGE secretariat he did attend from 29 March [INQ000409589].

The depth and effectiveness of Whitehall/NICS relationships

201. It is noteworthy that there is no recorded contact between the permanent secretary for Health in Northern Ireland (G2) and his counterpart in Westminster (G1). Such interaction would have provided an opportunity for the sharing of information between both departments. While the hierarchical structure internal to the organisation must be maintained for accountability purposes, one would expect, given the pressures of the HOCS, that collaboration between permanent secretaries in NICS (G2) and their Whitehall counterparts (G1) would be actively encouraged.
202. Further, the non-involvement of the CSA with the UK government CSA network, despite a request to join, demonstrates inflexibility within a system that needs to take account of the different governance arrangements in different parts of the UK.
203. However, Sir David Sterling, in his statement [INQ000449440] says: "My understanding at the time was that there was regular liaison between relevant NICS departments and their counterparts in Whitehall and Scotland and Wales on civil contingency planning matters."
204. While there were regular calls between Sir Chris (Permanent Secretary Health GB) and Sir David (Fridays) and the permanent secretaries to the Welsh and Scottish governments, contacts between senior civil servants (G5+) in Northern Ireland and their counterparts in GB do not appear to be well developed in advance of the pandemic or regular during the pandemic.
205. We are unsure of the role of the NIO in enhancing these formal and informal relationships. Given the function of the NIO, outlined earlier in this section, forging meaningful formal and informal relationships between Whitehall and NICS should be one of their primary objectives. The question of the extent to which the NIO played an active role representing the Covid-19 situation in Northern Ireland at COBR and other UK Government committees may be a question for the inquiry.
206. As we see throughout the report, successful response to crises, or indeed any policy problem, is dependent on effective personal and organisational relationships. It is much easier for these to be 'ramped up' in times of crisis rather than established. Further, in normal times, such an information flow may identify solutions to policy problems existent elsewhere in the UK.

CMOs Four nations approach

207. The four CMOs of the UK have also said that there was regular liaison between the four nations with the CMOs speaking “at a minimum three times a week” and took “various opportunities to ensure that we link with one another through senior clinician groups or through more ad hoc meetings” depending on urgency (UK Parliament Science and Technology Committee, 2021). Professor Sir Michael McBride corroborates this in his statement to the inquiry. In his statement, (para23) he refers to frequent engagement with his CMO colleagues in GB on a regular basis before the pandemic. These relationships were presumably important, not only during the pandemic but for ensuring progress on other important policy issues he mentions (physical activity, drinking guidelines).

NI: SCOTLAND/WALES RELATIONS

208. From our review, we are unable to comment on the nature and depth of interaction between NI and Wales and Scotland. Presumably, information arising from such interactions would be filtered through to the Hub.

THE RELATIONSHIP BETWEEN CENTRAL GOVERNMENT AND THE GOVERNMENT IN NORTHERN IRELAND AS THE PANDEMIC PROGRESSED.

209. We expect this to be a key question for the Inquiry. Some aspects of the interaction between the government in NI and UK government structures are outlined above, particularly with regard to COBR and SAGE. Problems of intergovernmental working and structures between the UK government and the devolved administrations are long standing. As outlined above, these included the lack of a statutory framework for cooperation, the process of resolving disputes and the fact that that decision making largely rested with the UK government. These problems were further exposed by the Brexit process (see for example McEwen et al., 2020; House of Commons Public Administration and Constitutional Affairs Committee, 2018). The Lords Constitution Committee summed the problem up in its statement that ‘the sheer extent of the reliance on goodwill as the basis for intergovernmental relations within the United Kingdom’ and called for more robust processes – further pointing to an ‘... abiding assumption that devolution involved only the peripheries, not the central state itself’ (Hepworth, 2007).

SUMMARY: FOUR NATIONS APPROACH

210. Initially (until May 2020), there was evidence that the devolved administrations participated in UK-level meetings and decision-making (Sargeant, 2020a). The four governments contributed to a Coronavirus Action Plan (March 2020) and the Coronavirus Act 2020, with common messaging a feature of the earliest weeks [INQ000269372]. It has been suggested that ‘any policy differences between the four nations were minimal and a matter of timing rather than fundamental divergence’ [HC/1-HC/215].

UK-IRELAND APPROACH

East/West relationships: British-Irish Council (BIC)

211. East/West co-operation is supported through the British-Irish Council (BIC) and British-Irish Parliamentary Assembly (BIPA). The aim of the BIC is to promote harmonious and mutually beneficial relationships. A purely consultative body, (as set out in the Belfast/Good Friday Agreement) it was to meet twice a year and at sectoral level in between biannual meetings. The Council brings together representatives from the governments of UK, Ireland, Wales, Scotland, Northern Ireland, Isle of Man and Channel Islands. Each member is represented by the head of the government or their nominated Minister. It operates by consensus. The potential of the Council relies on leadership from the parties in NI and from the UK and Irish

Governments; however, there is some distance between the two states on the importance of the institution, with the Taoiseach attending the plenary session more regularly than the UK Prime Minister (Kelly and Tannam, 2022).

212. The BIPA was initially established as the British-Irish Inter-Parliamentary body in 1990 as a link between the Houses of Parliament and the Houses of the Oireachtas. In 2001 it was expanded to include the Scottish Parliament, the Welsh Assembly, the NI Assembly and the High Court of Tynwald and Guernsey and Jersey. It was renamed the British-Irish Parliamentary Assembly in 2008. The Assembly is scheduled to meet in plenary session twice a year but the day to day work is carried out through its four committees – on Sovereign Matters, European Affairs, Economic and Environment and Social. Plenary sessions were cancelled during the Covid-19 pandemic but the committee work continued including a report on the Covid-19 vaccine rollout in BIPA jurisdictions (Committee B (European Affairs), 2022). The BIC encourages government cooperation while the BIPA encourages (non-legislative) parliamentary cooperation.

NORTHERN IRELAND-SOUTHERN IRELAND RELATIONSHIP

MoU NI-Rol

213. As referenced previously, on the 14 March senior Ministers from the Northern Ireland Executive – the first Minister, deputy First Minister and Health Minister met with the Taoiseach (Irish Prime Minister), the Tánaiste (Deputy Prime Minister) and Minister for Health from the Irish government, alongside their respective chief medical officers to discuss North-South cooperation on Covid-19.
214. As agreed at the meeting, the Health departments in Northern Ireland and the Republic of Ireland signed a Memorandum of Understanding. This committed to “to promote cooperation and collaboration in response to the Covid-19 pandemic”. In particular they committed to working together on:

“modelling the impact of Covid-19 sharing information on measures such as testing, contact tracing and social distances adopting consistent common messages where appropriate, such as on handwashing, hygiene and social distancing behavioural change, research and ethics”

215. It appears that some attempt was made to cooperate on a joint consignment of PPE in March 2020 when the NI Finance Minister announced that a joint consignment had been agreed between the two governments. However on 3 April the NI Finance Minister and Department of Health in Dublin confirmed that it had not been possible to place a joint order citing the impact of major economic players entering the global race for PPE (Bowers, 2024).

NICS-Irish Civil Service

216. Sir David and Martin Frazer appear to have had a good working relationship [INQ000449440, para 148] – however it is clear that NICS did not have the resources to extend this collaborative environment to the rest of the organisation. Sir David, the First Minister and deputy First Minister in their evidence to the Inquiry provide great detail of the initial days of the pandemic – from the evening before lockdown in the RoI until the 23rd March. Reviewing these passages, we conclude that collective responsibility was absent in these early days of the pandemic. While there should have been no expectation that collective responsibility would have been achieved, its absence resulted in mixed messaging.

217. Weekly telephone calls took place between the Secretary General (DoH) in the RoI, Mr Jim Breslin and the Permanent Secretary DoH, NI. Mr Pengelly's testimony [INQ000421703] refers to a sharing of pressures on each system and related issues, however, it would be important to know if anything meaningful emerged from these meetings. Was any information communicated that could feed directly to the Hub to inform decision making in NI, and if not, why not?
218. Of note, Anthony Harbinson emphasises that there was difficulty in sourcing information from the Republic of Ireland. This may be because the information was not provided to Northern Ireland, or that the information was provided to NICS or the NIO, but did not make its way to the HUB. Anthony Harbinson, as mentioned in his statement, was aware that the DoH and the RoI had been in contact. The CMO had continuous contact with his RoI counterpart, particularly in the early stages of the pandemic. Ministers in each of the jurisdictions also met with each other, as did the NIO, Executive Office and RoI counterparts. It is expected that the information arising from such interactions with the Republic of Ireland would be filtered through to the Hub and if appropriate to CCG.

Effectiveness of CMO engagement North and South

219. Health is an area of North-South cooperation, and the island of Ireland is a Single Epidemiological Unit (SEU) for disease control relating to animal health. Similar practical considerations apply to the spread of human diseases such as Covid-19 (Holohan, and McBride, ND). The CMO [INQ000226184, para 221] presents valid reasons for not considering Ireland as a single epidemiological unit. Close professional cooperation continued between Northern Ireland and the Republic of Ireland between the CMOs. This was described by the CMO as 'very effective', but, as we detail below, we are not able to determine the effectiveness of these calls.
220. The CMO initiated a telephone call with the CMO in the Republic of Ireland in January 2020 [INQ000226184, para 216] and held a the two CMOs held a weekly teleconference to update each other on the situation in their respective areas and ensure mutual ongoing cooperation. The CMO also details the extensive sharing of knowledge that took place between the four UK CMOs and notes that, at his request the Irish CMO was invited to join some meetings with the UK CMOs. The calls are likely to have included exchange and discussion of scientific information so as to enhance the understanding of the disease - and the CMO cites specific examples of areas where information was shared ([INQ000226184, para 207]. However, evidence of the impact of the interactions on policy is less clear. It is pertinent to consider whether a UK and Ireland, or indeed European forum for disseminating learning would have been more effective. If the exchange was policy related, did this information feed back into the Health Doc and to the Hub and how was it used?

North/South relationships: North South Ministerial Council (NSMC)

221. The focus of the North South Ministerial Council Cooperation is on issues of mutual interest between Northern Ireland and the Republic of Ireland. Ministers from both jurisdictions work together in six areas including agriculture and health. The existing mechanism for collaboration on health between the Western and Southern Health boards in Northern Ireland and the North Western and North Eastern Health boards in Ireland is known as 'Cooperation and Working Together'. The current work programme includes an intention to improve coordination and cooperation in the border areas with regard to ambulance cover and shared hospital admissions and planning for major emergencies. It oversees a number of cross border bodies developed to address specific issues of concern - for example, Waterways Ireland. Where the Council meets in sectoral format, Northern Ireland will send two Ministers: one Nationalist and one Unionist.

222. Collaboration between Northern Ireland and the Republic of Ireland is not limited to the NSMC. Examples include: the single electricity market, health service co-operation in the provision of radiotherapy at Altnagelvin Hospital for patients in Donegal, and heart surgery in Dublin for children in Northern Ireland (Northern Ireland Affairs Committee, 2022).
223. The New Decade New Approach deal that brought the Sinn Fein and the DUP back to government in January 2020, set the conditions for the re-establishment and functioning of institutions for North/South cooperation as established through the Belfast/Good Friday Agreement. It committed to greater cooperation, connectivity and opportunity on the island, working in partnership with the NI Executive and the UK Government.
224. Plenary meetings of the North/South Ministerial Council and sectoral meetings (Sectoral Meetings, 2015) got underway in summer 2020 but were fraught by continuing tensions around the NI Protocol and uncertainty about attendance by DUP Ministers. In September 2021, Sir Jeffrey Donaldson, who had taken over as DUP leader, announced that his party would no longer participate in North/South bilateral meetings in protest against the NI Protocol. Over a quarter of the meetings of the North/South Ministerial Council scheduled for the last quarter of 2021 did not take place. Aside from one meeting on health to address vital issues relating to the Covid-19 pandemic (July 2020), other meetings on cross border cooperation focused on issues such as agriculture, environment and languages did not go ahead. Meetings were again disrupted following the collapse of the institutions in February 2022.
225. The NSMC was not tasked with managing the pandemic response as it does not have statutory functions. Nonetheless, had it been fully operational, relationships would have been more conducive to collaboration.
226. Post the 2022 elections, the Head of the Northern Ireland Civil Service has attended in place of the First and deputy First Ministers. This places the civil service and civil servants in an unenviable position. Civil servants are not politicians and they should not be tasked with political duties. Taking on such a role can compromise the independence of the service and can, for future crises, unhelpfully blur the lines between the roles of civil servants and politicians.

The Cross border 'Emergency Management Group' (CBEMG)

227. 'The CBEMG was established in 2014 to increase cooperation between all the statutory agencies involved in emergency management within the border counties of Northern Ireland and the Republic of Ireland' (Heneghan, 2022). The CBEMG carries out its mandate within the existing emergency management structures in each jurisdiction and reports to their respective sub-regional groups. It does not require the NSMC to meet, however, according to Dr Denis McMahon, TEO did not attend due to resourcing issues. [INQ000187620, p60]. It appears that this group has been successful in facilitating one off sharing of resources. The following are quotes from Joyce and McCaffrey (2015:41)

'An agreement in 2002 between the British and Irish Governments provided for a range of cooperative measures between An Garda Síochána and the PSNI'

'There has been close cooperation between the fire services in the Republic and the Northern Ireland Fire and Rescue Service (NIFRS), particularly in Donegal, where they have provided first turnout cover to parts of East Donegal by agreement since 1965'
228. The health services on both sides of the border have been involved in delivering a number of cross-border projects in the emergency management area that were funded by the North South Ministerial Council, such as cross-border emergency planning community fora

(2003–5) and cross-border major incident plans (2003–5). The NI Ambulance Service and the National Ambulance Service in the Republic signed a memorandum of understanding in 2009 relating to the provision of mutual aid.

229. Some of the barriers to closer cooperation between Northern Ireland and its neighbours were:
- a. Underdeveloped British-Irish Council structures
 - b. Underdeveloped and under utilised North-South structures
 - c. Understaffed public administration system in Northern Ireland
 - d. Insufficient experienced staff in crisis management
 - e. Lack of a cross-government scientific adviser
 - f. Access to relevant and comparable data.

A flexible response

230. A flexible response within a hierarchical system can be difficult to design – however, the existing design provides for sufficient flexibility. Regardless of the adequacy of the design, as referred to in numerous statements, it is the training, education and commitment of the people operating within these structures that influence their effectiveness. It is clear that many civil and public servants ‘went the extra mile’ during the pandemic – however, the starting point was not conducive to an efficient and effective response. (i) interaction between senior and mid-level civil servants East-West was not possible in advance of the pandemic (ii) interaction between senior civil servants in Northern and RoI was not possible in advance of the pandemic – contact was reserved for those in specialist roles, such as HOCS, CMO etc. (iii) sufficient training and education opportunities for staff had not been in place. Staffing levels and training and development budgets across most areas of the service prohibited such activities.

Part Eight: Lessons from Previous Emergencies

231. Informal and formal networks are necessary to ensure information flow and strong direction from a Minister from a main government party.

PREVIOUS EMERGENCIES: FOOT AND MOUTH

A single epidemiological unit

232. Cooperation across the Irish border was necessary during the foot and mouth pandemic. Brexit, and the associated Windsor Framework, has also necessitated a change in the relationship in terms of agriculture governance on the Island of Ireland. Ireland is regarded as a single epidemiological unit for the purposes of animal health and welfare.
233. Reflecting on the level of human and commodity dependence between the island of Ireland and the UK, treating Ireland as a single epidemiological unit for human disease would be very difficult. The common travel area, the absence of air passenger data sharing, the volume of goods being traded between Ireland and the UK make the single epidemiological area for humans difficult, and perhaps impractical, to enforce. NISRA data show that in 2021 imports from GB to NI were 4.7 times more than NI imports from Ireland and sales from NI to GB were worth 2.5 times more than NI exports to Ireland. According to FactcheckNI, approximately 30K people cross the Irish/Northern Irish border each day (FactCheckNI, 2017). Without a rerouting of trade, Northern Ireland would find it very difficult to be part of a single epidemiological unit for humans.
234. Agriculture and animal health was identified as one of the areas agreed for co-operation under the provisions of the 1998 Belfast/Good Friday Agreement. Under the framework of the North/South Ministerial Council (NSMC), a Strategic Steering Group was established to coordinate animal health policy on the island. Collaboration was on an 'as the need arose' basis.

FOOT AND MOUTH DISEASE

Background

235. Foot and mouth disease (FMD) is one of the most contagious diseases of livestock. In early 2001, there was just one confirmed case in NI, the endemic halted animal exports and stopped many sporting and community events from going ahead.
236. Port inspectors were used to enforce the animal movement ban and stop animals entering Northern Ireland from Great Britain in February, 2001. A team of more than 40 vets were also mobilised to trace all the animals which had been imported since July 1 and to confirm that those animals were free from clinical signs of FMD. With the completion of this work, the movement ban in Northern Ireland was lifted at 12.45 on 5 August. These measures taken preserved Northern Ireland's status as part of the Ireland epidemiological unit, and distinct from restrictions imposed in Great Britain.

UK-NI

237. As Animal health, akin to human health, is a devolved matter, decisions are taken by Ministers, and advised by civil servants, including the chief veterinary officer. Relationships during the FMD epidemic were governed by a preexisting concordat between the UK government and each devolved administration, setting out how they would coordinate their response. The concordat is supported by a series of working groups on specific issues relating to animal health.

238. While a lessons learned review (Anderson, 2008) found that many of the concordats were out of date, 'this did not cause any major problems in responding to the 2007 outbreak because, in practice, working relationships had developed beyond the language of the concordats ... decisions were taken quickly with a high level of consensus'. We believe that this is an incredibly important point for the Inquiry. Formal and informal working relations had built up on both sides of the Irish border and between NI and GB. These preexisting relationships facilitated close collaboration between levels of government. As was mentioned earlier, it has been widely reported that tensions between the UK and RoI were high due to Brexit/EU-Exit negotiations and due to staffing levels in NI, civil servants were focusing on core business rather than engagement with colleagues in GB or RoI.

Foot and Mouth – Northern Ireland

239. Of note to the Covid Inquiry, the Agriculture department in Northern Ireland (DARD) immediately banned intra community and third country trade in UK animals and animal products and banned the import of animals from GB to Northern Ireland. In effect, this meant that no animals could enter or leave Northern Ireland.
240. AFRD officials in Dublin said that if Northern Ireland had been classified as exempt from the EU prohibition order which applied to all of the UK, then an all-Ireland "fortress approach" could have been adopted.
241. By choosing to be included in the EU prohibition, Northern Ireland had effectively ruled out this option. However, civil servants in Northern Ireland pointed out the virus was already in Northern Ireland at that time – and that the absence of a border would have exacerbated the situation.

"After the outbreak of the disease in England, the authorities in the Republic focused a major part of their control measures on sealing off the border, using large forces of soldiers and gardai, whereas in Northern Ireland, understandably, measures were concentrated at ports of entry from Britain" (Clarke, 2002).

Cross border cooperation

242. The Independent Review of Foot and Mouth Disease published in 2002 (PricewaterhouseCoopers and Independent Review Team, 2002) found that cross-border co-operation was intensified across all parts of the industry including stakeholders, farming unions, private veterinary practitioners and milk processors. However, the co-operation tended to be on an 'as the need arose' basis and, while co-operation and communication between the relevant Agriculture Departments was frequent, it was usually of an informal nature and as such was not documented. It also highlights that cooperation was facilitated by the fact that the worst outbreak was in Great Britain rather than on one side of the island or the other.
243. The review also established that although the formal structures of the NSMC had helped build relationships between key players in each Department prior to FMD, it was not established to deal with emergency situations. Therefore it concluded that it was essential that operational plans be developed to formalise co-operation and communication between the Departments. A UK Review of the FMD (Anderson, 2002) found that relationships between levels of government and government agencies were often stronger on paper than they were in practice and that local stakeholders did not appear to be fully integrated. The recommendations stress the need to respect local knowledge, without losing sight of the central strategy. The need for better communication between central departments and other stakeholders was also reiterated in a National Audit Office report (Bourn, 2002). These observations do give rise to questions about the extent to which the NICS and the Non

Departmental Public Body (NDPB) have sufficient resources at the outset of the pandemic to maintain East-West/North-South and multi-level/cross government relationships.

244. Despite minor disagreement on treating Ireland as a single epidemiological unit, senior civil servants and farming union representatives in both jurisdictions agreed that the level of cross-border co-operation during the FMD crisis played a significant role in preventing the widespread introduction of the disease to the island and in containing it to the four infected areas.
245. DAFRD [RoI] officials have stressed the decision on 21 February to include Northern Ireland as part of the UK in the EU prohibition on intra-Community and third-country trade in live animals, meat, milk and other products, as the factor which made it impossible to consider an all-Ireland approach to protecting the island from the disease. Instead, the Departments of Agriculture in the two jurisdictions worked separately but with a very high level of cross-border co-operation (Clarke, 2002).
246. The two Departments of Agriculture, through the respective Chief Veterinary Officers, were in constant liaison, often on a half-hourly basis, after the threat of the disease became evident after 20 February.
247. There were numerous examples throughout the FMD crisis where the sharing and exchange of information between the agricultural authorities in both jurisdictions was very effective. The most publicised example was that of tracing the movement of British sheep which had been brought on to the island and illegally diverted either to farms in Northern Ireland or to destinations in the Republic. On this issue the two authorities co-operated at the highest level, even to the extent that a joint team of officials travelled to England to interview one livestock dealer. Other noticeable examples include the exchange visits made by the authorities to local animal disease control centres in the other jurisdiction, and co-operation in dealing with the day-to-day logistical problems of moving agricultural produce across the border.
248. The long history of practical cooperation between the two Departments of Agriculture was referred to on numerous occasions throughout the FMD crisis. Both Ministers, Mrs Brid Rodgers and Mr Joe Walsh, stressed that the links between their departments, now formalised under the auspices of the North/South Ministerial Council (NSMC), had facilitated a high level of co-operation and were very important for the long term maintenance of animal health on the island. Senior officials in both Departments echoed this, noting that the post-Belfast/Good Friday Agreement arrangements under the auspices of the NSMC had given a new energy to existing inter-departmental contacts. The NSMC's unique procedures, under which a Nationalist Minister like Mrs Rodgers is 'shadowed' by a Unionist Minister at all North-South meetings, appear to have legitimised the option of working on a cross-border basis towards an all-Ireland animal health policy.
249. Had the NSMC been effectively employed during the pandemic, a Unionist Health Minister would be shadowed by a Nationalist Minister at North-South Ministerial Council meetings responding to the crisis. Such political collaboration could have diffused political tensions and ensured that while both jurisdictions made independent policy decisions based on the different available data (different in nature and different in number), that the different policy choices had political support across the island of Ireland. While the NSMC does not have any statutory powers, it could have played a role in public messaging and information sharing.

Communication

250. During the second phase of the disease, however, there was greater concern about the effects of the nationwide policies on the economies of the devolved administrations –

neither of which were experiencing the disease directly. However, due to the devolution of powers for policy matters to Scotland and Wales, decisions were taken at different times, based on different evidence. It was, though, at times, confusing for farmers, especially for those with holdings on both sides of the borders. The devolution of policy, but not operations, may also cause tension in future. In other words, policy is made at the regional level, but implemented or operationalised by the national government.

251. This point also resonates with the Covid-19 response. Where policy is made at one level of government and applied or operationalised at another can lead to miscommunication or unclear communication. At times during the pandemic, decision-making was at regional level, and at other times it was at national level. Likewise with implementation (e.g. international travel restrictions).
252. During the FMD outbreak, The restrictions on social activities were graded by a cross-departmental group of civil servants (Clarke, 2002). This is noteworthy as it demonstrates civil service departments working together to agree to a set of restrictions that would affect the economic and social life in the countryside.
253. The 2002 Independent Review identified some failings in communication structures and processes. For example, during the crisis, DARD's ability to keep not only the public and stakeholders informed, but also its own staff, was at times limited by the failure to have adequately planned and provided for channels of communication that were necessary during the outbreak."
254. The report highlighted that before the Belfast/GFA (1998) cooperation was infrequent, but informal contact would have taken place on the fringes of EU meetings, together with some formal Ministerial meetings, providing the basis for developing strong cross border relationships.
255. In advance of the Covid-19 pandemic, civil servants (Secretary Generals and Permanent Secretaries) met regularly, but without Ministerial direction. Much of the success of the FMD response is attributed to the sound leadership of the Minister and the good all-round working relationships, both internally and externally. Had Ministers been in place, perhaps, greater opportunities for meaningful North South collaboration would have been politically prioritised. Reinforcing the broader point made throughout this report, this is another example of the implications of the lack of ministers post Jan 2020.
256. In order for this to be possible, civil servants and politicians need accurate local data. This data needs to be collected, collated and shared effectively and efficiently in order to identify regionally specific appropriate policy responses. Given the high levels of cross border movement of people and goods across Britain and Ireland, consideration should be given to governance arrangements that could, if deemed necessary and proportionate, be scaled up to treat both countries as a single epidemiological unit. Future consideration could be given to the British-Irish Council structures as mechanisms for coordinating political responses.

Part Nine: The Political Landscape

257. The testimonies and notes from Executive meetings clearly highlight some of the tensions between the parties in the Executive, particularly the DUP and Sinn Fein. Power-sharing inevitably influences the nature of decision-making. To say otherwise, risks returning to what Scott Bollens (2000) termed colour-blind policies of the pre power-sharing era: technical decisions and policy advice must be contextualised within the unique political structures governing Northern Ireland.
258. From early in the pandemic there was significant public and media debate about alignment with the Republic of Ireland or Westminster policies. This was also evident in the Executive. On 2 March 2020, the deputy First Minister expressed concern at the different advice in the Republic of Ireland and Northern Ireland [INQ000065694] and the Minister for Finance (Sinn Fein) argued for the need to be able to reach a 'consistency of approach', making reference to the North South Ministerial Council as being 'overly bureaucratic' [INQ000069695].
259. A reading of available Executive minutes and media coverage indicates that there was a tendency for nationalist parties in the Executive to propose alignment with Republic of Ireland policies and unionist parties to argue for consistency with UK government policies. One of the first issues to illustrate this and cause disagreement in the multi party executive was the decision about when to close schools and colleges in Northern Ireland. In the Republic of Ireland the decision was taken to close schools, universities and childcare facilities from 12 March 2020; the following day the Sinn Fein deputy First Minister called for the immediate closure of schools and colleges in Northern Ireland. This departed from the previous position expressed on 11 March when there seemed to be consensus in the Executive, with Ministers saying that 'they were following the evidence' and that schools in NI would not yet close (Northern Ireland Politics, 2020). The decision to announce school closures went to a vote in the Executive on 16 March 2020 [INQ000065689]. The points of debate appeared to centre on two areas - why there should be a different policy in Northern Ireland and the Republic of Ireland and the evidence informing these decisions and the problems caused by mixed messages from within the Executive.
260. Tensions were eased somewhat by the decisions of all four governments in the UK and the government in the Republic of Ireland to impose stringent lockdowns. On 18 March governments in the four UK jurisdictions announced that school closures would take effect from 20 March. On 20 March bars, cafes, and restaurants were also instructed to close, followed on 23 March with the closure of non essential shops and instructions to people to stay at home. On 25 March, the Coronavirus Act of 2020 granted UK ministers legislative powers to respond to the pandemic. In May 2020, the Northern Ireland Executive agreed a five-step roadmap for easing social distancing restrictions, not dissimilar to the Irish government's five-phase roadmap.
261. In April 2020 the media was reporting that while the Executive was presenting a united front, relationships between the parties in the Executive were poor. The discord between the parties was evident in the coming weeks. The easing of restrictions was, perhaps unsurprisingly, a common point of debate and contention within the Executive. As early as April 2020 there was disagreement within the Executive about the maintenance or relaxation of restrictions, something which was evident at various points during the pandemic. Differences in the timing of the easing of restrictions between Northern Ireland and other parts of the UK – notably England, were frequently raised by the DUP ministers in the Executive and the ministers for the Economy and Agriculture and Rural Development consistently argued for the relaxation of restrictions. See for example INQ000116295 (17 December 2020) and INQ000065690 (March 2021). At the latter meeting the CMO points out that NI had the highest Covid-19 numbers in the UK.

262. However, the escalation of disagreements in the Autumn of 2020 was one of the lowest points for the Executive. In the period between October and December 2020 Executive minutes show that Ministers disagreed on several occasions, with the relationship between the parties coming under particular strain in the week of 9-12 November 2020 and into December 2020.
263. The source of disagreements between the parties in the Executive related to proposals put forward by the Minister of Health (UUP) in November 2020 to extend the circuit breaker restrictions introduced in October by two weeks. These were due to end on 12 November 2020. The parties in the Executive struggled to agree on the new restrictions. Particularly contentious was the decision by the DUP to use the cross community vote to block the Department of Health proposals, action which was criticised by the other four parties in the Executive (Young, 2020b). Ministers then voted against proposals tabled by the DUP Economy Minister. After four days of disagreement some compromise was reached through a proposal put forward by the Minister for Justice (Alliance) to extend the restrictions for one week with a gradual reopening of some businesses.
264. In a very public disagreement, played out in the media, the DUP accused Sinn Fein of backtracking on a previous decision. The Minister for Justice, whose vote was excluded (under the rules pertaining to the use of the veto mechanism), told the media that she had advised Executive colleagues that her position would become 'unsustainable' if the use of the cross-community vote continued (McCormack, 2020). The CMO notes in his statement to the Inquiry that this was not a good week for the Executive with 'huge work required to repair the damage' [INQ000226184, page 20].
265. As the UK and Ireland went into varying states of lockdown and easing of restrictions, the issues of cross border travel, the regulation of non essential travel between Northern Ireland and the Republic of Ireland and the regulation of international travellers caused tensions in the Executive. In December 2020 in an emergency meeting of the Executive, ministers debated an all island travel ban between Britain and Northern Ireland which was supported by Sinn Fein and the SDLP but with unionists arguing that banning travel from Britain but not the Republic of Ireland would be illegal (Kearney, 2020). (The deputy first Minister did note the Minister for Finance's (Sinn Fein) comment in the Executive that a travel ban should be north/south and east/west). Further differences in policy emerged with the move out of lockdown with a UK government decision not to apply quarantine requirements on travellers entering the UK on direct flights from Ireland while Ireland maintained 14 day quarantine restrictions on flights from the UK (Murray, 2020).
266. That there would be disagreement within any Cabinet on these issues, or indeed that the scientific evidence would be debated, is not in itself surprising. What is more problematic was the failure to adhere to collective responsibility (which as outlined earlier in the report is not a feature of NI governance), the public airing of such disagreements and the way that it appeared that parties were aligning their positions with constitutional positions.
267. Relationships within the Executive were not only strained along constitutional positions, but also by a feeling among the smaller parties that they were not being fully included in decisions. At various times over the course of the pandemic, there were complaints from some parties in the Executive about papers and agenda not being made available in sufficient time before Executive meetings. The Department for Infrastructure Minister (SDLP) complained about most Executive papers, including the agenda for meetings, being circulated late with no time to seek official advice [INQ000065718]. There were also concerns about Executive papers being leaked and being seen by external parties before being circulated to the full Executive. For example, the Department of Justice minister on one occasion noted that she had received a Department of Health paper after it had been seen by mid and Est Antrim Council and the Minister of Health reported a similar incident regarding the reporting of the number of deaths [INQ000065691].

268. There is also some evidence that the smaller parties in the Executive became increasingly frustrated by the impact of the lack of an agreed Executive position on some issues. Both the Department of Justice Minister (Alliance Party) and the Department for Infrastructure Minister (SDLP) reference their frustration about being ‘... at the table ‘to rubber stamp’ [INQ000065711].
269. Some actions and comments during the pandemic have been reported as visibly contributing to tensions between the parties and between communities in Northern Ireland, detracting from the focus on the pandemic. The attendance of the deputy First Minister at the funeral of republican Bobby Storey in June 2020 attracted widespread criticism, including from other political parties, that she had breached Covid-19 restrictions, caused offences to other families bereaved by Covid-19 who had had to abide with restrictions, and damaged the public health message. Comments by the DAERA Minister in October 2020 that the Covid-19 virus was more common in nationalist areas than in unionist areas resulted in the CMO having to clarify that this was not the case (Halliday, 2020). The DAERA minister denied linking the spread of the virus to religion saying that “Covid-19 is spread by bad behaviour such as that exemplified at the Bobby Storey funeral.”(Young, 2020a).
270. As the pandemic progressed it was inevitable that governments in each part of the UK would take their own approach to easing lockdown restrictions given differences in the prevalence of the virus, concerns about the economy and ideological positions on best courses of actions. Northern Ireland reopened its economy at a faster pace than other parts of the UK, being the first to open non-essential retail and hospitality. England followed these steps shortly after, but Scotland and Wales have moved at a slower pace. Parties in the Executive had differences of opinion on approaches to these and other issues such as the phasing in of mandatory Covid-19 passports (Young, 2021). Generally speaking the DUP was more in favour of easing restrictions than other parties.
271. As David Sterling makes clear in his statement, and previous academic research supports, a downside to power-sharing is that crosscutting issues tend to progress at the rate of the lowest common denominator. Contentious proposals, such as health service reform would often be politicised, meaning Northern Ireland’s health service was not fit for purpose at the outset of the pandemic.
272. Further, when evidence is presented to the first and deputy first ministers, officials often present this in a way where agreement can be identified. In voluntary coalition arrangements and in single party governments, officials will often tailor their advice to political manifestos of the governing party. This makes sense from a political and policy perspective. However, in a regime where two ideologically opposed parties share power (in TEO), advice may be tailored to meet the ‘lowest common denominator’ threshold.
273. It is the responsibility of officials to prepare, to the best of their ability, the information for political representatives. They may also make recommendations as to which policy option to choose. It is up to the Minister to decide – however, the public have a right to know the basis for these political decisions – were they ‘guided by the evidence’ as so often put forward? Or did ideology and a desire to unquestionably follow rules in Dublin or London, regardless of their appropriateness, take precedence? The CMO, referring to decisions being debated by the Executive in March 2020, notes in his evidence to the Inquiry that the reference in the Executive to ‘following the science’ was ‘overstated given the relative uncertainty and that time’ and that such statements demonstrated misunderstanding and were potentially misleading [INQ000226184].
274. Disagreement along political ideological lines is not uncommon in Northern Ireland and there are examples of how these disagreements have impacted on policy development and progress. The inability of the Executive to agree to pass Welfare Reform Legislation

ultimately led to the Executive requesting that legislation be passed at Westminster. While the Northern Ireland Assembly voted to legalise equal marriage, the veto mechanism was used to prevent legislation (by the DUP), which was subsequently legislated for by Westminster during a period of suspension of the Assembly as was the decriminalisation of abortion. When the Department of Health refused to develop policy on abortion provision on the ground that it was an Executive issue, it was also left to Westminster to intervene.

275. Within Northern Ireland, disagreement between the parties in the Executive crept in during the pandemic regarding whether Northern Ireland should follow policy in Westminster or align itself to the approach of the Irish government around issues such as the easing of restrictions. In general, the DUP was unhappy with divergence between Stormont and Westminster, and nationalists generally favoured more convergence with Irish government policies. These divergences are very clear from the statements of the First Minister and deputy First Minister [UK Covid-19 Inquiry Transcript 11.7.23 and 12.7.23].
276. Akin to the SNP dominated government in Scotland and being in opposition in Westminster, Sinn Fein, while in government in Northern Ireland, is the primary opposition party in the Republic of Ireland. While the data and evidence available for decision making may have been different in both jurisdictions, it may also have been politically difficult for the party to advocate taking two different courses of action, each side of the border. A critical question is whether Sinn Fein politicians in Northern Ireland chose to make decisions based on the information presented to them by their experts and public servants in Northern Ireland or whether they wanted to follow the evidence from the Republic of Ireland.
277. Similarly, the main Unionist party, the DUP, may have wanted to ensure that evidence from Great Britain was followed. A question arises as to whether these politicians prioritised national level data over the available Northern Irish data to guide decision-making.
278. The alignment of Sinn Fein with policy choices emerging from the Republic of Ireland and the aligning of the DUP with the evidence emerging from policy choices in Great Britain, even when counselled otherwise by Northern Ireland officials, alludes to the fact that the main parties did not always put the interests of the Northern Irish public first, but their nationalistic preferences and ideological leanings dominated. The differences, widely reported in the media, did generate discussion in the popular media on the status of scientific evidence, which may have caused public confusion or sown the seeds of mistrust in the evidence. O'Connor et al's (2021) study of public perspectives on how the Republic of Ireland-Northern Ireland border affected experiences of and responses to the 'first wave' of the pandemic (O'Connor et al, 2021) found that in the early months of the pandemic, data sources framed the two sets of policy responses as discordant in the nature and timing of decisions taken. However, they go on to note that this perception may not be an accurate reflection of the degree of inconsistency pointing to independent policy analysis which suggests the two jurisdictions' responses were more compatible than media reports suggest (Nolan et al, 2021). Regardless of whether differences are real or perceived, the authors note that it is possible that a sense that one jurisdiction is at risk from the policy decisions of another could inflame ethnocentrism. Mixed policy messages may also have an impact in confidence of government advice, for example in the effectiveness of restrictions and in confidence in government more generally. An IPSOS Knowledge Poll conducted 1-7 April 2021 recorded public views on the handling of the pandemic across the four jurisdictions of the UK. Only 34% of Northern Ireland respondents felt that the NI Executive had handled the pandemic well, compared to 42% of English respondents, 57% of Welsh respondents and 64% of Scottish respondents (Beaver, 2021).
279. Learning on an individual basis has of course happened, but there needs to be systems learning or institutional learning if we are to see meaningful change.

Part 10: Health Inequalities

INTRODUCTION

280. Health inequalities are the avoidable differences in health and wellbeing outcomes experienced by individuals or groups in society. Health inequalities originate from inequalities in vulnerability and exposure to health risks by social groups. Across varying measures of socio-economic position — including level of education, occupation, or income — those who are more socially advantaged are likely to live longer, and in better health, than individuals from lower socioeconomic backgrounds.
281. Area level deprivation is the most used measure of social inequality in each of the four UK jurisdictions. The Northern Ireland Multiple Deprivation Measure 2017 (Northern Ireland Statistics and Research Agency, 2017) provides a mechanism for identifying small area concentrations of multiple deprivation across Northern Ireland. The results are presented by small areas known as Super Output Areas (SOAs). Northern Ireland is divided into 890 of these SOAs which are ranked according to deprivation using seven domains, or distinct types which in composite form is known as the Multiple Deprivation Measure. These are: income, employment, health and disability, education and skills, access to services, living environment and crime and disorder to provide a picture of deprivation.
282. For the purposes of the monitoring of health inequalities in Northern Ireland, *Regional Inequality Gaps* refer to the difference in health outcomes between the 20% most deprived areas and 20 per cent least deprived areas. Overall, compared with the regional average for Northern Ireland, people living in rural areas experience better health outcomes across the majority of indicators. The exception to this is with regard to emergency response times for fire and ambulance services.
283. While much discussion on inequalities in Northern Ireland has traditionally focused on ethno-religious inequalities, considerable progress has been made with regard to such inequalities since the 1970s, including with regard to socio-economic outcomes (Flaherty and McAuley, 2023). It is now the case that relative income and health gaps, for example, are more pronounced along other dimensions.

LIFE EXPECTANCY

284. As can be seen in Table 3, for the period 2017-2019 (the last published figures prior to the pandemic), there was a life expectancy gender gap between males and females in NI of 3.8 years. At age 65, the life expectancy gender gap was 2.3.
285. In terms of how Northern Ireland compared to the rest of the UK, life expectancy both at birth and age 65 in Northern Ireland was below the UK average.

	Life expectancy at birth (years)		Life expectancy at age 65 (years)	
	Males	Females	Males	Females
Northern Ireland	78.8	82.6	18.5	20.8
Scotland	77.1	81.1	17.7	19.8
Wales	78.5	82.3	18.3	20.7

England	79.5	83.2	18.8	21.2
UK Average	79.4	83.1	18.8	21.1

Table 3: Life Expectancy at birth and at age 65 for each jurisdiction of the UK and the UK average. Source: Department of Health and Office for National Statistics

286. The most significant inequality gap with regard to life expectancy was between the 20% most deprived areas and 20% least deprived areas in Northern Ireland. Figure 1 shows life expectancy at birth for males between these two categories and the Northern Ireland average. For 2017-2019, men living in the 20% most deprived areas could expect to live 7 years less than those living in the 20% least deprived areas. For females, the gap was 4.8 years (Figure 2) years.

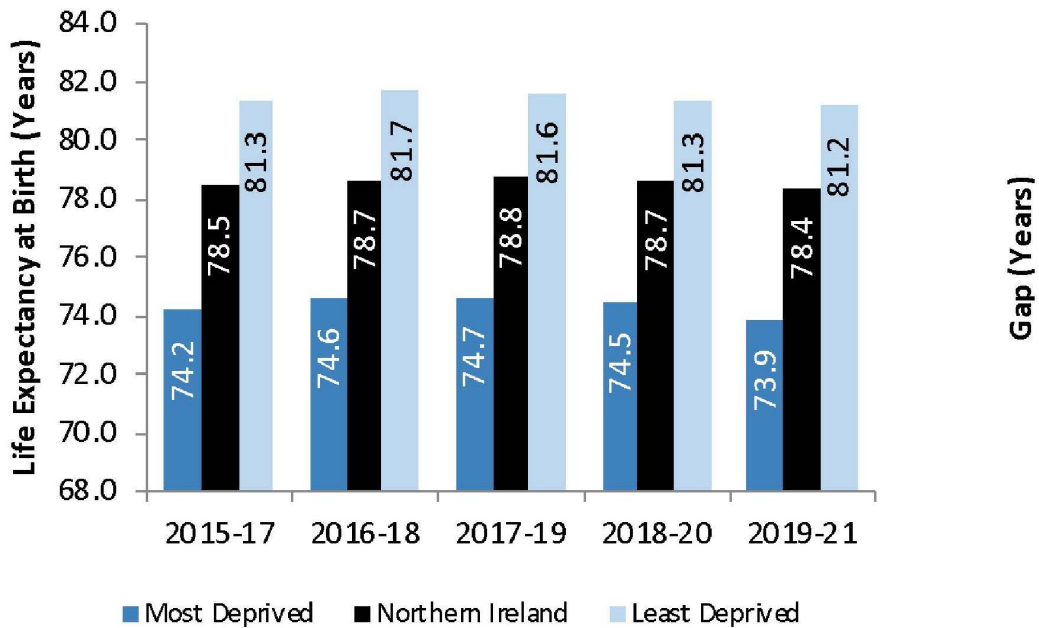


Figure 1: Trends in rates over time for life expectancy at birth for males in NI, the 20% most deprived areas and 20% least deprived areas. Source: Department of Health Inequalities Annual Report 2022

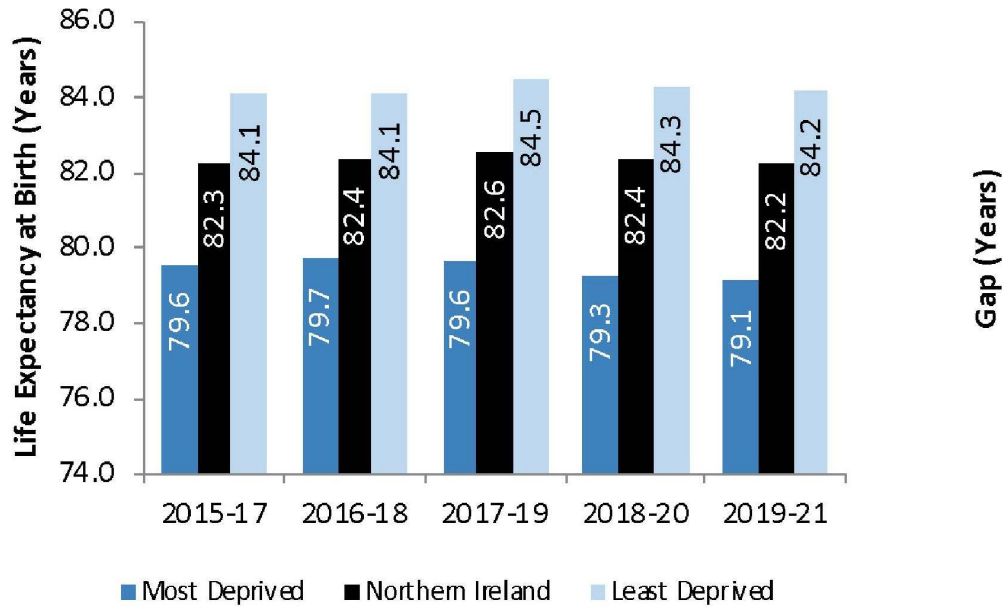


Figure 2: Trends in rates over time for female life expectancy at birth in NI, the 20% most deprived areas and 20% least deprived areas. Source: Department of Health Inequalities Annual Report 2022

287. These equality gaps are also evident in relation to Healthy Life Expectancy (HLE) and Disability Free Life Expectancy (DFLE). Healthy and disability-free life expectancy calculations are based on self-reported health data sourced from the Health Survey Northern Ireland and population data published by NISRA and the Department for Health (Life Expectancy in Northern Ireland 2017-19, 2021). It should be noted that the sample for this survey is based on private households and therefore does not include people living in communal establishments such as prisons, care homes and student residences. The proportion of the Northern Ireland population living in communal establishments at the time of the 2021 census was 1.4% - 26,300 people - the majority of whom were living in care homes (Main statistics for Northern Ireland; Census, 2021).
288. HLE is the average number of years a person can expect to live in good health. Health status is calculated using respondents' perception of their own health according to the Health Survey Northern Ireland. The survey asks respondents to rate their general health as: 'very good', 'good', 'fair', 'bad' or 'very bad' (Corrigan, Scarlett and Stewart, 2023). As shown in Figure 3, for 2017-2019 the male Healthy Life Expectancy rate at 51.6 years in the 20% most deprived areas and 65.1 years in the 20% least deprived areas means there is an *equality gap of 13.5 years*. For female healthy life expectancy *this is 15.4 years* (Figure 4).

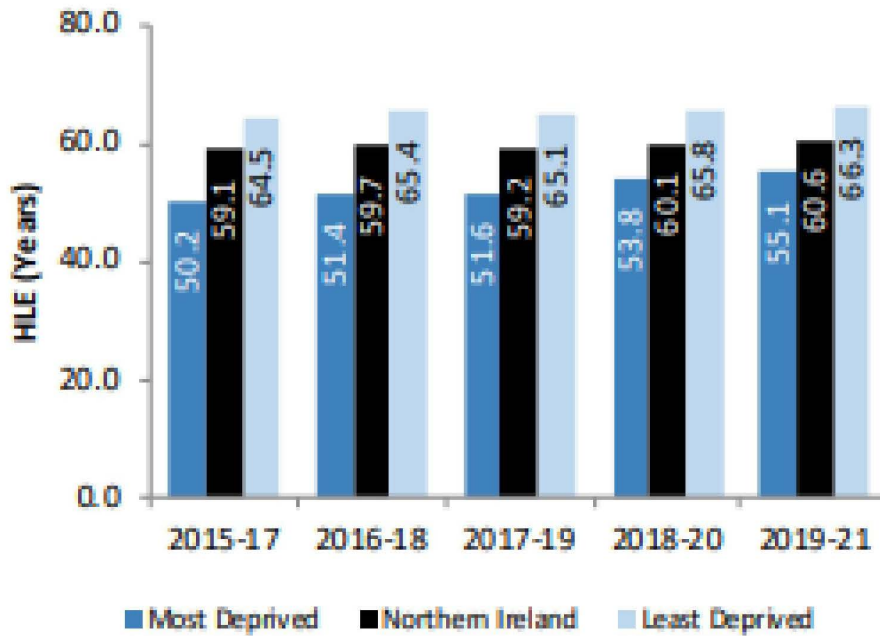


Figure 3: Male Healthy Life Expectancy in NI, the 20% most deprived areas and 20% least deprived areas. Source: Department of Health Inequalities Annual Report 2022

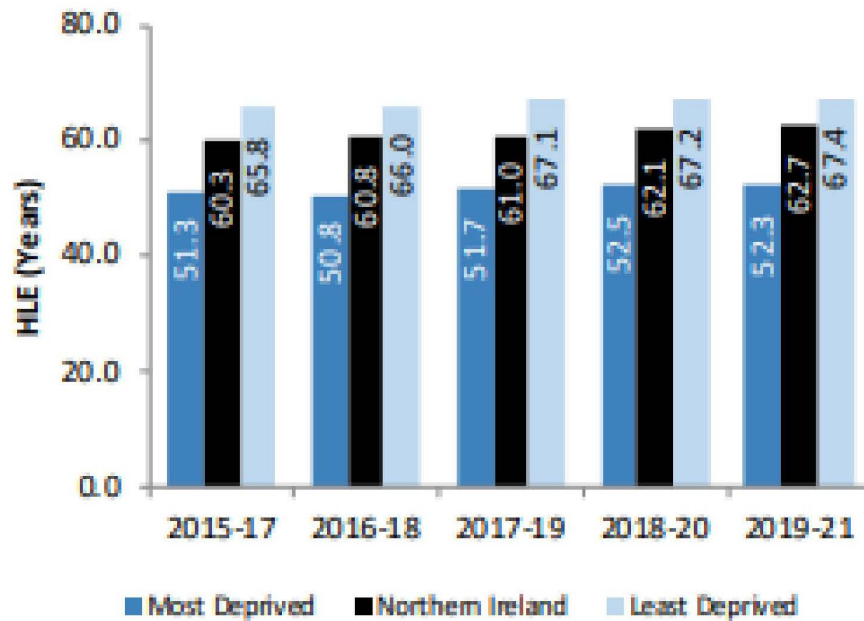


Figure 4: Female Healthy Life Expectancy in NI, the 20% most deprived areas and 20% least deprived areas. Source: Department of Health Inequalities Annual Report 2022

289. While life expectancy at age 65 is an important measure of an ageing population, the number of those extra years spent in good health is crucial to both quality of life and service provision. Disability Free life expectancy is a measure used to assess this.
290. For the years 2017-2019, Disability Free Life Expectancy (DFLE) was 57.9 years for males and 58.4 years for females. DFLE is the average number of years a person can expect to live disability free. DFLE provides an estimate of lifetime spent free from a limiting persistent (twelve months or more) illness or disability, based upon a self-rated functional assessment of health recorded in the Health Survey Northern Ireland (DFLE excludes communal establishments) (Health Survey (NI) Technical report 2020/21, 2021). The question asked in the Health Survey Northern Ireland is based on the UK harmonised principle for long-lasting health conditions and illness. The disability-free life expectancy inequality gap (between the 20% most deprived and 20% least deprived areas) was 12.5 years for males and 13.3 years for females (see Figures 5 and 6).

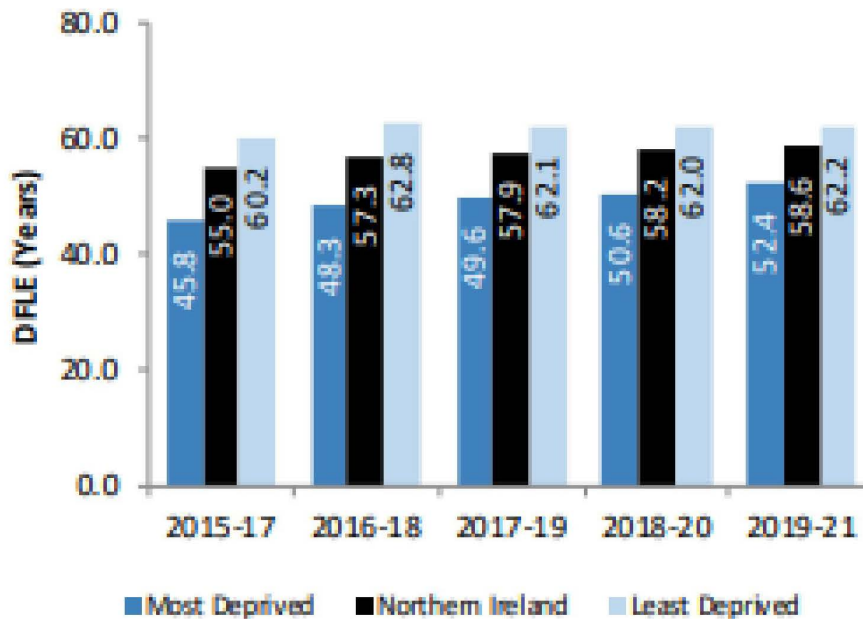


Figure 5: Male Disability Free Life Expectancy in NI, the 20% most deprived areas and 20% least deprived areas. Source: Department of Health Inequalities Annual Report 2022

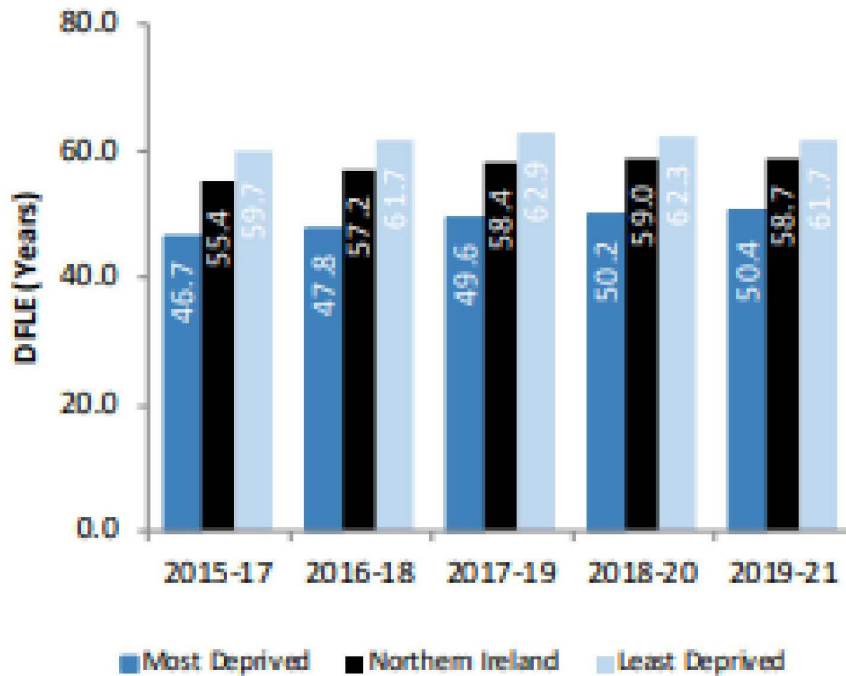


Figure 6: Female Disability Free Life Expectancy in NI, the 20% most deprived areas and 20% least deprived areas. Source: Department of Health Inequalities Annual Report 2022

291. In Northern Ireland there is also a pronounced gradient in the number of people living with a long term health limitation between the most deprived areas and those living in the least deprived areas (Figure 7). As noted at paragraph 11, data on long standing illness and limiting long standing illness is collected by the Northern Ireland Health Survey. To establish the proportion of respondents with a long standing illness, respondents are asked if they have ‘any physical or mental health condition or illness lasting or expected to last 12 months or more’. They are also asked about whether condition(s) or illness/do reduce a respondent’s ability to carry out day to day activities and for how long (Health Survey Northern Ireland 2020/21 – Telephone Questionnaire). If this long-standing illness also reduced a respondent’s ‘ability to carry out day-to-day activities’ the long-standing illness is classified as limiting (Health Survey (NI) Technical report 2020/21, 2021).

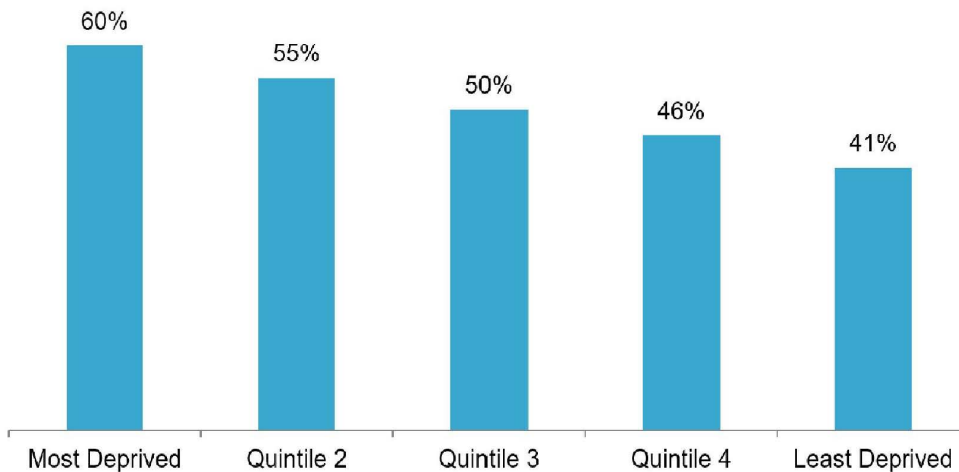


Figure 7: People aged 65+ with a long-term health limitation by deprivation quintile, 2018/19. Source: Department of Health Northern Ireland (2020). Health Survey (NI) Technical report 2020/21 (2021)

RATES OF PREMATURE AND PREVENTABLE MORTALITY

292. Premature deaths describe the death of a person less than 75 years of age. In monitoring health inequalities the Department of Health uses the OECD definition (OECD, 2021) of preventable and treatable causes of mortality:
 - a. preventable mortality - causes of death that can be mainly avoided through effective public health and primary prevention interventions (ie, before the onset of diseases/injuries),
 - b. treatable mortality: causes of death that can be mainly avoided through timely and effective healthcare interventions. This would include secondary prevention such as screening and treatment (i.e. after the onset of diseases, to reduce case-fatality).
293. Both preventable and treatable indicators refer to premature mortality (under age 75).
294. Data for Northern Ireland show a large inequality gap with regard to premature mortality with most deprived areas continuing to experience higher mortality rates than the least deprived areas. The inequality gaps remained similar across all indicators (compared to 2011-2015) with the exception of deaths from preventable causes where the gap widened because of fewer deaths in the least deprived areas.
295. Data for 'All Causes' of death under 75 (Figure 8) reveal more than double the number of deaths in the 20% most deprived areas compared to the 20% least deprived. For the year 2016-2020 the respective figures are 557 and 254 deaths per 100,000.

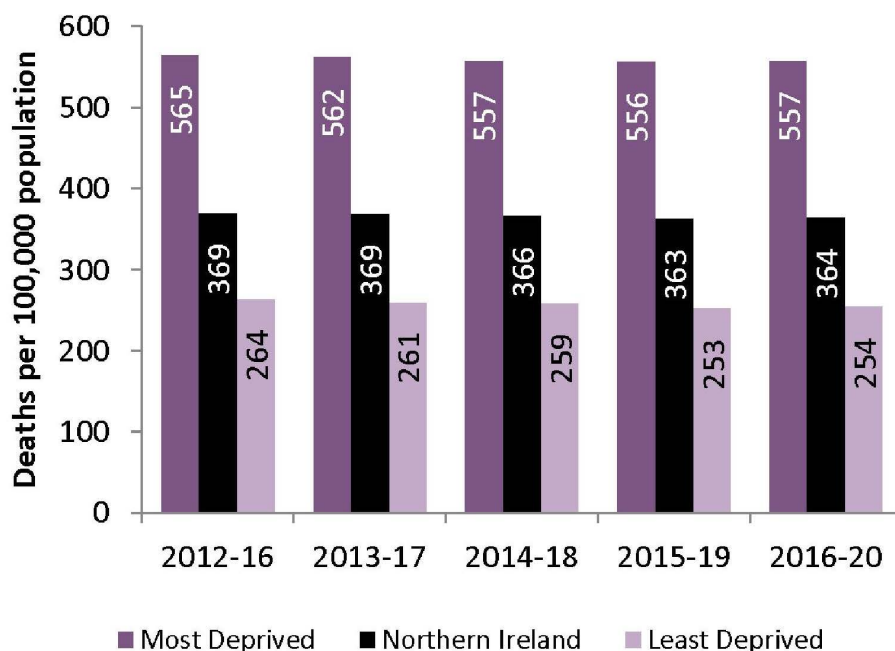


Figure 8: Standardised Death Rate All Cause U75. Source: Department of Health Inequalities Annual Report 2022

296. One of the most striking inequalities can be seen in deaths of people under 75 from **respiratory causes** (Figure 9). Here, the death rate (2016-2020) in the most deprived areas was more than 3.5 x times the rate in the least deprived areas (64 deaths per 100,000 in the 20% most deprived areas compared to 17 deaths per 100,000 in the 20% least deprived). For **circulatory disease** (U75) in the same period the rate of deaths in the 20% most disadvantaged areas was 107 per 100,000 compared to 45 in the least deprived (Figure 10). For cancer deaths (Figure 11) there is a similar picture of inequality- 253 deaths per 100,000 in the most disadvantaged areas and 198 deaths per 100,00 in the least disadvantaged.

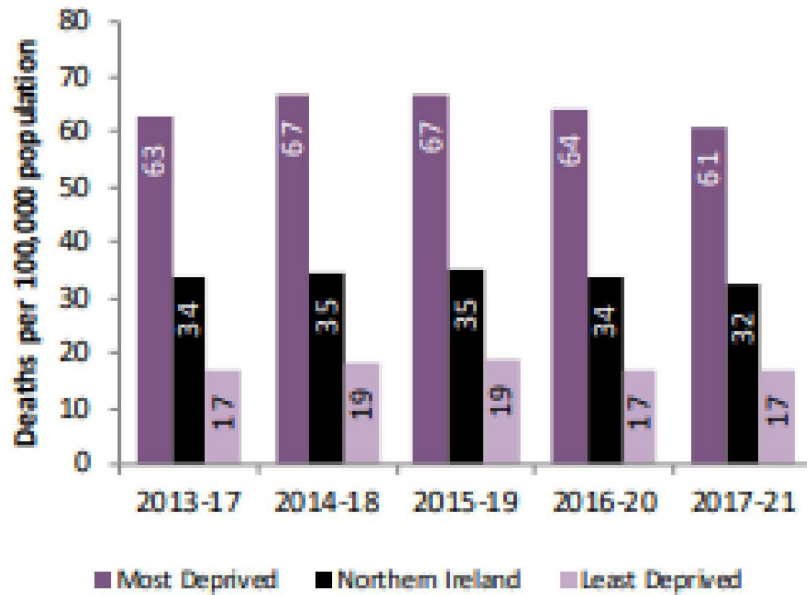


Figure 9: Standardised Death Rates (Respiratory U75). Source: Department of Health Inequalities Annual Report 2022

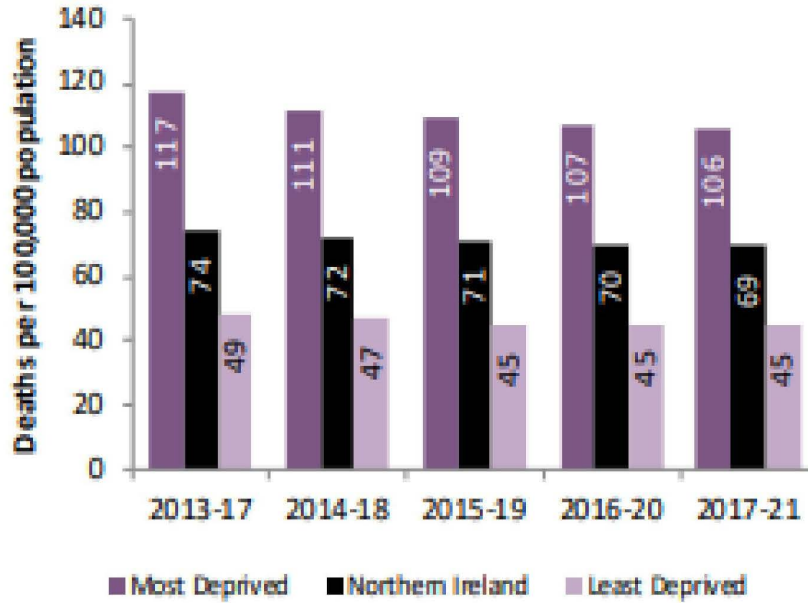


Figure 10: Standardised Death Rates (Circulatory U75). Source: Department of Health Inequalities Annual Report 2022

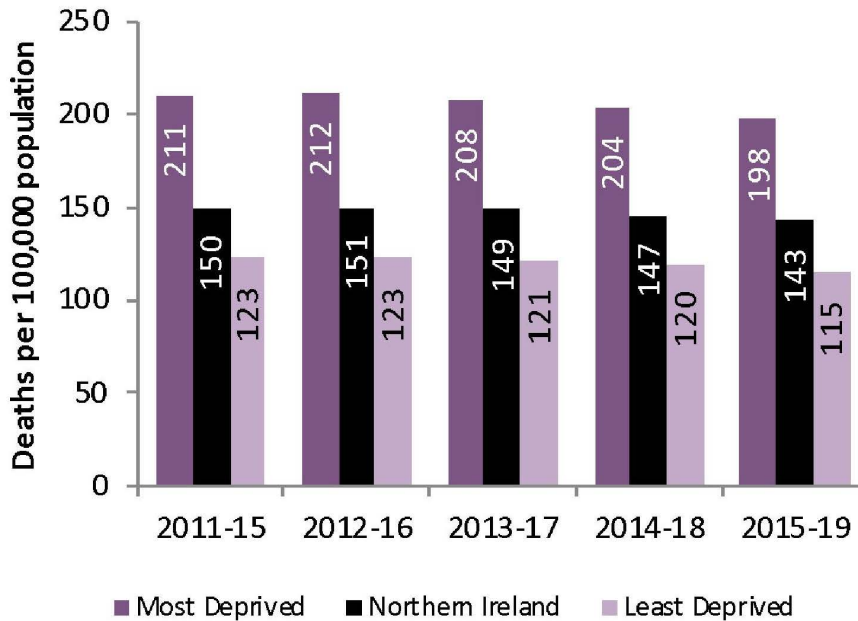


Figure 11: Standardised Death Rates, Cancer U75. Source: Department of Health Inequalities Annual Report 2022

MENTAL HEALTH

297. Mental health is a level of psychological wellbeing. The term is used to describe everything from good mental health to periods of mental ill-health and severe mental illness. Mental health is commonly measured using the General Health Questionnaire (GHQ) 12 scale,

where a score of 4 or more is indicative of probable mental ill-health. The GHQ12 measure is included with the Northern Ireland Health Survey. Figure 12 presents a picture of high GHQ12 from 2010/11 to 2021/22. In 2019/20 the prevalence rate for mental ill health was 18% for men and 21% for women. Responses to a number of other questions asked in the survey suggest that the significantly higher figure for 2020/21 was influenced by the COVID 19 pandemic. For example, COVID 19 social restrictions were the most important thing contributing to stress in day to day life for 17% of respondents, followed by work situation (hours of work, working conditions) for 16% of respondents. Eighteen per cent of respondents reported being 'very worried' about the effect that coronavirus was having on their day to day life with 57% saying they were 'somewhat worried'. Those living in the most deprived areas were more likely to report being worried than those living in all other areas.

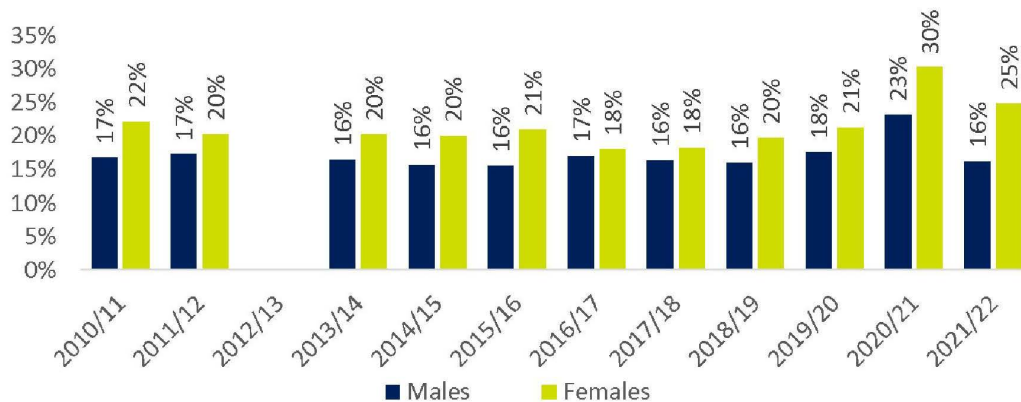


Figure 12: High GHQ12 score by year and sex. Source: DoH (2022) The Northern Ireland Health Survey

298. Figures from the Northern Ireland Health and Wellbeing Survey (2019/20) show that people living in deprived areas were more likely to have a high GHQ12 score. This is a consistent inequality gap. In 2019/20 27% of those in the most deprived areas had a high GHQ12 score compared with 19% of those living in all other areas. Almost a quarter (23%) of those living in urban areas had a high GHQ12 score compared with 13% of those living in rural areas. Twenty one per cent of respondents to the survey scored highly on the UCLA loneliness scale. There was no difference between males and females but those living in urban areas (24%) showed more signs of loneliness than those living in rural areas (17%). Again, deprivation is an important factor. Over a quarter of those living in the most deprived areas (28%) showed signs of loneliness, compared with 14% of those in the least deprived areas.

Death from suicide

299. The total number of suicides in Northern Ireland in 2019 was 205 (12.4 deaths per 100,000). In every year since 2001, more than 70% of those dying from suicide were male. The rate of the suicide in the most deprived areas was almost double that in the least deprived. Between 2015 and 2020 Northern Ireland had a lower suicide rate than Scotland but higher than England and Wales (Review of Suicide Statistics in Northern Ireland, 2022). The NISRA has noted that the suicide rate for men and women has been on an upward trajectory since 2019 (NISRA, 2022).

BLACK, ASIAN AND ETHNIC MINORITY COMMUNITIES AND HEALTH OUTCOMES IN NORTHERN IRELAND

300. Net immigration in Northern Ireland is a relatively recent phenomenon. At the 2021 census 3.4% of the population in Northern Ireland (65,000 people) belonged to ethnic minority groups, double the number recorded in the 2011 census. While the majority lived in the local government district of Belfast, all local government areas are more diverse than in 2011.
301. There is a dearth of monitoring and research on the health of black Asian and minority ethnic communities in Northern Ireland and there is very poor data on social outcomes for these populations. This contributes to an inability of policy to address need. The need for better data has been highlighted over a period of years. A 2013 report by the Joseph Rowntree Foundation on poverty and ethnicity in Northern Ireland (Atkin, McAreavey and Wallace, 2013) identified a number of areas of concern regarding access to employment (with evidence of underemployment and in work poverty) and public services. It also noted the deficits with regard to health outcome data. Irish Travellers are identified as an ethnic minority in Northern Ireland and the Equality Commission for Northern Ireland has regularly recommended better collection, monitoring and evaluation of data on travellers (Racial Equality Policy; Priorities and Recommendations, 2014). Travellers have been consistently identified as a significantly disadvantaged group but the All Ireland Traveller Health Study (2010) remains the only comprehensive survey of traveller wellbeing.
302. The issue of poor data has also been a concern of the United Nations Committee on the Elimination of Racial Discrimination. In its Concluding Observations on the examination of the UK government in 2016 it reported 'concern that data are neither collected systematically in all fields where racial discrimination exists, nor uniformly across the State party's jurisdiction, with gaps occurring most notably in Northern Ireland, the British overseas territories and the Crown dependencies' (United Nations Human Rights Treaty Bodies, OHCHR para 13). The Equality Commission for Northern Ireland has consistently identified the problem of a lack of data in its reports and in its briefings on race policy (The Equality Commission, ND) and, in 2022, a report by the Northern Ireland Affairs Select Committee (2022) highlighted the lack of data as a problem, despite the NI Executive Office commitment to improving data collection in its 2005 Racial Equality Strategy.
303. There has been some recent movement at government level to identify the data deficits and assess how improvements can be made. In November 2021 a cross departmental working group was established with officials nominated by each NICS permanent secretary. This group conducted a data scoping exercise to establish what ethnicity data existed and carry out a gap analysis. The Racial Equality Team within the Executive Office and NISRA developed draft guidance for ethnic minority monitoring in the public sector which was published in May 2023 (Guidance for Ethnic Equality Monitoring in the Public Sector (2023)). This proposes a phased approach to rolling out the guidance with a first step to roll out a small NICS workforce monitoring pilot.

MULTIPLE DEPRIVATION MEASURE AND LOCAL GOVERNMENT DISTRICTS

304. Based on the seven domains included in the Multiple Deprivation Measure, 5 of the 10 most deprived SOAs are in the Belfast Local Government District (LGD) and 5 in the Derry and Strabane LGD. The most deprived SOA is the Derry and Strabane LGD whereas Lisburn and Castlereagh LGD has no SOAs among the 100 most deprived.
305. The Health Deprivation and Disability Domain identifies the proportion of the population whose quality of life is impaired by poor health or disability. Based on analysis for this domain, of the 100 most deprived SOAs 59 are in Belfast LGD (the highest proportion of all LGDs with Whiterock SOA in Belfast the most deprived).

306. Life Expectancy data for LGDs is one example of this spatial inequality. A man born in Lisburn and Castlereagh LGD will live almost 5 years longer than a man born in the Belfast LGD and a woman almost 3 years longer (see Tables 3 and 4).

Male Life Expectancy at Birth

Local Government District	2014-16	2015-17	2016-18	2017-19	2018-20
Antrim and Newtownabbey	78.8	79.1	79.4	79.5	78.8
Ards and North Down	79.7	79.5	79.7	79.5	79.6
Armagh City, Banbridge and Craigavon	79.2	79.0	79.1	79.5	79.3
Belfast	76.0	75.8	76.3	76.1	75.8
Causeway Coast and Glens	79.8	79.6	79.3	79.5	79.7
Derry City and Strabane	77.6	77.7	78.0	77.8	78.0
Fermanagh and Omagh	78.6	78.7	79.2	79.3	79.2
Lisburn and Castlereagh	80.1	79.8	80.2	80.1	80.3
Mid and East Antrim	78.8	78.6	78.9	79.1	79.0
Mid Ulster	79.6	79.4	79.3	79.7	79.6
Newry, Mourne and Down	79.0	78.9	78.9	79.2	79.3

Table 4 Male life expectancy at birth by local government district 2014-2016 and 2018-2020. Source: Life Expectancy in Northern Ireland 2018-20 (2021)

Female Life Expectancy at Birth

Local Government District	2014-16	2015-17	2016-18	2017-19	2018-20
Antrim and Newtownabbey	82.1	82.0	82.0	82.7	82.6
Ards and North Down	82.9	82.6	82.6	82.9	82.7
Armagh City, Banbridge and Craigavon	82.5	82.7	82.9	83.1	83.2
Belfast	81.1	81.0	81.1	81.0	80.5
Causeway Coast and Glens	83.0	83.2	83.1	82.9	82.6
Derry City and Strabane	81.9	81.4	81.3	81.4	81.6
Fermanagh and Omagh	82.6	82.5	83.0	83.2	83.2
Lisburn and Castlereagh	83.5	83.4	83.2	83.5	83.3
Mid and East Antrim	82.8	82.7	82.5	82.7	82.3
Mid Ulster	83.4	82.7	82.7	83.2	83.1
Newry, Mourne and Down	82.6	82.6	83.1	83.3	83.2

Table 5 Female life expectancy at birth by local government district 2014-2016 and 2018-2020. Source: Life Expectancy in Northern Ireland 2018-20 (2021)

THE STATE OF THE NORTHERN IRELAND HEALTH AND SOCIAL CARE SYSTEM PRE PANDEMIC

307. The NI Audit Office (2022) describes a widening gap between rising population demand for care and the health and social care available to meet this. This is a problem which has been accumulating over many years. Long-term deficits in funding, challenges with workforce recruitment and retention, limited progress in transforming services and policy neglect of adult social care are all contributory factors.
308. While jurisdictional differences in the structure and organisation of health and social care in the UK existed pre UK devolution, they became more pronounced in the period since 1998. Northern Ireland was unique in the UK in having a fully integrated health and social care structure (since 1973) but was subject to many of the changes introduced as a result of the focus on new public management in the 1990s. For example, Northern Ireland also saw the introduction of market-based reforms to the NHS in the early 1990s, although the

operation of these was somewhat limited due to a lack of competition as a result of the small size of the market and a lack of clarity about purchaser and provider role.

STRUCTURAL CHANGES POST DEVOLUTION

309. Since the reintroduction of devolution in Northern Ireland the health and social system has undergone a number of structural changes and been subject to several reviews.
310. A consultation document on the reform of structures in 2002 was to be the first of a number of such publications based on a review of the system. *Developing Better Services-Modernising Hospitals and Reforming Structures* set out proposals for the modernisation of hospital services in the context of new technologies and skills, improved standards, specialisation of medical practices, and the increasing healthcare needs of an ageing population. It also outlined the need for organisational reform and set out options for structural change which would take account of a recently announced review of public administration.
311. A major restructuring was announced by direct rule ministers in 2005 during a period of suspension of the Northern Ireland Assembly. The new configuration emerged as part of a broader review of public administration (Better Government for Northern Ireland: Final Decisions of the Review of Public Administration, 2006). It proposed the creation of one statutory health and social services authority (which would commission services), a reduction in the number of health and social service delivery trusts to five plus the Ambulance Trust. The one statutory health and social services authority was to commission services from five health and social services trusts. The main justification for the change to a division of commissioning and provision, and centralised control by one quango, was the improvement of performance management. This was a response to an independent review of health and social care commissioned by the Direct Rule government (Appleby, 2005). The feasibility and desirability to have a system based on a purchaser/provider split in such a small and tightly integrated system was questioned (Smith *et al*, 2004). When proposed, the new structures were described as the most fundamental change to the health and social services for decades (Better Government for Northern Ireland, 2006).
312. When devolution was restored some changes were made to the proposals. The new health minister accepted that the newly established five Trusts would remain but rather than one very large centralised health services authority, three centralised bodies were created – a Health and Social Care Board (responsibility for commissioning services and performance management of HSC Trusts), a Public Health Agency (securing the provision of specific public health programmes, supporting research and development initiatives, responsibility for improving and protecting the health and social and reducing health inequalities) and a Patient Client Council (to act as an independent voice for patients, clients, carers and communities). Full implementation of the new structures did not take place until 2009-2010.
313. In 2011 another review of health and social care delivery *Transforming Your Care* (TYC) was announced. This was to make recommendations on the future configuration and delivery of services and provide an implementation plan. It identified twelve principles for change to underpin a new model of care and listed a programme of 99 proposals. A key focus of the proposals was to bring about a radical shift from a model of care based predominantly on acute hospitals towards a more preventive and personalised approach. It called for the reallocation of services and associated resources, estimated at the time at £83 million, from the acute sector to the primary and community sector. The Northern Ireland Audit Office (The Comptroller and Auditor General, 2017) concluded that while progress towards better service provision had been made under TYC, there ‘... was huge opportunity for further improvement ... and a clear and compelling case for the Department to build on the foundations established by TYC by developing a clear strategy to guide the implementation of change’ (para 11).

314. A further review occurred in 2014 when Sir Liam Donaldson was commissioned by the Health Minister to lead a team which would advise on the improvement of governance arrangements across the health and social care system. The subsequent report, *The Right Time: The Right Place* (Henderson, Rutter and Donaldson, 2014) pointed to longstanding, structural elements of the system that 'fundamentally damage its quality and safety' and found that the configuration of health facilities serving rural and semi-rural populations in Northern Ireland was not fit for purpose, that politicians were unwilling to take unpopular decisions and an international panel of experts should be appointed to redesign Northern Ireland's health and social care services. Among the other recommendations made by the review team were:
- a. Strengthening of commissioning with a critique that the current system was 'tightly centrally-controlled and based on a crude method of resource allocation' and 'seems to have evolved without proper thought as to what would be most effective and efficient for a population as small as Northern Ireland's'.
 - b. That a new costed, timetabled implementation plan for Transforming Your Care should be produced quickly to address the major demands on hospital services in Northern Ireland which were 'excessive and not sustainable'.
 - c. The establishment of a small number of systems metrics that can be aggregated and disaggregated from the regional level down to individual service level for the Northern Ireland health and social care system to address the findings of the review team that: 'The Northern Ireland Health and Social Care system has no consistent method for the regular assessment of its performance on quality and safety at regional-level, Trust-level, clinical service-level, and individual doctor level'.
315. In response to the Donaldson report the Minister for Health announced the appointment of an expert, clinically led panel to 'consider and lead an informed debate on the best configuration of Health and Social Care services in Northern Ireland'. Led by Professor Rafael Bengoa the expert panel report was published in 2016. *Systems, Not Structures (The Bengoa Report)* included 14 recommendations relating to the configuration of services and structures. There was a strong focus on workforce development, the need to break down traditional barriers to coordinated care, and a transfer of provision to out of hospital care. Importantly, the report notes the financial implications and stated that the system required a 6% budget increase each year even to stand still.
316. The Bengoa report was followed by a ministerial statement and a 10 year plan for health and wellbeing published in 2017 (Health and Wellbeing 2026 - Delivering Together, 2017). Prominence was given to some actions not included in the report - dealing with waiting lists, placing a social worker in each GP practice, community pharmacies, and elective care centres. It had been anticipated that there might be recommendations on the reconfiguration of hospitals but the report stated that the work was not about closing hospitals but about changing ways of meeting needs.

IMPACT ON ACCESS TO HEALTHCARE AND OUTCOMES

317. Northern Ireland Factcheck reported in 2019 that 105,486 people (35.2%) were waiting over a year for a consultant-led out patient appointment, 100 times more than in England (FactCheckNI, 2019). At the time the ministerial target was that at least 50% of patients should wait no longer than 9 weeks for a first consultant-led outpatient appointment, with no patient waiting longer than a year. Over 50% were waiting more than a year for an inpatient or day case admission.

318. A Northern Ireland Assembly Research and Information Service research paper (Research and Information Service, 2021) has identified not just trends in waiting lists, but the longstanding *data gaps* with regard to hospital waiting lists. It highlights how waiting lists were at unacceptable levels pre-pandemic with implications for patient safety and widening health inequalities. *Targets for a first outpatient appointment and for inpatient treatment have rarely been met since 2009*. What also emerges from the paper is that NI has not had targets for review appointments and there is no way to gain a complete picture from available data of the true extent that some patients are waiting. Additionally, while there were plans set out to address waiting lists, including the *Elective Care Plan* published in 2017 there is little evidence on the extent to which the actions in the plan to reduce waiting times were progressed. To quote from the NI Assembly Research and Information Service Report: 'Elective care data ... pre-pandemic ... suggests that annually the NI health service delivers approximately 400,000 first outpatient appointments; 600,000 inpatient/day case procedures; 1 million review appointments; and, 1.5 million diagnostic tests. However, waits for these services comprise of a complicated and disparate set of measures that do not join up the various components (or complete lengths of time) a patient has to wait. In the UK, NI is the only jurisdiction that does not have a way to join up and track patient data for elective care ... ("Referral to Treatment Time") For example, NHS England has been reporting and publishing RTT data since 2007'.

NEED TO CONSIDER PROGRESS ON WIDER SOCIAL POLICIES

319. Of course problems such as demand for health care, high rates of preventable conditions and persistently high levels of health inequalities are not simply the outcome of deficiencies in health and social care systems. It has been well established that many of the determinants of health outcomes lie outside the health service and are shaped by social and economic conditions (Marmot, 2010). Therefore understanding the lack of progress on addressing poor health outcomes and health inequalities requires critical examination of the progress the Northern Ireland Assembly has made in addressing issues such as poverty, educational underachievement and equalities with regard to age, gender, race and disability. At the outset of the pandemic Northern Ireland households in the top quintile (one fifth) of income distribution before housing costs (BHC) had a weekly income more than 3 times higher than those in the bottom. At the start of the pandemic one in five of the population in NI (330,000 people) were living in poverty, including 110,000 children, 190,000 working age adults and 30,000 pensioners (Birt and Majetic, 2022, 6). Yet Northern Ireland did not have an anti-poverty strategy.
320. Addressing poverty and other issues such as persistently high levels of economic inactivity and low pay has presented challenges for Northern Ireland governments. The ability to address these challenges has been hindered by political instability and the non functioning of the Assembly and Executive for significant periods but also by the lack of priority accorded to some issues (for example a childcare strategy). There has not been a final Programme of Government in NI since 2015 with the Executive not getting beyond a draft and delivery frameworks which were periodically updated. The overall picture with regard to social policy is that some major structural and socio-economic problems have not been addressed over the period of devolution.
321. Prior to the Covid-19 pandemic, despite the consensus on a number of key issues emerging from the reviews of the health care system there was limited progress in implementing change. The 2016 Bengoa report found that 'implementation was slow due to resistance to change and the absence of a strong strategic approach to transformation'. However, it also found that 'much needed investment in community services development was hindered because of the high costs of maintaining the current configuration of hospitals, particularly for these vulnerable specialties where often expensive locum and agency staffing was the only option for safe staffing', thus preventing development of those

services that would provide an effective alternative to hospital-based care – a vicious circle resulting in ever increasing pressure on all parts of our health and social care system.

322. Inadequacy of funding has also been an issue for many years. Just before the Covid-19 pandemic the Northern Ireland Affairs Select Committee in a report on health funding in Northern Ireland (Northern Ireland Affairs Committee, 2019) recognised there had been an inadequate funding model and that one year budgets impeded planning. It also pointed to the absence of comprehensive strategies in areas such as cancer, mental health and oral health, a lack of clear direction for investment with funding ‘funnelled into plugging holes in existing services rather than service transformation’. Workforce shortages were an additional challenge at the outset of the pandemic. In 2019 the health service in Northern Ireland had a 11.6% registered nurse vacancy rate, equating to 2,103 empty posts and the Northern Ireland Audit Office reported that the amount spent on temporary nursing and midwifery staff in 2018-19 – included £52 million spent on agency staff (The Comptroller and Auditor General, 2020).
323. A common feature of many of the review reports on Northern Ireland health and social care system has been the neglect of the adult social care system. There has been a tendency over many years to see the rationale for improvements and reform in social care as necessary to facilitate more efficient use of acute care resources. The fragmented structure of adult social care and the fact that most delivery of residential and domiciliary care services is privatised has presented challenges for policy. However, too little policy attention was devoted to addressing the deficits in social care and building a quality service. This neglect of the social care system led to an accumulation of problems in adult social care including a growing workforce crisis and an outdated legislative framework unable to cope with the demands and pressures placed on it. One indication of policy neglect is that self directed support – usually interpreted as a user receiving a direct payment and purchasing their own care – was ‘rolled out’ across the HSC Trusts in NI in the absence of any policy or legislative framework. When an expert review on adult social care was commissioned and reported in 2017 (*Power to People*, Kelly and Kennedy) it recommended a complete overhaul of the system and social care legislation as a whole. Between the publication of the report and March 2020 this had not progressed.

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Inquiry Documents

Reference	Date	Description
INQ000254989	29/01/2020	Document titled Cabinet Office Briefing Rooms Wuhan Coronavirus Meeting Actions
INQ000258351	29/01/2020	Document titled Cabinet Office Briefing Rooms, Wuhan Coronavirus regarding actions, and decisions
INQ000176133	06/02/2020	Letter from Dr Michael McBride (CMO, Department of Health, NI) to all NI departments and public authorities entitled Coronavirus: Public health advice and action to be taken by public by public authorities
INQ000137326	17/02/2020	Letter from Dr Michael McBride, Chief Medical Officer, Department of Health Northern Ireland to Valerie Watts, Chief Executive, HSCB, regarding Follow up from meeting with Senior Management Team Regarding Coronavirus 19 Disease (COVID-19)
INQ000258172	02/03/2020	Cabinet Office Briefing Rooms list of actions and decisions
INQ000258447	02/03/2020	Meeting Actions from Cabinet Office titled Cabinet Office Briefing Rooms
INQ000065694	02/03/2020	Hand Written Draft Executive Notes E (M) (20) 07
INQ000255091	05/03/2020	Document titled Cabinet Office Briefing Rooms Covid 19 Meeting Actions
INQ000255048	08/03/2020	Document titled Cabinet Office Briefing Rooms Covid-19 Meeting Actions
INQ000065695	10/03/2020	Hand Written Notes of Executive Meeting E (M) (20) 08
INQ000254977	11/03/2020	Document titled Cabinet Office Briefing Rooms Covid-19 Meeting Actions
INQ000254980	11/03/2020	Document titled Cabinet Office Briefing Rooms Covid-19 Meeting Actions
INQ000258275	11/03/2020	Minutes of the Cabinet Office Briefing Rooms Covid-19 meeting, regarding actions for Cabinet Office and the Department for Business Energy and Industrial Strategy to discuss the sec
INQ000254940	16/03/2020	Document titled Cabinet Office Briefing Rooms Covid-19 Actions and Decisions
INQ000065689	16/03/2020	Hand Written Notes of Executive meeting E (M) (20) 09
INQ000065737	19/03/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000052692	23/03/2020	Actions and decisions from Cabinet Office Briefing Rooms (Ministerial) (20)(14) meeting

INQ000065748	30/03/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000065725	08/04/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000273079	14/04/2020	Report from COBR (Cabinet Office Briefing Rooms), titled COVID-19 Digital Dashboard
INQ000065735	15/04/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000065691	17/04/2020	Hand Written Notes of Executive Meeting E (M) (20) 18
INQ000065751	24/04/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000301942	30/04/2020	Presentation from COBR (Cabinet Office Briefing Rooms) titled Press Conference Slides
INQ000065761	04/05/2020	Hand Written Note of Northern Ireland Executive Meeting
INQ000065724	07/05/2020	Hand written draft Northern Ireland Executive meeting notes
INQ000065731	11/05/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000065700	14/05/2020	Hand Written Notes of Executive Meeting E (M) (20) 28
INQ000065734	18/05/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000065778	21/05/2020	Hand written draft Northern Ireland Executive meeting notes
INQ000065741	28/05/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000065718	04/06/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000065729	11/06/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000023223	12/06/2020	Report from Northern Ireland Executive Office, titled C3 Covid-19 Response Lessons Learned Review and Future Roadmap
INQ000065730	15/06/2020	Hand written draft Northern Ireland Executive meeting notes
INQ000065787	25/06/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000188798	29/07/2020	Report titled Debrief of the Management of HSC Silver Response to Covid-19
INQ000048484	06/08/2020	Minutes of a meeting of the Executive regarding R Number, Tests, Young Age Cases, Stop COVID App, Re-opening of Pubs and Other Venues, Face Coverings, Vulnerable Children, Care Homes, Education, Funding, Charity - E (M) (20) 48
INQ000048485	13/08/2020	Minutes of a meeting of the Executive regarding Hospital Admissions, Testing, Data Comparison with GB, ROI and France, Public Comms to Young People, Public Expenditure, Support for those in Debt, A Levels - E (M) (20) 49
INQ000048486	20/08/2020	Minutes of a meeting of the Executive regarding R Rate, Care Homes, Test/Trace, Guidance/Enforcement, Justice System, Health Protection and Travel Regulations, Easing of Restrictions, Higher Education, Public Comms, PHE, Vulnerable Households/Return to School, Driving Tests - E

		(M) (20) 50
INQ000048487	03/09/2020	Minutes of a meeting of the Executive regarding Hospital Admissions, Testing, Care Homes, Deaths, Tracing, Young People Cases, Easing Restrictions, Funding Universities, Furlough, Support to Travel Agents/Taxis/Coaches, Social Inclusion, Media Leaks - E (M) (20) 51
INQ000065769	10/09/2020	Hand written draft Northern Ireland Executive meeting notes
INQ000048488	10/09/2020	Minutes of a meeting of the Executive regarding R Number, Care Homes, Deaths, Hospitals, Test/Trace, Schools Re-Opening, Local/General Restrictions, Public Messaging, Recovery Framework, Funding, Infrastructure - E (M) (20) 52
INQ000048489	17/09/2020	Minutes of a meeting of the Executive regarding Local Restrictions, Economic Recovery, R Number, Hospital Admissions, Deaths, Care Homes, Tests, Enforcement of Regulations, Messaging to Young People and Students, Horticulture Support, Hospitality, Recovery Framework, - E (M) (20) 53
INQ000022457	21/09/2020	Minutes of a meeting of Northern Ireland Executive Office regarding need for urgent restrictions in additional areas - E (M) (20) 54
INQ000065777	21/09/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000048490	24/09/2020	Minutes of a meeting of the Executive regarding R Number, Statistics, Care Homes, Hospitals, Hospitality, NPIs, Cancer Services, Public Expenditure, Prisons - E (M) (20) 55
INQ000065756	08/10/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000258432	12/10/2020	Meeting agenda from Cabinet Office titled, Cabinet Office Briefing Rooms, Covid 19 (M)
INQ000065753	13/10/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000065757	05/11/2020	Hand written draft Northern Ireland Executive meeting notes
INQ000065739	19/11/2020	Hand Written Draft Northern Ireland Executive Meeting Notes dated 19/11/2020. Exhibit MC/007: Minutes of a meeting of the Executive regarding Modelling, NPIs - Extending Current Restrictions, Regulations - E (M) (20) 63
INQ000276552	01/12/2020	Meeting note from DoH regarding NI COVID 19 Modelling Group Conference Call
INQ000065721	03/12/2020	Hand Written Draft Northern Ireland Executive Meeting Notes
INQ000276554	15/12/2020	Meeting note from DoH regarding NI COVID 19 Modelling Group Conference Call
INQ000065742	21/12/2020	Hand written draft Northern Ireland Executive meeting notes
INQ000065711	04/03/2021	Hand written draft Northern Ireland Executive meeting notes
INQ000065690	16/03/2021	Hand Written Notes of Executive meeting - E (M) (21) 21

INQ000286693	10/12/2021	Meeting Agenda from Cabinet Office, regarding Cabinet Office Briefing Rooms COvid 19 (M) (21)
INQ000304596	19/12/2021	Agenda for Cabinet Office Briefing Rooms, Covid 19 Omicron (M) (21) (3) from cabinet Office, regarding Cobr Covid 19 Omicron
INQ000148325	14/04/2023	Witness Statement of Holly Clark, Deputy Director of the Constitution and Rights Group, Northern Ireland Office (NIO)
INQ000185350	09/05/2023	Witness statement of Sir David Sterling (produced to Module 1)
INQ000195848	23/05/2023	Witness statement of Richard Pengelly, Permanent Secretary for Department of Health, Social Services and Public Safety (produced to Module 1)
INQ000259851	23/07/2023	Professor Gabriel Scally Questionnaire Response
INQ000226184	24/07/2023	Witness Statement of Professor Sir Michael McBride, Northern Ireland Chief Medical Officer
INQ000259853	25/07/2023	Professor Martin McKee Questionnaire Response
INQ000236243	10/08/2023	Covid-19 Inquiry expert report prepared by Alex Thomas Political and administrative decision-making in relation to the Covid19 pandemic
INQ000257925	22/08/2023	Report by Professor Thomas Hale, titled Expert Report for the UK Covid-19 Public Inquiry Module 2 COVID-19 Government Response Tracker Evidence for UK Covid-19 Inquiry
INQ000260629	05/09/2023	Expert report by Gavin Freeguard for the UK Covid-19 Public Inquiry, titled 'Module 2 Political and administrative decision-making in relation to the Covid-19 pandemic'
INQ000269372	07/09/2023	Expert report of Professor Ailsa Henderson, titled Devolution and the UKs Response to Covid-19
INQ000280059	13/09/2023	Expert report titled 'Pre-existing inequalities experienced by LGBTQ+ groups' by Professor Laia Becares
INQ000280057	15/09/2023	Expert report titled 'Ethnicity, Inequality and Structural Racism' prepared by Professor James Nazroo and Professor Laia Becares
INQ000280058	19/09/2023	Expert report titled 'Inequality, Later Life and Ageism' by Professor James Nazroo
INQ000280060	21/09/2023	Expert report titled 'Child health inequalities' by Professor David Taylor-Robinson
INQ000280067	21/09/2023	Expert report titled 'Structural Inequalities and Disability' by Professor Nick Watson and Professor Tom Shakespeare
INQ000280066	22/09/2023	Expert report titled 'Structural Inequalities and Gender' by Dr Clare Wenham

INQ000280198	26/09/2023	Expert report prepared for Module 2 of the Covid-19 Inquiry by Professor Chris Brightling and Dr Rachael Evans, titled 'Long Covid'
INQ000400031	15/01/2024	Witness statement of Anthony Harbinson
INQ000411509	17/01/2024	Witness Statement of Jenny Pyper (TEO)
INQ000409589	31/01/2024	Witness statement of Professor Ian Young, CSA
INQ000411508	04/02/2024	Witness statement of Christopher Stewart
INQ000411550	08/02/2024	Witness Statement of Peter May, Permanent Secretary, on behalf of the Department of Health Northern Ireland, Wave 1
INQ000414515	16/02/2024	Witness Statement of Peter May, Permanent Secretary, on behalf of the Department of Health Northern Ireland, Wave 2
INQ000438174	19/02/2024	Corporate Witness Statement made by the Executive Office Northern Ireland
INQ000418976	28/02/2024	Witness statement of Baroness Arlene Foster
INQ000438173	28/02/2024	Witness statement of Karen Pearson
INQ000417508	28/02/2024	Witness Statement of Michelle Canning, Special Advisor to the Deputy First Minister
INQ000425431	05/03/2024	Witness Statement of Kim Ashton, former Special Advisor
INQ000421704	06/03/2024	Second witness statement of Professor Sir Michael McBride, CMO Northern Ireland
INQ000427389	07/03/2024	Witness Statement of Philip Weir
INQ000433699	11/03/2024	Witness Statement of Richard Bullick
INQ000433875	11/03/2024	Witness statement of Lee Reynolds
INQ000434103	12/03/2024	Witness statement of Michelle McIlveen
INQ000436641	12/03/2024	Witness statement of Michelle O'Neill
INQ000438428	15/03/2024	Supplementary witness statement of Michelle O'Neill
INQ000421703	19/03/2024	Witness Statement of Richard Pengelly, (Permanent Secretary of Department of Health)
INQ000446234	19/03/2024	Witness statement of Dr Dara O'Hagan, Special Adviser
INQ000449438	19/03/2024	Witness statement of John Loughran, Special Adviser
INQ000449440	20/03/2024	Witness statement of Sir David Sterling
INQ000452485	20/03/2024	Witness statement of Mark Ovens
INQ000421714	21/03/2024	Witness statement of Dr Jayne Brady, HOCS
INQ000421739	22/03/2024	Witness statement of Stephen McGlade (Special Advisor)

Appended Tables

Table 6: level of NICS DoH staff 2008-2023 (1st April) by grade (source Personnel Statistics for the Northern Ireland Civil Service)

Year	5+	6/7	DP	SO	EOI/EOII	AO	AA	All
2008	-	-	-	-	-	-	-	845
2009	-	-	-	-	-	-	-	831
2011	-	-	-	-	-	-	-	603
2012	-	-	-	-	-	-	-	583
2014	22	92	128	107	109	52	39	548
2016	19	55	95	95	79	40	22	405
2017	17	50	92	94	77	40	20	389
2018	18	51	96	92	71	36	20	384
2019	20	58	98	93	76	41	13	400
2020	24	64	103	106	82	42	11	433
2021	23	92	129	108	84	49	10	496
2022	33	97	139	132	104	47	10	561
2023	30	115	143	149	115	45	9	606

Table 7: Number of SCS (Senior Civil Service) Staff in NICS (source Personnel Statistics for the Northern Ireland Civil Service)

Year	Number of SCS Staff
2014	231
2016	209
2017	213
2018	207
2019	218
2020	224
2021	235
2022	250
2023	266