

Witness Name: Julian R. Johnston

Statement No.: M2C-JJO-001

Exhibits:

Dated: 22/03/2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF DR JULIAN R. JOHNSTON

I, Julian R. Johnston, will say as follows: -

1. I, Julian R. Johnston, formerly Medical Adviser to the Death Certification Policy and Legislation Branch (DCPLB), Department of Health, make this statement in response to the request from the UK Covid-19 Public Inquiry ("the Inquiry") dated the 5 March 2024 under Rule 9 of the Inquiry Rules 2006 (SI 2006/1838), requiring me to provide the Inquiry with a witness statement in respect of specified matters relating to Module 2C. I have prepared this statement both as a personal statement and also to reflect the response of the DCPLB with respect to the guidance and advice provided on deaths during the Covid-19 pandemic.
2. In preparing this statement I wish to advise that I, together with David Best, (former Head of Death Certification Policy and Legislation Branch, Department of Health) provided significant input into the statement of Professor Sir Michael McBride, Chief Medical Officer (CMO) for Northern Ireland, in relation to his Rule 9 request, on the same subject. Consequently, any similarities between my statement and that of the CMO's and Mr. Best's should be viewed in light of the input that I provided to their statements and particularly the very close working relationship between myself and Mr. Best. During the Covid-19 pandemic, especially when I worked full-time from March to September 2020, I would have met face to face with Mr. Best several times a day to discuss Cell matters as well as communicating by telephone several times a day. I also wish to state that such was the pressure to respond to issues rapidly at that time and working 16-hour days that I have found it difficult to remember matters, such as, exact sequences and details of how information came to us, not helped by the impossibility at that time to record everything. Therefore, Mr. Best and I have

communicated with each other as we helped each other and the CMO refresh our memories.

3. In 2008, a Death Certification Steering Group (DCSG), which was co-chaired by the CMO and the Registrar General for Northern Ireland, was established to oversee improvements to the existing death certification and registration processes in Northern Ireland. This group included cross-departmental representation, with membership from the Department of Finance (DoF) with responsibility for the General Register Office, the Department of Justice (DoJ) with responsibility for the Coroners Service for Northern Ireland (CSNI), and the Department of Communities (DfC) which has responsibility for burial and cremation policy.
4. The main focus of the DCSG was to consider reforms to the existing death certification and registration process. This included the introduction of an Independent Medical Examiner system to scrutinize deaths, a concept that was being considered across the UK at that time. It was decided however that reforms (detailed in paragraph 6) should be put in place initially, before the Independent Medical Examiner concept could be further considered, as there was no mechanism to enable a review of deaths to take place in a timely manner, without causing delay to funerals and further distress to families.

Death Certification Policy and Legislation Branch

5. The Department of Health agreed to lead the co-ordination of these reforms and the DCPLB (within the Chief Medical Officers Group (CMOG)) became the policy branch responsible for taking that work forward. The DCPLB had policy responsibility for a range of issues relating to the:
 - improvement of the death certification process;
 - improvement of the registration of death; and the
 - appropriate reporting of death to the Coroners Service for Northern Ireland (CSNI).

The DCPLB developed expertise and a knowledge base for most matters relating to deaths in community and hospital practice, specifically the verification, certification, registration and committal procedures after death. The DCPLB liaised very closely with

the CSNI and medical staff in NI, working to ensure that all deaths and stillbirths that should be reported to that service, were reported.

6. The reforms the DCPLB brought forward from 2012 - 2015 included the:
 - addition of the certifying doctor's name and their General Medical Council (GMC) number on the Medical Certificate of Cause of Death (MCCD);
 - enhanced training for students at Queen's University of Belfast Medical School and latterly the University of Ulster; and
 - the development of an extensive range of guidance documents to assist medical practitioners when certifying a death or reporting a death to the CSNI.

7. Furthermore, the DCPLB developed and implemented reforms starting with the development of the Regional Mortality and Morbidity Review system (RM&MRs) which was initiated in 2017 and ensured all hospital deaths in Northern Ireland were electronically recorded with an electronic MCCD, and were subjected to a multi-disciplinary team review, to identify any learning for the future. This work took the DCPLB out of the realm of death certification, and into that of learning from deaths and applying that learning to the living.

8. In addition, DCPLB was responsible for the development of policy and prototypes for an Independent Medical Examiner (IME) system in Northern Ireland. With the introduction of the RM&MRs on the Northern Ireland Electronic Care (NIECR) system, all hospital deaths have an electronic MCCD, and a clinical summary of the period just prior to death, available for viewing by an independent senior clinician immediately the MCCD has been completed. This has allowed the Department to conduct a prototype Independent Medical Examiner service from November 2020 until November 2023, reviewing a percentage of deaths in hospital. Again, this IME work built upon the experience gained with the RM&MRs of using learning to benefit the living. Further prototypes are being considered to help identify the full implications of introducing a statutory Independent Medical Examiner Service for Northern Ireland in the future.

9. The purpose of this work was twofold: firstly, to provide greater assurance to families following the death of a loved one in respect of the cause of death; and secondly, to improve the quality and accuracy of MCCD data. The quality and accuracy of MCCD data is important for statistical and public health policy purposes as it identifies the major causes of mortality.

10. I was responsible for providing clinical guidance and advice regarding the practical processes of 'on the ground' medical and hospital working practices for the development and implementation of both the RM&MRs and IME services, working in close partnership with Mr. Best and his team.

Medical Adviser to the DCPLB

11. As the Medical Adviser to the DCPLB, I was an integral member of DCPLB prior to, during and after the pandemic. I qualified in medicine in 1975, trained in Anaesthesia in Northern Ireland and in Intensive Care Medicine in San Antonio, USA and then worked as a Consultant Anaesthetist primarily in Intensive Care Medicine from my appointment to the Regional Intensive Care Unit (RICU), Royal Victoria Hospital in 1983 until 2013 when I retired from clinical practice. This exposed me to dealing, at first hand, with many bereaved family members, before and after the death, breaking bad news, explaining the causes of their loved one's death and supporting them as they grieved. Dealing with patients who had suffered often unexpected and devastating injuries was never easy, even after years of exposure to this kind of work. Personally, I coped by working hard and for long hours, ensuring the RICU team did their very best for every individual to save their life. However, I always found it especially difficult when dealing with their relatives, explaining their loved one's injuries, the likely course over the next few days and the likely outcome. If it was death, going through that journey with the family was always a stressful occasion, for them and for myself, something I never got inured to and which has stayed with me in all my work in the DCPLB. Talking to worried relatives was always more stressful than with the patients; very often I was their first engagement in their journey.
12. I instigated, along with one of the Unit's nurses, a system of maintaining contact with the families for months after their loved one's death to offer practical bereavement support. Elements of this scheme are still in operation today.
13. Also, as most of our patients were trauma and/or postoperative surgical patients, I had to deal with serious infections every day I worked in the Unit. We had daily face to face meetings with Infectious Disease Doctors, so preventing and managing the effects of infections were second nature to me. Also, I was mindful of the ethical issues surfacing

during the Covid-19 pandemic e.g. DNACPR orders and admission protocols to ICU, through managing those same problems during the years I worked in RICU.

14. Latterly in my career I was,
 - a founding Co-Chairman of the Belfast Health and Social Services Trust (BHSCT) Standards and Guidelines Committee, overseeing the production of hundreds of guidelines and policies as the BHSCT was formed from 4 large inner-city hospitals. I was conversant with producing guidelines.
 - the Director of Legal Services for the BHSCT for several years, dealing with clinical negligence cases and Coroner cases for the Trust, again dealing with families over litigation or Coroner cases.
 - the Assistant Medical Director in the BHSCT for several years. One of my principal areas of work was to introduce a system for the electronic recording of deaths and production of an electronic version of the MCCD. This then subsequently became the forerunner of the Regional RMM&MR system, and I was seconded to the DCPLB in 2015 at the request of the CMO to develop and update guidance relating to death certification and processes around death.

15. In March 2020, the CMO tasked me to assist with the Department's response to the Covid-19 pandemic, in a full-time posting. This included providing clinical advice on the guidance relating to death certification and funeral directors specific to changes caused by the Covid-19 pandemic. Within the DCPLB I worked very closely with Mr. Best and his team. I was also tasked to establish and chair the Strategic Clinical Advisory Cell (SCAC) until this Cell's tasks were either completed or were subsumed into the CMOG, approximately in the autumn of 2020; and help to respond to clinical matters as described in paragraph 23 and from DoH Health Gold Ops Cell and Silver Cell. I have since retired from the Department in 2022, although I have continued to have close contact with the Cell by working through the HSC Leadership Centre as an Associate Consultant on the IME service rota until November 2023. Since January 2024, I have been retained by the Leadership Centre to help provide assistance for the Covid-19 Inquiry's request for statements from the CMO and more recently from myself and Mr. Best.

16. I established the SCAC at the CMO's request to ensure the effective communication of best practice guidance and clinical protocols with respect to the treatment and care of people with Covid-19 and to ensure this was kept up to date. The SCAC was made up

of a multidisciplinary clinical team from the Department, the PHA, the HSCB, the 5 HSC Trusts, Social Services and representatives from the primary care Covid-19 Centres. We were asked to link with the other devolved administrations, NHS England, the Royal Colleges and Clinical Networks in NI to disseminate clinical advice and guidance including specific guidelines and protocols to the HSC. This included, for example, the consideration and dissemination of the Covid-19 rapid clinical reviews by the National Institute for Health and Care Excellence (NICE), and the Royal College of Obstetricians and Gynaecologists (RCOG) advice on Covid-19 in pregnancy. I also became a member of the UK's Moral and Ethical Advisory Group (MEAG) to develop national guidance on clinical prioritisation and risk thresholds to guide organisations and clinicians during the response to the COVID-19 outbreak.

Examples of the work of the SCAC also included,

- Advice on the establishment of a Regional Clinical Ethics Forum;
- Clinical Prioritisation guidelines to assist clinicians and health care Trusts in the coordination and or potential prioritisation of ICU admission for patients within a hospital, including the admission of patients from the community into hospital (it should be noted that this proposed coordination and prioritisation support role for SCAC was however not subsequently required;
- Advice on the ongoing consideration and approval of Covid-19 Rapid NICE guidelines;
- Advice on the ongoing care needs of Covid-19 patients with symptoms following discharge from hospital - as requested by the Health Minister. At the CMO's request we formulated a new clinical working group to consider the immediate and longer-term rehabilitation needs of Covid-19 patients following discharge from hospital and with continued symptoms following Covid-19 including those with post Covid symptoms or syndrome including those with Long Covid;
- Advice on the development of Workforce related Guidance for example in supporting the Workforce Policy Cell on clinically related aspects of workforce issues, which included issues relating to pregnancy in the both the wider public sector and healthcare workers; and
- Advice on Shielding including input to the 4 Nations Shielding Forum, advice on social distancing and the implementation of badges and lanyards to help identify the clinically vulnerable.

17. In addition, the SCAC provided clinical advice with respect to the clinically extremely vulnerable (CEV) and clinically vulnerable (CV), supporting the work of the CEV Cell which informed the CMO's consideration of related guidance.

The Role of the 'Cell'

18. Following the activation of "Health Gold Command" on 9 March 2020, a specific "Cell" to develop and provide guidance on deaths and funerals during the Covid-19 pandemic was established. Effectively the "Cell" comprised the members of the DCPLB, and it was given responsibility by the CMO to consider and deal proactively with all issues relating to deaths that might arise during the pandemic and, as the Medical Adviser to the branch, it was my responsibility to provide clinical advice and guidance for the work of the Cell. The branch was relatively small and comprised of 4 Departmental officials - 1 Principal Officer (Mr. Best), 2 Deputy Principals and me, as part-time Medical Adviser (see paragraph 20 below). The composition of the branch remained consistent throughout the period of the pandemic.
19. Prior to the pandemic, I always considered myself as working for the "Death Cert. Branch" or just the "Branch". Although the Branch's work, as indicated in the paragraphs above, encompassed much more than just death certification, the RM&MRs and IME service work were initiated to improve certification; hence "Death Cert. Branch". Once the pandemic started and a "Cell" was formed to develop and provide guidance on deaths and funerals, the team that made up that "Cell" was the DCPLB team. I understand in some other cells it was referred to as the "Death Cell". However, as it had been formed explicitly and exclusively from the DCPLB and the Cell's work was an extension of our previous work and used the expertise and knowledge gained from that previous work, my memory is that it was still the same team and was still called the "Branch". As the CMO and Mr. Best have referred to this team as the "Cell" for their statements, I shall continue that for my statement.
20. One of the primary functions of the Cell was to draft guidance on Covid-19 issues with respect to death. This included guidance for funeral directors and the public of Northern Ireland on handling infection risks when caring for the deceased and managing funerals; for health professionals on the completion and issuing of MCCD and Stillbirth Certificates; on Death Certification and Registration; and for Verifying Life Extinct during the pandemic. As the Covid-19 pandemic progressed, and with greater

understanding of the nature and spread of the disease, and with consideration to the particular wider non-pharmaceutical interventions (NPIs) in place at any time, revisions were made to the guidance on a regular basis. I always viewed my own role in the DCPLB to be one to advise and guide on clinical (medical) topics, especially the very real infection risks of the pandemic, bearing in mind that at the outset, the precise risks were largely unknown. However, I brought to bear my own considerable experience on the basic principles of how to deal with infections i.e. cleanliness, hygiene, use of PPE, disinfection, precautions against agent transmission, isolation of source(s) and the vulnerable. I also used my medical contacts including infectious disease colleagues in the BHSCT, PHA and the DoH for help and advice. It was also important to ensure that the guidance was in accordance with the restrictions agreed and put in place by the NI Executive at any particular time. Over a period of 22 months, the guidance was revised 19 times.

21. The Cell had responsibility for drafting the guidance on Covid-19 issues throughout the pandemic with respect to death, in consultation with colleagues from the PHA, the National Association of Funeral Directors (NAFD) in Northern Ireland, local Councils, Irish Council of Churches, and the City of Belfast Crematorium. Advice was also obtained when required from the Chief Scientific Advisor (CSA), Professor Ian Young. Once the guidance was drafted it was always issued to the CMO and subsequently the Health Minister for their respective agreement and approval, following which it was published on the Department's website and also the PHA website.

22. In terms of domestic restrictions, the Executive took decisions on the introduction of new restrictions or relaxations of existing ones throughout the pandemic response. I was not involved in that decision making. I understand that initially, the Department developed the Executive papers in respect of which decisions had been taken, with input from other departments regarding the social and economic impacts of those restrictions and their practical application. These Executive papers took account of both medical and scientific advice from the CMO and the Chief Scientific Advisor (CSA). Again, I was not involved in the development of those Executive papers and had no input into the medical or scientific advice provided by the CMO and the CSA. I also understand, that in the latter period of regulations in 2021, The Executive Office (TEO) took the lead in developing Executive papers on the introduction of new restrictions or relaxation of existing restrictions, and sought the Department's input from the CMO and the CSA. I was not involved in providing information to the CMO or the CSA for those papers.

23. During the period of the pandemic, the Cell was also required to respond to queries from a wide range of organisations and individuals to assist with clarification and understanding of the extant guidance. These queries came from churches, clergy, local councils, funeral directors, other Government Departments, the Police Service of Northern Ireland (PSNI), the Coroners Service and private individuals. Examples included queries around the number permitted to attend funerals [JJ/1 - INQ000458707 (DoH Ref: MMcB/0501)] [JJ/1 - INQ000458707 (DoH Ref: MMcB/0501)] advice to the funeral sector around gatherings [JJ/2 - INQ000458709 (DoH Ref: MMcB/0502)] [JJ/2a - INQ000458708 (DoH Ref: MMcB/0502(1))] queries on vaccination [JJ/3 - INQ000458711 (DoH Ref: MMcB/0503)] and issues around policing [JJ/4 - INQ000458712 (DoH Ref: MMcB/0504)] [JJ/4 - INQ000458712 (DoH Ref: MMcB/0504)] it was my role to assist the Cell by directly answering or sourcing answers (often from the PHA and infectious disease colleagues) for any medical queries or offering advice to Mr. Best about infection prevention and control issues.
24. In the course of the work described in paragraphs 5-10, good working relationships had been established with the NAFD. When the pandemic started, I would then have attended nearly every meeting between the NAFD and Mr. Best, usually face to face but also attending by virtual online means. When the first Covid-19 related death occurred in Northern Ireland on 18 March 2020, I attended such a meeting where the NAFD raised their concerns and sought guidance regarding the protocols and processes they should follow after a death. Mr. Best also had a discussion with me after receiving a telephone call from an official in the Office of the First Minister asking him to contact a Funeral Director who had concerns about removing the remains of the deceased. Mr. Best telephoned him to listen to his concerns and it was evident that there was a real fear in the funeral sector for their own safety and that of their families, given how little was known about the infection risks at that time.
25. On 20 March 2020, Mr. Best and I met NAFD officials together with the then Director of Quality, Safety and Improvement Directorate (Conrad Kirkwood). The NAFD sought guidance around: dealing with remains of deceased persons where Covid-19 had been detected; how to deal with the families of the deceased, funeral and cremation processes; the health and well-being of their own staff; and, what effect the pandemic may have on the Funeral Director industry [JJ/5 - INQ000458713 (DoH Ref: MMcB/0505)] [JJ/5 - INQ000458713 (DoH Ref: MMcB/0505)]
26. The NAFD also discussed the requirement for key messages to the public in relation to the process of "burial or cremation" of the deceased's remains to protect the family of

the deceased, the public, funeral directors and members of the industry. Members of the clergy had already verbally expressed their concerns to the NAFD that they needed appropriate safeguards and guidance to officiate at funerals. The NAFD indicated that the City of Belfast Crematorium had already informed funeral directors that no mourners would be permitted in the Crematorium chapel for committals with effect from 23 March 2020. Mr. Best subsequently received verbal confirmation of these arrangements at the City of Belfast Crematorium from officials at the Belfast City Council during telephone conversations in the week commencing 23 March 2020. With some of the topics where information passed between Mr. Best and myself, I do not recall exactly how I became aware of this, but I very often attended such meetings or telephone calls with such bodies as the Belfast City Council and/or the NAFD, or was informed of their content very soon afterwards. Mr. Best and I would then have discussed how this would affect the funeral guidance.

27. At that time, it had been anticipated that national guidance for funeral directors would be issued by Public Health England (PHE) but there were delays in it being published. Mr. Best and I were in constant contact with PHA colleagues, who in turn, were in regular contact with their counterparts in PHE to determine when the guidance would be published [JJ/6 - INQ000458714 (DoH Ref: MMcB/0506)] and [JJ/7 - INQ000458715 (DoH Ref: MMcB/0507)] [JJ/7 - INQ000458715 (DoH Ref: MMcB/0507)] As time progressed without PHE guidance being published, there was increasing pressure from the funeral sector, manifested through telephone calls and e-mail communication [JJ/8 - INQ000466475 (DoH Ref: MMcB/0508)] [JJ/8a - INQ000466473 (DoH Ref: MMcB/0508(1))] [JJ/8b - INQ000466474 (DoH Ref:] to develop specific guidance for Northern Ireland. I could completely understand this need, given the very real fear expressed by funeral directors and how the different cultural traditions and practices in Northern Ireland around funerals might impact on their wellbeing and safety and that of others attending, without appropriate guidance.

28. A critical difference between Northern Ireland and the rest of the UK was the widespread practice of funerals (especially burials), occurring soon after death, usually within 3-5 days. In addition, it is very often the custom that the body of the deceased person is brought home "to rest", the coffin remains open for viewing of the deceased person, and friends and family visit to pay their respects and celebrate the life of the deceased before the burial or cremation takes place. The percentage of burials in Northern Ireland is of the order of 75%, which is significantly higher than the rest of the UK, and during the pandemic only one Crematorium (the City of Belfast Crematorium) was in operation in Northern Ireland.

29. On the 27 March 2020, due to absence of published PHE guidance and the different practices and cultural aspects around death and funerals, the CMO asked the Cell to draft guidance for funeral directors, taking account of draft PHE information at the time and the unique cultural practices in Northern Ireland regarding handling of the deceased. This was to ensure that funeral directors had guidance in place on managing the infection risks when handling the deceased in order that funerals and burials could proceed.

Principles behind writing Guidance

30. As introduced in paragraph 20, the guidance we provided regarding the infection risks of this pandemic and how to manage them was based on the first principles of infection prevention and control. As the knowledge of the particular characteristics of this Covid-19 pandemic became clearer, the guidance was modified. The first principles can be summarized below with all of them needing to be considered and complied with in order to hinder/stop transmission of the infectious agent,
- cleanliness, hygiene especially hand hygiene;
 - contact precautions, applying to both patient and environmental contact;
 - use of PPE - create a barrier between carers and an infectious agent or infected patients thus reducing the risk of transmitting micro-organisms;
 - droplet and aerosol precautions managed by various types of mask;
 - disinfection, sanitisation;
 - isolation of patients, source(s); and
 - isolation of the vulnerable.

When writing guidance, we used these first principles along with information provided by multiple sources, for example, PHE, PHA, infectious disease colleagues, NHS + HPC Scotland, HPSC (Ireland), Northern Health Care Alliance (England), other literature sources e.g. WHO, other centres for disease control and prevention. The DCPLB regarded their primary duty when formulating guidance was to protect the public and all those working with the deceased, from disease transmission.

31. Other very important factors needed considered and they were all taken account of when formulating and writing the guidance, such as,

- Patients and their close contacts may not always exhibit any signs of infection but can still be capable of spreading infection;
- Healthcare staff may also be capable of spreading infection before symptoms they might have become obvious;
- Agreement between all interested parties when and how to curtail interactions between infected and uninfected populations e.g. isolation, social distancing, in the early stages required a considerable amount of coordination, negotiation, processing and time;
- The spread and transmissibility of infection from a new pandemic agent was unknown in the early stages of a pandemic;
- The ability to scale up or even meet demand with personnel and equipment in the early stages may not meet capacity; and
- Patients, relatives, healthcare workers, funeral and cremation staff and all those who dealt with the deceased were wary and uncertain of the risks especially during the early stages of a pandemic, particularly one where the infectious agent's properties were yet to be discerned.

Concerns about most of these factors were evident early on (see paragraph 23) from all those we were dealing and consulting with. Again, we considered our primary duty was to protect the public and those working with/for them.

DCPLB Guidance versions

32. I worked in close collaboration with all my colleagues within the Cell, representatives of the NAFD, infection prevention and control staff, and medical colleagues within the PHA and the Department, to draft the first guidance document for funeral directors. A submission enclosing the draft guidance was issued to the CMO on 31 March 2020 for review and approval and subsequently sent to the Health Minister, for his approval

[JJ/9 - INQ000458716 (DoH Ref: MMcB/0509)]

[JJ/10 - INQ000458717 (DoH Ref: MMcB/0510)]

MMcB/0510)]. The Department published the first iteration of the guidance '*Interim Guidelines for Funeral Directors' on managing infection risks when handling the deceased*' on 2 April 2020. The CMO also wrote to key organisations on 1 April 2020 about this guidance, and asked that it be cascaded to all relevant stakeholders as a matter of urgency. He further advised that as the situation evolved, the guidance would

be updated [JJ/11 - INQ000458720 (DoH Ref: MMcB/0511)]

[JJ/11a - INQ000458718 (DoH Ref: MMcB/0511(1))]

[JJ/11b - INQ000458719 (DoH Ref: MMcB/0511(2))]

33. We were all very aware that the publication of this guidance would have a serious impact on the usual customs around bereavement and funerals and might adversely affect those who would not be able to grieve or pay their respects in the normal way. I have outlined in paragraphs 11 - 14 my own personal experience of many decades talking to and comforting relatives after one of their loved ones had died in the RICU, RVH. I was acutely aware therefore of the many different grief reactions that individuals can experience following the death of a loved one, and how important it was for the differing cultural practices to be respected and adhered to wherever possible.
34. The initial guidance and the various revisions made over the period of the pandemic were designed to ensure that the remains of the deceased and the bereaved family were treated with dignity, sensitivity and respect, notwithstanding the restrictions which were unfortunately necessary at the time. The safety of families, clergy, funeral directors and council workers at the graveside or crematorium were always paramount, although I fully understand and acknowledge that the restrictions and measures introduced may well have added significantly to the grief and distress of the bereaved.
35. This interim guidance, which was informed by PHE guidance on the risks of transmission of the virus, set out the infection risks for funeral directors, and it explained that the virus could be spread from person to person through droplets from the nose or mouth of a person infected or via contact with contaminated surfaces. It advised that the act of moving a recently deceased person might be enough to expel air or viral droplets from the lungs, and thereby present a minor risk of transmission. It further advised that those coming into direct contact with the deceased should be aware that there was likely to be a continuing risk of transmission of infection from the bodily fluids or tissues when Covid-19 had been identified. Guidance was also provided on the Personal Protective Equipment (PPE) that was recommended, what funeral directors should do when collecting and preparing a body, how to support the family when making funeral arrangements and information that families should be advised that only immediate family (up to a maximum of 6) could attend. This maximum number was verbally requested by the NAFD, who were extremely concerned that large numbers would attend a funeral, creating a potential risk for further spread of infection and putting the safety of the public and their staff, clergy and council workers at risk. The Cell considered that a maximum of 6 people was a reasonable request from the NAFD, in order that funerals and burials could continue,

and there would be no disruption at a time when funeral directors were fearful for everybody's safety.

36. It was evident to the Cell from frequent discussions with the NAFD during the drafting of the guidance, that there was a real prospect that funeral directors may refuse to remove the remains of the deceased for funerals, burials or cremations unless the guidance included such a restriction on numbers. This could have led to potential delays in funerals, burials and cremations and caused further distress and grief to families at a most difficult time. Our aim was always to maintain a balance between the risk of infection and the safety of all those involved in the funeral process, including family and friends of the deceased, funeral directors and their families and staff, Council workers at the graveside, or staff at the City of Belfast Crematorium and clergy or officiants conducting the service,

37. I understood however that the personal protection equipment (PPE) used by staff and funeral directors, as well as the specific infection prevention and control measures needed at the time in the handling of the deceased remains, could add to the distress of families who were in the midst of their grief and could have led relatives to feel that their loved one was not being treated as they should have been. We discussed these effects of the restrictions amongst members of the Cell frequently and what they would mean to the circumstances surrounding a funeral. We absolutely understood, both professionally and personally, at the time that the restrictions being applied would definitely affect many of the processes and cultural practices. However, it was never the prime intention of the Cell to produce guidance which would affect these practices detrimentally; rather the intention was focused on the safety of the public and all those working with/for them; reducing transmission risk and protecting those who were vulnerable to infection. We understood, however, how distressing it must be for families not being able, for example, to prepare and dress the remains of a parent or loved one for burial. We worked very closely with the NAFD during the whole pandemic, trying to keep improving the circumstances surrounding funerals. All of the effects of the restrictions were discussed between the Cell and members of the NAFD on many occasions; explaining, often in great detail, the rationale behind them, what factors might ameliorate them and when we might be able to introduce those factors. This was a two-way process; suggestions about changes to the guidance, and their timing, were a frequent topic of discussion between the Cell and the NAFD. We trusted that the funeral directors would do their very best to explain the reasons behind

restrictions that had to be in place; the funeral directors being the only ones dealing directly with the mourners.

38. Tragically, these were not normal times and where relatives felt that they or their loved one was disrespected, it is deeply regrettable. Both myself and colleagues within the Cell were fully committed to doing our very best to ensure that funerals, burials, and cremations continued to respect the important cultural and very human considerations in NI as far as possible at that time. At all times, all our efforts were designed to protect the public and those who were most vulnerable, while, as far as possible, respecting the important traditions around death, grief and bereavement.
39. Almost immediately following publication of the interim guidance there were some queries from funeral directors, the PHA and HSC Trust colleagues in respect of the appropriate method of safely and securely transporting the remains of the deceased person, PPE, embalming the deceased and those who were permitted to attend funeral services or committals. An updated version of the guidance was therefore required to provide clarification. Mr. Best received a telephone call from a senior official within the NIO on behalf of the Secretary of State for Northern Ireland, who queried why our guidance differed from that issued by PHE. We discussed this and Mr. Best explained that this was due to the different customs and practices in Northern Ireland as outlined at paragraph 28.
40. This was an extremely challenging time for all members of the Cell. I frequently met and/or communicated with Mr. Best on most days on "Cell" business (see paragraphs 2 and 26). The then Director of Quality, Safety and Improvement Directorate, Conrad Kirkword, was absent on health grounds from 2 April 2020, and Mr. Best and I reported directly to the CMO on issues relating to the Cell from that date. I reported directly to the CMO regarding SCAC on several occasions during the 6 months of tenure as chair, and updated him on progress. The country was in lockdown, information about the pandemic was changing at a rapid pace and I was in frequent telephone contact with colleagues in SCAC, other medical colleagues, PHA, NAFD and the CSA attempting deal with all matters relating to deaths, legislative change through the introduction of the Coronavirus Act 2020 and preparing guidance documents for issue.
41. Following extensive consultation with the PHA and NAFD, alongside work to establish the position across the UK, **Version 2** of the guidance [JJ/12 - INQ000458723 (DoH Ref: MMcB/0512)] [JJ/12 - INQ000458723 (DoH Ref: MMcB/0512)] was drafted by colleagues in the Cell and myself. A submission

was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 14 April 2020 for review and approval and subsequently it was sent to the Health Minister for his approval. [JJ/13 - INQ000458724 (DoH Ref: MMcB/0513)]

Following the Minister's approval, the CMO wrote to key organisations on 16 April 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency. [JJ/14 - INQ000458727 (DoH Ref: MMcB/0514)] [JJ/14a - INQ000458725 (DoH Ref: MMcB/0514(1))] [JJ/14b - INQ000458726 (DoH Ref: MMcB/0514(2))]

42. Concerns had been raised during the drafting of the interim guidance regarding the appropriate level of PPE being recommended in cases where Covid-19 had not been confirmed or suspected. The updated guidance made specific recommendations about the level of PPE required, namely that a disposable apron should replace a long-sleeved water-resistant gown, where there was a confirmed or suspected Covid-19 case. It further recommended that funeral directors conduct a risk assessment in other cases.
43. There were other revisions to the interim guidance that brought our guidance more in line with the UK position. This was due to changes in practice of other Northern Ireland organisations (City of Belfast Crematorium and NAFD) in relation to the safe removal of the deceased. Amendments were made to provide a detailed rationale for the reasons why embalming was not recommended, but if such a procedure was to be undertaken, the guidance stipulated the additional PPE that must be worn. Viewing of the remains of the deceased person were still not recommended, but the guidance provided some additional flexibility to permit viewing in circumstances where strict controls, such as maintaining a safe distance and restricting contact with the deceased, were in place.
44. A revision was also made to align the guidance with the current stipulations by local councils regarding the numbers permitted to attend committal services at the graveside. Local councils in Northern Ireland had stipulated a maximum of 10 mourners in attendance and whilst this went further than the national guidance (which did not state a maximum figure), it reflected the custom and practice of large numbers attending funeral and committal services here; a practice which was felt to increase the risk of spreading infection. Neither I, nor the Cell, had any involvement in making this decision but we were aware of the stipulation through frequent telephone contact with the representative of the Local Government Civil Contingencies Team.

45. Following the publication of the updated guidance, I was aware that Mr. Best continued to monitor the situation taking account of the changes to guidance across the UK, through Cabinet Office meetings, daily contact with officials in the devolved administrations, and colleagues in other government Departments; information sharing from these meetings and contacts were part of our regular meetings. There was an increasing number of queries from funeral directors and the public through e-mail correspondence and telephone calls about the management of funerals, particularly focusing on aspects of the guidance relating to viewings, wakes, and taking the deceased home to rest. Cell colleagues and I were able to address these concerns by providing oral advice or by directing the querists to the appropriate source of information, if not known to us.

46. During May and early June 2020, we also received communication from both Churches and funeral directors [JJ/15 - INQ000458730 (DoH Ref: MMcB/0515)] expressing concern that sometimes more than 10 mourners were actually attending funerals. As a result, on 4 June 2020 Mr. Best met with representatives from the Irish Council of Churches and the NAFD who requested that re-enforcement of social distancing messages be made in respect of funerals and committals whilst acknowledging the sensitivities around the issue [JJ/16 - INQ000458731 (DoH Ref: MMcB/0516)] This information was shared with me as part of our regular meetings.

47. Due to the nature of the concerns being expressed, colleagues in the Cell and I drafted

Version 3 of the guidance for funeral directors and the public [JJ/17 - INQ000458732 (DoH Ref: MMcB/0517)]

[JJ/17 - INQ000458732 (DoH Ref: MMcB/0517)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 9 June 2020 for review and approval and it

was subsequently sent to the Health Minister for his approval [JJ/18 - INQ000458733 (DoH Ref: MMcB/0518)]

[JJ/18 - INQ000458733 (DoH Ref: MMcB/0518)] Following the Minister's approval, the CMO wrote to key organisations on 11 June 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/19 - INQ000458736 (DoH Ref: MMcB/0519)]

[JJ/19a - INQ000458734 (DoH Ref: MMcB/0519(1))]; [JJ/19b - INQ000458735 (DoH Ref: MMcB/0519(2))]

48. This revised guidance now applied to any death occurring during the pandemic, and while, we had been acutely aware from the outset of the need to balance the needs of the bereaved to mourn and show their respects to the deceased person with the need to reduce and minimise the spread of Covid-19, the Cell felt that this should be expressly acknowledged in the guidance itself. This revised guidance therefore specifically acknowledged the need to balance the needs of the bereaved to mourn, while minimising the spread of Covid-19 infection. Whilst the revised guidance

reiterated that wakes must not be held, and that the deceased must not be taken home to rest, it acknowledged that this would be difficult for the families and friends. However, it was necessary for the safety of the public and to minimise the potential for spread of the infection. That position was based on the fact that when a body was taken home to rest, there was potential that friends and family from outside the household would feel the need to visit the family home to pay their respects and give some comfort to the grieving family. In such circumstances, it would have been very difficult to manage social distancing, thus increasing the risk of transmission of Covid-19, not only to those within households and immediate family members but would also increase the risk to other households potentially establishing further chains of transmission.

49. A section on funerals and family gatherings was added to the revised guidance to re-enforce the message that there was an increased risk of transmission of Covid-19 when families and communities came together following the death of a loved one, from any cause. The revised guidance explained that the actions outlined were recommended to reduce the spread of infection and to protect those who may be at increased risk of severe disease.
50. The section on funerals continued to reflect the local councils' decision to limit the number of people (a maximum of 10) attending funeral and committal services at the graveside. Neither colleagues in the Cell nor I had any involvement in making this decision. This restriction continued to be endorsed by the majority of councils, with some councils introducing measures to restrict numbers entering council cemeteries in advance of planned committals.
51. A new section on cremation was included in the revised guidance. This highlighted the necessity for medical practitioners to 'see and identify' the remains of the deceased person for cremation certification purposes and advised how funeral directors could facilitate this, if the deceased person had been removed to their premises before the doctor had an opportunity to view the remains of the deceased.
52. The main amendment to the revised guidance was to permit the viewing of the deceased by family and friends on Funeral Home premises where Covid-19 was not a factor in the death. This followed discussions with Professor Ian Young (CSA) [JJ/20 - INQ000458739 (DoH Ref: MMcB/0520)] and the NAFD, and was regarded as a safe and acceptable way forward, provided that the strict conditions under which viewings

were to be conducted were adhered to, recognising the difficulties for the bereaved family and next of kin.

53. Due to the announcement by the First Minister and the Deputy First Minister on 29 June 2020 [JJ/21 - INQ000458740 (DoH Ref: MMcB/0521)] to allow an increase from 10 to 30 persons for outdoor gatherings, my colleagues and I drafted **Version 4** of the guidance [JJ/22 - INQ000458741 (DoH Ref: MMcB/0522)]. A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 1 July 2020 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/23 - INQ000458742 (DoH Ref: MMcB/0523)]. Following the Minister's approval, the CMO wrote to key organisations on 3 July 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/24 - INQ000458745 (DoH Ref: MMcB/0524)] [JJ/24a - INQ000458743 (DoH Ref: MMcB/0524(1))] [JJ/24b - INQ000458744 (DoH Ref: MMcB/0524(2))]
54. The revised guidance indicated that a maximum of 30 people were permitted to gather at the front of the City of Belfast Crematorium; prior to this the City of Belfast Crematorium had not allowed any mourners to enter through the cemetery gates.
55. The Executive had decided that churches could re-open and funeral services were now allowed to be held indoors in places of worship or funeral homes. The CMO and CSA had joined a call with Church Leaders on 24 June 2020 and provided advice to assist places of worship to prepare for re-opening in a manner that was safe and in line with social distancing guidelines. The size and circumstances of the building determined the maximum number of people who could attend, whilst still facilitating social distancing, and this was determined by those managing the venue.
56. A further change to the guidance was in relation to the language used in respect of the holding of wakes, the remains of the deceased person being taken home to rest, and funeral services being conducted in private homes. The previous guidance (Version 3) stated that such practices "must" not take place, but this was revised to "strongly recommend" as there was no legislative prohibition of the matters and "strongly recommend" was more appropriate language than "must" and this was changed accordingly. Communities, organisations and individuals were strongly advised to take action to reduce the risk of spreading Covid-19 infection among mourners who may wish to pay their respects. This was to ensure that society was protected, especially the clinically vulnerable and those more likely to develop severe illness if infected with Covid-19.

57. The guidance reiterated that it was understood how difficult this advice was for the families and friends of lost loved ones; however, the guidance was in place for the safety of the public.
58. The Department, with Executive agreement, introduced *The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020* on 28 March 2020. These Regulations made provisions to enable a number of public health measures to be taken to reduce the public health risks posed by the spread of Covid-19 and provided for a range of restrictions and closures. Restrictions on funerals were contained within these Regulations and the subsequent amendments to the Regulations. On 23 July 2020, the Regulations were replaced by *The Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2020*.
59. As a result of subsequent amendments to the Regulations which brought about changes to the restrictions on gatherings with effect from 25 August 2020 [JJ/25 - INQ000458748 (DoH Ref: MMcB/0525)] [JJ/25 - INQ000458748 (DoH Ref: MMcB/0525)] colleagues in the Cell and I drafted **Version 5** of the guidance [JJ/26 - INQ000458749 (DoH Ref: MMcB/0526)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 27 August 2020 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/27 - INQ000458750 (DoH Ref: MMcB/0527)] Following the Minister's approval, the CMO wrote to key organisations on 28 August 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/28 - INQ000458753 (DoH Ref: MMcB/0528)] [JJ/28a - INQ000458752 (DoH Ref: MMcB/0528(1))] [JJ/28b - INQ000458751 (DoH Ref: MMcB/0528(2))]
60. The requirement to revise the guidance provided an opportunity to broaden the scope of its title to '*Guidance for handling the infection risks when caring for the deceased and managing their funerals*'. It was hoped that the expressed reference to funerals in the expanded title would help address concerns raised by the NAFD. Mr. Best discussed with me that he had received telephone calls at that time from the NAFD indicating concerns that families were choosing funeral directors who not have been following the guidance, and who would bring the deceased home and for the funeral service to be held at home. I suggested the change in title and there were changes made to version 5.
61. With the approach at that time being one of the easing of some restrictions, consultations took place with the CSA to discuss the potential to allow the remains of

the deceased to be returned home. It was agreed that for non-Covid-19 related deaths only, a deceased person could be taken home, and wakes and funeral services could be held in the family home. This was subject to a maximum of 10 people from 4 households gathering indoors at a private dwelling, in line with the Executive decision at that time.

62. Where a death was due to suspected or confirmed Covid-19, the guidance continued to strongly recommend that wakes were not held, remains were not taken home to rest, and that funeral services were not held in family homes. Because of the introduction of variance between requirements and restrictions for Covid-19 related and non-related deaths, further detail was provided within the guidance to help determine and distinguish between these two circumstances. The advice provided took account of PHA and PHE information at that point relating to the length of time that infection was likely to be present.
63. For gatherings for funeral services conducted in a place of worship or at a funeral home, the maximum number in attendance was determined by the size and circumstances of the venue. It was strongly recommended that face coverings were used for all indoor services, and that for outdoor gatherings social distancing guidance should be observed.
64. Mourners who were self-isolating for 14 days and the clinically vulnerable were facilitated to attend the funeral in person, should they wish to do so. These mourners were advised they should notify funeral directors and other mourners that they were self-isolating or clinically vulnerable, they should follow social distancing measures maintaining a 2-metre distance from others, they should wear a face covering, and use their own transport to the funeral.
65. Following the Executive's decision to introduce time bound restrictions with effect from 16 October 2020, **[SR 2020 No. 224]** which included limiting the numbers attending a funeral or committal to a maximum of 25 and an announcement that there would be no pre or post funeral gatherings; **[JJ/29 - INQ000458756 (DoH Ref: MMcB/0529)]**
colleagues in the Cell and I drafted **Version 6** **[JJ/30 - INQ000458757 (DoH Ref: MMcB/0530)]**
[JJ/30 - INQ000458757 (DoH Ref: MMcB/0530)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 21 October 2020 for review and approval and it was subsequently sent to the Health Minister for his approval **[JJ/31 - INQ000458758 (DoH Ref: MMcB/0531)]**
[JJ/31 - INQ000458758 (DoH Ref: MMcB/0531)] Following the Minister's approval, the CMO wrote to key

organisations on 22 October 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency; [JJ/32 - INQ000458761 (DoH Ref: MMcB/0532)]

[JJ/32a - INQ000458759 (DoH Ref: MMcB/0532(1))]

[JJ/32b - INQ000458760 (DoH Ref: MMcB/0532(2))]

66. This guidance applied to time bound restrictions from 16 October 2020 for a 4-week period. The Executive extended these restrictions for a further 4-week period from 13 November 2020 and during this period funerals were not permitted in private dwellings.
67. The guidance also reiterated the position that certain practices such as viewing the remains of the deceased person to pay respects were an important part of the grieving process, but due to the pandemic, many of the traditional rituals and practices could not continue and this may have an impact on the bereaved. To provide those bereaved with support, sources of bereavement assistance and advice were detailed within the guidance.
68. The Executive decided to amend the Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Amendment No.19) (Northern Ireland) 2020 [SR 2020 No. 323] with effect from 11 December 2020 and colleagues in the Cell and I drafted **Version 7** of the guidance [JJ/33 - INQ000458764 (DoH Ref: MMcB/0533)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 10 December 2020 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/34 - INQ000458765 (DoH Ref: MMcB/0534)] Following the Minister's approval, the CMO wrote to key organisations on 10 December 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency; [JJ/35 - INQ000458768 (DoH Ref: MMcB/0535)] [JJ/35a - INQ000458766 (DoH Ref: MMcB/0535(1))] [JJ/35b - INQ000458767 (DoH Ref: MMcB/0535(2))]
69. For funeral services conducted in a place of worship or at a funeral home, the maximum number of people in attendance was determined by the size and circumstances of the venue, whilst mourners observed social distancing of at least 2-metres wherever possible.
70. For non-Covid-19 related deaths only, the revised guidance permitted funeral services to be held in a private dwelling subject to a maximum limit of 10 people from no more than 4 households in attendance inside the private dwelling. The limit on the numbers attending was in line with the restriction on gatherings in a private dwelling at that time that had been agreed by the Executive. Where a death was due to suspected or confirmed Covid-19, remains were not to be taken to a private dwelling and funeral services were not to be held in family homes.

71. With increasing community transmission and ongoing pressures on the health service compounded by the arrival of the more transmissible Alpha variant, the Executive decided to amend the Health Protection (Coronavirus, Restrictions) (No 2) (Amendment No.24) Regulations (Northern Ireland) 2020 **[SR 2020 No.356]** with effect from midnight on the 25 December 2020. Colleagues in the Cell and I drafted **Version 8**: **[JJ/36 - INQ000458771 (DoH Ref: MMcB/0536)]** A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 21 December 2020 for review and approval and it was subsequently sent to the Health Minister for his approval **[JJ/37 - INQ000458772 (DoH Ref: MMcB/0537)]** Following the Minister's approval, the CMO wrote to key organisations on 22 December 2020 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency **[JJ/38 - INQ000458775 (DoH Ref: MMcB/0538)]**; **[JJ/38a - INQ000458773 (DoH Ref: MMcB/0538(1))]**; **[JJ/38b - INQ000458774 (DoH Ref: MMcB/0538(2))]**
72. Funeral services were again no longer permitted in a private dwelling and wakes were not to be held, regardless of the cause of death. These changes were as a consequence of the increase in community transmission and the arrival of the Alpha variant, and the Executive decisions on amendments to the restrictions as described in paragraph 71 above, which restricted the number of people permitted to gather indoors at a private dwelling and the number permitted to attend a funeral service in a place of worship.
73. For funeral services conducted in a place of worship or at a funeral directors' premises, the maximum number of 25 people in attendance was re-introduced as agreed by the Executive. This also applied to committals at a graveside or at the City of Belfast Crematorium. Contact details of all those attending a funeral service now had to be obtained for "Test, Trace and Protect" purposes.
74. For non-Covid-19 related deaths only, remains were allowed to be taken to a private dwelling. Only those from the household where the remains were taken and its linked household were permitted to gather to view the remains of the deceased person or pay their respects. No more than 10 people from the 2 linked households were permitted inside the dwelling at any time. This was based on the Executive restriction on gatherings indoors at a private dwelling at that time. No-one was else was allowed inside and wakes were not permitted. This was to ensure that the risk of infection was reduced when people from multiple households mixed.

75. Following the Executive decision to ease restrictions and the subsequent amendments to the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 (Amendment Regulations) (Northern Ireland) 2021 [SR 2021 No.97] with effect from 9.00am on 12 April 2021 [JJ/39 - INQ000458778 (DoH Ref: MMcB/0539)]

colleagues in the Cell and I drafted **Version 9** of the guidance [JJ/40 - INQ000458779 (DoH Ref: MMcB/0540)]

[JJ/40 - INQ000458779 (DoH Ref: MMcB/0540)] A submission was issued, enclosing the draft guidance and

a letter for relevant stakeholders, to the CMO on 12 April 2021 for review and approval

and it was subsequently sent to the Health Minister for his approval [JJ/41 - INQ000458780 (DoH Ref: MMcB/0541)]

[JJ/41 - INQ000458780 (DoH Ref: MMcB/0541)] Following the Minister's approval, the CMO

wrote to key organisations on 13 April 2021 asking that the guidance be cascaded to

all relevant stakeholders as a matter of urgency [JJ/42 - INQ000458783 (DoH Ref: MMcB/0542)]

[JJ/42a - INQ000458781 (DoH Ref: MMcB/0542(1))]

[JJ/42b - INQ000458782 (DoH Ref: MMcB/0542(2))]

76. The main amendment to the guidance related to the Executive's decision to remove the maximum number of 25 people permitted to attend a funeral. Instead, the number of people permitted to attend a funeral service at a burial ground or the City of Belfast Crematorium was determined subject to a risk assessment of the particular venue by the venue operator.

77. New wording was also included in the guidance to advise on the need for adequate ventilation at venues which was reflected in advice from the Department and PHA to reduce the risk of transmission, and to re-iterate that those not attending the service should not congregate outside the premises or line the route of the funeral procession.

78. Following the Executive decision to further ease restrictions [SR 2021 No. 117] with effect from Friday 30 April 2021 [JJ/43 - INQ000458786 (DoH Ref: MMcB/0543)] it

was necessary to make some minor amendments to the guidance and colleagues in the Cell and I drafted **Version 10** [JJ/44 - INQ000458787 (DoH Ref: MMcB/0544)] A

submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 28 April 2021 for review and approval and it was

subsequently sent to the Health Minister for his approval [JJ/45 - INQ000458788 (DoH Ref: MMcB/0545)]

[JJ/45 - INQ000458788 (DoH Ref: MMcB/0545)] Following the Minister's approval, the CMO wrote to key

organisations on 29 April 2021 asking that the guidance be cascaded to all relevant

stakeholders as a matter of urgency [JJ/46 - INQ000458791 (DoH Ref: MMcB/0546)]

[JJ/46a - INQ000458789 (DoH Ref: MMcB/0546(1))]

[JJ/46b - INQ000458790 (DoH Ref: MMcB/0546(2))]

79. The amendments to the guidance related to the numbers permitted to gather outdoors (15 people from no more than 3 households) at a private dwelling and included

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

80. In this version of the guidance, the Cell took the opportunity to revise the definition of what constituted a Covid-19 death. Previously it had been indicated that if Covid-19 was stated on the MCCD, the funeral director should consider that the infection was confirmed or suspected. Consequently, viewing, embalming or taking the remains home were not permitted.
81. As the rate of transmission was reducing and the Covid-19 vaccination programme was underway, the revised guidance indicated that the focus should now be on the risk of infection (either continuing risk or negligible risk) from the deceased person's remains, rather than the content of the MCCD. Features that suggested a continuing risk to funeral personnel, families and others included whether less than 14 days had elapsed since the onset of Covid-19 symptoms or a positive test, if Covid-19 was or had been present in the previous 14 days, or whether the deceased had been treated in a Covid-19 ward in hospital. As a result of this change (which was agreed between the PHA and colleagues in the PHE), more families were able to view their loved ones and take the remains home, in cases where the continuing risk of infection was negligible. Also, in those circumstances embalming was now permitted, when previously it had not been recommended when Covid-19 was stated on the MCCD. Where it was clear that the risk of transmission of Covid-19 infection was negligible, for example, when the death was sudden and in known circumstances, remains were allowed to be taken to a private dwelling; not so if there was a continuing risk.

82. Following the Executive decision to further ease restrictions **[SR 2021 No.130]** with effect from Monday 24 May 2021 **[JJ/47 - INQ000458794 (DoH Ref: MMcB/0547)]** it was necessary to make further revisions to the guidance and colleagues in the Cell and I drafted **Version 11** **[JJ/48 - INQ000458795 (DoH Ref: MMcB/0548)]** A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 21 May 2021 for review and approval and it was subsequently sent to the Health Minister for his approval **[JJ/49 - INQ000458796 (DoH Ref: MMcB/0549)]**
- [JJ/49 - INQ000458796 (DoH Ref: MMcB/0549)]** Following the Minister's approval, the CMO wrote to key organisations on 24 May 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency **[JJ/50 - INQ000458799 (DoH Ref: MMcB/0550)]**
- [JJ/50a - INQ000458797 (DoH Ref: MMcB/0550(1))]** **[JJ/50b - INQ000458798 (DoH Ref: MMcB/0550(2))]**

83. The use of limousines had not been permitted since the beginning of the pandemic. With the easing of restrictions and a general decrease in the number of Covid-19 infections, it was considered an opportune time to allow the use of limousines once again. From 24 May 2021, limousines could be used to transport mourners and up to 6 people from no more than 2 households could travel together in the vehicle. This limit on numbers and mixing of households was again based on the Executive agreed restriction on the number of people permitted to gather indoors at that time.
84. From 24 May 2021, household mixing indoors at a private dwelling was permitted, with the amended regulations as agreed by the Executive stipulating that 6 people from 2 households were allowed to gather indoors at a private dwelling. The guidance was revised to reflect this, however funeral services were still not yet permitted from private dwellings.
85. The Executive also announced the intention that pre and post funeral gatherings could resume. The numbers allowed to attend a pre or post funeral gathering were determined by the size of the venue and subject to a risk assessment by the venue operator. This change was included in the revised guidance.
86. Following the Executive decision to further ease restrictions **[SR 2021 No.199]** with effect from Monday 5 July 2021 **[JJ/51 - INQ000458802 (DoH Ref: MMcB/0551)]** it was necessary to make revisions to the guidance and colleagues in the Cell and I drafted **Version 12** **[JJ/52 - INQ000458803 (DoH Ref: MMcB/0552)]** A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 5 July 2021 for review and approval and it was subsequently sent to the Health Minister for his approval **[JJ/53 - INQ000458804 (DoH Ref: MMcB/0553)]** Following the Minister's approval, the CMO wrote to key organisations on 6 July 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency **[JJ/54 - INQ000458807 (DoH Ref: MMcB/0554)]** **[JJ/54a - INQ000458805 (DoH Ref: MMcB/0554(1))]** **[JJ/54b - INQ000458806 (DoH Ref: MMcB/0554(2))]**
87. The main amendment to the guidance related to the Executive decision to increase in the number of households permitted to gather outdoors at a private dwelling and remove an upper limit of 500 people who were permitted to gather at an outdoor venue. Previously, a maximum of 15 people from 3 households were permitted to gather outdoors at a private dwelling. The amended regulations removed the limit of 3 households increasing it to 5 households, with the maximum number of people remaining at 15.

88. Following the Executive decision to further ease restrictions with effect from 26 July 2021 [SR 2021 No. 217] [JJ/55 - INQ000458810 (DoH Ref: MMcB/0555)], it was necessary to make revisions to the guidance and colleagues in the Cell and I drafted Version 13 [JJ/56 - INQ000458811 (DoH Ref: MMcB/0556)]. A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, was issued to the CMO on 23 July 2021 for review and approval and was subsequently sent to the Health Minister for his approval [JJ/57 - INQ000458812 (DoH Ref: MMcB/0557)]. Following the Minister's approval, the CMO wrote to key organisations on 23 July 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency: [JJ/58 - INQ000458815 (DoH Ref: MMcB/0558)] [JJ/58a - INQ000458813 (DoH Ref: MMcB/0558(1))] [JJ/58b - INQ000458814 (DoH Ref: MMcB/0558(2))]
89. The only change made to the revised guidance related to the number of people permitted to gather outdoors at a private dwelling. Previously, a maximum of 15 people from 5 households were permitted to gather. The amended Regulations, from 26 July 2021, removed the limit of 5 households and allowed up to 15 people from an unlimited number of households to gather outdoors at a private dwelling.
90. Following the Executive decision to further ease restrictions with effect from 27 July 2021 [SR 2021 No. 220] [JJ/59 - INQ000458818 (DoH Ref: MMcB/0559)] it was necessary to make revisions to the guidance and colleagues in the Cell and I drafted Version 14 [JJ/60 - INQ000458819 (DoH Ref: MMcB/0560)]. A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders was issued to the CMO on 28 July 2021 for review and approval and was subsequently sent to the Health Minister for his approval [JJ/61 - INQ000458820 (DoH Ref: MMcB/0561)]. Following the Minister's approval, the CMO wrote to key organisations on 29 July 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency: [JJ/62 - INQ000458823 (DoH Ref: MMcB/0562)] [JJ/62a - INQ000458821 (DoH Ref: MMcB/0562(1))] [JJ/62b - INQ000458822 (DoH Ref: MMcB/0562(2))]
91. The number of people permitted to gather indoors at a private dwelling was amended by the Executive to permit 10 people (not including children aged 12 or under) from no more than 3 households; or if one household had 10 people, the maximum was increased to 15 people (not including children aged 12 or under) from no more than 2 households, to gather indoors at a private dwelling.
92. The second change related to the requirement for the wearing of face coverings in places of worship. Previously face coverings were mandatory when entering, leaving

and throughout the funeral service in a place of worship or funeral home. The amended Regulations no longer required a person in a place of worship or a place where beliefs were practised during an act of worship, to wear a face covering, except when entering or leaving the premises. The guidance was clear however, that it remained a strong recommendation for face coverings to be worn for the duration of the service to reduce the risk of transmitting infection when singing or moving around the venue.

93. In line with previous versions of the guidance 'an act of worship' included a funeral service. However, as funeral homes were not deemed as places of worship, Version 14 of the guidance stated that face coverings continued to be mandatory throughout a service in a funeral home.
94. Following the Executive decision to further ease restrictions with effect from 16 August 2021 [SR 2021 No.233] [JJ/63 - INQ000458826 (DoH Ref: MMcB/0563)] it was necessary to make revisions to the guidance and colleagues in the Cell and I drafted **Version 15** [JJ/64 - INQ000458827 (DoH Ref: MMcB/0564)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 16 August 2021 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/65 - INQ000458828 (DoH Ref: MMcB/0565)] Following the Minister's approval, the CMO wrote to key organisations on 19 August 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/66 - INQ000458831 (DoH Ref: MMcB/0566)] [JJ/66a - INQ000458829 (DoH Ref: MMcB/0566(1))] [JJ/66b - INQ000458830 (DoH Ref: MMcB/0566(2))]
95. The main decision affecting funerals was the increase in numbers permitted to gather outdoors at a private dwelling. Previously a maximum of 15 people were permitted to gather; this restriction was removed and from 16 August 2021 there was no limit on the numbers who could gather outdoors at a private dwelling.
96. Given the weakening of the link between infection and severe disease associated with the further roll out of the vaccine, increasing population immunity and the availability of new antivirals, it was also an appropriate time to again permit people to call at a private dwelling to express condolences, provide support to the bereaved or, if circumstances permitted, view the remains and hold funeral services. Numbers gathering inside were restricted to a maximum of 10 from no more than 3 households and if there was a continuing risk of transmitting Covid-19 infection, the remains were still not to be taken to a private dwelling. These numbers were based on the Executive

decision to restrict the number of people who could gather indoors at a private dwelling at that time.

97. Following the Executive decision to further ease restrictions with effect from Friday 10 September 2021 [SR 2021 No.251] [JJ/67 - INQ000458834 (DoH Ref: MMcB/0567)] [it was necessary to make revisions to the guidance and colleagues in the Cell and I drafted **Version 16** [JJ/68 - INQ000458835 (DoH Ref: MMcB/0568)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 10 September 2021 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/69 - INQ000458836 (DoH Ref: MMcB/0569)] Following the Minister's approval, the CMO wrote to key organisations on 10 September 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/70 - INQ000458839 (DoH Ref: MMcB/0570)] [JJ/70a - INQ000458837 (DoH Ref: MMcB/0570(1))] [JJ/70b - INQ000458838 (DoH Ref: MMcB/0570(2))]
98. The main Executive decision affecting funerals was the increase in numbers permitted to gather indoors at a private dwelling. Previously a maximum of 10 people from no more than 3 households were permitted to gather but this was increased by the Executive, to a maximum of 15 from no more than 4 households.
99. Another significant change in the guidance related to embalming and viewing of the deceased. Since the start of the pandemic, the guidance was that when the death was Covid-19 related, embalming was not recommended, and viewing should not take place. Embalming was regarded as an Aerosol Generating Procedure (AGP), with the inherent risk of airborne transmission. The guidance was revised to explain that embalming was permitted, including for those who had died with a continuing risk of transmitting Covid-19 infection, provided that it was overseen and undertaken by an appropriately trained funeral director or embalmer, and subject to their agreement and discretion. This also meant that viewing a deceased person in such circumstances was now permitted in a funeral home under a controlled environment.
100. The amendment to the advice on embalming and viewing was in the context of changing circumstances including a lower risk profile due to the success of the Covid-19 vaccination programme, evidence that suggested a low risk of transmission from the deceased, and mitigation measures including the wearing of appropriate and required PPE.

101. Following the Executive decision to further ease restrictions with effect from Thursday 14 October 2021 [SR 2021 No.283] [JJ/71 - INQ000458842 (DoH Ref: MMcB/0571)] it was necessary to make revisions to the guidance and colleagues in the Cell and I drafted **Version 17** [JJ/72 - INQ000458843 (DoH Ref: MMcB/0572)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 13 October 2021 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/73 - INQ000458844 (DoH Ref: MMcB/0573)] Following the Minister's approval, the CMO wrote to key organisations on 14 October 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/74 - INQ000458847 (DoH Ref: MMcB/0574)] [JJ/74a - INQ000458845 (DoH Ref: [JJ/74b - INQ000458846 (DoH Ref: MMcB/0574(2))]]
102. The main decision affecting funerals was the Executive decision to increase in numbers permitted to gather indoors at a private dwelling. Previously a maximum of 15 people from no more than 4 households were permitted to gather but this was increased to a maximum of 30 with no restrictions on the number of households.
103. Other amendments related to the removal of the recommendation to maintain a 2-metre social distance at various places including places of worship, funeral homes and private dwellings. These changes were made given the relaxation of social distancing requirements elsewhere. The 2-metre social distancing advice was replaced with more general advice regarding taking appropriate precautions to avoid close contacts between households.
104. Following the Executive decision to introduce new restrictions from 26 December 2021 [SR 2021 No.349] to limit the spread of the Covid-19 Omicron variant [JJ/75 - INQ000458850 (DoH Ref: MMcB/0575)] [JJ/75 - INQ000458850 (DoH Ref: MMcB/0575)] it was necessary to make minor revisions to the guidance as described in paragraph 94 and colleagues in the Cell and I drafted **Version 18** [JJ/76 - INQ000458851 (DoH Ref: MMcB/0576)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 23 December 2021 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/77 - INQ000458852 (DoH Ref: MMcB/0577)] Following the Minister's approval, the CMO wrote to key organisations on 23 December 2021 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/78 - INQ000458855 (DoH Ref: MMcB/0578)] [JJ/78a - INQ000458853 (DoH Ref: MMcB/0578(1))] [JJ/78b - INQ000458854 (DoH Ref: MMcB/0578(2))]
105. The Executive strongly recommended that anyone attending an indoor event at that time should take a lateral flow device (LFD) test before attending the event.

Additionally, businesses were required to promote compliance with the wearing of face coverings and take reasonable measures to ensure visitors complied with social distancing. As funeral director premises were classed as businesses, this requirement was reflected in the revised guidance.

106. On 15 February 2022 both the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021, and the Health Protection (Coronavirus, Wearing of Face Coverings) Regulations (Northern Ireland) 2020, were revoked. Mr. Best and I understood that this removed certain legal requirements limiting the numbers permitted to gather indoors at a private dwelling and the mandatory wearing of face coverings in certain situations, with the intention that restrictions be replaced with advice and guidance. Colleagues in the Cell and I drafted **Version 19** of the guidance [JJ/79 - INQ000458858 (DoH Ref: MMcB/0579)] [JJ/79 - INQ000458858 (DoH Ref: MMcB/0579)] A submission was issued, enclosing the draft guidance and a letter for relevant stakeholders, to the CMO on 18 February 2022 for review and approval and it was subsequently sent to the Health Minister for his approval [JJ/80 - INQ000458859 (DoH Ref: MMcB/0580)] Following the Minister's approval, the CMO wrote to key organisations on 18 February 2022 asking that the guidance be cascaded to all relevant stakeholders as a matter of urgency [JJ/81 - INQ000458862 (DoH Ref: MMcB/0581)] [JJ/81a - INQ000458860 (DoH Ref: MMcB/0581(1))] [JJ/81b - INQ000458861 (DoH Ref: MMcB/0581(2))]

107. All references to the revoked legislation were removed from the guidance and specific wording amended to reflect the move from a legal obligation to general advice and guidance. However, colleagues in the Cell and I considered it important to retain guidance for handling the infection risks when caring for the deceased and managing funerals in relation to Covid-19. In view of the continued potential for further spread of infection, the revised guidance strongly recommended that if the deceased died with a "continuing risk of transmitting Covid-19 infection", the remains should not be taken home and that funeral services should not take place at a private dwelling. In such circumstances, any viewing of the remains of the deceased person should take place at the funeral home, at the discretion of the Funeral Director. Ultimately, the funeral director was the individual responsible for caring for the deceased and it was at their discretion whether viewing would be permitted when there was continuing risk of infection.

108. Following consultation with the PHA and the CSA, the definition of what constituted a "continuing risk of transmitting Covid-19 infection" was revised with the period of time

for infectivity being reduced from 14 to 10 days from the onset of symptoms or a positive test for Covid-19.

109. Whilst there were no legal limits on the number of people who could attend a funeral or committal, it was explained that those attending or organising such events should be aware that it would be more difficult to manage the risk of transmitting Covid-19 if space was crowded. As a result, the revised guidance recommended that venue operators carry out a risk assessment to determine the number who could attend a funeral service safely, taking account of the advice to maintain 2-metre social distancing between different households. This would continue to have an impact on the numbers who could attend, as the size of the premises and capacity would vary from venue to venue.
110. Whilst the legal requirement to wear face-coverings in certain places had been removed, the revised guidance recommended that face coverings should be worn indoors for funeral services or viewing a deceased person. This was consistent with the advice from the CMO and the CSA that face covering should continue to be worn in indoor places.
111. Throughout the period from 11 January 2020 – 15 February 2022, revisions to the guidance for handling the infection risks when caring for the deceased and managing funerals, were drafted to reflect the evolving situation and the decisions taken by the Executive. Neither I nor the Cell was involved, directly or indirectly in shaping the decision making of the Executive in relation to restrictions and regulations.
112. Throughout the pandemic Mr. Best responded to a range of Covid-19 related queries from various organisations and individuals and I helped provide clinical advice on many of those. [JJ/82 - INQ000458865 (DoH Ref: MMcB/0582)]
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| [JJ/83 - INQ000458866 (DoH Ref: MMcB/0583)] | [JJ/84 - INQ000458867 (DoH Ref: MMcB/0584)] |
| [JJ/85 - INQ000458869 (DoH Ref: MMcB/0585)] | [JJ/85a - INQ000458868 (DoH Ref: MMcB/0585(1))] |
| [JJ/85a - INQ000458868 (DoH Ref: MMcB/0585(1))] | Many sought advice about the particular restrictions in place at any one time, primarily relating to the numbers who could attend funerals at home, in churches or at the Crematorium. The guidance was designed to protect the safety of everyone and limit the spread of Covid-19 infection where possible. |

113. I had many discussions with various colleagues in the CMOG including the CMO, DCMO, CSA, through email, telephone and face-to-face on matters relating to the "Cell" or SCAC work or other matters where they asked for my clinical advice. Generally, I was seeking clarification regarding the regulations and issues e.g. clarification of the requirement for face coverings to be worn at funerals, the number of people who could visit the home of the deceased and how viewing of the deceased could be in place at any particular time. Always behind these discussions was the background that the guidance was designed to protect the safety of everyone involved following a death and to limit the spread of infection. The overwhelming majority of those making contact with me accepted the position and did not express any concern that the restrictions were in any way disproportionate.

Completion of Medical Certificate of Cause of Death (MCCD)

114. I will now turn my attention to the certification of death as Covid-19. Doctors are under a statutory obligation to complete a MCCD to the best of their knowledge and belief following a death. The cause of death section is set out in two parts in accordance with the World Health Organisation recommendations. In Part 1, the doctor must state the disease or condition directly causing the death on line 1a and then state, on lines 1b and 1c, any morbid conditions that gave rise to the direct cause, stating the underlying cause of death last. In Part 2, the certifying doctor must state other significant conditions that contributed to the death but were not related to the disease or condition that caused it.

115. While there were changes to the death certification process to include the widening of the pool of medical practitioners who could complete a MCCD if the attending practitioner was unavailable, and requiring the MCCD to be sent electronically to the General Register Office, to my knowledge there were no specific concerns or challenges in terms of the method of certifying death as Covid-19 in Northern Ireland. On 23 April 2020, the CMO issued a circular, which my colleagues in the Cell and I had drafted, providing guidance on death certification during the Covid-19 pandemic [JJ/86 - INQ000458871 (DoH Ref: MMcB/0587)] The guidance aimed to assist medical practitioners with their statutory and professional responsibilities for appropriate certification of death through the completion of an MCCD and to ensure its

accuracy to the best of their knowledge with the adoption of uniform terminology of the disease.

116. The circular set out information on who could complete a MCCD following changes introduced through the Coronavirus Act 2020 and advised on the preferred terminology to be used when there had been a laboratory confirmed positive Covid-19 test. It further set out the acceptable terminology to be used in the absence of a confirmed positive test for Covid-19 and advised that the certifying doctor should consider any available evidence and apply their clinical judgement as to whether the disease caused or contributed to the death.
117. It is entirely possible that Covid-19 could have been stated as either the direct or underlying cause of death in Part 1, or as a significant condition that contributed to the death in Part 2.
118. There were the occasional challenges regarding the substance of a MCCD, particularly when Covid-19 was documented in the cause of death section and a relative (or funeral director on their behalf) disputed the entry. This was because that then determined whether visiting, viewing of return of the remains to the house was permissible. I used my experience and knowledge of the IME system to examine these cases. I do not recall finding it necessary to recommend removing Covid-19 from the MCCD in any of these cases.
119. In conclusion, I would wish to emphasise that whilst one of the Cell's primary roles was to draft guidance on handling the infection risks when caring for the deceased and managing funerals, it was the responsibility of the CMO and the Health Minister to approve the content of the guidance for publication. When revisions to the guidance were made, it was to ensure that the advice was aligned to any restrictions that had been put in place by the Executive, or when more information became known about the virus as the situation evolved, in order to ensure a balanced risk-based approach.
115. Whilst the guidance had a significant impact on the normal customs and cultural practices around death and funerals, the safety of the population in Northern Ireland was paramount to the Cell at all times. However, I most certainly appreciated at the time, and do so now, that these additional restrictions would and did add further

distress to bereaved families. Nevertheless, I still believe that without our work there is a very strong likelihood there would have been very many more distressed families. I do, however, still feel regret that any of my work caused somebody distress.

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

Personal Data