UK COVID-19 PUBLIC INQUIRY

MODULE 2C – DEPARTMENT OF HEALTH (NI) DRAFT CORPORATE STATEMENT – WAVE 3 OF THE COVID-19 PANDEMIC

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UK COVID-19 INQUIRY

WITNESS STATEMENT OF Peter May, Permanent Secretary,
Department of Health, Northern Ireland

UK COVID-19 PUBLIC INQUIRY
MODULE 2C – DEPARTMENT OF HEALTH (NI) DRAFT CORPORATE STATEMENT – WAVE 3

I, Peter May, will say as follows: -

1. On 4 April 2022, I took up post as Permanent Secretary for the Department of Health and Chief Executive of Health and Social Care (HSC). I previously held Permanent Secretary positions in the Department of Justice, Department for Infrastructure and the Department of Culture, Arts and Leisure.

2. My predecessor in the Department of Health was Richard Pengelly CB who was in post from 2014.

3. Given my recent appointment, I have limited first-hand knowledge of the events and issues set out. In preparing this statement, I have relied on my staff who have carried out a thorough review of the documentary evidence held by the Department. I have also discussed the substance of this statement with senior colleagues, who had first-hand experience of the matters described.

4. This is my third corporate statement in relation to Module 2c and relates to the third wave of the pandemic (hereafter referred to as the "third wave" or "Wave 3"). In this statement: Coronavirus is referred to as "Covid-19", "Coronavirus" or "the virus"; "the Wave 1 statement" refers to the Department's corporate statement covering the first wave of the pandemic; "the Wave 2 statement" refers to the Department's corporate statement covering the second wave of the pandemic; the Northern Ireland Assembly is referred to as "the Assembly"; the Northern Ireland Executive is referred to as "the Executive"; Robin Swann MLA, Minister of Health is referred to as "the Minister"; the Department of Health (Northern Ireland) is referred to as "the Department"; the Health and Social Care Board is referred to as the "HSCB"; the Health and Social Care sector is referred to as the "HSC" and the Public Health Agency is referred to as the "PHA".

THE THIRD WAVE

5. As previously stated in paragraph 122, of the Wave 1 statement, while there is no agreed definition of what constitutes an epidemic wave, the Department is of the view that following the ending of the second wave in April 2021, the third wave of the pandemic in NI occurred during the period late-July 2021 to May 2022. This third corporate statement therefore follows on from the Department's corporate statement covering Wave 2. In this, the Wave 3 corporate statement, it is intended to continue to set out the role of the Department in relation to the key decisions made by the NI Executive. These key decisions will include those NPI actions which were implemented to save lives and mitigate the impact of the third wave of the pandemic on the health and social care system, during the period 1 June 2021 to 22 June 2022 (this end date being concurrent with the period covered by the Inquiry's terms of reference). Section G of the statement addresses the Department's role in the principal generic public health communications in NI over the entire period of the pandemic during waves one, two and three. Section H of the statement addresses the principal generic lessons learnt by the Department over the entire period of the pandemic during waves one, two and three.

6. During Wave 3, the Department continued to implement its Strategic Framework for Rebuilding HSC Services [PM/831 - INQ000137403 (DoH ref: PM0234)] (see paragraph 620 in the Wave 1 statement), against the background of unprecedented pressures on health services caused by the surges on inpatient demand for critical care from Covid-19 patients during this period.

7. On 21 April 2021, the Department published an update on its 'Covid-19 Response Strategy' detailing the wide range of actions undertaken in response to the pandemic. The update provides a useful overview, around the time of the ending of Wave 2 and in anticipation of Wave 3, of key work initiated by the Department and its partner organisations in individual policy areas including, for example: new testing technologies; contact tracing; supporting capacity and resilience in the HSC system; HSC rebuilding plans; primary care; Covid-19 Centres, financial support allocated to the HSC from Covid-19 funding; General Dental Services; PPE; and workforce support.

SECTION A: DEPARTMENT OF HEALTH – ROLE, FUNCTIONS, RESPONSIBILITIES, STRUCTURE, LEADERSHIP AND FUNDING DURING THE THIRD WAVE

8. The Department's role, functions, responsibilities, structure and funding remained broadly the same during the third wave as described in paragraphs 10 to 20 in the Wave 2 statement. However, several changes were made in the Department's senior leadership during the third wave. The Deputy Secretary responsible for Healthcare Policy, Jackie Johnston CBE, was replaced by Jim Wilkinson in May 2021. The Chief Nursing Officer, Professor Charlotte McArdle, was replaced by Maria McIlgorm in March 2022. The Permanent Secretary, Richard Pengelly CB, was replaced by Peter May on 1 April 2022. There was also a change to the Department's structure in April 2022 when the HSCB was dissolved and its functions, in the main, transferred to the Department under the auspices of the Strategic Planning and Performance Group, these staff and structural changes are set out in the attached revised organisation chart [PM/832 - INQ000348834 (DoH ref: PM3073)].

9. The temporary 'Management Board for Rebuilding HSC Services', established in June 2020, operating through a number of workstreams[1] continued to

[1] Integrated Cells: Accommodation Cell; Briefing Cell; Cancer Cell; Clinical / Professional Advisory Cell; Clinically Extremely Vulnerable (CEV) Cell; Communications Cell; Contact Tracing Cell; Digital Cell; Elective Care Cell; Finance Cell; General Dental & Ophthalmic Cell; Infection Prevention & Control (IPC) Cell; Mental Health Cell; Modelling Cell (NI COVID-19 Modelling Group);

play the central role in planning and directing the Department's approach to rebuilding HSC services and taking steps to reset the Department's medium to long-term programme for transforming HSC secondary healthcare services, which had been paused during the first wave (see paragraphs 609 to 612 in the Wave 1 statement and paragraphs 6 to 9 in the Wave 2 statement) [PM/833 - INQ000130385 (DoH ref: PM0229)] [PM/834 - INQ000130346 (DoH ref: PM0116)]. Following an internal review in spring 2022, the Management Board for Rebuilding HSC Services was stood down and was replaced by the HSC Performance and Transformation Executive Board (PTEB) which was established in June 2022 as part of the new governance arrangements for the Transformation of Health and Social Care services. The internal review highlighted a need for a forum that engaged system leaders in advising on, advocating and leading HSC reform, improvement and prioritisation. Given the publication of key strategies in mental health, urgent and emergency care, cancer and elective care, together with enabling strategies relating to workforce development and digital innovation, there was a need for a strategic executive forum that could drive forward and implement regional and system wide operational improvements [PM/835 - INQ000348835 (DoH ref: PM3074)] [PM/836 - INQ000348836 (DoH ref: PM3075)] [PM/837 - INQ000348837 (DoH ref: PM3076)] [PM/838 - INQ000348838 (DoH ref: PM3077)] [PM/839 - INQ000348839 (DoH ref: PM3078)] [PM/840 - INQ000348840 (DoH ref: PM3079)].

10. During the third wave the Department's response to managing the surges in demand for HSC services from Covid-19 patients continued taking the business continuity approach established during the second wave (see paragraphs 10 to 16 in the Wave 2 statement). This response was led by the integrated Covid-19 Gold Command Group, consisting of senior Departmental, HSCB and PHA officials. The integrated Covid-19 Gold Command Group operated alongside the Management Board for Rebuilding HSC Services (see paragraphs 6 to 10 in the Wave 2 statement). The integrated Covid-19 Gold Command Group was stood-down on 4 March 2021 towards the end of the second wave and was re-activated by the Department on 29 July 2021 to manage the response to the third wave. It was finally

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Population Health Cell; PPE Cell; Supplies / Medicines Cell; Surge Cell – Acute; Surge Cell - Adult Social Care; Testing Cell / Expert Advisory Group on Testing; Unscheduled Care Cell / No More Silos Network; Vaccination Cell; Workforce Cell; EU Transition Cell

stood down on 4 March 2022. The integrated Covid-19 Gold Command Group was chaired by the then Permanent Secretary.

11. As is described below in paras 16 to 18 the role of the Department in respect of NPIs changed during Wave 3 as the Executive Office increasingly took the lead in presenting proposals on NPIs to the Executive. The following sections of this statement set out the key actions and decisions taken by the Department during the third wave concerning the development and implementation of NPIs and other emergency measures designed to mitigate the impact of the virus on the NI population and the HSC. These decisions relate to three broad areas of policy response, namely: the public health response; the healthcare system response; and the social care system response. We describe the role of the Department in providing medical and scientific advice to inform decisions taken by the Northern Ireland Executive concerning NPIs and other measures, and the Department's role in providing guidance to other Executive departments during this period. We also set out the Department's continued liaison with the administrations of the other UK jurisdictions and the Republic of Ireland to collaborate on cross-jurisdictional efforts to combat the impact of Covid-19 on the population. The following sections also cover the Department's decision-making process and the information available to the Department concerning Covid-19 which informed our strategic and policy response to the pandemic.

12. As stated in paragraph 144 in the Wave 1 statement and paragraph 18 in the Wave 2 statement, officials were operating within a fast moving, evolving situation, often requiring rapid decision-making. Whilst officials and the Minister took part in bilateral and group discussions, (and there may also have been discussions in the margins of those meetings), leading up to the taking of key decisions or reflecting upon important information provided by a range of sources, it is not considered that these exchanges were either informal or private communications. This also was the practice during the third wave. Discussions and meetings would continue intermittently over several days leading up to an Executive meeting to finalise papers submitted by the Department to the Executive. The submitted paper and associated other documents (for example emails) were filed as the formal record of these discussions and meetings.

13. Over the winter months of 2021/22, due to the onset of the Omicron variant, the situation faced by the Department was often as volatile as that experienced during waves 1 and 2, due to the need to quickly develop policy solutions to combat the increase in transmission of the virus throughout NI and to respond to the surges in demand for critical care required for Covid-19 inpatients. The Department's and HSC's staffing pressures (see paragraph 441 in the Wave 1 statement) continued to be a serious concern to the Minister and the Department's Top Management Group.

Access to Information and Expert Advice

14. The details of internal Departmental or HSC groups, which provided information and/or expertise are set out within the subject-specific policy areas covered by the following three sections: the public health response; the healthcare response; and the social care response. The Minister and senior officials continued during the third wave to participate in, or avail of, access to a wide range of policy groups, experts and decision makers at the UK level and with the government of the Republic of Ireland. This involved the exchange of information and expert advice concerning the Covid-19 position in NI, Great Britain and the Republic of Ireland. These interactions helped to inform the Department's strategic and policy response to the pandemic. Throughout earlier waves, and including wave 3 of the pandemic, officials within the Department faced an extremely complex and rapidly changing situation. There was by necessity, appropriate and proportionate discussion to inform the Departments policy advice to the Minister on policy decisions for the Department and in the formulation of the Departments advice to the Minister and the Executive on cross-cutting policy matters. The details of the UK-level policy groups, expert groups and decision makers are provided in the Department's Wave 1 and Wave 2 statements. Given the Department operates under the direction and control of the Minister of Health, if diverging views emerged between professional advisors and\or policy colleagues, the Top Management Group within the DoH ensured that debate was facilitated; however, no significant divergence materialised and DoH officials were able to 'speak with one voice' when advising the Minister of Health and subsequently the Executive and external bodies.

SECTION B: THE PUBLIC HEALTH RESPONSE DURING THE THIRD WAVE

15. In this section we describe the Department's role and oversight in relation to key decisions taken during Wave 3 pandemic concerning the public health response to the pandemic. This included: providing medical and scientific advice to inform NPI decisions taken by the Executive during the third wave and the periodic review of the domestic regulations by the Department; contributing to the NI oversight of the public health response to international travel (see paragraphs 233 to 255 below) and a wide range of other important policy interventions (see paragraphs 256 to 293 below) such as the Test, Trace and Protect Strategy and the Vaccination Programme.

CORONAVIRUS DOMESTIC NON-PHARMACEUTICAL - INTERVENTIONS (NPIs)

The Role of the Department

16. In many respects the role of the Department during Wave 3 was the same as in previous waves. The Department was still required to make regulations in relation to NPIs and requirements placed on returning international travellers. The Department also remained responsible for the regular (monthly) reviews of the restrictions regulations Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021', made on 7th April 2021 and commenced on 9th April 2021. which were tabled as papers to be agreed at Executive meetings. These reviews were statutorily required and included the Department providing advice to the Executive, to inform its decision, on whether or not the restrictions and regulations continued to be an appropriate and necessary response to the serious and imminent threat to public health posed by the prevalence and incidence (total numbers infected and rate of increase in the population) of SARS-CoV-2 infection and disease, and that overall, these Regulations continued to be proportionate.

17. The Department also provided updates at each of the regular Executive meetings. These updates were normally provided by the Minister, supported by the CSA and by the CMO. The updates by the CSA took the form of PowerPoint presentations. The Department's updates were also supported by statistical and other papers such as 'R' papers (which were tabled at each Executive meeting) and modelling papers which were shared with Executive Ministers alongside the formally formatted Executive papers which were tabled at each meeting. The CMO and CSA were also available to respond to requests for information and professional advice from Executive Ministers during Executive meetings.

18. However, the Department's role in relation to NPIs evolved in the context of the new Executive decision-making process from that of previous waves with The Executive Office taking an increasingly prominent role during Wave 3 with regard to the proposals and advice provided to the Executive. The contribution of the Department included participation in The Executive Office-led Cross Departmental Working Group and the provision of advice by the CMO and CSA against each proposal for NPIs which was tabled by The Executive Office in papers to the Executive.

The Executive Covid-19 Taskforce's Cross Departmental Working Group

19. Throughout the pandemic there was regular communication between officials in NI Executive departments regarding different aspects of Covid-19 related policy, regulation, guidance and communications. Whilst these discussions were often bilateral between Departmental officials, The Executive Office regularly took the lead in these discussions when they involved most or all departments. In October 2020 these communications were regularised by The Executive Office's establishment of a Cross-Departmental Working Group. The role of the Department and its contribution within this group is described in paragraph 18 above.

20. The Cross-Departmental Working Group played an important role in assisting policy staff in each Executive department to gain a better understanding of the issues related to Covid-19 based on information exchange and discussion with officials in other departments. The group facilitated the exchange of data by each department with the other departments on the latest position, trends and possible emerging

scenarios for the epidemic as well as research and other evidence generated or identified by different departments in particular relating to NPIs, their effectiveness and impact on various sectors. The group also afforded the opportunity for officials to clarify with officials in other departments issues around definitions, guidance, and regulations. For example, the Department of Health used the group as a forum to discuss aspects of proposed restrictions where clarifications were required, in particular through email outside of formal meetings.

21. By the end of March 2021 this group had assumed an important role in The Executive Office-led process for identifying proposals to introduce, amend or ease restrictions and regulations under the new arrangements set out in an Executive Document (described in more detail below) "Moving Forward: The Executive's Pathway out of Restrictions". The group met frequently, usually virtually and often weekly, and as part of its role from March 2021 onwards established a methodology for The Executive Office-led decision-making process to bring proposals to the Executive for easing restrictions. Under this process each department put forward proposals using a standard template for relaxations to the group, The Executive Office assembled these into 'bundles' of proposed relaxations which were then considered by CMO and CSA who offered their agreed advice against each proposal. Proposals were then put to the Executive by The Executive Office for decision-making including the CMO's and CSA advice.

22. Whilst the cross-departmental working group was not a decision making group and did not formally take the lead in the preparation of the Department of Health, The Executive Office, or other Executive department-led papers on regulations and restrictions, it did afford an opportunity for officials to discuss various aspects of the thinking of different Departments which could subsequently be reflected in papers to the Executive. The Executive Office- led initiative provided valuable support and was beneficial to the ability of the Department to discharge its role.

The Executive's Covid-19 Taskforce

23. The context for the approach adopted by the Executive during Wave 3 included the establishment of the Executive Covid-19 Taskforce. The Executive Office paper agreed by the Executive on 11 February 2021 described the programme of work and underpinning structures of the Taskforce. The Taskforce provided the strategic context in which Department's worked together in response to Covid-19. The TEO paper [PM/841 - INQ000348965 (DoH ref: PM3222)]described this as follows: "*The Executive's COVID-19 Taskforce (ECT) has been established as a necessary step-change in the Executive's response to the evolving nature of the pandemic. The ECT is leading and co-ordinating an integrated programme of work of response to, and recovery from, the COVID-19 pandemic. In practice, it does not represent new machinery; rather it comprises the totality of government's response to the pandemic, across all Departments. Whilst the environment within which the ECT is operating is inherently unpredictable and largely outside its control, the Executive's ambition is that the ECT will provide an agile and proactive way to address new and emerging issues, which can in turn ensure alignment with other key Executive priorities, including the Programme for Government, Budget 2021/22 and managing the implications of EU Exit. The ECT will provide practical co-ordination, support and alignment of the Executive's overall response to the pandemic. It will do this both by drawing together the work that is already taking place across key operational Departments, Local Government and public sector agencies and also through workstreams commissioning and undertaking additional work as they consider necessary. In fulfilling its role, it will not assume or cut across existing Ministerial and Departmental responsibilities and accountability but it does rely on cooperation, information sharing and collaboration between senior officials in TEO and operational departments.*"

<u>Production of Executive papers</u>

24. Executive papers on NPIs prepared by the Department reflected the advice provided by the CMO and CSA. For the most part, from April 2021 onwards The Executive Office primarily led on the provision of papers and recommendations to the Executive about the easement of restrictions and these papers provided by the Executive Office were introduced at Executive meetings by the First and deputy First Minister. Under the new pathway, these Executive papers on restrictions led by The

Executive Office routinely included the advice provided to The Executive Office by CMO and CSA whose advice continued to be informed by the same range of sources and scientific evidence as before including advice from the Strategic Intelligence Group and the modelling prepared by the modelling group in addition to the advice and recommendations from SAGE, NERVTAG, ECDC and the WHO. The advice provided to The Executive Office by the CMO and CSA was invariably subject to discussion within the Department including for example with the Minister and the Permanent secretary as well as Department policy staff. The advice was also [normally] cleared through the Minister prior to being shared with The Executive Office officials.

25. The role of CMO and the CSA was to provide advice to the Minister of Health on health issues related to the pandemic, and with his agreement to other Departments, Ministers and to the Executive were that advice related to health issues. Papers submitted to the Executive through TEO came from the Minister of Health and hence were cleared by him prior to submission. As described elsewhere, CMO and CSA attended Executive meetings and directly answered questions from Ministers, and in addition provided briefings to other Ministers on request and with the agreement of the Minister of Health. I am not aware of any occasion when CMO / CSA advice was not cleared by the Minister.

The Executive's 'Pathway Out of Restrictions' Document

26. The context for Executive decision making from April 2021 onwards was set by two papers which were produced by The Executive Office, led by the Executive Covid Taskforce, with input from other Executive departments. The first paper 'Moving Forward: The Executive's Pathway out of Restrictions' [PM/842 - INQ000276511 (DoH ref: PM2193)]had been agreed at the Executive's meeting held on 2 March 2021 and was published the same day.

27. The Executive Office press release issued on that date sets out in more detail some of the factors which would influence future decision making including the expansion of the test, track and protect systems; the success of the vaccination programme; and the emergence of new variants, which could spread even more easily between people. [PM/843 - INQ000348961 (DoH ref: PM3219)]

28. The Executive press release stated *"In moving forward, we must be cautious and measured. Our flexible framework outlines nine pathways each of which has five phases detailing the level of restrictions required. The sequencing of progress through the phases will be based on evidence, the prevailing public health situation and an assessment of impacts for people, for society and for the economy. This means that we may be in different phases across the nine pathways at any given time."* And *"Each step must be informed by the impact of the last relaxation on community transmission and the R number. That's why we believe a careful approach, taking one small step at a time and reviewing the impacts, is the best and safest way to move forward. While we understand that people want certainty, we cannot be bound by dates that would only serve to give people false hope. A rigorous monitor, review and implementation system has been developed to assess the impact of each phase of the relaxations and identify possible next actions. Businesses will rightly want time to prepare for reopening when the time is right to do so. Engagement with relevant sectors will be a core element of our four-weekly reviews, which will help to support preparations for Covid-19 safe environments."* Under this pathway the Executive introduced a revised process for a 4-week Executive review cycle of restrictions led by The Executive Office and managed through the Cross Departmental Working Group. The new process also allowed for a more urgent consideration of proposals from Executive departments deemed to have urgent or compelling reasons to fall outside the four-week review process.

29. A number of 'urgent consideration' papers proposing changes to NPIs were submitted by individual departments. This included the Department of Health and other NI Government Departments, in line with the agreed process after April 2021. In some instances, following discussion at the Executive, the individual Department proposals contained in these papers were then collated by The Executive Office. The Executive Office updated papers would then be re-tabled at a subsequent Executive meeting. Therefore the Executive Office papers to the Executive included advice from the CMO and CSA as well as proposals from other individual Departments and The Executive Office recommendations to the Executive in respect of the proposals. For example, on 3 June 2021 the Department for Communities tabled a paper on relaxations to live music and dancing NPIs. The Department for Communities paper

did not include advice from the CMO or CSA in relation to their proposed relaxations. The Department for Communities proposals were subsequently tabled by The Executive Office at an Executive meeting as proposals for relaxation alongside a number of other proposals from other NI Government Departments, on 10 June 2021. The TEO paper, as with subsequent TEO papers, included CMO and CSA advice in regard to the proposals and TEO recommendations to the Executive in regard to the proposals.

30. The overall Executive approach of gradual easement meant that there were only a few occasions when the Executive made an individual decision for a single substantial easement of restrictions whilst there were a number of occasions when multiple relatively granular decisions were considered and/or made on easements. This resulted in a steady and almost continuous process of easement of restrictions. In particular there were two periods during which easements on restrictions took place firstly between April and June 2021, and secondly between September and October 2021.

31. The second paper 'Building Forward: Consolidated Covid-19 Recovery Plan [PM/844 - INQ000357300 (DoH ref: PM3217)]was agreed at the Executive meeting on 29 July 2021 and published on 2 August 2021. This recovery plan included a focus on tackling inequalities including health inequalities and on addressing the health needs of our populations. The thrust of the plan was towards recovery which in terms of health included addressing delays and waiting times for non-Covid-19 related health conditions as well as responding to additional health demand, for example on mental health services, which had arisen since the emergence of Covid-19. Reviews carried out in 2020 by the Mental Health and Emotional Wellbeing Silver Cell and the Department along with the Mental Health Foundation and Queen's University Belfast, detailed in paragraphs 540 - 544 of the Wave 1 statement, looked at the impact of the pandemic on the mental health and emotional wellbeing of the general population and those with additional needs, and the mental health needs arising from and/or being exacerbated by the pandemic. Whilst waiting times were routinely reviewed in relation to the Departments targets, the Regional Mental Health Surge plan and rebuild plan that was developed by the Department and the HSCB outlined the proposed approach to medium and longer term planning for managing the surge and rebuild. Published in June 2021, the plan works across the Stepped

Care Framework in line with the 10 year Strategy, together with key actions required to manage increasing referral rates and to prepare for longer term rebuild, reform and redesign. In addition, the Mental Health Action Plan, published in 2020, and the Mental Health Strategy, published in June 2021, described in paragraph 412 and 413 of this statement takes full cognisance of the pandemic and the impact on mental health services.

The Department of Health's Role under 'Pathway Out of Restrictions'

32. The new arrangements under the Pathway document had implications for the role of the Assembly's Health Committee in regard to the Department of Health. On 13 April 2021 the Minister wrote to the Chair of the Health Committee **[PM/845 - INQ000348891 (DoH ref: PM3137)]** to detail some of the implications of the 'Pathway'. In his letter the Minister stated: *"In this new process, the management of the changes to the 4restrictions regulations envisages a greatly reduced role for my department and an increased role for the COVID Strategy Group in TEO. TEO will now hold the lead responsibility and operational management of the process leading to Executive decisions on the ongoing need for restrictions and the requirement to amend the regulations. This responsibility includes receiving and managing all proposals from Executive departments, management of the decision-making process and facilitating consultation with departments on the drafting of amendment regulations. This work is supported by a Cross-Departmental Working Group, chaired by the Director of the TEO COVID-19 Taskforce team with membership from all 9 Departments and key stakeholders, including local government and PSNI. The Committee should note that while my Department is still required to make the regulations and officials can provide the Committee with details on drafting and content, the policy and policy intent behind them increasingly sits outside the DoH remit. Similarly, the introduction of managed isolation for Northern Ireland under the International Travel Regulations has been led by TEO through their task and finish group. Whilst my officials can continue to brief Committee on the regulations, any queries regarding operational elements of this work are outside of their remit. In light of this recent change in process, the Committee may wish to consider how best it can engage with TEO with a view to enhancing and maintaining its scrutiny role regarding amendment to the regulations and the regulation making process."*

33. The Department continued to provide papers to the Executive with updates on the progression of the epidemic and the impact on the health system as well as information, advice and recommendations on a variety of issues including International Travel; Guidance on travel within the Common Travel Area; Self isolation for fully vaccinated close contacts; the Introduction of Covid-19 Status Certification in Domestic Settings; Proposed changes to arrangements for testing of close contacts of positive Covid-19 and measures in response to the Covid-19 Delta and omicron variants. During the same period the Department also submitted a small number of its own papers on restrictions, which has been provided as general disclosure.

34. The Department also continued to make and amend the coronavirus restrictions regulations and table regular reviews of the restrictions and regulations at Executive meetings, as this was a legally stipulated role of the Minister. Officials continued to attend Assembly Committee scrutiny sessions and the Minister continued making Ministerial statements updating the Assembly on the work of the Department.

35. The Department continued to keep the Executive informed about decisions taken by it in relation to its departmental response to the pandemic during the third wave. As in Wave 1 and Wave 2 these updates would have been provided in verbal briefing by the Minister supported by officials, in written papers or in response to requests for updates. The Department retained exclusive responsibility for the policy response to the pandemic in a range of areas. This included the development and implementation of mitigations designed to alleviate the impact of the pandemic on the delivery of HSC services, the planning undertaken by the HSC to rebuild health and social care services following the disruption in the delivery of routine services and action in respect of the health and social care workforce. The Department also continued to play a significant role in providing public information and communications on the risks to public health presented by Covid-19 and new variants of concern, the rationale for NPIs and their benefits to the most vulnerable people in the community and in reducing community transmission. The Department continued to engage with a range of stakeholders across civic society, including faith leaders and the business sector to ensure that effective public health measures were in place within NI, and that people were properly informed about the risks to the

public arising from the pandemic. In many respects the complexity of these communications and interactions increased with easements in the NPIs and as society and health and social services returned to more normal arrangements.

NPI Decisions July 2021 to January 2022

36. Following the reduction in the spread of the virus at the end of the second wave the Executive incrementally relaxed restrictions across all sectors of society during the spring, summer and autumn months of 2021 guided by its 'Pathway out of Restrictions' document (see paragraph 48 below) [PM/842 - INQ000276511 (DoH ref: PM2193)] and following regular reviews of the Regulations by the Department. At this time there were two sets of regulations giving effect to coronavirus restrictions in Northern Ireland: The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021and The Health Protection (Coronavirus, Wearing of Face Coverings) Regulations 2021.

37. However, by 22 December 2021, due to the highly infectious onset of the Omicron variant the Executive announced a package of measures (see paragraphs 153 to 158 below), to limit the spread of the variant, which remained in place until mid-February 2022. In a statement issued on 6 January 2022, the Executive commented that community transmission of Covid-19 was at an all-time high. The number of cases was expected to remain very high for the next few weeks. With the unprecedented surge in Omicron, and subsequent demand for testing, capacity for PCR testing was under significant pressure. There were significant workforce pressures across essential services and wider society arising from the extraordinarily high levels of infection throughout the community. Against this background of de-escalation and re-escalation of restrictions during the third wave, the Department's contribution of medical and scientific advice to help inform the Executive's decision-making process on non-pharmaceutical interventions (NPIs) is set out below.

38. The Executive's approach to decision-making in relation to NPIs changed with the establishment of the Cross-departmental working Group (see paragraphs 19 to 22) in 2020 and then the publication of the Executive's 'Pathway out of Restrictions' document in 2021 [PM/842 - INQ000276511 (DoH ref: PM2193)].

39. The resignation of the then First Minister on 3 February 2022 also altered the Minister's interface with Executive colleagues as the Executive no longer continued

to meet to make collective decisions about NPIs. The last meeting of the Executive Committee took place on 20 January 2022. Individual Ministers, including the Minister, remained in post until 27 October 2022. However, from 3 February 2022 the ability of the Minister to make decisions, in common with other Executive Ministers, was constrained by the absence of a First and deputy First Minister and a fully functioning Executive Committee and by the absence of a fully functioning Assembly to allow regulations to be made or changed.

40. As in previous waves, not all NPIs were prescribed in regulation. Some were set out in guidance and some of the restrictions set out in regulations were also underpinned by guidance.

41. The third wave began in July 2021. However, in the preceding three months the Executive had agreed a number of easements to restrictions, developed in line with the pathway out of restrictions process, tabled at Executive meetings by either the Department or the Executive Office. By June 2021 the Department, CMO and CSA were advising caution to the Executive in respect of new and further easements. Their advice, included in a TEO paper [PM/846 - INQ000357301 (DoH ref: PM3229)] tabled at the Executive meeting on 10 June was *"that they are very mindful of the current health service pressures and there is in their view little tolerance or capacity for significant increased Covid-19 admissions. If indeed admissions of the Delta variant are x 2.4 and vaccine effectiveness more dependent on second doses then the Executive will need to factor this into the timing of decisions on any further relaxations which may be best deferred to middle to end of July."*

<u>The Executive's Approach to 'Indicative' Decision Making</u>

42. A feature of the third wave of the epidemic is that there were a number of occasions when the Executive discussed and made decisions on easements to be introduced at a future date, but which Executive minutes explicitly recorded as requiring further ratification of the decisions at a future Executive meeting. These Executive indicative decisions specified the date of ratification which meant that a further 'ratification' paper was required to be prepared and submitted for an Executive meeting to be held on the ratification date. In these situations, the 'ratification' paper would include advice on whether or not to confirm each of the indicative decisions. These 'indicative decisions' were then confirmed or ratified (or

not) by the Executive. Initially, between April and July 2021, the Department submitted these decision ratification papers to the Executive to seek confirmation of the 'indicative' decisions agreed at previous meetings of the Executive. From August 2021, in line with their lead role, The Executive Office led in submitting these decision ratification papers to the Executive. The role of the Department within the decision-making process included the advice provided by CMO and CSA in regard to each of the proposals under consideration for ratification. In addition, throughout Wave 3 the responsibility for developing and amending regulations to give effect to these decisions remained with this Department.

43. There were times when the context in which the Executive was meeting to decide whether or not to ratify indicative Decisions had significantly changed from the date when the Executive had previously met and made the initial indicative decisions. On some occasions the trajectory of the epidemic would have deteriorated and in other cases the trajectory had not sufficiently improved between the two Executive meetings. This was the case, for example, with a number of indicative decisions made by the Executive in May 2021 and June 2021 which were due to be ratified in July 2021, but which were not then ratified (See Paragraph 75 to 80 Below). In tracking the changes made to NPIs and specifically indicative decisions made during the Wave 3 it is useful to bear in mind that:

a) indicative decisions may or may not have been ratified subsequently;

b) the CMO and CSA's advice in regard to proposals which were subject to indicative decisions could change in subsequent ratification papers tabled at the Executive;

c) ratifications of some indicative decisions were delayed or postponed more than once;

d) indicative decisions might have been subsequently ratified, but with amendments;

e) the 'ratification' papers considered by the Executive might not always include the detail of the CMO/CSA's advice but might refer back to the original paper in which the advice was presented; and

f) on occasions new proposals for easements were included into ratification papers alongside consideration of previous 'indicative decisions'.

44. On 8 July 2021, The Executive Office tabled the first of a number of papers to the Executive summarising the position with regard to the proposed sequencing of outstanding decisions including indicative decisions [PM/847 - INQ000357302 (DoH ref: PM3230)]. The paper included advice from the CMO and CSA. In some instances, TEO recommended, in these papers, amending the timetable and sequencing for relaxation of NPIs from what the Executive had previously agreed. These papers alongside the monthly review papers (See Paragraph 46 below) prepared by the Department were of great assistance to Officials and Ministers in maintaining a clear line of sight for all departments on the position with individual NPIs and proposals for relaxation at different points in time.

Reviews of the Regulations

45. Article 2 of The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021, as made in April 2021, required the Department to review the need for the restrictions and requirements imposed by the Regulations on or before specified dates which were 4 weeks apart, up until 10 June 2021. The Department met this statutory requirement and reported on each review by preparing and submitting a 'monthly' paper to the Executive. After this time Article 2 was removed from the Regulations, in July 2021, and the Department continued to undertake these reviews of the Regulations on a monthly (but not a statutory) basis and to present the findings of these reviews in papers to the Executive.

46. During wave 3 of the epidemic there were ten of these reviews [PM/848 - INQ000357303 (DoH ref: PM3231)], [PM/849 - INQ000065594], [PM/850 - INQ000065595], [PM/851 - INQ000065596], [PM/852 - INQ000065597 (DoH ref: PM3232)], [PM/853 - INQ000357304 (DoH ref: PM3234)], [PM/854 - INQ000357305 (DoH ref: PM3235)], [PM/855 - INQ000065604]. Each of the monthly review papers included an account of changes to the restrictions since the review completed the previous month. Each review paper also included a table detailing the restrictions which were still in place at the time of each review. In addition to including details of easements and other changes to restrictions agreed by the Executive in other papers, these reviews also included details of technical amendments to regulations to clarify or correct the meaning of regulations.

47. The papers provided to the Executive by the Department on the results of these completed monthly reviews of the Regulations meant that on a regular basis the Executive received a detailed and comprehensive description of the latest evidence and the Department's advice. These reviews typically outlined the latest data and the Department's analysis and assessments regarding the progress and impact of Covid-19 as well as comparisons with other UK Jurisdictions and the Republic of Ireland and summarised the then current position with regulations and restrictions which were still in place. The papers also reported on vaccination roll out, Covid-19 testing, changes to contact tracing and on modelling of the trajectory of the epidemic to inform the Department's advice.

48. Alongside and in addition to these monthly reviews of the restrictions and Regulations by the Department, the Executive's Pathway out of Restrictions document [PM/842 - INQ000276511 (DoH ref: PM2193)] described a separate four weekly cycle for the Executive to review restrictions focussed on the easement of restrictions. The pathway out of restrictions document also allowed for the option for Executive consideration of urgent proposals for changes to restrictions in between these 4 weekly reviews. These "Pathway out of Restrictions" proposals papers could be submitted by individual Departments but were normally submitted to the Executive by The Executive Office as 'Pathway out of Restrictions' papers prepared following discussion with the Cross Departmental Working Group and including advice from the CMO and CSA within them. Executive Ministers were also receiving updates on the state of the pandemic as part of these pathway out of restriction papers. The Executive also received verbal updates at Executive meetings and a range of other papers and updates, including the latest weekly 'R paper', which were tabled at every Executive meeting.

Factors influencing the Department of Health's Position, CMO and CSA advice

49. By the beginning of Wave 3 information, evidence and data flows around the epidemic were very well established, with some new data streams also being developed for example waste water surveillance (WWS) and monitoring adding to the sum of knowledge about the epidemic. The WWS sampling occurred across 31 geographic sites and provided an indication of areas with increased community transmission and the emergence of new variants of concern. In addition, there was a steady flow of research evidence being generated within the UK, Europe, the USA and from around the world. The Department, CMO and CSA had access to and

participated in consideration of this research evidence and data at SAGE, NERVTAG, SIG and in other fora with data and evidence being shared amongst Departments for example through the Cross Departmental Working Group; with Executive Ministers at Executive meetings, and through briefings; with the Health Committee through briefings; with the Assembly through Ministerial Statements and during Assembly debates; and with the media, business, churches, voluntary sector and general public through press releases, media appearances, and engagement work which was often progressed and coordinated under TEO's leadership.

50. The Executive Office, the Department (including as part of the Department of Health Evidence Bank [PM/856 - INQ000357307 (DoH ref: PM3237)] and Public Health Agency were routinely publishing data, research and evidence so that information was widely accessible to the public, media and any other interested parties who wished to consider the data which was being used to inform the Department's advice and Executive decisions Modelling of the trajectory of the epidemic was well established and increasingly robust based on longer time series of data, more datasets being available to inform the modelling and the knowledge and experience already gained during the epidemic. Furthermore, structures for the consideration of evidence in Northern Ireland such as SIG were well established. By August 2021 the frequency of SIG meetings did reduce from once every two weeks to once a month as the science and evidence was increasingly more firmly established and less frequent meeting were appropriate.

51. During wave 3 the Department undertook and reported to the Executive on ten 'monthly' reviews of the restrictions and regulations. The Inquiry will want to note that reviews of the restrictions and regulations were carried out approximately monthly from the commencement of the first set of principal regulations in March 2020, that is, throughout wave 1 and wave 2. . The papers summarising these have either been exhibited within the Department's three statements for Module 2c, or shared through general disclosure. Each of these ten reviews conducted during wave 3 typically summarised the evidence at the time of the review and also included the advice of the CMO and CSA. They also gave insights into the underlying factors which informed the Department's position and the advice being provided by the CMO and CSA to the Executive on NPIs, including but not limited to:

a) the direct impact of Covid-19 on the health and well-being of the population – particularly the spread/transmission of Covid-19; the hospitalisation of Covid-19 patients and deaths of those with a Covid-19 diagnosis;
b) the impact on the non-Covid-19 related health and well-being of the population including reduced and delayed access to healthcare for non-Covid conditions and the negative impact on public health. The impact on public health included issues around reduced screening; the impact on the mental health of the population and other concerns such as the impact of domestic violence and child protection concerns. These concerns were present throughout Waves 1 and 2 but the longevity of the epidemic and the long period over which NPIs were in use meant that these factors inevitably weighed more heavily in the Department, CMOs and CSA's advice as time progressed;
c) the impact on the health and social care workforce (staff and volunteers) and on the health care system itself in a system that had been operating at over 100% of its capacity for some time and there was in the view of the Department an unparalleled level of risk to the health and wellbeing of staff for a prolonged period of time;
d) the capacity of the Health system to respond to any Covid-19 related increase in demand including for hospital beds and ICU places;
e) emerging new variants which might be more transmissible and/or caused more severe disease in circumstances where a new variant needed to be in circulation for a period of time before hard data on its impact would be available;
f) modelling on the trajectory of the epidemic including the likely future path based on best case, worst case and median case scenarios;
g) scientific evidence and research into the epidemic and the effectiveness and sustainability of the responses including NPIs;
h) evidence about the pressure on the test, trace, protect systems contact tracing; and
i) evidence on vaccination uptake, adherence to advice on wearing of face coverings and changes in behaviours in relation to adherence with restrictions.

52. Alongside these considerations, most of which also informed the consideration of the need for NPIs during the previous waves of the epidemic, the

advice provided to the Executive also took account of specific features of the epidemic which developed during wave 3:

A) From April 2021 the need to consider the as yet only partial vaccination coverage of the population. By August 2021 the Department was highlighting the partial vaccination coverage amongst younger age cohorts and from September 2021 the Department was highlighting that vaccination coverage amongst younger age cohorts was lower than in other UK jurisdictions;
B) By June 2021 the Department, CMO and CSA were advising caution to the Executive in respect of new and further easements until there was hard data on what impact the easements implemented over the previous couple of months was having on transmission prior to agreeing further easements which could further increase upward pressure on community transmission of the virus.
C) From July 2021, concern about the specific threats posed by the Delta variant;
D) From July 2021, concern about recent relaxations relating to guidance on travel within the Common Travel Area which were likely to increase the prevalence of the Delta variant with this variant becoming the dominant variant in Northern Ireland by August 2021;
E) By September 2021 the Department was linking and associating the higher levels of community transmission to recent relaxations in the context of the increased transmissibility of the Delta variant and decreasing level of community immunity, in addition to other factors. Between 7 July 2021 and 31 August 2021 community transmission as measured by the 7-day incidence of COVID-19 (cases per 100K population had increased dramatically in all Local Government Districts by a factor of anything between 2.5 and 13 fold.
F) By September 2021 there was increasing concern that the effectiveness of vaccinations against Covid-19 maybe waning, and that third doses and booster doses of the vaccination would be required to protect against Covid-19 transmission and illness; and
G) By January 2022 concern about the emergence of a new variant (Omicron).

<u>Modelling the Trajectory of the pandemic</u>

53. The Department's modelling group continued to model the trajectory of the pandemic and the advice provided by the Department, CMO and CSA was informed by the latest modelling, the advice from the Strategic Intelligence Group, and other evidence, for example, on emerging new variants and the impact of vaccinations. Many of the easements proposed as part of the pathway out of restrictions process were granular in nature so that their impact could not be individually modelled.

CMO and CSA Advice

54. Executive papers on NPIs prepared by the Department reflected the advice provided by the CMO and CSA. For the most part, from July 2021 onwards The Executive Office primarily led on the provision of 'pathway out of restrictions' papers and recommendations to the Executive about the easement of restrictions and these papers provided by the Executive Office were introduced at Executive meetings by the First and Deputy First Minister. These Executive "pathway out of restrictions" papers led by The Executive Office routinely included the advice provided to The Executive Office by CMO and CSA[2] whose advice continued to be informed by the same range of sources and scientific evidence as before including advice from the Strategic Intelligence Group and the modelling prepared by the modelling group. The advice provided to The Executive Office by the CMO and CSA was subject to discussion within the Department including for example with the Minister and the Permanent Secretary as well as Department policy staff. The advice was also cleared through the Minister prior to being shared with The Executive Office officials.

55. The advice provided by the CMO and CSA took account of evidence from a range of scientific papers and sources including the advice from SAGE which showed that measures which increased mixing amongst the population increased the spread of Covid-19 whilst measures which restricted or lessened mixing amongst the population reduced or lessened the spread of the virus. The advice was also informed by a general consideration of the numbers of people who may be affected by individual easements and the potential for increased mixing and an assessment of the extent to which mitigations, including those set out in guidance and media campaigns, if followed by the public might manage the impact of easements on the spread of the virus; evidence on the changing levels of adherence to restrictions by

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[2] The advice could be provided by a deputy CMO or deputy CSA when the CMO or CSA were not available due to other commitments etc.

the population from survey data and enforcement action; modelling of the future possible trajectory of the epidemic which reflected the cumulative impact of multiple easements of restrictions; and emerging evidence from genomic surveillance reports in NI on new variants, particularly the Delta and Omicron variants. Consideration of the impact of restrictions on the general health and wellbeing of the population had always been a factor in assessing whether or not to recommend restrictions. In April 2021, the Department's evaluation of the impact of restrictions on the health and wellbeing of the population, and the potential impact of continuing with restrictions, was different and even more focused, given that restrictions had already been in place for a large part of the previous twelve months.

56. There were several sources of evidence about the levels of public adherence to NPIs, including survey results and analysis of open-source mobility data (via Google). NISRA launched a Coronavirus (Covid-19) Opinion Survey on 20 April 2020 which was designed to measure how the pandemic was affecting people's lives and behaviour in Northern Ireland [Exhibit – CMOG417]. Approximately 22,000 people in Northern Ireland participated in the survey, providing data on a wide range of topics relating to the pandemic. The reports focused on behaviours including Hygiene Behaviour, Social Distancing, Face Coverings and Slowing the Spread of Coronavirus. In addition, Ipsos Mori conducted surveys on behalf of the TEO.

57. The CMO and CSA's advice in respect of each proposal for easement of restrictions took account of the balance of risks associated with each proposal and were assessed by the CMO and CSA as one of the following:

a) Agreed/Content;
b) Low risk;
c) Moderate risk;
d) High or Significant risk; or
e) Not Recommended (At this time)

There were no fixed parameters for these categories of assessment of risk, with judgements depending on the context of the pandemic at the time (virus characteristics, extent of population immunity, hospital pressures etc).

58. These assessments were often predicated on the expectation that mitigations described in the Executive paper proposing easements, including mitigations

identified by the CMO and CSA as part of their advice against each proposal, would be implemented as part of the implementation of the proposed easement.

59. Executive Ministers were faced with difficult choices and took account of advice and information from a number of Departments when arriving at decisions to apply or relax statutory NPIs. This included considering a range of non-health related factors alongside the advice and input from the Department, CMO and CSA. This is reflected in the fact that although, for the duration of Wave 3, the Department does not believe that there were any `occasions when the Executive proceeded to implement an easement where the CMO and CSA advice was that the proposal was 'not recommended', there were instances when the Executive proceeded to implement easements which the CMO and CSA had identified as High or Significant risk, for example, 29 July 2021 decisions to reduce the requirements on social distancing and with regard to indoor live music. On a number of occasions, Executive Ministers following consideration also decided that they would proceed with easements at an earlier date than had been proposed in the papers which had been tabled for their consideration. An example is when the TEO tabled a paper [PM/857 - INQ000357308 (DoH ref: PM3238)] and [PM/858 - INQ000357310 (DoH ref: PM3239)] on 15 April 2021 which recommended changes to the numbers allowed to participate in outdoor gatherings in domestic settings to be implemented from 14 May 2021, the Executive brought forward this change to 30 April 2021.

Making and amending Coronavirus Restrictions Regulations

60. Whilst The Executive Office were increasingly in the lead for bringing proposals on restrictions to the Executive, the Department retained the responsibility for making and amending regulations to give effect to Executive decisions. The frequency of decisions, and the volume and complexity of amendments to regulations required, placed intense pressure on the Department's resources, which in turn sometimes affected the date by which regulations could be made and restrictions eased. By the middle of the second year of the pandemic there was very significant stress and fatigue across the Department's workforce and the demands on staff working on the regulations were relentless and sustained. The issue of the resources required to introduce new or amend existing regulations was raised by the Minister with Executive colleagues and discussed at Executive meetings on 1 April 2021 [PM/859 - INQ000207213]. The position was never resolved and is a point of learning for the response to any similar event in the future requiring multiple amendments to

regulations in very quick succession (often weekly, and sometimes more frequently) over a prolonged period of time. A learning point for the future is whether or not the Department should have sole responsible for making and amending legislation. This is something which can be considered as part of a review of the 1967 NI Public Health Act. For clarity, the DoH is not here making some wider point about the overall distribution of departmental responsibilities during the pandemic, rather it is making a narrow point specifically about the realities of making legislation at this scale and speed and the need to properly consider the capacity issues which arise in such circumstances.

Trajectory of Wave 3

61. The period from early April 2021 until the end of November 2021 was one in which the restrictions which had been in place were gradually being eased in line with the 'Pathway out of Restrictions' plan although the pace of easements slowed from July 2021 onwards in response to changes in the disease situation. In some cases, restrictions were removed completely whilst in other cases statutory restrictions were replaced by guidance.

62. Whilst the overall picture for the course of the pandemic improved between April and June 2021, the situation deteriorated significantly between July 2021 and September 2021, which was the beginning of the third wave. This deteriorating situation is reflected in the slowed pace of easements for much of this three month period. For a short period of time, from late December 2021 until February 2022 additional restrictions were reintroduced, largely in response to the spread of the Omicron variant of Covid-19 and initial uncertainty in respect of associated disease severity. By this stage of the pandemic new treatments for Covid-19 were available for those most at most risk of severe disease, and population immunity was better, due to the roll out of the Covid-19 vaccination and previous infection. As a result, the link between the number of people infected and severe disease and death had been weakened. From the vantage point of the Department, it was considered that the Executive considerations took more account of the restrictions in place to limit virus spread on the economy, education and non-Covid related health care when assessing the impact of the pandemic.

63. While a consideration throughout the pandemic, the wider impacts of restrictions became an increasing concern particularly in the period from Dec 2021 to Feb 22. Achieving a balance between measures to reduce community transmission

of Covid-19 and the wider impacts of those measures while considered by the Executive throughout the pandemic, increasingly influenced decision making following the first wave and particularly following the roll out of the Covid-19 vaccination programme and the availability of new antiviral treatments.

64. The advice provided by the CMO and CSA on NPIs and the recommendations made by the Department in papers to the Executive on NPIs during Wave 3 took account of the changing trajectory of the pandemic and its impact over the period April 2021 to February 2022. The following information on NPIs is presented in three month time bands each of which is contextualised by a short analysis of the progress of the pandemic during that three month period.

APRIL TO JUNE 2021

65. The period April to June 2021 was one in which there was a fairly steadily improving situation across a range of indicators in regard to Covid-19 as reflected in the Executive monthly review papers. This position began to change on the second half of June 2021 when Rt had risen above 1 again, new cases numbers were rising, as were the number of Covid-19 positive patients in hospital, albeit from a relatively low base compared to other stages of the pandemic. At the start of June 2021, the Delta variant was accounting for less than 20% of new cases whereas by the end of June 2021 this percentage had risen to over 70%.

66. In this early period of the operation of the new 'pathway out of restrictions' process, Executive decisions included the ratification of 'indicative' Executive decisions taken in the few weeks prior to April 2021. The Executive meeting of the 1 April 2021 [PM/860 - INQ000212958] illustrates the way in which the new arrangements established by the Pathways out of Restrictions document worked in practice and the role of CMO and CSA advice in Executive decision making regarding NPIs during Wave 3.

67. At the Executive meeting on the 16 March 2021 the Executive had agreed proposals from the Department[3] [PM/861 - INQ000048521 (DoH ref: PM3240)] for

[3] E (21) 065 (C) Health Protection (Coronavirus, Restrictions) (No. 2) Regulations (Northern Ireland) 2020: Eighth Review of the need for the Restrictions

easements to restrictions to come into effect on either the 25 March or 1 April 2021 and made 'indicative' decisions on further easements to take effect from 12 April 2021, subject to ratification at the Executive meeting to be held on 1 April 2021. This included proposals which had originally been put forward by the Department for Communities in line with the pathways process. In the Department's 16 March 2021 monthly review of restrictions and regulations paper [PM/861 - INQ000048521 (DoH ref: PM3240)] Minister Swann stated "*the advice I have received from the CMO and DCSA continues to be that small, gradual steps are key if we are to contain the pandemic.*" The paper outlined the general advice of the CMO and DCSA in regard to the proposed relaxations.

68. On 16 March 2021 the Executive had agreed the following:

(i) an increase in provision for elite sports competition be included in the regulations, removing the previous exclusion of new competitions, effective by 25 March;

(ii) from 1 April:

a. 10 people from 2 households, including children under 12, would be permitted to undertake outdoor sporting activities, as defined in the regulations;

b. Up to 6 people from two households, including children under 12, may meet outdoors in a private dwelling (increasing to 10 people from two households, including children under 12, from 12 April);

c. Garden centres and plant nurseries would be included in Phase 1 of a contactless 'click and collect' scheme;

(iii) From 12 April, subject to Executive ratification in the week after the Easter weekend i.e. week beginning 5 April 2021

a. Removal of the requirement to 'stay at home unless you have a reasonable excuse' provision, instead promoting a 'stay local' message while continuing a strong 'work from home' message;

b. Allow contactless 'click and collect' for all non-essential retail – subject to the overall health position at that time, and DfE evaluation of the limited 8 March re-opening of non-essential 'click and collect';

c. Allow sports training to resume by sports clubs affiliated with recognised sport's Governing Bodies, in small groups of up to 15 people but with all indoor spaces closed except essential toilet facilities.

69. The minutes [PM/859 - INQ000207213]. of the Executive meeting held on 1st April 2021 record that "at the request of the CMO, the Executive ratified these indicative proposals tabled by the Department to the 16 March meeting". This was the 'early days' of the new pathways and TEO led process and this was the only occasion when ratification of indicative proposals for the relaxation of restrictions was not set out in an Executive paper.

70. The next 4 weekly consideration of restrictions expected in line with the 'Pathway Out of Restrictions' document was due on 15 April 2021. However, the Executive's process for assessing relaxations permitted consideration of relaxation proposals deemed to have urgent or compelling reasons to fall outside the four week pathways consideration process. On 1 April 2021, in line with this urgent consideration process, the TEO tabled a paper [PM/860 - INQ000212958] outlining proposals for relaxation submitted through the TEO process by DFC, DE and the Executive Office itself, and seeking the Executive's decision on each proposal. The TEO paper contained four proposals covering wedding "show arounds"; outdoor retail; increased attendance at funerals; and extension of sports provision. For each proposal the paper included the advice provided by the CMO and deputy CSA, the response from the Department which proposed the relaxation (where applicable) to CMO and CSA's advice, and a TEO recommendation.

71. On 15 April 2021 the Executive Office tabled a further pathway out of restrictions paper [PM/862 - INQ000212959]containing seventeen proposals for relaxation which had been put forward by a number of departments to TEO. Five of the seventeen proposed easements were for 'indicative' decisions with an indicative implementation date of 1 June 2021 and requiring ratification at an Executive meeting to be held on 13 May 2021. These five indicative proposals related to unlicensed premises and licensed premises indoors; the 'Rest of Tourist Accommodation'; 'Domestic Settings Indoors'; reopening of indoor visitor attractions; and the return of indoor group exercise and training in numbers limited to suit the venue. The paper did not include CMO/CSA advice in regard to any of these five

proposals as these were to be discussed at the Executive meeting to be held on 13 May 2021.

72. As in the paper tabled on the 1 April 2021, the 15 April 2021 paper which had been presented for each of the other 12 proposals included: the details of the proposal, the CMO and DCSA advice, the response to CMO and DCSA advice from the department which proposed the relaxation (where applicable), and a TEO recommendation. In addition, this paper also included an assessment from the Behavioural Science Team against each proposal. The Executive minutes record that these twelve proposals were mainly agreed by the Executive, which also decided to bring forward the implementation date which had been recommended by TEO for some of the proposals. The process whereby these proposals were considered also illustrate the relationship between proposals for relaxation, CMO and CSA advice, TEO recommendations and Executive decisions. In summary the CMO and CSA provided advice, TEO made recommendations and the Executive made decisions. The Executive was the decision-making body and the Health Minister was a member of the Executive. All Executive Ministers including Health Minister Swann will have been party to any decisions taken. Further details on decision making by the Executive can be found in the Ministerial code at para 2.12 [PM/863 - INQ000199191 (DoH ref: RS/1)].

73. The Executive meetings of 1 April and 15 April 2021 took place against a backdrop of an improving position regarding Covid-19. The advice provided by CMO and the DCSA highlighted their assessments of risk, and where possible, actions to mitigate risks could be taken against each proposal. Over the following two months the Executive considered a number of pathway out of restrictions papers proposing easements with either firm implementation dates or indicative implementation dates requiring further ratification at a future Executive meeting. The full list of restrictions which were eased in line with these papers through amendments to regulations is detailed in the monthly review of restrictions and regulations papers [PM/849 - INQ000065594], [PM/850 - INQ000065595] and [PM/851 - INQ000065596] prepared by this Department. Easements of restrictions were proceeding at a steady pace. For illustration purposes the easements agreed in this period included for example:

Commencement on 23 April 2021

- Re-opening of close contact services including training;
- Resumption of competitive outdoor sport organised by a club, individual or individuals affiliated, with participant numbers not exceeding 100 and no spectators permitted;

Commencement on 30th April 2021

- Increase in the numbers permitted to gather in Domestic Setting Outdoors – to 15 people from no more than 3 households;
- Reopening of all of retail;
- Reopening of unlicensed premises, outdoors only with a maximum of 6 people from 2 households per table and contact details recorded;
- Reopening of licensed premises, including social clubs, outdoors only, limited to 6 people from no more than 2 households and contact details recorded;

Commencement on 24 May 2021

- Unlicensed and licensed premises could re-open indoors, subject to mitigations previously in place for outdoor opening. Table numbers inside and outside were restricted to 6 people from an unlimited number of households. A maximum of 10 people were allowed to sit together if they are all from one household. The numbers do not include children aged 12 and under.
- Indoor gatherings (not including domestic settings) were permitted, subject to a risk assessment where numbers exceed 15.
- Outdoor gatherings were subject to a limit of 500, with a risk assessment where numbers exceed 30. A number of exceptions were listed.
- All outdoor sport could resume.

- Indoor visits between 2 households were permitted up to a maximum of 6 people, not including children. Where a household has more than 6 members a limit of 10 people applies.
- Social distancing of one metre applied to relevant hospitality venues. Otherwise, 2 metres social distancing applied.

74. On 13 May 2021 the Executive had agreed a number of indicative decisions, in a TEO paper, to come into effect on 21 June 2021, subject to ratification on 17 June. On 10 June 2021 TEO submitted a paper to the Executive containing a range of proposals for the further relaxation of restrictions on Indoor/outdoor gatherings, household/bubbles, close contact services, licenced and unlicensed premises and live music/dancing [PM/846 - INQ000357301 (DoH ref: PM3229)]. These were all for indicative decisions for implementation on 21 June, 1 July or 22 July 2021, each of which would subsequently require ratification on either 17 June or 15 July 2021. The TEO paper set out the context for the proposals contained in this paper to relax restrictions and the general advice provided by the CMO and CSA as follows:

> "*Advice has also been sought from the Chief Medical Officer and Chief Scientific Adviser. You will note that their advice raises concerns about making further relaxations at this point due to a number of Delta variant related factors, i.e. the discovery of it within the community, the significant number of unknowns in relation to the efficacy of the vaccine in relation to it, and the relationship between cases number and hospitalisations. In light of the Delta variant concerns and the timing of data availability, this paper proposes ratification at a time when more data will be available to allow the Executive to make fully informed decisions. Whilst it is not ideal to give indicative dates, subject to further decisions, it is required given the concerns around the variant and the need to fully ascertain the impact of previous relaxations.*"

75. The paper also quotes the general advice from the CMO/CSA as follows:

> "*CMO/CSA have advised that they are very mindful of the current health service pressures and there is in their view little tolerance or capacity for significant increased COVID-19 admissions. If indeed admissions of the*

Delta variant are x 2.4 and vaccine effectiveness more dependent on second doses, then the Executive will need to factor this into the timing of decisions on any further relaxations which may be best deferred to middle to end of July."

76. The Executive agreed these as indicative decisions to be subject to subsequent ratification.

77. On the 17 June 2021 the Department tabled a paper [PM/864 - INQ000212981] on the ratification of indicative decisions from the Executive meetings of 13 May and 10 June 2021 meetings for easements due to take effect on Monday 21 June and Thursday 1 July 2021 respectively. The 17 June 2021 paper states that:

> "*The proposals, which were brought by The Executive Office and Cross Departmental Working Group as part of the Pathway out of Restrictions process, relate to indoor & outdoor gatherings, households & bubbles, close contact services, licenced & unlicensed premises, live music and dancing.*"

And

> "*The Executive previously agreed that the decision to ratify its previous decisions would be based on the data and overall picture of the pandemic at the time of ratification.*"

78. The CMO/CSA advice included in the paper was as follows:

"The R paper for this week summarises the current state of the epidemic in NI and highlights the rapid increase in cases in other parts of the CTA as a result of the spread of Delta variant. At present, Rt is around 1.2 in NI and increasing, as a result of relaxations of 24 May. Delta variant comprises around 30% of cases and based on experience elsewhere in the UK this % is likely to increase rapidly along with a further increase in Rt. Modelling which assumes Delta variant becoming dominant in early July indicates the potential for a significant wave of COVID cases in late summer / early autumn. Early additional relaxations are likely to accelerate this process and increase the peak of any wave. There is uncertainty about the extent to which hospital pressures will increase as COVID cases rise. However, early experience in Scotland and the NW of England clearly indicates that some increase

in admissions will follow a rise in cases and this must be considered in the context of considerable hospital pressures as a result in "catch up" activity. Two doses of currently approved vaccines appear highly effective against Delta variant, and in particular against more severe disease. Progress in the vaccination programme is therefore critical in minimising the impact of Delta variant spread. For these reasons CMO / CSA advice is that there would be significant benefit from a health perspective in delaying further relaxations at present, as has been proposed in other parts of the CTA. This would allow a larger proportion of the population to be vaccinated before additional mixing occurs and would reduce the size of any third wave. Modelling suggests that the optimum period of delay would be 3-4 weeks. However, given the earlier closure of schools in NI compared with other parts of the UK it would be reasonable to review the position again at the beginning of July."

79. The Department's 17 June 2021 paper recommended that the Executive not ratify the indicative decisions for relaxations which were due to be implemented on 21 June and 1 July 2021, but instead review the position again at the beginning of July 2021. Following discussion, the Executive agreed to delay implementation of these easements until the 5 July with a new ratification date of 1 July 2021.

JULY TO SEPTEMBER 2021

80. This description is based on the content of monthly statutory review papers and 'R' papers during this three month period. July to September 2021 was a period during which the overall picture deteriorated. By the end of June, early July the number of new positive cases and percentage of positive tests had begun to increase in the context of reasonably stable testing. The 7 day rolling average cases per day figure increased from around 100 per day between April and mid June 2021 to 400 per day in early July 2021. All Local Government Districts were showing significant (several fold) increases in their 7-day incidence figures compared with the previous month. NI had a slightly higher incidence than Wales, and lower than England or Scotland. The official ROI figures made comparison difficult because ROI was no longer publishing test numbers or positivity so a direct comparison with NI and other parts of the UK may have been misleading. On Friday 2nd July 2021, the hospital system as a whole was operating at 101% capacity in terms of bed occupancy, with 7 of our hospitals over capacity and 161 patients awaiting admission to a hospital. The serious pressures facing the HSC system meant that the capacity to deal with a

further potential Covid-19 wave was limited and such an event would undoubtedly impact adversely on other health and social care services.

81. By early August 2021 daily case numbers were continuing to rise and were exceeding 1400 per day. Hospital admissions and pressure on capacity were rising and the number of deaths had increased. The 7-day incidence figures of cases per 100k population showed that the Belfast area (569.9) was a concern with by far the largest number of positive cases, however cases remained high in Derry and Strabane (520.9), Newry, Mourne and Down (476.4) and Mid-Ulster (498.9) areas. At that time the assessment was that the Delta variant was likely to be 40-60% more transmissible than alpha variant, and to be associated with a 1.7 times increased risk of hospital admission. Covid-19 positive inpatients had reached a low of 9 patients on 21 June but by 2 August 2021the number of COVID positive inpatients across the system stood at 319. The number of COVID positive ICU patients had begun to increase and as of 2 August 2021, there were a total of 36 Covid-19 positive ICU patients in our hospitals.

82. By the end of August, early September 2021 the number of new positive cases had begun to decline suggesting at the time that we were beyond an anticipated mid/late August 2021 peak. The percentage of positive tests had also fallen. Hospital admissions along with occupancy was rising modestly but was believed to have peaked and was expected to begin falling modestly in line with cases. ICU occupancy and deaths remained steady. In terms of modelling, an increase in cases was expected following the return of schools, and this was expected to be followed by an increase in hospital admissions. The impact of schools opening, and relaxations had been dramatic in Scotland, where prevalence was then exceeding that in NI. Since the restrictions were gradually lifted during the spring and summer, the HSC system had experienced unprecedented pressures on Emergency Departments. Unscheduled pressures on this scale usually only occurred during the winter months. Whilst the number of Covid-19 positive inpatients was relatively low during June, from July the number of Covid-19 positive inpatients increased rapidly following the rise in case numbers associated with the Delta variant. This trend continued throughout August 2021. On Wednesday 1 September 2021 the number of Covid-19 positive inpatients stood at 446 (16% of occupied beds), adding severe pressure to the HSC system which was also dealing with sustained unscheduled pressures. On 1 September 2021, the hospital system as a whole was operating at

106% capacity in terms of bed occupancy, with 10 of our hospitals at, or above, capacity and 230 patients awaiting admission to a hospital.

83. By the end of September cases were declining in most age groups. Hospital admissions, inpatient occupancy and ICU occupancy were decreasing slowly. The conversion rate of cases to hospital admissions with a lag of 8 days had fallen to 1.6%. The numbers of deaths remained relatively constant. It was expected that it would be some weeks before the impact of the return of Universities would be apparent. Covid-19 positive inpatient numbers remained high across the system with 331 as of Monday 27 September. On the same day the hospital system as a whole was operating at 104% capacity in terms of bed occupancy, with 9 NI hospitals at, or above, capacity and 212 patients awaiting admission to a hospital.

84. Over these three months the 7 day hospital death total rose from zero at the beginning of July to 24 in early August, rising again to 40 in early September, peaked at 44 in mid September and then fell to 19 by the end of September.

1 July 2021

85. At the Executive meeting which took place on 1 July 2021 PM/865 - INQ000048536] the Department tabled a further paper PM/866 - INQ000357311 (DoH ref: PM3241)]with proposals for dealing with the indicative decisions to ease restrictions, agreed at meetings of the Executive on 13 May 2021 and 10 June 2021. The Executive had previously considered these proposals for ratification at its meeting on 17 June 2021 but decided, in line with the recommendations in the paper previously further submitted to the Executive by the Department on that date, to delay ratifying until its meeting of 1 July 2021. The requirement for a ratification paper to be submitted by the Department to the Executive on 1 July 2021 had been stipulated in the minutes of the 17 June 2021 meeting. The proposals, which were brought originally by The Executive Office and Cross Departmental Working Group and which were part of the 'Pathway out of Restrictions' process, related to indoor and outdoor gatherings, households and bubbles, close contact services, licenced and unlicensed premises, live music and dancing.

86. The Department's paper submitted for the 1 July 2021 meeting following the Departments previous paper dated 17 June 2021 referred to a paragraph 78 above included the CMO and CSA's advice which was as follows:

"As summarised in the most recent R paper, we are currently seeing a rapid increase in case numbers and an early indication of an increase in hospital admissions. This is tracking slightly above the previously modelled central scenario, which would result in around 1200 cases per day in late August and 400 hospital inpatients in late September. Based on current trends, 2000 – 3000 cases per day remains possible by late July, with peak numbers in August significantly greater. A delay in any further relaxations would reduce the risk of an even greater increase in these numbers and would be the preferred option from the perspective of reducing the direct health impacts of the virus. As always, the Executive will need to weigh the benefits of delaying further relaxations against family, societal and economic considerations."

87. The advice continued:

"If the Executive wishes to allow some additional relaxations from 5th July, outdoor activities should be prioritised as they are likely to be associated with less increase in risk. Proposals which could be considered (which are slight modifications to the proposals listed in ANNEX A i.e. the proposals considered for ratification on 17 June) include:

- *i.* *Remove the cap of 500 outdoor gatherings, subject to risk assessment for gatherings over 30;*
- *ii.* *Permit outdoor live music as per the two proposals below:*
  - *a) in outdoor licensed and unlicensed premises which provide or sell food and drink (whether or not including intoxicating liquor) for consumption on the premises permit live music at background or ambient levels; the volume must be such to enable visitors to conduct conversation at normal loudness of speech;*
  - *b) At outdoor events permit live music, without restriction to background or ambient levels.*
- iii. *Increase the number of households permitted to meet outdoors in private dwellings from 3 to 5, but keep the maximum number of people at 15, including children."*

88. The advice concluded:

> "*Relaxations to allow increased indoor mixing will be associated with higher risk in general, though this needs to be considered against benefits. Allowing music (live or otherwise) at above ambient levels is likely to be particularly associated with risk, as is dancing indoors. Therefore, we would not support any change in regulations for any indoor settings at this time.* "

89. In addition to considering the possible relaxations identified by the Department in the paper (See Paragraph 848the Department's paper proposed that the Executive may have wished to consider ratifying the proposals relating to the provision of youth services as outlined below:

a. A restart of overnight residential stays for youth services;
b. Including indoor and outdoor activities;
c. Uniformed organisations to be permitted to take part in these activities;
d. Part of the continued phased reopening of youth services to facilitate delivery of the summer youth programme.

90. The Department's paper included proposals from the Minister on the next steps for relaxations which were as follows: "*Colleagues will be aware that additional relaxations were agreed on live music to come into operation on 22 July, subject to ratification on 15 July. Given the need to have a period of stability to assess the impact of relaxations to date, I propose to delay consideration of these changes. Given the position and increasing case numbers, it is not possible to be definitive on when the next set of relaxations could take place. I understand that as an Executive we are also due to consider new proposals for relaxations on the Pathway next week, which will put us in a position of being asked to agree in principle additional relaxations when those agreed as far back as May are not yet ratified. Therefore, I am requesting that the Executive Covid Taskforce (ECT), in conjunction with the Cross-Departmental Working Group, look again at the Pathway and bring forward a paper to next week's Executive which realigns the dates for any outstanding relaxations agreed in principal but not yet ratified as well as presenting any new proposals arising from Departments through the ECT process in the next week. This provides an opportunity to consider, if necessary, the relative priority we as an Executive wish to place on particular relaxations, as it is becoming clear that we are*

beginning to see the potential for another wave of the pandemic to be with us before the end of the summer period."

91. The Executive agreed the proposals and recommendations in the Department's paper. In a statement on 1 July 2021, the Executive announced that it had received from the CSA an update on the progression of the Covid-19 epidemic and, in particular the continued advancement of the Delta variant which accounted for 75% of the cases in NI. The statement commented that this increase in the Delta variant and the case numbers associated with it were very worrying and the situation would continue to be monitored closely with a particular focus on the hospitalisations resulting from the increase in cases and the potential pressure on the health service. The statement continued that after very careful consideration the Executive had decided to move forward on a select number of areas for relaxation of restrictions that focused largely on relaxations[4] in the outdoors environment associated with lower risk.

8 July 2021

92. On 8 July and in response to the recommendation, agreed by the Executive, in the Department's Executive paper of 1 July, TEO tabled a paper [PM/867 - INQ000065608] detailing proposals for the sequencing of all outstanding decisions, ratifications and relaxations. The paper stated that "*In line with the Pathway out of Restrictions, following a number of relaxations, there is a 3-4 week pause to permit the impact of those relaxations to be assessed. CMO and CSA have confirmed that they will be in a position to assess the impact of most recent relaxations around 22 – 26 July. This is reflected in the dates proposed.*" The paper included a list of

[4] The Executive has decided that from 2 July, the cap on outdoor gatherings will be removed and the maximum number permitted will be determined by the risk assessment carried out for the venue.
From 5 July all gatherings, indoors and outdoors (not including domestic settings) will now only be subject to a risk assessment if they have more than 15 participants for indoors, or more than 30 participants for outdoors.
Live music will be permitted at licensed and unlicensed hospitality businesses that sell or provide food and/or drink for consumption on the premises. This will be at ambient level only to allow conversation at normal levels and with suitable mitigations in place, such as screens.
Music will be permitted at outdoor events with no restriction on volume.
The number of households permitted to meet outdoors at private dwellings will be increased from three to five, with the maximum number of people remaining at 15, including children.
The Executive has also approved a restart of overnight residential stays for children and young people across all sectors.

outstanding decisions, ratifications and relaxations which were categorised as one of the following:

a) relaxations which the Executive had s decided on at its meetings of 17 May 2021 and 10 June 2021 which had then been subject to delay – 9 decisions which the paper proposed should be subject to ratification at the Executive meeting on 22 July 2021, and given an indicative date of reopening of 26 July 2021.
b) new proposals that had been advised on by CMO and CSA that week and were proposed for consideration and decision at that week's meeting. CMO and CSA advice relating on these was included in the paper – 5 decisions which the paper proposed should be subject to ratification at the Executive meeting on 22 July 2021 and given an indicative date of reopening of 26 July 2021.
c) proposed for discussion at the planned Executive meeting in August to be submitted to DoH for CMO and CSA advice for that meeting – 6 decisions; and
d) those which were deemed to be beyond decision making at that point, either subject to professional advice from SAGE etc. or likely beyond decision points in the next 3 months and therefore without indicative dates at this point. They would likely be broken down into smaller steps (e.g. the removal of social distancing in certain sectors) and those smaller steps would be open to Executive consideration earlier – 8 decisions.

93. The CMO and CSA's advice was included in The Executive office paper [PM/867 - INQ000065608] and they assessed that they broadly agreed with the indicative decisions detailed in this paper, which would be subject to ratification on 22 July 2021, but advised of the need for mitigations, described in the paper, to be in place when implementing the proposed easements for: conferences and exhibitions; concert venues, theatres and other indoor venues; removal of the requirement for the wearing of face coverings in places of worship from regulations into guidance only; restrictions on the numbers allowed in a domestic setting; restrictions on the number of persons and households allowed indoors at tourist accommodation; and restrictions in hospitality settings.

94. For the 14 restrictions to be ratified on 22 July 2021 the advice provided by the CMO and CSA highlighted a substantial issue about only one proposed decision

which was proposal 14 that "Subject to the prevailing public health conditions, and in line with the removal of restrictions on society more generally, DE proposes that school "bubbles" and the requirement to wear face coverings in the classroom would be removed from guidance." The advice from the CMO and CSA was "This will increase the rate of infection and risk of outbreaks in schools and may therefore have detrimental and disruptive impacts on delivery of education. Experience has shown that this impact is greater in those from lower socioeconomic backgrounds. We understand there is a [DE] workshop planned for July to consider options and approach in NI." However, this advice from the CMO and CSA in this paper was provided in the context that the CMO expected to be in a position to assess the impact of the most recent relaxations by the 22-26 July 2021 and recognised that in relation to schools that the Department of Education would lead a workshop in July to consider options and the approach to schools.

95. The minutes of the meeting [PM/868 - INQ000207221] recorded that the Executive agreed the TEO recommendations on indicative decisions in relation to proposals 1-14. However, the Executive decided to delay the implementation date for one indicative decision (Proposal 9 - Full return of live music and dancing) until 12 August 2021. The Executive agreed the recommendations on indicative decisions for proposals 15 and 17-20 but amended the further ratification date to 12 August 2021 to come into effect on 16August 2021. For proposal 16 (full return of extracurricular and support activities and youth services) the minutes note this indicative decision would be brought forward earlier to be ratified on 22 July 2021 and to come into effect on 26 July 2021. In a statement on 8 July 2021, the Executive announced that it had received an update on the progression of the Covid-19 epidemic. The minutes record that after very careful consideration of a range of factors the Executive signalled its intention to move forward with further relaxations effective from 26 July 2021, to be ratified on 22 July 2021.

22 July 2021

96. On 22 July the Department tabled an Executive paper [PM/869 - INQ000065680] containing updated health advice to inform Executive consideration on ratification of 13 indicative decisions for further relaxations to coronavirus restrictions from 26 July 2021. For most of these decisions the CMO and CSA advice when they were considered on 8 July had been 'agreed'. However, the 8 July paper also advised Executive Ministers that the: "*CMO and CSA have confirmed that*

they will be in a position to assess the impact of most recent relaxations around 22 – 26 July," reflecting previous advice from the CMO and CSA that the Executive should await evidence on the impact of the easements which had already taken place before making further decisions on easements. This was reflected in the dates proposed by TEO for these relaxations to take effect after the CMO and CSA had been able to make this assessment.

97. By 22 July the CMO and CSA were in a position to provide an updated assessment, and taking account of the latest evidence and data which showed a deteriorating situation, the CMO and CSA's advice was updated as follows: "As summarised in the R paper, both case numbers and hospital inpatient numbers are currently increasing rapidly with a doubling time of 8 days. Of particular concern, we are currently tracking above the pessimistic scenario in terms of hospital bed occupancy, although there is considerable uncertainty in relation to this as the pessimistic and central scenario curves do not reliably separate until the end of July. Publicly available data demonstrates that a lower percentage of the NI adult population has received a first dose of vaccination at this time compared with the other UK countries. The percentage of additional first doses administered in respective jurisdictions compared to NI is approximately + 6% for England, + 8 for Scotland and + 10% for Wales. As a consequence of this, NI is at risk of a bigger wave proportionally than the rest of the UK, by as much as 50% based on the proportion of the adult population who remain unvaccinated. In addition, it is important to note that the proportion of under 18s is higher in NI than other UK countries. This means that overall levels of population immunity are further reduced. We have previously shown that a 5% increase in adult vaccine uptake from 85% to 90% will result in an approximately 50% decrease in cases and community admissions at the peak of this wave. Ministers will therefore need to consider carefully the potential implications for any further relaxations as compared to other jurisdictions. Any further relaxations at this time will accelerate COVID spread and the size of the peak of the current wave, it is not possible to model the effects of specific changes due to the uncertainties involved. Given the current position in relation to hospital admissions and occupancy, it would be best from the perspective of COVID transmission not to allow further relaxations until it is clear if we are following the central or pessimistic scenario. At this point ratification of the proposals could not be recommended from a health perspective. As always, the Executive will need to weigh the benefits of delaying further relaxations against family, societal and

economic considerations." The updated assessment by the CMO and CSA was that only three of these thirteen decisions were now low risk.

98. The Minister's recommendation to the Executive at the conclusion of the paper was that the Executive should consider whether these proposed relaxations from 26 July 2021 should be ratified.

99. The Executive decision was to ratify the three decisions which the CMO and CSA had rated as 'low risk' for implementation on 26 July 2021. In a press release issued on 22 July 2021 the Executive stated: "After very careful consideration, we have agreed to confirm a number of modest relaxations today." The three areas for relaxation were:

(i) Domestic settings: At outdoor domestic settings a maximum of 15 people from an unlimited number of households were to be permitted. Children aged 12 and under were not counted in the total number;

(ii) Close contact services: Within close contact services the requirement for an appointment was to be removed; and

(iii) Close contact services: Overlapping appointments would be allowed.

100. The Executive decided to delay ratification of the remaining ten decisions to either the 26 July (5 decisions assessed by CMO and CSA as moderate risk) or 29th July 2021 (5 decisions assessed by CMO and CSA as High risk or too early to assess). The four indicative decisions assessed by the CMO and CSA as high risk related to: the return of conferences and exhibitions; opening indoor venues for live music etc.; reducing the legal requirement for social distancing where relevant to a minimum of 1m indoors; and removing requirement for all outdoor activities; and removing the requirement for the wearing of face coverings in places of worship from regulations into guidance only. For the other decision[5] the CMO and CSA advice was that it was too early to give guidance.

[5] DE proposal that school "bubbles" and the requirement to wear face coverings in the classroom would be removed from guidance. Full return of extracurricular and support activities and youth services.

26 July 2021

101. On 26 July 2021 TEO tabled a paper on the 'Ratification of Relaxation of Decisions' reconsidered at the Executive meeting of 22 July 2021 [PM/870 - INQ000065584] This paper covered the five decisions which the CMO and CSA had assessed as moderate risk, with mitigations in place, including: removing the restriction on audiences in seated theatres and concert halls and other such venues; indoor domestic settings: permitting live music for rehearsals and performances in concert venues, theatres and other indoor venues; removing the requirement for the wearing of face coverings in places of worship, from regulations into guidance only; and MOT Centres.

102. In relation to the proposal to remove the requirement for the wearing of face coverings in places of worship from regulations into guidance only, the CMO and CSA advised that use of face coverings was strongly advised. If a decision was made to move to guidance, then the use of face coverings when moving around or singing was strongly recommended. The Executive decision was to implement these five relaxations from 27 July 2021.

29 July 2021

103. On 29 July 2021 TEO tabled a paper to the Executive on the ratifications of the four outstanding indicative decisions from the Executive meeting held on 22 July 2021, being: (i) the return of conferences and exhibitions; (ii) other "indoor venues, permitting indoor live music; (iii) social distancing; and (iv) school return [PM/871 - INQ000065609]. These four decisions had been assessed by the CMO and CSA as High Risk or too early to assess.

104. The paper included updated guidance from the CMO and CSA which was as follows:

> *"As summarised in the R paper, both case numbers and hospital inpatient numbers have increased in the last week. There is a suggestion that cases may have plateaued in the last few days. There are two possible explanations for this – it may be attributable to altered behaviours during the recent period of good weather, or to achievement of a high level of population*

immunity in a key subsection of younger people with a large number of contacts who play a disproportionate role in transmission of the virus. In the former case we may see a further increase in cases after a pause, and in the latter we would expect to see a gradual decline in case numbers. Hospital inpatient numbers continue to increase. Given the lag between case numbers and occupancy, we expect numbers to increase further this week before stabilising next week. ICU numbers are likely to increase in proportion. Any subsequent changes will be dependent on what happens with case numbers. Based on the most recent modelling, case numbers have now dropped below the central scenario and inpatient numbers below the pessimistic scenario. Ministers will wish to note that as outlined above there remains uncertainty at present whether there will be a further increase in case numbers after a pause. The trajectory of the current wave is therefore still somewhat uncertain and this will impact on future modelling and which scenario for cases we see. Publicly available data demonstrates that a lower percentage of the NI adult population has received a first dose of vaccination at this time compared with the other UK countries. The percentage of additional first doses administered in respective jurisdictions compared to NI is approximately + 5% for England, + 8 for Scotland and + 8% for Wales. In terms of second doses, NI is similar to England and Scotland at present, with Wales +10%. In addition, the proportion of under 18s is higher in NI than other UK countries, meaning that overall levels of population immunity are further reduced. As a consequence of this, NI is at risk of a bigger wave proportionally than the rest of the UK. We have previously shown that a 5% increase in adult vaccine uptake from 85% to 90% will result in an approximately 50% decrease in cases and community admissions at the peak of this wave. Ministers will therefore need to consider carefully the potential implications for any further relaxations as compared to other jurisdictions. Any further relaxations at this time will accelerate COVID spread and the size of the peak of the current wave. It is not possible to model the effects of specific changes due to the uncertainties involved. Given the current position in relation to hospital admissions and occupancy, it would be best from the perspective of COVID transmission not to allow further relaxations until it is clear if we are following the central or pessimistic scenario."

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105. The CMO and CSA assessment of these four indicative decisions was that three of them were High risk. For the fourth, school returns, the advice was "Work is ongoing between NI Departments, and results of pilot interventions in the UK will be available in the near future to allow recommendations to be informed by the most recent evidence. "

106. The TEO recommendations at the conclusion of their paper was that the Executive was invited to consider the remaining planned relaxations in the light of the advice from the Department of Health, CMO and CSA. The Executive decisions [PM/872 - INQ000065684] were to implement two of the relaxations from 30 July 2021. These were permitting indoor live music and reducing the legal requirement for social distancing, where relevant, to a minimum of 1m indoors and removing the requirement for all outdoor activities. The Executive decided that decisions on the ratification of the two remaining indicative decisions would be deferred until its meeting on 12 August.

2 August 2021

107. On 2 August 2021, the Executive published its Building Forward – Consolidated Covid Recovery Plan [PM/873 - INQ000348959 (DoH ref: PM3217)]. The purpose of the Recovery Plan was to accelerate economic, health and societal recovery in the short term so that NI could emerge stronger, and also to plan for longer term transformative and innovative change. The integrated Recovery Plan informed the Executive's priorities to accelerate recovery over a 24-month period through focused, collaborative working. The Plan detailed 83 interventions to be progressed over the next 24 months to deliver recovery for all citizens under four strategic Recovery Accelerators: sustainable economic development; green growth and sustainability; tackling inequalities and health of the population. The published document records that inequalities that were already present in society had been made worse over the last 18 months and it was essential these were addressed head on to prevent any further decline.

12 August 2021

108. On 12 August 2021 TEO tabled a paper setting out 15 proposals for the ratification of indicative decisions, from the Executive's meeting held on 8 July 2021,

on the relaxations of restrictions focussing on domestic settings, house parties, raves, night clubs, school settings, face coverings, working from home, socially distance, FE Colleges, school setting, live music/dancing, and conference centres [PM/874 - INQ000065675].

109. The paper included advice from the CMO and CSA as follows:

> "*As summarised in the R paper, case numbers and hospital admissions are falling very slowly at present, while hospital occupancy and ICU occupancy continue to rise. COVID prevalence is around three times that in Scotland and Wales, and close to twice that in England and ROI; in addition, the trajectory is very different. Furthermore, as discussed in the R paper, adult vaccination remains lower here than elsewhere. In these circumstances, it is not possible to recommend that relaxations proceed at the same rate as in the rest of the CTA.*"

110. The paper also included an assessment by the Behavioural Sciences Team. The assessment by the CMO and CSA of the individual proposals was that three proposals were 'Not Recommended' and a further five were assessed as High or significant risk. The Executive decisions were to not proceed with any of the proposals assessed as 'Not Recommended' but to proceed with some elements of the proposals assessed as High or Significant risk. These were removing the ban on large house parties from the regulations (the ban on indoor parties was retained) and removing restrictions on post marriage celebrations restrictions. The Executive also decided to proceed with several other relaxations. The CMO and CSA had assessed these decisions as lower risk (subject as appropriate to mitigations) including removing all restrictions on the numbers who could meet outdoors at a private dwelling; the return to full face-to-face on-site delivery in FE colleges, universities and NSCs; and Conference centres and exhibition centres being permitted to reopen.

111. One of the proposed decisions was that school "bubbles" and the requirement to wear face coverings in the classroom would be removed from guidance. The CMO and CSA advice was that this:

"Will be subject to separate guidance. However, it is likely that requirement for bubbling could be removed, but that use of face coverings should continue at present (as in Scotland)."

112. The Executive decision was that the requirement for school bubbles would be removed for the beginning of the school year with mitigating measures remaining in place. The requirement to wear a face covering would remain in place for the first six weeks of the new term and remain under review. However, for subjects where social distancing is possible, such as drama in a large hall, face coverings were no longer required. The Executive minutes recorded that further guidance was to be issued to schools by the Department of Education. It was also agreed that there would be a full return to extra-curricular and support activities as well as youth services.

113. At the same meeting the TEO tabled a second paper titled "Longer term restrictions and public health measures discussion paper" [PM/875 - INQ000065674]. The paper describes the position with regard to six issues: risk assessments; CTA Travel Restrictions; International Travel Procedures; funeral procedures; contact tracing; and self-isolation [PM/876 - INQ000065647]. The TEO recommendations were that the Executive was invited to consider the areas for discussion in the light of the advice from Department of Health, the CMO and CSA; and reach decisions, where appropriate, on the issues.

114. The Executive decision recorded in the minutes of the meeting [PM/877 - INQ000065544] was that "*Following correspondence from the Minister of Health, the First Minister and deputy First Minister suggested that preparatory work to scope out what would be required to launch a domestic COVID certification scheme (See Paragraph 142), if the Executive decided to pursue such a policy, would be for the Department of Health to take forward. The interim Head of the Civil Service confirmed that TEO and the ECT could co-ordinate the development of policy proposals in this area for Executive agreement, but that the development and delivery of the consequent IT solution was not a TEO responsibility* " Following discussion, the Executive agreed to note the contents of the paper and that they would return to the areas covered by the paper at the next Executive meeting.

<u>6 September 2021</u>

115. On 6 September 2021 the TEO tabled a paper on the Ratification of Relaxation of Decisions on: domestic settings indoors, house parties, raves, night clubs, hospitality, face coverings, working from home, socially distance, live music/dancing and risk assessments [PM/878 - INQ000065672]. This paper followed on from the Executive discussions which took place on 12th August and considered eleven proposed areas for easement of restrictions.

116. The paper included the general advice of the CMO and CSA as follows:

"As summarised in the R paper, case numbers are falling slowly, and hospital admissions are plateaued or rising at present. COVID prevalence is at an all-time high according to the ongoing ONS survey (1 in 40 infected). The vaccination programme has weakened the link with severe illness requiring hospital admission, but hospital pressures will still be considerable when prevalence is high, especially as there is increasing evidence of waning immunity after either natural infection or vaccination. Furthermore, as discussed in the R paper, adult vaccination remains lower in NI than elsewhere. Modelling suggests a fall in cases following a late August peak, followed by a significant increase from mid-September due to the return of schools and Universities. Any incentives to increased mixing in the hospitality or retail sectors may also contribute to an increase in transmission. Better adherence and enforcement to current restrictions and guidance would be of benefit. Overall, there is likely to be a further increase in hospital pressures in the second half of September and October from a high baseline. At present, NI COVID bed occupancy is around 50% of the previous winter peak, while the rest of the CTA is at less than 20%. Any further relaxations in restrictions will exacerbate this, as will waning immunity. Currently, the hospital sector and other parts of HSC are under severe pressure, with prolonged ED waiting times and cancellation of significant volumes of elective surgery, including some complex time critical surgery. Some scenarios indicate that the hospital system will be at risk of becoming overwhelmed in October, and we cannot exclude the possibility that it will be necessary for the Executive to consider the re-imposition of some restrictions."

117. The paper included the advice of the Behavioural Sciences Team as well as advice from both the Department for Communities and Department for the Economy. The proposals were set out in a table which included CMO/CSA advice against each proposal. As with previous proposals the CMO and CSA identified a number of restrictions where easements were 'Not Recommended' or 'High Risk'. They also identified a number of restrictions which it would be "better to retain" i.e. keep the restriction in place.

118. Following discussion, the Executive agreed the following relaxations of restrictions some of which the CMO and CSA had advised would be better to retain, would come into effect on 10 September:

- Domestic indoor settings: the maximum number of people who may meet indoors in a domestic setting is increased to 15 from up to 4 households.
- Hospitality settings: the current requirement for table service will be eased, both indoors and outdoors, to enable customers to go to the bar to place orders or pay. However, in indoor settings, customers will still be required to return to their table in order to consume their food or drink. The prohibition on standing to consume food and drink outdoors will be removed in outdoor settings. The hospitality sector will need to consider how best to manage the movement and queueing of customers to mitigate risk. In addition, the requirement to wear face coverings while not seated indoors will continue.
- The prohibition on movement and standing to allow customers to play darts, pool, gaming machines etc is removed.
- Music and dancing: in relation to indoor, live performance events (concerts and gigs) the requirements for tickets to be purchased in advance and allocated seating is removed. However customers must still be seated and the requirement to record contact details for all attendees continues.
- The current restriction on music to background or ambient levels where that restriction currently applies is removed.
- The current restriction on dancing in indoor settings is removed insofar as it applies to post wedding and civil partnership celebrations.
- Working from home: while the message to work from home where possible and appropriate remains, the Executive would encourage employers to

plan for a return to the workplace with consideration of mitigations to control the spread of the virus and engagement with employees and their representatives on the beneficial use of flexible working where appropriate.

9 September 2021

119. On 9 September TEO tabled a paper for noting only, identifying 'Remaining Areas for Relaxation of restrictions' [PM/879 - INQ000065671].

23 September 2021

120. On 23 September TEO tabled a paper titled "Remaining Areas for Relaxation and contingency measures" [PM/880 - INQ000065670]. The introduction to this paper stated:

> "*At the Executive's meeting on 9 September it was decided that a timeline for the relaxation of all remaining restrictions would be considered when the data from the schools and universities return was available. The first table in Annex A outlines the remaining areas for relaxations, with advice from CMO and CSA on potential dates for those further relaxations based on the latest data. The second table has a breakdown of CMO and CSA advice on social distancing requirements by sector, in order to provide more nuanced advice in these areas. Annex B contains responses from DfE and DfC to the current restrictions as they impact their areas of policy responsibility. Ministers will have noted announcements from across the CTA on the various contingency measures being considered to manage the additional pressure Covid will put on the health service over the Autumn Winter period. Annex C provides an overview of those arrangements, whilst Annex D contains an initial overview of the position here and outlines the options the Executive Covid Taskforce and DoH colleagues will be considering over the next week as tools that can be utilised to manage the pressures here. A substantive paper on this issue will be brought to the Executive on 7 October.*"

121. The CMO and CSA advice detailed at ANNEX A in this paper was as follows:

"As discussed in the R paper, there has been a significant fall in case numbers which is at least partly attributable to a change in testing strategy. Case numbers will not be a reliable indicator of virus transmission until testing has stabilised. Test positivity is steady at between 5 and 6% and it is likely that overall there is some reduction in community transmission of the virus as a result of the success of the vaccination programme. There has also been a modest decrease in hospital pressures (a 10% reduction in inpatient numbers), suggesting that we are closest to the optimistic modelling scenario; however, it will be at least two weeks until we can be certain about the impact of the return of Universities. Despite the decrease in COVID numbers, the hospital sector and other parts of HSC are under severe pressure, with prolonged ED waiting times and significant numbers of people having their elective surgery cancelled, including increasingly complex time critical surgery. We are advised by HSC leaders that staff exhaustion and burnout are becoming more significant and are impacting significantly on service continuity. We cannot exclude the possibility that it will be necessary for the Executive to consider the re-imposition of some restrictions as we move through the winter. Taking steps now that result in increased transmission, and greater risk of overwhelming healthcare demand, increases the likelihood that the Executive will be faced with considering new restrictions over the following months. Looking forwards, as testing strategy evolves there will be a need to rely on hospital indicators as the main source of information about epidemic trends. As these indicators lag community spread, once a signal is apparent there will be relatively little time to consider additional measures to reduce virus spread. It is too early to model the course of the epidemic over the winter, but it is likely that there will continue to be significant levels of COVID throughout along with normal winter pressures and an uncertain amount of influenza. In addition, there will be ongoing indirect impacts of COVID on hospital services and staffing. For all of these reasons we believe it would be beneficial to retain some COVID precautions through the winter, including a requirement to use face coverings in indoor settings with poor ventilation where social distancing cannot be maintained, some social distancing, and risk assessments. We also recommend that the requirement to retain contact details is maintained in order to ensure efficient operation of TTP. There is increasing evidence of significant waning of natural and vaccine immunity; a high uptake of booster vaccine doses will be important as we move through the winter. High adherence to guidance and appropriate

enforcement of restrictions in place will also be critical. Some other parts of the CTA also intend to require domestic COVID certification in some high risk settings; this is a policy decision but is likely to reduce virus transmission."

122. The TEO recommendation at the conclusion of this paper was that the Executive was invited to discuss the issue of relaxations in the context of the advice provided and autumn winter Covid Contingency Planning. Following discussion, the Executive agreed that it would not be in a position to move toward relaxations in the following areas before 14 October 2021 with a review of the relevant data at its next meeting: numbers at domestic settings; the ban on large house parties and raves; the need to be seated to consume food/drink; and the need to be seated at indoor music events. The Executive also agreed to meet again on Monday 27 September 2021 to consider further the question of social distancing.

123. In a statement on 23 September 2021, the Executive said:

"*We will seek to finalise the Executive's autumn-winter Covid Contingency Plan at our meeting on 7 October. On the areas of: numbers at domestic settings; the ban on large house parties and raves; the need to be seated to consume food/drink; and the need to be seated at indoor music events; we will review the relevant data at 7 October, not introducing relaxations in these areas before 14 October. Over the next few days we will undertake further work on what mitigations and measures would bring us to a position where we can make relaxations in the area of social distancing. With the case numbers still high, and the economic pressure on those businesses impacted by the remaining restrictions still being felt acutely, particularly across the arts, culture and hospitality sectors, we want to work to enable them to reopen to their maximum capacity as safely as possible and to remain open. To facilitate this we are going to have further focused discussions with sector representatives on how we can work together to achieve this in line with the autumn winter planning needs. The sectors have some ideas we want to explore in more detail. We will meet again on Monday to discuss this issue further*".

27 September 2021

124. On 27 September the TEO tabled a paper titled "Social Distancing – Indoor Seated Venues, Indoor Visitor Attractions and Retail Settings" [PM/881 - INQ000208766]. The introduction to the paper stated:

> "*At the Executive's meeting on 23 September it was decided that we would meet again to discuss the mitigations required in indoor seated venues, indoor visitor attractions and retail settings, in order to allow us to move from having the requirement to socially distance in regulations, to guidance. The issue of social distancing in hospitality will be addressed at the 7 October meeting, to align with the discussion on the need to remain seated whilst consuming food and drink. This paper gives the options available to us, advice from CMO and CSA (Annex A) along with the feedback from the sectors involved (Annex B). If agreed, it is anticipated the regulation Amendments could be brought in from 18:00 on Thursday 30 Sept.*"

125. The advice from the CMO and CSA emphasised the wearing of face masks and limiting entry to those with double vaccination, a negative LFT or positive PCR in the preceding six months, were all factors which would mitigate risk and these were strongly recommended if the social distancing requirement was dropped.

126. The Executive decisions as recorded in the Executive minutes [PM/882 - INQ000207225] were:

> a) to remove the legal requirement to socially distance in retail and indoor visitor attractions. Those responsible for these venues, and those attending them, were to continue to utilise all other available mitigations such as hand sanitising, good ventilation, and using one way systems where possible. The wearing of a face covering remained a legal requirement in these settings; and
>
> b) to remove the requirement to socially distance in indoor seated venues such as theatres, concert halls and cinemas. For this sector, additional mitigating measures were to be utilised, including proof of being fully vaccinated, or proof of a negative lateral flow rapid test, or proof of natural immunity from a positive PCR test undertaken in the previous 30-180 days.

127. In a statement on 27 September 2021, the Executive noted that furlough was due to end in a few days and confirmed that it was aware of the financial burden on businesses that were not yet able to operate at full capacity due to the then current social distancing restrictions and the very real concerns of those people whose jobs were at risk.

OCTOBER TO DECEMBER 2021

128. This description is based on the content of monthly review papers and 'R' papers during this three month period. The picture between October and November was subject to fluctuations. This was against a backdrop of the hospital system continuing to operate at over 100% of bed capacity and the initial uncertainties at the time which came with the emergence of the Omicron variant. The extent of the fluctuations during this period are illustrated by the Covid-19 7 day hospital death figures which rose during October 2021 peaking at 30 on 28th October, well below the peak in September (45), less than one-third of the peak figure in January 2021 (96) but well above the figures for April to June when the figures were at or close to zero. In November the figure then halved to 16 by the end of November having initially increased to 38 by 7th November.

129. In October there was a significant rise in cases in the over 60s and 50 – 60s, which was a matter of concern at the time that this may have reflected waning immunity in these groups. Rt for both cases and hospital admissions was around 1, suggesting that community transmission in October was roughly constant at a high level with the seven day total cases per 100,00 population staying at between 400 and 600 per 100,000 in most LGDs throughout October. ICU occupancy remained steady at between 30- 40. On Monday 25 October, the hospital system as a whole was operating at 105% capacity in terms of bed occupancy, with 8 of our hospitals at, or above, capacity and 258 patients awaiting admission to a hospital. On Friday 22 October the Department set out its approach to winter preparedness and published detailed Trust winter & Surge delivery plans. Whilst there was a lot of uncertainty the expectation was that the HSC was facing its most difficult winter ever, with sustained and severe unscheduled pressures, including from COVID-19 patients.

130. In November the 7 day rolling average of new cases per day rose from just under 1200 at the start of November 2021 to 1650 towards the end of November. The 7 day rolling total first Covid-19 positive hospital admission fell from around 210 at the start of November to 167 at the end of November. The majority of hospital admissions in November was in the over 50s. However, hospital admissions over the course of the month in over 50s declined by around one third while admissions in under 50s increased by around 40% in the same period. The number of Covid-19 positive hospital inpatients fluctuated between 350 and 400 during the month whilst the number of Covid-19 positive ICU patients fluctuated between 28 and 44 although appeared to be beginning to decrease by the end of the month. Modelling at that time was based on the assumption of no changes in COVID policy or restrictions by the Executive. There were indications of an increase in vaccine uptake following the decision to increase the use of domestic COVID certificates and other policy decisions, and enhanced messaging was likely to have led to some positive improvement in behaviours and greater adherence to public health advice. Pre-Christmas mixing was anticipated to increase from early December, and it was anticipated that this would tend to increase community transmission. At that time, the general view of the Department informed by the CMO and CSA was that the health service's ability to cope with any adverse impact of Omicron would be greater when the levels of hospital pressure were lower, and reducing transmission as much as possible before Omicron became established was therefore a priority. SAGE advice remained that the earlier measures to reduce transmission were introduced, the more stringent they were, and the wider their geographic coverage, the more effective they would be. Past SAGE advice on measures to reduce transmission remained highly relevant, including but not limited to advice around ventilation, face coverings, hand hygiene, reducing contacts (e.g. by working from home), vaccination certification, and the importance of effective testing, contact tracing and isolation. The hospital system as a whole was operating at 103% capacity in terms of bed occupancy, with 6 of our hospitals at, or above, capacity and 244 patients awaiting admission to a hospital. The persistent pressures facing the HSC system meant that delivery of elective care continued to be heavily impacted.

131. In the first half of December the R number was in and around 1. However, during the second half of December the numbers of positive cases increased rapidly and by 28 December the estimates of Rt, for new positive tests was, 1.40 – 1.80 (7 days previous 1.10 – 1.40) and for hospital admissions was, 1.10 – 1.30. By the end of December 2021 Covid-19 transmission was likely to have been at its highest ever

level in the community, by some distance. There was a dramatic increase in cases in 18-30s, followed by 30 – 50s. However, there were also significant increases in older age groups which was considered likely to be a result of within family/household spread given the increased transmissibility of the Omicron variant. The overall pattern was likely to have been a consequence of the counterplay between increased vaccination, including boosters, and changes in contact patterns in different age groups in the context of rapid increase in the prevalence of the Omicron which at that time was around 90% of new cases. The frequency of severe illness requiring hospital admission after Omicron infection remained uncertain although it was believed that this was likely to be reduced by 20 – 80% compared with Delta. By the end of December it was expected that a peak in case numbers would occur in early / mid January, with hospital admissions and occupancy peaking in late January / early February.

132. By early January 2022 3,569,851, vaccination doses had been administered in Northern Ireland. This included 1,401,395 first doses and 1,300,880 second doses, which represented a population coverage of those aged 12 and over as 87.70% and 81.41% respectively. In addition, 19,376 3rd doses had been administered to the Immunosuppressed and 844,295 booster doses had been administered which represented 66.39% of those who had received two doses by that time.

133. In the three-month period between October and December the approach to easements changed. There was no longer a focus on indicative proposals for the easement of restriction. The papers submitted to the Executive were focussed on detailing which restrictions were still in place and advice on when they might be eased. Easements to restrictions under the Executive's agreed Pathway Out of Restrictions process slowed to a halt by the end of October and no papers proposing easements to restrictions were tabled to the Executive Office after the 21 October until a TEO paper was tabled on 20 January 2022. TEO tabled no papers on proposals regarding the response to Covid-19 between 22 October and 22 December when TEO tabled a 'ECT written update: Winter Planning – Impact of Omicron Variant' paper which detailed the measures put in place in response to the Omicron Variant. Over the same two months this Department tabled papers on the outcome of monthly reviews of restrictions and regulations, the introduction of a Covid Status Certification scheme (see Paragraph 142), measures in response to Omicron and proposed changes to testing for close contacts of Covid-19.

134. Although The Executive Office did not table any pathway out of restrictions papers for a two month period, the Executive continued to meet regularly with meetings attended by the CMO and CSA. Throughout this period papers on various aspects of the epidemic, including 'R' papers continued to be presented by the Department and other departments at each Executive meeting with updates also provided at each meeting by the CSA and CMO. Officials in the Department continued to work closely with officials in other departments. These updates and consequent discussions are reflected in the minutes of Executive meetings. The Executive and in some instances the Department published regular press statements updating the public on decisions, ongoing work, new guidance, developments with for example vaccinations, the trajectory of the epidemic, Christmas arrangements with restrictions and the outcome of Executive discussions. These press statements also urged adherence to the restrictions which were in place and that the public continue to follow the public health guidance. The contents of a number of these press statements are referred to in the sections below.

7 October 2021

135. On 7 October 2021 TEO tabled a paper [PM/883 - INQ000357312 (DoH ref: PM3242)] titled "*Proposals for Relaxation - domestic settings indoors, tourist accommodation, work from home, hospitality & indoor venues, dancing, social distancing, nightclubs, visitor information, face coverings, risk assessments*." The paper included a table containing eleven proposals with CMO and CSA advice in respect of each proposal for relaxation of restrictions. As before the CMO and CSA highlighted their assessment of risk and potential mitigations. At the conclusion of the meeting the Executive agreed relaxations around six areas of restrictions as follows:

From 14 October 2021:

- Further relaxations around the numbers to be permitted in private dwellings and a move away from the maximum number of people allowed to gather from 15 from four households to an overall cap of 30.

- The requirement for audience members to be seated when watching performances in indoor venues was to be removed.

- The regulations in relation to large house parties and raves would remain in place and were still not permitted.

From 31 October 2021:

- people were allowed to move around hospitality premises and indoor venues, including being able to stand to have a drink and eat food.

- The restriction on indoor dancing was lifted.

- The need to maintain social distancing in hospitality settings, such as pubs and restaurants moved to guidance. Whilst the legal requirement for social distancing was removed, people were asked to keep close face-to-face contact to a minimum at all times.

- Nightclubs were permitted to reopen.

The Executive agreed that venues and event organisers should be strongly recommended to require individuals to demonstrate one of the following:

- Proof of having been fully vaccinated for more than two weeks;

- Proof of a negative PCR test or rapid lateral flow test taken within 48 hours of entry to a venue (a lateral flow test taken at home will need to be reported into the public reporting system); or

- Evidence of a positive PCR test result for COVID-19 within the previous 180 days and following completion of the self-isolation period.

19 October 2021

136. In a statement issued on 19 October 2021, the Executive set out the prevailing pandemic context for autumn/winter 2021 and published its 'Autumn/Winter Covid-19 Contingency Plan'. Concerning the 'Pathway Out of Restrictions', the statement said that:

> "*between 1 April and 31 October 2021, 84 easements of restrictions had been delivered or agreed. We have, as we promised, moved through the pathway out of restrictions carefully and cautiously at all times. We have been driven by the data and also the impacts which restrictions have had on our economy,*

our people and families, and the wider societal impacts. We have been following very closely the decisions taken in nearby jurisdictions but at all times our decisions have been focused on delivering the best outcomes for people here … In preparing for the Executive discussions, our officials liaised closely with key sectors, and we were very grateful for the support and attendance at those events by CMO and CSA. We have listened carefully to the views of the hospitality, arts and culture sector; to our business community leaders; and to the Faiths Leaders. Our decisions were taken in the context of Covid-19 data and mindful of the economic and societal benefits of opening up what we can when we can".

137. Concerning the Autumn and Winter Covid contingency plan, the statement said:

"*we start with the need to keep sectors open to the fullest possible extent and, hopefully in totality … While the importance of personal responsibility cannot be overstated, through our Autumn Winter Plan we have retained some baseline measures. These include –*

- *the retention of a legal requirement for face coverings in crowded indoor settings;*
- *the retention of a focus on flexible and hybrid working to reduce the number of social contacts that take place in work settings – recognising that employers are well placed to engage with their workforce on the model that best suits their business;*
- *the continued legal requirement for risk assessments to be carried out in certain settings and for visitor and attendee details to be recorded to support the work of the Test, Trace and Protect system.*

The baseline measures reflect advice from SAGE that early 'low cost' interventions may forestall the need for more disruptive measures at a later stage. In the event that case numbers rise sharply or hospital pressures become unsustainable the Autumn Winter paper identifies a number of potential contingency measures which include:

- *more focused communications to emphasise the risk and the need for everyone to act immediately;*

- *the potential to deploy COVID status certification in higher risk settings if considered appropriate and necessary;*

- *a strengthening of arrangements for self-isolation for close contacts; and*

- *a re-imposition of a legal requirement for minimum social distancing in prescribed settings.*"

The statement concluded by referring to the social contract with citizens, concerning the preventative basics that the Executive needed citizens to continue to adhere to.

21 October 2021

138. The TEO tabled a paper [PM/884 - INQ000065666] recommending that the requirement to wear a face covering while standing in a hospitality setting should be removed whilst actively consuming food or drink, but that it must be replaced after that activity is completed. This would extend the current ability to remove face coverings whilst seated and actively consuming food. The paper noted that enforcing this option may create additional burden and strain on businesses. It was proposed that the requirements to wear face coverings when seated at a concert, theatre or conference /exhibition would remain in place.

139. The paper included the advice of the CMO and CSA which was as follows:

"*This approach would be associated with less risk than a complete exemption of hospitality which was the approach adopted in Wales. The meaning of actively consuming is unclear, and it is possible that anyone with a glass in hand or alongside could claim to be actively consuming. Impact might therefore be limited. Enforcement of any regulations which remain in place will be essential. CMO and CSA agree that the requirements should remain in place in other settings.*"

140. The Executive decision was to approve the recommendation that face coverings could be removed when eating and drinking in any indoor setting and when dancing with effect from midday on 31 October 2021.

17 November 2021

141. On 17 November 2021 on the basis of a majority vote the Executive agreed in principle to a recommendation in a Department paper [PM/885 - INQ000065636] to introduce COVID status certification for use domestically in NI and make this mandatory in certain settings from Monday 29 November 2021. The paper included a list of venues which would require certification as a condition of entry and listed exemptions which would be put into regulations. On 22 November 2021 the Department tabled a paper outlining the details of an 'Additional Package of Measures to Accompany the Introduction of COVID Status Certification in Domestic Settings' [PM/886 - INQ000357313 (DoH ref: PM3243)]. Following discussion at the Executive meeting a revised version of the paper was tabled and agreed on the following day [PM/887 - INQ000065582].

22-23 November 2021

142. The Executive met on the 22 November 2021 and discussed a paper submitted by the Department on an 'Additional Package of Measures to Accompany the Introduction of COVID Status Certification in Domestic Settings [PM/886 - INQ000357313 (DoH ref: PM3243)]. Following discussion the Executive meeting reconvened the following day to consider an amended version of the paper [PM/887 - INQ000065582]. In a statement issued on 23 November 2021 [PM/888 - INQ000357314 (DoH ref: PM3244)], the Executive said: "*Covid-19 has once again taken a firm grip across our society. Community transmission of the virus is increasing. Hospital admissions are rising and modelling indicates that admissions will increase further in the coming weeks. The clear advice from public health experts is that an intervention is now required.*" The Executive statement therefore proposed taking action[6] (Vaccination, Making Safer Choices and Working From Home) to help

[6] **Vaccination**

break the chain of transmission: vaccination take-up; work from home; and people making safer choices.

26 November 2021

143. In an urgent written statement to the Assembly on 26 November 2021 [PM/889 - INQ000357315 (DoH ref: PM3245)] followed by an oral statement on 29 November 2021 [PM/890 - INQ000357316 (DoH ref: PM3246)], the Minister highlighted the risks to public health in NI from the potential spread of the Omicron variant and the preventative action taken by the Department to address the threat from Omicron which involved the strengthening of the restrictions placed on international travel, adding a number of countries to the 'red' list and only UK or Irish residents being allowed to enter Northern Ireland if they have been in one of the Red

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Please take up the vaccine, including the booster, when it is offered to you. The evidence on the benefits of vaccination is unequivocal. And the statistics are stark.

Unvaccinated adults aged under 50 are almost 11 times more likely to need hospitalisation from Covid-19. Unvaccinated individuals aged 50 and over are four times more likely to die from Covid-19 than those who are fully vaccinated.

Work from home

We are also strengthening the message that people should work from home where possible. More people working from home will help to reduce the risk of transmission both inside and outside the workplace.

We recognise that this may present challenges in some work areas and ask employees to work from home where they can, and advise employers to support this where possible.

Making safer choices

It is vital that every person makes safer choices that will protect you, your family, the wider community and the health service.

Every step counts. As well as taking up the vaccine and working from home where possible, we ask everyone to:

Limit your social contacts – this will minimise opportunities for the virus to spread.
Meet outdoors where you can – it's safer than meeting indoors.
If meeting indoors, make sure the space is well ventilated – good ventilation is critical in reducing risk of transmission when indoors.
Wear a face covering in crowded or indoor settings – face coverings remain a vital mitigation and it is critical that people continue to use them in all circumstances where they are required.
Keep washing your hands or use a sanitiser.

list countries (see paragraphs 186 below) in the 10 days prior to their arrival. UK and Irish residents who had been in a Red list country were required to enter and remain in managed quarantine. In the winter months of 2021/22 Omicron became the dominant strain for the transmission of Coronavirus in the NI population.

144. On the same day (26 November 2021) the Department issued a press release outlining the details of the Covid certification scheme which then came into effect on Monday 29 November 2021 [PM/891 - INQ000357317 (DoH ref: PM3247)]. The statement said:

> "*The regulations will be laid in draft form on Monday but will require Assembly approval to become operational. This also reflects the Executive's decision that there should be a grace period before the scheme took full effect, with no enforcement until December 13. The grace period on the scheme will facilitate a bedding-in of the regulations. In relation to the hospitality sector, Covid certification scheme will only be mandatory for licensed premises at this stage - including those venues operating a 'bring your own' facility. This phased approach follows feedback during engagement with the retail, hospitality, tourism and events sectors. The Department will continue to work with Executive Covid Taskforce (ECT) colleagues on ongoing engagement with the key sectors. Meetings with sector representatives hosted by ECT are ongoing. There have been eight engagement meetings this week, the most recent of which were held this afternoon. It should be noted that the Covid certification scheme, as agreed by the Executive, is not a vaccine passport scheme. It requires proof of either full vaccination status; or a negative Lateral Flow test result in the previous 48 hours; or proof of recovery from a positive PCR test in the previous 30-180 days. Covid certification can reduce the number of infected people in high risk settings. Vaccinated people are less likely to become infected and ill than unvaccinated people. There is also evidence, from several studies worldwide, that even when people get infected, if they are vaccinated they are less likely to transmit it to others. The biggest threat to customer confidence and the economy this winter would be an escalating surge in Covid infections. Vaccination and improved adherence to public health measures can help push down infections. So can Covid certification.*"

2 December 2021

145. On 2 December 2021 the Department submitted a paper to the Executive on measures in response to the Covid-19 Omicron variant [PM/892 - INQ000213741], [PM/893 - INQ000213743], [PM/894 - INQ000213742] dealing with travellers into NI (See Paragraphs 223 to 224). On the same date the Executive considered a paper submitted by the Department on the ninth monthly review of the restrictions and regulations [PM/895 - INQ000357306 (DoH ref: PM3236)]. The paper highlighted the continuing pressures in the hospital system, including ICU, as well as deaths; the large amount of community transmission due to continuing relaxations; the fact that the Delta variant was established as the dominant variant in Northern Ireland; Incomplete vaccination coverage, particularly among younger cohorts (below that of other UK countries); and the at the time recent emergence of a new variant of concern, Omicron, the characteristics and potential impacts of which were still uncertain at that time.

146. In a statement issued on 2 December 2021 [PM/896 - INQ000357318 (DoH ref: PM3248)], the Executive announced that it had received an update from its medical and scientific advisers on the latest Covid-19 situation and, in particular, the emergence of the Omicron variant. The statement said:

> "*The emergence of this new strain of the virus is a serious and concerning development worldwide. And while there is no need for alarm, it is vitally important that everyone redoubles their efforts to drive infection rates down. The evidence on the new variant is being very closely monitored. And our public health experts will continue to liaise with colleagues in other jurisdictions as the situation develops globally and locally. No cases of the Omicron variant have yet been confirmed here, but that situation is likely to change in the coming days. The public will be kept informed and health protection measures will be actioned as appropriate. It is still unclear whether the clinical impact of this new Coronavirus variant will be more serious so it is essential that we take preventative action now. We must use this time wisely to drive COVID-19 infection rates down. We are grateful to the public for how they have responded so far. People's actions are already having an impact and we thank everyone for the steps they are taking. The effectiveness of the booster vaccination programme is evidenced in reduced hospital admissions; the large number of people coming forward for first dose vaccine in recent weeks will make a real difference; and the collective effort to adhere to the public health advice has helped in reducing the number of cases. We know what works. And as we*

approach Christmas, it is vital that we all continue to work together to keep our society open, protect our health service and save lives. We urge everyone to remain vigilant and play your part in slowing the spread of the virus by following these simple steps:

- *Get first and second vaccine doses, and get your booster when eligible- up to date information is available at nidirect.gov.uk/covidvaccine(external link opens in a new window / tab);*
- *Limit your social contacts;*
- *Meet outdoors when possible;*
- *If meeting indoors, make sure rooms are well-ventilated;*
- *Wear a face covering in crowded or indoor settings;*
- *Work from home if possible;*
- *Practise good hand and respiratory hygiene;*
- *If you have symptoms of COVID-19, isolate immediately and get a PCR test as soon as possible."*

7 December 2021

147. On 7 December 2021 the Department issued a press statement[7] [PM/897 - INQ000357319 (DoH ref: PM3249)] announcing that the first Omicron Covid-19 variant cases had been confirmed in NI. The statement said: *"This is a development we have been expecting and preparing for since we were first made aware of the Omicron variant. Targeted actions by the Public Health Agency, including testing and enhanced contact tracing, were taken to investigate and assess these cases. There was no evidence at this time of wider community transmission in NI."*

9 December 2021

[7] First Omicron variant cases confirmed | Department of Health (health-ni.gov.uk)

148. The minutes [PM/898 - INQ000207229] of the Executive meeting on the 9 December 2021 record the following: *"The CSA advised that Omicron spreads more easily than the delta variant, and noted evidence that the doubling time of Omicron could currently be between two and three days. He advised that Omicron would likely result in a steep rise in infections, and noted more data was required to determine both the extent to which it will lead to an increase in hospital admissions, and to understand how effective the booster vaccine might be in protecting against infection. He advised that it was unlikely Omicron could be prevented from becoming the dominant variant by sometime in January, but that its spread could be delayed."*

149. In a statement issued the same day (9 December 2021) after this meeting, the Executive announced that it had met to discuss the latest situation regarding the Covid-19 Omicron variant and the next steps in the Executive's preparations to tackle it. The statement said:

> "*Our medical and scientific experts are monitoring the situation very closely, both in terms of what's happening across these islands, and across the world. We have already activated our Autumn / Winter contingency plan. An early intervention was made to stall the progression of Omicron here with additional restrictions on travel and plans to identify any spread of the variant have been activated. Engagement has been taking place with administrations and public health officials across these islands. We await the emergence of further data in the coming days, which will allow for a scientific assessment of the variant and the impact it is likely to have. However, the evidence from elsewhere indicates that Omicron has potential to spread rapidly. That means it could have very serious implications for our health system, which is already under significant pressure. The situation is potentially very serious and that's why it is vital that we all redouble our efforts to drive down community transmission.*"

16 December 2021

150. The minutes of the Executive meeting on 16 December [PM/899 - INQ000048551] record the following update from the CSA: *"He outlined the position in relation to the Omicron variant, advising that it was much more transmissible than delta (with a projected doubling time of around 2.4 days) and that without further intervention cases could rise to over 10k per day by the New Year. He noted that it was still not known the extent to which these cases will lead to hospital admissions, but suggested Omicron would need to be around 90% less severe than delta not to result in an increase in admissions. He provided some outline modelling and advised that in order for the 'pessimistic' scenario to be avoided additional measures may be necessary in addition to the accelerated booster vaccination programme."* The Chief Medical Officer "*advised of the importance of introducing additional measures immediately after Christmas, and noted that the Health Service was likely to come under severe pressure.*"

151. In a statement on the same day (16 December 2021), the Executive announced that it had met to consider the developing situation regarding the Covid-19 Omicron variant, and its potential impact. The statement reported that there were 151 cases of Omicron confirmed in NI, and evidence from other jurisdictions indicated that this was likely to increase rapidly in the coming days. The statement confirmed that there was no doubt that Omicron had the potential to be very serious, and engagement had been stepped up between Ministers and officials across these islands. It was also confirmed that public health experts were working intensively to analyse the evidence and would continue to keep the Executive updated as the necessary data became available. Scenario planning was underway to develop a package of potential measures to deploy to slow the spread of the virus and when would be the most effective time to deploy them. The statement indicated that those decisions would be underpinned by scientific and medical advice and the Executive would meet again in the following week to review the data and consider next steps.

22 December 2021

152. On 22 December 2021 TEO tabled a paper at the Executive meeting detailing a package of measures in response to the Omicron variant [PM/900 - INQ000065662]. The paper stated:

"In terms of approach, we have considered the measures which have been applied by other Nations across the Common Travel Area (Annex A) and the proposed package of measures is broadly comparable with steps being taken elsewhere. In the absence of significant funding from Treasury, affordability of the measures is also a factor and both Wales and Scotland have said that the absence of funding is a constraint in public health decision making. Department of Finance has identified £195m which is available in the current financial year and could be directed towards restrictions support. This is a combination of some new money announced by Treasury together with monies identified through the January monitoring round."

153. The paper then detailed the proposed package of measures: health advice in relation to citizens and input from other Departments in relation to the direct financial cost together with wider economic and societal impacts. Where relevant the paper also included feedback from the sectors.

154. The advice provided in the paper by the CMO and CSA was as follows:

"At this time while there remain significant uncertainties it is inevitable that Northern Ireland will experience a very significant wave of community infections over the next 2 months with Omicron becoming the dominant variant before Christmas. The scale and rate of growth of this wave of infection is likely to be significantly larger than previous waves if current doubling times continue. While we cannot be certain as previously advised the current wave will most likely reach a peak in middle third of January. Any hospitals pressures will follow with a lag of 10-14 days. The lag times between infection, severe illness, and adverse outcomes means that some degree of harm to individuals and pressures on health and social care systems are already inevitable. Without significant additional interventions it would be unwise to plan on the assumption that this wave will peak before we see very large numbers. This will result in significant workforce challenges across all sectors including health and social care and critical infrastructure with staff unwell, self-isolating or caring for others. The speed of onset of this wave will present different challenges to previous waves and the impacts on society, the economy and the health and social care service including mortality is likely to be over a much more concentrated period. Continued actions by individuals and society which reduce community transmission

remain important as a way to limit the degree to which these harms will impact our communities over a very concentrated time period. Maximising the number of people who receive a booster or first, second or third dose remains a key mitigation against hospitalisation and serious harm and should continue to be expedited and prioritised. Given the speed of transmission and likely simultaneous infection of many people, intervention by the Executive needs to be urgently considered if the policy aim remains to avert the health service potentially being overwhelmed. Unfortunately, any decision by Ministers will inevitably have to be in advance of full information given the current observed doubling times. Previous advice from ourselves and SAGE about the relative effectiveness of interventions remains largely valid and the brief comments below should be considered alongside this. In this context the most recent SAGE minutes and the SPI-M consensus statement are particularly relevant. *Earlier and stronger intervention will be more effective in protecting hospital capacity. The lowest risk would be achieved by full lockdown in the near future, although we recognize that this would also carry the largest likelihood of harmful consequences in terms of family life, societal impacts and economic impacts, and that all of these factors need to be balanced in coming to policy decisions. Considerable uncertainty remains about the severity of Omicron infection. Lower levels of intervention may turn out to be sufficient if severity is significantly lower than Delta; however, by the time this is clear from real world data from elsewhere in the UK it is likely that even a strong intervention would be too late to prevent hospital pressures associated with previous waves being exceeded. Therefore, in terms purely of the COVID epidemic strong early intervention will carry the lowest risk, while less stringent or delayed interventions will carry greater levels of risk.*"

155. The minutes of the Executive meeting [PM/901 - INQ000207230] record the following update from the CSA: "*The Chief Scientific Advisor provided an update on the current position, noting a substantial rise in case numbers. Testing was at its highest level since the pandemic began; test positivity has plateaued at 6%. The largest increase in cases had been seen in the 18-30 age group, and this was largely the result of the Omicron variant. Overall, Omicron now accounts for over 50% of new cases. Hospital admissions had declined. In terms of modelling, there remained a degree of* uncertainty *in terms of hospital admissions in the coming weeks. The*

CSA noted that Omicron would need to pose substantially less risk of hospitalisation compared to delta in order to avoid a severe impact on hospitals during January."

156. Following discussion, and consideration of advice provided by the CMO and the CSA the Executive agreed a range of interventions to take effect mainly from 27 December including:

- In household settings, guidance would strongly encourage that mixing should be reduced to a maximum of 3 households. The guidance would treat returning students as part of their original household
- Guidance would be further strengthened to emphasise the importance of working from home where possible.
- There would be a legal requirement for businesses to take reasonable measures to achieve 2m social distancing in office spaces or, where this cannot be achieved, to provide alternative mitigations
- Guidance would strongly encourage the use of regular workplace testing.
- There would be a Statutory duty on businesses to take reasonable measures to promote compliance with face coverings requirements (with a grace period to 7th January).
- A Legal duty on retail businesses to take all reasonable steps to minimize - transmission of spread of Covid. 27 December. To be revisited on 30th December for other businesses.
- Rule of 6 (or 10 persons from a single household and applied indoor only) for mixing. The rule did not apply to weddings or civil partnership celebrations.
- Prohibition on dancing from 26th December. (Confirm applies indoor only) This did not apply to wedding or civil partnership celebrations).
- All indoor standing events to be prohibited from 0600hrs on 26th December.
- All other indoor seated and outdoor events to be revisited on 30th December. In the meantime strong guidance on use of LFD tests before attending. Strong guidance on encouraging face coverings at these events. Strong guidance to discourage car sharing and encourage own household transport.

157. In a statement issued on 22 December 2021, the Executive announced this package of measures. The statement said:

> "*These measures, and their effectiveness, will be kept under continuous review as the situation develops. The Department of Health will take forward the amending of regulations where required. While there are still some uncertainties about the full impact of this new variant, we know from the evidence available that the infection rate here will rise sharply in the coming days and weeks. Omicron is now the dominant strain in new cases reported daily. The scale of infection and the rate of transmission will be extremely challenging for our whole society and will result in significant pressures in hospitals, the Health and Social Care system and the wider workforce. An intervention is therefore required alongside the vitally important booster vaccine programme. This package of measures has been informed by medical and scientific advice, based on the best evidence we have available at this time. It also takes into account wider economic and societal impacts.... Given the unpredictability of the Omicron variant at this time, the Executive and our officials continue to plan for different scenarios so that we are in a position to respond rapidly to the emerging evidence should further steps be needed*".

23 December 2021

158. The following day in a press statement [PM/902 - INQ000357320 (DoH ref: PM3250)] issued by the Department on 23 December 2021, the Minister strongly warning against complacency in the community over the Omicron variant. The Minister emphasised that Omicron posed a significant threat to health and social care services. The Omicron variant was at that time dominant in Northern Ireland, accounting for a majority of new COVID-19 infections. The Minister said:

> "*There remains a great deal of uncertainty about Omicron. Some early research from Great Britain suggests it may be less severe than the Delta variant in terms of the proportion of infected people who require treatment in hospital. More information is still required and the findings are not definitive. I must emphasise that this early research definitely does not mean that Omicron should be taken any less seriously. It is much more infectious than Delta and will therefore lead to much greater levels of infection. Even with a lower proportion being hospitalised, if the number of cases rises to very high levels, the number of Covid in-patients will increase as well. Pressure on our hospitals could therefore be significantly increased. In addition, Omicron has*

largely spread to date among young people and more data is still required on its full impact - including potential hospitalisation rates among older people. Furthermore, widespread transmission in the community will inevitably lead to more staff absences in essential services. That has the potential to seriously impact health and social care provision. It is therefore absolutely vital that we don't let our guard down or be swayed by uninformed talk on social media. We must keep doing all we can to protect each other and limit the spread of Omicron. Get boosted as soon as you can. If you are not yet vaccinated, please don't delay any further. If we all keep making safer choices in our daily lives, we can help push infection rates down."

30 December 2021

159. The Executive met on 30 December 2021 and received updates from a number of departments including the CSA on behalf of the Department. The minutes [PM/903 - INQ000022455] record the CSA update as follows: "The Chief Scientific Advisor provided an update on the current position, noting a dramatic rise in case numbers and an increase in test positivity. The largest increase in cases was in the 18-30 age group, with significant increases in the 30-40 and 40-50 age groups. Omicron is now the dominant variant, accounting for 90% of new cases. There has been a slight increase in hospital admissions. The Chief Scientific Advisor advised that there was still uncertainty around the level of severity of Omicron, but further data should emerge in the next one to two weeks."

160. In a statement [PM/904 - INQ000357321 (DoH ref: PM3251)] published on 30 December 2021, the Executive announced that it had agreed that the then current package of Covid-19 measures remained a proportionate response to the Omicron variant at that time. While the situation remained under continuous review, the Executive had agreed not to introduce additional restrictions following its latest considerations. The Executive also discussed self-isolation requirements and the proposal by the Minister to reduce self-isolation from 10 to 7 days (subject to a negative LFD test on day six and a second negative LFD test taken at least 24 hours later on day seven). This change was expected to take place from 31 December 2021 with further details to be announced. Omicron had become the dominant variant of Covid-19 before Christmas Day and the daily infection rate had increased dramatically in the last week of December It accounted for around 90 per cent of cases in NI. While there remained a great deal of uncertainty about Omicron, there

was some encouragement from initial research which suggested it may have been less severe than the Delta variant in terms of the proportion of infected people requiring hospitalisation. The Executive statement pointed out that further data on illness severity would emerge in the following one to two weeks (the first two weeks of January) and this would help further inform modelling and the Executive's considerations.

JANUARY TO FEBRUARY 2022

161. The trajectory of the pandemic during this time is described in the content of 'R' papers produced during this period. For most of January the estimates of Rt for new positive cases was around 1 rising briefly in the third week above 1. During the same month the estimates of Rt for hospital admissions was above 1 in the first two weeks before settling at around 1 in the second half of January. During January the number of Covid-19 positive inpatients increased from around 360 at the start of the month to 420 by the end of the month whilst the number of Covid-19 positive patients in ICU fell over the course of the month from 31 to 23. Analysis of data on testing from January was affected by a change in policy which resulted in a shift from PCR testing to LFT and it was unknown the extent to which the results of LFTs were being uploaded. By the end of January, we were beyond the peak of the third wave and likely to also be beyond a secondary peak in mid-January of case numbers for the Omicron wave, driven by the return of schools. Omicron remained the dominant variant mainly the BA-1 lineage. However, during January a growing percentage of cases were of the BA-2 strain. At the time early evidence suggested that BA-2 may be more transmissible than the dominant BA-1 lineage and therefore may in due course become dominant. There was still some Delta virus (<5% cases) which was likely to decline slowly, and which continued to contribute disproportionately to the number of severely ill patients in hospital. As observational data became available Omicron severity appeared to be substantially reduced when compared with the Delta variant (closer to 80% reduction than 20%) and it was believed that the measures in place would be sufficient to maintain peak hospital numbers at a significantly lower level than the previous January. By the end of January, it was expected that hospital numbers would fall slowly over the following number of weeks, with some day to day variation.

162. During February the estimates of Rt were at or below 1. Covid-19 case numbers had continued to fall, in the context of a reduction in testing. The percentage of positive tests remained stable but at a high level. By the end of February there was a continued decline in the number of school-aged children reported to have tested positive. The number of cases in other age groups was reducing or stable. The Office for National Statistics (ONS) Coronavirus (COVID-19) Infection Survey (CIS) results reported that around one in 14 people in Northern Ireland had Covid-19 in the week up to 20th February, which remained around peak levels. Most infections at that time in Northern Ireland were due to the BA.2 Omicron sub-lineage. In the week commencing 14 February, 82% of sequenced samples were BA.2, which was higher than elsewhere in the UK. The total numbers of Covid-19 inpatients were fluctuating at high levels, partly due to nosocomial infection rising from 440 in early February (7 day average) to 627 on 1 March 2022. However, the number of Covid-19 positive cases in ICU stayed low during February (14 or less) and 1 March 2022 the number had decreased to 6.

6 January 2022

163. The CSA provided an update to the Executive at its meeting on 6 January 2022 stating that there had been an "extraordinary rise in case numbers and increase in test positivity." The increase in cases had been in most age groups, and the CSA expected cases among the younger age groups to increase as schools returned. There had been increases across all local government districts. The CSA advised the Executive "that case numbers should soon no longer be viewed as providing a complete account of the spread of Omicron, given the limitations imposed by testing capacity. He noted that hospital admissions and occupancy had increased, and that it was likely there will be an increase in hospital acquired COVID." There had been no increase compared to previous waves in the number of patients requiring respiratory support, and the length of the average stay in hospital had also declined, suggesting those patients with Omicron were less unwell.

164. In a statement issued on 6 January 2022 [PM/905 - INQ000357322 (DoH ref: PM3252)] community transmission of Covid-19 was at an all-time high. The Executive therefore urged everyone not to let their guard down, get boosted, test and report. The statement said:

"*The Executive had received an update today from its medical and scientific advisors on the latest public health situation. As expected, the highly infectious nature of the Omicron variant had led to a dramatic increase in the number of positive cases. The number of cases was expected to remain very high for the next few weeks.*"

The statement continued:

"*The Executive has agreed not to make any changes to the package of measures currently in place to manage this Omicron COVID wave. There are still some uncertainties around the full impact of the Omicron variant and we are keeping the situation under continuous review. Further data on potential hospital pressures will emerge in the next week and will help to inform our considerations. There are undoubtedly significant workforce pressures across essential services and wider society arising from the extraordinarily high levels of infection throughout the community.*"

13 January 2022

165. On 13 January 2022 the Chief Scientific Advisor provided an update to the Executive and noted "a decline in case numbers resulting from a change in testing strategy (with daily PCR tests having fallen from around 12k per day to 3-4k per day in the past week)." There had been the expected increase in cases in school age children. As part of his update he advised that "the effective reduction in the severity of Omicron compared to Delta was potentially around 60%-80%".

166. On the same date the Executive considered a paper tabled by the Department, which was titled 'Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 Tenth Review of the need for the restrictions and requirements' [PM/855 - INQ000065604]. The recommendations in the paper included asking the Executive to agree:

- that the current restrictions and requirements in both the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2021 and the Health Protection (Coronavirus, Wearing of Face Coverings) Regulations (Northern Ireland) 2021, as amended, were at that point in time an appropriate and necessary response to the serious and imminent threat to public health which was posed by the

incidence and spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in Northern Ireland;

- that overall the restrictions and requirements imposed by these Regulations continued to be proportionate to what the Regulations sought to achieve, which was a public health response to that infectious disease threat.

167. The minutes of the meeting [PM/906 - INQ000357323 (DoH ref: PM3253)] of 13 January 2022 record that the First Minister and Ministers of his party did not support these recommendations, on the basis of their assessment that "the requirement for COVID status certification and the requirement to prove a medical exemption to face mask wearing were not considered proportionate or necessary based on the current evidence".

168. In a statement issued on 13 January 2022 [PM/907 - INQ000357324 (DoH ref: PM3254)], the Executive thanked the public for their ongoing efforts to limit the spread of Covid-19, given that at that stage health data indicated that case numbers were likely to be at or around their peak in that Omicron wave. "*The impact of Omicron continues to be a matter of concern. Community transmission will remain high over the coming weeks. Hospital pressures are severe and it will take more time to determine when they have peaked. So we are asking everyone to keep doing all they can to protect themselves, protect others and protect the health service. The increasing evidence that Omicron is considerably less severe than previous variants of the virus is welcome. However, the transmissibility of Omicron, which has resulted in very high numbers of cases across the community, is hugely disruptive. Our workforce, essential services and the economy will remain under significant strain for a number of weeks.*"

20 January 2022

169. On 20 January 2022 TEO tabled a paper outlining an approach to the Relaxation of Omicron restrictions [PM/908 - INQ000357325 (DoH ref: PM3255)]. The paper stated:

"*The Omicron variant remains highly transmissible and there will be ongoing pressures. However, based on the latest data, in particular around hospital pressures, ECT has reviewed the restrictions introduced in response to Omicron as well as the Autumn Winter measures and has set out below a phased approach to removal*."

170. The paper included the CMO and CSA advice which was as follows:

"*CMO and CSA have advised that the stepped approach to relaxing some of the measures put in place as a result of Omicron could be permitted as set out in paras 7 to 9 above [of the* 20 January paper]. *In relation to face coverings, the advice remains that it is important that 80% continue to use face coverings in appropriate settings to achieve the desired benefit. The mechanism to achieve this is a policy decision. On indoor standing events and nightclubs, CMO and CSA advise that these could be permitted to open as long as mandatory certification is in place although consideration could be given to changing to strong encouragement (guidance) in other settings where currently required in regulation. CMO and CSA also advise that the measures set out in para 10 [*of the 20 January paper*] above in relation to guidance on encouraging the use of LFD tests and [Working from Home] WFH should be retained as well as the legal duty on businesses to encourage the use of face coverings and on retail to take all reasonable steps to minimize transmission of the spread of the virus. These measures will be subject to review as part of the regular 4-weekly review cycle and further advice will be brought to the Taskforce*."

The proposals in the paper were noted by the Executive.

171. In a statement issued on 20 January 2022[8] [PM/909 - INQ000357326 (DoH ref: PM3256)], the Executive announced that an approach for relaxing the measures had been put in place to manage the Covid-19 Omicron variant. The statement said:

"*Ministers were updated today by the Chief Medical Officer and Chief Scientific Advisor, who have confirmed that we are likely to be past the peak in case numbers, although it remains possible that case numbers may*

[8] Decisions of the Executive - relaxations to COVID restrictions | The Executive Office (executiveoffice-ni.gov.uk)

rebound somewhat due to the impact of the return of schools. Hospital admissions and COVID bed occupancy as a result of community transmission have also peaked and are beginning to fall slowly. Based on current data, a rise in COVID ICU occupancy is not expected in this wave. The measures put in place in response to Omicron were a balanced and proportionate intervention based on the best available evidence. However, the improved outlook on hospital pressures allows us to relax some restrictions within the next week."

The statement also confirmed that the Executive had agreed a range of easements[9] to restrictions from 21 January, 26 January and 10 February respectively.

20-21 January 2022

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[9] From 21 January at 12 noon:
In hospitality settings - the requirement to be seated whilst consuming food and/or drink and for table service in premises that provide alcohol will be removed as will the rule of 6.
In domestic settings - guidance regarding the cap on the number households meeting indoors will be removed. (A maximum number of 30 people permitted to gather will be retained in regulation.)
On face coverings – the requirement to provide proof of exemption will be removed and the reasonable excuse of 'severe distress' will be reintroduced.
The guidance on working from home will revert to working from home where you can with employers encouraged to facilitate this.
The Executive has also been advised by the Department of Health that the minimum self-isolation period for people testing positive for Covid-19 will be reduced to five full days, subject to negative lateral flow tests on days 5 and 6 of their isolation.
From 26 January at 12 noon:
Nightclubs will be permitted to open.
Dancing and indoor standing events can resume.
In relation to COVID-status certification – the legal requirement will continue to apply in relation to nightclubs and indoor unseated or partially seated events with 500 people or more. For other settings where COVID status certificates are currently required, guidance would strongly encourage their continued use.
In workplaces - the requirement for offices to take reasonable measures for 2m social distancing will be removed. Guidance remains in place that risk assessments should be carried out.
10 February
All remaining COVID measures will be reviewed by the Executive on 10 February.

This includes:
the legal duty on retail to take reasonable measures to reduce the risk of transmission;
the legal requirement to wear face coverings and the associated duty on businesses to take reasonable measures to ensure compliance;
the legal requirement for risk assessments in prescribed settings;
the legal requirement for recording visitor information in prescribed settings;
the remaining legal requirements in relation to Covid-status certification; and
the guidance on the regular use of LFD testing, and in particular before meeting up with others.

172. At a meeting of the Executive on 20 January 2022 the minutes [PM/910 - INQ000048555] record the following update from the CSA: "T*he Chief Scientific Advisor provided an update on the current position, noting a recent increase in case numbers driven largely by increases in the 0-11 and 11-15 age groups. He noted a decline of around 10% in hospital admissions, and that the majority of inpatients do not become seriously ill. He advised that hospital pressures were following the optimistic modelling scenario."*

173. On 21 January 2022, the Executive eased domestic restrictions by reducing the required self-isolation period after a positive Covid-19 test. Positive cases were able to leave isolation on day six, providing they had two negative lateral flow tests, at least 24 hours apart, no earlier than day five and day six. In a statement issued on 20 January[10] [PM/911 - INQ000357327 (DoH ref: PM3257)], the Minister had welcomed this decision commenting that:

> "*Thanks to a massive effort across Northern Ireland, the worst fears about the Omicron variant have not been realised. I want to pay tribute to everyone who has followed public health advice and helped us get to this point. The progress we have made is due in no small part to the rapid acceleration of the booster programme before Christmas. This roll-out was achieved by a health system and staff facing unprecedented pressures, supported by many volunteers. The pressures on the health service remain severe and I would again appeal to everyone to do all they can to help it get through the remainder of this winter. As I said to staff directly this week, the fact our health service is still standing at all is down to their heroic efforts. They will continue to experience those sustained pressures for some time yet. Cautious optimism will serve us best as we look towards a better future. There are still major uncertainties with this pandemic including the potential for a secondary peak in the coming days and weeks. We must stick to the approach that has produced dividends. That includes ongoing efforts to get more people boosted and vaccinated.*"
>
> The Minister added:
>
> "*Let us not lose sight of the scale of the Omicron surge here in recent weeks. We significantly mitigated the impact, thanks to the efforts of the general*

[10] 'Massive effort has got us this far' - Swann | Department of Health (health-ni.gov.uk)

public, the vaccination programme, the dedication and expertise of our health service workers, and proportionate policy decisions at Executive level. We must remain ready for all eventualities, while planning for further easing of restrictions just as soon as the situation allows." The statement concluded stating: *"This change has been introduced by the Department of Health, following detailed consideration by medical and policy officials including input from the Chief Medical Officer and Chief Scientific Advisor*".

10 February 2022

174. The first Minister, Paul Givan MLA, resigned on 3 February 2021 and consequently the Deputy First Minister post also became vacant. From this date there was therefore no longer an Executive in place to collectively make decisions on restrictions and regulations. In a statement, issued on 10 February 2022 [PM/912 - INQ000357328 (DoH ref: PM3258)], the Minister confirmed that he had received detailed legal advice (in respect of which privilege is not waved) relating to the approach to take if it was deemed necessary to amend Executive Covid-19 regulations in the absence of an Executive. The Minister confirmed that he was giving this advice careful consideration and that he intended to engage with his Ministerial colleagues in this regard as reflected in paragraph 170.

14 February 2022

175. In an urgent written Assembly statement on 14 February 2022 [PM/913 - INQ000357329 (DoH ref: PM3259)] the Minister announced that all Covid-19 legal restrictions in NI would be replaced by guidance from 15 February 2022. The same day the Minister issued a press release [PM/914 - INQ000357330 (DoH ref: PM3260)] in which he emphasised the continuing need for caution and vigilance in relation to the virus. He stated:

"*Today's announcement follows consideration of legal advice from the Attorney General and consultation with all Ministerial colleagues. It moves our response against COVID into a new phase. With the reduced threat from the Omicron variant, we can move away from an emergency and legalistic framework to a new approach where making safer choices is embedded in our daily lives ... previous strains of the virus, community transmission remains very high and hospital pressures significant. The most vulnerable as*

a result of underlying disease remain susceptible to severe illness and it is important that we all do what we can to protect them."

The statement concluded stating:

"*The Health Minister made today's announcement having received the latest public health assessment* [PM/915 - INQ000357331 (DoH ref: PM3261)] [PM/916 - INQ000357340 (DoH ref: PM3293)] *from the Chief Medical Officer and Chief Scientific Adviser. There are no plans at this stage for changes to the current arrangements for testing, contact tracing and isolation in Northern Ireland*".

<u>14 April 2022</u>

176. It was recognised that holiday periods presented a time of increased population mixing. In a statement issued on 14 April 2022 [PM/917 - INQ000357332 (DoH ref: PM3262)], the Department reminded the public that the Covid-19 threat was still present and that meeting up outdoors whenever possible was a practical way to keep safer. This was considered important given that the Easter weekend was approaching. The CSA said:

"*There are indications that our COVID-19 infection levels have declined a little, while still remaining at a high level.... The threat from COVID-19 remains very real. We can see that with the continuing pressures on health services, many of them linked to the pandemic. By following public health advice we can help reduce the spread of COVID and support health and social care services*."

<u>International Travel and Travel within the Common Travel Area</u>

177. Throughout the third wave of the pandemic and in the three months before the start of third wave in July 2021 there continued to be a significant focus on travel within the Common Travel Area and on international travel. As part of the monthly review of "pathway out of restrictions" papers provided by TEO and the review of the regulations papers provided by the Department to the Executive was briefed on comparisons of the incidence of Covid-19 across jurisdictions within the Common Travel Area. However, by August 2021 these comparisons were no longer included in these papers as RoI was no longer publishing data on numbers tested or test

positivity, so a direct comparison with NI and other parts of the UK at that point could be potentially misleading.

178. There was very close liaison with the UKG, other DAs and the RoI. Decisions made in any of these jurisdictions inevitably had an impact on the other jurisdictions given travel within CTA and that international travellers often arrived in one jurisdiction on their way to another jurisdiction. Within the UK these discussions frequently took place at Covid-O. Discussions took place in multiple other forums, such as the Border Health Measures Board meetings, Chaired by Cabinet Office, which looked at all aspects of International Travel and the future of border controls; and the UKG /DA International Travel Programme Board meetings chaired by DfT – this meeting consisted of Whitehall Depts and DAs to discuss UKG policy changes/ new proposals that are being brought for Ministerial decision at Covid-O meetings and DAs position on alignment, and there was close liaison between NI officials with their counterparts in other CTA jurisdictions including RoI. Throughout this period the Executive Covid Taskforce provided regular updates to Executive meetings. Fortnightly meetings took place between NI CMO and ROI CMO and other NI/ROI colleagues (i.e CSA's and relevant health protection policy leads) to update and discuss matters, including, on occasion, international travel issues. Ad hoc phone calls also took place depending on the situation at that time.

179. In the 12 months between the middle of March 2021 and the middle of March 2022 the Department made 33 amendments to the Health Protection (Coronavirus, International Travel) Regulations and the Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) Regulations. On 18th March 2022 the Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Revocation) Regulations (Northern Ireland) 2022 revoked the Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2021 and The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) Regulations (Northern Ireland) 2021; and all subsequent amending regulations. There was close cooperation between Northern Ireland and RoI on these issues, hampered for a period with difficulties around sharing RoI Passenger Locator Form (PLF) data. Concerns raised by RoI officials in relation to not having a purpose to collect these data, and the data protection difficulties with this, led to a lengthy delay in sharing data. However, a data sharing agreement between the PHA and the Health Service Executive (HSE) for Covid-19 Cross-border Contact Tracing system (CTS) was

finalised on 15th October 2021. This enabled the PHA to contact all international travellers transiting through RoI to NI, reminding them of the legal requirement to complete a UK PLF and to advise on the NI health regulations in place. This was in line with the use for which DoH (IE) colleagues collect the data – a requirement under data protection legislation. An interim arrangement was in place until the data sharing agreement became operational. DOH officials agreed with DoH (IE) colleagues the interim arrangement, whereby DoH (IE) would use the existing data collected from their PLFs to provide a follow-up SMS text message service to transiting travellers. The message pointed individuals to the NI Direct website, reminding them of the legal requirement to complete a UK PLF and of the NI health regulations in place. A weekly report was delivered to DOH (NI) officials from DoH (IE) officials, to include the daily figures of number of SMS text messages issued, number successfully delivered and number failed to deliver.

180. Discussions at the Executive and papers and updates tabled at the Executive particularly focussed on the potential implications of travel for the spread of new variants; alignment with other UK jurisdictions; and the economic impact of restrictions on travel within the CTA and international travel for the economy of NI. The Department for the Economy provided input to this Department's Executive papers on the economic impact of these issues and also provided its own papers and briefing to the Executive.

181. Whilst the task of making regulations continued to be delivered by the Department, discussion at Executive level was informed by papers tabled by both the Department and separately by TEO. In the same twelve month period, fourteen papers on the subject of International travel and/or travel within the CTA were tabled to the Executive, ten of which came from the Department and four by TEO. However, the Executive's focus on travel issues was particularly concentrated in the period mid-March to the end of June 2021, when nine of these papers were tabled, four of them by TEO and five by the Department.

<u>March to June 2021</u>

182. TEO tabled three papers on International travel in March and April 2021. The first of these papers [PM/918 - INQ000065650] was tabled on 16 March 2021 updating the Executive on the position across the UK, and set out proposals for the approach to be taken in NI. At that point in time NI was receiving no international flights. The paper stated that the Department for Transport (DfT) was leading a Global Travel Taskforce, which would report in mid-April to Covid-0. One of the workstreams was a pathway for international travel for 2021, with the aim of having a return to relatively normal travel by the end of the year, given a number of international events scheduled for 2022.

183. The paper included detailed advice from the CMO and CSA, which advised the Executive of the need to introduce Managed Quarantine (MQ) arrangements to control the emerging risk of new variants of concern (VOC) entering Northern Ireland once viral prevalence was reduced to low levels. The CSO and CSA advised that prevention measures were important to minimise reintroductions in NI and to minimise the virus being spread from regions of high to low prevalence, and highlighted the risk of new variants to vaccine effectiveness.

184. On the basis of this paper the Executive agreed the following recommendations:

- officials would move to invoking the UKG contracts for NI needs. Officials should endeavour to build in flexibility in the contractual arrangements and they should put in place stand-up arrangements which secure best Value For Money

- that officials would develop offences and penalties similar to UKG's for consistency, to be broadly in line with NI international travel offences and penalties more generally

185. However the Executive decided to delay consideration of the two main recommendations in this paper until the following meeting. This was recorded as being because it was concluded that:

- the Executive's approach should be based on the Red list, and that the content of it will be kept under regular review. The arrangements for managed self-isolation should be flexible enough to enable a broader approach on international travel to be put in place should the need arise.

- testing should be introduced for all international travellers coming to NI.

- the International Airport would be the first airport to be designated for the receipt of travellers from Red list countries.

186. A follow-up paper was tabled to the Executive on 25 March 2021 [PM/919 - INQ000212956]. The paper included the same CMO and CSA advice which had been provided for the 16 March paper. The 25 March 2021 paper provided an update on developments since 16 March 2021, and the recommendations were updated to designating both the International Airport and Belfast City Airport for the receipt of travellers from Red list countries. The paper also proposed, in response to the lifting of the stay home restriction, that from 12 April 2021 a restriction would be introduced that a person may not travel outside of the Common Travel Area except for specified reasons. These recommendations mirrored those in place in England but would not require travellers to provide any written declaration. These updated recommendations were agreed by the Executive. On 15 April 2021 the taskforce provided an update to the Executive on progress with implementing the arrangements which the executive had agreed on 25 March 2021.

187. On 29 April 2021 the Department tabled a paper [PM/920 - INQ000357333 (DoH ref: PM3263)] in respect of international travel, which provided an update on developments. The main update from Minister Swann in the paper could be summarised as follows: "Whilst I have broadened the scope of this paper to update colleagues on work to restart international travel across the UK, work is not sufficiently advanced at a UK level to bring advice to the Executive at this point on the potential health implications of a restart. The Executive will also wish to consider the wider societal and economic benefits of any return of international travel. I expect to bring a more substantive paper on this issue within the next 2-3 weeks following completion of the UK wide work."

188. The paper dealt with both travel outside the CTA and travel within the CTA and concluded with the following recommendations:

(i) In relation to travel outside the CTA for leisure purposes, it was recommended that the Executive consider whether they could support option 2, such that leisure travel only would be prohibited in law. If so,

DoJ would need to immediately engage with PSNI on enforcement implications;

(ii) In relation to intra-CTA travel, it was recommended that the Executive would agree to retain the existing guidance on essential travel and self-isolation; that Departmental officials would review this weekly and a further paper would be brought to the Executive with a view to alignment across the CTA as soon as deemed proportionate;

(iii) The Executive would agree what 'stay local' means in the context of these decisions and the public messaging and guidance would then be updated by TEO and EIS;

189. However, the paper and its recommendations were not agreed [PM/921 - INQ000048527] by the Executive.

190. On 6 May 2021 the Department tabled a paper to the Executive on Guidance on Travel within the CTA [PM/922 - INQ000357334 (DoH ref: PM3265)]. The paper followed on from the discussions which had taken place on 29 April 2021 and contained proposals to relax the guidance on intra-CTA travel, whilst retaining the overall premise that only essential travel should be undertaken. Where travel was to be undertaken for non-essential reasons, it was recommended that the request to self-isolate for 10 days upon arrival to NI would remain in place. The paper proposed three main changes to the existing CTA travel guidance in place:

- Alignment of the essential travel reasons with the guidance on self-isolation, so that those travelling for essential reasons were no longer asked to self-isolate, and amending the list of essential travel reasons to add visits to see family and friends;
- the sectoral exemptions from self-isolation could be removed as they were no longer required;
- those who had completed mandatory managed quarantine on arrival at a point of entry elsewhere in the CTA would no longer be required to self-isolate.

191. The paper included detailed advice from the CMO and CSA, which was as follows:

"At present, in relation to the CTA only RoI has a significantly higher prevalence than NI. Given the volume of travel from RoI to NI for stays less than 24 hours, current measures will not be sufficient to prevent the introduction of Covid into NI. It is likely that the persistently high incidence of Covid in NI birder LGDs us at least partly attributable to introduction of infection by individuals travelling from RoI[11]*. In relation to COVID variants, there is evidence that several variants of concern are circulating in other parts of the CTA (in particular, England) which are not present or circulating in NI. Any measures which would allow additional travel to NI without a requirement to self-isolate will increase the risk of introducing new COVID variants into NI.*[12] *The consequences of this are difficult to predict, but could be severe and might include the risk of a significant increase in community transmission should such variants become established, with all of the consequences (hospital admissions, ICU occupancy, deaths) which would flow from that. There remains considerable uncertainty about the behaviour of a number of COVID variants and the extent to which vaccination will protect against infection. From the perspective of COVID transmission, our advice therefore remains that it would be best to retain current guidance with regard to CTA travel, and a case could even be made for strengthening this as more evidence emerges about the impact of COVID variants circulating elsewhere in the CTA. As vaccination proceeds, and in particular once high vaccine penetration is achieved in younger adults, the risk of relaxing current guidance will be reduced. However, we recognise that in making decisions about CTA travel Ministers will wish to weigh the considerations above against the societal and economic consequences of the current guidance, including the consequences for family life."*

192. The Executive meeting minutes record the following decision:

"Following discussion, it was agreed that Ministers should provide their views and any alternative proposals on the issue to the Minister of Health, to enable him to provide a further paper for consideration at the next meeting of the Executive."

[11] Original paper had typo which says NI rather than RoI
[12] original paper had typo which says NI rather than RoI

193. On 13 May 2021 the Department tabled a further paper on Travel – International and Within the CTA [PM/923 - INQ000357335 (DoH ref: PM3266)]. The paper repeated the CMO and CSA advice from the paper tabled on 6 May 2021. Given their interconnectedness, this paper focused on three areas:

i. international travel, in particular the publication of a 'Green list' of countries from which arriving travellers would not be required to self-isolate;

ii. travel within the CTA, reflecting on its linkages with international travel; and

iii. the timing when agreed recommendations could come into force taking into account operational and practical feasibility.

194. Following discussion of international travel restrictions, the Executive agreed the approach recommended in the paper on the NI 'green list' for international travel, with 9 countries being added to the initial list. It was agreed that further advice should be obtained in relation to compensation liability for the Executive, should the countries included in the Green/Amber list at be moved to the NI Red list.

195. In relation to travel within the Common Travel Area, the Minister of Justice articulated her concern regarding inconsistencies of approach, and differentials between North/South and East/West travel. The Economy Minister raised her concern that any further delay in aligning CTA travel with the rest of the UK would prevent the launch of a tourism marketing campaign, and this in turn would have a significant impact on the local tourism and hospitality sector. The Economy Minister submitted that the position was illogical, given transmission rates across the UK, and that the public would simply not understand the rationale for adopting this approach. The Minister of Health advised of his disappointment regarding the response from his counterpart in Dublin in relation to the concerns he had raised relating to travel matters in the North West. It was agreed that the Minister of Health would provide a letter for the First Minister and deputy First Minister to raise the matter again with the Irish Government.

196. In relation to Common Travel Area, the Executive agreed, from 24 May 2021, to:

(i) remove the essential travel reasons in line with international travel;

(ii) retain the guidance on self-isolation and add two new exemptions to this:

a) visits to family and friends;

b) those who have completed mandatory managed quarantine on arrival at a point of entry elsewhere in the CTA and travelled directly to NI; and

c) request in guidance that those exempt from self-isolation take a pre-departure LFD test, and LFD tests and days 2 and 8 post arrival in NI.

197. These agreed decisions were included in the 'Statement on Executive Decisions 13 May 2022', published following the Executive meeting [PM/924 - INQ000357336 (DoH ref: PM3267)].

198. On 20 May 2021 the Department tabled a paper entitled 'International Travel – Day 8 Testing of Green List Arrivals' [PM/925 - INQ000065635] and considered the options of leaving Portugal, Israel and Singapore on the amber list for NI, as per public health advice; or adding Portugal, Israel and Singapore to the green list, and introducing guidance to request green list arrivals from those countries take a Day 8 test free of charge.

199. In the paper the Minister stated that his advice, which was in line with the advice of the CMO and CSA was:

> *"that we adopt a precautionary approach to the countries rated as green/amber and that the three additional countries remain on the NI amber list given variants of concern (VOCs) and variants under investigation (VUIs). The data from Portugal is somewhat concerning in terms of the increasing prevalence of the Indian variant – B.1.617.2– as was outlined to Executive colleagues at Thursday's meeting."*

This would have meant if agreed by the Executive that NI would have adopted a different position from the rest of the UK on these three countries. The option of introducing guidance to request arrivals from these countries, take a Day 8 test, free of charge, was offered in the paper as a mitigation, should the Executive decide to add these countries to the green list.

200. Following discussion, the Executive agreed to add Portugal, Israel and Singapore to the International Travel Green List, and to introduce guidance to request that Green List arrivals from those countries take a Day 8 test, which would be provided free of charge. This was in enacted in the Health Protection (Coronavirus, International Travel) (Amendment No. 3) Regulations (Northern Ireland) 2021, which came into operation on 24 May 2021. The Executive also agreed that further discussion of travel within the Common Travel Area was required, and that the Secretary to the Executive would consider this issue with the Minister of Health, with a view to a further paper being brought to an additional meeting of the Executive if required. It was also agreed that CTA travel issues may be discussed at the British Irish Council meeting planned for 11 June.

201. On 27 May 2021 TEO tabled a paper [PM/926 - INQ000357337 (DoH ref: PM3268)] to the Executive which proposed relaxations to arrangements for travel to NI from other parts of the CTA. The paper stated that "Ministers have highlighted the inconsistency with other parts of the Common Travel Area and also the requirements which apply to International Travel to most green list countries." and offered a number of options.

202. The paper also stated that the "advice from Minister Swann remains that the guidance on CTA travel should be retained until the impact of the changes made on Monday 24 May can be assessed. The scientific data continues to show higher rates of prevalence of variants of concern (VOCs) in other regions of the CTA and if we are to maintain our good progress there is a need to delay the importation of such VOCs into NI for as long as possible, allowing time for wider vaccination roll-out here and minimising any potential for community transmission."

203. Following discussion, the Executive agreed to lift the guidance, but retain mitigations, which could take the form of retaining guidance on: not travelling if

people had symptoms; not travelling if people knew they were positive; to take tests before departure; to take tests at days 2 and 8; and, the need to self-isolate if positive after arrival. The Executive minutes [HE1/21/325196] record that during that meeting:

> "*The Minister of Health wished to record that he remained of the view that the guidance on CTA travel should be retained until the impact of the easement of restrictions from Monday 24 May could be assessed, and in order to delay the importation of variants of concern here for as long as possible, allowing time for wider vaccination roll-out and minimising any potential for community transmission."* The Minutes also record that: *"The Chief Medical Officer and the Chief Scientific Adviser advised that the Executive's decision to remove the guidance on self-isolation on intra CTA travel would accelerate the introduction of the B1.617.2 variant into NI*."

204. On 6 June 2021 the Department tabled a paper to the Executive entitled 'International Travel – Traffic Light Allocation' [PM/927 - INQ000212979] The paper proposed that the Executive-:

> i. agree to move Portugal (including Azores and Madeira) from the green list to the amber list; and
>
> ii. agree to add Afghanistan, Sudan, Sri Lanka, Bahrain, Trinidad and Tobago, Costa Rica and Egypt to the red list.

205. The paper stated that:

> "*The Department's Chief Medical Officer and the Chief Scientific Advisor have reviewed the data and proposals and support alignment with the above recommendations.* "

It also stated that:

> *"The additions to the red list may have an impact on the managed hotel isolation facility, however as there are no direct flights from these countries, we anticipate that this will be minimal as NI arrivals would likely be subject to managed isolation in other regions of the CTA*."

Following discussion, the Executive agreed to the recommendations outlined in paragraph 7 [of the 6 June paper], viz., moving Portugal from the green list to the amber list, and adding a number of other countries (Afghanistan, Sudan, Sri Lanka, Bahrain, Trinidad and Tobago, Costa Rica and Egypt) to the red list. It was agreed that implementation would be by way of amendment to the International Travel Regulations, effective from Tuesday 8 June 2021, as was enshrined in The Health Protection (Coronavirus, International Travel) (Amendment No. 4) Regulations (Northern Ireland) 2021. It was noted that, in line with regulations, people returning from Portugal (and other amber list countries) after this date would be required to quarantine for 10 days and take PCR tests on day 2 and day 8. The Minister of Justice advised of her concern with the proposal contained in the paper not to introduce an exemption from pre-departure testing for individuals being extradited to Northern Ireland. The Minister of Health agreed to consider this issue ahead of the next Executive meeting.

JULY TO SEPTEMBER 2021

206. On 8 July 2021 the Department tabled a paper on International Travel - Travel Relaxations for Fully Vaccinated Passengers [PM/928 - INQ000065681], the paper refers to a discussion at a Covid-O meeting, attended by Minister Swann, on 24 June 2021, where UKG Ministers discussed two policy options to relax travel restrictions for fully vaccinated passengers (who would have had a full dose of vaccination at least 14 days before arrival). The policy option which was agreed was that amber list arrivals into England would not have to self-isolate or take a day 8 test. This brought the requirements in line with those for green list country arrivals. Completion of the Passenger Locator Form, pre-departure testing, and day 2 post-arrival testing would remain mandatory. The Committee also agreed that such policy would be delivered through a phased rollout, starting with UK residents who had been vaccinated in the UK. There were no proposed changes to the travel requirements in place for red or green list arrivals, only amber list arrivals at that stage. Whilst an agreement in principle was taken at Covid-O, more detail was requested, and further papers were to be tabled at a Covid-O call later on 8 July 2021, in order to consider definitions, exemptions (such children under 18), how vaccination status would be verified and implementation timings.

207. The paper stated that:

"the UK CMOs have agreed, at a four nation CMO meeting on 7 July, the following definition for a 'fully vaccinated' traveller. This is someone who:

- *has completed a full course of vaccination, whether that requires two doses or one dose (according to the MHRA authorised schedule as approved by MHRA and/or EMA)); and*
- *has completed the full course of vaccination at least 14 days previously*."

208. The paper also identified three cohorts who should be exempt from these measures (i.e. treated as if they are fully vaccinated):

- Clinical trial participants
- Children under 18
- Those with medical advice against vaccination.

209. These groups would still need to complete a PLF, pre-departure testing and day 2 post arrival testing. Further work was required on the specifics of this, as well as on how to certify these exemptions.

210. The 8 July included the following update from the Minister: "I understand that UKG *Ministers will agree at this afternoon's call to implement the policy on the **19 July** for fully vaccinated arrivals into England who have been vaccinated in the UK. The ambition would then be to extend this to UK nationals overseas and 3rd country nationals from August, aiming to start with EU countries and the US in mid-August. It is anticipated that Wales will align with England and that Scotland will introduce the relaxations a week later, from 26 July. "*The advice in the paper from CMO/CSA on the proposed definition and the exemptions was that: *"they were content with the definition of 'fully vaccinated' and also content, at that stage, with the 3 identified cohorts for exemptions."*

211. Following discussion, the Executive agreed that from 26 July 2021 arrivals from amber list countries who had been fully vaccinated in the UK would not have to self-isolate or take a day 8 test post-arrival.

212. On 22 July 2021 the Department tabled a further paper on Travel Relaxations for Fully Vaccinated Passengers [PM/929 - INQ000357338 (DoH ref: PM3269)] using the urgent decision procedure. The paper explained that Scotland and Wales had decided to bring forward new arrangements for arrivals from amber list countries, who had been fully vaccinated in the UK, to not have to self-isolate or take a day 8 test post-arrival from 26 July 2021 in line with England. The Executive agreed that implementation of these new arrangements would come into operation from 19 July 2021, on foot of The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 2) Regulations (Northern Ireland) 2021.

213. A scheme for proof of vaccination status for the purposes of International Travel for NI residents was launched in NI on 17 July 2021 enabling those travelling from 20 -25 July 2021 to apply for a downloadable certificate and QR code. The COVIDCert NI app was launched shortly afterwards and it enabled those travelling after 25th July 2021 to get their vaccination certificates on their phones. The EU DCC (Digital Covid Certificate) launched on 19 July 2021 and it enabled ROI passengers to apply for proof of vaccination status for the purposes of international travel.

214. On 29 July 2021 the Department tabled a paper titled, 'Relaxation of Travel Restrictions for fully Vaccinated arrivals from US and EU Amber list Countries, Restart of International Cruises, Managed Isolation Arrangements for International Student Arrivals from Red List Countries, Bespoke Testing Regime for Sector Specific Exempt International Travellers, and Exemption from Self-Isolation for Villarreal Fans and UEFA VIP Guests from EUIFA Super Cup final on 11 August' [PM/930 - INQ000357339 (DoH ref: PM3270)]. The advice from the CMO and CSA was that they had:

> "*reviewed this request (from the Irish Football Association) and the mitigations put forward by the IFA and in general would be content with these arrangements. However, it should be noted there is also a possibility that the classification of Spain might change ahead of the match.*"

215. The paper also detailed a number of proposals to align with UKG on international travel from the US and EU amber list countries; restarting international cruises and other issues. Following discussion the Executive agreed to:

i. align with the UK Government in relation to new international travel policy for fully vaccinated passengers arriving from US and EU amber list countries coming into force on 2 August 2021

ii. restart international cruises cif 31 July

iii. managed isolation arrangements for international student arrivals from red list countries cif 9 August 2021

iv. the introduction of a bespoke testing regime cif 2 August 2021, and

v. the exemption from self-isolation for Villarreal fans and UEFA VIPS from EUFA super cup final on 11 August.

[The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 6) Regulations (Northern Ireland) 2021 - (SR2021 No 262) which came into effect on 22 Sept 2021; The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 4) Regulations (Northern Ireland) 2021; and The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 5) Regulations (Northern Ireland) 2021]

216. On 23 September 2021 the Department tabled a paper outlining the details of a 'New UK Travel Framework – Pre Departure Testing (PDT) and Day 2 PCR testing for fully vaccinated travellers' [PM/931 - INQ000065599]. The paper refers to discussions on 17 September 2021 at the COVID-O Committee about a new post Global Travel Taskforce framework. It was intended that this framework would still be rooted in public health protection; would be aimed to facilitate travel; would be less volatile whilst still sufficiently flexible to be able to respond to high risk variants; and would be predicated on vaccine status, but also be more stringent on highest risk travellers. The paper states that the

> "*UKG and DA Ministers discussed the following proposals in relation to the New UK travel Framework:*

a. To merge the green and amber country lists, creating a 'non-red' list category (red list category will remain); and

b. to reduce testing requirements for fully vaccinated non red list arrivals, that is:-

i. remove the requirement for a pre-departure test (PDT) for vaccinated arrivals from non-red list countries; and

ii. move from day 2 PCR testing to LFD testing post-arrival, with confirmatory PCR for positive results, for such arrivals."

217. In this 23 September paper Executive ministers were being asked to agree to align with UKG in relation to the New UK Travel Framework with the exception of reducing the testing requirements for fully vaccinated non-red list arrivals.

218. The 23 September 2021 paper states that: "Whilst Devolved Administrations agreed *to the merging of the green and amber lists, they did not signal agreement to reduce testing requirements. This was based on CMO and public health advice and on the grounds of concerns about a dilution of surveillance ability, and in particular:*

i. that there was currently no way of verifying that the LFD reported had actually been taken by the person reporting it;

ii. poor adherence to firstly taking LFD tests and, in particular then, in terms of following up to take a confirmatory PCR test when an LFD test comes back positive;

iii. use of LFD tests removed the ability to have/retain and isolate (virus sample) which was then further tested through whole genome sequencing (WGS), this was important in terms of national surveillance of SARS-C0V-2 virus entering the UK and in particular ascertaining information on different strains/VUIs/VOCs and where they originated from;

iv. dismantling important surveillance at a time when health and care services are under significant pressure in all UK nations and in the context of potential for other/additional respiratory viruses to circulate as we move into Autumn/Winter (RSV, Influenza etc)."

219. In the Executive paper the Minister states "*on further input from the CMO I am proposing to agree to the removal of PDT for vaccinated travellers, given public health (England) advice that this is safe to do and brings limited additional benefit that immunisation does not already achieve. This would go some way to reducing costs for travellers (albeit small) but would have a more significant impact on reducing the burden to travellers who can find it difficult to obtain a test, including within the required timeframe.*" The paper recommended that the Executive agree:

a) to align with UKG and remove the requirement for Pre-Departure Testing for fully vaccinated arrivals from non-red list countries (wef 4 October); and

b) agree to maintain a holding line in relation to the move from day 2 PCR testing to LFD testing for fully vaccinated arrivals from non-red list countries to allow us to consider the UKG paper on the design of the LFD+ regime, specifically on the compliance and verification model.

220. The Deputy First Minister was content to approve the recommendations in the paper but the First Minister requested further discussion on the issue of the testing requirements.

221. The Minister for the Economy recorded that deviating from the approach in the rest of the UK would damage the NI tourism sector. Following discussion, the Executive agreed:

I. To align with the UKG and remove the requirement for Pre-Departure Testing for fully vaccinated arrivals from non-red list countries (wef 4 October);

II. To maintain a holding line in relation to the move from day 2 PCR testing to LFD testing for fully vaccinated arrivals from non-red list countries to allow consideration of the UKG paper on the design of the LFD+ regime, specifically on the compliance and verification model.

The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 7) Regulations (Northern Ireland) 2021 which came into effect on 4 October 2021 supports the above arrangements.

OCTOBER 2021 to JANUARY 2022

222. On 7 October 2021 the Department tabled a paper to the Executive on 'International Travel - New Critical Travel Exemptions' [PM/932 - INQ000065668] The purpose of this paper was to seek Executive agreement to introduce five new critical exemptions from international travel measures in Northern Ireland, aligning with those recently introduced in England. These included:

a) non-UK police officers
b) seasonal poultry workers
c) performing arts professionals
d) film and high-end TV production workers
e) hauliers

223. In the paper the Minister stated:

> "*My department has been engaging with the relevant NICS departments to establish a need for similar exemptions in Northern Ireland, considering the expansion of the fully vaccinated policy across the UK. … My advice, which is in line with that of the CMO and CSA, is that we approve these exemption requests and amend The Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2021 accordingly, with effect from 11 October 2021. All exemptions will be subject to review." The paper also included a proposal to align with GB on a technical amendment affecting foreign diplomats*".

224. Following discussion, the Executive agreed to introduce the five new critical travel exemptions and align on the diplomat exemption technical amendment, bringing them into operation by way of amendment to the International Travel Regulations from 11 October 2021, as was enacted in The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 8) Regulations (Northern Ireland) 2021.

225. On 28 November 2021 the Department tabled a paper [PM/892 - INQ000213741], [PM/893 - INQ000213743], [PM/894 - INQ000213742] to the

Executive on measures in response to the Covid-19 Omicron variant. The paper sought Executive approval to align with the approach being taken forward in the rest of the UK in response to the emergence of the Omicron Covid-19 variant in terms of:

(a) Fully vaccinated arrivals from non-Red list countries being required to take a Day 2 test and self-isolate until they receive a negative result;

(b) Fully vaccinated contacts of Omicron cases to be required to self-isolate for 10 days; and

(c) Review of (a) and (b) after 3 weeks to assess whether they were still required.

226. These proposals were agreed by the Executive using the urgent decision procedure, and were enacted in The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 10) Regulations (Northern Ireland) 2021.

Clusters and Outbreaks

227. Enhanced contact tracing, introduced in Northern Ireland on 16 November 2020, continued to improve the information and intelligence available on clusters and outbreaks of Covid-19 through identifying the source of a case's infection, and asking all positive cases what settings they had visited, and what contacts they had had over the seven days prior to onset of their infection. Enhanced contact tracing was in addition to core contract tracing, and focussed on identifying the close contacts of new cases in the period from 48 hours before symptom onset (or 48 hours before the positive test result if asymptomatic).

228. Throughout the third wave the Public Health Agency continued to regularly publish data on the main settings associated with clusters and outbreaks of Covid-19 in NI (see paragraph 105 in the Wave 2 statement). The published data analysed outbreaks and clusters by setting i.e. workplace; retail; health and social care setting; funeral/wakes; fast food outlet/takeaway; cinema/theatre/entertainment venue; café/restaurant; sporting event; social event; pharmacy; place of worship; wedding; personal services; bar; hotel; and gyms. The analysis by setting helped to inform the CMO and CSA advice in relation to restrictions on different settings and activities,

and also informed discussions about what impact specific easements in restrictions were having on transmission and incidence of Covid-19.

229. The trajectory of the data on outbreaks and clusters mirrored the trajectory for other indicators and data. In the period from April to June 2021 the number of clusters each month amounted to a few dozen, whilst from August 2021 onwards they rapidly increased and were being reported in the hundreds, typically between 400 and 600 each month.

230. Information on outbreaks and clusters was included in the Department's monthly review of restrictions and regulations papers tabled at Executive meetings. The latest information was also used in briefings by the CMO and CSA at Executive meetings. During periods of low Covid-19 transmission and incidence, a small number of clusters and outbreaks could skew interpretation of other data indicators, so information on clusters was also regularly discussed at the modelling group and SIG. The same intelligence on clusters and outbreaks could and did inform discussions on the needs for targeted local actions including operationally by the PHA and other agencies. For example, this included discussion on outbreaks and clusters related to activity in particular settings and sector and the potential wider implications for increased transmission in local communities and subsequent engagement and actions taken by the PHA.

Schools

231. By late 2021, the availability of vaccines and effective Covid-19 treatments had reduced the link between cases, the number of people hospitalised as a consequence of Covid-19 and Covid-19 related deaths in more vulnerable individuals and many of the more restrictive measures in schools were being relaxed and removed. Much of the policy direction of the education guidance at this time reflected advice from the Department to the Department of Education, and focused on asymptomatic testing, outbreak management (including the use of face coverings) and improved ventilation with exclusion from school to be avoided if at all possible. This was consistent with the 4 UK CMOs consensus statement published in August

2020 [PM/933 - INQ000137374 (DoH ref: MMc/B042)] summarising the evidence of risks and benefits to health from schools and childcare reopening.

Coronavirus International Travel Regulations

232. The format of medical and scientific advice and the processes associated with the presentation of this information which contributed to the Executive's discussions and decisions were carried over from the second wave into the third wave. While UK border policy and operations are reserved matters, health policy is devolved and as such the UK Government consulted with the Devolved Administrations on health protection measures at the border. The Department's policy underpinning these Regulations was informed by information on the risks associated with international travel. This was provided from UK Government national analysis by the Joint Biosecurity Centre (JBC), which took account of the reliability of epidemic surveillance data and quantitative information about numbers of cases, trajectory, and the monitoring for variants. All this information was reviewed and considered by the CMO and CSA, who ultimately provided their advice to the Minister.

233. Similarly, the Department's role in shaping the policy and any legislation underpinning this, including public health guidance, was set out under the Wave 2 statement and these aspects continued to apply in relation to Wave 3. Liaison with the other UK jurisdictions as described in the Wave 2 statement continued in the same manner. The development of the Department's policy, as it related to the above International Travel Regulations, was informed by the Minister's and officials' participation in UK information sharing groups. Officials from the Department's International Travel Directorate attended a range of groups. These groups included: the Border Health Measures Board (which was chaired by the Cabinet Office covering all aspects of international travel and the future of border controls); the UK Government/Devolved Administrations International Travel Programme Board (which was chaired by the Department for Transport, and Transport and discussed UK Government policy changes and new proposals being brought forward for decision at Covid-19 Operation Committee meeting. In addition, a CMO Technical Board [PM/934 - INQ000348892 (DoH ref: PM3147)] chaired on a rotational basis by the UK CMOs met regularly to review the methodologic approach to risk assessment and related technical scientific and public health aspects of the approach. The Covid-19 Operation Committee was set up to deliver the policy and operational response to

Covid-19 and was chaired by the Chancellor of the Duchy of Lancaster and Minister for the Cabinet Office. The Chancellor of the Exchequer, Secretary of State for Health and Social Care and other Cabinet Ministers were invited according to the agenda (including Devolved Administration Ministers). The UK Government/Devolved Administrations International Travel Programme Board also discussed the position of the Devolved Administrations on alignment with UK Government policy.

234. The Department's officials also attended regular meetings of the UK Government/Devolved Administrations Travel Group led by the Department for Transport. These meetings enabled the Devolved Administrations to share their views and to discuss on policy proposals from the UK Government's Covid-19 Global Travel Taskforce. The exchange of views informed the Department's advice to the Minister of the position being taken by the other Devolved Administrations on some of the international travel measures, including the completion of the Passenger Locator Form and post-arrival Covid-19 test booking platforms. Departmental officials also attended the fortnightly meeting of the Passenger Locator Form Working Group, chaired by the Home Office, which discussed changes to the Passenger Locator Form in the light of any travel policy/regulation changes or general improvements to the form, and enforcement measures at the border. Any advice provided to the Executive for consideration of a significant change in policy underpinning the international travel regulations was informed by these officials' and the Minister's engagement on a UK wide basis.

235. From June 2021 to November 2021 the Department made a number of amendments to the International Travel Regulations in relation to the Red Amber and Green (RAG) lists of countries. These amendments followed reviews by the Joint Biosecurity Centre and agreed at the UK Government's Covid – O Operations Committee meetings which included the Devolved Administrations. Several amending regulations underpinned these decisions, by adding and removing countries from the travel lists, depending upon the level of risk identified by the Joint Biosecurity Centre. As with the process followed under Wave 2, the Minister advised the Executive of these changes to the Red Amber Green (RAG) Lists as the policy underpinning the introduction of RAG status of countries had been previously agreed by the Executive.

37. A number of new international travel interventions were introduced during July/August 2021.

236. On 8 July 2021, the Executive agreed to align with the UK Government to introduce a policy for fully vaccinated travellers entering NI from Amber countries whereby they did not have to self-isolate, or book and undertake the day 8 PCR post arrival test, (a day 2 PCR test still was required). This was introduced in a phased approach. Phase 1 was introduced from 19 July 2021 for those vaccinated as part of the UK vaccination programme (the evidence which was required at that stage was a NHS Covid Pass or Scottish, Welsh or NI equivalent). This was extended from 2 August 2021 to those fully vaccinated in EU or USA. [The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 2) Regulations (Northern Ireland) 2021 (SR 2021 No. 225)]. Under these amending regulations, travel operators were required to check the evidence held by travellers claiming fully vaccinated exempt status, and to implement and maintain processes and systems to ensure that this requirement was complied with. However, a further amendment was required to be made to the Principal International Travel Regulations to the effect that this relaxation of measures would not apply to UK vaccinated travellers from France, to align with the UK Government announcement of 16 July 2021 [PM/935 - INQ000348841 (DoH ref: PM3085)].

237. From 31 July 2021, international cruises restarted (in line with the traffic light system), with UK guidance issued by DfT to the sector outlining the need to manage increased risks and maintain risk mitigations (including use of vaccination and testing), testing). Cruise operators had guidelines in place for their passengers with reference to vaccination and testing.

238. In preparation for the return to cruise ship operations for NI, the PHA worked with Cruise Belfast (the cruise promotion partnership between Belfast Harbour and Visit Belfast), the Port Health Authority, the Belfast City Council Emergency Preparedness Group and other stakeholders to produce a Public Health Emergency Contingency Plan for Ports (PHECP) in Northern Ireland ensuring appropriate protocols were in place for the safe return of cruise operations. A multiagency

submission was subsequently provided to TEO who may be able to provide further detail.

239. Significant work was undertaken in developing a Covid-19 Port Management Plan for Belfast, co-ordinated by the newly formed Belfast Cruise Operations Group (BCOG), chaired by the PHA and Belfast Harbour and comprising of Cruise Belfast, Public Health Agency NI, Port Health, Maritime Policing and Belfast City Council Emergency Planning Team. Public Health NI's Senior Manager for Emergency Planning Manager chaired the BCOG and co-ordinated the planning process. This included a desktop exercise held on 18th May, based on a scenario of Covid-19 positive guests and crew on board a cruise ship calling to an NI port. The purpose of the plan was to protect the health of the travelling public, staff at the port and the receiving population in the country by responding to a public health risk or Public Health Emergency of International Concern (PHEIC) at the port.

240. The objectives of the plan for the return to cruise ship operations for NI were;

- To facilitate a safe management of cruise ship operations in Belfast Harbour.
- To describe the agreement of stakeholders on their roles and responsibilities as well as the procedures for responding to a public health event.
- To outline the actions to take to co-ordinate a response ensure alignment and interoperability between emergency response plans at local level.

241. The plan was developed in adherence to national guidance for the safe return to cruise ship operations. National planning was led by the Department for Transport and DAs were represented on relevant planning groups. Plans developed applied to EU/EEA flagged ships engaged in domestic and international voyages and for cruise ships calling at a port irrespective of flag.

242. From 2 August 2021, there was a pilot roll-out of the expansion of the amber vaccinated arrivals policy (Phase 2) to include people vaccinated in any of the EU 27 States (except France); EFTA countries (Norway, Switzerland, Iceland,

Liechtenstein); the European microstate countries (Andorra, Monaco, and Vatican City); and the United States [PM/936 - INQ000348842 (DoH ref: PM3086)]. Also, from 2 August 2021, a bespoke testing regime was applied to NI international arrivals exempt from self-isolation because they were travelling for work. This only applied to specific types of work as outlined in the regulations. On 8 August 2021 France was included in the amber list of countries in relation to the fully vaccinated policy.

243. In relation to arrivals from the United States: only people fully vaccinated with FDA-approved vaccines in the US rollout, who could present a Centre for Disease Control CDC) card as proof of vaccination, would be included. A requirement to prove residency in addition to the CDC card for US arrivals was also introduced, to mitigate against fraud. Measures were also put in place to facilitate alternative managed isolation arrangements for international student arrivals from red list countries from 9 August 2021.

244. Following a meeting of the Covid-19 Operations Committee on 17 September 2021, a new Framework of Border Health measures in relation to International Travel was discussed and agreed by UK Government Ministers and Devolved Administrations.

245. With effect from 4 October 2021, NI aligned with the UK Government and the other Devolved Administrations in order to create a new Travel Framework for Border Measures to merge the previous categories of green and amber, with requirements determined by a travellers' vaccination status, rather than being determined by the country they arrived from. Vaccinated arrivals were subject to a looser regime, while the unvaccinated (and those not yet covered by the fully vaccinated traveller policy) would be treated as unvaccinated amber arrivals. This resulted in a red list and non-red list of countries, whereby those fully vaccinated travellers from countries not on the red list were exempt from day 8 PCR post-arrival testing and self-isolation. The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 7) Regulations (Northern Ireland) 2021 (SR 2021 No. 278) underpinned this new Travel Framework. The Travel Framework expanded the roll-out of the fully vaccinated policy to travellers who had been fully vaccinated for at least 14 days with a full course of the Oxford/AstraZeneca, Pfizer BioNTech, Moderna or Janssen vaccines from a relevant public health body in

Australia, Antigua and Barbuda, Barbados, Bahrain, Brunei, Canada, Dominica, Israel, Japan, Kuwait, Malaysia, New Zealand, Qatar, Saudi Arabia, Singapore, South Korea or Taiwan. The definition of 'fully vaccinated' was also refined, with effect from 22 September 2021, to include those who had received mixed doses in the course of their vaccination regime. Mixing between two-dose vaccines (Oxford/AstraZeneca, Pfizer BioNTech, Moderna) in the list of countries set out in the regulations was also recognized. The regulations also made provision to recognise as fully vaccinated, those travellers under a formally approved Covid-19 vaccine clinical trial in the US, Canada and Australia and who had proof of participation (digital or paper-based) from a public health body.

246. The Travel Framework created a new category of traveller known as an "eligible arrival" who if fully vaccinated and arriving in NI from a list of specified countries, was exempt from the need to comply with the obligation to have proof of a negative test on arrival, to take a "day 8 test" or to self-isolate.

247. At its meeting on 23 September 2021 Executive colleagues agreed Minister Swann's recommendation to remove the requirement for Pre Departure Testing for fully vaccinated arrivals from non-red list countries wef 4 October 2021 and to maintain a holding line in relation to the move from day 2 PCR testing to LFD testing post-arrival, with confirmatory PCR for positive results, until such time that the UK Government had provided sufficient detail on the design of the LFD+ regime , specifically on the LFD supervision, compliance, verification, enforcement and the surveillance of confirmatory PCR testing. The Executive had supported Minister's advice to seek assurances from UKG. This included:

- an assurance from UKG that there was a market for private providers of LFD tests to provide a LFD service for Northern Ireland clients;
- confirmation from UKG that plans would be implemented in the near future to automatically send a PCR test to all individuals who have received a positive LFD test result rather than the current policy of relying on the person to book a confirmatory PCR test; and
- assurances from UKG regarding enforcement of private providers and travellers to comply with regulations, and stringent oversight of data quality and management of any timeliness issues with the data that is reported from

private test providers that impacts on our ability to effectively monitor and trace individuals.

This position was also adopted by Scotland and Wales who had similar concerns. The Welsh Minister had written to the Secretary of State for Health and Social Care expressing concerns that the cumulative impact of the risk that was being carried in relation to opening up travel in particular from high risk countries and other measures being introduced by the UK Government. The Welsh Minister stated that, however, maintaining different requirements in Wales would result in challenging communication and operational issues and he reluctantly agreed to introduce this policy in Wales. Scotland agreed to align with NI and Wales to introduce the policy wef 31st October.

248. Therefore, following its meeting of 23 September 2021, the Executive announced that it had decided to remove the requirement for Pre-Departure Testing for fully vaccinated arrivals from non-red list countries to NI with effect from 4 October 2021. In addition from 31 October 2021, passengers who were fully vaccinated arriving into NI from non-red list countries were able to take an alternative day 2 post-arrival lateral flow test plus a confirmatory day 2 PCR test. The UK implemented this change from 24 October 2021.

International Travel Regulations Response to the Omicron Variant

249. In response to the emerging evidence concerning the new Covid-19 variant, B.1.1.529 (Omicron) which had been identified in South Africa, the Department, following UK consideration and agreement supported by the advice of the CMO and CSA, and in alignment with the UK, announced that with effect from 26 November 2021, South Africa, Botswana, Namibia, Zimbabwe, Lesotho,, Malawi, Mozambique and Eswatini were placed on NI's international travel Red List. [The Health Protection (Coronavirus, International Travel) (2021 Consolidation) (Amendment No. 9) Regulations (Northern Ireland) 2021 (S.R. 2021 No.312)] In an oral statement on 29 November 2021, the Minister informed the Assembly that while there were no confirmed cases of the Omicron variant identified in NI at that time it was highly likely that this position would soon change [PM/937 - INQ000348843 (DoH ref: PM3087)]. The PHA was therefore undertaking detailed risk assessments of some returning travellers from red listed countries and was advising on any immediate public health

actions required to slow the introduction of this variant and to limit its spread in NI. In light of the cases identified in England and Scotland it was to be expected that there may already have been cases of the variant in NI. The PHA had established, with immediate effect, a regional Incident Management Team which was in close liaison with a UK wide Incident Management Team and there was ongoing engagement with the Republic of Ireland. The PHA, utilising Passenger Locator Forms and Contact Tracing, had identified all recent returning passengers from southern Africa via the United Kingdom and Republic of Ireland and had actively contacted and completed enhanced questionnaires in respect of those passengers. In addition, Pillar 1 and Pillar 2 positive results for the previous six weeks were reviewed for any suspicion of this variant. On 30 November 2021 the Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Amendment No. 10) Regulations (Northern Ireland) 2021 (S.R. 2021 No.316) removed the alternative LFD day 2 testing and required all fully vaccinated arrivals from non-red list countries to do a mandatory day 2 PCR. This temporary policy decision was subsequently reversed on 9 January 2022.

250. At the Covid-O meeting of 4 December 2021, Minister Swann agreed to align with the other UK nations to the effect that from 7 December 2021, anyone arriving into NI from abroad was required to take a pre-departure Covid-19 test. This applied to all travellers aged 12 years old and over, including those who were fully vaccinated. It was agreed that this was a temporary precautionary measure to be reviewed by the UK government prior to 20 December 2021. The review was undertaken by UK government as part of the 3 week review of all measures already in place and discussed at Covid-O meetings. International travellers were required to provide a negative pre-departure PCR or LFD test taken in the 2 days before travelling, in addition to a negative PCR test on or before day two after arrival. Following a meeting of Ministers from the four UK Governments, the Department announced that with effect from 15 December 2021, NI would remove all countries from its Red List for travel in line with a decision taken by all UK jurisdictions.

251. Following the Covid-O meeting of 5 January 2022 it was agreed that from Friday 7 January 2022, the Department would remove the need for fully vaccinated passengers and under 18s to take a pre-departure test or self-isolate on arrival. However, fully vaccinated passengers were still required to complete a passenger

locator form and take a test on or before day 2 of their arrival. From Sunday 9 January 2022, this could either be a lateral flow (LFD) or PCR test. Passengers with a positive lateral flow test were required to book a free confirmatory PCR test and isolate. If the subsequent mandatory confirmatory PCR was negative, then the isolation period could end. Individuals who were not deemed as fully vaccinated were required to complete a passenger locator form, take a pre-departure test, have booked a PCR day 2 and day 8 test package and complete 10 days self-isolation. As part of its January 2022 Review of Border Health Measures on 24th January 2022, the Covid-19 Operations Committee (Covid-O) agreed that from 11 February 2022 fully vaccinated travellers arriving from non-red list countries only had to complete a UK Passenger Locator Form with no additional requirement for testing or isolation. [PM/938 - INQ000348893 (DoH ref: PM3148)], [PM/939 - INQ000348894 (DoH ref: PM3149)] Individuals who were not fully vaccinated were required to complete a UK Passenger Locator Form, take a pre-departure test 48 hours before arriving into NI and book and pay for a day 2 PCR post arrival test. These individuals were to be only required to self-isolate if they had tested positive following the day 2 PCR test.

252. A further review of border health measures, was undertaken by the Cabinet Office Covid Operations Committee at its meeting on 14th March 2022, following its 'January review' on 24th January 2022. The Minister for Health in NI and Ministers from the other Devolved Administrations attended the Review meeting.

253. The Committee's overall objective was to return to pre-covid levels of international travel to revitalise the industry, tourism and global relations. To deliver on this objective, the paper presented at Covid-O recommended a removal of all current baseline border health measures. The Committee and the Devolved Administrations agreed to the recommendations in the paper and for the current International Travel regulations to expire from 4am on 18 March 2022. This meant that from Friday 18 March 2022 all international Covid-19 travel restrictions were removed for those travelling to NI. Travellers were also no longer required to take tests or complete a Passenger Locator Form. The remaining managed hotel quarantine capacity was fully stood down at the end of March 2022.

254. The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) (Revocation) Regulations (Northern Ireland) 2022

revoked the Health Protection (Coronavirus, International Travel) Regulations (Northern Ireland) 2021 and The Health Protection (Coronavirus, International Travel, Operator Liability and Information to Passengers) Regulations (Northern Ireland) 2021; and all subsequent amending regulations. In effect, this meant that all travel restrictions were removed, however the revocation regulations introduced a transitional provision whereby those travellers who arrived in NI with tests booked before revocation were obliged to undertake those tests and the principal Regulations continued to apply in respect of those international travellers.

Covid-19 Test, Trace and Protect Strategy

255. The following key actions and decisions were taken by the Department during the third wave in relation to the Department's Covid-19 Test, Trace and Protect Strategy.

Test, Trace and Isolation July to December 2021

256. With effect from 16 August 2021 the Executive approved changes to the Covid-19 self-isolation rules for close contacts who were fully vaccinated. People who were fully vaccinated no longer needed to automatically self-isolate for 10 days if someone they had been in close contact with tested positive. Instead, they were advised to get a PCR test on day two and day eight of the 10 day period. People who were not fully vaccinated still needed to self-isolate for the 10 days. This policy change applied to close contacts only. People who had Covid-19 symptoms, whether vaccinated or not, were advised to immediately book a PCR test and self-isolate until the result. People who received a positive PCR test were advised to keep self-isolating for the 10 day period. Policy in relation to exemption from self-isolation for fully vaccinated close contacts was fast moving across all the UK nations around the time of this change (August 2021). The changes introduced in Northern Ireland broadly aligned with the policy changes planned or already implemented in other UK Nations, with some specific requirements associated with the change in approach in each country.

257. The approach to self-isolation for close contacts who are health and social care workers remained as stated in the CMO letter issued on 23 July 2021 [PM/940 -

INQ000348895 (DoH ref: PM3150)] This approach was kept under active review by the Department's policy team within CMOG with advice from senior professional Departmental advisors including the CMO and CSA and was updated in response to changing epidemiology and as the wider public health risk posed by the virus evolved and lessened.

258. The Minister wrote on 2 December 2021 to update his Executive colleagues on changes to testing of close contacts of confirmed Covid-19 cases. A key change was to introduce additional testing for certain cohorts of close contacts – for example, in addition to taking a PCR at day 2 post exposure and a second PCR test at day 8 post exposure; fully vaccinated adults individual were advised to take a daily LFD test starting as soon as possible following their identification as a close contact until 10 days post exposure. The purpose was to further assist in early identification of positive cases among close contacts and to help reduce transmission at a time of sustained community transmission across Northern Ireland. This additional testing meant that Northern Ireland put in place enhanced arrangements for testing of close contacts when compared to current arrangements in the other UK nations and in the Republic of Ireland. This was deemed justified and warranted to help reduce transmission given the prevailing high positive case numbers experienced in Northern Ireland [PM/941 - INQ000348900 (DoH ref: PM3155)], [PM/942 - INQ000348901 (DoH ref: PM3156)].

Test, Trace and Isolation Response To The Omicron Variant

259. In response to the emergence of the Omicron variant, advice included that fully vaccinated and school aged close contacts of confirmed Covid-19 cases were advised to self-isolate immediately and get a PCR test. This policy change was introduced on 17 December 2021 with the objective of keeping case numbers as low as possible while the accelerated vaccine booster programme was delivered [PM/943 - INQ000348902 (DoH ref: PM3157)]. The Department's records show that the approach differed in other UK nations. For example, our records show that the approach in England included that fully vaccinated and school aged close contacts were to undertake daily lateral flow testing from day one having been identified as a close contact (there was no advice to isolate immediately and no advice to take PCR tests unless a lateral flow test is positive or they develop symptoms); while our

records show that the approach in Scotland included that all household contacts isolate for 10 days irrespective of age or vaccination status and that non-household close contacts were asked to isolate initially and take a PCR test - if negative, they could stop isolating – there was no population recommendation for daily lateral flow tests).

260. In the context of increasing Covid-19 positive case numbers, on 24 December 2021 the Minister approved a range of updated policy measures across the Test, Trace, Protect Strategy [PM/944 - INQ000348903 (DoH ref: PM3158)]. At that time the epidemic was growing rapidly, with large increases in confirmed cases expected in the coming days and weeks.

261. Updates were in relation to:

(i) isolation and management of positive cases and of close contacts (positive cases could leave isolation on Day 7 providing they had two negative LFD tests at least 24 hours apart, no earlier than Days 6 and 7 - this approach was in line with the other UK nations; and fully vaccinated close contacts were no longer required to take a PCR test and could release from isolation following a negative LFD test and provided they continued to return a daily negative LFD test result thereafter until the 10th day after last contact with the positive case. The position with unvaccinated close contacts remained unchanged;

(ii) (ii) prioritisation of available PCR testing capacity was to gain maximum public health and clinical benefit from available PCR testing, and;

(iii) an operational escalation of the Contact Tracing Services' contingency plan in given the significant continuing increases in case numbers.

262. In addition, with effect from 5 January 2022, people with a positive LFD test no longer needed a PCR test to confirm that LFD test result. People were advised

that if their LFD test was positive they should assume that they had Covid-19, were therefore infectious, and should self-isolate immediately for the required period. The removal of the requirement for a confirmatory PCR testing was a temporary measure in response to the very high prevalence of Covid-19 in NI at that time.

263. On the 19 January 2022, Minister Swann wrote to the Executive advising that the period of isolation for confirmed cases was to be reduced from 6 full days to 5 full days with release on day 6 providing the case had two consecutive negative LFD test results 24 hours apart, with the first taken no earlier than day 5. This change took effect from Friday 21 January 2022 [PM/945 - INQ000348904 (DoH ref: PM3159)].

Sectoral Approach to Asymptomatic Covid-19 testing.

264. From December 2020, the Department had worked with a range of partners to deliver an expansion of the availability of a regular programme of asymptomatic Covid-19 testing. This work continued throughout the Wave 3 period across different sectors such as testing in schools, workplace testing across a range of business sectors, across a range of healthcare settings, as an additional mitigation to support visiting to health and social care settings.

Schools

265. On 9 September 2021, the Health and Education Ministers jointly wrote to their Executive colleagues to inform them of revised arrangements for the identification of close contacts in schools [PM/946 - INQ000348845 (DoH ref: PM3089)]. The revised arrangements involved making operational changes which would have positive impacts on both the numbers of children being asked to self-isolate, and the burdens on school leaders. The revised approach replaced the previous school-led process to identifying close contacts of Covid-19 cases with a more targeted PHA led approach, easing the significant burdens on school leaders. Similar approaches were in place in the other UK nations.

266. On 30 September 2021, Minister Swann wrote to advise his Executive colleagues of the decision to extend the more targeted approach to Contact Tracing in schools to certain out of school settings, so as to align these with in-school contact tracing. This change brought arrangements in registered school-age group childcare settings, sports clubs and similar settings into line with those introduced in schools [PM/947 - INQ000348896 (DoH ref: PM3151)]

267. In October 2021, the Minister approved further enhancements to testing arrangements in schools, at a time when the rate of Covid-19 positive cases in school aged children was at its highest point since the start of the pandemic. The suite of changes, included amongst other things: the recommendation for daily Lateral Flow Device (LFD) testing of any Post Primary School pupil(s) and staff member who was identified by the PHA as a household close contact. In the period following receipt of an initial / Day 2 negative PCR test result (which enabled a return to school), up until receipt of a negative Day 8 PCR; and in the event of an outbreak/cluster in a post primary school setting, and following a risk assessment and advice from the PHA, pupils and staff in an identified group may have been asked to take a one off LFD test (in addition to ongoing LFD twice weekly asymptomatic testing) prior to returning to class. These changes were in addition to the suite of mitigations in schools to help reduce the risk of Covid-19 transmission, which included cleaning, hand hygiene, ventilation, face coverings and consistent groups. The changes took account of recent policy and learning including from the other UK countries [PM/948 - INQ000348899 (DoH ref: PM3154)].

Workplace Testing

268. In March 2021 the Department launched the workplace Covid-19 testing programme for NI key sector employers. The Department under the NI SMART programme worked with Local Government and the Business Sector across NI to promote and encourage the introduction of Rapid Testing schemes to keep their employees and customers safe. Organisations with more than 10 employees or volunteers were advised that they could set up a Workforce Testing Scheme to access free Rapid Tests by submitting an Expression of Interest. Organisations with less than 10 employees or volunteers could establish shared workforce schemes with other organisations or encourage use of the home delivery service or collection sites [PM/949 - INQ000348897 (DoH ref: PM3152)]. The programme was further extended in early April 2021, from employers in designated sectors with more than 50

employees who could not work from home to all private sector employers with more than 50 employees who could not work from home [PM/950 - INQ000348898 (DoH ref: PM3153)]. It was further extended in late-April 2021 to all organisations with 10 or more employees or volunteers, who could not work from home. Some larger businesses were enabled to set up and run Assisted Testing Sites, to oversee the regular (recommended twice weekly) workforce testing and to upload the results. Smaller businesses were able to access tests for distribution to their employees to conduct the tests at home, while managed within the parameters of the employer organisation's workforce testing policy. The initial employers to use the programme were Translink, NI's public transport operator, and the NI Fire and Rescue Service. [PM/951 - INQ000348844 (DoH ref: PM3088)]

269. In October 2021, the Department highlighted the increased accessibility of Rapid Tests and the importance of regular rapid testing to help stop the spread of Covid-19 during winter 2021/22 [PM/952 - INQ000383325 (DoH ref: PM3273)]. Free Rapid Tests were available: for collection at over 550 sites across NI, including: at 504 community pharmacies; via online home delivery; and through Workforce Testing Schemes. Businesses across NI introduced Rapid Testing schemes to keep their employees and customers safe. This was a Departmental initiative under the aegis of NISMART community testing programme and rollout of various strands pharmacy direct; on-line; community collection points. Organisations with more than 10 employees or volunteers were advised that they could set up a Workforce Testing Scheme to access free Rapid Tests by submitting an Expression of Interest. Organisations with less than 10 employees or volunteers could establish shared workforce schemes with other organisations, or encourage use of the home delivery service or collection sites.

Test, Trace and Isolation February to August 2022

270. On 21 February 2022 UK Government's announced it's Living With Covid Plan for England The plan set out planned changes to test, trace & isolation policy in England which were to be introduced in phases. The first group of changes were to be introduced from 24 February 2022 and included for example, removing the legal requirement to self-isolate following a positive test - instead, adults and children who

tested positive were advised to stay at home and avoid contact with other people; no longer asking fully vaccinated close contacts and those under the age of 18 to test daily for 7 days; and removing the legal requirement for close contacts who were not fully vaccinated to self-isolate. Later changes were to come into effect from 24 March 2022 (for example, Covid-19 provisions within Statutory Sick Pay and Employment and Support Allowance regulations were to end) and from 1 April 2022 (updated guidance setting out the ongoing steps that people with Covid-19 should take to minimise contact with other people – taking account of changes to testing policy in England) [PM/953 - INQ000348846 (DoH ref: PM3091)]

271. On the same day the UK Government plan was published (21 February 2022), Minister Swann announced that the Department would carefully consider the plan and its implications for NI [PM/954 - INQ000348905 (DoH ref: PM3160)]. No decisions had been taken on any changes to Test and Trace in NI. The Minister commented: "my Department continues to keep all aspects of the Covid-19 test and trace programme in Northern Ireland under review to ensure it remains proportionate and effective". The Minister also highlighted the importance of a cautious approach due to the continuing high numbers of daily infections and the continued pressure on hospitals. The Department and Minister continued to provide health advice to inform decisions made by the Executive on any easement of NPIs in NI based on the trajectory of the pandemic locally, an assessment of health and social care pressures and the advice of the CMO and CSA which was informed by the modelling of the NI Modelling Group.

272. On 24 March 2022 the Minister announced that a more targeted approach to testing would be introduced on a phased basis from April 2022, with the focus on supporting and protecting those at highest risk of serious illness [PM/955 - INQ000348847 (DoH ref: PM3092)]. The move to a more targeted approach was in line with transition plans announced in the other UK nations, albeit the detail and timing of changes differed. Testing would continue to be available for those eligible for Covid-19 treatments which include antiviral and antibody treatments available in each of the five HSC Trusts .. Under the new policy, PCR testing ceased for most people with symptoms from 22 April 2022, however free LFD tests continued to be available to the public to use should they develop symptoms of Covid-19 [PM/956 - INQ000348848 (DoH ref: PM3093)]. LFD tests also continued to be available free of

charge to support those living in, working in, or visiting a higher risk setting such as a care home until the end of June 2022, with a further review by the Department's EAG-T and Departmental policy team within CMOG then. Consequently, free LFD testing for most people in the general population and those with symptoms continued to be available to the public until 22 August 2022 [PM/957 - INQ000348849 (DoH ref: PM3094)], [PM/958 - INQ000348850 (DoH ref: PM3095)]. The details of this policy change was set out in the Test and Trace Transition Plan published by the Department and subsequent related statements. [PM/959 - INQ000348966 (DoH ref: PM3223)], [PM/960 - INQ000348967 (DoH ref: PM3224)].

StopCOVID NI Proximity App

273. The Department continued to provide the StopCOVID NI Proximity App (see paragraphs 229 to 233 in the Wave 1 statement and paragraph 154 in the Wave 2 statement) during the third wave. However people used it less during Wave 3. Although PCR testing was still taking place in secondary care settings, self-administered LFT testing became the mainstay of community diagnosis and the basis for self-testing and rapid testing by citizens and venues. This change disrupted the app contact notification operational model, which had depended upon PCR test result notifications emanating from the test registry. The app was placed in "maintenance mode" and continued to support the Test, Trace Protect Strategy, but no further development work was undertaken. It was withdrawn in September 2022.

Covid-19 Public Information Dashboard

274. The Department continued to provide the Covid-19 Public Information Dashboard for NI during the third wave (see paragraphs 234 to 235 in the Wave 1 statement and paragraphs 155 to 157 in the Wave 2 statement). A further development to the Dashboard was introduced on 31 January 2022, which involved moving all Covid-19 case reporting to use a new episode-based definition which included possible reinfections. Reinfections had previously been included in daily updates of new Covid-19 cases, but re-infections were only counted once in cumulative totals. As the pandemic continued and more variants emerged, it was more likely that people would be reinfected with Covid-19. UK public health

agencies were therefore updating surveillance data to count infection episodes, including reinfection episodes. The Department worked with the UK Health Security Agency and other devolved administrations to align definitions across the UK. [PM/961 - INQ000348851 (DoH ref: PM3096)] A number of other cosmetic changes were made to the Dashboard but none of these impacted significantly on content or coverage.

Information Sharing with the Republic of Ireland

275. The Health Ministers and their officials from NI and the Republic of Ireland continued to work together, both within and outside the structures of the North South Ministerial Council, to combat the impact of the pandemic in both parts of the island. The cross-border cooperation during the first wave (see paragraphs 236 to 238 in the Wave 1 statement and paragraphs 158 to 163 in the Wave 2 statement) continued during the third wave through regular liaison meetings and information sharing.

Infection Prevention & Control

276. Resolved expert advice was provided by the UK 4-Nations IPC Cell to each of the nations. Such guidance was assessed locally by the IPC Cell with a view to adopting and/or advising in relation to its implementation in this jurisdiction. NI's local IPC Cell offered a forum for discussion of such issues, and development of appropriate IPC guidance, arrangements and policies to apply across the region.

277. The local IPC cell was represented in the UK 4-Nations IPC Cell by a senior IPC practitioner (Registered Nurse) from the Public Health Agency and in addition to facilitating more informed consideration of the resolved UK-wide expert advice by the local cell, this allowed the continuance of NI input to the shaping and influencing of expert advice and guidance.

Covid-19 Vaccination Programme

278. The Wave 2 statement covered the Covid-19 vaccination programme from the pre-planning stage, the launch in December 2020, through to June 2021 when everyone aged 18 years and over was by then eligible for vaccination. At the start of the third wave, in July 2021, the major focus of the vaccination programme was to try and improve the uptake rates for all groups, but particularly the uptake in younger age cohorts. To achieve this, an increased effort was made to try and improve access to vaccination. This included an ongoing rolling programme of mobile pop-up clinics which provided vaccines at areas of high footfall, and in areas where accessibility issues and other barriers may have impacted on uptake. Individuals could attend with no prior appointment. Further initiatives included walk-in clinics at the Balmoral Agricultural Show in September 2021 and the provision of vaccination through the Farm Families Health Checks Programme. [PM/962 - INQ000348852 (DoH ref: PM3097)], [PM/963 - INQ000348860 (DoH ref: PM3105)].

279. Uptake in the youngest eligible cohorts was particularly low and therefore a new special "Jabbathon" promotion for students was organised which involved around 60 walk-in clinics in September 2021 covering some 30 Further Education and Higher Education campuses. While the uptake results achieved during the 'jabbathon' were disappointing it was important to ensure young people were given easy opportunities to avail of the vaccine. [PM/962 - INQ000348852 (DoH ref: PM3097)].

280. In addition to the pop-up clinics and special promotions, there was also a major expansion of the role of community pharmacy in vaccination with a significant increase in the number of pharmacists offering appointments for first doses. This was possible by deploying the Moderna and Pfizer vaccines and greatly expanded the network of available vaccination clinics for those aged 18 years and over [PM/964 - INQ000348926 (DoH ref: PM3182)] However due to the use of multidose vials, community pharmacies had to try and gather 10 individuals together before they could open a vial in order to limit vaccine wastage.

281. In June 2021, the interval between doses of the Moderna and Pfizer/BioNTech vaccines had been reduced to a maximum of 6 weeks. This had helped to speed up the delivery of the programme due to concerns about the impact of the Delta (B1.617.2) variant [PM/965 - INQ000348927 (DoH ref: PM3183)]. In late

July this position had been reversed and the intervals for these vaccines returned to being 8 weeks apart [PM/966 - INQ000348928 (DoH ref: PM3184)] For people who had still to get their second doses, HSC Trusts ran a series of second dose walk-in vaccination clinics from July to October 2021 to encourage those who had missed their second dose to come forward.

282. By early August, eligibility had been extended to a group of 12–15-year-old clinically at-risk children with specific conditions as well as those aged 12-15 years of age who were the household contacts of anyone who was immunosuppressed [PM/967 - INQ000348929 (DoH ref: PM3185)], [PM/968 - INQ000348930 (DoH ref: PM3186)], [PM/969 - INQ000348931 (DoH ref: PM3187)], [PM/970 - INQ000348932 (DoH ref: PM3188)]. To facilitate the at-risk group, the PHA established a regional group which included a Paediatrician from each Trust to identify those children aged 12-15 years of age who fell into the specific groups identified by JCVI. They were then invited to attend a dedicated vaccination centre at either a special school or Trust vaccination centre. GPs/Trusts issued letters to the households of anyone who was immunosuppressed advising them that those aged 12-15 years of age who stayed at the same address could now book a vaccination at one of the regional Trust centres. This expansion of the vaccination programme to some 12–15-year-olds followed on from the MHRA approval in June for Pfizer/BioNTech Covid-19 vaccine to be used in those aged 12 years and older.

283. Also, in early August 2021 the offer of vaccination was extended to all 16- and 17-year-olds but only for one dose at that stage, in line with JCVI advice, with no decision as to when the second dose would be offered. [PM/971 - INQ000348933 (DoH ref: PM3189)], [PM/972 - INQ000348934 (DoH ref: PM3190)] Health professionals were updated via chief professionals' letter [PM/973 - INQ000348935 (DoH ref: PM3191)].

284. The offer of a single dose of vaccine was extended to all 12–15-year-olds in October 2021as a result of the 4 UK Health Ministers seeking further advice from the four UK Chief Medical Officers on the Covid-19 vaccination of all young people aged 12 to 15. This occurred after JCVI had advised that while "Overall the Committee was of the opinion that the benefits from vaccination were marginally greater than the potential harms…The margin of benefit, based primarily on a health perspective, is considered too small to support advice on a universal programme of vaccination of otherwise healthy 12-15 year of children at that time…" The 4 UK CMOs had

collectively agreed that the offer of vaccination should be extended to all 12-15 year olds with parents and children encouraged to understand the potential benefits, potential side effects and the balance between them [PM/974 - INQ000348936 (DoH ref: PM3192)], [PM/975 - INQ000348937 (DoH ref: PM3193)], [PM/976 - INQ000348938 (DoH ref: PM3194)].

285. In Northern Ireland it was decided by the Oversight Programme Board to make best use of limited HSC resources by implementing the one dose schedule for all 12–15-year-olds by joining in with the annual school-based Influenza programme. The flu vaccination programme requires just one dose of vaccine and the programme officially runs from October to the end of March but the vast majority of flu vaccinations are administered pre-Christmas. The flu programme had recently been expanded to include secondary school age children and therefore on this occasion, children aged 12-15 years of age would be eligible for both vaccines. The PHA were tasked to lead on this element of the programme and work with the Trusts' school nursing teams to implement a school-based programme for the first dose of Covid-19 vaccine. This was implemented over the period October 2021 to January 2022. Uptake was low compared to earlier phases of the programme which had been aimed mainly at older people or those with underlying health conditions. This was also partially affected by the isolation rules in operation at that time which saw large numbers of school children self-isolating as they had tested positive for coronavirus or had been in contact with someone who had tested positive as well as a general understanding that children were at the lowest risk overall from Covid-19 [PM/977 - INQ000348939 (DoH ref: PM3195)].

286. By late November 2021 JCVI advised that a second dose could be offered to all healthy 16- and 17-year-olds, with an extended dose interval of 12 weeks or more [PM/978 - INQ000348940 (DoH ref: PM3196)]. By early December, JCVI then advised that all 12–15-year-olds could receive a second dose at least 12 weeks after the first dose [PM/979 - INQ000348941 (DoH ref: PM3197)] It was agreed by the Oversight Board that second doses would be made available via Trust-led clinics. This was because the seasonal influenza school-based programme would be completed shortly and 12-15 year olds would only become eligible for a second dose from late January 2022 onwards, therefore it would not be an efficient use of resources to ask Trust teams to revisit all the schools again to administer second Covid-19 doses.

287. In the late summer and early autumn months, planning began for the roll-out of the Covid-19 vaccine booster, which JCVI had suggested would be necessary in July, in order to maintain immunity. By September 2021, JCVI advised that booster vaccines should be offered to those who were considered more at risk from serious disease, and those who were vaccinated during Phase 1 of the vaccine programme (priority groups 1 to 9) i.e., those aged 50 years and over and those aged under 49 years and under in a clinical risk group [PM/980 - INQ000348942 (DoH ref: PM3198)], [PM/981 - INQ000348943 (DoH ref: PM3199)], [PM/982 - INQ000348944 (DoH ref: PM3200)]. It was decided in line with JCVI advice that the programme would be rolled out around the same time as the annual Influenza vaccination. programme, which had been expanded to include all healthy individuals aged 50 years and over [PM/983 - INQ000348945 (DoH ref: PM3201)].

288. The annual flu vaccination programme and Covid-19 boosters officially started on 1 October 2021. The programme was designed to be largely delivered by GPs and community pharmacies, with Trusts playing a smaller support role. The programmes were aimed at helping to protect those considered most vulnerable and to ease winter pressures on the health care service caused by Covid-19 and Influenza. The programme started with the vaccination of Care Home residents and staff which meant that Trust vaccination teams visited every care home in NI [PM/980 - INQ000348942 (DoH ref: PM3198)].

289. By November 2021, and based on updated JCVI advice, the Covid-19 booster offer was extended to those aged 40-49 years of age [PM/978 - INQ000348940 (DoH ref: PM3196)], [PM/984 - INQ000348946 (DoH ref: PM3204)], [PM/985 - INQ000348947 (DoH ref: PM3205)]. As a result, plans were put into action to expand the role of Trusts to help accommodate a rapid vaccination of all those eligible. Trust capacity was increased again following further JCVI advice on 29 November in light of the Omicron variant, which led to the recommendation that the booster programme should be extended to everyone aged 18 years and over. [PM/986 - INQ000348948 (DoH ref: PM3206)].

290. In order to help facilitate this huge expansion in eligible individuals, the South Eastern Trust were again tasked with rapidly setting up a large scale vaccination centre. The Minister approved the establishment of the centre at the Titanic Exhibition Centre, which was operational by 19 December 2021 [PM/987 - INQ000348949 (DoH ref: PM3207)], [PM/979 - INQ000348941 (DoH ref: PM3197)].

Vaccination rates increased rapidly right across NI up to Christmas 2021 but then started to decrease rapidly in early January 2022 as the perceived threat caused by Omicron reduced.

291. By mid-February 2022 and based on updated JCVI advice, the programme was extended to all children aged 5-11 [PM/988 - INQ000348950 (DoH ref: PM3209)], [PM/989 - INQ000348952 (DoH ref: PM3210)]. This was implemented using Trust led vaccination clinics where parents could pre-book their child in for vaccination. In some Trust clinics they also accepted walk-ins). Plans were also started for the forthcoming spring booster programme which would be aimed at those aged 75 and over, care home residents, and anyone aged over the age of 12 who was immunosuppressed [PM/990 - INQ000348953 (DoH ref: PM3211)], [PM/991 - INQ000348954 (DoH ref: PM3212)]. In NI, for the forthcoming spring programme, it was decided to move away from a Trust based delivery model to vaccinate in care homes, and instead, arrange for every care home to link to a community pharmacy partner.

292. At the beginning of April 2022 operational responsibility for the COVID-19 vaccination programme transferred fully from the Department to the Public Health Agency in keeping with more established vaccination programme for example seasonal influenza and childhood immunisations. The Department retained control of all policy matters [PM/992 - INQ000348955 (DoH ref: PM3213)], [PM/993 - INQ000348968 (DoH ref: PM3225)].

Vaccine Certification

293. In the winter of 2020, the WHO initiated work on an international trust framework, for evidencing Covid vaccination status, to enable international travel and support infection control. The EU provided a technical specification for a Public Key Infrastructure ('PKI') to verify international digital Covid certificates

294. In February 2021 the Department's Chief Digital Information Officer submitted a Submission to the Minister (SUB 0215 2021), [PM/994 - INQ000348804 (DoH ref: PM3043)] advising on international developments, and the considerations required to ensure that NI citizens could undertake international travel. In March 2021, a further

Submission to the Minister (SUB 0372 2021) [PM/995 - INQ000348805 (DoH ref: PM3044)], outlined emerging policy for Covid certification for international travel, as an infection control measure, and in domestic use to support of removing restrictions on hospitality, events and sporting fixtures. During May 2021 a planning conversation between Department of Health and Executive Office officials concluded that the Department of Health would begin to explore development of such a solution for international travel and maintain a watch on potential applications for domestic uses. [PM/996 - INQ000348806 (DoH ref: PM3045)] The Department of Health agreed to do this on the basis that there was no defined policy position on this matter. Therefore the Department of Health undertook initial design work on a digital solution, reviewing available technical & information resources, emerging international (and UK) standards and creation of a process outline to ensure NI citizens were compatible with UK and international schemes.

295. At the end of June 2021, Malta and Portugal announced that they would receive international travellers, on the condition of being able to evidence Covid-19 status to the EU / WHO standard. An interim solution delivered by the Department in 6 days, provided a printed certification with a QR code, to meet these requirements. In the same timeframe the Permanent Secretary agreed an initial funding allocation of £1.5m (subject to financial processes being completed in parallel to development) to support development of a fully digital solution before the end of July 2021.

296. The Department published the detailed history of the development of the Covid Certification scheme on the departmental website. [PM/997 - INQ000348807 (DoH ref: PM3046)] The full Covid Certification Scheme (CCS), launched on 19 July 2021, enabled citizens (via a web portal) to establish their identity, apply for the information, and have it displayed vis a dedicated NI mobile phone app. The solution delivered new identity solutions to link to the H&C number index and validate access to medical information in a GDPR compliant way. The NHS England App was not technically compatible with the NI HSC information systems. Using AI driven, automated checks, at the front end of the service, just under 1 million applications from citizens were processed (at 10% of the cost of a manual check, with 85% automation). The digital identities created are now available to be used to access other NI public services. These accounts are also being re-purposed to provide secure access to medical records via the 'patient portal' of the new regional electronic patient record solution.

297. The mobile App became known as 'CovidCert NI' and the service was supplemented by paper certificates and a helpdesk service for those unable to use the digital channels or required assistance from others to access the information. The rapid development of a comprehensive solution challenged Departmental capacity to respond to the many queries raised by citizens resulting in the Department engaging an external supplier to provide a helpdesk service and the existing financial approval processes to respond to the pace of development, resulting in retrospective final financial approvals for the work.'. The Minister and Permanent Secretary were informed of this position (Sub 0779 2021). [PM/998 - INQ000348808 (DoH ref: PM3047)].

298. In late summer 2021 there were discussions across the UK on "opening up society" subject to certain requirements. The timetable for such schemes differed across the 4 UK regions as these were policy decisions. The potential for such an initiative had been envisaged in the March 2021 Submission to the NI Minister of Health. The Department was also cognisant of a growing demand from NI citizens to be able to satisfy the certification requirements of such schemes within the UK, the Republic of Ireland and internationally. At their meeting of 7 October 2021 development of appropriate enabling infrastructure for any potential expansion of the use of the App, was proposed by the Department of Health and included in the Executive Paper E(21) 195 (C) COVID-19 – Autumn Winter Contingency Plan. [PM/999 - INQ000348809 (DoH ref: PM3048)]. As recorded in the meeting minutes (Final Executive minutes E (M) (21) 47 - Executive Meeting 7 October 2021), the plan was agreed. [PM/1000 - INQ000348810 (DoH ref: PM3049)]. The preparatory work was required due to the long lead times involved, if the App was to be available at a later date to support the introduction of mandatory Domestic Use of Covid Certificate.

299. In November 2021 the Minister wrote to Executive colleagues informing them of the release of the enhanced version of the existing 'COVIDCert NI' app, to allow citizens voluntarily to display only the information required to meet the various access regulations planned or in force across the UK and Republic of Ireland (Sub 1166 2021) [PM/1001 - INQ000348811 (DoH ref: PM3050)]. Again, alternative channels, providing a paper certificate, were available for those who were unable to use the digital processes.

300. A Verification App (COVIDCert Check NI) was also provided on 1 November to accompany the updated 'COVIDCert NI' app for those establishments who wished

to undertake voluntary checks. This app did not reveal personal information in line with UK GDPR best practice. The App authenticated the QR code present on paper certificates or the mobile app alongside a visual ID check (paper) or the display of a verified photo (the App) and then displayed a 'tick' or 'cross'. This minimalist approach attracted widespread support from privacy and civil liberties groups (consulted during the design phase) as well as the ICO.

SECTION C: THE HEALTHCARE SYSTEM RESPONSE DURING THE THIRD WAVE

301. As stated in paragraphs 9 and 10 above, the 'Management Board for Rebuilding HSC Services' and the integrated Covid-19 Gold Command Group, both chaired by the Department's Permanent Secretary, played the central role in the Department's management and oversight of the healthcare system response to the pandemic during the second wave and third Wave. The Department made a number of key decisions concerning the health system's response to mitigate the impact of Covid-19 by developing and implementing counter measures. These decisions are set out below.

Long Covid

302. It was recognised that there was a need to provide support to those living with longer term health impacts as a result of Covid-19 infection. Following a request from the Minister of Health to the Chief Medical Officer, a Clinical Working Group was established in summer 2020 to review the holistic needs of those recovering from Covid-19, specifically following a hospital admission. A series of meetings were held over the summer with a wide range of healthcare professionals from throughout NI. The aim was to examine how the identified needs of post Covid-19 patients were currently being addressed and how this could be improved.

303. The review found there were very good working models in Northern Ireland which were offering post-Covid-19 follow-up care to various groups of patients. However, there was also evidence of services operating in silos which was making it difficult to connect with other service areas.

304. The Working Group recommended that, so far as possible, disciplines working on post-Covid recovery should be incorporated into a follow-up 'one-stop' clinic. Where a discipline cannot contribute to a 'one stop clinic', there should be regionally uniform signposting adopted.

305. An important development subsequent to the meetings of the Working Group, was the publication in December 2020, by the National Institute for Health and Care Excellence (NICE), of a rapid guideline in respect of the long-term management of Covid-19.

306. In advance of the publication of the NICE guideline, it was announced that a number of long Covid assessment clinics were being established in England. In response, the Health and Social Care Board was asked to initiate work to develop costed proposals for the assessment and treatment of patients experiencing the longer term effects of Covid-19.

307. In February 2021, an initial proposal was put forward by the HSCB that a multi-disciplinary team be established to provide assessment clinics, with the team comprised of a range of disciplines including physiotherapy, occupational therapy, psychology and dietetics. based on the model established in England. It was expected that, at the outset, ongoing therapy following assessment would largely be provided within core health and social care services.

308. Following further consultation with professional bodies and organisations, a revised proposal was received by the Department in June 2021. The revised proposal offered a comprehensive service drawing from the available clinical guidance, experience in the treatment and management of these cases to date, and best practice from across the UK.

309. On 14 June 2021 the Minister announced new services for the treatment and assessment of post-Covid-19 syndrome, also known as 'long Covid'[13] as defined in

[13] The ONS published a study on Prevalence of ongoing symptoms following coronavirus (Covid-19) infection in the UK on 04 June 2021 www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/conditionsanddiseases/bulletins/prevalenceofongoingsymptomsfollowingcoronaviruscovid19infectionintheuk/4j

the guideline issued by the National Institute for Health and Care Excellence (NICE)[14] [PM/1002 - INQ000348831 (DoH ref: PM3070)]. The new bespoke services were launched on 1 November 2021 [PM/1003 - INQ000348832 (DoH ref: PM3071)]. In the period leading up to the new service, patients displaying long Covid symptoms were treated via existing services for individuals with long Covid in both primary and secondary care. In preparation for commencement of the new services, arrangements to support electronic referral from primary to secondary care services were put in place via the Clinical Communication Gateway (CCG). This would ensure that referrers would have access to appropriate guidance on criteria for referrals. A letter which set out the background and purpose of the service alongside practical advice to referrers was issued by the Director of Planning and Commissioning on 27 October 2021 [PM/1004 - INQ000348833 (DoH ref: PM3072)].

310. The new services included the establishment of a multidisciplinary assessment service for post-Covid-19 patients, which was available across all five HSC Trust areas and was open to referrals from both primary and secondary care. These clinics were able to offer services across multiple disciplines, including physiotherapy, occupational therapy and nursing, as well as referring patients on to other services, where appropriate, and providing patients with advice on how to manage their condition.

311. The multi-disciplinary team assessment clinics were one element of a suite of services established for post-Covid-19 patients. These multi-disciplinary team clinics were able to offer services across multiple disciplines, including physiotherapy, occupational therapy and nursing, as well as referring patients on to other services, where appropriate, and providing patients with advice on how to manage their condition. Other strands included:

- Bespoke pulmonary rehabilitation / dysfunctional breathing service for patients with significant respiratory symptoms post Covid-19;
- Additional support for patients discharged from critical care (both Covid-19 and non-Covid-19);

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une2021(external link opens in a new window / tab) which estimated 21,000 people living in private households in NI were experiencing self-reported long Covid.

14 **COVID-19 rapid guideline: managing the long-term effects of COVID-19** NICE guideline [NG188]

• Strengthening psychology support to all HSC Trusts; and,
• Signposting and access to self-management resources.

312. In addition, regional MDT clinical physiology, Speech and Language Therapy and dietetic support was also made available for those patients who may have needed diagnostic tests by respiratory clinical physiologists, or onward referral for dietetic and speech and language therapy from the one-stop-shop MDT assessment service, the critical care follow-up and pulmonary rehabilitation strands.

313. In line with NICE Guidance which advises that the evidence base for children and young people remains uncertain due to the small number of studies, post-Covid-19 services were designed for people aged 16 years and over. Children who had not reached their 16th birthday, who had persistent symptoms after a diagnosis of Covid-19 and who required more specialist care, were able to be referred to Trust paediatric services in the usual way to receive the appropriate assessment and treatment in line with their individual clinical needs. While the adult long Covid service is for adults aged 16 and over, children younger than that were still able to receive assessment and treatment through paediatric services.

314. Funding of £1m was allocated for the new post Covid-19 services as part of the Department of Finance's Covid-19 exercise at June 2021 monitoring round.

Primary and Community Care

315. During the third wave, GPs and practice teams continued to play a key role in providing frontline healthcare service delivery in NI, including in the roll out of the Covid-19 vaccination programme (see paragraphs 279 to 293 above).

316. In recognition of this key role, on 15 October 2021 the Minister announced that the Department had made available up to £5.5m funding to support general practice in NI over the challenging 2021/22 winter period. Of this funding, £3.8m was committed to support additional patient care services and up to £1.7m was made available to further improve telephony infrastructure and accessibility, such as the use of online systems for ordering repeat prescriptions, helping to free up telephone lines and staff time. The funding for telephony, announced in October 2021, would

help GP Practices have appropriate telephony services to manage activity, improve demand management, capacity and access; maximise General Practice telephony functionality; and ensure additional staffing hours during peak practice times to manage telephony demand effectively. This telephony funding announced in October 2021, was in addition to the £1.7m funding that had been made available in 2020/21 from within existing GMS funding, to help improve demand management, capacity and access to General Practice, with specific emphasis on making telephone lines available for staff in nursing homes, pharmacies and laboratory services in the local Health and Social Care Trust areas.

317. Announcing the funding, the Minister commented that: "Services across Health and Social Care ar e under increasing pressure and we know that this will be a challenging winter. Feedback from GPs indicates that many patients are presenting with more complex needs, particularly those who have a chronic disease, making it more difficult for them to see all the people they would wish to". The Minister's statement noted that recent figures indicated that practice teams were carrying out almost 200,000 consultations on a weekly basis. [PM/1005 - INQ000348853 (DoH ref: PM3098)].

318. At the outset of the pandemic, it was agreed that to support General Practice, a number of elements of the General Medical Services contract would be stood down. Accordingly, the Quality and Outcomes Framework (QOF) activity[15] and reporting was suspended and Enhanced Services activity was also significantly, reduced with no financial detriment to practices. These actions had helped to reduce the administrative burden on GP practices, enabling GPs to continue to play a key role in providing frontline healthcare service delivery, and to participate in Covid-related activity such as establishing and staffing Covid centres and supporting the Covid vaccination programme.

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[15] The Quality and Outcomes Framework (QOF) is a system designed to remunerate general practices for providing good quality care to their patients, and to help fund work to further improve the quality of health care delivered. It is a fundamental part of the General Medical Services (GMS) Contract, introduced in 2004. QOF records and measures achievement against a range of evidence-based indicators, with points and payments awarded according to the level of achievement.

319. During the period of Wave 3, as part of the 2022/23 General Medical Services contract agreed by the Department with the NI General Practitioners Committee, these arrangements were re-introduced with the aim of re-establishing normal practices in primary care as Covid-related activity, including participation in Covid-19 centres, reduced. Accordingly, QOF was recommenced from 1 April 2022 across all GP practices. In recognition of the administrative challenges the re-introduction of QOF would have on practices and given also the continued high levels of demand being experienced in primary care, it was agreed that QOF would be phased in over the 2022/23 year with some modifications introduced to lower the achievement thresholds for some indicators and extend the timeframe on others, to apply for 2022/23 only as a transitional measure[16]. For Enhanced Services, practices would be required to provide evidence of achievement against required service specification outcomes. It was also recognised that there was a need to continue to explore and build on new ways of working, the use of which had been accelerated during the pandemic. [PM/1006 - INQ000348854 (DoH ref: PM3099)]. A GP Access Working Group was established by the Department in June 2022 to explore issues relating to rising demand and access to GP services and consider actions that could be taken in the short, medium and long term to improve GP access, including the use of technology. The Working Group, which continues to meet, includes representatives from the Department of Health, Digital Health and Care NI (DHCNI) and General Practice.

Primary Care Covid-19 Centres

320. The establishment of Primary Care Covid-19 centres had been a GP-led innovation that was an urgent and immediate response to the challenges posed by the Covid-19 pandemic. Ten Primary Care Covid-19 centres were in place across Northern Ireland. They helped protect capacity within Primary Care by enabling patients with Covid-19 symptoms assessed and to be treated separately from those patients with other conditions which required assessment or treatment in Primary

[16] In light of continued pressures facing General Practice, further adjustment to QOF took place in December 2022 with some reprioritisation work undertaken to reduce the administrative burden on practices and to allow greater focus on patients in care homes.

Care. The centres provided services for patients symptomatic of Covid-19, and who were at higher risk of complications, or those described as having moderate or severe symptoms, and who required clinical assessment.

321. During the third wave of the pandemic, GPs continued to work with their local GP Federation to ensure that appropriate staffing cover for Covid centres was maintained in response to local demand. As the rate of infection fell and vaccination rolled out, the requirement on GPs' participation in staffing the Covid centres reduced.

322. With the ongoing Covid vaccination programme and the easing of restrictions, General Medical Services for patients at risk from Covid-19 evolved towards being managed by GP and practice teams where this could be done safely.

323. By March 2022, Covid centres were accounting for only a small percentage of the total potentially Covid symptomatic patients seen in primary care (5% by week ending 20 March). The need for Covid centres had diminished substantially and the remaining 2 operating sites closed at the end of March 2022. The centres had seen almost 68,000 patients between their inception in April 2020 and 20 March 2022. [PM/1007 - INQ000348855 (DoH ref: PM3100)].

Clinically Extremely Vulnerable

324. Advice for people in Northern Ireland who were identified as clinically extremely vulnerable to Covid-19 continued to be kept under review by a dedicated Cell in the Department of Health, which had been established in autumn 2020. The Cell, which met regularly oversaw policy and guidance relating to the Clinically Extremely Vulnerable population in Northern Ireland, was chaired at Deputy Chief Medical Officer level. In reviewing the advice, the Cell took account of and considered the development of advice offered to the Clinically Extremely Vulnerable, the latest evidence from the epidemiology in Northern Ireland; the status of the wider restrictions in place for the general population and also took cognisance of the advice for Clinically Extremely Vulnerable people that was in place elsewhere in the UK. Membership of the Department's CEV cell included representation from the Patient

and Client Council to ensure that the patient voice was heard in decisions around advice for CEV people. The Cell formulated advice which it provided to the Chief Medical Officer and subject to his approval the proposed change was submitted to the Minister for his consideration and approval.

325. In recognition of the improving picture in terms of the activity of the virus in the community, a graduated easing of the advice for people in Northern Ireland who were clinically extremely vulnerable (CEV) had commenced on 12 April 2021 with the easing of the advice around going to the workplace from that date. From 30 April 2021, there was further easing of restrictions for people who were clinically extremely vulnerable, including socialising in gardens, overnight stays in self-contained accommodation, retail, gyms and indoor facilities and hospitality. Those who were clinically extremely vulnerable could participate in the gradual re-opening of society, however it was vitally important that they continued to exercise great care, for example going to places at quieter times, wearing face coverings and social distancing.

326. During Wave 3, the NIDirect website continued to provide information and advice for Clinically Extremely Vulnerable people.

General Dentistry Services

327. In June 2021, the Minister approved the continuation of the General Dental Services (GDS) Financial Support Scheme (FSS) through to September 2021 and established the GDS Rebuilding Stakeholder Group with the aim of formalising engagement and developing options to address the challenges facing the sector. Similar schemes were in place elsewhere in the UK to safeguard the sustainability of dental practices during the pandemic. They are not however directly comparable given the different payment arrangements. [PM/1008 - INQ000348856 (DoH ref: PM3101)].

328. On 8 September 2021, the FSS was revised, separating support for practices, due to reduced capacity, and compensation for the cost of enhanced PPE. [PM/1009 - INQ000348857 (DoH ref: PM3102)]. Under the revised FSS, the activity levels

practitioners were required to meet to qualify for 100% of the support payments were increased from 15% to 25% of their 2019/20 Health Service activity. Tiered reductions applied to those who provided less Health Service treatment. In parallel, a new specific item code was added to the Statement of Dental Remuneration which allowed practices to claim for the cost of Level 2 PPE used in the provision of Aerosol Generating Procedures. The FSS ended in March 2022 and was replaced by the Rebuilding Support Scheme (RSS) from April 2022. Under the RSS, practitioners could apply for a 25% enhancement to their Item of Service fees for Health Service treatment completed. In order to qualify for RSS, practitioners had to commit to see unregistered patients with urgent and emergency dental needs. [PM/1010 - INQ000348858 (DoH ref: PM3103)]

329. In December 2021, updated Infection Prevention and Control guidance was released containing significant amendments. The guidance was re-named to reflect the main UK IPC guidance: Seasonal Respiratory Infections and Covid-19: General Dental Services - Operational Guidance. This reflected the adoption of the hierarchy of controls framework, with patients screened and risk assessed to be assigned to the most appropriate treatment pathway. This marked a key change in patient management, with the flexibility for staff to increase personal protective equipment levels according to local risk assessments. [PM/1011 - INQ000348859 (DoH ref: PM3104)], [PM/1012 - INQ000348861 (DoH ref: PM3106)]

Ophthalmic Services

330. On 23 June 2021, the Department announced a new week-end one-stop see and treat service model for cataract patients at the Downe Hospital, piloted by the South Eastern HSC Trust. This model involved support from Independent Sector Providers and was part of a wider programme to address wait times for cataract patients across NI. The Minister commented that: "While the pandemic has inevitably exacerbated our waiting lists we are *beginning to see some services, such as cataract day procedures return to pre-Covid levels. Additionally, we are also introducing new ways of working, as demonstrated through the new model at the Downe Hospital which is operating seven days a week. So while patients may have to travel a bit further for their day surgery, or attend a weekend appointment. The clear trade off will be a significant reduction in the time spent waiting for that surgery."* The Minister continued: *"Earlier this month I announced a new Elective Care*

Framework for Northern Ireland, setting out a detailed roadmap for tackling our shocking hospital waiting lists. As part of this work, we'll also see the introduction of megaclinics for cataract assessments by September. In addition, funding has recently been made available to see and treat in excess of 1,300 patients with cataracts through the independent sector". Details of the Elective Care Framework is covered in paragraphs 377 to 379 below.

Medicines and Community Pharmacy

Medicines

331. On 27 May 2022 the Department issued updated guidance on 'Responsibility for Prescribing between Primary, Secondary and Tertiary Care Services for the supply of medicines and other pharmaceutical products' [PM/1013 - INQ000348862 (DoH ref: PM3107)].

332. This updated best practice guidance sought to provide further clarity on the responsibilities of all professionals involved in commissioning or provision of medicines, related services and prescribing across primary, secondary and tertiary care, and was also to provide support in developing shared care agreements and in the transfer of care between settings.

333. The guidance recognized that the response to the Covid-19 emergency across primary, community and secondary care services had resulted in innovative new practices and models of service delivery. It was identified that these new practices and models could potentially be mainstreamed as part of HSC rebuilding in the wake of the pandemic and the Department sought to facilitate this transformation by helping to reduce the level of variation and improve the quality of patient care.

Community Pharmacy

334. In March 2022 the Minister announced an agreed three year commissioning plan for community pharmacy for the period 2022-25 [PM/1014 - INQ000348863 (DoH ref: PM3108)] This plan, developed jointly between the Department, HSCB and Community Pharmacy NI (CPNI), set out a coherent structure for the provision of community pharmacy services for the next three years, subject to funding being in place [PM/1015 - INQ000348864 (DoH ref: PM3109)].

335. The plan sought to build on the successful commissioning arrangements introduced during the previous two years and ensure that community pharmacies continue to provide a range of additional services to meet the needs of patients and contribute to the rebuilding of HSC services.

336. Community pharmacies continued to be an important service provider for an expanded seasonal flu immunization service, which saw pharmacies providing vaccination to HSC Workers and those in the age group 50-64 years old. They also continued to support the ongoing Covid-19 vaccination programme and as of 8 September 2023 had administered 453,462 Covid-19 vaccines.

Therapeutic Treatments

337. Given the emergence of a number therapeutic advances for Covid-19 and the increasing complexity of the various strands of work involved and the need for a rapid system-wide approach to their deployment and implementation, the Department established a Covid-19 Therapeutics Oversight Board in November 2021. The purpose of the Oversight Board was to set the overall strategic direction for deployment of novel Covid-19 therapeutics in Northern Ireland, and to oversee the development and implementation of a co-ordinated system-wide approach to deployment [PM/1016 - INQ000348812 (DoH ref: PM3051)].

338. The Oversight Board was chaired by the Chief Medical Officer. The Chief Pharmaceutical Officer acted as the deputy chair, and membership was drawn from relevant policy leads and key delivery partners from within the Department and HSC organisations. The Oversight Board met weekly until Christmas 2021 during the initial rollout of Covid-19 therapeutics and then monthly thereafter.

339. Given widespread global demand for emerging Covid-19 treatments, supplies available to the UK were limited. NI benefited from receiving a proportionate allocation of new medicines for the treatment of Covid-19 from stocks procured on a UK-wide basis by the Department of Health and Social Care (DHSC).

340. Agreed UK-wide Interim Clinical Commissioning Policies were developed to ensure that access to these medicines was prioritised for patients most likely to benefit from new treatments. These policies were developed by the National Clinical

Policy Team at NHS England and Improvement, and input was provided by relevant national expert groups. The policies were updated as further guidance or evidence emerged [PM/1017 - INQ000348813 (DoH ref: PM3052)], [PM/1018 - INQ000348814 (DoH ref: PM3053)], [PM/1019 - INQ000348815 (DoH ref: PM3054)], [PM/1020 - INQ000348816 (DoH ref: PM3055)], [PM/1021 - INQ000348817 (DoH ref: PM3056)], [PM/1022 - INQ000348818 (DoH ref: PM3057)]. Departmental officials attended UK-wide policy development meetings to ensure that Northern Ireland's interests were recognised and represented.

341. On 23 September 2021, the Department announced that a new treatment, Ronapreve, would be available for hospitalised patients with Covid-19 in NI [PM/1023 - INQ000348819 (DoH ref: PM3058)] Ronapreve® was a new innovative treatment that combines two neutralising monoclonal antibodies (nMABs) Casirivimab and Imdevimab and was the first neutralising antibody medicine specifically designed to treat Covid-19 to be authorised by the Medicines and Healthcare products Regulatory Agency (MHRA) for use in the UK.

342. Ronapreve® was deployed within the HSC for the treatment of Covid-19 in hospitalised patients in line with an agreed UK-wide interim clinical commissioning policy. Guidance was communicated to healthcare professionals on 20 September 2021 to provide them with support to prescribe Ronapreve® as soon as possible [PM/1024 - INQ000348820 (DoH ref: PM3059)], [PM/1025 - INQ000348821 (DoH ref: PM3060)], [PM/1026 - INQ000348822 (DoH ref: PM3061)].

343. On 20 October 2021 the Minister welcomed the announcement that the UK Government's Antivirals Taskforce had secured deals for the supply of two new antiviral medicines on behalf of the four UK nations in time for deployment before the end of 2021 [PM/1027 - INQ000348823 (DoH ref: PM3062)]. Molnupiravir, manufactured by MSD, and PF-07321332/ritonavir, manufactured by Pfizer, was made available to UK patients following authorisation by the MHRA. Molnupiravir was first authorized by MHRA in November 2021 and PF-07321332/ ritonavir was first authorized in December 2021.

344. The Department subsequently made an announcement on 9 December 2021 that there would be two routes to access new Covid-19 treatments for non-hospitalised patients [PM/1028 - INQ000348824 (DoH ref: PM3063)] One was through Health and Social Care (HSC) Trust led Outpatient Covid-19 Treatment

Service (OCTs) for patients at highest risk from Covid-19 infection, who met specific criteria for treatment. The other route was the PANORAMIC study which had been set up by the University of Oxford to rapidly evaluate whether antiviral treatments helped people at higher risk of Covid-19 to recover sooner and prevent the need for hospital admission. Patients in Northern Ireland were able to access treatments through self-referral to the PANORAMIC study or via the NI GP Hub.

345. Further to this, from 16 December 2021 access to monoclonal antibodies and antivirals as a treatment for Covid-19 was extended from only patients hospitalised with Covid-19 infection, to include non-hospitalised patients aged 12 years and above, who tested positive for Covid-19, and who were considered at highest risk of progression to severe disease, hospital admission or death. This extension in eligibility also applied in NI.

346. In a statement on 15 March 2022, the Minister praised the work of staff involved in delivering ground-breaking medicines to Covid-19 patients at highest risk of serious illness [PM/1029 - INQ000348825 (DoH ref: PM3064)]. From mid-December 2021 to September 2023, more than 7,200 patients across NI had received neutralising monoclonal antibody (nMAB) and antiviral treatments at HSC Trusts' Outpatient Covid-19 Treatment services, or oral antiviral medicine to take at home.

347. The deployment of Covid-19 treatments to highest risk individuals was made possible due to the implementation of UK wide Interim Clinical Commissioning Policies. There were numerous updates to policy as new evidence was reviewed by a National Expert group of clinicians from all four UK nations commissioned by the Department of Health and Social Care in England and agreed by the 4 UK CMOs [PM/1017 - INQ000348813 (DoH ref: PM3052)], [PM/1018 - INQ000348814 (DoH ref: PM3053)], [PM/1019 - INQ000348815 (DoH ref: PM3054)], [PM/1020 - INQ000348816 (DoH ref: PM3055)], [PM/1021 - INQ000348817 (DoH ref: PM3056)], [PM/1022 - INQ000348818 (DoH ref: PM3057)]. Clinical policies were developed based on evidence that certain health conditions could make a patient much more likely to progress to severe disease.

348. Departmental officials regularly attended UK 4 nations meetings, including those led by the DHSC Antivirals and Therapeutics Taskforce, to ensure NI engagement at UK level in decision making about therapeutic procurement and

deployment, including with other Devolved Administrations. This continued engagement ensured that NI's views were represented at UK meetings and fed into decisions about Covid-19 therapeutics.

Clinical Research

349. The very rapid deployment of research infrastructure and capacity to support Covid-19 research was an area of significant success during the pandemic. Both at a UK level and in Northern Ireland, N I researchers and patients participated in all the major UK national studies and recruited very well. These studies were approved with unprecedented rapidity in many cases given the challenges in identifying effective treatments. There was important learning from the experience during the pandemic which needs to be maintained. The current refresh of the NI HSC Research and Development Strategy provides the opportunity to ensure that learning and experience is incorporated.

350. In a statement on 25 May 2022, the Minister welcomed the UK-wide plan, 'The UK wide Recovery, Resilience and Growth programme for Clinical Research', led by the Department of Health and Social Care which was designed to ensure successful delivery of future research across all areas of health and social care [PM/1030 - INQ000348906 (DoH ref: PM3161)]. In March 2020, many clinical research studies had been paused to focus on research into Covid-19 treatments and vaccines. A specialist taskforce was established in March 2021 to develop a plan specific to NI. The taskforce included representatives from the HSC Trusts, NI research infrastructure, industry, Queen's University Belfast and Ulster University. This plan has now been published [PM/1031 - INQ000348907 (DoH ref: PM3162)]. The plan recommended a series of actions to support recovery, resilience and growth in health and social care research in NI. The actions should lead to improvements in the effectiveness and efficiency of this research, helping to ensure that the research will influence future decisions that will improve health and wellbeing and prevent premature deaths. The plan should allow health and social care to build on research expertise in NI and the willingness of patients and the public to participate in the planning and delivery of research, and provide them with opportunities to do so.

Population Screening Programmes

351. No key decisions were taken during this period as all population screening programmes had been restarted during Wave 2. some of the previously paused programmes did have significantly increased activity with screening rates reaching pre-pandemic levels and in some programmes they surpassed this.

Guidance on Visiting Hospitals, Care Homes & other Healthcare settings

352. The *Visiting With Care – A Pathway* document was launched on 7 May 2021. This marked a move away from the previous arrangements, wherein the allowable visiting arrangements had been summarised in a grid format, based on the applicable UK-wide Regional Alert Level (RAL) as assessed by the 4 UK CMOs at any given point in time. In broad terms, the higher the RAL assessment, the more restrictive the visiting arrangements were. As the pandemic progressed, it was felt that continuing to use the RAL for this purpose was perhaps too crude an approach; as the RAL was essentially a UK-wide assessment of health service pressures and data on disease activity from across all jurisdictions, its use in determining visiting restriction levels in Northern Ireland did not fully take account of local factors, or indeed the specific needs of hospital patients or care home residents.

353. The new Pathway guidance for care homes set out a phased approach to permit an evidence-based return to more normal visiting arrangements, with progress along the pathway informed by a scheduled assessment of more focussed evidence relating to the risks specific to the wider NI population (rather than that considered on a broader UK-wide basis within the RAL assessment), in addition to consideration of local factors specifically affecting visiting in care homes (vaccination rates for staff/residents, outbreak status figures, etc.). Regular scheduled reviews of this evidence were held (see para 351 below), with recommendations on progress then shared with the Department for decision/approval from the Minister. (See [PM/1032 - INQ000348956 (DoH ref: PM3214)] for full list of meetings and decisions.)

(NB: It should be noted that the Care Partner scheme (see paragraph 280 in the Wave 2 statement) was not affected by this updated approach to visiting arrangements. Care Partners were defined as more than visitors, so the access arrangements facilitated under the scheme were to continue as appropriate).

354. Review meetings were held approximately on a 4-weekly basis (see [PM/1032 - INQ000348956 (DoH ref: PM3214)] for full list of meetings and decisions), in respect of Care Homes, chaired by the PHA and the Department. These review meetings also involved a standing working group of stakeholders, which was broadly in line with the group that had co-produced the 'Visiting with Care A Pathway' document. The PHA's Public Health Consultant collated and reviewed the impacts of visiting in Care Homes, having considered appropriate evidence around (among other things) transmission rates, Covid-19 related deaths, and vaccination rates for residents and staff. The resulting recommendations were submitted to the Department for Ministerial decision and agreement on next steps.

355. With effect from 20 October 2021, following the completion of the then latest review, Minister accepted the PHA recommendation that the restrictions on visiting in care homes should move into the 'Gradual Easing' phase as set out in the 'Visiting With Care - A Pathway' document (see paragraph 289 in the Wave 2 statement). The main change involved an increase in the frequency of visits permitted and in the number of people permitted to visit care homes at the same time. Up to four people from no more than two households were able to visit together, with a maximum of four such visits per week being allowed. In addition, the Department provided further clarity around visits from clergy, with further advice added concerning how residents could be facilitated to leave their care home to go about normal business.

356. Further progress was made along the Pathway as the evidence (noted in paragraphs 353 and 355 above) allowed. On 17 February 2022, the Department announced that following advice from the PHA, the Minister had agreed that restrictions on visiting in care homes would move from 'Gradual Easing' to 'Further Easing'. This change meant that there would no longer be a restriction on the number of people who may visit but visits remained limited to two households per day. Overnight stays were also to be facilitated for care home residents. In addition, it was confirmed that the Care Partner Scheme would be extended to hospitals and hospices. Full details of the changes were published in the 'Visiting With Care – A Pathway' document on the Department website. The Minister commented: "*This is a positive step forward and something that I know people have been wanting to see for some time. It is down to the effectiveness of our COVID-19 vaccination programme and the reduced threat from the Omicron variant that we have been able to progress*

to the next step of the pathway. However it's important that we remain mindful of the risk that Covid presents and that visitors should continue to follow the public health advice. We would ask visitors to continue to wear face coverings, maintain good hand hygiene and take lateral flow tests regularly."

357. Each region of the UK took a different approach to risks around visiting arrangements in care homes. While Department of Health NI had regular contact and understood developments in England, Scotland and Wales, NI was working to its own pathway. Progress from 'Further Easing' to the final stage of the Pathway, 'Preparing for the Future', was achieved at the end of June 2022. This effectively ended any restriction on the number of visits or visitors that each resident could receive.

358. Since progress along the Pathway had completed, the Public Health Agency and the Department reconvened the review group with the intention of developing a new guidance document "Visiting With Care – the New Normal" [PM/1033 - INQ000348957 (DoH ref: PM3215)] which in effect removed all Covid-19 related visiting restrictions in care homes not in outbreak, with clear instruction on effectively dealing with access during outbreaks. This was formally launched on 1 September 2022.

359. Similarly, the arrangements for visiting in hospitals and hospices as set out in the Pathway to Enhanced Visiting document (also effective from 7 May 2021) were kept under regular scheduled review. These reviews were completed by a group comprising the Department's Chief Nursing Officer Group, the 5 Trust Executive Directors of Nursing and senior leaders from the Hospice sector (see [PM/1032 - INQ000348956 (DoH ref: PM3214)] for full list of meetings and decisions).

360. Consideration was given to the evidence around transmission rates and the potential impact on those of any potential move along the visiting Pathway. To reflect the local pressures that could apply in specific hospital settings (due to estate issues, local transmission spikes, etc) all five HSC Trusts could apply additional, risk-assessed proportionate but timebound restrictions, should local circumstances have required it, but the expectation was that compliance with the applicable stage of the guidance pathway was the default position.

361. Following successful progress to the final stage of that pathway, which was also achieved in late June 2022, a similar 'new normal' document for these settings 'Enabling Safer Visiting' [PM/1034 - INQ000276337 (DoH ref: PM2053)] was developed by the Department, with input from the Public Health Agency, and in consultation with the HSC Trusts. In Northern Ireland, the approach was driven by the experience of the Directors of Nursing and other Senior Leaders in Trusts across the region, with localised exemptions applied where particular risks were identified. Following Ministerial approval on 27 October 2022 the document was launched to take effect from 31 October 2022.

HSC Workforce

362. The bar chart below shows the quarterly change in the percentage of scheduled hours lost[17] due to sickness, covid sickness and covid-related self-isolation during wave 1, 2 and 3 of the pandemic. During wave 3, the peak of this combined absence was in January-March 2022 when the percentage of hours lost was 11.41%.

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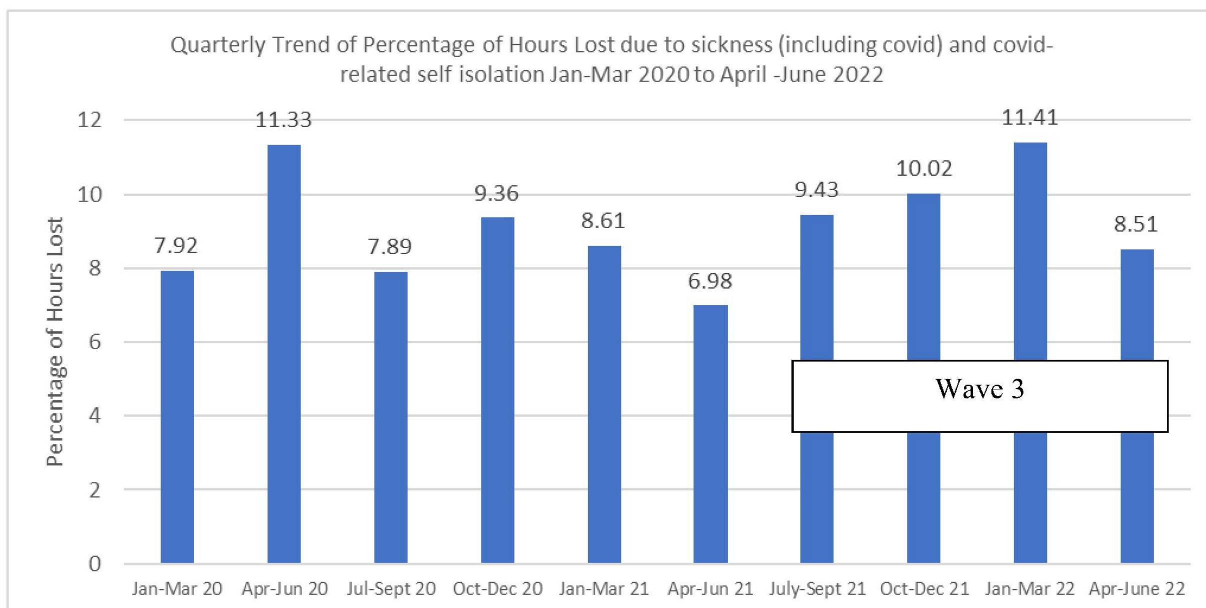
[17] The official metric used by Health & Social Care (HSC) for reporting sickness absence trends is the percentage of hours lost over a period of time. This data is sourced from the Human Resource, Payroll, Travel & Subsistence system (HRPTS) and due to the time lag required for recording data on the system, reporting is considered robust following payroll closedown in the month following the one that is to be reported on e.g. the month of April data would be reported after payroll closedown in late May.



Source: HRPTS. Data excludes bank workers and domiciliary care workers due to the report not holding robust scheduled hours for these groups.

363. On 19 April 2021, the Minister announced that he had Directed that a funding allocation of £15m, from one-off Covid emergency monies made available to the Department, be made to the HSC Trusts to boost the support available for healthcare workers across NI. The funding was to provide both general support and specific support to nursing staff to support their practical day to day needs such as improving comfort in the workplace and making sure funding was available for staff to undertake additional education or training. [PM/1035 - INQ000348958 (DoH ref: PM3216)]

364. On 23 September 2021 the Minister launched a new Workforce Appeal to help maintain important surgery during the 2021/2022 winter period. As the health service in NI struggled to cope with some of the worst pressures ever experienced, the appeal aimed to recruit individuals with the vital skills necessary to address the workforce deficit in specific areas of elective care. The new Workforce Appeal was aimed particularly at staff who were fully skilled and had recently left the service, as well as those recently qualified and not currently working in the HSC at that time. People from a wide range of staffing categories were needed, including medical, anaesthetics, nurses (theatre, recovery and ward experience would be essential) administrative, pharmacists and porters, for a temporary basis of approximately up to six months. People who came forward were to be posted to elective surgery hubs

across HSC Trusts to enable planned surgery to continue safely throughout the 2021/22 winter. Throughout the third wave there were over 2,100 expressions of interest which generated over 1,030 applications for this specific Elective Workforce Appeal. Of the applications received, 40% were for clinical roles, whilst 60% were for admin/porting roles. This level of interest delivered a total of 17 appointments for clinical roles and 20 appointments for admin/portering roles. It is important to understand that this was a separate campaign to the main Workforce Appeal and that the low ratio of appointments to applications, was a result of candidates not having been successful in being offered a post or being appointed for a variety of reasons such as; the suitability and availability of the candidates may not have always matched the requirements to the roles being offered. For example, it was common for candidates only being able to commit to specific hours on specific days which unfortunately does not match the demands of the positions being offered by the Trusts; and other candidates are seeking permanent employment, however, the Workforce Appeal, including the Elective Appeal, was always designed with the aim of securing temporary employment in an effort to support the HSC Trusts through the pandemic.

365. Related to this, the Chief Nursing Officer's Group commenced work on an initiative to support and retain those employed in the nursing and midwifery workforce. This was originally driven by the findings of the Nursing & Midwifery Task Group (NMTG) Report C [PM/1036 - INQ000348786 (DoH ref: PM3030)] which was published in March 2020, but the impact of the pandemic response on the professions reinforced the need for action.

366. The NMTG Report, after extensive engagement with the workforce, found a concerning picture of a pressurised, under-resourced service, which curtailed the capacity to deliver safe, effective care. This was further exacerbated by unprecedented levels of redeployment necessitated by the response to the pandemic. These factors combined to create low morale and issues with retention right across the workforce.

367. A regional steering group was established to focus on recruitment and retention issues, with work culminating in the publication on 21 April 2022, of the Nursing and Midwifery Retention Report. This work was completed in partnership by representatives of HSC Trusts, Trade Unions and the Department of Health. Whilst this work was focused on the five HSC Trusts the recommendations were intended to

be considered by other employers across the wider HSC system, and the report was circulated widely on its launch by means of an email from the CNO. [PM/1037 - INQ000348789 (DoH ref: PM3033)], [PM/1038 - INQ000348793 (DoH ref: PM3034)].

368. The Department also published a Nursing and Midwifery Retention Initiative Implementation Framework [PM/1039 - INQ000348787 (DoH ref: PM3031)] which set out a range of actions to address the issues developed in the Nursing and Midwifery Retention Plan to support nurses and midwives to remain in their posts. [PM/1038 - INQ000348793 (DoH ref: PM3034)] This was circulated alongside the report in the CNO's email of 21 April 2022.

369. On 15 June 2022, the Minister published a second action plan to implement the Department's long term 'Health and Social Care Workforce Strategy 2026: Delivering for Our People' [PM/1040 - INQ000348788 (DoH ref: PM3032)].

Third Wave Surge of Increased Demand for Covid-19 Treatment Services Provided within Primary Care, Secondary Care and Acute Hospital Settings

370. The following paragraphs describe the key decisions and actions to manage the health system's response to the surge in demand for critical care services during the third wave and at the same time attempt to rebuild HSC services. This twin-track approach was required to deliver a strategic response to the impact of Covid-19 on the HSC and maintain safe services during the third wave; a period of unprecedented pressure on the HSC in NI.

Strategic Framework for Rebuilding HSC Services

371. On 9 June 2020, the Department published the 'Strategic Framework for Rebuilding HSC Services' [PM/X INQ000348874 (DoH ref: [PM/234) (see paragraph 620 in the Department's Wave 1 statement). This Framework set out the Department's approach to restoring normal service delivery as quickly as possible during the first two waves of the pandemic, within the prevailing Covid-19 context. The implementation of the Framework was accompanied by quarterly individual HSC Trust rebuilding plans, all of which have been published on the Department's

website[18] [PM/X INQ000137403 (DoH ref: [PM/233) In May 2021 the Minister approved a new Rebuilding Framework for the HSC, 'Building Better, Delivering Together', which amalgamated the existing HSC service transformation programme with work to rebuild services into one set of key actions for the HSC [PM/X - INQ000348865 (DoH ref: PM3111)]. This included the continued development of HSC Trust Rebuild plans and the roll-out of new service initiatives across the HSC. The implementation of the new Rebuilding Framework continued the Department's approach to service delivery, during the first and second waves of balancing the rebuilding of services against the need to respond to surges in demand from Covid-19 patients. This approach ensured that normal service delivery resumed in a safe and managed way.

Blueprint for Orthopaedic Care

372. The 'Blueprint for Orthopaedic Care' [PM/X - INQ000276348 (DoH ref: PM2064)] was published by Department of Health (DoH) on 28 July 2020. During the first wave of the pandemic, most elective orthopaedic procedures were halted, to ensure both the availability of resources and patient safety for those affected by Covid-19. The Blueprint aimed to focus efforts on the regional rebuilding of the service which provided an unparalleled opportunity for positive change while ensuring that services were re-established as safely as possible.

373. Following almost two years of the formation of the Blueprint, in April 2022, the Department commissioned an independent external review of the regional orthopaedic service in NI, to identify proposals for the immediate recovery of the service. The Review, which was undertaken by the Getting It Right First Time (GIRFT) team from the Royal National Orthopaedic Hospital (RNOH), commenced in April 2022 and a report was presented to the Department in June 2022 [PM/X - INQ000348866 (DoH ref: PM3112)]The report detailed 21 recommendations designed: firstly, to increase activity in the short term, with the overall aim of building a sustainable service for the future; and secondly, to further develop and maintain a sustainable and efficient service. The report included, for example, recommendations to ring fence staff and beds for elective orthopaedics, and to create an Orthopaedic

[18] https://www.health-ni.gov.uk/publications/rebuilding-hsc-services

Elective Surgery Recovery Board to provide oversight to Trusts throughout the rebuild process. All 21 recommendations were fully accepted by the Department, and work is underway to implement all recommendations. In overall terms, 10 of the 21 recommendations are deemed to be either complete or on track for completion. It is anticipated that implementation of remaining recommendations will be complete by June 2024, however this will be dependent on availability of resources as well as other influencing factors, such as the status of the operating environment within which Trusts are working.

Cancer Services

374. Restoring and stabilising cancer services continued to be a priority for the Department during the third wave of the pandemic [PM/X - INQ000276368 (DoH ref: PM2083)] On 19 April 2021, the Minister announced the allocation of £10m to a new grant scheme, the Cancer Charities Support Fund, for cancer charities. The allocation was funded using surplus Covid-19 emergency funding provided through UK government. The Cancer Charities Support Fund enabled charities to access funding to support cancer services in the community.

375. On 24 June 2021, the Minister published a three-year blueprint for rebuilding cancer care in NI [PM/X - INQ000348867 (DoH ref: PM3113)]. The recovery plan set out a series of short and medium term initiatives to enhance services which had been badly affected by the pandemic, and also reflected the central aims of the longer-term strategy for improving cancer services. The longer-term strategy was being developed by the Department, focusing on the initial 3 year period until 2024. £108m of additional investment would be required to deliver its measures. Two key principles underpinned the approach in the recovery plan for cancer related waiting times. Firstly, care was to be delivered on the basis of clinical priority rather than order of waiting. For cancer surgery, clinical prioritisation would take place on the basis of the Federation of Surgical Speciality Associations guidance. A Regional Prioritisation Oversight Group was established to ensure that the available surgical resource is optimised. Additional surgical capacity would also be provided through the independent sector and via other UK and Republic of Ireland service providers, meaning that some patients would have to travel for treatment. Secondly, equality of waiting across NI would ensure that each cancer patient has the same opportunity to

receive the same high-level of diagnostic, treatment and care available, no matter where they may live.

Elective Care

Regional Prioritisation and Oversight Group

376. During the third wave the Regional Prioritisation and Oversight Group [PM/X - INQ000276351 (DoH ref: PM2067)] established in January 2021 (see paragraph 322 in the Department's draft Wave 2 statement) continued to ensure that the relative clinical prioritisation of time critical/ urgent cases across surgical specialities and HSC Trust boundaries was consistent, transparent and provided oversight on theatre allocation for priority cases requiring transfer to other HSC Trust or Independent Sector facilities. There were 4,340 elective cancellations, including cancellations by patients (Inpatient/Day Case/Regular Attenders) reported by HSC Trusts due to Covid-19 and related pressures between 1 October 2021 and 31 March 2022.

Elective Care Framework

377. On 15 June 2021, the Minister launched a new Elective Care Framework for NI, setting out a detailed roadmap for tackling hospital waiting lists. At the time of publication of the Framework, it was estimated that an additional £707.5m was required over the 5-year period. [PM/X - INQ000348868 (DoH ref: PM3114)] It set out a twin track approach of investment and reform: targeted investment to get many more people treated as quickly as possible, plus reform and investment to eradicate the gap between demand and capacity and ensure backlogs do not keep re-occurring. The Framework included implementation of "green pathways" to keep elected care services entirely separate from any exposure to Covid19. While there has been significant non-recurrent investment in 2021/22 and 2022/23, the improved outcomes described in the Framework will only be achieved with significant sustained recurrent investment to address the central issue of demand outstripping the current capacity, including expansion and strengthening of the workforce to build the sustainable capacity needed, alongside investment in infrastructure and equipment and reconfiguration of services across the HSC sector. The recurrent investment required to achieve the targets has not been made available.

378. The publication of the Elective Care Framework was followed by a statement from the Executive on 26 July 2021 stating that tackling the hospital waiting list crisis was a collective priority for the Executive [PM/X - INQ000348869 (DoH ref: PM3115)] The statement commented that: "the Covid pandemic has compounded pressure on the hospital system and sadly, this has resulted in even more people waiting longer for the care and treatment they need. This is not an acceptable situation to the Executive and all Ministers today reinforced their commitment to supporting the Health Minister and the wider Health and Social Care System in implementing a programme of investment and reform. It has been necessary that, as an Executive, our focus has been on managing the response to pandemic for the last 18 months, but now is the time to refocus on this crucial issue and take the action needed to reduce waiting times and ensure people get the treatment they need as quickly as possible".

379. On 24 February 2022, the Minister published an interim update on actions to tackle NI's hospital waiting lists [PM/X - INQ000348870 (DoH ref: PM3116)]. The report outlined the progress made in implementing the Elective Care Framework. On 25 May 2022, in a written statement to the Assembly, the Minister announced a further range of initiatives and funding to treat more patients on hospital waiting lists [PM/X - INQ000348871 (DoH ref: PM3117)] £46m was allocated for additional waiting list activity for the first six months of 2022/23. This was in addition to the £90m allocated in 2021/22 that delivered over 216,000 patient contacts by the end of February 2022, including 35,000 new outpatient appointments, 120,000 diagnostic appointments and 13,000 in-patient day case treatment. The additional funding for the start of 2022/23 involved creating additional in-house health service capacity over and above normal day to day work, as well as paying independent sector providers to assess and treat patients who are on waiting lists. The Minister also announced additional recurrent investment of over £16m per year on boosting in-house health service capacity to treat patients. The Minister's statement also detailed ongoing initiatives under the Elective Care Strategy. These included mega-clinics across a number of specialities with 9,365 patients treated in 2022/23 financial year, in addition to the 6,240 patients treated in 2021/22 at these clinics. The Minister commented: "*the new ways of providing services means that between September 2021 and May 2022 we have been able to reduce the waits for urgent scoliosis patients from 43 weeks to 4 weeks, and for routine scoliosis referrals from 115 weeks*

to 67 weeks with times continuing to reduce." The Minister further stated. *"We have also treated approximately 3,000 patients at the Regional Day Procedure Centre at Lagan Valley Hospital and approximately 5,000 patients have received endoscopy procedures at the centre. This is additional regional capacity to help reduce long waits*". The Minister also referred to a range of other elective care initiatives in place including an upturn in orthopaedic surgery. In a further news release on 9 June 2022, the Minister announced that waiting list investment in 2021/22 secured 270,875 assessments, tests and procedures for patients.

Surge Planning and Response

380. On 22 October 2021, the Minister issued an urgent written statement to the Assembly accompanying the publication of HSC Trusts' integrated winter and surge delivery plans and activity projections [PM/X - INQ000348872 (DoH ref: PM3118)]. The Minister stated that the HSC system was: "most likely facing into the most difficult winter ever experienced", adding "over this summer and into the autumn, the Northern Ireland hospital system has consistently been operating above capacity, with many patients waiting on trollies for admission. This situation is unheard of during the summer months and is an indication of the scale of unscheduled pressures likely facing the HSC system this winter". The statement set out a wide range of measures to support the HSC system through the 2021/22 winter including additional funding: £16.5 million in-year funding to support the No More Silos initiative (see paragraphs 335 to 336 in the Wave 2 corporate statement) to reduce pressures on urgent and emergency care, taking the total funding to £21.2 million in the 2021/22 financial year; £31.5 million to support elective care already secured through June 2021 Monitoring and an additional £30 million bid tabled in the October 2021 Monitoring round; and £12 million in-year funding to further support the social care sector. These funding allocations were in addition to Covid-related funding sought through in year monitoring and £5.5 million in-year funding to support GP services during the winter months.

381. The integrated surge and winter delivery plans did not replace the Surge Planning Strategic Framework, which remained in place throughout the pandemic. The integrated plans were published in line with the Rebuilding Strategic Framework which was published in June 2020 with the aim of rebuilding services impacted by

the response to Covid-19 [PM/X - INQ000348873 (DoH ref: PM3119)]. Trust rebuild/delivery plans were published on the Departmental website [PM/X - INQ000348874 (DoH ref: PM3120)]. The Rebuild Management Board was overseeing the Rebuild/Delivery Plans. In a letter to the HSC Board dated 9 July 2021, the Department proposed a combined approach to winter and surge planning for winter 2021/22. [PM/X - INQ000348886 (DoH ref: PM3132)] [PM/X - INQ000348887 (DoH ref: PM3133)] [PM/X - INQ000348888 (DoH ref: PM3134)] [PM/X - INQ000348890 (DoH ref: PM3135)].

Requests for Military Aid to the Civil Authority (MACA)

382. Paragraph 319, of the Wave 1 statement, describes the Military Aid to the Civil Authority UK protocol published on the 4 August 2016 [PM/X - INQ000390021 (DoH ref: PM0149) . During the third wave the Department issued two Military Aid to the Civil Authority requests. In September 2021 and January 2022, the Department requested Combat Medical Technicians to assist across the system. Combat Medical Technicians (CMTs) are trained to provide basic lifesaving skills and medical support and could be used to support existing nursing staff. 80 CMTs were deployed to the Belfast City Hospital and Antrim Area Hospital sites from 4 October 2021 for a period of four weeks [PM/X - INQ000348875 (DoH ref: PM3121)], [PM/X - INQ000348876 (DoH ref: PM3122)]; and 60 CMTs were deployed in January 2022 [PM/X - INQ000348877 (DoH ref: PM3123)] [PM/X - INQ000348878 (DoH ref: PM3124)]. Although the initial request was for a greater level of military support, given the other pressures on the military and the trajectory of the virus over this period, the Department agreed to reduce its request for the number of military personnel. This reduced requirement enabled the Military to respond to the Department's request sooner providing CMTs as additional support for hospital services, including, Emergency Department, Medical Assessment Unit, Care of the Elderly, Plastics, Orthopaedics, and general medical and surgical wards. Sixty CMTs started on duty on the 04 February 2022 until Wednesday 2 March 2022, with a cluster of the medical technicians originally deployed returning to the UK mainland due to competing military operations.

SECTION D: THE CARE SYSTEM RESPONSE

383. During the third wave, the Department's approach to managing the impact of Covid-19 across the care system focused on ensuring that key sectoral guidance

was updated to reflect the latest public health advice, whilst also ensuring the continuation of essential financial support to the key sectors across the system.

Care Homes

Guidance

384. All aspects of the Covid-19 Guidance for Nursing and Residential Care Homes in Northern Ireland were reviewed and updated in April 2022 by the Department of Health, which included key updates in relation to Isolation Guidance and Visiting Guidance. [PM/X - INQ000348737 (DoH ref: PM3001)]

Funding for Care Homes

385. The Department was aware of the additional financial costs that continued to be incurred by adult social care providers during 2021/22 as a consequence of the pandemic. On 28 July 2021, the Minister agreed to provide funding of £6.58 million for care homes to cover additional Covid-19 related costs from 1 July 2021 to 31 December 2021 (Quarters 2 and 3) [PM/X - INQ000348738 (DoH ref: PM3002)] [PM/X - INQ000348969 (DoH ref: PM3226)]. This additional funding was available to cover costs for the following categories of expenditure:

- Additional costs associated with supporting visiting and care partners;
- Costs of time for testing and swabbing for the rolling programme of testing;
- Additional environmental cleaning reimbursed;
- Additional home insurance costs;
- Additional PPE costs;
- Additional clinical waste and laundry costs;
- Loss of income reimbursed (from private funders); and
- Costs of one-off Covid-19 testing for staff reimbursed.

386. The Minister also agreed to provide £700k for the provision of enhanced sick pay for the same period. The provision of enhanced sick pay was considered necessary to ensure staff working in care homes who had tested positive for Covid

were adequately supported to take the necessary time off work thereby reducing the risk of transmission to other staff and residents in the care home. HSC Trusts were asked to update providers on the mechanisms for claiming this support as quickly as possible. [PM/X - INQ000348743 (DoH ref: PM3003)].

387. On 26 January 2022, the Minister agreed to provide funding of £3.64 million for care homes to cover additional Covid-19 related costs from 1 January 2022 to 31 March 2022 (Quarter 4) [PM/X - INQ000348744 (DoH ref: PM3004)] [PM/X - INQ000348970 (DoH ref: PM3227)]. This additional funding was available to cover costs for the following categories of expenditure:

- Cost of grants – staff supporting visiting;
- Value of sickness reimbursed;
- Cost of grant paid – testing and swabbing Homes;
- Value of Environmental Cleaning reimbursed;
- Value of increased home insurance reimbursed;
- Value of Increased PPE costs reimbursed;
- Cost of grants – clinical waste and laundry pressures; and
- Value of Covid-19 testing for staff reimbursed.

388. Funding for the loss of income from private funders was increased from £50k to £500k for each of Quarters 1, 2 and 3. As this represented an additional allocation of £1.35m during 2021/22, the Department did not continue with this provision for Quarter 4. HSC Trusts were again asked to update providers on the mechanisms for claiming this support as quickly as possible. [PM/X - INQ000348748 (DoH ref: PM3005)].

389. On 15 April 2022, the Minister agreed to provide funding of £3.64 million for care homes to cover additional Covid-19 related costs from 1 April 2022 to 30 June 2022 (Quarter 1) [PM/X - INQ000348749 (DoH ref: PM3006)]. This additional funding was available to cover costs for the following categories of expenditure:

- Cost of grants – staff supporting visiting;
- Value of sickness reimbursed;
- Cost of grant paid – testing and swabbing Homes;

- Value of Environmental Cleaning reimbursed;
- Value of increased home insurance reimbursed;
- Value of Increased PPE costs reimbursed;
- Cost of grants – clinical waste and laundry pressures;
- Value of Covid-19 testing for staff reimbursed; and
- Contingency.

390. The care home sector was advised at this point that "*as requirements relating to IPC, visiting, testing etc. change, the Department would review the level of financial support that may be required by the sector. However, the likelihood is that payments will either cease or be much reduced if the current trajectory of the pandemic continues as is currently anticipated*" [PM/X - INQ000348751 (DoH ref: PM3007)]. The Department considered that although some areas of additional expenditure related directly to requirements on care homes as a result of Departmental or PHA guidance, it was considered that this would continue to be the case for the foreseeable future. On that basis, it therefore represented the 'business-as-usual' environment within which the care home sector would be required to operate going forward, without the additional funding that had previously been provided.

Income Guarantee

391. In addition to the financial support outlined above, the Department agreed in March 2020 to provide a guaranteed level of income for Independent Care Homes until the end of July 2021 to mitigate any potential loss of revenue due to the pandemic. This was always intended as a time-limited intervention and it was to be reviewed at the end of that period.

392. In November 2021, the Minister announced significant additional funding of £23m to establish and build capacity within the domiciliary care and home care sectors. Given this substantial investment in the sector, and taking into account the extremely challenging financial constraints, the Department was working within, the Department did not consider that it was appropriate to continue to provide funding to cover reductions in occupancy levels when there were patients awaiting discharge

from hospital to care homes which had capacity to accept these patients. The significant funding provided in November 2021 was therefore designed to help in a more fundamental way than the short-term income guarantee. The Minister therefore agreed on 6 December 2021 that the income guarantee financial support scheme should not be continued beyond 31 July 2021. [PM/X - INQ000348752 (DoH ref: PM3008)] [PM/X - INQ000348971 (DoH ref: PM3228)] The income guarantee was paid in arrears following calculations by the Trusts of actual income received over the period in question versus the pre-Covid average income. The payments for April to July 2021 were only being processed and paid to the sector in December 2021. The Department had liaised closely with both the Trusts and the sector and there was no expectation that the income guarantee would continue past 31 July 2021.

Testing Programme

393. From January 2021, the PHA working closely with the NI care home sector led on the deployment of a New Testing Intervention (NTI) involving the use of LFD tests for visitors to care homes. Following its evaluation of the NTI, the PHA identified 4 possible options for extending visitor testing and making this available across all care homes in NI. These options were presented to the Department's EAG-T for consideration and a preferred option identified and presented to the Minister for approval. The PHA subsequently led on the development of appropriate testing protocols to effectively underpin the expansion of the care home visitor testing initiative. [PM/X - INQ000348908 (DoH ref: PM3163)]

394. On 15 June 2021, the Department announced the availability of Covid-19 testing to asymptomatic visitors (those not displaying symptoms of infection) to all care homes across NI. Visitors were encouraged to undertake twice weekly Lateral Flow Device (LFD) tests. Making this testing available for all asymptomatic visitors was an important additional mitigation in the fight against Covid-19, and was part of the Department's ongoing work to support people to visit their loved ones in care homes. Visitors were recommended to undertake two LFD tests in their own home each week. The first LFD test was to be taken three days before the planned visit and the second LFD test on the day of their visit to the care home. If the visitor had a positive LFD test result, they were to self-isolate and book a confirmatory PCR test.

[PM/X - INQ000348909 (DoH ref: PM3164)] The PHA also issued correspondence to all care homes via the RQIA outlining the actions that care homes were to put in place to implement self-testing for Covid-19 using LFD devices for visitors to care homes. This communication advised that care homes were to provide visitors with packs of LFD tests. Care homes were advised to encourage visitors to register their LFD test result using the care home unique identification number (UON) [PM/X - INQ000348910 (DoH ref: PM3165)]. Subsequent correspondence from the PHA to all care homes dated 5 May 2022 advised care home managers that care home visitors could order LFD test kits online for free delivery to the visitors' own homes or visitors could collect LFD test kits from a community pharmacy if they did not have symptoms of Covid-19. [PM/X - INQ000348911 (DoH ref: PM3166)].

Domiciliary Care and Supported Living

Self Directed Support and Emergency Direct Payments

395. A letter from the Department's then Chief Social Work Officer, Sean Holland, and then Chief Nursing Officer, Charlotte McArdle, was issued to HSC Trusts on 6 May 2021 [PM/X - INQ000348758 (DoH ref: PM3009)] to encourage the continued use of emergency direct payments to assist with hospital discharge. Emergency direct payments allowed for flexibilities to be put in place on a temporary basis in response to the unprecedented circumstances being faced during the Covid-19 pandemic. Trusts were encouraged to utilise Emergency Direct Payments (EDP) to facilitate the discharge of patients with complex care during the Covid period. Flexibilities included the possibility of employing a family member as a personal assistant through an emergency direct payment for a set period of weeks, to allow the family to find an alternative care package or to find a Personal Assistant and take up the option of a regular Direct Payment The letter advised that although there had been additional Covid funding in 2020/21 to support flexible use of Direct Payments, there would not be any additional funding for implementation/growth of Emergency Direct Payments for the 2021/22 financial year. This letter outlined that Emergency Direct Payments should continue, and to become embedded in everyday practice. Trusts were advised that although Covid funding would not be continued to support flexible use of Direct Payments, that Trusts should consider internally how they might continue to fund this work.

Domiciliary Care & Supported Living

2021-22

396. The Department was aware of additional financial costs that continued to be incurred by independent Domiciliary Care and Supported Living providers during 2021/22, as a consequence of the Covid-19 pandemic.

397. The Minister therefore agreed to provide funding of up to £60k to domiciliary care providers for the period 1 July 2021 – 30 September 2021 (Quarter 2), and up to £60k for the period 1 October 2021 – 31 December 2021 (Quarter 3), to cover additional Covid-19 related costs. This was funding of £60k in total was to be utilised against claims from providers across the region. This was communicated for both quarters in a letter issued from the Department's then Chief Social Work Officer, Sean Holland, in September 2021. [PM/X - INQ000348759 (DoH ref: PM3010)]. Trusts requested that providers submit claim forms to them, along with supporting documentation in order to be considered. Providers had been advised for Q1 to note that funding was limited and needed to be collated regionally to ensure affordability before any Trust could make payment.

398. As part of the series of financial decisions for residential care and domiciliary care, the Minister agreed to allocate £300k per quarter for Quarters 2 and 3 to supported living providers to cover additional Covid-19 costs. The Department transferred these funds to the Department for Communities (DfC) to administer via the NI Housing Executive, as the majority of providers were jointly commissioned. This approach was primarily aimed at reducing the risk of duplicate funding with DfC's Covid-19 funding packages, and also to help reduce the costs of administering the funding.

399. In February 2022, the Minister agreed to provide funding of up to £60k regionally for domiciliary care providers to cover additional Covid-19 related costs (Increased costs of PPE, and Enhanced Sickness) from 1 January 2022 to 31 March 2022 (Quarter 4). [PM/X - INQ000348760 (DoH ref: PM3011)].

2022-23

400. On 15 April 2022, the Minister agreed to provide funding of up to £60k for domiciliary care providers and £300k to supported living providers to cover additional

Covid-19 related costs from 1 April 2022 to 30 June 2022 (Quarter 1). In this letter, it was noted that the value of claims received from providers would be reviewed by Trusts before payments would be administered to ensure that they were affordable within the funding available. The Department of Health had no part in the administration of these claims.

401. In a letter issued from the Director of Disability and Older People on 11 May 2022, [PM/X - INQ000348761 (DoH ref: PM3012)] providers and HSC Trusts were advised that as requirements changed in areas such as IPC, testing etc., the Department would review the level of financial support that may be required by the sector. The letter also advised that payments would likely either cease, or be much reduced, if the current trajectory of the pandemic continued as was anticipated, noting that, at that stage, there was no guarantee that this funding would continue beyond the end of June 2022, and therefore providers were advised that they should start to plan on that basis.

402. In addition, on 3 October 2022 the Minister agreed to provide funding of up to £49k for domiciliary care providers and £246k for supported living providers to cover additional Covid-19 related costs from 1 July 2022 to 30 September 2022 (Quarter 2). [PM/X - INQ000348762 (DoH ref: PM3013)] This was not £49k per provider, rather it was £49k in total to be utilised across the region, against absence costs relating to Covid-19.

403. On 2 December 2022, [PM/X - INQ000348768 (DoH ref: PM3014)] the Department acknowledged in a letter to HSC Trust Chief Executives and registered providers of domiciliary care, that although some areas of additional expenditure related directly to requirements as a result of Departmental and PHA guidance, it was considered that this would continue to be the case for the foreseeable future and would effectively be the normal environment in which the sector will be expected to operate going forward. It was therefore not sustainable for the Department to continue to provide additional funding for 'business as usual' activities in such circumstances, and consequently there would be no further Covid related support funding going forward.

Guidance

404. The Covid-19 Guidance for Domiciliary Care Providers in Northern Ireland was updated and issued on 7 June 2021 [PM/X - INQ000348769 (DoH ref: PM3015)] to reflect updates on social distancing guidance, and updates to terminology where required, alongside a full revision of all aspects of the guidance.

405. The guidance was updated further and issued on 1 September 2021 [PM/X - INQ000348770 (DoH ref: PM3016)] to reflect additional updates on Covid care pathways, staff health and training, and updates to Covid-19 testing for asymptomatic staff (those with no symptoms of infection), alongside a full revision of the guidance.

406. Supported living providers are typically regulated as domiciliary care, therefore they were directed to adhere to this guidance in order to manage risk and prevent the spread of Covid-19. Following engagement with providers and HSC Trusts in September 2020, the Department developed bespoke guidance for supported living, which was approved by the Minster on 20 October 2020 and published on the Department's website on 21 October 2020. [PM/X - INQ000348960 (DoH ref: PM3218)]

Carers – Guidance and Funding

407. The "COVID-19 Advice for Carers and Young Carers During COVID-19 Pandemic" was revised and an updated version was issued on 19 July 2021 [PM/X - INQ000348771 (DoH ref: PM3017)]. The Department requested that HSC Trusts circulate onwards to relevant parties and to carers.

408. Based on the public health guidance at the time, this guidance document was removed from the Department's website on 24 February 2022.

Direct Payments

409. "Covid-19 - Northern Ireland Guidance For People Receiving Direct Payments" was updated and issued on 6 October 2021 [PM/X - INQ000348772 (DoH

ref: PM3018)], to reflect updates on self-isolation advice, the national testing programme, the availability of asymptomatic LFD testing for Personal Assistants from 17 August 2021, and employment of a family member, as well as a full review of the guidance.

410. The Q&A document regarding use of Direct Payments during Covid-19 pandemic was also updated and issued on 06 October 2021 [PM/X - INQ000348772 (DoH ref: PM3018)] and included the addition of timelines for the review of flexibilities for Direct Payments, as well as a full review of the guidance.

Mental Health Policy

411. On 11 June 2021, the Department published a progress update on the implementation of the Northern Ireland Mental Health Action Plan (see paragraph 537 in the Wave 1 statement). [PM/X - INQ000348774 (DoH ref: PM3019)]. The progress update highlighted key achievements including: the creation of a Mental Health Champion; approval of the business case and securing of £4.7m funding for the development of a specialist perinatal mental health community service model; the establishment of the CAMHS and Forensic Mental Health Managed Care Networks; and the launch of a Mental Health Innovation Fund.

412. On 29 June 2021, the Department published the Mental Health Strategy 2021-2031 [PM/X - INQ000348775 (DoH ref: PM3020)]. The Strategy set the future strategic direction for mental health in Northern Ireland and took full cognisance of the pandemic. Four actions were identified as key enablers and work continued to progress into 2022 on the establishment of a regional mental health service (Action 31), a review of the Mental Health workforce (Action 32) and the development of a Mental Health Outcomes Framework (Action 34).

413. On 24 August 2021, the Minister announced a new regional Mental Health Crisis Service in line with a commitment in the Mental Health Action Plan (see paragraph 537 in the Wave 1 statement) [PM/X - INQ000348776 (DoH ref:

PM3021)].The new NI regional crisis service seeks to provide: regionally consistent help and support for people in a crisis; a reduction in the number of people who had to wait longer than two hours for crisis support, as laid out in the Regional You in Mind Mental Health Care Pathway; and a reduction in the number of people who attend Emergency Departments in crisis. It was also expected that implementation of the new service would help reduce the demand on mental health services, which were under extreme pressure as a result of the pandemic. A Regional Mental Health Crisis Service for NI Policy Paper for Implementation was published in August 2021 which aligned the implementation of the new crisis service with Actions 12 and 27 of the Mental Health Strategy [PM/X - INQ000348778 (DoH ref: PM3022)].

414. As referenced in the Wave 2 Statement, on 31 March 2021 Minister Swann issued a ministerial direction to proceed with the establishment of a Mental Health Support Fund, with the aim of providing grants to charity organisations who provide Mental Health Services. Time pressures to approve the budget for this fund precipitated the need for a ministerial direction. The Minister decided to proceed with the fund to meet high level outcomes which would support mental health charities in undertaking their valuable role in supporting Health and Social Care (HSC) services. Community Foundation NI (CFNI) was engaged as the Intermediary Funding Body (IFB) to manage the £10m programme fund, plus the management fee. On 14 March 2022 an additional £5.5m programme fund, plus management fee, was made available to support the increasing demand for Mental Health services through the Mental Health Support Fund.

Domestic and Sexual Abuse

415. The Department took a number of actions in relation to domestic and sexual abuse during Wave 1 and Wave 2 of the pandemic (see paragraphs 373 – 380 of Wave 2).

416. During Wave 3, the Department continued to progress the seven-year cross-departmental Stopping Domestic and Sexual Violence and Abuse Strategy, which was launched in 2016.

417. The Departments of Health and Justice jointly lead on the delivery of the Strategy [PM/X - INQ000348826 (DoH ref: PM3065)] through annual action plans in partnership with the Department for Communities, the Department of Education and the Department of Finance, along with statutory, voluntary and community sector partners. A 'Strategic Delivery Board' of cross-departmental senior officials oversees the Strategy's delivery, with advice and support from a 'Stakeholder Assurance Group' of statutory, voluntary and community sector organisations. From June 2020, the NI Executive also received six monthly progress updates.

418. On 29 April 2021, the Health and Justice Ministers announced the publication of a new Year 6 (2021/22) Action Plan under the Strategy along with a Year 5 (2020/21) Progress Report [PM/X - INQ000348827 (DoH ref: PM3066)] [PM/X - INQ000348828 (DoH ref: PM3067)]. This was accompanied by a press release [PM/X - INQ000348829 (DoH ref: PM3068)] which outlined progress made in tackling domestic and sexual abuse during the previous reporting year (2020/21). The press release reflected on actions taken during previous waves of the pandemic. This included: continued working with Home Office to establish the 'Ask for ANI' domestic abuse code word scheme which was launched in pharmacies [PM/X - INQ000276441 (DoH ref: PM2138)] across Northern Ireland on 21 January 2021 and was subsequently piloted in Jobs and Benefits offices in February 2023; and in December 2021 the Department announced [PM/X - INQ000348830 (DoH ref: PM3069)] a pilot scheme to help GPs identify victims of Domestic and Sexual Abuse Violence, and refer them to specialist services (the Identification and Referral to Improve Safety (IRIS) Programme).

419. The Department also provided input to a number of important actions in this period, for example, the development of what is now the Domestic Abuse and Family Proceedings (NI) Act 2022 and to the "Abusive Behaviour in an intimate or family relationship – Domestic Abuse Offence – Statutory Guidance".

420. A 'Call for Views' was launched in January 2022 to inform the development of two new strategies:

- A Domestic and Sexual Abuse Strategy, led jointly by the Department of Health and the Department of Justice; and

- An Equally Safe Strategy: a strategy to tackle violence against women and girls, led by the Executive Office.

421. There was a significant response to the Call for Views with 91 written responses submitted and 661 online surveys completed (250 from victims and 411 from the general public). Five public events and 22 stakeholder focus groups were also held. A consultation Summary Report was published on 7 July 2022.

Family and Children's Policy

422. On 11 February 2022, the Department wrote to children's social care providers advising of the publication of revised Covid-19 Guidance for Children's Social Care Settings [PM/X - INQ000348779 (DoH ref: PM3023)] [PM/X - INQ000348780 (DoH ref: PM3024)]. This replaced four separate sets of guidance which had previously been in place for residential children's homes; foster care and supported lodgings; adoption services; and 16-21+ jointly commissioned supported accommodation settings (see paragraphs 545 - 568 of the Wave 1 statement, and paragraph 389 of the Wave 2 statement). The decision to issue guidance for use in all settings was intended to streamline and combine key messages into a single source document for users' ease of reference. It was also in acknowledgment of the considerable experience that had been built across all children's social care settings in managing the pandemic response and assessing risk at a local level, in consultation with Trust Infection Prevention and Control (IPC) teams and the PHA. This guidance was revised and updated on 24 March 2022 [PM/X - INQ000348781 (DoH ref: PM3025)].

423. On 27 May 2022, the Department emailed children's social care providers advising that the March 2022 guidance was under review [PM/X - INQ000348782 (DoH ref: PM3026)]. This email directed providers to refer to the PHA website for latest public health advice, and to continue to seek advice from the relevant IPC lead or from the PHA, while the guidance was under review. The purpose of this review was to ensure that any guidance remained current and reflected the most up-to-date public health advice. Subsequently, on 22 November 2022, the Director of Family and Children's Policy in the Department wrote to children's social care providers

advising that the Covid-19 Guidance for Children's Social Care Settings was being formally withdrawn with immediate effect [PM/X - INQ000348783 (DoH ref: PM3027)]. This decision was taken following consultation with HSC Trusts, which indicated that guidance aimed specifically at children's social care settings was no longer required, and on the basis of advice from the PHA that all Health and Social Care settings, including children's homes and supported accommodation arrangements, should be referring to general Covid guidance available via the online Northern Ireland Regional IPC Manual, and adopting transmission-based precautions and risk assessments. The Department therefore took the decision to formally withdraw the guidance, and instead directed Trusts and other children's social care providers, by way of the 22 November letter, to should consult with IPC leads or the PHA as required in relation to the proportionate application of IPC guidance within children's homes and supported accommodation projects to ensure that any IPC measures adopted were flexible and responsive to the particular needs of children, young people and staff.

424. In response to the challenges facing the childcare sector, the Department continued to issue detailed infection prevention and control guidance for both group childcare settings and childminders. Each version of this guidance was reviewed by public health colleagues within the Department and Public Health Agency prior to issue. Versions 11 [PM/X - INQ000348784 (DoH ref: PM3028)]and 12 [PM/X - INQ000348785 (DoH ref: PM3029)] of the guidance, for group settings and childminders respectively, were published on 16 August 2021.

425. The Department continued to jointly chair the Covid-19 Childcare Sector Reference Group with the Department of Education to ensure that the key issues facing the sector at any point in time were given consideration and, where appropriate, addressed through the guidance.

426. On 4 March 2022, the Department wrote to all childcare providers to inform them that the infection prevention and control guidance would be stood down from Monday 7 March 2022. On Tuesday 5 April 2022, the Covid-19 Childcare Sector Reference Group met for the final time. The decision to withdraw the guidance for child care providers was influenced by the general relaxation of restrictions around that time and an assessment that more generic Public Health Agency IPC guidance sufficiently served the needs of childcare providers. It also ensured that providers had access to the most up-to-date IPC advice and removed the need to continuously

update and re-issue guidance specific to the childcare sector. By that stage, 11 versions of guidance for group childcare settings and 12 versions of guidance to childminders had issued.

SECTION E: PPE

427. The Department continued to maintain a PPE liaison role with Business Services Organisation (BSO) throughout Wave 3, with the role retained beyond the period covered by the Inquiry. This point of contact facilitated dialogue between the Business Services Organisation and the Department as necessary.

428. In October 2020, the Northern Ireland Audit Office (NIAO), contacted the Department of Health (DoH) [PM/X - INQ000348879 (DoH ref: PM3125)] advising that it wished to undertake a review of PPE Distribution and Procurement. This was in line with similar audit office reviews across the other nations of the UK.

429. Due to the pending arrival of Wave 2, NIAO were advised [PM/X - INQ000348880 (DoH ref: PM3126)] that the timing was not suitable and it would be preferable to delay. NIAO were content to delay [PM/X - INQ000348881 (DoH ref: PM3127)]. The NIAO PPE review commenced on 25 March 2021.

430. The final NIAO PPE review report was published on 1 March 2022 [PM/X - INQ000348882 (DoH ref: PM3128)]. Usual protocol is that the report is subsequently scrutinized by the NI Assembly Public Accounts Committee. However, due to the dissolution of the NI Assembly, the report has not been formally considered by the Members of the NI Assembly and as such the Department has not formally responded to it.

431. The NIAO PPE review report identified 6 areas of learning and these have all been considered by the Department and its relevant Arms' Length Bodies. The Department and its Arms' Length Bodies had all taken action in relation to the learning points in the final report, most of which were already addressed by the time the final report was published.

SECTION F: HEALTH INEQUALITIES

432. Pre-dating the Covid-19 pandemic, the Department led (and continues to lead throughout the duration of the pandemic) on a range of policies and strategies that seek to support work across government to improve health and wellbeing and reduce health inequalities. These include:

- 'Making Life Better' - strategic framework for public health [PM/X - INQ000348912 (DoH ref: PM3168)]
- 'A Fitter Future for All' – obesity prevention strategy [PM/X - INQ000348913 (DoH ref: PM3169)]
- 'New Strategic Direction for Alcohol and Drugs Phase 2' [PM/X - INQ000348914 (DoH ref: PM3170)]
- 'Protect Life 2 Strategy for Preventing Suicide and Self Harm in Northen Ireland 2019-24' [PM/X - INQ000348915 (DoH ref: PM3171)]
- 'Ten-Year Tobacco Control Strategy for Northern Ireland' 2012-22 [PM/X - INQ000348916 (DoH ref: PM3172)]
- 'Skin Cancer Prevention Strategy and Action Plan (2011-21)' [PM/X - INQ000348917 (DoH ref: PM3173)]; and
- 'Breastfeeding - A Great Start: A Strategy for Northern Ireland 2013-23' [PM/X - INQ000348918 (DoH ref: PM3174)]

433. While strategic and policy development work in many of these areas was paused during the pandemic, particularly during 2020, work continued to deliver overarching strategic aims and objectives. As soon as Departmental resources could be released from the immediate pandemic response, proactive policy development work resumed. For example, the Department led the development of a new substance use strategy – beginning in 2020, with the final new strategy agreed by the Executive in September 2021. In addition, work commenced on the development of a consultation on a new obesity prevention strategy in 2021 and a consultation is due to be published in the near future. Strategy extensions were secured for those that

were due to end during the pandemic period or the immediate aftermath, to allow for fuller implementation and evaluation.

434. The current Tobacco Control Strategy was extended in recognition of the impact the pandemic had on delaying the implementation of the mid-term strategy review recommendations and work commenced on a final review of the strategy in February 2022. Work on strategy implementation continued during the pandemic period given the extent to which smoking drives health inequalities. Smoking rates in socio-economically deprived areas, and rates of exposure to second-hand smoke during childhood, are disproportionately high in Northern Ireland's deprived areas with resulting poorer health outcomes. In addition, there is continued concern that e-cigarette use by young people can result in nicotine addiction and potentially lead to uptake of smoking. Particular priority was therefore placed on taking regulations through the Assembly to ban smoking in private vehicles when children are present and to prohibit the sale of e-cigarettes to under 18s. In 2021, the Department completed work to make these regulations which came into effect in February 2022.

435. Departmental resource working on the Executive's Protect Life 2 Strategy on suicide and self-harm prevention which is led by the Department was protected so that this strategy could continue to be implemented within existing resources. The Steering Group and implementation groups continued to meet throughout this period. All services delivered under Protect Life 2 continued to be supported including Lifeline (a crisis support helpline), the Self Harm Intervention Programme, training, awareness raising and public information campaigns, counselling provision, Community Response Plans, and the Flourish churches suicide prevention initiative. There was also public pre-consultation undertaken relating to postvention suicide prevention services to support those following a death from suicide.

436. The Executive Working Group on Mental Well-being Resilience and Suicide Prevention, to which the Department provides support, also met throughout the pandemic in recognition of the importance of these issues and the potential adverse consequences of the pandemic. Upon formation of the new Executive, the Group met initially on 4 March 2020 then again on 29 July 2020, 8 October 2020, 3 March 2021 and 6 October 2021.

437. Throughout the pandemic the Department published regular information on both Health Inequalities [PM/X - INQ000348919 (DoH ref: PM3175)] and the Making Life Better Indicators [PM/X - INQ000348920 (DoH ref: PM3176)] to monitor overall progress on these issues.

438. The focus on Health Inequalities during Wave 3 continued to be a focus across Executive Departments often building on those strategies and policies which had been in place before the epidemic or were intended to address inequalities including beyond the duration of the epidemic. For example, Departments, including the Department of Health, continued to work together to deliver on the Executive's seven year cross-department strategy to stop domestic and sexual violence and abuse in Northern Ireland.

439. As the epidemic progressed and in response to the impacts on mental health the Minister announced funding for of £10m on 10 May 2021 for a Mental Health Support Fund, administered and managed by Community Foundation NI, and open to community and voluntary sector organisations with charitable purposes offering services for people with mental ill health throughout Northern Ireland [PM/X - INQ000348921 (DoH ref: PM3177)]. The following month the Minister launched a 10 year strategy for Mental Health 2021 – 2031. In a press release the Minister stated that "The Strategy is built on a vision of a society which promotes emotional wellbeing and positive mental health for everyone, which supports recovery and seeks to reduce stigma and mental health inequalities. In the vision we set out the objective of a system that is consistent and provides equity of service. We also want to break down barriers so that individuals and their needs are right at the centre – a truly person centred care." [PM/X - INQ000348922 (DoH ref: PM3178)]

440. On 8 September 2021 the Minister appointed Professor Siobhan O'Neill as the Mental Health Champion for Northern Ireland. Professor O'Neill had until that date been acting as the interim mental health champion [PM/X - INQ000348923 (DoH ref: PM3179)]. On 29th October the Finance Minister announced that an additional £5m had been allocated to the Mental Health Support Fund which had been heavily oversubscribed. [PM/X - INQ000348925 (DoH ref: PM3181)].

441. During Wave 3 the Minister also allocated funding to support Carers in NI. On 19 April 2021 he allocated £4.4m to a carers support fund. In his press release the Minister said: "The new Carers Support Fund will provide support for charities

working for and with carers. "The debt the health service and wider society owes to unpaid carers cannot be overstated," the Minister stressed. "Without care provided by family members and friends, many vulnerable people would have been plunged into a full scale crisis over the past 12 months. This Support Fund will provide practical support and acknowledgement to what is such an important sector." [PM/X - INQ000348924 (DoH ref: PM3180)]

442. The roll out of vaccinations and subsequently vaccination boosters was a significant feature of the response to the epidemic during Wave 3. Accessibility was an important issue in order to reach vulnerable groups and hard to reach groups to maximise uptake. During Wave 3 in addition to access via GP practices, vaccinations were made available through hundreds of community pharmacies spread across Northern Ireland including in some of the most deprived areas maximising the extent to which Covid-19 vaccinations were easily accessible. At the same time the vaccination and subsequent booster programme continued to prioritise vulnerable groups including residents of care homes, the clinically extremely vulnerable and carers.

SECTION G: PUBLIC HEALTH COMMUNICATIONS IN NORTHERN IRELAND

443. This section of the Department's corporate statement covering the third wave of the pandemic addresses: the principal generic public health communications in NI over the entire period of the pandemic during waves one, two and three; and steps taken to counter disinformation. There are also specific incidences related to public health messaging highlighted in the previous statements such as promoting population uptake of the Covid-19 vaccine (set out in paragraphs 222 to 225 in the Wave 2 statement and in paragraphs 275 to 289 above) and the Covid-19 App (see paragraphs 229 to 233 in the Wave 1 statement).

444. Communications work by the Department during the Covid-19 pandemic fell into three main categories:

- proactive messaging, principally led by the Health Minister, Chief Medical Officer, Chief Scientific Adviser and the head of the NI vaccination programme. This included regular press conferences,

press releases, media interviews and briefings and social media content dealing with the threat posed by the virus to the NI population, the actions the public could take to protect themselves, and the Covid-19 regulations put in place by the NI Executive. Dedicated sections of the Department's NI website and NIDirect were regularly updated with Covid-related material. The various stages of the vaccination programme, and the importance of vaccination, were central themes of the Department's communications from December 2020 onwards. Messaging relating to disinformation on the virus and on vaccines was covered during media interviews and in "mythbuster" and factfile briefings published on specific issues. The dissemination of disinformation on Covid-19 vaccines was a global phenomenon. The issue of alleged links between vaccines and abortion gained some particular media/political traction in Northern Ireland, leading to a specific factfile being issue on this by the Department. [PM/X - INQ000348883 (DoH ref: PM3129)]

- partnership working on public communications with a number of public sector/Government bodies including The Executive Office, the PHA and HSC Trusts. The Executive Office had the lead role on the public information campaign on Covid-19 safety steps, while the PHA led on the public information campaign on vaccination. Monitoring of message effectiveness across these campaigns helped inform ongoing communications by the Department and partner bodies. The Department also participated in regular UK-wide comms discussions, led by Cabinet Office. The Department also helped ensure strategic co-ordination of messaging across NI's HSC system, for example, on pandemic related service pressures and on Covid-19 safety messages from health care professionals. The Department also initiated and funded an award-winning "Fight Back" PR campaign led by private sector PR professionals. It used well known figures in NI to promote Covid-19 safety messages. The Department's comms team was also represented on the Adherence Subgroup of the Executive's Covid-19 Taskforce. This involved a range of Government/public sector bodies. It gathered and monitored data on public adherence to Covid-19 measures/messaging, which helped inform the Department's

communications. The Subgroup also utilised behavioural insights expertise to inform its work and wider comms activities; and,

- intensive reactive communications work, with a high volume of queries to the Department's press office reflecting media and public interest in the trajectory of the Covid-19 virus, the various public health measures taken in response and the impact of the pandemic on health and social care services.

445. Public messaging across the UK, including the Devolved Administrations and the Republic of Ireland, was broadly aligned and similar, providing advice on respiratory hygiene, ventilation and social distancing which was modified throughout the pandemic. Each nation adapted the specific wording of the advice for its local population. In NI, local engagement and market research was commissioned by The Executive Office to to ascertain the most effective approach. This was subsequently considered by the CMO and CSA who provided public health and scientific input to the proposed approach and core messages.

446. The Department also took steps to counter disinformation during the pandemic. In addition to the "mythbuster" briefings, referred to in paragraph 447 below, the Minister, in two statements to the Assembly's Ad Hoc Committee during the first wave, commented as follows below. A further incidence of the Department taking action to counter misinformation related to a newspaper report in January 2021, reporting statements emanating from the Republic of Ireland [PM/X - INQ000348884 (DoH ref: PM3130)] [PM/X - INQ000348885 (DoH ref: PM3131)] which alleged that NI was not testing for new strains of coronavirus. In the light of this misleading commentary the Department issued a statement on 24 January 2021 detailing the ongoing work in NI to identify new variants of the SARS-CoV-2 virus [PM/X - INQ000383331 (DoH ref: PM3290)].

447. The following comments made by the Minister are included to highlight efforts made to challenge social media disinformation and "noise" in relation to the pandemic. They also reflect a commitment to candour in relation to the uncertainties and near impossible choices being faced. On 15 April 2020 the Minister said: "I would conclude by appealing to Members and the general public. I have previously expressed concern about noise on social media and elsewhere distracting from the

work we are *doing and from our life-saving messages to the public. That noise remains a challenge. We seem to have a lot of self-appointed experts commenting minute by minute. We seem to have lot of people on Twitter who have secured doctorates in epidemiology in a few short weeks. They are entitled to their own opinions. They are not entitled to their own facts. I would urge everyone to avoid speculation or rushing to judgement. Comparing our statistics and our actions – favourably or otherwise – with other countries is premature at best. It is highly likely that this planet is going to be battling the Coronavirus well into 2021 at least. The prospect of a second surge later this year must weigh heavily on all our minds. This is no time for final verdicts to be delivered, favourable or critical. We are in this for the long haul. We will also have to face up to difficult conversations down the line about when or if to ease any social distancing restrictions. That time is not now. At this moment in time, we have to stick firmly with the measures we have. But the time will come for those discussions and we have to face them together, honestly and openly There won't be any easy decisions. Simply maintaining the current lockdown indefinitely would have serious repercussions for many people's mental and physical well-being. So we will all have to weigh up our options very carefully, working closely with colleagues across these islands, to ensure we take the right decisions at the right time*".

448. On 14 May 2020, the Minister said: "and if I diverge for a moment - it won't surprise this House to learn that I am not overly familiar with Gaelic games. But the phrase "hurlers on the ditch" has been stuck in my mind of late. It refers to those who are sniping from the side-lines, and staying on the side-lines. We've had plenty of "hurlers from the ditch" of late. Experts and self-appointed experts with nothing but criticism to offer. The truth is there are no easy answers, no magic solutions. The situation we are dealing with is unprecedented, very tough and extremely complicated. Often the best we can do is find the least worst option. Keeping the lockdown takes a huge toll; but relaxing it too widely and too early would be catastrophic. Even the wisdom of Solomon would be stretched".

449. The Department is aware of media and public comment concerning alleged breaches of guidance by an Executive Minister's attendance at a funeral during the first wave in June 2020, and Belfast City Council's oversight of the related cremation service for a senior community figure. Public criticism of coronavirus restrictions by another Executive Minister, during the second wave in October 2020, and comments that the virus was more prevalent in a particular section of the community, also

triggered media and public comment. The Department is not aware of any assessment of the impact of these events on the adherence to restrictions and guidance by the public in NI or on whether they had any material impact on the maintenance of public confidence.

SECTION H: PROGRESS ON SERVICE DEVELOPMENT AND IMPROVEMENT

New Cancer Strategy

450. Following an extensive consultancy exercise with a task force led by Chief Nursing Officer and the Director of Hospital Services Reform Directorate, on 22 March 2022 the Minister published a new 10 year Cancer Strategy for NI and associated Funding Plan. The new Strategy set out 60 high-level recommendations to enable significant strategic changes to be taken forward over the next decade to improve outcomes for people in NI diagnosed with cancer. The Minister also announced the establishment of two prototype Rapid Diagnosis Centres at Whiteabbey Hospital in Newtownabbey and South Tyrone Hospital in Dungannon. The Funding Plan outlined the estimated indicative cost of developing, establishing and maintaining the services and interventions set out in the Cancer Recovery Plan (see paragraphs 372 and 373 above) and Cancer Strategy. The Funding Plan identified an estimated investment need of around £2.3m in the first year and in the region of £145m per year when all actions are implemented. A capital one-off investment of circa £73m was also required.

Public Consultation on the future of Urgent and Emergency Care

451. On 16 March 2022, the Minister launched a public consultation, running to 15 June 2022, on the findings of the Review of Urgent and Emergency Care[19]. The consultation set out proposals under three strategic priorities:

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[19] The Urgent and Emergency Review was originally launched on 26 November 2018,with the aim to establish a new regional care model for Northern Ireland. Completion of the Review was delayed due to the COVID-19 pandemic. In October 2020, the Department launched the No More Silos Action Plan, which built on learning from the Review, with the aim of improving co-ordination between primary and secondary care services.

- Priority one - the development of an integrated urgent and emergency care service. Building on the work of the No More Silos initiative (see paragraph 335 in the Wave 2 statement), involving standardisation of service delivery across the region, including the development of Urgent Care Centres, the development of standardised pathways across all Trusts and, ultimately, the development of a regional Phone First number.
- Priority two - covered important questions around the bed capacity in HSC hospitals as well as in acute care delivered in peoples' homes. It is also aimed at ensuring that services operated as they should and to the highest standard.
- Priority three - the development of a regionalised approach to intermediate care, focusing on healthcare delivered at home, providing better patient outcomes and recovery.

SECTION I: LESSONS LEARNT AND PROGRESS ON SERVICE DEVELOPMENT AND IMPROVEMENT

452. As stated at paragraph 1 above, given my recent appointment, I have limited first-hand knowledge of the events and issues, which formed the Department's response to the pandemic, and are set out in detail in the Department's previous three corporate statements. However, my appointment at the end of the pandemic coincided with the Department engaging in serious reflection on the experiences of our staff, colleagues across Health and Social Care, and service users, resulting from the unprecedented emergency caused by the coronavirus pandemic, which Northern Ireland faced up to, from January 2020. In common with other health and social care systems across the UK and internationally, the Department wishes to learn from these experiences, and where we can, to take action to strengthen the ability and resilience of the Department and the Health and Social Care system to effectively respond to potential future emergencies.

453. Therefore, this Section of the Wave 3 Statement addresses the principal generic lessons learnt by the Department over the entire period of the pandemic during waves one, two and three. There are several review exercises and reports related to specific policy areas which have been commissioned by the Department

during the pandemic, and which have been addressed in the previous statements. These include the review by the Department's Internal Audit of PPE arrangements (set out in paragraphs 355 to 357 in the Wave 3 statement) and the inflight review of the Department's emergency planning arrangements (set out in paragraph 391 in the Wave 2 statement). Other reviews carried out during the pandemic are listed in the footnote[20]. In addition to these and focussed on the Department's corporate experience during the pandemic, learning has been identified in two external reviews and reports which are set out below. The Department, through its Strategic Planning and Performance Group, is working collaboratively with PHA and the Business Services Organisation to draw on experience of the Covid-19 pandemic to put in place plans to respond to a potential future pandemic. This work will develop a pandemic response plan which includes response cells on testing, primary and secondary care surge, vaccine administration, care home resilience and public communications.

Lessons Learnt by the Department from its Reflection on the Response to the Covid-19 Pandemic

454. In June 2022 the Department commissioned a review of the experiences of staff during the pandemic from EY management consultants, and this report was received in October 2022. [PM/X - INQ000348736 (DoH ref: PM3000)] The Department asked the review team to examine:

- Areas of innovation and good practice emerging from the response which should be mainstreamed;
- Learning from the response which should be incorporated in future arrangements in DoH and
- A forward looking organisaitonal approach taking account of the response to the pandemic and the current priorities and challenges.

455. The report is structured around six thematic challenges which EY identified that the Department faced in operating during the pandemic:

[20] [Insert list of other reviews (and reference) carried out during the pandemic, for example, discharge of patients from hospitals, medicines review, care homes rapid review, etc.

Leadership and Direction

- Leading Health and Social Care through a complex and uncertain period was a huge challenge, particularly as the requirements on staff deepened, and the length of the pandemic grew.

Policy Development and Implementation

- The Department was required to make policy and operational decisions rapidly, and to operate its ordinary governance and accountability model in a way which adapted to the needs of the situation, but which maintained the integrity of the system and protected the public purse.

Collaboration and Support

- The Department needed to operate across functional boundaries, both with the Health and Social Care sector and in the wider Northern Ireland Executive. This created a huge challenge in terms of rapidly scaling up new relationships, networks and communications channels.

External Communications and Service Users

- The Department needed to ensure that it communicated reliably and effectively with a range of service users, external partners, stakeholders and the general public. This required a new approach and the use of new platforms for communicating and sharing information.

Staff Management and Wellbeing

- The pandemic took an unprecedented toll on the staff of the Department. Extraordinary demands were made on staff, who were under immense pressure and worked excess hours which led to exhaustion. It was hugely challenging for the Department to maintain function delivery of both pandemic response, mainstream services, policy work and governance functions in these circumstances.

Use of Innovative Technology & Development

- Several critical operational challenges required rapid development and deployment of technological solutions. It was a significant challenge to develop and deploy at scale of range of new technological interventions during the pandemic, with the need quickly skill-up and redeploy staff to meet new and emerging needs.

456. Key findings from the review included:

Leading and communicating direction

- There was some good practice in terms of leading and communicating direction with staff, but overall, it was a mixed picture with some information flows proving suboptimal in the circumstances. In moving forward, the Department will reflect carefully on this as it considers how to ensure clear and transparent leadership going forward, particularly in terms of articulating the mission, setting direction and engaging with staff. The Department has introduced a range of measures to improve communication and engagement with staff. These measures include: the introduction of regular All Staff Webinars hosted by the Permanent Secretary and members of the Department's Top Management Group; the creation of a Senior Leadership Forum; and a Staff Engagement Forum, that also meet on a regular basis to ensure staff at all levels are not only kept abreast of, but are also able to inform a range of current and future matters/plans for the Department.

Agile delivery at pace

- The review identified many good examples of agile delivery at pace, operating our existing governance and accountability systems quickly with pragmatism and flexibility. Although not mentioned in the report itself, an example of this is, the rapid design, build and deployment of the Covid Cert NI system. However, there was some inconsistency in how the Department's ability to respond was achieved across the system. The key challenge for the Department going forward will be how to embed this agile, delivery focused culture into how the Department operates during normal business. As part of the Department's Redesign process, governance and accountability systems

will be updated to reflect the functions of the former Health and Social Care Board (HSCB) being subsumed within the Department of Health.

Effective partnerships and cooperation across organisational silos

- There were several examples where the Department built new and effective partnerships and cooperated across organisational silos to deliver results. One example is the work undertaken with the Department for Communities on establishing a system for prioritising supermarket home delivery slots. This improved decision-making, and led to better outcomes. However, there were occasions where this was less effective, usually as a result of poor communication or line-of-sight on critical issues. The Department is seeking to build on the partnerships established during the pandemic and will ensure that effective leadership, communication and collaboration are factored into how we work. A key part of this is the work to agree new Partnership Agreements with Departmental ALBs, this aims to establish more productive working arrangements with a range of delivery partners, for instance HSC Trusts, BSO and NIFRS.

Public Health Agency Reshape and Refresh Programme

- In Autumn 2020, as the pandemic progressed, Dr Ruth Hussey, former Chief Medical Officer (CMO) for Wales, was jointly commissioned by the Department and the Public Health Agency (PHA) to carry out a rapid, focused external review of the PHA's requirements to respond to the COVID-19 pandemic over the subsequent 18-24 months. This rapid review was conducted between mid-November and mid-December 2020 and the final report (the Hussey Review) was delivered to the PHA and the Department in December 2020. The report contained four main, high-level recommendations, which through their implementation would constitute a major change programme for the PHA, leading to a new model for operational delivery of the core public and population health function in Northern Ireland. The recommendations were to:
    - Strengthen the public health system in Northern Ireland;
    - Strengthen health protection capability within the PHA;
    - Develop science and intelligence capability [in the PHA]; and
    - Build a modern, effective and accountable organisation [viz., the PHA].

- As the public health response to the pandemic was evolving over the course of 2020, with significant changes in clinical testing and the alternate use and relaxation of non-pharmaceutical interventions, balanced by an increase in surveillance and monitoring to feed into, and underpin the public health risk assessment, it became clear that the complexity and demands on the health protection service provided by PHA would only increase. This would place even greater focus on the need for high quality, easily accessible public health intelligence and data on the epidemiology of the pandemic in NI, and also on the capacity and expertise of PHA's specialist public health workforce to lead and support all aspects of the pandemic response locally.

- The PHA and Department accepted the findings of the Hussey Review, and established a Programme to Reshape and Refresh the PHA to ensure that it could not only effectively deal with the current pandemic but would be better equipped to deal with future pandemic challenges as they arise. The Programme would also ensure that the PHA was well placed to maximise the additional strategic and operational benefits from new UK-wide arrangements being taken forward by the UK Health Security Agency (UKHSA) including pandemic preparedness and capabilities as they developed and to ensure alignment and complementarity with our own public health capacity and capability requirements in Northern Ireland. It would further ensure that PHA could effectively interact with the reformed Health and Social Care system, in the context of the planned closure of the former Health and Social Care Board (HSCB) and the new integrated care model for services also planned to come into operation.

- The refresh and reshape Programme commenced in March 2022 and is now at an advanced stage of implementation across the PHA.

Implementation of the Integrated Care System

- Work is underway on the development and implementation of the Integrated Care System NI. The Integrated Care System NI will provide the framework for

commissioning health and social care services moving forward and is a way of working based on collaboration and partnership. The model encompasses partnerships at both area level (Area Integrated Partnership Boards) and regionally (Regional Integrated Care System Partnership Forum) which will see key stakeholders from Health and Social Care come together with representatives from local Councils, the Voluntary and Community Sector, and service users and carers to identify, understand and consider the needs of that population. The groups will focus on key areas of priority, identifying the collective assets and resources available and considering how they can be used to deliver improved outcomes for that population.

- Co-production, co-design and co-delivery are essential components of an Integrated Care System approach, and a broad range of stakeholders have been, and continue to be, involved across the various workstreams taking forward this programme of work.

Introduction of the Cancer Programme Board

- The introduction of the Cancer Programme Board has built on relationships during the pandemic to maintain and rebuild cancer services to now take forward the Cancer Strategy launched by the Minister in March 2022. The Cancer Programme Board is led by the Department with involvement from clinicians, HSC managers, PHA, GPs and service users and will oversee the implementation of the strategy.

'No More Silos'

- Working across the primary and secondary care boundaries between GP practices and Trusts engendered the development of the 'No More Silos' project (see paragraph 335 in the Wave 2 statement). The project continues to develop collaborative approaches to improve access for patients needing unscheduled or urgent care. [PM/X - INQ000276387 (DoH ref: PM2101)]

Collaborative Working

- Existing partnerships between the former HSCB (now the Department's Strategic Planning and Performance Group) and the Department's policy and professional colleagues were enhanced, with closer and more frequent collaboration. This improved collaboration continues to the current time and adds to the core

workload of Strategic Planning and Performance Group – commissioning, performance management and financial breakeven.

Primary and Community Care Partnership Board

- The establishment of the Primary and Community Care Partnership Board in April 2023 aims to build on the effective collaboration in response to the pandemic to facilitate more co-ordinated and strategic direction across the primary and community care sector going forward.

Care Homes

- The Covid-19 pandemic raised significant challenges for care homes. The protection of care home residents, their families, friends, and staff was a key priority for the Department throughout the course of the pandemic. Building on existing relationships, a collaborative multi-agency working partnership between the Department, the PHA, HSC Trusts, the NI Ambulance Service (NIAS), the Regulation and Quality Improvement Authority (RQIA), and the care homes themselves, ensured a sustained focus on actions required to effectively support and reduce the impact of Covid-19 on care homes. The comprehensive package of measures, which was introduced to appropriately manage individual Covid-19 cases, control and manage clusters and outbreaks, and keep care homes free of the disease, is set out in detail specifically at paragraphs 370 to 499 in the Wave 1 Statement and paragraphs 194 to 195 and paragraphs 347 to 359 in the Wave 2 Statement.

Visiting in Health and Social Care Settings

- A key role of the Chief Nursing Officer's Group in the Department is developing and maintaining open lines of contact between the Department, the PHA, and senior nursing leaders across the sector. Regular meetings have always been held to facilitate this interaction, and the value of this engagement was demonstrated during the pandemic by the close working and co-operation around managing the arrangements for visiting in hospitals and hospices.

- As the ongoing impact of the pandemic on the public being able to visit patients in hospital/hospice settings emerged, a group comprising the Department's Chief Nursing Officer Group, the 5 Trust Executive Directors of Nursing and senior leaders from the Hospice sector worked together with the PHA to develop the ***Pathway to Enhanced Visiting*** guidance (which also became effective from 7 May 2021). The expectation was that compliance with the applicable stage of the guidance pathway was the default position across the region. However, to reflect the local pressures that could apply in specific hospital settings (due to estate issues, local transmission spikes, etc) individual HSC Trusts had authority to seek to apply additional, risk-assessed proportionate but timebound restrictions, should local circumstances have required it.

- This group assessed the extent of possible progress along the 'Pathway' guidance by means of regular scheduled reviews where the relevant data around regional and local transmission rates was discussed, and recommendations made for Ministerial approval. Following successful progress through the Pathway guidance, another guidance document entitled '***Enabling Safer Visiting***' was developed by the Department, with input from the Public Health Agency, again in consultation with the HSC Trusts, and this was launched to take effect from 31 October 2022.

- Recognising the differing circumstances applying in different settings, while maintaining a structured approach and ensuring a clear message around visiting in Hospitals/Hospices, presented the Department of Health with a significant challenge throughout the pandemic. However, to address this it was found that by working closely together with leaders across the sector we were able to collectively manage safe visiting. The visiting Pathways guidance provided a means by which decisions could be made with clarity of reasoning and ease of explanation to patients, staff and families/friends.

- Once the initial period of imposing severe restrictions on visiting, particularly for those living in care homes, had passed, attention turned to the development of more balanced arrangements for the future.

- In early 2021, the Department engaged with the PHA to establish a multi-disciplinary, multi-agency group to ensure that visiting arrangements for those living in care home settings could progressively be returned to something akin to what they were before the pandemic. The group drew its membership from a wide range of interested stakeholders, including:
    - The Department's CNO Group, CMO Group and Social Services Policy Group (SSPG)
    - The Public Health Agency (Nursing & Medical professionals)
    - HSC Trusts
    - The Patient & Client Council
    - The Commissioner for Older People in Northern Ireland.
    - The Regulation & Quality Improvement Authority
    - The HSC Board (which became SPPG in the Department)
    - The Independent Care Home Providers organisation
    - Service Users and their representatives.

- Engagement with this wide range of stakeholders, while at times challenging, facilitated the development of the Pathway guidance for returning visiting arrangements in care homes to something closer to what was previously deemed "normal". This Pathway guidance was launched on 7 May 2021, with the restrictions applicable as detailed in stage 1 of the Pathway guidance, "Cautious First Steps".

- When then considering the arguments for and against further progress along that Pathway, clear exposition was required of the reasons for proposing to the Minister that visiting restrictions in care homes should either be maintained or eased. Advice provided to the Minister on this was at all times in line with available evidence, and this requirement was a useful driver in ensuring that decisions were based on evidence, and thus defensible to the Minister (and once approved, to the wider public).

- Once the progress along that Pathway was complete, the same group of stakeholders was reconvened to prepare new guidance. This group devised "The New Normal" guidance document, which set out arrangements for

visiting in care homes as Northern Ireland, in common with the rest of the UK, began to exit the worst impacts of the pandemic. Drawing on the experience of professionals as well as individuals with relatives living in care homes, made for solid policy making, and enhanced the Department's commitment to co-production.

- In any future similar situation, the approach to setting such guidance will mirror this approach, involving and engaging service users alongside healthcare professionals, delivering a more rounded effective policy, which can be effectively communicated to those directly impacted by it, and the wider public.

Social Care

- The Department, through the Director of Disability and Older People, meets on a regular basis with representatives from the Independent Health and Care Providers, the Public Health Agency and the Regulation and Quality Improvement Authority. The purpose of these meetings is to discuss emerging issues in the social care sector and to seek input and views on potential policy or operational developments affecting social care delivery.

- The Department established a Social Care Collaborative Forum in April 2023. The purpose of the Collaborative Forum is to provide a formal mechanism for the Department and representatives of the Social Care Sector (statutory, voluntary/community, private sectors, unions, service users and carers representatives) to work together as partners to build shared values and deliver improvements that will support and sustain social care now and into the future. The Collaborative Forum is based on the premise that social care is diverse and cross-cutting, while important to health, it increasingly should also involve engagement with other sectors such as housing and employment and the respective Government Departments. The Collaborative Forum is supporting opportunities for greater co-operation, co-production and joined up working between the Department of Health, the social care sector, and across Government, to advance the proposals to reform adult social care. In its operation, the Collaborative Forum recognises the separate and independent role and functions of commissioning, regulation, and inspection, alongside the

roles of key representative bodies who continue to work directly with Government in their own right.

Engaging and communicating with external stakeholders and service users

- The EY Report also found that there is good evidence that the Department was highly successful in engaging and communicating with external stakeholders and service users during the Pandemic. Stakeholders noted the clear and honest messages which the Department used to communicate with the public during the pandemic. The EY research found that stakeholders expressed concern that the Department will return to pre-pandemic modus operandi when it comes to 'business as usual' on this front. Stakeholders highlighted the Department's use of jargon and 'civil service speak' which the Department has accepted and is working with staff to ensure clear messages remain the new and improved manner of communication. We continue to work in a way which is open, transparent and accessible, including getting critical health data into the public domain. This includes more extensive use of social media, in particular (previously twitter) and various intranet sites owned by the Department of Health and its 16 Arm's Length Bodies (ALBs).

Staff experience of working during the pandemic

- Many staff found the experience of working during the pandemic exhausting and traumatic. The challenges facing the Department mean that our staff continue to work at an accelerated pace despite the diminished requirements of Covid-19. A significant number of staff also feel that their efforts and achievements have gone unrecognised, as has the impact on their lives.

Innovation

- During the pandemic, the Department had significant success through more effective and cutting-edge use of data, analytics and technology. The challenge is to ensure that innovation through technology is mainstreamed in core business and that we are able to maintain the pace, agility and delivery focus demonstrated during the pandemic.

457. In relation to the experience of staff who worked during the pandemic, the Department recognised a critical need to deliver better support for staff and, for this reason, commissioned Peter McBride from the Health and Social Care Leadership Centre, to take forward a separate piece of work to map out the support needed for

staff. This work was commissioned in August 2022 and the final report was received in February 2023 [PM/X - INQ000383326 (DoH ref: PM3276)]. The Department commissioned this work to ensure we understood the scale of the impact and, crucially, to ensure that as a Department we were equipped to deal with the needs of our staff. Through this work, Peter McBride conducted a wide range of face to face and group interviews with staff. This was to understand the impact of working through the pandemic had on staff and to understand what might have been done better at the time. Also, importantly, the work will analyse what the Department can now do to support staff post-pandemic response. [PM/X - INQ000383327 (DoH ref: PM3277)] The Department is working with NICS HR, the central human resource service, in relation to access to the Employee Assistance Programme (EAP). At the time of writing, the EAP is being made available for Departmental colleagues who are providing response to the Muckamore Hospitals Inquiry and child protection related matters. In addition, the report noted that with regard to the theme 'Covid amplified existing challenges' that the work that was being undertaken to examine priorities and to align resources with work priorities will go some way towards dealing with this issue. This work is ongoing with Phase 1 of Departmental restructuring which is nearing conclusion, the implementation of new vacancy management controls, resourcing processes and principles for the Department.

458. A summary of key themes which emerged through Peter McBride's work is provided below.

Diversity of Experience

- There were significant differences across the Department in the experiences of staff who worked through the Covid-19 period. The differences occurred both in terms of the nature of the work individuals were required (or volunteered) to undertake; as well as the impact of personal circumstances such as personal bereavement, child or elder care responsibilities, or the impact of illness.

Covid-19 amplified existing challenges

- Staff recognised that the challenges presented by Covid-19 were exceptional, and that they required an exceptional response. However, there was also the recognition that before pandemic, the Department was struggling to meet the demands placed upon it.

The experience of trauma

- There were individuals who were profoundly affected by their experience of working through the pandemic, some by the work within the Department, and others by their personal experiences. As a whole group, the signs of pressure are also apparent, and there is a sense that the Department has been pushed to the extreme by the demands placed upon it.

Recalibrating work pace

- The pace of work that was required during the pandemic was exceptional, and the system is now attempting to recalibrate itself, but is facing very substantial alternative challenges.

459. Peter McBride's review found that some, not all, staff found the experience of working through the pandemic emotionally damaging or traumatic. Individual support was made available in the first instance, affording individuals the opportunity to talk about their experience to allow them to identify whether they were carrying any lasting impacts. A series of one-off group discussions were also arranged to explore the impact and engage staff in the process. For some this allowed the opportunity to acknowledge the impact and move on, for others it allowed them to recognise the need for some further personal support. The opportunity for individuals to have the one-to-one conversations with Peter McBride helped them ascertain whether they needed to access further specialised support. If specialised support was required, this was sign-posted.

460. From the perspective of the Department's Chief Medical Officer Group one of the main learning points was that the Northern Ireland Civil Service lacked the agility or ability to rotate staff and relieve pressure on key personnel and teams, which was sometimes to the detriment of the well-being of staff. Consequently, many staff were over a very protracted period of time working excessively long hours, often late into the evening and weekends with little or no relief. These were matters and concerns raised by the Minister, the Permanent Secretary and the Chief Medical Officer and by the teams themselves. Staff in the Senior Civil Service received no additional remuneration for the long hours of overtime they worked over a period of more than two years. For the future, the Northern Ireland Civil Service needs to have established and well-rehearsed plans for the rapid transfer of staff between all

departments. This would be further enhanced by a proportionate approach to ensuring a greater level of generic Northern Ireland Civil Service training and experience in highly pressurised time critical emergency response. In addition, a recognition of the need for specialist skills in an emergency planning and response across the Northern Ireland Civil Service and the maintenance of those skills would be of benefit. Action to implement this learning would address significant vulnerabilities which became apparent during the pandemic particularly given the unprecedent demands and duration of the crisis.

461. The need to appropriately and fully support the UK Covid-19 Public Inquiry has compounded the detrimental impact of the pandemic itself on the welfare of the Department's staff, with heavy demand now being placed on staff to produce work for the Inquiry against understandably extremely tight deadlines. This detrimental impact is further compounded because these demands are imposed at a time when there is great need to progress core policy work that had to be paused or slowed during the past few years. It is therefore proving very difficult to recalibrate working pace and to moderate work pressures, especially as the UK Covid-19 Public Inquiry is requiring significant input from the same staff who were at the centre of the response to the pandemic itself. As is undoubtedly the case for those bereaved, those affected directly and indirectly, including those across the Health and Social Care system. The Department's staff are also finding it difficult and in some cases deleterious to re-visit traumatic times experienced during the pandemic response. The impact of this on staff wellbeing and on the wider work of the Department and more widely should not be underestimated.

462. The Department has used the EY and the Peter McBride Reports to develop a number of strategic responses, in particular the development of a people strategy and action plan. These reports have also been shared with all staff, in order to reinforce the learning with our leadership teams and to keep those staff who participated in the reviews through multiple focus groups and individual sessions informed of the results of their participation. Both the exercises set out the significant value of investing in leadership, communications and engagement; improved clarity about the Department's priorities and improved alignment of the Department's resources to the priorities; and of a focus on wellbeing as part of "business as usual", especially when the Department will continue to face very substantial challenges and substantial change. In line with the commitment in the Department's Strategic Business Plan of supporting our staff post- pandemic, developing and empowering

them through a Departmental People Strategy [PM/X - INQ000383328 (DoH ref: PM3278)]it will address wellbeing, leadership, skills and development. To this end the Department has determined that it will focus on the following issues, as outlined in the People Strategy excerpts below:

"Leadership, skills and development

- *We will support and improve the training and development available to DoH staff. We will show inclusive leadership and effective management at every level in our organisation and build high performing teams.*

Staff engagement

- *Our organisational purpose and the part that everyone plays in this will be clear. We will actively engage with all staff and through their ideas and participation continuously improve everything our department does. Line managers will play a key role in this by engaging staff and promoting employee voice, so all staff have the opportunity to influence matters within the department.*

Workforce planning and organisational development

- *We will develop workforce plans and continuously improve our organisational design to ensure that DoH workforce capacity and capability can deliver Departmental business priorities. We want to ensure that we have the right people in the right place at the right time.*

Wellbeing, Equality, Diversity and Inclusion

- *Through all the actions in implementing our People Strategy we want to create the best conditions for staff wellbeing and inclusion. We want to create an environment that allows all staff to flourish and achieve their full potential, where good quality job roles and good work-life balance supports positive wellbeing and in turn supports effective organisational performance."*

463. The action plan contained in the Departmental People Strategy [PM/X - INQ000383328 (DoH ref: PM3278)] also includes: promoting the support already available to staff; providing specialist interventions for staff whose work routinely exposes them to distressing and disturbing material; and continuing to monitor the implementation of hybrid working in providing a supportive working environment.

Progress on Health and Social Care Service Development and Improvement

464. The Department is also committed to taking forward the transformation of health and social care service delivery within the constraints of the budget allocated to the Department. This is a necessary element of building resilience and future proofing health and social care to be as ready as it can be to respond to potential emergencies by ensuring that we have, for example, fewer people on waiting lists and as fully a staffed workforce as possible across all specialties. These improvements continue the service rebuilding initiatives introduced during the pandemic such as dedicated day-case procedure centres. Inherent in these improvements is the building of greater resilience into service delivery in order to hopefully strengthen services for readiness in any future emergency of the scale of the Covid-19 pandemic, to address the difficulties with timely access to routine services experienced by service users during the pandemic.

465. Following an internal review in spring 2022, the Management Board for Rebuilding Health and Social Care Services (see paragraph 6 to 9 in the Wave 2 Statement) was stood down and replaced by the Health and Social Care Performance and Transformation Executive Board, which was established in June 2022, as part of the new governance arrangements for the transformation of Health and Social Care services. The internal review highlighted a need for a forum that engaged system leaders in advising on, advocating and leading Health and Social Care reform, improvement and prioritisation. Given the publication of key strategies in mental health, urgent and emergency care, cancer and elective care, together with enabling strategies relating to workforce development, diagnostic services and digital innovation, there was a need for a strategic executive forum that could drive forward and implement regional and system wide operational improvements. A summary of progress to date on the transformation of health and social care services following the end of the pandemic follows below. It should also be noted that some of the

previously paused screening programmes did have significantly increased activity with screening rates reaching pre-pandemic levels. However, for some screening programmes there is still a backlog due to the programme being paused during the pandemic. However, in relation to the Cervical Screening programme the backlog is expected to be completely removed quickly following the introduction of pHPV testing into the screening pathway in December 2023.

New Cancer Strategy

466. On 22 March 2022 the Minister published a new 10 year Cancer Strategy [PM/X - INQ000348797 (DoH ref: PM3038)], [PM/X - INQ000348800 (DoH ref: PM3039)], [PM/X - INQ000348801 (DoH ref: PM3040)] for Northern Ireland and associated Funding Plan. The development of the Cancer Strategy, was led by the Department's previous Chief Nursing Officer, Professor Charlotte McArdle, and was based on co-production methodology which brought together people with lived experience of cancer, healthcare professionals, policy makers and cancer charities. The Strategy aims to place Northern Ireland at the forefront of world class cancer prevention, treatment and patient experience. The Strategy [PM/X - INQ000348802 (DoH ref: PM3041)] set out 60 high-level recommendations to enable significant strategic changes to be taken forward over the next decade to improve outcomes for people in Northern Ireland diagnosed with cancer. The Funding Plan [PM/X - INQ000348803 (DoH ref: PM3042)] outlined the estimated indicative cost of developing, establishing and maintaining the services and interventions set out in the Cancer Strategy. The Funding Plan identified an estimated investment need of around £2.3m in the first year and in the region of £145m per year when all actions are implemented. A capital one-off investment of circa £73m was also required.

Public Consultation on the future of Urgent and Emergency Care

467. On 16 March 2022, the Minister launched a public consultation, running to 1 July 2022, on the findings of the Review of Urgent and Emergency Care[21] [PM/X -

[21] The Urgent and Emergency Review was originally launched on 26 November 2018,with the aim to establish a new regional care model for Northern Ireland. Completion of the Review was delayed due to the COVID-19 pandemic. In October 2020, the Department launched the No More Silos Action Plan, which built on learning from the Review, with the aim of improving co-ordination between primary and secondary care services.

INQ000348879 (DoH ref: PM3294)]. The consultation set out proposals under three strategic priorities:

- Priority one - the development of an integrated urgent and emergency care service. Building on the work of the No More Silos initiative (see paragraph 335 in the Wave 2 statement), involving standardisation of service delivery across the region, including the development of Urgent Care Centres, the development of standardised pathways across all HSC Trusts and, ultimately, the development of a regional Phone First number.
- Priority two - covered important questions around the bed capacity in HSC hospitals as well as in acute care delivered in peoples' homes. It is also aimed at ensuring that services operated as they should and to the highest standard.
- Priority three - the development of a regionalised approach to intermediate care, focusing on healthcare delivered at home, providing better patient outcomes and recovery.

468. The Department's response to the consultation [PM/X - INQ000348880 (DoH ref: PM3295)] was published on 22 October 2022, following which an Urgent and Emergency Care Implementation Programme [PM/X - INQ000348881 (DoH ref: PM3296)] was established in the Department, along with the associated oversight structures, reflecting the need in implementing the Review to work across Primary, Secondary and Community Care services in a whole system approach. The Programme Board is overseeing implementation of the Review findings, including: the delivery and regional standardisation of Urgent Care Centres, Rapid Access Clinics and Phone First; the development of key performance indicators for regional unscheduled care standards, including delayed discharge, to inform service development in acute and community services; and the delivery of a rationalised intermediate care programme.

<u>Primary Care</u>

469. Primary Care's response to the Covid-19 pandemic accelerated the implementation of new and innovative ways of working, and the move towards a mixed consultation model in General Practice. Under this model, patients would

contact the GP practice by telephone initially, and would be triaged for follow up consultation by telephone or face to face as appropriate, based upon the clinical judgement of the GP. This model was a means of managing the rising demand on services, while retaining responsiveness to those who need the most urgent attention and care.

470. A GP Access Working Group was set up by the Department in June 2022 to explore issues relating to rising demand and access to GP services and to develop a programme of work to help address these issues. The Working Group, which continues to meet, includes representatives from the Department of Health, Digital Health and Care NI and General Practice.

471. As part of its work, the Working Group is exploring options for improving the patient experience in accessing services, including developing good practice guidance for GPs as well as providing oversight on work to develop options for the transformation of how patients access services.

472. The work on GP access is part of a range of work that is also being taken forward with General Practice and Health and Social Care Trusts to support the sustainability of General Practice, including improving management of the interface between primary and secondary care.

473. At a strategic level, in April 2023, the Department established the Primary and Community Care Programme Board to provide strategic oversight of work to stabilise and develop the Primary and Community care sector, building its capacity to be a full partner in the transformation of HSC services.

Reshaping Hospital Care

474. On 16 June 2022, the then Minister in a Ministerial Statement announced the intention to develop a service reconfiguration design plan [PM/X - INQ000348882 (DoH ref: PM3297)]. This work, now termed Hospital Reconfiguration Blueprint, is underpinned by five key principles:

- reconfiguration should be driven by patient safety and population health, including tackling health inequalities;

- reconfiguration should improve financial, workforce and service sustainability;
- enhance service user experience and improve patient outcomes;
- take account of, and be consistent with, regionally led service reviews; and
- take account of impacts across the whole health and social care system.

475. The initial focus of the Reconfiguration Blueprint work is on acute hospitals. The key aim is to identify core services delivered by acute hospitals, consider the key challenges to sustainably deliver these, and then develop an action plan and a framework to support this. The aim of hospital reconfiguration is to work more effectively as an integrated network across Northern Ireland, with centres of excellence which allow for sustainable specialism of services, focused on fewer sites. This means that all hospitals will not do all things. This is not about cost cutting or closing hospitals, rather it is about ensuring effective use of space and resources.

476. It is expected that a draft Reconfiguration Blueprint paper will be ready before the end of March for initial consideration by Minister. It is expected subject to Minister's views to signal the start of engagement with key external stakeholders. This in turn will facilitate the development of a suite of proposals and recommendations for Ministerial decision and potential consultation where appropriate.

Stroke Services

477. The Reshaping Stroke Care Action Plan [PM/X - INQ000362009 (DoH ref: PM3280)] was published on 20 June 2022. It follows on from a public consultation exercise undertaken in 2019. The Action Plan sets out a multi-year programme of work to be taken forward in six priority areas to drive improvement in stroke services. Progress made since then includes the development of a regional model for Transient Ischemic Attack ('mini stroke') assessment, the roll out of Artificial Intelligence to assist in the interpretation of scans and the development of a Long-Term Support specification. Plans are ongoing to expand the thrombectomy service

to 24/7 and to identify the optimum configuration for the introduction of hyperacute stroke care.

Elective Care

478. In April 2022 the Department commissioned an independent external review of the regional orthopaedic service in Northern Ireland, to identify proposals for the immediate recovery of the service. The Review, which was undertaken by the Getting It Right First Time (GIRFT) team from the Royal National Orthopaedic Hospital, commenced in April 2022 and a report [PM/X - INQ000348794 (DoH ref: PM3035)] was presented to the Department in June 2022. The report detailed 21 recommendations designed to: firstly, increase activity in the short term with the overall of aim of building a sustainable service for the future; and secondly, further develop and maintain a sustainable and efficient service. The report included, for example, recommendations to ring fence staff and beds for elective orthopaedics, and to create an Orthopaedic Elective Surgery Recovery Board to provide oversight to Trusts throughout the rebuild process. All 21 recommendations were fully accepted by the Department, and work is underway to implement all recommendations [PM/X - INQ000348794 (DoH ref: PM3035)]. Ten of the 21 recommendations are either completed or on track for completion. It is anticipated that implementation of remaining recommendations will be completed by June 2024. However, this will be dependent on availability of resources as well as other influencing factors, such as the status of the operating environment within which Health and Social Care Trusts are working.

Review of General Surgery

479. On 20 June 2022, the Minister published the report [PM/X - INQ000348795 (DoH ref: PM3036)] of The Review of General Surgery in Northern Ireland. The Review was initiated to consider the future of General Surgery in the region, in light of pressures on the system. The Review concluded that the current model for delivering general surgery in Northern Ireland is neither sustainable nor providing uniformly high-quality care and set out 10 actions that would drive the necessary reform of General Surgery for the region.

480. The first two actions are the implementation of evidence-based standards for emergency and elective general surgery to ensure that people across Northern Ireland who require general surgery receive the care and treatment they need when they need it. The remaining actions are designed to increase elective paediatric general surgery activity, deliver Post Anaesthetic Care Units across Northern Ireland; undertake a workforce review as part of the implementation of emergency and elective standards; create a Regional General Surgery Network to drive forward the transformation programme for general surgery, and put performance management measures in place to monitor the impact of reform.

481. An update report was published in August 2023 which detailed that 7 of the 10 actions are on schedule or have been completed [PM/X - INQ000348796 (DoH ref: PM3037)].

482. Day Procedure Centres are now up and running at the Lagan Valley and Omagh Hospital sites, while Elective Overnight Stay Centres are treating patients at the Mater, Daisy Hill Hospital in Newry and South West Acute Hospital in Enniskillen. These centres cover a range of specialities including General Surgery, Urology, Gynaecology, ENT, Breast and Endoscopy. In addition, Cataracts Centres are provided at Downe Hospital in Downpatrick, South Tyrone Hospital in Dungannon and Mid Ulster Hospital in Magherafelt. An orthopaedic hub has also been located at Musgrave Park Hospital, Belfast, which includes the Duke of Connaught Unit, a dedicated orthopaedic Day Procedure Centre.

<u>Diagnostic Services</u>

483. The easing of pandemic pressures also enabled the Department and HSC system to resume policy work during 2021-22 on the transformation of key diagnostic services in pathology and imaging which underpin the strategic priorities outlined above and are key to transformation and overall system performance.

484. On 10 November 2021 the Health Minister published a Departmental Policy Statement on Modernising HSC Pathology Services [PM/X - INQ000362010 (DoH ref: PM3281)], [PM/X - INQ000362011 (DoH ref: PM3282)] building upon a public consultation in 2016-17 and the decision to modernise the digital infrastructure underpinning these services through a £40m capital investment in a replacement Laboratory Information Management System (LIMS). HSC pathology services are

mainly laboratory-based diagnostic services which underpin and support virtually all HSC clinical services and patient pathways.

485. The Policy Statement set out plans for transforming pathology services in response to significant challenges due to rapidly changing demand, demography, technology, treatment and clinical practice. It included a commitment to establishing a single regional management structure for HSC Pathology services (currently delivered by five Trusts and the NI Blood Transfusion Service), and led to the establishment of the Pathology 'Blueprint Programme' which has explored options for regionalising pathology management services, and is currently in the design phase of the preferred option to establish a new HSC Special Agency. It also included a commitment to continue with the replacement LIMS programme, which was then reaching implementation stage in the first of five HSC Trusts, as announced by the Minister during September 2021, and continues to be rolled out as a key part of the modern digital infrastructure supporting the HSC system [PM/X - INQ000362012 (DoH ref: PM3283)]

486. The Department also identified the necessary funding to enable the establishment of a new Regional Medical Imaging Board (RMIB) in April 2021, which continues to meet on a quarterly basis. The RMIB comprises clinical and managerial leads from across the HSC system, commissioners, policy officials, professional bodies and training providers. Its role is to oversee the implementation of 19 recommendations from the Strategic Framework for Imaging Services, which the Department published in 2018 [PM/X - INQ000362013 (DoH ref: PM3284)] following a clinically-led review of medical imaging services.

<u>Abortion Services</u>

487. Work to develop a service model for the introduction of commissioned abortion services in Northern Ireland was resumed by the Department in June 2021, having been paused during April 2020 as the Department diverted its resources to managing the HSC system's response to the pandemic. This work culminated in the introduction of commissioned abortion services in NI for the first time from December 2022, following a decision by the Secretary of State to instruct the Department to proceed in the absence of a Health Minister, and to ring fence the necessary funds [PM/X - INQ000362014 (DoH ref: PM3285)].

488. The Abortion (NI) (No.2) Regulations 2020 had been introduced by the UK Government on 31 March 2020, making abortion services legal in Northern Ireland. Before local services could be fully developed and introduced, limited Early Medical Abortion services began to be provided by Trusts from April 2020, and in the meantime the UK Government agreed that NI women and girls could continue to access services free of charge in GB. However, access was constrained by the introduction of COVID-19 travel restrictions from March 2020, leading to a health inequality for NI women and girls requiring access to those services during those restricted travel periods and pending the establishment of commissioned local services. This was resolved by the commissioning and funding of local abortion services from December 2022, and the Department continues to oversee implementation and delivery of these services through an Abortion Oversight Board. The vast majority of demand is currently being met by NI Trusts; however as at February 2024 a small number of women and girls continue to require access to more complex procedures in GB which have not yet been fully established locally, however the necessary recruitment and training of staff is under way.

Reform within Children's Social Care

489. A fundamental independent review of children's social care services has been conducted. It started in February 2022 and concluded in June 2023. A public consultation is underway on the recommendations arising from the Review, including recommendations relating to the future structure of children's social care in Northern Ireland. In addition, a strategic reform programme was established in April 2023. The aim of the programme is to address a range of known pressures within children's social care, some of which were accentuated by the pandemic. The programme includes strands of work to address waiting lists, placement capacity, workforce challenges, unnecessary bureaucracy and to provide better support to the most vulnerable families.

Mental Health

490. On 29 June 2021, the Minister published a new 10-Year Mental Health Strategy aimed at setting the strategic direction for mental health services in Northern Ireland. The Strategy set out 35 actions across three overarching themes to drive

strategic reform across mental health services over a period of 10 years. The themes set out within the Strategy were: promoting mental wellbeing, resilience and good mental health across society; providing the right support at the right time; and new ways of working. The Strategy was produced in line with co-production principles with over 200 individuals and groups involved in its production, including a significant number of service users, carers and others with lived experience, as well as professional bodies, health and social care professionals, and the community and voluntary sector. The Strategy was published alongside a Funding Plan which identified a requirement of £1.2bn over 10 years for full implementation.

Reform of Adult Social care

491. The Department has undertaken a consultation on wide ranging proposals to Reform the Adult Social Care system in Northern Ireland. The Minister officially launched the public consultation in January 2022 which finished in July 2022. [PM/X - INQ000348962 (DoH ref: PM3220)]. The consultation contained 48 proposals for reform, which have been grouped into six strategic priorities:

- Sustainable System Building – To build a stable, sustainable adult social care system.
- A Valued Workforce – that staff who work in social care will be valued, competent and resilient.
- Individual Choice and Control – To ensure the individual has control over the decisions affecting their social wellbeing and their care and support needs.
- Prevention and Early Intervention – A renewed focus on prevention and early intervention to support people to achieve their own social wellbeing.
- Supporting Carers – Carers will be supported in their caring duties and entitled to support in their own right.
- Primacy of Home – The purposes of adult social care, including group care services, is to support citizens to live well in their own home in connection to their families, social networks and communities, providing maximum choice and control of their daily living arrangements and their care and support provision.

492. The Consultation Evaluation and Summary Report was published in June 2023 detailing the responses and feedback received. [PM/X - INQ000348963 (DoH

ref: PM3221)]. Responses to the reform proposals were broadly supportive, however, feedback also reflected the challenges in delivering these reforms, particularly in relation to funding, resources and the quality of services. The report also noted that the proposed reforms were subject to confirmation of funding and the requirement for prioritisation and planning to ensure realistic delivery. The Department will work to implement proposals arising out of the consultation through the Social Care Collaborative Forum, recognising that adult social care is diverse in its approach, and ranges from providing personal care to those who are frail or unwell, to supportive and rehabilitative care which enables people to live independently.

Enhancing Clinical Care Framework (ECCF)

493. Issues faced within the independent care home sector have been recognised for some time. Published in 2016, Health and Wellbeing 2026: Delivering Together, [PM/X - INQ000362015 (DoH ref: PM3286)] the then Minister of Health's ten-year vision for health and social care made a commitment to reform adult care and support with the aim of bringing long-term stability and sustainability to that sector.

494. The existing challenges were brought sharply into focus during the Covid-19 pandemic. At the request of the Minister of Health, in June 2020 a Rapid Learning Initiative was established to identify and apply the learning from the changes implemented within the HSCNI system and care homes in its management of the first surge of the pandemic, to inform recommendations for policy and practice and prevent/mitigate the impact of further transmission of Covid-19 into and within care homes.

495. The resulting report was published on 2nd September 2020, [PM/X - INQ000362016 (DoH ref: PM3287)] and the Public Health Agency (PHA) was charged to work with Trusts, the independent sector and other relevant stakeholders to co-ordinate the implementation of the recommendations.

496. On the 17 June 2020, the Minister of Health confirmed that he had also asked the Chief Nursing Officer to work in partnership with the care home sector to co-produce a new Framework for further enhancing clinical care for people living in care

homes – the Enhancing Clinical Care Framework (ECCF) project [PM/X - INQ000362017 (DoH ref: PM3288)].

497. The central aim of the ECCF project was to ensure that those living in adult care homes could continue to have equitable and easy access to the clinical and wellbeing support they want, and need, to live healthy, fulfilling lives. Having engaged with residents, their families, staff and those organisations providing a range of support to the care home sector, it was identified that, in common with other jurisdictions, people living in adult care homes do not always have the equitable access to the clinical care they need, when they need it, to maintain their health and wellbeing. This could be due to practical considerations around residents' physical ability, or cognitive impairment impacting their ability to access to the necessary care which could not be provided within the home setting.

498. This co-produced Framework, which was formally launched in August 2023 [PM/X - INQ000362018 (DoH ref: PM3289)], describes best practice in care provision, with the ultimate ambition of ensuring that people living in care homes can equitably access the same range of responsive and preventative healthcare available to those living outside care homes, as part of an overarching, holistic approach to their health and wellbeing. It sets out four key areas within which this approach should be focused:

- prevention
- an anticipatory approach, self-management, and early intervention
- urgent and emergency care
- palliative and end of life care.

499. The Framework also sets out the system enablers required to ensure those working in a care home environment feel empowered, and have the suitable skills, training, and access to career development opportunities.

500. Work has commenced to take forward ECCF Phase 2 (Implementation) under the auspices of Workstream 3 of the Adult Social Care Collaborative Forum. This will provide the structures and linkages to other strategic and policy work within the

Department required to advance ECCF. It will also provide the appropriate governance arrangements. The Workstream is accountable through the Chairs to the Collaborative Forum, which is accountable to the HSC Performance and Transformation Executive Board (PTEB).

Maternity Safety Review

501. The Department is also undertaking a review of Maternity Safety across all birth settings in Northern Ireland, entitled the 'Review of Enabling Safe, Quality Midwifery Services and Care'. This project is a key work stream of the Departmental 'Maternity and Neonatal Safety Oversight Group' and it is intended that this will result in improvements across maternity services in Northern Ireland.

502. A well-respected expert in the field of Midwifery, Professor Mary Renfrew was initially commissioned in May 2023 to investigate and report on the safety issues in Freestanding Midwifery Led Units. As her work has progressed, its scope has been expanded to cover the breadth of Maternity Services in NI, and has she has had widespread engagement with midwives, obstetricians, senior managers, and service users to explore experiences of the service as currently delivered.

503. The Department is set to receive Professor Renfrew's report, which is expected to include recommendations setting out ways of delivering improved maternity services across all birth settings in Northern Ireland, by May 2024.

Progress on Public Health Policy

504. As stated at Section F, Health Inequalities of the Wave 3 statement, in the period before the pandemic the Department led on and continues to lead on a range of policies and strategies that seek to support work across government to improve health and wellbeing and reduce health inequalities, for example: 'Making Life Better' – which was a strategic framework for public health; 'New Strategic Direction for Alcohol and Drugs Phase 2'; and 'Protect Life 2 Strategy for Preventing Suicide and Self Harm in Northern Ireland 2019-24'. Further information in relation to these and other health inequality policies and strategies that the Department leads on are set out at paragraphs 433-443 above.

STATEMENT OF TRUTH

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.

Signed: Personal Data

Dated: 21 February 2024