

1. Genesis of ECT

- 1.1 As identified by TEO Lessons Learnt paper The Executive's COVID-19 Taskforce (ECT) was established in February 2021 as a necessary step change in the Executive's response to the evolving nature of the pandemic. The ECT led on practical coordination, support and alignment of the overall response to the pandemic across key operational Departments with local government, the PSNI and other public-sector agencies key stakeholders contributing significantly to the key work streams and projects.
- 1.2 Key issues encountered by departments during the March 2020 – February 2021 period included:
 - Public safety being driven primarily by health considerations;
 - Health proposals being developed and drafted in an environment whereby these were not shared with other departments until the receipt of a formal paper;
 - Receipt of Executive papers with significant cross departmental implications at very late notice generating a frenetic flurry of late considerations and impact analyses particularly when several detailed papers were received with minimal notice;
 - Stakeholder engagement which may not have been fully representative of sectors;
 - The practicalities of implementing and regulating legislation not being fully considered/ comprehended;
 - End user criticism of communications and guidance developed post hoc; and
 - Stakeholder criticism of non-engagement in development of communications and guidance.

2. Evolution of ECT

- 2.1 The evolution of the ECT provided an inflection point for the Executive's management of the challenges faced in addressing the complex interwoven intricacies presented by Covid 19.
- 2.2 The Executive's stance was that Health, Economy and Social factors were all being balanced as part of its decision making. In reality this was not occurring prior to the establishment of ECT since, up to then so much that point, COVID Policy was being entirely driven through by DoH within minimal interaction, if any, prior to papers being tabled at the Executive.
- 2.3 From September 2020 until the establishment of the ECT, the DfE Minister had called for greater consideration of the impact of restrictions and increased use of Non Pharmaceutical Interventions (NPIs) alongside DoH proposals. The suggested use of NPIs were accompanied by requests for greater sharing of empirical evidence underpinning effectiveness of continuing restrictions. The requests for contemporaneous evidence base

generated no responses. This one dimensional approach proved to be counterproductive particularly in providing reasoning to stakeholders – for example while not a DfE matter the closure of parks, recreational and countryside areas when these demonstrably enhance mental wellbeing.

- 2.4 The establishment of the ECT under HOCS was helpful in moving the Executive onto a footing where it did better consider the Economic and Social consequences of decisions in addition to the Health angle, with a better, more transparent process and notice periods for the development of Executive papers and fewer out of the blue proposals which was common pre ECT. This was borne out by ECT and CDWG policy making that was more obviously led by TEO and more involving of Departments throughout policy development. (Positive)
- 2.5 This was exemplified by DfE's actions to support the health evidence with economic and social evidence to ensure there was a balanced evidence base available to inform decisions being taken by the Executive. The weekly briefing ensured the economic evidence was continually available as evidence of the impact the pandemic and associated restrictions were having on the NI economy. (Positive)

3. STAKEHOLDER ENGAGEMENT

- 3.1 There was an extensive amount of engagement with affected stakeholders by ECT members. There was a clear willingness to do the engagement and for multiple Departments to be involved in engagement. The Stakeholders also appreciated the efforts that developed to help explain the impending regulations at short notice by ECT officials. (All Positive)
- 3.2 However, communications and engagement with Stakeholders was often a bone of contention with them. On occasions they were extremely unhappy with Ministerial and Executive references to their industries and they also had expectations of being consulted and involved more in the development of policy and regulations that would affect them. While more of this happened in the latter parts of 2021 and early 2022 there was much more stakeholder frustration prior to that. (Some Negatives here).
- 3.3 An example of the absence of clarity relating to stakeholder engagement is the management of the wider hospitality sector. On certain occasions DfE was not fully apprised of meetings with stakeholders initiated by TEO. The focus on engaging with the Northern Ireland Hotel Federation and Hospitality Ulster created concerns that other stakeholders such as the Northern Ireland Tourism Alliance and providers across the restaurant, café and coffee houses whose commercial interests were impacted by social distancing requirements, table service and licencing amendments were not afforded the same level of access or consideration. The response to omicron and the development and management of the Omicron Hospitality Payment reinforced the perception that certain

stakeholders appeared to be able to apply greater leverage than others.
(Negative)

4. ECT ADVICE & GRANT SCHEMES

- 4.1 A culture and expectation (in stakeholders and politicians) was created around automatically linking grants to restrictions, with a mind-set of “compensation” taking over. The normal principles of Government intervention were in danger of getting completely lost. This became very apparent in December 2021 with the onset of omicron and the compensation mind set could well have went too far. The ECT played a crucial role as the vehicle for readjusting the mind set of Ministers back into a space more in tune with the normal principles of Government Intervention and that advice from ECT allowed Ministers to much better defend policy decisions to limit or cease grant schemes. (All Positive & Crucial).
- 4.2 One **learning point** might involve whether ECT structures could have helped put the brakes on the “compensation” mind-set taking such a hold in the first place.

5. POLICY MAKING

- 5.1 During the ECT era with TEO in the overall lead there was a better approach to fixing problems and “filling in the blanks” when it came to developing and implementing COVID policies to rapid timelines. The type of policy making environment meant that high level decision-making in the Executive needed not just speedy conversion into regulations but also a certain level of interpretation when translating high level decisions into detailed regulations. There was a very pragmatic approach by TEO and a willingness in individuals to use the discretion within Executive decisions to develop regulations in tune with Executive thinking to timelines measured in hours or days. (Positive)
- 5.2 As a **lesson learnt** the practicalities of legislation in terms of implementation by businesses led to significant calls and complaints when addressing issues raised from industry and stakeholders. While recognising that this was delivered at pace it may be optimum that in future a stakeholder forum could be considered in order to sense check and ease communication.
- 5.3 A **further lesson learnt** would a twin track approach to legislation making which would allow the Executive Information Service, working with the relevant department(s) and stakeholders to ensure that communications and guidance were delivered in a timely and contemporaneous manner alongside the introduction and commencement of legislation.

6. Conclusion

- 6.1 In assessing the issues faced by the ECT as detailed above the ECT has been successful in recalibrating the Executive approach to:
- Public safety being driven primarily by health considerations; and
 - Health proposals being developed and drafted in an environment whereby these were not shared with other departments until the receipt of a formal paper.
- 6.2 The ECT has the opportunity to consider and refine:
- Receipt of Executive papers with significant cross departmental implications at late notice;
 - Stakeholder engagement which may not have been fully representative of sectors;
 - The practicalities of implementing and regulating legislation not being fully considered/ comprehended;
 - End user criticism of communications and guidance developed post hoc; and
 - Stakeholder criticism of non-engagement in development of communications and guidance.