

Wednesday, 2 November 2022

(10.00 am)

**LADY HALLETT:** Good morning, everyone, welcome to the first preliminary hearing into Module 2C that will be focusing on the core decision-making in Northern Ireland.

I will leave it to Ms Clair Dobbin King's Counsel to set out in a moment the background to this module, and how it will work.

Could I just say this, before I hand over to her:

I want to emphasise, firstly, that this is a separate module from Module 2, 2A and 2B, and it will be considered separately with a dedicated team for it.

Secondly, I know that there have been some in Northern Ireland who have campaigned and asked for a separate Inquiry dealing only with Northern Irish issues. Obviously that's not a decision for me and I am entirely neutral. But I will say this: if another Inquiry is established, I will work closely with it, as we are trying to do with the Scottish Inquiry, to try to ensure that no issues are missed and that we all minimise any duplication of effort.

If no other Inquiry is established for Northern Ireland, my team and I will do everything in our powers to ensure that the most significant and important issues that the people of Northern Ireland

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in the hearings in Module 2C, and we are really looking forward to working with all of the core participants and their representatives towards our common purpose, as Module 2C develops, and with your leave, I'll say something about that common purpose in the course of this opening.

But it might assist if I start with some of the practical arrangements for today's hearing.

So, first of all, it's being recorded and livestreamed to other locations. And for our purposes, of course, the benefit of that is that people in Northern Ireland can participate in the hearing. And of course it also means that those people who might not be able to get to a hearing because they have to stay at home or they can't travel, it means that it's accessible to them as well, and it also means that a greater number of people will be able to attend Inquiry hearings than could be accommodated in the Inquiry hearing room as well.

But of course this is a public hearing, it's open to all people. Under section 18 of the Inquiries Act you're obliged to take such steps as you consider reasonable to ensure that members of the public are able to attend, or see and hear a simultaneous transmission of the proceedings, and by having livestreaming

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wish to see investigated will be investigated fully and fairly.

The aim, as I'm sure you all know, is for us to investigate, gather evidence, analyse and then to produce recommendations, if there are lessons to be learned, that may, if there is another pandemic in the future, save lives and reduce hardship.

So that's our aim, and that is why I have set an ambitious timetable, because we have to get on with this Inquiry if we're going to make a difference, and to get on with this Inquiry we're going to need the fullest co-operation from core participants, and of course those to whom we make requests to provide documents.

So thank you all for your interest this morning, and I'll now ask Ms Dobbin to set out more of the background. Thank you.

**Statement by LEAD COUNSEL TO THE INQUIRY FOR MODULE 2C**  
**MS DOBBIN:** Thank you.

My Lady, on behalf of the counsel team, I first wanted to welcome those colleagues from Northern Ireland who appear on behalf of the core participants in Module 2C and who join us. We extend that welcome to core participants too, and we do so warmly.

This is, of course, our first hearing. It is but one of many steps that we will take which will culminate

2

the Inquiry is able to go a very considerable distance to meet that obligation.

The broadcast has a three-minute delay. That's important in an Inquiry when sensitive things might be touched upon. It means that if anything inadvertent is said, and we all know that that sometimes happens, it means that the live feed can be paused and it can be put right before it's broadcast. So it gives everyone a degree of comfort in that regard.

We don't expect anything like that to happen today, but if it does people will understand why the broadcast can be paused.

In terms of representation, you have core participants who are present today and represented in the hearing room. The Northern Ireland Bereaved Families for Justice are represented by Mr Lavery and Mr McGarrity. The Commissioner for Older People for Northern Ireland (COPNI) Ms Anyadike-Danes. And the Trades Union Congress is represented by Mr Jacobs. The National Police Chiefs' Council is represented by Ms Neil.

But there are a number of core participants or their representatives who appear by way of remote attendance as well. Before you, you have the Executive Office of Northern Ireland, represented by Mr Sharpe and Ms Fee;

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1 Dame Arlene Foster, former First Minister, represented  
2 by Ms Ellison; Ms Michelle O'Neill, former deputy  
3 First Minister, represented by Ms Quinlivan and  
4 Mr Bassett. And Mr Givan, the former First Minister,  
5 represented also by Ms Ellison.

6 The Northern Ireland Department of Health is  
7 represented by Ms Fee. I should say that's a different  
8 Ms Fee, Ms Fiona Fee, and the Northern Ireland  
9 Department of Finance is represented by Mr Hanna. And  
10 they may not be physically present in this room but they  
11 are of course just as much of today's hearing as well.

12 Turning then to the core participants in Module 2,  
13 my Lady, you appointed these persons, organisations,  
14 parts of the government in Northern Ireland, as core  
15 participants in Module 2C because of their very  
16 particular interest in the matters which will be  
17 investigated, and you did so under Rule 5 of The Inquiry  
18 Rules 2006.

19 By so doing, you accorded them enhanced rights in  
20 this process. Those rights include that they're  
21 entitled to address you in hearings like that one,  
22 they're entitled to disclosure of evidence, they're  
23 entitled to suggest or raise with the Inquiry possible  
24 lines of investigation or work, and they will in due  
25 course be able to inform the sorts of questions that are

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1 of its people, regardless of their political or  
2 religious beliefs. It upended the lives of children,  
3 regardless of where they went to school. It fractured  
4 family life. It separated friends, regardless of where  
5 they lived. It took away the gatherings, the being  
6 together, important to people in Northern Ireland. It  
7 caused financial hardship and strain across communities,  
8 and it was indiscriminate in taking the lives of loved  
9 ones.

10 It's the duty of this UK Inquiry in Module 2C, on  
11 behalf of the people in Northern Ireland, to understand  
12 how the government in Northern Ireland responded to  
13 the unfolding pandemic and to get to the truth about how  
14 decisions were made: what factors were taken into  
15 account in making the key decisions, the scientific and  
16 medical evidence upon which those decisions were based,  
17 how those who govern in Northern Ireland came together  
18 to make decisions for all of the community, whether  
19 there were impediments to decision-making. These are  
20 but some of the issues that will be examined.

21 The Inquiry team is acutely conscious of the unique  
22 and sensitive position that Northern Ireland occupies.  
23 Its constitutional settlement, through the Good Friday  
24 Agreement, means that the way its government functions  
25 has to be seen through a different lens to that of

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1 asked of witnesses.

2 But, and it's really important to say this at the  
3 outset, individual people don't have to be core  
4 participants or members of core participant  
5 organisations in order to play an important part of  
6 the work of this Inquiry.

7 They can do that by being part of the Inquiry's  
8 Listening Exercise.

9 One aspect of that exercise is that it permits  
10 individuals who want to to give their account of how  
11 the pandemic impacted on them. But it would be wrong to  
12 think that its only purpose is to enable people to  
13 convey their experiences and to have them recorded,  
14 important though that ability to speak and to be heard  
15 will be for many people. But with your leave again,  
16 I'll come back to that a little later in the opening and  
17 provide some more of the detail around that  
18 Listening Exercise.

19 But that ability on the part of the Inquiry to hear  
20 the voices of the many of those who suffered through  
21 the pandemic brings me to some overarching observations  
22 about the nature and the scale of the task before all of  
23 us.

24 When the Covid pandemic reached Northern Ireland, it  
25 brought suffering and pain, isolation and fear, to all

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1 the other devolved nations. But the Inquiry will be no  
2 less searching for that, because that is the fundamental  
3 duty which this Inquiry has undertaken to discharge to  
4 the bereaved and to those who have suffered, in so many  
5 different ways, across the UK.

6 I mentioned at the outset the common purpose of  
7 the Inquiry and those who participate in it. My Lady,  
8 it is surely this: it's to get to an accurate account of  
9 what happened so that it can be subject to scrutiny in  
10 all of the ways that you have touched upon in other  
11 hearings in this Inquiry.

12 But it is also to serve future generations by  
13 identifying anything which went wrong or, conversely,  
14 judgements well made. But to identify what could have  
15 been done better, to examine what the consequences were  
16 of decisions made or not made, to ascertain whether  
17 there were barriers to the achievement of the best  
18 outcomes. In short, the Inquiry's mission overall is to  
19 ascertain what can be done now so that the scale of  
20 death and suffering seen does not happen again.

21 My Lady, you have made it known and you have  
22 stressed that you want this Inquiry to foster  
23 an inclusive approach, and that those who are vulnerable  
24 or disadvantaged or who were disproportionately affected  
25 by the pandemic are to the fore.

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1 We hope that all core participants will join with us  
2 in this common cause. We encourage organisations,  
3 government, ministers, politicians, to participate in  
4 this Inquiry in this same spirit, not to defend  
5 positions at all costs but on the understanding that  
6 they have a vitally important role to play too in  
7 safeguarding future generations.

8 My Lady, that's by way of introduction. I wanted to  
9 turn to the written submissions which core participants  
10 have made.

11 You received submissions from the Northern Ireland  
12 Bereaved Families for Justice, you received them from  
13 the TUC and for the Commissioner for Older People too.  
14 And we are really grateful to them, because it enables  
15 us as a counsel team to understand the issues that  
16 are most pressing to those core participants, and I mean  
17 no discourtesy by summarising what they have said  
18 briefly, because they're going to develop what they have  
19 said before you in any event, but I wanted to flag a few  
20 issues that would have been addressed in this opening in  
21 any event.

22 The Northern Ireland Bereaved Families for Justice  
23 press the point that they think it's very important that  
24 the Inquiry considers the response in Northern Ireland,  
25 having regard to the fact that Northern Ireland is in

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1 can understand the delineation between those and  
2 the extent of any overlap with Module 2C.

3 The Commissioner for Older People has very helpfully  
4 set out in his written submissions the nature of his  
5 role and his willingness to assist the Inquiry,  
6 particularly as it relates to his constituency, and  
7 he raises of course the issue of those older people who  
8 died alone at home or in hospital or those older people  
9 who have been left with enduring illness as a result of  
10 the pandemic, or whose health outcomes have been  
11 adversely affected because of it.

12 My Lady, as I'll come to, you appointed  
13 the Commissioner as a core participant because of his  
14 ability to represent a cross-section of older people in  
15 Northern Ireland. As has been set out in relation to  
16 Module 2, and I will come to as well, the focus here is  
17 on the decision-making process as opposed to how  
18 decisions ultimately impacted upon affected people.

19 But the Commissioner, has a real part to play in  
20 Module 2C insofar as he has a real interest in and  
21 contribution to make on the important point about  
22 whether and to what extent the decisions taken took into  
23 account assessment of the possible impact of  
24 decision-making on groups of particularly vulnerable  
25 people, and we in the Inquiry team very much welcome

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1 a single land mass with the Republic of Ireland, and  
2 they raise issues about whether there were possibly any  
3 failures by not treating the Republic of Ireland and  
4 the north of Ireland as a single epidemiological unit.  
5 And the families also point in this regard to  
6 the existence of a memorandum of understanding about  
7 public health agreed by the respective Departments of  
8 Health, and I think I can deal with some of those points  
9 in the course of this opening too.

10 They press the point about the importance of care  
11 homes in relation to the pandemic, and they also raise  
12 the point about whether or not there would be merit in  
13 Module 2C having a panel that sits with you, because of  
14 the particular features of Northern Ireland, having  
15 regard to its constitutional settlement and its  
16 relationship with the Republic of Ireland.

17 On behalf of the TUC, the concern is raised that  
18 the provisional terms of reference did not reflect that  
19 there was no functioning executive from 2017 to 2020.  
20 My Lady, that may have been somewhat lost in the detail  
21 of paragraph 3 of the outline of scope, but in fact  
22 the absence of ministers is one of the issues that is  
23 set out therein, and I'll come back to that.

24 The TUC also seeks further information about  
25 the scope of future modules so that core participants

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1 the approach that he has taken in his submissions.

2 Turning then, if I may, so the background to this  
3 module.

4 Between January 2017 and January 2020 the power  
5 sharing arrangements in Northern Ireland were suspended.  
6 On Saturday, 11 January 2020, the Assembly sat for  
7 the first time in three years. Dame Arlene Foster and  
8 Ms Michelle O'Neill were appointed to the offices of  
9 First Minister and deputy First Minister respectively.  
10 On that Saturday they spoke of the need to bring people  
11 together and of hope for the future.

12 As we all now know, at one and the same time,  
13 the Covid storm clouds were gathering on the horizon.  
14 The first confirmed case in Northern Ireland was  
15 reported on 28 February 2020. Cases continued to rise  
16 in early March. The first death, that of an older man,  
17 was recorded on 19 March 2020.

18 On Monday 23 March 2020, the then Prime Minister  
19 announced severe restrictions, the first national  
20 lockdown. This decision was made on a UK-wide basis,  
21 with the Prime Minister announcing the lockdown and  
22 the leaders of the devolved administrations making their  
23 announcements soon afterwards.

24 The population of Northern Ireland is approximately  
25 1.9 million people. Recent figures calculate that in

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1 Northern Ireland the total number of Covid-19-related  
2 deaths registered from the start of the pandemic to  
3 around 21 October 2022 is 4,900. And those statistics  
4 are taken from the Northern Ireland Statistics and  
5 Research Agency, published just a few days ago.

6 Since the beginning of the pandemic to 21 October of  
7 this year, the 75 and over age group accounted for  
8 almost two-thirds of all deaths and almost  
9 three-quarters of Covid-19-related deaths, of course  
10 reinforcing the point that the Commissioner makes so  
11 strongly about the extent to which it's the elderly who  
12 are disproportionately represented in terms of those who  
13 died.

14 The rates of infection in Northern Ireland and of  
15 deaths varied over time and as against other parts of  
16 the United Kingdom. For example, in August 2021  
17 a British Medical Journal [article] raised the question  
18 of why Northern Ireland had at that point such a high  
19 death rate from Covid-19. It's current seven-day death  
20 rate per hundred thousand people at that time was more  
21 than twice as high as the wider UK and ten times as high  
22 as in the Republic of Ireland.

23 Now, of course, that is just a snapshot, but it does  
24 just show that issue about variability, and  
25 comparatively so as well. But, my Lady, each death,

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1 undone, or could not be undone.

2 There are other issues as to the impact on those  
3 with existing health conditions or those children whose  
4 education was interrupted for such a long time and  
5 whether that will impact on their potential into  
6 adulthood. And a further related issue which is  
7 pressing in Northern Ireland is the impact that  
8 the pandemic had on its fragile health system.

9 But coming back to Module 2C, my Lady, what this  
10 human cost points to is the need for rigorous  
11 investigation of the decision-making process at  
12 the outset. In Module 2C that investigative gaze is  
13 necessarily on how the most senior levels of government  
14 reacted to the pandemic and the decisions which they  
15 made, but particularly in respect of non-pharmaceutical  
16 interventions.

17 I'm sure that those interventions are imprinted on  
18 all of us, but of course they included those things like  
19 the lockdowns, the local restrictions, the working from  
20 home, the social distancing.

21 What will be investigated in Module 2C are those  
22 matters that fall within the Inquiry's terms of  
23 reference and the provisional outline of scope document  
24 for Module 2C.

25 There may be those people in Northern Ireland who

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1 each case of serious illness will have devastated those  
2 affected. And for those who lost a loved one, as we all  
3 now know, that loss will be or will have been compounded  
4 by the absence of family and friends, the comfort that  
5 all of us expect to have in those times of bereavement.

6 The impact of the pandemic was surely felt by almost  
7 every person in Northern Ireland, but some more than  
8 others. It's well understood that the pandemic placed  
9 health and social care services and systems under  
10 the most enormous pressure. Frontline staff of those  
11 services and those offering other vital services like  
12 transport or supermarket work exposed themselves to  
13 daily risk. Swathes of the economy were affected and  
14 impacted. Individuals lost employment, their business  
15 or job security.

16 But for many other people, my Lady, the cost was  
17 a hidden one. It meant living in housing that was poor,  
18 or unsuitable, or overcrowded. For some, there was no  
19 escape from violence or abuse at home. There was no or  
20 little respite for those families who cared for other  
21 family members within their home, or for those families  
22 with children with particular needs.

23 For other people, there was a cost to their mental  
24 health. For other people, illnesses have gone  
25 undiagnosed or untreated, and those delays cannot now be

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1 are unaware that there was a consultation process that  
2 informed both of these. As has been set out in  
3 the Module 1 hearing, after you were appointed and draft  
4 terms of reference had been formulated, you wrote  
5 an open letter to the public in which you announced that  
6 there would be a public consultation process on  
7 the draft terms of reference. And that was specifically  
8 so that you could take into account those issues which  
9 were pressing and of concern to the public.

10 You consulted widely across all four nations, and in  
11 March 2022 you visited Northern Ireland and you spoke to  
12 bereaved families there. And again, that was so that  
13 you could understand the issues in Northern Ireland  
14 which were most pressing and important to them.

15 In all, that process generated over 20,000 responses  
16 across the United Kingdom. A comprehensive independent  
17 report was produced which encapsulated the views  
18 expressed and the key themes that were produced as well.  
19 That, in turn, led you to revise the terms of reference  
20 in important ways, and those revisions were accepted by  
21 the then Prime Minister.

22 The Inquiry was formally opened on 21 July 2022, and  
23 it was at that point that you announced that it would  
24 proceed on a modular basis which would be announced and  
25 opened in sequence.

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1 Module 2C is, as you say, quite separate to  
2 Module 2, but it is also integral to it as well.  
3 The provisional outline of scope for Module 2 was  
4 published on 31 August of this year, and it's going to  
5 examine the core political and administrative governance  
6 and decision-making in the United Kingdom concerning  
7 high level response to the pandemic from January 2020,  
8 and it's going to pay particular scrutiny to  
9 the decisions that were taken by the Prime Minister and  
10 the Cabinet, as advised by the civil service, senior  
11 political, scientific and medical advisers and Cabinet  
12 subcommittees.

13 So Module 2C is the analogue to that in  
14 Northern Ireland, and, as I've already said, it will  
15 focus on the decision-making by the government,  
16 including the First Minister, the deputy First Minister,  
17 and other ministers during this period.

18 To that end, Module 2C was also opened on 31 August,  
19 alongside the counterpart modules in Wales and Scotland  
20 as well, and its provisional scope was published on  
21 the same day.

22 So, like all of those parts of the Inquiry which  
23 fall under the umbrella of Module 2, it will be  
24 intensely focused on the decision-making by  
25 the government in response to the pandemic, so between

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1 offices in this module: the First Minister and  
2 the deputy First Minister. We do understand their  
3 relationship with the Executive Committee and the role  
4 of the Executive Committee in decision-making in  
5 Northern Ireland.

6 But the First Minister and the deputy First Minister  
7 do have a distinct position in the constitutional  
8 arrangements in Northern Ireland, and it was for that  
9 reason that you appointed them core participants in  
10 their own right. And between them they should be able  
11 to speak to the decisions that were made in  
12 the Executive in terms of those key decisions that will  
13 be subject to scrutiny.

14 But again, my Lady, standing back and pulling the  
15 lens out, as it were, I anticipate that what you may  
16 also want to scrutinise, given the unique power sharing  
17 arrangements in Northern Ireland, is whether and to what  
18 extent politicians pulled together for the good of all  
19 people and to what effect.

20 Like all of the devolved nations, Module 2C will  
21 also seek to understand the relationship between  
22 the government in Northern Ireland and  
23 the United Kingdom Government as well in that  
24 decision-making process, whether and how that  
25 relationship impacted upon the decisions which

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1 the early stages of the pandemic in January 2020 until  
2 the Covid restrictions were lifted in March 2022.

3 Its outline of scope is necessarily provisional,  
4 because Module 2C must, like its counterparts, be agile  
5 and capable of responding as the issues are revealed in  
6 terms of disclosure and evidence.

7 It's inevitable that this will include consideration  
8 of the consequences of not having power sharing  
9 arrangements right up until the emergence of Covid and  
10 the response that that absence had on the response to  
11 the pandemic.

12 It seems to us, my Lady, that there are a series of  
13 really practical questions that that gives rise to. But  
14 standing back from that, the main question appears to be  
15 what impact it had on those who picked up the reins of  
16 power in January 2020 and who were not just beginning to  
17 run government again in Northern Ireland and all that  
18 that entails, but who were thrust headlong into dealing  
19 with a rapidly unfolding pandemic.

20 What was the legacy of the absence of power sharing  
21 arrangements on the institutions of government, on civil  
22 servants, on the health service? How did that shape  
23 the response by the government to the pandemic?

24 That means, naturally, that there's going to be  
25 a focus on those politicians who held the highest

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1 the government in Northern Ireland made. And that will  
2 include examination of the information, the advice,  
3 the expertise provided by the UK Government and other  
4 relevant international and national bodies as well. But  
5 I suppose, in summary: what was the nature of the  
6 relationship, the dialogue, the communication, between  
7 the United Kingdom Government and the devolved nations?  
8 And did that relationship work in Northern Ireland so as  
9 to produce the best outcomes for people?

10 Northern Ireland is quite distinct from Scotland and  
11 Wales in terms of its history, its geography, its  
12 constitutional arrangements. It shares a border,  
13 of course, with the Republic of Ireland and that adds  
14 a different dimension again, as compared to the other  
15 devolved nations. As set out in the provisional scope  
16 document, the Inquiry will also consider the extent to  
17 which decisions were informed by the response of  
18 the government in the Republic of Ireland as well.

19 But I thought it would help at least if I said or  
20 indicated that we are aware of the matters that  
21 the bereaved families have raised as well about  
22 the issue of Northern Ireland being an epidemiological  
23 unit with the Republic of Ireland, and we're aware of  
24 the memorandum of understanding as well, and we have  
25 sought to ask relevant bodies about that in the Rule 9s

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1 as well.

2 A good example of that, for example, is the public  
3 health authority in Northern Ireland. We have asked  
4 that body a series of questions about their interactions  
5 with counterparts in the Republic of Ireland or about  
6 co-operation in the Republic of Ireland. So we are  
7 aware of that.

8 Just turning to the really significant decisions  
9 that the investigation will focus on, Module 2C will  
10 consider the timeliness of the interventions, whether  
11 there were viable alternatives, whether different  
12 decisions might have produced different outcomes.

13 We hope to investigate what the driving forces of  
14 the decision-making were. Put another way, were there  
15 overarching principles which informed how government  
16 approached the decisions it had to make or which guided  
17 decision-making? Did politicians have consistent  
18 objectives that they sought to meet when they were  
19 making decisions? Did they have ethical frameworks  
20 within which they ought to make those decisions as well?  
21 Those are all the sorts of things we hope will be  
22 encompassed in the investigation.

23 Also, to what extent was it possible to reliably  
24 foresee or measure the consequences of the decisions  
25 that were taken? Not just in terms of the spread of

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1 core participants in Module 2C, but we will also be  
2 seeking witness statements and evidence from other  
3 statutory bodies who have important roles in relation to  
4 people with protected characteristics, and I will return  
5 to that.

6 My Lady, the four nations were not in lock-step with  
7 each other in terms of the measures which they took to  
8 tackle the pandemic, and that's not to suggest that they  
9 should have been, but there are issues about why there  
10 was divergence, whether the taking of divergent  
11 approaches mattered, and again, whether or not that  
12 impacted on the overall effectiveness of the response to  
13 the pandemic.

14 It's also clear that the pandemic put those  
15 experts -- and by this we broadly mean those with  
16 scientific, statistical and medical expertise -- under  
17 great pressure to produce data and advice at pace and to  
18 make that comprehensible to civil servants, advisers and  
19 politicians who would go on to use it to inform their  
20 decision-making. And again in Module 2C we wish to  
21 investigate that further and understand the extent to  
22 which those charged with the high-level decision-making  
23 were able to assimilate and understand the science of  
24 responding to the pandemic as well.

25 Module 2C will also consider the wider issues around

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1 the pandemic as well but all of the other ways that they  
2 affected society as well. Were there steps that could  
3 have been taken to mitigate those other potential  
4 consequences?

5 Of course, implicit in all of those questions is  
6 understanding the extent to which there was assessment  
7 of the impact that the decisions would have on existing  
8 inequalities.

9 Being clinically vulnerable is one potential area of  
10 inequality, and perhaps it's the one that comes most to  
11 mind when we consider Covid, but we know that there are  
12 many other people who have been disproportionately  
13 affected, and we've touched on some of those already:  
14 the people on frontline services, the disabled,  
15 the elderly, children, those with chronic health needs,  
16 and members of ethnic minority communities. In common  
17 with the other Modules 2 and 2A and 2B, we will also  
18 seek to ascertain the extent to which the different  
19 groups of people who stood to suffer particular  
20 disadvantage because of the pandemic were identified as  
21 part of the decision-making process, and the degree to  
22 which this was factored into that important  
23 decision-making.

24 And of course, as I've already said, that's the very  
25 reason why you have appointed representative bodies as

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1 health messaging. Were there issues particular to  
2 Northern Ireland that the health communications needed  
3 to tackle? Were the communications as effective as they  
4 could have been? Were there any factors which impacted  
5 upon public confidence in the steps the government was  
6 asking the public to take in response to the pandemic?

7 My Lady, these are some of the provisional matters  
8 which Module 2C anticipates will be investigated and  
9 that we have begun the process of sending Rule 9 letters  
10 out in respect of.

11 My Lady, in terms of the future course of  
12 the Inquiry, one of the issues which has been raised is  
13 how the Inquiry will develop and what part  
14 Northern Ireland will play as the Inquiry does develop.  
15 In Module 2, because the focus is on those crucial, very  
16 high-level decisions, it was clear that the devolved  
17 nations need to have these sub-modules, but the ambit of  
18 later modules and how the interests of the devolved  
19 nations will be represented in those as the Inquiry  
20 progresses is a matter which is under consideration.

21 You indicated in July 2022 that one further module  
22 would be Module 3, and that that would examine  
23 the impact of Covid on healthcare systems generally and  
24 on patients, hospital and other healthcare workers and  
25 staff. More detail was set out about that on Monday in

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1 the hearing in Module 2. I wasn't going to repeat  
 2 everything that was said about that on Monday, but  
 3 I think it's important to say that Module 3 will include  
 4 consideration of the impact of the pandemic on  
 5 healthcare systems in England, Wales, Scotland and  
 6 Northern Ireland, and that this will include issues such  
 7 as the capacity of healthcare systems to respond to  
 8 the pandemic and how they evolved, healthcare-related  
 9 inequalities, core decision-making within the healthcare  
 10 systems. And other matters that you have directed will  
 11 be inquired into include staffing levels, critical care  
 12 capacity, palliative care, the issue about Do Not  
 13 Attempt Cardiopulmonary Resuscitation instructions,  
 14 those really important issues that arise in connection  
 15 to healthcare. I thought it was important to say  
 16 something about that and to indicate the level of detail  
 17 with which those issues will be considered.

18 As regards later modules, you have indicated broadly  
 19 that they will cover both system issues and impact  
 20 issues across the United Kingdom, and that this will  
 21 include issues like: vaccines, therapeutics and  
 22 antiviral treatment across the UK; the care sector;  
 23 government procurement and PPE; testing and tracing;  
 24 government business and financial responses across  
 25 the UK, and impact on business sectors; health

25

1 Health Agency.

2 That process of issuing Rule 9 letters is ongoing  
 3 and iterative. It's expected that within the next  
 4 few weeks those requests will also be sent out to  
 5 the government departments in Northern Ireland, the  
 6 Office of Northern Ireland's Chief Medical Officer,  
 7 statutory bodies responsible for safeguarding and  
 8 promoting the rights and interests of vulnerable people  
 9 as well.

10 I just wanted to say, though, that the Rule 9 letter  
 11 to the Executive Office is of obvious import. It's  
 12 a critical one. Aside that it seeks a corporate  
 13 statement about the processes by which decisions were  
 14 made by the government in Northern Ireland, it also  
 15 seeks extensive disclosure. And the type of disclosure  
 16 sought, and I emphasise this is just to indicate some of  
 17 the things that have been sought, is extensive.

18 So what we've asked for are things like the key  
 19 policy and guidance documents, position papers, policy  
 20 advice, any framework agreements which were entered into  
 21 that relate to the issues that have been asked about,  
 22 a chronological list of key meetings, so meetings at  
 23 which significant decisions were made or discussed. For  
 24 those sorts of meetings, the agendas, submissions to  
 25 ministers, briefing notes, pre-reading, actions, action

27

1 inequalities and the impact of Covid-19; education and  
 2 children and young people; the impact on public services  
 3 and public sectors; and issues like hospitality, retail,  
 4 sport and culture.

5 My Lady, it may be that different modules take  
 6 different approaches dependent on their subject matters,  
 7 because there is an inherent flexibility to the modular  
 8 system. But the Inquiry would wish to make clear that  
 9 those issues significant to Northern Ireland will be  
 10 considered with rigour as the Inquiry develops.

11 May I say a brief word about the Rule 9 requests  
 12 that we have made.

13 The Inquiry started its work on 21 July and, like  
 14 all public inquiries, a very good deal went on to get  
 15 the Inquiry set up and instituted, and that included  
 16 getting Module 2C started.

17 The work has included the sending of the initial  
 18 really important Rule 9 letters to organisations who are  
 19 significant because the disclosure that we seek from  
 20 them will be fundamental to our work, and it's likely  
 21 that the disclosure we get from them will inform  
 22 the further Rule 9 disclosure requests that we make.

23 Those initial requests have been sent to  
 24 the Northern Ireland Executive, the Department for  
 25 Health, the Northern Ireland Office and the Public

26

1 trackers.

2 That's just, again, a snapshot but it's important  
 3 to, I think, make clear the detailed sort of material  
 4 that we are seeking from the Executive Office. Because  
 5 what we ultimately want to get is the record of how  
 6 the key decisions were made and what underpinned  
 7 the decisions. So we expect to receive a record of  
 8 the discussions which led to the decisions and, as I've  
 9 said, the underlying material. And we hope that once we  
 10 have that that will obviously -- and the disclosure from  
 11 the other key organisations -- that will be the spine of  
 12 our disclosure and provide us with that ability then to  
 13 go to other people, other organisations, on the basis of  
 14 what we know to ask for that more detailed disclosure or  
 15 that ability to ask very specific things of people that  
 16 we know that they must know about.

17 A team of solicitors, barristers and paralegals is  
 18 ready and waiting to review the material that we receive  
 19 for relevance.

20 An issue that has been raised over the course of  
 21 the past couple of days, and indeed in relation to  
 22 Module 1, and you gave a ruling about it, is  
 23 the disclosure of Rule 9 requests. The submission which  
 24 has been made to you by the Inquiry teams is that  
 25 the disclosure of Rule 9 requests is not required by

28

1 the Rules, nor established by past practice, and that  
 2 given that almost all of the Rule 9 requests will be  
 3 superseded by and built upon further iterative requests  
 4 from the Inquiry, disclosure of the Rule 9 requests  
 5 would of itself not serve any particular purpose,  
 6 because they would be bound to be built upon in any  
 7 event. And of course core participants will get to see  
 8 the relevant material which that generates as well.

9 But what you indicated in the ruling in Module 1,  
 10 and it was referred to in the hearing in Module 2, is  
 11 that the Inquiry is also undertaking to provide  
 12 an update as well, I think it's a monthly update, as to  
 13 disclosure and where it has reached in each of  
 14 the sub-modules as well.

15 Turning then to disclosure to core participants.

16 My Lady, public inquiries, like other investigative  
 17 bodies, are a bit like funnels. That's the analogy  
 18 that's often drawn. By their Rule 9 requests they seek  
 19 a variety of material which is likely to be relevant or  
 20 may be relevant, and upon inspection it may not be or it  
 21 may lead the Inquiry down a different investigative  
 22 route to a more relevant document or piece of evidence.

23 The point is that by a process of assessment for  
 24 relevance, the Inquiry is able to refine that which it  
 25 ultimately provides to core participants.

29

1 assessment as to what's been asked for.

2 We've started by asking for the materials relevant  
 3 to the making of key decisions but we will fan out from  
 4 there and we will make further iterative requests from  
 5 disclosure, and that will build upon what has already  
 6 been received and it will go to the issues that  
 7 the Inquiry considers of particular relevance.

8 But it's really important to say that those persons  
 9 and organisations who have been asked for disclosure can  
 10 really play a part in that, and we have reiterated  
 11 the point to them that we do expect them to engage in  
 12 the process in the spirit of co-operation.

13 We have indicated that organisations should be  
 14 candid where questions have been asked of them intended  
 15 to elicit information about difficulties which they  
 16 encountered or where systems didn't work as effectively  
 17 as they might have done in response to the pandemic.  
 18 And material providers have been asked and will be asked  
 19 to bear that in mind in terms of their approach to  
 20 requests for information and disclosure, and to work  
 21 with us to ensure that the Inquiry has access to all  
 22 materials of relevance and not just those that we have  
 23 asked for.

24 We're really grateful for the positive engagement  
 25 and the willingness to assist that has thus far been

31

1 In an Inquiry like this, there is an obvious need  
 2 for balance. The number of potentially relevant  
 3 documents held by core participants or organisations  
 4 across the UK is vast. Reference was made on Monday to  
 5 that maximum public law that too much disclosure can be  
 6 as damaging as too little, and I was reminded of  
 7 something that Lord Justice Singh, who has given lots of  
 8 important judgments on disclosure, said in  
 9 the well known case of Hoareau, he warned against  
 10 parties off-loading -- those are his words, not mine --  
 11 a "huge amount" of disclosure on another party and  
 12 asking them "to find the 'needle in the haystack'". And  
 13 what he emphasised was the importance of parties  
 14 assisting the court in order to get to the key issues.

15 Lord Justice Singh's concern can apply equally to  
 16 public inquiries. Too much disclosure can be derailing.  
 17 It can obscure that which is really important. And as  
 18 contemplated by Lord Justice Singh, critical documents  
 19 are much harder to find in a morass of marginally  
 20 relevant or irrelevant documents.

21 So in Module 2C we will strive to get that balance  
 22 right by our iterative process, not by making requests  
 23 of core participants which amount in reality to just  
 24 asking them for everything or almost everything or which  
 25 excuse them from exercising critical judgement or

30

1 pledged, but we do, on behalf of the Inquiry, need to  
 2 make it quite clear that the Inquiry will be robust in  
 3 its approach to disclosure requests and it does expect  
 4 full co-operation from all those who hold relevant  
 5 material.

6 My Lady, you also ultimately have the power to  
 7 compel disclosure as well under section 21 of  
 8 the Inquiries Act. We haven't asked you to exercise  
 9 that power yet, but we won't hesitate to do so if we  
 10 think that there is any holder of relevant materials who  
 11 needs to be compelled.

12 So these are some of the steps that will be taken in  
 13 relation to disclosure: first, as has been indicated by  
 14 the Inquiry, disclosure updates will be provided so as  
 15 to report on progress which has been made in obtaining  
 16 relevant documents. Every core participant will receive  
 17 the same documents in their module.

18 We will provide all documents that the Inquiry has  
 19 received, subject to three things: first, a relevance  
 20 review so that only relevant documents are provided;  
 21 a de-duplication exercise; and then redactions, but in  
 22 accordance with the redactions protocol. For example,  
 23 that most obviously applies where, for example, there's  
 24 personal information about people or by the making of  
 25 any restriction order by you, my Lady.

32



1 Disclosure will take place in substantial tranches,  
2 it's not going to be piecemeal, and the system that will  
3 be used for its management is Relativity.

4 My Lady, I said that I would return to  
5 the Listening Exercise. I hope that's a convenient  
6 point to do so.

7 It's the process by which the experiences of  
8 bereaved families and others who have suffered because  
9 of the pandemic can be provided to the Inquiry and  
10 listened to or read, then analysed and summarised and  
11 provided to the Inquiry teams and to core participants  
12 for use in public hearings.

13 As has already been stated in respect of Module 2,  
14 this isn't analysis or summary of statistics or data,  
15 but rather of experience. By this means, the Inquiry  
16 will be able to hear the voices of the people of the UK  
17 and to reflect upon their experiences, but also to  
18 incorporate -- and this is important -- those accounts  
19 into its work. So the summaries of the accounts given  
20 by people and the accompanying analysis of those  
21 accounts will be fed into the public hearings as written  
22 evidence.

23 The Listening Exercise gives opportunity to  
24 contribute to the work of the Inquiry but in a way that  
25 requires no formality nor any need to attend a hearing,

33

1 the architecture of the Listening Exercise has to be  
2 just right.

3 In November there's going to be a pilot of an online  
4 platform whereby people will be invited to share their  
5 experiences via the Listening Exercise website. And  
6 then later, in the winter and into the spring, a pilot  
7 in-person and online process will start with group  
8 sessions, and over time those trials will increase in  
9 scales until the Listening Exercise is running at full  
10 capacity next year.

11 My Lady, may I touch upon the issue of expert  
12 witnesses.

13 The Inquiry has provisionally identified a number of  
14 specialist areas in relation to which lay and expert  
15 witnesses may give evidence in Module 2, and in broad  
16 terms the specialist areas that Module 2 has identified  
17 may include the following: public policy and governance,  
18 systems for measuring and the estimation of infections  
19 and deaths and the registration of deaths, statistical  
20 methods in infectious disease epidemiology and  
21 the modelling, government and public communications, and  
22 behavioural science. That's just a summary.

23 We on behalf of Module 2C will consider whether  
24 issues relevant to Northern Ireland could be captured by  
25 the same experts, but will also consider any areas of

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1 and it's open to all of those people whose lives have  
2 been affected across the spectrum of human experience.  
3 And of course no one person's experience or loss will be  
4 the same as another's, and the Listening Exercise  
5 enables this Inquiry to capture that full breadth of  
6 human experience across the United Kingdom, but  
7 including from those people who would never otherwise  
8 come forward or whose voices would never be heard in the  
9 setting of a formal public inquiry. It allows people to  
10 come forward and say what happened to them in  
11 circumstances where they otherwise might not. And we  
12 really hope that people in Northern Ireland will  
13 contribute to the work of the Listening Exercise.

14 So it will support the Inquiry's legal process,  
15 but -- people need not be worried -- it's not a legal  
16 process in and of itself, and the experiences which  
17 people share will not be filed in the hearings by way of  
18 direct evidence or as individual testimony. Their  
19 accounts will be anonymised.

20 The plans for the Listening Exercise have been set  
21 out in a note from the Solicitor to the Inquiry which is  
22 available on the Inquiry website, but, as was set out in  
23 the hearing in Module 2, piloting of different  
24 approaches to the Listening Exercise is going to start  
25 shortly. Obviously the piloting is important because

34

1 specialism that it might have specific Northern Irish  
2 expertise on for Module 2C. And I think as has already  
3 been said, in the event that experts are instructed,  
4 for example, letters of instruction setting out  
5 the parameters of their work and the questions that they  
6 will be asked will be prepared. The questions that  
7 experts are asked to address will be made available to  
8 core participants in advance of any report being  
9 finalised, and core participants will be provided with  
10 an opportunity to provide observations on them.

11 My Lady, again with your leave, I just wanted to end  
12 this opening on the issue of commemoration.

13 Because the scale of the loss which this Inquiry  
14 will consider is unprecedented, so too must it find  
15 different ways to acknowledge those who died. One of  
16 the purposes of commemoration is to remind core  
17 participants and the Inquiry of the people who are at  
18 the centre of its work, to bring them to mind, to remind  
19 everyone that behind all of the legal processes,  
20 the issues, the forensic points, there are people who  
21 were loved and who are missed, and who sight must not be  
22 lost of.

23 In this Inquiry, the scale of loss is so great and  
24 the experience of loss through Covid so wide, so  
25 proximate to all, that on behalf of the Inquiry team we

36

1 wanted to reiterate that this loss of sight will not  
2 happen. Consideration of those who died, of the loss  
3 suffered by those who continue to live, will naturally  
4 permeate all aspects of the Inquiry's work, and of  
5 Module 2C's work.

6 The Inquiry is considering other ways to remember  
7 and to reflect upon those people who died. My Lady,  
8 I know that consideration is being given to perhaps  
9 a physical installation at a hearing centre which could  
10 be a static or mobile artwork or something more organic  
11 that grows over time, such as a book of commemoration or  
12 a video wall, and that you're also looking at how  
13 the Inquiry website can be used for commemoration.

14 But I know, and that you will want this to be  
15 emphasised, that you want the Inquiry to work with those  
16 representatives of those most affected to develop  
17 a fitting commemoration and that the Inquiry will notify  
18 effective groups of its developing thinking and involve  
19 them as appropriate in the coming weeks.

20 My Lady, just then in terms of future hearings.

21 It's anticipated that there will be a further  
22 preliminary hearing for Module 2C in the early part  
23 of 2023. The Module 2 hearing will take place in and  
24 around summer 2023, but the public hearing in Module 2C  
25 will take place in Northern Ireland in early 2024, and

37

1 headed by Martina Ferguson, who is here, and she is over  
2 at the Inquiry today, my Lady, and Brenda Doherty. And  
3 they're represented by myself and Conan Fegan,  
4 Malachy McGowan, and the team from PA Duffy, who are  
5 over here today as well, and represented that group at  
6 the Module 1 and Module 2 on which I've already  
7 addressed your Ladyship.

8 This is the first module dealing specifically with  
9 Northern Ireland but, as I said to your Ladyship in  
10 Module 1, we and the people I represent first met you at  
11 a Listening Exercise in the Europa Hotel in Belfast in  
12 March, and indicated to you at that previous preliminary  
13 hearing how much everybody was struck by the humanity  
14 you showed at that event and how moved you were, and  
15 everybody, by the accounts given, the personal accounts  
16 given of everybody there. It was a group of about 15 or  
17 20 people. And how deeply impacted those people were by  
18 the -- not just the effect of the bereavement, but  
19 the impact that the restrictions had on their last  
20 moments with their loved ones, and saying goodbye to  
21 their loved ones, and those end of life decisions that  
22 they were forced to make in the most difficult and  
23 extreme circumstances, without any advice and with very  
24 little support.

25 I say that by way of opening, and we have addressed

39

1 I think the provisional marking for it is about  
2 three weeks, and this will be kept under review. So  
3 I think it's important to say that there's a slightly  
4 different timetable then for Module 2C.

5 My Lady, those are the opening submissions on behalf  
6 of Module 2C. Is there anything that I can assist you  
7 with?

8 **LADY HALLETT:** Not at this stage, thank you very much  
9 indeed, Ms Dobbin, it's been extremely helpful.

10 We shall take a break now and I will return  
11 at 11.15. Thank you.

12 (11.00 am)

(A short break)

14 (11.15 am)

15 **Submissions on behalf of Northern Ireland Covid-19 Bereaved  
16 Families for Justice by MR LAVERY**

17 **LADY HALLETT:** Mr Lavery.

18 **MR LAVERY:** Good morning, my Lady.

19 **LADY HALLETT:** Good morning, Mr Lavery.

20 **MR LAVERY:** As your Ladyship knows, at this stage the people  
21 I represent are the Northern Ireland Covid-19 Bereaved  
22 Families for Justice, and I have outlined before, but  
23 for the purposes of this, I'm just going to say very  
24 briefly who these people are.

25 First of all, they're a formidable group of people,

38

1 in the previous modules the issue of  
2 the Listening Exercise and how that might evolve and  
3 the process that the Inquiry is putting in place to deal  
4 with that, and what I wanted to share as well was, at  
5 that event in the Europa, how you shared with us  
6 the impact that hearing accounts like that had on you at  
7 that event and in previous inquiries in which you had  
8 been involved, deep personal impact.

9 I'm not going to go over how the Listening Exercise  
10 is to be carried out, but there is room, we think, still  
11 for a -- because of the scale of this module and  
12 the amount of people involved, that the Inquiry would at  
13 least keep under consideration some form of pen portrait  
14 exercise when the Inquiry sits in Northern Ireland, for  
15 instance, or at some stage. That would be very  
16 important to the people that I represent.

17 We welcome the other core participants that are here  
18 today as well, my Lady. The TUC are making an important  
19 contribution, have done in the other modules. And  
20 of course today we have the Commissioner for Older  
21 People of Northern Ireland.

22 We agree that it wouldn't be possible to set out --  
23 it wouldn't be practically possible to set out in any  
24 detail all of the issues that will be addressed in the  
25 course of the Inquiry. And as Ms Dobbin said in her

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1 address to your Ladyship earlier on today, she did  
2 carefully and accurately summarise the thrust of our  
3 submissions about what should and might be -- should be  
4 the focus of Module 2C. We are encouraged. It's  
5 a mark, I think, of the role that the core participants  
6 can and will play that our submissions so far have been  
7 listened to and the response from Ms Dobbin today to  
8 those submissions is very much to be welcomed.

9 For instance, when she says that the focus -- that  
10 there will be a focus on those who held the highest  
11 offices in Northern Ireland, that the role of  
12 the central government she addressed your Ladyship upon  
13 earlier, and how does that fit between Module 2 and  
14 Module 2C, that central government's awareness of  
15 the unique situation of Northern Ireland, what kind of  
16 contingency there was for that, and what the response  
17 was.

18 I have addressed your Ladyship on the uniqueness of  
19 the situation in Northern Ireland, and Ms Dobbin  
20 referred in particular this morning to the -- which  
21 I know has been addressed by the TUC in their  
22 submissions -- the three-year hiatus up until January  
23 of 2020. But unfortunately what is an ongoing feature  
24 of Northern Ireland has been periods when there has been  
25 no Assembly, or no functioning Assembly, or the

41

1 an NHS as such, we have a universal healthcare  
2 arrangement where health is dealt with together with  
3 social care by the same bodies -- there are five  
4 separate bodies dealing with this -- and how they joined  
5 up, how their thinking was joined up, if it was at all.  
6 And of course the Inquiry will want to look at how far  
7 those senior politicians and decisions they made  
8 filtered all the way down to decisions that were made on  
9 the ground.

10 So that's the unique feature. But of course  
11 the island of Ireland as a single -- it's a word  
12 I struggle with, my Lady, your Ladyship referred to  
13 it -- juridical -- on Monday -- epidemiological unit.

14 Of course, that goes without saying when you think  
15 about it, but such is the nature and history, which  
16 again Ms Dobbin referred to, about Northern Ireland that  
17 it is sometimes forgotten.

18 The island of Ireland -- there is a reference to  
19 border controls and the extent to which decisions were  
20 informed by the response of the Government of the  
21 Republic of Ireland, and Ms Dobbin has indicated today  
22 that -- how that will be fleshed out and looked at, and  
23 that is to be welcomed.

24 So there's the epidemiological unit and then there's  
25 the memorandum of understanding that existed between

43

1 mandatory coalition arrangement that is government  
2 devolved in Northern Ireland under the Good Friday  
3 Agreement. It's uncontroversial to say at this stage,  
4 my Lady, during another period of no Assembly and no  
5 government, that there is a state of dysfunction in  
6 devolved government in Northern Ireland which central  
7 government ought to be aware of, as I say, ought to make  
8 contingency for, and be able to respond to.

9 I mention that when I say that our submissions are  
10 and have been addressed. I also say, my Lady, it's very  
11 important that we're here and that we make contact with  
12 the Inquiry team on a personal basis, and we want to  
13 offer our support and collaboration with the team, and  
14 so I'm highlighting these as features where we have  
15 raised issues and that they appear to have been  
16 addressed and considered by the team.

17 For instance again, and Ms Dobbin referred to this  
18 earlier, that the Rule 9 requests would be targeted at  
19 the issue of co-operation with the Republic of Ireland  
20 dealing with those matters that we dealt with in our  
21 written submissions.

22 Just touching on those submissions, my Lady, and  
23 I mentioned the unique features of Northern Ireland.  
24 Of course there's the dysfunctional devolved government,  
25 but two other prominent features are that we don't have

42

1 Northern Ireland and the Republic of Ireland Health  
2 ministers.

3 It came as a surprise to us when we were looking at  
4 this, my Lady, that for the last 24 years there has been  
5 a single all-island institute for public health for  
6 the Republic of Ireland and Northern Ireland, which was  
7 set up under the Good Friday Agreement and is directly  
8 accountable to the Chief Medical Officers in Belfast and  
9 Dublin. This was looked at by SAGE in its report of  
10 12 May 2020, and when they were looking at managing  
11 the risk of exporting and importing cases from countries  
12 with high risks of transmission, they identified  
13 a serious loophole where they said it will be perfectly  
14 possible for someone to fly from somewhere where  
15 the level of infection is extremely high, such as  
16 New York to Dublin, and then change planes to travel to  
17 London. For this and for other reasons related to  
18 the extent of movement across the Irish border, it makes  
19 much more sense either to treat the two main islands of  
20 Britain and Ireland as separate entities for human  
21 health purposes, as is already the case for animal  
22 health, or for the UK and Republic of Ireland to agree  
23 a common approach.

24 Again, I mentioned that, in Module 2, what  
25 connection was there between the governments in Dublin

44

1 and London, and what impact the common travel area has  
2 on dealing with matters relating to the pandemic.

3 And that there were three issues identified by  
4 Dr Scally, who is Honorary Professor of Public Health at  
5 University of Bristol and president of the Epidemiology  
6 and Public Health section of the Royal Society of  
7 Medicine, and he said that there are three outstanding  
8 issues that require an urgent all-Ireland response. One  
9 was the investigation of the relatively high incidence  
10 of cases of coronavirus in the border counties of  
11 the south. And the second is the difficult issue of  
12 putting airport restrictions. The third is the  
13 nonsensical difference between the recommendation, under  
14 some circumstances, of 14 days' isolation in the south  
15 and seven days in the north. And he wrote further in  
16 February 2021 again identifying:

17 "... two missing components of successful zero Covid  
18 strategy in Ireland ... firstly, mandatory hotel  
19 quarantining for travellers arriving on the island and  
20 secondly, effective north-south co-operation."

21 Just to quote him briefly, my Lady, if I may:

22 "You cannot have this situation, which we know  
23 doesn't work, of voluntary self-isolation combined with  
24 a lack of co-operation north and south ... Government  
25 ministers in Dublin insist that it is impossible to

45

1 health administrations in each jurisdiction. While this  
2 is cause for optimism, the outbreak of Covid-19 on the  
3 island of Ireland is a reminder that there are political  
4 obstacles to public health that even pandemics cannot  
5 overcome."

6 The idea that political decisions were made in  
7 Northern Ireland against the background of binary  
8 constitutional issues -- should we follow Dublin or  
9 London in the way that we approach a pandemic? -- and  
10 how much that featured is something that's important to  
11 look at in the Northern Irish context.

12 Then, my Lady, the second issue under this is this  
13 memorandum of understanding that was arrived at between  
14 Northern Ireland and the Republic of Ireland Health  
15 ministers, and this was formulated on 7 April 2020 where  
16 the memorandum of understanding committed the  
17 NI Executive and the Republic of Ireland Government to  
18 "coordination and cooperation" in response to Covid-19,  
19 with the active involvement of health administrations to  
20 protect as paramount "the lives and welfare of everyone  
21 on the island ... and no effort will be spared in that  
22 regard".

23 Again, Dr Scally commented on this and described it  
24 as a meaningless document:

25 "The language remains great and the sentiment is

47

1 cooperate with the North because of the DUP and we can't  
2 have an all-island strategy. In reality, it's a failure  
3 of the body politic, both north and south.

4 "Meanwhile, we have now far exceeded the number of  
5 deaths from 'the Troubles'. Don't tell me it's  
6 impossible for the administrations north and south to  
7 co-operate on this; that is stupid."

8 These difficulties again were highlighted by a study  
9 entitled "Obstacles to Public Health That Even Pandemics  
10 Cannot Overcome: The Politics of COVID-19 on the Island  
11 of Ireland". Again, just to quote briefly from that  
12 study:

13 "Public health narratives that frame the island of  
14 Ireland as a [single epidemiological unit] or for  
15 Covid-19 are seen to push NI one step closer to a united  
16 Ireland, and coming on foot of the Brexit trade deal  
17 between the UK and the EU, unionist concerns are at  
18 an all-time high. Ultimately, Brexit has further  
19 'politicised and toxified the British-Irish political  
20 landscape' so much so that public health responses are  
21 automatically viewed as constitutional threats."

22 And they go on to say:

23 "... however, this study has demonstrated  
24 substantial public health policy alignment brought about  
25 through ongoing dialogue and cooperation between the

46

1 excellent, but I don't think anyone could point to  
2 anything that it has influenced for the better. There  
3 is no use in having this wonderful tool is no one is  
4 prepared to pick it up and use it."

5 And the failure to put that to proper use we say  
6 were choices or failures of political and administrative  
7 decision-makers, and which clearly had a deleterious  
8 impact upon the way the pandemic was managed.

9 Ms Dobbin has mentioned the issue of care homes,  
10 which we raised, and that that will be a central issue  
11 to be looked at. 30% of all deaths in Northern Ireland  
12 from the pandemic occurred in care homes.

13 The issue of Rule 9 requests, my Lady, has been  
14 dealt with, and we addressed you in previous submissions  
15 relating to that. I'm not going to dilate on that any  
16 further nor on the issue of disclosure to core  
17 participants.

18 We have suggested that there might be a role for  
19 expert panels as happened in at least two other  
20 Inquiries in Northern Ireland, the Inquiry into Urology  
21 Services, and the Neurology Inquiry in Northern Ireland,  
22 that is --

23 **LADY HALLETT:** Sorry to interrupt, Mr Lavery. By that you  
24 mean expert panel advisers or panelists to sit with me  
25 as decision-makers?

48

1 **MR LAVERY:** Well, panel expert -- this is something that  
 2 has -- it can be looked at either way. I mean, we have  
 3 an open mind about this as well. But it's something --  
 4 first of all, panel members, and the identity of those,  
 5 and whether or not there is going to be panel members  
 6 for Northern Ireland, and whether they're going to be  
 7 bespoke, with a particular knowledge of and interest in  
 8 the issues that we're looking at and Republic of Ireland  
 9 issues. But I'm certainly not suggesting that your  
 10 role, my Lady, should be usurped in some way by a panel  
 11 of experts, a panel working with your Ladyship in that  
 12 regard, and who can advise and look at material --

13 **LADY HALLETT:** I was only asking --

14 **MR LAVERY:** -- (overspeaking) -- not just on an individual  
 15 basis.

16 **LADY HALLETT:** Sorry to interrupt you. I was only asking  
 17 because, as you know, to have decision-making panel  
 18 members is a matter for the Prime Minister, not for me.

19 **MR LAVERY:** Yes.

20 **LADY HALLETT:** But I certainly have been looking at, and as  
 21 Ms Dobbin outlined, the idea of having panels of experts  
 22 to advise the Inquiry is something I think is well worth  
 23 exploring.

24 **MR LAVERY:** Yes.

25 **LADY HALLETT:** So maybe we're saying the same thing.

49

1 still under consideration. It may not be what you would  
 2 call pen portrait evidence, but there will be ways, I'm  
 3 sure, in which we can make sure that each module has  
 4 that human element. This is not just a question of  
 5 calling decision-makers, but it has the human element.  
 6 So I promise you I am still thinking about subjects of  
 7 that kind.

8 And as far as the issues you raised about  
 9 the relationship with the Republic of Ireland, they're  
 10 very important issues, I am very conscious of them. And  
 11 as you heard, Ms Dobbin and the team are also very  
 12 conscious of them. And with your assistance and the  
 13 assistance of other core participants, we will  
 14 investigate them thoroughly.

15 So thank you again for your help and your offers of  
 16 collaboration and co-operation. Thank you.

17 **MR LAVERY:** Thank you, my Lady.

18 **LADY HALLETT:** Right. Is it Ms Anyadike-Danes?

19 **Submissions on behalf of the Commissioner for Older People**  
 20 **for Northern Ireland by MS ANYADIKE-DANES**

21 **MS ANYADIKE-DANES:** I think it's still good morning,  
 22 my Lady.

23 **LADY HALLETT:** It is just.

24 **MS ANYADIKE-DANES:** And it's very nearly that.

25 It's Anyadike-Danes.

51

1 **MR LAVERY:** It may well be, my Lady. But again, and I hope  
 2 this will be an ongoing feature of the collaboration in  
 3 this Inquiry, that it's something we've raised and that  
 4 Ms Dobbin has indicated in her submissions today she is  
 5 looking at, and your Ladyship as well, actively  
 6 considering those issues which we raise and that we  
 7 think highlights the role -- the important role that  
 8 core participants can play in the Inquiry going forward.

9 So, my Lady, that is all that I wish to say at this  
 10 stage, unless I can be of any further assistance.

11 **LADY HALLETT:** No, I'm very grateful, Mr Lavery. I have  
 12 expressed my gratitude to you before, but I will do it  
 13 again, because this is an independent module. You were  
 14 there, you know how moving an experience I found meeting  
 15 the bereaved during the consultation exercise, and  
 16 Belfast was a particularly moving visit. And I learnt  
 17 at first-hand the -- bereavement is bad enough but  
 18 bereavement during a time of pandemic is something very  
 19 different, and very much worse. And I certainly was  
 20 grateful for the bereaved who attended and explained,  
 21 gave their accounts of what had happened to them.

22 As far as -- which leads into the pen portrait  
 23 evidence question. I suspect there may be ways in which  
 24 I can meet my duties and my aims and allay your  
 25 concerns, so I promise you that is a matter that is

50

1 **LADY HALLETT:** I'm so sorry! I did ask. I do apologise.

2 As Mr Lavery has confirmed, I have been having a few  
 3 problems with words.

4 **MS ANYADIKE-DANES:** Well, firstly, by way of introduction,  
 5 I appear for the Commissioner for Older People in  
 6 Northern Ireland, and I'm here with my instructing  
 7 solicitor, Aimee Miller, who is head of legal services  
 8 for the Commissioner. And participating remotely is my  
 9 junior, Bobbie-Leigh Herdman.

10 The first thing I want to do is to, on behalf of the  
 11 Commissioner, thank you for granting him core  
 12 participant status for this module.

13 He hopes that may not be the only one. But in any  
 14 event, for now, to thank you for that. And also for  
 15 permitting me to make these oral submissions on his  
 16 behalf.

17 I want to really do two things with the opportunity  
 18 that your Ladyship has given me. The first is to say  
 19 something about the Commissioner's constituency, his  
 20 role and his concerns. Partly because there are other  
 21 people participating remotely or who will read about  
 22 this hereafter who may not be aware of what that is,  
 23 although I certainly hope all his constituencies are,  
 24 but also because not everyone in the four jurisdictions  
 25 has a Commissioner for Older People, and so it might be

52

1 informative from that point of view.

2 So I want to say something about that, and his  
3 objective for participating in this Inquiry.

4 Then the other thing I want to do is really to pick  
5 up on some of the matters that we addressed in  
6 the written submissions, which were primarily directed  
7 to your legal team's note which, frankly, we found very  
8 helpful indeed, as did we find Ms Dobbin's address this  
9 morning.

10 So that's what I really want to do, and of course  
11 respond to anything that your Ladyship may ask of me.

12 So if I start with the Commissioner's constituency  
13 and role. As of March 2021, Northern Ireland had  
14 an over 60s older population of approximately 439,600.  
15 And that represents, at that time, some 23% of the total  
16 population of Northern Ireland. Northern Ireland has  
17 some 473 residential care homes catering for that  
18 population. There are residential care homes that cater  
19 for other populations of vulnerable people who may  
20 become relevant as your Ladyship moves forward in the  
21 terms of reference. But for that population, there is  
22 about 473. And that is catered for through about  
23 11,400 care packages. And that does not include  
24 domiciliary care, so that's care packages just for those  
25 care homes. Nearly all of those care packages are

53

1 in Northern Ireland, and this includes people  
2 experiencing a broad spectrum of personal circumstances.  
3 So he deals with those who live in their own homes,  
4 those who live at home but they are almost entirely  
5 reliant on domiciliary care, those who live in supported  
6 living or in residential care homes, as well as those  
7 who are in hospitals and hospices and those in prison  
8 establishments. It's a very, very broad spectrum of  
9 people. And the statistics and the lived experience  
10 would suggest that his constituents are and were  
11 uniquely vulnerable to experiencing long-term physical  
12 or mental health conditions, loneliness, and to feel  
13 more significant the physical impacts of being required  
14 to shield, quite apart from being very vulnerable to  
15 Covid-19 itself, arising out of perhaps their age or  
16 co-morbidities.

17 The Commissioner has sought to deliver particularly  
18 through the pandemic for that constituency in accordance  
19 with his mandatory duties, and some of those mandatory  
20 duties are particularly relevant to the work of not just  
21 this module but the work of the Inquiry more broadly  
22 than that.

23 So he is required to keep under review the adequacy  
24 and effectiveness of law and practice relating to the  
25 interests of older people and the adequacy and

55

1 commissioned from the private sector.

2 The disproportionate adverse impact of Covid-19 on  
3 that population is accepted readily by  
4 Northern Ireland's Minister for Health, and I'm sure  
5 your Ladyship has seen various iterations of these  
6 statistics, but what he said is that:

7 "The Covid-19 pandemic has had a huge impact on  
8 older people: 90% of Covid-19 deaths in the first wave  
9 of the pandemic were in people aged over 65. Around  
10 half of Covid-19 deaths in Northern Ireland occurred in  
11 a care home."

12 So that is actually a very stark perspective from  
13 which to view the work to be done in this module and  
14 the Commissioner's particular interest and involvement  
15 in it.

16 The Commissioner for Older People in  
17 Northern Ireland was established in accordance with  
18 the Commissioner for Older People Act (Northern Ireland)  
19 of 2011, and the principal aim of that legislation,  
20 which is enshrined in section 2, was to safeguard --  
21 it's an important term in this context -- and promote  
22 the interests of older people in Northern Ireland. And  
23 he has mandatory duties in relation to delivering that.

24 The Commissioner represents the interests of  
25 potentially over 600,000 older people and their families

54

1 effectiveness of services provided for older people by  
2 relevant authorities. That's a very specific area, but  
3 he has to keep that under review.

4 As you're aware, my Lady, there is a significant  
5 difference between that law and practice in  
6 Northern Ireland and that of the other jurisdictions.  
7 In Northern Ireland the health and social care systems  
8 are integrated with both limbs being under  
9 the responsibility and control of the  
10 Department of Health. That might have brought very  
11 considerable benefits to dealing with something like  
12 a pandemic, particularly in relation to an older  
13 population, and one of the Commissioner's concerns over  
14 the preparation for, the response to, and the management  
15 of the pandemic is the extent to which Northern Ireland  
16 may actually have squandered the advantages that should  
17 have accrued from its integrated system. And that's  
18 an issue, when one is looking at decision-making, that  
19 we hope your Ladyship is going to bear in mind.

20 So, the Commissioner's publications demonstrate  
21 the depth of that knowledge, both his and that of his  
22 Office, prior to the pandemic, let alone that gained as  
23 policies were being formulated and regulations were  
24 being introduced.

25 So, for example, there is his 2014 report to the

56

1 minister, "Changing the culture of care in  
 2 Northern Ireland", and the 2015 report, "[Preparing] to  
 3 care? Modernising Adult Social Care in  
 4 Northern Ireland". Now, that particular report was  
 5 based on research that was commissioned from  
 6 the Queen's University Belfast, and its objectives were  
 7 to identify gaps and issues surrounding the current, as  
 8 it was then, legislative framework including the policy  
 9 provision for adult social care in Northern Ireland.  
 10 And also to compare Northern Ireland with best  
 11 practice in other jurisdictions including  
 12 the Republic of Ireland, of which your Ladyship has  
 13 heard quite a lot so far. And not only just to look at  
 14 that in an academic sort of way and from the statistical  
 15 material, but to make recommendations as to whether --  
 16 well, firstly, of course, and most basically, whether  
 17 there was any need for any legislative reform at all.  
 18 And if there was, to suggest what that might be, and how  
 19 best to change the current framework in Northern Ireland  
 20 to provide better support for outcomes for older people.  
 21 And it also involved, interestingly, a stakeholder  
 22 engagement element with a round table event to discuss  
 23 outcomes and recommendations.  
 24 All of this highlighted the serious concerns over  
 25 the provision of care to older people pre-pandemic. And

57

1 very challenging to hear that. And in his direct  
 2 engagement with his constituency, that is what  
 3 the Commissioner and his office heard day in, day out  
 4 throughout the pandemic. And that, actually, when one  
 5 looks for what is the impetus of something, that is what  
 6 provided the impetus for him to be relaying what he  
 7 could see, as far as he was concerned, were some of  
 8 the issues up to those who had the ability to make  
 9 decisions and formulate policy, and to try and explain  
 10 to them what was being formulated and how it was  
 11 intended that would help them.  
 12 That's not an easy thing to do for the length of  
 13 time the pandemic existed.  
 14 And it still happens, because there are still those  
 15 who are literally burdened by the outcome of what  
 16 happened, and that he is charged to deal with them and  
 17 to continue to represent their interests in whatever way  
 18 it is that the decision-making bodies can seek to, if  
 19 not address them, certainly try and explain how it  
 20 happened.  
 21 Additionally, the Commissioner took part in weekly  
 22 meetings of the Older People UK Network during  
 23 the pandemic. Now, that's important, because  
 24 your Ladyship has heard and also recognised  
 25 the differences between what was happening in the four

59

1 that, to a degree, is part of what we understand  
 2 your Ladyship will be considering in Module 1.  
 3 Then, the Commissioner must also promote  
 4 an awareness of matters relating to the interests of  
 5 older persons and the need to safeguard those interests.  
 6 And that, perhaps -- the delivery of that mandatory  
 7 requirement was very much to the fore during  
 8 the pandemic as it developed.  
 9 And fundamental to that role was staying connected  
 10 with his constituency. And he did that through a wide  
 11 variety of ways, many of which are set out in our  
 12 written submissions and I don't propose to go through  
 13 them now.  
 14 But suffice it to say that from the earliest days of  
 15 the pandemic, the Commissioner played a direct and  
 16 significant role in relaying his concerns and those of  
 17 the older people and their families to  
 18 the decision-making bodies at the highest level, and  
 19 regularly communicating updates from them back to  
 20 the older population on key developments throughout  
 21 the pandemic.  
 22 Now, Mr Lavery has talked about the engagement that  
 23 you had in Northern Ireland, and the impact on you and  
 24 others, I understand, in the room in hearing the raw  
 25 description of the impact of what happened. Yes, it is

58

1 jurisdictions, and I think Ms Dobbin made reference to  
 2 the extent to which they were not in lock-step, I think  
 3 was her expression. One of the issues is to look at:  
 4 and what difference did it make that they weren't in  
 5 lock-step? And, for that matter: what difference might  
 6 it have made if they were in lock-step?  
 7 Well, the extent to which they weren't in lock-step  
 8 was something that became very much apparent to  
 9 the Commissioner as he participated with others in  
 10 the Older People UK Network, because that provided  
 11 a forum for representatives of statutory and charitable  
 12 organisations from all four nations of the UK to share  
 13 information, co-ordinate public comment, and actually  
 14 try to keep track of the frequently changing regulations  
 15 in each region and to see to what extent any of that, if  
 16 it was different to what was happening in their  
 17 particular jurisdiction, might be helpful. And that was  
 18 again something that could be taken back and fed up to  
 19 the decision-making bodies.  
 20 The Commissioner, of course, continues to engage, as  
 21 I have indicated, with his constituents on a daily  
 22 basis, and he hopes that makes him particularly well  
 23 placed to reflect their views to your Ladyship in this  
 24 part of the Inquiry and also their concerns.  
 25 So, coming now to the Commissioner's concerns and

60

1 objectives, the Commissioner, in pursuance of his  
 2 statutory duties, is required to advise  
 3 the Secretary of State, the Executive Committee of the  
 4 Assembly, and the relevant authority on matters  
 5 concerning the interests of older persons, either when  
 6 he gets a specific request or just when he considers it  
 7 appropriate to do so. And in service of this duty,  
 8 the Commissioner took an extremely proactive role during  
 9 the pandemic. He was publicly calling for universal  
 10 testing in care homes from as early as 23 April 2020.  
 11 In fact, his first publication at all went out on  
 12 12 March 2020. That's how early he was engaged. And  
 13 throughout the pandemic he actively participated in and  
 14 made recommendations at frequent pandemic response  
 15 meetings with the Department of Health, Public Health  
 16 Agency and the RQIA (the Regulation & Quality  
 17 Improvement Authority), and on 4 June of 2020 he and his  
 18 senior team, by invitation, gave evidence to  
 19 the Committee for Health's inquiry into Covid-19 and its  
 20 impact on care homes. He gave that evidence and much of  
 21 what he said there is to be seen reflected in  
 22 the recommendations that it made.

23 Now, the purpose of all of this is not simply to  
 24 describe, if you like, the impact of what was happening  
 25 so far as he could see it in his engagement with his

61

1 roll-out for older people; the disproportionate deaths  
 2 in care home settings compared to the community,  
 3 particularly when compared to the other areas of the UK,  
 4 and your Ladyship has heard some of that earlier this  
 5 morning; and of course the deaths in care homes caused  
 6 by the discharge of hospital patients to care homes.

7 That is what he was reflecting and that is what he  
 8 was hoping would be considered when policy was being  
 9 formulated and regulations were being made. We know now  
 10 that from 19 March 2020 to 14 October 2022 there were  
 11 4,892 Covid-related deaths recorded in Northern Ireland.  
 12 And from what I said before, your Ladyship will know  
 13 that the majority of them were amongst older people.

14 But not just that, the Commissioner is also  
 15 conscious of the many and often undocumented people who  
 16 continue to suffer the effects of Covid-19, whether it's  
 17 because of long Covid or it's because of delays in  
 18 surgeries and other healthcare services, and the  
 19 disproportionate impact of waiting lists for elective  
 20 surgeries on older people and the exacerbation of that  
 21 problem due to the pandemic.

22 The Commissioner in this is not just wanting to know  
 23 or have a clearer exposition of what happened. In fact,  
 24 from the engagement with his constituency, he is pretty  
 25 clear of much of what happened: people died and suffered

63

1 constituency and their families. The purpose was to use  
 2 the information he had, together with his own knowledge  
 3 and experience, of the weaknesses in the health and  
 4 social care sector, on behalf of older people, to seek  
 5 to contribute to the formulation of policy, improving  
 6 policy, and generally the response of decision-makers to  
 7 the pandemic that unfolded. That's what it was for. It  
 8 wasn't really just to simply describe what was  
 9 happening. It was for a purpose. And the purpose of  
 10 which is what your Ladyship is considering in this  
 11 module.

12 If one thinks about some of what he was publishing,  
 13 he was looking at: the impact of lockdown on the older  
 14 population and the adverse impact on human rights,  
 15 influencing public health policies; the lack of  
 16 sufficient PPE in care homes; ageist decisions that were  
 17 being taken by medical professionals regarding  
 18 the entitlement, for example, to ventilators;  
 19 discriminatory and ageist practice on Do Not Resuscitate  
 20 forms on older patients without consulting the patient  
 21 or their families; the government failure to record care  
 22 home deaths when following advice from  
 23 the Commissioner -- that actually was ultimately  
 24 implemented at some point; the importance of testing  
 25 staff and residents regularly; the vaccination programme

62

1 and their families continue to do so. What he hopes  
 2 this Inquiry will do is to find out why that happened  
 3 and how it happened. So, why it all went so wrong and  
 4 how it went so wrong.

5 That's what he hopes will be the outcome, and that  
 6 is why he is so motivated to participate.

7 And not just for the answer to that question, but  
 8 for the answer to that question to be used, as I think  
 9 your Ladyship has indicated on earlier occasions in  
 10 relation to other parts of the work, to ensure that, so  
 11 far as one can do it, that doesn't happen again.  
 12 Nobody, I think, feels that there will never be another  
 13 pandemic. What we don't want is one of the type in  
 14 terms of the outcome that happened with Covid-19.

15 Then the Senior Counsel to the Inquiry in this  
 16 section, Ms Dobbin has set out the list of enhanced  
 17 rights, I think she called them, that go with being  
 18 a core participant.

19 I want to say, my Lady, that the Commissioner takes  
 20 that very seriously, the fact that those are rights that  
 21 accrue to a core participant. But, more specifically,  
 22 the opportunity that gives, and to use that in  
 23 the interests, yes, of his constituency but also to  
 24 assist the Inquiry in its work so far as he can do that.  
 25 The Commissioner wants to assure your Ladyship and your

64



1 team that he intends to do all he can as a core  
2 participant in this module to assist the Inquiry from  
3 his expertise, experience and network. And to that end  
4 he is prepared to meet the Inquiry team as early as  
5 possible and engage with them in whatever way they  
6 consider productive.

7 And I have to say, and this I would like to pass on,  
8 on behalf of Ms Miller and myself, my thanks to  
9 the Inquiry team, because actually that engagement has  
10 already started. We already met them. Almost the first  
11 thing what we did when we arrived here was to meet them  
12 and to have what we thought to be a very productive  
13 introduction. And we're very grateful for that and we  
14 certainly hope that that kind of interaction can  
15 continue.

16 So then finally, just on why the Commissioner is  
17 being involved: he welcomes, my Lady, your desire to  
18 progress as expeditiously as possible without  
19 compromising on receiving the important material and  
20 evidence that will inform your recommendations. He  
21 noted what was said in the transcript for Module 1.  
22 That actually is his aim.

23 The Commissioner also notes your reference to  
24 delivering the Inquiry's ambitious timetable will  
25 require the full co-operation of core participants and

65

1 the outside world lost its eyes and ears on what was  
2 happening in care homes. And he is very much aware of  
3 that and aware that how issues to do with isolation and  
4 reduction of -- within the care homes -- interpersonal  
5 contact, all of that was a matter that was managed  
6 individually by care homes in a way that didn't  
7 necessarily allow others to be appreciative of how that  
8 was happening and how that might have been improved.

9 **LADY HALLETT:** Can I just interrupt there?

10 **MS ANYADIKE-DANES:** Yes.

11 **LADY HALLETT:** Just to make things clear, there will be  
12 a module that focuses on the care sector.

13 **MS ANYADIKE-DANES:** Yes.

14 **LADY HALLETT:** This module is focusing on key  
15 decision-making and whether or not the key  
16 decision-makers took into account the impact on various  
17 groups, like people in the care home, the elderly,  
18 children and the like. So when it comes to the really  
19 detailed kind of aspects you're talking about, that is  
20 more likely to be dealt with in the care home sector;  
21 its only subject matter will be the care sector.

22 **MS ANYADIKE-DANES:** Yes, well, I'm very grateful for that,  
23 my Lady, and I did understand, certainly even from what  
24 the Senior Counsel to the Inquiry on the Welsh module  
25 said yesterday, that there was going to be an element on

67

1 others, and your Ladyship repeated that today, and he  
2 confirms that he will do all that he can within his  
3 remit to further precisely that. And that includes  
4 welcoming the opportunity to provide relevant documents  
5 and evidence in ways that can be developed more with  
6 your team.

7 I just want to say some matters about the scope of  
8 the module, what I might call the discovery issue, if  
9 you like, which are the Rule 9 requests and disclosure,  
10 and experts, if I may. I hope I'm not trespassing too  
11 much on the time.

12 **LADY HALLETT:** If you could focus on the -- I have read your  
13 written submissions.

14 **MS ANYADIKE-DANES:** I'm very grateful.

15 So, since you have, then one of the areas that  
16 the Commissioner really wants to work with is really  
17 something that Mr Lavery spoke about, which is  
18 care homes. Your Ladyship has indicated that you will  
19 look at that.

20 There are some very unique elements of what happened  
21 in care homes as a result of the pandemic. If one sees,  
22 for example, the impact of lockdown and the lack of  
23 physical inspection or attendance of families that was  
24 possible during the pandemic. The Commissioner is very  
25 concerned that in the absence of that, if you like,

66

1 the care sector. And that brings me to another area  
2 that the Commissioner has an interest in, and it may be  
3 that we can take this forward in discussion with your  
4 team, which is: when one looks at the health sector,  
5 which is Module 3, as we understand it, and  
6 the care sector at some module at some stage perhaps  
7 later on, for Northern Ireland what was happening -- and  
8 by that, for the purposes of this, I mean  
9 the decision-making of what was happening and the way  
10 they took the experiences of what was being described,  
11 and the concerns about it, back up the line, if I can  
12 put it that way, to feature in policy and  
13 decision-making.

14 For Northern Ireland, actually, the care home  
15 straddles both those. So it's not really possible  
16 effectively to look at that decision-making and policy  
17 making discretely in healthcare or in social care,  
18 because of the -- the way the integrated system works,  
19 it's -- one would not get a proper picture of the hows  
20 and the whys in relation to decision-making without  
21 being able to look at how those -- both those sectors  
22 came together in the care home sector.

23 So I will say no more about that, because I'm sure  
24 that is something that can be developed with your team  
25 as to how we don't necessarily end up into over -- into

68

1 unnecessary duplication, but also don't miss anything  
2 that's relevant for decision-making.

3 So, if I can then just deal very, very quickly with  
4 the Rule 9 requests and the disclosure.

5 By and large, much of -- since your Ladyship has  
6 been good enough to read the submission -- what has been  
7 said there we can take forward. All that we would want  
8 to do is to ensure that there is sufficient information  
9 being provided so that, from the Commissioner's  
10 expertise, he is able to assist in either  
11 the identification of further recipients of Rule 9  
12 requests or, for that matter, be able to help as to  
13 where there might be some gaps in the material being  
14 provided to you.

15 He has a real interest in ensuring that there aren't  
16 gaps, as I'm sure your Ladyship does also. So that's  
17 just a matter of the provision of information ahead of  
18 time so that he can meaningfully assist with that.

19 There is another matter, but it's reflected in our  
20 written statement, and that is because -- and I don't  
21 believe that it's only an overlap likely between  
22 Module 3 and any social care module, but within  
23 the Module 2 and Module 2C there may well be matters  
24 where it would assist if the core participants could  
25 have sight of some of what was happening and had been

69

1 the Commissioner would necessarily think there is a gap.  
2 It may well be that you can see discrete elements as you  
3 work through become -- of very particular specialisms,  
4 and I think he understands that there will be  
5 an opportunity to respond, and also if there are  
6 particular identities of experts -- we note that that's  
7 already happened for one core participant in Module 1 --  
8 and if that becomes a helpful thing to do, then we will  
9 be engaging on that.

10 But there is just one element, when I -- and I noted  
11 it when I was looking through -- at the areas for  
12 expertise. It's in relation to (b) where it describes  
13 the systems for measuring and estimating infections and  
14 deaths and the registration of deaths and overall  
15 figures for infection and death. It's more to do with,  
16 really, the deaths and the registration of deaths. It  
17 may well be that in dealing with the scope of this  
18 area -- and it's always very difficult when you're  
19 trying to set out a broad canvas, because the more you  
20 give individual bits, somebody thinks of their little  
21 bit that wasn't added on clearly is being left off. And  
22 we understand that these parts that are being described  
23 are indicative only and that your Ladyship is trying to  
24 be inclusive rather than exclusive. But in terms of  
25 the deaths, there are issues to do with death

71

1 provided in other modules. I'm sure there's a system  
2 that can be devised that will allow that without  
3 compromising anything of significance. Everybody will  
4 obviously have provided their undertakings, and so that  
5 obviously gives comfort to the Inquiry. And one doesn't  
6 want to duplicate the Inquiry's work by getting them to  
7 sort of involve a whole load of people who aren't  
8 directly relevant to the module in hand. But there may  
9 well be some purposeful dissemination that could happen  
10 as between material that comes, for example, in Module 2  
11 and material that is going to arise in Module 2C.

12 On the -- finally, then -- instruction of expert  
13 witnesses, I listened with interest to what Mr Lavery  
14 was saying about how he wondered whether your Ladyship  
15 would consider a panel of experts. I must say I'd  
16 rather got the impression from the note that your senior  
17 counsel provided to us all that your Ladyship was  
18 considering effectively a panel in the sense of  
19 a resource panel, as opposed to a decision-making panel,  
20 and that, if I may respectfully say so, we think is  
21 a very good idea.

22 What actually was set out there in terms of  
23 the areas that have already been identified, I think  
24 there were four of them, (a) through to (d), I don't  
25 think there's anything there immediately that

70

1 certification in care homes and the guidance that was  
2 given to coroners as to the occasions when there ought  
3 to be an inquest into those sorts of deaths.

4 Now, that is guidance, and that came from policy,  
5 and it may be that -- I don't believe that your Ladyship  
6 is necessarily excluding it, but there may be issues  
7 like that, that the Commissioner sees, and we can engage  
8 with your team about that, and that might be helpful  
9 generally.

10 So that's really all I want to say about what came  
11 through from the note. I would just like to conclude  
12 with this: to reassure your Ladyship and your team that  
13 working with this Inquiry is an absolute priority for  
14 the Commissioner, and he hopes there is a shared  
15 objective, which -- I think he has gleaned that hope  
16 from all that's been said so far, to find out what  
17 happened, learn the lessons for the future, and move as  
18 quickly as is reasonable and feasible to the issuing of  
19 effective recommendations. Because that's the tool that  
20 he hopes can be used for the future.

21 Thank you, my Lady.

22 **LADY HALLETT:** Thank you very much indeed. I'm very  
23 grateful.

24 I can certainly confirm we share the same  
25 objectives, and I do welcome the Commissioner's

72

1 interest. He's obviously played a very significant role  
2 representing a very important constituency, and I'm very  
3 grateful for his offers of help and indeed those that  
4 you have offered.

5 So thank you very much indeed.

6 **MS ANYADIKE-DANES:** Thank you, my Lady.

7 **LADY HALLETT:** Mr Jacobs.

8 **Submissions on behalf of the Trades Union Congress by**

9 **MR JACOBS**

10 **LADY HALLETT:** Mr Jacobs.

11 **MR JACOBS:** Thank you, my Lady.

12 I don't know if you want me to work with  
13 a particular breaking point in mind.

14 **LADY HALLETT:** No, I'd like to complete it, please, because  
15 I really have to finish by a certain time.

16 **MR JACOBS:** I'll press on.

17 My Lady, I appear on behalf of the Trades Union  
18 Congress, the TUC. We have been designated as a core  
19 participant in Modules 1 and also the four parts of  
20 Module 2.

21 The TUC brings together 5.5 million working people  
22 who make up its 48 member unions from all parts of  
23 the UK.

24 The TUC is also working in partnership with  
25 the Northern Ireland Committee of the Irish Congress of

73

1 make sure that the public inquiry investigates what  
2 should have been done to keep everyone safe at work."

3 With that in mind, my Lady, Ms Dobbin this morning,  
4 in her very helpful opening statement, referred to  
5 the common purpose shared by this Inquiry, its core  
6 participants, and those who will give evidence, and that  
7 is a common purpose absolutely shared and supported by  
8 the TUC.

9 My Lady, I will focus my submissions for  
10 the purposes of this hearing on issues of scope.

11 Firstly, the issue of a lack of a functioning  
12 Executive for the three years leading to January 2020,  
13 we are glad to see it in the provisional scope documents  
14 and also for it to receive some focus in Ms Dobbin's  
15 opening this morning. All I say is this. On its face,  
16 the issue has potential relevance to a number of  
17 modules: Module 1 on preparedness, a lack of  
18 an executive must be relevant to the preparedness of  
19 a government to respond to something as difficult as a  
20 pandemic; to Module 2, all the more so in circumstances  
21 that the UK Government had particular additional  
22 obligations as there was no functioning Executive; but  
23 also of course, and perhaps primarily, this module.

24 There is a risk of important issues falling between  
25 modules, and I addressed you yesterday in Modules 2A

75

1 Trade Unions, or the ICTU. The ICTU is the single  
2 umbrella organisation for trade unions on the island of  
3 Ireland. It's required, through its mission statement,  
4 to strive to achieve economic developments, social  
5 cohesion and justice by upholding the values of  
6 solidarity, fairness and equality.

7 The Northern Ireland Committee, the NIC, of  
8 the ICTU, is the representative body for 34 trade  
9 unions, with over 200,000 members across  
10 Northern Ireland. In membership terms, it is the  
11 largest civil society organisation in Northern Ireland.

12 My Lady, for the purposes of these submissions  
13 I will generally refer to the NIC, the Northern Ireland  
14 Committee of the Irish Congress of Trade Unions.

15 My Lady, across the UK, thousands of people of  
16 working age died in the pandemic, many of whom were key  
17 workers in high risk workplaces in a range of sectors.  
18 As the TUC General Secretary Frances O'Grady put it in  
19 a joint statement this year on Workers' Memorial Day:

20 "We'll forever be in the debt of the workers who  
21 kept the country going during the pandemic - nurses,  
22 carers, bus drivers, factory workers and so many more.

23 "Far too many were exposed to the virus at work -  
24 and lost their lives as a consequence. Now the  
25 government owes it to them, and to their families, to

74

1 and 2B on core participants being able to engage with  
2 the Inquiry at an early stage with what issues  
3 the Inquiry is actually enquiring into and in what  
4 modules.

5 It can shed some light on what it's looking at,  
6 either through disclosure of Rule 9 requests or an early  
7 and developing list of issues, and that's equally  
8 important in this module. Beyond that, I simply refer  
9 my Lady to submissions I made yesterday on those points.

10 The short point, really, is that we don't want to be  
11 complaining after the event that an important issue has  
12 not been investigated and has fallen between modules.  
13 We want to have the opportunity to point it out  
14 constructively and in advance.

15 My Lady, in our written submissions in relation to  
16 scope, we've pointed to the issue of the island of  
17 Ireland; as Mr Lavery refers to it, the single  
18 epidemiological unit. All I say on that is that we  
19 agree entirely with what was said by Mr Lavery, and  
20 again, grateful to see it have some focus in Ms Dobbin's  
21 submissions.

22 More significantly, my Lady, evidence of impact and  
23 the relevance of evidence of impact in Module 2C.  
24 Although later modules are going to focus on particular  
25 areas, I addressed you yesterday on the importance of

76

1 having enough evidence of impact to set the central  
2 political decision-making in context. These political  
3 decisions weren't made in the abstract; they were  
4 decisions with real world perceptible and observable  
5 impacts which should have fed back into decision-making.

6 I think, my Lady, it's really a similar point to  
7 that made just a few moments ago by Ms Anyadike-Danes,  
8 which is how experiences fed back up the line and into  
9 political decision-making.

10 One important issue, we say, is that the use and  
11 effectiveness of non-pharmaceutical interventions, NPIs,  
12 played out in significant part in workplaces across  
13 the UK. Community transmission and significant loss of  
14 life occurred in a number of sectors. In  
15 Northern Ireland, there were particularly significant  
16 difficulties in relation to food production sites.

17 My Lady, Ms Dobbin spoke of the Inquiry seeking  
18 an inclusive approach in which the experiences of  
19 disadvantaged groups are seen and heard, and we say to  
20 that that includes workers such as those on food  
21 production sites which were in low paid but very high  
22 risk jobs, and perhaps have far less sort of priority or  
23 prominence in the public consciousness.

24 So, for example, my Lady, in March 2020 there was  
25 a mass walkout of up to 1,000 workers at Moy Park in

77

1 must be at least some evidence as to impact.

2 Ultimately, my Lady, the barometer which you should  
3 have in mind is not how government decisions looked on  
4 paper, but how they played out in practice.

5 The NIC also made repeated requests to meet  
6 bilaterally with the First and deputy First Ministers of  
7 the Northern Ireland Executive. The joint office of  
8 the First and deputy First Minister failed or declined  
9 to meet with the NIC, which the NIC itself regards as  
10 a regrettable and significant failure of leadership.

11 That lack of engagement is itself, we say,  
12 an important issue for this module. Ms Dobbin described  
13 looking at how those who govern in Northern Ireland came  
14 together to make decisions for all of the community. We  
15 say that's not just coming together within  
16 the government itself, but also coming together with  
17 important parts of civil society and groups such as  
18 the NIC.

19 My Lady, just standing back for a moment, we  
20 obviously make that submission in the context of  
21 the TUC's and the NIC's particular focus, but I say that  
22 in fact just listening to the submissions this morning,  
23 one can see that some evidence of impact is important  
24 Ms Anyadike-Danes was making submissions about  
25 the experiences of those in care homes, and it would

79

1 Portadown over concerns of a failure to provide basic  
2 health and safety protections to the workforce, and  
3 there were similar walkouts in ABP Meats in Lurgan.

4 At the time the Unite regional officer,  
5 Sean McKeever, explained that:

6 "Food and retail workers are now front line workers  
7 in the battle against the Covid-19 virus but are at risk  
8 of being sacrificed by our politicians. The Northern  
9 Ireland Executive's shameful failure to bring forward  
10 any meaningful enforcement mechanisms whatsoever cannot  
11 be allowed to continue. The Health and Safety Executive  
12 is chronically under-resourced and under-staffed to deal  
13 with the scale of this challenge -- they are no longer  
14 conducting inspections at workplaces -- leaving workers  
15 to fend for themselves."

16 So Unite advocated for the Northern Ireland  
17 Executive to require Covid testing for workers in the  
18 poultry and meat packing sector. The high risk nature  
19 of the sector had been recognised, but there was  
20 nonetheless a failure to roll out any comprehensive  
21 programme of testing for those working in it.

22 So we say, my Lady, in examining in this module  
23 the development of the approach to NPIs,  
24 non-pharmaceutical interventions, in light of  
25 the understanding of their impact on transmission, there

78

1 just not be possible, we say, to look at that sort of  
2 issue divorced from any evidence at all as to how  
3 government decisions were playing out in practice and  
4 how experiences fed back up the line, as  
5 Ms Anyadike-Danes put it.

6 My Lady, in relation to Rule 9 requests, the Inquiry  
7 is invited to direct a request to the NIC, who we say  
8 can give relevant and important evidence on the use and  
9 effectiveness of NPIs in workplaces. The Inquiry is  
10 also invited to direct a Rule 9 request to  
11 the Northern Ireland Food and Drink Industry. I don't  
12 refer to the industry generally in an amorphous sense,  
13 but the organisation with that title.

14 That organisation was involved in disseminating in  
15 effect government guidance and decisions as to NPIs.  
16 So, for example, on 27 March 2020 it issued the Good  
17 Manufacturing Practice Covid-19, which was described as  
18 taking the advice from Public Health England and  
19 practical experiences from local food manufacturers, in  
20 effect to give guidance to help food production lines  
21 continue and feed the nation during the pandemic.

22 My Lady, what does the evidence of an organisation  
23 such as the Northern Ireland Food and Drink Industry  
24 have anything to do with government decision-making?  
25 Well, entirely hypothetically, if that body was to say

80

1 that it had adequate engagement from  
2 the Northern Ireland Executive, that it had clear  
3 decisions that it could implement, that it had clear  
4 public health messaging, that may assist you. And  
5 of course, equally, if it says something very different,  
6 that it found decision-making confused, that it found it  
7 was not able to translate public health messaging into  
8 the workplace, that too is going to be important, we  
9 say, to considering matters which fall squarely within  
10 Module 2C.

11 The final point I make, and of course, my Lady,  
12 perhaps in the interests of time, I stand by of course  
13 what is said in my written submissions without  
14 addressing everything, but very briefly, we have already  
15 invited in other modules for the Inquiry to hold some,  
16 what we have described as strand-tying closing  
17 submissions after the conclusion of Modules 2A, 2B  
18 and 2C in order to take a sort of more holistic view of  
19 the lessons learned across the modules, and we simply  
20 say that it can't be too early to think proactively  
21 about how the modular approach, which has a lot to  
22 commend it, is ultimately going to form a coherent  
23 whole.

24 My Lady, unless I can assist further.

25 **LADY HALLETT:** No, thank you very much indeed, Mr Jacobs,  
81

1 commemorate appropriately and respectfully is something  
2 that you continue to keep under consideration.

3 As regards Mr Lavery's other point about  
4 the potential of your sitting with a panel, as distinct  
5 from experts who might advise as a panel, my Lady, as  
6 you've pointed out, whether or not an inquiry chair  
7 should ever sit with a panel is properly a matter, in  
8 this Inquiry, for the Prime Minister as the sponsoring  
9 minister. That would be a matter for him.

10 Some short additional points. This is one  
11 UK Inquiry, and Module 2C is an integral part of  
12 Module 2 as well, and there's an issue of law as to  
13 whether part of an Inquiry could ever sit with a panel,  
14 and not other parts of the Inquiry. And that's because  
15 section 3 of the Inquiries Act expressly refers to  
16 an Inquiry being undertaken by a Chair alone or with  
17 other members, so it only seems to foresee the whole of  
18 an Inquiry being undertaken by panelists.

19 My Lady, I thought it was also important to say  
20 that, of course, because in A, B and C you have  
21 appointed a counsel team for each, and they are separate  
22 modules, that also facilitates a deeper understanding of  
23 how the structures within which those devolved nations  
24 work as well and, in the case of Northern Ireland, how  
25 those Northern Irish structures and institutions

83

1 I'm very grateful to you.

2 Ms Dobbin, do you have any closing remarks?

3 **Response statement by LEAD COUNSEL TO THE INQUIRY FOR**  
4 **MODULE 2C**

5 **MS DOBBIN:** Very few, my Lady.

6 My Lady, once again I hope that brevity will not be  
7 regarded as discourteous, but my learned friends have  
8 made important points and those are matters that I know  
9 you will want to consider with care. So there were just  
10 a couple of things.

11 Mr Lavery raised the issue of pen portraits. To  
12 anyone who hasn't followed the other hearings, they may  
13 not realise that that issue has been discussed and  
14 ventilated previously as well, and that it's something  
15 you have considered carefully and also dealt with in  
16 your ruling in response to the hearing that took place  
17 in Module 1, and that the real issue again goes back to  
18 the scale of the deaths that occurred and the real  
19 difficulty that that presents in terms of pen portrait  
20 evidence, and how it would ever be possible to pick,  
21 for example, between persons whose portraits would be  
22 conveyed at a hearing.

23 I just thought it was important to make sure people  
24 understood that that has been considered at some length,  
25 and that, as you've already said, the issue of how to

82

1 interacted with counterparts in the Republic of Ireland  
2 as well.

3 My Lady, as regards the submissions made by  
4 Ms Anyadike-Danes, I think the concern of  
5 the Commissioner shines through about the issues that he  
6 encountered as the pandemic unfolded and the efforts  
7 that he made to communicate those. But it is right to  
8 point out, as you indeed have done, and again for  
9 the benefit of the public, that the focus of Module 2A,  
10 B and C is on the key decisions and the key  
11 decision-making process by those at the highest level of  
12 government, and that the impact of those decisions will  
13 then be looked at as the Inquiry develops.

14 Obviously that's, and I say this again, to give  
15 comfort that those granular issues about how decisions  
16 played out in other sectors will be afforded more  
17 detailed consideration as the Inquiry develops.

18 Is there anything else that I can assist you with?

19 **LADY HALLETT:** No, I'm extremely grateful to you as well,  
20 Ms Dobbin, thank you very much indeed.

21 Thank you, everybody. That completes this morning's  
22 hearing. I'm grateful to those who have attended in  
23 person, and to those who have made submissions. And,  
24 again -- I don't know how many times I have expressed my  
25 gratitude this week, but I'll do it one last time --

84

1 I am extraordinarily grateful for all the offers of  
2 support, collaboration and co-operation. And I hope  
3 that with all those offers being fulfilled, then we'll  
4 be able to meet the aims for this Inquiry that I've set  
5 out a number of times, and that I won't repeat.

6 So thank you all very much for coming and for  
7 watching, if you have been doing, online. Thank you.

8 (12.30 pm)

9 (The hearing adjourned)

10

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12 Statement by LEAD COUNSEL TO THE INQUIRY . 2  
FOR MODULE 2C

13

14 Submissions on behalf of Northern Ireland ..... 38  
Covid-19 Bereaved Families for Justice by  
MR LAVERY

15

16 Submissions on behalf of the Commissioner ..... 51  
for Older People for Northern Ireland by MS  
ANYADIKE-DANES

17

18 Submissions on behalf of the Trades Union ..... 73  
Congress by MR JACOBS

19

20 Response statement by LEAD COUNSEL TO THE82  
INQUIRY FOR MODULE 2C

21

22

23

24

25

<b>LADY HALLETT:</b> <b>[23]</b> 1/3 38/8 38/17 38/19 48/23 49/13 49/16 49/20 49/25 50/11 51/18 51/23 52/1 66/12 67/9 67/11 67/14 72/22 73/7 73/10 73/14 81/25 84/19 <b>MR JACOBS: [2]</b> 73/11 73/16 <b>MR LAVERY: [8]</b> 38/18 38/20 49/1 49/14 49/19 49/24 50/1 51/17 <b>MS</b> <b>ANYADIKE-DANES:</b> <b>[8]</b> 51/21 51/24 52/4 66/14 67/10 67/13 67/22 73/6 <b>MS DOBBIN: [2]</b> 2/18 82/5	<b>20,000 responses [1]</b> 16/15 <b>200,000 [1]</b> 74/9 <b>2006 [1]</b> 5/18 <b>2011 [1]</b> 54/19 <b>2014 [1]</b> 56/25 <b>2015 [1]</b> 57/2 <b>2017 [2]</b> 10/19 12/4 <b>2020 [19]</b> 10/19 12/4 12/6 12/15 12/17 12/18 17/7 18/1 18/16 41/23 44/10 47/15 61/10 61/12 61/17 63/10 75/12 77/24 80/16 <b>2021 [3]</b> 13/16 45/16 53/13 <b>2022 [7]</b> 1/1 13/3 16/11 16/22 18/2 24/21 63/10 <b>2023 [2]</b> 37/23 37/24 <b>2024 [1]</b> 37/25 <b>21 [1]</b> 32/7 <b>21 July [1]</b> 26/13 <b>21 July 2022 [1]</b> 16/22 <b>21 October [1]</b> 13/6 <b>21 October 2022 [1]</b> 13/3 <b>23 [1]</b> 53/15 <b>23 April 2020 [1]</b> 61/10 <b>23 March 2020 [1]</b> 12/18 <b>24 years [1]</b> 44/4 <b>27 March 2020 [1]</b> 80/16 <b>28 February 2020 [1]</b> 12/15 <b>2A [5]</b> 1/11 22/17 75/25 81/17 84/9 <b>2B [4]</b> 1/11 22/17 76/1 81/17 <b>2C [43]</b> 1/4 2/17 2/22 3/1 3/4 5/15 7/10 10/13 11/2 11/20 15/9 15/12 15/21 15/24 17/1 17/13 17/18 18/4 19/20 21/9 23/1 23/20 23/25 24/8 26/16 30/21 35/23 36/2 37/22 37/24 38/4 38/6 41/4 41/14 69/23 70/11 76/23 81/10 81/18 82/4 83/11 85/12 85/19 <b>2C's [1]</b> 37/5	<b>4</b> <b>4 June [1]</b> 61/17 <b>4,892 Covid-related</b> <b>[1]</b> 63/11 <b>4,900 [1]</b> 13/3 <b>439,600 [1]</b> 53/14 <b>473 [1]</b> 53/22 <b>473 residential [1]</b> 53/17 <b>48 [1]</b> 73/22	<b>5</b> <b>5.5 million [1]</b> 73/21	<b>6</b> <b>600,000 [1]</b> 54/25 <b>60s [1]</b> 53/14 <b>65 [1]</b> 54/9	<b>7</b> <b>7 April 2020 [1]</b> 47/15 <b>75 [1]</b> 13/7	<b>9</b> <b>90 [1]</b> 54/8 <b>9s [1]</b> 20/25	<b>A</b> <b>ability [6]</b> 6/14 6/19 11/14 28/12 28/15 59/8 <b>able [16]</b> 3/14 3/17 3/23 4/1 5/25 19/10 23/23 29/24 33/16 42/8 68/21 69/10 69/12 76/1 81/7 85/4 <b>about [56]</b> 3/5 6/22 7/13 10/2 10/6 10/10 10/12 10/24 11/21 13/11 13/24 20/21 20/25 21/4 21/5 23/9 24/25 25/2 25/12 25/16 26/11 27/13 27/21 28/16 28/22 31/15 32/24 38/1 39/16 41/3 43/15 43/16 46/24 49/3 51/6 51/8 52/19 52/21 53/2 53/22 53/22 58/22 62/12 66/7 66/17 67/19 68/11 68/23 70/14 72/8 72/10 79/24 81/21 83/3 84/5 84/15 <b>ABP [1]</b> 78/3 <b>ABP Meats [1]</b> 78/3 <b>absence [5]</b> 10/22 14/4 18/10 18/20 66/25 <b>absolute [1]</b> 72/13 <b>absolutely [1]</b> 75/7 <b>abstract [1]</b> 77/3 <b>abuse [1]</b> 14/19	<b>academic [1]</b> 57/14 <b>accepted [2]</b> 16/20 54/3 <b>access [1]</b> 31/21 <b>accessible [1]</b> 3/15 <b>accommodated [1]</b> 3/18 <b>accompanying [1]</b> 33/20 <b>accordance [3]</b> 32/22 54/17 55/18 <b>accorded [1]</b> 5/19 <b>account [6]</b> 6/10 7/15 8/8 11/23 16/8 67/16 <b>accountable [1]</b> 44/8 <b>accounted [1]</b> 13/7 <b>accounts [8]</b> 33/18 33/19 33/21 34/19 39/15 39/15 40/6 50/21 <b>accrue [1]</b> 64/21 <b>accrued [1]</b> 56/17 <b>accurate [1]</b> 8/8 <b>accurately [1]</b> 41/2 <b>achieve [1]</b> 74/4 <b>achievement [1]</b> 8/17 <b>acknowledge [1]</b> 36/15 <b>across [15]</b> 7/7 8/5 16/10 16/16 25/20 25/22 25/24 30/4 34/2 34/6 44/18 74/9 74/15 77/12 81/19 <b>Act [4]</b> 3/21 32/8 54/18 83/15 <b>action [1]</b> 27/25 <b>actions [1]</b> 27/25 <b>active [1]</b> 47/19 <b>actively [2]</b> 50/5 61/13 <b>actually [10]</b> 54/12 56/16 59/4 60/13 62/23 65/9 65/22 68/14 70/22 76/3 <b>acutely [1]</b> 7/21 <b>added [1]</b> 71/21 <b>additional [2]</b> 75/21 83/10 <b>Additionally [1]</b> 59/21 <b>address [5]</b> 5/21 36/7 41/1 53/8 59/19 <b>addressed [13]</b> 9/20 39/7 39/25 40/24 41/12 41/18 41/21 42/10 42/16 48/14 53/5 75/25 76/25 <b>addressing [1]</b> 81/14 <b>adds [1]</b> 20/13 <b>adequacy [2]</b> 55/23 55/25 <b>adequate [1]</b> 81/1 <b>adjourned [1]</b> 85/9 <b>administrations [4]</b> 12/22 46/6 47/1 47/19	<b>administrative [2]</b> 17/5 48/6 <b>adult [2]</b> 57/3 57/9 <b>adulthood [1]</b> 15/6 <b>advance [2]</b> 36/8 76/14 <b>advantages [1]</b> 56/16 <b>adverse [2]</b> 54/2 62/14 <b>adversely [1]</b> 11/11 <b>advice [6]</b> 20/2 23/17 27/20 39/23 62/22 80/18 <b>advise [4]</b> 49/12 49/22 61/2 83/5 <b>advised [1]</b> 17/10 <b>advisers [3]</b> 17/11 23/18 48/24 <b>advocated [1]</b> 78/16 <b>affected [9]</b> 8/24 11/11 11/18 14/2 14/13 22/2 22/13 34/2 37/16 <b>afforded [1]</b> 84/16 <b>after [3]</b> 16/3 76/11 81/17 <b>afterwards [1]</b> 12/23 <b>again [28]</b> 6/15 8/20 16/12 18/17 19/14 20/14 23/11 23/20 28/2 36/11 42/17 43/16 44/24 45/16 46/8 46/11 47/23 50/1 50/13 51/15 60/18 64/11 76/20 82/6 82/17 84/8 84/14 84/24 <b>against [4]</b> 13/15 30/9 47/7 78/7 <b>age [3]</b> 13/7 55/15 74/16 <b>aged [1]</b> 54/9 <b>ageist [2]</b> 62/16 62/19 <b>Agency [3]</b> 13/5 27/1 61/16 <b>agendas [1]</b> 27/24 <b>agile [1]</b> 18/4 <b>ago [2]</b> 13/5 77/7 <b>agree [3]</b> 40/22 44/22 76/19 <b>agreed [1]</b> 10/7 <b>Agreement [3]</b> 7/24 42/3 44/7 <b>agreements [1]</b> 27/20 <b>ahead [1]</b> 69/17 <b>aim [4]</b> 2/3 2/8 54/19 65/22 <b>Aimee [1]</b> 52/7 <b>Aimee Miller [1]</b> 52/7 <b>aims [2]</b> 50/24 85/4 <b>airport [1]</b> 45/12
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<p><b>A</b></p> <p><b>alignment [1]</b> 46/24</p> <p><b>all [71]</b> 1/20 2/3 2/14 3/2 3/9 3/21 4/6 6/22 6/25 7/18 8/10 9/1 9/5 12/12 13/8 14/2 14/5 15/18 16/10 16/15 17/22 18/17 19/18 19/20 21/21 22/1 22/5 26/14 29/2 31/21 32/4 32/18 34/1 36/19 36/25 37/4 38/25 40/24 43/5 43/8 44/5 45/8 46/2 46/18 48/11 49/4 50/9 52/23 53/25 57/17 57/24 60/12 61/11 61/23 64/3 65/1 66/2 67/5 69/7 70/17 72/10 72/16 73/22 75/15 75/20 76/18 79/14 80/2 85/1 85/3 85/6</p> <p><b>all the [1]</b> 43/8</p> <p><b>all-Ireland [1]</b> 45/8</p> <p><b>all-island [2]</b> 44/5 46/2</p> <p><b>allay [1]</b> 50/24</p> <p><b>allow [2]</b> 67/7 70/2</p> <p><b>allowed [1]</b> 78/11</p> <p><b>allows [1]</b> 34/9</p> <p><b>almost [7]</b> 13/8 13/8 14/6 29/2 30/24 55/4 65/10</p> <p><b>alone [3]</b> 11/8 56/22 83/16</p> <p><b>alongside [1]</b> 17/19</p> <p><b>already [14]</b> 17/14 22/13 22/24 31/5 33/13 36/2 39/6 44/21 65/10 65/10 70/23 71/7 81/14 82/25</p> <p><b>also [49]</b> 3/13 3/16 5/5 8/12 10/5 10/11 10/24 17/2 17/18 19/16 19/21 20/16 21/23 22/17 23/1 23/14 23/25 27/4 27/14 29/11 32/6 33/17 35/25 37/12 42/10 51/11 52/14 52/24 57/10 57/21 58/3 59/24 60/24 63/14 64/23 65/23 69/1 69/16 71/5 73/19 73/24 75/14 75/23 79/5 79/16 80/10 82/15 83/19 83/22</p> <p><b>alternatives [1]</b> 21/11</p> <p><b>although [2]</b> 52/23 76/24</p> <p><b>always [1]</b> 71/18</p> <p><b>am [7]</b> 1/2 1/16 38/12</p>	<p>38/14 51/6 51/10 85/1</p> <p><b>ambit [1]</b> 24/17</p> <p><b>ambitious [2]</b> 2/9 65/24</p> <p><b>amongst [1]</b> 63/13</p> <p><b>amorphous [1]</b> 80/12</p> <p><b>amount [3]</b> 30/11 30/23 40/12</p> <p><b>analogue [1]</b> 17/13</p> <p><b>analogy [1]</b> 29/17</p> <p><b>analyse [1]</b> 2/4</p> <p><b>analysed [1]</b> 33/10</p> <p><b>analysis [2]</b> 33/14 33/20</p> <p><b>animal [1]</b> 44/21</p> <p><b>announced [4]</b> 12/19 16/5 16/23 16/24</p> <p><b>announcements [1]</b> 12/23</p> <p><b>announcing [1]</b> 12/21</p> <p><b>anonymised [1]</b> 34/19</p> <p><b>another [8]</b> 1/17 2/6 21/14 30/11 42/4 64/12 68/1 69/19</p> <p><b>another's [1]</b> 34/4</p> <p><b>answer [2]</b> 64/7 64/8</p> <p><b>anticipate [1]</b> 19/15</p> <p><b>anticipated [1]</b> 37/21</p> <p><b>anticipates [1]</b> 24/8</p> <p><b>antiviral [1]</b> 25/22</p> <p><b>any [27]</b> 1/21 9/19 9/21 10/2 11/2 24/4 27/20 29/5 29/6 32/10 32/25 33/25 35/25 36/8 39/23 40/23 48/15 50/10 52/13 57/17 57/17 60/15 69/22 78/10 78/20 80/2 82/2</p> <p><b>Anyadike [9]</b> 4/18 51/18 51/20 51/25 77/7 79/24 80/5 84/4 85/16</p> <p><b>ANYADIKE-DANES [2]</b> 51/20 85/16</p> <p><b>anyone [2]</b> 48/1 82/12</p> <p><b>anything [11]</b> 4/5 4/10 8/13 38/6 48/2 53/11 69/1 70/3 70/25 80/24 84/18</p> <p><b>apart [1]</b> 55/14</p> <p><b>apologise [1]</b> 52/1</p> <p><b>apparent [1]</b> 60/8</p> <p><b>appear [5]</b> 2/21 4/23 42/15 52/5 73/17</p> <p><b>appears [1]</b> 18/14</p> <p><b>applies [1]</b> 32/23</p> <p><b>apply [1]</b> 30/15</p> <p><b>appointed [7]</b> 5/13 11/12 12/8 16/3 19/9 22/25 83/21</p>	<p><b>appreciative [1]</b> 67/7</p> <p><b>approach [9]</b> 8/23 12/1 31/19 32/3 44/23 47/9 77/18 78/23 81/21</p> <p><b>approached [1]</b> 21/16</p> <p><b>approaches [3]</b> 23/11 26/6 34/24</p> <p><b>appropriate [2]</b> 37/19 61/7</p> <p><b>appropriately [1]</b> 83/1</p> <p><b>approximately [2]</b> 12/24 53/14</p> <p><b>April [2]</b> 47/15 61/10</p> <p><b>architecture [1]</b> 35/1</p> <p><b>are [85]</b> 1/19 1/20 2/5 3/1 3/23 4/14 4/16 4/22 5/11 5/25 7/19 8/23 8/25 9/14 9/16 13/4 13/12 15/2 15/17 15/21 16/1 18/5 18/12 20/20 21/6 21/21 22/11 23/9 24/7 26/18 27/18 28/4 29/17 30/10 30/19 32/12 32/20 36/3 36/7 36/17 36/20 36/21 38/5 38/21 38/24 39/4 40/17 40/18 41/4 42/9 42/25 43/3 45/7 46/15 46/17 46/20 47/3 51/11 52/20 52/23 53/18 53/25 55/4 55/7 55/10 55/20 56/8 58/11 59/14 59/15 64/20 66/9 66/20 71/5 71/22 71/23 71/25 75/13 76/24 77/19 78/6 78/7 78/13 82/8 83/21</p> <p><b>are most [1]</b> 9/16</p> <p><b>area [5]</b> 22/9 45/1 56/2 68/1 71/18</p> <p><b>areas [8]</b> 35/14 35/16 35/25 63/3 66/15 70/23 71/11 76/25</p> <p><b>aren't [2]</b> 69/15 70/7</p> <p><b>arise [2]</b> 25/14 70/11</p> <p><b>arising [1]</b> 55/15</p> <p><b>Arlene [2]</b> 5/1 12/7</p> <p><b>around [5]</b> 6/17 13/3 23/25 37/24 54/9</p> <p><b>arrangement [2]</b> 42/1 43/2</p> <p><b>arrangements [7]</b> 3/8 12/5 18/9 18/21 19/8 19/17 20/12</p> <p><b>arrived [2]</b> 47/13 65/11</p> <p><b>arriving [1]</b> 45/19</p> <p><b>article [1]</b> 13/17</p> <p><b>artwork [1]</b> 37/10</p>	<p><b>as [185]</b></p> <p><b>ascertain [3]</b> 8/16 8/19 22/18</p> <p><b>Aside [1]</b> 27/12</p> <p><b>ask [6]</b> 2/15 20/25 28/14 28/15 52/1 53/11</p> <p><b>asked [14]</b> 1/14 6/1 21/3 27/18 27/21 31/1 31/9 31/14 31/18 31/18 31/23 32/8 36/6 36/7</p> <p><b>asking [6]</b> 24/6 30/12 30/24 31/2 49/13 49/16</p> <p><b>aspect [1]</b> 6/9</p> <p><b>aspects [2]</b> 37/4 67/19</p> <p><b>Assembly [5]</b> 12/6 41/25 41/25 42/4 61/4</p> <p><b>assessment [4]</b> 11/23 22/6 29/23 31/1</p> <p><b>assimilate [1]</b> 23/23</p> <p><b>assist [12]</b> 3/7 11/5 31/25 38/6 64/24 65/2 69/10 69/18 69/24 81/4 81/24 84/18</p> <p><b>assistance [3]</b> 50/10 51/12 51/13</p> <p><b>assisting [1]</b> 30/14</p> <p><b>assure [1]</b> 64/25</p> <p><b>at [84]</b> 3/14 6/2 8/6 9/5 11/8 12/12 13/18 13/20 14/19 15/11 16/23 20/19 23/17 27/22 35/9 36/17 37/9 37/12 38/8 38/11 38/20 39/2 39/5 39/10 39/12 39/14 40/4 40/6 40/12 40/15 42/3 42/18 43/5 43/6 43/22 44/3 44/9 44/10 45/4 46/17 47/11 47/13 48/11 48/19 49/2 49/8 49/12 49/20 50/5 50/9 50/17 53/15 55/4 56/18 57/13 57/17 58/18 60/3 61/11 61/14 62/24 66/19 68/4 68/6 68/6 68/16 68/21 71/11 74/23 75/2 76/2 76/5 77/25 78/4 78/7 78/14 79/1 79/13 80/1 80/2 82/22 82/24 84/11 84/13</p> <p><b>at 11.15 [1]</b> 38/11</p> <p><b>at: [1]</b> 62/13</p> <p><b>at: the [1]</b> 62/13</p> <p><b>Attempt [1]</b> 25/13</p> <p><b>attend [3]</b> 3/17 3/24 33/25</p> <p><b>attendance [2]</b> 4/23 66/23</p> <p><b>attended [2]</b> 50/20</p>	<p>84/22</p> <p><b>August [3]</b> 13/16 17/4 17/18</p> <p><b>August 2021 [1]</b> 13/16</p> <p><b>authorities [1]</b> 56/2</p> <p><b>authority [3]</b> 21/3 61/4 61/17</p> <p><b>automatically [1]</b> 46/21</p> <p><b>available [2]</b> 34/22 36/7</p> <p><b>aware [8]</b> 20/20 20/23 21/7 42/7 52/22 56/4 67/2 67/3</p> <p><b>awareness [2]</b> 41/14 58/4</p> <p><b>away [1]</b> 7/5</p> <hr/> <p><b>B</b></p> <p><b>back [13]</b> 6/16 10/23 15/9 18/14 19/14 58/19 60/18 68/11 77/5 77/8 79/19 80/4 82/17</p> <p><b>background [4]</b> 1/7 2/16 12/2 47/7</p> <p><b>bad [1]</b> 50/17</p> <p><b>balance [2]</b> 30/2 30/21</p> <p><b>barometer [1]</b> 79/2</p> <p><b>barriers [1]</b> 8/17</p> <p><b>barristers [1]</b> 28/17</p> <p><b>based [2]</b> 7/16 57/5</p> <p><b>basic [1]</b> 78/1</p> <p><b>basically [1]</b> 57/16</p> <p><b>basis [6]</b> 12/20 16/24 28/13 42/12 49/15 60/22</p> <p><b>Bassett [1]</b> 5/4</p> <p><b>battle [1]</b> 78/7</p> <p><b>be [169]</b></p> <p><b>bear [2]</b> 31/19 56/19</p> <p><b>became [1]</b> 60/8</p> <p><b>because [39]</b> 2/9 3/14 5/15 8/2 9/14 9/18 10/13 11/11 11/13 18/4 22/20 24/15 26/7 26/19 28/4 29/6 33/8 34/25 36/13 40/11 46/1 49/17 50/13 52/20 52/24 59/14 59/23 60/10 63/17 63/17 65/9 68/18 68/23 69/20 71/19 72/19 73/14 83/14 83/20</p> <p><b>become [2]</b> 53/20 71/3</p> <p><b>becomes [1]</b> 71/8</p> <p><b>been [57]</b> 1/13 8/15 9/20 10/20 11/9 11/10 11/15 14/3 16/2 16/4 22/3 22/12 23/9 24/4</p>
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<p><b>B</b></p> <p><b>been...</b> [43] 24/12 26/23 27/17 27/21 28/20 28/24 31/1 31/6 31/9 31/14 31/18 31/25 32/13 32/15 33/13 34/2 34/20 36/3 38/9 40/8 41/6 41/21 41/24 41/24 42/10 42/15 44/4 48/13 49/20 52/2 67/8 69/6 69/6 69/25 70/23 72/16 73/18 75/2 76/12 78/19 82/13 82/24 85/7</p> <p><b>before</b> [8] 1/9 4/8 4/24 6/22 9/19 38/22 50/12 63/12</p> <p><b>beginning</b> [2] 13/6 18/16</p> <p><b>begun</b> [1] 24/9</p> <p><b>behalf</b> [19] 2/19 2/21 7/11 10/17 32/1 35/23 36/25 38/5 38/15 51/19 52/10 52/16 62/4 65/8 73/8 73/17 85/13 85/15 85/17</p> <p><b>behavioural</b> [1] 35/22</p> <p><b>behind</b> [1] 36/19</p> <p><b>being</b> [29] 3/9 6/7 7/5 20/22 22/9 36/8 37/8 55/13 55/14 56/8 56/23 56/24 59/10 62/17 63/8 63/9 64/17 65/17 68/10 68/21 69/9 69/13 71/21 71/22 76/1 78/8 83/16 83/18 85/3</p> <p><b>Belfast</b> [4] 39/11 44/8 50/16 57/6</p> <p><b>beliefs</b> [1] 7/2</p> <p><b>believe</b> [2] 69/21 72/5</p> <p><b>benefit</b> [2] 3/11 84/9</p> <p><b>benefits</b> [1] 56/11</p> <p><b>bereaved</b> [12] 4/15 8/4 9/12 9/22 16/12 20/21 33/8 38/15 38/21 50/15 50/20 85/13</p> <p><b>bereavement</b> [4] 14/5 39/18 50/17 50/18</p> <p><b>bespoke</b> [1] 49/7</p> <p><b>best</b> [4] 8/17 20/9 57/10 57/19</p> <p><b>better</b> [3] 8/15 48/2 57/20</p> <p><b>between</b> [20] 11/1 12/4 17/25 19/10 19/21 20/6 41/13 43/25 44/25 45/13</p>	<p>46/17 46/25 47/13 56/5 59/25 69/21 70/10 75/24 76/12 82/21</p> <p><b>Beyond</b> [1] 76/8</p> <p><b>bilaterally</b> [1] 79/6</p> <p><b>binary</b> [1] 47/7</p> <p><b>bit</b> [2] 29/17 71/21</p> <p><b>bits</b> [1] 71/20</p> <p><b>Bobbie</b> [1] 52/9</p> <p><b>Bobbie-Leigh Herdman</b> [1] 52/9</p> <p><b>bodies</b> [11] 20/4 20/25 22/25 23/3 27/7 29/17 43/3 43/4 58/18 59/18 60/19</p> <p><b>body</b> [4] 21/4 46/3 74/8 80/25</p> <p><b>book</b> [1] 37/11</p> <p><b>border</b> [4] 20/12 43/19 44/18 45/10</p> <p><b>both</b> [7] 16/2 25/19 46/3 56/8 56/21 68/15 68/21</p> <p><b>bound</b> [1] 29/6</p> <p><b>breadth</b> [1] 34/5</p> <p><b>break</b> [2] 38/10 38/13</p> <p><b>breaking</b> [1] 73/13</p> <p><b>Brenda</b> [1] 39/2</p> <p><b>Brenda Doherty</b> [1] 39/2</p> <p><b>brevity</b> [1] 82/6</p> <p><b>Brexit</b> [2] 46/16 46/18</p> <p><b>brief</b> [1] 26/11</p> <p><b>briefing</b> [1] 27/25</p> <p><b>briefly</b> [5] 9/18 38/24 45/21 46/11 81/14</p> <p><b>bring</b> [3] 12/10 36/18 78/9</p> <p><b>brings</b> [3] 6/21 68/1 73/21</p> <p><b>Bristol</b> [1] 45/5</p> <p><b>Britain</b> [1] 44/20</p> <p><b>British</b> [2] 13/17 46/19</p> <p><b>British-Irish</b> [1] 46/19</p> <p><b>broad</b> [4] 35/15 55/2 55/8 71/19</p> <p><b>broadcast</b> [3] 4/3 4/8 4/11</p> <p><b>broadly</b> [3] 23/15 25/18 55/21</p> <p><b>brought</b> [3] 6/25 46/24 56/10</p> <p><b>build</b> [1] 31/5</p> <p><b>built</b> [2] 29/3 29/6</p> <p><b>burdened</b> [1] 59/15</p> <p><b>bus</b> [1] 74/22</p> <p><b>business</b> [3] 14/14 25/24 25/25</p> <p><b>but</b> [105]</p>	<p><b>C</b></p> <p><b>Cabinet</b> [2] 17/10 17/11</p> <p><b>calculate</b> [1] 12/25</p> <p><b>call</b> [2] 51/2 66/8</p> <p><b>called</b> [1] 64/17</p> <p><b>calling</b> [2] 51/5 61/9</p> <p><b>came</b> [6] 7/17 44/3 68/22 72/4 72/10 79/13</p> <p><b>campaigned</b> [1] 1/14</p> <p><b>can</b> [48] 3/12 4/7 4/7 4/12 6/7 8/9 8/19 10/8 11/1 30/5 30/15 30/16 30/17 31/9 33/9 37/13 38/6 41/6 49/2 49/12 50/8 50/10 50/24 51/3 59/18 64/11 64/24 65/1 65/14 66/2 66/5 67/9 68/3 68/11 68/24 69/3 69/7 69/18 70/2 71/2 72/7 72/20 72/24 76/5 79/23 80/8 81/24 84/18</p> <p><b>can't</b> [3] 3/15 46/1 81/20</p> <p><b>candid</b> [1] 31/14</p> <p><b>cannot</b> [5] 14/25 45/22 46/10 47/4 78/10</p> <p><b>canvas</b> [1] 71/19</p> <p><b>capable</b> [1] 18/5</p> <p><b>capacity</b> [3] 25/7 25/12 35/10</p> <p><b>capture</b> [1] 34/5</p> <p><b>captured</b> [1] 35/24</p> <p><b>Cardiopulmonary</b> [1] 25/13</p> <p><b>care</b> [50] 10/10 14/9 25/11 25/12 25/22 43/3 48/9 48/12 53/17 53/18 53/23 53/24 53/24 53/25 53/25 54/11 55/5 55/6 56/7 57/1 57/3 57/3 57/9 57/25 61/10 61/20 62/4 62/16 62/21 63/2 63/5 63/6 66/18 66/21 67/2 67/4 67/6 67/12 67/17 67/20 67/21 68/1 68/6 68/14 68/17 68/22 69/22 72/1 79/25 82/9</p> <p><b>care homes</b> [7] 66/18 66/21 67/2 67/4 67/6 72/1 79/25</p> <p><b>cared</b> [1] 14/20</p> <p><b>carefully</b> [2] 41/2 82/15</p> <p><b>carers</b> [1] 74/22</p> <p><b>carried</b> [1] 40/10</p> <p><b>case</b> [5] 12/14 14/1 30/9 44/21 83/24</p>	<p><b>cases</b> [3] 12/15 44/11 45/10</p> <p><b>cater</b> [1] 53/18</p> <p><b>catered</b> [1] 53/22</p> <p><b>catering</b> [1] 53/17</p> <p><b>cause</b> [2] 9/2 47/2</p> <p><b>caused</b> [2] 7/7 63/5</p> <p><b>central</b> [5] 41/12 41/14 42/6 48/10 77/1 77/1</p> <p><b>centre</b> [2] 36/18 37/9</p> <p><b>certain</b> [1] 73/15</p> <p><b>certainly</b> [8] 49/9 49/20 50/19 52/23 59/19 65/14 67/23 72/24</p> <p><b>certification</b> [1] 72/1</p> <p><b>chair</b> [2] 83/6 83/16</p> <p><b>challenge</b> [1] 78/13</p> <p><b>challenging</b> [1] 59/1</p> <p><b>change</b> [2] 44/16 57/19</p> <p><b>changing</b> [2] 57/1 60/14</p> <p><b>characteristics</b> [1] 23/4</p> <p><b>charged</b> [2] 23/22 59/16</p> <p><b>charitable</b> [1] 60/11</p> <p><b>Chief</b> [2] 27/6 44/8</p> <p><b>Chiefs'</b> [1] 4/20</p> <p><b>children</b> [6] 7/2 14/22 15/3 22/15 26/2 67/18</p> <p><b>choices</b> [1] 48/6</p> <p><b>chronic</b> [1] 22/15</p> <p><b>chronically</b> [1] 78/12</p> <p><b>chronological</b> [1] 27/22</p> <p><b>circumstances</b> [5] 34/11 39/23 45/14 55/2 75/20</p> <p><b>civil</b> [5] 17/10 18/21 23/18 74/11 79/17</p> <p><b>Clair</b> [1] 1/6</p> <p><b>clear</b> [9] 23/14 24/16 26/8 28/3 32/2 63/25 67/11 81/2 81/3</p> <p><b>clearer</b> [1] 63/23</p> <p><b>clearly</b> [2] 48/7 71/21</p> <p><b>clinically</b> [1] 22/9</p> <p><b>closely</b> [1] 1/18</p> <p><b>closer</b> [1] 46/15</p> <p><b>closing</b> [2] 81/16 82/2</p> <p><b>clouds</b> [1] 12/13</p> <p><b>co</b> [13] 2/12 21/6 31/12 32/4 42/19 45/20 45/24 46/7 51/16 55/16 60/13 65/25 85/2</p> <p><b>co-morbidities</b> [1] 55/16</p> <p><b>co-operate</b> [1] 46/7</p> <p><b>co-operation</b> [10] 2/12 21/6 31/12 32/4</p>	<p>42/19 45/20 45/24 51/16 65/25 85/2</p> <p><b>co-ordinate</b> [1] 60/13</p> <p><b>coalition</b> [1] 42/1</p> <p><b>coherent</b> [1] 81/22</p> <p><b>cohesion</b> [1] 74/5</p> <p><b>collaboration</b> [4] 42/13 50/2 51/16 85/2</p> <p><b>colleagues</b> [1] 2/20</p> <p><b>combined</b> [1] 45/23</p> <p><b>come</b> [6] 6/16 10/23 11/12 11/16 34/8 34/10</p> <p><b>comes</b> [3] 22/10 67/18 70/10</p> <p><b>comfort</b> [4] 4/9 14/4 70/5 84/15</p> <p><b>coming</b> [7] 15/9 37/19 46/16 60/25 79/15 79/16 85/6</p> <p><b>coming weeks</b> [1] 37/19</p> <p><b>commemorate</b> [1] 83/1</p> <p><b>commemoration</b> [5] 36/12 36/16 37/11 37/13 37/17</p> <p><b>commend</b> [1] 81/22</p> <p><b>comment</b> [1] 60/13</p> <p><b>commented</b> [1] 47/23</p> <p><b>commissioned</b> [2] 54/1 57/5</p> <p><b>Commissioner</b> [39] 4/17 9/13 11/3 11/13 11/19 13/10 40/20 51/19 52/5 52/8 52/11 52/25 54/16 54/18 54/24 55/17 58/3 58/15 59/3 59/21 60/9 60/20 61/1 61/8 62/23 63/14 63/22 64/19 64/25 65/16 65/23 66/16 66/24 68/2 71/1 72/7 72/14 84/5 85/15</p> <p><b>Commissioner for</b> [3] 40/20 52/5 54/16</p> <p><b>Commissioner's</b> [8] 52/19 53/12 54/14 56/13 56/20 60/25 69/9 72/25</p> <p><b>committed</b> [1] 47/16</p> <p><b>Committee</b> [7] 19/3 19/4 61/3 61/19 73/25 74/7 74/14</p> <p><b>common</b> [9] 3/3 3/5 8/6 9/2 22/16 44/23 45/1 75/5 75/7</p> <p><b>communicate</b> [1] 84/7</p> <p><b>communicating</b> [1] 58/19</p> <p><b>communication</b> [1] 20/6</p>
---	---	---	--	---

<b>C</b>	74/24	<b>cooperation [2]</b> 46/25 47/18	54/8 54/10 55/15 61/19 63/11 63/16 63/17 64/14 78/7 78/17 80/17 85/13	23/22 25/9 48/7 48/25 49/17 51/5 56/18 58/18 59/18 60/19 62/6 67/15 67/16 68/9 68/13 68/16 68/20 69/2 70/19 77/2 77/5 77/9 80/24 81/6 84/11
<b>communications [3]</b> 24/2 24/3 35/21	<b>consequences [4]</b> 8/15 18/8 21/24 22/4	<b>coordination [1]</b> 47/18	<b>Covid-19 [19]</b> 13/19 26/1 38/15 38/21 46/10 46/15 47/2 47/18 54/2 54/7 54/8 54/10 55/15 61/19 63/16 64/14 78/7 80/17 85/13	<b>decision-makers [5]</b> 48/7 48/25 51/5 62/6 67/16
<b>communities [2]</b> 7/7 22/16	<b>consider [11]</b> 3/22 20/16 21/10 22/11 23/25 35/23 35/25 36/14 65/6 70/15 82/9	<b>COPNI [1]</b> 4/18	<b>Covid-19-related [2]</b> 13/1 13/9	<b>decision-making [32]</b> 1/5 7/19 11/17 11/24 15/11 17/6 17/15 17/24 19/4 19/24 21/14 21/17 22/21 22/23 23/20 23/22 25/9 49/17 56/18 59/18 60/19 67/15 68/13 68/16 68/20 69/2 77/2 77/5 77/9 80/24 81/6 84/11
<b>community [4]</b> 7/18 63/2 77/13 79/14	<b>considerable [2]</b> 4/1 56/11	<b>core [45]</b> 1/5 2/12 2/21 2/23 3/2 4/13 4/22 5/12 5/14 6/3 6/4 9/1 9/9 9/16 10/25 11/13 17/5 19/9 23/1 25/9 29/7 29/15 29/25 30/3 30/23 32/16 33/11 36/8 36/9 36/16 40/17 41/5 48/16 50/8 51/13 52/11 64/18 64/21 65/1 65/25 69/24 71/7 73/18 75/5 76/1	<b>critical [4]</b> 25/11 27/12 30/18 30/25	<b>decisions [44]</b> 7/14 7/15 7/16 7/18 8/16 11/18 11/22 15/14 17/9 19/11 19/12 19/25 20/17 21/8 21/12 21/16 21/19 21/20 21/24 22/7 24/16 27/13 27/23 28/6 28/7 28/8 31/3 39/21 43/7 43/8 43/19 47/6 59/9 62/16 77/3 77/4 79/3 79/14 80/3 80/15 81/3 84/10 84/12 84/15
<b>comparatively [1]</b> 13/25	<b>consideration [9]</b> 18/7 24/20 25/4 37/2 37/8 40/13 51/1 83/2 84/17	<b>coronavirus [1]</b> 45/10	<b>crucial [1]</b> 24/15	<b>declined [1]</b> 79/8
<b>compare [1]</b> 57/10	<b>considered [7]</b> 1/12 25/17 26/10 42/16 63/8 82/15 82/24	<b>coroners [1]</b> 72/2	<b>culminate [1]</b> 2/25	<b>dedicated [1]</b> 1/12
<b>compared [3]</b> 20/14 63/2 63/3	<b>considering [6]</b> 37/6 50/6 58/2 62/10 70/18 81/9	<b>corporate [1]</b> 27/12	<b>culture [2]</b> 26/4 57/1	<b>deep [1]</b> 40/8
<b>compel [1]</b> 32/7	<b>considers [3]</b> 9/24 31/7 61/6	<b>cost [3]</b> 14/16 14/23 15/10	<b>current [3]</b> 13/19 57/7 57/19	<b>deeper [1]</b> 83/22
<b>compelled [1]</b> 32/11	<b>consistent [1]</b> 21/17	<b>costs [1]</b> 9/5	<b>D</b>	<b>deeply [1]</b> 39/17
<b>complaining [1]</b> 76/11	<b>constituencies [1]</b> 52/23	<b>could [19]</b> 1/9 3/18 8/14 15/1 16/8 16/13 22/2 24/4 35/24 37/9 48/1 59/7 60/18 61/25 66/12 69/24 70/9 81/3 83/13	<b>daily [2]</b> 14/13 60/21	<b>defend [1]</b> 9/4
<b>complete [1]</b> 73/14	<b>constituency [10]</b> 11/6 52/19 53/12 55/18 58/10 59/2 62/1 63/24 64/23 73/2	<b>council [1]</b> 4/20	<b>damaging [1]</b> 30/6	<b>degree [3]</b> 4/9 22/21 58/1
<b>completes [1]</b> 84/21	<b>constituents [2]</b> 55/10 60/21	<b>counsel [11]</b> 1/6 2/17 2/19 9/15 64/15 67/24 70/17 82/3 83/21 85/11 85/18	<b>Dame [2]</b> 5/1 12/7	<b>delay [1]</b> 4/3
<b>components [1]</b> 45/17	<b>constitutional [6]</b> 7/23 10/15 19/7 20/12 46/21 47/8	<b>counterpart [1]</b> 17/19	<b>Dame Arlene Foster [2]</b> 5/1 12/7	<b>delays [2]</b> 14/25 63/17
<b>compounded [1]</b> 14/3	<b>constructively [1]</b> 76/14	<b>counterparts [3]</b> 18/4 21/5 84/1	<b>Danes [9]</b> 4/18 51/18 51/20 51/25 77/7 79/24 80/5 84/4 85/16	<b>deleterious [1]</b> 48/7
<b>comprehensible [1]</b> 23/18	<b>consultation [3]</b> 16/1 16/6 50/15	<b>counties [1]</b> 45/10	<b>data [2]</b> 23/17 33/14	<b>delineation [1]</b> 11/1
<b>comprehensive [2]</b> 16/16 78/20	<b>consulted [1]</b> 16/10	<b>countries [1]</b> 44/11	<b>day [5]</b> 13/19 17/21 59/3 59/3 74/19	<b>deliver [1]</b> 55/17
<b>compromising [2]</b> 65/19 70/3	<b>consulting [1]</b> 62/20	<b>country [1]</b> 74/21	<b>days [4]</b> 13/5 28/21 45/15 58/14	<b>delivering [2]</b> 54/23 65/24
<b>Conan [1]</b> 39/3	<b>contact [2]</b> 42/11 67/5	<b>couple [2]</b> 28/21 82/10	<b>days' [1]</b> 45/14	<b>delivery [1]</b> 58/6
<b>Conan Fegan [1]</b> 39/3	<b>contemplated [1]</b> 30/18	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20	<b>de [1]</b> 32/21	<b>demonstrate [1]</b> 56/20
<b>concern [4]</b> 10/17 16/9 30/15 84/4	<b>concerns [10]</b> 46/17 50/25 52/20 56/13 57/24 58/16 60/24 60/25 68/11 78/1	<b>country [1]</b> 74/21	<b>deal [7]</b> 10/8 26/14 40/3 46/16 59/16 69/3 78/12	<b>demonstrated [1]</b> 46/23
<b>concerned [2]</b> 59/7 66/25	<b>conclude [1]</b> 72/11	<b>couple [2]</b> 28/21 82/10	<b>dealing [8]</b> 1/15 18/18 39/8 42/20 43/4 45/2 56/11 71/17	<b>Department [5]</b> 5/6 5/9 26/24 56/10 61/15
<b>concerning [2]</b> 17/6 61/5	<b>conclusion [1]</b> 81/17	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20	<b>dealt [5]</b> 42/20 43/2 48/14 67/20 82/15	<b>departments [2]</b> 10/7 27/5
<b>concerns [10]</b> 46/17 50/25 52/20 56/13 57/24 58/16 60/24 60/25 68/11 78/1	<b>conditions [2]</b> 15/3 55/12	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20	<b>death [7]</b> 8/20 12/16 13/19 13/19 13/25 71/15 71/25	<b>dependent [1]</b> 26/6
<b>conducting [1]</b> 78/14	<b>conducting [1]</b> 78/14	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20	<b>deaths [21]</b> 13/2 13/8 13/9 13/15 35/19 35/19 46/5 48/11 54/8 54/10 62/22 63/1 63/5 63/11 71/14 71/14 71/16 71/16 71/25 72/3 82/18	<b>depth [1]</b> 56/21
<b>confidence [1]</b> 24/5	<b>conducting [1]</b> 78/14	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20	<b>deb [1]</b> 74/20	<b>deputy [7]</b> 5/2 12/9 17/16 19/2 19/6 79/6
<b>confirm [1]</b> 72/24	<b>confirmed [2]</b> 12/14 52/2	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20	<b>decision [42]</b> 1/5 1/16 7/19 11/17 11/24 12/20 15/11 17/6 17/15 17/24 19/4 19/24 21/14 21/17 22/21 22/23 23/20	
<b>confirmed [2]</b> 12/14 52/2	<b>confirms [1]</b> 66/2	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
<b>confused [1]</b> 81/6	<b>congress [6]</b> 4/19 73/8 73/18 73/25 74/14 85/17	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
<b>connected [1]</b> 58/9	<b>contribution [2]</b> 11/21 40/19	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
<b>connection [2]</b> 25/14 44/25	<b>control [1]</b> 56/9	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
<b>conscious [4]</b> 7/21 51/10 51/12 63/15	<b>controls [1]</b> 43/19	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
<b>consciousness [1]</b> 77/23	<b>convenient [1]</b> 33/5	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
<b>consequence [1]</b>	<b>conversely [1]</b> 8/13	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
	<b>convey [1]</b> 6/13	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
	<b>conveyed [1]</b> 82/22	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		
	<b>cooperate [1]</b> 46/1	<b>course [35]</b> 2/12 2/24 3/5 3/11 3/13 3/20 5/11 5/25 10/9 11/7 13/9 13/23 15/18 20/13 22/5 22/24 24/11 28/20 29/7 34/3 40/20 40/25 42/24 43/6 43/10 43/14 53/10 57/16 60/20 63/5 75/23 81/5 81/11 81/12 83/20		

<b>D</b>	53/6	<b>Dobbin's [3]</b> 53/8 75/14 76/20	<b>early [10]</b> 12/16 18/1 37/22 37/25 61/10 61/12 65/4 76/2 76/6 81/20	<b>England [2]</b> 25/5 80/18
<b>deputy... [1]</b> 79/8	<b>directly [2]</b> 44/7 70/8	<b>document [4]</b> 15/23 20/16 29/22 47/24	<b>ears [1]</b> 67/1	<b>enhanced [2]</b> 5/19 64/16
<b>derailing [1]</b> 30/16	<b>disabled [1]</b> 22/14	<b>documents [11]</b> 2/13 27/19 30/3 30/18 30/20 32/16 32/17 32/18 32/20 66/4 75/13	<b>easy [1]</b> 59/12	<b>enormous [1]</b> 14/10
<b>describe [2]</b> 61/24 62/8	<b>disadvantage [1]</b> 22/20	<b>does [9]</b> 4/11 8/20 13/23 24/14 32/3 41/13 53/23 69/16 80/22	<b>economic [1]</b> 74/4	<b>enough [3]</b> 50/17 69/6 77/1
<b>described [6]</b> 47/23 68/10 71/22 79/12 80/17 81/16	<b>disadvantaged [2]</b> 8/24 77/19	<b>Doherty [1]</b> 39/2	<b>economy [1]</b> 14/13	<b>enquiring [1]</b> 76/3
<b>describes [1]</b> 71/12	<b>discharge [2]</b> 8/3 63/6	<b>doing [2]</b> 5/19 85/7	<b>education [2]</b> 15/4 26/1	<b>enshrined [1]</b> 54/20
<b>description [1]</b> 58/25	<b>disclosure [31]</b> 5/22 18/6 26/19 26/21 26/22 27/15 27/15 28/10 28/12 28/14 28/23 28/25 29/4 29/13 29/15 30/5 30/8 30/11 30/16 31/5 31/9 31/20 32/3 32/7 32/13 32/14 33/1 48/16 66/9 69/4 76/6	<b>domiciliary [2]</b> 53/24 55/5	<b>effect [4]</b> 19/19 39/18 80/15 80/20	<b>ensure [6]</b> 1/20 1/24 3/23 31/21 64/10 69/8
<b>designated [1]</b> 73/18	<b>discourteous [1]</b> 82/7	<b>don't [16]</b> 4/10 6/3 42/25 46/5 48/1 58/12 64/13 68/25 69/1 69/20 70/24 72/5 73/12 76/10 80/11 84/24	<b>effective [4]</b> 24/3 37/18 45/20 72/19	<b>ensuring [1]</b> 69/15
<b>desire [1]</b> 65/17	<b>discourtesy [1]</b> 9/17	<b>done [7]</b> 8/15 8/19 31/17 40/19 54/13 75/2 84/8	<b>effectively [3]</b> 31/16 68/16 70/18	<b>entails [1]</b> 18/18
<b>detail [5]</b> 6/17 10/20 24/25 25/16 40/24	<b>discovery [1]</b> 66/8	<b>down [2]</b> 29/21 43/8	<b>effectiveness [5]</b> 23/12 55/24 56/1 77/11 80/9	<b>entered [1]</b> 27/20
<b>detailed [4]</b> 28/3 28/14 67/19 84/17	<b>discrete [1]</b> 71/2	<b>Dr [2]</b> 45/4 47/23	<b>effects [1]</b> 63/16	<b>entirely [4]</b> 1/17 55/4 76/19 80/25
<b>devastated [1]</b> 14/1	<b>discretely [1]</b> 68/17	<b>Dr Scally [2]</b> 45/4 47/23	<b>effort [2]</b> 1/21 47/21	<b>entities [1]</b> 44/20
<b>develop [4]</b> 9/18 24/13 24/14 37/16	<b>discriminatory [1]</b> 62/19	<b>draft [2]</b> 16/3 16/7	<b>efforts [1]</b> 84/6	<b>entitled [4]</b> 5/21 5/22 5/23 46/9
<b>developed [3]</b> 58/8 66/5 68/24	<b>discuss [1]</b> 57/22	<b>drawn [1]</b> 29/18	<b>either [5]</b> 44/19 49/2 61/5 69/10 76/6	<b>entitlement [1]</b> 62/18
<b>developing [2]</b> 37/18 76/7	<b>discussed [2]</b> 27/23 82/13	<b>drivers [1]</b> 74/22	<b>elderly [3]</b> 13/11 22/15 67/17	<b>epidemiological [6]</b> 10/4 20/22 43/13 43/24 46/14 76/18
<b>development [1]</b> 78/23	<b>discussion [1]</b> 68/3	<b>drinking [1]</b> 21/13	<b>elective [1]</b> 63/19	<b>epidemiology [2]</b> 35/20 45/5
<b>developments [2]</b> 58/20 74/4	<b>discussions [1]</b> 28/8	<b>Dublin [5]</b> 44/9 44/16 44/25 45/25 47/8	<b>element [5]</b> 51/4 51/5 57/22 67/25 71/10	<b>equality [1]</b> 74/6
<b>develops [4]</b> 3/4 26/10 84/13 84/17	<b>disease [1]</b> 35/20	<b>due [2]</b> 5/24 63/21	<b>elements [2]</b> 66/20 71/2	<b>equally [3]</b> 30/15 76/7 81/5
<b>devised [1]</b> 70/2	<b>disproportionate [3]</b> 54/2 63/1 63/19	<b>Duffy [1]</b> 39/4	<b>emerge [1]</b> 31/15	<b>escape [1]</b> 14/19
<b>devolved [11]</b> 8/1 12/22 19/20 20/7 20/15 24/16 24/18 42/2 42/6 42/24 83/23	<b>disproportionately [3]</b> 8/24 13/12 22/12	<b>DUP [1]</b> 46/1	<b>Ellison [2]</b> 5/2 5/5	<b>established [4]</b> 1/18 1/22 29/1 54/17
<b>dialogue [2]</b> 20/6 46/25	<b>disseminating [1]</b> 80/14	<b>duplicate [1]</b> 70/6	<b>else [1]</b> 84/18	<b>establishments [1]</b> 55/8
<b>did [13]</b> 5/17 10/18 18/22 20/8 21/17 21/19 41/1 52/1 53/8 58/10 60/4 65/11 67/23	<b>dissemination [1]</b> 70/9	<b>duplication [3]</b> 1/21 32/21 69/1	<b>emergence [1]</b> 18/9	<b>estimating [1]</b> 71/13
<b>didn't [2]</b> 31/16 67/6	<b>distance [1]</b> 4/1	<b>during [10]</b> 17/17 42/4 50/15 50/18 58/7 59/22 61/8 66/24 74/21 80/21	<b>emphasis [2]</b> 1/10 27/16	<b>estimation [1]</b> 35/18
<b>died [7]</b> 11/8 13/13 36/15 37/2 37/7 63/25 74/16	<b>distancing [1]</b> 15/20	<b>duties [5]</b> 50/24 54/23 55/19 55/20 61/2	<b>emphasised [2]</b> 30/13 37/15	<b>ethical [1]</b> 21/19
<b>difference [5]</b> 2/10 45/13 56/5 60/4 60/5	<b>distinct [3]</b> 19/7 20/10 83/4	<b>duty [3]</b> 7/10 8/3 61/7	<b>employment [1]</b> 14/14	<b>ethnic [1]</b> 22/16
<b>differences [1]</b> 59/25	<b>divergence [1]</b> 23/10	<b>dysfunction [1]</b> 42/5	<b>enable [1]</b> 6/12	<b>EU [1]</b> 46/17
<b>differently [16]</b> 5/7 7/25 8/5 20/14 21/11 21/12 22/18 26/5 26/6 29/21 34/23 36/15 38/4 50/19 60/16 81/5	<b>divergent [1]</b> 23/10	<b>dysfunctional [1]</b> 42/24	<b>enables [2]</b> 9/14 34/5	<b>Europa [2]</b> 39/11 40/5
<b>difficult [4]</b> 39/22 45/11 71/18 75/19	<b>divorced [1]</b> 80/2	<b>E</b>	<b>encapsulated [1]</b> 16/17	<b>Europa Hotel [1]</b> 39/11
<b>difficulties [3]</b> 31/15 46/8 77/16	<b>do [35]</b> 1/19 1/23 2/23 6/7 19/2 19/7 25/12 31/11 32/1 32/9 33/6 50/12 52/1 52/10 52/17 53/4 53/10 59/12 61/7 62/19 64/1 64/2 64/11 64/24 65/1 66/2 67/3 69/8 71/8 71/15 71/25 72/25 80/24 82/2 84/25	<b>each [8]</b> 13/25 14/1 23/7 29/13 47/1 51/3 60/15 83/21	<b>encapsulated [1]</b> 16/17	<b>even [3]</b> 46/9 47/4 67/23
<b>difficulty [1]</b> 82/19	<b>Dobbin [20]</b> 1/6 2/15 38/9 40/25 41/7 41/19 42/17 43/16 43/21 48/9 49/21 50/4 51/11 60/1 64/16 75/3 77/17 79/12 82/2 84/20	<b>earlier [5]</b> 41/1 41/13 42/18 63/4 64/9	<b>encompassed [1]</b> 21/22	<b>event [10]</b> 9/19 9/21 29/7 36/3 39/14 40/5 40/7 52/14 57/22 76/11
<b>dilate [1]</b> 48/15		<b>earliest [1]</b> 58/14	<b>encountered [2]</b> 31/16 84/6	<b>ever [3]</b> 82/20 83/7 83/13
<b>dimension [1]</b> 20/14			<b>encourage [1]</b> 9/2	<b>every [2]</b> 14/7 32/16
<b>direct [5]</b> 34/18 58/15 59/1 80/7 80/10			<b>encouraged [1]</b> 41/4	<b>everybody [5]</b> 39/13 39/15 39/16 70/3 84/21
<b>directed [2]</b> 25/10			<b>end [5]</b> 17/18 36/11 39/21 65/3 68/25	<b>everyone [6]</b> 1/3 4/8 36/19 47/20 52/24 75/2

<b>E</b>	23/16 36/2 65/3 69/10 71/12	<b>fan [1]</b> 31/3	52/4 57/16 75/11	<b>frameworks [1]</b> 21/19
<b>evidence... [14]</b> 61/18 61/20 65/20 66/5 75/6 76/22 76/23 77/1 79/1 79/23 80/2 80/8 80/22 82/20	<b>experts [10]</b> 23/15 35/25 36/3 36/7 49/11 49/21 66/10 70/15 71/6 83/5	<b>far [14]</b> 31/25 41/6 43/6 46/4 50/22 51/8 57/13 59/7 61/25 64/11 64/24 72/16 74/23 77/22	<b>fit [1]</b> 41/13	<b>Frances [1]</b> 74/18
<b>evolve [1]</b> 40/2	<b>explain [2]</b> 59/9 59/19	<b>feasible [1]</b> 72/18	<b>fitting [1]</b> 37/17	<b>Frances O'Grady [1]</b> 74/18
<b>evolved [1]</b> 25/8	<b>explained [2]</b> 50/20 78/5	<b>feature [4]</b> 41/23 43/10 50/2 68/12	<b>five [1]</b> 43/3	<b>frankly [1]</b> 53/7
<b>exacerbation [1]</b> 63/20	<b>exploring [1]</b> 49/23	<b>featured [1]</b> 47/10	<b>flag [1]</b> 9/19	<b>frequently [1]</b> 60/14
<b>examination [1]</b> 20/2	<b>exporting [1]</b> 44/11	<b>features [4]</b> 10/14 42/14 42/23 42/25	<b>fleshed [1]</b> 43/22	<b>Friday [3]</b> 7/23 42/2 44/7
<b>examine [3]</b> 8/15 17/5 24/22	<b>exposed [2]</b> 14/12 74/23	<b>February [2]</b> 12/15 45/16	<b>flexibility [1]</b> 26/7	<b>friends [3]</b> 7/4 14/4 82/7
<b>examined [1]</b> 7/20	<b>exposition [1]</b> 63/23	<b>February 2021 [1]</b> 45/16	<b>fly [1]</b> 44/14	<b>front [1]</b> 78/6
<b>examining [1]</b> 78/22	<b>expressed [3]</b> 16/18 50/12 84/24	<b>fed [5]</b> 33/21 60/18 77/5 77/8 80/4	<b>focus [15]</b> 11/16 17/15 18/25 21/9 24/15 41/4 41/9 41/10 66/12 75/9 75/14 76/20 76/24 79/21 84/9	<b>frontline [2]</b> 14/10 22/14
<b>example [13]</b> 13/16 21/2 21/2 32/22 32/23 36/4 56/25 62/18 66/22 70/10 77/24 80/16 82/21	<b>expression [1]</b> 60/3	<b>Fee [4]</b> 4/25 5/7 5/8 5/8	<b>focusing [2]</b> 1/4 67/14	<b>fulfilled [1]</b> 85/3
<b>exceeded [1]</b> 46/4	<b>expressly [1]</b> 83/15	<b>feed [2]</b> 4/7 80/21	<b>follow [1]</b> 47/8	<b>full [4]</b> 32/4 34/5 35/9 65/25
<b>excellent [1]</b> 48/1	<b>extend [1]</b> 2/22	<b>feel [1]</b> 55/12	<b>followed [1]</b> 82/12	<b>fullest [1]</b> 2/11
<b>excluding [1]</b> 72/6	<b>extensive [2]</b> 27/15 27/17	<b>feels [1]</b> 64/12	<b>following [2]</b> 35/17 62/22	<b>fully [1]</b> 2/1
<b>exclusive [1]</b> 71/24	<b>extent [15]</b> 11/2 11/22 13/11 19/18 20/16 21/23 22/6 22/18 23/21 43/19 44/18 56/15 60/2 60/7 60/15	<b>Fegan [1]</b> 39/3	<b>food [7]</b> 77/16 77/20 78/6 80/11 80/19 80/20 80/23	<b>functioning [4]</b> 10/19 41/25 75/11 75/22
<b>excuse [1]</b> 30/25	<b>extraordinarily [1]</b> 85/1	<b>felt [1]</b> 14/6	<b>fore [2]</b> 8/25 58/7	<b>functions [1]</b> 7/24
<b>executive [17]</b> 4/24 10/19 19/3 19/4 19/12 26/24 27/11 28/4 47/17 61/3 75/12 75/18 75/22 78/11 78/17 79/7 81/2	<b>extreme [1]</b> 39/23	<b>fend [1]</b> 78/15	<b>forensic [1]</b> 36/20	<b>fundamental [3]</b> 8/2 26/20 58/9
<b>Executive Office [3]</b> 4/24 27/11 28/4	<b>extremely [4]</b> 38/9 44/15 61/8 84/19	<b>Ferguson [1]</b> 39/1	<b>foresee [2]</b> 21/24 83/17	<b>funnels [1]</b> 29/17
<b>Executive's [1]</b> 78/9	<b>eyes [1]</b> 67/1	<b>few [6]</b> 9/19 13/5 27/4 52/2 77/7 82/5	<b>foot [1]</b> 46/16	<b>further [15]</b> 10/24 15/6 23/21 24/21 26/22 29/3 31/4 37/21 45/15 46/18 48/16 50/10 66/3 69/11 81/24
<b>exercise [19]</b> 6/8 6/9 6/18 32/8 32/21 33/5 33/23 34/4 34/13 34/20 34/24 35/1 35/5 35/9 39/11 40/2 40/9 40/14 50/15	<b>face [1]</b> 75/15	<b>few weeks [1]</b> 27/4	<b>forced [1]</b> 39/22	<b>future [9]</b> 2/7 8/12 9/7 10/25 12/11 24/11 37/20 72/17 72/20
<b>exercising [1]</b> 30/25	<b>facilitates [1]</b> 83/22	<b>figures [2]</b> 12/25 71/15	<b>forces [1]</b> 21/13	<b>gained [1]</b> 56/22
<b>existed [2]</b> 43/25 59/13	<b>fact [6]</b> 9/25 10/21 61/11 63/23 64/20 79/22	<b>filed [1]</b> 34/17	<b>fore [2]</b> 8/25 58/7	<b>gap [1]</b> 71/1
<b>existence [1]</b> 10/6	<b>factored [1]</b> 22/22	<b>filtered [1]</b> 43/8	<b>forensic [1]</b> 36/20	<b>gaps [3]</b> 57/7 69/13 69/16
<b>existing [2]</b> 15/3 22/7	<b>factors [2]</b> 7/14 24/4	<b>final [1]</b> 81/11	<b>foresee [2]</b> 21/24 83/17	<b>gather [1]</b> 2/4
<b>expect [5]</b> 4/10 14/5 28/7 31/11 32/3	<b>factory [1]</b> 74/22	<b>finalised [1]</b> 36/9	<b>form [2]</b> 40/13 81/22	<b>gathering [1]</b> 12/13
<b>expected [1]</b> 27/3	<b>failed [1]</b> 79/8	<b>finally [2]</b> 65/16 70/12	<b>formal [1]</b> 34/9	<b>gatherings [1]</b> 7/5
<b>expeditiously [1]</b> 65/18	<b>failure [7]</b> 46/2 48/5 62/21 78/1 78/9 78/20 79/10	<b>Finance [1]</b> 5/9	<b>formality [1]</b> 33/25	<b>gave [4]</b> 28/22 50/21 61/18 61/20
<b>experience [9]</b> 33/15 34/2 34/3 34/6 36/24 50/14 55/9 62/3 65/3	<b>fairly [1]</b> 2/2	<b>financial [2]</b> 7/7 25/24	<b>formally [1]</b> 16/22	<b>gaze [1]</b> 15/12
<b>experiences [11]</b> 6/13 33/7 33/17 34/16 35/5 68/10 77/8 77/18 79/25 80/4 80/19	<b>fairness [1]</b> 74/6	<b>find [6]</b> 30/12 30/19 36/14 53/8 64/2 72/16	<b>former [3]</b> 5/1 5/2 5/4	<b>General [1]</b> 74/18
<b>experiencing [2]</b> 55/2 55/11	<b>fall [3]</b> 15/22 17/23 81/9	<b>finish [1]</b> 73/15	<b>formidable [1]</b> 38/25	<b>General Secretary [1]</b> 74/18
<b>expert [6]</b> 35/11 35/14 48/19 48/24 49/1 70/12	<b>fallen [1]</b> 76/12	<b>Fiona [1]</b> 5/8	<b>forms [1]</b> 62/20	<b>generally [5]</b> 24/23 62/6 72/9 74/13 80/12
<b>expertise [6]</b> 20/3	<b>falling [1]</b> 75/24	<b>first [35]</b> 1/3 2/19 2/24 3/9 5/1 5/3 5/4 12/7 12/9 12/9 12/14 12/16 12/19 17/16 17/16 19/1 19/2 19/6 19/6 32/13 32/19 38/25 39/8 39/10 49/4 50/17 52/10 52/18 54/8 61/11 65/10 79/6 79/6 79/8 79/8	<b>formulate [1]</b> 59/9	<b>generated [1]</b> 16/15
	<b>families [19]</b> 4/16 9/12 9/22 10/5 14/20 14/21 16/12 20/21 33/8 38/16 38/22 54/25 58/17 62/1 62/21 64/1 66/23 74/25 85/13	<b>First Minister [12]</b> 5/1 5/3 5/4 12/9 12/9 17/16 17/16 19/1 19/2 19/6 19/6 79/8	<b>formulated [5]</b> 16/4 47/15 56/23 59/10 63/9	<b>generates [1]</b> 29/8
	<b>family [3]</b> 7/4 14/4 14/21	<b>First Ministers [1]</b> 79/6	<b>formulation [1]</b> 62/5	<b>generations [2]</b> 8/12 9/7
		<b>first-hand [1]</b> 50/17	<b>forum [1]</b> 60/11	<b>geography [1]</b> 20/11
		<b>firstly [5]</b> 1/10 45/18	<b>forward [8]</b> 3/2 34/8 34/10 50/8 53/20 68/3 69/7 78/9	<b>get [12]</b> 2/9 2/11 3/14 7/13 8/8 26/14 26/21 28/5 29/7 30/14 30/21 68/19
			<b>foster [3]</b> 5/1 8/22 12/7	<b>gets [1]</b> 61/6
			<b>found [4]</b> 50/14 53/7 81/6 81/6	<b>getting [2]</b> 26/16 70/6
			<b>four [7]</b> 16/10 23/6 52/24 59/25 60/12 70/24 73/19	<b>Givan [1]</b> 5/4
			<b>four nations [3]</b> 16/10 23/6 60/12	
			<b>fractured [1]</b> 7/3	
			<b>fragile [1]</b> 15/8	
			<b>frame [1]</b> 46/13	
			<b>framework [3]</b> 27/20 57/8 57/19	

**G**  
**give [7]** 6/10 35/15  
71/20 75/6 80/8 80/20  
84/14  
**given [9]** 19/16 29/2  
30/7 33/19 37/8 39/15  
39/16 52/18 72/2  
**gives [5]** 4/8 18/13  
33/23 64/22 70/5  
**glad [1]** 75/13  
**gleaned [1]** 72/15  
**go [8]** 4/1 23/19  
28/13 31/6 40/9 46/22  
58/12 64/17  
**goes [2]** 43/14 82/17  
**going [23]** 2/10 2/11  
9/18 17/4 17/8 18/24  
25/1 33/2 34/24 35/3  
38/23 40/9 48/15 49/5  
49/6 50/8 56/19 67/25  
70/11 74/21 76/24  
81/8 81/22  
**gone [1]** 14/24  
**good [13]** 1/3 7/23  
19/18 21/2 26/14  
38/18 38/19 42/2 44/7  
51/21 69/6 70/21  
80/16  
**goodbye [1]** 39/20  
**got [1]** 70/16  
**govern [2]** 7/17 79/13  
**governance [2]** 17/5  
35/17  
**government [42]**  
5/14 7/12 7/24 9/3  
15/13 17/15 17/25  
18/17 18/21 18/23  
19/22 19/23 20/1 20/3  
20/7 20/18 21/15 24/5  
25/23 25/24 27/5  
27/14 35/21 41/12  
42/1 42/5 42/6 42/7  
42/24 43/20 45/24  
47/17 62/21 74/25  
75/19 75/21 79/3  
79/16 80/3 80/15  
80/24 84/12  
**government's [1]**  
41/14  
**governments [1]**  
44/25  
**granting [1]** 52/11  
**granular [1]** 84/15  
**grateful [14]** 9/14  
31/24 50/11 50/20  
65/13 66/14 67/22  
72/23 73/3 76/20 82/1  
84/19 84/22 85/1  
**gratitude [2]** 50/12  
84/25  
**great [3]** 23/17 36/23  
47/25  
**greater [1]** 3/16

**ground [1]** 43/9  
**group [5]** 13/7 35/7  
38/25 39/5 39/16  
**groups [6]** 11/24  
22/19 37/18 67/17  
77/19 79/17  
**grows [1]** 37/11  
**guidance [5]** 27/19  
72/1 72/4 80/15 80/20  
**guided [1]** 21/16

## H

**had [22]** 13/18 15/8  
16/4 18/10 18/15  
21/16 39/19 40/6 40/7  
48/7 50/21 53/13 54/7  
58/23 59/8 62/2 69/25  
75/21 78/19 81/1 81/2  
81/3  
**half [1]** 54/10  
**hand [3]** 1/9 50/17  
70/8  
**Hanna [1]** 5/9  
**happen [5]** 4/10 8/20  
37/2 64/11 70/9  
**happened [15]** 8/9  
34/10 48/19 50/21  
58/25 59/16 59/20  
63/23 63/25 64/2 64/3  
64/14 66/20 71/7  
72/17  
**happening [9]** 59/25  
60/16 61/24 62/9 67/2  
67/8 68/7 68/9 69/25  
**happens [2]** 4/6  
59/14  
**harder [1]** 30/19  
**hardship [2]** 2/7 7/7  
**has [69]** 4/3 7/25 8/3  
11/3 11/15 11/19  
11/20 12/1 16/2 24/12  
26/17 28/20 28/24  
29/13 30/7 31/5 31/21  
31/25 32/13 32/15  
32/18 33/13 35/1  
35/13 35/16 36/2  
41/21 41/24 41/24  
43/21 44/4 45/1 46/18  
46/23 48/2 48/9 48/13  
49/2 50/4 51/3 51/5  
52/2 52/18 52/25  
53/16 54/5 54/7 54/23  
55/17 56/3 57/12  
58/22 59/24 63/4 64/9  
64/16 65/9 66/18 68/2  
69/5 69/6 69/15 72/15  
75/16 76/11 76/12  
81/21 82/13 82/24  
**hasn't [1]** 82/12  
**have [116]**  
**haven't [1]** 32/8  
**having [9]** 3/25 9/25  
10/13 10/14 18/8 48/3  
49/21 52/2 77/1

**haystack [1]** 30/12  
**he [57]** 11/7 11/20  
12/1 30/9 30/13 45/7  
45/15 52/13 54/6  
54/23 55/3 55/23 56/3  
58/10 59/6 59/7 59/16  
60/9 60/22 61/6 61/6  
61/9 61/12 61/13  
61/17 61/20 61/21  
61/25 62/2 62/12  
62/13 63/7 63/7 63/24  
64/1 64/5 64/6 64/24  
65/1 65/1 65/4 65/17  
65/20 66/1 66/2 66/2  
67/2 69/10 69/15  
69/18 70/14 71/4  
72/14 72/15 72/20  
84/5 84/7  
**he raises [1]** 11/7  
**He's [1]** 73/1  
**head [1]** 52/7  
**headed [1]** 39/1  
**headlong [1]** 18/18  
**health [45]** 5/6 10/7  
10/8 11/10 14/9 14/24  
15/3 15/8 18/22 21/3  
22/15 24/1 24/2 25/25  
26/25 27/1 43/2 44/1  
44/5 44/21 44/22 45/4  
45/6 46/9 46/13 46/20  
46/24 47/1 47/4 47/14  
47/19 54/4 55/12 56/7  
56/10 61/15 61/15  
62/3 62/15 68/4 78/2  
78/11 80/18 81/4 81/7  
**Health's [1]** 61/19  
**healthcare [10]**  
24/23 24/24 25/5 25/7  
25/8 25/9 25/15 43/1  
63/18 68/17  
**healthcare-related [1]** 25/8  
**hear [4]** 3/24 6/19  
33/16 59/1  
**heard [8]** 6/14 34/8  
51/11 57/13 59/3  
59/24 63/4 77/19  
**hearing [26]** 1/4 2/24  
3/8 3/12 3/14 3/18  
3/20 4/15 5/11 16/3  
25/1 29/10 33/25  
34/23 37/9 37/22  
37/23 37/24 39/13  
40/6 58/24 75/10  
82/16 82/22 84/22  
85/9  
**hearings [9]** 3/1 3/17  
5/21 8/11 33/12 33/21  
34/17 37/20 82/12  
**held [3]** 18/25 30/3  
41/10  
**help [6]** 20/19 51/15  
59/11 69/12 73/3  
80/20

**helpful [6]** 38/9 53/8  
60/17 71/8 72/8 75/4  
**helpfully [1]** 11/3  
**her [5]** 1/9 40/25 50/4  
60/3 75/4  
**Herdman [1]** 52/9  
**here [7]** 11/16 39/1  
39/5 40/17 42/11 52/6  
65/11  
**hereafter [1]** 52/22  
**hesitate [1]** 32/9  
**hiatus [1]** 41/22  
**hidden [1]** 14/17  
**high [13]** 13/18 13/21  
13/21 17/7 23/22  
24/16 44/12 44/15  
45/9 46/18 74/17  
77/21 78/18  
**high-level [2]** 23/22  
24/16  
**highest [4]** 18/25  
41/10 58/18 84/11  
**highlighted [2]** 46/8  
57/24  
**highlighting [1]**  
42/14  
**highlights [1]** 50/7  
**him [5]** 45/21 52/11  
59/6 60/22 83/9  
**his [35]** 11/4 11/4  
11/5 11/6 11/13 12/1  
30/10 52/15 52/19  
52/20 52/23 53/2  
55/10 55/19 56/21  
56/21 56/25 58/10  
58/16 59/1 59/2 59/3  
60/21 61/1 61/11  
61/17 61/25 61/25  
62/2 63/24 64/23 65/3  
65/22 66/2 73/3  
**history [2]** 20/11  
43/15  
**Hoareau [1]** 30/9  
**hold [2]** 32/4 81/15  
**holder [1]** 32/10  
**holistic [1]** 81/18  
**home [13]** 3/15 11/8  
14/19 14/21 15/20  
54/11 55/4 62/22 63/2  
67/17 67/20 68/14  
68/22  
**homes [20]** 10/11  
48/9 48/12 53/17  
53/18 53/25 55/3 55/6  
61/10 61/20 62/16  
63/5 63/6 66/18 66/21  
67/2 67/4 67/6 72/1  
79/25  
**Honorary [1]** 45/4  
**hope [15]** 9/1 12/11  
21/13 21/21 28/9 33/5  
34/12 50/1 52/23  
56/19 65/14 66/10  
72/15 82/6 85/2

**hopes [6]** 52/13  
60/22 64/1 64/5 72/14  
72/20  
**hoping [1]** 63/8  
**horizon [1]** 12/13  
**hospices [1]** 55/7  
**hospital [3]** 11/8  
24/24 63/6  
**hospitality [1]** 26/3  
**hospitals [1]** 55/7  
**hotel [2]** 39/11 45/18  
**housing [1]** 14/17  
**how [53]** 1/8 6/10  
7/12 7/13 7/17 11/17  
15/13 18/22 19/24  
21/15 24/13 24/18  
25/8 28/5 37/12 39/13  
39/14 39/17 40/2 40/5  
40/9 41/13 43/4 43/5  
43/6 43/22 47/10  
50/14 57/18 59/10  
59/19 61/12 64/3 64/4  
67/3 67/7 67/8 68/21  
68/25 70/14 77/8 79/3  
79/4 79/13 80/2 80/4  
81/21 82/20 82/25  
83/23 83/24 84/15  
84/24  
**however [1]** 46/23  
**hows [1]** 68/19  
**huge [2]** 30/11 54/7  
**human [7]** 15/10 34/2  
34/6 44/20 51/4 51/5  
62/14  
**humanity [1]** 39/13  
**hundred [1]** 13/20  
**hypothetically [1]**  
80/25

## I

**I addressed [2]**  
75/25 76/25  
**I also [1]** 42/10  
**I am [4]** 1/16 51/6  
51/10 85/1  
**I anticipate [1]** 19/15  
**I appear [2]** 52/5  
73/17  
**I can [9]** 10/8 38/6  
50/10 50/24 68/11  
69/3 72/24 81/24  
84/18  
**I certainly [3]** 49/20  
50/19 52/23  
**I did [2]** 52/1 67/23  
**I do [2]** 52/1 72/25  
**I don't [8]** 48/1 58/12  
69/20 70/24 72/5  
73/12 80/11 84/24  
**I emphasise [1]**  
27/16  
**I first [1]** 2/19  
**I found [1]** 50/14  
**I hand [1]** 1/9

<b>I</b>	74/13 75/9	<b>impetus [2]</b> 59/5 59/6	<b>individuals [2]</b> 6/10 14/14	<b>interaction [1]</b> 65/14
<b>I have [9]</b> 2/8 38/22 41/18 50/11 52/2 60/21 65/7 66/12 84/24	<b>I wish [1]</b> 50/9	<b>implement [1]</b> 81/3	<b>industry [3]</b> 80/11 80/12 80/23	<b>interactions [1]</b> 21/4
<b>I hope [5]</b> 33/5 50/1 66/10 82/6 85/2	<b>I won't [1]</b> 85/5	<b>implemented [1]</b> 62/24	<b>inequalities [3]</b> 22/8 25/9 26/1	<b>interest [9]</b> 2/14 5/16 11/20 49/7 54/14 68/2 69/15 70/13 73/1
<b>I just [6]</b> 1/9 27/10 36/11 66/7 67/9 82/23	<b>I would [3]</b> 33/4 65/7 72/11	<b>implicit [1]</b> 22/5	<b>inequality [1]</b> 22/10	<b>interestingly [1]</b> 57/21
<b>I know [5]</b> 1/13 37/8 37/14 41/21 82/8	<b>I'd [2]</b> 70/15 73/14	<b>import [1]</b> 27/11	<b>inevitable [1]</b> 18/7	<b>interests [11]</b> 24/18 27/8 54/22 54/24 55/25 58/4 58/5 59/17 61/5 64/23 81/12
<b>I learnt [1]</b> 50/16	<b>I'll [7]</b> 2/15 3/4 6/16 10/23 11/12 73/16 84/25	<b>importance [4]</b> 10/10 30/13 62/24 76/25	<b>infection [3]</b> 13/14 44/15 71/15	<b>international [1]</b> 20/4
<b>I listened [1]</b> 70/13	<b>I'm [23]</b> 2/3 15/17 38/23 40/9 42/14 48/15 49/9 50/11 51/2 52/1 52/6 54/4 66/10 66/14 67/22 68/23	<b>important [46]</b> 1/25 4/4 6/2 6/5 6/14 7/6 9/6 9/23 11/21 16/14 16/20 22/22 23/3 25/3 25/14 25/15 26/18 28/2 30/8 30/17 31/8 33/18 34/25 38/3 40/16 40/18 42/11 47/10 50/7 51/10 54/21 59/23 65/19 73/2 75/24 76/8 76/11 77/10 79/12 79/17 79/23 80/8 81/8 82/8 82/23 83/19	<b>infectious [1]</b> 35/20	<b>interpersonal [1]</b> 67/4
<b>I made [1]</b> 76/9	<b>ICTU [3]</b> 74/1 74/1 74/8	<b>impossible [2]</b> 45/25 46/6	<b>influenced [1]</b> 48/2	<b>interrupt [3]</b> 48/23 49/16 67/9
<b>I make [1]</b> 81/11	<b>I've [5]</b> 17/14 22/24 28/8 39/6 85/4	<b>impression [1]</b> 70/16	<b>influencing [1]</b> 62/15	<b>interrupted [1]</b> 15/4
<b>I may [4]</b> 12/2 45/21 66/10 70/20	<b>idea [3]</b> 47/6 49/21 70/21	<b>imprinted [1]</b> 15/17	<b>inform [4]</b> 5/25 23/19 26/21 65/20	<b>interruptions [5]</b> 15/16 15/17 21/10 77/11 78/24
<b>I mean [2]</b> 9/16 68/8	<b>identification [1]</b> 69/11	<b>improvement [1]</b> 61/17	<b>information [9]</b> 10/24 20/2 31/15 31/20 32/24 60/13 62/2 69/8 69/17	<b>into [23]</b> 1/4 7/14 11/22 15/5 16/8 18/18 22/22 25/11 27/20 33/19 33/21 35/6 48/20 50/22 61/19 67/16 68/25 68/25 72/3 76/3 77/5 77/8 81/7
<b>I mention [1]</b> 42/9	<b>identified [6]</b> 22/20 35/13 35/16 44/12 45/3 70/23	<b>improved [1]</b> 67/8	<b>informative [1]</b> 53/1	<b>introduced [1]</b> 56/24
<b>I mentioned [3]</b> 8/6 42/23 44/24	<b>identify [2]</b> 8/14 57/7	<b>improving [1]</b> 62/5	<b>informed [4]</b> 16/2 20/17 21/15 43/20	<b>introduction [3]</b> 9/8 52/4 65/13
<b>I might [1]</b> 66/8	<b>identifying [2]</b> 8/13 45/16	<b>inadvertent [1]</b> 4/5	<b>inherent [1]</b> 26/7	<b>investigate [4]</b> 2/4 21/13 23/21 51/14
<b>I must [1]</b> 70/15	<b>identities [1]</b> 71/6	<b>incidence [1]</b> 45/9	<b>initial [2]</b> 26/17 26/23	<b>investigated [6]</b> 2/1 2/1 5/17 15/21 24/8 76/12
<b>I noted [1]</b> 71/10	<b>identity [1]</b> 49/4	<b>include [9]</b> 5/20 18/7 20/2 25/3 25/6 25/11 25/21 35/17 53/23	<b>inquest [1]</b> 72/3	<b>investigates [1]</b> 75/1
<b>I promise [2]</b> 50/25 51/6	<b>if [35]</b> 1/17 1/22 2/5 2/6 2/10 3/7 4/5 4/11 12/2 20/19 32/9 43/5 45/21 53/12 57/18 59/18 60/6 60/15 61/24 62/12 66/8 66/10 66/12 66/21 66/25 68/11 69/3 69/24 70/20 71/5 71/8 73/12 80/25 81/5 85/7	<b>included [3]</b> 15/18 26/15 26/17	<b>inquired [1]</b> 25/11	<b>investigation [5]</b> 5/24 15/11 21/9 21/22 45/9
<b>I really [1]</b> 53/10	<b>illness [2]</b> 11/9 14/1	<b>includes [3]</b> 55/1 66/3 77/20	<b>inquiries [8]</b> 3/21 26/14 29/16 30/16 32/8 40/7 48/20 83/15	<b>investigative [3]</b> 15/12 29/16 29/21
<b>I represent [3]</b> 38/21 39/10 40/16	<b>illnesses [1]</b> 14/24	<b>including [4]</b> 17/16 34/7 57/8 57/11	<b>inquiry [112]</b>	<b>invited [4]</b> 35/4 80/7 80/10 81/15
<b>I said [4]</b> 20/19 33/4 39/9 63/12	<b>immediately [1]</b> 70/25	<b>inclusive [3]</b> 8/23 71/24 77/18	<b>Inquiry's [7]</b> 6/7 8/18 15/22 34/14 37/4 65/24 70/6	<b>involve [2]</b> 37/18 70/7
<b>I say [8]</b> 26/11 39/25 42/7 42/9 75/15 76/18 79/21 84/14	<b>impact [36]</b> 11/23 14/6 15/2 15/5 15/7 18/15 22/7 24/23 25/4 25/19 25/25 26/1 26/2 39/19 40/6 40/8 45/1 48/8 54/2 54/7 58/23 58/25 61/20 61/24 62/13 62/14 63/19 66/22 67/16 76/22 76/23 77/1 78/25 79/1 79/23 84/12	<b>incorporate [1]</b> 33/18	<b>insist [1]</b> 45/25	<b>involved [5]</b> 40/8 40/12 57/21 65/17 80/14
<b>I should [1]</b> 5/7	<b>impaired [7]</b> 6/11 11/18 14/14 19/25 23/12 24/4 39/17	<b>increase [1]</b> 35/8	<b>inspected [2]</b> 29/20 66/23	<b>involvement [2]</b> 47/19 54/14
<b>I simply [1]</b> 76/8	<b>impacts [2]</b> 55/13 77/5	<b>indeed [9]</b> 28/21 38/9 53/8 72/22 73/3 73/5 81/25 84/8 84/20	<b>inspection [2]</b> 29/20 66/23	<b>Ireland [149]</b>
<b>I stand [1]</b> 81/12	<b>impediments [1]</b> 7/19	<b>independent [2]</b> 16/16 50/13	<b>inspections [1]</b> 78/14	<b>Ireland's [2]</b> 27/6 54/4
<b>I start [2]</b> 3/7 53/12		<b>indicate [2]</b> 25/16 27/16	<b>instances [1]</b> 37/9	<b>Irish [8]</b> 1/15 36/1 44/18 46/19 47/11 73/25 74/14 83/25
<b>I struggle [1]</b> 43/12		<b>indicated [12]</b> 20/20 24/21 25/18 29/9 31/13 32/13 39/12 43/21 50/4 60/21 64/9 66/18	<b>instance [3]</b> 40/15 41/9 42/17	<b>Irish Congress [2]</b> 73/25 74/14
<b>I suppose [1]</b> 20/5		<b>indicative [1]</b> 71/23	<b>institute [1]</b> 44/5	<b>irrelevant [1]</b> 30/20
<b>I suspect [1]</b> 50/23		<b>indiscriminate [1]</b> 7/8	<b>instituted [1]</b> 26/15	<b>is [223]</b>
<b>I think [20]</b> 10/8 25/3 28/3 29/12 36/2 38/1 38/3 41/5 49/22 51/21 60/1 60/2 64/8 64/12 64/17 70/23 71/4 72/15 77/6 84/4		<b>individual [4]</b> 6/3 34/18 49/14 71/20	<b>institutions [2]</b> 18/21 83/25	<b>island [11]</b> 43/11 43/18 44/5 45/19 46/2
<b>I thought [3]</b> 20/19 25/15 83/19		<b>individually [1]</b> 67/6	<b>instructed [1]</b> 36/3	
<b>I touch [1]</b> 35/11			<b>instructing [1]</b> 52/6	
<b>I understand [1]</b> 58/24			<b>instruction [2]</b> 36/4 70/12	
<b>I want [7]</b> 1/10 52/10 52/17 53/2 53/4 64/19 72/10			<b>instructions [1]</b> 25/13	
<b>I wanted [3]</b> 9/8 9/19 40/4			<b>integral [2]</b> 17/2 83/11	
<b>I was [4]</b> 30/6 49/13 49/16 71/11			<b>integrated [3]</b> 56/8 56/17 68/18	
<b>I wasn't [1]</b> 25/1			<b>intended [2]</b> 31/14 59/11	
<b>I will [11]</b> 1/6 1/17 1/18 1/23 11/16 23/4 38/10 50/12 68/23			<b>intends [1]</b> 65/1	

<b>I</b>	37/18 44/9 56/17 57/6 61/19 64/24 67/1 67/21 73/22 74/3 75/5 75/15 <b>itself [6]</b> 29/5 34/16 55/15 79/9 79/11 79/16	<b>key [15]</b> 7/15 16/18 19/12 27/18 27/22 28/6 28/11 30/14 31/3 58/20 67/14 67/15 74/16 84/10 84/10 <b>kind [4]</b> 41/15 51/7 65/14 67/19 <b>King's [1]</b> 1/6 <b>King's Counsel [1]</b> 1/6 <b>Kingdom [7]</b> 13/16 16/16 17/6 19/23 20/7 25/20 34/6 <b>know [21]</b> 1/13 2/3 4/6 12/12 14/3 22/11 28/14 28/16 28/16 37/8 37/14 41/21 45/22 49/17 50/14 63/9 63/12 63/22 73/12 82/8 84/24 <b>knowledge [3]</b> 49/7 56/21 62/2 <b>known [2]</b> 8/21 30/9 <b>knows [1]</b> 38/20	<b>large [1]</b> 69/5 <b>largest [1]</b> 74/11 <b>last [3]</b> 39/19 44/4 84/25 <b>later [6]</b> 6/16 24/18 25/18 35/6 68/7 76/24 <b>Lavery [14]</b> 4/16 38/16 38/17 38/19 48/23 50/11 52/2 58/22 66/17 70/13 76/17 76/19 82/11 85/14 <b>Lavery's [1]</b> 83/3 <b>law [4]</b> 30/5 55/24 56/5 83/12 <b>lay [1]</b> 35/14 <b>lead [5]</b> 2/17 29/21 82/3 85/11 85/18 <b>leaders [1]</b> 12/22 <b>leadership [1]</b> 79/10 <b>leading [1]</b> 75/12 <b>leads [1]</b> 50/22 <b>learn [1]</b> 72/17 <b>learned [3]</b> 2/6 81/19 82/7 <b>learnt [1]</b> 50/16 <b>least [4]</b> 20/19 40/13 48/19 79/1 <b>leave [4]</b> 1/6 3/4 6/15 36/11 <b>leaving [1]</b> 78/14 <b>led [2]</b> 16/19 28/8 <b>left [2]</b> 11/9 71/21 <b>legacy [1]</b> 18/20 <b>legal [5]</b> 34/14 34/15 36/19 52/7 53/7 <b>legislation [1]</b> 54/19 <b>legislative [2]</b> 57/8 57/17 <b>Leigh [1]</b> 52/9 <b>length [2]</b> 59/12 82/24 <b>lens [2]</b> 7/25 19/15 <b>less [2]</b> 8/2 77/22 <b>lessons [3]</b> 2/5 72/17 81/19 <b>let [1]</b> 56/22 <b>letter [2]</b> 16/5 27/10 <b>letters [4]</b> 24/9 26/18 27/2 36/4 <b>level [7]</b> 17/7 23/22 24/16 25/16 44/15 58/18 84/11 <b>levels [2]</b> 15/13 25/11 <b>life [3]</b> 7/4 39/21 77/14 <b>lifted [1]</b> 18/2 <b>light [2]</b> 76/5 78/24 <b>like [24]</b> 4/10 5/21 14/11 15/18 17/22 18/4 19/20 26/3 26/13 27/18 29/16 29/17 30/1 40/6 56/11 61/24	65/7 66/9 66/25 67/17 67/18 72/7 72/11 73/14 <b>like: [1]</b> 25/21 <b>like: vaccines [1]</b> 25/21 <b>likely [4]</b> 26/20 29/19 67/20 69/21 <b>limbs [1]</b> 56/8 <b>line [4]</b> 68/11 77/8 78/6 80/4 <b>lines [2]</b> 5/24 80/20 <b>list [3]</b> 27/22 64/16 76/7 <b>listened [3]</b> 33/10 41/7 70/13 <b>listening [15]</b> 6/8 6/18 33/5 33/23 34/4 34/13 34/20 34/24 35/1 35/5 35/9 39/11 40/2 40/9 79/22 <b>Listening Exercise</b> <b>[11]</b> 6/8 6/18 33/23 34/4 34/13 34/20 34/24 35/1 35/5 35/9 40/9 <b>lists [1]</b> 63/19 <b>literally [1]</b> 59/15 <b>little [5]</b> 6/16 14/20 30/6 39/24 71/20 <b>live [5]</b> 4/7 37/3 55/3 55/4 55/5 <b>lived [2]</b> 7/5 55/9 <b>lives [6]</b> 2/7 7/2 7/8 34/1 47/20 74/24 <b>livestreamed [1]</b> 3/10 <b>livestreaming [1]</b> 3/25 <b>living [2]</b> 14/17 55/6 <b>load [1]</b> 70/7 <b>loading [1]</b> 30/10 <b>local [2]</b> 15/19 80/19 <b>locations [1]</b> 3/10 <b>lock [5]</b> 23/6 60/2 60/5 60/6 60/7 <b>lock-step [5]</b> 23/6 60/2 60/5 60/6 60/7 <b>lockdown [4]</b> 12/20 12/21 62/13 66/22 <b>lockdowns [1]</b> 15/19 <b>London [3]</b> 44/17 45/1 47/9 <b>loneliness [1]</b> 55/12 <b>long [3]</b> 15/4 55/11 63/17 <b>long Covid [1]</b> 63/17 <b>long-term [1]</b> 55/11 <b>longer [1]</b> 78/13 <b>look [9]</b> 43/6 47/11 49/12 57/13 60/3 66/19 68/16 68/21 80/1 <b>looked [6]</b> 43/22 44/9
<b>island... [6]</b> 46/10 46/13 47/3 47/21 74/2 76/16 <b>islands [1]</b> 44/19 <b>isn't [1]</b> 33/14 <b>isolation [4]</b> 6/25 45/14 45/23 67/3 <b>issue [30]</b> 11/7 13/24 15/6 20/22 25/12 28/20 35/11 36/12 40/1 42/19 45/11 47/12 48/9 48/10 48/13 48/16 56/18 66/8 75/11 75/16 76/11 76/16 77/10 79/12 80/2 82/11 82/13 82/17 82/25 83/12 <b>issued [1]</b> 80/16 <b>issues [51]</b> 1/16 1/20 1/25 7/20 9/15 9/20 10/2 10/22 15/2 16/8 16/13 18/5 23/9 23/25 24/1 24/12 25/6 25/14 25/17 25/19 25/20 25/21 26/3 26/9 27/21 30/14 31/6 35/24 36/20 40/24 42/15 45/3 45/8 47/8 49/8 49/9 50/6 51/8 51/10 57/7 59/8 60/3 67/3 71/25 72/6 75/10 75/24 76/2 76/7 84/5 84/15 <b>issuing [2]</b> 27/2 72/18 <b>it [157]</b> <b>it's [56]</b> 3/9 3/15 3/20 4/8 6/2 7/10 8/8 9/23 13/11 13/19 14/8 17/4 17/8 18/7 22/10 23/14 25/3 26/20 27/3 27/11 28/2 29/12 31/8 33/2 33/7 34/1 34/15 37/21 38/3 38/9 41/4 42/3 42/10 43/11 46/2 46/5 49/3 50/3 51/21 51/24 51/25 54/21 55/8 63/16 63/17 68/15 68/19 69/19 69/21 71/12 71/15 71/18 74/3 76/5 77/6 82/14 <b>It's Anyadike-Danes</b> <b>[1]</b> 51/25 <b>iterations [1]</b> 54/5 <b>iterative [4]</b> 27/3 29/3 30/22 31/4 <b>its [30]</b> 6/12 7/1 7/23 7/24 10/15 10/15 15/8 17/20 18/3 18/4 20/11 20/11 20/11 26/13 32/3 33/3 33/19 36/18	<b>J</b> <b>Jacobs [6]</b> 4/19 73/7 73/9 73/10 81/25 85/17 <b>January [8]</b> 12/4 12/4 12/6 17/7 18/1 18/16 41/22 75/12 <b>January 2017 [1]</b> 12/4 <b>January 2020 [5]</b> 12/4 17/7 18/1 18/16 75/12 <b>job [1]</b> 14/15 <b>jobs [1]</b> 77/22 <b>join [2]</b> 2/22 9/1 <b>joined [2]</b> 43/4 43/5 <b>joint [2]</b> 74/19 79/7 <b>Journal [1]</b> 13/17 <b>judgement [1]</b> 30/25 <b>judgements [1]</b> 8/14 <b>judgments [1]</b> 30/8 <b>July [3]</b> 16/22 24/21 26/13 <b>July 2022 [1]</b> 24/21 <b>June [1]</b> 61/17 <b>junior [1]</b> 52/9 <b>juridical [1]</b> 43/13 <b>jurisdiction [2]</b> 47/1 60/17 <b>jurisdictions [4]</b> 52/24 56/6 57/11 60/1 <b>just [48]</b> 1/9 5/11 13/5 13/23 13/24 18/16 21/8 21/25 27/10 27/16 28/2 30/23 31/22 35/2 35/22 36/11 37/20 38/23 39/18 42/22 45/21 46/11 49/14 51/4 51/23 53/24 55/20 57/13 61/6 62/8 63/14 63/22 64/7 65/16 66/7 67/9 67/11 69/3 69/17 71/10 72/11 77/7 79/15 79/19 79/22 80/1 82/9 82/23 <b>justice [10]</b> 4/16 9/12 9/22 30/7 30/15 30/18 38/16 38/22 74/5 85/13	<b>King</b> <b>land [1]</b> 10/1 <b>landscape' [1]</b> 46/20 <b>language [1]</b> 47/25	<b>K</b> <b>keep [6]</b> 40/13 55/23 56/3 60/14 75/2 83/2 <b>kept [2]</b> 38/2 74/21	

<p><b>L</b></p> <p><b>looked... [4]</b> 48/11 49/2 79/3 84/13</p> <p><b>looking [12]</b> 3/1 37/12 44/3 44/10 49/8 49/20 50/5 56/18 62/13 71/11 76/5 79/13</p> <p><b>looks [2]</b> 59/5 68/4</p> <p><b>loophole [1]</b> 44/13</p> <p><b>Lord [3]</b> 30/7 30/15 30/18</p> <p><b>Lord Justice Singh [2]</b> 30/7 30/18</p> <p><b>Lord Justice Singh's [1]</b> 30/15</p> <p><b>loss [8]</b> 14/3 34/3 36/13 36/23 36/24 37/1 37/2 77/13</p> <p><b>lost [6]</b> 10/20 14/2 14/14 36/22 67/1 74/24</p> <p><b>lot [2]</b> 57/13 81/21</p> <p><b>lots [1]</b> 30/7</p> <p><b>loved [5]</b> 7/8 14/2 36/21 39/20 39/21</p> <p><b>low [1]</b> 77/21</p> <p><b>Lurgan [1]</b> 78/3</p>	<p>23/20 23/22 25/9 30/22 31/3 32/24 40/18 49/17 56/18 58/18 59/18 60/19 67/15 68/9 68/13 68/16 68/17 68/20 69/2 70/19 77/2 77/5 77/9 79/24 80/24 81/6 84/11</p> <p><b>Malachy [1]</b> 39/4</p> <p><b>Malachy McGowan [1]</b> 39/4</p> <p><b>man [1]</b> 12/16</p> <p><b>managed [2]</b> 48/8 67/5</p> <p><b>management [2]</b> 33/3 56/14</p> <p><b>managing [1]</b> 44/10</p> <p><b>mandatory [6]</b> 42/1 45/18 54/23 55/19 55/19 58/6</p> <p><b>manufacturers [1]</b> 80/19</p> <p><b>Manufacturing [1]</b> 80/17</p> <p><b>many [12]</b> 2/25 6/15 6/20 8/4 14/16 22/12 58/11 63/15 74/16 74/22 74/23 84/24</p> <p><b>March [11]</b> 12/16 12/17 12/18 16/11 18/2 39/12 53/13 61/12 63/10 77/24 80/16</p> <p><b>March 2020 [1]</b> 77/24</p> <p><b>March 2021 [1]</b> 53/13</p> <p><b>March 2022 [2]</b> 16/11 18/2</p> <p><b>marginally [1]</b> 30/19</p> <p><b>mark [1]</b> 41/5</p> <p><b>marking [1]</b> 38/1</p> <p><b>Martina [1]</b> 39/1</p> <p><b>Martina Ferguson [1]</b> 39/1</p> <p><b>mass [2]</b> 10/1 77/25</p> <p><b>material [13]</b> 28/3 28/9 28/18 29/8 29/19 31/18 32/5 49/12 57/15 65/19 69/13 70/10 70/11</p> <p><b>materials [3]</b> 31/2 31/22 32/10</p> <p><b>matter [11]</b> 24/20 49/18 50/25 60/5 67/5 67/21 69/12 69/17 69/19 83/7 83/9</p> <p><b>mattered [1]</b> 23/11</p> <p><b>matters [15]</b> 5/16 15/22 20/20 24/7 25/10 26/6 42/20 45/2 53/5 58/4 61/4 66/7 69/23 81/9 82/8</p> <p><b>maximum [1]</b> 30/5</p> <p><b>may [35]</b> 2/6 5/10</p>	<p>10/20 12/2 15/25 19/15 26/5 26/11 29/20 29/20 29/21 35/11 35/15 35/17 44/10 45/21 50/1 50/23 51/1 52/13 52/22 53/11 53/19 56/16 66/10 68/2 69/23 70/8 70/20 71/2 71/17 72/5 72/6 81/4 82/12</p> <p><b>maybe [1]</b> 49/25</p> <p><b>McGarrity [1]</b> 4/17</p> <p><b>McGowan [1]</b> 39/4</p> <p><b>McKeever [1]</b> 78/5</p> <p><b>me [10]</b> 1/16 6/21 46/5 48/24 49/18 52/15 52/18 53/11 68/1 73/12</p> <p><b>mean [5]</b> 9/16 23/15 48/24 49/2 68/8</p> <p><b>meaningful [1]</b> 78/10</p> <p><b>meaningfully [1]</b> 69/18</p> <p><b>meaningless [1]</b> 47/24</p> <p><b>means [8]</b> 3/13 3/15 3/16 4/5 4/7 7/24 18/24 33/15</p> <p><b>meant [1]</b> 14/17</p> <p><b>Meanwhile [1]</b> 46/4</p> <p><b>measure [1]</b> 21/24</p> <p><b>measures [1]</b> 23/7</p> <p><b>measuring [2]</b> 35/18 71/13</p> <p><b>meat [1]</b> 78/18</p> <p><b>Meats [1]</b> 78/3</p> <p><b>mechanisms [1]</b> 78/10</p> <p><b>medical [7]</b> 7/16 13/17 17/11 23/16 27/6 44/8 62/17</p> <p><b>Medicine [1]</b> 45/7</p> <p><b>meet [8]</b> 4/2 21/18 50/24 65/4 65/11 79/5 79/9 85/4</p> <p><b>meeting [1]</b> 50/14</p> <p><b>meetings [5]</b> 27/22 27/22 27/24 59/22 61/15</p> <p><b>member [1]</b> 73/22</p> <p><b>members [9]</b> 3/23 6/4 14/21 22/16 49/4 49/5 49/18 74/9 83/17</p> <p><b>membership [1]</b> 74/10</p> <p><b>memorandum [5]</b> 10/6 20/24 43/25 47/13 47/16</p> <p><b>Memorial [1]</b> 74/19</p> <p><b>mental [2]</b> 14/23 55/12</p> <p><b>mention [1]</b> 42/9</p> <p><b>mentioned [4]</b> 8/6</p>	<p>42/23 44/24 48/9</p> <p><b>merit [1]</b> 10/12</p> <p><b>messaging [3]</b> 24/1 81/4 81/7</p> <p><b>met [2]</b> 39/10 65/10</p> <p><b>methods [1]</b> 35/20</p> <p><b>Michelle [2]</b> 5/2 12/8</p> <p><b>might [20]</b> 3/7 3/13 4/4 21/12 31/17 34/11 36/1 40/2 41/3 48/18 52/25 56/10 57/18 60/5 60/17 66/8 67/8 69/13 72/8 83/5</p> <p><b>Miller [2]</b> 52/7 65/8</p> <p><b>million [2]</b> 12/25 73/21</p> <p><b>mind [8]</b> 22/11 31/19 36/18 49/3 56/19 73/13 75/3 79/3</p> <p><b>mine [1]</b> 30/10</p> <p><b>minimise [1]</b> 1/21</p> <p><b>minister [21]</b> 5/1 5/3 5/4 12/9 12/9 12/18 12/21 16/21 17/9 17/16 17/16 19/1 19/2 19/6 19/6 49/18 54/4 57/1 79/8 83/8 83/9</p> <p><b>ministers [8]</b> 9/3 10/22 17/17 27/25 44/2 45/25 47/15 79/6</p> <p><b>minority [1]</b> 22/16</p> <p><b>minute [1]</b> 4/3</p> <p><b>miss [1]</b> 69/1</p> <p><b>missed [2]</b> 1/20 36/21</p> <p><b>missing [1]</b> 45/17</p> <p><b>mission [2]</b> 8/18 74/3</p> <p><b>mitigate [1]</b> 22/3</p> <p><b>mobile [1]</b> 37/10</p> <p><b>modelling [1]</b> 35/21</p> <p><b>Modernising [1]</b> 57/3</p> <p><b>modular [3]</b> 16/24 26/7 81/21</p> <p><b>module [106]</b></p> <p><b>Module 1 [9]</b> 28/22 29/9 39/6 39/10 58/2 65/21 71/7 75/17 82/17</p> <p><b>Module 2 [21]</b> 1/11 5/12 11/16 17/2 17/3 17/23 24/15 25/1 29/10 33/13 34/23 35/15 35/16 37/23 39/6 41/13 44/24 70/10 73/20 75/20 83/12</p> <p><b>Module 2A [1]</b> 84/9</p> <p><b>Module 2C [40]</b> 1/4 2/22 3/1 3/4 5/15 7/10 10/13 11/2 11/20 15/9 15/12 15/21 15/24 17/1 17/13 17/18 18/4 19/20 21/9 23/1 23/20 23/25 24/8 26/16</p>	<p>30/21 35/23 36/2 37/22 37/24 38/4 38/6 41/4 41/14 69/23 70/11 76/23 81/10 82/4 83/11 85/19</p> <p><b>Module 2C's [1]</b> 37/5</p> <p><b>Module 3 [4]</b> 24/22 25/3 68/5 69/22</p> <p><b>modules [22]</b> 10/25 17/19 22/17 24/17 24/18 25/18 26/5 29/14 40/1 40/19 70/1 73/19 75/17 75/25 75/25 76/4 76/12 76/24 81/15 81/17 81/19 83/22</p> <p><b>Modules 1 [1]</b> 73/19</p> <p><b>Modules 2 [1]</b> 22/17</p> <p><b>Modules 2A [2]</b> 75/25 81/17</p> <p><b>moment [2]</b> 1/7 79/19</p> <p><b>moments [2]</b> 39/20 77/7</p> <p><b>Monday [5]</b> 12/18 24/25 25/2 30/4 43/13</p> <p><b>monthly [1]</b> 29/12</p> <p><b>morass [1]</b> 30/19</p> <p><b>morbidity [1]</b> 55/16</p> <p><b>more [22]</b> 2/15 6/17 13/20 14/7 24/25 28/14 29/22 37/10 44/19 55/13 55/21 64/21 66/5 67/20 68/23 71/15 71/19 74/22 75/20 76/22 81/18 84/16</p> <p><b>morning [11]</b> 1/3 2/14 38/18 38/19 41/20 51/21 53/9 63/5 75/3 75/15 79/22</p> <p><b>morning's [1]</b> 84/21</p> <p><b>most [10]</b> 1/24 9/16 14/10 15/13 16/14 22/10 32/23 37/16 39/22 57/16</p> <p><b>motivated [1]</b> 64/6</p> <p><b>move [1]</b> 72/17</p> <p><b>moved [1]</b> 39/14</p> <p><b>movement [1]</b> 44/18</p> <p><b>moves [1]</b> 53/20</p> <p><b>moving [2]</b> 50/14 50/16</p> <p><b>Moy [1]</b> 77/25</p> <p><b>Moy Park [1]</b> 77/25</p> <p><b>Mr [26]</b> 4/16 4/17 4/19 4/25 5/4 5/4 5/9 38/16 38/17 38/19 48/23 50/11 52/2 58/22 66/17 70/13 73/7 73/9 73/10 76/17 76/19 81/25 82/11 83/3 85/14 85/17</p> <p><b>Mr Bassett [1]</b> 5/4</p>
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<b>M</b>	26/5 29/16 32/6 32/25 33/4 35/11 36/11 37/7 37/20 38/5 38/18 39/2 40/18 42/4 42/10 42/22 43/12 44/4 45/21 47/12 48/13 49/10 50/1 50/9 50/12 50/24 50/24 51/17 51/22 52/6 52/8 56/4 64/19 65/8 65/17 67/23 72/21 73/6 73/11 73/17 74/12 74/15 75/3 75/9 75/9 76/9 76/15 76/22 77/6 77/17 77/24 78/22 79/2 79/19 80/6 80/22 81/11 81/13 81/24 82/5 82/6 82/7 83/5 83/19 84/3 84/24 <b>my Lady [71]</b> 2/19 5/13 8/7 8/21 9/8 10/20 11/12 13/25 14/16 15/9 18/12 19/14 23/6 24/7 24/11 26/5 29/16 32/6 32/25 33/4 35/11 36/11 37/7 37/20 38/5 38/18 39/2 40/18 42/4 42/10 42/22 43/12 44/4 45/21 47/12 48/13 49/10 50/1 50/9 51/17 51/22 56/4 64/19 65/17 67/23 72/21 73/6 73/11 73/17 74/12 74/15 75/3 75/9 76/9 76/15 76/22 77/6 77/17 77/24 78/22 79/2 79/19 80/6 80/22 81/11 81/24 82/5 82/6 83/5 83/19 84/3 <b>myself [2]</b> 39/3 65/8	<b>needed [1]</b> 24/2 <b>needs [3]</b> 14/22 22/15 32/11 <b>Neil [1]</b> 4/21 <b>Neill [1]</b> 5/2 <b>network [3]</b> 59/22 60/10 65/3 <b>Neurology [1]</b> 48/21 <b>neutral [1]</b> 1/17 <b>never [3]</b> 34/7 34/8 64/12 <b>New [1]</b> 44/16 <b>New York [1]</b> 44/16 <b>next [2]</b> 27/3 35/10 <b>NHS [1]</b> 43/1 <b>NI [2]</b> 46/15 47/17 <b>NI Executive [1]</b> 47/17 <b>NIC [7]</b> 74/7 74/13 79/5 79/9 79/9 79/18 80/7 <b>NIC's [1]</b> 79/21 <b>no [23]</b> 1/20 1/22 8/1 9/17 10/19 14/18 14/19 33/25 34/3 41/25 41/25 42/4 42/4 47/21 48/3 48/3 50/11 68/23 73/14 75/22 78/13 81/25 84/19 <b>no one [2]</b> 34/3 48/3 <b>Nobody [1]</b> 64/12 <b>non [3]</b> 15/15 77/11 78/24 <b>non-pharmaceutical [3]</b> 15/15 77/11 78/24 <b>nonetheless [1]</b> 78/20 <b>nonsensical [1]</b> 45/13 <b>nor [3]</b> 29/1 33/25 48/16 <b>north [7]</b> 10/4 45/15 45/20 45/24 46/1 46/3 46/6 <b>north-south [1]</b> 45/20 <b>Northern [123]</b> <b>Northern Ireland [106]</b> <b>Northern Ireland's [2]</b> 27/6 54/4 <b>Northern Irish [4]</b> 1/15 36/1 47/11 83/25 <b>not [67]</b> 1/16 3/13 5/10 8/16 8/20 9/4 10/3 10/12 10/18 15/1 18/8 18/16 21/25 23/6 23/8 23/11 25/12 28/25 29/5 29/20 30/10 30/22 31/22 33/2 34/11 34/15 34/15 34/17 36/21 37/1 38/8 39/18 40/9	48/15 49/5 49/9 49/14 49/18 51/1 51/4 52/13 52/22 52/24 53/23 55/20 57/13 59/12 59/19 60/2 61/23 62/19 63/14 63/22 64/7 66/10 67/15 68/15 68/19 76/12 79/3 79/15 80/1 81/7 82/6 82/13 83/6 83/14 <b>note [5]</b> 34/21 53/7 70/16 71/6 72/11 <b>noted [2]</b> 65/21 71/10 <b>notes [2]</b> 27/25 65/23 <b>notify [1]</b> 37/17 <b>November [2]</b> 1/1 35/3 <b>now [19]</b> 2/15 8/19 12/12 13/23 14/3 14/25 38/10 46/4 52/14 57/4 58/13 58/22 59/23 60/25 61/23 63/9 72/4 74/24 78/6 <b>NPIs [4]</b> 77/11 78/23 80/9 80/15 <b>number [9]</b> 3/16 4/22 13/1 30/2 35/13 46/4 75/16 77/14 85/5 <b>nursers [1]</b> 74/21	<b>offered [1]</b> 73/4 <b>offering [1]</b> 14/11 <b>offers [4]</b> 51/15 73/3 85/1 85/3 <b>office [8]</b> 4/24 26/25 27/6 27/11 28/4 56/22 59/3 79/7 <b>officer [2]</b> 27/6 78/4 <b>Officers [1]</b> 44/8 <b>offices [3]</b> 12/8 19/1 41/11 <b>often [2]</b> 29/18 63/15 <b>older [35]</b> 4/17 9/13 11/3 11/7 11/8 11/14 12/16 40/20 51/19 52/5 52/25 53/14 54/8 54/16 54/18 54/22 54/25 55/25 56/1 56/12 57/20 57/25 58/5 58/17 58/20 59/22 60/10 61/5 62/4 62/13 62/20 63/1 63/13 63/20 85/15 <b>on [154]</b> <b>once [2]</b> 28/9 82/6 <b>one [36]</b> 2/25 5/21 6/9 10/22 12/12 14/2 14/17 22/9 22/10 24/12 24/21 27/12 34/3 36/15 45/8 46/15 48/3 52/13 56/13 56/18 59/4 60/3 62/12 64/11 64/13 66/15 66/21 68/4 68/19 70/5 71/7 71/10 77/10 79/23 83/10 84/25 <b>ones [3]</b> 7/9 39/20 39/21 <b>ongoing [4]</b> 27/2 41/23 46/25 50/2 <b>online [3]</b> 35/3 35/7 85/7 <b>only [11]</b> 1/15 6/12 32/20 49/13 49/16 52/13 57/13 67/21 69/21 71/23 83/17 <b>open [4]</b> 3/20 16/5 34/1 49/3 <b>opened [3]</b> 16/22 16/25 17/18 <b>opening [9]</b> 3/6 6/16 9/20 10/9 36/12 38/5 39/25 75/4 75/15 <b>operate [1]</b> 46/7 <b>operation [10]</b> 2/12 21/6 31/12 32/4 42/19 45/20 45/24 51/16 65/25 85/2 <b>opportunity [7]</b> 33/23 36/10 52/17 64/22 66/4 71/5 76/13 <b>opposed [2]</b> 11/17 70/19 <b>optimism [1]</b> 47/2
<b>Ms Anyadike-Danes [6]</b> 4/18 51/18 77/7 79/24 80/5 84/4 <b>Ms Clair Dobbin [1]</b> 1/6 <b>Ms Dobbin [19]</b> 2/15 38/9 40/25 41/7 41/19 42/17 43/16 43/21 48/9 49/21 50/4 51/11 60/1 64/16 75/3 77/17 79/12 82/2 84/20 <b>Ms Dobbin's [3]</b> 53/8 75/14 76/20 <b>Ms Ellison [2]</b> 5/2 5/5 <b>Ms Fee [3]</b> 4/25 5/7 5/8 <b>Ms Fiona Fee [1]</b> 5/8 <b>Ms Michelle O'Neill [1]</b> 12/8 <b>Ms Miller [1]</b> 65/8 <b>Ms Neil [1]</b> 4/21 <b>Ms Quinlivan [1]</b> 5/3 <b>much [24]</b> 5/11 11/25 30/5 30/16 30/19 38/8 39/13 41/8 44/19 46/20 47/10 50/19 58/7 60/8 61/20 63/25 66/11 67/2 69/5 72/22 73/5 81/25 84/20 85/6 <b>must [8]</b> 18/4 28/16 36/14 36/21 58/3 70/15 75/18 79/1 <b>my [82]</b> 1/23 2/19 5/13 8/7 8/21 9/8 10/20 11/12 13/25 14/16 15/9 18/12 19/14 23/6 24/7 24/11	<b>N</b> <b>narratives [1]</b> 46/13 <b>nation [1]</b> 80/21 <b>national [3]</b> 4/20 12/19 20/4 <b>nations [10]</b> 8/1 16/10 19/20 20/7 20/15 23/6 24/17 24/19 60/12 83/23 <b>naturally [2]</b> 18/24 37/3 <b>nature [5]</b> 6/22 11/4 20/5 43/15 78/18 <b>nearly [2]</b> 51/24 53/25 <b>necessarily [6]</b> 15/13 18/3 67/7 68/25 71/1 72/6 <b>need [10]</b> 2/11 12/10 15/10 24/17 30/1 32/1 33/25 34/15 57/17 58/5	<b>needed [1]</b> 24/2 <b>needs [3]</b> 14/22 22/15 32/11 <b>Neil [1]</b> 4/21 <b>Neill [1]</b> 5/2 <b>network [3]</b> 59/22 60/10 65/3 <b>Neurology [1]</b> 48/21 <b>neutral [1]</b> 1/17 <b>never [3]</b> 34/7 34/8 64/12 <b>New [1]</b> 44/16 <b>New York [1]</b> 44/16 <b>next [2]</b> 27/3 35/10 <b>NHS [1]</b> 43/1 <b>NI [2]</b> 46/15 47/17 <b>NI Executive [1]</b> 47/17 <b>NIC [7]</b> 74/7 74/13 79/5 79/9 79/9 79/18 80/7 <b>NIC's [1]</b> 79/21 <b>no [23]</b> 1/20 1/22 8/1 9/17 10/19 14/18 14/19 33/25 34/3 41/25 41/25 42/4 42/4 47/21 48/3 48/3 50/11 68/23 73/14 75/22 78/13 81/25 84/19 <b>no one [2]</b> 34/3 48/3 <b>Nobody [1]</b> 64/12 <b>non [3]</b> 15/15 77/11 78/24 <b>non-pharmaceutical [3]</b> 15/15 77/11 78/24 <b>nonetheless [1]</b> 78/20 <b>nonsensical [1]</b> 45/13 <b>nor [3]</b> 29/1 33/25 48/16 <b>north [7]</b> 10/4 45/15 45/20 45/24 46/1 46/3 46/6 <b>north-south [1]</b> 45/20 <b>Northern [123]</b> <b>Northern Ireland [106]</b> <b>Northern Ireland's [2]</b> 27/6 54/4 <b>Northern Irish [4]</b> 1/15 36/1 47/11 83/25 <b>not [67]</b> 1/16 3/13 5/10 8/16 8/20 9/4 10/3 10/12 10/18 15/1 18/8 18/16 21/25 23/6 23/8 23/11 25/12 28/25 29/5 29/20 30/10 30/22 31/22 33/2 34/11 34/15 34/15 34/17 36/21 37/1 38/8 39/18 40/9	<b>offered [1]</b> 73/4 <b>offering [1]</b> 14/11 <b>offers [4]</b> 51/15 73/3 85/1 85/3 <b>office [8]</b> 4/24 26/25 27/6 27/11 28/4 56/22 59/3 79/7 <b>officer [2]</b> 27/6 78/4 <b>Officers [1]</b> 44/8 <b>offices [3]</b> 12/8 19/1 41/11 <b>often [2]</b> 29/18 63/15 <b>older [35]</b> 4/17 9/13 11/3 11/7 11/8 11/14 12/16 40/20 51/19 52/5 52/25 53/14 54/8 54/16 54/18 54/22 54/25 55/25 56/1 56/12 57/20 57/25 58/5 58/17 58/20 59/22 60/10 61/5 62/4 62/13 62/20 63/1 63/13 63/20 85/15 <b>on [154]</b> <b>once [2]</b> 28/9 82/6 <b>one [36]</b> 2/25 5/21 6/9 10/22 12/12 14/2 14/17 22/9 22/10 24/12 24/21 27/12 34/3 36/15 45/8 46/15 48/3 52/13 56/13 56/18 59/4 60/3 62/12 64/11 64/13 66/15 66/21 68/4 68/19 70/5 71/7 71/10 77/10 79/23 83/10 84/25 <b>ones [3]</b> 7/9 39/20 39/21 <b>ongoing [4]</b> 27/2 41/23 46/25 50/2 <b>online [3]</b> 35/3 35/7 85/7 <b>only [11]</b> 1/15 6/12 32/20 49/13 49/16 52/13 57/13 67/21 69/21 71/23 83/17 <b>open [4]</b> 3/20 16/5 34/1 49/3 <b>opened [3]</b> 16/22 16/25 17/18 <b>opening [9]</b> 3/6 6/16 9/20 10/9 36/12 38/5 39/25 75/4 75/15 <b>operate [1]</b> 46/7 <b>operation [10]</b> 2/12 21/6 31/12 32/4 42/19 45/20 45/24 51/16 65/25 85/2 <b>opportunity [7]</b> 33/23 36/10 52/17 64/22 66/4 71/5 76/13 <b>opposed [2]</b> 11/17 70/19 <b>optimism [1]</b> 47/2	

<p><b>O</b></p> <p><b>or [80]</b> 3/15 3/24 4/22 5/23 5/24 6/4 7/1 8/13 8/16 8/24 8/24 10/12 11/8 11/8 11/10 14/3 14/12 14/15 14/18 14/18 14/19 14/19 14/21 14/25 15/1 15/3 20/19 21/5 21/16 21/24 23/11 27/23 28/14 29/19 29/20 29/22 30/3 30/20 30/24 30/24 30/25 31/16 32/24 33/10 33/14 33/14 34/3 34/8 34/18 37/10 37/10 37/11 39/16 40/15 41/25 41/25 44/22 46/14 47/8 48/6 48/24 49/5 52/21 55/6 55/12 55/15 61/6 62/21 63/17 63/23 66/23 67/15 68/17 69/12 74/1 76/6 77/22 79/8 83/6 83/16</p> <p><b>oral [1]</b> 52/15</p> <p><b>order [4]</b> 6/5 30/14 32/25 81/18</p> <p><b>ordinate [1]</b> 60/13</p> <p><b>organic [1]</b> 37/10</p> <p><b>organisation [5]</b> 74/2 74/11 80/13 80/14 80/22</p> <p><b>organisations [10]</b> 5/13 6/5 9/2 26/18 28/11 28/13 30/3 31/9 31/13 60/12</p> <p><b>other [48]</b> 1/22 3/10 8/1 8/10 13/15 14/11 14/16 14/20 14/23 14/24 15/2 17/17 20/3 20/14 22/1 22/3 22/12 22/17 23/2 23/7 24/24 25/10 28/11 28/13 28/13 29/16 37/6 40/17 40/19 42/25 44/17 48/19 51/13 52/20 53/4 53/19 56/6 57/11 63/3 63/18 64/10 70/1 81/15 82/12 83/3 83/14 83/17 84/16</p> <p><b>others [6]</b> 14/8 33/8 58/24 60/9 66/1 67/7</p> <p><b>otherwise [2]</b> 34/7 34/11</p> <p><b>ought [4]</b> 21/20 42/7 42/7 72/2</p> <p><b>our [17]</b> 1/24 2/8 2/24 3/3 3/10 26/20 28/12 30/22 41/2 41/6 42/9 42/13 42/20 58/11 69/19 76/15 78/8</p>	<p><b>out [38]</b> 1/7 2/15 10/23 11/4 11/15 16/2 19/15 20/15 24/10 24/25 27/4 31/3 34/21 34/22 36/4 40/10 40/22 40/23 43/22 55/15 58/11 59/3 61/11 63/1 64/2 64/16 70/22 71/19 72/16 76/13 77/12 78/20 79/4 80/3 83/6 84/8 84/16 85/5</p> <p><b>outbreak [1]</b> 47/2</p> <p><b>outcome [3]</b> 59/15 64/5 64/14</p> <p><b>outcomes [6]</b> 8/18 11/10 20/9 21/12 57/20 57/23</p> <p><b>outline [4]</b> 10/21 15/23 17/3 18/3</p> <p><b>outlined [2]</b> 38/22 49/21</p> <p><b>outset [3]</b> 6/3 8/6 15/12</p> <p><b>outside [1]</b> 67/1</p> <p><b>outstanding [1]</b> 45/7</p> <p><b>over [18]</b> 1/9 13/7 13/15 16/15 28/20 35/8 37/11 39/1 39/5 40/9 53/14 54/9 54/25 56/13 57/24 68/25 74/9 78/1</p> <p><b>overall [3]</b> 8/18 23/12 71/14</p> <p><b>overarching [2]</b> 6/21 21/15</p> <p><b>overcome [2]</b> 46/10 47/5</p> <p><b>overcrowded [1]</b> 14/18</p> <p><b>overlap [2]</b> 11/2 69/21</p> <p><b>overspeaking [1]</b> 49/14</p> <p><b>owes [1]</b> 74/25</p> <p><b>own [3]</b> 19/10 55/3 62/2</p>	<p>23/14 23/24 24/6 25/4 25/8 31/17 33/9 45/2 47/9 48/8 48/12 50/18 54/7 54/9 55/18 56/12 56/15 56/22 57/25 58/8 58/15 58/21 59/4 59/13 59/23 61/9 61/13 61/14 62/7 63/21 64/13 66/21 66/24 74/16 74/21 75/20 80/21 84/6</p> <p><b>pandemics [2]</b> 46/9 47/4</p> <p><b>panel [16]</b> 10/13 48/24 49/1 49/4 49/5 49/10 49/11 49/17 70/15 70/18 70/19 70/19 83/4 83/5 83/7 83/13</p> <p><b>panelists [2]</b> 48/24 83/18</p> <p><b>panels [2]</b> 48/19 49/21</p> <p><b>paper [1]</b> 79/4</p> <p><b>papers [1]</b> 27/19</p> <p><b>paragraph [1]</b> 10/21</p> <p><b>paragraph 3 [1]</b> 10/21</p> <p><b>paralegals [1]</b> 28/17</p> <p><b>parameters [1]</b> 36/5</p> <p><b>paramount [1]</b> 47/20</p> <p><b>Park [1]</b> 77/25</p> <p><b>part [14]</b> 6/5 6/7 6/19 11/19 22/21 24/13 31/10 37/22 58/1 59/21 60/24 77/12 83/11 83/13</p> <p><b>participant [9]</b> 6/4 11/13 32/16 52/12 64/18 64/21 65/2 71/7 73/19</p> <p><b>participants [33]</b> 2/12 2/21 2/23 3/2 4/14 4/22 5/12 5/15 6/4 9/1 9/9 9/16 10/25 19/9 23/1 29/7 29/15 29/25 30/3 30/23 33/11 36/8 36/9 36/17 40/17 41/5 48/17 50/8 51/13 65/25 69/24 75/6 76/1</p> <p><b>participate [4]</b> 3/12 8/7 9/3 64/6</p> <p><b>participated [2]</b> 60/9 61/13</p> <p><b>participating [3]</b> 52/8 52/21 53/3</p> <p><b>particular [19]</b> 5/16 10/14 14/22 17/8 22/19 24/1 29/5 31/7 41/20 49/7 54/14 57/4 60/17 71/3 71/6 73/13 75/21 76/24 79/21</p> <p><b>particularly [10]</b> 11/6</p>	<p>11/24 15/15 50/16 55/17 55/20 56/12 60/22 63/3 77/15</p> <p><b>parties [2]</b> 30/10 30/13</p> <p><b>Partly [1]</b> 52/20</p> <p><b>partnership [1]</b> 73/24</p> <p><b>parts [9]</b> 5/14 13/15 17/22 64/10 71/22 73/19 73/22 79/17 83/14</p> <p><b>party [1]</b> 30/11</p> <p><b>pass [1]</b> 65/7</p> <p><b>past [2]</b> 28/21 29/1</p> <p><b>patient [1]</b> 62/20</p> <p><b>patients [3]</b> 24/24 62/20 63/6</p> <p><b>paused [2]</b> 4/7 4/12</p> <p><b>pay [1]</b> 17/8</p> <p><b>pen [5]</b> 40/13 50/22 51/2 82/11 82/19</p> <p><b>pen portrait [4]</b> 40/13 50/22 51/2 82/19</p> <p><b>pen portraits [1]</b> 82/11</p> <p><b>people [91]</b></p> <p><b>per [1]</b> 13/20</p> <p><b>perceptible [1]</b> 77/4</p> <p><b>perfectly [1]</b> 44/13</p> <p><b>perhaps [8]</b> 22/10 37/8 55/15 58/6 68/6 75/23 77/22 81/12</p> <p><b>period [2]</b> 17/17 42/4</p> <p><b>periods [1]</b> 41/24</p> <p><b>permeate [1]</b> 37/4</p> <p><b>permits [1]</b> 6/9</p> <p><b>permitting [1]</b> 52/15</p> <p><b>person [3]</b> 14/7 35/7 84/23</p> <p><b>person's [1]</b> 34/3</p> <p><b>personal [5]</b> 32/24 39/15 40/8 42/12 55/2</p> <p><b>persons [5]</b> 5/13 31/8 58/5 61/5 82/21</p> <p><b>perspective [1]</b> 54/12</p> <p><b>pharmaceutical [3]</b> 15/15 77/11 78/24</p> <p><b>physical [4]</b> 37/9 55/11 55/13 66/23</p> <p><b>physically [1]</b> 5/10</p> <p><b>pick [3]</b> 48/4 53/4 82/20</p> <p><b>picked [1]</b> 18/15</p> <p><b>picture [1]</b> 68/19</p> <p><b>piece [1]</b> 29/22</p> <p><b>piecemeal [1]</b> 33/2</p> <p><b>pilot [2]</b> 35/3 35/6</p> <p><b>piloting [2]</b> 34/23 34/25</p> <p><b>place [5]</b> 33/1 37/23 37/25 40/3 82/16</p> <p><b>placed [2]</b> 14/8 60/23</p> <p><b>planes [1]</b> 44/16</p>	<p><b>plans [1]</b> 34/20</p> <p><b>platform [1]</b> 35/4</p> <p><b>play [7]</b> 6/5 9/6 11/19 24/14 31/10 41/6 50/8</p> <p><b>played [5]</b> 58/15 73/1 77/12 79/4 84/16</p> <p><b>playing [1]</b> 80/3</p> <p><b>please [1]</b> 73/14</p> <p><b>pledged [1]</b> 32/1</p> <p><b>pm [1]</b> 85/8</p> <p><b>point [21]</b> 9/23 10/5 10/10 10/12 11/21 13/10 13/18 16/23 29/23 31/11 33/6 48/1 53/1 62/24 73/13 76/10 76/13 77/6 81/11 83/3 84/8</p> <p><b>pointed [2]</b> 76/16 83/6</p> <p><b>points [6]</b> 10/8 15/10 36/20 76/9 82/8 83/10</p> <p><b>Police [1]</b> 4/20</p> <p><b>policies [2]</b> 56/23 62/15</p> <p><b>policy [12]</b> 27/19 27/19 35/17 46/24 57/8 59/9 62/5 62/6 63/8 68/12 68/16 72/4</p> <p><b>politic [1]</b> 46/3</p> <p><b>political [10]</b> 7/1 17/5 17/11 46/19 47/3 47/6 48/6 77/2 77/2 77/9</p> <p><b>politicians [7]</b> 9/3 18/25 19/18 21/17 23/19 43/7 78/8</p> <p><b>Politics [1]</b> 46/10</p> <p><b>poor [1]</b> 14/17</p> <p><b>population [9]</b> 12/24 53/14 53/16 53/18 53/21 54/3 56/13 58/20 62/14</p> <p><b>populations [1]</b> 53/19</p> <p><b>Portadown [1]</b> 78/1</p> <p><b>portrait [4]</b> 40/13 50/22 51/2 82/19</p> <p><b>portraits [2]</b> 82/11 82/21</p> <p><b>position [3]</b> 7/22 19/7 27/19</p> <p><b>positions [1]</b> 9/5</p> <p><b>positive [1]</b> 31/24</p> <p><b>possible [12]</b> 5/23 11/23 21/23 40/22 40/23 44/14 65/5 65/18 66/24 68/15 80/1 82/20</p> <p><b>possibly [1]</b> 10/2</p> <p><b>potential [5]</b> 15/5 22/3 22/9 75/16 83/4</p> <p><b>potentially [2]</b> 30/2 54/25</p> <p><b>poultry [1]</b> 78/18</p> <p><b>power [7]</b> 12/4 18/8</p>
--	---	--	--	---

<b>P</b>	34/16 35/7 40/3 84/11	47/4 60/13 61/15	reacted [1] 15/14	reform [1] 57/17
power... [5] 18/16	processes [2] 27/13	62/15 75/1 77/23	read [4] 33/10 52/21	regard [6] 4/9 9/25
18/20 19/16 32/6 32/9	36/19	80/18 81/4 81/7 84/9	66/12 69/6	10/5 10/15 47/22
powers [1] 1/24	procurement [1]	publication [1] 61/11	readily [1] 54/3	49/12
PPE [2] 25/23 62/16	25/23	publications [1]	reading [1] 27/25	regarded [1] 82/7
practical [3] 3/8	produce [3] 2/5 20/9	56/20	ready [1] 28/18	regarding [1] 62/17
18/13 80/19	23/17	publicly [1] 61/9	real [6] 11/19 11/20	regardless [3] 7/1
practically [1] 40/23	produced [3] 16/17	published [3] 13/5	69/15 77/4 82/17	7/3 7/4
practice [8] 29/1	16/18 21/12	17/4 17/20	82/18	regards [4] 25/18
55/24 56/5 57/11	production [3] 77/16	publishing [1] 62/12	realise [1] 82/13	79/9 83/3 84/3
62/19 79/4 80/3 80/17	77/21 80/20	pulled [1] 19/18	reality [2] 30/23 46/2	region [1] 60/15
pre [2] 27/25 57/25	productive [2] 65/6	pulling [1] 19/14	really [25] 3/1 6/2	regional [1] 78/4
pre-pandemic [1]	65/12	purpose [11] 3/3 3/5	9/14 18/13 21/8 25/14	registered [1] 13/2
57/25	professionals [1]	6/12 8/6 29/5 61/23	26/18 30/17 31/8	registration [3] 35/19
pre-reading [1] 27/25	62/17	62/1 62/9 62/9 75/5	31/10 31/24 34/12	71/14 71/16
precisely [1] 66/3	Professor [1] 45/4	75/7	52/17 53/4 53/10 62/8	regrettable [1] 79/10
preliminary [3] 1/4	Professor of [1] 45/4	purposeful [1] 70/9	66/16 66/16 67/18	regularly [2] 58/19
37/22 39/12	programme [2] 62/25	purposes [7] 3/10	68/15 71/16 72/10	62/25
preparation [1] 56/14	78/21	36/16 38/23 44/21	73/15 76/10 77/6	Regulation [1] 61/16
prepared [3] 36/6	progress [2] 32/15	68/8 74/12 75/10	reason [2] 19/9 22/25	regulations [3] 56/23
48/4 65/4	65/18	pursuance [1] 61/1	72/18	60/14 63/9
preparedness [2]	progresses [1] 24/20	push [1] 46/15	reasons [1] 44/17	reinforcing [1] 13/10
75/17 75/18	prominence [1]	put [7] 4/7 21/14	reassure [1] 72/12	reins [1] 18/15
Preparing [1] 57/2	77/23	23/14 48/5 68/12	receive [4] 28/7	reiterate [1] 37/1
present [2] 4/14 5/10	prominent [1] 42/25	74/18 80/5	28/18 32/16 75/14	reiterated [1] 31/10
presents [1] 82/19	promise [2] 50/25	putting [2] 40/3	received [4] 9/11	relate [1] 27/21
president [1] 45/5	51/6	45/12	9/12 31/6 32/19	related [6] 13/1 13/9
press [3] 9/23 10/10	promote [2] 54/21		receiving [1] 65/19	15/6 25/8 44/17 63/11
73/16	58/3	<b>Q</b>	Recent [1] 12/25	relates [1] 11/6
pressing [4] 9/16	promoting [1] 27/8	Quality [1] 61/16	recipients [1] 69/11	relating [4] 45/2
15/7 16/9 16/14	proper [2] 48/5 68/19	quarantining [1]	recognised [2] 59/24	48/15 55/24 58/4
pressure [2] 14/10	properly [1] 83/7	45/19	78/19	relation [14] 10/11
23/17	propose [1] 58/12	quarters [1] 13/9	recommendation [1]	11/15 23/3 28/21
pretty [1] 63/24	protect [1] 47/20	Queen's [1] 57/6	45/13	32/13 35/14 54/23
previous [4] 39/12	protected [1] 23/4	question [6] 13/17	recommendations	56/12 64/10 68/20
40/1 40/7 48/14	protections [1] 78/2	18/14 50/23 51/4 64/7	[7] 2/5 57/15 57/23	71/12 76/15 77/16
previously [1] 82/14	protocol [1] 32/22	64/8	61/14 61/22 65/20	80/6
primarily [2] 53/6	provide [9] 2/13 6/17	questions [7] 5/25	72/19	relationship [7]
75/23	28/12 29/11 32/18	18/13 21/4 22/5 31/14	record [3] 28/5 28/7	10/16 19/3 19/21
Prime [6] 12/18	36/10 57/20 66/4 78/1	36/5 36/6	62/21	19/25 20/6 20/8 51/9
12/21 16/21 17/9	provided [14] 20/3	quickly [2] 69/3	recorded [4] 3/9 6/13	relatively [1] 45/9
49/18 83/8	32/14 32/20 33/9	72/18	12/17 63/11	Relativity [1] 33/3
Prime Minister [6]	33/11 36/9 56/1 59/6	Quinlivan [1] 5/3	redactions [2] 32/21	59/6
12/18 12/21 16/21	60/10 69/9 69/14 70/1	quite [5] 17/1 20/10	32/22	relevance [7] 28/19
17/9 49/18 83/8	70/4 70/17	32/2 55/14 57/13	reduce [1] 2/7	29/24 31/7 31/22
principal [1] 54/19	providers [1] 31/18	quote [2] 45/21 46/11	reduction [1] 67/4	32/19 75/16 76/23
principles [1] 21/15	provides [1] 29/25	<b>R</b>	refer [3] 74/13 76/8	relevant [23] 20/4
prior [1] 56/22	provision [3] 57/9	raise [4] 5/23 10/2	80/12	20/25 29/8 29/19
priority [2] 72/13	57/25 69/17	10/11 50/6	reference [10] 10/18	29/20 29/22 30/2
77/22	provisional [9] 10/18	13/17 20/21 24/12	15/23 16/4 16/7 16/19	30/20 31/2 32/4 32/10
prison [1] 55/7	15/23 17/3 17/20 18/3	28/20 42/15 48/10	30/4 43/18 53/21 60/1	32/16 32/20 35/24
private [1] 54/1	20/15 24/7 38/1 75/13	50/3 51/8 82/11	65/23	53/20 55/20 56/2 61/4
proactive [1] 61/8	provisionally [1]	raises [1] 11/7	referred [6] 29/10	66/4 69/2 70/8 75/18
proactively [1] 81/20	35/13	range [1] 74/17	41/20 42/17 43/12	80/8
problem [1] 63/21	proximate [1] 36/25	rapidly [1] 18/19	43/16 75/4	reliably [1] 21/23
problems [1] 52/3	public [39] 3/20 3/23	rate [2] 13/19 13/20	refers [2] 76/17	reliant [1] 55/5
proceed [1] 16/24	10/7 16/5 16/6 16/9	rates [1] 13/14	83/15	religious [1] 7/2
proceedings [1] 3/25	21/2 24/5 24/6 26/2	rather [3] 33/15	refine [1] 29/24	remains [1] 47/25
process [19] 5/20	26/3 26/14 26/25	70/16 71/24	reflect [4] 10/18	remarks [1] 82/2
11/17 15/11 16/1 16/6	29/16 30/5 30/16	raw [1] 58/24	33/17 37/7 60/23	remember [1] 37/6
16/15 19/24 22/21	33/12 33/21 34/9	reached [2] 6/24	69/19	remind [2] 36/16
24/9 27/2 29/23 30/22	35/17 35/21 37/24	29/13	reflecting [1] 63/7	36/18
31/12 33/7 34/14	44/5 45/4 45/6 46/9			reminded [1] 30/6
	46/13 46/20 46/24			

<b>R</b>	<p><b>reminder [1]</b> 47/3</p> <p><b>remit [1]</b> 66/3</p> <p><b>remote [1]</b> 4/23</p> <p><b>remotely [2]</b> 52/8 52/21</p> <p><b>repeat [2]</b> 25/1 85/5</p> <p><b>repeated [2]</b> 66/1 79/5</p> <p><b>report [7]</b> 16/17 32/15 36/8 44/9 56/25 57/2 57/4</p> <p><b>reported [1]</b> 12/15</p> <p><b>represent [5]</b> 11/14 38/21 39/10 40/16 59/17</p> <p><b>representation [1]</b> 4/13</p> <p><b>representative [2]</b> 22/25 74/8</p> <p><b>representatives [4]</b> 3/3 4/23 37/16 60/11</p> <p><b>represented [14]</b> 4/14 4/16 4/19 4/20 4/25 5/1 5/3 5/5 5/7 5/9 13/12 24/19 39/3 39/5</p> <p><b>representing [1]</b> 73/2</p> <p><b>represents [2]</b> 53/15 54/24</p> <p><b>Republic [20]</b> 10/1 10/3 10/16 13/22 20/13 20/18 20/23 21/5 21/6 42/19 43/21 44/1 44/6 44/22 47/14 47/17 49/8 51/9 57/12 84/1</p> <p><b>request [3]</b> 61/6 80/7 80/10</p> <p><b>requests [23]</b> 2/13 26/11 26/22 26/23 27/4 28/23 28/25 29/2 29/3 29/4 29/18 30/22 31/4 31/20 32/3 42/18 48/13 66/9 69/4 69/12 76/6 79/5 80/6</p> <p><b>require [3]</b> 45/8 65/25 78/17</p> <p><b>required [5]</b> 28/25 55/13 55/23 61/2 74/3</p> <p><b>requirement [1]</b> 58/7</p> <p><b>requires [1]</b> 33/25</p> <p><b>research [2]</b> 13/5 57/5</p> <p><b>residential [3]</b> 53/17 53/18 55/6</p> <p><b>residents [1]</b> 62/25</p> <p><b>resource [1]</b> 70/19</p> <p><b>resourced [1]</b> 78/12</p> <p><b>respect [3]</b> 15/15 24/10 33/13</p> <p><b>respectfully [2]</b> 70/20 83/1</p> <p><b>respective [1]</b> 10/7</p> <p><b>respectively [1]</b> 12/9</p> <p><b>respite [1]</b> 14/20</p> <p><b>respond [5]</b> 25/7 42/8 53/11 71/5 75/19</p> <p><b>responded [1]</b> 7/12</p> <p><b>responding [2]</b> 18/5 23/24</p> <p><b>response [21]</b> 9/24 17/7 17/25 18/10 18/10 18/23 20/17 23/12 24/6 31/17 41/7 41/16 43/20 45/8 47/18 56/14 61/14 62/6 82/3 82/16 85/18</p> <p><b>responses [3]</b> 16/15 25/24 46/20</p> <p><b>responsibility [1]</b> 56/9</p> <p><b>responsible [1]</b> 27/7</p> <p><b>restriction [1]</b> 32/25</p> <p><b>restrictions [5]</b> 12/19 15/19 18/2 39/19 45/12</p> <p><b>result [2]</b> 11/9 66/21</p> <p><b>Resuscitate [1]</b> 62/19</p> <p><b>Resuscitation [1]</b> 25/13</p> <p><b>retail [2]</b> 26/3 78/6</p> <p><b>return [3]</b> 23/4 33/4 38/10</p> <p><b>revealed [1]</b> 18/5</p> <p><b>review [5]</b> 28/18 32/20 38/2 55/23 56/3</p> <p><b>revise [1]</b> 16/19</p> <p><b>revisions [1]</b> 16/20</p> <p><b>right [7]</b> 4/8 18/9 19/10 30/22 35/2 51/18 84/7</p> <p><b>rights [6]</b> 5/19 5/20 27/8 62/14 64/17 64/20</p> <p><b>rigorous [1]</b> 15/10</p> <p><b>rigour [1]</b> 26/10</p> <p><b>rise [2]</b> 12/15 18/13</p> <p><b>risk [7]</b> 14/13 44/11 74/17 75/24 77/22 78/7 78/18</p> <p><b>risks [1]</b> 44/12</p> <p><b>robust [1]</b> 32/2</p> <p><b>role [15]</b> 9/6 11/5 19/3 41/5 41/11 48/18 49/10 50/7 50/7 52/20 53/13 58/9 58/16 61/8 73/1</p> <p><b>roles [1]</b> 23/3</p> <p><b>roll [2]</b> 63/1 78/20</p> <p><b>roll-out [1]</b> 63/1</p> <p><b>room [5]</b> 3/18 4/15 5/10 40/10 58/24</p> <p><b>round [1]</b> 57/22</p> <p><b>route [1]</b> 29/22</p> <p><b>Royal [1]</b> 45/6</p>	<p><b>Royal Society [1]</b> 45/6</p> <p><b>RQIA [1]</b> 61/16</p> <p><b>Rule [21]</b> 5/17 20/25 24/9 26/11 26/18 26/22 27/2 27/2 27/10 28/23 28/23 28/25 29/2 29/4 29/18 42/18 48/13 66/9 69/4 69/11 76/6 80/6 80/10</p> <p><b>Rule 5 [1]</b> 5/17</p> <p><b>Rule 9 [18]</b> 24/9 26/11 26/18 26/22 27/2 27/10 28/23 28/25 29/2 29/4 29/18 42/18 48/13 66/9 69/4 69/11 76/6 80/6</p> <p><b>Rule 9s [1]</b> 20/25</p> <p><b>Rules [2]</b> 5/18 29/1</p> <p><b>Rules 2006 [1]</b> 5/18</p> <p><b>ruling [3]</b> 28/22 29/9 82/16</p> <p><b>run [1]</b> 18/17</p> <p><b>running [1]</b> 35/9</p>	<p><b>saying [4]</b> 39/20 43/14 49/25 70/14</p> <p><b>says [2]</b> 41/9 81/5</p> <p><b>scale [7]</b> 6/22 8/19 36/13 36/23 40/11 78/13 82/18</p> <p><b>scales [1]</b> 35/9</p> <p><b>Scally [2]</b> 45/4 47/23</p> <p><b>school [1]</b> 7/3</p> <p><b>science [2]</b> 23/23 35/22</p> <p><b>scientific [3]</b> 7/15 17/11 23/16</p> <p><b>scope [12]</b> 10/21 10/25 15/23 17/3 17/20 18/3 20/15 66/7 71/17 75/10 75/13 76/16</p> <p><b>Scotland [3]</b> 17/19 20/10 25/5</p> <p><b>Scottish [1]</b> 1/19</p> <p><b>Scottish Inquiry [1]</b> 1/19</p> <p><b>scrutinise [1]</b> 19/16</p> <p><b>scrutiny [3]</b> 8/9 17/8 19/13</p> <p><b>Sean [1]</b> 78/5</p> <p><b>Sean McKeever [1]</b> 78/5</p> <p><b>searching [1]</b> 8/2</p> <p><b>second [2]</b> 45/11 47/12</p> <p><b>secondly [2]</b> 1/13 45/20</p> <p><b>Secretary [2]</b> 61/3 74/18</p> <p><b>section [7]</b> 3/21 11/14 32/7 45/6 54/20 64/16 83/15</p> <p><b>section 18 [1]</b> 3/21</p> <p><b>section 2 [1]</b> 54/20</p> <p><b>section 21 [1]</b> 32/7</p> <p><b>section 3 [1]</b> 83/15</p> <p><b>sector [12]</b> 25/22 54/1 62/4 67/12 67/20 67/21 68/1 68/4 68/6 68/22 78/18 78/19</p> <p><b>sectors [6]</b> 25/25 26/3 68/21 74/17 77/14 84/16</p> <p><b>security [1]</b> 14/15</p> <p><b>see [10]</b> 2/1 3/24 29/7 59/7 60/15 61/25 71/2 75/13 76/20 79/23</p> <p><b>seek [6]</b> 19/21 22/18 26/19 29/18 59/18 62/4</p> <p><b>seeking [3]</b> 23/2 28/4 77/17</p> <p><b>seeks [3]</b> 10/24 27/12 27/15</p> <p><b>seems [2]</b> 18/12 83/17</p>	<p><b>seen [6]</b> 7/25 8/20 46/15 54/5 61/21 77/19</p> <p><b>sees [2]</b> 66/21 72/7</p> <p><b>self [1]</b> 45/23</p> <p><b>self-isolation [1]</b> 45/23</p> <p><b>sending [2]</b> 24/9 26/17</p> <p><b>senior [7]</b> 15/13 17/10 43/7 61/18 64/15 67/24 70/16</p> <p><b>sense [3]</b> 44/19 70/18 80/12</p> <p><b>sensitive [2]</b> 4/4 7/22</p> <p><b>sent [2]</b> 26/23 27/4</p> <p><b>sentiment [1]</b> 47/25</p> <p><b>separate [6]</b> 1/10 1/15 17/1 43/4 44/20 83/21</p> <p><b>separated [1]</b> 7/4</p> <p><b>separately [1]</b> 1/12</p> <p><b>sequence [1]</b> 16/25</p> <p><b>series [2]</b> 18/12 21/4</p> <p><b>serious [3]</b> 14/1 44/13 57/24</p> <p><b>seriously [1]</b> 64/20</p> <p><b>servants [2]</b> 18/22 23/18</p> <p><b>serve [2]</b> 8/12 29/5</p> <p><b>service [3]</b> 17/10 18/22 61/7</p> <p><b>services [9]</b> 14/9 14/11 14/11 22/14 26/2 48/21 52/7 56/1 63/18</p> <p><b>sessions [1]</b> 35/8</p> <p><b>set [21]</b> 1/7 2/8 2/15 10/23 11/4 11/15 16/2 20/15 24/25 26/15 34/20 34/22 40/22 40/23 44/7 58/11 64/16 70/22 71/19 77/1 85/4</p> <p><b>setting [2]</b> 34/9 36/4</p> <p><b>settings [1]</b> 63/2</p> <p><b>settlement [2]</b> 7/23 10/15</p> <p><b>seven [2]</b> 13/19 45/15</p> <p><b>seven days [1]</b> 45/15</p> <p><b>seven-day [1]</b> 13/19</p> <p><b>severe [1]</b> 12/19</p> <p><b>shall [1]</b> 38/10</p> <p><b>shameful [1]</b> 78/9</p> <p><b>shape [1]</b> 18/22</p> <p><b>share [5]</b> 34/17 35/4 40/4 60/12 72/24</p> <p><b>shared [4]</b> 40/5 72/14 75/5 75/7</p> <p><b>shares [1]</b> 20/12</p> <p><b>sharing [4]</b> 12/5 18/8 18/20 19/16</p> <p><b>Sharpe [1]</b> 4/25</p>
----------	--	--	---	---

<b>S</b>	14/7 14/18 22/13 24/7 27/16 32/12 40/13 40/15 45/14 49/10 53/5 53/15 53/17 55/19 59/7 62/12 62/24 63/4 66/7 66/20 68/6 68/6 69/13 69/25 70/9 75/14 76/5 76/20 79/1 79/23 81/15 82/24 83/10	<b>stage [7]</b> 38/8 38/20 40/15 42/3 50/10 68/6 76/2 <b>stages [1]</b> 18/1 <b>stakeholder [1]</b> 57/21 <b>stand [1]</b> 81/12 <b>standing [3]</b> 18/14 19/14 79/19 <b>stark [1]</b> 54/12 <b>start [5]</b> 3/7 13/2 34/24 35/7 53/12 <b>started [4]</b> 26/13 26/16 31/2 65/10 <b>state [2]</b> 42/5 61/3 <b>stated [1]</b> 33/13 <b>statement [9]</b> 2/17 27/13 69/20 74/3 74/19 75/4 82/3 85/11 85/18 <b>statements [1]</b> 23/2 <b>static [1]</b> 37/10 <b>statistical [3]</b> 23/16 35/19 57/14 <b>statistics [5]</b> 13/3 13/4 33/14 54/6 55/9 <b>status [1]</b> 52/12 <b>statutory [4]</b> 23/3 27/7 60/11 61/2 <b>stay [1]</b> 3/14 <b>staying [1]</b> 58/9 <b>step [6]</b> 23/6 46/15 60/2 60/5 60/6 60/7 <b>steps [5]</b> 2/25 3/22 22/2 24/5 32/12 <b>still [6]</b> 40/10 51/1 51/6 51/21 59/14 59/14 <b>stood [1]</b> 22/19 <b>storm [1]</b> 12/13 <b>straddles [1]</b> 68/15 <b>strain [1]</b> 7/7 <b>strand [1]</b> 81/16 <b>strand-tying [1]</b> 81/16 <b>strategy [2]</b> 45/18 46/2 <b>stressed [1]</b> 8/22 <b>strive [2]</b> 30/21 74/4 <b>strongly [1]</b> 13/11 <b>struck [1]</b> 39/13 <b>structures [2]</b> 83/23 83/25 <b>struggle [1]</b> 43/12 <b>study [3]</b> 46/8 46/12 46/23 <b>stupid [1]</b> 46/7 <b>sub [2]</b> 24/17 29/14 <b>sub-modules [1]</b> 24/17 <b>subcommittees [1]</b> 17/12 <b>subject [5]</b> 8/9 19/13 26/6 32/19 67/21	<b>subjects [1]</b> 51/6 <b>submission [3]</b> 28/23 69/6 79/20 <b>submissions [36]</b> 9/9 9/11 11/4 12/1 27/24 38/5 38/15 41/3 41/6 41/8 41/22 42/9 42/21 42/22 48/14 50/4 51/19 52/15 53/6 58/12 66/13 73/8 74/12 75/9 76/9 76/15 76/21 79/22 79/24 81/13 81/17 84/3 84/23 85/13 85/15 85/17 <b>substantial [2]</b> 33/1 46/24 <b>successful [1]</b> 45/17 <b>such [11]</b> 3/22 13/18 15/4 25/6 37/11 43/1 43/15 44/15 77/20 79/17 80/23 <b>suffer [2]</b> 22/19 63/16 <b>suffered [5]</b> 6/20 8/4 33/8 37/3 63/25 <b>suffering [2]</b> 6/25 8/20 <b>suffice [1]</b> 58/14 <b>sufficient [2]</b> 62/16 69/8 <b>suggest [4]</b> 5/23 23/8 55/10 57/18 <b>suggested [1]</b> 48/18 <b>suggesting [1]</b> 49/9 <b>summaries [1]</b> 33/19 <b>summarise [1]</b> 41/2 <b>summarised [1]</b> 33/10 <b>summarising [1]</b> 9/17 <b>summary [3]</b> 20/5 33/14 35/22 <b>summer [1]</b> 37/24 <b>supermarket [1]</b> 14/12 <b>superseded [1]</b> 29/3 <b>support [5]</b> 34/14 39/24 42/13 57/20 85/2 <b>supported [2]</b> 55/5 75/7 <b>suppose [1]</b> 20/5 <b>sure [10]</b> 2/3 15/17 51/3 51/3 54/4 68/23 69/16 70/1 75/1 82/23 <b>surely [2]</b> 8/8 14/6 <b>surgeries [2]</b> 63/18 63/20 <b>surprise [1]</b> 44/3 <b>surrounding [1]</b> 57/7 <b>suspect [1]</b> 50/23 <b>suspended [1]</b> 12/5 <b>Swathes [1]</b> 14/13	<b>system [7]</b> 15/8 25/19 26/8 33/2 56/17 68/18 70/1 <b>systems [9]</b> 14/9 24/23 25/5 25/7 25/10 31/16 35/18 56/7 71/13
			<b>T</b>	
			<b>table [1]</b> 57/22 <b>tackle [2]</b> 23/8 24/3 <b>take [12]</b> 2/25 3/22 16/8 24/6 26/5 33/1 37/23 37/25 38/10 68/3 69/7 81/18 <b>taken [10]</b> 7/14 11/22 12/1 13/4 17/9 21/25 22/3 32/12 60/18 62/17 <b>takes [1]</b> 64/19 <b>taking [3]</b> 7/8 23/10 80/18 <b>talked [1]</b> 58/22 <b>talking [1]</b> 67/19 <b>targeted [1]</b> 42/18 <b>task [1]</b> 6/22 <b>team [23]</b> 1/12 1/23 2/19 7/21 9/15 11/25 28/17 36/25 39/4 42/12 42/13 42/16 51/11 61/18 65/1 65/4 65/9 66/6 68/4 68/24 72/8 72/12 83/21 <b>team's [1]</b> 53/7 <b>teams [2]</b> 28/24 33/11 <b>tell [1]</b> 46/5 <b>ten [1]</b> 13/21 <b>term [2]</b> 54/21 55/11 <b>terms [22]</b> 4/13 10/18 13/12 15/22 16/4 16/7 16/19 18/6 19/12 20/11 21/25 23/7 24/11 31/19 35/16 37/20 53/21 64/14 70/22 71/24 74/10 82/19 <b>testimony [1]</b> 34/18 <b>testing [5]</b> 25/23 61/10 62/24 78/17 78/21 <b>than [5]</b> 3/17 13/21 14/7 55/22 71/24 <b>thank [20]</b> 2/14 2/16 2/18 38/8 38/11 51/15 51/16 51/17 52/11 52/14 72/21 72/22 73/5 73/6 73/11 81/25 84/20 84/21 85/6 85/7 <b>thank you [15]</b> 2/14 2/16 2/18 38/11 51/15 51/16 51/17 52/11 52/14 72/21 73/6 73/11 84/21 85/6 85/7	



**U**  
**updates...** [1] 58/19  
**upended** [1] 7/2  
**upholding** [1] 74/5  
**upon** [15] 4/5 7/16  
8/10 11/18 19/25 24/5  
29/3 29/6 29/20 31/5  
33/17 35/11 37/7  
41/12 48/8  
**urgent** [1] 45/8  
**Urology** [1] 48/20  
**us** [13] 2/3 2/22 6/23  
9/1 9/15 14/5 15/18  
18/12 28/12 31/21  
40/5 44/3 70/17  
**use** [9] 23/19 33/12  
48/3 48/4 48/5 62/1  
64/22 77/10 80/8  
**used** [4] 33/3 37/13  
64/8 72/20  
**usurped** [1] 49/10

---

**V**  
**vaccination** [1] 62/25  
**vaccines** [1] 25/21  
**values** [1] 74/5  
**variability** [1] 13/24  
**varied** [1] 13/15  
**variety** [2] 29/19  
58/11  
**various** [2] 54/5  
67/16  
**vast** [1] 30/4  
**ventilated** [1] 82/14  
**ventilators** [1] 62/18  
**very** [60] 4/1 5/15  
9/23 11/3 11/25 22/24  
24/15 26/14 28/15  
38/8 38/23 39/23  
40/15 41/8 42/10  
50/11 50/18 50/19  
51/10 51/10 51/11  
51/24 53/7 54/12 55/8  
55/8 55/14 56/2 56/10  
58/7 59/1 60/8 64/20  
65/12 65/13 66/14  
66/20 66/24 67/2  
67/22 69/3 69/3 70/21  
71/3 71/18 72/22  
72/22 73/1 73/2 73/2  
73/5 75/4 77/21 81/5  
81/14 81/25 82/1 82/5  
84/20 85/6  
**via** [1] 35/5  
**viable** [1] 21/11  
**video** [1] 37/12  
**view** [3] 53/1 54/13  
81/18  
**viewed** [1] 46/21  
**views** [2] 16/17 60/23  
**violence** [1] 14/19  
**virus** [2] 74/23 78/7  
**visit** [1] 50/16

**visited** [1] 16/11  
**vital** [1] 14/11  
**vitality** [1] 9/6  
**voices** [3] 6/20 33/16  
34/8  
**voluntary** [1] 45/23  
**vulnerable** [7] 8/23  
11/24 22/9 27/8 53/19  
55/11 55/14

---

**W**  
**waiting** [2] 28/18  
63/19  
**Wales** [3] 17/19  
20/11 25/5  
**walkout** [1] 77/25  
**walkouts** [1] 78/3  
**wall** [1] 37/12  
**want** [24] 1/10 6/10  
8/22 19/16 28/5 37/14  
37/15 42/12 43/6  
52/10 52/17 53/2 53/4  
53/10 64/13 64/19  
66/7 69/7 70/6 72/10  
73/12 76/10 76/13  
82/9  
**wanted** [7] 2/20 9/8  
9/19 27/10 36/11 37/1  
40/4  
**wanting** [1] 63/22  
**wants** [2] 64/25  
66/16  
**warmly** [1] 2/23  
**warned** [1] 30/9  
**was** [116]  
**wasn't** [3] 25/1 62/8  
71/21  
**watching** [1] 85/7  
**wave** [1] 54/8  
**way** [20] 4/23 7/24  
9/8 21/14 33/24 34/17  
39/25 43/8 47/9 48/8  
49/2 49/10 52/4 57/14  
59/17 65/5 67/6 68/9  
68/12 68/18  
**ways** [10] 8/5 8/10  
16/20 22/1 36/15 37/6  
50/23 51/2 58/11 66/5  
**we** [126]  
**We haven't** [1] 32/8  
**we'll** [2] 74/20 85/3  
**we're** [8] 2/10 2/11  
20/23 31/24 42/11  
49/8 49/25 65/13  
**we've** [5] 22/13 27/18  
31/2 50/3 76/16  
**weaknesses** [1] 62/3  
**website** [3] 34/22  
35/5 37/13  
**Wednesday** [1] 1/1  
**week** [1] 84/25  
**weekly** [1] 59/21  
**weeks** [3] 27/4 37/19  
38/2

**welcome** [6] 1/3 2/20  
2/22 11/25 40/17  
72/25  
**welcomed** [2] 41/8  
43/23  
**welcomes** [1] 65/17  
**welcoming** [1] 66/4  
**welfare** [1] 47/20  
**well** [51] 3/16 3/19  
4/24 5/11 8/14 11/16  
13/25 14/8 16/18 17/2  
17/20 19/23 20/4  
20/18 20/21 20/24  
21/1 21/20 22/1 22/2  
23/24 27/9 29/8 29/12  
29/14 30/9 32/7 39/5  
40/4 40/18 49/1 49/3  
49/22 50/1 50/5 52/4  
55/6 57/16 60/7 60/22  
67/22 69/23 70/9 71/2  
71/17 80/25 82/14  
83/12 83/24 84/2  
84/19  
**Welsh** [1] 67/24  
**went** [6] 7/3 8/13  
26/14 61/11 64/3 64/4  
**were** [75] 7/14 7/14  
7/16 7/19 8/15 8/17  
8/24 10/2 12/5 12/8  
12/13 14/13 16/3 16/9  
16/14 16/18 16/20  
17/9 18/2 18/16 18/18  
19/11 19/15 20/17  
21/11 21/14 21/14  
21/18 21/25 22/2  
22/20 23/6 23/23 24/1  
24/3 24/4 27/13 27/20  
27/23 28/6 36/21  
39/14 39/17 39/22  
43/8 43/19 44/3 44/10  
45/3 46/8 47/6 48/6  
50/13 53/6 54/9 55/10  
56/23 56/23 57/6 59/7  
60/2 60/6 62/16 63/9  
63/10 63/13 70/24  
74/16 74/23 77/3  
77/15 77/21 78/3 80/3  
82/9  
**weren't** [3] 60/4 60/7  
77/3  
**what** [91]  
**what's** [1] 31/1  
**whatever** [2] 59/17  
65/5  
**whatsoever** [1] 78/10  
**when** [25] 4/4 6/24  
21/18 22/11 40/14  
41/9 41/24 42/9 43/14  
44/3 44/10 56/18 59/4  
61/5 61/6 62/22 63/3  
63/8 65/11 67/18 68/4  
71/10 71/11 71/18  
72/2  
**where** [15] 7/3 7/4

29/13 31/14 31/16  
32/23 34/11 42/14  
43/2 44/13 44/14  
47/15 69/13 69/24  
71/12  
**whereby** [1] 35/4  
**whether** [22] 7/18  
8/16 10/2 10/12 11/22  
15/5 19/17 19/24  
21/10 21/11 23/10  
23/11 35/23 49/5 49/6  
57/15 57/16 63/16  
67/15 70/14 83/6  
83/13  
**which** [88]  
**While** [1] 47/1  
**who** [71] 1/14 2/21  
2/22 3/13 4/14 4/23  
6/10 6/20 7/17 8/4 8/7  
8/23 8/24 11/7 11/9  
13/11 13/12 14/2  
14/20 15/25 18/15  
18/16 18/18 18/25  
22/12 22/19 23/3  
23/19 26/18 30/7 31/9  
32/4 32/10 33/8 34/7  
36/15 36/17 36/20  
36/21 36/21 37/2 37/3  
37/7 38/24 39/1 39/4  
41/10 45/4 49/12  
50/20 52/7 52/21  
52/22 53/19 55/3 55/4  
55/5 55/7 59/8 59/15  
63/15 70/7 73/22  
74/20 75/6 79/13 80/7  
82/12 83/5 84/22  
84/23  
**whole** [3] 70/7 81/23  
83/17  
**whom** [2] 2/13 74/16  
**whose** [5] 11/10 15/3  
34/1 34/8 82/21  
**why** [9] 2/8 4/11  
13/18 22/25 23/9 64/2  
64/3 64/6 65/16  
**whys** [1] 68/20  
**wide** [3] 12/20 36/24  
58/10  
**widely** [1] 16/10  
**wider** [2] 13/21 23/25  
**will** [131]  
**willingness** [2] 11/5  
31/25  
**winter** [1] 35/6  
**wish** [4] 2/1 23/20  
26/8 50/9  
**within** [11] 14/21  
15/22 21/20 25/9 27/3  
66/2 67/4 69/22 79/15  
81/9 83/23  
**without** [7] 39/23  
43/14 62/20 65/18  
68/20 70/2 81/13  
**witness** [1] 23/2

**witnesses** [4] 6/1  
35/12 35/15 70/13  
**won't** [2] 32/9 85/5  
**wondered** [1] 70/14  
**wonderful** [1] 48/3  
**word** [2] 26/11 43/11  
**words** [2] 30/10 52/3  
**work** [32] 1/8 1/18  
5/24 6/6 14/12 20/8  
26/13 26/17 26/20  
31/16 31/20 33/19  
33/24 34/13 36/5  
36/18 37/4 37/5 37/15  
45/23 54/13 55/20  
55/21 64/10 64/24  
66/16 70/6 71/3 73/12  
74/23 75/2 83/24  
**workers** [10] 24/24  
74/17 74/20 74/22  
77/20 77/25 78/6 78/6  
78/14 78/17  
**Workers'** [1] 74/19  
**workforce** [1] 78/2  
**working** [8] 3/2 15/19  
49/11 72/13 73/21  
73/24 74/16 78/21  
**workplace** [1] 81/8  
**workplaces** [4] 74/17  
77/12 78/14 80/9  
**works** [1] 68/18  
**world** [2] 67/1 77/4  
**worried** [1] 34/15  
**worse** [1] 50/19  
**worth** [1] 49/22  
**would** [35] 6/11 9/20  
10/12 16/6 16/23  
16/24 20/19 22/7  
23/19 24/22 24/22  
26/8 29/5 29/6 33/4  
34/7 34/8 40/12 40/15  
42/18 51/1 55/10  
59/11 63/8 65/7 68/19  
69/7 69/24 70/15 71/1  
72/11 79/25 82/20  
82/21 83/9  
**wouldn't** [2] 40/22  
40/23  
**written** [10] 9/9 11/4  
33/21 42/21 53/6  
58/12 66/13 69/20  
76/15 81/13  
**wrong** [4] 6/11 8/13  
64/3 64/4  
**wrote** [2] 16/4 45/15

---

**Y**  
**year** [5] 13/7 17/4  
35/10 41/22 74/19  
**years** [3] 12/7 44/4  
75/12  
**yes** [7] 49/19 49/24  
58/25 64/23 67/10  
67/13 67/22  
**yesterday** [4] 67/25

**Y****yesterday... [3]** 75/25

76/9 76/25

**yet [1]** 32/9**York [1]** 44/16**you [113]****you're [5]** 3/22 37/12

56/4 67/19 71/18

**you've [2]** 82/25 83/6**young [1]** 26/2**your [55]** 2/14 3/4

6/15 36/11 38/20 39/7

39/9 41/1 41/12 41/18

43/12 49/9 49/11 50/5

50/24 51/12 51/15

51/15 52/18 53/7

53/11 53/20 54/5

56/19 57/12 58/2

59/24 60/23 62/10

63/4 63/12 64/9 64/25

64/25 65/17 65/20

65/23 66/1 66/6 66/12

66/18 68/3 68/24 69/5

69/16 70/14 70/16

70/17 71/23 72/5 72/8

72/12 72/12 82/16

83/4

**your Ladyship [32]**

38/20 39/7 39/9 41/1

41/12 41/18 43/12

49/11 50/5 52/18

53/11 53/20 54/5

56/19 57/12 58/2

59/24 60/23 62/10

63/4 63/12 64/9 64/25

66/1 66/18 69/5 69/16

70/14 70/17 71/23

72/5 72/12

**Z****zero [1]** 45/17