

Witness Name: Michelle O'Neill MLA  
Statement No: Module 1, statement 1  
Exhibits: **INQ000145916,**  
**INQ000145917, INQ000145918**  
Dated: 31<sup>st</sup> March 2023

## UK COVID-19 INQUIRY

---

### WITNESS STATEMENT OF MICHELLE O'NEILL

---

I, MICHELLE O'NEILL MLA, will say as follows:

#### **A. Introduction**

1. My name is Michelle O'Neill MLA. I have been granted core participant status for modules 1, 2 and 2c of the Inquiry. I provide this statement of evidence to assist the Inquiry in its consideration of the issues concerning my role in the Northern Ireland Executive arising in module 1. Prior to drafting this statement I have reviewed the provisional outline of scope for module 1 and the questions and guidance posed in correspondence from the Inquiry.
2. I understand that the module will examine "the resilience and preparedness of the United Kingdom; was the risk of a Coronavirus pandemic properly identified and planned for? Was the UK ready for such an eventuality?" The provisional outline of scope provides:

*"The module will look at the UK's preparedness for whole-system civil emergencies, including resourcing, the system of risk management and pandemic readiness. It will scrutinise government decision-making and seek to identify whether lessons were learned from earlier incidents and simulations and from international practices and procedures.*

*The module will examine:*

1. *The basic characteristics and epidemiology of Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) and Coronavirus disease (COVID-19).*
  2. *The Government structures and specialist bodies concerned with risk management and civil emergency planning, including devolved administrations and their structures, local authorities and private sector bodies, historical changes to such structures and bodies as well as the structures in place as at January 2020, inter-organisational processes and cooperation.*
  3. *The planning for a pandemic, including forecasting, resources, and the learning from past simulation exercises (including coronavirus, new and emerging high-consequence infectious diseases and influenza pandemic/epidemic exercises), the emergency plans that were in place, biosecurity issues relevant to the risk of pandemics/epidemics, international comparisons and the history of, and learning from, past policy-related investigations.*
  4. *Public health services, including the structure of public health bodies, their development over time and readiness and preparation in practice; public health capacity, resources and levels of funding, any impact arising from the UK's departure from the European Union, and the way in which relevant bodies monitored and communicated about emerging disease.*
  5. *Economic planning by relevant Government bodies, including capacity and spending commitments and efficiency and anti-fraud controls, in the context of emergency planning.*
  6. *Planning for future pandemics, including (in outline) the state of international preparedness; the risks of new variants of Covid 19, other viruses of concern, and diseases from human contact/viral transmission with animals."*
3. I am conscious of the fact that matters raised in module 1 may, in turn, be examined in greater detail in subsequent modules. I have addressed each question in turn and sought to avoid any unnecessary repetition.
  4. At the outset, I wish to make clear that I welcome the Inquiry and appreciate the opportunity to contribute to its work. It is important that lessons are learned. I welcome the Inquiry's intention to examine "*whether and the extent to which pre-existing inequalities (the nature of which will be examined but which will include structural racism) were properly taken into account by the relevant*

*structures and specialist bodies in planning, preparing and building resilience for a pandemic.”*

5. I am firmly of the view that the impact of the COVID-19 crisis on the vulnerable and marginalised in the community could only have been exacerbated by the deep inequalities that already exist within society, most obviously but not exclusively, health inequalities. Inequalities in British society are a product of its socio-economic structures and, in particular, its history of colonialism and slavery. Structural racism and the failure to address this legacy and the wider issue of economic inequalities by successive British governments has allowed structural inequalities to persist. In the 6 county state of ‘Northern Ireland’ created just over a century ago, there is of course, the additional and extensive consequences of sectarian discrimination, inequality and economic imbalance which were institutionalised in the design and creation of the sectarian state of ‘Northern Ireland’. As a result of these deeply ingrained inequalities, including, most obviously, health inequalities, it was inevitable that the Covid pandemic would impact more acutely on the most vulnerable in our society such as people from economically and socially disadvantaged communities, those from ethnic minority communities and people with disabilities.
6. In our specific circumstances, the attempt by some parties in the Executive, including Sinn Féin, to advance equality and human rights protections have been resisted by Unionist political parties which have used the veto in the Executive Office (previously the Office of the First Minister and deputy First Minister), the Executive and the Assembly to block progress on these issues. As a result, there is inadequate legislative protection for human rights – for example, we have no Bill of Rights and no Equality Act. In fact, we relied on the European Union for many of our equality laws due to the inability to advance equality within our own jurisdiction.
7. A decade of cuts to public services through ideologically driven austerity policies pursued by successive British governments have consequences that go far beyond growing waiting lists and staff shortages. Austerity has exacerbated the deep structural social and health inequalities and sharpened the consequences of poverty in terms of health outcomes and life expectancy in vulnerable, marginalised and disadvantaged communities.
8. In this statement, I have tried to address succinctly the issue of inequality in our society, perpetuated by the failure at government level to address the causes and consequences of inequality and compounded, over the last decade, by the under-funding of public services. Structural inequalities meant that the most vulnerable in our society were already facing health inequalities before the pandemic. The outbreak of the COVID-19 crisis could only exacerbate the effect of inequalities on communities with patterns of poorer health outcomes. Again, I want to

welcome and support the Inquiry's commitment to examine pre-existing inequalities and whether they were taken into account in planning, preparing and building resilience for a pandemic.

9. I was first returned as a Member of the Legislative Assembly (MLA) for the Mid-Ulster constituency in May 2007. Since that time I have been elected at each Assembly election for Sinn Féin. I served as Minister for Agriculture and Rural Development from May 2011 until May 2016. I was Minister for Health in the subsequent Executive from May 2016 to March 2017. I then served as deputy First Minister from 11<sup>th</sup> January 2020 until 4<sup>th</sup> February 2022. I am the Vice-President of Sinn Féin.
10. The "New Decade, New Approach" Agreement brought the return of the Institutions in January 2020. The restored Executive was based on the Assembly elections of March 2017. It was selected based on the D'Hondt system save for the post of Justice Minister which requires a separate cross-community vote in the Assembly. All five parties entitled to join the Executive did so. In January 2020 the Executive comprised of the following Ministers – Arlene Foster (DUP) as First Minister (FM); myself as deputy First Minister (dFM); Conor Murphy as Minister for Finance (Sinn Féin); Naomi Long (Alliance) as Minister for Justice; Diane Dodds as Minister for the Economy (DUP); Peter Weir as Minister for Education (DUP); Deidre Hargey was Minister for Communities (Sinn Féin); Nicola Mallon as Minister for Infrastructure (SDLP); Robin Swann as Minister for Health (UUP); and Edwin Poots as Minister for Agriculture (DUP). The Junior Ministers were Declan Kearney for Sinn Féin and Gordon Lyons for the DUP. The Junior Minister posts are within The Executive Office.
11. We have a unique system of government in this jurisdiction. It is based on the compromises in the Good Friday Agreement and given effect in the Northern Ireland Act (1998). The model of devolution does not coincide with that which exists in Scotland or Wales. The most distinctive feature of the Executive is mandatory coalition. I can comment on this arrangement in more detail in subsequent modules but I think that it is important that the Inquiry be conscious that government decision making is more complex in this jurisdiction.
12. I attach to this witness statement the first day brief provided to the incoming First and deputy First Ministers. It provides an overview of the responsibilities and priorities of the Executive Office. It is marked as **INQ000145918**.

**B. General Views on Preparedness and Integration with UK Systems –  
Question 2, Module 1**

13. The Inquiry has posed question 2 to module 1 in the following terms:

**“What are your general views on the systems, processes and structures for pandemic preparedness in Northern Ireland? To what extent, and how, was it integrated with the UK’s systems, processes and structures for pandemic preparedness? How, in your view, could they be improved?”**

14. The Department of Health (DoH) was the lead department in responding to the pandemic. As lead department, I believe officials from DoH and the Minister for Health were involved in the relevant UK meetings from the beginning of the pandemic.

15. At a wider level, systems were already in place within the Northern Ireland Civil Service (NICS). Civil Contingency Policy Branch sits within TEO and has a strategic cross-cutting, co-ordinating role which falls to the Civil Contingencies Group (CCG) usually chaired by the Head of the Civil Service (HOCS).

16. I am now aware that there was a “UK wide influenza pandemic preparedness strategy” in existence from 2011. However, I do not recall the manner in which it was integrated in systems in this jurisdiction. There was also the Cyngus exercise in the autumn of 2016. I was Minister for Health at the time. I have asked for the Department of Health to provide relevant documentation. On receipt I would hope to provide more detail. TEO, in close collaboration with and guided by DoH, had a co-ordinating role for the non-health response during the pandemic. The FM and I became involved in UKG meetings from the beginning of March 2020.

17. I am aware that the Minister for Health participated in a COBR meeting on the 29<sup>th</sup> January 2020 supported by the Chief Medical Officer (CMO) and health officials. I received a briefing note the following day. I believe the outbreak was first discussed on the 3<sup>rd</sup> February 2020 by the Executive. The matter was addressed under “AOB” rather than as a scheduled item on the agenda. We were briefed by the Minister for Health

18. Previously, TEO staff had formally stood up CCG and were involved in official level meetings with Westminster from 20 February 2020. The NI Hub which undertook an expanded multi-agency, strategic role was stood up in mid-March 2020. It was a multi-agency response team to co-ordinate a way through the pandemic. I believe police, fire department, representation from local government, CMO and Minister of Health and The Executive Office were represented in the NI Hub.

19. The necessary structures were therefore in place and were ready to ramp up as

necessary. However, in my view their effectiveness was hampered by a number of factors. Communication and flow of information from Westminster to the Devolved Administrations (DAs) was a major problem at official and political level.

20. The ministerial meetings that were held between the DAs and the British government, whether with the Prime Minister or the Chancellor of the Duchy of Lancaster (CDL), were not a decision-making body but a last-minute information platform. Their focus was very much Westminster based. We were usually informed of decisions that had already been taken by the British government followed by a brief discussion. Shortly after the meeting the decisions were usually announced either at Westminster or in the media. The notes from the meetings reflect the concerns on this raised by all the DAs.
21. I do not believe that the views of the NI Executive were ever a priority for the British government. Requests raised by the Executive did not always get progressed. For example, the FM and I asked for a meeting of the British Irish Council (BIC) to be convened to address concerns around travel and to get a more coordinated approach across Britain and Ireland. This inter-governmental body was established by the Good Friday Agreement (GFA) and comprises of representatives of the British and Irish governments together with the devolved governments of Scotland, Wales and from the NI Executive. It also includes the Crown dependencies of Guernsey, Jersey and the Isle of Mann. Our request for a BIC meeting was supported by both the Scottish and Welsh FMs but did not take place. I do not recall any adequate explanation being given as to why it did not take place. It was characteristic of the British government approach.
22. I often questioned the efficacy of such meetings and felt that it was a box ticking exercise for the British government rather than genuine engagement with the devolved administrations. More fundamentally, and a core problem was that the approach ignored the impact of Covid on the island of Ireland. The fact that we are part of a single epidemiological unit simply did not get the necessary recognition. This created difficulties from the start in having an island-wide response which would, in my view, have been more effective.
23. A further problem was that the Executive was tied into British government policy via the existing mechanism with the DAs. For example, we were dependent on them in relation to funding. Also, the DoH in the north was taking its lead from the British government. At the time I expressed my concerns publicly at the start of April 2020. I believe the instinctive inclination on the part of the Minister for Health, as a Unionist, was to follow the lead of London. I was particularly concerned at this as I felt that the British government response from the beginning of the pandemic was wrong. They did not learn early lessons from events in Italy and China. I considered that they were slow to bring in

restrictions and subsequently often too quick to open up. I believe that the British government's outlier approach had consequences for the trajectory of the virus across these islands.

24. The dithering and delay of the Johnston administration in the early stages, and the decision to allow large scale sporting events such as Cheltenham and the Liverpool Atletico Madrid match to go ahead, also, in my view, facilitated a complacency which did not reflect the severity of the pandemic. At the same time much of the rest of Europe was banning comparable large-scale events. Even at that early stage I could detect a distinct and concerning approach from the British government which was not consistent with other European states including the Irish government.
25. The approach of the British government to the initial news of the pandemic created problems for the Executive as some ministers wanted the Executive to take its lead from Westminster. In general terms, I can say this was the consistent approach of Ministers from the DUP and the UUP. Unlike Scotland or Wales, we were in a mandatory coalition made up of five parties. This is our system of government under the Northern Ireland Act (1998) and it makes decision making by consensus more difficult.
26. While ministers were obliged to operate within the framework of the PfG and support all decisions of the Executive, each minister had political autonomy within their own department. This often limited the ability of the Executive to act as one coherent voice and to be more agile and decisive in its response to Covid. It was inevitable that we were not going to agree politically all of the time. There were always going to be differences of opinion, different positions and different emphases around imposing restrictions and on when and how to lift them.
27. There was, however, an onus on us, as political leaders, to try and reach consensus. Sometimes reaching consensus took longer than I would have liked and we did not always succeed. Actions by the British government, at times, hindered our ability to reach consensus. For example, regarding travel restrictions on the island of Ireland. There were also some media statements made by Minister Edwin Poots during 2020 which contradicted Executive policy. There were occasions when statements were made in advance of a matter coming before the Executive for a collective decision and also in the aftermath of an Executive decision. I did regard this as undermining the efforts of the Executive. His comments in October 2020 that transmission of Covid was more prevalent in nationalist areas was completely unjustified.
28. In terms of general views, I would make the following suggestions for improvement:

- i. As Ireland is a single epidemiological unit, formal systems, processes and structures should be put in place to prepare for future planning and preparedness on an all-Ireland basis at an official and political level.
- ii. The island of Ireland, as a single epidemiological unit, should adopt a policy for human health which is comparable to that contained in "Fortress Ireland" for animal health.
- iii. That systems, processes and structures with the UK government involve timely communication and genuine consultation with the DAs.
- iv. That better communication and engagement takes place across departments within the NI Executive structures and processes.

### **C. Key Policy Decisions – Question 3, Module 1**

29. The Inquiry has posed question 3 in the following terms:

**"Are there any key policy decisions, for example on the funding and structure of public services which should have been taken differently to better prepare Northern Ireland for a whole-system civil emergency, such as a pandemic? If so, which ones and how?"**

30. It is now more than three years since the Covid pandemic was officially declared and we are all still counting the cost of this global tragedy. This was an unprecedented global event in which we were all learning as events unfolded. The catastrophic loss of human life plus the social and economic impact will be felt for some time. For those of us in political leadership, I believe we have a duty to reflect on this tragic period and the response to it.

31. In the Executive, we were faced with a series of difficult decisions at the same time. We had to balance competing interests but, in my view, proper weight had to be given to the scientific and medical evidence. Economic and social consequences were also considered but always needed to be viewed in light of the contemporary danger of infection, illness and death to the public. This guided my approach throughout. There were occasions when others in the Executive challenged the scientific and medical advice provided. I understand specific occasions where this occurred may be examined in greater detail in module 2c.

32. I am equally sure that our structures and our systems could have been better prepared to deal with the crisis. At the time of the outbreak, our public services



had already borne the brunt of a decade of austerity cuts imposed by successive Tory-led governments in London. Even delivering their core functions was a challenge in that context. The consequent lack of resilience was then exposed by the unprecedented scale and severity of the challenges presented by a global health pandemic.

33. This was perhaps most acute in our health and social care system which was obviously in the front line of the battle against Covid. Despite the valiant and selfless efforts of our incredible and dedicated health and social care workforce, the system had been starved of resources for ten years and Covid-19 effectively stretched it to breaking point. For example, there were significant vacancies in our health and social care workforce and we had the worst waiting lists compared with health services in Britain. Recruitment and retention of staff were significant concerns prior to the outbreak in March 2020. Nurses had gone on strike to protest about wage levels and patient safety concerns.
34. The difficulties presented by under-resourcing were then compounded by the lack of progress on the required reform of our health system. Despite cross-party support, this had not progressed due to the 2017 collapse of the Executive in the wake of the RHI scandal. When the Executive was eventually re-established in January 2020, it was almost immediately thrust into the maelstrom of the pandemic response which of course became the immediate and all-consuming priority. It was not possible to implement the planned reforms in the short period of time before the outbreak of the pandemic.
35. The response of the British government led by Boris Johnson was at times slow. This was particularly true, in my opinion, during the early stages of the pandemic. The character of that response had practical implications in this jurisdiction also, particularly because some Ministers in the Executive seemed to be more comfortable following the lead of the government in London. The rationale, I believe, was sometimes political rather than practical.
36. The Scientific Advisory Group for Emergencies (SAGE) was the body tasked with providing independent scientific advice to support decision-making to the British Government during the pandemic. The north had limited representation on this body and the need to adopt an all-island response to Covid on the island of Ireland was not prioritised or given sufficient attention. There was no NI equivalent of SAGE. Because Ireland is a single epidemiological unit, adopting differing approaches in one part of the island to the other made no sense to me and had the potential to cause confusion and difficulties. The virus moved freely across the island and obviously did not recognise the border.
37. While a Memorandum of Understanding was agreed by the Irish Minister for Health, Simon Harris TD, and the Executive Minister for Health, Robin Swann

MLA and the respective Chief Medical Officers on April 7<sup>th</sup> 2020, this did not amount to a comprehensive all-Island response. I attach a copy of that document to this witness statement. It is marked as **INQ000145916**. The approach was more one of mitigation of the difficulties caused by the existence of two separate jurisdictions rather than a co-ordinated and consistent response. It was a statement of commitment and did not, by itself, create any legal obligations.

38. In the Executive, I consistently advocated an all-Ireland response to Covid-19. This was reflected also by many voices in the scientific and academic community on the island of Ireland. In particular, public health specialist Dr Gabriel Scally warned that Ireland's geographical advantage as an island was being squandered by differing approaches to the public health crisis North and South. An article he wrote for the Irish Times newspaper on the 31<sup>st</sup> March 2020 set out what many of us, myself included, were thinking. A copy is attached as **INQ000145917**:

*"Historically islands have advantages when dealing with epidemics. For example, avoiding importation of new cases by controlling movement to and from the island is comparatively simple.*

*"However, in this coronavirus pandemic Ireland's geographical advantage is being squandered by the adoption of very different approaches to dealing with the disease."*

39. This important lesson, in my view, should have been recognised sooner and needs to be learned for any future pandemic.
40. Having a local Executive in place was undoubtedly the most effective way to protect public health during the pandemic. It is also essential to take forward the reform of our healthcare system to ensure that it can deliver on its core mission and that it is better prepared to respond to public health emergencies in the future. The fundamental lesson is, of course, that the National Health Service and its staff need to be valued and adequately funded.
41. I also consider that when the British and Irish governments diverged on public health policy during the pandemic this inevitably created particular difficulties for decision makers here. It also posed significant practical difficulties for the people here. The jurisdiction is within the UK legal order but part of the island of Ireland. With the spread of an infectious disease, policies for the north have to recognise geographic and epidemiological reality.

**D. Economic Policy and Funding of Public Services – Question 4,**  
**Module 1**

42. The Inquiry posed the following question:

**“Which important decisions on economic policy and the funding of public services, taken during your tenure in office, had a material effect on Northern Ireland’s pandemic readiness? What effect did they have?”**

43. Within a short number of weeks after the return of the Executive in January 2020 we were dealing with a global pandemic. However, we were facing into the pandemic in the context of years of under-investment in the health service due to British government austerity policies.
44. In large part, the Executive approach was linked to British government funding policy. While flexibility was limited, Executive Ministers did what was possible to respond to our particular circumstances. I will set out a few important examples here. The Executive received additional funding to respond to Covid. An extra £3bn was provided in 2020/21 from the UK Treasury. The money was received at short notice and at different points throughout the year. This made effective planning more difficult than it might otherwise have been.
45. The furlough scheme was essential to assist workers, families and businesses and to keep them safe. Due to the limited powers of the Executive this was something we could not have delivered.
46. Funding allocations generally fell into one of three categories – sustaining public services, protecting vulnerable people, and supporting businesses. The furlough scheme was operated by the British Government and aimed at maintaining jobs. The Department of Finance (DoF) oversaw a 3-stage process for making allocations. DoF invited ranked bids from Departments, assessed those bids, and then brought a paper to the Executive proposing allocations. All allocations required Executive approval.
47. At the onset of Covid, the Finance Minister met with the Auditor General and explained that if government took the usual time to develop schemes then public services, businesses, and community groups would collapse before support reached them. The need for rapid delivery meant less time to research, design, and pilot new schemes. This created a greater risk of errors but given the urgency of the situation it was a necessary risk. The priority of the Executive was to ensure the survival of those businesses and community groups.

48. With regard to support for Business, the DoF had policy responsibility for rates. Rates relief was provided to all business for an initial four months. On the basis of research from the Ulster University Economic Policy Centre this was subsequently extended to a full year for the hardest hit sectors, including retail, hospitality, tourism, leisure, childcare, airports, and manufacturing.

49. Support for businesses was the responsibility of the Department for the Economy (DfE). However, that Department did not deliver the level of support needed. How this came to be is a matter for that Department to explain. I can only describe what did happen as a consequence. Instead, DoF had to take on new powers and repurposed Land & Property Services (LPS) from a rates collection agency to a business grants agency. LPS distributed £10k grants to almost 25,000 small businesses. Later in the year, LPS set up the LRSS scheme to support businesses legally required to close. This support was more generous than the equivalent scheme in Britain. LRSS paid out £241m that year, despite having no prior experience of administering business grants. DoF also took on new powers to allocate £10m to airports, which was the policy responsibility of DfE. Similarly, DfC delivered a support scheme for social enterprises which was the policy responsibility of DfE.

50. Towards the end of 2020/21 there was a risk of a significant underspend as a result of Covid funding being received late in the year and underspends in earlier schemes. Minister Murphy specifically asked DfE to bid for unspent funding for sectors of the economy that were excluded from previous support schemes. With no DfE bids forthcoming despite clearly identified gaps, LPS once again stepped up to establish three new business grant schemes with a total value of over £300m.

51. Given the unprecedented scale of the crisis it was to be expected that other Departments would need to assist DfE. However, the Covid business support administered by DoF, at £963.4m, was more than three times that delivered by DfE (£244.6m). If there is a particular capacity or skills gap in DfE then that needs addressed in planning for future crises or emergencies.

52. I set out below a summary of the Covid allocations.

**Covid Allocations for Economic Support by Administering Department (2020/21)**

<b>DfE</b>	<b>£244.6m</b>	<b>DoF</b>	<b>£963.4m</b>
£25k scheme	73.2	Rates relief	290.8
CRBSS	52.0	£10k scheme	243.2
Limited company directors	40.0	LRSS	241.0
Large tourism & hospitality	33.5	Large NAV scheme	56.3
scheme	23.7	Top-up grants	93.7

Micro-business hardship fund	10.6	Medium sized	27.9
Wet pubs business support scheme	7.5	manufacturers	10
Newly self-employed	4.1	Airports	0.5
B&B scheme		Soft play grants	

53. Regarding support for communities and vulnerable people, I am of the view that the Department for Communities, under the direction of Sinn Féin Minister Deirdre Hargey, responded immediately to the unfolding crisis and continued throughout the pandemic to provide support in a flexible and dynamic way.

54. Minister Hargey ensured the Department deployed a range of measures and interventions which helped to address the social, economic and wellbeing effects Covid had on our communities. The Department worked in partnership with key stakeholders, including central & local government, Arm's Length Bodies, the Voluntary and Community sector, Arts & Cultural organisations, Sporting codes, the Advice Sector, grass roots organisations and other vital delivery partners.

55. Between March 2020 and March 2021, DfC allocated over £300m of Covid funding to the most vulnerable in our society, support to our sporting sector, arts & cultural sector, charities & social enterprises and to our local councils. It was recognised that financial support alone would not be enough to tackle the huge impacts the pandemic had caused particularly to our most vulnerable citizens.

56. An "Emergency Leadership Group" was established at the outset of the crisis, bringing together the key personnel to develop an Emergency Response Programme. This programme of work was a key pillar to the Executive's response to the first lockdown and was the foundation to many supports throughout the duration of the crisis. The programme provided practical support to those who were deemed vulnerable, who needed to shield, those who were self-isolating and those who had contracted the virus. The programme included the co-ordination of volunteers, a community helpline ensuring people had access to practical advice and support, access to food through the food parcel scheme, access to required medications and support in relation to wellbeing.

57. Grassroots organisations were vital in ensuring support was provided where it was needed. Funding was provided to those organizations through the Community Support Fund. This allowed them to adapt normal service provision to ensure specific targeting of Covid interventions.

58. The winter period of the pandemic brought many challenges, increased spread of the virus, but also issues around heating, electricity, and limitations on social

interactions due to the change in weather and darker nights. This was mitigated through the Warm, Well and Connected programme which reached over 400,000 beneficiaries. The support included both direct fuel payments and emotional and wellbeing support.

59. Our Housing Sector experienced many difficulties at the onset and they continued throughout the pandemic. Financial assistance was allocated to introduce a range of responses tailored to the ongoing crisis. These responses included interventions such as access to emergency accommodation; emotional and wellbeing support; financial allocations; and changes to housing systems. A ban on evictions was put in place.
60. People who were homeless and/or sleeping on the streets were also protected through cross-departmental working between the Departments of Communities and Health alongside the Housing Executive, the local public housing body. Cases of homelessness dropped dramatically due to these interventions.
61. Continued access to the welfare system was vital for many people in the north. Although we are tied to the parity principle, many local decisions were taken by the Minister for Communities to help those who received welfare support, and for the many people new to the system due to the economic impacts and shock created by the pandemic. My focus in the Executive was to identify and deliver additional support where possible.
62. DfC redeployed staff across the department to ensure key front-line services were resourced to deal with the increase in the volume of work. The department worked with other Executive departments to help in interventions, for example, access to Free School Meals payments. To limit the spread of the virus in the community, flexibilities and changes were introduced to allow people to access their support without having to engage in face-to-face assessments. Where local changes could be made, such as providing wider access to Discretionary Support, I am aware that the DfC minister made these amendments, with legislative change if required.
63. Many policy changes and flexibilities to support the work being carried out were undertaken by DfC. A legacy of the approach will be the improved working relationships with many key stakeholders. At a time when it was needed most partnership working came to the fore. Working together, across sectors, departments, and institutions, we demonstrated how we could support the most vulnerable and protect the key pillars of our society. In my view, we need to take this learning and implement it from our work during the pandemic.

**E. Initial Reflections on Performance of the Executive – Question 5,**  
**Module 1**

64. The Inquiry posed question 6 in the following terms:

**“What, in general terms, do you consider was done correctly by the Northern Ireland Government in relation to pandemic planning, preparedness and resilience during your tenure in office? Why do you think that?”**

65. I recognise and appreciate the efforts of my Executive colleagues during the pandemic. Five different parties came together to genuinely do their best to get people through the pandemic and deal with the enormous pressures that resulted from this unprecedented public health emergency. Some examples where I believe the Executive got it right and where having a local Assembly and Executive made a difference were around procurement generally; procurement of PPE; engagement with businesses and employees (Engagement Forum); and the Junior Ministers' rounds of engagement on a range of issues.

**Procurement**

66. Covid had two main impacts on procurement. Firstly, it led to a global scramble for PPE. DoH and DoF's Construction and Procurement Delivery (CPD) branch worked closely together to secure supplies. A number of local companies such as Huhtamaki and O'Neill's repurposed their business in order to supply PPE but there was still a need to source supplies internationally.

67. An attempt to secure a joint order with the Irish Government from China failed at the start of April 2020. Thereafter, DoF, DoH and TEO continued to work with suppliers in China and secured a significant PPE order. The first consignment arrived in June 2020.

68. My impression is that the Executive was not subject to the same controversies that surrounded the British Government's approach to obtaining PPE during the pandemic. As set out below, transparency was an important feature of the approach here and, in my view, served us well.

69. With regard to learning lessons the pandemic highlighted the fragility of international supply chains. In November 2021 DoF secured Executive approval for a new policy on *Supply Chain Resilience*.

70. Secondly, Covid restrictions on business activity reduced production of raw materials. Consequently there was a shortage of materials when restrictions

eased. At the same time pent-up demand was released from both households (home improvement projects) and government capital schemes (stalled projects and additional investment to spur growth). These supply and demand dynamics pushed up prices for materials. In August 2021 DoF issued the Procurement Advisory note *Construction Material Costs during Pandemic Recovery* which gave Departments flexibility to adjust contracts in response to escalating material costs.

71. Overall, the Department of Health, Department of Finance and the Executive managed procurement well. As stated, we were able to source some materials locally. O'Neill's sportswear was a prime example although other companies acted similarly. That they were able to do it so quickly was down to a combination of business acumen from the companies themselves alongside the support, politically and through the work of officials, from DoH, DfE through Invest NI and DoF in CPD.
72. This is an example of devolved administration working well through a co-ordinated multi-agency and cross-departmental approach. Different parts of the public sector working together procured PPE locally, secured the jobs of local people, provided a cost-effective solution to PPE shortages and did so in a way that was open and transparent and garnered public support. I would regard this as one example of the devolved institutions working well together and having got the best possible outcome in the circumstances.

### **Transparency in Procurement**

73. From the early stages of the pandemic, individuals and companies contacted my office and other ministers and advisors offering ideas and products to tackle Covid. There was nothing objectionable about this and I am sure they wanted to help the pandemic effort in whatever way they could. MLAs and other elected representatives also passed on such queries and offers to my office which they had received. To facilitate these requests and to ensure transparency and to avoid corruption or favouritism, I asked one of my special advisors, Dr. Dara O'Hagan, to become the central point of contact for such requests.
74. My advisor passed them onto a designated TEO official who worked in dFM private office, Tim Losty. This was done on the very clear understanding that they were not being supported by ministers or advisors; that we were facilitating them as a point of contact; that we did not expect special treatment for them; and that they should be subject to the normal procurement processes. The TEO official then passed them onto CPD. Ministers and advisors had no remit or input into how companies were selected by CPD.

### **Engagement Forum**



75. Once lockdown was called in March 2020 the immediate focus moved to workforce issues and clarifying what were essential and non-essential workers. People were frightened and panicked. Clarity was also being sought around the British government's furlough scheme which had just been introduced.
76. The Executive and indeed wider society had to tread a fine balance. There was a clear dilemma between keeping essential businesses/food/medicines/supply chains open and ensuring the health and safety of workers and employees. It was a very tense time, understandably so, amongst the various workforces with reports of walkouts and stoppages.
77. Working with Manufacturing NI, and other business organisations and trade unions, a proposal was brought forward to the Executive to set up a forum to deal with workplace issues. The Engagement Forum was established and chaired by the Labour Relations Agency (LRA) and came under the remit of the Department for the Economy (DfE). The Forum was a successful initiative which played a very positive and helpful role both in the initial stages of lockdown and as we worked our way through re-opening society.
78. Bringing all the players together in such a forum – employer and employee representatives and regulatory bodies around workplace safety and compliance – ensured ongoing consultation and input with those most effected by Executive decisions. This headed off potential conflicts and had everyone working together in a constructive manner. I would like to acknowledge the positive and critical work of the Engagement Forum and to thank everyone involved, particularly the LRA for their excellent chairing of the Forum. I think this should be considered one of the success stories of the pandemic. The devolved institutions were, in my view, much better placed than direct rule Ministers would have been in these trying circumstances.

### **Junior Ministers' Engagement**

79. The Junior Ministers (JMs), acting on behalf of FM and myself, also undertook formal engagement around a number of matters. There were a series of meetings on the statutory and enforcement responsibilities of agencies such as councils and the PSNI. The CMO, CSA and other Health officials were also involved in these meetings. These meetings were an extremely useful two-way engagement both for ourselves and for the enforcement agencies concerned and I know there was positive feedback on them. They gave a strategic focus and leadership to the agencies responsible for ensuring Covid regulations were being adhered to. They also provided direct feedback to JMs, who in turn were able to inform the Executive of the impact of measures on the ground and also particular pressure points/areas of concerns. This helped to inform Executive

decision-making. This was particularly important as we moved through re-opening. For example, the PSNI were able to report that house parties were a particular source of concern towards the end of 2020 and the Executive was able to take this on board in its deliberations

80. JMs also met with faith leaders around the safe re-opening of places of worship and the conducting of religious ceremonies; they met on an ongoing basis with the hospitality sector, in particular, given the difficulties that re-opening presented for pubs and restaurants; they undertook a series of engagements when there was a spike in cases in Derry and the North-West and additional restrictions had to be brought in for the region.
81. All of the examples cited above show how a locally elected Assembly and Executive made a difference and got it right. As an Executive we also managed to bring forward a raft of legislation and policy, at speed, and co-ordinate this across departments.
82. Local ministers and elected representatives remained receptive to local needs throughout the pandemic. We were able to respond quickly to local conditions such as procurement of PPE from local companies while getting the balance right of having no direct ministerial involvement in that procurement and ensuring the right procedures were followed. The expertise and professionalism of Invest NI, CPD and officials across departments was central to doing this.
83. The Executive ensured that there was genuine engagement, consultation and direct input from critical sectors as we moved through the pandemic. Whether in manufacturing, trade, retail and hospitality, faith leaders, sporting organisations and the community and voluntary sector. We engaged with employees and employers. We engaged directly with statutory agencies tasked with ensuring compliance. By doing all of this, not only were we giving key people in society a voice but we were ensuring the greatest buy-in from the public for the measures that we had to take. If the Executive and Assembly had not been in place, the work that was undertaken locally would not have been picked up by the British government. The particular needs of the north would not have been considered or addressed by the government in London.

#### **F. Lessons from Past Simulation Exercises – Question 6, module 1**

84. The Inquiry posed the following question:

**“Which lessons had been learned from past simulation exercises and potential pandemic events which made Northern Ireland ready for the Covid-19 pandemic? Which lessons had not been learned from these**

events?”

85. There was no functioning Executive between 2017 and January 2020. The Executive was established a short number of weeks before the first Covid case emerged. I can, therefore, only identify issues that emerged as we were dealing with Covid.
86. I am aware that there was a Cyngus Exercise in the autumn of 2016. I was Health Minister at the time and can comment in more detail after sight of the relevant material from the Department of Health.
87. I have already referred to the problems with communication and engagement between Westminster and the DAs in question 2. Internally within the Executive, communication and providing timely and accurate information across departments and to Ministers was a problem identified early on. Cross-departmental working at official level did not always go smoothly and I was aware that officials in TEO were not getting the information quickly enough to convey to myself and the First Minister. This was partly to do with the sheer volume of work being undertaken, the fast-moving environment we were working in and the short timeframe between the Executive making decisions and ministers going out publicly. However, some of the glitches were also a result of working in silos at departmental and ministerial levels. This is a feature of many government institutions and, I do not believe, is unique to the workings of the Executive.
88. I want to put on record my appreciation of the work undertaken by officials in my private office and across all departments and to pay tribute to the civil servants involved. As a Minister, I see the end product of a document but I am conscious of the huge amount of work undertaken by others to get it to that point. Therefore, any issues that I raise should not be seen as criticism of individuals but rather as highlighting structural weaknesses in the system.
89. I would also like to take this opportunity to refer to my attendance at the funeral of my close friend, Bobby Storey, in a personal capacity. I fully accept that my actions caused hurt to many families who had lost a loved one during the pandemic at that time. That was never my intention and, for that, I offered my heartfelt and unreserved apology. I repeated my apology in the Assembly Chamber, at the TEO Scrutiny Committee, at the Executive Committee, at the party leaders' forum and via media press conferences. I restate my apology to this Inquiry.
90. Getting our own processes right should be a priority for the Executive. It is centred around better communication and cross-departmental working arrangements led by ministers and senior officials across departments. This

includes external communication in the form of regular ministerial press conferences, updates and disseminating information. We were not only trying to get public buy-in for and adherence to the decisions that were being made but government played a central role in reassuring people and providing them with the necessary information and tools to get them through the pandemic. As a Minister, it was my job to make decisions and also to publicly front those decisions.

91. However, the Executive cannot operate in isolation and we need the provision of civil contingency arrangements between the two jurisdictions on the island of Ireland. Major emergencies, including viruses, do not recognise borders and we need to adapt our responses to recognise this at official governmental level.
92. As well as enhanced working on a north/south basis, we also need a similar approach for east/west engagement. Governments across these islands need to be talking to each other, exchanging information and ideas, and accommodating meaningful input, engagement and decision-making.
93. If I was to point to the one major lesson that has not been learned from past simulation exercises and from the reality of dealing with Covid it is that public services remain severely and dangerously underfunded. Austerity is, and was, a policy choice by governments. It has resulted in the systematic hollowing out of critical public services and infrastructure. At this point public services are barely able to cope with carrying out their essential functions across all departments. If another pandemic or major emergency were to hit, we are not ready. In my view, public services have not recovered from austerity and the pandemic. We can make improvements around structural enhancements, cross-departmental working, better communications and better leadership. They will make an important difference but they will have limited value if we do not tackle the fundamental under-lying problem of underfunding and if we do not provide the proper budgets to build our public services.

#### **G. Remarks on Absence of Power-Sharing – Question 7, module 1**

94. The Inquiry has asked:

**“Do you have any remarks to make on the absence of a power-sharing government in Northern Ireland between 2017 and 2020 on pandemic planning, preparedness and resilience?”**

95. I have understood the focus of this question to be on the effects of the absence of the devolved institutions rather than the reasons for it. If required by the Inquiry to explain in greater detail why there was no Executive, Assembly and North-

South Ministerial Bodies in 2017, and why it took as long as it did to restore the GFA institutions, I can do so.

96. The power-sharing Executive collapsed in January 2017 in the context of the developing scandal centred on a Department of Economy renewable heating scheme. The collapse of the Executive precipitated an Assembly election on 2 March 2017. Negotiations involving the Irish and British governments and the main political parties attempted to find an agreed way to restore the political institutions. As Sinn Féin Assembly leader, following the retirement and subsequent death of my dear friend Martin Mc Guinness, I engaged in these negotiations, determined to find an agreed way to restore the political institutions. The negotiations led in February 2018 to political agreement. However, within a few days, the DUP reneged on this agreement and the planned restoration of the Executive did not happen. The political focus of the British government and the priority of the DUP during this period had shifted to the issue of Brexit and the DUP's confidence and supply arrangement, 2017-2019, aimed at keeping Theresa May's government in power. It would take another 2 years to finally get the political institutions back in place in January 2020. The length of time it took to get to this point was regrettable and meant that the new Executive was almost immediately dealing with an unprecedented public health emergency. There is, therefore, no doubt the absence of a power-sharing government from 2017-2020 had an impact on the Executive's ability to respond to the pandemic.
97. When Stormont was finally restored in January 2020, ministers were already playing catch-up with a system that had stalled. For while civil servants could keep public services ticking over, and administer and implement existing policy, their powers were limited. Many of the big issues had been delayed. Crucially, this included the Bengoa recommendations for the Health and Social Care system.
98. Ministers, therefore, faced into an unprecedented global pandemic almost as soon as the institutions were functioning while also playing catch-up on local policy-making and implementation across the range of government departments and functions. Underpinning all of this was a serious financial deficit in public funds due to 10 years of Tory austerity and cuts to public services. It was a perfect storm for the newly formed Executive.
99. Had there been an Executive in place prior to January 2020, I am of the opinion that local preparedness would have been better. While we would have been working within the same funding envelope more co-ordinated decision-making would have directed the budget strategically. We would have been working our way through implementing Executive strategy. This would have included the Bengoa recommendations which I believe may have resulted in the health service being in better shape to deal with Covid.

100. Before its collapse in 2017, the Executive was moving to implement a more strategic, outcomes based PfG which had cross-cutting interdepartmental working arrangements at its core. This direction of travel had already been agreed. So officials and ministers lost out on the practical benefits that these arrangements would have brought. We also lost out on officials and ministers working together over a period of time which would have inevitably led to establishing and developing working rhythms and inter-personal relationships.
101. Instead, we ended up in a position with political institutions being restored just as the pandemic was about to hit. The immediate focus and preparatory work of the Executive around the big-ticket issues – PfG; Budget; Investment Strategy; and implementing NDNA commitments - had to be set aside to focus on the Covid response.
102. However, despite the inherent disadvantages with which the Executive entered the pandemic, having local ministers in place made a tangible and positive difference. I made the case for the benefits of local and democratically elected administration in an interview with Agenda NI in September 2020. Locally elected ministers were more acutely aware of and responsive to local needs. I have no doubt they were also better able to try and meet those needs. They were also accessible to local people and business and community sectors affected by the pandemic. The range of meetings, already referred to, that took place across departments is testament to that in my view.
103. A key priority in working with the various sectoral interests was providing financial and other supports, achieving consensus and encouraging collaborative working. This approach was crucial in helping people across society, particularly the most vulnerable and those most impacted by Covid. It was also crucial in getting both sectoral and public buy-in for the measures that the Executive had to implement. I was very conscious that the necessary decisions that we were taking to protect public health were limiting peoples' lives and livelihoods.
104. The tone of the engagements that took place show that implementing practical support, education, awareness raising and voluntary compliance were the first line of defence for the Executive and the statutory agencies. Enforcement, fines and penalties were used as a last resort and after persistent breaches. Having local decision-making also meant that mistakes could be rectified. Decision-making at speed, without the normal consultation and detailed scrutiny normally undertaken, was always going to be subject to the law of unintended consequences. One example was the closure of cemeteries and the prohibition on visiting graves outside of permitted funerals. This was increasingly becoming an issue and was affecting the mental health and well-

being of some people. As a consequence, and on foot of advice from DoH, the Executive revisited the issue in late April 2020 and agreed to reopen cemeteries with social distancing rules in place.

105. The Executive was also able to quickly deal with problems as they arose, for example, in protecting freight routes. This had the potential to impact detrimentally on the north. Ministers kept it on the agenda, raised it with the British and Irish governments regularly and ensured that agreements were in place and freight routes were safeguarded.
106. The Executive was also able to ensure that local conditions were catered for in setting up the track and trace app. The app being developed by the British government was potentially incompatible with those being developed by other European governments, including by the Irish government. This had implications for travel on the island of Ireland, particularly in border counties, and further afield. In addition, there were concerns around privacy and data protection which would have presented problems in achieving public buy-in for uptake of the app. The Executive was able to make its own decision and, via DoH, developed its own app that was fully compatible with other European countries, that allowed for travel on the island of Ireland and in Britain and which addressed privacy concerns.
107. I have provided some examples in this question and in previous questions where having the Executive in place made a tangible and positive difference. Local ministers who knew the area and the issues intimately were making decisions for local people. Ministers were accessible. Engagements across all of society continued during the pandemic. Sectors of the economy and society particularly impacted by restrictions had ongoing discussions and engagements with ministers. They may not have always been satisfied with the outcome of meetings, but they appreciated the time spent discussing their concerns.
108. That level and depth of engagement was absent between 2017 and 2020. It would have been absent if there was no Executive in place from January 2020. Having a power-sharing government in place meant that local politicians took decisions to meet the needs of local people as best they could in the most trying of circumstances. Local politicians ensured that local and regional concerns were addressed and considered in the response to Covid. When possible local government here made its own decisions to meet the needs of our people.

#### **H. Statement of Truth**

109. I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be

made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: 

**Personal Data**

Dated: 19/4/23