

**IN THE UK COVID-19 PUBLIC INQUIRY**

---

**WITNESS STATEMENT OF GERRY MURPHY (The ICTU)**

---

1. I am Gerry Murphy, incoming Assistant General Secretary of the Irish Congress of Trade Unions (ICTU). My office address is 45-47 Donegall Street, Belfast, BT1 2FG, Northern Ireland.
2. I make this statement on behalf of the ICTU in response to a letter dated 9<sup>th</sup> January 2023, sent on behalf of the Chair of the UK Covid-19 Public Inquiry ("the Inquiry"), pursuant to Rule 9 of the Inquiry Rules 2006. This statement is made for the purposes of Module 1 of the Inquiry which is examining emergency preparedness, resilience and pandemic planning.
3. I am the incoming Assistant General Secretary of the ICTU. In my current role as the Northern Official for the Irish National Teacher's Organisation, I am a member of the Northern Ireland Committee of ICTU and a member of the ICTU Executive Council. I have previously been Chairperson of the NIC-ICTU and well as President of ICTU.
4. In advance of finalising this statement I have had the opportunity to review the statement of Kate Bell on behalf of the Trades Union Congress (the TUC). We are a separate organisation to the TUC but we work together and have shared objectives. We agree with the views and evidence set out by Kate Bell as to the preparedness of the UK Government for the pandemic. I do not seek to repeat the matters set out in the TUC's statement.
5. This statement is structured as follows:

- A. An overview of the ICTU
- B. Northern Ireland's pandemic preparedness
- C. Preparedness and pre-existing inequalities and vulnerabilities
- D. The adequacy of structures concerned with whole-system risk management
- E. The suitability of Northern Ireland's public health structures
- F. Economic planning by Northern Ireland executive bodies in the context of emergency planning
- G. Cooperation between Northern Ireland and Government of Ireland on pandemic preparedness
- H. An overview of the ICTU's campaigning work between 2009 and 2020 (relevant to the scope of Module 1)
- I. ICTU engagement on pandemic planning and preparedness
- J. Conclusion

## **A. AN OVERVIEW OF THE ICTU**

6. The ICTU is the largest civil society organisation on the island of Ireland, representing and campaigning on behalf of some 800,000 working people, 200,000 of whom live and work in Northern Ireland. There are currently 44 unions affiliated to Congress, north and south of the border. Some of our affiliated unions operate across Ireland and the UK, others only on the island of Ireland North and South, or solely in the Republic of Ireland or just Northern Ireland (NIPSA, UTU). As a trade union federation, the ICTU is unique in representing the interests of members across two jurisdictions. I exhibit a list of the affiliated unions [Exhibit GM/1 - INQ000108532].
7. Congress seeks to achieve a just society - one which recognises the rights of all workers and citizens to enjoy the prosperity and fulfilment which leads to a good quality of life. Quality of life embraces not just material well-being, but freedom of choice to engage in the arts, culture and all aspects of civic life. This vision applies in the context of Ireland, Europe and the wider world and challenges the existing economic order.
8. Congress strives to achieve economic development, social cohesion and justice by upholding the values of solidarity, fairness and equality.

9. The primary instrument for the achievement of this mission is the organisation of workers in unions. Congress will also construct and advocate for a platform of policies capable of delivering our vision of a just society.
10. Congress seeks to shape and influence government policy in key areas, such as taxation, employment legislation, education and social policy. In general terms, the role of Congress is to:
- Represent and advance the economic and social interests of working people;
  - Negotiate national agreements with government and employers, when mandated to do so by constituent and member unions;
  - Promote the principles of trade unionism through campaigns and policy development;
  - Provide information, advice and training to unions and their members;
  - Assist with the resolution of disputes between unions and employers;
  - Regulate relations between unions and rule on inter-union disputes.
11. Congress operates in accordance with its Constitution and Standing Orders [Exhibit GM/2 - INQ000108533].
12. The Northern Ireland Committee of the Irish Congress of Trade Unions (NIC-ICTU) directs the work of the ICTU in Northern Ireland. Members of the NIC-ICTU are elected at the Biennial NIC-ICTU Conference where policy for the organisation in Northern Ireland is also set.
13. The NIC-ICTU also operates through a number of policy and advisory Committees including the Women's Committee, the Education Trade Union Group and the Health Services Committee. Committees are reconstituted every three years following the Biennial Delegate Conference.
14. The NIC-ICTU Health Committee is comprised of various affiliate unions to the NIC-ICTU that represent workers at all levels across the entire Health and Social Care (HSC) system. The focus is on policy development and implementation and we engage with the Department of Health, the health arms-length bodies (Health and Social Care Board, Public Health Agency etc) and HSC Trusts on this basis. The Committee does not engage in collective bargaining on behalf of our collective memberships, a process which is taken forward by a separate structure.

15. The NIC-ICTU is involved in a range of civic society coalitions including the Women's Policy Group, the Equality Coalition and the Human Rights Consortium.

## **B. NORTHERN IRELAND'S PANDEMIC PREPAREDNESS**

16. The Northern Ireland Executive and Assembly had just reformed in January 2020 following a hiatus of three years when the pandemic struck.
17. Whilst the three-year absence of government contributed hugely to the polarisation of already fragile political relationships and community cohesion and although NIC-ICTU fully supported devolution and the Belfast/Good Friday Agreement, it remains our view that even prior to the collapse of the Assembly, there were serious deficits in how Government in Northern Ireland was working.
18. From a NIC-ICTU perspective, one of the biggest issues was the failure of the First and Deputy First Minister to establish structured means of social dialogue with representative bodies including the trade union movement and employers, as is common in the rest of Western Europe. For example, in a statement of 19<sup>th</sup> December 2019 we stated that [Exhibit GM/13 - INQ000147086]: *"A new government must mean a new way of governing and we cannot have simply have business as usual. That is why the NIC-ICTU have been calling on all the parties for some time to agree to set up a Forum for Social Dialogue composed of the trade union movement, employers, the farming community and the community and voluntary sector. We welcome today's support for this concept from Trade NI. We believe a small, yet representative, Forum for Social Dialogue comprised of these sectors has the capacity to address serious economic challenges that Northern Ireland faces. Such a forum for social dialogue could look at the issue of the world of work and the concepts of Fair Work, productivity, an industrial strategy and childcare to name but a few issues."*
19. Indeed, the establishment of formal means for social dialogue has been a campaigning issue for the NIC-ICTU for many years.
20. A 'Bilateral Forum' was established by former Northern Ireland Secretary of State Paul Murphy in 2005 and was intended to be a regular forum whereby the trade union movement, employers and government could meet to discuss strategic issues relating to

the economic and industrial landscape of Northern Ireland. Unfortunately following its establishment, the Bilateral Forum has held no meetings since 2016 and despite repeated requests from NIC ICTU, remains in abeyance.

21. In the NIC-ICTU's Biennial Delegate Report to our 2018 Conference [Exhibit GM/3 - INQ000108534] we commented:

*The demise of devolution over the last 16 months has created a sense of drift and inertia whereby many of the major issues of the day have been long fingered.*

...

*The consequences of the absence of devolution is even more striking given that there are no forms of social dialogue in Northern Ireland. It is time that local politicians demonstrate real leadership within their communities, supported by the two local governments to restore power sharing.*

*But for real power sharing to work, it must be horizontal but it must also be vertical. Civic society and representative bodies through social dialogue must play a more central role. The future of this society is too important to be left to politicians alone.*

22. Since the restoration of the Assembly in 2020 and prior to the collapse in 2022, our efforts to meet with the joint office holders of the First and Deputy First Minister positions have regrettably met with a negative response. The failure to engage with the representative body of the largest civic society movement in Northern Ireland not only represents a lack of political leadership but it has also meant that vital workforce and workplace intelligence which could have better informed the strategic response to the pandemic was missing.
23. The Northern Ireland Executive (NIE) formed a Strategic Engagement Forum (The Forum) which brought together employers, trade unions and statutory bodies including the Health and Safety Executive for Northern Ireland (HSENI) and the Public Health Agency [Exhibit GM/14 - INQ000147087]. The Forum was chaired by the Labour Relations Agency.
24. The Forum published key documents including a list of priority sectors and workplace safety guidance which directed NIE policy. After this initial work, however, the Forum was unfortunately largely ignored by Government. Given the crucial role that the trade union movement had in representing workers who were working on the Covid-19 front line, the

ICTU made repeated requests to meet bilaterally with both the First and Deputy First Ministers of the Northern Ireland Executive during the period of the pandemic. Notwithstanding genuine engagement from some individual Ministers, it is nevertheless regrettable and a significant failure of leadership that the joint office of the First and Deputy First Minister failed to meet with the ICTU.

### **C. PREPAREDNESS AND PRE-EXISTING INEQUALITIES AND VULNERABILITIES**

25. We do not believe that planning/preparedness took into account pre-existing inequalities or vulnerabilities.

#### **Health inequality**

26. A significant and longstanding concern for health unions pre Covid-19 was the impact of health inequality on our members, their families, their communities and the wider health and social care system. Significant and persistent inequalities exist between the most and least economically deprived areas, such as lower life expectancy, increased suicide rates and higher preventable death rates. The 2016 report by Professor Rafael Bengoa highlighted the detrimental impact that such substantial health inequalities have on the operation of the Health and Social Care (HSC) system in terms of significantly higher hospital admissions from the most deprived areas compared to the least deprived [Exhibit GM/4 - INQ000108535].<sup>1</sup>

27. The HSC system itself has a key role to play in addressing health inequalities and can do so through specific, targeted actions that include the strengthening of primary care services in deprived areas, or via ensuring that in their role as a commissioner of services workers have fair pay and decent terms and conditions. Health inequality issues must be a fundamental consideration whenever attempts are made to reconfigure services. Reconfiguration should be aimed at reducing inequality and must not widen it. In May 2020, the ICTU estimated that 55% of residential care workers in Northern Ireland earned below the real Living Wage [Exhibit GM/5 - INQ000108536].

---

<sup>1</sup> Pages 14-15.

28. The NIC-ICTU Health Committee appeared before the Health Committee of the Northern Ireland Assembly in June 2020. The following is an excerpt from the evidence presented before the Committee [Exhibit GM/6 - INQ000108537]:

*We are extremely concerned that the Covid-19 pandemic will further widen health inequality within our society. Covid-19 itself is particularly dangerous for persons with underlying health conditions such as respiratory diseases and heart disease, conditions which disproportionately affect people in Northern Ireland living in the most deprived areas. **A full analysis of the impact of Covid-19 to date in terms of health inequality should be produced, with targeted interventions proposed to reduce such inequality.***

*Covid-19 has caused massive disruption to society and the economy, which is very likely to have significant negative effects on health outcomes, particularly for those living in the most deprived areas. ICTU has called for a gradual and phased economic recovery, alongside a parallel phasing out of economic supports. Congress is clear that there can be 'no going back' to the economic and social conditions that existed in Northern Ireland pre Covid-19. We have issued detailed proposals on the measures required in terms of health, social care, social protection, education, housing, poverty, the rights of workers and taxation and public spending that should be taken to ensure a new deal for our society as we emerge from Covid-19.*

*Over the last decade HSC services have been through a period of sustained austerity. It is accepted across the system that the cost of providing health and social care increases by around 6% annually. This level of investment, effectively to allow HSC services to stand still, was not forthcoming during the last decade and has left our members working in a service that is under-resourced and under pressure.*

*In launching the ongoing reform of the wider health and social care system as set out within the Bengoa report and 'Health and Wellbeing 2026 – Delivering Together' [Exhibit GM/15 - INQ000147088], the former Health Minister Michelle O'Neill MLA was clear that reform of the system required investment to maintain existing services whilst the necessary actions are being taken to reform them.<sup>2</sup>*

---

<sup>2</sup> Northern Ireland Assembly, 25<sup>th</sup> October 2016.

#### **D. THE ADEQUACY OF STRUCTURES CONCERNED WITH WHOLE-SYSTEM RISK MANAGEMENT**

29. Health and safety at work must be seen as a central part of the state's preparedness in the event of a pandemic.
30. The Health and Safety Executive for Northern Ireland is, along with District Councils, responsible for the enforcement of workplace safety.
31. In general, we would comment that the underfunding of public services and the agencies tasked to deliver such services, such as the HSENI, has a knock-on effect on all aspects of Northern Ireland's public health system. Although the legislation underpinning the HSENI makes provision for the Board to have tripartite membership with 3 worker representatives, unfortunately there have been no worker representatives appointed to the Board for many years. In our view this is a fundamental weakness in the HSENI as it loses the important perspective of health and safety from a worker perspective.

#### **E. THE SUITABILITY OF NORTHERN IRELAND'S PUBLIC HEALTH STRUCTURES**

32. The ICTU and our affiliate unions have been raising concerns about the impact of under investment in our public services for many years. Workforce planning and workforce issues in the Health and Social Care sector are of particular concern.
33. Individual affiliate unions, particularly those representing professional and technical staff within the HSC, raise issues through the NIC-ICTU Health Committee that inform more broadly the position taken in relation to the transformation programme. In particular, affiliate unions representing physiotherapists, allied health professionals and radiographers are concerned about the lack of implementation of recommendations made within workforce reviews conducted within these areas.
34. Concerns exist about delays in signing off the recommendations within these reviews for implementation. A lack of investment in training and recruitment of specialist staff remains a major area of concern. Within midwifery, concerns exist that with a lack of workforce



evaluation and the significant developments in maternity service provision there is no sense of what the optimum midwifery and maternity support workforce should be both now and in the future. A review process is also underway in relation to the social work workforce and we have identified that this has to be incorporated into the implementation of the framework agreement on safe staffing.

## **Resources and Funding**

35. Health spending in Northern Ireland has increased in real terms in the years preceding the Covid-19 pandemic. In the 10 years from 2009/10 to 2019/20, health spending increased by 25% in nominal terms or by just over 5% in real terms. As of 2019/20, Northern Ireland had the highest per capita expenditure on health of any UK country (of the English regions, only London has a higher per capita spend). However, Northern Ireland experienced the smallest increase in per capita health spending over the 10 years leading up to 2020. Nominal spending increased by 18% in Northern Ireland compared to 29% in England and Wales, and 23% in Scotland.
36. All levels of government, national, regional and local have some role in providing healthcare in Northern Ireland, but 95% of health spending is carried out by the Northern Ireland Executive. In terms of Northern Ireland's budget, department of health spending has increased from just under 42% of allocated current expenditure to over 52% in 2020.

## **Workforce Strategy**

37. In May 2018 the Department of Health published 'Health and Social Care Workforce Strategy 2026: Delivering for Our People'. This was a year later than the commitment made within 'Health and Wellbeing 2026' which had promised such a strategy by May 2017 to cover all aspects of the HSC workforce, including recruitment and retention, opportunities for introducing new job roles and reskilling and upskilling initiatives.
38. The workforce strategy sets as one of its objectives that by 2019, the Department and health and social care providers would be able to monitor workforce trends and issues effectively, and be able to take proactive action to address these before problems become acute. However, we are concerned that our members working in health and social care services continue to be working under increasing pressure, with poor morale and increasing stress. We have suggested that the Northern Ireland Assembly Committee for Health may wish to seek information on what systems are in place to monitor workforce

trends and for examples of the kinds of proactive actions that are being taken before problems become acute.

### **Workforce planning within transformation**

39. It is the view of the NIC-ICTU Health Committee that comprehensive workforce planning and engagement with staff and their representative trade unions using the principles of co-production and co-design should be an integral part of all the workstreams under the transformation programme. The transformation process will only be successful in delivering better health outcomes for the public where it has the support of the workforce.
40. However it is clear that workforce planning and engagement has not been sufficiently mainstreamed into the transformation programme and the effect of this has been acutely felt in the response to the Covid-19 pandemic.

### **F. ECONOMIC PLANNING BY NORTHERN IRELAND EXECUTIVE BODIES IN THE CONTEXT OF EMERGENCY PLANNING**

41. Over 95% of Northern Ireland's budget for public services is determined by the block grant which is a combination of Resource (Current) and Capital Departmental Expenditure Limits (DEL). Northern Ireland does not have any significant revenue raising or exchequer borrowing facilities. The Northern Ireland budget is therefore a product of UK government decisions made in budget and Comprehensive Spending Reviews (CSR).
42. In the 10 years between 2010 and 2020, the grant for Resource DEL was £177m below what it was in 2009/10. This amounts to a 1.6% reduction so, while public expenditure on health continued to increase, this was at a time when other departments experienced real terms cuts to expenditure. In 2020, current spending pressures, including health, were estimated to be in the region of £500m per annum. There was a boost to capital spending in 2019/20 which brought the total spend to within £10m of the 2009/10 spend. However, capital spending fell back in cash terms in 2020/21 and was £137m or 9.2% below where it was in 2019/20 in real terms. The cumulative loss in capital spending in the 10 years to 2020 was £4.2bn. It was estimated in 2020 that the NI Executive has a backlog of capital

expenditure projects totalling £5bn, and this is likely to have increased substantially in the years since.

43. Despite the clear evidence that the impact of Covid-19 had been exacerbated by over a decade of austerity and a failure to combat poverty and inequality, the November 2020 CSR at Westminster again represented an austerity plan for public services. The CSR did not restore levels of public spending in Northern Ireland to pre-austerity levels, nor has it provided the investment needed to reform and improve services delivered within health and social care, education or the community and voluntary sector for the benefit of the public and workers alike. The CSR has resulted in block grant funding for the day to day running of public services in Northern Ireland remaining essentially flat. It has also resulted in an inability to present a multi-year Executive budget, which we understand had been the original intention of the Department of Finance (DoF) following the single year budget for 2020-21.
44. Single year budgets such as these do not allow for clear, multi-year plans for sustained investment in public services. It is also of serious concern that the Executive has not moved since the NDNA agreement to put in place an agreed Programme for Government (PfG) that adopts the commitments made in that agreement. We are concerned that the Outcomes Framework currently being consulted upon by the Executive does not represent such a PfG.
45. Some of these issues are addressed in detail in UNISON's submission in respect of the 2012-22 Draft Budget [Exhibit GM/7 - INQ000108538].

#### **G. COOPERATION BETWEEN NORTHERN IRELAND AND GOVERNMENT OF IRELAND ON PANDEMIC PREPAREDNESS**

46. The level of cooperation between the Executive and the government was inconsistent and sporadic and it was our view that unfortunately rather than focusing on the need for a coherent response to the pandemic, that the political situation dominated. The DUP looked east to Westminster for a lead and SF looked south to the Irish government to seek to align actions. This rarely if at all happened as different stages and phases of 'lockdown' and restrictions prevailed in both jurisdictions at different times. It also seemed as if the

ROI government had a more consistent and coherent response in terms of the data whereas given the nature of the 5 party involuntary coalition in NI it was less so.

## **H. AN OVERVIEW OF THE ICTU'S CAMPAIGNING WORK BETWEEN 2009 AND 2020 (RELEVANT TO SCOPE OF MODULE 1)**

47. ICTU's Campaign for Jobs and Services in April 2010 (pre-General Election) [Exhibit GM/8 - INQ000108539] called for the safeguarding of public services. We said:

*“• Public services must be protected - it makes no sense to cut services at a time when more people depend on them because of the recession.*

*• It should be recognised that public services provide employment and provide real help for those who are unemployed.*

*• Health Services for all must be guaranteed and particularly for children, mothers and the elderly.”*

48. In October 2015, NIC-ICTU highlighted the potential impact of a lack of NI Executive in its briefing 'Why Devolution is Better than Direct Rule' [Exhibit GM/9 - INQ000108540].

49. In April 2016, the NIC-ICTU Health Committee requested the following pledge be disseminated widely during the 2016 NI Assembly election campaign [Exhibit GM/10 - INQ000108541]: *“In keeping with the principles on which the NHS was founded I am committed to an NHS which is universal, free, publicly funded and publicly accountable. I oppose the privatisation and marketization of the health and social care services in Northern Ireland and pledge to do all in my power to protect it”.*

50. The NIC-ICTU's December 2016 submission to the NI Executive on the draft PfG document (2016-21) noted the following regarding public service delivery [Exhibit GM/11 - INQ000108542]:

*“The trade union movement remains fundamentally opposed to outsourcing or privatisations, and makes clear its objections to the intention to “support the delivery of services through the most appropriate channel – whether this is in the public, private or community and voluntary sector.”*

*Congress believes therefore that rather than advocating support for the delivery of public services by the private, or community and voluntary sectors, the Executive should instead commit within the PfG a clear message that further privatisation and outsourcing of public services will not occur, and that services which have previously been privatised or outsourced, in areas such as health and social care and education will be brought back 'inhouse'.*

*Please note the submissions by UNISON (excerpts below), NIPSA and UNITE, all of which analyse in greater detail and with real-world expertise, the virtues of maintaining strong and accountable public service delivery on Health, Education, Housing and local government."*

51. The NIC-ICTU's 2018 'Better Work Better Lives Campaign' [Exhibit GM/16 - INQ000147089] sought to:

- Challenge the scourge of low pay and insecure work,
- Challenge cuts to public services and to call for increased targeted public investment,
- Seek to ensure that public sector workers can move beyond the 1% pay cap and bargain for decent pay increases.

52. UNISON also used its 2016 NI Assembly Election Manifesto to set out key concerns of its members across a wide range of campaigns [Exhibit GM/12 - INQ000108543]. They said:

*"Nothing is more important than the health and wellbeing of the people. However, what was a Number 1 Priority in the Programme for Government was dropped in 2007. Today large sections of our population are living with the consequences, including:*

- *growing health inequalities, lower life expectancy, increasing premature death rates and spiralling suicide rates, particularly for working class people in areas of disadvantage;*
- *400,000 people on hospital waiting lists;*
- *crisis in social care, particularly for older people;*
- *funding crisis in essential, additional services provided by the community and voluntary sector;*

- *growing inequality in educational outcomes;*
- *a crisis in social housing;*
- *mass job loss across all employment sectors;*
- *growing poverty, rural and urban, and growing in-work poverty.*

*To address this situation, we need a model of public health which requires not only radical reform of the health and social care system, but also a radical change in the way all Government Ministers and Departments take their share of responsibility for a new 'outcome based' Programme for Government."*

53. UNISON highlighted that the current structures were not fit for purpose and could not deliver performance, standards of care, financial stability or address inequalities. It called for:

- the abolition of the internal market in health and social care and the costly and unnecessary commissioner/provider split, including Trusts;
- its replacement with a public health model delivered on NHS founding principles within the public sector, with eradicating health inequalities as a central goal;
- an end to outsourcing health services and jobs to the private sector - the health and well-being of the people is not for profit making;
- an end to the 'consultation farce' and its replacement with real and resourced democratic engagement with the people – including patients, clients, residents, relatives, health workers and their trade unions.

## **I. ICTU ENGAGEMENT ON PANDEMIC PLANNING AND PREPAREDNESS**

54. We had no government engagement on matters related to pandemic planning and preparedness prior to January 2020. No documentation or guidance was brought to the

attention of the ICTU in relation to preparing for a civil emergency. Neither was there engagement with the ICTU on emergency preparedness at a local government level.

55. We do not regard that government adequately engaged with the ICTU prior to the Covid-19 pandemic. Neither do we believe that government has engaged with the ICTU since the pandemic.

56. On 16<sup>th</sup> March 2020 the NIC-ICTU called for meaningful engagement with government and employers on the potential implications of the COVID19 crisis for workers in Northern Ireland [Exhibit GM/17 - INQ000147090]. Owen Reidy, Assistant General Secretary of the ICTU at the time, said:

*“...we wrote to a series of government Ministers about COVID19 on the 5th March 2020 raising the concerns of workers in the event they have to self-isolate or become unwell with COVID19.*

*In that letter we argued that £94 sick pay a week, even from day 1, was not enough to address this crisis. We followed this up with a further email on 10th March 2020 seeking a meeting involving government, employers and ourselves to seek to work together and address this matter. Such a meeting has yet to take place. Quite frankly this is not good enough.*

*We have engaged with the Irish government and employers on a range of consequential labour market issues and progress is being made with the Irish government listening and introducing some measures to protect workers. This engagement is ongoing.*

*We know from our colleagues in Austria and Denmark that Unions, employers and government have come together and have reached innovative and effective agreements to protect business and to guarantee workers' incomes as this crisis continues to bite and hit harder.*

*Instead of debating whether schools should close or not, government needs to urgently engage with the trade union movement and employers to put in place measures to protect workers' incomes from when the schools do close. Workers who are laid off, who have to care for their children, who have to self-isolate or get ill with COVID19*

*need to know that viable mechanisms are in place to protect their income and livelihoods in as much as possible.*

*This is precisely why we have joined our voice with Hospitality Ulster today calling for action. We want to play our part in this unprecedented situation to ensure the interests of workers are addressed. We can only do that if all of government work with the trade union movement and employers to ensure measures are in place before this crisis inevitably gets worse."*

## **J. CONCLUSION**

57. A combination of over a decade of austerity and cuts to public services as well as vital agencies, together with the instability of government, significantly contributed to Northern Ireland being under-prepared for the Covid-19 pandemic. In addition, the side-lining of the trade union movement in terms of proper social engagement has had disastrous consequences for workplace health and safety, for the health and social care system and for society at large.

### Statement of Truth

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

Signed:

**Personal Data**

Gerry Murphy

Dated: 19 April 2023