

Witness Name:

Statement No.:

Exhibits:

Dated:

**UK COVID-19 INQUIRY**

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**WITNESS STATEMENT OF RIGHT HONOURABLE BARONESS ARLENE FOSTER  
OF AGHADRUMSEE DBE**

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I, Arlene Foster, otherwise Baroness Foster of Aghadrumsee will say as follows: -

1. I am presently a member of the House of Lords having assumed this office on 24 November 2022. I was First Minister of Northern Ireland from 11 January 2016 to 10 January 2017 and again from 11 January 2020 until 14 June 2021 and I was a Member of the Legislative Assembly (MLA) for my constituency, Fermanagh and South Tyrone, from 2003 until I resigned from the Northern Ireland Assembly in October 2021. I was leader of the Democratic Unionist Party ("DUP") from December 2015 to June 2021.
2. During the first period when I served as First Minister, from 11 January 2016 to 10 January 2017, I served with deputy First Minister, Martin McGuinness. He resigned his position on 10 January 2017, collapsing the Northern Ireland Executive. The Executive was reinstated on 11 January 2020 following the 'New Decade, New Approach' agreement. Between 11 January 2020 and 14 June 2021, I served alongside deputy First Minister, Michelle O'Neill.
3. Prior to becoming First Minister in January 2016, I held the following Ministerial posts:
  - Minister for Finance and Personnel - 11 May 2015 – 12 January 2016
  - Minister for Enterprise, Trade and Investment - 9 June 2008 – 4 May 2011 &  
16 May 2011 – 11 May 2015
  - Minister for the Environment - 8 May 2007 – 9 June 2008

I was also acting First Minister for short periods in each of 2010 and 2015, when then First Minister Peter Robinson stepped aside temporarily.

#### **Preparedness prior to January 2017**

4. The first point to make is there is a distinction to be made between preparation for emergencies generally, and for a pandemic specifically. In terms of planning for general emergencies, I consider that the government of Northern Ireland, given its troubled history, which tragically includes responding to bomb attacks with multiple fatalities, violent paramilitary activity, and civil disorder, was acutely aware of the need to be able to respond quickly and appropriately to civil emergencies. The structures to deal with civil emergencies were within the Executive Office (TEO)'s portfolio (formerly the Office of the First Minister and deputy First Minister) and therefore, while First Minister, I was accountable for those structures, as to which see further below, along with the deputy First Minister.
5. In Northern Ireland, at all times relevant to this Module, *pandemic* preparation was considered primarily a health emergency and therefore a matter within the Department of Health (DoH)'s portfolio. Accordingly, I was not being directly briefed or otherwise advised about steps taken by the DoH to prepare for an influenza or other pandemic prior to 2020. My other Ministerial roles prior to taking up my seat as First Minister did not involve any detailed input (so far as I can recall) in preparation for a pandemic.
6. The one exception to that is that I am aware from documents supplied to me, that in 2016, TEO participated fully in Exercise Cygnus, the UK-wide pandemic simulation, including during the planning phase, and simulated COBR meetings during the three day exercise in October 2016 (COR 1604 Letter of 29 November 2016 from Rt Hon Ben Gummer MP to FMdFM). I do not recall at this stage, and I have not been provided with documents to suggest, that I was briefed by officials as to the recommendations made on foot of Exercise Cygnus, or any steps TEO intended to take to improve pandemic preparedness prior to the Assembly collapsing in January 2017.
7. I am aware from my time in Government that, prior to 2020, civil contingencies structures had previously been activated for non-health emergencies. In particular,

I recall their use in response to a significant flooding event in 2012, and a long period of snow and freezing temperatures in 2010. It is, however, fair to say that, while the systems and structures such as the Civil Contingencies Group and the NI Hub (see further below) had been, to this extent at least, tried and tested, the Covid-19 pandemic was of course in a different order in terms of seriousness and duration.

#### **The lack of an Executive from 2017 to 2020**

8. During the period 10 January 2017 to 11 January 2020 when there was no functioning Executive, Northern Ireland government institutions remained responsible for devolved matters. In the absence of local ministers who were democratically accountable for decision-making, senior Northern Ireland civil servants were responsible for day-to-day running of government. However, these civil servants could only operate within the context of existing policy directions set by Northern Ireland ministers while still in post. There was no Assembly to pass legislation. The UK parliament legislated in some limited areas, including setting budgets, but generally the lack of an Executive created a political vacuum.
9. I was keen for the Executive to be restored. I became a politician in order to serve my constituents, and as leader of the DUP and former First Minister, I felt strongly that I had a duty to serve the people of Northern Ireland in a functioning Assembly, and that in general it is better when possible to have political leadership. I believe that, while Martin McGuinness resigned ostensibly because of the emerging issues surrounding the Renewable Heat Incentive Scheme, his departure was in fact in large part due to his failing health and other political motivations. As such, I believe that the Executive could and should have been restored much earlier than it was.
10. While the Executive was not functioning, the DUP (as well as the other political parties including Sinn Fein) were regularly updated on issues that were being dealt with by the Northern Ireland Civil Service (NICS). During this period, there was a significant focus on the arrangements for exit from the EU, and, as time went on, the possibility of a 'No Deal' exit. There was widespread concern, particularly in the latter months of 2019, that the UK might 'crash out' of the EU. Civil Servants duly therefore prepared for this possibility. I have requested access to documents from this period to enable me to understand the steps that were taken at that time

but at the time of preparing this statement, I have not yet had sight of these. However, broadly, I understand that officials were preparing for the possibility that there would be significant disruption in the event that a Withdrawal Agreement was not agreed. The concerns centered around the movement of people and the supply chains for certain goods, such as fresh food, and medicines. The framework for dealing with civil contingencies was therefore in place, officials were trained in how it should operate, and able to deploy/ scale up its use as required. In the event, this stream of work was stood down by the UK Government on 23 December following the successful vote at Second Reading of the Withdrawal Agreement Bill (AF/1 - Committee Sub 17 January – First Day Brief Headline Overview Document (10 January)) (INQ000203346).

11. Northern Ireland, because of its geographical position across the Irish Sea from the GB mainland, and, as a result of its land border with an EU country, would have faced unique challenges if no agreement had been reached with the EU. I believe therefore that NI Senior Civil Servants had thoroughly planned and prepared for the emergencies that might have resulted in a 'No Deal' exit scenario, perhaps more so than their counterparts in the other devolved administrations.
12. The DUP were not made aware, to the best of my knowledge, of any steps taken in relation to *pandemic* preparedness specifically (as opposed to emergency preparedness in the context of a 'No Deal' EU exit) between January 2017 and January 2020.
13. I deal with the impact of the lack of a functioning Executive on the health and social care system below at paragraphs 34 and 35.

**January 2020 – First Day Brief.**

14. On 11 January 2020, I took up post as First Minister, with Michelle O'Neill as deputy First Minister. I received a First Day brief on my taking up office. Although I would have already been aware of the role of the Civil Contingencies Policy Branch (CCPB), I was advised specifically on its functions therein (see AF/2 - TEO-3007 January 2020) (INQ000203347). In particular, this document made clear to me that TEO had responsibility for coordinating emergency responses and that the Civil Contingencies Group (NI) ("CCGNI") was the principal strategic civil

contingencies preparedness body for the public sector, and the body responsible for delivery of central Crisis Management Arrangements within government. I was also aware (although not directly as a result of the first day brief) that if needed, the Northern Ireland Hub ("NI Hub") could be activated and then scaled up/down, to act as the central operations room for multi-department/agency co-ordination and information sharing in response to an emergency.

### **The systems, processes and structures for pandemic preparedness**

15. My views on the systems, processes and structures for pandemic preparedness are based on my experience of how they functioned when put into operation. As mentioned above, I consider there to be two main strands of preparation to be considered within the scope of this module – preparation for a pandemic such as an influenza pandemic, which fell under the remit of the DoH, and the role of TEO in relation to coordinating the non-health response to such an emergency. I am much better able to comment on the latter which was in my direct Ministerial portfolio.
16. In terms of my ability to comment on the preparation by DoH for a pandemic, I am only able to provide my impression of the general state of preparedness as the only information available to me in 'live time' regarding health-specific issues would have been the matters brought to the Executive by the Health Minister, or those escalated via the NI Hub to the CCGNI of which I was made or became aware (see paragraph 18). Moreover, I do not have access to Department of Health documents. I therefore cannot give a detailed insight into the preparations actually undertaken and the factors, including the state of funding, that might have had a positive or detrimental impact.

### **CCGNI and NI Hub**

17. In terms of TEO's role, as outlined above, the systems including the CCGNI and the NI Hub were in place and ready for activation when I took office. From a review of the documents made available, it appears the CCG was stood up by the then Head of the Civil Service, David Sterling, on 20 February 2020, before the first case being identified in Northern Ireland in or around 27 February 2020. Based on the scientific advice regarding the increased incidence of Covid-19 and the risks

it posed, on 2 March 2020, Michelle O'Neill and I attended our first COBR meeting, which was chaired by the Prime Minister, Boris Johnson. Also present were the Health Minister and the Chief Medical Officer. The escalating emergency was then discussed at the Executive meeting on 2 March 2020, and a Ministerial submission was brought up to me on 3 March from NR of the Civil Contingencies Policy Branch (see AF/3 TEO – 2155- FM dFM Sub Covid 19 Preparedness and Response (INQ000145786); AF/ 4 TEO- 0099 Final Executive meeting minutes of 2 March (INQ000048441) and AF/5 TEO-1266-C-Hand Written Draft-Executive Notes (INQ000065694)). The submission outlined that at that stage the four nations were preparing for Covid-19 using a Reasonable Worst Case Scenario approach which was considered standard practice in civil contingencies.

18. As the situation escalated, a fully operational Command, Control and Co-ordination (C3) structure was stood-up. In my view, the CCGNI and the NI Hub structures were sufficiently flexible to allow for amendments to suit the particular response needs of the Covid-19 pandemic. Their operation was fine-tuned as time went on.
19. The CCGNI met frequently during the response. While the CCGNI was conceived to comprise members of the Senior Civil Service only, the deputy First Minister and I began to attend the meetings during the first wave of the pandemic. The situation was changing rapidly in the early weeks of the first wave from the end of March into April and attending the CCGNI meetings allowed the dFM and me to hear the information at source and prevent any time lag between the information becoming available and us being briefed. I was however conscious at times that the Senior Officials may have preferred meetings to be limited to officials only so that they could speak more freely. This might be something that the structures might be adapted to accommodate. There is a balance to be struck between ensuring Ministers have as much information as possible, or that they feel they need, to make decisions for which they are accountable, and potentially hampering the operational work of officials.
20. It was clear to me from these meetings that the systems in place to report up to the CCGNI from the Departmental Operations Centre (DOC) as to the particular pressures and needs of individual government departments, the Police Service of

Northern Ireland and the Ministry of Defence, appeared to be working and were effective. Situation Reports were drafted which collated the reported information. These were very useful as they gave a high level overview of the situation 'on the ground' to inform Executive decision-making.

#### **UK and NI integration and liaison**

21. Systems of information sharing between UK Government and the Executive had been specifically prepared for, and were in place. There were several levels at which information was shared. The systems in which I would have been most directly involved were the '4 nations' calls to discuss the particular issues affecting each of England, Scotland, Wales and Northern Ireland, but there was also communication from UK Government of strategy and information arising out of COBR and Ministerial Implementation Groups (MIGs), and escalation to those bodies from Northern Ireland as required. I understand there was also liaison at department level to share information on workstreams.
22. My impression was that the Chief Medical Officer was very well connected into the UK Government system with links into Sage and his counterparts across the UK. Accordingly, I felt that we in Northern Ireland had access to a very high level of scientific advice available at the time.
23. In terms of ways in which the structures and processes could be improved, I consider that greater advanced consideration as to the respective responsibilities as between UK Government and the devolved administrations would be useful. I do not recall any significant consultation about the implementation of UK-wide interventions, versus the types of interventions that the devolved administrations would have control over. I believe this was a decision taken centrally by UK Government at an early stage in the response.
24. This should not be taken as saying that I believe it would have been appropriate for all decision-making regarding, for example, the imposition of Non-Pharmaceutical Interventions, to have been taken by Westminster. It would be necessary to retain flexibility to adapt to local circumstances. However, advance planning and consideration of the potential impacts, both positive and negative, of

differences in response before entering the response phase of a pandemic would be useful.

25. Taking decisions around the imposition of NPIs at regional level meant a greater degree of flexibility and responsiveness to changing circumstances, including imposing or lifting restrictions in a proportionate way depending on local factors. Indeed, at one stage in Northern Ireland, restrictions were applied at an even more granular 'postcode' level. However, I consider that differing approaches across the four nations did cause difficulty at times with public messaging and communication strategy. National broadcasters would carry the UK Government public health messaging, while at stages when the devolved administrations departed from the UK Government approach, regional broadcasters were announcing different messages. This was confusing for the public and may have undermined public confidence in the handling of the response by the respective administrations. In Northern Ireland, the deputy First Minister and I instigated our own press conferences to reinforce the Northern Ireland-specific messaging.
26. In planning for future pandemics, this could be mitigated by formulation of a coherent communications strategy and framework as between UK Government and each of the devolved administrations. The strategy should in my view recognise the need for regional flexibility but consider ways to bolster public confidence and minimise conflicting and confusing messaging. This is not least because of the differing political contexts in each of the devolved institutions, which makes political agreement about a unified approach difficult to achieve, particularly in an emergency environment.
27. Greater planning for decision-making at devolved level should also include consideration of how devolved administrations can scale up access to sufficient suitably qualified legislative draftspeople. The pace of change of the pandemic meant that legislative changes in Northern Ireland were frequent and significant. Those drafting the Northern Ireland regulations were under considerable pressure to keep pace with the changes. Despite them working tirelessly, this was not always possible.

#### **Irish Government liaison**



28. There was also provision in place to liaise with the Irish Government including at Ministerial level via 'Quad' meetings. In addition, as the seriousness of the situation began to unfold, on 14 March 2020, Michelle O'Neill, Robin Swann, Dr Michael McBride and I met with the Taoiseach Leo Varadkar, Tanaiste Simon Coveney, Irish Health Minister Harris and Dr Tony Holohan. While this was not a formal North South Ministerial Council meeting, it provided an opportunity to discuss generally how we would cooperate in response to the pandemic (AF/6 - contemporaneous letter of invitation and related notes made by my Special Adviser and myself (INQ000203348)).
29. However, in the event, one of the frustrations that we experienced was that it was more difficult to get information from the Irish Government, than it was to obtain information from UK Government. This was a continuing theme coming through from the Health Minister, the Chief Scientific Adviser and the Chief Medical Officer. For example, there was an issue regarding people arriving on flights into Dublin for onwards travel to Northern Ireland. We wanted access to passenger data but the Irish Government was not keen to provide it. Similarly, on many occasions, the Irish Government did not consult in a meaningful way, or at all, the Northern Ireland Executive before implementing Non-Pharmaceutical Interventions. There were systems in place for such cooperation and information sharing but the information flow was poor. I believe this may have been because Sinn Fein were the official opposition in the Irish Government, and the Irish Government was concerned about information being leaked.
30. Moreover, I am aware that it has been suggested that the Institute of Public Health had a role in the pandemic response in Northern Ireland. While this body was set up following the Belfast agreement to improve liaison between Northern Ireland and the Republic on health matters, it was not responsible for the response and I consider its input to have been very limited.

#### **Funding and structure of public services**

31. In relation to funding, my overall impression is that, within Northern Ireland, there was no difficulty with funding the Executive response to the pandemic. The funding arrangements in Northern Ireland, including the system of in-year monitoring, meant that there was sufficient flexibility to deal with the issues that arose

internally. Initially therefore, requests for funding were dealt with from the Northern Ireland budget. As time went on, Westminster provided additional funding. Wider issues around funding, for example, the funding of the furlough scheme, were matters rolled out nationwide by the UK Government. The concern within the Northern Ireland Executive was ensuring that there was sufficient additional funding to ensure support for affected individuals and businesses to protect the economy, and to bring forward tailored packages to suit this jurisdiction. However, I consider that, overall, funding was made available when required.

32. In the very early stages of the pandemic, in or around March 2020, the reliance on UK Government to bring forward the economic package to support lockdowns including the closure of schools and businesses was one factor that limited Northern Ireland in making decisions about the imposition of Non-Pharmaceutical Interventions before the UK Government. However, it is important to highlight that the main factor that influenced the timing of the introduction of the first lockdown was that the Northern Ireland Executive was following the advice of scientific and medical advisers and that advice did not support a lockdown in Northern Ireland any earlier than in fact took place, particularly as Northern Ireland was behind England in terms of case numbers.
33. I understand that the Inquiry may investigate the impact of austerity cuts on pandemic planning. Looking back now, my impression is that Northern Ireland was well-placed financially to deal with the emergency response to the pandemic and I do not recall funding, or the lack thereof, being cited as an issue that created difficulty with the overall Executive response.
34. In relation to health funding in particular, Northern Ireland receives funding on foot of the Barnett formula which is then allocated across the various departments. This allocation is made by the Executive when it is functioning. Accordingly, insofar as the DoH and health structures are concerned, the lack of an Executive from 2017 to 2020 meant that the Executive had not set the department budgets during this period. The Minister for Health would be better placed to comment on the detail of the impact of funding pressures in the years leading up to 2020 on the health response and planning.

35. However, I can say that in terms of the structure of the health and social care systems in Northern Ireland, the recommendations made in the Bengoa report, published in October 2016, made clear that the health and social care system in Northern Ireland requires to be radically transformed to improve quality and sustainability. In short, I believed then, as I do now, that it is not a lack of funding as such (health receives over 45% of the entire budget allocation for Northern Ireland) that affects the efficient operation of the health care system, but rather the fact there are embedded structural inefficiencies that can only be tackled by fundamental reform. That being the case, following the publication of the Bengoa report, the then deputy First Minister and I announced the Executive's commitment to delivery of significant reforms over a 10 year period. The bringing down of the Executive by Martin McGuinness in January 2017, and the resulting lack of political accountability and decision-making, no doubt significantly hampered design and delivery of reforms in the period leading up to January 2020.

#### **Planning for future pandemics**

36. I have raised issues above as to possible areas in which planning might improve the response if a pandemic were to arise again in future.

37. However, my foremost concern in terms of planning would be that consideration should be given, prior to a pandemic arising, to the appropriateness of lockdowns; the circumstances when they should be introduced; and how to mitigate their impact on the most vulnerable in our society.

38. When lockdown was introduced in Northern Ireland, the backdrop was an increasing sense of panic and alarm about the number of deaths that might result if drastic measures were not introduced. Other countries had introduced lockdowns as a means to reduce spread of the virus, and there was increasing public and media pressure to do likewise. As an Executive, we felt we had to act on the best available scientific advice and guidance, and that the decisions we were taking in terms of imposing Non-Pharmaceutical Interventions, would save lives.

39. However, it is a matter of deep regret for me that, unfortunately, I do not believe there was sufficient research into, or consideration given to, the unintended but in

some cases sadly predictable consequences of what transpired to be a lengthy period of lockdown.

40. Of course, it is very difficult to estimate the number of lives that were saved by introducing lockdown in March 2020, and that was a legitimate and important goal and I do not underestimate the importance of it. The worst case scenario in Northern Ireland was that deaths from Covid-19 in the first wave could reach 15,000. However, I consider that there was not sufficient information to allow us to properly balance the long-term harm, in terms of excess deaths from other causes, and long-lasting trauma it would cause.
41. I very much regret the fact that people were not allowed to be with their loved ones when they were dying, and that their ability to grieve and attend funerals was restricted. I also believe the closure of schools, particularly for the most vulnerable children and families, was hugely detrimental. Further, not enough was known about the potential impact on those with disabilities and health difficulties, and the effect of isolation and loneliness on individuals, and as such these impacts were not properly taken into account. I also feel there was insufficient weight placed on the impact of removing cancer and other health screening, and I remain concerned about the ongoing impact on waiting lists.
42. In summary, while I believe the decisions taken were in line with the best advice and guidance we had at the time, I consider that pandemic preparedness should include consideration of strategies other than lockdowns, or if lockdowns are unavoidable, strategies should be put in place to mitigate their impact on the most vulnerable.
43. In addition, and again with the benefit of hindsight, there is a need to ensure that pandemic preparedness includes the ability to roll out vaccine production quickly and effectively, and to scale up and down testing as required. While overall I am satisfied with the manner in which the Northern Ireland Executive responded to the pandemic, lessons can and should be learnt.

#### **Statement of Truth**

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

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

Signed: \_\_\_\_\_

Personal Data

Dated: \_\_\_\_\_

18<sup>th</sup> April 2023.