

Witness Name: Michelle O'Neill MLA

Statement No: Module 2, statement 1

Exhibits: Please see schedule setting out list of exhibits

Dated: 18 September 2023

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MICHELLE O'NEILL

I, Michelle O'Neill, MLA, will say as follows:

Introduction

1. I am a member of the NI Assembly and the former Deputy First Minister. I was Deputy First Minister from 11 January 2020 until 4 February 2022. I am making this statement, in answer to questions asked by the Inquiry in relation to my role as Deputy First Minister during the COVID-19 pandemic, with a particular focus on the UK Government's response to Covid-19 and 4 nations decision-making in response to the pandemic.
2. This statement and the responses to the Inquiry's questions, are to the best of my knowledge and belief accurate and complete at the time of signing. I am conscious however that there are documents, relevant to my role as deputy First Minister and relevant to the Inquiry, which I have not yet seen. It may therefore be that I will need to add to my statement upon receipt of any further documents of relevance to the questions which have been raised to date.
3. I have completed this statement with the assistance of staff and my legal representatives.

Ministerial role during Covid-19

4. I held ministerial office in the Northern Ireland Executive prior to the Covid-19 pandemic, as follows: I was Minister for Agriculture and Rural Development between May 2011 and May 2016; and I was Minister of Health between May 2016 and March 2017.
5. I served as Deputy First Minister from 11 January 2020 until 4 February 2022. As joint head of government in this jurisdiction I was jointly responsible for leading the Executive's response to Covid-19. This included taking decisions on and implementing legislation relating to Covid, including Non-Pharmaceutical Interventions (NPIs), after taking the requisite advice into consideration. I was also involved in ministerial meetings with UK Government Ministers, Ministers in the devolved administrations and with Irish Government Ministers.
6. In addressing the Questions asked by the Inquiry, I think it is important for the Inquiry to understand the differences between the system of government in this jurisdiction and that in the other devolved administrations. Our system of government is based on the compromises in the Good Friday Agreement which were 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 the fact that it is a mandatory coalition, which was made up of five political parties at the relevant time. This is the system of government required by the Northern Ireland Act (1998) and it can make decision making more difficult, as some decisions will require the consent of all of the parties represented in the coalition.
7. Collective cabinet responsibility does not operate in the same manner here as it does in other Executives. While Ministers are obliged to operate within the framework of the Programme for Government and to support all decisions of the Executive, each Minister has political autonomy within their own Department. Thus, at the relevant time with which the Inquiry is concerned, the Minister of Health had a considerable degree of autonomy within the scope of his brief. The framework within which we work means that matters which are considered to be controversial, or crosscutting will require Executive approval, but it would not have been the case that all measures taken by the Minister for Health and his Department required the advance approval of the full Executive.
8. I attended a number of committees, groups and forums dealing with the UK Government's response to Covid-19 about which I provide further detail below. As Deputy First Minister in the Northern Ireland Executive, each meeting I attended was as joint head of the devolved government representing the Executive. I participated in meetings of COBR, MIGs, 4 nation forums (with the Chancellor of the Duchy of Lancaster, hereinafter "CDL") and also meetings with the Secretary of State for

Northern Ireland. My participation in these meetings was aimed at facilitating Executive input into UK Government responses (where possible and appropriate), co-ordinating responses to the pandemic and highlighting issues that were of concern. I can advise that the general practice was that if a particular meeting had an item on the agenda which fell into a Minister of the Executive's area of responsibility then that Minister would attend to address that issue.

9. I also participated in "Quad" meetings during the course of the pandemic. These meetings were between the Secretary of State for Northern Ireland (representing the British Government), the First Minister and Deputy First Minister and representatives of the Irish government.
10. I have attached a list of all external meetings that I attended during the course of the pandemic from 28 January 2020 until 26 February 2022. As can be seen from the list many of these meetings were with representatives of the UK government. It is marked as exhibit MON2/01 – INQ000226006.

UK Government's response to Covid-19 during January 2020 - March 2020

11. Covid was first raised officially in the Executive in meeting of 3 February 2020 under AOB by the Health Minister, Robin Swann. I received a briefing note on 30 January 2020 (exhibited below as MON2/11) which informed this first discussion of COVID on 3 February 2020, when it was raised under AOB by the Health Minister. This was the first occasion on which I can recall being made aware of the outbreak in an official capacity. Prior to that briefing and Executive meeting I, like everyone else, was watching events as they unfolded in Wuhan, China and in Italy. I was aware that Minister Swann was attending UK Government meetings on Covid in his capacity as Health Minister. I was also aware that the World Health Organisation (WHO) had declared a Public Health Emergency of International Concern on 30 January 2020.
12. Minister Swann, as the Minister for the lead Department, provided updates at the Executive meetings of 10, 17 and 24 February 2020. At each of these meetings he had stated that the risk level was moderate and that we were in containment phase. At this early stage the Department of Health was the lead department but as the situation developed beyond a health issue the Executive Office and the Executive took on a much more hands on role.
13. The First Minister and I had also taken an Urgent Procedure request from the Health Minister, on NI Clauses for Submission to the UK Coronavirus Bill in advance of the scheduled Executive meeting of 17 February 2020. An Urgent Procedure can be taken by the First Minister or the Deputy First Minister, acting in agreement, between Executive meetings if there is an urgent and pressing need.

14. As we moved from late February into March 2020 the tempo and the atmosphere changed. The first case of Covid in the North was confirmed in a woman on 27 February 2020. She had been in northern Italy and had flown into Dublin Airport before travelling North.
15. On Saturday (29 February 2020) the First Minister, the Health Minister and I held a conference call with the Taoiseach, the Minister for Health and the Chief Medical Officer in the south of Ireland. This was to try and ensure close co-operation between the two jurisdictions and to ensure that protocols for travel were in place and were working.
16. At the 2 March Executive meeting, Covid moved out of AOB and became a more substantive agenda item. The First Minister and I attended our first COBR meeting on Covid that same day.
17. Covid was discussed at a joint First Minister / Deputy First Minister meeting with the Secretary of State for Northern Ireland on 6 March 2020. The Secretary of State informed Ministers that COBR would be meeting daily from the following week (that is the week commencing 9 March 2020) and suggested that Ministers should attend. I attach a note of the meeting of that date. It is marked as exhibit MON2/02 – INQ000226007.
18. The First Minister and I subsequently attended dedicated COBR meetings on the 9, 11, 12 16, 18 and 20 March 2020. I can comment further on any particular meeting if requested to do so by the Inquiry.
19. In the middle of this series of meetings, on 11 March 2020, WHO declared Covid a pandemic. On the same day, there was a meeting with the Paymaster General, Penny Mordaunt MP relating to Brexit negotiations. I have attached a record of that meeting. It is exhibited as MON2/03 – INQ000226008.
20. At the 16 March Executive meeting, the Executive agreed the phased activation of the Central Crisis Management Arrangements in order to deal with the impacts of Covid. The Civil Contingencies Group had previously been stood up at official level with meetings taking place with Westminster from 20 February 2020. The Executive agreed the phased activation of the NI Central Crisis Management Arrangements to deal with the impacts of COVID-19.
21. I attach a copy of the minutes of Executive meeting of 16 March 2020. I also attach a copy of the handwritten minutes which records discussion of those present. Together they are marked as exhibit MON2/04 – INQ000226009 and MON2/05 - INQ000226010.

22. At the 23 March COBR meeting, which preceded the lockdown announcement, the Prime Minister Boris Johnston addressed a number of issues, he referred to social distancing compliance not being strong enough and said that London hospitals were expected to be under significant pressure in 7 – 10 days, he also indicated that the epidemic was continuing as predicted. He said he would make a public announcement that night that would take effect from the following day, the 24 March 2020. The message would include “a stay at home” message with certain excepted categories. I agreed with the Prime Minister’s approach, but the decision was made by the Prime Minister.
23. The Chancellor also referred to the economic impact of businesses closing and said that business rates holidays would be extended. There was agreement at the meeting that communications needed to align across all administrations and that it would be important for clear and consistent messaging to come from Government, including all devolved administrations.
24. My main concerns at this time were to ensure that our response to the public health emergency, which had now arrived in the North was adequate and was as effective as possible in saving lives. I was of the view that there would need to be a two-island approach but I was also of the view that there needed to be recognition of the need for an all-island response here. As the Inquiry will know, on issues of animal and plant health, Ireland is treated as a single epidemiological unit. There is clear recognition on both these islands that this makes sense in order to protect animal and plant welfare. In my view the same rationale underpins the need to treat the island of Ireland as a single epidemiological unit for public health purposes, particularly when dealing with an easily transmissible virus. This approach was seen in the “Fortress Ireland” approach adopted to the 2001 Foot and Mouth Outbreak.
25. My thinking on this issue was not the result of political preference but was a recognition that we should take advantage of our being an island in order to put in place the most effective response for protecting our citizens in the face of the very real threat from Covid. I believed there was a need for an all-island response to take advantage of the geographical limitations on travel onto the island and because of the ease of travel between North and South and the consequent ease with which Covid could move between the jurisdictions. Inconsistency in how we responded as between North and South had the capacity to undermine the effectiveness of our response. This was apparent to me even at that early stage. In that respect, I was mindful that the first Covid 19 case in the North had been someone who had travelled from Dublin airport, albeit it was understood that they had been infected in Italy.
26. I also wanted to ensure there was proper communication, discussion and decision making between the UK Government and the devolved administrations and that there was imperative that we worked collaboratively to protect our citizens. Even at that

time I was aware that there would need to be a system of testing for Covid in place and sufficient Personal Protective Equipment (PPE) for workers.

27. On the issue of the all island approach I have recently seen a document, dated 22 April 2020, which follows on from a request by the First Minister for Wales, Mark Drakeford, for weekly ministerial and official meetings between the devolved administrations and the UK Government and a weekly COBR meeting involving the devolved administrations. As appears, one of the participants in the meeting formed the view that the context of the request related to the fact that the UK Government was deciding on its exit strategy from the current social distancing measures. Thereafter the Secretary of State for Northern Ireland states that they were not going to get agreement on an exit policy in NI and that “the default position of dFM will be to agree with the approach in RoI.” It is marked as exhibit MON2/06 – INQ000091348.
28. The note appears to suggest that my approach was simply to mimic that of the Republic of Ireland. I reject that suggestion. To clarify, my position was, and remains, that there were sound public health reasons treating the island of Ireland as a single epidemiological unit for public health purposes and that divergence between the two parts of the island, increased the risk of transmission of Covid-19. It is also the case that the Republic of Ireland, certainly at the early stages of the pandemic was quicker to lockdown than the UK and was slower to lift restrictions than the UK. I agreed with that approach, not because it was the approach of the Irish Government but because it appeared to be the approach designed to protect public health and to save lives, at a time when I felt that the UK Government were following a strategy of ‘herd immunity’ a strategy with which I disagreed.
29. I should explain that the phrase ‘herd immunity’ was a phrase I first heard in the media and I do not believe that the UK Government ever suggested directly to the Executive that this was their approach. Nonetheless it was my perception at the time, and remains my perception in hindsight, that this was in fact the approach being adopted by the Government during the initial stages of the pandemic.
30. I have reviewed the draft handwritten minutes of an Executive Committee meeting of 16 March 2020, referred to at (21) above. As appears, in response to a query about the ‘herd immunity’ approach the Minister for Health and Minister for Justice confirmed that ‘herd immunity’ was not the policy of the Northern Ireland Executive. I believe that the minutes reflect the fact that Ministers of the Northern Ireland Executive had the clear impression that the UK Government was adopting a ‘herd immunity’ strategy and that was a strategy with which the Northern Ireland Executive did not agree.

31. As I have already stated in my Module 1 statement, I felt at the time that the UK Government response from the beginning of the pandemic was slow and inadequate. My perception was that they did not learn lessons from what was unfolding in other countries and that they were slow to bring in restrictions. With the benefit of hindsight, I remain of that view.
32. WHO had declared a pandemic on 11 March, yet it was another 12 days before the UK Government made a full lockdown announcement. Prior to this they had allowed large scale sporting events such as Cheltenham and the Liverpool Atletico Madrid match to go ahead. This seemed to me to be in keeping with what was being described in the media as a 'herd immunity' policy, which appeared to me the policy being deployed by the UK Government, until such time as the figures suggesting massive loss of life forced a change of course in mid-March. This approach set the tone for that early period and it is my view that the UK Government facilitated a complacency which did not reflect the severity of the pandemic. When there was an announcement closing the schools on Friday 20 March 2020 and a subsequent announcement regarding closing cafes, pubs and restaurants, that weekend saw unprecedented crowds take to public places and crowd into shops to panic buy. We had similar problems in the North. I attach an article from the Irish News describing the situation. It is marked as exhibit MON2/07 – INQ000226012.
33. From the early stages I raised my concerns publicly about the approach being adopted by the UK Government, which approach was not consistent with the approach being adopted in other European states including the Republic of Ireland. I refer to public statements I made on 13, 14 and 16 March 2020 in which I criticised the UK Government as being an outlier in its response to the pandemic and called for interventions, including school and university closures, greater testing and isolation and a more joined up all Ireland approach, as the most effective way to tackle the virus. I attach a copy of those statements here as MON2/08 – INQ000226013.
34. I said publicly at the time, and as I have said above, my call for an all-Ireland approach was not about politics but was about taking advantage of being an island and putting in place the most effective response for protecting our citizens in the face of the very real threat from Covid.
35. I also wanted to engage constructively and co-operatively with the UK Government and with the other devolved administrations in order to protect public health for all our citizens and I recognised the importance of our working together. However, as time passed, I became increasingly frustrated at the UK Government's approach and felt that my concerns, and indeed concerns raised by the other devolved administrations, were being ignored. My concerns were raised publicly, and I refer to press statements issued by me on 13, 14 and 16 March 2020. My concerns were also raised within the Executive and I refer by way of example to the minutes of the Executive meetings of 16 March 2020 and 14 May 2020. The draft handwritten

minutes of the former are referred to above and the draft handwritten minutes of the latter are exhibited as MON2/09- [INQ000273784]. I also attach a record of call with CDL on 24 July 2020 where my concerns were recorded. It is exhibited as MON2/10 - INQ000199172.

36. Ultimately, my priority at this time was to focus on what I could do within the Executive structures to make sure our response was as effective as it could be in keeping people safe. This was also something of a challenge as my main partners in Government were fully tied to the policies of the UK Government.

Participation in COBR meetings

37. The first COBR meeting I was invited to attend was the meeting of 2 March 2020. Prior to that whilst the Minister for Health, Robin Swann, had been invited, neither I nor the First Minister were invited. I attach a copy of relevant briefing paper to confirm the fact that neither I, nor my colleague First Minister Arlene Foster, were invited prior to that time. It is exhibited as MON2/11 - [INQ000273785].
38. It is not routine for Ministers of the NI Executive to attend COBR meetings, and I personally cannot, at this remove, recollect a Minister being invited to a COBR meeting prior to the outbreak of the pandemic. The Minister for Health, Robin Swann, attended the first five COBR meetings concerning Covid-19. They were on 24 January 2020, 29 January 2020, 5 February 2020, 18 February 2020 and 26 February 2020. He attended as a representative of the Executive. The Department of Health was the lead department in responding to the early stages of the Covid outbreak while the Executive Office was keeping a close eye on the situation. The Minister for Health updated the Executive during this period and was briefing the Executive that Covid was deemed a moderate risk. Once the crisis escalated and required Non-Pharmaceutical Interventions (NPIs) in particular, it then moved to a wider governmental response. It was at this stage that the First Minister and I, as joint Heads of Government, were brought into the relevant meetings.
39. I attach the draft handwritten minutes of Executive meetings of the 10, 17 and 24 February 2020 which illustrate how the matter was being addressed at that time. The Minister for Health, who was attending the COBR meetings, was updating the Executive, including providing us with all updates and information from COBR. At this time, it was being communicated to the Executive that the risk was still considered to be moderate. Those minutes are exhibited as MON2/12 - [INQ000273786], MON2/13 [INQ000273787] and MON2/14 [INQ000273788] respectively.
40. I have been asked my view as to whether the Prime Minister's absence at the initial COBR meeting impacted upon the ability of the 4 nations to respond effectively to Covid-19 during that period. As I was not at the initial COBR meetings I cannot comment in any detail about what happened there. I nonetheless take the view that

the Prime Minister's absence must have impacted on the 4 nations ability to respond effectively. I say this because the Prime Minister is the person with the authority to make decisions for the cabinet and his presence would have facilitated an informed and prompt response to the issues as they arose. In saying this I acknowledge that others who were actually present at the meetings will be better able to comment. As appears below, I also consider that both the First and Deputy First Ministers should have been invited to the early COBR meetings, which would have facilitated a whole Executive response.

41. I have also been asked about whether I consider that my absence at initial COBR meetings impacted the ability of the 4 nations to respond effectively to Covid-19 during this early period.
42. As outlined above, I attended the first COBR meeting that I was invited to, on 2 March 2020. I believe my absence at the initial meetings may have hampered a more effective two island approach to tackling Covid. I was concerned from the early stages that the island of Ireland, and indeed Britain, did not take more advantage of being island nations. I believe that I was the most senior Government Minister on these islands raising this issue at an early stage. Had I been at the early COBR meetings I would have pushed for a more concerted and co-ordinated approach from the outset. In my view, having a disjointed approach hampered a more effective response, particularly around issues of travel. I say disjointed as I do not consider that the unique features of this jurisdiction on the island of Ireland was given the same prominence as the priorities for England.
43. I refer to instances when I identified the need for a two-island approach. I refer to a copy of a Cabinet paper from 16 March 2020. (It is exhibited as document MON2/15 - INQ000056210. The references to the need for co-operation with the Irish government, I believe, are part of my contribution to the meeting. I would also wish to point out, however, that the recorded minutes are not always fully reflective of what was discussed at meetings with the UK Government. They are short and succinct and will often only record the outcome rather than all the points raised.
44. I also refer to a number of examples of my contact with the UK Government in the period up to June 2020 when the issue of an all-island approach was raised. This is recorded in documents of 12 March, 28 April and 7 May 2020. They are exhibited as MON2/16 - INQ000083097; MON2/17 - INQ000273789 and MON2/18 - INQ000226020. It further refers to records of calls to the UK Government during this period including calls with the Prime Minister and a 4 nation call in early May 2020.
45. In brief summary on the 12 March 2020 both the First Minister and I encouraged North – South Ministerial co-operation. I attach a copy of Covid 19 Situation Report. It is marked as exhibit MON2/16 – INQ000083097. On the 28 April 2020 I pointed

out, the importance of maintaining regular N/S and E/W liaison. On the 7 May 2020 I advised the Prime Minister that “we need a joined up approach across the island”. There are many occasions, after June 2020, on which I felt it necessary to highlight the importance of two island approach.

46. It is also my view, on reflection, that the absence of both the First Minister and Deputy First Minister at the earlier meetings may have delayed a whole of Government approach. For example, once the First Minister and I became involved in the meetings, the civil service system and the Civil Contingencies planning ramped up more effectively. Moving to a whole Executive management of the crisis, also meant there was a more joined-up approach, with Ministers across the Executive driving the response to Covid. A whole Executive management of the crisis meant that the Executive could respond to the crisis in a more co-ordinated manner. The Executive also worked to develop interventions around the economy and society especially in NPIs. There was a recognition that the Civil Contingency response needed reenergised and to move beyond Departmental silos with a more agile structure. The fast-moving environment meant that the public sector needed to respond quickly and to do things differently and resources needed to be allocated according to need. It was not business as usual. We needed to suspend unnecessary activity and avoid bureaucracy. Ministers were able to intervene quite quickly and direct Departments and officials in this respect, once a whole of Government approach was adopted.
47. I wish to restate that my focus on the possible benefits of an all-island approach here was not due to political or constitutional preferences. I was focused on the outcome of saving as many lives from the outbreak as possible. I would not have followed the approach of an Irish government that I considered contrary to the best scientific advice available to us regarding what was needed for public protection. I would, of course, have supported an approach by the UK Government which was consistent with that objective.
48. I attach further examples of my contact with the UK Government up to June 2020 when the issue of an all-island approach was raised. This is recorded in UK government documents of 12 March, 28 April and 7 May 2020. They are exhibited as above. It is also recorded in records of calls to the UK government during this period including calls with the Prime Minister and a 4 nation call in early May 2020.
49. During this period, I was also of the view that communications needed to be improved to ensure that the public were provided with up-to-date information about the public health crisis and how to respond. The whole Executive approach resulted in a move to regular, and for a period, daily updates while a PR company was quickly brought in to improve communications.
50. In this period, I was constantly assessing our planning and decision-making structures to ensure they were fit for purpose. For example, during this period, I asked my Sinn

Fein Executive colleagues to examine if there were ways that we could defer utility bills and mortgages and look at rent holidays, for example for rates, VAT, rents, loan repayments and water payments. Could we subsidise salaries or strengthen social security payments? Any proposals made would have been within the limitations of the Executive's financial and fiscal constraints. Initiatives from the Department for Communities and the Department of Finance were the subsequent out-workings of this request. Further details of this approach are set out in paragraphs 42 – 63 of my Module 1 statement.

51. Outside the key focus of the immediate health response, my priorities were to: develop a business focus; protect people who were most vulnerable; protect workers; maintain housing security; maintain medicine supply; secure food distribution; and reassure the public.
52. During this time, I also remained in contact with the Dublin Government while continuing to push for the holding of the British Irish Inter-Governmental Conference and British Irish Council meetings to co-ordinate a wider two-island response.
53. I believe that all of the above issues would have been raised sooner and would have been in place sooner if the First Minister and I had been involved formally in earlier COBR meetings and I believe that the British Government delay in bringing us in contributed to a slower, less effective response.

UK Government approach to co-ordination across the 4 nations

54. It is my sense that at this early stage of the pandemic the UK Government did not have a clear plan or strategy as to how the response to Covid-19 would be co-ordinated across the 4 nations. In general, I feel that the UK Government approach was that they were responsible for decision-making and that they did not seek or welcome input from the devolved administrations, but rather expected us to adopt the approach which they have decided upon.
55. I also think the phrase 4 nations can sometimes give a misleading impression. This is not a relationship of autonomous and equal partners coming together voluntarily. The UK Government is the dominant actor in these arrangements due to its power as the UK-wide government and due to the larger resources at its disposal. An acknowledgment of this situation is recorded in a call with the CDL on the 14 April 2021. The relationship between the UK Government and the devolved administrations was described as not initially being ideal but has been strengthened now. It is marked as exhibit MON2/19 – [INQ000273790] The situation is also described in paragraph 74 of the NIO corporate statement of Holly Clarke, reference INQ000148325.
56. It was, and remains, my view that a significant degree of co-ordination was necessary, and I wanted both greater co-ordination and greater collaboration, ideally on a two-

island basis as the means of securing the most effective response. I have outlined my frustration at the UK Government's response to Covid during this period and in particular my frustration that they were slow to respond to the pandemic and slow to introduce restrictions which I regarded as necessary to protect lives. The devolved administrations were tied into UK Government Covid response structures through the Department of Health. By this I mean the Executive was at all times taking advice from the Department of Health and the Chief Medical Officer. They were tied closely into the UK Government and SAGE structures and while working alongside their British counterparts, frequently adopted their policy approaches. We were also tied financially to Westminster, so that there were limitations in the extent to which we could make decisions unilaterally, by way of example the Executive could not have established and operated the furlough scheme which accompanied and enabled the first lockdowns. However, where possible, the devolved administrations did diverge in areas that were within our competence and in order to address our own local and regional needs.

57. At this early stage it was my expectation that adequate consideration would be given to the geographical reality of this jurisdiction forming part of the island of Ireland. I did not have a firm view, at that early stage, as to whether the response would be formed exclusively in COBR or exclusively in other 4 nations structures or whether there would be a combination of both. I have been asked to comment on the extent to which there was effective collaboration, coordination and/or communication between the UK Government and the NI Executive. During this early stage of the pandemic, it is my view that many of the UK Government meetings were focused on a predominantly London or English response. It was also apparent that at many of the meetings, decisions had already been made at UK Government level and that the devolved administrations were merely being informed as to the decisions which had already been taken. Thus, it was not unusual that, either a press conference, or a Ministerial address to Parliament had already been arranged, prior to a meeting with the devolved administrations, with the decisions, which were about to be communicated publicly, being communicated to the devolved administrations just before the public announcement was made. I raised my concerns at this situation as did the First Ministers of Scotland and Wales.
58. Concerns about communication between the UK Government and the NI Executive arose in relation to many subject areas. I have had the opportunity to review some of the relevant documentation. I would suggest that this issue is recorded in the documents cited below:
- i. Frustrations about the lack of information coming from the UK government was raised in a call with the CDL on the 6 May 2020. It is marked as exhibit MON2/20 – INQ000091357.
 - ii. Late communication to the DAs was acknowledged in NIO document of the 24 June 2020. It is marked as exhibit MON2/21 – INQ000083154.

- iii. With regard to international travel this arose on 26 May 2021 and was recorded by the Department for Levelling Up, Housing and Communities in document MON2/22 - INQ000199122.
 - iv. With regard to DA influence over the development of UK Government strategy in June 2021 in Department for Levelling Up, Housing and Communities document MON2/23 - INQ000199143.
 - v. With regard to mandate for proof of vaccine status and was recorded by the Department for Levelling Up, Housing and Communities in document of 21 July 2021. It is exhibited as MON2/24 - INQ000199157.
 - vi. A policy of not sharing policy papers with the DAs until the policy is agreed internally is also recorded in Cabinet Office email(s) around 11 February 2021. It is marked as exhibit MON2/25 - INQ000091469.
59. As outlined above, I do not believe that the UK Government was working collaboratively with the devolved administrations, it was making decisions and communicating them to us, just prior to communicating them publicly (and in some instances, after they had been publicised). I did not feel that we were having a meaningful input into decision-making because I do not believe that the UK Government was minded to take on board the views of the devolved administrations.
60. Nonetheless, I continually highlighted: the island of Ireland/ two-island issue; my concerns around testing and isolation particularly connected to travel; and the need for clear communication to the public about public health messaging.
61. The trajectory of the virus in the North was generally about 2 weeks behind Britain so we were able to watch closely and learn from what was happening there. The Executive was at all times taking advice from the Department of Health and the Chief Medical Officer who were tied closely into the UK Government and SAGE structures.
62. As stated previously, I had major concerns at the slowness of the UK Government's responses during this period, so I rigorously interrogated the advice that the Executive was being given from the Department of Health and the Chief Medical Officer.
63. At times I felt that the advice and the approach was too cautious, for example, around school closures which became an issue at the Executive meeting of 16 March 2020. The Chief Medical Officer's advice at the time was based on the British Government position of keeping schools open. On the 12 March 2020, the Irish Government (with no consultation with the Executive) had made a sudden announcement of the closure of all schools with immediate effect. On foot of the Irish Government decision and reports of rising transmission rates many schools in the North responded to this announcement, by independently deciding to close early for St Patrick's Day and extending those holidays for the full week. Additionally, where schools themselves did not close, many parents kept their children off school. I felt that this was being done in a confused and unmanaged way and that the Executive was losing the

confidence of many of our people with the public acting independently of the authorities, which I felt undermined confidence in the Executive's responses and would undermine confidence in our leadership into the future. I wanted to order the closure of all schools, with immediate effect, but while I raised this at the Executive meeting on the 16 March, I could not get Executive agreement to close the schools. The minutes and handwritten notes from this date are exhibited above.

64. By 18 March 2020, as transmission rates increased and amidst growing concern by parents, school staff and trade unions, the Executive took the decision to close schools in line with a similar announcement by the UK Government. I felt on this occasion that the Executive should have made the decision unilaterally and earlier.

UK Government's initial response to Covid-19 and 'herd-immunity'

65. I have been asked about the UK Government's initial strategy in relation to Covid-19 during January-March 2020 and whether and to what extent the concept of 'herd-immunity' was adopted. As I have previously said, I fundamentally disagreed with how the UK Government responded to Covid from the beginning. In my opinion, they were slow to respond and to grasp the seriousness of what was happening. The pace of reaction appeared slower than that undertaken by the Governments in other European states. It appeared to me, that they had adopted a policy of 'herd immunity' which was the wrong approach in my view. I should explain that the phrase 'herd immunity' was a phrase I believe I first heard in the media and I do not believe that the UK Government ever suggested directly to the Executive that this was their approach. Nonetheless, it was my perception at the time, and remains my perception, with hindsight that this was in fact the approach which was being adopted by the UK Government. I have no direct knowledge as to how much the UK Government advisors were liaising with, or following the advice of WHO, in terms of their responses, but it was my perception that the advice from SAGE did not appear to fully align with the advice from WHO and the European Centre for Disease Control (ECDC) at this time.
66. It was my perception that the British Government strategy changed when the figures suggested there would be massive loss of life if they continued on their current course. As indicated, this is the impression I formed at the time rather than it being communicated to me, by the UK Government in those terms.
67. It was my view that a national lockdown should have been adopted as a strategy before 23 March 2020. Events such as the Cheltenham races and the Liverpool Atletico Madrid match ought not have happened, and schools ought to have been closed much sooner. That was my view at the time, and it remains my view now.
68. I wish to acknowledge however, that there were aspects of the UK Government's response which worked well. The furlough scheme, which was designed to protect

the economy and jobs, was in my opinion, a positive initiative which was, in my view effective, both in terms of securing people's livelihoods but also, in assisting with securing compliance with restrictions, thus helping to protect lives. The uplift in Universal Credit was also a welcome, if modest initiative, provided help to the most vulnerable. The speed with which the Government moved in relation to the production and distribution of the vaccine was also helpful. Finally, the expatriation meetings, held in order to assist people come home from abroad, with the Foreign and Commonwealth Office were very helpful and conducted in spirit of co-operation.

69. However, whilst acknowledging the positives, in line with the answers I have already given, I had concerns at the speed of the UK Government's response at the initial stages. It appeared to me that there was initially a lack of urgency and lack of action, for example, in relation to school closures, testing and isolation. I also felt that there was a failure to understand the North's unique situation and the need for an island of Ireland approach to adequately reflect the all-island dimension. In terms of communication between the UK Government and the devolved administrations, I have outlined my concerns above, I felt that it was often the case that there was no meaningful advance consultation with the devolved administrations, and that communication and more fundamentally, consultation, could have been more effective. It was my perception that the general approach of the UK Government at meetings was to give information to the devolved administrations, usually at the last minute, rather than provide information in a timely fashion so that the devolved administrations could make a meaningful contribution to meetings and to have a consultative and collaborative approach.

4 Nations decision-making structures & Covid-19

70. I have previously referred to a list of meetings which includes those with the UK Government. It outlines, in broad terms, the meeting structures used. The meeting structures were: COBR; meetings between the Chancellor of the Duchess of Lancaster, Mr Michael Gove, and the devolved administrations; and meetings with Michael Gove and the devolved administrations in his role as Secretary of State for the Department of Levelling Up, Housing and Communities.
71. Neither the Joint Ministerial Committee, the British-Irish Council or the UK Governance Group were used. The First Minister and I requested that a British-Irish Council meeting (which needs to be convened by the 2 Governments) be convened to discuss the issue of travel, but that request was never acceded to. That request was made in Summer 2020. The first summit of the British-Irish Council after the restoration of the Executive occurred on the 6 November 2020 and was held virtually. The next summit was hosted by the Northern Ireland Executive and took place in June 2021.

72. I attach copies of meeting notes with the Prime Minister or the CDL when it was suggested that there be a meeting of the British-Irish Council was raised and when the benefits which could flow from such a meeting were identified. This proposal was considered at the following meetings:
- i. 7 July 2020 – MON2/26 - INQ000226014
 - ii. 24 July 2020 – MON2/27 – INQ000226015
 - iii. 5 August 2020 – MON2/28 – INQ000226017
 - iv. 13 August 2020 – MON2/29 – INQ000226018
73. I do not know why the Joint Ministerial Committee was not used. In the past I have acknowledged that it was an imperfect forum and did not meet as regularly as it might have but the Joint Ministerial Committee did have the advantage of a Joint Secretariat staffed by officials from the Cabinet office and the devolved administrations.
74. I think that it is important for the Inquiry to understand that while dealing with the day-to-day response of the pandemic I was not primarily focused on structures around UK Government meetings. My main concern was that any meetings should be meaningful and address any concerns or issues raised on the part of the NI Executive and to try to secure assistance where needed. My primary focus was on what was happening in the North and ensuring that, within the constraints the Executive worked, we responded as effectively as we could to protect lives through practical and meaningful application of policy decisions at department, community and individual level. This was the primary, day-on-day, work of the Executive and Ministers.
75. I have considered the extent to which the effectiveness of the 4 nation approach to Covid-19 response was affected by the use of UK Government structures rather than structures which afforded greater input to the devolved administrations. I found in general that the meetings between the UK Government and the devolved administrations involved the UK Government advising the devolved administrations of the decisions they had taken. These communications with the UK Government were usually communicated at the last minute. My view then and now, was that the meetings were not truly collaborative or a decision-making forum. This was a source of ongoing frustration with all the devolved administrations. They were helpful for raising issues and as a forum for exchanging information but were not a decision-making body. In my opinion, structures jointly owned by UK Government and the devolved administrations would have changed that dynamic and would have been a more effective decision-making forum.
76. The Memorandum of Understanding on Devolution (MoU) is a statement of political intent rather than a legally binding agreement which aspires to co-operation, communication and exchange of information, statistics and research etc. between Westminster and the devolved administrations. It therefore played a role in facilitating intergovernmental relations. However, the Joint Ministerial Committee structures

which flowed from it were not used during the pandemic so any role it played was limited.

77. The Secretary of State for Northern Ireland also contributed to intergovernmental relations during the pandemic. There were regular meetings between the office of the Secretary of State and the First Minister and Deputy First Minister. It was a forum to flag up issues and concerns and exchange information, but the meetings with the Secretary of State never had a decision-making role. It was not a decision-making forum and could be described as keeping open an additional line of communication with the UK Government. I understand that the concerns and priorities of the Executive would have been relayed to the UK Cabinet but I cannot recall a specific issue which was raised in this way by the First Minister of myself which led directly to a change in UK Government policy.
78. Representatives from the devolved administrations were present at COBR meetings in the early stages of the pandemic but as decision-making moved from COBR meetings to Ministerial Implementation Groups, and later to Covid-O and Covid-S, we were no longer invited to attend as a matter of course. There was no consultation from UK Government about the changes. I am unable to answer why the UK Government decided to exclude the devolved administrations from the later meetings.
79. I believe that the absence of a genuinely collaborative decision-making body, which included the devolved administrations in a meaningful way, did hamper the effectiveness of a Covid response. However, I also remain of the view that a more effective response would have been a two-island approach that brought together the five administrations across Ireland and Britain.
80. As I have stated previously, I found that the UK Government meetings were a forum for information exchange rather than a collaborative decision-making body. As we headed deeper into the pandemic, I became increasingly frustrated with the meetings chaired by Mr Gove as I felt that concerns I consistently raised around communications, the importance of a two-island approach and the need for resources and finances to allow us to take policy decisions were not taken on board.
81. I should be clear however, while I was committed to effective collaboration with the British Government and the other devolved administrations, my main focus as Deputy First Minister needed to be on trying to deliver effective Executive responses in an increasingly challenging political environment while also attempting, as far as possible, to develop coordinated island of Ireland responses to the pandemic. From June 2021 onwards I made the decision that Junior Minister Kearney would attend many of the meetings in my place and report back to me.
82. In and about September 2020 there was a request by the First Minister for Wales, Mark Drakeford, for weekly ministerial and official meetings between the devolved

administrations and the UK Government and a weekly COBR meeting involving the devolved administrations. A note of the call between the CDL and DAs is attached as exhibit MON2/30 – INQ000226026.

83. In this document the Secretary of State for Northern Ireland stated that “DAs are dispersed in wider UKG meetings; if we convene them in a smaller meeting, they may prove difficult to handle”. The comments may be indicative of the Secretary of State’s approach to the devolved administrations, or the approach of the UK Government more generally. The document is dated 22 April 2020. It is exhibited as MON2/06 – INQ000091348.
84. The Chancellor of the Duchy of Lancaster, Michael Gove MP, held regular meetings with First Ministers of Scotland Wales and with the First Minister and Deputy First Minister throughout the pandemic. I do not know how the decision was reached by UK Government that the CDL would chair the devolved administration meetings. The absence of the British Prime Minister obviously meant that he was one step removed from the issues raised by devolved administrations and it also meant that this was not a decision-making body as the CDL had to take back to the Prime Minister any concerns or issues raised by the devolved administrations.
85. The meetings were useful as a high-level forum for raising issues and sharing information. They were not however a decision-making body and I have addressed this above.
86. Potential leaks were usually the reason given for the last-minute nature of the information. Dissatisfaction with the lateness of the information and absence of collaboration was raised consistently by all of the devolved administrations. By way of example, I attach a note of the CDL meeting of 29 June 2020 in which Minister of Health, Robin Swann, expressed this concern. It is attached as exhibit MON2/31 - INQ000091382.
87. I understand that the role of Minister for Intergovernmental Relations was created in September 2021 and that Michael Gove MP was appointed. However, I do not consider that it may any real difference to a more effective response to the pandemic.
88. I was not part of any informal groups or engaged in private communications with core decision-makers in UK Government about 4 nations decision-making. I recall that there was some limited WhatsApp contact between an advisor in the CDL office who later moved to No 10 and my advisor. I also believe, from recollection that there were sometimes informal communications between myself and the First Minister for Scotland and/or the First Minister for Wales, prior to meetings with the UK Government. We did not have a WhatsApp group but would sometimes have communicated informally in advance of any meeting.

Review of Intergovernmental Relations

89. There was a review of Intergovernmental Relations which was published in January 2022. The stated basis for the Review was the need for effective intergovernmental relations arising out of the pandemic. As we looked to recover from the challenges of Covid, strong intergovernmental relations were deemed essential to support and enhance the important work of all governments. The Review was also designed to go wider than supporting Covid recovery and also has as its objectives to tackle the climate change crisis and inequalities, and to deliver sustainable growth.
90. The key reforms I would like to see, consequent upon the Review are as follows:
- That the unique circumstances of the North of Ireland are taken into account and a two-island approach is embedded going forward. Many of the issues, which it is aimed at addressing, including the climate crisis, do not recognise borders.
 - That there is a genuine two-way process of engagement, collaboration and decision-making. This includes timely exchange of information and papers for decision-making in advance.
 - That the policy of austerity needs to be reversed so that proper funding of public services is put in place, otherwise our ability to respond will be limited. Reversal of austerity measures is also needed in order to tackle inequalities and to deliver growth.
91. With regard to structures, I believe in any potential future pandemic we need to augment the '4 nations' approach, in order to take account of the geographic reality that Ireland is an island with specific challenges but also, importantly, advantages, despite there being two jurisdictions on the island. During Covid, I advocated - and continue to advocate - a two-island approach as the most effective way to tackle any potential future pandemic or similar crises. The authorities in both Ireland and Britain need to maximise the benefits of being islands, for example, in reducing transmission through international travel controls.
92. The British Irish Council and the North South Ministerial Council are already existing structures for developing coordinated responses and action and should be utilised to the full. In addition, regular ministerial meetings involving all 5 administrations on these two islands should be regularised.
93. I also believe that decision-making and medical and scientific expertise should be tied into wider global structures such as WHO and the European Centre for Disease Control (ECDC).
94. I have been asked about the extent to which the Northern Ireland Executive was able to access medical and scientific expertise available to the UK Government. The

medical and scientific advice came to the Executive from Department of Health and the Chief Medical Officer and Chief Scientific Advisor. Outside of the formal advice received at Executive meetings, the First Minister and I also undertook regular meetings with the Minister for Health and his senior team including the Chief Medical Officer and Chief Scientific Advisor. The Chief Medical Officer and Chief Scientific Advisor were also always available to provide further clarity and information when asked. I would like to record my thanks to both for all their help and advice during the pandemic.

95. I also requested the SAGE advice and usually received that a few days to a week later. I do not know if I got sight of all the SAGE advice or some of it. My perception was that the advice was generally England focused.
96. The advice presented to the Executive by the Chief Medical Officer and Chief Scientific Advisor was to allow us to make Executive policy decisions specific to our own circumstances. I was aware that this advice was informed by discussions that took place between the Government Chief Scientific Advisers and Chief Medical Officers across UK Government and the devolved administrations. Beyond the advice that was presented to the Executive, and which was often discussed in great detail, I did not have knowledge of specific discussions that took place in preparing that advice.
97. I have been asked about participation in SAGE and its sub-groups and in the Joint Biosecurity Centre and how they contributed to effective intergovernmental decision-making. In my view, without knowing the detail of how they operated, it was always better for representatives of the Executive to participate in SAGE (and its sub-groups) and Joint BioSecurity Centres meetings, in order to be part of the discussion and sharing of information and to contribute their views on the most effective response. They would also have brought a local perspective and information on the virus in relation to its transmission on the island of Ireland and the border counties in particular.
98. I do not know why Executive representatives were not present at initial meetings, but it was a serious and, in my view, unnecessary gap and could only impact negatively as the absence of Executive representatives meant that our unique position on the island of Ireland may not have been recognised or taken on board by a government system based in London and often unaware of our circumstances.
99. With regard to the degree to which there was a 4 nation approach to Covid-19 response between January 2020 and February 2022, I am aware that daily meetings and regular contact took place between the Chief Medical Officers and Chief Scientific Advisors of the UK Government and devolved administrations at official level. The advice that the Executive received from the Chief Medical Officer and the Chief Scientific

Advisor and from officials was based on the ongoing work and contact that they were engaged in. So, it is my belief that there was a high degree of co-ordination. During this period there were high-level ministerial meetings to which I have referred above.

100. While there was high level of interaction between Chief Medical Officer and the Chief Scientific Advisor for this jurisdiction together with their counterparts in England, Scotland and Wales, the decision to impose Non-Pharmaceutical Interventions was taken by the Executive after consideration of advice from Chief Medical Officer and Chief Scientific Advisor and updates from the Minister of Health.
101. I cannot comment on the internal workings or effectiveness of Chief Medical Officer and Chief Scientific Advisor or official meetings but only on the ones at Ministerial level of which I have direct experience. I have already pointed up my concerns about the late communications, the absence of a meaningful decision-making forum, and the growing frustration from all the devolved administrations that our concerns were not being taken on board by the UK Government.
102. Ministers in each jurisdiction could take policy decisions in respect of areas that were devolved. Therefore, while the Non-Pharmaceutical Interventions in each jurisdiction were broadly similar, they differed in emphasis and were designed to address the specific needs of each region. The rate of virus transmission in the North was approximately 2 weeks behind what was happening in Britain, so timings of responses were different. The Executive also took a decision that our roadmap out of lockdown, would be staged and would not be date driven, an approach which differed from the approach adopted by Westminster and the other devolved administrations. All of the devolved administrations took a different approach to messaging when the UK Government changed its core message.
103. As the Inquiry will know the initial message from the UK Government adopted by all of the devolved administrations was “Stay home, Protect the NHS, Save lives”. When the message changed, in May 2020 to “Stay alert, Control the virus, Save lives”, the devolved administrations adopted a different approach. I believe this reflected the concerns of all the devolved administrations that the UK Government was moving too early to change the public messaging. I have attached a note of the call between the devolved administrations and the Prime Minister on 7 May 2020 where the possibility of a change is aired. It is exhibited above and marked as exhibit MON2/18 – INQ000226020.
104. There was also a divergence between the UK Government and the devolved administrations around Covid support schemes for businesses and individuals. The furlough scheme was the same across the 4 regions, however, the Executive here, along with those of Scotland and Wales was able to decide where to direct the additional Covid funding that we received (details of these were given in my witness statement to Module 1 of the Inquiry).

105. In my view the devolved administrations were not appropriately involved in core decision-making by the UK Government. This was most apparent in the early stages of the pandemic at a time when key strategic decisions were being taken and the pathway was being set for a response. These early decisions had consequences for the trajectory of the virus across these islands.
106. The Executive or the other devolved administrations were not involved in core decisions at the start - around closing schools and locking down society (which I believe should have happened earlier); we had no input into how international travel was addressed (again, I believe the British Government approach was too little, too late and did not take advantage of our being island nations); specifically we were not involved in co-ordinating the response to international travel with the Irish Government even though this had direct jurisdictional impact for the Executive. The joint request from the First Minister and myself to convene a British-Irish Council meeting on this specific issue was ignored. My continual advocacy for a two-island approach was ignored.
107. In the latter stages of the virus, as society was opening and closing as the virus tracked its course over 2020 and 2021, all the administrations were working off the same suite of Non-Pharmaceutical Interventions. The devolved administrations were taking local decisions that best suited their needs. However, the devolved administrations were still limited in the Non-Pharmaceutical Interventions we could use as we had to work within the limitations of the financial constraints and resources of the UK Government. Financial constraints inevitably influenced Executive decisions. Money was allocated via the Barnett formula (population based) only when the UK Government had made a decision that they would need to provide financial support. There was no independent financial stream that the devolved administrations could tap into. The resources to take certain policy decisions were not always available to the DAs. We were, in effect, nominally and legally independent but often practically and financially dependent on UK government decisions.
108. I cannot comment on the detail of Chief Medical Officer/Chief Scientific Advisor or official meetings but would assume that they were linked into global networks and looked to the work of WHO, the European Centre for Disease Control (ECDC) and the approaches of other countries and organisations in order to learn lessons. That would then have formed part of the advice that was being given to Ministers. Certainly, in relation to Social Distancing a close look was taken at the approach of other European countries. I recall that there was such a discussion in a 4-nation meeting with the CDL on the 23 June 2020. I attach a note of the meeting as exhibit MON2/32 – INQ000226021.
109. The Executive was also keeping a close eye on what was happening in the south of Ireland and trying to align as far as possible, insofar as such an approach, assisted in

protecting lives and ensuring the public's safety. I was also watching closely what was happening in the rest of Europe and globally.

110. There were times when the devolved administrations did not have access to full information. This was raised throughout the duration of the meetings by all the devolved administrations with Michael Gove as CDL in the meetings and with other representatives of the UK Government.
111. Some specific examples included my asking for further information on "biosec" as a data source. I attach a note of a call with the Prime Minister on 28 May 2020. It is exhibited as MON2/33 – INQ000226022.
112. By way of further example, I also sought further information on:
 - the evidence around Social Distancing in a call with CDL on 23 June 2020.
 - SAGE modelling on educational impacts was raised in a meeting of 12 October 2020. The title of the relevant documents are "PM Recovery Summit and Pre-Brief" - MON2/34– INQ000226023
 - JCVI recommendations on vaccines for younger age cohorts was raised by Junior Minister Declan Kearney in a meeting of CDL and First Ministers on the 8 September 2021 - MON2/35 – INQ000226024
113. CDL apologised for shortcomings in communications regarding vaccines for younger people at the meeting of 14 September 2021 – MON2/36 – INQ000226025
114. The lack of information sharing, and the lateness of the provision of information to the devolved administrations was raised continually by the devolved administrations. The pattern usually was that the specific information requested was provided, apologies were made but there was no real improvement and the position on receiving timely information remained unsatisfactory.
115. I have already stated to the Inquiry in my response to Module 1 how I believe that the impact of Covid on the vulnerable and marginalised in the community was exacerbated by the deep inequalities that already existed within society, most obviously but not exclusively, health inequalities.
116. A number of British government support schemes undoubtedly recognised the impact of Covid on individuals who needed economic assistance, such as furlough and the Self Employment Income Support Scheme (SEISS). The £20 per week Universal Credit uplift was a modest support for people who were unemployed and were the lowest paid.

117. There was some discussion at UK Government meetings on the impact of Covid on vulnerable groups including the BAME community. For example, there was discussion of unequal impact of the pandemic on certain groups in our meetings including a PM 4 nations call on 28 May 2020 referred to in paragraph 111 above and exhibited; and during a meeting on 24 July 2020, referred to in paragraph 72 above and exhibited.
118. Decision-making was finely balanced and there was a suite of options available in applying Non-Pharmaceutical Interventions across the four jurisdictions. At all times I was very conscious that we needed to listen to the medical/scientific advice.
119. Because of the history of structural inequality and discrimination in the North of Ireland, equality provisions have a statutory basis in the Northern Ireland Act (1998). Section 75 in particular places a duty on public authorities to have due regard for equality across designated categories when making and implementing policy. Every public policy should be subject to an Equality Impact Assessment (EQIA) as a legal and routine part of policy making.
120. Due to Covid this process had to be suspended, along with other normal policy processes of testing, doing pilot schemes, looking at risks and mitigations etc. It was simply not possible to take the time needed to fully examine decisions that were being implemented.
121. I was very aware that many of the decisions being made were impacting on people's lives and livelihoods and were restricting their choices and movement. In my opinion there was simply no other choice, given our primary objective, which was to save lives. We were in an unprecedented situation responding to a global pandemic.
122. Curtailing retail and hospitality had a particular impact on lower paid workers, women, young people. Closing venues, schools, youth clubs and support groups negatively impacted on young people, people with a disability, people with mental health issues, older and more vulnerable members of our communities. The Executive tried to mitigate those impacts as much as possible. I have already listed in my response to Module 1 of this Inquiry the initiatives which the Department of Communities Minister, supported by the Executive, put in place to address homelessness, support people on benefits, the collaborative and joint working undertaken with the community and voluntary sector, sports clubs, and local groups and organisations. The community response was phenomenal and those individuals and groups who organised food and medical supplies and other help for vulnerable people deserve enormous credit.
123. The Department of Finance and Department for Economy initiatives mainly supported businesses but also individuals who could no longer work. The Department of Communities looked to help vulnerable people and communities through financial and

practical support. The Department of Education ensured that all children who were entitled to Free School Meals received money to compensate while they had to stay off school. The Executive subsequently extended Free School Meals to the school holiday periods.

Impact of Covid-19 restrictions on people living and working across internal UK borders

124. The Executive were aware of the potential effect of Covid-19 restrictions for people living and working across internal UK borders. In particular, there were many people who moved over and back to Britain for work or as a result of family connections. This type of travel all but stopped except for that which was deemed essential travel. I have previously referred in my Module 1 response to the collective working that went on between Executive ministers, the UK Government, the Irish Government and the Secretary of State, in order to protect freight routes.
125. A key issue of concern for me was addressing the needs and concerns of people living and working in border areas between the north and south of Ireland. With a porous border of around 500 kilometres, and so many family, work and life connections, I was concerned that we align as far as possible with the Irish Government. Different approaches to closures and openings had a very real effect in border counties and contributed to movement of people to access services available on one side of the border but not the other. At times, during the pandemic, we had specific problems with higher transmission rates in some border counties.
126. Thus, we experienced situations where, if the restrictions, such as restrictions on eating out, were eased South of the border, before they were eased North of the border, people who lived in the North were able to travel South to avail of facilities not available in the North. This had the obvious potential to increase travel and increase rates of transmission in border communities.
127. I am aware that the Chief Medical Officers North and South of Ireland were in regular contact around these issues. However, I do not recall ever being provided with advice or submissions which explained the risks of different approaches North and South on the island whether in general or with regard to any one particular rule.
128. I have been asked about the impact of the Prime Minister's illness as a result of Covid-19 on 4 nations decision-making. Given the devolved nature of health I do not believe that the Prime Minister's ill-health in April 2020 had any material impact on the Executive's decision-making nor, to my knowledge, did it have any effect on intergovernmental relations.

129. I have also been asked about the extent to which there was 4 nation decision-making in respect of the festive period in December 2020 and 2021. Well before the festive period in December 2020, all of the devolved administrations were asking for a COBR meeting in the face of a rising R rate and local lockdowns being implemented. I attach a copy of a call with the CDL on the 19 September 2020. It is exhibited above and marked as MON2/30 – INQ000226026
130. We were also requesting more regular meetings. It was clear at that point that we needed to plan for a difficult period ahead. The Executive recognised this and brought in additional restrictions in September 2020. At a COBR meeting on 22 September, Prime Minister Boris Johnston said there would be no return to a second national lockdown, but rather it would be a tiered approach.
131. At subsequent CDL meetings the devolved administrations, including me, raised concerns about our ability to address local spikes effectively as we were not being given the finances to respond independently to Covid. This was a key issue and was a source of ongoing frustration during both the festive periods of December 2020 and December 2021. This impacted on ‘4 nations’ decision-making as, in my view, it greatly curtailed the ability of the devolved administrations to take decisions locally to respond to Covid and to protect the economy. It effectively left the devolved administrations dependent on UK Government decision-making.
132. This was a completely unsatisfactory situation as while there was a need for co-ordination, the reality was that the devolved administrations were dependent on the UK Government moving first, so as to ensure we had the finances and resources to fund any restrictions we needed to impose during these two festive periods. In my view this put us at a disadvantage as the UK Government decision was a response to English priorities that may or may not have applied in this jurisdiction.
133. There were difficulties and obstacles encountered in 4 nations decision-making including around a lack of response to calls for a two-island approach. This was consistently raised during the course of 2020 and 2021. It was also raised by Junior Minister Kearney on my behalf. Collaboration and co-ordination with Dublin were also raised by the First Minister and the Health Minister and by the First Minister for the Wales. The issues around data and Passenger Locator Forms were never fully resolved despite ongoing attempts to do so. A British-Irish Council meeting on travel, which was asked for in the early stages of the pandemic, never happened.
134. The failure to properly resource the devolved administrations to respond to Covid also left us waiting on the UK Government to act. This was particularly so after the first national lockdown in March 2020, as society was reopening and closing in response to subsequent Covid waves. I have already flagged my concerns that from the beginning of Covid the UK Government was slow to put Non-Pharmaceutical Interventions in place and also lifted them sooner than they should have been lifted.

This was to be the pattern throughout the pandemic. The devolved administrations needed to have the ability to act sooner than the UK Government if necessary and we needed access to resources to allow us to plan and support our economies. This issue was never satisfactorily resolved. Throughout the pandemic the devolved administrations did not have the devolved ability to fund the measures required to protect our public health system and we could not act before the UK Government who were, in my view, too slow to respond and too quick to lift Non-Pharmaceutical Interventions.

135. There was also the issue of the information being conveyed to the devolved administrations, at the last minute or not at all in some cases. The Scottish First Minister, for example, at the meeting of 8 December 2021 welcomed proposals to simplify travel rules but raised her concerns at first reading about those proposals in the papers rather than being informed officially.
136. We were often given incomplete or late information. One notable example of this was the JCVI advice on the Autumn 2021 booster campaign. We had to ask for information to be shared on Social Distancing (please see - CDL meeting, 19 June 2020 exhibited as MON2/37 – INQ000226027 and for the SAGE modelling on education impacts. This is recorded in a note of the Prime Minister M Recovery Summit and Pre-Brief on 12 October 2020. It is exhibited as MON2/34 – INQ000226023
137. It was my view then, and remains so, that we were not given the information as a matter of course nor was it shared in a timely fashion to allow us to plan our responses adequately.
138. These concerns were raised consistently by all the devolved administrations at our meetings with Michael Gove either as CDL or as Secretary of State and were never satisfactorily resolved. This was a source of ongoing frustration particularly as time went on and they failed to be resolved.

UK Government decisions about non-pharmaceutical interventions (“NPIs”)

139. Non-Pharmaceutical interventions, included: lockdowns; local or regional restrictions; circuit breakers; working from home; social distancing and reduction in contact; self-isolation rules; closure and opening of schools; the use of face-coverings; and the use of border controls. These were matters that would have been discussed in Ministerial meetings but also in meetings at official level between the health departments.
140. The Executive Office officials were also in regular contact with the UK Government and other devolved administrations officials particularly in relation to Non-

Pharmaceutical Interventions. The advice from health to the Executive was also based on this ongoing round of meetings and communications.

141. The ministerial meetings were generally high level and designed to raise broader policy issues and provide information. While detailed presentations on particular issues were organised, in general they did not go into the granular detail that would have characterised official meetings.
142. I do not recall any specific time when the UK Government changed or adapted its approach in relation to Non-Pharmaceutical Interventions as a result of representations made on behalf of the Northern Ireland Executive. As I have stated previously the UK Government was not listening to the views of the devolved administrations rather it was communicating its decisions to us. In terms of financial and economic support, everything was determined by decisions made in relation to England. This is hardwired into the Barnett mechanism as the north receives funding as a consequential of spending in England. Within that financial constraint, each jurisdiction had the latitude to decide on the approach that best suited its particular needs.
143. It is difficult from memory to recall specific discussion. I do recall that Scotland, Wales, and the Executive opposed the withdrawal of the additional £20 per week for Universal Credit, but the British Government proceeded with the cut regardless.
144. An issue of concern for me was around the clarity, or the potential lack of clarity, in UK Government communications and messaging, when announcing new proposals. My concern was that it was not necessarily clear that UK Government proposals were confined to England, and that had the potential to cause confusion in the devolved populations, where different policies were in place.
145. As I have stated previously communication was a concern raised consistently at UK Government meetings by all the devolved administrations. There were two aspects to this communication, public and private. There was a constant concern that public messaging by the UK Government, which was related to England only, and did not apply to other jurisdictions, was causing confusion as it received wider media coverage across the four regions. It could also undermine the Non-Pharmaceutical Interventions that the devolved administrations had in place. For example, in July 2021 the UK Government changed its policy and messaging on face coverings at a time when, in my view, we needed to retain them.
146. I raised concern over confusing messaging regarding work and the 'stay at home' message with the Northern Ireland Secretary of State on 27 March 2020. A copy of the meeting note is attached as exhibit MON2/38 – INQ000226028.
147. On 23 April 2020 the Scottish Government raised the fact that advice from the UK Government Department for Education had caused some confusion and had not been

viewed by devolved administrations before being issued. This is recorded in GPS MIG 23 April 2020 readout – MON2/39 – INQ000226029.

148. There is a consistent pattern in the notes which shows that the devolved administrations were being briefed at the last minute, just prior to either media announcements or statements to Parliament.
149. It was my firm impression that all the devolved administrations wanted to work together and to work closely and collaboratively with the UK Government. There is a consistent pattern throughout the meetings of the devolved administrations asking for more regular meetings, for real communication and genuine co-ordination and co-operation and raising concerns that it was falling short most of the time. When things worked well or improved, I tried to acknowledge that, for example at the recovery summit meeting with the Prime Minister on the 3 June 2021.
150. An example of when devolved administrations were not informed of matters in advance included an instance where advice on the closure of Early Years provision published in April 2020, was published without devolved administrations being sighted. This caused some difficulties for providers. It was a particular issue for Scotland.
151. In my opinion key areas that worked well were the furlough scheme; the vaccine roll-out; the resolution of freight and haulage issues; and repatriation.
152. The meetings with the Secretary of State for Northern Ireland worked well around information sharing and as a forum to raise early sight of matters to resolve/issues of concern. That office played a positive role in resolving the freight and haulage concerns.
153. The areas that did not work well were, in my view, the ones that I have referred to already. The failure to take a two-island approach was a missed opportunity to ensure different and better outcomes in relation to the trajectory of the virus across these islands. From the start, there should have been a consistent approach, particularly around issues, such as international travel and quarantine. In my opinion, political considerations took precedence over something that should have been a practical and common-sense approach.
154. The geographical reality is that Ireland and Britain are separate islands. That obvious fact could have offered greater defence against spread of COVID-19. The political reality, however, is that there are two separate jurisdictions on the island and the North remains part of the UK. The approach of the Executive to the pandemic in the North had to contend with these twin realities. The virus did not recognise borders and we collectively should have adjusted our response to accommodate this. The full benefits that island status could have offered were not, in my view, realised.

155. The absence of independent financing and resourcing for the devolved administrations to implement Non-Pharmaceutical Interventions was a key failure. Again, this issue was raised consistently at meetings with the UK Government. Practically it left the devolved administrations in a position where we could not make significant interventions to halt the spread of the virus or make decisions based on our local needs. This became more pronounced as time went on and as each jurisdiction was imposing or relaxing Non-Pharmaceutical Interventions at different rates. The devolved administrations had to wait on movement from Westminster for any significant resources to allow for meaningful interventions. The impact was most keenly felt in not having the financial independence to intervene unilaterally or to keep measures in place independent of the UK Government. As a general proposition, I think it can be said that, in the Executive we were not always minded to follow the UK Government approach of being too slow to intervene and too quick to remove measures.

UK Government Covid-19 public health communications

156. When the Government changed its messaging in May 2020, the devolved administrations did not follow suit but instead maintained the original message. I believe that when the change occurred representations were made to the UK Government from the devolved administrations, including the Northern Ireland Executive, advising them not to change the message. Whilst we had no responsibility for England, we were all aware that communications from the PM were also listened to across the devolved jurisdictions and would therefore had the potential to cause confusion amongst the populations of the devolved administrations in circumstances where we did not agree with the change in public health messaging.
157. The devolved administrations all had a concern that messaging from the UK Government, when it conflicted with messaging within the devolved administrations, caused confusion and we were therefore anxious that it be clearly communicated that the messaging was directed exclusively at England, rather than across the devolved jurisdictions. The notes of meetings with the UK Government show that this was an ongoing and consistent issue raised. They gave commitments at each meeting that it would be made clear that it was England only and I have no doubt that they generally did so. However, given the nature of media and social media I still believe there was a degree of confusion around public messaging.
158. I would refer to documents obtained from the Northern Ireland Office which record some of the discussions about divergence in May 2020. The first concerns social distancing. It is marked as MON2/40 – INQ000083132. The second document concerns the ‘stay at home’ message. It is marked as exhibit MON2/41 – INQ000083136.

159. Regarding the UK Government’s public health communications, I think the messaging worked better in the early stages of the pandemic as it was clear and precise – “Stay home, Protect the NHS, Save lives”. The changes to the message in May 2020 – “Stay alert, Control the virus, Save lives” – made the messaging less clear and more abstract. None of the devolved administrations accepted the change and instead we opted to stay with the original message. I think this change in messaging on 10 May 2020 was a missed opportunity for the UK Government to stay consistent, but it also reflected a change in policy by them as they began to open up society again. I believe they moved too early which was why the Executive and the other devolved administrations stayed with the original messaging and the original policy. However, as outlined above, in my view the change in messaging from UK Government created confusion, because it wasn’t always clear within the devolved populations, that the messaging was exclusively directed at England, and I believe that it created problems of adherence across all the regions.
160. I was also very conscious that the public health messaging was evolving and was at times complex as we responded to the trajectory of the virus by easing some restrictions and imposing others. I was closely involved in the policy decisions and the messaging to accompany them, and I found it challenging at times to keep abreast of developments. I was conscious that it was even more difficult for citizens. They were, no doubt, watching the news broadcasts and media in different jurisdictions and not just local news. The messaging got more difficult to convey and to understand. Not only were we imposing and easing restrictions but we were doing this across five jurisdictions on these islands and a lot of it was being reported on in real time on social media and in the media. It was inevitable that there would be confusion.
161. I believe there was a missed opportunity for a co-ordinated approach and common messaging across the two islands.
162. Regarding alleged breach of the covid rules by UK Government Ministers and officials, I believe that they undoubtedly had an impact on the public debate and public confidence in the Government’s response. I have previously referred in my response in Module 1 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 repeat my apology to this Inquiry.

UK Parliament public health and coronavirus legislation and regulations

163. I understand that officials in the Department of Health developed NI input into the draft Coronavirus legislation and regulations. Given the pressing nature of the work, the First Minister and I agreed to an Urgent Procedure to grant consent to Westminster legislating on our behalf. This was agreed at the next Executive meeting of 17 February 2020 by all Ministers.
164. In the context of an unprecedented health and social emergency, it was challenging to adhere to normal processes and protocols. I believe that, despite these challenges, the Sewel Convention was respected.
165. The Sewel Convention allowed the four administrations to act quickly in relation to Coronavirus legislation. It facilitated a flexibility for devolved administrations to act in relation to major public services which were devolved and were affected by the pandemic. This was particularly relevant to health, education and policing and justice. It allowed for new powers to be devolved quickly to tackle the pandemic.
166. The Sewel Convention also provided for a coordinated response through intergovernmental forums such as COBR, MIGs and the CDL/SoS meetings with Minister Michael Gove. The shortcomings around communication and co-ordination have previously been referred to. The replacement of COBR and MIG meetings with Covid (O) and Covid (S) meetings absent devolved ministers was a mistake in my view and impacted negatively on joint working, co-ordination and communication throughout the pandemic.
167. Officials worked with the NI Office of the Legislative Counsel to develop clauses pertaining to the above requirement to be included in the draft COVID-19 Bill. I understand that officials in the Department of Health also developed NI input to the Bill. I do not believe that I received any advice at the time in relation to the UKG decision to use public health legislation as the legal framework governing its response to Covid-19 rather than the legislative framework of the Civil Contingencies Act 2004. There was a need to make decisions very quickly and at pace and at the time I believed the Public Health legislation was the best vehicle.
168. However, I have subsequently looked at the two pieces of legislation and I am aware the Civil Contingencies Act (2004) provides for an emergency such as Covid. It immediately establishes a clear set of roles and responsibilities and decision-making which is delineated between the local and the central state. This acknowledges that in a complex and rapidly changing crisis and that local knowledge and speedy action is vital.
169. An automatic distribution of funds is also aligned to the Civil Contingencies Act which would have been more beneficial for the devolved administrations and allowed

us to respond more independently and effectively. The Civil Contingencies Act also has built in accountability mechanisms.

170. Unfortunately, we were working under extreme pressure, responding to a virus that threatened widespread loss of life and was threatening to overwhelm the health service. Decisions, of necessity, were taken at speed. With the benefit of hindsight, I now believe that the Civil Contingencies Act may have been a more effective vehicle to respond to Covid across a range of issues. The resources available to the Executive were a fraction of the resources available to UK Government. I am unable to say why the British government did not use the Civil Contingencies Act.
171. I believe that despite the pressures as a result of the global pandemic we did find an appropriate balance in legislation and in the application of that legislation including the use of sanctions. Within the Executive the proportionality of any restrictions was considered in detail by Ministers. In this jurisdiction, there were, however, some occasions when enforcement appeared problematic, for example the PSNI response to the Black Lives Matter protests was mishandled and was, in my view then and now, wrong. At the height of the crisis, I considered the legislation was appropriate and proportionate, if properly applied. That remains my view.

Key challenges and lessons learned

172. I have highlighted in my evidence what I believe are the key issues; to summarise, they are:
- The failure to adopt a two-island approach and in particular the failure to recognise that Ireland is a single epidemiological unit.
 - The failure to genuinely engage with devolved administrations Ministers and bring us in more centrally to the decision-making process.
 - The failure to adequately fund and resource the devolved administrations to allow us to independently put Non-Pharmaceutical Interventions in place.
 - The failure to consistently act on the concerns that we raised around the above issues.
173. Despite the enormous and unprecedented challenges that we faced, we were, in my opinion, broadly successful particularly when we were genuinely involved in problem solving such as in resolving the freight and haulage issues.
174. I believe that the UK Government's response to Covid was in some respects flawed from the beginning. The UK Government was too slow to recognise the seriousness of the situation that we eventually found ourselves in and too slow in bringing in restrictions. My perception is that the UK Government tended to prioritise the needs

of the economy before public health. We were dealing with an unprecedented set of circumstances, and we were all working our way through it. However, it is my perception and belief that decisions were taken early on to adopt a 'herd immunity' policy against all the international advice and evidence. It was only when stark figures of potential infections and deaths were presented to British Government Ministers that the policy direction changed. By then, unfortunately, a lot of the damage was done, and the path was set for more severe outcomes.

175. I found myself getting increasingly frustrated in my interactions with the UK Government. That frustration was, I believe, shared by Ministers in Scotland and Wales. The notes of the meetings show that the same issues were being consistently raised by us, there were assurances that relationships would improve but in reality very little changed. Even the Intergovernmental Review, designed to improve relationships, was characterised by a lack of transparency and collaboration which led to First Minister of Scotland, Nicola Sturgeon, describing it as a *fait accompli*.
176. As we moved through the pandemic and were imposing and relaxing Non-Pharmaceutical Interventions according to transmission rates, the ability of the devolved administrations to act independently became more difficult and hamstrung by British government policy which, in my view, elevated the economy above health and people's lives. The devolved administrations did not have the resources to deviate to any great extent from the policy set by the British Government.
177. One issue of huge concern to me, with the benefit of hindsight and time for reflection, is that the British government did not use the existing Civil Contingencies Act (2004) but rather enacted new legislation that centralised power in London.
178. I believe that using the Civil Contingencies Act might have mitigated against many of the subsequent mistakes that were made and would have cascaded decision-making and, critically, funding to already established local and regional structures.
179. I was not made aware in any briefings at the time that there was an alternative to the legislative vehicle being proposed and which was subsequently used. As First Minister and Deputy First Minister we were simply asked to clear an Urgent Procedure to allow the North to come in under emergency legislation in Britain. Given the serious and urgent position we were in I would not make myself a barrier to acting quickly. The priority at this time was to save lives. However, had I been given the full information and been presented with the Civil Contingencies Act as an option I would probably have argued for its use. I believe that it is for British Government Ministers to explain why they made the decision to use Coronavirus legislation instead of the Civil Contingencies Act.

Statement of Truth

180. 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.

Personal Data

Signed:

Dated:

18/09/23