

Witness Name: Deirdre Hargey MLA  
Statement No: Module 2C, Statement 1  
Exhibits: DHA/1 to DHA/5  
Dated: 12 March 2024

## UK COVID-19 INQUIRY

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### WITNESS STATEMENT OF Deirdre Hargey

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I, Deirdre Hargey, MLA, will say as follows:

#### My Role

1. I am currently a member of the NI Assembly. I joined Sinn Féin as a member in 2004. I was co-opted onto Belfast City Council in December 2010 and was elected to South Belfast as a Councillor, serving on Belfast City Council between June 2011 until January 2020. During my time as a Belfast City Councillor, I was Mayor of Belfast from June 2018 to June 2019.
2. I was co-opted to the Assembly as an MLA in January 2020 and immediately ceased to be a Councillor. I did not hold ministerial office in the Northern Ireland Executive (NIE) prior to the Covid-19 pandemic. I was appointed as Minister for Communities at the formation of the Executive on 11 January 2020. On 15 June 2020, Carál Ní Chuilín replaced me as Minister on a temporary basis due to my ill health. I returned to office on 16 December 2020 and remained in office until October 2022.
3. As a Minister I had a duty to be an active participant in the Executive Committee and to work with other Ministers to ensure delivery of New Decade New Approach. As Minister in the Department of Communities, the Department's overall aim is '*tackling disadvantage and building sustainable communities.*' My responsibilities included leading policy and legislative change in areas such as Social Security and Welfare, Housing, Culture, Sports and Leisure, Historic and Cultural Affairs and Employment. The Department oversees many Arms Length Bodies, including, by way of example,

the Northern Ireland Housing Executive, the Arts Council and the Public Records Office Northern Ireland.

4. During the Covid Pandemic I was responsible for ensuring the continuity of essential services within the Department, including social security payments and housing support. I was also responsible for engaging with sporting organisations and cultural organisations over the course of the pandemic.
5. During the relevant period the most senior civil servants I would have worked with were Tracy Meharg, Moira Doherty and Colum Boyle. Contact was mainly through the Department's Permanent Secretary and my Private Office. Between January 2020 and March 2022, the private secretaries for my office were Roisin Thompson and Louise Anderson.
6. At this time my special adviser was Ronan McGinley, his main role was to support me as Minister, to work with the Department and to provide political advice and assistance. My special adviser had to work collaboratively with civil servants to deliver my priorities as a Minister. Ronan McGinley was in post for the duration of the pandemic.

#### **Chronological consideration of how the pandemic developed and the response to it.**

##### ***Impact of absence of power-sharing***

7. Power-sharing in North of Ireland collapsed in 2017 and Ministers returned to their posts on 11 January 2020. I believe that the absence of an Executive from January 2017 until January 2020 had an adverse impact on the North's response to the pandemic, for example, it took a while for the systems to get up and running again. Although I had been a Councillor before I had not previously held the post of Minister. Other Ministers were also becoming Ministers for the first time, while some experienced Ministers were becoming Ministers in new Departments. We all needed to establish teams and build working relationships with new Ministerial colleagues, which is normal in a new Executive. Also, in January 2020 when Ministers returned, they faced a backlog of issues which required urgent attention. Civil servants could only do so much in the absence of an Executive and therefore when Ministers returned to their posts on 11 January 2020, there many important issues such as extending Welfare mitigations that required urgent attention. Public services in particular, the

health and social care system, were suffering the effects of the serious financial deficit due to austerity and absence of long-term planning.

8. The then Health Minister gave evidence to the NI Assembly Health Committee on 5 November 2020 *"our health system has been underfunded and understaffed for the past 10 years. We cannot adapt or flex up...we do not have the staff or the ability to run the three health services."* I am aware that before the Executive collapsed plans were in place to fundamentally transform the Health Service, however, at the time these plans were being developed I was not a member of the Assembly or a Minister, but a member of Belfast City Council, so I would not have been directly involved in policy discussions around the proposed developments.
9. As a public representative I am aware of the serious difficulties which underfunding and understaffing has caused to the health service, and it is my belief that the North's response to the pandemic was at a disadvantage because of the history of underfunding and austerity. I also accept that the lack of policy development over the years when the Executive was not functioning, undoubtedly had an adverse impact on our ability to respond to the pandemic. Prior to the collapse of the Executive, plans were in place to transform the Health Services in the North and I believe that the lack of policy development related to the health system had an adverse impact on our ability to respond to the pandemic.

### ***The outset of the pandemic***

10. I have been asked about an internal TEO document entitled *"Pandemic Influenza"* which stated that *"EU exit preparations meant that Northern Ireland [was] more than 18 months behind the rest of the UK in ensuring sector resilience to any pandemic flu outbreak"*. I do not recall being aware of this document in early 2020. Moreover, I don't have any personal knowledge which allows me to comment on the question of whether the North was 18 months behind the United Kingdom because of Brexit preparations, having only come into post a few days before the internal TEO document was drafted, therefore I am unable to comment on the suggestion that we were more than 18 months behind the rest of the United Kingdom.
11. I have been asked about the extent of any briefings to me as a Minister about the likely development of Covid-19. In January 2020 the issue of Covid was on the agenda at Executive meetings, and we were receiving briefings from the Department of Health at

the end of meetings, where the topic was discussed under AOB. I do not recall at this stage having been briefed about Covid other than at Executive meetings. Subsequently, the pandemic became a specific item on the agenda of Executive meetings, rather than AOB. I was aware that the Department of Health were monitoring the situation and as indicated updates were being provided to the Executive. I was also aware that Minister Swann and his officials were working with and advising TEO officials.

12. I have also been referred to a paper from the Head of the Civil Contingencies Policy Branch which was circulated on 30 January 2020 which stated that "*Activation of the Northern Ireland Central Crisis Management Arrangements (NICCMA) should the current Novel Coronavirus (2019-nCoV) be declared a global pandemic*" [INQ000201498]. Paragraph 3 of that paper states "...it is expected that should the Coronavirus be declared a pandemic, DoH would request that NICCMA may be activated if it became deemed a Strategic Level Emergency". I don't recall receiving that paper at that time and my understanding is that at this particular stage the Department of Health was the lead department in responding to the predicted global pandemic.
13. I was also following news reports and it was clear to me that it was only a matter of time before Covid reached the island of Ireland.
14. I have been asked what consideration was given to whether the flu pandemic plans were effective against coronavirus, or whether they could be adapted to meet the different challenges that a coronavirus might present. This was not something I was briefed about, and I have no recollection of that issue being discussed, either at Executive meetings or with me directly.
15. At this time, while NICCMA arrangements had not been activated a cross-departmental approach had already started in that individual Ministers including myself were monitoring the situation via Executive meetings with updates from health and departments were beginning preparatory work.
16. I have been referred to a letter dated 6 February 2020 from the Director of Population Health at the Department of Health which referred to "*the need for The Executive Office Civil Contingencies Policy Branch to urgently consider sector resilience in the face of a growing threat from novel coronavirus*" and went on to state that "*I did not consider*

*it necessary to activate NICCMA arrangements at this time, unless or until the infection appears in NI and impacts are experienced here.*" [INQ000218470]. I do not believe that I saw this letter at the relevant time. It is my understanding that in early February 2020 the civil contingencies response was still in preparation stage and was being led by Department of Health and I believe that officials within the Department and the Minister would be best placed to respond to the issues arising from this letter. However, I have been asked whether the inference to be drawn from the letter is that steps were not being considered or taken, to control or prevent Covid from spreading to the North. That is not my understanding. The Department of Health was monitoring the situation and was fully engaged with the issue. As I understand the letter, it simply represents a decision that NICCMA arrangements were not being activated at this time, not that no steps were being taken to prevent Covid from spreading to the North, or that no preparations were being made to avoid it spreading in the event that it did arrive in the North. I also do not consider that it can be inferred from the letter that it was not considered inevitable that Covid-19 would spread to the North, I believe that everyone in the Executive understood that it was inevitable that Covid-19 would ultimately spread to the North, I am aware of a response from the Minister of Health to an assembly question on 10 February 2020 "*At this minute in time, there are no reported cases in Northern Ireland...however ....I think it is a matter of "When" not "If".* I have exhibited a copy of the response as recorded at page 42, in the Assembly record marked as DHA/1 – INQ000419149.

17. I have been referred to WHO's report of its international mission to Wuhan dated 24 February 2020. I was aware of the WHO report at the end of February 2020. At the Executive meeting of 24 February 2020, the advice from the Department of Health remained that the risk level in the North was '*moderate*' and that we were in '*containment phase*'. At this time the Department of Health remained the lead Department in responding to the pandemic, the Health Minister was providing updates and advice about the North's response and was also getting advice from the United Kingdom. We were advised that there were no confirmed cases of Covid-19 in the North and that plans were in place to put any individuals with a confirmed case into isolation in the Royal Victoria Hospital.
18. I have been referred to a paper that was sent to the TEO Board on 25 February 2020 "*the Executive and wider society may not be prepared for or have the capacity and capability to deal effectively with, an emergency situation should a major contingency present*" [INQ000205712]. On the 25 February 2020, the Department of Health

remained the lead department in responding to the predicted global pandemic and TEO was taking the lead on the assessment of essential steps to prepare the public for the prospect of a pandemic. At this time, Ministers were being updated regularly. The Executive Committee had no direct role in overseeing the response to the pandemic at this time, however Ministers were asking questions, receiving regular updates, and importantly working very hard within their own Departments getting ready to help when required.

19. On the 2 March 2020 the Executive held its first substantive discussion about Covid-19 [INQ000065694]. The Chief Medical Officer (CMO) was in attendance and briefed Ministers. During that discussion the CMO observed that "*most people – minor illness – like cold. 98% will get better. 4% hospital care...Fatality rate – cd be 2-3%...Modelling – UK/ROI – widespread...Not inevitable. Need to be prepared for weeks/months...Peak could last for 15 weeks. 50%+ of population cd be affected – but lot of minor cases v mild*". As appears from the minutes Ministers were raising questions about the advice, with the Minister for Justice, Naomi Long querying the mortality rate in light of the information coming from Italy and the deputy First Minister Michelle O'Neill querying the discrepancy between the health advice being given North and South. I was concerned about the apparent inconsistency between the medical/scientific advice that we were receiving and that apparently being given to other countries, which was leading them to respond differently.
20. I was also aware from watching the news what was being publicly stated by WHO at this time. WHO was stressing the importance of tracing, testing and isolation and had released information relating to the number of confirmed cases, 42,708 confirmed cases reported in China and tragically that deaths in China had surpassed 1000. WHO had also reported that outside China there are 393 cases in over 24 countries and had activated a UN Crisis Management Team at this time. Despite the apparently reassuring briefings we were getting from the Department of Health, it was clear to me that the situation was serious.
21. At the time of the Executive meeting on 10 March 2020, the advice from Department of Health was that we were still in the '*containment phase*' there were 16 cases in the jurisdiction and the majority were described as travel related. At this stage NICCMA arrangements had still not been activated by Department of Health so there was no formal role for the Executive Committee, however I along with other Ministers was actively engaged in preparatory work. I was aware that in the event of lockdown we

needed to be able to take measures swiftly to assist those who were particularly vulnerable, such as the homeless, and those on social security and low-income families.

22. I refer to the Department of Communities Covid Timeline [INQ000188839] which references many of the issues being addressed by my Department in March / April 2020. In March 2020 for example: an MoU was agreed for support arrangements for people with no recourse to public funds during the Covid-19 pandemic, also in March 2020 I put in place a 'no eviction' agreement for tenants in the social housing sector. In March 2020 I set up the emergency Leadership Group (ELG), this group enabled my Department to quickly receive verified information and advice from groups working directly with local communities and vulnerable groups on the ground for example the ELG helped identify those individuals in need of free food parcels. The ELG also allowed the Department to communicate updates and advice quickly to those on the ground. An emergency response Programme was also drafted in April to provide vital support to those most vulnerable in our communities. On 9 March 2020 I established the Emergency Planning Group (EPG), while on 13 March 2020 I implemented changes to Statutory Sick Pay. On 16 March 2020 I introduced a suspension of face-to face assessments and face to face appointments in the Access to Work Programme. On 18 March 2020 I made a commitment to support and provide additional funding to the sectors my Department usually supported, particularly those most vulnerable and in most need as a result of the pandemic. On 19 March 2020 the Departmental Operations Centre was mobilised. On 24 March 2020 Discretionary Support Covid-19 short-term living expenses grant/self-isolation grant was introduced, I also redeployed 419 staff to support the front-line delivery of this Discretionary Support. On 25 March the Covid help-line was established to assist those in vulnerable groups to access information, advice, and support in relation to Covid-19. All of these measures required a considerable amount of work including contractual issues, securing funding and staffing. From the outset the Department was working to scope out what interventions and initiatives where possible and what budget would be needed for such work. By 10 March 2020 many of the measures implemented to assist those most vulnerable were already underway. By 10 March 2020 the Emergency Planning Group (EPG) was fully established. By 10 March I was preparing a public statement announcing my plans to provide additional funding and support to the sectors and people that the Department usually supported particularly those who were vulnerable and in most need because of the pandemic, this public statement was made on 18 March 2020.

23. At this meeting the deputy First Minister stated that *"Exec approach needs to kick in – all need to contribute"*. I understood this to mean both that we must continue to support the Health Minister and continue preparations in the areas of work which fell within our own remit. I believe that Ministers were supporting the Health Minister at this time. Ministers were rightly asking questions about the data and the plans but Ministers were supporting the Health Minister.
24. At the Executive Committee meeting on 10 March 2020, the First Minister is recorded as saying, *"advice to organisations / companies...who leads on advice...some trying to use politics to give advice"*. It was not my perception that any political party or Minister was trying to use politics at this time, I genuinely believe people were trying to respond appropriately and effectively to the issues raised by Covid. However, it is correct that differences were beginning to emerge as to how we should respond to the pandemic, in relation to when we should move to stricter measures, and the scale of those measures. In my opinion the main difference between Ministers at this time related to the pace of measures such as the closure of schools, and when to lockdown.
25. On 11 March 2020 COBR(M) took the decision to move from the *'Contain phase'* to the *'Delay phase'*. The Executive was being guided by the Department of Health and there was some change in the advice being given to people, in that those suffering mild symptoms were now advised to self-isolate at home for 7 days.
26. On the 11 March 2020 the Irish Government announced a package of measures which included the closure of schools, colleges, and childcare facilities: cancellation of all indoor mass gatherings of 100 people and outdoor gatherings of over 500 people. I have been asked why consideration was not given to imposing an equivalent package of measures in the North. There were two reasons for this, firstly, such a package of measures would require a significant degree of political consensus within the Executive. At that time, I do not believe that such a consensus existed. The Department of Health, which was the lead Department on the issue, was closely aligned with the British Government's approach, which was inconsistent with that adopted by the Irish Government. A second factor was that many of the measures would require funding if they were to be effective and the Executive simply could not fund all of those measures independently of the British Government.



27. I have been referred to a meeting on 12 March 2020, between the Head of the Civil Service, the First Minister and deputy First Minister, the note of which states that *“HOCS clarified that there are no medical/scientific evidence to support measures announced by Taoiseach earlier today.”* The Health Minister *“clarified that containment measures are working in NI and following RoI position would crash the NHS and create unnecessary panic and fear”*. I was not present at the meeting, and it seems to me that it is ultimately for Sir David Sterling and for Minister Swann to explain the comments they made.
28. However, it was not my view at the time, and is not my view now, that there was no medical or scientific evidence to support the measures taken by the Irish Government. Whilst I obviously did not have access to the advice that the Irish Government was receiving, I am sure that they did not take the steps that they did, without the benefit of medical and scientific advice. More to the point, the approach which they were taking, appeared to be consistent with the approach being taken in other European countries and appeared to be more consistent with the advice being given by WHO. It was my perception that it was the United Kingdom Government, rather than the Irish Government, which was the outlier in their response to the pandemic and I was concerned that our approach appeared to be to simply take our lead from Whitehall.
29. I have been referred to a Situation Report of 12 March 2020 INQ00083097 which records that *“David Sterling chaired an emergency meeting of the Perm Sec this afternoon at 3.30. From this meeting there is a view that all NIE Ministers, including FM and dFM, are relying heavily on CMO and SAGE advice as their guidance for decisions – hence no major push for alignment with the ROI.”*
30. I have been asked about the extent to which the Executive was dependent upon or following the lead of the British Government. While this is correct, on one analysis, this was largely because the Department of Health was taking its lead from the United Kingdom Government, and as appears from the meeting of 12 March 2020, referred to above, was overtly critical of the Irish Government’s approach. In the face of such a robust rejection of the Irish Government’s approach, and such strong support for the British Government’s approach, it would have been difficult to achieve Executive agreement to advance an alternative strategy and Ministers would have been doing so without the support of the Executives’ expert medical and scientific advisers.

31. Moreover, as indicated above, there was also a very real practical difficulty in that the Irish Government's approach required a level of resourcing which was simply not available to us, without support from the British Government.
32. On 12 March 2020 I understand that community testing and tracing was halted because of a lack of testing capacity and resources. I first became aware of this decision at the Executive meeting on 16 March 2020. My understanding of the Health Minister's strategy, as communicated, at that meeting was that a decision had been made to stop contact tracing strategy to redeploy those resources. We would have been better to keep the test, trace and isolate strategy in place.
33. I have been asked about a comment made by Conor Murphy at the Executive Committee meeting on 16 March 2020, where he said: "*people following own science*" and asked whether Ministers had access to medical or scientific advice available to them personally. I understood Conor Murphy's comment to relate to the fact that members of the public were responding to the pandemic by making decisions independently of the Executive. At this time, we were aware that: parents were taking their children out of school; those who were vulnerable in our communities were already self-isolating; and certain local Councils were cancelling public events/ large gatherings. Thus, by way of example, I was aware that Belfast City Council had cancelled its St Patrick's Day Parade. So, I understood the reference to "*people following their own science*" as a reference to the decisions being made by the public to take steps to protect themselves and their families from the virus, independently of action being taken by the Executive.
34. I did not have my own source of expert advice. The only clinical or scientific expert advice available to me was that available to the Executive Committee. I was aware, as all Ministers would have been, that the approach being adopted by the British Government and being followed by the Department of Health, was inconsistent with the approach being taken in other jurisdictions, and it was clear that some members of the public were looking to other jurisdictions and acting accordingly.
35. At the Executive meeting of 16 March 2020, the Health Minister stated that "*we have been preparing for 7 weeks*". While I accept that preparations were being made by the Department of Health nonetheless, I believe that our response was delayed by our following the United Kingdom approach which, in my opinion, was too slow to introduce restrictions in response to the virus.

36. I have been asked about comments made by the Minister for Justice, Naomi Long, to the Executive Committee on 16<sup>th</sup> March 2020 "*Exec always seems to be reacting not leading*" and an observation from the Infrastructure Minister Nicola Mallon, that the Executive Committee was "*mismanaging*". I think Naomi Long was correct, in that people were already acting independently of the Executive: thus, as outlined above, a significant number of parents had already taken their children from school; other people, particularly those who were vulnerable, were already self-isolating, while people generally were having less contact with each other and avoiding public/crowded spaces. Consequently, the public were leading the Executive, rather than the other way around. In terms of Nicola Mallon's comment, with the benefit of hindsight, I am not sure I would have used the language of "*mismanaging*" however I think the comment was indicative of a general concern that we were not reacting quickly enough, and I did share the frustrations of both Ministers.
37. I have been asked about the Executive Committee's decision of 16 March 2020 to commence the phased activation of the NI Central Crisis Management Arrangements (NICCMA) to deal with the impacts of COVID-19 and have been asked to comment on why these arrangements were not activated sooner. I have also been asked why the NI Hub, was not 'stood up' before 16 March 2020.
38. It is my understanding that the timing of these decisions was primarily a matter for the Department of Health, as the lead department. However, I do believe that setting up these arrangements earlier would have assisted the Executive as Ministers could have stepped in and provided the necessary leadership at an earlier stage in the pandemic.
39. I have been referred to an Action log that was produced as part of the work of the Civil Contingencies structures dated 6 April 2020; [INQ000207931]. It states that the first actions were generated on 18 March 2020. Officials who compiled this action log can explain the 18 March 2020 start date. However, it is my understanding that some of the actions mentioned were already in preparation within relevant Departments.
40. From my perspective, preparatory work had begun in the Department for Communities. The Department was working to scope out what interventions and initiatives were possible and what budget would be needed for such work.

41. Prior to lockdown being announced by the United Kingdom Government on 23 March 2020, the Executive Committee held a meeting on 19 March 2020. At this Executive Committee meeting Sir David Sterling outlined how the Executive Committee would function in response to the pandemic [INQ000065737]. I believe that this was the first time that the matter was discussed. I anticipate that this was because some form of lockdown now appeared to be imminent.
42. On the 19 March 2020 the Health Minister advised that the worst case scenario for Covid-19 in NI was 32,000 new cases per day with 9,500 deaths. Reduced figures were provided if interventions were implemented (10,000 cases per day). As appears the Minister for Health described the figures as “*scary numbers*”. This advice stood in stark contrast to the advice which we had been given on 2 March 2020 where we were being advised that most people would have minor illness and that 98% would recover. This presentation by the Department of Health, appeared to represent a significant shift in their thinking, and represented a significant shift in the medical and scientific advice being given to Ministers. It is therefore fair to say that the information now being provided, and the way it was being presented, was alarming and the potential consequences were frightening. Nonetheless, whilst it was undoubtedly the case, that as presented to the Executive at that meeting, the figures were alarming, I had been aware, prior to this meeting, of the potential scale of the pandemic because I had been closely following what was happening in other countries and following the information from WHO and preparing within my Department for the inevitable lockdown and a speedy response to assist those most vulnerable.
43. At the same meeting the Minister for the Department of Agriculture, Environment and Rural Affairs (DAERA) said “*as an Exec, we are behind the curve. Need to get ahead*” [INQ000065737]. The observations by the Minister, reflect the observations previously made by Naomi Long, and Nicola Mallon at an earlier Executive meeting, with which I have expressed my agreement. However, while as an Executive I do not think we had been sufficiently proactive in introducing restrictions, and I have explained why this was the case. Nonetheless, it was certainly the case that within my Department substantial work had already commenced in order to prepare for a lockdown, which I regarded as inevitable at some juncture.
44. The Inquiry has referred me to the House of Commons Health and Social Care and Science and Technology Committee’s report entitled “*Coronavirus: lessons learned to date*” published on 12 October 2021. At paragraph 77 the report concludes that initial

United Kingdom policy was to take a *“slow and gradualist approach”*. The Committee states that this was the *“wrong policy”* and found that it *“led to higher initial death toll than would have resulted from a more empathic early policy”*. I have been asked whether that assessment applies equally to the North.

45. As I have outlined above, I believe that our approach was led by the Department of Health, who in turn were being led by the British Government's approach. I do not believe that adopting an approach more consistent with that of the Irish Government, which I favoured, could secure a consensus at Executive level. I have also referenced our financial dependence on the British Government which meant that departure from their approach was difficult. I do agree with the Committee that the UK approach at the start of the pandemic was wrong, and I would have preferred to have moved to lockdown more swiftly than we did.

#### ***Herd immunity***

46. I have been asked about a reference in the First Minister's private notes to *“herd immunity”*. While I cannot comment on the First Minister's private notes and what they meant, I can say categorically, that *“herd immunity”* was never considered as a potential strategy for managing the pandemic in the North by the Executive. Moreover, I am not aware of the First Minister ever advocating for *“herd immunity”*.

#### ***The first lockdown in Northern Ireland***

47. While I don't have a specific recollection of any particular conversation, I believe that we were advised by the First and or deputy First Minister that, following a COBR meeting attended by them on 18 March 2020, a UK wide lockdown was imminent and would probably be announced on 23 March 2020.
48. I have been asked about Baroness Foster's statement to the Inquiry in Module 1, where she states that *“the main factor that influenced the timing of the introduction of the first lockdown was that the Northern Ireland Executive was following the advice of scientific and medical advisers, and that advice did not support a lockdown in Northern Ireland any earlier than in fact took place”*. I agree that, at the start of the pandemic, the medical and scientific advice that we were receiving was against the imposition of a lockdown. That is clear from the minutes of the Executive meeting of 2 March 2020

and the meeting of 12 March 2020, attended by the First and deputy First Minister, where the advice was that the Irish Government had taken the wrong approach.

49. However, it is my view that there should have been more positive engagement by the Department of Health with the different approaches being adopted by the Irish and other Governments, and the position adopted appears to me to have been too rigid. As appears there was a clear shift in thinking at the meeting of 16 March 2020, when it became apparent that the advice had changed dramatically, and it was certainly apparent to me at that stage that lockdown was inevitable, albeit as appears we were still not advised to lockdown.
50. I have been asked about the decision to lockdown made by the Prime Minister on 23 March 2020. From my recollection I was aware from the previous week that lockdown was likely as the advice had changed in the face of rising transmission rates. I believed that lockdown was necessary when it was announced, and I believe that the decision should have been made sooner.
51. I have been asked whether lockdown might have been avoided if earlier interventions had been adopted. I do not think lockdown could have been avoided, testing and tracing had been abandoned at a relatively early stage, and we had no vaccine. I believe that lockdown was inevitable, or more lives would have been lost, and the health service was in danger of being overwhelmed. We needed to reduce transmission rates and lockdown was the means to do this.
52. I have been asked to explain whether consideration was given, at this stage to the North developing its own response to the pandemic. While it is my view that lockdown should have happened sooner, I also believed that it was necessary on 23 March 2020 when it was announced, and therefore at that stage, adopting the approach announced by the Prime Minister represented the best strategy and I do not think that it would have been beneficial, at that stage, given that the UK government had at last decided to lockdown, to take our own course. I believe that, albeit the decision had been delayed, following the UK Government's belated decision to lockdown represented the best strategy at that juncture. Later, as the pandemic progressed the Executive did, when it considered it appropriate, and when political consensus could be secured, adopt approaches to respond to our situation in the North, as opposed to simply following the United Kingdom's decisions, but on 23 March 2020 lockdown was the right decision.

53. I have been asked to what extent was consideration given, by the Executive, to the potential impact that lockdown might have upon communities at risk. From the outset of the pandemic, I was extremely aware, as Minister for Communities, of the likely adverse impact of the pandemic and non-pharmaceutical interventions on communities at risk, including vulnerable and minority groups. I knew that a lockdown would have a more significant adverse impact on people on benefits and lower paid workers in our communities. From the first reports on the news, I was monitoring the situation very closely. As the severity of the pandemic increased, I was discussing with my officials' ways in which we could help those most vulnerable in our communities. At the height of the pandemic the Departments' SitReps (Situation Reports) were being produced daily, the Sit Reps were being collated by the "Communication In' team, to ensure all necessary updates were captured and that risks and issues were appropriately escalated. In addition to the daily SitReps I received daily submissions from my Department (Ministerial Submissions) to ensure that I was aware of the issues being escalated by the Department. I was working hard from the outset to establish interventions and initiatives to help those most vulnerable. I was also working hard addressing important issues such as what budget would be needed for the work. By mid to late March 2020 many of the interventions and initiatives outlined at paragraph 22 above, were in progress.
54. As Minister for Communities, I worked hard at developing and implementing strategies and legislation to help those most vulnerable. The Department set up the Covid Community Help line which went live on 27 March 2020. A lot of work was undertaken prior to setting up the Helpline. The preparatory work was extensive, dealing with issues such as staffing and funding. The service was designed to enable people, particularly vulnerable members of our community, to access free advice and assistance across a range of areas during lockdown. The Help Line was a freephone community helpline operated by Advice NI which allowed members of the public to call for support and signposting. The Help Line was available seven days a week to ensure that the most vulnerable had access to practical support and emotional support during that very difficult time. The helpline offered assistance and guidance in responding to issues arising from the pandemic. My Department also provided funding to Advice NI for the Independent Welfare Changes helpline which was another important source of accurate information and support for people.

55. I was aware that because people were being required to isolate at home, heating costs would increase. I knew that older people and people needing help with high levels of daily care were very worried about spending prolonged periods of time in cold homes and were anxious about paying their heating bills.
56. The Department worked on the Affordable Warmth Scheme to lift income threshold for those who could receive support to ensure more households had access to this scheme. This scheme was directed at low-income households to address the effects of fuel poverty and energy inefficiency.
57. The Department developed the Covid-19 Heating Payment Scheme which provided individuals who were in receipt of specified benefits with additional financial assistance in recognition of the additional costs arising because of the pandemic. The payment ensured that additional heating costs incurred during this time did not create an added burden for people on benefits. The Regulations passed also extended the eligibility of the original scheme to include those in receipt of other overlapping benefits such as higher rate of constant attendance allowance, war pensions mobility supplement or armed forces independence payment. The Covid-19 Heating Payment was made available to people in receipt of Pension Credit as well as those receiving the highest rates of Attendance Allowance, Personal Independence Payment and Disability Living Allowance including children. The payment was made automatically without the need for an application. This payment was an important intervention by the Department designed to reduce the financial burden experienced by the most vulnerable in our community.
58. The Department was also alive to the particular vulnerabilities of the street homeless. The Department had developed a Memorandum of Understanding, in conjunction, with the Department of Health and the Housing Executive to address the issue of how to respond to rough sleepers during lockdown, to ensure that they had access to accommodation and access to health care.
59. The Department also took steps to prevent evictions from rented accommodation over the course of the pandemic, moving emergency legislation to delay evictions in the private rented sector. The Private Tenancies (Coronavirus Modifications) (Northern Ireland) Act 2020 was passed on 4 May 2020 and required landlords to give tenants a 12 week notice to quit period before seeking a court order to begin proceedings to evict



with the objective of reducing the risk to tenants in the private rented sector becoming homeless during the pandemic. The Act made provision for the Department to amend the 12 weeks up to 6 months. The Act was originally set to last until the end of September 2020, but I am aware that in August 2020, the decision was taken by Carál Ní Chuilín in August 2020 to extend this legislation to prepare for the second wave of the virus and to protect those most vulnerable, as the furlough scheme and other economic supports were coming to an end or winding down in the Autumn of 2020.

60. In addition to the measures taken in relation to the private rented sector, the Department froze Housing Executive rents during the pandemic, to ensure security of accommodation over the pandemic. The Department also secured agreement with social housing providers to 'no evictions' policy over the course of the pandemic. All these measures were designed to ensure that people would not be made homeless because of difficulties in paying rent over the course of the pandemic.
61. The Department also amended regulations as part of the Coronavirus Act relating to statutory sick pay, The Statutory Sick Pay (General) (Coronavirus Amendment) Regulations (Northern Ireland). The Regulations widened eligibility for statutory sick pay, in defined circumstances relating to Covid-19, it also suspended waiting days so that statutory sick pay was payable from the first day of work missed due to sickness or self-isolation, rather than the fourth.
62. Discretionary support payments are available in the North of Ireland to help vulnerable people with short-term living expenses or household items under the Social Security system. A Discretionary Support scheme was in existence, and we amended this scheme to increase the income threshold to allow more people to apply. Thus, the Department introduced emergency legislation (The Discretionary Support (Amendment) (COVID-19) Regulations (Northern Ireland) 2020, passed in April 2020 to increase the income threshold for Discretionary Support payment via the Social Security system during the pandemic. Therefore, more people were able to get financial assistance, such as a Discretionary Support self-isolation grant to help with the cost of living if they or a member of their immediate family was either diagnosed with Covid-19 or are self-isolating in line with the guidelines.
63. I was aware that school closures would deprive the children in low-income families of access to free school meals. Approximately 96,000 children in the North of Ireland were entitled to free school meals at that time, representing approximately 30% of the

- entire school population. I worked with Peter Weir, the Minister for Education, to implement a scheme of free school meal direct payments to families. We took this step to ensure that the vulnerable families of children, who would ordinarily have access to free school meals, obtained financial assistance in place of free school meals and would not experience increased financial hardship because of school closures. This scheme was announced by both Ministers on 26 March 2020.
64. In July 2020, the Executive extended this scheme, to make payments to the families of children entitled to free school meals over the holiday periods, Summer, Easter, Christmas, and half-term school breaks.
65. I was aware that food poverty was an urgent issue and one which required a speedy response. I knew that lockdown would impact low-income families the most, and that access to food was essential. In March 2020 my Department began working on a food distribution plan for those who would be shielding and for low-income families. I knew for most vulnerable people the support needed would be either delivery or collection of groceries and supplies through availability of online delivery slots or through volunteers. For those most in need we provided weekly food boxes. Food distribution centres were established throughout the 11 local Council areas. Grass roots organisations were best placed to assess local need and they were at the heart of the advice to my Department. I worked with local Councils and community and voluntary organisations to identify people in the community who needed support. A food supply and distribution infrastructure was established. I also liaised with the Department of Health to identify those who were shielding. My Department implemented an enhanced meals on wheels service. More than 204,000 food parcels were distributed. The Department also met with supermarkets to introduce priority shopping for those shielding.
66. I knew that the Department of Communities, needed information about the impact of the pandemic and the impact of the restrictions from people on the ground. On 20 March 2020 I chaired the first meeting of the Voluntary and Community Sector Emergency Leadership Group. I established this group, which included grassroots and regional organisations who work in the voluntary and community sectors, this ensured that I as Minister and my Department were being kept fully informed about the impact of measures in local communities and were more readily able to identify issues in relation to vulnerable groups in society when they arose. The Leadership Group worked with me and the Department to highlight vulnerable groups, community

responses and to identify necessary Departmental interventions over the course the pandemic. The Community Response Plan was launched on 22 April 2020.

67. Access to pharmacy supplies during this difficult time was another priority for me. Delivery of prescription medication was an issue that was brought to my Department's attention through our work with grassroot organisations. The safe delivery of medication from community pharmacies to vulnerable and isolated people who were self-isolating or unable to arrange for the collection of their medication was an issue I had to address. The need to ensure that vulnerable people had access to medication was identified and a set of 'Standard Operating Procedures' were put in place to deal with this issue. The Covid Help-Line was able to assist people with queries in relation to access to medication.
68. My Department had an active role in drafting legislation or Regulations that pertained to the Department for Communities around issues, such as Social Security and Housing. Thus, as outlined above, and by way of example, I amended regulations as part of the Coronavirus Act relating to statutory sick pay and *The Statutory Sick Pay (General) (Coronavirus Amendment) Regulations (Northern Ireland) 2020* was passed on 12 March 2020. Emergency legislation to delay evictions in the private rented sector, *The Private Tenancies (Coronavirus Modifications) (Northern Ireland) Act 2020* was passed on 4 May 2020.
69. I did not have a direct role in drafting the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 ('the Regulations'), these Regulations would have been brought forward by the Department of Health. The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 (the Regulations) of 28 March 2020 were made pursuant to an Urgent Procedure (UP) mechanism [INQ000048450]. While it may have been preferable for the Regulations to have been discussed in the Executive there was a significant degree of urgency in passing the Regulations and I consider that the Urgent Procedure mechanism was necessary. Ministers were constantly assessing how the Regulations would impact vulnerable groups with protected characteristics in the North.
70. I have been referred to the former First Minister's statement to Module 1 of this Inquiry which states '*..while I believe the decisions taken were in line with the best advice and guidance we had at the time, I consider that pandemic preparedness should include consideration of strategies other than lockdowns, or if lockdowns are unavoidable,*

*strategies should be put in place to mitigate their impact on the most vulnerable*" [INQ000205274]. While I agree with some of the comments made by the former First Minister, around the negative effects of lockdown across a range of areas not least hospital waiting lists and the mental well-being of people, I nonetheless believe that lockdown was necessary and unavoidable. At this time, we had to implement a lockdown to reduce the rate of transmission, to save lives. We had no vaccine, and we had no adequate test and trace capabilities, they had been stood down. My view remains that lockdown was a necessary step to save lives and was also necessary to prevent the health system from being overwhelmed.

71. I have been asked why more was not done to prepare for lockdown and why more was not done to mitigate the possible effects of lockdown. I have addressed the steps which were taken by my Department to mitigate the effects of lockdown at paragraphs 53-68 above.

#### ***Amendment of regulations***

72. During April 2020 individual Ministers did bring matters to the Executive for consideration, in terms of easing restrictions. By way of example the First Minister raising issues around access to churches for individuals and visiting graveyards on occasions other than funerals. At that stage Ministers could of course bring any matter relevant to the regulations to the Executive, however, the CMO's advice would have been sought before any steps were taken to amend Regulations, so I would not describe the approach as ad hoc.
73. Nonetheless, in order to streamline the process on 7 May 2020 the Executive Committee considered the paper *E (20) 90 (C) Planning for Recovery: Second Review of Health Protection (Coronavirus, Restrictions) (NI) Regulations 2020* [INQ000048464]. It was agreed that *'...subsequent reviews should be conducted according to the terms set out above, in particular by timely re-appraisal of specific restrictions and requirements; and the incremental approach described in paragraphs 9-12 of the Executive paper should be adopted'*. Several guiding principles were outlined in paragraph 13 of the paper. These included, *focus on primary purposes*, which purposes were controlling transmission and protecting health care capacity. *Necessity*, this principle was designed to ensure that a specific restriction or requirement should be retained only as long as it was considered necessary to prevent, protect against, control or provide a public health response to the incidence or spread

of Covid-19. *Proportionality*, this principle required that the detrimental impacts on health, society and the economy that could reasonably be attributed to the restrictions or requirements should be tolerated only as long as the risks associated with withdrawal or modification were assessed to be more severe. *Reliance on evidence*, meant that proposals for change, or for the retention of a restriction or requirement, should be informed by the best available evidence and analysis.

74. The minutes records that the guiding principles set out should be adopted and the arrangements for managing the process of review, including the qualitative '*risk-benefit*' framework and structure process should also be adopted. For my part, this approach was followed.
75. In my role as Minister for Communities, I spend a lot of time engaging directly with community organisations and representative groups. As outlined above, I had established the Voluntary and Community Sector Emergency Leadership Group, which included grassroots and regional organisations working in the voluntary and community sectors. The group brought together leaders from the community and voluntary sector who worked in the front line, assisting workers, families and communities who were enduring real hardship as the crisis deepened. It enabled responses to individuals and communities in difficulties, at a local level from community and voluntary organisations.
76. The group was also a valuable source of information about the impact of restrictions on the ground and kept me and my Department informed about the impacts on particular communities. It meant that, on an ongoing basis, I was being kept informed about the impact of non-pharmaceutical interventions on different groups within the population and I could in turn feed this back into changes that ought to be made consistently with the guiding principles outlined above, but which also responded to the consequences of the restrictions when they were disproportionately and adversely impacting upon vulnerable groups.
77. I have been asked about the sharing of information relating to the impact of restrictions on different groups with other Ministers. As Minister I was able to feed information back to the Executive and to other Ministers directly at meetings. I was constantly discussing the restrictions and the need to protect those most vulnerable within my own Department, with other Ministers and officials. I raised issues of concern at Executive meetings either orally or in written format. The Inquiry will be aware of the numerous

financial bids put forward by my Department to assist those most vulnerable in our communities, I shared information relating to the impact of NPIs on different groups when arguing in support of additional funding. When working with other Departments to implement services such as school meal payments, housing for the homeless, food delivery and priority delivery slots, I shared the relevant information I learned from my work with community groups with the other relevant Ministers.

78. Any proposals I brought forward, because of my engagement with Voluntary and Community Sector Emergency Leadership Group, would be subject to analysis and advice from the CMO and CSA. This approach was in my view in keeping with the Executive Committee's document '*Planning for Recovery*'.
79. In advance of the Executive Committee meeting on 4 June 2020 Ministers received a document entitled, *Point in Time Review of the Executive's COVID 19 Strategy* [INQ000065637]. As I understood it, the document was drafted by the Department of Health and the Executive Office as a checklist setting out broad priorities, and in my opinion, this was a useful document.
80. I have been asked whether I considered that the review was sufficient, my understanding was that the document was not intended as a comprehensive review, but rather a broad outline of decisions to be taken, and I felt it served as a useful document against which to measure progress. From my perspective it helped Departments plan and take stock.

***Civil contingency Arrangements in the first part of the pandemic***

81. The NI Hub was one of the structures put in place to support the response to Covid. The Hub's objectives included '*to support the Executive and the Civil Contingencies Group to make timely and informed decisions in response to the strategic management of any Covid-19 outbreak*'.
82. As Minister for Communities, I would not have had much direct interaction with the Hub, however the Head of Civil Services would have provided updates to the Executive and it was my perception that the work of the NI Hub assisted with decision making, albeit the main driver in terms of decision-making was the medical advice being received and what steps we as an Executive needed to take to respond to that advice.

83. Having now read the document entitled "C3 Covid-19 Response: Lessons Learned Review and Future Roadmap" (the Lessons Learned Review) [INQ000023223] it appears that it concluded that the Civil Contingencies Group was not an effective forum for debate and decision making.
84. I was not a participant in the Civil Contingencies Group and, beyond noting what is said in the '*Lessons Learned*' document, I am unable to assist the Inquiry from my personal knowledge as to why it is that the CCG was not an effective decision-making body.
85. The Civil Contingencies Group operated within the Civil Service structures and its objective was to provide strategic support to the Executive. However, I understand that once the Executive was re-established, the Civil Contingencies Group handed the role of decision-making to the Executive Committee.
86. I am now aware that communication was an issue, and that Ministers did not always get the information they ought to have got, and moreover, on occasion, the information was not as accurate and up to date as it should have been. However, as indicated above, my knowledge about these information deficits, comes from the '*Lessons Learned*' document, rather than from my personal knowledge.
87. While the Civil Contingencies Group was stood down and the Hub was scaled down after the '*Lessons Learned*' review, it is my understanding that these steps were taken primarily because the position became less critical towards the end of May 2020.
88. I have been referred to observations made by the former First Minister in her statement to Module 1 in which she states that she "*was however conscious at times that the Senior Officials may have preferred meetings to be limited to officials only so that they could speak more freely...There is a balance to be struck between ensuring Ministers have as much information as possible, or that they feel they need, to make decisions for which they are accountable, and potentially hampering the operational work of officials*". [INQ000205274]
89. It was not my perception that Ministerial involvement hampered the operational work of officials, and my experience did not lead me to conclude that officials felt unable to speak freely. It was my experience that civil servants welcomed the involvement of Ministers and welcomed Ministers taking a leadership role.

### ***Overarching view***

90. I have been asked about the Executive response to Wave 1 of the pandemic, that is up until July 2020. It was always my view that it would have been preferable that, instead of simply taking the lead from the United Kingdom, we locked down sooner, and imposed restrictions more swiftly than we did. As appears, I supported a proposal to close schools as a measure in March 2020, albeit that measure did not secure Executive approval. The mandatory coalition meant that consensus was necessary before we could impose restrictions, including the closure of schools, and as outlined above that consensus did not exist.
91. Moreover, the consistent advice from the Department of Health was against taking such measures, until that advice changed in and about 16 March 2020, even then lockdown was not expressly advocated, even though it was clearly inevitable. Thus, the medical and scientific advice we were getting at the early stages, discouraged restrictions, and Ministers were being advised that they were not necessary. The medical advice we were getting at the early stages appeared to me not to align with the WHO declaration on 11 March 2020 or the approaches being adopted in other jurisdictions, including South of Ireland. I believe that a swift response would have been better for the people of the North. I have attached a copy of the WHO Director-General's opening remarks at the media briefing on COVID-19 of 11 March 2020 marked as exhibit DHA/2 – INQ000237407.
92. Nonetheless, while I believe we ought at the very early stages have reacted more quickly, it is my view that once a decision was made to lockdown, we as an Executive responded to the crisis. I believe all the Ministers in the Executive pulled together and worked hard collectively: to provide leadership to the public; to take measures to protect lives and to protect the health service; and, to put in place measures to assist those who were going to be adversely impacted by the restrictions.
93. I believe that the fact that we were a local Executive and that we had an elected Assembly, we were able to respond more appropriately to the local needs and local conditions in a way which would not have been possible had direct rule been in place.
94. Ministers worked collaboratively on issues which overlapped Departments. By way of example, I have referred above to working alongside Peter Weir, the Minister for



Education, to implement a scheme of free school meal direct payments to families. The work done collaboratively by the Department of Health, the Department of Finance and the TEO on procurement of PPE is another example of Ministers working together in a manner which was effective. The MOU that was signed up to between the Department of Communities and Department of Health pertaining to supporting homeless during the pandemic, is another example.

95. I believe that we were proactive as an Executive in seeking to protect the most vulnerable from the adverse impact of restrictions. Whilst I recognise that restrictions had a severe impact on many people's lives, we sought to mitigate the impact, particularly for low-income families, and for the vulnerable and we engaged constantly with the community to keep ourselves informed.
96. I have outlined above the steps taken by my Department to address issues in relation to: social security assistance; housing; and to put in place mechanisms, such as the Covid-19 Help line and the Voluntary and Community Sector Emergency Leadership Group which meant that we were keeping ourselves informed about how the pandemic and the restrictions were impacting the public.
97. I have been asked whether, after Wave 1 of the pandemic, steps were taken to analyse or consolidate learning from the response to Wave 1 and further, whether any analysis was done to assess the impact of the pandemic, or the restrictions imposed to mitigate the pandemic, on vulnerable groups.
98. The Executive Office had an opportunity to consider the '*Lessons Learned*' document prepared by Dr Andrew McCormick, which examined issues around the civil contingency response and identified lessons to be learnt for the future.
99. As I have previously outlined, I established the Voluntary and Community Sector Emergency Leadership Group. This group was communicating directly with me, as Minister, and with my Department, on an ongoing basis and it enabled the Department to have constant communication and feedback from the community and voluntary sector. This meant that throughout Wave 1 and beyond, the Department was being kept informed as to the impact of the pandemic and the impact of restrictions on those who were most vulnerable in society and this enabled us to keep issues around the impact of the pandemic and the impact of restrictions imposed, under constant review.

### ***Decision-making after March 2020***

100. On 7 April 2020, the deputy First Minister appeared before the Ad Hoc Committee on the COVID-19 Response. I have been referred to a statement where she referenced a 'second surge'. It is my recollection that Ministers were being briefed by the CMO and CSA in April 2020 about the potential for a 'series of surges' and that preparation for a potential second surge had begun in April 2020.
101. I have been referred to the witness statement from Holly Clark Deputy Director of the Constitution and Rights Group NIO to Module 2C '*...on 11 May 2020 when the UK Government published its Covid-19 recovery strategy and the NIE published its Coronavirus Executive approach to decision-making document the following day. Both plans favoured a phased approach to the relaxation of restrictions, but the NIE chose not to remove any restrictions at that stage and declined to allocate provisional dates for the relaxation of restrictions* [INQ000148325]. The Executive's approach at this time was that we wanted to make sure that the easing of restrictions was driven by the data and evidence and not by dates. The Executive did not want to be date-driven, because there was a concern that this meant that restrictions could be lifted in circumstances where transmission rates were such that lifting restrictions was not appropriate. It was always my view that we should be guided by the data.
102. However, while we did not want to be date-driven, we recognised that we needed to strike a balance, as sectors that were to be re-opened required a lead-in time to prepare for re-opening. Consequently, the Executive did modify its approach to address sectoral concerns that were raised around the need for businesses to have a timetable to work towards, particularly for those in the food and hospitality sectors.
103. I have been referred to the witness statement from Holly Clark Deputy Director of the Constitution and Rights Group NIO to Module 2C, in which she states that as Christmas 2020 approached the United Kingdom Government favoured a joint approach with all the devolved administrations aligning, and thereafter proposed the issuing of a joint statement, however, she notes that "*the NIE decided not to endorse this statement, which was published with the support of the Scottish and Welsh governments. Instead, the NIE adopted a different course regarding NPIs over the Christmas period and published their own statement on 21 December 2020 to this effect*".

104. At about this time the CSA had advised Ministers about the new variant (B117) and its probable presence in the North. The Executive decided that the proper course was to adopt an approach which responded to the evidence and data as to transmission rates in the North and which responded to local conditions. It was our view that adopting the approach of the British Government, for the sake of presenting a consistent approach, was not the best way of protecting those we represented and their needs. Consequently, we published our own statement on 21 December 2020 which adopted a more cautious approach than was being adopted elsewhere. I did not think that adopting a different approach was confusing or damaging to public confidence, the situation was clearly explained to the public.
105. I have been referred to a WhatsApp message sent by the Health Minister to the *Health 4 Nations* Group on 24 December 2020 which refers to a joint PM/FM/FM's statement which, according to the Health Minister did not issue because the deputy First Minister refused to sign it. I do not have, nor have I seen, a copy of the draft statement referred to, neither do I have any knowledge and I cannot make any comment of this.
106. At meetings of the Executive on 20 and 21 December 2020 the Executive discussed international travel and travel between Britain and the North INQ000065740. At this time Ministers were being advised about the deteriorating situation in London, Southeast England and South Wales and the presence of the new variant in those areas. I was very concerned about the potential for an increase in travel from Britain to South of Ireland particularly over the Christmas period and I was concerned that travellers would move through the North to visit the South, spreading the new variant. I thought the North should get ahead of the increase in transmissions rates by limiting travel from Britain, and as appears from the Executive Committee minutes, Conor Murphy proposed limiting travel from the areas in Britain where the new variant had been identified, however this proposal was defeated. I do not believe the matter of travel from Britain to the North was treated with the urgency it required and I believe that more could have been done to try and reduce the spread of the new variant using travel restrictions.
107. The Executive's Covid Taskforce (ECT) was established in December 2020 to respond to the evolving nature of the pandemic. I was not involved in the establishment of this taskforce. As the Inquiry is aware I only returned to work in December 2020, so I did not have any input into the role of the ECT or drafting any strategy to guide the ECT. I

am unaware of any hesitation or reluctance from any Minister or Department in relation to the establishment of the ECT.

108. Nonetheless, I understand that the ECT, led by the Interim Head of the Civil Service, had four workstreams: *Protect; Recovery; Adherence; Strategic Communications*. It was my perception that the ECT was effective and gave the Executive a more rounded perspective, as it brought a focused and strategic approach to the work of the Executive in seeking to balance the issues relating to health, the economy and social considerations to inform our approach going forward. The ECT monitored the ongoing work and reported to the Executive on the development and implementation of the overall strategy.

### **2021 And Beyond**

109. I was constantly alive to the impact of restrictions upon vulnerable groups within the North and those who would be disproportionately affected by them. I would refer the Inquiry to my statement at 53-68 above, where I identified some of the measures brought forward by my Department, under my leadership, to seek to mitigate the impact of the restrictions on the most vulnerable. I would also refer to [INQ000101353] my briefing to the Executive dated 31 March 2020 in relation to social security measures taken in response to Covid-19, which I exhibit as DHA/3 –INQ000101353. I would also refer the Inquiry to my Statement to Assembly Covid-19 Ad Hoc Committee dated 9 April 2020 regarding key interventions by my Department to support vulnerable people during the pandemic, which I exhibit as DHA/4 - [INQ000290363] In a letter to the NI Assembly dated 26 May 2020 I outline the social security measures taken in response to Covid-19 to assist those most vulnerable [INQ000101396], which I exhibit as DHA/5 - INQ000101396.
110. Throughout the pandemic, while in office, I was receiving feedback about the impacts on restrictions on vulnerable groups through my ongoing engagement with the public, including through the Voluntary Leadership Group, but also through constant engagement on the ground helping in the food distribution centres and talking to community and voluntary organisations. Thus, on a constant basis I was engaged with the voluntary and community sector, getting feedback about the impact of restrictions, and seeking to try and minimise the impact of restrictions on those most vulnerable.

111. On 2 March 2021 the Executive Committee published '*Moving Forward: The Executive's Pathway out of Restrictions*', [INQ000104467]. The approach proposed in "*Moving Forward*" was cautious but was designed to develop a strategy to break the cycle of lockdowns and circuit breakers. I believe that the approach adopted was appropriate, it gave hope while acknowledging that there was still a risk from Covid-19, with the potential for new variants. Ministers were constantly alive to, and sought to be responsive to, the disproportionate impact of measures on vulnerable groups and *Moving Forward* represented tentative preparatory steps towards the lifting of restrictions. I believe that the framework was generally adhered to.
112. At the Executive Committee meeting of 4 March 2021, the Justice Minister is recorded to have commented that the pathway had "*only launched but then undermined within hours. Other Exec Mins should have taken part - but v difficult when doc shot in the knees*", [INQ000065711] I recall this statement and I believe the statement about the "*Moving forward*" strategy being "*shot in the knees*" was a reference to the fact that the Minister for Agriculture, Edwin Poots had publicly undermined this policy.
113. At the Executive Committee meeting on 25 March 2021, the Economy Minister, Diane Dodds, stated that the length and complexity of the Executive's review process was "*threatening the continued existence of businesses already heavily impacted by the ongoing restrictions*" [INQ000048522]. The DAERA Minister, Edwin Poots is recorded as having complained about the "*glacial pace of easing*" [INQ000065690]. As is apparent, both by Mr Poots' public criticism of the Executive's strategy, referred to above, and the statements made in the Executive, by Diane Dodds and Edwin Poots, there were Ministers who were not comfortable with the restrictions in place and the pace at which it was proposed that they be lifted. There were tensions within the Executive as between those who favoured lifting restrictions and opening up the economy more swiftly, and those who wished to move more gradually because of the real concerns about an increase in transmissions, which would not just pose a risk to lives, but also, adversely impact the economy.
114. The Executive published its "*Building Forward – Consolidated Covid Recovery Plan*" on 2 August 2021 [INQ000101002]. The Building Forward Plan set out 83 interventions which would be developed over 24 months to assist recovery in four areas: sustainable economic development; green growth and sustainability; tackling inequalities; and health of the population. Civil service officials were responsible for the implementation and operational delivery of the Building Forward Plan. The process by which the

implementation of each intervention was monitored and assessed was through the RAG reporting system with Senior Reporting Officers (SROs) in the relevant department responsible for driving specific interventions.

### **Part 3: Overarching and thematic issues**

#### ***Retirement of Sir David Sterling***

115. I have been asked about the retirement of Sir David Sterling, who was acting Head of the Civil Service, and the delay in recruiting his replacement, Ms Jenny Pyper. Sir David Sterling retired at the end of August 2020, I was not in office at that time, having been replaced by Carál Ní Chuilín in June 2020 and not returning to office until December 2020. I was not therefore in the Executive in the months leading up to and following Sir David's retirement. Subject to that caveat, it was not my impression that Sir David's retirement had an adverse impact on the Executive's response to the pandemic.

116. I was not involved in, nor did I have any knowledge of, the recruitment process. I was off sick during those months.

#### ***Scientific and medical advice to Ministers***

117. I have been asked about the Executive meeting of 16 March 2020 and the concept of "*following the science*". Scientific and medical advice to Ministers was discussed at the meeting on 16 March 2020 and at all Executive meetings throughout the pandemic. My approach, broadly speaking was to be guided by the advice being given by the CMO and CSA, as they had the medical and scientific expertise, to assist us in our decision-making.

118. However, while my approach, and the general approach of the Executive, was to "*follow the science*", this did not mean that we did not engage with the evidence that we were being presented with, nor did it mean that we did not recognise that we were responsible for the political decisions to be taken on foot of the science we had received. Ministers did engage critically with the advice given. The discussion in the Executive Committee on the 16 March 2020 is an example of Ministers engaging with the advice being presented to them, and as appears the advice being given was questioned, given the apparent discrepancy between the advice that we were being

- given and the measures being implemented by other countries, who were also undoubtedly "*following the science*".
119. I have been referred to a letter from the Health Minister dated 29 March 2020 in which he stated "... *I do feel that we – as a system – have largely been in reactive mode. That is not meant as a criticism, but rather a recognition of the inherent speed and uncertainty with which events have been unfolding...*" [INQ000023229]. I think it is fair to say that at the outset of the pandemic the Executive was reacting to the pandemic, it was a rapidly evolving situation, and it required us to respond quickly to the medical and scientific evidence about how transmission spread, how we could curtail transmission. Our priority was to take steps to minimise risks to people's lives. As I have stated above, I do however believe we should have reacted more quickly, by imposing restrictions more swiftly. I also believe that, as the pandemic progressed, we became more proactive.
120. I am aware that there were issues with the gathering of data specific to the North. "*The Rapid, Focused External review of Public Health Agency*" [INQ000001196] found that there were "*difficulties and tensions*" around the reporting of daily death figures.
121. Clearly from the Executive's perspective, we wanted reliable figures and the Review notes that this was an issue. It was clearly important, particularly for the First and deputy First Minister, and the Minister for Health, who were the Executive's public face in communicating data about the transmission of the virus that they had access to as reliable data as possible and it is clearly not satisfactory that this was not the case.
122. Ultimately, I was also aware that the modelling of data was not an exact science, it acted as a guide to assist the Executive in its decision-making.
123. In terms of the ability of the Public Health Agency to play a significant role in the response to the pandemic, I think Ministers with greater knowledge of the Public Health Agency, would be better placed to answer that question.
124. The Executive Committee was provided with scientific and expert advice by the Chief Medical Officer and the Chief Scientific Advisor. This advice came in the form of written reports and oral briefings and was provided directly to the Executive Committee. The CMO and CSA attended all Executive meetings over the course of the pandemic. The

- advice came through the Department of Health but the CMO and CSA were in attendance and so could be directly questioned by Ministers.
125. I am aware that the CMO and CSA attended SAGE. I did not receive any information from SAGE directly. I am aware that there was a concern that SAGE was too "*England-centric*". At this time, I was actively following media, news reporting and press briefings, I formed the opinion that much of the information and data from SAGE focused on data relating to England and not the devolved administrations.
126. I have been asked about a statement made by Holly Clarke to Module 2C where she refers to concerns about SAGE publishing individual SAGE-calculated R numbers for the devolved administrations, as well as a UK-wide figure. In my opinion the R number was a useful tool which assisted the Executive in its decision-making. I was aware that it wasn't an exact science, but it did give us a sense of whether transmission rates were rising or falling in response to the restrictions which were being imposed. So, I believed that it gave us an overall sense of the effectiveness of restrictions. While 2 R numbers were published, the UK-wide number and the R number for the North, and I can see that this may have caused confusion, I believe that was addressed by information provided by the Department of Health to the media.
127. In an Executive Committee meeting on 11 June 2020, the CSA gave a presentation to the Executive about the R number. I don't believe I was present at this meeting, but I had a working understanding of the R number from the advice we received from the experts over the course of the pandemic.
128. I am unfamiliar with the Strategic Intelligence Group (SIG). I don't have any personal knowledge of how the Group worked, and while it may have fed information to Ministers, through the Department of Health, I do not recall being told that the information that we were being provided with was coming from the SIG, so I am unclear whether the SIG fed information to the Executive, or how this was done.
129. I have no recollection of being specifically briefed about the composition, or the role, of SIG. In the circumstances I don't believe that I can assist the Inquiry as to the effectiveness or otherwise of SIG.
130. I have been asked about the comments of the deputy First Minister at a session of the Ad Hoc Committee on the Covid-19 response on 7 April 2020 wherein she said that



modelling *'is what determines what we do next, when we do it and why we take the measures that we have to take.'* While I was aware that in a general sense that modelling was not an exact science, I am not sure I was aware that there were particular issues relating to the North, although I was aware that we did not have an effective testing and tracing system in place. It was nonetheless my perception that modelling was a useful tool, and it was used by the Executive to assist in making decisions as to how to respond to the pandemic at different times. The CSA and CMO did brief during Executive meetings that the way they modelled the data changed over the course of the pandemic to reflect lowering transmission rates.

131. I have been asked about the use of behavioural science over the course of the pandemic. I attended presentation on behaviours especially around lockdown, reactions, and compliance with NPIs, use of face coverings, social distancing, and interaction between people. I believe as Ministers, we gained from these presentations and understood, by way of example, the importance of getting accurate information out to the public, which informed the setting up of the daily briefings. Innovation Lab [iLAB] was commissioned by the Department of Communities to give behavioural science advice as part of the Department's advice to people who were shielding during the pandemic. iLab is part of the Public Sector Reform Division within the Strategic policy and Reform arm of Department of Finance
132. The late arrival of briefing papers or proposals before meeting of Executive Committee was an ongoing problem, I believe this was mainly because we were moving at such a fast pace. We were often dealing with several detailed papers at the same time within a very limited timeframe. The delay often resulted in meetings being pushed back for a short period of time or taking longer. Papers often arrived late in the evening or the night before an Executive meeting and required immediate attention.
133. I have been asked about the clarity and accessibility of the scientific advice which I received. I believe that the scientific / expert advice that I received was sufficiently clear and accessible to enable decision-making by the Executive and I was greatly assisted in the advice received throughout the course of the pandemic. There was a concern that, because the CMO and CSA, quite properly, accessed expertise through the United Kingdom systems, that sometimes the information was too focussed on England. Certainly, at the outset of the pandemic, it was clear that the CMO, CSA and Department of Health approach was closely aligned with the UK, and there did not appear to me to be any critical engagement with the UK approach.

134. I have been asked whether core decision makers, including Ministers had a sufficiently "*scientific mindset*" to grasp the scientific, medical, and mathematical concepts in order to understand the advice that we were being given. Speaking for myself, I felt that I was able to understand the advice that we were being given, I also understood that it was our role to make decisions, informed by that advice, but I felt that I understood the advice.

### ***Relationship with the United Kingdom***

135. There were occasions on which the advice to the Executive Committee was that the North was behind other countries in relation to the spread of Covid-19. At times this was said to be *10 days* behind, while at other times it was described as a '*week or so*' behind London. While some slight advantage may have accrued, I am not sure it was as significant as has been suggested. As appears, throughout the pandemic, the need to secure consensus on moving forward was always a live issue.
136. I have been asked about how the relationship between the Executive and the British Government informed our approach to the pandemic and have been asked in particular about COBR meetings and Ministerial Implementation Group meetings. Mechanisms for the sharing of information and for the communication of decisions, such as COBR (Cabinet Office Briefing Room) meetings and MIGs (Ministerial Implementation Group) meetings were one way in that there was no room for discussion or challenge at the meetings. I only attended part of a meeting pertaining to my brief on local government. Other than that, I had no direct involvement in these meetings and I don't believe that I can usefully assist the Inquiry on this issue.
137. I participated in a single Quad meeting relating to social security, culture and arts. I attended the meeting, along with the Secretary of State for Northern Ireland and representatives of the Irish Government. I found the meeting useful as a means of sharing information on interventions, but it was not a decision-making forum.
138. I have been asked whether the British government adequately involved Ministers from the Executive or senior civil servants in decision-making that impacted the North. At the outset I should make it clear that the Ministers with more direct engagement with the British government were the First and deputy First Minister and Minister for Health, and it appears to me that they are best placed to answer this question. Nonetheless,

it was my perception, as a member of the Executive, that the British government did not adequately involve, or consult with, the Executive about decisions which would impact the North.

139. I have been referred to the deputy First Minister's statement to Module 1 of this Inquiry, in which it was stated that *"actions by the British government, at times hindered our ability to reach consensus"*. As a general observation the British Government was relatively slow to impose restrictions and acted more quickly when lifting restrictions, and sometimes did so when it was our view that restrictions needed to be maintained, the fact that the British Government had a tendency to move quickly to lift restrictions, could on occasion hinder the ability to achieve consensus.
140. I have been asked to comment on the effectiveness of the Secretary of State for Northern Ireland, the NIO and the Minister for Intergovernmental relations during the pandemic. Over the course of the pandemic, in my role as Minister for Communities, I rarely had direct dealings with the Secretary of State for Northern Ireland, or the NIO, I believe that I met with Minister for Intergovernmental Relations on a single occasion. In the circumstances I do not think my evidence will assist the Inquiry on this issue.
141. On the 10 March 2020 the Minister for Finance spoke about the *"overly bureaucratic"* North / South Ministerial Council during an Executive Committee meeting [INQ000065695]. I agree that the North/South Ministerial Council while a useful forum, is very bureaucratic particularly in the context of a pandemic, where you need to react quickly to changing developments. With appropriate adoption the NSMC could have contributed to the engagement necessary to react to in a pandemic

### ***Relationship with Republic of Ireland***

142. I have been referred to the Independent SAGE Report dated 12 May 2020 which stated that: *"One of the main criticisms of the response by the UK government so far has been the highly centralised approach that it has taken, in some cases excluding the governments of the devolved administrations from key decisions. The elected administrations in Scotland, Wales and Northern Ireland have the powers to determine their own policies in many aspects of the response to the coronavirus pandemic. While the general position has been to adhere to the decisions made in Whitehall, each administration has the opportunity to determine the distinctive measures needed to*

*safeguard the well-being of the population for which it is responsible. The pattern of infection with the virus appears to vary markedly across the UK and the devolved administrations should take the opportunity, where possible, to engage fully in the introduction of our strongly recommended approach of case finding, testing, tracing, and isolation. This should be a cornerstone of their approach. Northern Ireland is a particular case, having a land border with the Republic of Ireland. We urge the Northern Ireland Assembly Executive to seek to harmonise their policies with those of the Republic of Ireland in keeping with the commendable Memorandum of Understanding that has been agreed between the two jurisdictions in relation to the coronavirus crisis."*

143. I always believed that the North would have had an 'island advantage' if we aligned our policies more closely with the South to take advantage of being an island. The Inquiry will be aware that the island of Ireland is treated as one epidemiological unit for animal health purposes. My view was and remains that there was an epidemiological justification for harmonisation with the South. Thus, treating the island as one single epidemiological unit would have prevented differences in approaches around the timing of restrictions and issues relating to travel. I recognise that this involved a level of co-operation between the two Governments which was not a reality during the pandemic.
144. I have been referred to the All Ireland Memorandum of Understanding ('MOU') between the Departments of Health, North and South. I understand that the purpose of the MOU was to ensure co-ordination and co-operation at a political and operational level. The MoU contains the affirmation that "*Everything possible will be done in coordination and cooperation between the Irish government and the Northern Ireland Executive and with the active involvement of the health administrations in both jurisdictions to tackle the outbreak. Protection of the lives and welfare of everyone on the island is paramount, and no effort will be spared in that regard*". The MoU was dependent on the political will to co-operate, when decisions were made by the Irish Government and the Executive which did not align this impacted on the ability to form a joint approach to the pandemic.
145. I have been asked to comment about the structures that exist between the Irish Government and the Northern Ireland Executive and whether they could have been developed to achieve a greater degree of co-operation or co-ordination. Some structures do exist, in that there is already co-ordination on some issues and positive

working relationships. I believe that it would have been possible to develop structures during the course of the pandemic so as to achieve a greater degree of co-operation and co-ordination.

146. I have been referred to a comment made by the deputy First Minister at a Quad meeting on 13 October 2020 "*cooperation was key and NI and Ireland could review the MoU to see if there were any areas for closer working*" [INQ000091398]. I understand that the deputy First Minister wanted to make the argument for all-island / two island approach to the pandemic and to see if there were any areas for working more closely together. I don't know if that the suggested review took place.
147. I have been asked about whether the Executive or any key decision-makers commissioned any research aimed at understanding the impact of Covid-19 specifically along the border areas. While, during the pandemic some Ministers, including myself, wanted closer attention to be given to the border counties, because of the number of people who cross the border every day for work and school, I am unaware of any specific research on this topic having been commissioned.
148. I have been asked to comment on views expressed in the document entitled "*Obstacles to Public Health that even pandemics cannot Overcome: The Politics of Covid-19 on the Island of Ireland*" [INQ000137387]. I understand the study highlighted how public health responses, NPIs and their timings were *broadly* aligned North and South, but nonetheless identifies problems in terms of cooperation.
149. As the document highlights, there was some alignment in relation to restrictions, for example the cancellation of parades in March, restrictions on internal movement, public transport, social distancing measures and the mandatory wearing of face coverings were *broadly* aligned. However, as the Inquiry is aware, school closures and testing policies were less aligned, which was particularly problematic for those living in the border counties. As I understand matters, the alignment, such as it was, was not the result of co-operation between the Executive and the Irish Government. When the Irish Government took initial steps to impose restrictions on 11 March 2020 there was no advance warning to the Executive that this would occur. I believe that the restrictions were largely coincidental, reflecting the reality that similar restrictions were taking place globally, albeit timings differed. It is my view that more could and should have been done to co-operate and co-ordinate the response to the pandemic on a North/South basis, particularly when you have the lived reality of thousands of people

- crossing the border on a daily basis. With better co-ordination, cooperation and sharing of information we could also have learned from each other.
150. I have been asked about a Quad meeting with the Republic of Ireland on 9 June 2020 [INQ000091381] where it was suggested that there were issues about the timing of Republic of Ireland announcements and the ability of the North Ministers to respond. I believe the Irish Government should have given the Executive more notice of significant developments and I believe that the failure to do so was not helpful. There were clear benefits to be gained on both sides of the border by better communication between the two Governments and the two Health Departments.
151. I have been asked whether there was a reluctance on the part of the South of Ireland to share information or to cooperate with the North for political reasons, because Sinn Féin was in Government in the North and an opposition party in the South. I have no reason to believe that this was the case.
152. I have been asked about other barriers to cooperation. As the Inquiry will be aware, the political parties which form part of the Executive hold differing positions on the constitutional status of the North. That does mean that there may sometimes be a reluctance on the part of Unionist Ministers to be seen to be aligning with the Irish Government's approach, as opposed to that of the United Kingdom Government.
153. I am unaware of whether any work has been done to examine whether greater harmonisation or co-operation with the South of Ireland might have produced better outcomes in the North. I am also unaware of whether there have been any direct comparisons between outcomes North and South, although for greater cooperation the NSMC is a forum that could be adopted to improve working relationships.

***Legislation and regulations: their proportionality and enforcement***

154. I have been asked why criminal sanctions were considered necessary to enforce the Regulations in the North. Widespread compliance was necessary to ensure that lockdown was effective and while our preference was to encourage compliance, we needed some means of enforcement for the small minority who were non-compliant. The PSNI, which operates throughout the North, was the only organisation who would have been able to secure enforcement and criminal sanction enabled the police to

exercise powers to secure compliance when required. I don't believe that there was any viable enforcement alternative available.

155. I have been referred to several documents which appear to suggest that the PSNI were reluctant to enforce the Regulations. It is my view that the police were the only organisation who would be able to enforce Regulations, and it was my view that some method of enforcement was necessary to address issues of non-compliance.
156. It has been suggested that some of the observations suggest that the Regulations were not being supported by criminal enforcement. While this was not my area of responsibility, that was not my perception, I was aware that people were being fined for breaches of the Regulations. Moreover, whilst I am firmly of the view that it was our job as an Executive to seek to secure compliance, through messaging and ensuring that appropriate supports were in place to enable people to safely lockdown, it was my view that criminal enforcement was a necessary part of the regime for securing an effective lockdown and reducing transmission rates.

#### ***Scrutiny by the Assembly***

157. I have been asked to comment on whether I consider there was an appropriate level of scrutiny of the actions and decisions of Ministers by the Northern Ireland Assembly. In my opinion, bearing in mind the realities of the pandemic, the need to make decisions quickly, and the inability of the Assembly to convene in the normal way, there was constant scrutiny by the Assembly of decisions of Ministers and this was appropriate.
158. The Speaker consistently advised Ministers that they needed to engage with the Assembly and answer questions. My Department received and responded to a substantial number of questions from MLAs and I was frequently called to answer urgent questions in the Assembly through Ministerial Question Time, and gave both written and oral statements in response to questions.

#### ***Funding the response to the pandemic***

159. I have been referred to the First Minister's statement to Module 1 *'my overall impression is that, within Northern Ireland there was no difficulty with funding the*

*Executive response to the pandemic'* [INQ000205274] and to the deputy First Minister's statement where she stated that "*Money is not an issue*". I am unaware of any specific instance where lack of funding from the United Kingdom Government prevented the Executive taking steps considered appropriate to introduce non-pharmaceutical interventions. Any significant intervention such as lockdown would only have been possible if funding was available. The British government would not have funded significant intervention taken independently by the Stormont Executive.

160. I have been referred to Baroness Foster's statement to Module 1 "*In the very early stages of the pandemic, in or around March 2020, the reliance on UK Government to being forward the economic package to support lockdowns including the closure of schools and businesses was one factor that limited Northern Ireland making decisions about the imposition of Non-Pharmaceutical Interventions before the UK Government*" [INQ000205274, paragraph 32]. While I agree that financial assistance from the United Kingdom Government was necessary to enable some non-pharmaceutical interventions, the reality is that the advice we were getting from the Department of Health at that time was that a lockdown was not necessary. The closure of schools, which would not have required financial support from the United Kingdom was being proposed but was opposed by several Ministers, so while finance was a barrier, I do not believe it was the only reason we didn't act more swiftly.
161. I have been referred to a comment made by the First Minister at an Executive meeting on 17 December 2020 "*terrible position - asking business to close – 4 weeks, review further 2 further weeks – but don't know how we can pay – need to reflect on that*". At this meeting I had just returned to work, we were being advised about the need to lockdown but there were concerns about our ability to fund this. I do not believe that this indicated a lack of planning on the part of the Executive, rather it reflected dependence upon the United Kingdom Government and a belief that funding would not be forthcoming from that source. The reality was that when restrictions were imposed, they were always accompanied by a financial package, no matter how quickly we had to react.

### ***Controlling Northern Ireland's borders***

162. I have been asked about issues around our ability to control our borders, which include questions about Executive meetings in July 2020 when I was not on the Executive. My response to these questions is limited to what I know from my time in office.



163. The Executive has the power to control its borders and to impose restrictions on people travelling from the Common Travel Area or from abroad on public health grounds. Any such measures would require consensus within the Executive Committee.
164. As a general proposition I believe that more could have been done to control movement on to the island at particular times during the pandemic, when transmission rates in other parts of the Common Travel Area or in other jurisdictions were higher.

### **Care homes**

165. I am aware that this Inquiry will be conducting a discrete Module on the issues which arose in relation to care homes and that Module will fully address all of the issues and difficulties which arose in care homes. The relative brevity of my statement on this issue should not be taken as a failure on my part to recognise the very significant issues which the Inquiry will need to address, in terms of: the releasing of patents with Covid into care homes; the access to PPE in care homes; and, the difficulties with family members ability to visit their family members in care homes, and the impact that had on families and care home residents.
166. When I was on the ground interacting with the public, the issue of care homes was frequently raised. This was particularly in relation to the inability to visit family members and concerns about care home residents being isolated from their families.
167. The notes of the Executive Committee meeting on 8 April 2020 [INQ000065725] and 15 April 2020 [INQ000065735] demonstrate that Ministers were aware of the need to prioritise testing in care homes. While issues around access to PPE for care homes and testing within care homes were discussed on 20 April 2020 [INQ000065691]. Further discussions about care homes took place on 27 April 2020 and 11 May 2020.
168. In terms of the extent to which Ministers were briefed about the situation in relation to care homes during the first wave of the pandemic, the responsibility for care homes lay with the Department of Health, consequently other Executive Ministers would not have been briefed directly on operational decision making but as appears Ministers were asking questions about issues of importance in relation to testing, and also in relation to access to PPE and we were alive to the risks to staff and residents.

169. In securing PPE, the Executive was very aware of the need to secure PPE for care homes, as well as hospital settings. The Department of Health and Department of Finance worked together to secure access to PPE and that included securing access to PPE for care homes.

### ***Inequalities***

170. I have been referred to the CMO's statement to Module 1 of this Inquiry which states *"While the Department of Health was able to provide scientific and public health advice to inform Executive decisions in relation to NPIs, my observation was that Ministers initially felt less informed of the wider societal and economic consequences of NPIs"* [INQ000203352].

171. As Minister for Communities, I was aware that the pandemic, and any measures imposed to reduce transmission, would impact adversely on the most vulnerable in our society. In particular, I was aware of the wider societal and economic consequences of non-pharmaceutical interventions on those most vulnerable, I was alive to the need to keep the impact of such measures under constant review. It was for this reason that I engaged with community groups and people on the ground. Significant steps were taken by my Department to try to address issues which would adversely impact upon the most vulnerable, such as: taking measures to prevent evictions over the course of the pandemic; taking measures to ensure the elderly and vulnerable people were able to heat their homes; taking measures seeking to mitigate the impact of school closures on children in receipt of free school meals. While we couldn't totally mitigate the adverse impact, I believe that as Minister for Communities I was aware of the potential for adverse impact, and by providing meaningful fora for engaging with civil society and, in particular the voluntary and community sector I was also taking steps to ensure that we were being kept informed, about the impacts, as the pandemic progressed.

172. The reality of the pandemic and the need to make decisions at speed meant that the normal procedures under section 75 of the Northern Ireland Act (1998), where public authorities are required to have due regard to the need to promote equality of opportunity between certain categories of persons, did not operate as normal. The process was suspended as the priority had to be the protection of public health.

173. That is not to say that as an Executive we were not aware of the impact of our decisions on people's lives and livelihoods. Thus, as an Executive, we sought to mitigate the

- adverse impact of measures, as much as possible. I was aware from the outset that in the event of lockdown we needed to be able to take measures swiftly to assist those who were particularly vulnerable, such as the homeless, and those on social security and low -income families.
174. As Communities Minister my goal was to work with my Department to provide assistance to those most vulnerable. I engaged fully with grassroots organisations to ensure that I was aware of issues relating to the adverse impact of measures implemented to reduce transmission. I wanted to deliver the appropriate support to those vulnerable people in our communities through the challenges of Covid-19. I was aware that the pandemic, and any measures imposed to reduce transmission, would impact adversely on the most vulnerable in our society.
175. Covid-19 resulted in drastic changes in people's lives, I sought to provide as much support as possible to people and low-income families across our communities. My priority was to make sure support was provided to those most in need, including some of the hardest hit sectors like charities, arts, culture, heritage, language, sports and social enterprises.
176. I do believe that our relatively small population, coupled with a significant network of local community groups, coupled with the fact that MLAs and Ministers, had strong links in the local community did enable us to respond more effectively to the pandemic. I believe that the establishment of the Voluntary Leadership Group, to which I have referred, helped ensure we remained connected with voluntary and community groups, about the impact of the pandemic, and the restrictions imposed to reduce transmission rates.

***Public health communications, behavioural management and maintain public confidence***

177. I have been asked to consider to what extent did the Executive Committee have oversight of public health messaging or assessment of how effective it was. As an Executive we recognised that public health messaging was extremely important during the pandemic. Consequently, the Executive engaged a PR agency early in the pandemic, to improve our public messaging and to ensure our public messaging was effective. Executive ministers held regular press conferences to keep people informed, supported by sign language interpreters.

178. While we were conscious of the need to communicate with a younger audience, and steps were taken to do so, I am inclined to the view that we could have been more effective in the use of social media and in our communications with young people, more generally.
179. The NIO SitRep of 30 March 2020 identified the fact that specialist units were operating to combat misinformation about coronavirus and five to ten incidents were being identified and tackled each day [INQ000083110]. Disinformation relating to Covid-19 was an ongoing problem which was one of the reasons for regular briefings. Addressing these issues was primarily within the remit of the TEO and the Department of Health. The Covid Help-Line was established so that there was a publicly available resource where people could where be provided and any questions relating to Covid could be addressed appropriately and where the information provided was reliable and accurate.
180. At the Executive Committee meeting on 13 August 2020 the Executive discussed the need for robust messaging in advance to combat resistance to and non-compliance with protective measures and to target complacency among young people [INQ000048485]. There was an issue trying to reach the younger generation, as already mentioned, and while we were conscious of the issue, I am inclined to think that we could have been more effective in our communications with young people.
181. I have been referred to the statement provided by The Northern Ireland Commissioner for Children and Young People (NICCY) for Module 2C of this Inquiry which criticises the engagement with young people by the Government [INQ000221928]. I met the Children's Commissioner on several occasions over the course of the pandemic, and as I say, this was an issue we were aware of, and concerned about.
182. I have been asked about the inconsistency between public messaging in the North and in the United Kingdom. As the Inquiry knows, the United Kingdom Government changed its public messaging, at a relatively early stage in the pandemic, and the devolved administrations, including the North, did not follow suit. It was our view that the original message "*Stay home, Protect the NHS, Save lives*" was straightforward and the new message "*Stay alert, Control the virus, Save lives*", was less effective, implying that by staying alert, as opposed to staying away from people, you could in prevent the transmission of the virus.

183. In my view inconsistency in public health messaging, whether between the North and the United Kingdom, or the North and the South, was a problem, which we did our best to respond to by trying to be effective in our public health messaging. In general, I believe that the public health messaging in the North during Covid-19 was clear. I believe that the regular briefings with the use of a sign language expert, worked very well.
184. I did not receive direct threats or abuse from the public. When I was on the ground attending meetings and consulting with the public, I was certainly made aware of people's frustration and the distress being experienced. The most challenging meetings related to the families who had loved ones in care homes and the frustration was directed towards the Department of Health, but nobody was ever threatening or abusive.

#### ***Executive Committee decision-making***

185. I have been asked to comment on the impact of decision making based on '*mandatory coalition*' in the North. As the Inquiry knows, our system of government, requires a mandatory coalition, bringing together the main political parties. This does create challenges, the main challenge being the need to secure consensus. As I have addressed above, securing agreement on difficult issues, such as the imposition and the removal of restrictions and the timing of same, was challenging and there were different approaches around the Executive table. Some Ministers were more responsive to the advice of the medical and scientific experts and were more inclined to be prepared to take swift action to stop the spread of the virus, whilst other Ministers who were less inclined to impose lockdowns and NPIs. However, I believe Ministers in the Executive tried for the most part to work together. Ministers often set aside party-political differences to make decisions in the best interests of the public.
186. I believe there were differences in the approaches of Ministers in terms of how to respond to the pandemic. While on the face of it, those differences, coincide with party political allegiance, thus, as appears DUP Ministers, were generally, slower to move to implement restrictions, and quicker to seek to lift them, I believe that these differences are more reflective of different political ideologies, leading to differing responses to the pandemic. I believe that Ministers did seek to set aside party-political differences in order to seek to respond effectively to the pandemic.

187. I have been asked to comment on whether Ministers came to Executive meetings with pre-determined positions. As a Sinn Féin Minister, I did attend meetings with the Sinn Féin ministerial team meetings, prior to Executive meetings. I believe this meant that we entered the Executive properly prepared and having benefitted from an exchange of views on the issues and we would have achieved a level of consensus, that did not mean that we had a pre-determined line, as necessarily we needed to be able to fully engage with issues raised by our ministerial colleagues and to respond and adapt our position as appropriate. Ultimately, consensus was needed *within* the Executive and that required full engagement with all Ministers.
188. The Inquiry is aware that during the pandemic there were five cross-community votes held within the Executive. Three took place on 6 April 2020, the others took place when I was not on the Executive. I did not believe that the use of cross-community vote mechanism was appropriate, and I do not believe it was being used for the purpose for which it was designed. This mechanism was negotiated as part of the Good Friday Agreement to protect minority rights in the context of institutional discrimination and abuse of human rights and I believe that using it in the context of the pandemic was inappropriate. I believe that it undermined Executive decision-making leading to decisions being overruled, even when the majority of Ministers were in favour.
189. I have been asked to comment on the extent to which there was collective responsibility for Executive Committee decisions during the pandemic. During the pandemic, robust discussions and disagreements took place during Executive meetings, it was necessary for Ministers to analyse and challenge all information. Generally, the Executive did come to agreed positions, despite differences of opinion because Ministers generally wanted to work together and *in general*, I believe there was collective responsibility, albeit, as the Inquiry is aware there were occasions when Ministers publicly disagreed.
190. I have been referred to the notes of the Executive meeting on 30<sup>th</sup> March 2020 and in particular the following statement made by Michelle O' Neill "*DoH see Exec as thorn inside*" [INQ000065748]. I understand that this comment was made at the beginning of the pandemic in the context of very robust questioning posed to Department of Health by Ministers. At this time many Ministers were seeking to engage with the advice, analyse the information available and to raise any concerns. From the Department of Health's perspective those questions and concerns may have given the impression

that others were undermining the Minister's work, but I don't believe that this was the case. I believe that the Health Minister was fully supported by the Executive Committee during the pandemic, and that all Ministers sought to assist as much as possible.

191. I have been asked about whether there were any concerns in relation to the extent of the responsibilities of the CMO and CSA. The fact that the Executive itself did not have a Chief Scientific Officer and instead, the Chief Scientific Officer was the scientific officer to the Department of Health was identified as an issue and steps have been taken to recruit a Chief Scientific Officer to the Executive.

192. There were issues of tension over the course of the pandemic in relation to when to impose restrictions and when to lift them, I would not describe them as continuous, there were significant periods of time when everyone recognised that the measures imposed were necessary, but when steps had to be taken to react to changes in transmission rates, issues did arise.

193. There were issues about the leaking of papers from the Executive Committee and about the fact that the content of Executive Committee meetings was being passed to journalists, occasionally while the meeting was in progress. This was a constant issue and was completely unacceptable in my opinion. There was no policy, informal or otherwise, of leaking proposed policies to test public reaction.

194. I have been asked to comment on what if any tensions existed between the respective roles of Department of Health and Department for the Economy in terms of impact on the Executive's ability to formulate a collective response to Covid-19. There was a tension around the speed and the timing of the implementation and lifting of restrictions as I have mentioned earlier. The Department of Health's primary role is protecting public health, and the Department of the Economy was responsible for the economy, clearly restrictions had significant adverse economic consequences such that tensions did manifest themselves. However, there are also significant economic consequences when restrictions are lifted too early and have to be re-imposed, and a failure to protect public health undermines the economy.

195. I believe the Executive Committee was the most effective structure for the government in the North to respond to the pandemic. I accept that the fact that the Executive was only up and running in January 2020 did have a negative impact, however in my opinion Ministers worked extremely hard to protect the public. The fact that we were a

local Executive with local knowledge was a strength. I have already outlined the work my Department did during the pandemic and how we worked with different community and voluntary groups, I do not believe that the level of engagement we had with people on the ground and with local community groups, would have happened under direct rule and I believe it was extremely significant, in terms of our ability to respond effectively to the pandemic. Having Ministers who were engaging with the public and being informed of local issues and problems was invaluable because it resulted in the Executive being informed as issues arose and therefore being able to adapt to address those issues.

196. I have been asked about instances of public disagreements and whether that might have adversely impacted on the public's confidence in the Executive. As a general proposition I agree that any public disagreements between Ministers could risk undermining public confidence in the Executive however Ministers have a responsibility to make public interventions when they believe it is necessary, overall, I believe Ministers tried their very best to work together.

197. I have been referred to a statement made by the deputy First Minister on BBC NI's The View about the Health Minister "*slavishly following the Boris Johnson model which has been too slow to act.*" 3 April 2020 [INQ000083114] I believe at this time the general public was frustrated with the Department of Health's approach and recognised that other countries were moving faster and wanted to take a much swifter approach. I believe that there was a need to show that people within the Executive recognised the urgency of the situation and the need to act, as deputy First Minister, Michelle O'Neill had an important leadership role in that respect.

198. I have been asked whether public confidence in the Executive's decision-making was impacted by breaches of rules and standards by public figures in the North or in the United Kingdom. I agree that it was.

***Communications with ministers, advisers, political party officials and civil servants via electronic device(s)***

199. I was issued with a mobile phone and iPad device for business purposes by the Civil Services. All mobile devices issued to me by the Civil Services and used by me during the pandemic were handed back to the Department of Communities in October 2022. The devices were handed back in the condition I received them. I did not reset the



devices. I did not delete any messages. I did not alter the settings. I have no knowledge of what happened the devices after I returned them. After devices are returned Ministers are locked out of same, consequently, I cannot comment on what is on the devices. I used the devices for logistical and administrative purposes only. At this time, I was in contact with Tracey Maharg, Colm Boyle, Rosheen Thompson. Louise Anderson, Moira Doherty and Mark O'Donnell.

200. I have been asked whether I used messaging platforms in my professional capacity as a Minister either on my own personal electronic devices or on the devices issued by the Northern Ireland Civil Service. I used WhatsApp and text messages to communicate on logistical and administrative issues only. I did not conduct any official business on any devices.
201. I did not make policy decisions on any messaging platforms. As outlined above I returned all devices issued by the Civil Services to Louise Anderson, when the Stormont Government collapsed. The devices are linked to the Northern Ireland Civil Service email system so all emails would have been handled in line with Civil Service procedures. The Northern Ireland Civil Service should be able to advise on what happened my NICS-supplied mobile devices once I returned them. Prior to returning the devices I did not reset or delete any items.
202. On or about summer 2023, I changed network provider when I upgraded my personal mobile phone, at this time I unsuccessfully attempted a backup, during this transfer and upgrade. As a consequence I lost photos, mobile numbers, and messages. I no longer have this device. I would like to reiterate I did not conduct any official business from my personal mobile, occasionally I used this phone for logistical and administrative issues.
203. All my meetings and decisions were recorded by the private office. I am not aware of any text-based communications or chat function as part of video conferencing meetings being recorded.
204. I did make notes on documents when I attended meetings. So, I would have made notes on an agenda at a meeting I attended. Any such notes would not have been retained by me but would have been returned to the Department of Communities.

### ***Lessons learned***

205. I have been asked to identify any key areas in the Northern Ireland Executive's response to the pandemic during the Specified Period which I think worked well and any key areas in which I consider there were issues, obstacles or missed opportunities. I have been asked to focus on the adequacy of information and advice sought and received, information sharing and communication, co-ordination with any relevant teams, departments, strategy, and planning.
206. I believe that the island of Ireland should have been treated as a single epidemiological unit for health purposes during the pandemic. I believe that this was a missed opportunity and that it is a matter which should be looked at for the future. That necessarily involves buy-in by both Governments. I believe that greater communication with the Republic of Ireland in terms of decision making and sharing of information would have been beneficial and structures should be in place to ensure better and more effective communication in the future.
207. As has been observed there was an issue with Ministers being provided with important briefing papers just prior to the commencement of the Executive. Given the importance of the issues at stake this was stressful and also caused some delay in decision making, moving forward this could be an area of improvement.
208. I believe the Executive did well in communicating decision with the public through the media. I believe Ministers worked hard in communicating and sharing public health information with the public. Moving forward we need to listen to the criticism of the Executive's engagement with young people and look at communicating by means of different social media platforms.
209. I genuinely believe that notwithstanding our political differences and difficult political arrangements all Ministers worked very hard together to address the challenges presented by the pandemic. As Minister for Communities, I believe having a local Assembly and an Executive made a significant difference. I believe the work we did in engaging with the community, through local voluntary and community groups was important and also helped to inform us as an Executive in seeking to ascertain what help was required for those most vulnerable in our communities.

Statement of Truth

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

Signed:

Personal Data

Dated:

12/03/2024