

Friday, 10 May 2024

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2 (10.00 am)
3 **LADY HALLETT:** Ms Dobbin.
4 **MS DOBBIN:** My Lady, may I call the first witness, please,
5 for today, Professor Sir Michael McBride.
6 **PROFESSOR SIR MICHAEL McBRIDE (sworn)**
7 **Questions from LEAD COUNSEL TO THE INQUIRY for MODULE 2C**
8 **MS DOBBIN:** Can I ask you to give your full name to
9 the Inquiry, please.
10 **A.** Professor Sir Michael McBride.
11 **Q.** I think that you ought to have before you, Sir Michael,
12 three statements. The first statement which you made,
13 I think you signed on 24 July 2023; is that correct?
14 **A.** That's correct.
15 **Q.** And I think that you've signed that statement at
16 page 88. Yes?
17 **A.** I don't have the page in front of me, but I accept that
18 I did.
19 **Q.** You probably recall you signed it there.
20 **A.** Yes.
21 **Q.** I think it's in front of you now. Are you content that
22 that witness statement is true to the best of your
23 knowledge and belief?
24 **A.** Yes, I'm content that that's a full and accurate
25 statement.

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1 H1N1 pandemic in Northern Ireland?
2 **A.** That is correct as well.
3 **Q.** And then I think after that point, you then -- your
4 career perhaps took a different path in that in 2002 you
5 were appointed the medical director of the Royal Group
6 of Hospitals; is that correct?
7 **A.** That is correct.
8 **Q.** Thereafter, in 2006, you became the Chief Medical
9 Officer for Northern Ireland.
10 **A.** That is correct, yes.
11 **Q.** Then from March to August 2009, you were the permanent
12 secretary to the Department of Health in
13 Northern Ireland?
14 **A.** That is correct as well, yes.
15 **Q.** And also, you were the chief executive to the
16 Northern Ireland Health and Social Care. Is that trust
17 or board?
18 **A.** Trust. It was the Health and Social Care Trust. It was
19 the Belfast Trust.
20 **Q.** All right. Is that an arm's length body of the
21 Department of Health?
22 **A.** It is a provider or organisation delivering health and
23 social care, which is an arm's length body from the
24 department.
25 **Q.** Then I think that from November 2014 to February 2017,

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1 **Q.** Then I think the next statement that you made is dated
2 6 March 2024, and that's a statement that comes to
3 366 pages, and I think again you signed it on that date.
4 Again, are you content that that statement is true to
5 the best of your knowledge and belief as well?
6 **A.** I am content to affirm that, yes.
7 **Q.** Then you signed a third witness statement on
8 22 March 2024. Again, may I check that you're content
9 that that witness statement is true to the best of your
10 knowledge and belief?
11 **A.** Yes, I can confirm that.
12 **Q.** Sir Michael, in terms of your career, if I may start
13 there, I think that you first of all qualified as
14 a medical doctor in 1986; is that correct?
15 **A.** That is correct.
16 **Q.** That you developed a specialisation in research into and
17 the treatment of HIV; is that correct?
18 **A.** That is correct.
19 **Q.** And I think that you worked for some time at St Mary's
20 Hospital in London; is that right?
21 **A.** That is correct, yes.
22 **Q.** Then you returned to Northern Ireland and practised in
23 that field from 1994 until 2006?
24 **A.** That is correct, yes.
25 **Q.** Thereafter, you led and co-ordinated the response to the

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1 you were the chief executive. Is that of the Belfast
2 Health and Social Care Trust?
3 **A.** Yes.
4 **Q.** Then I think in July 2021, you were made an honorary
5 professor of practice at Queen's University Belfast; is
6 that correct?
7 **A.** That's correct.
8 **Q.** I just want to come back and understand, if I may, a bit
9 more about your role as the Chief Medical Officer to
10 Northern Ireland and how it compares to the UK CMO,
11 Professor Sir Chris Whitty.
12 In terms of his role, first of all, he acts as
13 an adviser to the UK Government, doesn't he, as opposed
14 to just the Department of Health and Social Care in the
15 United Kingdom?
16 **A.** That is correct, yes.
17 **Q.** I think that it's also right that his position is
18 an independent position at permanent secretary level; is
19 that your understanding?
20 **A.** That is correct. That is my understanding, yes.
21 **Q.** I think it's right that, by contrast, your position is
22 not an independent one within the government in
23 Northern Ireland; is that correct?
24 **A.** There are two aspects to that. In terms of my policy
25 responsibilities, which is where it differs, I am not

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1 independent in terms of policy responsibility; I'm
2 accountable for that to the perm sec in the department.

3 In relation to my professional advisory role, it
4 would be akin to that of Professor Whitty in providing
5 independent advice. My advice as Chief Medical Officer
6 is directly to the minister, to the perm sec, so it is
7 independent and independent of -- shall we say it's
8 given freely, without an -- unfettered in terms of
9 professional advice, so it's similar to the situation
10 with Professor Sir Chris Whitty in that respect.

11 **Q.** Can I see if I can understand that a bit more?

12 **A.** Yes, sure.

13 **Q.** Because, in fact, you are and you were at the time of
14 the pandemic a member of the senior management team
15 within the Department of Health in Northern Ireland. So
16 in terms of your functional independence, you're not
17 functionally independent of the Department of Health,
18 are you?

19 **A.** No. In terms that, I don't have a separate office
20 per se, and I am part of the managerial arrangements
21 within the department. So I'm a member of the senior
22 management team, which in the department is referred to
23 as the top management group. I'm a member of the
24 departmental board, but separately I also have
25 a professional advisory role and responsibilities, and

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1 very clear in my mind, the department's very clear, and
2 I'm giving professional advice. I'm giving independent
3 professional advice.

4 **Q.** I want to examine that, if I may, in a little bit more
5 detail --

6 **A.** Sure.

7 **Q.** -- and look perhaps in a bit more detail at your role
8 and the advice that you gave.

9 But just, again, trying to understand where you fit
10 in, in terms of the management structure, to whom were
11 you accountable within that structure?

12 **A.** I'm accountable to the permanent secretary in the
13 department. I'm also ultimately accountable to the
14 minister in the department, whoever that minister might
15 be at the particular point in time.

16 **Q.** In terms of who had management responsibility for
17 within that structure, who reported to you, or who were
18 you the line manager of?

19 **A.** In terms of policy roles and responsibilities, those
20 have evolved and changed, and they continually change
21 within the department, but the time of the relevance to
22 the Inquiry, I had policy responsibility for all aspects
23 of public health, so that would have included health
24 protection, health improvement. I also had policy
25 responsibility for quality and safety and policy, so as

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1 within that, my group, I have also the Chief Dental
2 Officer, Chief Pharmaceutical Officer, the Chief
3 Environmental Health Officer, and we provide independent
4 professional advice, not just to the department, but
5 also we provide independent professional advice with the
6 agreement of the minister to other departments when
7 that's requested.

8 So there is a separation, and that -- you know, when
9 I'm providing professional advice, I'm very clear, and
10 others are very clear, I'm providing independent,
11 professional advice.

12 **Q.** It might be thought very simply that you can't provide
13 independent advice to a department or organisation that
14 you are part and parcel of.

15 **A.** I can understand that perception. I can assure you that
16 over the years I've not -- as I said earlier, I've not
17 felt that in any way my professional advice has been
18 compromised or has been in any way filtered. And I give
19 my advice, my professional advice, freely and directly
20 to the minister.

21 But I understand the perception and that conflation
22 of policy responsibility and accountability, and then
23 separately the professional roles and responsibilities.
24 And I'm conscious it almost seems like I'm trying to
25 wear two hats, you know, both at the same time, but I'm

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1 that pertained to, for instance, serious adverse
2 incidences, investigation processes and policy,
3 complaints policy. I also had policy responsibility for
4 research within health and social care and was supported
5 very ably by the Chief Scientific Adviser who you heard
6 from recently.

7 So those would be the main areas of policy
8 responsibility. And I also had a number of other roles
9 within that, including sponsorship responsibilities on
10 behalf of the department which I exercised in relation
11 to the Public Health Agency, which is the public
12 health --

13 **Q.** I'm just going to ask you to slow down slightly --

14 **A.** Okay.

15 **Q.** -- because you're speaking quite quickly.

16 So I think what you've -- you've delineated your
17 responsibilities --

18 **A.** Sure.

19 **Q.** -- in terms of the areas that you had direct oversight
20 of within the Department of Health, the issues or the
21 areas that you've just gone through, and I think you're
22 separately then saying that you had sponsorship
23 responsibility --

24 **A.** Yes.

25 **Q.** -- and I think that was for the Public Health Agency in

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1 Northern Ireland and the RQIA as well; is that correct?
 2 **A.** That's correct.
 3 **Q.** And I think we'll touch upon the RQIA in due course, but
 4 that's the body that has oversight of, I think, or is
 5 the regulator of health and social care services in
 6 Northern Ireland; correct?
 7 **A.** Correct.
 8 **Q.** And also has -- exercises those functions in respect of
 9 care homes and nursing homes as well.
 10 **A.** That's one aspect of the work, but yes.
 11 **Q.** We'll come back to that. I just want to focus and
 12 continue to focus on your role within the Department of
 13 Health.
 14 Can you help me as to whether or not the advice that
 15 you provided to the department during the pandemic, or
 16 indeed generally, whether that advice is shared with the
 17 minister and the permanent secretary, or cleared by the
 18 Department of Health or the minister before it is shared
 19 with the Executive Office?
 20 **A.** As I say, I -- my role is not a cross-government role,
 21 and that's where it differs from -- you mentioned
 22 Professor Sir Chris Whitty. It is a role within the
 23 department. The advice that I'd be providing is health
 24 advice. Normally what happens within Northern Ireland
 25 Government is that a minister would write to another

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1 it -- probably also relates to the relative size of
 2 Northern Ireland. We often have individuals covering
 3 multiple roles because essentially we are a very, very
 4 small department, and we don't have the numbers of
 5 individuals to separately cover a range of issues. And,
 6 I mean, that became a material issue in terms of
 7 resilience during the pandemic response itself.
 8 **Q.** But in terms of the suggestion, I think, that you're
 9 making that you could effectively decouple your role
 10 into a non-independent one and an independent one, is
 11 that not obviously problematic in a number of respects?
 12 **A.** I mean, I can see from the outside looking in,
 13 I absolutely accept the point that you're making. From
 14 myself, working in the role over many years, that was
 15 a distinction that I was very clear in my own mind in
 16 terms of my policy responsibilities and lead role, and
 17 my responsibilities, my professional responsibilities as
 18 Chief Medical Officer.
 19 I mean, if I could expand to make your point, there
 20 are some inconsistencies with that, for instance. So if
 21 I take one of my areas of policy responsibility, which
 22 is health improvement, addressing health inequalities,
 23 I have passionately spoken about health improvement and
 24 health inequalities over many, many years, and the
 25 disparities that there are in terms of health outcomes,

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1 minister in another department and seek input from
 2 officials within their department. So I would provide
 3 my advice. It's not cleared by the minister, but the
 4 minister would be aware that I would be providing advice
 5 to another department, and, as I say, that advice is
 6 provided and it's not filtered or cleared as such, but
 7 in that it is health advice, the minister would have
 8 an awareness that I was providing that advice.
 9 **Q.** All right. I'll come back and look at that again in
 10 a bit, we'll go to some specific --
 11 **A.** Sure.
 12 **Q.** -- documents and perhaps examine that.
 13 When Sir Chris Whitty gave evidence to the Inquiry,
 14 he referred to the fact that his independence was
 15 a prized aspect of his role and gave evidence about the
 16 Office of the Chief Medical Officer in the UK, and this
 17 characteristic of its independence going back to the
 18 1860s.
 19 Was it not regarded as perhaps anachronistic in
 20 Northern Ireland that the CMO should both -- not just be
 21 within the Department of Health but actually
 22 an intrinsic part of the management of that department
 23 as well?
 24 **A.** I mean, that's the structure that I was appointed into.
 25 It wasn't a structure of my design, and I think that

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1 healthy life expectancy, depending on where people live,
 2 you know, the circumstances in which they are born, they
 3 live, they grow up and they're educated. But at the
 4 same time, the policy responsibility for health
 5 improvement sits in my group of which I am the head.
 6 So, I mean, I think that's -- just illustrates, I think,
 7 the point that you're making.
 8 **Q.** Yes.
 9 **A.** However, I was always clear in my own mind when I said
 10 we need to do more professionally to address health
 11 inequalities, to improve people's life chances. I spoke
 12 freely and again unfettered when I was speaking
 13 professionally about the need to do more, not just
 14 within Health, but to do more across government,
 15 collectively, to deliver improvements in the health and
 16 wellbeing of the population, and to address health
 17 inequalities.
 18 **Q.** I'm just going to look at this, if I may, through the
 19 lens of the pandemic --
 20 **A.** Sure.
 21 **Q.** -- and why it might be regarded as potentially
 22 problematic that you were a part of the Department of
 23 Health.
 24 It may be very obvious, but, I mean, obviously
 25 there's the objective perception, perhaps, on the part

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1 of others, and perhaps most importantly on the part of
 2 other ministers, that they would regard you as speaking
 3 for the department as opposed to giving them independent
 4 advice. Do you agree that that's something that was
 5 potentially problematic and indeed may have become
 6 problematic during the course of the pandemic? So
 7 that's two questions.

8 **A.** I can accept that there is a perception. I mean, two of
 9 the ministers I'd previously served as health ministers,
 10 who were part of the Executive, so they would have
 11 known -- you know, the deputy First Minister would have
 12 known that clear separation. The then minister for
 13 DAERA was also a previous health minister. I think that
 14 the -- but obviously ministers will be better able to
 15 speak to this.

16 My understanding throughout the pandemic was they
 17 regarded the advice that I and the Chief Scientific
 18 Adviser were providing was provided independently, and
 19 I say that -- I mean, I can understand that when --
 20 perhaps some of the more challenging periods that there
 21 may have been a perception that somehow or other that
 22 there was a conflict in the role. But certainly that
 23 was never a conflict that ... I mean, I gave advice,
 24 professional advice, and obviously I had a close working
 25 relationship with whoever was the health minister, but

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1 the many other factors that ministers needed to
 2 consider, and the Executive needed to consider before
 3 arriving at a decision.

4 I mean, I was very clear at every stage that
 5 ultimately the decisions were decisions for ministers.
 6 And I have to say I'm somewhat surprised if there was
 7 any perception to the contrary.

8 **Q.** All right. Well, we'll come to look at that. But
 9 again, just focusing on the reasons why it might
 10 potentially be problematic that you were not independent
 11 of the Department of Health, isn't it extremely
 12 difficult, and human, to -- that you would be able to,
 13 as it were, decouple your professional advice from the
 14 operational concerns that the Department of Health had
 15 and would have during a pandemic? So, for example, the
 16 sorts of operational concerns about which we've seen
 17 a great deal of evidence would inexorably colour the
 18 advice that you were going to give to ministers?

19 **A.** I think that that proximity and awareness of some of the
 20 operational issues, some of the consequences of the
 21 pandemic across health and social care, the pressures on
 22 the health service, the outbreaks in care homes, I think
 23 that was an advantage in terms of in shaping and
 24 informing the advice. I don't see it as
 25 disadvantageous. I think it ensured -- as a very small

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1 equally I had good relationships with other Executive
 2 ministers who I would have known over -- over many
 3 years.

4 So I -- my sense, but, as I say, others will be
 5 better able to comment, was that the independence of the
 6 advice that myself and the Chief Scientific Adviser was
 7 providing was both understood and was respected.

8 **Q.** I think that those might be different things, though,
 9 and, I mean, I think -- I mean --

10 **A.** Sure.

11 **Q.** -- we may hear more evidence about this from the First
 12 Minister and the deputy First Minister, but I think
 13 we've maybe had a flavour of it from some other
 14 witnesses, and I'm thinking of Sir Peter Weir, who gave
 15 evidence about the power wielded by the Department of
 16 Health, and appeared to encompass you and the CSA, the
 17 Chief Scientific Adviser, within that sort of block.

18 Is that something that you recognise or perceived at
 19 the time?

20 **A.** No. I mean, the power and authority is vested in
 21 ministers. Ministers are the decision-makers. They
 22 determine policy, which is right and appropriate. My
 23 role and the role of the Chief Scientific Adviser was to
 24 provide advice. We provided that advice, but the
 25 medical and scientific advice was only but one aspect of

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1 system we have very close lines of communication, and
 2 therefore there's a high level of awareness of what the
 3 pressures in the system are, and I think that was of
 4 benefit in informing the advice that I was providing,
 5 and its relevance. I don't see that as a disadvantage
 6 at all.

7 **Q.** Moving on in terms of this Inquiry and the work that was
 8 done for this Inquiry on the part of the Department of
 9 Health, obviously you've provided your statements and
 10 put in a huge amount of work into providing the Inquiry
 11 with those. But did you also have a role in the
 12 preparation of the departmental corporate witness
 13 statement?

14 **A.** Only insofar as it related to my areas of policy
 15 responsibility, not in matters of opinion or views. So,
 16 take an example, where it came to input on departmental
 17 policy in relation to health inequalities, yes, I would
 18 have provided input into that. But the corporate
 19 statement is a corporate statement and covers many, many
 20 other policy areas across the department for which
 21 I didn't have policy responsibility, and covers the
 22 responsibility of not just myself but other professional
 23 colleagues within the department.

24 **Q.** I think, again, I just want to be clear about this,
 25 I think the answer is yes, then, that you have

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1 contributed to and informed the corporate statement on
 2 behalf of --
 3 **A.** Well, I think the answer is a qualified yes. It's
 4 qualified to the extent that, where it was relevant and
 5 appropriate. I mean, was I signing off and clearing the
 6 corporate statement? No, I wasn't. I was providing
 7 input, given my policy responsibility, in the same way
 8 that other professional and policy colleagues would have
 9 provided input to the corporate statement. I wasn't
 10 holding the pen on the corporate statement.
 11 **Q.** All right. And did you have a role in the preparation
 12 in the same way in any of the other witness statements
 13 that were provided to the Inquiry on behalf of the
 14 Department of Health? So, for example, Mr Pengelly.
 15 **A.** I -- no, I didn't provide any input at all into
 16 Mr Pengelly's statement.
 17 **Q.** So is it just the corporate witness statement then?
 18 **A.** The corporate witness statement in relation to my policy
 19 areas of responsibility.
 20 **Q.** So I think in terms of the Department of Health response
 21 to this Inquiry, and your response, there isn't a clear
 22 line either, that distinction is somewhat blurred in
 23 that regard?
 24 **A.** Well, I mean, I think the -- I mean, I think I've
 25 clarified the relevance of the input that I provided.

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1 "... a massive thank you to Chris [I think that's
 2 obviously Sir Chris Whitty], Jonathan [I assume that's
 3 Professor Van-Tam], DHSC and PHE colleagues. As ever
 4 you are/will be doing a lot of the heavy lifting for us
 5 and providing much appreciated expert advice."

6 Thank you, that can come down.

7 Does that email capture the relationship between
 8 Northern Ireland, or you, and Professor Sir Chris Whitty
 9 at the start of the pandemic, or was that generally the
 10 relationship, that the United Kingdom experts, as it
 11 were, would be doing the heavy lifting for
 12 Northern Ireland?

13 **A.** I think the latter. I mean, I can expand on that if
 14 it's helpful. What I was referring to there was the
 15 fact that Northern Ireland does not have an equivalent
 16 of the -- of SAGE. I mean, it wouldn't be technically
 17 or scientifically feasible for us to replicate the
 18 expertise within SAGE, nor would it be operationally
 19 necessary.

20 So as part of the UK we are critically dependent and
 21 plug into SAGE, its subgroups, including NERVTAG, for
 22 expert professional advice, and, as I say, we would not
 23 be able to replicate that in Northern Ireland. And
 24 I think the same would apply to other jurisdictions, to
 25 a greater or lesser extent. You know, Northern Ireland

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1 Now, I would add that the input was provided by my team,
 2 you know, so it would have been policy colleagues within
 3 health protection, policy colleagues within health
 4 improvement, you know, policy colleagues within the
 5 vaccination programme. And they report to me, but,
 6 you know, they were doing the detail input. You know,
 7 I just wouldn't have the capacity to provide the input.
 8 But, I mean, they do report to me, and I think that,
 9 you know, I've been clear that there was appropriate
 10 input, I would suggest, in relation to those areas for
 11 which I ultimately had policy responsibility.

12 **Q.** I'm going to move on, if I may, and deal with
 13 a different topic, which is the absence of the Chief
 14 Scientific Adviser. Perhaps if I start with an email,
 15 please.

16 If I could bring this document up on screen, it's
 17 INQ000047559. I think if we could go to page 4 of this
 18 document, please.

19 And I think it's -- yes, it's the document of
 20 25 January 2020, Sir Michael. We can see that it's from
 21 you. And I think it's sent to the UK CMO group; is that
 22 correct?

23 **A.** Yes, I can confirm that's correct, yes.

24 **Q.** I think we've seen this, or we've certainly referred to
 25 this email before, but at the final paragraph you say:

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1 is relatively small, and to ensure that we have the best
 2 available scientific advice it's important that we make
 3 best use of those established networks.

4 **Q.** Although nonetheless you did have a Chief Scientific
 5 Adviser, but the Inquiry understands he wasn't called on
 6 at all at the outset of the pandemic until he came back.
 7 I should be clear about this, he went on leave in the
 8 middle of February. But he wasn't called upon to be
 9 part of the response in Northern Ireland at all at that
 10 point?

11 **A.** I wouldn't be inclined to read too much into that, and
 12 maybe I could explain the context.

13 As the situation was evolving, as all new pathogens
 14 as they emerge the initial response is a public health
 15 response, so on an ongoing basis there's active
 16 surveillance globally for the emergence of anything that
 17 potentially could become a threat to human health. That
 18 arrangement, UK is plugged into European arrangements
 19 and WHO arrangements.

20 At this stage, this was, you know, a watching brief
 21 on a new and emerging pathogen. The primary focus was
 22 the public health focus on it. So in England that was
 23 being co-ordinated by what was then Public Health
 24 England, in liaison with the public health bodies in
 25 each of the jurisdictions in the UK.

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1 What subsequently evolved then was the stand-up of
2 what we refer to as an incident management team. So
3 this is basically the public health organisations and
4 professionals watching, seeing the picture as it
5 emerges, determining what, if any, steps need to be
6 taken.

7 So it was being managed initially, in the very early
8 days, through that lens. And it was only then, once
9 this became a -- recognised as a potentially greater
10 threat, that we, as chief medical officers, became
11 involved. And then only later, again, when the science
12 started to emerge that -- you know, because in those
13 very early days we knew very, very little about this
14 virus, there was very likely scientific data available
15 to us.

16 So incrementally science and the, sort of, public
17 health response became very much integral, because
18 understanding the science was key to understanding the
19 virus, which was key to the public health response.

20 **Q.** When you say -- sorry, I didn't mean to cut across you.
21 When you say that "in the early days", what period are
22 you talking about?

23 **A.** I mean, it's hard now to cast one's mind back, but
24 certainly my recollection is that, you know, I first
25 received emails about this novel pathogen somewhere

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1 deputy chief medical officers, both of whom were
2 publicly health trained, both of whom were trained in
3 clinical epidemiology. I also had two senior medical
4 officers who similarly were public health consultants
5 and were trained in clinical epidemiology and had
6 experience in managing a significant number of outbreaks
7 of various infections over the years. So it wasn't that
8 there was an absence of scientific input or advice to
9 me; it was basically -- at those early days, it was
10 primarily from a public health perspective because,
11 again, what we were seeking to ascertain at that time
12 was what the public health implications of this might
13 be.

14 Now, I think that I would say that, on reflection,
15 and I genuinely now don't recall whether I did have
16 conversations with the Chief Scientific Adviser at that
17 time, but on reflection, if I didn't, it does now seem
18 a bit of a gap, I would agree. I didn't feel it was
19 a gap at that time. I felt significantly comfortable in
20 the information that I was being provided with, my
21 ability to interpret that information, and the support
22 that I was receiving from my team in interpreting that
23 information.

24 I think it also goes to the point -- one of the
25 points I made earlier which is that -- one of

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1 either late December or early January. I recall there
2 was -- a press statement went out from Public Health
3 England I think around maybe the start of the second
4 week in January about travellers to China in relation to
5 this novel virus, and also in relation to avian
6 influenza at that time, of which there was also concern.
7 So it's probably in that initial period around early
8 January, in the first couple of weeks in January, from
9 recollection.

10 **Q.** Yes, but by 24 January, the UK Government had convened
11 COBR --

12 **A.** Yeah.

13 **Q.** -- and, at that stage, obviously, that was gathering
14 together a much broader spectrum of people from across
15 government --

16 **A.** Indeed.

17 **Q.** -- including the Chief Scientific Adviser to the
18 government. So why, at that stage, did that not prompt
19 the thought: we could do with having people in
20 Northern Ireland and more people than me involved in
21 this in Northern Ireland in terms of that --

22 **A.** Well, I mean, just to answer your question --

23 **Q.** -- advisory role?

24 **A.** Just to answer your question, it wasn't just me.

25 I mean, I was very ably supported by, at that time, two

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1 resilience. The Chief Scientific Adviser role in the
2 department is a part-time role, and, you know, he is --
3 works three times a week in the department but has other
4 responsibilities. And you alluded to -- maybe I'm
5 getting ahead of the question, but he was absent then
6 for a period, and his absence was both unpredictable and
7 sadly unavoidable at that time. So I certainly welcomed
8 his return, and certainly that was a great source of
9 scientific advice and support, in terms of the advice
10 that I was providing and over the course of the next
11 couple of years.

12 **Q.** But just focusing on that, we've already heard evidence
13 from him that there was no modelling capacity until he
14 returned and you asked him to undertake that work, and
15 that there was no independent advisory body to
16 Northern Ireland, and to you, in order to inform the
17 advice to the health minister until -- I think it was
18 27 April that that met for the first time.

19 Sorry, just in terms of the question, then, it might
20 seem surprising that what might be thought as fairly
21 fundamental parts of the response to the pandemic were
22 contingent upon an individual coming back from leave and
23 that there wasn't a system response but rather
24 an individual response?

25 **A.** I'm not sure that's a fair characterisation, if I might

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1 say so. I mean, I think that in relation to the
2 scientific advice, we were and were receiving --
3 you know, from 24 January, we had -- and I think you
4 showed it in that email chain -- we had regular four UK
5 CMO meetings from 24 January, and they were specifically
6 on the emerging threat of Covid.

7 Those meetings were happening three times a week in
8 2020, and indeed over the period of this Inquiry, there
9 were 274 of such meetings. So there was regular
10 engagement, and we were receiving and discussing all of
11 the relevant science and public health -- and
12 considering the public health implications on an ongoing
13 basis.

14 In terms of modelling, in those days -- in those
15 early days, the problem was absence of hard data to do
16 specific modelling, and as no doubt we will maybe come
17 on to later, what we were essentially using was
18 reasonable worst-case scenario planning from seasonal
19 flu and using that to project the potential impact for
20 planning purposes and for modelling purposes in terms
21 of -- you know, at a UK level.

22 I mean, in those early days we didn't even have, and
23 SAGE did not -- SAGE and SPI-M, which was the modelling
24 subgroup of SAGE, was not able to do regional specific
25 modelling for Scotland or Northern Ireland; it was

25

1 I think it's right that Northern Ireland didn't have
2 any membership of SAGE at that point.

3 **A.** That's correct.

4 **Q.** It didn't have any membership of SAGE until the Chief
5 Scientific Adviser came back; is that correct?

6 **A.** It --

7 **Q.** And he was the person who became a member.

8 **A.** Well, I mean, if I could clarify, and I'm conscious we
9 didn't get to answer -- the second part of your first
10 series of questions was about the scientific advisory
11 group in Northern Ireland --

12 **Q.** Yes --

13 **A.** -- so maybe we'll come back to that.

14 We did have observer status on SAGE, as did other
15 jurisdictions. You're absolutely correct, we didn't
16 have membership. I do think that was a disadvantage in
17 the early days of the pandemic because it is one thing
18 being present and listening to the discussion and
19 debate; it's quite another thing interjecting and
20 contributing to that debate. So I think that was
21 a disadvantage in the early days. And certainly on the
22 Chief -- or the Chief Scientific Adviser's return, we
23 did have a discussion, and we agreed that full
24 membership of SAGE was crucially important, and that was
25 agreed to by the SAGE secretariat. I think that was

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1 actually doing UK-wide modelling.

2 **Q.** Okay. Can I --

3 **A.** There's an important point, if I may, on the
4 modelling --

5 **Q.** Of course.

6 **A.** -- because we had no cases in Northern Ireland, so we
7 had no hard data to do any Northern Ireland specific
8 modelling at that time.

9 Now, the Chief Medical -- or the Chief Scientific
10 Adviser returned at exactly the right time when we did
11 have local data, and therefore we could do local
12 modelling. So I think that is a crucially important
13 point.

14 And the other point I would make is: there was
15 modelling capacity within the PHA, but it wasn't to the
16 sufficient extent that we could scale it up quickly
17 enough, particularly given the other demands that were
18 emerging on the Public Health Agency.

19 **Q.** I will come back and touch upon the demands on the
20 Public Health Agency, but I wanted to focus on the
21 structures in Northern Ireland --

22 **A.** Okay.

23 **Q.** -- if I may, just for a moment. And coming back to my
24 question, which was whether or not the response was
25 driven by individuals rather than by a system response.

26

1 certainly an advantage and remained so throughout the
2 pandemic.

3 **Q.** But in terms even of observing what was happening at
4 SAGE, I think it's right that there was no
5 Northern Ireland observer or -- that no one's certainly
6 been able to confirm -- that anyone observed the first
7 five meetings; is that right?

8 **A.** Well, we weren't invited to the first five meetings,
9 which is a different point again --

10 **Q.** Yes --

11 **A.** -- and maybe you want to return to that. We were only
12 invited to -- we received invitations from 7 February,
13 which was after the fifth meeting of SAGE. Now, I would
14 qualify that again by saying that, as the four UK CMOs,
15 we had been meeting from 24 January, so there wasn't any
16 sense that what was emerging, in terms of the concerns
17 or the consensus or recommendations from SAGE wasn't
18 being relayed by Professor Sir Chris Whitty to the other
19 four CMOs.

20 However, I think it is correct that we were not
21 hearing that discussion and that debate in real time.

22 **Q.** I think that -- and I want to be fair about this,
23 because I think the Department of Health has confirmed
24 that a trainee medical adviser did observe some of the
25 SAGE meetings, and you did as well, but not all of them.

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1 **A.** Well, if I could bring you back to -- I mean, I think
 2 it's now impossible for me to convey fully the pace, the
 3 momentum, the multiple demands, the competing demands
 4 and diary pressures that there were, and in a department
 5 the size of the health department in Northern Ireland,
 6 those were extreme. And particularly in that early
 7 period, and certainly I can confirm and I think we have
 8 confirmed with the Inquiry, that in the period in
 9 February through to March, the Chief Scientific
 10 Adviser's return, I personally attended eight of the 14
 11 SAGE meetings, and Northern Ireland was represented as
 12 observer on ten of the 14, and it may well have been
 13 more; it's only our records are not complete, and we
 14 cannot confirm with certainty. But what we have
 15 confirmed is those meetings where we can assure you that
 16 there was someone in attendance.

17 **Q.** But does it come back to the point, Sir Michael, in
 18 terms of it being very heavily dependent on you as
 19 an individual, obviously under enormous strain at this
 20 point in time, and is there not a proper point about
 21 your ability as one individual to synthesise a very
 22 considerable body of expert advice and opinion that was
 23 being generated at that time?

24 **A.** Well, as I've said earlier, I mean, it wasn't just me.
 25 I was very ably supported by two deputy chief medical
 29

1 very familiar with. But just starting with the profile
 2 of health in Northern Ireland, I think that your opinion
 3 is that, broadly speaking, the population of
 4 Northern Ireland compares to most other parts of the
 5 United Kingdom, save for -- and I'll come back to
 6 this -- the prevalence of mental ill health.

7 **A.** Yes.

8 **Q.** I think it's also right that in terms of health
 9 inequalities in Northern Ireland, perhaps the most
 10 significant one -- but please say if I'm putting this
 11 too broadly -- relates essentially to poverty. Is that
 12 an accurate way of putting it? Or social disadvantage.

13 **A.** I think it's the latter. I think it's broader based,
 14 you know, sort of a -- sort of straightforward way of
 15 describing it is the circumstances in which people are
 16 born, they live, they grow up, they work, they age. And
 17 it's all of those economic, societal, environmental
 18 factors, and also the underpinning behavioural factors
 19 which contribute to the stark differences in life
 20 expectancy, healthy life expectancy, which frankly are
 21 not unique to Northern Ireland, sadly, but remain
 22 stubbornly difficult to address.

23 **Q.** I think again, just for the purposes of comparison to
 24 the other parts of the United Kingdom, is that
 25 inequality in Northern Ireland again broadly similar to

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1 officers who were experts in this area and two senior
 2 medical officers who were both public health consultants
 3 who were also expert in this area.

4 I think there is a wider point which I mentioned
 5 earlier, which is: we are a very, very small
 6 professional team within the department. I think at the
 7 time, there were six of us -- myself and two deputies
 8 and a number of senior medical officers, and some of
 9 those were not full-time, although became so because,
 10 you know, everyone was absolutely committed from the
 11 outset to managing the emerging situation.

12 So I think in terms of -- and I've covered this in
 13 my witness statements, both of them -- the learning
 14 point for me is certainly the resilience within my
 15 office, within my team. And I think that in all small
 16 jurisdictions, one of the problems is you have too many
 17 single critical points of failure potentially, and
 18 I think that is something that needs to be considered in
 19 terms of learning for the future.

20 **Q.** All right. I'm going to move on because I want to ask
 21 you about some of the challenges that Northern Ireland
 22 faced at that time, particularly as regards its health
 23 services. I want to begin with a point that you've made
 24 in your witness statement. I don't think I need to take
 25 you to it because I think it's something that you're

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1 other parts of the United Kingdom?

2 **A.** It is. And, I mean, I've covered this, and I don't know
 3 if you wish me to go into any further detail on it, but
 4 it is broadly similar, and I think if -- and depending
 5 the measurement that you take, but if you look at life
 6 expectancy, generally women live longer than men in
 7 Northern Ireland, we generally compare more favourably
 8 to Wales and Scotland, less favourably to England in
 9 terms of life expectancy, although we have seen
 10 a stalling and fall in life expectancy across all the
 11 four nations. That has been greater in England than
 12 here, so the gap between ourselves and England has
 13 somewhat narrowed over the last four years.

14 **Q.** All right. Just returning then to the particular
 15 prevalence of mental ill health in Northern Ireland and
 16 that being a distinguishing feature perhaps from the
 17 rest of the United Kingdom, I think that that relates to
 18 the fact that there are many more people diagnosed with
 19 a mental health condition in Northern Ireland, is that
 20 correct, as compared to other parts of the UK?

21 **A.** Yes, and I think I did reference some research that had
 22 been carried out by Professor Siobhan O'Neill and
 23 Professor Nichola Rooney in relation to that
 24 differential and why that might be, and amongst their
 25 conclusions was that in a society coming out of

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1 conflict, which sadly we were a society that was in
2 conflict for many, many years, that the root cause of
3 much of that was that conflict. And, again, we've had
4 research from Queen's University which -- looking at the
5 prescription of anti-depressants and those individuals
6 who live in interface areas close to so-called peace
7 walls, we see a higher rate of prescription of
8 anti-depressants, so there is no doubt that there has
9 been an enduring and lasting consequence of what we
10 euphemistically refer to as the Troubles in
11 Northern Ireland.

12 **Q.** All right. I'll come back, because obviously that might
13 be something that's relevant in terms of the
14 considerations that needed to be taken into account in
15 terms of the consequences of some of the --

16 **A.** Sure.

17 **Q.** -- restrictions, so that's why I wanted to ask you about
18 that, before moving on, then, to some of the other
19 perhaps distinct challenges that Northern Ireland faced.

20 Specifically I wanted to ask you your opinion about
21 the absence of ministers between 2017 and 2020, and the
22 extent to which that absence or void of ministerial
23 decision-making in that period affected health services
24 in Northern Ireland in a way that conditioned the
25 response to the pandemic specifically.

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1 structural change and reform. We'd had a succession of
2 reports and reviews, and it wasn't the absence of
3 reports and reviews or future policy determination, but
4 it was one of implementation. Because obviously major
5 restructuring requires ministers to agree to those major
6 changes, and we didn't have ministers to agree to those
7 major changes.

8 Now, that said, we were fortunate in that we had --
9 and we may come on to this -- the publication of the
10 Bengoa report, "*Systems, not structures*", in the October
11 of 2016. So that gave us a roadmap or a blueprint of
12 a future direction of travel for how health and social
13 care in Northern Ireland might be transformed.

14 So during that period, in the absence of ministers,
15 there was a lot of preparatory work, there was a lot of
16 public engagement, and that preparatory work and public
17 engagement would have needed to occur whether ministers
18 were in post or ministers were not in post. And indeed
19 many of those new models that we were designing, we used
20 to good effect during the pandemic, to make sure that we
21 minimised the impact from the downturn in routine
22 services that we had. But we could not make decisions
23 about the end point and final decisions around what that
24 new structure would look like and how those services
25 would be redesigned.

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1 **A.** Yes, I've thought about this a lot in formulating my
2 response in my statement, and -- I have a view that is
3 not a professional or technical view, so therefore I'm
4 somewhat hesitant to share it. Others may have
5 different views, and those views may be much more valid
6 than mine.

7 I think that it is absolutely preferable to have
8 a government in Northern Ireland and to have ministers
9 in place, and I think we were fortunate during the
10 pandemic that we did have ministers in place and
11 a government in place, and I've also said so in my
12 statement.

13 I think that that period between 2017 for the
14 three years until three weeks before the pandemic
15 started was a difficult period, certainly from a health,
16 from a departmental perspective and from my role as
17 Chief Medical Officer, we were not able to advance
18 significant policy decisions or take forward legislation
19 underpinning those policy decisions. That was
20 problematic. And I know some of this was covered by
21 the then perm sec in his evidence, so I'll not go over
22 that ground again, in terms of the limitations and
23 constraints under which permanent secretaries operated.

24 I think that, as I've said in my statement, the
25 health system in Northern Ireland was long overdue for

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1 Now, that was one half of the problem. The other
2 half of the problem was the budgetary situation, which
3 is well outwith my remit but, you know, as you say,
4 I was a perm sec at a point in time as well, so maybe
5 I have some insight into that.

6 In Northern Ireland, there has been a situation
7 where we've had -- and the minister I think sums this up
8 quite well in his statement -- a hand-to-mouth existence
9 where we had one-year budget cycles as opposed to
10 a three or five-year budget, and therefore -- and we
11 were dependent on what's referred to as in-year monetary
12 returns, so there's a slippage in spend in other
13 departments which would go back to the centre and then
14 would be given out to other departments, and we
15 benefited from that, but you can't plan strategically,
16 you can't employ staff on a recurrent basis on
17 non-recurring money.

18 So we had that, if I might say, double hit of not
19 being able to implement the change and actually not
20 having the budgetary certainty either, which meant that
21 many decisions were short-term decisions as opposed to
22 longer-term strategic decisions, which only ministers
23 can make.

24 **Q.** But just coming back to the focus of Module 2C and
25 whether or not the difficulties that health services

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1 faced as at January 2020 and -- whether they conditioned
 2 the response or created strictures in terms of the
 3 response, what's your opinion on that specifically?
 4 **A.** I mean, I think as the Chair will note, I mean, I was
 5 asked this question in Module 1, and my view was that
 6 the health system in Northern Ireland was less resilient
 7 at the start of this pandemic than it was in 2009,
 8 which -- with the H1N1 pandemic, which by comparison was
 9 a -- you know, did not have anywhere near the same
 10 impact.

11 So we headed into this pandemic with a less
 12 resilient health and social care system, budgetary
 13 uncertainty, significant workforce challenges and
 14 vacancies, a system that was long overdue for change.
 15 A decision had been made in 2015 to close the Health and
 16 Social Care Board, which was one of the major
 17 commissioning bodies of services, but obviously in the
 18 absence of ministers that decision could not be enacted
 19 until April 2022. So you had staff within a really
 20 important key body uncertain of their future, and we
 21 lost some very experienced staff.

22 And similarly within the Public Health Agency,
 23 because of the voluntary exit scheme from 2014 -- and
 24 I know other witnesses have referred to the impact that
 25 had on the Civil Service -- we also were losing

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1 you know, can see from the response to this pandemic,
 2 cut across the policy responsibility of many
 3 departments.

4 But to answer your question, I had policy
 5 responsibility for it, supported by my team, but it was
 6 a corporate departmental responsibility. And equally,
 7 there were responsibilities under CCG(NI), Civil
 8 Contingencies Group or other departments in relation to
 9 elements of that, for instance, the Department of
 10 Justice, in relation to any excess deaths, and the
 11 Executive Office, in terms of cross-sectoral resilience
 12 in actually other areas outside of health. So,
 13 you know, Health does the health bit.

14 **Q.** Yes.

15 **A.** Other departments need to do the other bits.

16 **Q.** I think you're probably coming on to a fundamental issue
 17 about the nexus between the Department of Health --

18 **A.** Sure.

19 **Q.** -- and other departments as part of the response, and
 20 I'm going to move on to deal with that, and with the --

21 **A.** Sure.

22 **Q.** -- contingency arrangements.

23 I just wanted to deal with the flu plan and what
 24 happened in respect of that. I think that what you say
 25 in your statement, and it's at -- this is your second

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1 experienced staff from the Public Health Agency, and
 2 also, I might say, the department.

3 So as we headed into this pandemic, I mean,
 4 I certainly can -- my assessment would be that we were
 5 not in as good a place as we were in 2009.

6 **Q.** All right. We'll come back to, perhaps, how some of
 7 those concerns fed into the advice that was given. But
 8 I think we can proceed on the basis, then, that,
 9 pandemic to one side, health services in general were in
 10 quite a precarious position.

11 I'm going to move on to something quite different
 12 and ask you then about Northern Ireland's pandemic flu
 13 plan, and I think -- was that something that you had
 14 corporate responsibility for within the Department of
 15 Health as part of --

16 **A.** Well, I mean, the department, and ultimately the
 17 perm sec in the department, has corporate
 18 responsibility. I had policy responsibility. So the
 19 corporate responsibility is for the health element
 20 of it.

21 Now, we need to also be aware that the pandemic flu
 22 policy transcends many parts of government, and I think
 23 this is something which came up, you know, yesterday in
 24 terms of, you know, who holds the -- who holds the ring
 25 when there's a pandemic. Because pandemics, as we,

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1 statement, at paragraph 155, I don't think we need to go
 2 to it.

3 **A.** No, no.

4 **Q.** "The extant position at the end of January 2020 was that
 5 existing pandemic flu plans would/could have been
 6 adapted to address a novel pathogen other than
 7 influenza. In actual fact the extant pandemic influenza
 8 plan in respect of specific elements of the response was
 9 not of material benefit as it was clearly written
 10 following the experience of the H5N1 pandemic and not
 11 for a pandemic as severe as as Covid-19 with the
 12 extensive measures and interventions required including
 13 the 'lockdown' and the scale up in diagnostic testing
 14 and contact tracing."

15 So I just wanted to examine and understand whether
 16 or not in January those plans were revisited then in
 17 light of the information that was coming to light about
 18 the development of the pandemic?

19 **A.** Well, we certainly were using elements of those plans,
 20 and the arrangements that fell out from those plans. So
 21 in terms of the assessment of what the impact would be,
 22 we were, up until 27 February, when SAGE changed its
 23 recommendations in relation to reasonable worst-case
 24 scenario, when it had some hard data on the virus, and
 25 then that was accepted by the Cabinet Office, we were

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1 using the reasonable worst-case scenario for pandemic
 2 flu to inform our planning and preparation.
 3 Now, that was useful, and indeed, you know, when
 4 this was declared a public health emergency of
 5 international concern by the WHO on 30 December, as the
 6 four UK CMOs, we said, you know, prepare for --
 7 **Q.** 30 January, I think.
 8 **A.** Sorry, did I not say that?
 9 **Q.** You said December.
 10 **A.** Oh, sorry, apologies, 30 January. We said: use the
 11 reasonable worst-case scenario for pandemic flu without
 12 a vaccine as a basis for planning and preparation, which
 13 is what we did.
 14 Now, so that initial modelling was helpful in terms
 15 of pointing to the potential impact of what was
 16 beginning to emerge or potentially emerge, so that was
 17 useful. But in any scenario, including the reasonable
 18 worst-case scenario for pandemic flu, which we were then
 19 using, or, subsequently, the reasonable worst-case
 20 scenario which was more specific to Covid, the health
 21 service would not have been able to cope.
 22 I think that what was extremely helpful, and
 23 I think -- I would hope the Inquiry, when it reflects on
 24 these arrangements, in terms of how we're better
 25 prepared in the future, considers the role of the

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1 pandemic or had to use in this pandemic.
 2 We had, similarly, never tested to the extent that
 3 we had test -- we ultimately were testing in this
 4 pandemic, and we had never before had contact tracing at
 5 the scale that we were contact tracing. It had never
 6 been envisaged. And I think therein is an important
 7 learning point: it had never been envisaged.
 8 And I think the point I want to come back to and
 9 finally close on, that I -- I mean, I was present during
 10 the 2009 pandemic, I was involved in the development of
 11 the 2011 -- it was published here in 2013 -- pandemic
 12 plan, and we looked, as we always do, to your last
 13 experience of the last pandemic, and that's a mistake.
 14 Because looking back -- and it's important to look back
 15 to establish the learning about what you might do
 16 different -- the next pandemic will not be the same.
 17 And I think from the Inquiry's perspective, it's
 18 about what are the -- if I might respectfully suggest,
 19 it's: what are the core elements of a response to any
 20 pandemic which are generic? What are the core elements
 21 of any response that you need to be able to scale at
 22 pace and with agility? And then to think around a range
 23 of scenarios of potential new pathogens which may lead
 24 to a pandemic, and then begin to think: what are the
 25 specific elements that we might need to inform

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1 emergency planning arrangements that we have in place.
 2 Because those are agnostic; it doesn't really matter
 3 what the pathogen is. The arrangements in terms of the
 4 gold, the silver and the bronze arrangements served us
 5 very well in the initial response in terms of the health
 6 department responding to the pandemic, and all of that
 7 was informed by and developed from our exercises and
 8 training in terms of how we would respond to a pandemic
 9 flu. And those -- I would say that those structures
 10 served us well.
 11 Now, we did need to modify them, because they
 12 weren't designed for what was -- turned out to be
 13 a long-term response and -- you know, to the pandemic.
 14 We had never used them to that extent before, and
 15 the 2009 pandemic was the last occasion that they had
 16 been used.
 17 Where the pandemic flu plans were less helpful, and
 18 I think this is an important learning point, if I could
 19 finish on that, where they were less helpful was that
 20 they had not anticipated or planned for the sort of
 21 pandemic that we had in 1918, or indeed in 1958 or 1967,
 22 which were more severe pandemics, and I think that even
 23 if you look back on those pandemics, whilst there were
 24 some limited NPIs used during 1918, we had never before
 25 ever used NPIs to the extent that we used in this

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1 a response to those range of pathogens?
 2 So, for instance, you know, with climate change, are
 3 we prepared for a vector-borne pandemic? Now, sorry,
 4 I shouldn't be asking you the question, but I think
 5 those are the sort of questions that we need to be
 6 asking in our planning and preparation, and I think that
 7 is just a really vitally important point that I hope
 8 the Inquiry will be able to make some recommendations
 9 on.
 10 **Q.** All right, well, I just want to focus, if I may --
 11 **A.** Sorry.
 12 **Q.** -- on what actually happened in response to the pandemic
 13 in Northern Ireland in these early stages in 2020, and
 14 I was asking you about the pandemic flu plan, because,
 15 when he gave evidence to Module 2 of the Inquiry,
 16 Professor Sir Chris Whitty said that at around the time
 17 when evidence was accumulating about how serious and
 18 severe the pandemic might be, he said that it was pretty
 19 clear to him that the pandemic flu plan in the UK
 20 "wasn't going to give us any particular help, frankly",
 21 is what he said, and he went on to say:
 22 "So my view was we didn't have a plan that was going
 23 to be useful from a prevention or management point of
 24 view. It had a large number of useful components within
 25 it, there wasn't nothing helpful there, but the idea

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1 there was a respiratory pandemic plan for the kind of
 2 pandemic this was going to be, if it was going to be
 3 a problem, that we could just take off the shelf and
 4 follow the playbook, was optimistic at best."
 5 The question for you is whether or not you,
 6 similarly, approached the pandemic flu plans in
 7 Northern Ireland on the basis that they weren't actually
 8 going to be very much help at all?
 9 **A.** I mean, I didn't take down the pandemic flu plan and
 10 look at it and say "This is a playbook for how we
 11 respond to this pandemic", no. So, to that extent,
 12 you know, my comments in my statement concur with those
 13 of Professor Sir Chris Whitty.
 14 **Q.** Forgive me, I didn't mean to cut across you, I think he
 15 was making a different point, he wasn't saying that it
 16 was treated as a playbook, he was saying that he
 17 realised that there wasn't a plan that was particularly
 18 useful --
 19 **A.** No.
 20 **Q.** -- that he -- realisation crystallised. And I'm asking
 21 you if similarly you had that realisation?
 22 **A.** Yeah, I mean, I'm not certain -- please correct me if
 23 I'm wrong, but I think we're saying the same thing. The
 24 pandemic flu plan, to my mind, as I've said, was not of
 25 huge use. There were elements, there were building

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1 **A.** Oh, sorry --
 2 **LADY HALLETT:** That's normal -- if you can have a normal
 3 emergency -- that's your standard emergency planning.
 4 **A.** No, I think that's a very valid point, Chair. I think
 5 the point that I was seeking to make is that in terms of
 6 pandemic flu planning and preparedness, most of the
 7 major exercises that we've deployed have tested those
 8 arrangements, our emergency planning arrangements. So
 9 every time, for instance in 2016 -- I know we covered
 10 this in Module 1 -- Exercise Cygnus, we reviewed our
 11 emergency plan and developed it further.
 12 So, I mean, they are absolutely discrete. One is
 13 generic, one is more specific. I think what I was
 14 seeking to make -- the point is that there is a link.
 15 **LADY HALLETT:** I understand that. The reason I ask is that
 16 I did hear evidence in Module 2 to the effect that the
 17 UK Government certainly virtually abandoned the pandemic
 18 influenza plan because it really wasn't much use for the
 19 kind of pandemic we faced.
 20 **A.** I think that we -- I think you're correct. I think what
 21 we -- the approach that we are taking now is talking
 22 about and planning for, you know, pandemic capabilities
 23 that are pathogen-neutral. You know, it may well be
 24 that within that we envisage different scenarios.
 25 I mean, we will always have to be prepared for

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1 blocks within it, and I've given an example of the
 2 emergency response arrangements, I've given the example
 3 of the reasonable worst-case scenario planning, how we
 4 used that, but in more general terms, given the severity
 5 of this pandemic, it was not of huge use. So I would
 6 absolutely agree with it.
 7 And again, just coming back to the final point and
 8 the reference to "there wasn't a plan I could take off
 9 the shelf", there will never be a plan you can take off
 10 a shelf, because the next pandemic will be something
 11 that we were not expecting. That is the nature of
 12 pandemics. And I think just to reiterate the point that
 13 I've just made, and that's the need to ensure that what
 14 we identify are those core elements that will require
 15 a generic response to a pandemic and then the specific
 16 elements, depending what the pathogen is, how it's
 17 transmitted.
 18 **Q.** Okay. I'm just going to go back to early 2020 if
 19 I may --
 20 **LADY HALLETT:** Just before you do, I'm sorry to interrupt.
 21 Sir Michael, you talked about the importance of the
 22 role of emergency planning and the gold, silver --
 23 **A.** Yeah.
 24 **LADY HALLETT:** -- command structure. Isn't that separate
 25 from the pandemic influenza plan?

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1 a pandemic flu, you know. It is and always has been on
 2 the highest level of the National Risk Register. But
 3 I think we need to take a broader, more holistic
 4 approach, otherwise we get caught out by something like
 5 coronavirus which, you know, we were not expecting.
 6 And I think that's the point I was trying to make,
 7 that -- pandemic capabilities, and then consider certain
 8 scenarios in terms of how certain pathogens might emerge
 9 and how they might be transmitted.
 10 **LADY HALLETT:** Sorry to interrupt.
 11 **MS DOBBIN:** Just going back to the specific planning, did
 12 the plan in Northern Ireland then become the 3 March
 13 plan, the United Kingdom-wide plan?
 14 **A.** It was, I mean, I think that's -- sorry, a shorter
 15 answer: yes.
 16 **Q.** Yes, and obviously the Inquiry heard quite stringent
 17 criticism of that plan in Module 2, and for example it
 18 being referred to as resembling more a communications
 19 plan than any sort of substantive plan for a pandemic.
 20 **A.** I --
 21 **Q.** Was that view shared in Northern Ireland?
 22 **A.** No. I think that, you know, it was a reasonable plan.
 23 And, you know, I've had lots of experience with major
 24 incidents and, you know, now have lived through two
 25 pandemics, and all I would say -- and again, it's back

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1 to the point I made earlier -- no plan, in my
2 experience, survives the first engagement with a new --
3 a virus or a new variant of a virus, and every time you
4 have to change and modify and adapt.

5 And that's -- you know, so we had the building
6 blocks that were within the pandemic flu plan, but we
7 significantly adopted those and changed those, because
8 every virus is different, and the response to the
9 coronavirus was hugely different from anything that we'd
10 envisaged with pandemic flu.

11 So coming back to the coronavirus plan, I think it
12 was a good plan in terms of its various elements, in
13 terms of contain, delay, research and mitigate. I think
14 it was, as you described, and other witnesses have
15 described, it was publicly accessible, and I think that
16 was a real strength. I mean, it was readable. I think
17 it explained in clear terms the government's response,
18 UK Government's response and the devolved
19 administrations. And I think in general we worked our
20 way through that.

21 And if we want to look back at what we did in the
22 contain phase and mitigation phase, what we did in terms
23 of research to inform our understanding of the virus, to
24 develop new drugs and vaccines, and then the mitigation
25 phase, I think we broadly followed the key elements of

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1 25 January 2020. The Inquiry has already heard about
2 that. I can take you to that if you would like, but
3 it's probably information, I imagine, that you recall,
4 or an email that you recall, when he set out the
5 concerns or set out the predictions about what, on the
6 basis of the work Scotland had done, they thought might
7 happen in terms of their health system and set out the
8 view or the concern that the Scottish health system
9 would be completely overwhelmed. You recollect the
10 email that I'm talking about; yes?

11 **A.** I do, and, you know, it may be helpful to pull it up.
12 It did flag that point, but I think it also --

13 **Q.** Sorry, would you like to see it?

14 **A.** No, it's there on the screen, but I think what it also
15 points to is a huge uncertainty that there was at that
16 time, and the fact that it would take some time.

17 You know, if we look at the penultimate paragraph:

18 "There are [some] very good reasons to suppose it
19 might not be as bad as that but we need additional
20 evidence (not currently available ...)"

21 Et cetera, et cetera.

22 So I think that there was concern of the potential
23 impact, but I think that there was very significant
24 uncertainty at that stage, and that's what --

25 **Q.** Can I just -- sorry, forgive me.

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1 the plan. But, as I say, there is no such thing as
2 a plan that doesn't need to change and adapt.

3 I mean, I remember saying at the time in interviews,
4 the virus doesn't have a plan and it doesn't read our
5 plan. And it will be the same with the next pandemic.
6 And that's why the really important elements is to be
7 able to have that agility, as I've said in my statement
8 and the ability to rapidly adapt and innovate and change
9 to whatever the emerging issues are.

10 **MS DOBBIN:** I'm going to come back and look at the
11 information that you had at the start and the planning
12 that took place in respect of the specific information,
13 but I think we've probably come to our morning break.

14 **LADY HALLETT:** Certainly. I shall return at 11.30.

15 (11.15 am)

(A short break)

17 (11.30 am)

18 **LADY HALLETT:** Ms Dobbin.

19 **MS DOBBIN:** Thank you.

20 Sir Michael, I just wanted to return, then, to the
21 facts about information that was being provided to you
22 in January 2020 --

23 **A.** Okay.

24 **Q.** -- if I may, and I wanted to start with the information
25 that was provided by Professor Woolhouse in Scotland on

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1 **A.** Sorry.

2 **Q.** I didn't mean to cut across you, but if we look at the
3 final paragraph in this email, it says:

4 "It is still possible that this outbreak can be
5 contained and that Scotland and the rest of the UK
6 escapes relatively lightly. But I and others consider
7 this more of a hope than an expectation at this stage."

8 So that doesn't speak so much of uncertainty, does
9 it?

10 **A.** Well, I think this has to be put in the context of --
11 that there was a range of scientific views at that time,
12 and even if we fast forward, and I don't know whether
13 you -- I think it was probably the SAGE meeting of
14 28 February, there was again discussion, you know, at
15 that meeting about whether or not there was even
16 established transmission within the UK and/or how likely
17 that was.

18 So I think that there were a range of scientific
19 views at that time, and certainly this was one potential
20 scenario, and it was a concerning scenario, but at least
21 at that stage there was still, you know, this potential
22 that the virus would be contained in early January
23 within China.

24 The other scenario was that it wouldn't be, and
25 obviously then that would have wider consequences.

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1 I think the other point I would make is that, if
2 there was, as we were discussing at that time, the
3 potential for spill-over into the UK, that still at that
4 stage did not mean that we would see sustained
5 human-to-human transmission and an outbreak. And again,
6 if I, you know, give an example, we had -- back in 2003,
7 we had SARS, another coronavirus, a higher mortality
8 which caused a significant number of deaths in parts of
9 the world where there were outbreaks, and then it
10 disappeared. Why it disappeared, we don't know.

11 So I think that all I would say is that I think it's
12 very important when you're looking back at events that
13 we avoid falling into the: well, surely you should have
14 known because of what's happened subsequently? We knew
15 what we knew at a point in time, and at that time, there
16 was still a high degree of uncertainty as to how this
17 might develop or indeed if it would develop.

18 **Q.** All right. So if it would develop, we'll come on to
19 examine that.

20 But at this point in time, obviously there had been
21 a COBR. This sort of information is coming from
22 counterparts in Scotland. Where was your antennae in
23 terms of potential concern or, I mean, how worried,
24 I suppose, were you by this point in time that this
25 might in fact become something very serious?

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1 lockdown, and I can't recall the exact timing of when
2 those tourists left Wuhan, but China had -- was in a
3 "no stay" at that time, closing airports from Wuhan.

4 I think that -- you know, it's interesting now,
5 because I saw those WhatsApps, and it's interesting how
6 others interpret your degree of concern or otherwise.
7 There was an extensive exercise undertaken with those --

8 **Q.** Can I just ask you to pause to ask why you say that.

9 I think we've seen in one of those messages, and this
10 may be what you're alluding to. The message said:

11 "Tourists from Wuhan were actually known to have
12 arrived in Northern Ireland. Nothing to stop them. CMO
13 is not concerned."

14 Is that what you were referring to?

15 **A.** Yes, which I think is -- you know, I think we're all now
16 very familiar with the dangers of WhatsApps, but I think
17 that that abbreviated version of events belies the
18 significant risk assessment that was undertaken at that
19 time.

20 So this was a group of tourists who had travelled
21 into England and had travelled through England, had
22 travelled into Scotland, and then into Northern Ireland.
23 Now, they had -- one of the party had developed
24 respiratory symptoms, had presented and been tested in
25 Scotland and had been confirmed as having flu, seasonal

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1 **A.** It's hard now to reflect back with any degree of
2 certainty. I had a high level of certain, I think as we
3 all did at that stage, and I think we were proceeding on
4 that precautionary principle that this may be very
5 significant. Still at that time it had the potential
6 not to be so significant, and I think that, you know,
7 planning and preparing in uncertainty is extremely
8 difficult.

9 I think that -- I do recall after the COBR meeting
10 on 29 January, I was concerned. I was very concerned.
11 But then again, I suppose I -- my responsibility and
12 role is to look forward as to what might happen, and
13 then to map my way back from there in terms of, well,
14 I'm planning for a range of different scenarios, which
15 I think is what we were doing at that time and in that
16 period from January and into February.

17 **Q.** In terms of the risk posed to Northern Ireland, it
18 wasn't theoretical, was it, in terms of China being on
19 the other side of the world, because the Inquiry has
20 seen that on exactly the same day there were tourists
21 from Wuhan in China who entered the -- who entered
22 Northern Ireland, and, in fact, we've seen some messages
23 about that.

24 **A.** Yes, and, you know -- I mean, I can't recall the exact
25 detail at that stage. I mean, Wuhan had gone into

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1 flu, had been tested negative for Covid, and all of the
2 other travellers were asymptomatic. So they had been
3 risk assessed in Scotland. They travelled into
4 Northern Ireland. The time that we saw them, all were
5 asymptomatic. Our Public Health Agency made contact
6 with them immediately on their arrival. Prior to their
7 departure, I was in contact with the Chief Medical
8 Officer in Scotland. I contacted the Chief Medical
9 Officer in the Republic of Ireland to advise of their
10 onward travel, and public health agencies in Scotland,
11 Northern Ireland and the Republic of Ireland were in
12 close liaison.

13 So I think that to suggest that -- and I think the
14 WhatsApp summary sort of belies the significant amount
15 of risk assessment and ongoing work that was undertaken
16 at that time.

17 **Q.** I'm not clear as to the risk assessment that took place
18 in Northern Ireland because I think, as the Inquiry
19 understands the information, because there was only one
20 individual who had respiratory symptoms, there wasn't
21 anything anyone could do, and the tourists were allowed
22 to proceed into Northern Ireland. So, I mean, they
23 weren't tested or anything or --

24 **A.** Well, they had been tested in Scotland, and they were
25 asymptomatic, and I think, you know, let's bear in mind

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1 what our approach was at that particular time. So this
2 was well in advance of some of the other measures that
3 were taken across the UK in terms of people returning
4 from China. So the risk assessment was taken, carried
5 out by experts in public health, both in Scotland and in
6 Northern Ireland, and we passed on the relevant
7 information to public health colleagues in the
8 Republic of Ireland.

9 So I think that -- you know, I mean, from my
10 professional assessment of the action that was carried
11 out, the risk assessment that was made, the testing that
12 was carried out, I was satisfied with those -- those
13 arrangements, as were the authorities in Scotland and
14 the authorities in the Republic of Ireland.

15 **Q.** Can I just check, were all of those individuals tested
16 in Scotland?

17 **A.** I don't have that detail --

18 **Q.** I thought that perhaps was what you were suggesting.
19 I don't --

20 **A.** No. I was --

21 **Q.** -- think we've seen any evidence --

22 **A.** I wasn't suggesting anything of that nature. There was
23 one individual who was symptomatic who was tested. The
24 others were not symptomatic. I suspect in that they
25 were not symptomatic, they were not tested, but again,

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1 I think, if I may, there's maybe a wider point which
2 I think is maybe helpful here which is that the measures
3 that were subsequently introduced by the Chinese
4 authorities and were introduced in terms of returning
5 travellers from China, and then we expanded that to
6 include travellers from other parts of the world, other
7 parts of Asia, subsequently Italy, we now know but
8 didn't know at the time that those measures were
9 actually effective. The route of seeding of infection
10 into the UK was not from China; it actually came from
11 Europe and from European countries -- from Italy, from
12 Spain, from France. We didn't know that at the time,
13 but we now know that from genomic sequencing, so --

14 **MS DOBBIN:** I am going to come on to Italy and some
15 involvement you had, I think, in giving advice, or
16 certainly steering direction of travel in
17 Northern Ireland about travel to northern Italy.

18 But if I may just take it chronologically, and then
19 we can return to that, and then obviously --

20 **A.** Sure.

21 **Q.** -- you'll be able to provide evidence about that.

22 But just coming back to this period of time, I mean,
23 did you understand, Sir Michael, there to be
24 a significant shift in understanding between 22 and
25 24 January in terms of transmission of Covid-19 --

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1 I don't have that detail.

2 **LADY HALLETT:** Can you remind me, when was the date of this?

3 **MS DOBBIN:** 25 January.

4 **LADY HALLETT:** Right. I'm trying to remember when the first
5 tests in Scotland started.

6 **MS DOBBIN:** I don't have information about Scotland to
7 hand --

8 **LADY HALLETT:** No. I'm not surprised because you weren't in
9 2A, but I was.

10 **A.** It was much later. It was in February.

11 **MS DOBBIN:** Yes.

12 **A.** I think there's a wider point, if it --

13 **LADY HALLETT:** Sorry, before you go on to the wider point.

14 If the tests in Scotland didn't start till February,
15 how was a member of the tourist group tested in
16 January --

17 **A.** Well, that's the information I have, so --

18 **LADY HALLETT:** -- in Scotland?

19 **A.** Yeah. I mean, I think that there probably wasn't
20 widespread testing. I mean, certainly we had -- we
21 started testing in Northern Ireland, had the capacity to
22 test from 10 February, in terms of -- at scale, at some
23 scale. But again, I mean, that was the information that
24 was relayed to us. So, I mean, I -- obviously, I cannot
25 speak for the authorities in Scotland.

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1 sorry, in terms of human-to-human transmission being
2 sustained?

3 **A.** Well, we certainly -- again, I can't now recall the
4 exact date, but certainly in that period, we certainly
5 were able to confirm that there was human-to-human
6 transmission. Now, there's a difference between
7 human-to-human transmission and sustained human-to-human
8 transmission. We certainly saw that there was
9 human-to-human transmission within China, and we were
10 around that period -- I think late January -- I think
11 that the WHO I think had confirmed that, and we had
12 evidence which was consistent with that.

13 However, you know, back to the SARS example, we
14 didn't yet know whether that human-to-human transmission
15 would be sustained and therefore potentially could lead
16 to a pandemic.

17 **Q.** All right. The Imperial College report number 3,
18 I think, reported on 23 January, hadn't it, that
19 human-to-human transmission was the only plausible
20 explanation for the size of the outbreak; is that
21 correct?

22 **A.** But I think we're talking about two separate issues
23 here. One is human-to-human transmission, which
24 I absolutely accept there was evidence of. Sustained
25 human-to-human transmission is quite another thing. You

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1 can get human-to-human transmission because of close
2 proximity, but that depends on how infectious the agent
3 is.

4 So, for instance, if you're in very close proximity
5 or you're living with someone who has the infection and
6 in very close contact, then you will see human-to-human
7 transmission. However, that does not necessarily mean
8 that you're going to see wider community transmission,
9 particularly if the infectiousness of the virus is
10 different in other environments. So, for instance, in
11 more open spaces or in the environment more generally.

12 So I think there's a really, really important
13 distinction there to be made, which is an important one.

14 **Q.** All right. But in terms of, again, just coming back to
15 the sort of antennae of concern at about this period in
16 time, nonetheless, did that shift in understanding about
17 human-to-human transmission, as it were, make you more
18 concerned and more worried at this point?

19 **A.** I think it raised a level of concern, yes.

20 **Q.** All right. Then I think that, in terms of
21 chronologically, what happened next or what might be
22 relevant to you is -- we've seen reference to this, and
23 again I can bring it up if needs be -- Professor Sir
24 Chris Whitty's email of 28 January where he essentially
25 said that the way things might go was effectively

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1 that:

2 "Having considered the EWRS notification as reported
3 appears to be consistent with asymptomatic transmission
4 during the incubation period."

5 Correct?

6 **A.** Yeah, it's correct that that's my WhatsApp, yes --

7 **Q.** Yes, but I --

8 **A.** -- elaborate my thinking, if that's the question, but
9 yes.

10 **Q.** Well, it was about your thinking, yes.

11 **A.** Okay. I think that, you know, the -- as I mentioned
12 earlier, the important thing in all of this is to have
13 a precautionary approach. And you mentioned about
14 antennae, and we were very alert to: this was a new
15 virus about which we knew absolutely nothing at that
16 point in time, and it was therefore important that we
17 kept an open mind about the potential consequences. And
18 you mentioned that dichotomous position, so that was our
19 view.

20 But also what we were very alert to was the
21 transmission dynamics: how infectious was this virus?
22 Were we going to see sustained human-to-human
23 transmission? To what extent would we see that? Had it
24 the potential to become a pandemic, or was it going to
25 be like the SARS outbreak in 2003 where we didn't see

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1 binary: either China would have a large outbreak but
2 would contain it, or it would have a large outbreak and
3 it wouldn't be able to contain it. And it appears from
4 the email that he sent that that was a position he had
5 arrived at having discussed the position with the other
6 UK CMOs. Is that correct?

7 **A.** That's correct. We had a call on 24 January where we
8 discussed this, to the best of my memory.

9 **Q.** All right. And again, can the Inquiry presume, then,
10 that was the basis upon which you were working as well,
11 that --

12 **A.** Yes.

13 **Q.** -- it was a dichotomous position and that there wasn't,
14 as it were, any middle ground or fudge, so to speak?

15 **A.** It would have been unwise to assume there was some
16 middle ground.

17 **Q.** And in terms of your state of understanding or
18 knowledge, again at around this time -- perhaps if we
19 could bring this up. This is INQ000282744. And I think
20 it's on page 2, please. Thank you.

21 So I believe that this is the WhatsApp group for the
22 UK CMOs.

23 **A.** That's correct, yes.

24 **Q.** And I think it appears from this that on 28 January, you
25 were setting out to your peers or to your counterparts

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1 sustained human-to-human transmission and the virus
2 disappeared?

3 I mean, this, as I -- I recall receiving this
4 report, and this was related to a cluster of cases in
5 Germany at the time, and as I recall related to someone
6 who had returned from China. And we had incomplete
7 details, and I simply was raising a question. And
8 obviously, I think quite correctly, Chris -- sorry,
9 Professor Sir Chris Whitty was, you know, agreeing that
10 it raised the question, but not conclusive, and we
11 really needed to await the NERVTAG assessment.

12 **Q.** I think the next message down, which if we're able to go
13 to it, it may be on the next page, yes, so whoever the
14 owner of the cell phone is, and I'm afraid I don't know
15 that, says: but we should now assume that it's
16 happening, or may be happening --

17 **A.** I think that is Chris -- sorry, Professor Sir
18 Chris Whitty's response to me.

19 **Q.** All right. So we should assume it may be happening?

20 **A.** I think that, you know, from -- and I think this is
21 another important point. In January and February, we
22 were alert to the possibility, and that was as far as,
23 you know -- and it was important that we were alert to
24 that possibility. We didn't know. There was no
25 evidence to suggest it. We were actively seeking to

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1 understand whether there was asymptomatic transmission
 2 or not, but what we needed was evidence.
 3 And as I recall, it wasn't even until probably
 4 towards the end of March, and I do recall a read-out
 5 from a NERVTAG meeting on about 15 May when we actually
 6 had definitive evidence of asymptomatic infection.
 7 So had we known what we now know, then things may
 8 have been very different, but we did not know then and
 9 we did not have the evidence, but we were alert to that
 10 possibility in January and February, and it was right
 11 that we asked the question.
 12 **Q.** May I ask you a number of points about that.
 13 First of all, you said in your reply that we should
 14 take, or that there had to be a precautionary
 15 approach --
 16 **A.** Yeah.
 17 **Q.** -- and I wasn't clear as to what you meant by
 18 "precautionary" in that context.
 19 **A.** It wasn't in relation to this. I don't think I was
 20 talking about a precautionary approach in terms of
 21 planning and preparing for what might happen in relation
 22 to the potential or otherwise for a pandemic.
 23 **Q.** Do you mean precautionary in the sense of the worst
 24 might happen?
 25 **A.** Yes.

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1 proceed on the assumption that it may be happening;
 2 correct?
 3 **A.** Well, I mean, again, you know, we proceed on the basis
 4 of the expert advice from NERVTAG and SAGE. I mean,
 5 this is an informal WhatsApp chat between chief medical
 6 officers. What would happen and what did happen is, all
 7 of that information in relation to that particular case
 8 would have been considered by UK leading experts in
 9 terms of: do we have evidence here of asymptomatic
 10 infection?
 11 You know, I would defer to those who were more
 12 expert than I in this area and to the scientific experts
 13 within NERVTAG who are examining that, and at all stages
 14 as UK CMOs we were informed by the considered views of
 15 NERVTAG, which fed into SAGE. So I'm raising a question
 16 which I think needs to be asked. The answer to that
 17 question I don't then know.
 18 **Q.** Well, the answer from Sir Chris Whitty does appear to be
 19 clear, but can I ask --
 20 **A.** No, sorry, I really don't accept that characterisation.
 21 I mean, I think what he's saying -- compatible,
 22 probable, but not conclusive, and then goes on,
 23 you know, NERVTAG, you know. So, I mean, I think what
 24 that is essentially saying is: NERVTAG need to consider
 25 this. So, you know, I think I wouldn't -- you know,

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1 **Q.** Plan on that basis, as opposed to the opposite to that,
 2 which is precautionary: we don't know how this is going
 3 to play out, so let's not --
 4 **A.** I mean --
 5 **Q.** -- plan too definitively or --
 6 **A.** No, absolutely not. I mean, I think that, you know,
 7 there was no -- you know, sitting and waiting was not
 8 an option here. We had to plan and prepare for what
 9 potentially might happen. I mean, it would have been
 10 irresponsible to sit and wait to see how things pan out.
 11 And therefore what we started to do then was gear up for
 12 what potentially might happen, even though we didn't
 13 know -- we weren't certain at that stage how things
 14 might develop.
 15 Now, I mean, it's always difficult when you look
 16 back at, well, you know, at what point were you clearer?
 17 What point were you more certain? I think we proceeded
 18 on the basis of what might happen because if you wait
 19 and waited until it actually happened, it would be too
 20 late --
 21 **Q.** Yes, quite.
 22 **A.** -- to do any preparation.
 23 **Q.** But I think just coming back to your point that there
 24 wasn't evidence of asymptomatic transmission until the
 25 end of March, the final message here is that you should

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1 maybe I'm dancing on the head of a pin here, but I think
 2 it is an important distinction to make. There was no
 3 certainty at that point. We -- I posed the question,
 4 and it was right and proper that NERVTAG looked and
 5 formed a considered view based on the scientific
 6 evidence.
 7 **Q.** I'm certainly not trying to engage in a semantic
 8 argument.
 9 **A.** No.
 10 **Q.** I just read his last message as making a very different
 11 point to the one he was making in the message above,
 12 which is that: notwithstanding the uncertainty,
 13 nonetheless, you should proceed on the basis that it may
 14 be happening. In other words, you should plan. You
 15 should --
 16 **A.** Well, I mean, I think there's a distinction there. I
 17 mean, I think that, again, what we needed to do was
 18 ascertain whether that was the case.
 19 I mean, there is a very different response required
 20 for planning for and responding to a pandemic which has
 21 asymptomatic transmission.
 22 For instance, the critically important point to know
 23 is how much asymptomatic transmission there is. Is
 24 asymptomatic transmission as great a risk as symptomatic
 25 transmission? So why that's relevant is if you ask, as

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1 we did on 12 March, everyone with symptoms to
 2 self-isolate, if there are asymptomatic individuals, is
 3 the power of transmission sufficient to maintain
 4 transmission in the community? So it's a really, really
 5 important point, and it has major implications.

6 At this point in time, we did not know, we didn't
 7 have the evidence, but I think we were asking the right
 8 question as to whether or not there was or there wasn't.
 9 But it would have been at that stage premature to
 10 assume, until we had the evidence to suggest -- I mean,
 11 why this was at the back of our minds is that we did
 12 know that asymptomatic transmission can occur with other
 13 coronaviruses. We know, for instance, with SARS that
 14 infection and symptoms largely coincide. So most people
 15 who had SARS really became infectious to others with the
 16 onset of the symptoms, when they were coughing and
 17 sneezing, but we knew that there was a possibility
 18 slightly before that, but perhaps within 24 hours. We
 19 didn't know with this particular virus because,
 20 you know, there were -- whilst there was a 80%
 21 similarity between this virus and SARS, they weren't the
 22 same viruses. And the problem with all of this is that
 23 we just didn't understand the basic science about this
 24 virus, its transmissibility, how infectious it was,
 25 whether there was asymptomatic infection or not, and we

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1 there wasn't.

2 **Q.** Okay. I'll come back to perhaps when one starts to plan
 3 on the basis of the imperfect picture.

4 But just going back to the chronology, it seems
 5 clear that it was well understood within government in
 6 Northern Ireland from around 5 February -- and I say
 7 "government". It appears that civil servants who were
 8 not in the Department of Health understood from
 9 5 February that the United Kingdom Government's position
 10 was that China had lost control of the pandemic. So, in
 11 other words, that the -- in terms of the dichotomous
 12 position set out by Sir Chris Whitty, the direction of
 13 travel was towards the worst-case scenario that he had
 14 set out in his email; correct?

15 **A.** I think that's the correct timescale, without looking at
 16 the record, yes.

17 **Q.** All right. And in terms of then what happened in
 18 Northern Ireland after that point in time, what was --
 19 and the premise of the question is, again, this must
 20 have raised the alert and the concern even more. What
 21 was the strategic response to that that you advised?

22 **A.** Well, I mean, our strategic response had kicked in much
 23 earlier on the basis of my advice, so we had already at
 24 that stage stood up our response, or operational
 25 response arrangements, you know, referred to as

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1 were planning in huge uncertainty.

2 And, you know, looking back now, with all we know
 3 about this virus, I think it's important that we bear in
 4 mind throughout that we knew so little then. Our
 5 planning was based on what we knew about other
 6 coronaviruses because we didn't have the scientific data
 7 about this particular virus.

8 **Q.** Can I just cut through and ask: what would have been
 9 wrong, or what would the problem have been, assuming you
 10 didn't work on the assumption that asymptomatic
 11 transmission might be happening? What was the
 12 difficulty in proceeding on that basis in your planning?

13 **A.** I mean, I think the approach that -- I mean, the
 14 approach that we'd take, and I think was the right
 15 approach, was to be informed by the evidence and the
 16 science in all of this.

17 You know, at this stage, there was a high level of
 18 uncertainty, and I think it would have been not
 19 appropriate to proceed on the basis of what we think.
 20 And at all times the advice that we provided,
 21 I provided, was informed by the best scientific advice
 22 that was available to me. And at this point in time,
 23 NERVTAG, SAGE were not saying that there is asymptomatic
 24 transmission. But we were alert to the fact that we
 25 needed to keep this under review and see if there was or

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1 "silver", which is the Public Health Agency Health and
 2 Social Care Board. In the department, we had stood up
 3 our gold health arrangements, which is on 27 January.
 4 There were daily calls between health silver and gold,
 5 so we were processing emerging information that was
 6 coming from UK Government, and we were relaying that --
 7 that information was coming in to us. And certainly
 8 from early February, there was a lot of planning going
 9 on. At that stage in early February, there were daily
 10 four-nation calls at departmental level. There were
 11 daily calls between what was then Public Health England
 12 and the public health bodies in the other nations,
 13 including the Public Health Agency. The Public Health
 14 Agency was -- you know, even in that first week in
 15 February was developing plans for dealing with our first
 16 potential case. We were dealing with protocols to --
 17 and we may come on to this -- about the transfer of
 18 patients, either to a high-consequence infectious
 19 disease unit in England or to the regional infectious
 20 disease unit in Belfast. We were developing guidance
 21 for general practice. We were engaging in relation to
 22 communicating out to health professionals about what the
 23 potential symptoms might be, and there's a number of
 24 circulars to that effect. Providing advice about
 25 returning travellers, and that changed very frequently

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1 as more and more countries were beginning to identify
2 cases, advising those individuals returning to
3 self-isolate. We were ramping up testing capacity in
4 our regional virus laboratory. So we were -- you know,
5 on 10 January, we had -- at that stage knew what the
6 genetic make-up of the virus was, and on 10 February, we
7 were one of 12 centres across the UK who began testing
8 for Covid-19, although we only had 40 tests a day
9 capacity.

10 We were developing and working at pace to develop
11 legislation, in terms of the Coronavirus Act. We were
12 working with the Department of Justice, the Department
13 of Education in developing all of those clauses.

14 We also were developing legislation to make Covid
15 a notifiable disease so that we could track cases in the
16 community as they arose.

17 Similarly, I was -- the colleagues in the PHA were
18 ramping up their health protection capacity to deal with
19 any potential outbreaks, including looking at their
20 arrangements for contact tracing.

21 I met with colleagues in the Health and Social Care
22 Board on 11 February and asked them to develop surge
23 plans for health and social care and followed that up in
24 a letter on 17 February.

25 So there are many, many other things we were doing

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1 meetings had been occurring. The minister had been
2 nominated by the Executive, by the Executive Office, to
3 represent the Northern Ireland Executive at the COBR
4 meetings. I supported the minister at those meetings.
5 Executive Office officials attended those meetings. The
6 Executive Office was receiving papers, COBR ministerial
7 meeting papers, and also was attending COBR official
8 meetings from early February. So they were receiving
9 all of the information themselves. In addition to
10 that --

11 **LADY HALLETT:** I think the question was -- sorry to
12 interrupt. I think the question, you may have
13 misunderstood, was: how did you pass it on? What was
14 the main channel for passing it on?

15 **MS DOBBIN:** Yes, and what was --

16 **A.** I think -- I was trying to make the point that the
17 information was coming directly into the Executive
18 Office, but in addition to that, what we were doing was
19 we requested a meeting of CCG (NI), the Civil
20 Contingencies Group. We presented at that the emerging
21 picture of one of my deputy chief medical officers --

22 **Q.** That came much later, didn't it? That was on
23 20 February.

24 **A.** That was on 20 February.

25 **Q.** Yes. I'm really just focusing on -- and I'm taking this

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1 in terms of also -- the minister was briefing the
2 Executive, having attended COBR, and he did so on the
3 3rd, the 10th, the 17th and 24 February. We were
4 briefing senior officials across all government
5 departments, up to and including the head of the Civil
6 Service, in terms of what might lay ahead and the impact
7 across government.

8 So what we were doing in Health was getting ready
9 and flagging to others: you need to get ready; this
10 could be potentially a very significant problem. But,
11 I mean -- and, again, that's just a snapshot of some of
12 the activity at that time and doesn't reflect the
13 totality of it.

14 **Q.** No, and I'm going to, if I may, just examine some of the
15 aspects of that.

16 I wanted, though, first of all, to just pick up and
17 ask -- and obviously it's appreciated that you were the
18 Chief Medical Officer within the Department of Health,
19 but in terms of flagging to broader government in
20 Northern Ireland at that time how potentially serious
21 the position had become, where -- what was the channel
22 by which that was being communicated by you or by the
23 Department of Health? Or what was the principal channel
24 by which that was being communicated?

25 **A.** Well, I mean, at that stage, as you pointed out, COBR

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1 chronologically -- trying to understand what alarm bells
2 were being sounded by you, if any, to wider government
3 in Northern Ireland about quite how serious the position
4 was, given the centrality of your role and the
5 information being provided to you --

6 **A.** Well, okay --

7 **Q.** -- by dint of, for example, you being in the UK-wide CMO
8 group and --

9 **A.** Yeah. Well, as I say, the information was going in
10 directly into the Executive Office, and officials were
11 attending the relevant meetings.

12 In addition to that, back in, you know, the -- as
13 I recall, the COBR meeting of 5 February, there was
14 an action that all departments across governments,
15 including the DAs, should consider their business
16 continuity arrangements and planning for a reasonable
17 worst-case scenario for flu. The then head of
18 Population Health flagged that in a written memo to the
19 head of -- and TEO.

20 I mean, I think you did look at this previously, but
21 I think it's important that --

22 **Q.** Are you talking about the 6 February communication?

23 **A.** Yes.

24 **Q.** I'm going to come to that. I'm taking this in stages.

25 **A.** Okay.

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1 Q. I'm going to -- I'll go to some of what happened before
2 that, and I'll go to some of the correspondence around
3 it --
4 A. Okay.
5 Q. -- and then you'll have an opportunity to address it.
6 A. Okay. Well, all I would say is, you know, things were
7 moving very quickly at that point in time, and,
8 you know, it was pace and momentum, and, you know, there
9 certainly -- you know, the ... you know, if you look
10 back on this, and I think it is important that we do
11 look back on this, that at this time, we had raised UK
12 CMOs on the basis of the emerging picture. So let's go
13 back a little bit and look at that earlier period on
14 30 September -- sorry, 30 January. The World Health
15 Organisation said this is a public health emergency --
16 Q. Yes.
17 A. -- of national concern. As UK CMOs, we met and agreed
18 to raise the alert level to moderate. Now, we did so to
19 send a signal to all of government and all governments
20 to begin to plan and prepare, and that means, you know,
21 all eventualities. You know, it's -- I mean,
22 I appreciate that, to the layperson, "moderate" sounds
23 pretty benign, but, I mean, I think those of us who are
24 familiar with that terminology, "moderate" means:
25 prepare for all eventualities, and preparing for all

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1 a reasonable worst [it says "vase" but I assume that
2 means "case"] case scenario. Possible that it will be
3 similar to the flu pandemic experience of 2018."
4 I'm going to come to the next chain in this, and
5 then I'm going to ask you some questions about it.
6 And I think we can see that the reply given from
7 Mr Stewart at the start:
8 "That is a stark assessment, and we should brief
9 First Minister and deputy First Minister - please seek
10 input from the Department of Health."
11 Then if we go, please, to the next document, which
12 is INQ000469468, and page 1, please. It appears that --
13 and this is -- sorry, I should say -- an email from you
14 to Ms Rooney, saying:
15 "Bernie, please confirm this paper has been updated
16 as per my email ... today.
17 "Given the professional and technical nature of
18 these papers as CMO I will wish to clear all future
19 Executive papers while DoH remains the lead government
20 department."
21 So just pausing there, Sir Michael. This was
22 officials from the Executive Office who were, it would
23 appear, simply seeking to update the First Minister and
24 the deputy First Minister about the outcome of COBR.
25 I won't go back to the notes of 24 January, but that --

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1 eventualities meant, you know, using the reasonable
2 worst-case scenario for pandemic flu without a vaccine.
3 Q. I think maybe if we just look, then, at some of the
4 specific communications --
5 A. Okay.
6 Q. -- around this time to try and understand that.
7 If I could start, please, with INQ000201813, and
8 page 1, please. I think the Inquiry has seen this
9 already. It's an email from a Ms Rooney to Mr Stewart,
10 so individuals within the TEO. So this is following
11 that COBR meeting at the end of January. We can see
12 that the minister, Minister Swann, asked if the First
13 Minister and the deputy First Minister had been briefed
14 on the issue, and we assume that's the evidence that was
15 coming to light about Covid-19. We can see there she
16 says:
17 "I haven't seen any papers going through so I am not
18 clear on what [the] First Minister and deputy First
19 Minister have been informed to date.
20 "It is anticipated it will become a global pandemic
21 over the next three weeks.
22 "Agreed: ..."
23 And it would appear that Ms Rooney is reporting back
24 what had been agreed at the meeting.
25 "... it would be prudent to planning for

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1 sorry, 29 January. But like the COBRs before, it was
2 attended, wasn't it, by a wide range of ministers from
3 across government --
4 A. That's correct.
5 Q. -- in Northern -- sorry, in the United Kingdom. So not
6 just a meeting of health officials or health ministers.
7 Looking at that email and the language you use, you
8 as CMO are saying that you want to clear Executive
9 papers. So, I mean, on the face of it, not medical
10 advice going to the First Minister and the deputy First
11 Minister, but clearing papers from within their own
12 department, updating them about COBR meetings.
13 A. I think --
14 Q. Can you explain -- sorry, forgive me for cutting across
15 you. That might be thought or might appear to the
16 outside eye to be a clear example of overreach into the
17 Executive Office on your part.
18 A. I mean, I accept the interpretation that you've placed
19 upon it, but I think the qualification is professional
20 and technical.
21 What I was referring to is that any professional
22 advice or technical advice into the paper, absolutely,
23 I would have expected to have cleared that, given the
24 significance and importance of that.
25 I mean, I think it's one thing someone sitting in

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1 a room -- and maybe we'll come back to the first email
2 as you've suggested. One thing someone sitting in
3 a room forming an interpretation of what they've heard,
4 particularly if an individual doesn't have
5 a professional or a technical background, and then
6 providing an interpretation of that.

7 In something of such nature and importance,
8 I absolutely felt it was important that, in terms of
9 that professional input into the paper, irrespective of
10 what else it said, that I needed to be sighted on that
11 and needed to agree that.

12 I accept, as it's written there, you know, your
13 interpretation is another interpretation of it, but
14 that's not what was meant by that.

15 **Q.** I don't think it's a question of interpretation.
16 I mean, I think it's a question of you as CMO inserting
17 yourself into the processes of the Executive Office so
18 that the officials couldn't provide an update without,
19 as you say, wishing to clear -- and it's not just
20 this -- clearing all future Executive papers whilst the
21 Department of Health remains the lead government
22 department --

23 **A.** Well --

24 **Q.** -- and, sorry, forgive me. The Executive was a separate
25 department to yours.

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1 because you would be providing it.
2 **A.** Well, look, let's be -- you know, let's be clear. I do
3 not, never have done, clear Executive papers, and the
4 officials in TEO would know that. It's badly framed and
5 worded there, I accept, but I have no rule -- I have no
6 rule -- role in clearing Executive papers. Those are
7 considered and approved by the First Minister and deputy
8 First Minister. And as you saw throughout the pandemic,
9 our role was simply -- my role was to provide
10 professional and technical advice into those papers.

11 That's what I meant by it. I appreciate there could
12 be a different interpretation put on it, but that is not
13 a correct interpretation.

14 **Q.** I mean, the impression that's given is, I think, again,
15 the centrality perhaps of your role, and that, as I've
16 said, even within the Executive Office, officials don't
17 seem to have been able to simply provide papers about
18 COBR, for example, without you having sight and --
19 I mean, it says in terms -- clearing them.

20 **A.** I mean, I -- what I -- I mean, I make this point again
21 and we can ... but I -- what I was -- I mean, I'm
22 certain in my own mind, I remember sending this email,
23 I was simply referring to professional and technical
24 matters. I needed to be sighted on those.

25 I became aware a paper had gone. I didn't know what

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1 **A.** Yeah. I mean, I go back to the point I'm making -- is
2 that at this point in time, we were clearly the lead
3 government department, this was professional, technical
4 advice to which I was referring, and I think it was
5 entirely appropriate that I was assured of the
6 completeness of professional and technical advice to the
7 First Minister and deputy First Minister.

8 What I was referring to was -- and, again,
9 I appreciate it's not well worded, but I was referring
10 to clearing the advice that we were providing. As
11 I recall, and subsequently found out, the advice had
12 actually been provided by the Deputy Chief Medical
13 Officer, so there wasn't an issue. But I wasn't aware
14 of that at the time, such was the pace of events. But
15 certainly that's what I intended by that email, and
16 certainly, you know, I stand by it, that I absolutely
17 needed to clear professional and technical advice to
18 inform any Executive papers to the First Minister and
19 deputy First Minister.

20 **Q.** It says:

21 "... I ... wish to clear all future Executive papers
22 while the Department of Health remains the lead
23 government department."

24 It doesn't say "I wish to clear". I mean, you
25 wouldn't need to say "I wish to clear my own advice"

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1 and who had contributed to or cleared the professional,
2 technical input into it. I subsequently found out that
3 it had been provided by the Deputy Chief Medical
4 Officer. At that time I didn't know -- I knew a paper
5 had gone and I was concerned that perhaps it didn't
6 fully reflect the concerns at that time and the risks at
7 that time. I think I would have been in dereliction of
8 my responsibilities as Chief Medical Officer were I not
9 to assure myself of the accuracy of the information that
10 was being provided on the professional and technical
11 aspects of that.

12 I have no role in clearing Executive papers, none,
13 and never have had, and did not have throughout the --
14 throughout the pandemic. And that would have been
15 understood. I understood that, and officials in TEO
16 would have understood that.

17 **Q.** I'm going to bookmark the lead department and come back
18 to that in a second, but perhaps just to deal with that
19 shortly, there wasn't any doubt, was there, or
20 uncertainty, that the Department of Health was the lead
21 department for the purposes of this emergency?

22 **A.** At that stage, yes.

23 **Q.** Right. We'll come back and I will take you to the
24 protocol, the 2016 protocol about that.

25 **A.** Can we -- you mentioned earlier we'd come back to the

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1 email of the 29th, which we didn't do.

2 **Q.** We can certainly do that. Was there a point that you
3 wanted to make about it?

4 **A.** Yes, which I think is an important point.

5 **Q.** I think it's INQ000201813.

6 **A.** I think it's before that. I think it's just over the
7 page, the earlier page, if I might, please.

8 Okay, and I think this makes the point helpfully,
9 the third line down:

10 "It is anticipated [that this] will become a global
11 pandemic over the next 3 weeks."

12 That wasn't what was said at the COBR meeting.
13 I was at that COBR meeting, the update was provided by
14 Professor Sir Chris Whitty and the minutes will reflect
15 what he said, which he said this -- you know,
16 I paraphrase it, and he was referring to the fact that
17 this would be either contained within China or not, but
18 we won't know that for the next three weeks.

19 So the reference here that this would become
20 a global pandemic over the next three weeks is
21 an interpretation of what an individual, without
22 professional or technical background, made of that.
23 Now, that's not a criticism, it's just a statement of
24 fact.

25 So I think that if we link that then back to the

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1 **Q.** Just moving on then, to, as you've referred to before,
2 the COBR meeting on 5 February that had some officials
3 from the TEO added. I won't bring up the notes, I don't
4 think we will need to, because I think you know this,
5 you've referred to it, that COBR on 5 February agreed
6 that:

7 "All departments to rapidly advance planning for
8 reasonable worst case scenario, centrally co-ordinated
9 by Civil Contingencies Secretariat."

10 Correct?

11 **A.** Correct.

12 **Q.** I think -- well, you may tell me this is not the case,
13 but is that what prompted the letter from Liz Redmond of
14 the Department of Health on 6 February?

15 **A.** I can't now be certain, but -- and I'm conscious what
16 I'm doing is piecing information to -- almost together,
17 but I think -- in terms of the timeline, I think that's
18 most likely the case.

19 **Q.** I think so, because I think we look at correspondence
20 from you at the same time that demonstrates this.

21 **A.** Yes.

22 **Q.** Perhaps if we could just look briefly at that letter,
23 it's INQ000218471, and it's page 2.

24 So, again -- and I'm just drawing attention to this.
25 Sorry, I was going to look at the second paragraph very

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1 email we've just discussed, what was crucially important
2 in my mind was that I would -- was confident of the
3 advice that -- professional and technical advice that
4 was provided to ministers on what we then knew about the
5 pandemic and the potential risks.

6 **Q.** Ms Rooney was someone who was involved in civil
7 contingencies, so she did have a distinct role within
8 that sphere within the Executive Office, so one might
9 have thought that she would be entitled to brief
10 ministers or to provide that information, or at least,
11 if this was an issue of real concern to her, that she
12 would be able to communicate that.

13 **A.** No, it's not that, that's not -- sorry, it's not the
14 point I'm making. The point I'm making is that that
15 reflects a less than full understanding of what was
16 discussed at that COBR meeting. It's absolutely not
17 a criticism whatsoever, it's just --

18 **Q.** I think --

19 **A.** -- it's just a statement of fact.

20 **Q.** I think what that would suggest was that the officials
21 were alarmed by what they had heard at the COBR meeting
22 and wanted to brief ministers to that effect.

23 **A.** Which is entirely appropriate, and which is why the
24 then -- the health minister asked if the First Minister
25 and deputy First Minister had been briefed.

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1 briefly, because again it obviously makes the point that
2 Health is the lead government department.

3 **A.** Yeah.

4 **Q.** So, again, no lack of clarity about that.

5 **A.** No.

6 **Q.** Then if we may just go down a couple of paragraphs,
7 please, and we see -- and we've seen this a number of
8 times -- Sir Michael, the advice that appears to be
9 given:

10 "I do not consider it necessary to activate NICCMA
11 arrangements at this time, unless and until the
12 infection appears in [Northern Ireland] and impacts are
13 experienced here."

14 Was that advice that you had provided or that you
15 were party to at this point in time?

16 **A.** With the passage of time, I don't have a clear
17 recollection of that being discussed with me. Although
18 I would say, given where we were at that point in time,
19 I felt that was not an unreasonable position, and
20 I wouldn't have disagreed with that, even -- well, at
21 the time I wouldn't have disagreed with that assessment,
22 where we were at that point in time.

23 **Q.** I mean, that might seem a surprising answer, I mean,
24 given that it's advice that you don't need to activate
25 civil contingencies until the virus is actually

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1 a reality in Northern Ireland. So it seems to obviate
2 the fact that contingency arrangements might play
3 a vital part in planning for that.

4 **A.** I'm happy to elaborate on that, but I think it wasn't --
5 what it was saying -- what it wasn't saying was "Don't
6 do anything". I think if we move done a little bit --
7 sorry, no, it was on that paragraph, apologies.

8 Yeah, so:

9 "In order to provide assurances should an escalation
10 of events be required ... [Document read] ... request to
11 implement NICCMA, it would be helpful if you would
12 consider convening a multi-agency meeting in order to
13 ensure/inform an assessment of sectoral resilience,
14 preparedness, capacity and capabilities across
15 Northern Ireland departments ... [Document read] ...
16 emergency services ..."

17 So I think what we were signalling there is the
18 department's assessment at this time is: not just yet,
19 but you need to get ready, you need to prepare. And,
20 you know, I think that that also, and we may -- I hope
21 I'm not jumping ahead, we may come on to this, the
22 update that was provided by the perm sec then to the
23 perm secs group, where he said this is a very fluid
24 situation, a rapidly evolving situation, and urging
25 perm sec colleagues to consider the business continuity

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1 say to you the interpretation of that and what we were
2 doing would be clearly understood by those who needed to
3 understand.

4 **Q.** You mean that the officials in the TEO --

5 **A.** Yes.

6 **Q.** -- to whom this was addressed, who aren't medical
7 professionals, they would understand from this that
8 actually what you were saying was: the situation is
9 incredibly serious and all departments in
10 Northern Ireland really need to start thinking about the
11 fact that there's a global pandemic on the way?

12 **A.** There is a potential. Because don't forget, at this
13 stage -- you know, the global pandemic wasn't declared
14 by WHO until 11 March, so we're in, you know, very, very
15 early weeks here.

16 The other point you made there in terms of not
17 professional or technical staff, it's back to the
18 earlier point that you made, they were still individuals
19 who were in civil contingencies branch and therefore
20 would have been familiar with the language and the
21 request and what we were asking for. So it didn't
22 require a professional or technical background to
23 understand this request. This request wasn't being made
24 by me in a professional, technical capacity, it was
25 basically being made in relation to being prepared to

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1 plans and to plan on the basis of pandemic flu
2 reasonable worst-case scenario.

3 So I think we were clearly signalling: there is
4 a problem coming our way and we need to prepare for it,
5 not just Health, but other departments need to prepare
6 for this.

7 **Q.** The suggestion "it would be helpful if you would
8 consider convening a multi-agency meeting" hardly sounds
9 alarm bells, does it?

10 **A.** Erm --

11 **Q.** I mean, it's --

12 **A.** It's how civil servants write to each other. I --
13 you know, I agree -- you know, we would not be putting
14 in writing a memo to the lead official in TEO, which --
15 and in -- this also included a letter from myself.
16 I don't send many letters to departments saying "You
17 need to plan and prepare on the basis of reasonable case
18 worst scenario for pandemic flu, to check preparedness
19 and readiness".

20 So, I mean, for those who know, we were clearly
21 signalling that there is a problem, a potential problem
22 here, and we need to be assured of our preparedness and
23 our readiness across government and sector resilience
24 across Northern Ireland.

25 So I appreciate the wording, but, you know, I would
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1 stand up our civil contingency arrangements.

2 **LADY HALLETT:** Sir Michael, could I just ask you to use
3 hindsight for a minute, and I appreciate the number of
4 people in your position who don't want me to use
5 hindsight. But, using plain English, wouldn't it be
6 better if that had said "We urge you as a matter of
7 urgency to convene a multi-agency meeting" as opposed to
8 "It would be helpful if"? Wouldn't that have got across
9 a sense of urgency?

10 **A.** You know, with the benefit of hindsight -- you know,
11 it's a wonderful thing. I didn't write the letter.
12 I accept the point that you're making. I think we --
13 you know, and I know we're not -- we're taking this
14 chronologically, but certainly I used that language at
15 a meeting of the perm secs which I attended on
16 28 February, but I appreciate that's a later time
17 period.

18 I mean, I think that it's the language that you
19 would use within government. I do accept your point
20 that it could have been more direct, it could have been
21 more action orientated, but again it comes back to the
22 point that in Health, you know ... you know, perhaps it
23 was unduly deferential, is I think the point you're
24 making, and perhaps it might have been more helpful to
25 have said, you know, "We now advise that you should".

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1 **LADY HALLETT:** You see, I find it difficult to accept that
 2 in a time of emergency you would use that language just
 3 because that's the way you normally do things.
 4 In an emergency you don't do things in a normal way,
 5 you get on with it, and I'm afraid that language doesn't
 6 give any sense of urgency.

7 **A.** As I say, I wasn't the author of the letter, but,
 8 I mean, I do accept the point that you're making, but
 9 I think if we put it in the context of the attendance of
 10 TEO officials at COBR meetings, I mean, it wasn't that
 11 this letter was coming, you know, completely out of any
 12 other context. At that stage TEO officials were
 13 attending COBR meetings, they were attending COBR (O)
 14 meetings, official COBR meetings, so the letter came in
 15 a context where there was already a knowledge within TEO
 16 of the wider aspects, and we alluded to earlier the
 17 email from -- you know, exchange in TEO between
 18 officials about their level of concern. So I think that
 19 contextual point is important, but I accept the point
 20 you're making about the use of language.

21 **LADY HALLETT:** Thank you.

22 **MS DOBBIN:** Could I move on to the letter that you did send
 23 that day and which is annexed to this letter. That's at
 24 INQ000218470. Sorry, forgive me, that was that letter.
 25 It's INQ000254430.

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1 I don't think it mentions anything about people
 2 potentially coming by bus or anything like that into
 3 Northern Ireland. I think the focus there is on flights
 4 from other airports. I say that because it specifically
 5 draws out the fact that there are no direct flights
 6 between China and Northern Ireland or the
 7 Republic of Ireland.

8 If we could scroll down, please, a little bit more,
 9 then the key public health advice that you've suggested
 10 there ought to be consistency with, we can see that it's
 11 about travel from Wuhan, we see that at 7, and
 12 paragraph 9.

13 Thank you.

14 And I think paragraph 9 says the same thing.

15 Then paragraph 12 follows up on that. It's about
 16 travel from Wuhan.

17 If we could go down, please, and I think if we could
 18 go to paragraph 20.

19 Sorry, I don't want to, again, take this out of
 20 context, but I think the paragraphs 13 to 17 are about
 21 travel advice.

22 Then when we get to paragraph 20, there's reference
 23 to the fact that:

24 "The Department of Health ... and other ...
 25 Departments [had] received queries from a range of

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1 So, first of all, Sir Michael, we can see that if we
 2 look in the left-hand corner of the top of this letter,
 3 that this was being sent to all Northern Ireland
 4 departments through the Civil Contingencies Group for
 5 onward distribution to all public authorities.

6 If we could, please, just scan -- I don't want to
 7 take this out of context, Sir Michael, but we can see
 8 that you've explained, first of all, at paragraph 1,
 9 what the purpose of the letter is.

10 **A.** Yeah.

11 **Q.** "... to respond to any and all potential
 12 eventualities ..."

13 Maybe I'll come back to that language, but just to
 14 put this in context:

15 "It is essential that all Departments are assured
 16 that proportionate, appropriate and efficient
 17 arrangements in are place that are consistent with the
 18 key public health messages about novel coronavirus."

19 Thank you.

20 If we just scroll down a bit, there's an explanation
 21 about coronavirus. There's reference at paragraph 4 to
 22 the symptoms.

23 At paragraph 5, there's explanation that the cases
 24 have been -- have originated in Wuhan, and information
 25 about flights being suspended and so forth.

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1 public authorities and other sources about what action
 2 they should take in response to the [2019] outbreak.
 3 The Department of Health is closely monitoring the
 4 outbreak as it develops."

5 And the advice that's given is:

6 "... those public authorities that already have
 7 contingency plans for responding to infectious diseases,
 8 such as pandemic influenza, should ensure that all
 9 relevant staff are acquainted with those plans."

10 I just want to check, please, there's nothing more.
 11 Yes, so paragraph 21:

12 "No other action is recommended at this time to
 13 public authorities in general."

14 Again, Sir Michael, it would be thought that that's
 15 hardly sounding alarm bells for either Northern Ireland
 16 government departments or to all of the public
 17 authorities that they sponsored?

18 **A.** I mean, I think it's important to put this in context,
 19 and if we go back to the last letter, it was to
 20 facilitate and to enable a meeting where other
 21 cross-sectoral stakeholders were fully briefed and
 22 informed of the emerging threat.

23 I think if we link it back -- and I know we haven't
 24 got it up on-screen, but one of the action points
 25 arising out of the 5 February SAGE was that -- and

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1 I can't recall the exact wording, but that trusted
2 partners would be informed of the emerging situation,
3 and there was a communications strategy in relation to
4 how that communication would be relayed.

5 So all this was doing was scene setting for
6 a meeting at which there would be a briefing in relation
7 to trusted partners, as were referred to in the COBR
8 meeting of 5 February, and that at that meeting
9 assurances should be sought around contingency planning
10 across the public sector and other organisations.

11 So this letter was not meant or intended to explain
12 or set out the level of risk or the level of concern.

13 It was an enabler to facilitate a meeting which had been
14 suggested, which we've just covered, at which there
15 would be an update provided.

16 **Q.** You're going to have to help me, because above
17 paragraph 20 it says "Coronavirus: actions to be taken
18 by public authorities", it doesn't say anything about
19 "We're going to have a meeting and it's going to "...
20 I mean, it is what it says.

21 **A.** No, I mean -- can we go back to the last exhibit, which
22 was the letter from Liz Redmond? Because I think it
23 clearly states in that -- or if it doesn't state in the
24 letter, it states in the covering email that is
25 associated with this -- that went, you know, "To assist

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1 contingencies --

2 **Q.** Sorry, forgive me --

3 **A.** -- I think that's -- that is a distinction and I think
4 it's an important distinction.

5 **Q.** Sorry, I'd like to understand the distinction. So it's
6 to all Northern Ireland departments, through the Civil
7 Contingencies Group, for onward distribution to all
8 public authorities.

9 So this letter was -- you intended that this would
10 go to all public authorities --

11 **A.** Yeah.

12 **Q.** -- in Northern Ireland; correct?

13 **A.** In the context of the civil contingencies arrangements.

14 So there's two points to that. The first is we were
15 clearly signalling the importance and significance of
16 this because we were rooting it and framing it in the
17 civil contingencies arrangements, which obviously you
18 only -- you stand up if there's a level 2 or level 3
19 incident, and therefore we were sending it out in that
20 context, and we were sending it out in the context of
21 the Executive Office responsibility for assurance around
22 cross-sectoral preparedness and resilience, for which
23 they are responsible.

24 So, you know, the -- as I recall this email, memo to
25 the Executive Office, had as an attachment this letter.

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1 in the cross -- or this cross-sectoral meeting, I attach
2 a letter from the Chief Medical Officer".

3 Maybe if we could go down the next page. Yeah.

4 Penultimate paragraph:

5 "To assist with the wider government co-ordination
6 here, the Chief Medical Officer has written a letter ...
7 regarding health advice, to be shared ... I would be
8 grateful if you could arrange for this to be shared as
9 soon as possible."

10 So this was basically in the context of the meeting,
11 and that was the purpose, as I recall, of the letter,
12 and to ensure that those who attended were aware of the
13 seriousness of the situation and that, as Chief Medical
14 Officer, I was writing the letter and that they could
15 be -- would be briefed at the meeting.

16 **Q.** The letter -- sorry, not this letter, the one that you
17 sent, was to all Northern Ireland government departments
18 and all public authorities --

19 **A.** No.

20 **Q.** -- that they, I think --

21 **A.** No, it wasn't. The letter was attached to this memo and
22 it was distributed and it was attached to this to go to
23 TEO to distribute to all government departments.

24 **Q.** Yes.

25 **A.** Because we were doing this under the context of civil

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1 The context was to have the meeting and this was to
2 inform stakeholders in advance of that briefing session.
3 I mean, that's my clear recollection of the sequence of
4 events at the time.

5 **Q.** So in terms of the briefing session that you're
6 referring to, I just want to be clear who that
7 briefing -- what this was a meeting of. Are you
8 referring to the Civil Contingencies Group or is that
9 something else?

10 **A.** No, I mean, I think I -- you know, again, at this stage
11 I had many and multiple demands on my time, so I --
12 you know, I'd assume, but I don't know and -- you know,
13 in terms of what action TEO took on the back of it.
14 There certainly was a CCG(NI) meeting, and I suspect
15 that that CCG(NI) meeting was probably on foot of this
16 correspondence.

17 **Q.** Okay, we'll come back to that meeting, because we do
18 have the minutes of what was discussed at it. But we
19 know, and I won't take you to it, but the advice that
20 was given by Liz Redmond about not considering it
21 necessary to stand up NICCMA, we know that that advice
22 was repeated by -- well, certainly it was in his script
23 or his speaking note -- Richard Pengelly at a meeting of
24 permanent secretaries the next day.

25 It also appears that it was the message that was

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1 being provided, I think, to ministers at the same time;
 2 is that right?
 3 **A.** I mean -- I mean, I wasn't at the Executive meetings,
 4 and certainly didn't attend regularly until around
 5 14 May, although I did attend an earlier Executive
 6 meeting on 2 March, but, as I say, said earlier,
 7 throughout February there were regular weekly updates to
 8 the Executive about the emerging situation, and the
 9 minister, I know, and certainly in his speaking note --
 10 I can't vouch for the discussion at the Executive
 11 meeting, but I know at the meeting of 10 February he
 12 alluded to the fact that correspondence had been issued
 13 from the department to civil contingencies branch in
 14 relation to assurance around cross-sectoral preparedness
 15 and readiness.

16 So, I mean, that was certainly in the minister's
 17 briefing, but, as I say, I wasn't in attendance at the
 18 Executive meeting.

19 **Q.** Maybe we could look at that.

20 It's INQ000425517, please.

21 **A.** I hope I have the right date, but I can't be certain,
 22 I'm sorry.

23 **Q.** We'll check and see. This is --

24 **A.** That's the 14th, sorry.

25 **Q.** That's 14 February, so it's a little bit after this.

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1 tried to help.

2 **A.** I think you were asking me about the understanding of
 3 the Executive was, and I was simply referring to the
 4 fact that the minister had briefed the Executive in
 5 relation to this communication to TEO and the letter
 6 from myself, and that's only the point I was trying to
 7 make, which is reflected in the briefing note here.

8 **MS DOBBIN:** I was making a slightly different point --

9 **A.** Sorry.

10 **MS DOBBIN:** -- which was about the message that was being
 11 conveyed to ministers. But perhaps that means that it's
 12 a good point at which to break for lunch and then
 13 I won't confuse anyone any more.

14 **LADY HALLETT:** Not at all.

15 I shall return at 1.45.

16 (12.45 pm)

(The short adjournment)

18 (1.45 pm)

19 **LADY HALLETT:** I think we got rid of all confusion,
 20 Ms Dobbin.

21 **MS DOBBIN:** I think we're on the straight and narrow.

22 Please may we go to document INQ000425517.

23 Sir Michael, this was the document that I was going
 24 to take you to before the short adjournment, and it's
 25 a briefing, it would appear, dated 14 February 2020, and

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1 It's really just to understand the consistency of
 2 messaging. Have you got that?

3 **A.** I think it's INQ000425551.

4 **Q.** Sorry, we might be at cross-purposes from each other.

5 **A.** Sorry.

6 **Q.** I can ... so I think -- is this the document that you
 7 were referring to?

8 **A.** No, it's the -- I think it's 10 February, from memory,
 9 but, you know, I stand to be corrected, I don't --

10 **Q.** All right.

11 **A.** I can't be certain.

12 **Q.** If I could go back, please, to the document --

13 **LADY HALLETT:** The meeting was 10 February.

14 **MS DOBBIN:** Yes.

15 **A.** That's a point, it could be -- sorry, Chair, you might
 16 be absolutely correct. Sorry, apologies.

17 **LADY HALLETT:** It's all right.

18 **A.** Oh, sorry, you are right, apologies. Yes.

19 **LADY HALLETT:** So we've got there.

20 **MS DOBBIN:** We've got there. But it's not in fact the
 21 document I was going to.

22 **A.** Sorry.

23 **MS DOBBIN:** I don't know if I'm confusing everyone.

24 **A.** No.

25 **LADY HALLETT:** You're not, Ms Dobbin, and I shouldn't have

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1 it's a briefing to you and Minister Swann; yes?

2 **A.** That's correct, sorry.

3 **Q.** I think if we go down, we can see that it was a briefing
 4 for an Executive meeting on 17 February, and perhaps you
 5 can help, was it usual that you and the minister would
 6 be briefed in the same way by this sort of submission
 7 for the purposes of Executive Committee meetings?

8 **A.** This wasn't a briefing for me, I mean, I wasn't
 9 attending Executive meetings at this stage. This was
 10 a briefing for the minister in advance of his attendance
 11 at the Executive meeting.

12 **Q.** So why are you one of the people to whom it's addressed,
 13 rather than just a copy?

14 **A.** It's protocol for clearing papers that go to a minister
 15 in terms of submission, so I would be -- you know,
 16 notwithstanding the other matters under consideration,
 17 I would have viewed the submission and approved it for
 18 the minister's consideration.

19 **Q.** Right. So this is an example, then --

20 **A.** Yes.

21 **Q.** -- of a clearing --

22 **A.** Yes.

23 **Q.** -- process that you were involved in --

24 **A.** That's correct.

25 **Q.** -- in order for advice to be given to Minister Swann; is

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1 that right?

2 **A.** That's correct.

3 **Q.** And onwards to the Executive Committee --

4 **A.** Yes.

5 **Q.** -- correct?

6 I think if we please go to -- I'm going to try to

7 cut through this document, but perhaps if we could go to

8 page 5, paragraph 20. So I think this was the advice

9 that was being provided.

10 So we see reference there to the letter of

11 6 February that was sent to the TEO, and, again,

12 repetition of the point that multi-agency co-ordination

13 is not needed yet, but "they might want to consider

14 convening a multi-agency meeting through the Civil

15 Contingencies Group"; yes?

16 **A.** Definitely.

17 **Q.** If we go on, please, to page 9, we can see that this is

18 a "Speaking note and lines to take".

19 And if we go on, please, to page 11, and if you

20 could highlight bullet 3.

21 And again, the same point in terms of the lines to

22 be taken, that TEO "might want to consider convening

23 a multi-agency meeting through the Civil Contingencies

24 Group to assess sector resilience"; yes?

25 **A.** Yes, and I think in the context of the first bullet

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1 So I think that, you know -- I mean, I obviously

2 wasn't at the meeting itself, I don't know how that was

3 conveyed. To my reading of that, I think there was

4 a conveying of a sense of potential significant

5 consequences across government and certainly,

6 potentially, for Health. And I think it's also

7 important to put it in the context of the very small

8 number of cases that this alludes to. I think the

9 earlier page there had been nine cases detected in

10 the UK. Those had all been travel-related. There was

11 no -- as I recall at that stage, no community

12 transmission that had been identified at least in the

13 United Kingdom, no cases in Northern Ireland, and the

14 WHO, you know, didn't declare the pandemic until

15 11 March. So I think -- it's just in that context,

16 I think, that we need to view this at a point in time.

17 **Q.** So I'm just -- I want to understand what you're saying,

18 that that's a point that obviously militates towards the

19 suggestion that the situation isn't really -- or,

20 I don't know if this is what you're suggesting, that

21 it's not gotten that serious just yet, therefore "you

22 might want to consider having a civil contingencies

23 meeting", or are you saying that in fact you were trying

24 to convey a sense of urgency and that you were trying to

25 convey to government in Northern Ireland the gravity of

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1 point on that page, which is relevant as well.

2 **Q.** The first bullet point?

3 **A.** Yeah, the final paragraph -- or final sentence, sorry.

4 **Q.** Yes. So in terms of the message that is being provided

5 to ministers, that might be thought of as being said

6 with a forked tongue, so, on the one hand, clear that if

7 we have sustained transmission and spread and a global

8 pandemic, that the impact will be felt, on the one hand,

9 but then, on the other, the continuation of the

10 consistent message, to that date, that there wasn't any

11 need to stand up civil contingencies arrangements and,

12 rather, the suggestion that they might want to consider

13 setting up a multi-agency meeting?

14 **A.** I mean, this is in the context, as I've mentioned, where

15 there had been a series of updates, 3rd, 10th, the 17th

16 and then 24 February, so the fact that this is a regular

17 update to the Executive itself on this matter suggests

18 a matter of importance.

19 I think that the final paragraph there as well

20 I think is relevant in that context. You know,

21 notwithstanding the sentences above, that there is no --

22 continues to be no room for complacency, and the

23 minister indicating in the final sentence there that "we

24 must plan [and prepare] to mitigate the potential

25 consequences".

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1 the situation?

2 **A.** I think what was being conveyed here, that there was

3 an urgency about planning and preparation for a range of

4 eventualities, and I think the key is earlier in terms

5 of the raising of the alert level from low to moderate,

6 and governments, all governments, as was relayed at the

7 COBR meeting, to prepare for all eventualities.

8 So essentially what this was saying is that, you

9 know: we just, at this point in time, don't know, but

10 don't wait until we know because we need to begin to

11 prepare now, and Health is already beginning to prepare,

12 and all other governments under the umbrella of the

13 civil contingencies arrangements need to do likewise.

14 So I hope that sort of answers the question, but,

15 again, I think the important point is it was in the

16 context of what we do at a particular point in time.

17 **Q.** All right. Well, let's see what the messaging was that

18 followed this.

19 I think that the next development at this point in

20 time was that there was a COBR meeting on 18 February.

21 And perhaps if we could just have that on screen,

22 please, INQ000056227, and perhaps if we just go to

23 page 7 of that.

24 I think we can see here that COBR was setting out

25 "Planning for a Reasonable Worst Case Scenario (RWCS) -

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1 next phase", and then we can see at paragraph 18 the
 2 various points that were being set out.
 3 So, in other words, it seems that the planning was
 4 starting to contemplate, for example, going beyond
 5 government and going towards the voluntary sector; yes?
 6 **A.** Yes, that's within my understanding of that, yes.
 7 **Q.** I think if we go to the penultimate point, at page 11,
 8 we can see as well that:
 9 "All departments and devolved administrations [were]
 10 to contribute possible future decision points to the
 11 Civil Contingencies Secretariat as part of the
 12 reasonable worst case planning."
 13 Yes?
 14 **A.** Yes, I can see that, yes.
 15 **Q.** So, in other words, it does seem that COBR was
 16 contemplating that the devolved administrations become
 17 involved in terms of providing their, as it says, future
 18 decision points; correct? And what was that a reference
 19 to? What did you understand by that?
 20 **A.** I mean, I think this is back to the earlier point on
 21 this, I think, which was back to the civil contingencies
 22 arrangements. I think that my understanding was that
 23 that was clearly within those civil contingencies
 24 planning arrangements, and that that's how that would be
 25 taken forward.

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1 of watchful waiting, but preparing and preparedness.
 2 And, you know, you look back on it now in terms of what
 3 subsequently happened, and you do ask the question as --
 4 you know, could we, should we have been doing more or
 5 interpreting what we were seeing emerging more
 6 significantly?
 7 But, as I say, it was based on the information we
 8 had at the time, what we knew at the time and what our
 9 understanding was it at the time.

10 **LADY HALLETT:** So did you understand -- I'm so sorry to
 11 interrupt, Ms Dobbin -- "future decision points" to
 12 mean, so, for example, "When we reach 1,000 cases we
 13 do X", or what -- is that what you understood it to
 14 mean?

15 **A.** If indeed we were seeing the impact -- if this became
 16 a pandemic and we started to see -- let me put it
 17 another way.

18 If it was highly probable that this was going to
 19 become a pandemic, and therefore was going to have
 20 impacts, as it did have, right across government,
 21 impacts on health, education, economy, et cetera -- so,
 22 I mean, I think that -- and, again, I can't recall
 23 clearly what my interpretation was at the time, but,
 24 I mean, that was my understanding of what was meant by
 25 that.

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1 **LADY HALLETT:** What's a possible future decision point?
 2 I appreciate you didn't write the document. I believe
 3 in plain English, as I think I've made plain many times,
 4 and I've got no idea. A decision point, is it a point
 5 in time when the decision's going to be taken?

6 **A.** I suspect -- I don't know, I'm putting an interpretation
 7 on something which I'm, you know --

8 **LADY HALLETT:** You have a better idea than I have, probably.

9 **A.** Right, okay. Although I stand to be corrected and, as
 10 I say, I didn't write it, my sense was that this alluded
 11 to a range of eventualities should this evolve into
 12 a significant pandemic which required a response that
 13 would be a cross-government response consistent with the
 14 civil contingency arrangements. I think that's my
 15 interpretation of that.

16 I think your specific question is: how do you know
 17 you've reached the decision point? And I think that
 18 goes back to when we have identified cases of, you know,
 19 community transmission within the UK, and if it was, as
 20 was emerging, that this was a highly transmissible virus
 21 and there was sustained person-to-person transmission,
 22 then in all likelihood we were in an entirely different
 23 scenario.

24 But I think it probably reflects even then, even at
 25 that time there was a degree of uncertainty and a degree

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1 **MS DOBBIN:** Can I just ask you, the language you've just
 2 used of "highly probable", where does that come from in
 3 terms of planning at this point?

4 **A.** I said "if it became highly probable". I mean, I think
 5 it was just trying to illustrate the normal sequence of
 6 events where it comes forward -- you know, it develops
 7 from a situation whereby there's an emerging new virus,
 8 there's an assessment of the risk. You come to a point
 9 as to whether you need -- you obviously then need to
 10 establish the likelihood that this is -- is it or isn't
 11 it transmitting from person to person. Then the next
 12 question is: is there evidence that it's -- there's
 13 sustained person-to-person transmission? And then the
 14 next question is: what is the probability, likelihood
 15 that this actually may develop into a pandemic? Is that
 16 a possibility? Is it likely? Is it highly likely? Is
 17 it extremely probable?

18 And I suppose those are the range of options which,
 19 you know -- and considerations -- which were going
 20 through -- certainly going through my mind at the time,
 21 and certainly through CMO colleagues at the time.
 22 Obviously we feared the worst, but we weren't yet
 23 certain at that stage in terms of how things would
 24 develop.

25 **Q.** Were you planning for the worst, or were you planning

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1 for the reasonable worst-case scenario, as COBR was
2 suggesting --

3 **A.** Well, we -- well, certainly --

4 **Q.** -- ought to be done?

5 **A.** Certainly in Health, I know what we were doing, which
6 was preparing for the reasonable worst-case scenario,
7 and in turn we were communicating that to other
8 departments in terms of to use that as a basis for their
9 planning and preparation.

10 And there obviously comes a point -- and I think
11 this is -- you know, this is probably an important point
12 to observe, that sometimes it's -- you know, if you're
13 in -- a major incident occurs, if there's a bomb blast,
14 you go from being at point zero to basically standing
15 everything up, and it's very clear that you need to
16 stand everything up, the civil contingency arrangements,
17 you know, COBR, whatever the emergency response
18 arrangements are.

19 However, you know, this was a situation which was
20 evolving and developing, and we sometimes refer to those
21 as rising tide events, and it's sometimes not easy to
22 determine when you're switching from one phase of the
23 response, in terms of, you know, planning and preparing,
24 into response mode. And I think that's -- you know, we
25 were watching this developing, we were watching the

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1 **A.** Sure.

2 **Q.** -- you've already referred. Was that a meeting that you
3 attended yourself?

4 **A.** No, I didn't attend that, no.

5 **Q.** All right, I'm going to go briefly to the minutes of
6 that, if I may.

7 That's INQ000023220.

8 The Inquiry's already looked at this. It sets out
9 the meeting, and in fact it ultimately I think took
10 place on 20 February, although it had been referred to
11 in COBR as taking place on the 19th.

12 As we can see, the priorities that were identified
13 in Northern Ireland were the identification of isolation
14 facilities, legislation, storage, and then just general
15 readiness:

16 "... review business continuity plans in light of
17 reasonable worst case parameters ..."

18 Again, this suggests, doesn't it, once again, that
19 there's no sense of urgency across government in
20 Northern Ireland, but ... I mean, there's no sense of
21 any understanding from this document, if these are the
22 priorities, of the sorts of planning that one might
23 expect to have been going on in government at this time?

24 **A.** I mean, I think this is a very high-level note. It
25 doesn't reflect the totality of the discussion as

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1 situation, we all were watching it on our televisions in
2 terms of the situation in China, you know, and then --
3 and we're going to come on to this -- in other European
4 countries, but there was still at that time a reasonable
5 prospect that this could have been contained in China.
6 And as the time went on, you know, as -- you know, back
7 to Professor Woolhouse's email, it became clearer that
8 that was more in hope than expectation --

9 **Q.** This was 19 February.

10 **A.** No, no, I know, but I'm just using -- I'm just trying to
11 relate it back in terms of his earlier assessment --

12 **Q.** Forgive me, it was 14 February, I'm going to come on to
13 19 February, but, you know, we're some weeks past that
14 email where he was expressing more hope than
15 expectation.

16 **A.** No, sorry, I was just referring to the use of the
17 language. I mean, I think that's the only point I was
18 making.

19 **Q.** Can I come back -- I don't think it matters, but this --
20 what was being referred to at COBR on behalf of
21 Northern Ireland in relation to the reasonable
22 worst-case scenario planning was that there would be
23 a Civil Contingencies Group meeting on 19 February which
24 would discuss the response, and I think that's something
25 to which --

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1 I understand, and if I -- and I know you examined this,
2 so I'm not suggesting we pull it up again, but if we
3 look back to the detail of the presentation by the
4 Deputy Chief Medical Officer at that meeting, I think he
5 was very clear in terms of planning to the reasonable
6 worst-case scenario. That was potentially meaning up to
7 50% of the population affected, 2 to 3% mortality.

8 **Q.** Yes.

9 **A.** And I think it's in that presentation where he refers to
10 impacts across government, excess deaths, school
11 closures, massive impact on the economy, et cetera,
12 et cetera. So I don't think there could have been any
13 doubt -- although I do accept that this is, you know,
14 a very short summary of action points and priorities,
15 there couldn't have been any doubt in term of the
16 enormity of the potential consequences.

17 Now, I think the other point I would make in
18 relation to this is the reference to the legislation.
19 We were at that time very rapidly and, indeed, had just
20 secured the agreement of the First Minister and deputy
21 First Minister to proceed, to take forward emergency
22 legislation, emergency legislation in
23 the Coronavirus Act, to give us powers to implement some
24 of the draconian restrictions that people experienced,
25 to close schools, to close, you know, to ban mass

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1 gatherings, some of the other facilitating, enabling
2 legislation to allow retired health professionals to
3 come back, doctors, nurses, pharmacists, some of the
4 relaxations that were put in place to reduce the burden
5 on frontline staff.

6 So, you know, there can be no doubt that, even
7 taking that one example, in terms of legislation, we
8 were planning across government. I mean, justice was
9 involved in the various clauses into the
10 Coronavirus Act, we were involved in that, the
11 Department of Education in terms of school closures was
12 involved in that.

13 So the seriousness, even if one looks at the powers
14 that we were beginning to consider that were needed to
15 respond to what lay ahead was very significant. And,
16 you know, similarly, the other point I would make there
17 is the reference to excess deaths. I mean, we were
18 talking about something that was potentially very, very
19 significant and impactful. I absolutely accept it's not
20 necessarily captured in those very succinct priorities,
21 but I think -- I think it's important to understand
22 that -- the sort of subject matter that we -- sorry,
23 that was being discussed at that meeting.

24 **Q.** So why, then, did it continue to be the position, on
25 behalf of the Department of Health, and indeed the

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1 up in that preparedness phase can add benefit in terms
2 of greater cross-government co-ordination.

3 So I think the point I'm making there is I think it
4 was a fine judgement call as to whether they were stood
5 up at that point in time or not, because in standing
6 them up, you then move into a situation where you're
7 having daily meetings of CCG(NI), you have the daily
8 situation reports from each department, that was a huge,
9 huge commitment and undertaking, and I suppose the
10 question was: was that time better spent in engaging
11 with the respective sectors, ensuring business
12 continuity plans were in place, doing the advance
13 preparation, or would it have been better spent with
14 finite resources standing up, you know, CCG(NI)?

15 Now, you know, I think these are judgement calls,
16 and I think that had this been a, you know -- you know,
17 a tripping of a switch in terms of a major incident, it
18 would have been straightforward. I think the difficulty
19 thing, this was something that was emerging, evolving
20 and developing, and I think it takes judgement then to
21 determine when you switch from one into the other,
22 recognising that there are significant resourcing
23 implications which may detract from the initial
24 preparatory work.

25 I mean, I think that's the only point I would make.

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1 advice that it provided, that it was still not necessary
2 to activate the Northern Ireland central crisis
3 management arrangements? Because we know that that was
4 still the position and the advice being given on
5 21 February.

6 **A.** Yeah, I mean, I think that -- and obviously, you know --
7 and I know we've -- you know, this has been discussed
8 with other witnesses and I don't wish to go through all
9 that again unless you wish, but I think that at all
10 times it was seeking to ensure a proportionate response
11 to this. I mean, it was quite clear that -- and
12 certainly the last reference point there in terms of
13 readiness, in terms of business continuity plans, that
14 was a big ask of departments, to ensure that their
15 business continuity plans were in place.

16 There was also a request, and we referred to this,
17 and this was referred to in the presentation by the
18 Deputy Chief Medical Officer, about engaging with their
19 sectoral partners, their ALBs, to ensure readiness.
20 I think that there is a -- there is that point, and it's
21 where you switch from preparing to responding.

22 And I think that whilst civil contingencies
23 arrangements are primarily geared to responding, they
24 are -- that is not at the exclusion of standing them up
25 in the preparedness phase, particularly if standing them

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1 **Q.** Do you accept that at this point in time it ought to
2 have been made pellucidly clear to government in
3 Northern Ireland about the gravity of the situation that
4 it faced?

5 **A.** I -- I mean, I would contend that it had been made
6 clear, and I am surprised if it wasn't understood,
7 you know, particularly given the briefings that the
8 minister was providing to the Executive, as I said
9 earlier, throughout February on a weekly basis, the
10 engagement that had been with other departments, the
11 memo that had gone from the director of Population
12 Health, who I alluded to earlier, the briefing that had
13 been provided to perm sec colleagues by the then
14 perm sec of the department.

15 I think that, you know, we were there in a situation
16 where -- and I think this is important context. We were
17 in the situation where the WHO had already declared that
18 this was a public health emergency of international
19 concern, COBR had been stood up -- COBR, you know,
20 doesn't get stood up, you know, because of something
21 that can be necessarily managed within one department.
22 There were regular meetings of COBR. As I say, we were
23 in attendance, TEO officials were in attendance at
24 official meetings of COBR, papers were being circulated,
25 and, you know, in that time all of us -- you know, you

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1 turn on your television and we could see what was
2 happening, tragically unfolding in China and elsewhere.

3 So --

4 **Q.** Professor, sorry, I'm going to try and move this on
5 a bit.

6 **A.** Okay.

7 **Q.** I assume that you accept, we might all and officials
8 might have been able to watch this on the television,
9 but you are the Chief Medical Officer to
10 Northern Ireland, and one might expect you to have been
11 the person giving the sort of clarion call that matters
12 really had reached a point of --

13 **A.** Well.

14 **Q.** -- some significance?

15 **A.** Well, you know, I think -- I mean, and I was fulfilling
16 that role within the department, I was directing and
17 leading the departmental response, co-ordinating the
18 planning, preparation for the public health response,
19 the health service response, briefing the minister,
20 supporting the minister at COBR meetings. I think it's
21 not an unreasonable expectation that senior officials in
22 other departments would brief their own ministers.

23 You know, I hadn't yet been invited to attend or
24 update the Executive or the First Minister or deputy
25 First Minister, and, you know, had I been afforded that
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1 and seeking an assessment of each department's
2 preparedness against the reasonable worst-case scenario;
3 yes?

4 **A.** That's correct, is my recollection, yes.

5 **Q.** If we could go to that document, please, at
6 INQ000309229, please. I think we have to start at
7 page 9.

8 So I think we can see from this, Sir Michael, that
9 this email -- and forgive me, we've come straight onto
10 the second page of it, but it was sent from
11 Cabinet Office to numerous people across government and
12 across the devolved administrations.

13 If we go to page 9, please.

14 We can see that it was a "Commission -- Impacts of
15 non-pharmaceutical interventions -- by 1300 [on] Sat
16 7 March". We can see:

17 "Please could all Departments provide a return
18 by ... Saturday 7 March ..."

19 If we just scroll down a little, please, the
20 measures that were being contemplated are the three set
21 out.

22 If we just go down, thank you.

23 If we scroll down a little bit, please, it also said
24 that -- it also asked:

25 "Are there specific implications for ... policy
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1 opportunity I would have -- you know, I would have
2 updated the Executive consistent with the updates that
3 were being provided to the minister to bring to the
4 Executive meeting.

5 **Q.** All right. I'm going to move on, then, and there was --
6 the 13th SAGE meeting took place on 5 March, and I think
7 because the Department of Health in Northern Ireland
8 provided us with a list of dates that you attended it --

9 **A.** That's correct.

10 **Q.** -- yesterday, that in fact we know that you did attend
11 that meeting.

12 I won't go to the document, but at page 3, and it's
13 point 7 of the notes, SAGE said that:

14 "[Her Majesty's Government] should plan for the
15 introduction of behavioural and social interventions
16 within 1-2 weeks to contain and delay spread; precise
17 timings depend on the progress of the epidemic."

18 **A.** Yeah.

19 **Q.** So I assume if you attended that meeting you were aware
20 that that was the advice that SAGE was then providing;
21 yes?

22 **A.** Yeah, I mean, I think that's correct, yeah.

23 **Q.** I think it was that, wasn't it, that then led to the
24 Cabinet Secretary emailing across government and the
25 devolved administrations about moving to the next phase
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1 areas and the Devolved Administrations?"

2 Sorry, that's just the penultimate point. Correct?

3 I think that we can see, if we go to page 6 -- yes,
4 thank you -- we can see that the email that came from
5 Mr Stewart, again to a number of -- I think that's
6 permanent secretaries, and to Dr Chada -- who I think
7 was your deputy?

8 **A.** That's correct, yes.

9 **Q.** And to other people in the TEO, "Brace [yourself]", and
10 setting out what had been requested for, from the
11 Cabinet Office, requesting information.

12 I think we've already seen this, and I'm sure you're
13 familiar with it, at page 5, the education permanent
14 secretary set out that he thought he would have
15 difficulties in replying to this.

16 **A.** Yes, the first paragraph. Yes, I see that.

17 **Q.** At page 3 you replied, and we can see that, so 7 March,
18 obviously in the early hours of the morning.

19 **A.** Yeah.

20 **Q.** Where you set out that Northern Ireland simply didn't
21 have "modelling capability to replicate and provide such
22 granularity".

23 Then we can see:

24 "Given the unrealistic timeframes it is not possible
25 to provide any meaningful analysis."
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1 That you were:
 2 "... unclear as to why this ... [was] a 'must do'
 3 ... that this [was] a marathon not a sprint."
 4 If we can just pause there, it was a sprint by this
 5 stage, wasn't it? I mean, there really was. The reason
 6 why government departments and devolved administrations
 7 were being asked to respond at such short notice was
 8 because of the urgency of the situation?
 9 **A.** I mean, I think all I would add is that my concern was
 10 what we could reasonably provide that was meaningful, as
 11 the perm sec in education said, within that timeframe
 12 that was actually going to be of material use.
 13 And you're correct, I mean, it was a sprint, but
 14 then also my team had been sprinting for seven weeks at
 15 that stage and working flat out, working 16, 18 hours
 16 a day, and there's a question of reasonableness of asks
 17 given the timeframe for the return.
 18 Now, as I recall, this email -- because I do
 19 remember it -- it was an email that I picked up, as you
 20 say, late in the -- into the early hours. Prior to that
 21 I had phoned, when I received it, the head of the EOC,
 22 the emergency operation centre, asked that she check
 23 both what Wales and Scotland were doing with the
 24 request, because it was a pretty generic request.
 25 She contacted me again at 12.30 to basically say
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1 paragraph up --
 2 **A.** Sure.
 3 **Q.** -- that there was:
 4 "... deeply troubling and significant community
 5 transmission in the [Republic of Ireland] which is ..."
 6 It might be:
 7 "... [without] other risk of wider community spread,
 8 we are ... some ... weeks behind."
 9 Yes?
 10 **A.** That's correct.
 11 **Q.** We can see there you weren't saying "We might --
 12 you know, give us a day", or whatever, you were saying
 13 "I suggest that we wait further modelling by SAGE, in
 14 which I participate"?
 15 **A.** Well, just to add that we did actually get that further
 16 return from SAGE. And, I mean, it's not in this series
 17 of emails, that's in my evidence bundle, but I think
 18 around 8 o'clock, it may have been, that evening we did
 19 get additional material from SAGE and from DHSC to
 20 inform our population of this return. So I hadn't seen
 21 that at the time, but I have, you know, subsequently
 22 become aware of that.
 23 So I -- you know, my assumption that we would get
 24 a further information was a correct assumption.
 25 **Q.** I'm just going to ask, before -- I've got some questions
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1 that she was working with colleagues in those
 2 jurisdictions who equally weren't certain in terms of
 3 whether they could provide anything of any value, and
 4 also whether that would be materially different in terms
 5 of the mitigations. You know, are there particular
 6 characteristics that would be different in the
 7 population in the respective jurisdictions. As
 8 I recall.
 9 Now, this is for an official meeting of COBR on the
 10 Saturday, as I recall, hence the return by lunchtime,
 11 but the actual ministerial meeting wasn't until the
 12 Monday, and we worked Saturday and Sunday and did make
 13 the return on the Monday in advance of the COBR meeting.
 14 So I think -- all I would say is that I think,
 15 irrespective of what is in the content of this, we
 16 responded to the request and worked complete --
 17 throughout the weekend to ensure we got the return back.
 18 **Q.** I'm just going to carry on with this --
 19 **A.** Yes, yes, by all means --
 20 **Q.** -- because in fact we have later emails that I think
 21 show that in fact Cabinet Office chased up and pushed
 22 for a return to be provided.
 23 **A.** Well, that might be the case, but, as I say, we were
 24 already working on the response, but ...
 25 **Q.** Just before this goes down, we can see -- it's the third
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1 to ask about this, but just before the document goes
 2 down, I think if we could look, please, at page 4, and
 3 I think -- sorry, yes, I think this is the final part of
 4 the same message that we saw at the top, and what you
 5 say at the first paragraph is:
 6 "Our priority across government is to ensure that we
 7 remain focused on our priorities at this time while
 8 still in the containment phase, recognising other parts
 9 of the UK are in a different place and preparing for
 10 'surge' with plans to mitigate impacts on public
 11 services and wider society."
 12 Then again:
 13 "... in ... weeks we will be ... in the place. We
 14 have however some time -- not a great deal -- to fully
 15 and accurately consider and quantify the implications
 16 and any unique impacts in [Northern Ireland] as opposed
 17 to responding to unrealistic deadlines and risk
 18 providing less than fully informed analysis and
 19 information."
 20 Then, again, reference, at the third paragraph, to
 21 there being a "soft stand up" of civil contingencies
 22 arrangements.
 23 I think, before we leave this, we also see the
 24 reference -- because I do want to pick this up -- about
 25 Italy. Then I think your professional advice in respect
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1 of that.

2 If I just deal with that before we go on to the next

3 email:

4 "My professional advice will be in the context of

5 the UK position that the responsibility for

6 authoritative competent advice on the safety of travel

7 remains with the FCO which has UK wide responsibility.

8 To provide advice other than this has significant

9 financial implications."

10 Then you go on to say that you do:

11 "... recognise the complexity and incongruity of

12 current advice to schools in [Northern Ireland] and the

13 [Republic of Ireland] ..."

14 So, just picking up on that point, that's because

15 school trips were still going on --

16 **A.** That's correct.

17 **Q.** -- to Italy, and I think concerns had been raised in

18 Northern Ireland that that was still the position, given

19 that I think Italy was in fact in a lockdown at this

20 stage?

21 **A.** Well, certainly significant parts of it, I mean, but

22 12.5 million people in northern Italy I think at this

23 time were already in lockdown, and, you know, there was

24 a period of -- well, significant inconsistency, as

25 pointed out in that section, between the advice that the

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1 "Even that needs caution ..."

2 I think that related again to the position with

3 Italy:

4 "... lest the deputy First Minister might appear to

5 be at odds with (or ahead of) her CMO."

6 So just going back, then, in terms of all of those

7 emails. I mean, what it suggests again is that you were

8 inserting yourself into communications from the

9 Cabinet Office to the Executive Office and effectively

10 telling the Executive Office that it ought not to be

11 responding to correspondence from the Cabinet Office

12 that it had been asked for in terms.

13 **A.** I mean, that's not my interpretation of it. I think

14 certainly what I was clearly saying, that I felt that it

15 was extremely challenging and difficult to provide

16 anything meaningful within that timeframe, and I stand

17 by that.

18 We did, however, do the work, and we did provide the

19 response, and that was in advance of the reminder from

20 the Cabinet Offices. Indeed, we did participate in the

21 COBR officials' call on the Sunday where this matter was

22 discussed, and the Cabinet Office was informed that we

23 were preparing the information that had been requested.

24 As I say, I wasn't -- I mean, I wasn't copied in to

25 this chain of emails, and I wasn't aware that the

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1 Irish Government were providing in terms of not

2 travelling to Italy and the Foreign and Commonwealth

3 Office who provide and are responsible for providing

4 travel advice. And obviously in Northern Ireland that's

5 particularly problematic, as you can imagine.

6 **Q.** So just going, please, if we can, to page 2, to finish

7 off on this document. So this is -- and I'm looking at

8 the middle, mid-email from Chris Stewart:

9 "To be aware of Michael McBride's advice, which

10 means that the analysis put to the COBR meeting on

11 Monday will not include specific Northern Ireland

12 material (hence no specific briefing from me)."

13 He:

14 "... will also sense Michael's irritation and

15 caution on the prospect of departing from FCO advice:

16 "It might be prudent to advise [the] First Minister

17 and [the] deputy First Minister to soft pedal any

18 raising of differences between [the] UK and Irish

19 advice."

20 I think if we could go to page 1, please, again.

21 It's an email from Mr Stewart, and it starts:

22 "Carol."

23 I think -- is that -- is Ms Morrow from the --

24 **A.** She's from the Executive Office, yes.

25 **Q.** Thank you:

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1 request had been stood down because of -- because,

2 obviously, this was more than health. There was

3 a request in relation to education. And had I been

4 copied in, I would have said "Look, we are working on

5 developing the information" which we did do over the

6 weekend and did make the return and did participate in

7 the COBR meeting.

8 I'll maybe pause there on that specific issue, but

9 I know there's other matters in the email you want to

10 cover.

11 **Q.** The position about Italy was obviously quite serious,

12 wasn't it?

13 **A.** Yeah.

14 **Q.** Because there was obviously awareness, and in fact

15 I think Mr Baker, who was the permanent secretary in the

16 education department, I think had raised concerns about

17 this idea that children were going to Italy. And what

18 that email suggests was that even the deputy First

19 Minister was -- you know, was being or was expected to

20 hold a line so as not to depart from the position that

21 you had taken, rather than it being the other way

22 around.

23 **A.** No, I mean, I don't agree with that characterisation.

24 I simply -- had I been asked as Chief Medical Officer:

25 what is your professional advice to the public,

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1 you know, professional medical advice? I would have
 2 advised them not to travel to Italy. But that wasn't
 3 the request. The request here was in relation to the
 4 advice by the Foreign and Commonwealth Office in
 5 relation to whether it's safe to travel.

6 Now, those are matters that were in the -- within
 7 the competence of the Foreign and Commonwealth Office.
 8 As Chief Medical Officer, I don't advise on that. It
 9 primarily relates to the ability -- you know, and
 10 particularly why the schools were concerned about this.
 11 One, they were concerned about the safety of their
 12 children, and indeed whether the children should be
 13 travelling and indeed their staff, but there was also
 14 a secondary issue which was about insurance and
 15 compensation for not travelling, and cancelled trips.
 16 And I think it was also a material issue for schools and
 17 why I agree there was, at that time, a mismatch between
 18 the advice that I would have provided, which I refer to
 19 in terms of professional advice, and the position of the
 20 Foreign and Commonwealth Office, which at that time was
 21 basically still saying: it's safe to travel.

22 And I think all I was saying was, I -- it's not for
 23 me to intervene and insert myself into the advice that's
 24 been provided by the Foreign and Commonwealth Office.
 25 That is not my role.

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1 There's a distinction between official government
 2 advice around travel, which was FCO, or the counterpart
 3 in the Republic of Ireland. It's a very different
 4 matter in relation to professional health advice that
 5 I would be providing.

6 You know, if schools were to cancel -- you know, let
 7 me take this further forward. If schools were to cancel
 8 school trips on the basis of my advice, they would not
 9 be able to claim insurance or compensation for those
 10 cancelled trips, and I think that was why -- and,
 11 undoubtedly, that was entirely appropriate in those
 12 circumstances for the deputy First Minister to point out
 13 that incongruity, that how can it be, given the
 14 developing and emerging situation in Italy, that the
 15 Foreign and Commonwealth Office, at odds with the advice
 16 from the Republic of Ireland, is advising that citizens
 17 not to travel, and I think that was a very legitimate
 18 point to make. But it was not -- it was not an issue
 19 which I could insert myself into and resolve.

20 **Q.** I'm going to move on to a different topic, if I may,
 21 Sir Michael, because I'm conscious that time is pressing
 22 on.

23 The issue of large-scale events has arisen, I think,
 24 in every devolved administration, and I just want to
 25 understand the point. I think you have set out in your

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1 **Q.** You're the Chief Medical Officer. Your role is to
 2 provide independent advice, and that advice can be
 3 contrary -- if it's independent, it can obviously be
 4 contrary.

5 **A.** But I have no role or influence to the advice or
 6 decisions of the Foreign and Commonwealth Office.
 7 I mean, I think that is the point. All I was simply
 8 pointing out is, I can provide, as Chief Medical
 9 Officer, professional public health advice. Is it wise
 10 to travel? No, it is not.

11 I mean, that is very, very different from the advice
 12 from a government department which has responsibility to
 13 advise the public in relation to countries that are safe
 14 to travel to. Whether it's in the context of conflict,
 15 or whether it's in the context of a health threat, that
 16 is not within my role and responsibility. So those are
 17 two distinctly different things.

18 **Q.** Did you give that advice, then, in terms of your
 19 professional advice, that there shouldn't be travel to
 20 northern Italy --

21 **A.** I honestly can't now recall, but I have no doubt that --
 22 I mean, it refers to explaining at a meeting,
 23 I presume -- I don't know what date this was, 7 March.
 24 I mean, that was the -- I mean, I can't now recall
 25 whether -- but I think that was the point I was making.

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1 witness statement issues around ensuring that there were
 2 powers -- and indeed you've just mentioned them --
 3 powers to cancel large-scale events. But it's right,
 4 isn't it, that by 10 March in Northern Ireland, a number
 5 of large-scale events had been cancelled, and I think
 6 this includes the St Patrick's Day parades in Belfast,
 7 Newry, Downpatrick, Derry/Londonderry City and
 8 Strabane Council, the Royal Economic Society's annual
 9 conference, 600 delegates, had been cancelled, and
 10 I think tickets for a football match against
 11 Northern Ireland and Bosnia Herzegovina had also --

12 **A.** That's correct, yes.

13 **Q.** -- ticket sales had been cancelled. And all of those
 14 events were cancelled, I think, because the organisers
 15 decided that --

16 **A.** That's correct.

17 **Q.** -- they wouldn't go ahead. So if Northern Ireland was
 18 spared the consequences of superspreader events, it was
 19 because of the acuity of the people who organised them,
 20 rather than because of any advice that had been given
 21 not to -- not to hold them.

22 **A.** There are two points there. Firstly, you referred to
 23 superspreader events. I think that, you know, outdoor
 24 events, in general, are safer than indoor events, and it
 25 is a matter of fact, evidentially, that most

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1 transmission happened in the home or in enclosed spaces.
2 So the general rule is: outdoor spaces, and indeed even
3 outdoor interaction, was always safer throughout the
4 pandemic. Of course, that became clearer as our
5 knowledge grew, and you're correct that there was not
6 absolute certainty at that point in time.

7 But I think that we need to go back to what SAGE was
8 advising at that time. The advice from SAGE, and again
9 I've covered this in my witness statement, was that they
10 did not see that mass events would make a significant
11 contribution to the transmission of the virus at that
12 time, and that was their assessment.

13 There was also the other very material and real
14 concern that if mass events were cancelled, particularly
15 those events that were scheduled to be outdoors, that
16 people would respond in a way that they would come
17 together indoors to mark those same events, and perhaps
18 in indoor environments where there was less ventilation
19 and there was closer contact.

20 I think that -- so the SAGE advice at that time, and
21 I remember those discussions at the SAGE meeting, was
22 that cancelling mass gatherings was one of the least
23 effective interventions. And you mentioned earlier, in
24 the email about the number of social distancing measures
25 that were being considered, that cancelling of mass

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1 **Q.** Sorry, I'm going to move on, but I think the bottom line
2 is, Sir Michael, that Northern Ireland was probably
3 fortunate that the organisers of these events decided to
4 cancel them themselves without waiting for any advice
5 from government or any --

6 **A.** I mean, if I might respectfully suggest, I think that's
7 a conclusion to which we don't have the evidence base.
8 I mean, I think that the evidence base that we have now
9 is that mass events did not make such a significant
10 contribution. It's actually the -- it's the, as I've
11 mentioned, the mixing pre and post event and transport
12 to. So, you know, I think that's a conclusion which was
13 -- you know, it's easy to make that now, is all I would
14 say. That is not the scientific advice that was
15 available to us at the time.

16 **Q.** Yes. I'm going to move on to a message I think that you
17 received on 23 June. If I could go to this, this is
18 INQ000370538, and it's at page 6, thank you.

19 I think these are messages between you and the Chief
20 Scientific Adviser, and I'm just looking at the message,
21 I think it's about sixth down. It's a message of
22 23 June 2020, and you say:

23 "I'm would you be free for a short call in the
24 morning? Edwin Poots connected ['with me', I assume
25 that is] this evening. Peter Corry drive in concert:

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1 gatherings was one of the singular less -- least
2 effective interventions.

3 I think, as I've also mentioned in my statement,
4 there is the wider point which is the fact that these
5 events occurred created a sense of normality when there
6 should have been no sense of normality. So I think that
7 looking back on it now, there was probably not a full
8 appreciation, even in the discussions at SAGE, about how
9 that might influence public behaviour. And I think
10 there probably -- I think it's fair to say there wasn't
11 a full understanding of the fact it wasn't the events
12 themselves but actually the interaction and the
13 intermixing that goes on pre-event, post-event, travel
14 to events and public transport, et cetera, all of which
15 created environment.

16 But, as I say, at all times, my advice -- I mean,
17 I did not at any time depart from the scientific advice,
18 and I was very mindful of that. I provided the advice,
19 and ministers made decisions.

20 I do recall in those -- in the run-up to those
21 events that, at the request of Minister Hargey, I did
22 engage with a number of local councils and met with
23 them, who were considering cancelling their events, and
24 that was the advice that I provided, ie the evidence is
25 weak around this at this point in time, and --

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1 wants to allow eating beside car 2m space all on same
2 left side of vehicle. I have asked for details re
3 numbers and toilets/cleaning etc."

4 So I think what this would tend to suggest was that
5 Mr Poots was contacting you on 23 June about having or
6 knowing someone that wanted to have a concert --

7 **A.** Yes.

8 **Q.** -- and eating beside it. I mean, was that usual, that
9 ministers would contact you directly in order to see
10 whether or not they could be allowed or whether these
11 sorts of events could happen?

12 **A.** I mean, it was an unusual approach. It wasn't a typical
13 approach. I mean, undoubtedly, you know -- I mean,
14 ministers would have made contact about certain aspects
15 during the pandemic. I think that was --

16 **Q.** This seems to be about allowing some sort of large-scale
17 -- you know, it doesn't appear to be maybe a private
18 gathering or -- I mean, this looks as though it's
19 a sort of substantial undertaking that a minister's
20 asking you --

21 **A.** I mean, certainly what I was referring to, and you can
22 see I referred, and if you go down through this, we
23 referred to the legislation. So essentially what I was
24 referring to there was: is this permissible in the
25 context of the legislation?

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1 I mean, I think there was a lot of pressure at that
2 time, because this was early June, and the Executive had
3 just agreed indicative dates for a series of relaxations
4 because the levels of transmission were low at that
5 time.

6 I don't recall the exact legislative position, but
7 I think, irrespective of the approach, as you can see
8 from the responses and the exchange between Ian and I,
9 we were basically affirming -- we needed to check -- we
10 weren't saying "Let's make a special case or allowance
11 for this". We were saying "What does the legislation
12 say?"

13 So I think it was not unusual for us to -- you know,
14 and, I think, looking back on this -- not this
15 particular episode; the more general point -- that at
16 times -- and we did produce from early June onwards, as
17 I recall, guidance to the public about what the
18 legislation meant for them in their everyday life,
19 because it was often -- I think the public found it
20 difficult --

21 **Q.** I'm going to just -- I hope you don't mind --

22 **A.** No, that's --

23 **Q.** -- I am going to cut across you because time is pressing
24 on.

25 **A.** Okay.

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1 advice from someone who's" --

2 **A.** I mean, there's always a balance in these matters in
3 terms of, you know, relationships with ministers which
4 are important, and particularly in a very difficult and
5 challenging time. And obviously Minister Poots had
6 previously been health minister, and I'd worked closely
7 with him, and he obviously had my number from that time.

8 So, I mean, I agree that it's unusual. I could have
9 said "Sorry, I can't discuss this with you. Get one of
10 your officials to check regulations". But, of course,
11 one of his officials wouldn't necessarily have been in a
12 position to check the regulations because he wasn't in
13 the relevant department at the time.

14 So, I mean, I accept the point. And, you know,
15 essentially what I was trying to root this back is to
16 the legislation and an interpretation of what the
17 legislation actually said.

18 **Q.** I'm going to move on to a different topic, which is the
19 closure of schools.

20 The Inquiry's heard a lot of evidence that the
21 Republic of Ireland moved to close its schools on
22 11 March. I'm going to bring up a document very briefly
23 that the Inquiry has seen before, which is INQ000232525,
24 and we can see it's dated 12 March. If we go over the
25 page, please, yes. The meeting started -- you weren't

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1 **Q.** And this is not guidance to the public at large. This
2 is something very different. And I think if we look at
3 what the Chief Scientific Adviser replied, you know:

4 "Sounds okay on its own but would undoubtedly give
5 rise to lots of other requests ... might also require
6 a change in legislation."

7 I mean, you're there to give -- your role is to give
8 medical advice. Are you suggesting that you're giving
9 legal advice?

10 **A.** No, no. I mean, what I'm suggesting at the bottom in
11 the very final -- in that chain, the legislative
12 position, I'm basically asking policy colleagues to
13 check what the legislation is. It's not for me to
14 interpret legislation, change legislation. I can
15 provide advice in terms of where I think the balance of
16 risk is, in terms of relaxation of restrictions, which
17 is what I did. But I think what I was double checking
18 was: what was the legislative position vis-à-vis
19 restrictions at that time? Was this permissible within
20 the legislation and the restrictions that were then in
21 place? I mean, I think the final -- the final text
22 message signals that.

23 **Q.** Would you not have said "I'm terribly sorry. It's not
24 my job to give that sort of advice to ministers. You
25 should you look at the regulations yourself or take

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1 in the initial group of people, but the meeting started,
2 and then we can see that you arrived with the health
3 minister, Mr Pengelly. We can see that the
4 First Minister said that:

5 "... there was an urgent need to decide on action
6 for Northern Ireland."

7 And this is where we see Minister Swann saying:

8 "... that containment measures are working in
9 Northern Ireland [that] following the
10 Republic of Ireland position would crash the NHS and
11 create unnecessary panic and fear. Complexities
12 included grandparents being in [a] more vulnerable group
13 [and therefore not able to look after children at
14 school]."

15 And then we see Minister Swann referring to the:

16 "... need to follow the science. Closing schools
17 will not stop the spread of Covid. Republic of Ireland
18 approach not appropriate for Northern Ireland."

19 So I think it's clear that that was the advice and
20 presumably your opinion at the time; correct?

21 **A.** I mean, I think the balance of the advice -- I mean,
22 I think the minister's here talking about the immediate
23 closure of schools and his concern around the
24 consequences in terms of the health service, but there
25 was a wider context, which he and I had discussed, which

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1 he would have been aware of, around the relative
2 contribution of schools being open to transmission and
3 the damage that it would do to children if schools
4 closed, and I'm happy to elaborate on that if it's
5 helpful.

6 **Q.** I think that's understood. I think it's just
7 understanding the chain of events and why that advice
8 changed because the Inquiry has seen that there was
9 an Executive Committee meeting on 16 March.

10 **A.** Yeah.

11 **Q.** And, again, the issue of whether or not schools should
12 close came. There was a vote on that --

13 **A.** Yes.

14 **Q.** -- and the health minister did not support the closure
15 of schools, and presumably that was on your advice;
16 correct?

17 **A.** Yes, and I think I've covered that extensively in both
18 of my statements.

19 I think the -- up until that point and at the
20 meeting -- it may have been either 12 or 13 March --
21 there was a series of interventions, and we alluded to
22 this earlier with the Cabinet Office request to look at
23 a variety of social interventions. It had modelled and
24 made an assessment of the impact that school closures
25 would have on reducing the peak of infection, and its

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1 was: yes, school -- closure of schools may play a part,
2 but not now -- and that was discussed and agreed at COBR
3 on 12 March -- but maybe later. But if you are going to
4 have to -- if you do decide, ministers, to close them,
5 you're going to have to close them for a minimum of
6 12 weeks.

7 So I was, at that point in time, not satisfied that
8 the evidence base around transmission, the benefits, in
9 terms of reducing community transmission, outweighed the
10 significant evidence that we had of damaged children --

11 **Q.** Yes, and --

12 **A.** -- and that's particularly a case in point in relation
13 to children with learning disabilities, with special
14 needs, which I also flagged at that time.

15 **Q.** So on 16 March, schools should not close; 18 March,
16 schools should close.

17 **A.** Yeah.

18 **Q.** So what changed?

19 **A.** Well, you referred earlier to the meeting of 13 March,
20 which was the SAGE meeting which was a really important
21 meeting. It was signalled I think at the meeting of the
22 10th, and then the -- I think it was 13 March -- my
23 dates may not be correct -- that we were actually
24 further into the pandemic than we realised.

25 **Q.** But this was -- you were --

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1 conclusion on 12 March was that it may reduce pressures
2 on the health service by about 20 to 30%, but on its
3 own, it was one of the most -- least effective -- sorry,
4 the least effective -- one of the most least effective
5 interventions on its own.

6 Now, I think that that -- right at that time, what
7 I was weighing up on my mind -- and that was based on an
8 assumption, on the presumption that the transmission of
9 schools was similar in children as seasonal influenza,
10 which in actual fact it turned out not to be. And you
11 mentioned about superspreaders, that, you know, children
12 can act as superspreaders for flu.

13 So managing the situation in relation to schools
14 open or closed was one of the most challenging issues
15 during the pandemic because, undoubtedly, schools being
16 opened did push up rates of transmission. How much, we
17 didn't know. But what we did absolutely know is closing
18 schools is damaging to children from an educational
19 point of view, in terms of their social development, in
20 terms of their mental and physical health, their life
21 opportunities, and really important in terms of
22 addressing health inequalities which we discussed
23 earlier.

24 So those were not easy decisions, and the advice
25 from SAGE at that time, resolved advice at that time

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1 **A.** No --

2 **Q.** 16 March was the date that the meeting --

3 **A.** This is really important context.

4 In the run-up to that meeting of the 16th, SAGE
5 realised that because of data capturing issues and very
6 limited community testing, we were actually further
7 along into the pandemic than we'd actually realised.

8 What was also increasingly apparent at that time,
9 that there were huge pressures on the health service,
10 and particularly in London, and the health service and
11 intensive care beds were about to be overwhelmed.

12 So several things happened at that point. We
13 realised we were further into the pandemic than we knew,
14 because we weren't testing enough, because we hadn't got
15 the capacity. That caused significant concern. And at
16 the meeting of SAGE on 16 March, there was an agreement
17 they would remodel the impact of schools, having
18 previously said: don't close schools; not yet. And on
19 18 March, the SAGE meeting and the recommendation was
20 close: schools as soon as possible.

21 So that reflects the speed with which the change in
22 decision happened, and I reflected that in the advice
23 I provided.

24 **Q.** All right. I'm going to look -- ask if we could look at
25 a document, please. INQ000371378. And I think we have

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1 to start at page 4, please.

2 Yes, it's the message of 17 March 2020. This is
3 from Minister Swann to you:

4 "He has said that [the] Scots are going to move
5 independently and that Gavin Williamson is [going] to
6 make a similar proposal to Boris on Easter ..."

7 I think this relates to Easter holidays and schools
8 and potentially bringing them forward; is that right?

9 **A.** Yeah.

10 **Q.** "... and ground is already being laid."

11 If we look at the next message, you say -- I won't
12 read all of it out, but one can see that you mention
13 trailing this with CMO colleagues earlier in the week
14 and today. Then you say:

15 "I'm afraid they don't quite get it. Everyone wants
16 to take the lead now. Suggest you and the Executive do
17 and steal a March if any planning to do so prior to
18 Thursday advice from advice."

19 Then reference to the sort of statement that might
20 be made.

21 Then if we go about five lines up from the bottom of
22 this paragraph:

23 "This will now be a political rush to declare first
24 and [Nicola] will want to lead the way."

25 Is that a reference to Ms Sturgeon?

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1 so might be best if this is a political proposal when we
2 meet tomorrow ..."

3 Then:

4 "Pending this suggest you take a tactical view from
5 Richard as in my experience he is good as such things
6 and may proffer some useful considerations for you as
7 Minister."

8 Again, Sir Michael, this might be seen as
9 a significant move away from the provision of medical
10 advice to a minister and quite firmly entering the
11 political realm.

12 **A.** I think my concern at that stage, as is reflected in
13 those exchanges, I think we were losing the public
14 narrative. I think there was a great source of public
15 debate about this. I think that that was covered
16 extensively in the media. I was under very significant
17 pressure to change my advice, you know, one way or the
18 other. It was an impossible position for me to find
19 myself. I consistently kept the position in terms of
20 the scientific advice that was provided by SAGE in terms
21 of the impact on transmission, the harm that would be
22 caused to children, and I did not want schools to close
23 any earlier than was absolutely necessary. I accept the
24 point. My concern is that this would become a public
25 confidence issue at a very early stage in the

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1 **A.** Yes.

2 **Q.** "Not optimistic on UK consensus on timing and perhaps in
3 discussion ..."

4 I think that's reference to Lord Weir, Baroness
5 Foster and Ms O'Neill:

6 "... we should steal a march and declare our intent.
7 Schools closures are inevitable - we might as well be on
8 the right side given we have held the line at cost."

9 I think that's probably supposed to be a reference
10 to.

11 "Nicola may [seize] the moment."

12 Then a bit further down, it's at 23.49, you say:

13 "Minister, I have now departed from the realms of
14 professional evidence based advice to you to
15 anticipating further SAGE evidence. I am confident they
16 will recommend school closures although probably not
17 prior to Easter. You and Ministerial colleagues have
18 held the UK line at cost in support of me. I need to
19 now recognise the political reality and confusing public
20 narrative. The experience of my CMO colleagues is just
21 not there."

22 Then I think if we just go down a little bit more,
23 please, to 23.59, then I think reference to whether or
24 not it should be announced at the committee:

25 "Just to be aware I have not discussed with Richard

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1 pandemic --

2 **Q.** Forgive me, you're advising your minister about
3 Ms Sturgeon possibly stealing a march on a political
4 announcement.

5 **A.** I --

6 **Q.** That is not medical advice, is it?

7 **A.** No, but I think that where it is material is in terms of
8 wider public confidence. You know, I think the one
9 thing that it was important, particularly at that early
10 stage of the pandemic, that it was that we were getting
11 consistent messages out to the public in terms of what
12 we were asking them to do to minimise their risk. We
13 were about to ask people to do almost unthinkable
14 things, but with unthinkable consequences in terms of
15 their everyday life, and this was a clear fracture
16 point, and was a particularly clear fracture point in
17 Northern Ireland, where you had decisions that had been
18 implemented in the Republic of Ireland which hadn't been
19 implemented in Northern Ireland, and there was a huge
20 amount of debate and public concern. And parents were
21 voting with their feet at that time in terms of some
22 parents were taking children out of school. There
23 was -- in my view, we risked losing the consistent
24 messaging, and I think that equally would have applied
25 across the UK. And that's why it was hugely important.

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1 We eventually did get to a UK-wide agreed position, but
2 I was really concerned that it was all going to unravel
3 really, really early on.

4 **Q.** Those were all points that had been made on 16 March.
5 The point about parents already taking their children
6 out of school, that was a point that was already being
7 made on behalf of -- or being made by some ministers.

8 **A.** Yeah.

9 **Q.** What shifted was the political landscape.

10 **A.** Well, there were two things that were shifting at that
11 stage, and I alluded to one a short time ago, which was
12 the decision by SAGE to look again at the modeling of
13 the impact of school closures. I mean, that -- that
14 decision was made on the 16th, and I don't -- I can't
15 recall the timeframe between the Executive meeting on
16 the 16th and the SAGE meeting, but SAGE said, as I say,
17 on the 10th or 13th: we're further into this than we
18 think we were, we're going to have to look to additional
19 members. And as you recall, on the 16th the advice to
20 households to isolate if someone in the household had
21 symptoms.

22 So my sense, although I didn't yet know what the
23 outcome of the SAGE modelling was -- but my sense was
24 that we were in a rapidly escalating situation and my
25 sense was that SAGE advice, as I've alluded to there,

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1 copied into, is another matter.

2 I think in this case I don't -- I wouldn't
3 underestimate the pressures that I was experiencing at
4 that time to change my view, change my professional
5 advice, and all I was doing was providing the
6 professional advice, but I was increasingly aware and
7 anxious that my professional advice had become
8 a dividing line within the Executive, rightly or
9 wrongly.

10 And you alluded to the Executive meeting on 16 March
11 where there was a vote taken whether to follow my advice
12 or not follow my advice, which is a nigh on impossible
13 position for me -- to place me in, in my view, and what
14 I was trying to do was to ensure that at a very early
15 stage in this pandemic, with all that was ahead of us,
16 that we continued to maintain the trust and confidence
17 of the public, which I think I -- that is a genuine
18 responsibility of mine in terms of my role in public
19 messaging. I have a material role in public messaging,
20 which I filled throughout the pandemic, and I was
21 really, really concerned how this was playing out in the
22 media at the time and creating confusion in the minds of
23 the public, and I was genuinely concerned about the
24 longer-term implications of that, because I knew that we
25 had many, many more difficult asks of the public in the

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1 was that the advice would change and they would
2 recommend school closures, which in actual fact they did
3 on 18 March.

4 So I think that's the context. And I was -- I was
5 really anxious, I have to say, that we would lose the
6 public when public trust and public confidence I knew
7 was going to be absolutely crucial over the next period.
8 And I accept the point you're making in terms of I was
9 straying beyond providing professional, technical
10 advice, yes.

11 **Q.** At the outset of your evidence I asked you about your
12 independence from government and I asked you about the
13 concept that the independence of the CMO is a prized
14 characteristic of the office. It's very clear, isn't
15 it, from the examples that we've seen, that your role
16 wasn't one of independence and that you were on -- you
17 did on occasions veer not just into directing or
18 involving yourself in the work of the Executive Office,
19 but we've seen here an example of something that's
20 really overtly political?

21 **A.** I mean, I genuinely do not accept the characterisation
22 about inserting myself into the role of the
23 Executive Office and I feel I've adequately and fully
24 addressed that and answered that. I think how others
25 have interpreted my response, a response which I wasn't

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1 months ahead.

2 **MS DOBBIN:** My Lady, I think that's probably --

3 **LADY HALLETT:** Certainly.

4 **MS DOBBIN:** -- an appropriate time for a break.

5 **LADY HALLETT:** I shall return at 3.15.

6 (3.00 pm)

(A short break)

7 (3.15 pm)

8 **LADY HALLETT:** Ms Dobbin.

9 **MS DOBBIN:** Thank you, my Lady.

10 Sir Michael, I just wanted to, as it were, round up
11 on this period of time.

12 **A.** Sure.

13 **Q.** I think that the national lockdown was announced on
14 23 March 2020, and I don't think I need to take you to
15 this, but in your statement I think you suggest that
16 that was something that you had discussed with the other
17 UK chief medical officers on 23 March; is that correct?

18 **A.** It was a busy day, 23 March, but yes, that's my
19 recollection.

20 **Q.** But I think it's right that you hadn't given any advice
21 prior to that to the Executive Committee that
22 a lockdown -- that you advised that a lockdown was
23 necessary at that stage, it was the UK Government who
24 effectively --

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1 A. That's my recollection. I can expand if it's helpful,
2 but in the interests of time maybe it's not necessary.

3 Q. In terms of why you didn't think one was --

4 A. Well, I mean, I think we -- we collectively -- I mean,
5 we met on 16 March, and in the days in the run-up to the
6 23rd, we certainly had noticed an impact of the measures
7 that had been announced on the 16th.

8 Q. Yes.

9 A. But I think we collectively agreed that we would need to
10 go further. Now, we did not have discussions about
11 lockdown but we felt that more was needed, and then we
12 did meet again on the morning of the 23rd. There was
13 the SAGE meeting and then there was the COBR meeting
14 later in the day. So it's hard now to piece it all
15 together but things were moving very, very quickly
16 then --

17 Q. Of course.

18 A. -- and I think we acknowledged that there needed to be
19 more intervention.

20 Q. In terms of, and again I'm just rounding up on this
21 stage of the pandemic, do you agree that
22 Northern Ireland was perhaps fortunate compared to other
23 parts of the United Kingdom, and particularly I think
24 London and the South of England, that that lockdown was
25 announced by the UK Government whilst the pandemic was

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1 I think that partially explained why we had a more
2 challenging second wave.

3 So, unfortunately, pandemics work that way, that the
4 way out of it is hopefully through immunity, through
5 vaccination, and the difficulty is the timing of those
6 measures, because if they're too early you get all the
7 harms with none of the benefits, and if they're too late
8 well, they're too late and you're overwhelmed. So
9 they're just finely balanced decisions. But I agree we
10 did benefit. I think the reasons why we benefited are
11 most probably related directly to the timing, but there
12 may have been other factors.

13 Q. All right.

14 I want to move on to ask you more about the
15 challenges that you faced in your role or perhaps the
16 factors that made your role more complex, as the
17 pandemic developed --

18 A. Sure.

19 Q. -- after the first wave, and the first thing that
20 I wanted to ask you about was the funeral that took
21 place on 30 June 2020 which was attended by the deputy
22 First Minister and, I think, two other ministers.

23 Can you provide your view or opinion as to what
24 impact that might have had at the time in terms of -- or
25 if it did in any way complicate or make more complex

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1 still not as at an advanced stage in Northern Ireland?

2 A. I think, relatively speaking, although we didn't know --
3 I mean, I think that part of the problem was, you know,
4 when this information came from SAGE, we're further into
5 this. We didn't yet, at that time, know how far in we
6 were, because we weren't testing enough, but I agree we
7 did benefit in that it was introduced at a relatively
8 earlier time in Northern Ireland than certainly in parts
9 of the UK, certainly than in London.

10 Q. In terms of what explains, then, the lower mortality
11 rate in Northern Ireland during the first wave, do you
12 attribute it to that rather than anything else that
13 might be different about Northern Ireland or that might
14 provide another or contribute, as it were, to the fact
15 that there was a lower mortality rate?

16 A. I mean, I don't want to be seen not to answer the
17 question. I think it was an important contributory
18 factor, but there are other factors which I think we'd
19 need to factor in in terms of, you know, issues in
20 relation to population density, deprivation, et cetera.
21 And obviously there is the risk -- you know, we did have
22 benefits in the initial lockdown, and particularly
23 removing people who were at risk, but obviously then you
24 had more very many people who hadn't developed natural
25 immunity through -- you know, through exposure, and

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1 either the position in Northern Ireland or the position
2 within government?

3 A. I suppose I'm not in a position to give any objective
4 assessment of the impact that it had. I think my
5 concern at the time -- and there were other high profile
6 breaches of the guidance and the regulations at that
7 time, right across the UK -- was that anything whereby
8 those of us in a position of public profile and who were
9 leading the response to the pandemic or contributing to
10 leading the response, anything that suggested that there
11 was one rule for us and a different rule for someone
12 else I think was extremely problematic.

13 My concern was that that and the other incidents
14 where this occurred created a great deal of hurt, anger,
15 and also had the potential to undermine public
16 confidence in what we were asking people to do, and the
17 huge sacrifices that people had already made at a time
18 where they had many, many more sacrifices to make.

19 So I was concerned about the discordance of those
20 images and, indeed, other high profile individuals
21 across the UK who had similarly not followed the advice,
22 which was there for everyone and there for everyone to
23 follow.

24 Q. All right.

25 I wanted to ask you then about how the pandemic

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1 developed in late summer and into the autumn of 2020.
 2 **A.** Yeah.
 3 **Q.** I'm going to try to do this without reference to
 4 documents --
 5 **A.** Sure.
 6 **Q.** -- just because time is against us. But I hope these
 7 are just uncontroversial --
 8 **A.** Sure.
 9 **Q.** -- dates or general propositions.
 10 I think that it's right in Northern Ireland
 11 initially had quite a decent period where transmission
 12 of the virus actually became very low indeed --
 13 **A.** Yes.
 14 **Q.** -- I think that was probably around the, maybe, end of
 15 June, start of July?
 16 **A.** That's correct, yes.
 17 **Q.** But that then quite quickly rates began to go up?
 18 **A.** Yeah.
 19 **Q.** I think first of all it's right that you had advised
 20 ministers at quite an early stage that once restrictions
 21 were lifted, that that would be quite a likely outcome.
 22 Forgive me if I've put it -- it wasn't put as high as
 23 that, but certainly I think you advised.
 24 **A.** I mean, my advice was that it was inevitable. I mean,
 25 we had a population that we estimated less than 5% had

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1 education, schooling, university, so inexorably then,
 2 once you get a rise in younger people, it makes its way
 3 into older people, and therein was the risk.
 4 **Q.** Yes, and I think that it took a little while for that to
 5 become the position and that older people started to get
 6 infected, but I think nonetheless the advice that was
 7 given by the chief medical officers of all of the --
 8 **A.** Yeah.
 9 **Q.** -- of all of the United Kingdom was that schools should
 10 re-open and they did re-open in Northern Ireland,
 11 obviously with safeguards such as there could be in
 12 place as well?
 13 **A.** Yeah, we issued a four UK CMO letter because we felt it
 14 was so important that parents understood that it was
 15 better for children to be in school, teachers were
 16 confident that it was safe for them to be in school, and
 17 that we were really, really concerned about all the
 18 evidence that showed real harm to children from not
 19 being in school. So yes, we were -- you know, we wanted
 20 children back in school and that certainly was
 21 a priority for the Executive as well.
 22 **Q.** I think very quickly then you also had to grapple with
 23 the reality of the transmission rates I think starting
 24 to go more seriously --
 25 **A.** Yes.

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1 any immunity to this, we had no vaccine, it was highly
 2 transmissible. It is the nature of pandemics that they
 3 are growing or shrinking, and you only shrink them by
 4 reducing, sadly, the mixing of people and networks; and
 5 once you remove those restrictions it comes back. It
 6 doesn't go away, it was inevitable, and I think everyone
 7 understood that to be the case.
 8 **Q.** All right. But I think the reality obviously was that
 9 the restrictions had to be lifted --
 10 **A.** They did.
 11 **Q.** -- and I think that you advised a calibrated approach --
 12 **A.** Yes.
 13 **Q.** -- to the lifting of restrictions that effectively
 14 allowed for restrictions to be lifted sequentially but
 15 allowed time to monitor the impact of lifting one before
 16 another was lifted; is that broadly correct?
 17 **A.** That is absolutely correct. And that was in keeping
 18 with SAGE's advice at the time as well, yeah.
 19 **Q.** In terms of what was initially driving the uptick in
 20 transmission in July 2020, I think it's also correct
 21 that it was primarily amongst younger people who were
 22 initially contracting the virus to begin with; is that
 23 also right?
 24 **A.** Yes, and young people mix more. At that stage they had
 25 already made huge sacrifices in terms of their

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1 **Q.** -- up --
 2 **A.** Yes.
 3 **Q.** -- in September and that that led to the advice that
 4 there should be localised restrictions, and I think they
 5 initially took effect on 11 September in
 6 Northern Ireland?
 7 **A.** Around the 10th, and then we tightened them further,
 8 extended them further to Northern Ireland-wide on
 9 the 22nd. But before that, you know, I provided advice
 10 on the 18th, as I recall, that the Executive should
 11 begin to consider either local restrictions or
 12 Northern Ireland-wide restrictions, and we had and the
 13 Executive proposed and the Executive had agreed to, even
 14 in -- I think it was late August around 20 August to
 15 reduce the number of people who were meeting in
 16 a household --
 17 **Q.** Yes.
 18 **A.** -- and in private gardens, et cetera.
 19 **Q.** So that was the "rule of six" that came in?
 20 **A.** We never actually used the term in Northern Ireland but
 21 it was a term used in England and -- but it was the same
 22 approach basically.
 23 **Q.** And I think it's right -- schools re-opened. I think,
 24 you -- and we've already seen this, so I won't take you
 25 through it, but that you and the Chief Scientific

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1 Adviser also gave advice about opening pubs that didn't
 2 serve food and that that was something that was of
 3 particular concern to you. I think we've already seen
 4 the advice said it may not be possible to have schools
 5 open and pubs, these sorts of pubs, open at the same
 6 time. But I think it's right that pubs did re-open at
 7 a point in time in September as well. I think that was
 8 on 23 September.

9 **A.** I think it was around that time, yes.

10 **Q.** Again, I'm not going to go to the documents about this,
 11 because we've seen it before, but on 21 September SAGE
 12 gave advice, because rates were rising --

13 **A.** Yes.

14 **Q.** -- across the United Kingdom, and I think SAGE provided
 15 a menu of options --

16 **A.** They did indeed, yes.

17 **Q.** -- that were available, and I think it's also correct in
 18 fact that that was reflected in a paper that went to the
 19 Executive Committee on 24 September --

20 **A.** That's correct.

21 **Q.** -- which I think also set out those options to them.
 22 I think it's also correct, if we move sort of past
 23 that point, and I think --

24 **A.** Yeah.

25 **Q.** -- when it became clear that those localised

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1 Now, that created a huge sense at times of distrust
 2 and, in my view, significantly impeded the timings of
 3 decisions. You know, the media coverage of that became
 4 a distraction.

5 I mean, ministers should be afforded the opportunity
 6 to discuss such important matters which impact on lives
 7 and livelihood confidentially, to robustly challenge the
 8 advice that they're providing, as is within their right,
 9 to ensure that they make the best situation -- the
 10 decision they can. Because there were no easy answers
 11 here, there were just a series of bad outcomes, and some
 12 were worse than others. So it was deeply, deeply
 13 undermining and I think we experienced that as well as
 14 ministers.

15 **Q.** Yes. We know, and again I won't go to this, but on
 16 8 October there was an Executive Committee meeting, and
 17 we have already seen that it was a meeting that you said
 18 that you had never been more concerned --

19 **A.** Yeah.

20 **Q.** -- I think at that point in the course of the pandemic
 21 than you had been at that point. Is that correct?

22 **A.** That's correct.

23 **Q.** One of the ministers who gave evidence in the course of
 24 last week suggested that you had come to the meeting
 25 with that level of concern but hadn't offered any

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1 restrictions hadn't been as effective as had been hoped,
 2 that you and the Chief Scientific Adviser were
 3 advocating a more robust intervention at that point; is
 4 that right?

5 **A.** That is correct.

6 **Q.** I think that's in and around 5 October?

7 **A.** It was around that 5th, and certainly over that -- the
 8 next few days, yes, over that weekend.

9 **Q.** I think that that also coincided, perhaps -- and I won't
 10 take you to this, but one can see it in some of the
 11 messages, perhaps, between you and the CSA, that -- and
 12 there is one that talks about, for example, that you and
 13 he both felt that you were being briefed against in the
 14 media by ministers. Do you --

15 **A.** I don't think we said ministers, I think --

16 **Q.** Sorry.

17 **A.** In fairness, I think what was happening at that stage
 18 was -- and I think it's been covered by the Inquiry
 19 already -- what was undermining decision-making in my
 20 view at the Executive, and undermining the advice that
 21 we were providing, was the -- almost in real time --
 22 leaking of evidence into the media. I mean, you would
 23 be sitting in, at times in Executive meetings and the
 24 media would be reporting on something that had just been
 25 said in the Executive.

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1 recommendations to the meeting. I wonder if in fact
 2 that was correct, or whether or not the previous
 3 recommendations that had been made or the advice that
 4 had been given was still extant at that time?

5 **A.** I'm not sure the particular time period that we're
 6 referencing there, but --

7 **Q.** This was on 8 October, so she -- I think it was
 8 Minister Hargey, and I'll be corrected if --

9 **A.** Well, I think that we presented the situation to
 10 ministers and our concern. And I think -- as I recall,
 11 we had a series of meetings, I think one on the 11th
 12 I think, which might have been a Saturday or Sunday, to
 13 brief the First Minister and deputy First Minister
 14 further, and as I recall then there was an Executive
 15 meeting either at the 11th or 13th. So we were
 16 outlining the position, we were saying "We are in a very
 17 difficult position, this is what we foresee the
 18 consequences might be". In terms of pressures on the
 19 hospital system, very near to being overwhelmed. The
 20 consequences of the high levels of transmission not just
 21 on hospitals but when you have high levels of community
 22 transmission, you also have high levels of outbreaks in
 23 care homes. So we were clearly signalling the need for
 24 us to bring a further -- ministers to bring a further
 25 paper with our advice, to ensure that there was an

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1 Executive decision-making.
 2 So I think the paper of that period of the 5th was
 3 more a discussion paper of: this is the situation and we
 4 need to look -- think of what the options are.
 5 That's my recollection but I would need to see the
 6 paper.
 7 **Q.** Okay. I don't think we need worry about that, because
 8 I think matters moved apace --
 9 **A.** They did.
 10 **Q.** -- and that you did, in fact, recommend -- or you and
 11 the CSA, I think, jointly recommended that there be
 12 a six-week period --
 13 **A.** That's correct.
 14 **Q.** -- of restrictions, but that -- we've already seen this
 15 again, and I want take you to it -- but in fact the
 16 Executive Committee didn't accept that and instead
 17 enacted a four-week period of restrictions?
 18 **A.** Well, I mean, our advice is advice. I mean, they
 19 certainly considered it, but, again, ministers at all
 20 times were weighing up not just the health and
 21 scientific advice but, you know, the impacts on society
 22 and economy and a range of other things. So, I --
 23 you know, I know the words "did not accept" -- you know,
 24 it's up to ministers as to how they use the advice --
 25 and I'm sorry, I'm dancing on the head of a pin about
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1 to his children on FaceTime.
 2 **Q.** Yes.
 3 **A.** So I think ...
 4 **LADY HALLETT:** Take your time, Sir Michael.
 5 **MS DOBBIN:** Yes.
 6 **A.** My sense was the need to understand the consequences of
 7 decisions.
 8 **Q.** Yes. So that people understand what it is that you're
 9 referring to, what you had said in your message was:
 10 "How will history tell this story to the wife and
 11 two boys of a 49 year old who said goodbye to their
 12 father on Facebook on Friday ..."
 13 **A.** Yeah.
 14 **Q.** So I think what you were reflecting there was obviously
 15 the reality of the position that some people were in, in
 16 hospital, in Northern Ireland?
 17 All right, I think we can see that that was
 18 obviously a very difficult meeting for you, and I think
 19 that it's right that in terms of what happened after
 20 that was that certainly when it came to the next
 21 meeting, when the decision had to be made about what to
 22 do --
 23 **A.** Yes.
 24 **Q.** -- that in fact Minister Swann didn't feel that he could
 25 make any recommendations to the Executive Committee for
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1 the use of the word "accept", but, I mean, they -- we
 2 provided the advice and ministers made a decision.
 3 **Q.** Yes, and they didn't take it, and I think we've seen
 4 there was a four-week period of restrictions which then
 5 failed to -- I think would have lapsed on Friday
 6 12 November, and that precipitated the meetings about
 7 which the Inquiry has heard quite a lot that ran over
 8 the period of 9, 10, 11 and 12 November.
 9 **A.** Yes.
 10 **Q.** I think that it's -- you were obviously at that
 11 meeting -- or, well, if it can be characterised as one
 12 meeting, but I think it's clear from, certainly from the
 13 messages that you sent in and around this time that it
 14 was an extremely difficult meeting and that tensions at
 15 it were extremely high?
 16 **A.** That's correct, yeah.
 17 **Q.** And in fact what you went on to say, certainly on
 18 10 November, I won't bring it up on screen, but you said
 19 that it was disgraceful and that they should all hang
 20 their heads in shame in respect of the ministers; is
 21 that right?
 22 **A.** I mean, I think the second part of that WhatsApp is the
 23 relevant bit, which is putting it in the context of the
 24 consequences which I was reflecting, of, you know,
 25 a 40 -- I think -- 6 or 49-year old man saying goodbye
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1 fear of how ...
 2 **A.** Yeah, and I think -- and I think -- I'm sure the
 3 minister will speak to this -- my assessment of it,
 4 which I've covered in my statement, was -- and the
 5 minister alluded to this, and it's in the paper -- that
 6 he regretted the fact that his paper had divided the
 7 Executive. And, you know -- and I know -- and one thing
 8 I would say is throughout that period the First Minister
 9 and deputy First Minister were working very hard to
 10 achieve consensus. That proved very difficult. And
 11 I think the minister's approach was to present a series
 12 of options to ministers so that, you know, ministers
 13 felt that there were options available to them and that
 14 there could be a consensus on a way through.
 15 So there were a series, as -- I remember the paper
 16 clearly -- from A to H about different approaches as to
 17 how we might prevent the health service being
 18 overwhelmed, prevent and reduce the risk in care homes,
 19 et cetera, et cetera, and those were outlined, but there
 20 was no recommendation in the paper.
 21 **Q.** Yes. I think it's quite difficult to work out the
 22 chronology, because --
 23 **A.** Yes.
 24 **Q.** -- obviously there were -- those restrictions did lapse.
 25 It appears that there was a period of about a week at
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1 the -- from 23 November onwards when shops were open,
 2 and I think cafés were allowed to open as well?
 3 **A.** There was, yes.
 4 **Q.** And we've seen then I think that one of the consequences
 5 of that, certainly the Chief Scientific Adviser pointed
 6 to in his papers, was that even a short window at that
 7 time, again, did cause an impact again on transmission
 8 rates?
 9 **A.** It did. I mean, things were on -- and I think we said
 10 this at the time -- were on a knife edge, and --
 11 you know, we had a good impact from the four weeks but
 12 it wasn't enough and admissions were still at a high
 13 level, ICU admissions were high, the health service was
 14 running very hot, there were a lot of sick people in
 15 hospital, similarly numbers of outbreaks in care homes.
 16 And we needed more. And we did -- we did agree to
 17 a further two weeks. There was some amendments then --
 18 there was a proposal to classify toy shops as essential
 19 retail and click and collect to open. And what we did
 20 see when we looked back on that, I think it's reflected
 21 in a later Executive paper, was the first week we got
 22 a good impact, and mobility figures in terms of
 23 population movement were down, and the second week less
 24 so.
 25 But nonetheless, and I know we've shared this with

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1 **A.** Yeah, I mean, you know, people had been eventually
 2 locked down for about 40 weeks at that stage. We were
 3 hugely concerned about the damage in terms of mental
 4 health and wellbeing. People hadn't been able to visit
 5 their elderly relatives, they hadn't been able to visit
 6 their elderly relatives in care homes. I mean, there
 7 was genuine concern at that stage about the impact, and
 8 again Minister Long I think mentioned at one of the
 9 Executive meetings around 8 October that her view was
 10 the public were beginning to lose hope. And I think
 11 that was the case. There was a sense of no way out of
 12 this.
 13 So I think it was a very difficult time, undoubtedly
 14 for the population, everyone working in the health
 15 service, and I think there was a general sense: is there
 16 ever going to be an end to this?
 17 **Q.** One of the things that I wanted to ask you, if I may,
 18 about that period as well, and again I won't go back
 19 over the meeting minutes --
 20 **A.** Sure.
 21 **Q.** -- but there may have been a sense on the part of some
 22 at the Executive Committee meetings, and possibly
 23 a concern shared by you, that there wasn't sufficiently
 24 robust policing at that time?
 25 **A.** Yeah.

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1 the Inquiry, the overall package of messages that the
 2 Executive put in place at that time compared extremely
 3 favourably with other parts of the UK and were more
 4 effective by comparison to the metric in Scotland, Wales
 5 or in England and as assessed by SAGE, so, yes,
 6 you know, it was a very difficult period, as, you know,
 7 the population experienced.
 8 **Q.** I think we saw with Sir Brandon Lewis that, certainly in
 9 terms of the impact on healthcare workers in
 10 Northern Ireland and health services, that military aid
 11 was required in order to compensate for some --
 12 **A.** Yeah, I mean, staff in hospitals and care homes were
 13 burnt out at that stage. You know, my own daughter was
 14 working in intensive care as an anaesthetist, so I've
 15 friends and family working in the health service and
 16 colleagues. It was an extremely difficult time.
 17 **Q.** All right. I think that we're obviously into the
 18 decision-making that took place around Christmas as
 19 well, which was obviously pressing at that point in
 20 time, and there were difficulties, I think, in trying to
 21 arrive at arrangements --
 22 **A.** There were.
 23 **Q.** -- and I think those changed as well. But ultimately
 24 the position was arrived at that people would be allowed
 25 to meet for a short period over the Christmas holiday?

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1 **Q.** Is that right? Or certainly -- am I correct that there
 2 was a concern about that?
 3 **A.** I think that was a concern probably from August, and
 4 probably even earlier from the easing of restrictions,
 5 and I was fully supportive of the four Es approach of,
 6 you know, engage, inform, educate, I think it is, the
 7 third, and enforce. And I worked very closely with the
 8 then Assistant Chief Constable Alan Todd, we had regular
 9 calls. I think it was a very difficult ask for the PSNI
 10 on top of other competing demands, and I think we all
 11 knew that, you know, we couldn't -- you know, we
 12 couldn't police this virus into submission, and I think
 13 that ... I think the important part of the police's role
 14 was their role, in my view, in engaging and explaining;
 15 enforcement where there are egregious breaches, which
 16 there were in some instances, and fines were issued, but
 17 I think it was just about encouraging the public and
 18 reminding the public. And I think by and large my
 19 assessment was the police did a very good job in very
 20 challenging circumstances.
 21 **LADY HALLETT:** Sir Michael, can I ask about the regulations.
 22 **A.** Sure.
 23 **LADY HALLETT:** Did you discuss -- I don't know if you know,
 24 but in Module 2 I saw some of the regulations, certainly
 25 ones drafted for England and, having done nearly

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1 50 years in the criminal justice system, I couldn't have
2 enforced them. So did you have that problem here?

3 **A.** We did indeed. And the PSNI raised it on a number of
4 occasions that they found them at times impenetrable.

5 **LADY HALLETT:** Yes.

6 **A.** And the fact that they kept changing -- you know, we
7 were reviewing the regulations initially every
8 three weeks, then every four weeks. We reviewed them
9 five times in wave 1, eight times in wave 2, ten times
10 in wave 3. So they kept changing. And indeed it was
11 even difficult for the public to keep up with what we
12 were advising them to do. So I have absolutely every
13 sympathy with the police's position.

14 I'm absolutely not an expert in the regulation at
15 all, or the regulations, but I can only be but
16 sympathetic how difficult and challenging it was for
17 them.

18 Of course, you know, the Executive recognised that
19 and the police were not the only organisation
20 responsible for enforcement of regulations. The
21 Executive did provide funding to local government to
22 appoint Covid marshalls, and indeed local councils
23 played a significant role in encouraging their own
24 communities to abide by the guidance and follow the
25 regulations.

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1 perhaps to both jurisdictions during the pandemic, or
2 whether you consider that perhaps more could have been
3 done?

4 **A.** I think certainly at the professional level and policy
5 level we had long established very close working
6 relationships. I mean, Tony Holohan was the Chief
7 Medical Officer for the Republic of Ireland. You know,
8 the first contact we had I think was on 22 January and
9 then again a phone call on the 24th, and we were,
10 you know, in very regular contact throughout and we set
11 up the regular meetings then following the signing of
12 the MoU in May, as I recall.

13 I do not think that that professional co-operation
14 could have been any better. Similarly, working with CMO
15 colleagues across the UK.

16 I think there were some challenges as well, and
17 I think it's only fair to say, and particularly around
18 international travel and border and sharing of
19 information. Now, we worked through those public health
20 agencies professional to professional and found
21 workarounds, but in terms of the passenger locator
22 forms, we ran into all sorts of -- and apologies -- all
23 sorts of legislative barriers about why information
24 couldn't be shared for public health purposes, because
25 it related to enforcement. So -- and respective

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1 But look, I think it was -- at times the PSNI were
2 placed in a nigh on impossible position.

3 **MS DOBBIN:** All right.

4 I'm going to move on, if I may, to a different topic
5 completely, which is the Republic of Ireland --

6 **A.** Sure.

7 **Q.** -- and co-operation with the Republic of Ireland --

8 **A.** Yeah.

9 **Q.** -- as part of the response.

10 The Inquiry has seen a paper that was prepared by
11 the Civil Contingencies Group in the Executive Office
12 that was, I think, provided in and around maybe
13 20 February, and one of the things that it said needed
14 to be considered was civil contingency arrangements in
15 relation to the Republic of Ireland. I think as well
16 you also, certainly at the outset of the pandemic,
17 I think possibly in a WhatsApp or an email exchange with
18 the other UK CMOs, had said that modelling with the
19 Republic of Ireland --

20 **A.** That's correct.

21 **Q.** -- would be very useful, and that was right at the
22 outset.

23 I suppose the question is really this: whether or
24 not you do consider that co-operation with the
25 Republic of Ireland worked in a way that was optimal

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1 attorney generals got involved, et cetera, from memory.
2 But we did get there and we did develop a workaround.

3 So it wasn't without its challenges, and during that
4 time ministers, through a series of North South meetings
5 or quad meetings involving the Secretary of State met on
6 a very, very regular basis.

7 **Q.** So you say, I think from your answer, perhaps that you
8 don't think there was a definite or that any further
9 structures are required in order to -- if there were to
10 be another pandemic, that might make cross-border --

11 **A.** No, I wouldn't say that, and I think I did say, Chair,
12 in Module 1 that I think for the future what we need is
13 a two-island, five-nation approach. You know, this
14 sense that somehow or other that a border between
15 Northern Ireland and the Republic of Ireland insulates
16 approaches to how you respond to a pandemic is not based
17 on any epidemiological basis.

18 You know, the island of Ireland behaved like
19 a single epidemiological unit -- although there was
20 variation at times; you know, the transmission rates in
21 Dublin are not necessarily the same as in Belfast, and
22 we often had hotspots in border areas. So the
23 trajectory of the pandemic in Northern Ireland was more
24 similar to the Republic of Ireland than it was to the
25 rest of the UK.

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1 But borders are controlled -- just one example,
2 borders are national, so that would have required the
3 UK Government and the Irish Government to work
4 collaboratively, and particularly material implications
5 for the Common Travel Area, for instance.

6 So -- and you referred to civil contingencies
7 earlier. In my view there needs to be very close
8 interconnection between civil contingency planning on
9 these islands, full stop. And I would also argue that
10 pandemics spread, and with global travel we need to also
11 think about our connectedness to Europe.

12 You know, I think we just need to be more expansive
13 in terms of our learning from this pandemic.

14 Trying to control the pandemic in the UK, in
15 Northern Ireland or in the Republic of Ireland, does not
16 work; you know, it has to be a global response. And it
17 needs to be, certainly within our gift, in my view,
18 co-ordinated across the Common Travel Area.

19 **Q.** May I just ask you on the subject of borders and the
20 idea that -- the idea -- the reality that there were
21 hotspots on the border. Was there any particular reason
22 for that or is it just to do with the specific --

23 **A.** Yeah.

24 **Q.** -- locations or density of population or because people
25 travelled backwards and forwards?

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1 the need for greater policy alignment where that's
2 possible, whilst absolutely respecting that there are
3 two sovereign governments, the Irish Government, the
4 British -- the UK Government, and there are Executives
5 and assemblies in the other nations, and -- I mean,
6 I don't know the political answer to that. I mean,
7 that's a question for someone else.

8 **Q.** Okay. Thank you.

9 My Lady, I'm conscious that there are questions for
10 Sir Michael, and I was going to, if I may, pause there.
11 I think I've got a little bit more time than I thought.
12 I'm just conscious that -- I think I do have ten more
13 minutes. That's fine, I do have ten more minutes.

14 Sir Michael, I'm going to try to deal with one
15 topic, then, and I'm going to -- I'll try my best not to
16 deal with this in too superficial a manner, and you must
17 stop me if I'm --

18 **A.** Sure.

19 **Q.** -- if I take this at too fast a pace, but it relates to
20 the position in respect of care homes in
21 Northern Ireland.

22 **A.** Yeah.

23 **Q.** We did touch upon this with Mr Pengelly, and I think
24 understand something of the basic chronology in terms of
25 what happened in care homes.

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1 **A.** Well, I mean, I suppose borders are usually the same
2 wherever you look. In Northern Ireland, in the
3 Republic of Ireland, you know, you go over a bridge and
4 you're in one country and then in another country.
5 These populations are seamless. A farmer has a field in
6 one jurisdiction and he takes his cows into a field in
7 another jurisdiction. You know, these communities are
8 very close. Many of them go to school -- I mean, back
9 to the earlier discussion, many of them go to schools
10 which are in respective jurisdictions.

11 So, I mean, those same issues pertain to parts of
12 the UK, obviously, between Scotland and England and
13 between England and Wales, but I think that we did see
14 particular hotspots in Derry and Strabane and Donegal,
15 for instance. We never quite understood why that was,
16 at times, the feeling was it was transmission from the
17 Republic of Ireland into Northern Ireland, at times we
18 thought it was the other way around.

19 And I think -- then when there was different
20 restrictions North and South, so the Republic of Ireland
21 or Northern Ireland decides to open pubs and
22 restaurants, the population travels across a 200-mile
23 very porous border, and that, you know, is a significant
24 factor.

25 So it was a challenge, and I think it does speak to

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1 **A.** Yeah.

2 **Q.** I think what we have seen is some communications that
3 took place -- for example, we see it in March, that
4 there was a letter from Mr Pengelly to the chief
5 executive of arm's length bodies, and in the Department
6 of Health's summary Covid-19 plan from, I think it was,
7 mid-March to mid-April, the advice or guidance given
8 that trusts will work to maximise and utilise all spare
9 capacity in residential, nursing and domiciliary home
10 care, so I think reflecting the advice at that time, and
11 we've seen other iterations of this as well and the way
12 that it was put, that effectively -- I think the idea
13 was that people should be moved from hospital where
14 possible to live in care homes in order to provide space
15 in hospitals.

16 So, I mean, first of all it is right, isn't it, that
17 that was the policy that was initially adopted at the
18 outset of the pandemic?

19 **A.** I mean, I think that -- I mean, I think the letter,
20 I don't have it in front of me, but I think it actually
21 indicates, you know, where it's clinically appropriate.
22 I mean, there was never a policy direction to the health
23 service to discharge people from hospital. I mean --
24 and it was made clear at all times that the decision to
25 discharge an individual patient is a clinical one for

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1 the clinical team. We historically have a problem,
2 which is common across the UK, of delayed discharges
3 because of the inadequacies of time, and it's not solely
4 this, but of the adult social care system. And that's
5 not a reflection of those working in it, it's simply
6 a reflection of the resourcing and funding over quite
7 a considerable period of time.

8 I think what the letter was indicating, I think
9 appropriately, was the concern that there would be
10 a significant number of people requiring hospital care
11 and that we wouldn't be able to manage that demand, and
12 indicating that trusts need to do everything they could
13 to make sure when it was clinically appropriate to
14 ensure the discharge of patients from hospital, whether
15 to home or elsewhere.

16 I think that's how I would present it but, you know,
17 I do accept, you know, it can be interpreted in
18 a different way.

19 **Q.** I think -- I mean, regardless of how it's interpreted,
20 I think the issue that arises is the testing of people
21 before they were discharged from hospital into care
22 homes.

23 **A.** Sure.

24 **Q.** And I think from the face of the documents we've seen --
25 and I'm thinking there's an email about this on 18 April
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1 and outbreaks in care homes.

2 And, you know, we can bring up the INQ if it would
3 be helpful, but the evidence would suggest that the most
4 significant indicator of care home outbreaks is the size
5 of the care home, which is a proxy measure for footfall.

6 So the most important thing you can do in
7 a pandemic, such as Covid, is to reduce, tragically and
8 sadly with all the consequences -- reduce the footfall
9 into care homes, and that's, you know, other
10 professionals coming in to make assessments. It's also,
11 sadly and tragically, the consequences of the
12 restrictions that were placed on visiting. It's also in
13 terms of ensuring that you don't have inspectors moving
14 from home to home. And that, actually, if you correct
15 the care home size that the contribution of discharge
16 from hospitals, the evidence would show, made a very
17 small contribution.

18 The reason I only make that point is not to defend
19 testing or not testing, but I think that, in terms of
20 learning for the future, we really do need to understand
21 what the drivers of infection were in care homes.

22 The most important thing to protect vulnerable
23 individuals in care homes is the effectiveness of
24 infection prevention and control, which is difficult in
25 a care home because you've got staff who are providing
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1 that is then reflected in policy advice on 19 April?

2 **A.** That's correct, yes.

3 **Q.** I think that -- and, again, this was following what was
4 happening in England, and it was only then that it was
5 said that all discharges to care homes -- I will put
6 this properly -- that all individuals who were
7 discharged from care homes should be tested for
8 Covid-19.

9 As the Inquiry understands the position, it's really
10 around 19 April that that becomes the policy guidance
11 that that testing should take place.

12 **A.** I mean, I think that -- I mean, if we look back on this,
13 an important learning point in all of this is the severe
14 limitations that we had and testing capacity. There
15 were many things that we would have wanted to do, in
16 terms of testing, that we just didn't have the tests to
17 do. We did prioritise tests for those in care homes and
18 adult social care and also for vaccines later on. We
19 just didn't have the testing capacity.

20 I think that there is a wider -- and this is
21 a really important contextual piece, which is: the best
22 way to protect the vulnerable and protect those in care
23 homes is to drive down community transmission. All of
24 the evidence and all the peer-reviewed evidence suggest
25 that the correlation is between community transmission
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1 close personal care with the activities, supporting the
2 activities of daily life. So the infection prevention
3 and control arrangements are crucially important. And,
4 yes, testing of both staff and patients, whether they
5 come in from the community or from hospitals, are also
6 an important part of that.

7 But had we done nothing else and tested people
8 coming into care homes, sadly and tragically, that would
9 not have prevented the huge consequences that we saw in
10 terms of deaths in care homes.

11 And I think I make that point only to say that there
12 is important learning in the experience in care homes,
13 and it would be evidentially ... in the evidence,
14 there's no basis for saying that it was solely due to
15 people being discharged from hospitals. Undoubtedly,
16 that did make a contribution, but it wasn't the major
17 factor.

18 **Q.** I think another factor must have been, though, the lack
19 of test -- the lack of routine testing in care homes for
20 a very considerable period of time.

21 **A.** Well, I think that the testing -- you mean healthcare --
22 social care staff working in care homes were prioritised
23 for testing from the very first -- sorry, I beg your
24 pardon -- the second version of the interim testing
25 protocol from 28 March. And, you know, I think we all
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1 would have wished to have increased testing in care
2 homes, both in terms of people, you know, where a care
3 home is their home, and in staff working in care homes,
4 and people coming in from care homes and coming out of
5 hospital.

6 We didn't have the testing capacity, and it was
7 only -- also, the other point was that our knowledge and
8 awareness of the risks, particularly of asymptomatic
9 infection, which we discussed earlier, became clearer.

10 So we went to extensive efforts -- I'll not rehearse
11 this, and it's covered in my statement. The minister
12 was very clear of the priority he afforded to the
13 testing in care homes and very clear on his direction to
14 us to roll that out as quickly as we could, and we did.

15 Do I wish we could have rolled it out quicker?

16 Of course I do.

17 **Q.** I think it's right, and forgive me if I have the
18 chronology wrong, that I think it was the -- by
19 12 April, there was testing of all symptomatic residents
20 where a care home reported two or more symptoms.

21 **A.** Sorry, do you want to run the date past me again, sorry?

22 **Q.** 12 April.

23 **A.** I think it was before that. Actually, I think from
24 24 March, we were testing up to five individuals, and
25 then we would say, you know, this is an outbreak.

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1 **Q.** Yes.

2 **A.** So, you know, I think if there's anything that needs to
3 come out of the Inquiry, it's the importance of actually
4 having diagnostic capacity and the ability to ramp that
5 up very quickly once you've identified what the next
6 novel virus is and how we're going to test for that.

7 **Q.** Because I think it's right that it wasn't until 3 August
8 that there was regular testing of people that lived in
9 care homes every 14 days.

10 **A.** No, we didn't -- well, the answer -- well, two parts to
11 that. We did start the rolling programme of testing
12 from 11 May, as I've said, and -- sorry, maybe I have
13 misunderstood. What was the date again?

14 **Q.** Regular testing, so periodic testing of people that
15 lived in care homes every 14 days was 3 August.

16 **A.** Prior to that, as I said, in May, we started testing and
17 a rolling programme, and the minister announced that on
18 the 18th. And we said that we would complete the
19 testing on all care homes that had previously had
20 outbreaks. We completed that programme, as I recall, on
21 28 June. And then we announced -- you know, we
22 continued to test.

23 But you're correct that the rolling programme
24 commenced on 3 August, and we were only able to do that
25 then because we could use the national testing capacity.

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1 What we did in the early days was we used the
2 approach that we would use for seasonal flu. So if we
3 had an outbreak in a care home, you would -- and people
4 were symptomatic, we would test up to five individuals,
5 and then we would isolate those individuals, and that
6 was the public health approach and evidence base at that
7 time.

8 From 12 April, from memory, we then began testing
9 all symptomatic patients in care homes, and then from
10 24 April, we started testing all symptomatic people
11 living in a care home and staff, and then we started the
12 roll-out of the testing programme in care homes that
13 didn't have outbreaks, from memory, on 11 May, and the
14 minister announced it on 18 May. And then we had the
15 rolling programme of regular testing which began on
16 3 August.

17 So we ramped it up as quickly as we could, but,
18 I mean, I think, maybe just to illustrate the point, on
19 19 March, we had a testing capacity in Northern Ireland
20 of 200 tests. That was all that was available to us.
21 At the end of April, we had a testing capacity of, as
22 I recall, 1,600 tests through a lot of hard work and
23 scale-up. But the Pillar 2, which was the national
24 testing programme, we had something like 300 available
25 to us.

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1 And we didn't test every two weeks residents because we
2 did, at the time -- you mentioned earlier about the
3 level of transmission. We altered that, depending on
4 the levels of transmission.

5 So initially, as I recall, we were testing staff
6 every two weeks and residents every month, because,
7 you know, if you're an 80 year old or an 85 year old in
8 a care home, and you remember those swabs in the early
9 days were very unpleasant. They had -- you know, you
10 had the swab in the back of your throat. You had a swab
11 up both nostrils. And there were many people living in
12 care homes who were confused or who had dementia, and we
13 were genuinely concerned about some of the implications
14 of that.

15 So we did increase the testing of both, as I recall,
16 staff and residents depending on the level of community
17 transmission which was driving the infections in care
18 homes.

19 **MS DOBBIN:** My Lady, I'm conscious that other -- that
20 core participants --

21 **LADY HALLETT:** I'm afraid you probably now have run out,
22 Ms Dobbin, sorry.

23 Ms Campbell.

24 **Questions from MS CAMPBELL KC**

25 **MS CAMPBELL:** Thank you, my Lady, and thank you,
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1 Sir Michael.
 2 Sir Michael, you know I ask questions on behalf of
 3 the Covid Bereaved Families for Justice in
 4 Northern Ireland.
 5 I have three topics in ten minutes, so forgive me if
 6 we take them at something of a canter. But I want to
 7 return, please, to the end of January 2020, and perhaps
 8 we can put back on screen the Professor Woolhouse
 9 exchange which is at INQ000047559. Thank you. And the
 10 second page, please. I want to look at this from
 11 a slightly different perspective, Sir Michael.

12 Firstly, you're very familiar with the content of
 13 Professor Woolhouse's email.

14 A. Yes.

15 Q. And we know that in the body of his email, he refers to
 16 the WHO numbers in terms of the reproductive rate and
 17 the case fatality rate. He refers to having -- if one
 18 was to put those numbers into an epidemiological model
 19 for Scotland, they would have grim predictions, and then
 20 he reinforces that, in fact, that's not a worst-case
 21 scenario, but just building on essentially the WHO's
 22 central estimates and currently available evidence
 23 presents a reasonably grim picture. And you know that,
 24 and I see that you're nodding.

25 Firstly about this, and it's a very brief point,
 193

1 asked against a tight timeline for his view in terms of
 2 evacuation of UK citizens from Wuhan. And his advice is
 3 underneath where the name has been redacted, and he
 4 says:

5 "I think there are two reasons we should be
 6 considering evacuating people who are older or have
 7 pre-existing health conditions from Wuhan and the
 8 surrounding area if they request it ..."

9 He goes on setting out four essentially reasons for
 10 that, but at point (a):

11 "This seems to be the group most affected by the
 12 novel coronavirus, and it is very difficult to determine
 13 level of risk as inevitably the data coming out is going
 14 to be behind the reality."

15 So these joint emails, if we put them together and
 16 combine them, firstly present a very clear statistical
 17 warning in terms of epidemiological statistics that
 18 Professor Woolhouse had identified. And, secondly, in
 19 terms of Professor Sir Chris Whitty's response, it
 20 identified that there was -- there were particular
 21 categories of people that needed, even at that early
 22 stage, to be prioritised, and those were older people
 23 and those with pre-existing health conditions; isn't
 24 that right?

25 A. I mean, I have a view of joining those two together
 195

1 I hope. There wasn't anyone at this stage putting such
 2 numbers into an epidemiological model for
 3 Northern Ireland, was there?

4 A. Not at that stage, in that we didn't -- sorry, the
 5 answer to your question is no, we weren't doing it at
 6 that stage.

7 We were using -- in early February, we were using
 8 the estimates from reasonable worst-case scenario for
 9 pandemic flu, and indeed as we alluded to earlier, we
 10 did provide that estimate. I think it was early
 11 February we did that; I think about 5 or 6 February. So
 12 we were doing the same sorts of estimates, but that was
 13 based on the reasonable worst case flu scenario which we
 14 had agreed as UK CMOs was a reasonable point to start
 15 planning from until we got hard data about Covid.

16 Q. We know that at this stage that Professor Young was
 17 still in post, and we know from your earlier evidence
 18 that you didn't approach him in terms of any assistance
 19 that he could offer within that timeframe and indeed
 20 before he left for his period of leave in mid-February.

21 A. Yeah.

22 Q. But if we can please scroll up to the first page of this
 23 email exchange, because in a response essentially to the
 24 same email chain, we can see at the top that Chris, and
 25 we understand that to be Professor Sir Chris Whitty, was

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1 because I don't think that's -- I mean, we're conflating
 2 two separate issues, but I'm happy to answer the
 3 question if there's a question there.

4 Q. Certainly, the statistics that Professor Woolhouse had
 5 indicated were worrying. Whether or not they were
 6 entirely reliable; certainly they were alarming. And,
 7 secondly, and whether it's connected or not, certainly
 8 in this email, categories of people who were
 9 particularly vulnerable had been identified as priority
 10 by Professor Sir Chris Whitty.

11 A. On the -- Professor Woolhouse's email, that was not
 12 informed by any hard data that we had about how Covid
 13 would behave --

14 Q. Yes --

15 A. -- and I think that's an important point.

16 Q. Well, it is one that I think you made, in fact, in
 17 evidence earlier today.

18 A. Yeah. So, you know, it was not based -- because,
 19 unfortunately, we did not have hard data that would
 20 inform the various calculations that you would need to
 21 make in terms of what the impact would be. So you were
 22 largely -- modelling at that time, such as it was, was
 23 based on very, very wide confidence intervals --

24 Q. Sir Michael, I don't want to stop you, but in fact
 25 her Ladyship has heard the evidence --

196

1 A. Oh, sorry. Okay.
 2 Q. -- in Module 1 and Module 2 in relation to that as well.
 3 A. Apologies --
 4 Q. I think the point that I do want to focus on is that
 5 statistics being reliable or not, or certainly subject
 6 to interpretation --
 7 A. Sure.
 8 Q. -- there were categories of people who one needed to be
 9 particularly concerned of from the outset.
 10 A. I mean, I think -- I mean, I think this is a really,
 11 really important point because what we were -- we,
 12 again, on terms of clinical vulnerability -- and I cover
 13 this extensively in my statements. It was very
 14 difficult to ascertain and compare one healthcare system
 15 and the impact that this novel virus was having in
 16 a healthcare system compared to a UK healthcare system,
 17 and there are two really important factors there because
 18 the demographics of the population are different, and
 19 the other factor is the health service provision is
 20 different. So a novel virus like this could have a very
 21 different impact in China, given population density,
 22 given the health service as it was, as compared to the
 23 demographics of a UK population, depending on its age,
 24 characteristics, social deprivation, et cetera, and the
 25 health service.

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1 A. That's correct.
 2 Q. -- that older people were particularly vulnerable?
 3 A. We could see what was happening in other countries --
 4 Q. Yes.
 5 A. -- and so, you know, there was an awareness of a level
 6 of risk, yes.
 7 Q. Well, given the awareness of the risk, level of risk,
 8 and the Chair has heard evidence both in this module and
 9 in other modules that there was an awareness that
 10 a problem would come when the virus hit hospitals and
 11 care homes. At what point did you, in your role as CMO
 12 within the Department of Health, direct that there
 13 should be particular consideration given to priority
 14 groups in preparation for the oncoming pandemic, and
 15 those priority groups being older people and those who
 16 are vulnerable?
 17 A. Well, I mean, certainly, I worked with the professional
 18 colleagues and policy teams leading in this area, so
 19 the -- and my team worked very closely with them. So we
 20 had the director of Older People's Services and the
 21 Chief Social Worker who was leading on this work with
 22 support from one of my DCMOs. And we took a number of
 23 steps in terms of -- we've already alluded to the
 24 guidance that was issued. I mean, the first guidance
 25 that went out to care home sector and then --

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1 What this was relating to was an observation that,
 2 insofar as we could see, that it was older people in
 3 China and those with long-term conditions, pre-existing
 4 health conditions, that were suffering severe disease.
 5 That didn't necessarily translate. And, you know,
 6 again, I have covered this in my statement. We were not
 7 yet certain or sure at all whether that would translate
 8 into a UK scenario.
 9 Q. When did it become obvious to you, Sir Michael, that
 10 older people and those with pre-existing health
 11 conditions be prioritised --
 12 A. Well, we really had -- we had emerging data globally,
 13 but the first hard data that we had, in terms of how
 14 this would behave in the UK, was when we had UK cases.
 15 And, again, as I've covered in my statement, we had
 16 an approach where we examined in detail the first few
 17 hundred cases which was to identify those individuals
 18 who were hospitalised with severe disease, those that
 19 ended up -- so it was really -- you know, to answer your
 20 question, it was not until we had experience of the
 21 disease in the UK that we were able to say definitively
 22 these are the individuals at risk --
 23 Q. So, if I understand you correctly, you were not able to
 24 say definitively until presumably some point in
 25 mid-March, is that right --

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1 Q. Okay. I'm going to stop you there because that is
 2 the --
 3 A. -- February --
 4 Q. Yes --
 5 A. Sorry.
 6 Q. We know that there was guidance that went out, and in
 7 fact --
 8 A. Okay.
 9 Q. -- guidance that we have looked at, or at least been
 10 referred to in the course of this module, in relation to
 11 care homes was developed in and around 16 March and
 12 distributed on 17 March. And we've heard evidence from
 13 Mr Lynch, the Commissioner for Older People, about his
 14 involvement in that.
 15 Would it be right to say that it really was not
 16 until that period of mid-March when there was active
 17 consideration given to what was going to happen when
 18 this virus hit care homes?
 19 A. No. I mean, again, as I was trying to point out there,
 20 the first guidance that went out to care homes was from
 21 the chief professional officers in the department and
 22 the Chief Social Worker and his director was on
 23 27 February, so it was at the end of February, as
 24 opposed to the middle of March. And there was updated
 25 guidance then in and around 12 or 13 March.

200

1 I think the first -- I mean, that was largely --
 2 early documents were based on Public Health England's
 3 assessment of risk around prevention, what to do if
 4 someone develops symptoms, around isolation. The first
 5 very detailed guidance, as you correctly point out, went
 6 out on 17 March, and then there were further iterations
 7 of that.

8 **Q.** Can I ask you: did you contribute to that guidance?

9 **A.** I didn't personally contribute to that, but my Deputy
 10 Chief Medical Officer, who I mentioned earlier, has --
 11 a public health consultant -- extensive background in
 12 public health did actively contribute to it.

13 **Q.** Did you contribute to the Department of Health strategy
 14 in relation to -- and I know you said it wasn't a policy
 15 as such, but in terms of discharging patients from
 16 hospital in order to free up spaces. Is that something
 17 that you --

18 **A.** No, I didn't. I didn't contribute to that. I didn't
 19 provide professional advice into that, and it wasn't
 20 because that wasn't a very important area. There were
 21 policy colleagues working on that. They were also
 22 accessing the best available advice from Public Health
 23 England who have experts in this area which we couldn't
 24 replicate. They were also working very closely with the
 25 Public Health Agency and, as I say, on all aspects of
 201

1 "Do not continue with your non-statutory inspections."

2 **Q.** Yes.

3 **A.** Inspections in care homes are statutory inspections.
 4 So, essentially, what we were giving RQIA here was
 5 regulatory flexibility. The inspectorial function
 6 within RQIA during the 13 weeks when they were given
 7 that flexibility did not cease, did not stop. Basically
 8 what we were asking them to do and directing them to do
 9 was to use an evidence-based, risk-based approach in
 10 terms of their inspection. So they did, and over that
 11 period, from my memory, conduct 61 inspections. 51 of
 12 them were face-to-face and involving(?) visits to care
 13 homes. Some of them were remote; others were hybrid.

14 In terms of the eyes and ears, at that time, RQIA
 15 was -- redirected its resources to develop a home
 16 support team which was in daily contact with care homes.
 17 They developed an app and subsequently a web portal
 18 where they were assessing --

19 **Q.** I --

20 **A.** No, I think it's a really important --

21 **Q.** I -- it is important --

22 **A.** No, it is important, because --

23 **Q.** -- but there is in fact going to be another module on
 24 this in --

25 **A.** No, but I think this is an important point, if you
 203

1 this. But I personally, due to other commitments,
 2 wasn't contributing, no.

3 **Q.** I want to ask you about a letter that you wrote on
 4 20 March, and it's INQ000103688. I anticipate it's one
 5 that you will be familiar with. It's a letter that you
 6 wrote to RQIA instructing it to cease all non-statutory
 7 inspections of care homes.

8 Just to put this into context, we know that at
 9 around this time care home guidance had gone out on
 10 17 March. Many care homes, if not all, had in fact
 11 stopped visiting in order to protect their residents.
 12 We know that there was going to be, if it hadn't started
 13 already, a significant discharge of people from
 14 hospitals into care homes in order to clear space in
 15 hospitals, and we know that many of the people whom I'm
 16 representing from then or thereabouts onwards were
 17 denied access to their loved ones, and the eyes and ears
 18 on the ground were withdrawn.

19 Did you consider, when you instructed RQIA to cease
 20 all non-statutory inspections of care homes, that that
 21 would essentially withdraw eyes and ears from what was
 22 happening in care homes in that particularly vulnerable
 23 time?

24 **A.** Just to provide clarity, the letter addresses two
 25 things. Firstly, it basically says to RQIA, you know,
 202

1 wouldn't mind, and I'll finish it very briefly.

2 There were more eyes and ears in care homes in terms
 3 of RQIA -- there were -- the home support team had 3,500
 4 calls. They were professionals providing advice to care
 5 homes during the first wave. And the weekend of Easter,
 6 there were 400 direct calls into care homes to check in,
 7 and those assessments that the department was receiving
 8 through professional colleagues within the chief social
 9 services officer looked at occupancy, outbreaks, whether
 10 they had sufficient PPE, and any testing --

11 **Q.** Yes --

12 **A.** -- so I think the point about not having eyes and ears,
 13 combined with the fact that in the first wave there
 14 were, you know, 23,000 hours of nursing time from trusts
 15 supporting care homes, I think it's just important that
 16 we have a rounded picture. Whether that was enough
 17 I think's another matter.

18 **Q.** Well, it's a matter for another module, in fact.

19 **A.** Yes.

20 **Q.** I'm going to move on and deal with, very briefly,
 21 co-ordination with the Republic of Ireland. And I want
 22 to talk about in particular the memorandum of
 23 understanding, and we can put it up, if we may. It's
 24 INQ000130355.

25 The memorandum of understanding, as we understand
 204

1 it, was developed after a meeting that had happened on
2 14 March with senior ministers from Northern Ireland,
3 with counterparts including Leo Varadkar and
4 Simon Coveney from the South, and yourself and
5 Dr Holohan --

6 **A.** That's correct.

7 **Q.** -- were both present at the time. Okay.

8 There was, in that meeting on 14 March, a desire
9 expressed for joint messaging, a desire expressed for
10 working together, and as a result of that, the
11 memorandum of understanding -- and we can see, in fact,
12 at paragraph 1.2 and 1.3 is in part the outcome.

13 Now, if we go down -- and, again, just very quickly
14 through it, paragraph 4.2, 4.3, we will see some of the
15 issues that were the subject of it. So public health
16 and non-pharmaceutical measures is one heading, and I'm
17 only going to look at headings. 4.3, common public
18 messages. 4.4, behavioural change. And over the page,
19 please, to paragraph 6 -- well, paragraph 5, we can see
20 is regular engagement, but paragraph 6 in particular,
21 thank you, is that:

22 "Given that the response to Covid-19 requires
23 a whole-government approach, participants will provide
24 an agreed regular update to our respective
25 administrations."

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1 generate that two-island, five-nation interest.

2 **A.** I was going to come on to that, because I thought the
3 first part of your question was about was it appropriate
4 in terms of the policy issues that were within that.

5 So I think in terms of the policy issues, I think
6 that format was entirely appropriate, because we had the
7 support of policy colleagues.

8 You're absolutely right, this is not a substitute
9 for political engagement discourse, and the work that we
10 were doing under the aegis of the MoU did certainly
11 inform our respective updates to minutes or meetings of
12 the North South Ministerial Council. I did support the
13 minister, deputy First Minister and First Minister at
14 quad meetings, which involved the Taoiseach, the
15 Tánaiste and -- at times, and also the
16 Secretary of State.

17 So those regular political engagements and
18 discussions were ongoing, and certainly when we had
19 the North South ministerial meetings, the Chief Medical
20 Officer in the Republic of Ireland, my counterpart, and
21 I would have provided updates in relation to work that
22 we were separately doing, or of -- also areas of
23 collaboration.

24 **Q.** Sir Michael, final topic -- and I know I'm pushing it,
25 my Lady -- you were asked earlier in your evidence about

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1 Then if we can go to the last page, please, we can
2 see the box for signatories, and it is signed or was to
3 be signed by yourself and the Chief Medical Officer for
4 the Republic.

5 Did you in fact sign it off, as a final --

6 **A.** My recollection, it was signed off as a final document,
7 yes.

8 **Q.** Given the topics within it, I mean, things like
9 non-pharmaceutical interventions, communications,
10 behavioural change, are not exclusively the remit, if
11 you like, of the Chief Medical Officer but do stray into
12 policy and in fact do stray into politics when it comes
13 to communications. Was consideration given to having
14 this signed off at a higher level?

15 **A.** I think that the outworkings of this, Tony Holohan -- or
16 Dr Holohan and myself were supported by respective
17 policy teams. So, following the signing of this,
18 I think our first regular meeting, formal meeting, was
19 on 14 May, so we would have had the respective policy
20 teams from the Republic of Ireland and --

21 **Q.** Well, by higher level, in fact I'm thinking of the
22 First Minister, the deputy First Minister, the
23 Taoiseach --

24 **A.** Sure.

25 **Q.** -- perhaps even the Secretary of State, in order to

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1 an email exchange between you and Bernie Rooney in
2 relation to a submission that she had provided to the
3 Executive Office on the -- to the First Minister and
4 deputy First Minister on 30 January.

5 Bernie Rooney is, we know, a senior civil servant,
6 who at the time was a deputy director of the
7 Executive Office who reported to Chris Stewart, who in
8 turn reported directly to --

9 **A.** Yes, yes.

10 **Q.** -- the head of the Civil Service. Were you aware of
11 that --

12 **A.** Yes, I was.

13 **Q.** -- at the time? Okay.

14 Ms Rooney has provided a statement to the Inquiry,
15 and I wonder if we can have a look at it.

16 INQ000468508, and it's page 11.

17 And at this part of her statement she addresses this
18 exchange with you, and it's that that I would like your
19 assistance on.

20 **A.** Okay, just to clarify, this isn't in my evidence
21 proposals and I haven't -- I don't think I've read this
22 statement, but I'm happy to try to answer questions as
23 best I can.

24 **Q.** I don't want to be unfair to you in any way and if we
25 need to do it in a different way, no doubt we can.

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1 Can we zoom in, please, at paragraph 46, to -- there
2 we go.
3 This is just to indicate that she had sent the
4 submission which had been requested and approved by her
5 manager to the First Minister and deputy First Minister
6 on that date.

7 And can we go to the next paragraph, please.

8 That evening she received a telephone call from the
9 Chief Medical Officer expressing his dissatisfaction
10 that she had prepared and submitted the submission. She
11 apologised and explained that it had been -- she had
12 been asked to prepare it and submit it by Chris Stewart,
13 and that Dr Naresh Chada, the Deputy Chief Medical
14 Officer, had provided input and seen the submission
15 prior to it being forwarded to the First Minister and
16 deputy First Minister.

17 And the next paragraph, please. In fact the next
18 two paragraphs:

19 "Dr Michael McBride asked for some amendments to be
20 made and asked me ... [Document read] ... should be
21 cleared by him personally and that this should not
22 happen again."

23 She amended the submission and ensured that the
24 updated version, including your comments, were presented
25 to the First Minister and deputy First Minister. And it
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1 **Q.** But in fact Ms Rooney indicates that your advice to her
2 was that all submissions to the First Minister and
3 deputy First Minister and the Executive should be
4 cleared by you personally and that it should not happen
5 again that anything should go --

6 **A.** I mean, I think that that -- look, I've indicated
7 earlier that I accept the wording in an email. I think
8 that -- and the email is there. What I was referring to
9 was my professional, technical advice.

10 I mean, this was a rapidly developing situation. It
11 was crucially important, in my view, that the advice to
12 the First Minister and deputy First Minister accurately
13 and fully reflected the picture. And I've already
14 alluded to the email of 29 January, when the references
15 to comments that Professor Sir Chris Whitty made had
16 been misinterpreted and reflected in an email of
17 29 January. So I had a professional responsibility to
18 ensure that professional -- and then, in the absence of
19 the Chief Scientific Adviser -- professional medical and
20 scientific advice was absolutely robust and accurate.

21 I absolutely agree that how that's written is, can
22 be interpreted differently. Not -- I mean, it is
23 understood, as I said earlier, I do not clear papers to
24 ministers in other departments, I do not clear papers to
25 the First Minister and deputy First Minister, but what
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1 was after that we see at paragraph 49 that
2 Dr Michael McBride emailed asking her to confirm that
3 the submission had been amended, and that is the email
4 that we had just looked at.

5 **A.** Yeah.

6 **Q.** Sir Michael, on 30 January you phoned a senior civil
7 servant in the Executive Office in relation to work that
8 she had undertaken briefing the ministers from the
9 Executive Office about a very important issue of
10 pandemic preparedness. That's what --

11 **A.** That is correct, yes.

12 **Q.** -- the statement indicates. And do you accept that that
13 happened?

14 **A.** No, I agree that that happened, and I think I addressed
15 that in my answer earlier, that my rationale for that
16 was to ensure that the First Minister and deputy First
17 Minister were receiving information, in a submission
18 that was a professional and technical nature, that was
19 absolutely correct. I mean, that is a professional
20 responsibility of mine.

21 I think at that time, as I've said earlier, and as
22 I recall, Bernie -- sorry, Ms Rooney explained to me,
23 I hadn't been aware that the advice and input had been
24 provided by the Deputy Chief Medical Officer. So it was
25 a misunderstanding on my part.
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1 I would expect to do is clear professional, technical
2 advice to inform those papers, and that happened
3 throughout the pandemic.

4 **MS CAMPBELL:** Thank you.

5 **LADY HALLETT:** Thank you, Ms Campbell.

6 Ms Murnaghan, did you have something that you wanted
7 to raise, was there a document?

8 Questions from MS MURNAGHAN KC

9 **MS MURNAGHAN:** There is a document, my Lady.

10 It's INQ000474210.

11 My Lady, it's quite convenient.

12 It leads on, Sir Michael, from the question you have
13 just been posed, this question which was raised before
14 lunch today by Senior Counsel to the Inquiry about the
15 email from yourself to Ms Rooney about clearing
16 documents.

17 Now, in your response you explained that, and you've
18 explained again, you're referring to clearing in
19 a professional and technical advice and you stated it
20 was crucial, you were confident in respect of the nature
21 of that technical and professional advice.

22 So if we could look actually at that INQ000474210
23 document, and in particular at paragraph 2 of that
24 document, we should see the track -- are you able to
25 see, Sir Michael, the track changes on the document?
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1 **A.** Are those my track changes, or ...?
 2 **Q.** Yes, it actually doesn't come up on this copy, but we
 3 have another copy in which the track changes -- and we
 4 can see that they're attributed to your personal email
 5 account.
 6 I was wondering if you could look at the track
 7 changes, and whether you could consider whether the
 8 advice before the addition of your track changes had
 9 accurately reflected what had been said at the COBR
 10 meeting?
 11 **A.** I do not believe that before the track changes it fully
 12 or comprehensively reflected the discussion at COBR, and
 13 I would want to emphasise that is absolutely not
 14 a reflection on either Ms Rooney or, indeed, my Deputy
 15 Chief Medical Officer. I was at the meeting and I felt
 16 it was absolutely essential that the First Minister and
 17 deputy First Minister had first-hand read-out of, as
 18 CMO, my understanding of what had been said at the
 19 meeting and the significance of that.
 20 You know, I felt it was also important to emphasise,
 21 and again this point has perhaps been missed as well,
 22 that when the WHO declares a pandemic, it doesn't mean
 23 that we're going to see the consequences and scale of
 24 something that unfolded tragically over the last number
 25 of years and we're still -- many are still living with

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1 **THE WITNESS:** But we needed --
 2 **LADY HALLETT:** Otherwise, I'm afraid -- I'm so sorry,
 3 Sir Michael -- I'm going to have a stenographer downing
 4 tools. I'm the one that will pay the penalty, not you.
 5 Is that sufficient? I've got the point.
 6 **MS MURNAGHAN:** Yes. Very much --
 7 **LADY HALLETT:** I appreciate the point you wanted to make was
 8 that there were amendments that Sir Michael thought he
 9 had to make --
 10 **MS MURNAGHAN:** Yes.
 11 **LADY HALLETT:** -- given his professional capacity.
 12 **MS MURNAGHAN:** Yes. Very much obliged.
 13 **LADY HALLETT:** And that's really the point that Ms Murnaghan
 14 was trying to explore.
 15 **THE WITNESS:** I'm glad you understood it because --
 16 **LADY HALLETT:** Don't worry, I have been alerted to it.
 17 **THE WITNESS:** Okay.
 18 **LADY HALLETT:** I had forewarning, so I knew.
 19 **THE WITNESS:** All right.
 20 **LADY HALLETT:** So thank you very much for your help,
 21 Sir Michael. I appreciate you helped me in Module 1.
 22 It was Module 1, wasn't it, I think?
 23 **THE WITNESS:** It was Module 1, yes.
 24 **LADY HALLETT:** And I may well have to call on you again, I'm
 25 not sure yet, but --

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1 the consequences.
 2 What it means is that there is a new virus in
 3 circulation and it's spreading globally, but it is
 4 neutral in terms of what the potential impact is.
 5 Because again, at that time, when something's declared
 6 a pandemic, you don't wait -- you don't wait to see what
 7 the impact is. So for instance, with H1N1, we declared
 8 a pandemic. We anticipated a very significant impact
 9 and consequence, and that didn't ultimately transpire,
 10 it was -- by comparison to this pandemic.
 11 So I think that the additions of those comments,
 12 while they may seem to be small, I think are significant
 13 contextually.
 14 **Q.** Yes. And can you relate them, therefore, then, to the
 15 context of the email which you sent covering, given that
 16 the -- the significance, as you have outlined, to the
 17 changes?
 18 **A.** Yeah, I mean, I think the final sentence is particularly
 19 important, where I indicate the need for governments to
 20 increase the level of planning and preparedness. And
 21 I think this was the point that I was very keen to
 22 signal, and I know we've discussed this earlier in my
 23 evidence, and that --
 24 **LADY HALLETT:** I think we're going to have to leave it
 25 there.

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1 **THE WITNESS:** Sure.
 2 **LADY HALLETT:** And I do understand the demands it makes upon
 3 not only you personally but obviously people with whom
 4 you work, so I'm very grateful for your help.
 5 **THE WITNESS:** Happy to be of assistance.
 6 **LADY HALLETT:** Thank you.
 7 **(The witness withdrew)**
 8 **LADY HALLETT:** 10 o'clock on Monday morning. I hope people
 9 have as good a weekend as they can.
 10 **(4.35 pm)**
 11 **(The hearing adjourned until 10 am**
 12 **on Monday, 13 May 2024)**
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