

Witness Name: ROBIN SWANN, MLA

Statement No: 2

Exhibits: 11 (RS/0124 to RS/0134)

Dated: 19 March 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF:

Robin Swann

Minister of Health (11 January 2020 – 27 October 2022 & 5 February 2024 - present)

Department of Health, Northern Ireland

UK COVID-19 PUBLIC INQUIRY

MODULE 2C RULE 9 REQUEST – M02C-RSW-002

DEPARTMENT OF HEALTH (NI)

WITNESS STATEMENT OF ROBIN SWANN

1. I, Robin Swann, current Minister of Health for Northern Ireland, make this statement in response to the request from the UK Covid-19 Public Inquiry ("the Inquiry"), dated 7 February 2024 under Rule 9 of the Inquiry Rules 2006 (SI 2006/1838), requiring me to provide the Inquiry with a witness statement in respect of specified matters relating to Module 2C.

SCOPE OF THIS STATEMENT

2. This statement is provided from the perspective of my former role as Minister of Health in relation to the Department of Health's decision-making by the government in Northern Ireland during the Covid-19 pandemic between early January 2020 until the Covid-19 restrictions were lifted in Northern Ireland in March 2022. As this is a second statement and clarifies and builds on what has been said on my first statement, I have used headings to aid understanding.

1. TAKING UP OFFICE

3. In addition to my answer at paragraph 46 of my first statement, I consider that taking charge of the Department of Health as the pandemic was taking hold has to be viewed in the broader context of a lack of an executive for three years. It mattered to a large extent that I did not, along with my former ministerial colleagues, take up office in a Department that had had a minister for the three previous years, rather one that had been without political leadership and therefore unable to progress new policies and initiatives and implement reform. As stated in paragraph 46 the initial challenge was resolving industrial action that could, and should, have been resolved if there had been ministers between 2017 and 2020.

2. WORKING TOGETHER

4. As I have stated in paragraph 49 of my initial statement I considered that it was difficult for some Ministers and parties to move away from the antagonistic approach that had been evident through the preceding 3 years; therefore, it did probably take time for Ministers to work out how they were going to make decisions together. However, as a multi-party mandatory coalition is how the Northern Ireland Assembly has functioned since the Good Friday Agreement in 1998, this is the only experience the vast majority of politicians in Northern Ireland would have had and, therefore, we would have been accustomed to making it work.

3. PANDEMIC FLU PLANS

5. From my appointment I received regular updates on the spread of the virus and on 22 January I requested a briefing from the Chief Medical Officer on what was known about the virus and steps to be taken in the event of a case in Northern Ireland [RS/0124 INQ000442206]. Following this I gave an urgent written statement to the Assembly on the 24 January [RS/0170 INQ000103599] and two further statements on the 29 January 2020 [Exhibit RS/2: INQ000442206 and Exhibit RS/3: INQ000426785].
6. To supplement my answers already provided in paragraphs 54, 55, 56, 57 and 58, a COBR (F) meeting that took place on the 29 January 2020 and feedback from it that stated "It is anticipated it will become a global pandemic over the next 3 weeks" [Exhibit RS/12: INQ000201498]. You [the Inquiry] have also referred me to a paper from the Head of Civil Contingencies Policy Branch, on the 30 January 2020, which stated that "Activation of the Northern Ireland Central Crisis Management Arrangements (NICCMA) should the current Novel Coronavirus [2019 nCoV] be declared a global pandemic." At that stage, the Department of Health had already activated its Emergency Operations Centre on 27 January 2020. In line with Section 3.4 of the Emergency Response Plan 2019, the activation was approved by the Director of Population Health and the Deputy Chief Medical Officer [Exhibit RS/13: - INQ000103629 (DoH ref: PM0027)]. HSC Silver (Tactical Command) Structures had also been formally stood up on 22 January by the Public Health Agency, Health and Social Care Board and Business Services Organisation, as outlined in their Joint Response Emergency Plan [Exhibit RS/14: INQ000188753 (DoH ref: PM50180)].
7. At that point, the term 'Novel Coronavirus' was used in the Department but the exact characteristics of 2019 nCoV were unknown; however, we were learning more about the virus each day, particularly as transmission increased in Europe and the United Kingdom. I was aware from early in the pandemic that, because of the lack of information, assumptions about potential mortality rates were based, necessarily, on the emerging data from other countries and the experience from Coronaviruses generally. The Department knew that it was not a flu pandemic we were facing but one caused by a coronavirus and, while pandemic preparedness plans referred to a flu pandemic, there had been pandemics in 2003 with Severe Acute Respiratory Syndrome (SARS), "Swine Flu" influenza pandemic in 2009 and the Middle Eastern Respiratory Syndrome (MERS) in 2012 where the pandemic preparedness plans were adapted to meet the challenge.

8. I believe it had been considered within the Department of Health that the preparedness plans in place would need adapted, but that this was accepted and understood. Preparedness plans had been utilised, albeit to a lesser extent during the outbreaks mentioned above, but, in addition, significant work had gone into preparing for a potential “no-deal” Brexit which proved advantageous in terms of planning, training and infrastructure.

4. CONTINGENCY ARRANGEMENTS – FEBRUARY 2020

8. It is incorrect to say that the strategy was not to implement civil contingencies “unless or until the infection appears in NI and impacts are experienced here.” From the 24 January 2020 the Executive was receiving briefing but had not yet taken an active role in overseeing the Executive's ability to respond to the pandemic.
9. During February 2020 the Department of Health had been taking steps to rectify perceived structural weaknesses; for example, officials in the Chief Medical Officer's Group worked with colleagues from the Departmental Solicitor's Office to seek to make Covid-19 a notifiable disease and the Public Health Notifiable Diseases Order (Northern Ireland) 2020 was made on 28 February 2020 and came into operation on 29 February 2020. The primary effect of this Order was to require medical practitioners to share patient information with the Public Health Agency if they become aware, or had reasonable grounds for suspecting, that a person they were attending had coronavirus disease. It also helped to remove any uncertainties around the legalities of sharing such information. Without this modification medical practitioners may have been reluctant to share information for fear of breaking privacy laws. It was evident in February that the virus was being spread by people arriving in a country from an infectious regions so the Department also issued a letter from the Chief Medical Officer to the Health and Social Care Trusts that provided guidance to clinical staff on what to do if they encountered patients with respiratory infections who had arrived from overseas [Exhibit RS/15: INQ000103630 (DoH ref: PM0030)].
10. In terms of the actions being taken to control or prevent the spread of Covid-19 to Northern Ireland, we were somewhat limited. United Kingdom border policy and operations are United Kingdom Government reserved matters, but health policy is a devolved matter, which in Northern Ireland is the responsibility of the Department of Health. The United Kingdom Government had an obligation to consult the Devolved Administrations on health protection measures at the border. It was only when the Coronavirus Act 2020 came into effect that the temporary modification of the Public

Health Act (Northern Ireland) 1967 gave the Department of Health the primary powers to make International Travel regulations. This enabled Northern Ireland to stand up proportionate border health measures, which were subject to public health advice at that time and Executive agreement. However, at the start of February, the time period questioned here, that was not possible.

11. On 26 February 2020 I informed the Assembly of further guidance issued to healthcare professionals on the 25 February [Exhibit RS/16: INQ000103641 (DoH ref: PM0045)] and stated that guidance for other Northern Ireland Executive departments and their respective public services delivery bodies, including schools, was being updated and would issue shortly.
12. Steps were also being taken to prepare the public: following the first presumptive positive result for Covid-19 on the 27 February, members of the public who had symptoms and were concerned they had Covid-19 were asked not to attend hospital Emergency Departments or their General Practitioner but to contact their General Practitioner or the out of hours General Practice service. A helpline was also established to provide advice and this was further enhanced on 28 February when a dedicated Northern Ireland helpline was created with NHS 111 [Exhibit RS/4: INQ000426786].
13. It was not the case that it was not considered inevitable that Covid-19 would spread to Northern Ireland. My belief, and my understanding of what scientific and medical experts thought, was that it was a case of “when not if” but that the severity of the spread was not manifestly evident in February 2020.

5. EXECUTIVE APPROACH

14. As I stated in my first statement, at paragraph 66, initially Covid-19 was treated as a health issue and I would consider that it was around the 10 March that the Executive Committee realised that Covid-19 was going to have far-reaching effects beyond health. The document you have referred me to [Exhibit RS/17: INQ000065695] is a handwritten note of the meeting on the 10 March 2020. From reading those notes nearly 4 years on, when the First Minister asks, “Civil contingencies – have we got plans to handle”, coupled with the deputy First Minister’s comment “Exec approach needs to kick in - all need to contribute. Role of all of us ... Work our way through”, that those comments indicate there was no coherent Executive-wide approach that had ‘kicked in’, although there was recognition that one was needed.

15. In terms of the oversight of the Executive Committee of the activation of civil contingency arrangements, the Northern Ireland Central Crisis Management Arrangements can be activated by the First Minister and deputy First Minister or The Executive Office may activate it following a request to do so from the Executive; the Lead Government Department; a senior representative from the NIO Briefing Room (NIOBR); a senior member of PSNI involved in the Police led multiagency GOLD group; the local level co-ordinator; or in the absence of any such requests, whenever TEO judges it appropriate to do so. I have described elsewhere the regular updates and information provided to my Executive Committee colleagues from the 22 January (the statements and information presented are not meant as an exhaustive description of the information made available to the Executive in February and March 2020 as I consider this should have been covered in detail in the Department's corporate statements and in the Chief Medical Officer's statements) and the civil contingency arrangements could have been activated at any time by any of the above. This was not done but I understand there was a 'soft standup' of these arrangements across Departments from mid-late February 2020 and officials were beginning to work together. The Northern Ireland Central Crisis Management Arrangements had a 'soft standup' from 16 March 2020.

6. "TRYING TO USE POLITICS"

16. As I have said in my first statement, at the establishment of the Executive, it was in my opinion difficult for some Ministers and parties to move away from the antagonistic approach that had been evident though the 3 years that had preceded. I do believe that this translated into some parties "trying to use politics". You [the Inquiry] have referred me to [Exhibit RS/17: INQ000065695], handwritten notes of an Executive Committee meeting on 10 March 2020 in which the First Minister is recorded as saying "advice to organisations/companies...who leads on advice...some trying to use politics (?) to give advice." The former First Minister would be better placed to comment on exactly what, and who, she meant by "trying to use politics (?) to give advice" but in the context of Northern Ireland I would consider it a reference to the United Kingdom/Ireland divide where, due to differing political beliefs, there were those who favoured an all-island of Ireland approach and those who favoured looking to the United Kingdom.

7. INTRODUCTION OF A LOCKDOWN

17. You [the Inquiry] have referred me to [Exhibit RS/18: INQ000065689], handwritten notes of an Executive meeting on the 16 March; I have already indicated in my response in my first statement at paragraph 75 that I believed, at that point, that Northern Ireland was not in a place to introduce a lockdown. The handwritten notes of the meeting run to 42 pages and, in my opinion, indicate that the issue was debated, with input from all ministers, and consideration of the strategy was from as many different viewpoints as possible: business, education, tourism, the vulnerable, social. Ultimately, however, I would be of the opinion that while not locking down at that point perhaps did present concerns for some (see, for example, the vote on the proposed planned closure of schools at page 37 of Exhibit RS/18: INQ000065689), there was an agreement that clarity was needed for all sectors as to what was going to happen [Exhibit RS/18: INQ000065689, pages 38-41].
18. The strategy at the time was one of locking down at the correct time. I recall a discussion, but am unable to locate any papers on it, that if schools closed it would not be for a short period of time but would likely be for the remainder of the school year. As schools in Northern Ireland typically end for summer earlier than England, it was thought that delaying their closure in March 2020 until the Easter holidays would lessen the impact.

8. APPROACH IN EARLY STAGES

19. The approach in Northern Ireland followed the lead of the United Kingdom government at the earliest stages and there is nothing I have become aware of since that has changed my perspective. However, I would contend that while the approach taken was based on the United Kingdom it was one that still considered the trajectory of the virus in Northern Ireland rather than being a case of blindly following the United Kingdom. As I have stated at paragraph 83 of my previous statement, the slight time lag in cases in Northern Ireland, in comparison with England, meant that we actually entered lockdown at an earlier stage of the pandemic than the rest of the United Kingdom. Unlike England we also cancelled mass events on St Patrick's Day on the 17 March, whereas the Cheltenham Race Festival went ahead on the 12 March in England.

9. ADVICE ON LOCKDOWN

20. You have referred me to Baroness Foster's statement to the Inquiry for Module 1 in which she states: "it is important to highlight that the main factor that influenced the

timing of the introduction of the first lockdown was that the Northern Ireland Executive was following the advice of scientific and medical advisers and that advice did not support a lockdown in Northern Ireland any earlier than in fact took place, particularly as Northern Ireland was behind England in terms of case numbers.” [Exhibit RS/19: INQ000205274, paragraph 32]. This was true at the time. I received regular advice on the potential transmissibility of the virus beginning in January 2020 and updated as more was learned about the virus [RS/20 INQ000425512 (MMcB/0107); RS/21 INQ000103626 (MMcB/0107(1)); RS/22 INQ000425586 (MMcB/0109); RS/23 INQ000425551 (MMcB/0111); RS/24 INQ000425517 (MMcB/0112); RS/25 INQ000425518 (MMcB/0113); RS/26 INQ000425530 (MMcB/0117); RS/27 INQ000425540 (MMcB/0124); RS/28 INQ000425575 (MMcB/0150); RS/28a INQ000176133 (MMcB/0150a); RS/29 INQ000425586 (MMcB/0157(1)); RS/30 INQ000425590 (MMcB/0159); RS/31 INQ000425609 (MMcB/0173); RS/32 INQ000425611 (MMcB/0176); RS/33 INQ000425613 (MMcB/0178); RS/34 INQ000425617 (MMcB/0180)]

21. On the 3 March the Coronavirus Action plan [Exhibit RS/35: INQ000057508] was published which set out what was known then about the virus and explained the actions taken to date. It also set out the next steps and highlighted what the public could do to support the response. On the 16 March COBR announced further measures, including advice to stop all non-essential contact and unnecessary travel and to avoid all pubs, clubs and social venues [Exhibit RS/5: INQ000426787]. It also advised that those in the vulnerable categories should follow social distancing guidelines more rigorously and to shield for 12 weeks. The Prime Minister, in his announcement, also stated that people should start working from home when they can [Exhibit RS/6: INQ000426788].
22. On the 18 March it was announced that schools would close from the 23 March and on the 23 March a United Kingdom-wide lockdown was announced and a lockdown on Northern Ireland. Unfortunately, I am unable to locate any record of advice received and believe a verbal update would have been given between the 18 and 23 March 2020. While every endeavour was made by Department of Health officials to provide me with written updates and advice, at times, due to the rapidly changing nature of the pandemic, this was not always possible.

10. AUGUST 2020

23. Civil contingency structures were not reinstituted immediately because of a desire to try and counter increased transmission rates initially by localised restrictions. This approach was tried initially because of how localised the infections were. Unfortunately, the localised restrictions did not have sufficient effect and a wider approach of restrictions in council areas had to be adopted. I believe we were also cognisant of the fact that another wave was going to occur, we would be asking people to once again restrict their contact with loved ones and wished to delay this by trying a different approach. I have gone into further detail in paragraph 148 of my first statement.

11. EXECUTIVE MEETING OF 9 NOVEMBER

24. In addition to what was said in my first statement at paragraph 158, I would add that the meeting of 9 November was one of the most difficult during the Covid-19 pandemic and ultimately it was a range of factors, including areas we could not reach agreement on, that brought the meeting to apparent breaking point. At the time we had introduced a four-week circuit breaker on 16 October and I was now proposing an extension of the restrictions for a further 2 weeks, which not all Ministers agreed with. Ministers were being contacted by stakeholders about the damage being done to their areas and were under pressure to end restrictions because it was the end of the 4-week period, rather than making that assessment against the backdrop of the trajectory of the virus, as was always intended. In addition, papers and discussions were being leaked so there would have been an element of distrust among ministers as to who was leaking material [Exhibit RS/7: INQ000426789].

12. CHRISTMAS 2020

25. It was clear that the virus was spreading quickly as Christmas 2020 approached but, as an Executive, the decision was taken to not place restrictions on people travelling and meeting with others in a 'bubble' arrangement. I believe this was, as stated in my first statement at paragraph 164, a recognition of the fact that Christmas is traditionally a time of family gatherings. Enabling people to spend Christmas together was a key consideration in our response to the pandemic, but I also consider that there was a belief that people would have ignored any such advice or direction if given earlier than it was. Ms Jenny Pyper, in her statement [Exhibit RS/36: INQ000411509, paragraph 81], notes the concern about the impact on public morale and also how it would have been "impossible to enforce reintroduction of restrictions on 18 December 2020 and maintain adherence."

13. JANUARY 2021

26. In addition to what I have already said at paragraph 166 of my first statement it is my opinion that our approach did work, depending on what is considered the desired outcome was. If, as is my opinion, the desire was to permit society to function as 'normally' as possible in the days and weeks leading up to Christmas with as few restrictions as possible then that was achieved. However, this was achieved with a reduction in the permitted Christmas 'bubbling' arrangements from 5 days, as set out on the 3 December 2020, to 1 day, with a flexibility on which day between 23 and 27 December 2020. While the first week of January 2021 saw the peak of transmission in Northern Ireland, this reflected the Christmas mixing and the appearance of a new variant of the Covid-19 virus. The R paper to the Executive on 12 January [Exhibit RS/37 INQ000391432] showed that the restrictions introduced from the 26 December were having an impact as the number of cases was decreasing, albeit without a corresponding fall in hospital admissions which took another week to start to drop.
27. As I have stated above, the approach in Northern Ireland reflected a desire to allow society to operate as normally as possible, taking into account, not just Covid-19 evidence, but the economic, social and educational impact of people and sectoral industries.

14. TRAVEL RESTRICTIONS

28. I believe we did do enough to try to reduce the spread of the new variant by the use of travel restrictions. The decisions on travel restrictions introduced after Executive meetings on the 20 and 21 December were taken following careful consideration of the advice received from the Chief Medical Officer and the Chief Scientific Adviser.

15. PACE OF EASEMENTS

29. As I have stated in my first statement, the trajectory of the virus followed a different timeframe in Northern Ireland in comparison with the rest of the United Kingdom and there was, at times, a difference in the timing of easing of restrictions. This difference remained throughout the pandemic although as time progressed it generally shortened. However, it meant that some Ministers and their stakeholders saw easements being made elsewhere and wanted the Northern Ireland Executive to simply follow that approach rather than take decisions based on where the pandemic was in Northern Ireland at that particular point. This resulted in tensions between Ministers as they saw restrictions easing elsewhere in the United Kingdom in respect of the same, or similar, industries but not in Northern Ireland.

16. "FOLLOWING THE SCIENCE"

30. In addition to my response at paragraph 191 of my first statement I would highlight that at the time I wrote to the Executive on 29 March 2020 [Exhibit RS/38: INQ000023229], the Department of Health's Emergency Operation Centre had been stood up on the 27 January, Health Silver on 22 January and Health Gold on 9 March. I have detailed above the measures the Department was taking at the end of February and I do not believe the Department of Health was being responsive rather than proactive.
31. I believe that my letter makes it clear that the Department of Health had its own strategic approach but that there was no apparent clarity on the strategic approach of the other Departments nor how it fed into an overall Executive strategy. That is not to say that other departments, and the Executive as a whole, did not have strategic approaches but that it was not, at that point, immediately apparent. I believe, particularly in February and March, the Executive Committee as a whole was responding to the pandemic as events evolved and more knowledge gained, but this changed in time.

17. SINGLE EPIDEMIOLOGICAL UNIT

32. As I have explained at paragraphs 227 and 228 of my first statement the island of Ireland is essentially recognised as a single epidemiological unit for the purposes of animal health and welfare. I note that Ms Jenny Pyper, at paragraph 268 of her M2C statement for the Inquiry, has stated that "It would seem self-evident that the island of Ireland should be considered to be a single epidemiological unit." While I considered this, it would have to have been a political decision, to be taken by the governments of the United Kingdom and the Republic of Ireland, with the agreement of the Northern Ireland Executive. At no point did the Department of Health prepare papers on such an approach and, if The Executive Office prepared of any such papers, I was not, and remain, unaware of them.

18. ENFORCEMENT

33. On the 17 April 2020 the Chief Constable wrote to me regarding the PSNI's role in enforcing the Regulations [Exhibit RS/39: INQ000272708]. In the letter he sought clarity in respect of the role of the PSNI, particularly on rules relating to enforcement of travel restrictions and the observation is made that, "the risk of policing fulfilling responsibilities outside our traditional role have medium term consequences for public confidence." The subject of PSNI enforcement also featured at regular intervals in Executive Committee from May 2020 right through to Christmas 2020, mainly from the

Justice Minister but also the Head of the Civil Service and the First Minister. It was expressed by the Justice Minister on 11 May 2020 that the Executive was losing the support of the PSNI [Exhibit RS/40: INQ000065731], on 28 May 2020 that the PSNI would not be comfortable attending premises without knowing if an offence had occurred [Exhibit RS/41: INQ000065741] and on 20 August 2020 that “Police say – no space for enforcement” [Exhibit RS/42: INQ000065790]. Equally the Head of the Civil Service is reported as observing, on 4 May 2020, that the PSNI have a “wariness re enforcing more rigorously” [Exhibit RS/43: INQ000065761] and on the 21 May that the PSNI was not enforcing Regulation 5 as they had done previously [Exhibit RS/44: INQ000065778]. On the 9 November 2020 the First Minister is noted as saying that the “Gardai are much more visible in ROI than PSNI.”

34. It is clear from the Regulations that there were criminal sanctions, but, as I have explained in my first statement, no Minister or Department assumed responsibility for their enforcement, with the Justice Minister stating that the Department of Justice does not have operational control over the PSNI and therefore she did not feel that enforcement was a function of her Department. However, I do not believe that the reality is that the Regulations were not being supported by criminal sanctions but that they were, perhaps, not being enforced robustly enough. I note, in her statement to the Inquiry, that Ms Jenny Pyper has referenced feedback from the PSNI in response to the Executive Covid Taskforce’s paper of 22 December 2022, on enforcement and adherence, in which it is stated that they “would enforce whatever law was agreed,” [Exhibit RS/36: INQ000411509, paragraph 82]. The Chief Constable did also note that enforcing curfew arrangements would mean policing intervening in the private lives of citizens to an extent that could prove detrimental to how the public viewed policing.
35. The Executive did consider other ways to promote compliance, which I have detailed in my first statement, but I do not consider that this was because of any sensitivity around criminal enforcement but rather a realisation that adherence had to be promoted in as many different ways as possible.

19. UK GOVERNMENT CONSULATION WITH NORTHERN IRELAND MINISTERS ON ISSUES OF BORDER CONTROL AND TRAVEL RESTRICTIONS

36. As I stated at paragraph 259 of my first statement, I supported the First and deputy First Ministers request for an urgent dedicated British Irish Council meeting to resolve issues relating to the Common Travel Area. This meeting did not take place, for reasons unknown to me, and I feel the United Kingdom could have done more to

consult with Northern Ireland ministers on issues of border control and travel restrictions and this could have been achieved by, for example, having progressed the British Irish Council approach that had been requested.

20. UNITED KINGDOM RED/AMBER/GREEN METHODOLOGY

37. In advance of the Executive Committee meeting of 30 July 2020, I circulated a paper E (20) 182 (C) Border Regulations: Methodology for Characterising Countries as Green/Amber/Red in terms of COVID-19 Risk [Exhibit RS/45: INQ000065639]. The handwritten notes of that meeting record that I told the Executive Committee: “system of GB getting data + then telling DAs - change of process - all see at same time” and “have raised concerns re initial decision-making process. Scotland barred Spain, the said “safe”, then re-barred. Working from same data as us”. I think it is fair to say that there were a number of changes as to how decisions were made and what metrics were to be used and prioritised at times, and the Devolved Administrations raised on a number of occasions about the late arrival of papers prior to meetings. This meant that system was not always clear and comprehensible and easy for Northern Ireland to adopt, particularly given our border with the Republic of Ireland. I also sensed a tension as to when announcements were made as to which countries were to be added or removed by various Devolved Administrations, we always maintained the approach that HMG would make the lead announcement.

21. PUBLIC CONFIDENCE IN EXECUTIVE COMMITTEE'S DECISION MAKING

38. To add to what I have said at paragraph 284 of my first statement, public confidence would have been impacted by Executive ministers not agreeing, particularly on emotive topics such as the closure of schools and the deputy First Minister's comment about slavishly following Boris Johnson's model.

22. IMPACT OF THE ABSENCE OF POWER SHARING ON THE RESPONSE TO THE PANDEMIC

39. It was not only the health service that was impacted by the lack of a functioning Executive between 2017 and 2020, but as the previous Minister of Health that is where I have focused my comments: the absence of an Executive affected all of Northern Ireland, social, economic and political. My former Ministerial colleagues are best placed to explain the effects on their own departments and areas of responsibility but, more generally, without an Assembly sitting between 2017 and 2020 no new primary legislation could be passed, no new policy decisions could be taken and no strategic budget decisions could be taken by devolved politicians. There was a lack of political

accountability as Assembly committees were unable to meet, ask questions and scrutinise the work of departments.

40. Northern Ireland could not be represented politically in intergovernmental meetings between the 4 governments in the United Kingdom and meetings of the North-South Ministerial Council, and the sectoral meetings, set up under the Good Friday Agreement, were also unable to take place.
41. All of this meant that, as Ministers, we returned to Departments which had had no political leadership for three years immediately before a pandemic took hold. At a time when we should have been focussed on progressing long overdue legislation, reform and policies in our Departments, we instead had to address the emerging issues and concerns of a pandemic.
42. In the weeks coming up to the return of ministers in Northern Ireland this year there was widespread industrial action across a number of sectors, including health, transport and education as well as within the Northern Ireland Civil Service due to a lack of pay parity. As I have stated, when I took up office in January 2020 one of my first priorities was the resolution of pay disputes within the health service; in 2024, appointed again as Health Minister, I have found myself in the same position.

23. INVOLVEMENT PRIOR TO 12 FEBRUARY 2020

43. I took up office on 11 January 2020 and, as I have stated in my first statement and in the preceding paragraph, one of my first priorities was the resolution of pay disputes. However, my first day brief alerted me to the role of the Department of Health as Lead Government Department for responding to the health and social care consequences of emergencies arising from:
 - Chemical, Biological, Radiological and Nuclear incidents;
 - Disruptions to the Medical Supply Chain;
 - Human Infectious Diseases, e.g. Pandemic Influenza; and
 - Mass Casualties.
44. From my appointment I received regular updates on the spread of the virus and on 22 January I requested a briefing from the Chief Medical Officer on what was known about the virus and steps to be taken in the event of a case in Northern Ireland [RS/0124 INQ000000]. Following this I gave an urgent written statement to the Assembly on the

24 January [RS/0169 INQ000103599] and two further statements on the 29 January 2020 [Exhibit RS/2 INQ000442206 and Exhibit RS/3: INQ000426785].

45. On 14 February 2020 I approved, by way of an Urgent Decision in accordance with paragraph 2.14 of the Ministerial code, the Northern Ireland proposed Clauses for inclusion in the UK-wide draft Coronavirus Bill and legislative consent to the United Kingdom Government legislating on behalf of Northern Ireland [CMOG-GD3-C31].
46. I have provided below a table of all meetings COBR and Executive meetings I attended on Covid-19 from taking up office until the 12 February:

Date	Details
24/01/2020	COBRA CALL - Coronavirus COBRA(M)
24/01/2020	COVID-19 Operations Committee (22)08 Meeting - Monday 24th January 2020 @ 11:30-12:00
29/01/2020	COBRA CALL - Coronavirus COBRA(M)
05/02/2020	COBRA CALL – Coronavirus
10/02/2020	Executive meeting
12/02/2020	Tabletop Exercise - COBR(M) – Coronavirus

47. The table above does not include meetings or briefings within the Department with the Chief Medical Officer, Chief Scientific Adviser or officials on Covid-19 which would also have taken place on a regular basis.

24. OPERATION NIMBUS

48. The invitation to attend 'Operation Nimbus' was initially extended to the Secretary of State and the First and deputy First Ministers but the First and deputy First Minister agreed that I should attend to represent the Northern Ireland Executive. Unfortunately, while I have reread the briefing provided, I have no recollection of the meeting or what further was discussed. However, after reading the exercise brief, and having followed the hearings and evidence to date, I would consider that my lack of recall is due to the exercise not being particularly beneficial. The closing statement of Covid-19 Bereaved Families for Justice Cymru [RS/0170 INQ000399535] has pointed out that the plan was based on a flu pandemic, rather than a virus, and concentrated not on how to best counter the spread of the virus but on how patients should be prioritised should the NHS become overwhelmed. Equally, the National Care Forum, Homecare Association

and Care England [Exhibit RS/48: INQ000399544] have highlighted that the exercise did not involve providers of adult social care or consider the impact on adult social care. While I now write with the benefit of hindsight it seems evident that this was the wrong focus and the wrong approach.

49. As I have no recollection of the meeting and have relied on the briefing pack and information from the Inquiry to refresh my memory, I can only assume that I did not seek to have any learning incorporated in Northern Ireland.

25. HALT OF CONTACT TRACING ON 12 MARCH

50. To my knowledge and recollection, I did not directly make the decision to halt contact tracing, and I have been unable to obtain any documentation from the Department of Health that would counter that. I understand an email was received in the Department from Professor Hugo Van Woerden, the then Director of Public Health in the Public Health Agency [Exhibit RS/8: INQ000426790], which was the operational lead on contract tracing, stating that it was no longer possible to keep up with the contact tracing.

26. ADVICE ON THE POTENTIAL TRANSMISSIBILITY AND FATALITY LEVELS OF COVID-19

51. Any relevant exhibit has been presented at section 9 above.

27. PERSONAL INVOLVEMENT IN THE CONTENT OF COVID REGULATIONS

52. The first Regulations were the Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 and I have detailed how they were made in paragraphs 96-99 of my first statement. The content of the Regulations reflected the discussions in COBRA (M) Committee meetings which Northern Ireland, along with the other Devolved Administrations, attended. While the Regulations are largely the agreed 4-nations approach, as Devolved Administrations are able to diverge from England, I would have been advised on the proposed content and made a decision on the final regulations based on that advice and the policy discussions that had taken place in the COBRA (M) Committee.

28. EFFECTS ON VULNERABLE

53. The Health Protection (Coronavirus, Restrictions) Regulations (Northern Ireland) 2020 were passed by the Northern Ireland Assembly on the 28 March 2020 and made provisions to enable a number of public health measures to be taken to reduce the public health risks posed by the spread of Covid-19. It was impossible to know at the

start of the pandemic how long non-pharmaceutical interventions would be required. Prior to the 23 March the deliberation on the potential closure of schools, by the Department of Health and the Executive as a whole, considered the effects it would have on children's wellbeing, not just in terms of education, both the physical and social benefits of attending school. It was also clear that closure of schools would have an impact on essential workers if they could not access childcare if children were not in school.

54. Between January and the first lockdown I do not believe that there were many options available to the Executive given that this was the first time there had been a global pandemic of a novel virus. Therefore, I believe the debates we had were reflective of the knowledge we had at that time.
55. I believe it was obvious that a lockdown would be particularly difficult on some groups of people and, as I have detailed in paragraphs 90-95 of my first statement, various Department took steps to support those people.
56. I do not believe that there was sufficient planning for the widescale non-pharmaceutical interventions that were necessary to introduce but I consider this to be because we could not have known what was needed and planned for every eventuality. There was a feeling within the Department of Health that Northern Ireland's preparedness was behind other parts of the United Kingdom even in respect of a flu pandemic as evidenced by the letter the Director of Population wrote to the Director of Executive Support and Programme for Government requesting the convening of a meeting in order to inform an assessment of sector resilience preparedness.

29. PREPARATION FOR SECOND WAVE

57. On the 7 April 2020 the deputy First Minister referenced potentially facing a second surge and the "need to prepare for that now and for what is coming down the line." The 'Coronavirus Executive Approach to Decision-Making' [Exhibit RS/49: INQ000137371], which sets out the approach the Executive will take when deciding how to ease restrictions in the future, stated that "the [healthcare] system should not be allowed to be overwhelmed by a second or subsequent wave of the pandemic." The pathway was based on 5 Guiding Principles of controlling transmission, protecting healthcare capacity, necessity, proportionality and reliance on evidence, and recognised that the approach required was one of flexibility and consideration of scientific and medical advice. Unlike the United Kingdom, the Northern Ireland

Executive did not indicate dates of removal of restrictions and this was a move, which I consider, represented the concern we had of the possibility of a second wave and one of the ways in which we were preparing for it.

58. Within the Department of Health the reaction to the pandemic changed from an emergency response to one of business continuity as we transitioned from the first to the second wave. This recognised that the downturn in services was going to have a long-term impact and that the pandemic response needed to be managed alongside normal service provision. The resource-intensive emergency response was also going to be difficult to sustain as it became apparent that the pandemic was likely to persist for a prolonged period.

30. MOVE TO INDICATIVE DATES

59. The move to giving indicative dates was to allow business and sections of society to plan and prepare for the easing of lifting of restrictions; however, we were always clear that although indicative dates were given that they would always be dependent on the pressure on our health service and the prevalence of Covid-19 in society.

31. "EAT OUT TO HELP OUT"

60. I cannot recall what knowledge I had of "eat out to help out" prior to its implementation as this was a United Kingdom initiative. I understand from the Department's corporate statement that its views were not sought on it and have no recollection of receiving specific medical or scientific advice on it; however, the general advice of the Chief Medical Officer and Chief Scientific Adviser that any activity that increased interaction between people would ultimately increase the risk of transmission remained valid. With the benefit of hindsight, it would appear that the scheme did have an impact on the transmission of the virus, but I cannot say definitively as there were other factors at play during that time, including the return of schools and increased interaction in general during the summer months.
61. As this was a United Kingdom scheme, I cannot recall the Executive being asked to take a decision on the implementation of the initiative nor do I believe the Executive had the capacity to prevent the scheme applying in Northern Ireland. However, while the Executive recognised the importance of reopening to the hospitality industry, it did diverge from England by not permitting 'wet pubs' to reopen until September 2020 and even then, circumstances meant they were only able to open for a short period of time

before the R number increased to such an extent that restrictions were once again necessary.

32. YOUNG PEOPLE

62. I stated at paragraph 145 of my first statement that “There was always a resistance to, and non-compliance with, protective measures at some level and this was perhaps particularly so among younger people.” This can be seen in the Derry City and Strabane District Council area where, at one point, the infection rate in the north west was highest among those aged under 20 and among the under 40 [Exhibit RS/9: INQ000426791]. When the Omicron variant emerged it was reported in January 2022 that the majority of new cases were among young adults [Exhibit RS/10: INQ000426792]. There was also evidence of lower adherence to household restrictions among younger men [Exhibit RS/50: INQ000353674].
63. While not related to non-compliance, when the vaccination became available to younger people there was low uptake and a “Jabbathon” promotion for students was organised which involved around 60 walk-in clinics in September 2021 covering some 30 Further Education and Higher Education campuses [Exhibit RS/11: INQ000426793]. Following this, ‘walk-in’ clinics were available to all eligible age groups.

33. PROTECT CHRISTMAS

64. I believe that there was a desire across all four nations and from among all parties in the Executive to have as a normal a Christmas as possible. Messaging on the restrictions before Christmas focused on that desire by highlighting that restrictions before Christmas would mean a greater chance of Christmas gatherings. However, this early messaging built an expectation that ultimately was not possible given the direction and trajectory of Covid-19 coming up to Christmas. I do not believe there was a lack of clear strategy on the approach to Christmas but instead that the trajectory of the virus changed so rapidly that the published framework was no longer appropriate and a revised strategy had to be implemented at speed.

34. POLITICAL REASONS

65. You have referred me to a WhatsApp message I wrote into the Health 4 Nations group (paragraph 172 of my first statement) which was a request to see if it was still possible to issue a joint 4 Nations message on Christmas. I stated in the message that deputy First Minister did not sign for “political reasons”: that was to provide the others with my understanding as to why it had not been issued.

35. ABSENCE OF A HOCS

66. I did not notice any impact of the lack of a Head of the Civil Service and no official in the Department of Health indicated to me that they did notice an impact.

36. FOLLOWING THE SCIENCE

67. I do not consider that the practise of “following the science” risked that scientists bore too much responsibility for decisions. Scientific information was offered as advice which politicians then considered and then took a decision. As the Executive demonstrated, when or if a Party disagreed, they had the option of deploying the “cross-community” vote mechanism.

37. “CROSS-DEPARTMENTAL WHOLE GOVERNMENT APPROACH”

68. I believe the “cross-departmental whole government approach” that I referred to in paragraph 191 of my first statement commenced with the formulation of the Executive’s Recovery Plan in April and May 2020 when The Executive Office issued drafts to all Departments for comment.

38. RAPID REVIEW OF THE PUBLIC HEALTH AGENCY

69. The Rapid Review of the Public Health Agency was commissioned jointly by the Department and the Public Health Agency in Autumn 2020 and was conducted by Dr Ruth Hussey, former Chief Medical Officer (CMO) for Wales. It was carried out mid-November to mid-December and the final report was received by the Department and Public Health Agency in December 2020 [RS/0174 Exhibit RS/51: INQ000137389].

39. REQUESTS FOR ADDITIONAL STAFF

70. Staffing pressures, both in terms of numbers and excessive workloads, were raised on a number of occasions to the Northern Ireland Civil Service Human Resources Group and, in Autumn 2020, the Northern Ireland Civil Service Board prioritised the filling of Department of Health Covid-related posts. When the various policy cells of the Gold Strategic Cell were stood up, posts within these were filled from business areas that had been stood down as part of business continuity. There were also a number of temporary promotions and loans or transfers from other Departments. As I explained in paragraph 211 of my first statement, I wrote to the First and deputy First Minister on 8 April 2021 [Exhibit RS/52: INQ000145663] on the staffing pressures within the Department of Health.

40. UK GOVERNMENT'S RESPONSE

71. As I have said at Section 8 above there is nothing that I have learnt about the United Kingdom government's response that has changed my perspective on their approach to the pandemic. To date I am not aware of anything that I did not know then but know now that would have impacted my approach. That is not to say, however, that upon publication of the Inquiry's report that I will not learn of something.

41. CRIMINAL ENFORCEMENT

72. I did have concerns around the position that the PSNI would be placed under as a result of criminal enforcement, but I do not believe they were any different from any other police force.

42. INTERNATIONAL TRAVEL MEETINGS

73. When I raised concerns about the challenges facing Northern Ireland at 4 Nations International Travel meetings, I felt that these concerns were heard but they were ultimately ignored. However, this did not deter me from raising them.

43. LEGAL POWER OF NORTHERN IRELAND TO CONTROL ITS BORDERS

74. I understand the legal power of the Northern Ireland Executive to control its border and/or impose restrictions on those arriving, either from the Common Travel Area or internationally, is contained in the Public Health Act 1967, as amended by the Coronavirus Act provided that any such restrictions are proportionate to what it seeks to achieve.

44. DIVERSITY AND INSIGHT

75. I consider that the Executive Committee did, and does, have sufficient diversity of background and experience to inform its decision-making in relation to the impact that Non-Pharmaceutical Interventions were having on specific groups of people within society in Northern Ireland. I also consider that the diversity informed decision-making. The issues raised by ministers at Executive meetings were often issues raised directly to individual ministers by their constituents and therefore Ministers did, and do, have a sufficient level of understanding of the circumstances constituents were facing.

45. MINISTERIAL CRITICISM

76. The following is an example of a Minister publicly criticising the Executive's approach and using the Department of Health and myself as proxy: Minister Dodds, then Economy Minister [Exhibit RS/7: INQ000426789].

46. EXAMPLES OF LEAKED PAPERS

77. I note that Chris Stewart in his statement [Exhibit RS/53: INQ000411508] has provided a list of leaks to which the Inquiry has already provided Unique Reference Numbers: [Exhibit RS/54: INQ000396863], [Exhibit RS/55: INQ000396864], [Exhibit RS/56: INQ000396865], [Exhibit RS/57: INQ000396866], [Exhibit RS/58: INQ000396867], [Exhibit RS/59: INQ000396868], [Exhibit RS/60: INQ000396869], [Exhibit RS/61: INQ000396870], [Exhibit RS/62: INQ000396871], [Exhibit RS/63: INQ000396872], [Exhibit RS/64: INQ000396873] and [Exhibit RS/65: INQ000396874].

47. FUTURE IMPROVEMENTS

78. With the benefit of hindsight there are a number of areas where the Executive could improve if faced with another pandemic. In general, I believe that all Departments should be assessing their preparedness for all emergencies, not just those that are health-related, amending their contingency plans where appropriate and ensuring an all-governmental approach from the outset of any emergency. Having now experienced, as a society, an array of Non-Pharmaceutical Interventions, consideration of the most appropriate intervention in advance is important, alongside their financial, social and economic impacts. Plans should also consider the financial supports that might be required in the event of another pandemic: if a lockdown of the extent imposed during covid is ever necessary again, what financial packages are most appropriate.
79. In my first statement I expressed the opinion that giving The Executive Office the necessary statutory authority and resources to be ready, in the event of any future emergency, to take forward urgent legislative changes arising from Executive decisions, including making and amending regulations and leading on Assembly scrutiny procedures, would result in a more coherent approach where roles and responsibilities would be clear from the outset. I also suggested that a future Executive could consider amending the cross-community vote in the same way that the "Petition of Concern" mechanism was amended so as to require more than one Party to deploy it.
80. Given the staffing pressures experienced within the Department of Health I would also consider that the Northern Ireland Civil Service needs to develop procedures to allow the quick redeployment of staff between all Departments. This would ensure that the staffing pressures experienced by the Department of Health would not occur again during a pandemic.

STATEMENT OF TRUTH

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

Personal Data

Signed:

Dated: 19.03.2024