Witness Name: Michelle O'Neill MLA
Statement No: Module 2c, statement 2
Dated: 15 March 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF MICHELLE O'NEILL

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

Introduction

1. This is the second statement I have drafted in this module of the Inquiry. It seeks to address some additional matters that were not included in the initial rule 9 request from the Inquiry. I have had the assistance of my Special Advisors and legal representations in reviewing documents and preparing written answers.

2. I have been asked to comment upon the analysis of the Minister for Health that the pandemic required the Department of Health to run three forms of health service. I would agree with that sentiment. The health and social care system in this jurisdiction was in a significantly weakened state due to lack of funding when the Executive reconvened in January 2020. Therefore, it was necessary to operate the health system and provide care and treatment for those who needed it; to implement a system of significant reform as conceived in the Bengoa report; and then to response to the Covid-19 pandemic when it arrived on the island of Ireland.

3. I cannot recall the precise date on which I first became aware of the existence of Covid-19. I believe that I would have become aware in the first instance as a result of media reports of the outbreak in early January 2020. This would have been on news channels. I believe the first occasion on which Covid-19 was raised directly with me in my official role was in a briefing following the attendance of the Minister for Health

and the Chief Medical Officer at a COBR meeting on 29 January 2020. A briefing note was provided by TEO to the First Minister and me. It recorded the outcomes of the COBR meeting and indicated that the Minister for Health would provide an update to the Executive Committee [INQ000232515]. Covid-19 was first discussed at the meeting of the Executive Committee on 3 February 2020. The Minister for Health provided an update on protection measures to be adopted under Any Other Business [INQ00048442]. It was after that update to the Executive Committee that the possibility of Covid-19 becoming a global pandemic became apparent. At the meeting of the Executive Committee on 17 February 2020 we were informed that a number of positive cases had been recorded in Britian. I know that the first cases on this island were reported on 27 February 2020 in the North and 29 February 2020 in the South. I do not recall the precise date on which I was advised that it was being transmitted asymptotically.

4. The principal sources of information available to me during January and February 2020 as to the likely spread and impact of Covid-19 were briefings from the Department of Health, the Chief Medical Officer (CMO) and the Chief Scientific Advisor (CSA). I may have also been briefed by the Head of the Civil Service (HOCS) during February 2020. Any such briefings would, to the best of my knowledge and recollection, be joint briefings with the First Minister such is the nature of the offices.

5. I have been asked to explain whether views, advices and minutes from SAGE were being conveyed to me and to the First Minister in the early part of the pandemic and how they were being communicated. I understand that the CMO began attending SAGE meetings in January 2020 and thereafter, the Department of Health would have briefed TEO and the Executive Committee communicating the information they were receiving from SAGE. In general, I was provided with the updates from the Department of Health by officials in TEO in advance of meetings of the Executive Committee. I was not initially aware of whether the material from SAGE was synthesised by the CMO. It was conveyed orally but may also have been provided in documentary form at some stage. All of this material would, as far as I am aware, have come through the Department of Health. I did not consider that the manner in which I received SAGE material was satisfactory. I only received SAGE briefings directly when I requested them. As set out in paragraph 95 of my statement to the Inquiry in

module 2, my recollection is that when I requested SAGE notes I would usually receive them a week or so later. My perception was that the advice was generally focused on England.

6. In January and February 2020 the strategy of the Executive Committee centred on the Department of Health being the lead Department in responding to the pandemic. In those initial months it was driving the response. The Minister, aided by the CMO, was providing updates to the Executive. The matter came for discussion to the Executive Committee from 3 February 2020. The scientific and medical expertise for public health challenges was within that Department. The Executive Committee was to respond to any requests from the Department and could play an important co-ordinating role. There were no specific policy options being prepared in the offices of DFM or FM. It was, therefore, appropriate that policy options were developed by those with that experience and expertise. As the nature of the pandemic became better understood the scale of the challenge became apparent. It became the principal focus of the Executive in early March 2020 and the need for a whole of government response was discussed and acted upon. Prior to this point, however, there was no request from the Department of Health, for example, for additional restrictions or support. The first positive case in the jurisdiction was discussed in the Executive meeting of 2 March 2020 [INQ00065694]. It was attributed to travel from an affected area. The CMO advised that the response was still in the containment phase and the closure of schools was not necessary. In response to a question from the Minister for Finance asking whether the peak would occur in April and then fall off in the summer, the CMO had advised that the peak could last for 15 weeks. There was no policy of herd immunity for this jurisdiction proposed in or considered by the Executive Committee. It was not the policy of the Executive Committee to seek to shape the curve of infection in that way.

7. In March 2020 my understanding of the time when infections were likely to peak was based on the updates to the Executive Committee by the Minister of Health and the CMO. The advice at the Executive meeting of 2 March 2020 was that the peak could last for 15 weeks [INQ000065694]. I cannot recall the point in time in which I was informed that the peak in this jurisdiction would come much sooner.

8. I have been asked to comment upon the concerns that existed in government in this jurisdiction regarding a policy of suppression. The initial and immediate priority of the Executive was to keep the volume of infections down and thereby protect lives and prevent the collapse of the health service. The policy of suppression was, I believe, in line with the medical and scientific advice provided at the time. This was discussed in the meeting of the Executive Committee on 2 March 2020. The Minister for Health had informed the Executive on 16 March 2020 that there was "a danger that countries which flattened COVID – will come back again" [INQ000065689]. It was understood that initial suppression could cause infections to rise later but the objective was to reduce transmission as much as possible as fast as possible.

9. The Executive Committee was advised of the possibility of a second wave happening later in the year. I cannot recall the first occasion on which this was brought up but do recall it being mentioned in meetings of the Executive. However, the initial and immediate priority was to introduce restrictions and protect the population to the greatest extent possible as soon as possible.

10. Advice to the Executive Committee on the possibility of behavioural fatigue would have come from the Department of Health and/or the CMO.

11. I believe that the information conveyed at the SAGE meeting on 10 March 2020 as to likely transmission may have had an impact upon the thinking of the Executive. An update was communicated to the Executive Committee by the Minister for Health. It had a galvanising effect. It was not the case that we were not concerned previously but the updated information brought home again the gravity of the situation. The need for a whole of government response was underlined. The issues of school closures, financial planning for restrictions and the need for all-island response were discussed [INQ00065695].

12. The Department of Health was responsible for test and trace capacity between January and March 2020. I was not aware of what work was being done within that Department or the Public Health Agency (PHA) to test those capabilities. It did not, I believe, come to the Executive Committee as a matter for discussion. When the matter of scalability was raised in meetings of the Executive Committee Ministers, including

myself, raised concerns. This was based on the importance conferred on testing by WHO advice and the apparent lack of capacity to scale up which existed here. We were not informed at any stage prior to 16 March 2020 that test and trace could not be effectively deployed and would be halted. It was at this point, I believe, that it became clear that there was insufficient capacity to maintain community testing on any scale. In the meeting of 16 March 2020 the Minister for Health, in my view, downplayed that importance of test and trace and stated that he would prefer to redeploy resources. I am recorded later in the meeting as expressing my disagreement with this approach [INQ00065689]. In matters such as the deployment and prioritisation of resources Ministers exercise autonomy. It was not open to me, as Deputy First Minister, to direct a different approach despite my concerns.

13. There were issues in relation to the reliability of the data and modelling used in this jurisdiction in order to predict the peak of the pandemic. The CMO had always advised that it was not an exact science. Nonetheless, it was an important tool to be considered by the Executive Committee in making decisions. The system of test and trace was initially inadequate for the scale of the challenge.

14. I did not have any direct lines of communication with the Prime Minister's office. I was not aware of how the strategy of the UK Government was developing in the days leading up to the announcement of lockdown on 23 March 2020. Any information I received was from official meetings such as attendance at COBR.

15. In the days leading up to the announcement of lockdown by the UK Government the strategy of the Executive was to consider the medical and scientific advice as provided by the Department of Health and CMO. The Departmental Operations Centres had commenced and the NI Hub and CCG had been stood up. There was, at that point in time, no consensus amongst Ministers to move beyond the position of the UK Government.

16. The lockdown was announced by the British Prime Minister on 23 March 2020. The meeting of the Executive Committee on the 16 March 2020 considered the question of closing the schools in this jurisdiction. It did not achieve consensus at that meeting. Nonetheless, the situation continued to become graver and the school closures

measure was adopted on 18 March 2020. This was in line with the approach in Britain. The Civil Contingencies Group (CCG) met the same day. The First Minister and I published a joint statement seeking to reassure the population [INQ000215030]. We also attended COBR meetings on 18 March and 20 March 2020. The Executive Committee met again on 19 March 2020 [INQ000065737]. The Minister for Health provided further update to Ministers which included the sad news of the first death in the jurisdiction. We were informed that the health service was already under serious pressure and there was sufficient PPE for 3-4 weeks. The worst case scenario of thousands of deaths without interventions was also set out. The Executive Committee also considered the financial and economic consequences of restrictions and how they could be mitigated. There was, however, no advice from the Department of Health or CMO that full lockdown measures should be adopted in this jurisdiction.

17. I have been asked what planning had taken place in this jurisdiction for a lockdown prior to the announcement on 23 March 2020. The governmental response included the NI Hub being stood up; the Northern Ireland Crisis Management Arrangements being activated and the Departmental Operations Centres had commenced. Their planning had included measures short of what would be regarded as full lockdown. The Department of Health, as lead department, had not indicated to the Executive Committee that this was necessary prior to 23 March 2020.

18. I do not believe it is accurate to describe the policy of the Executive, between January 2020 and early March 2020, as being to align with UK Government decision making. That happened by the lack of identification and agreement on an alternative policy by the Executive. The Executive Committee was being updated by the Minister for Health and the CMO who had, as it happened, followed the lead of the UK Government. The Executive Committee was reliant on the advice coming from the Department at that time. While some Ministers raised the importance of considering all-island measures, test and trace and restrictions consistent with WHO and ECDC advice they were not adopted. I have addressed the situation in paragraph 28 of my statement to module 2 of the Inquiry. I thought there were sound public health reasons to treat the island of Ireland as a single epidemiological unit for public health purposes and that divergence between the two parts increased the risk of transmission. I thought the UK Government approach was too slow and the approach of the Irish Government

was the more appropriate. In any event, this soon proved to be the case with the closure of schools and the lockdown being imposed.

19. I am unsure, even now, of the extent to which the CMO and CSA were providing briefings to the Executive Committee based on their interpretation of the information coming from SAGE or whether they were providing advice based upon the views of their UK counterparts.

20. I have been asked to consider whether the government in this jurisdiction had the resources and expertise, in the early part of the pandemic, to come to any independent view as to the best way to respond. I believe that it did exist here but was not deployed at that early stage. In meetings of the Executive Committee I advocated for an approach distinct from that of the British Government in March 2020. The Minister and his officials were, in effect, taking their lead from London and I thought then, and still do now, that the response was too slow. It was inconsistent with the approach of other European governments, including the Irish government, and appeared to be contrary to the WHO and ECDC advice. There was no consensus within the Executive Committee to press for an independent approach. I would have preferred to have an approach which was tailored more closely to our own needs here. The reason why it did not emerge was not, in my view, lack of expertise but was instead lack of agreement to pursue one. When the British Government did support stronger interventions agreement within the Executive was easier to achieve.

21. There was, in my view, sufficient and informed debate about the available options for responding to the pandemic. The meetings of the Executive Committee record the different views and concerns that were aired. There was on occasion a fundamental disagreement about what to do. Ministers wanted to adopt the best approach to protect the public but were not always and automatically of the same view as to how they could be achieved.

22. I have been asked whether anything I know now about the response of the UK Government has led me to reassess any reliance that was placed on it. It is my current belief that the UK Government was too slow to respond to the pandemic and in particular too slow to lockdown. That was also my position at the time. I believed

that the initial UK Government response was too slow and that it was inconsistent with the approach of other European governments and the recommendations of WHO and ECDC. I have not heard anything in the evidence to date which has caused me to reconsider that position.

23. It was appreciated at the time that lockdown would be particularly difficult for particular groups within our society. Preparations and mitigations were put in place as best as could be managed at the time. I have set out those preparations in paragraph 119 of my statement to module 2 of the Inquiry and in paragraphs 86-88 of my first statement to module 2c. Children and adults with a disability, older people and those with underlying health conditions were, in particular, extremely vulnerable and measures would have to be adopted to help ease the burden of lockdown. In particular, the Department for Communities targeted social deprivation and isolation with support measures.

24. The manner of working between the FM and myself and our respective offices and teams of Special Advisors was characterised by the joint and equal nature of the offices. Papers are received from officials simultaneously. The respective teams would work on them simultaneously. Most business was non-contentious and an agreed position could be achieved relatively quickly. It was not the case that there was a division of responsibilities. Instead, points of dispute would be worked on as and when they arose.

25. The decisions of the Executive Committee were guided by but not dictated by the medical and scientific advice of scientists. It was not the case that Ministers abdicated their responsibility and placed too much reliance on what was being told to them. The minutes of the Executive Committee meetings show that the advice was respected but also interrogated and challenged when appropriate. Ministers sought to engage with the issues and ensure they had a sound understanding of the information that was being presented to them. The scientific and medical advice on how to prevent the spread of the pandemic and protect lives was often the most important factor in our decision making but it certainly was not the only one. We had to consider economic and societal consequences as well as what was politically and practically possible in terms of responses.

26. I did not have any concerns that criminal enforcement would place the PSNI in a particularly difficult position as compared to other police forces. They were the only public authority available to ensure compliance with the regulations. I think, overall, the relationship between the police and the public was not adversely affected. People adhered to very considerable restrictions because they understood they were aimed at protecting against the spread of Covid-19.

27. It was not politically or practically possible to close off this jurisdiction from the rest of the island or from Britain. I do not believe that any serious consideration was given to such an approach between January and March 2020 by Ministers. When the lockdowns were announced in mid and late March 2020 it resulted in a huge reduction in cross-border or cross-sea travel.

28. I do consider that the Executive Committee had sufficient diversity of background and experience to inform its decision-making in relation to the impact NPIs were having on specific groups within society. This is one of the real advantages of five party coalition. That diversity of experience and outlook did contribute to decision-making. Further, there remained a close connection between Ministers and their constituents. We remained well informed and conscious of the difficulties that were being experienced in the community. The population and geographical size of this jurisdiction meant that Ministers were aware of the consequences of the decisions being taken. They were updated by other elected representatives, Councils and Community Groups. They were not isolated from the experiences of their own families, neighbours and constituents. My own mother was in isolation for close to a year. I never lost sight of the effect that had on her and many others in similar situations.

Statement of Truth

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

Signed Personal Data

Dated: 15 March 2024